

NWC Cheshire & Merseyside Cardiac Network Cardiac Rehabilitation Group Terms of Reference

1. **Purpose:** The purpose of the Cardiac Rehabilitation Group is to provide cardiac rehabilitation advice, expertise and leadership to providers (across all sectors), other interested improvement focussed stakeholders (e.g. Academic Health Sciences Networks), commissioners, strategic decision making bodies both local and regional (e.g. the ICS & it's constituent Boards & groups) and patients to support improvements to cardiac services across Cheshire and Merseyside.
2. **Joint Chair:** Caroline Golder and Jennifer Hannay
3. **Membership:** Cardiac Network Clinical Lead, Clinical Network Programme Manager, Clinical Network Manager, Cardiac Physiologists, Allied Health Professionals, Cardiologists, Primary Care Practitioners, Secondary Care Practitioners, Tertiary Care Practitioners, Patient Representatives.
4. **Functions:**
 - To foster collaboration between practitioners in order to influence and inform the implementation of the Cardiac Pathways Improvement Programme and the NHS England Long Term Plan.
 - To ensure that appropriate cardiac rehabilitation expert input is provided to the region's cardiac pathways improvement programme's service improvement and transformation plans.
 - To champion, promote and support the development, efficacy & efficiency of rehabilitation services to support transformational change through sharing knowledge, expertise and learning.
 - To establish & deliver a work programme to implement a Cheshire & Merseyside wide cardiac improvement strategy in accordance with the Cardiac Pathways Improvement Programme.
 - Provide a Group for communication & collaboration between practitioners and stakeholder organisations.
 - Support stakeholders to provide appropriate services for patients and ensure that there is equitable access to them through the application of the principle of proportionate universalism.
 - Identify areas of best practice within the region and nationally, such that best practice can be extended into other clinical and geographical areas.
 - Develop relevant pathways, guidance and protocols to deliver high quality local services in accordance with national guidance directive.
 - Consider issues of race, deprivation and other forms of inequality in all aspects of work and outputs
5. **Meeting Frequency:** TBC
6. **Reporting/Accountability:** Via the Clinical & Operational Advisory Group and Cardiac Board (see figure 1 below)

