

Reporting Committee	Welsh Kidney Network (WKN)
Chaired by	Chair, Welsh Kidney Network (WKN)
Lead Executive Director	Medical Director
Date of last meeting	9th October 2024

Summary of key matters considered by the Committee and any related decisions made.

This report provides assurance to the Joint Commissioning Committee (JCC) in accordance with the WKN Terms of Reference (ToR), which state that the Chair of the Welsh Kidney Network (WKN) will provide reports to the Committee following WKN meetings outlining the activities of the Network and bringing attention to any significant matters under consideration by the Network. Board minutes are available on request from the WKN Coordinator, Jonathan.Matthews@wales.nhs.uk.

• **STRATEGIC NETWORK ISSUES**

Strategy on a Page:

The WKN Strategy on a page was submitted to Board for ratification and approval. It is a high-level document, all workstreams will now be streamlined under the objectives.

Integrated Medium Term Plan (IMTP):

The IMTP plan for the WKN is under development. Next year's priorities will be focused on risks. The highest risk on the WKN risk register is renal capacity, both from a unit and a home therapies perspective.

Dialysis Unit Expansion – South West Wales:

An updated position was presented at the October Network Board indicating that the revised timescales, movement of the opening date from 25th November 2024 to 9th December 2024 for the Bridgend unit is on track.

There is not full assurance on the delivery to the revised timescale, but weekly meetings are in place with contractor and a clear escalation process into the WKN, if required. The risk is on both the Swansea Bay University Health Board (SBUHB) and WKN risk registers.

Discussions have commenced with patients in respect to changing units. This includes Cardiff and Vale University Health Board (CVUHB) renal patients who will be moving over to the new Bridgend renal unit.

The 27 station Dialysis Unit located within Neath Port Talbot area remains scheduled for opening June 2025, the planning application has been submitted.

Value in Healthcare:

The Network has received formal notification of the recurrent funding of £446K per annum from Welsh Government, the projects include:

- All Wales approach to `Transplant First and Kidney Risk Equation tool. Led by the South West Wales region.
- Improving the number of patients with known progressive Chronic Kidney Disease (CKD) to pre-emptive transplant listing and home dialysis options. Led by the South West Wales region.
- Development of a prehabilitation service. Led by the South East Wales region.
- Increasing patient numbers in Transplantation and Home Therapies. Led by the North Wales region.
- A Service Improvement Manager will be employed to review the projects, support the regions and coordinate the reporting processes required.

WKN RISK REGISTER

The Board received the Risk Register, noting that there are currently 10 active risks. Three of these scores are now 15 or above and therefore are on the JCC Commissioning Risk Assurance Framework (CRAF):

1. WKN 15 Lack of Interventional Radiology in Swansea Bay UHB (16).
2. WKN 18 Renal Capacity across Wales (16).
3. WKN (Team) 01 Workforce and Capacity (16).

The third risk above has been increased from 12 to 16 due to further vacancies within the team resulting in lack of capacity.

Financial Plan:

The WKN anticipated shortfall within the Integrated Commissioning Plan 2024/2025 approved funding is £1.062m. The planning assumption at the time assumed a steady level of growth of 3.7% in line with previous years, which appears to be the case. However, the unprecedented high level of CPI (11%) in previous years has significantly impacted the 2024/2025 position, as this is always applied in arrears within the Independent Service Provider (ISP) contracts for Unit Dialysis.

The financial paper presented to Board in August 2024 requested approval of £0.531m cost savings that the WKN can pursue from the WKN delegated budget, which partially mitigates the anticipated shortfall of £1.062m. Of the £0.531m presented, £0.367m was approved, further work is required on the £0.164m allocated against the rebadging unused budget for immunosuppression.

The Board agreed that further work will be undertaken with providers on plans to mitigate any budget shortfall, including exploring opportunities to increase access to other kidney replacement therapies, home dialysis and kidney transplantation, which are more cost effective than Unit Dialysis with wider NHS system benefits and improved patient outcomes.

It was acknowledged at Board that members of the Network, notably the WKN Clinical Lead for Pharmacy, have been working with the JCC Medicines Optimisation Team to look at wider renal medicines and to identify other saving opportunities. Work linked to Eculizumab, has enabled local teams to switch patients from the originating brand to the bio-similar, which has resulted in five of the seven patients being switched to date in Wales. This amounts to an annual saving of over £900,000. This will be closer to £1.3 / £1.4 million annual saving if the remaining two patients can be switched, contributing to the wider JCC savings programme.

Clinical Leadership:

The recruitment process for the WKN Clinical Lead for Acute Kidney Injury (AKI) and Clinical Lead for Transplant & Vascular Access is now complete. Dr Timothy Scale has been appointed in the role of Clinical Lead for AKI. A job-share appointment was made for the Vascular Access and Transplantation Clinical Lead role, Mr Argiris Asderakis and Mr Laszlo Szabo. Dr Pramod Nagaraja has also been appointed for a year to work on the data elements of Vascular Access and Transplantation. They will all commence in post at the beginning of November 2024.

