National CKD Audit Project Board

Terms of Reference

Version 2.0

Dated 23/01/15

Document Management

Revision History

Version	Date	Summary of Changes
0.1	20/12/13	Initial Draft
0.2	3/3/14	Post Project Board Review
1.0	1/4/14	Approved by Project Board
1.1	13/10/14	Update for PB review post board reorganisation
2.0	23/01/15	Approved version including updated standing agenda

Contents

1 Purpose

This document defines the governance and terms of reference for the National Chronic Kidney Disease (CKD) Audit Project Board (The Board). It is intended for use by both the Board members and the Audit stakeholders.

2 The Strategic Vision and Context

The Board will provide both a governance role & have an overarching responsibility for coordinating participation, ensuring quality data is submitted, looking at data and driving improvement.

2.1 The Role of the Board

The role of the Board is to ensure that the National CKD Audit delivers the Audit aims and objectives in an efficient and effective way; as defined in the contract. Where necessary the Board may recommend changes to the deliverables or project structure but these recommendations will be subject to agreement by the various contracted parties.

2.2 The Responsibilities of the Board

The Board is responsible to the Healthcare Quality Improvement Partnership (HQIP) for the delivery of the National CKD Audit.

It provides overall direction for the National CKD Audit Project Team ensuring clear objectives are set and defined deliverables are achieved.

In particular the Project Board are responsible for:

- Oversight of the audit governance,
- Encouraging stakeholder engagement,
- Review and sign-off the project delivery; subject to HQIP approval,
- Review and Sign Off of the audit report(s) prior to delivery to HQIP,
- Oversight of the Outlier Management Process.

2.3 The Scope of the Board

The Board are responsible for ensuring the timely, efficient and effective delivery of a National CKD Audit as contracted by HQIP and may direct changes to the delivery of the Audit within the framework of the National CKD Audit contract.

The Board is formed from individual experts in the care of patients with CKD, specialist in quality improvement and GP representatives. As such the Board may make recommendations for changes to the scope and conduct of the Audit, but such changes will be subject to approval through a formal contract change process.

2.4 The Membership of the Board

The Board membership comprises representatives from:

- BMJ Informatica
- Representatives from the academic partners
    - London School of Hygiene and Tropical Medicine (LSHTM)
    - University College London (UCL)
    - Queen Mary's University London (QMUL)
- The Primary Care Community (x 3)
- Key Stakeholders
    - NHS England
    - Renal Registry
    - RCGPs
- Patient Representatives from Patient Liaison Group (up to 2)
- HQIP (Advisory)

In line with HQIP guidance membership includes the following role:

- Academic Partners
    - Clinical Lead
    - Methodologist (e.g. epidemiologist) actively involved in the design of the audit
    - Clinical Audit Professional
- Primary Care Community
    - Representative from participating units
    - Service User Involvement
    - Commissioning
- Patient Liaison Group
    - Public Involvement
    - Patient/Carer Involvement
- BMJ
    - Management (including project and data) Stakeholders
- HQIP
    - Commissioning

The following organisations are not directly represented but the following have been informed of the audit and have confirmed their support.

- Relevant professional societies or equivalent bodies - British Renal Society (BRS)
- Voluntary organisations - British Kidney Patients Association (BKPA), National Kidney Federation (NKF)

The named membership and roles are found here and will be documented on the website once live.

Quorum

A Quorum will be achieved by an attendance of 8 members; to be reviewed when Board is fully staffed. These must include representatives from each of the following roles/organisations:

- Chair, or their nominated representative;
- BMJ;
- one of the academic partners, LSHTM, UCL or QMUL;
- a representative of the primary care community;

2.5 Method of Operation

Meetings

The Board will meet physically with options for teleconference and webex. In addition the Chair may circulate papers and other matters by email for ad hoc, ex committee decisions.

Meetings will be held Quarterly at Tavistock House.

Decisions of the board are dependant on a simple majority of those in attendance. At the Chair's discretion, the opinions of Board Members unable to attend may be canvassed in advance these votes taken into account in any decision made. Where a consensus can not be achieved the Chair will exercise a deciding vote

Agenda

The Board standing Agenda is as follows:

1. 10:00-10:10 - Welcome & Introductions - Chair
2. 10:10-10:30 - Review of Previous Minutes and Actions - Chair
3. 10:30-10:40 - Project Overview - BMJ
4. 10:40-10:50 - Risks and Issues Review - BMJ
5. 10:50-11:00 - Communications Review - BMJ
6. 11:00-11:15 - Research Partner Report - LSHTM/UCL
7. 11:15-11:30 - Deliverables Review - BMJ
8. 11:30-12:00 - Finance Review - BMJ
9. 12:00-13:00 - AOB
10. Date of Next Meeting - BMJ

Inputs

The Board members will receive an agenda and any relevant papers at least 1 week prior to the Board.

Board Escalation Process

It is expected that the Boards advice will be informed by the agreed contractual limits and tolerances. Where the Board believe that an action is necessary to meet the needs of the National CKD Audit but that such an action will result in a project impact (cost, resource or delay) beyond the project tolerances, the Board will escalate the recommendation to BMJ Informatica to review any contractual implications.

Outputs

The Board will produce and circulate a list of key actions and decisions; which will also be available publicly on the website.

In addition the Board will review, approve and issue, to HQIP, the draft project reports. These will be subject to approval by HQIP prior to publication.

Sub Boards

The Clinical Reference Group supports the Board by providing advice and recommendations on the most efficient and effective method of Audit delivery and communications. This will include subjects such as Audit Methodology, where it would affect the perception, and therefore take up, of the Audit. Where appropriate the Board may delegate specific authority for the CRG to act on the Boards behalf in making timely decisions.

The Board may form additional sub-boards or sub-groups where a specific need is identified.