

Kidney Quality Improvement Partnership (KQuIP) Programme Board Operational Framework including Terms of Reference – Version 18 230916

Executive Summary

This document sets out the Operational Framework and the Terms of Reference (TOR) for the KQuIP Programme Board & KQuIP Operational Group (KOG). It aims to provide clarification of the aims, goals, operating structures, governance and partnership membership. The TOR have been created and agreed by all partners of the KQuIP Programme Board, and will be reviewed annually.

KQuIP will focus on embedding systematic quality Improvement (QI) into everyday multidisciplinary paediatric and adult practice by clinicians and managerial staff within all renal services including kidney transplantation. KQuIP will provide expert clinical strategic advice regarding QI within renal services to NHS England and the other UK Countries. It will facilitate education, project management and capture of outcome data for QI projects at in collaboration with renal clinical networks/Regional QI architecture and local renal units. It is anticipated that this supportive framework will provide the freedom for clinicians to identify, foster, and encourage local innovation (bottom up ideas and priorities) & to address education of clinical staff to improve the quality of practice; with an expectation that this learning will be passed on and shared. The Kidney Health Delivering Excellence Document ambitions are at the centre of this initiative and will ensure that KQuIP activities remain patient focused and meaningful to patient groups.

The document is divided into three sections:

1. Programme Board aim, role and goals
2. Board Chair, membership, governance and review
3. Operating structures and responsibilities

1. Programme Board Aim, Role and Goals

a. Programme Board aim

The aim of the Programme Board is to oversee the development and provide the strategic direction for the KQuIP programme of work, identifying funding support as well as assessing the impact and ensuring the sustainability of the work of KQuIP. It is a strategic oversight group.

b. Programme Board initial key roles

Initial six key roles of the Programme Board (PB):

- Establish a sustainable infrastructure supporting governance, project management, network management, links with the Clinical Reference Groups (CRGs) and other national structures identifying sustainable funding
- Oversee the development of a knowledge management platform- Establish an online QI community. It will ensure KQuIP shares and spreads QI projects and stories, publications and evidence
- Encourage the building of QI capability – gather existing and develop online training packages, establish a faculty of renal QI interested clinicians/academics/Q-Foundlings and expertise, organise training events, arrange mentoring/coaching
- Oversee and govern the development of a programme management architecture providing, implementation advice and support for QI projects
- Oversee an active communication base – create a QI Web presence that links the renal community & formal health system intermediate tier structures such as with SCN and AHSN, links with Leadership Academy and Health Foundation and communicates ongoing QI activity to increase awareness
- Ensure appropriate governance of the whole programme to ensure continued engagement within the community and appropriate use of resources to guarantee value for money to all partners

c. Programme Board strategic goals

Short term goals (0-2 years)

- Put patient experience and outcomes at the centre of KQuIP

- Build an effective communication network that spreads knowledge, links to education and awareness of QI activity throughout the local, regional and national structures
 - Form a registry/library of existing QI projects
 - Build QI capacity, capability and leadership within renal services on a local, regional and national level
 - Form a Faculty of renal and where relevant, wider QI expertise (a registry of names, contacts, expertise etc.)
 - To advise NHS England & other UK countries on QI priorities by analysis of UK Renal Registry (UKRR) data exploring national, regional and local variations in patient outcomes and practice. The work should fulfil and be informed by the ambitions of the Kidney Health Delivering Excellence document
 - To set up and begin to develop and collate a renal QI knowledge management system within the UKRR
 - To secure seed funding and use existing resource to enable the partnership for the first 2 years
 - Develop an annual QI programme day in combination with each Regional intermediate health care tier such as SCN/AHSN (including other UK countries in due course) looking at outcome data from the UKRR, provide QI education and support QI project development by each network relevant to their needs
 - Establish KQuIP-led sessions in QI education and project review at Annual Renal meeting(s)
 - Approach the RA Education & Training Committee & the RCP & BRS to build training in QI methodology/projects for the Renal Specialist Registrars & MPT. This will build the faculty of the future
 - Explore development of QI research/service improvement methodology projects
- Support the development of a limited number of up to 3 National QI project offerings defined by national priorities of the renal community

Medium-term (2-5 years)

- Establish a national, regional and local KQuIP infrastructure, identity a good reputation (Brand) as an effective QI expert, supportive and educational function

- Create a Faculty of QI leaders, activists and expert advisors to assist in developing the QI awareness and expertise within units and individual staff
- Develop expertise and extend knowledge of the effectiveness of different QI methodologies and implementation science
- To establish a high quality QI knowledge management resource for clinicians and multi-professional teams to spread and share best practice and QI education
- Encourage embedding of QI within Renal Units with identified clinicians responsible for the process in each service adaptable to individual Unit's Trust
- To negotiate with Commissioners sustainable funding to support long term QI resource. This could enable the UKRR to support data output and QI as a natural linked function
- Support the embedding of QI methodology training within medical and non-medical training syllabus. This will require engagement with Health Education England and the Specialist Advisory Committee (SAC) of the Joint Royal Colleges of Physicians training Board (JRCPTB) together with any relevant organisation within the other UK countries.

