Cheshire & Merseyside Cardiac Network & Cardiac Board:

Terms of Reference

1. NETWORK PURPOSE

1.1 Heart disease remains the second highest cause of death in England, with an age standardised mortality rate of 130 per 100,000 population. Furthermore, an estimated 6.1 million people in England currently live with cardiovascular disease. There are significant opportunities for earlier diagnosis and better proactive management of cardiovascular disease, particularly for people in the most deprived areas of England who are almost 4 times as likely to die prematurely from cardiovascular disease compared to those in the least deprived areas.

1.2 Cardiovascular disease is one of the NHS Long Term Plan's 8 NHS clinical priorities and presents the biggest opportunity for lives to be saved by the NHS over the next 10 years. The ambitions in the NHS Long Term Plan span prevention, diagnosis and management and require a networked approach to delivery. The Long Term Plan sets out ambitions for primary care networks to assess their local populations by risk of unwarranted health outcomes and to offer targeted support for both their physical and mental health. The early detection and treatment of cardiovascular disease can help patients live longer, healthier lives and our success in identifying and diagnosing 'ABC' (AF (Atrial Fibrillation), Blood pressure and Cholesterol) will improve. The plan calls for the expanded use of home-based and wearable monitoring equipment and digital technologies to provide convenient ways for patients to access advice and care. By 2023/24 390,000 health checks must be delivered nationally each year while genetic testing for Familial Hypercholesterolaemia will improve so that at least 25% of those affected are identified. People with heart failure and heart valve disease will be better supported by multi-disciplinary teams as part of primary care networks and when admitted to hospital, rapid access to heart failure nurses will be improved so that more patients with heart failure, who are not on a cardiology ward, will receive specialist care and advice. Similarly, by 2028 85% of those eligible for cardiac rehabilitation services will be accessing them.

1.3 The Cheshire & Merseyside Cardiac Network will be instrumental in achieving these ambitions and in delivering the wider goals of supporting the better health and wellbeing of our population, delivering better quality health services and the sustainable use of NHS resources, and supporting the shift towards a population health model of care.

1.4 The Cardiac network will therefore work with its stakeholders to deliver a work programme that will drive operational improvement within services. It will implement high quality, standardised pathways of care that span prevention and diagnosis through to acute and specialist treatment, rehabilitation and end of life care. It will directly involve patients and communities in the planning and design of care to ensure that the focus always remains on the patient experience and once it is mature, it will take on responsibility for overseeing and driving improved performance, particularly in clinical outcomes, waiting times and financial resources.

2. VISION & AIMS

2.1 The vision of the cardiac network is to;

"**deliver better heart health and healthcare outcomes for all**"

2.2 The aims of the cardiac network are to;

- Reduce cardiovascular disease mortality
- Deliver focus on preventative and proactive care

- Improve quality and safety of care across the pathway through the delivery of national standards of care
- Restore services and reduce waits following the COVID pandemic
- Improve experiences of care
- Deliver equitable access to high quality care reducing inequalities in outcomes and experience
- Ensure sustainability in costs

