Welcome Indranil Dasgupta, Honorary Secretary

ID welcomed members to the AGM.

Approval of minutes of last meeting, Resolution 1

ID asked members to approve the minutes from 2018 AGM. Minutes (Resolution 1) were approved with no corrections.

Vote: 89% for, 0% against, 11% abstained.

Treasurer’s report – Claire Sharpe, Resolution 2

Reserves: £2,220,975
Minimum agreed reserve: £1.72 million
Secure financial position
Claire Sharpe asked members to **approve the annual report and accounts (Resolution 2)** for year ending 2019.
Members approved the annual report and accounts for year ending 2019.
Vote: 95% for, 0% against, 5% abstain

Details of the Renal Association COVID-19 risk action plan were presented.

**Impact of Covid-19 on the finances of the RA**

- **Actions to mitigate the financial risk:**
  - **Action 1** - A review of any risk of income due to the possibility of work not being completed
  - **Action 2** - To reduce costs as much as possible and freeze any new recruitment
  - **Action 3** – To recover all possible expense from the cancellation of UK Kidney Week
  - **Action 4** - To plan for a contingency should we not be able to run the Advanced Nephrology Course face to face in January.

3. **Honorary Secretary’s report Resolutions 3, 4, 5 & 6**

   ID highlighted the increase in membership over the past year.

   ID thanked all members who had responded to the consultations (32 in total in addition to COVID19 consultations) over the past year.

   New appointments this year:
   - President Elect – Paul Cockwell
   - Paediatric Vice President - Jan Dudley
   - Elected council members – Colin Geddes and Edwin Wong
   - Education and training committee chair – Debasish Banerjee
   - Renal Scientists committee chair – Tim Bowen

   ID extended his thanks to outgoing post holders.

**Resolution 3**

ID asked that members approve the appointment of elected council members Colin Geddes and Edwin Wong

Members approved these appointments.
Vote: 100% in favour.

**Resolution 4**

ID asked that members approve the appointment of president elect Paul Cockwell.

Members approved this appointment.
Vote: 100% in favour
Resolution 5
ID asked that the membership approve the awarding of honorary membership to Professor Edwina Brown, Professor John Feehally, Dr Charles Tomson and Professor Christopher Winearls.
Members approved these appointments.
Vote: 98% for, 0% against, 2% abstained

Resolution 6
ID asked that members approve the appointment of new members since June 2019.
Member approved these appointments.
Vote: 100% in favour

4. President's report, Graham Lipkin, Resolutions 7 & 8
GL highlighted significant achievements over the year and expressed thanks to his fellow trustees, executives and secretariat.

Three major opportunities face the Association in the coming year:
1. Coordinated closer working with MPT
2. Renal Networks
3. Clinically-led renal service development
   - GIRFT
   - Renal Services transformation plan

Resolution 7
Proposal:
That the UK Renal professional and patient community will be best served by a single professional body including the RA, BRS and Affiliates.

GL explained the complexity behind this proposal, the significant advantages to the renal community, the risks and the agreed principles if a merger of the Renal Association and British Renal Society were to take place.

GL asked members to mandate RA Trustees to progress discussions with the British Renal Society and affiliate multi-professional groups, to merge to form a new single representative, democratic professional membership organisation based on the principles listed here. The final agreement of members to merge with the BRS and affiliate multi-professional groups will be sought via a formal vote within 2 months of this Annual General Meeting.

Members approved this mandate.
Vote: 85% for, 4% against, 11% abstained.
Resolution 8
GL asked members to approve changes to Renal Association Articles as pre-approved by Charities Commission – in summary:

- Changes to objects: Advancing, collating and disseminating knowledge of renal structure and function, renal disease and renal replacement therapy...
- the payment of reasonable and proper fees to the employer of the President, as a recharge cost to account for the time spent by the President in his or her work as President for the Association.
- 2 Academic and 2 Clinical Vice Presidents
- Membership of an individual or organisation

Members approved these changes.
Vote: 80% for, 2% against, 18% abstained

5. BAPN President’s report, Sally Hulton

BAPN President’s report, Sally Hulton

- Covid 19: provided guidance & supportive documentation
- KQuI:P: focus on 4 national projects on target
  - Home dialysis:
    - 100% units to offer the choice of all 3 dialysis modalities by end 2020
    - 100% units to establish own home haemodialysis service by end 2022
  - Creating Haemodialysis Options In Childhood End stage renal disease (CHOICE)
    - maximise fistula use through awareness, education and pathway re-design
  - Growth Outcomes using Weight and Height for all children with kidney disease (GrOWtH)
  - Transplantation: harmonisation of immunosuppression in 100% units - achieved
- Patient Advocacy: important in all developments
- BAPN/BRS workforce document: submitted July 2020
  - Encourage MPT membership and consider development of Transition work stream
6. Academic Vice President’s report, Neil Sheerin

**Academic Vice President’s report, Neil Sheerin**

- **Education and Training Chair Debu Banerjee**
  - E-learning – working with Rare disease group leads, guideline authors, trainees and industry partners to generate educational material aimed at trainees and junior consultants
  - Interventional Nephrology (Sid Ahmed) planning a curriculum and structure for trainees interested in Interventional nephrology

- **International Committee Chair Alan Salama**
  - Established international case based meetings open to individual clinicians and teams from the UK and overseas
  - Supporting the ISN fellowship programme

- **Rare Disease Committee Chair Danny Gale**
  - Recruitment to RaDaR now exceeds 25,000 patients
  - The resource is now generating publications
  - Significant interest from industry with the need to explore how this resource can be used to facilitate development of treatments for rare diseases