Long-term (over 5 years)

- To aim to make unwarranted significant variation unacceptable and to strive to abolish inequalities in renal practice to ensure all people supported by renal services receive clinically effective, safe, high quality care that generates good patient experience and best outcomes
- To embed and cultivate a renal culture of QI where each individual (clinician, manager, patient or carer) strives to deliver and expects at all times best evidence based practice

2. Chair, Membership, Governance and Review

a. KQuIP Chair

The KQuIP programme board will be co-chaired by the Clinical Vice-Chair of the British Renal Society and the Clinical Vice-Chair of the Renal Association.

b. Programme Board Membership

The board membership will be formed through a partnership of key local, regional and national quality improvement stakeholders. This will include, but will not be restricted to, representation from:

- Professional Societies (1 from each): Renal Association (RA), British Renal Society (BRS), British Association of Paediatric Nephrology (BAPN), British Transplant Society (BTS), Health Foundation Q Fellow group, Royal College of GPs, members of the medical and multi-professional teams
- Patient Groups nominees (1 member from each): British Kidney Patient Association (BKPA) & National Kidney Federation (NKF); Patients and carers affected by kidney disease
- Chair of Renal Clinical Reference Group (CRG) & relevant lead in the other UK countries, NHS Blood and Transplant,
- UK Renal Registry: Chief Executive and Medical Director
- Renal research charities (KRUK)
- Association of Renal Industries
- Representatives of Regional & other UK countries Renal Networks
- Workstream leads including the group formally known as the Renal Association/British Renal Society Patient safety Initiative.

A nominated representative(s) from each of the partners, or national representative will be an invited member of the programme board. Board membership representatives will normally rotate every 3-5 years as a way of fostering QI leaders of the future.

c. Governance

- Overall Governance of KQIP will be housed within the UK Renal Registry which is governed by the Renal Information Governance Board
- KQIP employees will be employed by the UK Renal Registry
- KQIP strategic direction will be governed collaboratively by the Programme Board. With decisions being taken and agreed by a Board majority The UKRR as part of the RA will have the right to veto any decisions that could cause overspends or other serious governance conflicts

- KQuIP working processes and management will be governed by the UK Renal Registry and its team working on KQuIP
- The UKRR will make operational decisions regarding how the actions of KQuIP are met
- Each member representative, including the Programme Board chairs, will be governed by their individual organisation and will be responsible for reporting back to their respective organisations
- KQuIP Programme Board will report regularly into UK Kidney Research Consortia, NHS England CRG, the Kidney Health Partnership Board & in time the other UK country equivalents

d. Secretariat

The Secretariat will reside within the UK Renal Registry with adequate and additional funding subject to approval by UKRR Governance arrangements. The UKRR is well respected across the speciality group, has experience in QI, with a Secretariat and Governance Structure alongside proven project management and tight financial governance regarding projects.

The day to day running will be under the supervision of an appointed Project manager working with a Secretariat. Governance of KQuIP should fulfil the arrangements of the UK Renal Registry. Day to day decision making will be taken by the Head of Programmes accountable to the CEO of the UK Renal Registry.

e. TOR Review

The TOR of the Programme Board will be reviewed annually in the first three years of KQuIP development or earlier should the Programme Board decide, to ensure accurate strategic focus, appropriate representation, management and leadership.

3. Operating Structures and Responsibilities

a. Key operating responsibilities of the Programme Board

The Programme Board will:

- Take responsibility for the oversight of the partnership, develop and advise on the workstreams
- Take responsibility for the delivery of the overall programme plan associated with the advisory partnership's programme of work
- Take responsibility and oversight for the allocated advisory partnership budget, and develop a sustainable funding model
- Be ambassadors of and encourage QI within the renal community
- Alignment of the work of the advisory partnership within national and regional infrastructures and initiatives
- Ensure positive and constructive engagement with NHS England and other key stakeholders to communicate and influence the development and implementation of programme strategy
- Advise on the establishment of workstreams, agree deliverables including coordinating timescales and prioritisation of activity
- Provide strategic and practical advice and approval to the workstreams, advise on significant changes to advisory partnership deliverables and/or delivery timescales
- Approve all deliverables from workstreams and monitor the progress of the workstreams whilst providing coordination across the project
- Ensure that relevant work, which is undertaken by partners, is acknowledged and incorporated where appropriate
- Identify and manage risks by keeping a risk register, and to support workstream leads in the resolution of workstream level risks and issues escalated to the Board
- Oversee maintenance of a list of QI faculty members
- Maintain a list of all ongoing QI Projects (including those directly arising from KQIP) with contacts of the project lead
- Oversee development a Repository of SOPS, QI Projects, contacts
- Oversee development of a Renal Unit 'Peer Assist' model
- Oversee & evaluate the impact of any QI initiative by the collection of metrics through renal data systems
- Communication of purpose, projects and opportunities

b. KQuIP Operational Group (KOG)

