

**The Renal Association**

**Renal Registry Management Board Meeting**

**Meeting minutes produced 7/07/10**

Location: Manchester Conference Centre, Manchester

Date 16<sup>h</sup> May 2010

Present -Lorraine Harper (LH), Charlie Tomson (CT), John Feehally (JF), Stuart Rodger (SR), Peter Mathieson- chair (PM), Kevin Harris (KH), Caroline Savage (CS), Martin Raftery (MR) as observer, Chris Maggs (CM), David Ansell (DA), Hilary Doxford (HD) Mary McGraw (MM)

**Agenda**

No.           Item

1.           Apologies - Damian Fogarty (DF)
  
2.           Minutes of previous meeting –
  - a.   2.4 Paul Dawson not in attendance
  
  - b.   2 Chair of governance board is the chair of the Renal Registry Management board not the chair of the Trustees
  
3.           Matters arising not on agenda – as yet HD has not met with MM to address paediatric registry budget issues **ACTION** meeting to be arranged by HD.
  
4.           General Manager and finance report
  - a.   Adult income currently no issues – invoices have been sent out. Expenditure £5K greater than expected at end of year due to more travel to meetings. Meetings have a separate budget line now and money is incoming to fund. Not as yet invoiced for rent on building. There has been no schedule of services issued to the Renal Registry from North Bristol Trust. This is being chased. Slight overspend on office consumables.

- b. Paediatric issues – invoices have not gone out for this year. Expenditure £4.5-5K on paediatric work in 1<sup>st</sup> quarter mostly spent on statistical time. Debts account for 50% of income. **Action** –A letter from the Renal Registry Chair needs to be sent on same timescale as adult debtors’ letter with follow up of final debtor’s letter, which should come from the President as for other debtors.
- c. RPV invoices have gone out to participating centres.
- d. No update on Department of Health grant. VAT needs to be paid on this grant due to wording of contract. All future contracts to be reviewed by MCI lawyers.
- e. 5 year plan – if no additional funding identified there will be a shortfall in amount carried forward year on year. Next year, carry over will fall short of target, which is 50% of operating costs. SR felt acceptable risk.
- f. No replacement for SpR coming to end of contract, post not advertised – identified risk for Registry. The annual report would be unlikely to complete on time if no SpR support. Currently due to difficulty appointing LATS, training committees are not releasing SpRs for out of programme experience before 1<sup>st</sup> August. It was suggested that the system should be tested with an advert placed for a SpR both nationally and in the Australian and New Zealand press. If no good candidate attracted no necessity to appoint. Could then readvertise for start in August 2011.
- g. DA still has no contract – being addressed
- h. Noted that there had been a doubling of sick time by staff in the Registry. Staff morale was in general poor. It was assumed both were connected. One of the SpRs had broken their shoulder on the Trust premises.
- i. RPV – working reasonably well. Less proactive than should be, more reactive. Neil Turner to provide report for each executive meeting.

5. Deputy Director’s report

- a. Comprehensive governance framework amended - CM asked for approval from the board. DA not happy to approve before defining what is meant by governance. PM noted that a lot of activities performed by the Renal Registry were high risk from a governance perspective the framework developed would reduce pressure on the management staff if framework complied with. CM noted that governance definitions had been included in the document. DA was happy with definitions but wished a sentence to be included in the document stating what governance is and that it will not interfere with the process of project management. Document approved by board.
- b. Governance issues – mainly high risk projects included in each report to alert board to potential risks to the Registry. It is not anticipated that issues will be resolved at Board meetings. Resolved issues will disappear in next report. Additional comment

should be included on how issues are progressing. Low risk projects should also be documented.

