

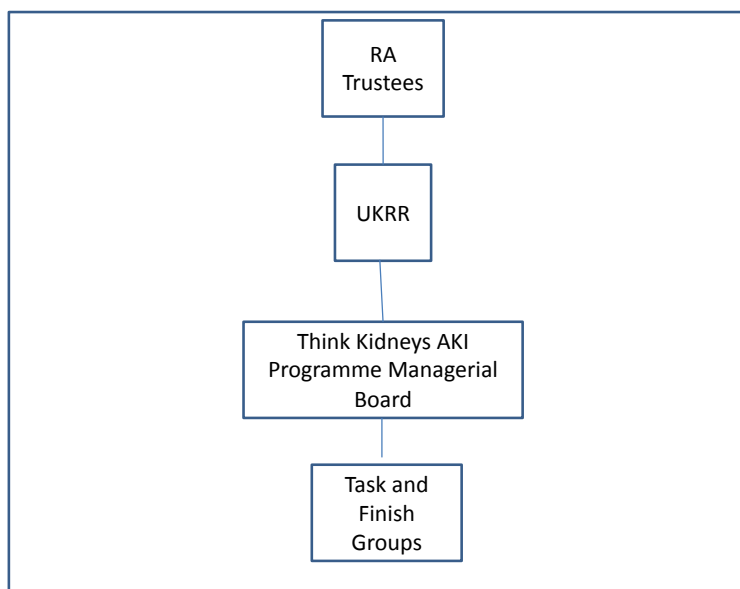


Think Kidneys AKI Programme Operational Framework

Introduction

This paper sets out the structure for the Think Kidneys AKI Programme. The aim is to consolidate the collection of data, provide analysis of the data, and continue to support dissemination of best practice and improvement. In addition recommendations will be provided for new areas of work to all key stakeholders whilst continuing to raise public awareness under the “Think Kidneys” Banner.

The reporting structure of the programme is set out below:-



1. Programme Managerial Board

The role of the Managerial Board is to:

- Provide strategic direction for the continuing AKI work programme under the Think Kidneys brand
- Set goals and targets and ensure they are met within budget
- Explore opportunities to work with other agencies and stakeholders to improve the care of people at risk of harm due to acute kidney injury
- Ensure communication with all stakeholders and continue to raise the profile of “Think Kidneys”
- Report to the Renal Information Governance Board (RIGB) via the UKRR
- Continue to work with statutory bodies including NHS England and NHS Improvement to identify national levers

2. Governance

Overall responsibility and core funding for the AKI programme rests with the Renal Information Governance Board (RIGB). This is exercised through the UK Renal Registry (UKRR). The UKRR will appoint any Chair of the programme board; the UKRR will provide secretariat and resources.

3. Membership

The Programme Board will continue to be chaired by Richard Fluck, past NCD for renal disease NHS England to ensure continuity of the work and understanding of the programme. This post will be held by Richard Fluck until 31st March 2019. After this time, nominations for the role of chair will be invited.

The Chair and the UKRR will appoint members of the Programme Board based on the skills and experience required to enable the Board to achieve its goals most effectively. It is important that representation is sought from both primary and secondary care stakeholder groups. The term of office for all board members is two years.

The managerial board will consist of a lead for the algorithm, measurement and resources. The Board will set up, and approve the terms of reference of, working groups as necessary.

Specifically the Board will:

- Produce a two year action plan setting out clear goals, targets and budget, updated annually as necessary
- Appoint the Chairs of any Task and Finish groups
- Meet three to four times per year
- Provide quarterly reports via the UKRR to RIGB
- Commission, oversee and coordinate the work of the programme; decisions will be made by a simple majority where a vote is required
- Take responsibility for:
 - a) all actions associated with the Think Kidneys AKI Programme Board
 - b) the delivery of the overall programme within the budget
 - c) alignment of the work of the programme within national and regional infrastructures and initiatives
 - d) positive and constructive engagement with NHS England, NHS Improvement and equivalent bodies within the home nations and other key stakeholders
 - e) Ensuring that relevant work undertaken by partners is acknowledged and incorporated where appropriate
 - f) Identifying and managing risks and reporting back to the UKRR where appropriate
 - g) Communicating purpose, projects and opportunities
 - h) Continue with data collection and development of master patient index