The KQuIP operational group is a small group responsible for delivering the vision and strategy of the Programme Board. Meetings of this group will take place via teleconference fortnightly and face to face when deemed appropriate. The membership of KOG will be :-

- Clinical VPs of the Renal Association and British Renal Society (Co-Chairs of KQuIP), Chief Executive and Head of Programmes of UK Renal Registry, KQuIP Project Manager.

c. Workstreams

The workstreams will report to the Programme Board on a quarterly basis by providing reports as papers to the Board.

Six key initial workstreams are envisaged linked to achieve the short, medium and long-term strategic goals, although it is acknowledged that there will be overlap and cross group working (figure 1). Each workstream will have a chair and/or co-chair and will work towards an agreed focus with achievable and realistic set targets, agreed by the Programme Board. Membership of workstreams will be inclusive and realistic.

d. Workstream Chairs & Co-Chairs Group

This group is made up of chairs/co-chairs of the workstreams together with the Chief Executive of the UKRR, Clinical VPs of the Renal Association and British Renal Society (Co-Chairs of KQuIP), Head of Programmes from the UKRR, KQuIP Project Manager.

They will meet every 6 weeks – face to face prior to Board meetings (3 monthly) and via conference call in between Board meetings.

This group will have an important role in discussing timelines, milestones, overlaps and ownership of tasks where they span workstreams.

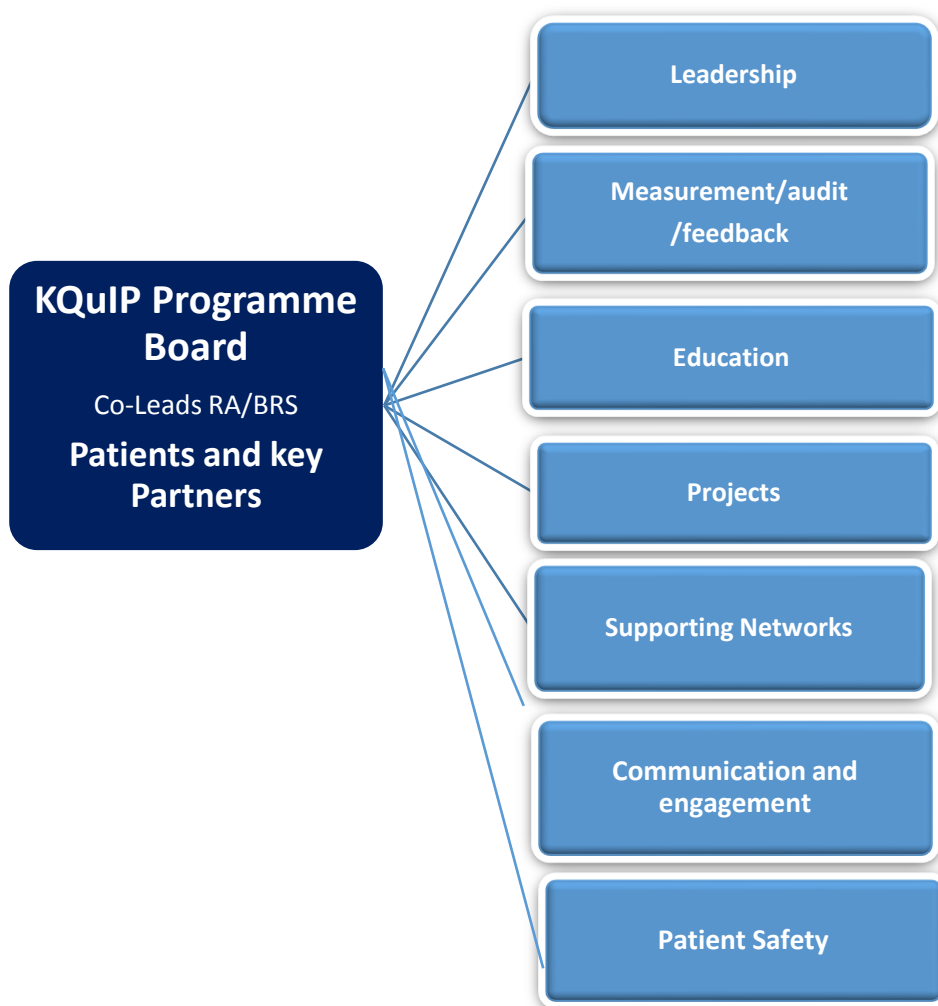


Figure 1: Initial six key workstreams

Each workstream will have a defined focus and role (Table 1).