**Academic Vice President’s report, Neil Sheerin**

- **Renal Science Chair Tim Bowen**
  - Newly appointed Chair with revised terms of reference
  - Recognise a need to make the Renal association relevant for renal scientists particularly in the current environment with pressures on government and charitable funding to Universities

- **Research through the Renal Registry**
  - Dorothea Nitsch was appointed as Director of Research Informatics
  - Key role in overseeing research governance and facilitating use of available data

- **UKKW 2020**
  - Birmingham meeting was cancelled due to Covid 19
  - UKKW Virtual planned to start 5th October with unit level registration to encourage maximum participation

- **UKKRC**
  - Impact of Covid 19 on clinical research is a major concern with suspension of most studies and redeployment of staff away from renal research
7. Clinical Vice President’s report, Paul Cockwell

Clinical Vice President’s report, Paul Cockwell

- Clinical Practice Guidelines (Chair: Mike Robson). Multiple new or updated guidelines have been produced since June 2019 (https://renal.org/guidelines).
- Clinical Services Committee (Chair: Kate Vine). Kate and colleagues have led a number of workstreams through COVID-19 (see next slide) planning for a virtual clinical directors forum in process.
- Equality and Diversity (Chair: Betsy Buckley). Betsy has recently taken up chairing this crucial committee and is developing the leadership group and has close support from Jen Barwell, HR manager for the RA.
- KQuIP (https://www.nktn.org.uk/kquip) has been busy supporting the regional operational delivery networks through COVID-19 and is now moving towards a range of workstreams, adjusted for the pandemic. An interim report detailing progress up to COVID-19 is available and major current work includes workstream prioritisation, regional integration, measurement and sustainability.
- Patient Safety Committee (Chair: Kay Jones, Karen Jenkins (MPT)). The committee is highly active and is working on a number of areas including: Patient safety issues and opinions (patientinfo@renal.org).
- Renal SPCL Club (Chair: Hannah Beckett). The club is very active (https://renal.org/link/renal-spclclub) and is linking in with the academic and clinical vice presidents to broaden opportunities for trainees across the RA.

The response of the renal community to COVID-19

The Renal Association

NHS COVID-19 Specialised Services

- Clinical Vice President's report, Paul Cockwell
- Clinical Practice Guidelines
- Clinical Services Committee
- Equality and Diversity
- KQuIP
- Patient Information Committee
- Patient Safety Committee
- Renal SPCL Club

The response of the renal community to COVID-19

National

- COVID-19 Renal Nursing Group
- COVID-19 Renality Group
- COVID-19 Special Interest Group
- COVID-19 Renal Industry Group
- COVID-19 Patient Information

Regional

- KQuIP Regional QI Networks
- NHS COVID-19 Response Networks
- Regionwide Clinical Leads

Guidance from the renal community

NICE guidance
Hamamelis, AKI, CKD, Thrombosis

Clinical leads
COVID-19 website
including KQuIP hospital patient information
Guidance from the renal community

Online working, specialist societies (multiple)

Advice to SAGE
Webinar
Renal Registry Case Reports
WIM Affair leadership and support ANLAC, ANL, NMAK, ARG
AKI and Critical Care
Unit resolution

Joint specialties transplant guidance
8. **UK Renal Registry report, James Medcalf**

**UK Renal Registry report, James Medcalf**

- Office move from Southmead site to business park in Filton
- **COVID19**
  - Change to predominantly home working. All staff remained employed (some with different duties)
  - Regular reporting of COVID19 cases and outcomes by renal units
  - Rapid return and validation of the 31-Dec-2019 ESKD identifiers for linkage analysis
  - Linkage to PHE COVID19 database
  - Research including collaboration with Southampton University on modelling R.
- **Acute Kidney Injury**
  - 185 of 189 labs have provided data. First AKI report
  - Focus now on data quality and sustainability
- **ESKD annual report**
  - Documentation and review of case records in 2019 with adult and paediatric
  - Case management summary. Use of HES derived comorbidity now routine.
- **Patient View**
  - Transition to partnership with Patient Knows Best
  - Challenges ahead
    - New measures of care-quality and outcomes (e.g. HES linked measures and GIRFT co-design)
    - Focusing on data-items and measures which add value
    - Collecting data in the most efficient way
    - Presenting derived measures more quickly

9. **Q and A**

In response to questions asked:

- Difficulties of merging 2 organisations are recognised but should not preclude the annual joint conference from taking place in the future.
- Membership fees for MPT and affiliate members will be related to income.
- Conflicts of interest declared by trustees of new organisations will go through the Governance and Nominations Committee.
- Structure of new organisation will be reviewed after first 12 – 24 months.
- Executive group will be created to handle operational matters while trustees will have strategic oversight.
- Co-leadership in UK Kidney Week, KQuIP, Kidney Patient Safety Committee has shown a growth in engagement.
- Nephrologists are unlikely to be under-represented in the membership to start with and care will be taken to keep their voice from being lost. RA has a high proportion of total national consultant and trainee nephrologists as members.
- Comment on the proposed merge has not been invited from the NHS as yet.
- Proposed remuneration for President’s role has been presented to Charities Commission as a business case, and approved by the RA Finance and Risk Committee. The president will be subject to performance reviews.
- Gender balance on panels at conferences has improved. Membership is showing an improving gender balance in the lower age bracket which should feed through to the leadership in years to come.

10. **AOB**

None raised.