

**The UK Kidney Association**

**Annual General Meeting**

**Date:** Wednesday 26<sup>th</sup> October 2022

**Location:** Virtual

**Time:** 17:00

**Chair:** Alan Salama (AS)

**Minutes by:** UKKA Secretariat

**1. Welcome- Alan Salama, Honorary Secretary**

AS welcomed members to the AGM

**Approval of minutes of last meeting**

AS asked members to approve the minutes from the last AGM meeting.

**2. Treasurer's report- Claire Sharpe**

CS provided a summary of the finances for the calendar year of 2021.

The UKKA is in a good financial position, income outweighed expenditure. Income was 4.2 million and expenditure was 3.2million. The income exceeded the expenditure due to the merger of the BRS and RA. The assets of the BRS and the RPG came into the UKKA finances, there was an asset transfer of 8%. Also brought in UKKW income, not normally a part of finances. Asset and events transfer account for the large difference in income and expenditure. Have agreed that the asset transfer from the BRS is going to be a ring-fenced project to protect the multi professional team in the future. Part of it will also go to underwriting staff, the secretariat and costs for the running of the association moving forward.

CS asked members to approve the annual report for year ending December 2021.

**3. Honorary Secretary Report- Alan Salama**

AS highlighted the increase in membership over the last year.

Majority of memberships are from the same groups as before. Had a big influx of renal pharmacists that joined when the renal pharmacy team joined the UKKA. Looking at areas where they could expand to get more people involved. Members help to provide information for NICE, NHS England etc. Trying to get younger members involved and people's interests documented on a database.

In terms of communication, thinking about the best ways to get information out to people. Got lots of information going out via email, some through social media. Website is being revamped. Had a substantial increase of number of people visiting the website with over 32,000 visits. Seems to be a key way people are getting information about the UKKA and what it does.

AS asked that members approve the honorary appointments of Liz Lightstone and Fiona Loud.

#### **4. Presidents' Report- Paul Cockwell and Sharlene Greenwood**

SG introduced the six pillars of the UKKA.

The pillars represent the core values and key areas of activity for the organisation. Underpinned by core structures that provide the infrastructure to achieve the strategic aims and fulfil the UKKA's ambitions in the key areas.

As a new organisation developing infrastructure to support the organisation, it is essential to develop current and future leadership from the organisation. There is an understanding that taking on leadership roles can be daunting so have been working with UKKA HR lead Jen Barwell and the RCP to design and organise a leadership course and mentorship training. Leadership courses will be advertised in the new year.

Want members to see the UKKA as theirs as it's a membership organisation, looking at how to be better for members and those with kidney disease. Trying to keep things as simple as possible when communicating out to the membership. Try to grow and sustain the membership for the next generation of leaders.

Looking at how the UKKA works with the NHS and statutory organisations to support with the delivery of healthcare. Next steps are to find a way to integrate UKKA into service delivery so that every renal service in the UK has the best support from the UKKA to address local challenges. Been trying to get core structures working in a way to best support across members and services across the system. SIGS are coming along well, they're developed from the membership and have been delivering important workstreams. Priority going forward is work around the workforce, looking at identifying what an appropriate workforce looks like over the next ten and twenty years for the UK across all areas. Working with the NHS to develop an appropriate workforce document.

SG expressed thanks to her fellow trustees, executives and secretariat as well as welcoming Clare Morldige as the next president of the UKKA as she steps into her past president role.

#### **5. Academic Vice Presidents' Report- Helen Hurst and Neil Sheerin**

HH and NS are involved in supporting the education and research committees.

Thinking of succession planning and getting people involved in committees to take on roles in the future. Current chair for the education committee is Professor Debasish Banerjee. Looking for a MPT co-chair. Have sent out expression of interests, have targeted the SIGs and the professional groups. A lot of educational activity going across the UKKA. Goal is to ensure that all the educational resources have been developed and are visible and available for members on the website.

HH and NS have been meeting with Tim Bowen and Joe Chilcott who are the two co-chairs of the research committee. To support the clinical science group there are going to be two new committees chaired by Tim and Joe. These are newly formed and need to get members involved to help shape where these two committees go forward.

HH and NS terms will be up next year so HH noted that they will be looking to fill those roles.

#### **6. Clinical Vice Presidents' Report- Katie Vinen and Karen Jenkins**

Keen on MDT working, most committees have an MDT and medical lead. The Covid committee was developed during the early days of the pandemic to support the renal community. It's multi professional as it combines scientists, clinicians from all backgrounds, data scientists and charity partners. Worked with the RCP to define the clinically extremely vulnerable groups in renal, lobbied the JCVI to change guidance and therapeutics. It's also made countless lobbying statements and produced practical guidance for the community. Has most recently produced a position statement on antibody testing and the use of Evusheld.

