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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)



Rhwydwaith Clinigol Arennol Cymru  
Welsh Renal Clinical Network

## **WELSH RENAL CLINICAL NETWORK BOARD TERMS OF REFERENCE**

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Issue Date:	09 December 2021
Review Date:	31 March 2023

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## **1. LEGAL FRAMEWORK**

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Government must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the LHBs jointly.

On 13<sup>th</sup> August 2009 the Minister for Health and Social Services formally agreed the establishment of a single Welsh Renal Clinical Network (WRCN) to be managed by the WHSSC and to be hosted by Cwm Taf Morgannwg UHB

(CTMUHB) and the Joint Committee shall nominate annually a committee to be known as the Welsh Renal Clinical Network (WRCN).

The WRCN is not a legally constituted body, but has been set up under general powers conferred on the Welsh Ministers under the National Health Service (Wales) Act 2006 (the 2006 Act). Section 1 of the of the National Health Service (Wales) Act 2006 requires the Welsh Ministers to continue the promotion of a comprehensive health service for the people of Wales. In turn, section 3 requires the Welsh Ministers to provide, to such extent as they consider necessary, “medical...and ambulance services” and such other services or facilities or facilities as are required for the diagnosis and treatment of illness. In turn, section 2 of that Act confers on the Welsh Ministers the power to do anything which is calculated to facilitate, or is conducive or incidental to their duties under the Act. In addition, under section 16 of that Act each LHB is required to make arrangements with a view to securing they receive appropriate professional advice from health experts in order to enable them to exercise their functions effectively.

The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

## **2. DELEGATED POWERS AND AUTHORITY**

The WRCN is a non-statutory body and therefore obtains its authority and responsibility as delegated by the Local Health Boards (LHBs) through the Joint Committee.

This delegation will provide the autonomy within an agreed framework for the officers of the WRCN to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. These roles are to be based on professional standards set by the Welsh Government (including the Renal Delivery Plan and Service Specifications) and the renal professional groups such as the Renal Association, and will ensure a consistent and equitable approach across Wales.

The WRCN is authorised by the Joint Committee to undertake all roles and activities within its terms of reference. In doing so, the WRCN shall have the right to request information relevant to renal services of the relevant LHBs. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the Welsh Renal Clinical Network.

The WRCN is authorised by the Joint Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Joint Committee’s procurement, budgetary and other requirements.

Fundamentally the WRCN will be able to recommend the use of ring-fenced resources that have been identified as part of the phased resource-mapping process for renal services and the wider national exercise. Initially this included transplantation, dialysis, vascular access, Erythropoietin Stimulating Agents (ESAs) and dialysis transport. Immunosuppressants for Renal Transplantation have since been added. With its central management team, the WRCN will manage the utilisation of ring-fenced funds on behalf of the WHSSC and in collaboration with the service providers.

The WRCN will also have the responsibility on behalf of the Welsh Government for overseeing the implementation of the renal standards (principally by reference to the Service Specifications) by the LHBs for their populations. Included within this work will be to support LHBs, Clusters and practices in managing patients who may not require referral to a Nephrologist. WRCN will need to engage with other Cardiovascular Disease clinicians and clinical networks to fulfil this role.

### **3. PURPOSE**

#### **3.1 Strategic Intent**

The Welsh Government published in April 2007, a National Service Framework and Policy Statement “Designed to Tackle Renal Disease in Wales”. Improving the quality of the care of those people with or at risk from renal disease is the cornerstone of that policy statement and National Service Framework (NSF) which defines evidence based standards for the planning, organisation and delivery of care for those with or at risk from renal disease. Whilst the principle requirements of the NSF remain, it has been superseded by the Renal Delivery Plan and its service specifications (2016).

The WRCN is the vehicle through which specialised renal services can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. National prioritisation and implementation will generate economies of scale and increased synergy between the network and its stakeholders.

#### **Role of the Welsh Renal Clinical Network:**

- Lead the development and implementation of renal service strategy;
- Provide evidence based and timely advice to the Welsh Government and Joint Committee to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;
- Undertake planning for the development and delivery of an integrated renal service on an all Wales basis on behalf of, and with the agreement of the WHSSC;
- Determine in conjunction with the WHSSC the renal services that should be procured in Wales;

- In conjunction with WHSSC, manage the centrally held, ring-fenced, renal budgets required for delivery of services;
- Performance manage, on behalf of WHSSC, the delivery units against national standards and agreed service level agreements for delivery of renal services;
- Provide timely delivery and performance reports to WHSSC and Welsh Government;
- Advise and monitor clinical governance in relation to renal services within the agreed WHSSC Quality and Safety framework;
- Lead and assist in the creation, implementation and monitoring of service specifications / care pathways / care bundles for renal services;
- Fulfil a national remit, with a sub-structure that (i) is fit for purpose and (ii) enables local interface;
- Ensure a full-time, central support function so that it can successfully undertake its delegated responsibilities;
- Lead on the strategic development and implementation of renal related IT systems, ensuring accurate and timely returns to the UK Renal Registry;
- Engage with public and patients on current and future renal service and policy developments.