Table 1: Focus of each workstreams

Workstream	Focus
Leadership	To develop and maintain the QI Faculty, identify and build QI leaders, expertise and experience. Manage and lead Programme Board, oversee workstreams, strategic development, report and link with key organisations, identify and secure sustainable funding model
Measurement Audit and Feedback	This will be UKRR led and will support measurement, audit and feedback pre/post QI interventions using UK Renal Registry data, different methods, use of QI/research methodology (Step Wedge study designs), extending implementation science evidence base

Education	Education in QI methodology, clinical leadership (in combination with NHS QI structures and Health Foundation), accessible and appropriate e-learning resources, create a kidney Faculty of renal QI interest, expertise and experience
Projects	Provide professional infrastructure to deliver national and local projects, and support to SCN/AHSN regional projects. Identify and develop peer support mechanisms to spread and sustain QI uptake. It will be responsible for publishing in reviewed journals the outcomes of the projects.
Supporting Networks	This workstream is crucial to KQuIP as it will support and liaise with the existing structure of regional delivery networks to ensure an effective local delivery arm and intelligence network for the various outputs of KQuIP and its workstreams. An effective regional network structure is critical for the delivery of tangible improvements for patients.
Communication and Engagement	Dissemination and communication of QI information, education and project activity and engagement/involvement opportunities. Create a Knowledge Management System that collates renal QI data, evidence and best practice recommendations, to share and spread innovation within national network
Patient safety	This comprises the Renal Association/British Renal Society Patient Safety Group. It will focus/share incidents and potential risks from renal units and liaise with NHS England and MHRA to investigate such incidents and risks as appropriate and share experience, solutions and best practice between units. It will develop or participate in developing best practice guidelines or recommendations and help to disseminate and re-enforce patient safety alerts, and guidelines as circulated by NHS England and the MHRA and other agencies. It will work with the UK Renal Registry in publicising areas of variation of quality standards, clinical practice, and outcomes.

e. Task and finish groups

- Task and finish (T&F) groups will be created within workstreams or by the Programme Board as appropriate to address or work on a particular issue within a defined time frame
- A chair of any T&F group will be nominated by the workstream lead People (with skills or experience as appropriate) will be co-opted within T&F groups as appropriate to work on a defined project

f. Reporting mechanisms

- T&F groups created by the Programme Board will report directly to the programme board
- T&F groups created within workstreams will report directly to workstream meetings unless invited to feedback direct to the programme board
- Workstream chairs/co-chairs will be responsible for writing a 4 Block Report for each Programme Board on a quarterly basis

g. Frequency of meetings

- The programme board will meet up to a maximum 4 four times per year with a minimum of 2 meetings per year face to face
- Programme Board meetings will be considered quorate when a minimum of 5 representatives are present to conduct business (which must include representatives from BRS, RA & UKRR)
- The KQuIP Operational Group (KOG) will meet (usually by telephone Conference) as a minimum monthly
- Task and finish groups or Workstream meetings will take place monthly either face to face or by teleconference
- Programme Board member representatives will be expected to attend two meetings a year either face to face or via teleconference facilities or alternative representation will be sought
- Meetings will be organised and supported by the secretariat. Expenses of the Programme Board will be paid by individual Societies

h. Agenda Items

- The Co-Chairs will have responsibility for the final Agenda of the Programme Board
- The Secretariat will maintain a series of planned agenda items for the scheduled meetings
- Members will be urged to submit items for inclusion on the appropriate agenda as early as possible to assist with the management of the meeting schedule

- The secretariat will trawl for 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 at least four days before the meeting; therefore, any papers need to be with the secretariat at least five days before the meeting
- Agendas for workstream/T&F group meetings will be the responsibility of the group chair/lead; coordinated and circulated to the group, accessible to the programme board

i. Minutes & Actions

- Outstanding actions will be reviewed at each Programme Board meeting, workstream meeting or T&F group
- Minutes of the meeting will be prepared and will include actions agreed and ownership assigned to individual attendees
- Minutes of each Programme Board meeting will be distributed within 10 days after each meeting. Minutes and actions arising from workstream meetings will be the responsibility of the group chair/lead; monitored and circulated to the group, accessible to the programme board.