2.3 To meet that vision and aims the network will work towards the following objectives;

- Take a leadership role in preventing cardiovascular disease
- Improve overall outcomes, safety, patient and staff experience through whole system improvements to cardiac care across Cheshire & Merseyside
- Deliver national, regional and locally determined ambitions for high quality care, and ensure future sustainability and viability of services
- Implement the principles of continuous improvement through a healthcare learning system
- Provide robust multidisciplinary clinical and programme leadership to cardiac services improvement work within Cheshire & Merseyside
- Foster a culture of partnership and collaboration across the network which will include system stakeholders, patients & their families, all providers of cardiac care across the care pathway including Primary Care Networks and practices and other local, regional and national partners (e.g. local AHSCNs, & regional and national NHS E&I improvement programmes)
- Engage with the national Cardiac Pathways Improvement Programme
- Engage with the Cardiac Services Clinical Reference Group
- Develop robust creative and sustainable workforce plans
- Support access to care in times of crisis (e.g. COVID_19 wanes and recovery)
- Undertake comparative benchmarking of current provision to map gaps in cardiac pathways to determine improvement priorities
- Review, utilise and create actionable insight from a wide range of data sources (e.g. national sources such as PHE, CVD prevention data, GIRST deep dive reports)
- Ensure system participation in national audits and registries (e.g. CVDPREVENT, National Institute for Cardiovascular Outcomes Research (NICOR), National Cardiac Audit Programme (NCAP), National Audit for Cardiac Rehabilitation (NACAR)
- Deliver network wide local care protocols and integrated care pathways that reflect best practice
- Ensure equity of access for the Cheshire & Merseyside population to cardiac services
- Deliver a population focus to service development and delivery using a risk-based approach to case finding and moving towards anticipatory care through joint work with local government and other partners to address important public health issues determining cardiac outcomes
- Test and spread appropriate digital innovations
- Undertake workforce capacity and skills audits and develop plans to ensure that staff capacity matches demand
- Enable workforce flexibility between providers through the introduction of passporting and other schemes
- Deliver a comprehensive programme of education and continued professional development
- Host a cardiac services risk register and undertake risk management across Cheshire & Merseyside
- Collate and share learning from never events and serious untoward incidents through learning, education and continuous improvements to care pathways

3. NETWORK WORK PROGRAMME

3.1 To fulfil its purpose the Cardiac network will develop an annual work programme. That work programme will reflect the improvement aims and ambitions set at the national and regional level for the network, as well as local ICS priorities.

3.2 The work programme will be managed using a project and programme management approach, tools and techniques. Individual projects will be identified. Each will have a clearly defined aim, progress measures and desired outcome. Each project will have an identified lead drawn from the Network's membership. Risks to outcome attainment will be identified and managed appropriately.

3.3 Related network projects will be structured into workstreams. Each workstream will have a Lead drawn from the Network's members who will be responsible for overseeing workstream and project progress. That workstream lead will be supported by the Cardiac network Programme Manager.

3.4 In addition to its project based workstreams. A Clinical & Operational Advisory Group will be established. That group will support the development of Network & Board clinical outputs and will include appropriate operational staff. That is so that the outputs developed through the Clinical Network (a clinical pathway or guideline for example) can be introduced into operational practice (a Health & Care Partnership and Cardiac Board function).

3.5 The Network's work programme will be developed in consultation with the Cardiac Board. It will be formally agreed by the Cheshire & Merseyside Health & Care Partnership Transformation Programme Board and the relevant NHS E&I Cardiac Regional Team.

3.6 The Network work programme will typically cover a period of at least one year and will be refreshed at least once per year.

3.7 In addition to the work structured using a project & programme management approach, the Network will also;

- Host a cardiac services risk register and undertake risk management across the network
- Share learning from never events and serious untoward incidents through learning, education and continuous improvements to care pathways

The outputs from those two ongoing activities will be used to inform the Network's workstreams and will be shared with the Cheshire & Merseyside Health & Care Partnership on a regular basis.

3.8 The network is accountable for the delivery of its work programme to the relevant NHS E&I Cardiac Regional Team and to the Cheshire & Merseyside Health & Care Partnership Transformation Programme Board. The network will work with the Cheshire & Merseyside Cardiac Board to deliver its work programme, and to support the Cardiac Board's function. It is fully expected that there will be areas of overlap between the respective work programmes; shared work and collaborative working arrangements will be key to the success of both.

4. NETWORK MEMBERSHIP

4.1 The Network will include all providers who deliver cardiology and cardiac surgery services across the whole pathway of care within Cheshire & Merseyside including providers of:

- Prevention (including Public Health England or its successor, local Directors of Public Health),
- Primary care,
- Diagnostics
- Community services,
- Ambulance,
- Secondary,
- Tertiary care

4.2 The Network will include all agencies, organisations and programmes working to deliver transformational change, or improvements to service, or support such activity within cardiology and cardiac surgery services within Cheshire & Merseyside;

- North West Coast Clinical Network
- Academic Health Sciences Network
- CHAMPS
- GIRFT
- 'Place' (the 9 places that make up the Cheshire & Merseyside Health & Care Partnership)

4.3 Patients and third sector organisations will be core members of the Network.

4.4 Members will be a mix of clinical and non-clinical staff. Members will make the most appropriate use of their skills and knowledge to deliver the Network's work programme.

