**Cardiac Clinical Network**

**Clinical Leadership Group Terms of Reference**

The London Cardiac Clinical Network Leadership Group provides a forum for a multidisciplinary group of experts, key stakeholders and patient representatives with diverse perspectives to share their expertise and experience in order to improve the quality of CVD prevention, cardiology and cardiac and vascular surgical services across London.

## Role

1. To support the implementation of NHS England, NICE, locally developed and other national policy and good practice guidance across all London boroughs, by working with London CCGs, Integrated Care Systems and other system networks in London.
2. To provide support and advice to CCGs on the development of services for people with cardiac conditions and on how to meet national standards.
3. To co-ordinate joint working between NHS Trusts, CCGs, local authorities, PCNs, STPs/ICSs, AHSNs, the voluntary sector and other Clinical Networks on specific projects across London.
4. To provide objective, evidence-based solutions to significant strategic issues that impact the quality and safety of cardiology and cardiac surgery services in London
5. To work with other regional Clinical Networks to share good local practice nationally.
6. Gives expert advice on best-practice pathways which cross organisational boundaries
7. A forum where clinical leaders can meet to share collective knowledge on clinical issues, free from organisational bias and obtain clinical consensus on contentious issues.

## Governance

* The London Cardiac Clinical Leadership Group serves as a leadership committee, accountable to the Cardiac and Stroke Transformation Board. The CLG provides expert advice on clinical performance issues, reviewing clinical indicators and outcomes and advise on quality and safety issues. The group provides assurance and accountability to the working groups delivering the projects on the Cardiac Business Plan.

## Key functions:

### Vision and strategy

* Direct clinical conversations on performance in the capital, providing expertise in interpretation of key indicators and outcomes that assess improved patient care.
* Support health organisations across London to develop recommendations for strategy and vision for the future, in alignment with national and local priorities.
* Provide clinical advice and ownership for future plans of care.

### Clinical commissioning

* Collaboratively consider commissioning plans that support clinical vision and strategies.
* Provide expert input into key aspects of commissioning plans, including service changes.
* Consider how quality and safety are maintained within commissioned services.

### Providing clinical leadership

* Offer strategic leadership on cardiac issues pertaining to London and be a source of legitimate specialist expertise on policy, operational, commissioning, and workforce matters.
* Determine and direct clear clinical recommendations on the most appropriate configuration and design of services.
* Provide advice to other clinical specialties (such as vascular services) when requested.
* Serve as clinical champion to future service changes.

## Membership

## Chair

The chair of the Group will be the Cardiac Clinical Director for NHS England, London Region.

### Members

Members are selected as individuals who provide advice and undertake work independent of their employing institutions. Membership will be broad enough to reflect the range of views on significant clinical strategic issues encountered across the community of cardiac experts.

The majority of the membership will be made up of experts who have regular, direct clinical duties, or have roles working within cardiac services.

Membership will include:

1. Chair
2. Cardiac Clinical Network core team
3. Workstream leads
4. People from a range of different backgrounds - such as NHS Trusts, primary care, commissioning, local authority, voluntary sector

These are key roles within the network and will be responsible for providing strong clinical and professional direction, essential to the network’s role in supporting high quality commissioning.

Patient & Public Voice

People living with, or having experience of, cardiac conditions are actively involved in shaping the cardiac programme through representation in each work stream and as part of the CLG.

### Membership process

Nomination

The Chair may approach nominating bodies to ask for expressions of interest, or approach individuals directly who have the skills, backgrounds and expertise needed to complement existing membership. All work stream leads are expected to attend or send a delegated representative if they are unable to attend in person.

Appointment duration

Membership duration will be considered as part of the membership review process. (See below), this will include clinical priorities to ensure future alignment.

Ad hoc attendees

To ensure a broad range of clinical inputs and perspectives, other people with relevant expertise may be invited by the Chair to attend Group meetings to contribute to the discussion.

### Declarations of interest

It is expected that all members declare interests and their applicability to the Group prior to appointment and/or relevant discussion.

## Meetings:

## Frequency

### The Group will meet three times a year. If an interim meeting is required to address an urgent or pending issue, the Chair will call a meeting outside the usual cycle. Group members, especially those who are leaders of individual work streams, are expected to spend time developing the work outside of the formal meeting structure.

### Quorum

A quorum for meetings will be 50 per cent plus one person for majority, including the Chair. As members attend as individuals in their own right, the use of nominated proxies is discouraged.

### Participation

It is expected that members will commit the time necessary to understand the issues considered by the Group, participate vigorously and respectfully in debate and genuinely commit to identifying sustainable strategic decisions on behalf of Londoners. Members are expected to attend a minimum of 50 per cent of meetings during the year. Failure to do so will prompt a request for the individual to stand down from membership,

### Agenda and minutes

The agenda and any supporting documents will be circulated by email in advance of the meeting. Papers may be tabled pending approval of the Chair. All work stream leads will provide an update of their work (using a template) prior to the meeting, which will be circulated. These updates will be reviewed during the meeting and members will then have the opportunity to bring challenges/problems to the meeting. The group will help members find solutions and support the spread of good practice. Minutes from the meeting will be circulated within 2 weeks of the meeting date.

## Review

The Group will review its purpose, function, performance and terms of reference on an annual basis.