#### **4. STAFFING STRUCTURE**

The following posts will be included within the Welsh Renal Clinical Network:

- Independent Chair  
Appointed for 3 years (max 4), 2 days per month.  
Appointed by Chair of WHSSC
- Lead Clinician  
Appointed on a sessional basis; 2 sessions per week.  
Period of three years
- Deputy Lead Clinician  
Appointed on a sessional basis; 1 session per week.  
Period of three years
- Clinical Lead for Quality & Patient Safety  
Appointed on a sessional basis; 1 session a week.  
Period of three years
- Clinical Lead for Information Management and Technology (IM&T)  
Appointed on a sessional basis; 1 session a week.  
Period of three years
- Clinical Lead for Transplant and Vascular Access  
Appointed on a sessional basis; 1 session a week.

- Clinical Lead for Pharmacy  
Seconded 2 days a week to April 2020
- National Health & Wellbeing Professionals Reference Group Chair  
Appointed on a sessional basis; 1 session per month.
- Lead Nurse  
Permanent full time appointment into WHSSC
- Network Manager  
Permanent full time appointment into WHSSC
- Deputy Network Manager  
Permanent full time appointment into WHSSC
- Network Finance Manager  
Permanent full time appointment into WHSSC
- Network Audit and Information Analyst  
Permanent full time appointment into WHSSC
- Network Coordinator  
Permanent full time appointment into WHSSC
- Network Projects/development Manager  
Permanent full time appointment into WHSSC

WRCN members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Joint Committee, in accordance with the Standing Orders, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Patient and carer representatives will have reasonable travel expenses for attending Board meetings reimbursed according to LHB policy.

## **5. FUNCTION**

As a minimum, the WRCN will utilise two tiers of forum:

National Board

Two sub-committees

- WRCN Management Group
- WRCN Quality & Patient Group

### **5.1 WRCN 'Management Group'**

A sub-committee of the Welsh Renal Clinical Network Board, the Management Group will provide a forum to enable meaningful interface with the providers of renal services within Wales.

The Management Group will meet more frequently than the Network Board. A full 'terms of reference' and membership of the Management Group is appended to this document.

Membership of the Management Group:

- Independent Chair
- Network Lead Clinician
- Network Lead Nurse
- Network Manager / Deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Network Clinical Information Management and Technology Lead
- Network Renal Pharmacy Advisor
- Network Lead for Renal Transplantation and Vascular Access
- National Health & Wellbeing Professionals Reference Group Chair
- Nominated Director of Welsh Health Specialised Services Team
- Renal Procurement Lead
- Provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB):
  - Nephrology Clinical Directors
  - Nephrology Directorate Managers
  - Nephrology Lead Nurses
  - Nephrology Finance Managers

## **5.2 WRCN Quality & Patient Safety (QPS) Group**

This will be a forum to review and analyse matters relating to Quality and Patient Safety for renal services. The focus will have a commissioning aspect but with alignment to operational aspects so as to help ensure appropriate governance.

The Terms of Reference for the QPS Group is appended to this document and forms part of the underpinning governance arrangements of the WRCN Board.

Membership includes:

- Network Clinical Lead for Quality & Patient Safety (Chair)
- Network Lead Nurse
- Network Manager/Deputy
- Network Clinical Lead for Information Management and Technology
- Network Audit and Information Analyst
- Consultant Nephrologists (the QPS leads) from each of the five units
- Nephrology Directorate Managers

The Chair will report to the WRCN Board and the WHSSC Quality & Patient Safety Sub-committee.

## **6. MEMBERSHIP OF THE WELSH RENAL CLINICAL NETWORK BOARD**

The Chair of the WRCN will be appointed by the Chair of WHSSC.

### **6.1 Membership of the Welsh Renal Clinical Network**

#### **Core (voting) members:**

- Network Lead Clinician / Deputy Lead Clinician {single vote}
- Network Lead Nurse
- Network Clinical Lead for Quality and Patient Safety
- Network Clinical Lead for IM and T
- Network Clinical Lead for Transplant and Vascular Access
- Network Clinical Lead for Pharmacy
- Network Health & Wellbeing Professionals Group Chair
- Non-officer member LHB representative
- Patient Advocacy Groups representative\*{single vote}
- Community Health Council Representative
- Clinical Director Representative – North, SW and SE Wales {single vote}

\*Patient Advocacy Groups (PAG) are required to be Registered Charities with the Charities Commission and whose primary function is to support the Welsh population and/or has a dedicated focus on Wales. As at date of approving these Term of Reference patient advocacy groups in Wales that meet this criteria are:

- Kidney Wales Foundation Reg No: 700396
- Paul Popham Fund Reg No: 1160114
- Kidney Care UK Reg No: 270288

It is anticipated that as the main purpose of patient advocacy group representation on the WRCN Board is to ensure that the 'voice of the patient' is heard, the groups nominated representatives will have current or past experience of being a renal patient or carer.