4. Operational framework

Meetings

The Programme Board

- Will meet up to a maximum 4 times per year with a minimum of 2 meetings per year face to face

The Sponsors Group

- Will have a core membership including the Chair of the Programme Board, CEO UK Renal Registry and the Head of Programmes of the UKRR and representation from NHS Improvement Patient Safety team.
- May co-opt other(non-voting) members as the group thinks appropriate
- Will be convened as required by the Chair or the Head of Programmes as necessary either as face to face meetings or via teleconference

Task and Finish Groups

- Task and finish groups will meet as determined by the board that set them up

Membership

All Board members will be expected to attend two meetings a year (face to face or via teleconference facilities if available) or alternative representation will be sought. Members who come as organisational representatives may consider a substitute where possible, for those meetings where they are unable to attend in person. The Board will review its purpose and membership every two years in the light of the new action plan. Task and Finish Groups will run for the duration of the task.

Secretariat Services will be provided by the UKRR and will include:

- Day to day leadership of the programme through the UKRR Head of Programmes
- Employment of staff

- Arranging meetings and other events, ensuring papers are submitted and circulated to agreed timescales
- Management of budgets, including regular management accounts as requested
- Payment of expenses

5. Terms of Reference for Working Groups

Role of the Editorial Lead

- To oversee the review Think Kidneys publications
- To ensure that there is a review of the Think Kidneys website on a regular basis
- To oversee a review of current external local learning and development of materials that are being signposted to and from the website and ensure they are fit for purpose

The Think Kidneys Editorial Lead will be responsible for reviewing the website and guidance documents and educational resources signposted to and from the programme website.

Role of the Sponsors Group

The Sponsors Group (Sponsors) will provide day to day management and decision making capacity on behalf of the board between meetings as necessary together with Task and Finish groups as required. The Sponsor Group will be charged by the board of Think Kidneys and consist of the Head of Programmes and CEO from the UKRR, the Chair of the Programme Board and representation from NHS Improvement to ensure continued alignment with national patient safety levers.

- To act for the Programme Board with the authority of the Programme board between meetings
- To act as a forum and arbiter over any disagreements (e.g. between working groups/task and finish groups/work priorities) that arise
- To consider urgent expenditure requests outside budget
- To act on other issues as agreed by the Programme Board from time to time

Role of Measurement lead

The Measurement Lead will continue to take responsibility for the development of the Master Patient Index and its accuracy and completion and the reporting of AKI data regarding its prevalence within England.

- To collect and analyse data for the acute kidney injury national programme
- To link with other data sets to provide more meaningful statistics on the prevalence of acute kidney injury
- Improve the quality of the data and number of labs submitting AKI data
- To regularly report and present data on acute kidney injury

Role of Algorithm Lead

- To review the performance of the algorithm and identify any issues.
- To report to AKI board any changes required
- To form a group to make changes as and when needed

Appendix 1 - Protocols (sometimes known as “standing orders”)

Agendas

The respective leads will have responsibility for agendas and management of the meetings. The Secretariat will maintain a series of planned agenda items and members will be expected to submit agenda items for inclusion as early as possible to assist with the management of the meeting schedule.

The secretariat will request agenda items approximately three weeks before each meeting and confirm the agenda approximately two weeks before the meeting. Papers will be circulated by email to members one week before the meeting; therefore, any papers need to be with the secretariat at least ten days before the meeting.

Minutes & Actions

Minutes of the Managerial Board and any Sub-groups or Task and Finish groups will include actions agreed and ownership assigned to individual attendees and circulated within 10 working days. Outstanding actions from the Board will be reviewed at each subsequent meeting. Minutes and actions arising from any task and finish group meetings will be the responsibility of the group chair/lead; monitored and circulated to the group, accessible to the programme board.

Expenses

Any expenses occurred will be repayable in line with the UKRR Expenses Policy.

Appendix 2 – stakeholders

Constituent stakeholder organisations include:-

- NHS England
- NHS Improvement
- UK Renal Registry
- Renal Pharmacy Group
- BAPN
- ACB
- Patient representatives
- British Renal Society
- Renal Association