4.4 The Network will be hosted by the North West Coast Clinical Network. They are responsible for ensuring the effective functioning of the Network including staffing and the management of the Network's resources. It is expected that decisions about the use of the resources available within Cheshire & Merseyside to support improvement & transformation (e.g. funding for Clinical Leadership) will be arrived at in consultation with the Cardiac Board.

5. CARDIAC BOARD FUNCTION & PURPOSE

5.1 The Cardiac Board will support the work of the Cardiac network. It will contribute to the Network's work programme who will remain accountable to the relevant NHS E&I regional & National team, and the Health & Care Partnership Transformation Programme Board to have its work programme approved.

5.2 The Board will be a clinically driven decision-making group for the Network. It will do that by making evidence based and data driven decisions framed within the wider Health & Care Partnership context within which the Board & Network sit.

5.3 To support the work of the Board and Network, a Clinical & Operational Advisory Group will be established as discussed above.

6. CARDIAC BOARD MEMBERSHIP

6.1 The Cardiac Board members will be drawn from the Network's membership, the ongoing work streams and the Clinical & Operational Advisory Group.

6.2 The Clinical Advisory Group will include an evenly balanced partner representation from member organisations and include wider professional representation including nursing and allied health professions. The Group will include representation from at least one tertiary provider of cardiology and cardiac surgery services.

6.3 The Board will include the following roles;

- Senior Responsible Officer
- ICS Senior Sponsor
- Programme/Project Manager
- Clinical Lead

6.4 Board membership is as follows;

- Senior Responsible Officer & Chair; Jane Tomkinson (Chief Executive Liverpool Heart & Chest NHS Foundation Trust)
- ICS Senior Sponsor; Sarah O'Brien (Cheshire & Merseyside Health & Care Partnership Executive Director of Strategy & System Development)
- Clinical Networks & Senate; Jan Vaughan (Director)

- Clinical Network Programme Manager; James Boyes (North West Coast Cardiac network Programme Manager)
- Cardiac Board Programme Manager; Jon Develing (Director of Strategic Partnerships)
- Patient Representative (**need to establish how to engage, via 3rd sector??)**
- Third Sector Representative (**need to establish how to engage, BHF &/or others?)**
- Clinical Network Clinical Lead(s); Joe Mills (Secondary Care Clinical Lead, TBC Primary Care Clinical Lead, TBC Other workstream leads)
- Public Health England; Caroline Holtom (**need to confirm title)**
- CHAMPs; Mel Roache (**need to confirm title)**
- NWAS (**need to confirm provision and structure)**
- Clinical & Operational Advisory Group; **TBC**
- Nursing & AHP; **TBC**
- Academic Health Sciences Network; Julia Reynolds (Associate Director of Transformation)
- GIRFT; Michael Filek/ John Morris (**need to confirm structures)**
- 'Place' (the 9 places that make up the Cheshire & Merseyside Health & Care Partnership)
    - Cheshire
    - Halton
    - Knowsley
    - Liverpool
    - St Helens
    - South Sefton
    - Southport & Formby
    - Warrington
    - Wirral
- Work Programme workstream leads

6.5 Board members have a responsibility to:

- attend at least 80% of meetings, having read all papers beforehand;
- act as 'champions', disseminating information and good practice as appropriate;
- Provide appropriate scrutiny and challenge to the projects and programmes that the Board supports, acting as their 'critical friend';
- identify agenda items, for consideration by the Chair, to the Clinical Network 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 Chair 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