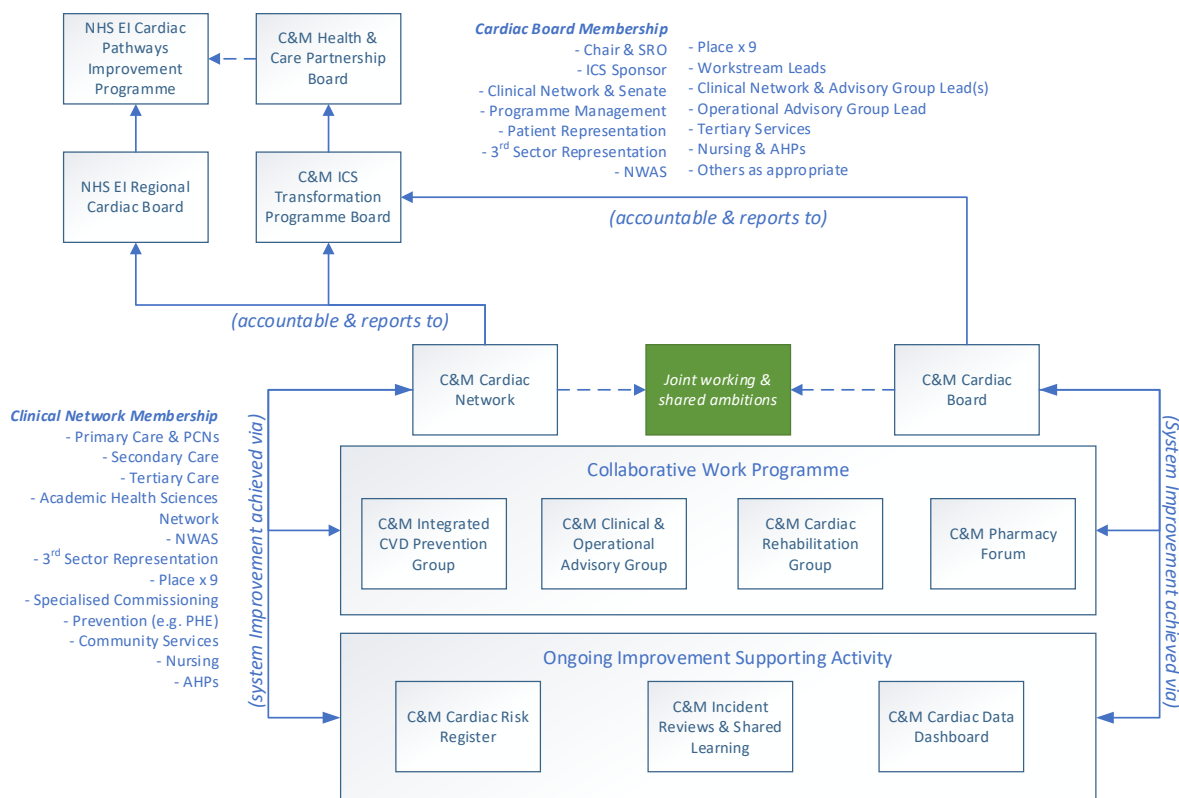


Figure 1 – Governance and Reporting Arrangements

7 GOVERNANCE

7.1 The Cardiac Network will appoint an overall Clinical Lead and a Chair(s) of the Cardiac Rehabilitation Group. The group will be comprised of senior clinicians (primarily but not exclusively rehabilitation practitioners from the region’s provider organisations and those other stakeholders supporting their ongoing transformation efforts.

7.2 The Cardiac Rehabilitation Group will be provided with on-going support from the Cardiac Network Programme Office Team.

7.3 Recommendations, new guidelines and actions plans etc will be approved by the Cardiac Network Clinical Lead and Cardiac Rehabilitation Group Chairs before they are circulated. They will be ratified via the Clinical & Operational Advisory Group unless the Cardiac Network Clinical Lead determines that such ratification is not necessary. In such circumstances, the output will be shared with the Clinical & Operational Advisory Group at the first opportunity.

7.4 Group guidance, guidelines, advice etc will align with, and support relevant national and regional guidance.

7.4 Where products are developed by and issued on behalf of the Cardiac Rehabilitation Group, members should be consulted before publication. Where a consensus cannot be reached, or no opinion/input is provided by a Group member the Group Chairs and Cardiac Network Clinical Lead will have final say on the product. Where the Group publishes products/outputs in support of an already published national or regional document (for example), this will done on behalf of the Group Chairs and Cardiac Network Clinical Lead (i.e. further discussion/consultation with the Group will not be sought).

7.5 Where Group members contribute to a product or output, they should ensure that their contribution takes due account of the views of the organisation that they represent within the Group.

8 Meeting & Organisation

8.1 The Group will meet **X** times per year and will be supported by the Cardiac Network Programme Management Office.

8.2 Group members have an obligation to;

- attend at least 80% of meetings, having read all papers beforehand;
- contribute to the development of Group outputs as a member of a task & finish group or project team; this approach recognises that the Group Chairs are not solely responsible for the delivery of the Group's outputs and products, Group members are required to contribute outside of Group meetings;
- act as 'champions', disseminating information and good practice as appropriate;
- identify agenda items, for consideration by the Chairs, to the Cardiac Network Programme Manager at least 14 days before the meeting;
- prepare and submit papers for the meeting, at least 10 clear working days before the meeting;
- if unable to attend, send their apologies to the Chairs prior to the meeting;
- when matters are discussed in confidence at the meeting, to maintain such confidences;
- declare any conflicts of interest / potential conflicts of interest in accordance with their respective organisation's policies and procedures;
- at the start of the meeting, declare any conflicts of interest / potential conflicts of interest in respect of specific agenda items

8.3 A quorum shall exist if the meeting is attended by either Chair (or their nominated deputy), one member of the Cardiac Network Programme Management Office and at one representative from **X** of the region's providers.