All individual PAG nominations or amendments to the invited PAG as listed above, will be prior approved by the WRCN Board Chair.

#### **In attendance:**

- Nominated Director of Welsh Health Specialised Services Team;
- Network Manager / Deputy Network Manager
- Network Finance Manager Welsh Government – Policy Lead for Renal Services;
- WHSSC Management Group Representatives (from different health boards for planning and finance);
- Individual patient representatives from renal services and dialysis units as agreed advocates.



The following only where an agenda item requires their presence:

- Renal Hub Manager
- Network Audit and Information Analyst
- Welsh Kidney Research Unit representative
- WHSSC Medical Director
- Welsh Government – Medical Director
- Welsh Government – Chief Nursing Officer
- Welsh Association of Renal Physicians & Surgeons representative
- Members of Welsh Renal Clinical Network Project Boards

The Welsh Renal Clinical Network may also co-opt additional independent external members from outside of the organisation to provide specialist knowledge and skills.

## **6.2 Member Appointments**

The membership of the Renal Network Board shall be determined by the Joint Committee Chair, based on the recommendation of the Chair of the Renal Network Board - taking account of the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The need to ensure appropriate geographical representation across Wales will also be required.

Appointed members shall hold office for a period of three years, during which time a member may resign or be removed by the Welsh Renal Clinical Network. An appointed member may be asked to continue their role on the Welsh Renal Clinical Network following an annual review and by the agreement of the Joint Committee Chair.

## **6.3 Support to Welsh Renal Clinical Network Members**

The Welsh Renal Clinical Network Secretariat, on behalf of the Chair, shall:

- Arrange the provision of advice and support to members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for members.

# **7. BOARD MEETINGS**

## **7.1 Quorum**

At least five (voting) members must be present to ensure the quorum of the Renal Network Board one of whom should be the Committee Chair or Lead Clinician.

## **7.2 Decision Making Process**

Decisions will normally be achieved through consensus.

In exceptional circumstances the decision may proceed to a vote. In these circumstances each core member will have one vote. The vote will be a simple

majority. The detail of any vote will be recorded in the minutes of the meeting and as part of any recommendation made to the Joint Committee.

### **7.3 Frequency of Meetings**

Board meetings shall be held at a frequency to allow synchronisation with the meeting of the Joint Committee (and at least three times per annum) and otherwise as the Chair of the Committee deems necessary.

### **7.4 Dealing with Members' interests during Network Board meetings**

Declarations of interest will be a standing agenda item for all meetings.

Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

The Chair, advised by the Committee Secretary, must ensure that the Network Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the Network Board's decision making is based upon the best interests of the NHS in Wales.

Where individual members identify an interest in relation to any aspect of Network Board business set out in the Network Board's meeting agenda, that member must declare an interest at the start of the Network Board meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Network Board minutes.

### **7.5 Withdrawal of Individuals in Attendance**

The Network Board may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **7.6 Board Agenda and Papers**

The Welsh Renal Clinical Network Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members.

Members will be provided with the Agenda and supporting papers for each meeting at least five working days in advance of each meeting.

A schedule of dates for the meetings will be published for the year ahead.

Welsh Renal Clinical Network meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders. This will be facilitated in a number of ways including:

- active communication of forthcoming Welsh Renal Clinical Network business and activities;
- agenda published at least 5 working days in advance of each meeting; and
- the selection of accessible, appropriate meeting venues,
- An agreed record of each meeting will be published within 10 working days of the meeting;
- The Board agenda and papers /record will be published on the Welsh Renal Clinical Network website.

## **7.7 Conduct of Meetings**

The Chair, will preside at any meeting of the Welsh Renal Clinical Network Board. The Welsh Renal Clinical Network may invite individuals or groups to address its meetings.

All Board meetings will normally be held in Cardiff; however they may alternate with other suitable venues across Wales.

## **7.8 Values and Standards**

The Welsh Renal Clinical Network will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework which incorporates the Seven Principles of Public Life (the Nolan Principles).

## **7.9 Communications**

The Welsh Renal Clinical Network will agree a Communications Policy in relation to its activities.