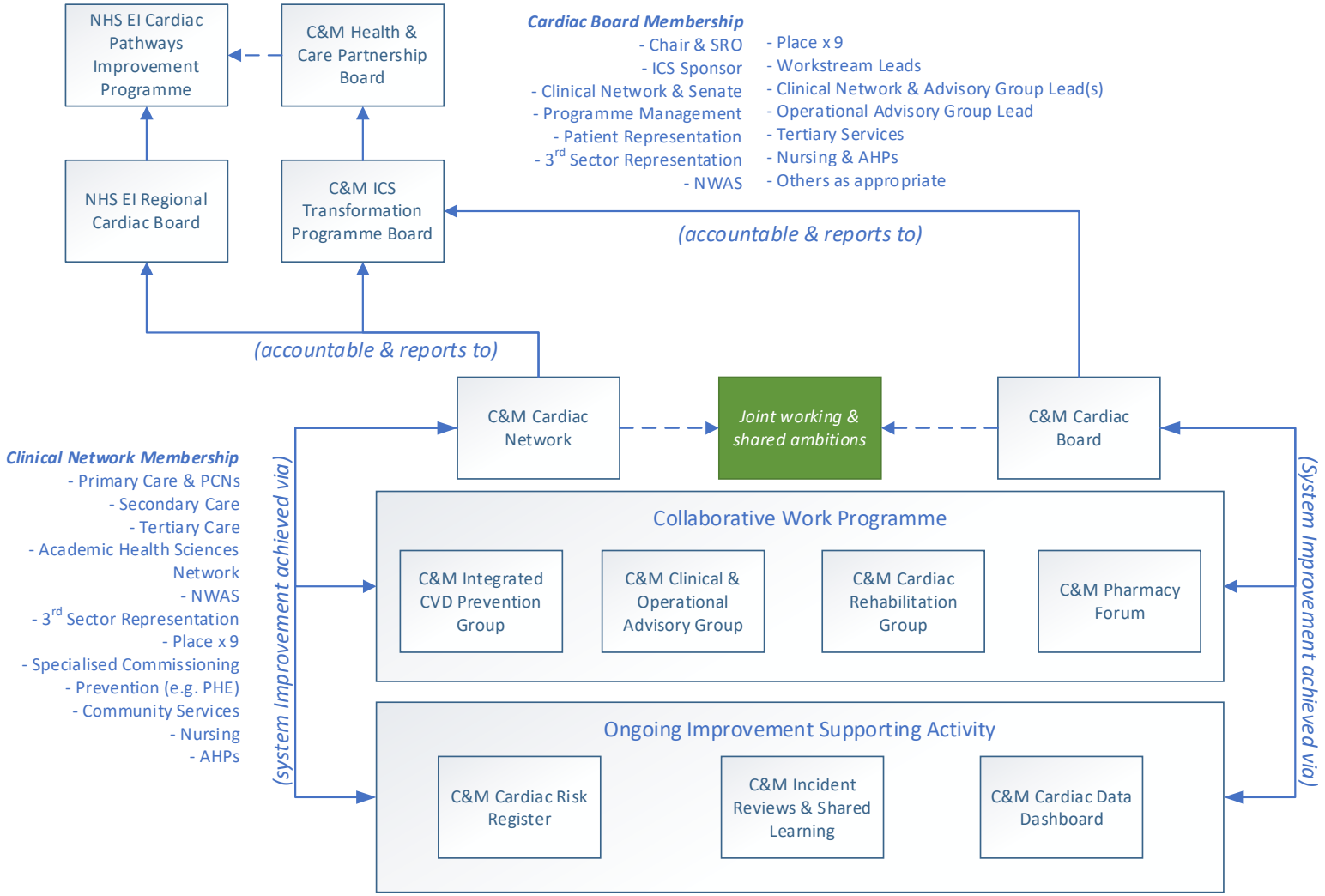
6.6 A quorum shall exist if the meeting is attended by the Clinical Lead &/or Deputy Clinical Lead (or their nominated Deputy) as well as at least one representative from the North West Coast Clinical Network in addition to at least one representative from primary, secondary & tertiary care along with patient representation.

7. GOVERNANCE

7.1 The Board will be chaired by the Senior Responsible Officer and their nominated deputy will chair the Board in their absence.

7.2 The Cardiac Network is accountable to the relevant NHS E&I regional Cardiac improvement team and the Health & Care Partnership Transformation Programme Board. The Cardiac Board is also accountable to the Cheshire & Merseyside Health & Care Partnership Transformation Programme Board. Both will report to the Transformation Programme Board for their respective areas of work. For example, the Cardiac Board SRO will report on work that is directly funded by the ICS while the Clinical Network Director will report on NHS EI funded work.

8. REPORTING STRUCTURE



Approved on –

Approved by –

Date of Next Review – November 2022