The Pharmacy posts have also been extended for two years in line with the WKN Clinical Leads Recruitment Standard Operating Procedure (SOP).

As part of the new governance arrangements for recruiting clinical leads, Service Level Agreements (SLAs) have been provided to Health Boards and individual clinicians.

WKN Commissioning Dashboard:

The WKN are now utilising the Commissioning Dashboard. All three regions have access. It is a means to extract activity, quality and finance information from one source and in real-time. As this matures, consideration will be given as to how it is reported into the Network Board, particularly the finance element.

Welsh Government update:

During August, Welsh Government focused on kidney disease and delivery against the Quality Statement through the Integrated Quality, Planning and Delivery (IQPD) meetings that are taking place with Health Boards in Wales. The WKN Clinical Lead participated in this process. Organisations were asked to provide updates against three key areas summarised below:

- **Acute Kidney Injury (AKI) Pathway** – Whilst AKI is not a specialised commissioned area for the WKN, improvements within the Pathway will improve outcomes and is likely to reduce the number of patients requiring Kidney Replacement Therapy, therefore a key focus for the WKN within the prevention agenda. Most Health Boards confirmed they have pathways in place, and most were aware of the new all Wales AKI Guidelines developed in recent months and held by the Welsh Kidney Network. There was assurance that education and awareness initiatives amongst staff were ongoing. Workforce and capacity challenges were acknowledged, particularly in terms of patient capacity, the impact on timely follow-up, inpatient capacity and how this contributes to delays of transfer to regional centres. There were issues reported around patient repatriation from regional centres.

Overall a mixed level of assurance was provided to ensure access issues were being addressed.

- **Pathways and Waiting Times for Vascular Access Surgery** – Most Health Boards were aware of, and acknowledged the challenges in gaining timely access for Vascular surgery which are having an impact on patient choice and outcomes for renal patients.

Again, there was a mixed level of assurance provided to help address some of these issues.

- **Dialysis and Home Therapies** – There continues to be geographical variation both within and between Health Boards in terms of access to Home Therapies. There were some concerns that emerged in terms of how aware Health Boards were of their local population needs, and therefore ensuring that provisions were appropriate to these needs. Home Therapies is an area of focus for the WKN.

Actions identified as part of all the IQPD meetings related to supporting Health Boards where improvements are needed, or learning from best practice in other areas. Welsh Government will continue to seek assurance of progress in these areas.

ISSUES REPORTED FROM REGIONS

2.1 South East Wales Region:

Two high pressure areas were identified.

- Firstly, the lack of theatre lists for live donors. There are a number of live donors waiting and patients have been developing line infections whilst awaiting transplant. Some patients are having to start unit dialysis whilst waiting. The insufficient number of lists is also impacting on general surgery waits for dialysis access / access for home therapies and other procedures.

- Secondly there are continued issues with general anaesthetic (GA) lists, A number of papers have been prepared, the most recent of which will be submitted to the internal Clinical Board. It was thought there might be traction with the replacement of the new surgical hub coming to Llandough, with the possibility of having a list there for day surgery and general anaesthetic lists, which would free up UHW lists for live donors. It is unclear when the Llandough lists will go live, they will be implemented in a phased way because of the need to recruit staff. Renal are competing with other specialities in the argument for life-sustaining and time-critical care.

2.2 South West Wales Region:

- An update was provided on the dialysis unit expansion programme as outlined above.
- There are continued issues with scanning services impacting on vascular access provision.
- SS reported that SBUHB have appointed into the vacant IT post. This will be a secondment for a period of six months. The new Band 7 Service Manager has been appointed.
- The Organisational Change Process (OCP) for nursing staff was launched on Monday 7th October, concerning the adjustment of staff hours resulting from the reduction in twilight shifts once the new dialysis units are operational.

2.3 North Wales Region:

- The proposal has been prepared by the JCC and shared with BCUHB to move to a cost and volume model for Unit Dialysis and Home Dialysis.
- The Welshpool unit remains scheduled to open in the first week of January 2025, dependent on sufficient staffing levels.
- Ysbyty Gwynedd will be holding an inaugural renal day where they will be joined by Davita and Popham Support. It will be used as an opportunity to engage with management and the infrastructure within a DGH hospital, allowing them to understand the further the extensive role of the renal team.

Highlight Reports:

The following highlight reports and/or updates were received at the Network Board meeting:

- WKN Central Team report including Lead Nurse
- South West Wales (SBUHB) Highlight Report
- North Wales (BCUHB) Highlight Report
- South East Wales (CVUHB) Highlight Report
- New Cross Party Kidney Group

- Housing update position
- Popham Support
- Kidney Care UK Highlight Report
- Kidney Wales Highlight Report
- Clinical Information Lead Highlight Report
- Prevention Lead Highlight Report
- Medicines Management Highlight Report
- Health and Wellbeing Professionals Highlight Report
- Home Dialysis Highlight Report
- Transplant and Vascular Access Clinical Lead Highlight Report

Matters requiring Committee level consideration and/or approval	
None	
Matters referred to other Committees	
None	
Date of next meeting	12th December 2024