## **7.10 Secretariat**

The Welsh Renal Clinical Network will be supported by the Network Coordinator and the WHSSC Committee Secretary as agreed by the Renal Network Manager. Any queries should be directed to Renal Network Manager. The Secretariat will:

- provide the first point of contact for Welsh Renal Clinical Network members in relation to all routine business;
- co-ordinate the activities of the Welsh Renal Clinical Network.
- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- ensure that all papers are distributed at least five clear working days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

### **7.11 Programme Management**

The Welsh Renal Clinical Network may establish sub groups or task and finish groups to carry out on its behalf specific aspects of Welsh Renal Clinical Network business.

A number of specific standing “All Wales” project groups will be established to oversee activities linked to core renal services including:

- Quality & Patient Safety
- Vascular (Dialysis) Access
- Unit Haemodialysis
- Conservative Management & End of Life Care
- Transplantation
- Medicine Management
- Home Therapies
- Clinical Information & IT

The full range of sub groups to be established and their terms of reference will be proposed and agreed by the Network Board.

## **8. REPORTING AND ASSURANCE ARRANGEMENTS**

The Welsh Renal Clinical Network Chair shall:

- report formally, regularly and on a timely basis to the Joint Committee on the activities of the Welsh Renal Clinical Network. This includes verbal updates on activity, the submission of Network Board minutes and written reports, as well as the presentation of an annual report;
- bring to the Joint Committee specific attention any significant matters under consideration by the Welsh Renal Clinical Network;
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, WHSSC Director or Chairs of other relevant WHSSC committees of any urgent/critical matters that may affect the operation and/or reputation of the WHSSC.

The Joint Committee may also require the Welsh Renal Clinical Network Chair to report upon the committee’s activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

The WHSSC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Welsh Renal Clinical Network’s performance and operation including that of any sub-groups established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

## **9. ACCESS**

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Chair of the Welsh Renal Clinical Network.

The Welsh Renal Clinical Network will meet with Internal Audit (and as appropriate, nominated representatives of Healthcare Inspectorate Wales) without the presence of officials on at least one occasion each year.

The Chair of the Welsh Renal Clinical Network shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

## **10. RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS SUB COMMITTEES/GROUPS**

Although the Joint Committee WHSSC has delegated authority to the Welsh Renal Clinical Network for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

The Welsh Renal Clinical Network, through its Chair and members, shall work closely with the Joint Committee's other sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- joint planning and co-ordination of the Joint Committee and Welsh Renal Clinical Network business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee's overall risk and assurance framework.

The Welsh Renal Clinical Network shall embed the WHSSC / LHB corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

### **10.1 WHSSC Management Group**

The WHSSC Management Group has a number of functions delegated to it by the Joint Committee including the development of the Integrated Commissioning Plan and its interface with Health Board Integrated Medium Term Plans.

The WRCN is required to contribute to these plans as part of its commissioning and / or advisory role.

Whilst the majority of the WRCN's activities will report directly through to the Joint Committee, there will be times that this will need to go through the WHSSC

Management Group first to ensure relevant and appropriate debate and contribution. This will be on an exceptional basis and will be determined in collaboration between the WRCN Management Group and WHSSC Directors.

Examples of this would include:

- Contribution to the development of the ICP / IMTPs where resources for specialist renal services are required;
- Where there is collaborative commissioning responsibility for a part of the care pathway between the WRCN and Health Boards
- Where the WRCN is providing specialist advice to Health Boards on general nephrology activities that are outside of its commissioning responsibilities e.g. non-specialist medicine prescribing
- Where there is potential for a resource transfer between the WRCN and Health Boards akin to the previous ESA and Immunosuppression projects.

The WRCN will be represented at the WHSSC Management Group by the Network Lead Clinician and Manager (or their deputies) where such items are on the WHSSC Management Group agenda.

## **11. APPLICABILITY OF STANDING ORDERS TO WELSH RENAL CLINICAL NETWORK BUSINESS**

The requirements for the conduct of business as set out in the WHSSC / Standing Orders are equally applicable to the operation of the Welsh Renal Clinical Network.

## **12. ACCOUNTABILITY ARRANGEMENTS FOR OFFICERS OF THE ALL WALES RENAL NETWORK**

- The Welsh Renal Clinical Network Chair will be directly accountable to the Chair of the Joint Committee. The Welsh Renal Clinical Network Lead Clinician will be directly accountable to the Chair of the Joint Committee but will also provide advice to Welsh Government through the NHS Medical Director and Chief Medical Officer as required.
- The Renal Network Manager will be managerially responsible to the nominated Director of WHSST but accountable to the Network Chair / Lead Clinician for the development and delivery of the Network objectives and work plan as appropriate to this role.
- The Network Lead Nurse will be accountable to the WHSSC Director of Nursing, and managerially responsible to the Network Manager.

### **13. REVIEW**

These Terms of Reference shall be reviewed annually by the Welsh Renal Clinical Network with reference to the Joint Committee.

## Appendix 1 – Diagram of reporting of WRCN activities to the Joint Committee