- c. Data sharing agreement – complex document for agreement, the draft taking longer to write than anticipated.
  - d. HQIP – offer of leadership and management support not taken up yet, not the appropriate time to take forward. This is not a cost issue and will take forward at a later date.
6. Chair of Registry - PM reported that Damian Fogarty would be taking over officially from CT as of the AGM on the 19<sup>th</sup> May. A formal handover process had taken place. Damian would monitor time demands, currently paid 3 sessions which may not be sufficient given the travelling required.
7. Chairman's report
- a. 5 year strategy implementation plan has not been written
  - b. RaDaR grant and implementation progressing well
  - c. Constructive engagement with NHS Information Centre has occurred to link other data sources with Registry
  - d. Difficulties with National Renal Dataset validation
  - e. BAPN – electronic collection of data moving forward. Data going into Proton from Great Ormond Street.
  - f. National Kidney Care Audit – little clarity from NHS IC relating to financial matters of project grant. Agreed that kidney centres should pay for system upgrades to allow collection of National Renal Dataset. This is not a Renal Registry liability. Previously kidney centres have expected Renal Registry to pay for proton upgrades. Centres need to be informed that the Renal Registry will not be responsible for payment of upgrades. DA noted this has been the approach taken recently. Board agreed that this would need to be formally clarified with clinical service leads at the next CD forum. **ACTION** DF and Donal O'Donoghue to write a joint letter to Clinical Directors.
  - g. Registry performance review – an objective assessment of Renal Registry performance is required each year. Need to set appropriate targets. Performance indicators should include delivery of annual report on time, data validation targets; communications with wider community include publications and abstracts, annual report citations; research grant income, no of clinical research fellows being supervised and their outcome. These metrics should be included in each annual report to start 2011 annual report with 2010 achievements included as a table. All

felt that this should not be seen as additional work but helpful in promoting the achievements of the Registry.

Debate occurred between the senior members of the Registry management team regarding all reports. Senior members of the team were asked by PM and JF to agree reports prior to presentation at management board meetings.

8. Director's report –

- a. Major concern relates to the impact of the new governance structures on workload of staff. DA reported the Renal Registry has changed from a paper free efficient organisation into a paper driven organisation which has added considerable workload for staff. JF commented that the Renal Registry is now functioning in a very different regulatory environment from when it originated. It is also much larger and providing new functions. It is important that the Registry evolves to become compliant with regulatory requirements. It is therefore essential to have the governance structures that have been put in place within the Registry accepting that it does impact on flexibility. CT noted that the governance structures and the necessary paperwork that accompanies governance procedures are necessary; one example of that necessity is that the Registry had avoidably worked over the last year without PIAG approval. CS commented that governance may slow things initially but having appropriate pathways will eventually improve efficiency of Renal Registry. CM added that the governance structures will increase transparency and accountability and will eventually improve efficiency. For example version control slows things down in the short term but improves tracking of documents for root cause analysis when things go wrong. External bodies need a governance framework.
- b. DA has concerns about loan of staff to the NHS Information Centre as an operational risk. DA felt the risk of responsibility to deliver projects could be seen to be passed to the Renal Registry if loaned, such as the vascular access audit. CT had decided this was an acceptable risk as would improve relations with the NHS Information Centre and help with data sharing.
- c. Concerns were raised by DA about delivery of the recently acquired 3 year KRUK grant. Project based off-site and unclear about the support available for the SpR.

9. Registry Annual Report -

- a. If no new problems arise, aiming to publish the 2010 report in late March 2011. At present not clear what impact the collection of the National Renal Dataset will have on future publication dates. If not significant aim for publication in January. Delays

this year were mainly due to authors failing to meet deadlines. This is a perennial problem for delivery of the report. If lose SpR this will further impact on delivery of report. Data validation is behind schedule compared with last year mainly because of the National Renal Dataset work and re-direction of resources. The Management Board voiced concern collectively about delivery of the Annual Report.

- b. The West London Renal Unit occupies a significant amount of Renal Registry resource due to the way they collect data. This has been an on-going problem. DA confident that this will be the last year this is an issue due to changes in the WLRU system. Adam McLean from WLRU is working hard to improve. This issue needs watching as not sustainable in the long-term. SR suggested that someone should be paid to visit WLRU to address problem. They pay a very large fee and investment would be justified in long run. DA felt unnecessary and optimistic about problem resolution.
  - c. Publish again in Nephron Clinical Practice – report grown by 10% this year.
10. AOB – HD wanted to thank JF formally for all his support over the years of his chairmanship. JF finishes his term as past-president. PM formally thanked JF
11. Next meeting should happen at the Bristol NHS Trust on 6<sup>th</sup> or 9<sup>th</sup> September to be confirmed