

Purpose of committee/how it supports our mission

The clinical services committee (the committee) provides a direct link to the clinical directors of renal units throughout the UK. The committee therefore provides an ideal opportunity to support this network in delivering the mission of improved patient care. The committee allows the Renal Association (RA) membership to communicate to this important leadership group as well as react effectively to policy changes.

Accountability

The committee is a subcommittee of the clinical affairs committee and reports directly to it.

Responsibilities

- The committee undertakes programmes of work as directed by the chair in response to a brief provided by the clinical affairs committee
- This work includes planning an annual clinical directors' forum, collaborating with other agencies interested in the provision of services, examining the delivery of renal services, highlighting deficiencies in service provision leading to opportunities for service development
- The committee works with the UK Renal Registry (UKRR) to assist in the provision of accurate timely data and to develop specific audits to reduce unwarranted variation
- The committee works with the RA to develop specific responses to regional and national issues
- The committee identifies a work programme and key messages to place the RA in a position to influence national policy
- The chair is responsible for keeping the committee's website area up to date with information about the current committee membership, minutes of committee meetings and other relevant documents
- The chair is responsible for keeping the membership of the association informed of the committee's activities through the website, RA monthly news, and other appropriate communications strategies.

Membership

The committee comprises:

- Twelve members of the association, representing the nine English regions plus one representative each from Wales, Scotland and Northern Ireland. These members are the clinical lead of the local renal network or their nominee so maintain strong links with their local network
- The chair serves as representative for their own region
- Chair, rare diseases committee
- At least one elected member of the council
- Three representatives of the BAPN
- President (ex officio)
- Clinical vice president (ex officio)
- Other ex officio members are nominees of the:
 - British Transplantation Society
 - Representative, non-consultant career grades in nephrology
 - Representative, British Renal Society

Committee rules

- The role of chair is open to any member of the association in good standing and is advertised within the association via the RA monthly news
- Applications are reviewed and appointments made in accordance with the RA's equality and diversity statement
- The appointment is ratified by the trustees
- The appointments panel or the appointed chair may if thought appropriate, appoint a deputy chair to assist in the running of the committee
- The chair normally serves for three years plus an additional discretionary one year
- The chair has current or past experience as clinical director or renal network director
- The chair is a member of the clinical affairs committee
- The chair is an invited member of the council as and when the agenda requires
- Committee membership is open to any member of the association in good standing and expressions of interest are sought via the RA monthly news

- Expressions of interest are reviewed and appointments made on the recommendation of the chair and in accordance with the RA's equality and diversity statement
- Committee membership is ratified by the governance and nominations committee
- Members of the committee usually serve for no more than three years, renewable for a second and final term of three years
- Members of the committee are expected to attend at least one committee meeting annually and contribute actively to the work of the committee as required by the chair
- The committee meets at least once a year; in addition committee business is maintained using e-mail and telephone communications between meetings
- The chair prepares written reports of the business of the committee for the clinical affairs committee and the RA council, or delegates this task to a secretary chosen from the committee membership
- To be quorate the committee must have a minimum of the chair or deputy chair who chairs the meeting and 50% of the committee's membership
- Any member not attending two consecutive meetings or seconding a deputy to represent them at the meeting may be replaced at the discretion of the chair
- Decisions are taken in the same way as dictated in the Articles for the board
- The Committee is supported by the CEO and staff and agendas are agreed by the chair and circulated at least two weeks before the meeting
- Other papers are circulated a week before the meeting
- Minutes are taken and kept in the archive.

Task and finish groups

The committee may establish task and finish groups or subcommittees with the appropriate membership to execute its responsibilities while maintaining responsibility and monitoring progress, quality and cost.

Key objectives

2019

2020

2021

Risk management

Risks to achieving the key objectives are escalated to the CEO and staff who inform appropriate trustees and record them on the corporate risk register.

Date agreed

4 February 2019

Date reviewed

4 February 2019

Corporate sponsorship

To be confirmed