Kidney Patient Safety committee has been a proactive committee in the last year. Have representation from a multi professional team and has built up working relationships with industry partners. Have been able to influence policy. Also have MHRA representation, have been able to work with them on alerts and have updated their top tips for dialysis. Have also been working alongside KQUIP with Haemodialysis patient safety and guidance for blood loss in dialysis. Have recently released the managing challenging behaviour in dialysis units document. Have just updated the home dialysis reimbursement which was done in partnership with the Welsh Clinical renal network. Chairs (Karen Jenkins and Katy Jones) of the Kidney Patient Safety Committee terms are coming to an end so they will be looking for people to fill these roles.

Priority for next year is workforce planning, updated document in 2020, needs to be reviewed this year but a lot of work going on so has had to be extended. Engaged with all professional groups to look at updating their own sections. Looking at a living document that will help to align the workforce to deliver their services. Alongside this, looking at how to collect data for the workforce and working with the registry.

Clinical practise guideline committee is for people who are interested in clinical excellence and education. Generating multiple guidelines for the renal community, looking at all the evidence and collating it into a usable form. See the formation of the UKKA as an opportunity to create holistic guidelines including more holistic care patient views and making sure to include members of the MDT with extra support.

Clinical services is the home of the clinical directors at UKKA. About leadership and service planning. Marie Condon has taken over as the chair, will be redeveloping the regular updates to the CDs and hoping to provide CD forum for 2023. Will be moving to a more regional structure.

Sustainable Kidney Care is about innovation, climate change and reducing waste. Its chairs are currently seeking a pledge from each unit to try and achieve carbon neutrality and increase circularity. Developing a carbon calculator as well as a document of ten top tips to help units minimise waste and help with sustainability. Now developing a scholar's programme where seven scholars from different parts of the multidisciplinary and medical team are taking on individual projects across a range of units supported by the centre for

sustainable healthcare in Oxford with a full education programme and projects coming out of it which will be showcased at a conference day in September.

KV thanked all of the chairs and leaders of all the different groups who fall under clinical care for all of their fantastic work.

#### **7. UK Renal Registry Report- James Medcalf**

The registry remains on a secure and sustainable financial footing. Core work around the measurements of outcomes in people with established kidney disease. Working on timely collection and reporting of data. Acute kidney injury, national patient safety alert is six years old, have data from vast majority of UK laboratories, able to identify who is hospitalized. Early CKD is work that Dorothea Nitsch, the research director for the registry is working on in partnership with OpenSafely. Working with KQUIP to build on current experience with PREM to adapt it to allow it to support quality improvement.

Behind the scenes the IT is moving towards an IT arrangement that is better suited to a registry. Addressing the desire to share information with researchers through advertising and application process. Staff have developed retain and train and the IT landscape is constantly changing as NHS organisations have changed. Biggest problem regarding effective research has been the inability to use any data that the registry holds that is linked with hospital statistics for research, now allowed with the limitation that the data cannot leave the registry.

#### **8. BAPN Report- Jan Dudley**

Have multi professional collaboration between adult and paediatric spheres, try to have paediatric representation across all UKKA committees and SIGS. Going to celebrate 50 years by having a joint meeting in January with the paediatric nursing nephrology group. Outputs are quality improvement and patient information. Facing challenges of dialysis capacity and medicine availability. Working with the patient safety committee to establish how to get around those challenges.

#### **9. Q and A**

In response to questions asked:

- Got data self-reported ethnicity and gender, under 50% for gender when it comes to membership. Has been a call that has gone out for equality, diversity and inclusion for people to contribute to the work that is being done in that area. Got a call with interested people in two weeks. Need to do some benchmarking to support the memberships and become strong advocates. Need to address inequalities that people receive in kidney care and inequalities in services across the country.
- Challenges for paediatrics, lack of Alteplase is being addressed by clinical services lead, leading with lead commissioners from every unit to try to establish how they're accessing Alteplase and what they're using in its place. Working with pharmacy colleagues to see how to freeze it down. Overall, keeping records, sharing SOPs and working with pharmacists to redevelop product from scratch. Most clinicians agree that the alternatives are inferior in small children. Dialysis capacity issue, post monthly graphs, piece of working with NHS BT looking at diverting transplants and looking at numbers.

**10. AOB**

Send out a date for the next AGM.

Add the diversity and inclusion criteria to the annual report.