

LANCASHIRE & SOUTH CUMBRIA CARDIAC BOARD - TERMS OF REFERENCE

Document Reference	2.2 20210916 DRAFT LSC Cardiac Board TOR National Spec V.05.docx
Document Title	Terms of Reference L&SC Cardiac Board
Version	1.0
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Date Ratified	28/09/2021
Review Date	28/09/2022

Version	Date	Author	Comment/Details of Amendments
0.1	16/09/2021	Alexandra Severns	Draft ToR to meet national spec
0.2	22/09/2021	Alexandra Severns	4 CDs added and NWAS removed from membership
0.3	23/09/2021	Alexandra Severns	Updated Cardiac Network TOR added
0.4	30/09/2021	Alexandra Severns	Added to membership: NWAS, BHF, Tertiary Division Director of Operations, Divisional Director Tertiary Services, British Heart Foundation.
0.5	02/11/2021	Alexandra Severns	Added names to some of the positions listed above
0.6	12/04/2022	Alexandra Severns	Added governance structure
1.0	08/06/2022	Alexandra Severns	Updated HOD Cardiology for BTH in membership

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1. CARDIAC BOARD FUNCTION & PURPOSE

- 1.1. The Cardiac Board will support the work of the Cardiac network. It will contribute to the Network's work programme, the network will remain accountable to the relevant NHS E&I regional & National team.
- 1.2. The Board will be a clinically driven decision-making group for the Network. Decisions will be evidence based and data driven, framed within the wider L&SC Health & Care Partnership context within which the Board & Network sit.
- 1.3. To support the work of the Board and Network, a Clinical Advisory Group will be established.

2. CARDIAC BOARD MEMBERSHIP

- 2.1. The Cardiac Board members will be drawn from the Network's membership, the ongoing work streams and the Clinical Advisory Group.
- 2.2. 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.
- 2.3. The Cardiac Board will include the following roles;
 - Senior Responsible Officer
 - ICS Senior Sponsor
 - Programme/Project Manager
 - Clinical Lead
- 2.4. Board membership is as follows;

Role	Position / Organisation
Senior Responsible Officer & Chair	CEO Lancashire Teaching Hospitals
Senior Non Exec	Trust Chair, UHMB
Clinical Networks & Senate	NWC CN Director, NWC CN and Senate (NHSE I)
Cardiac Network Programme Manager	Programme Manager, NWC CN (NHSE I)
Cardiac Network Clinical Lead	NWC CN, Cardiologist - BTH (Chair, L&SC Cardiac Clinical Advisory Group)
Cardiac Diagnostics Clinical Lead	<i>(out to advert)</i>
CVD Prevention Clinical Lead(s)	NWC CN Cardiac & Stroke Prevention Leads
Cardiac Rehab Clinical Lead	NWC CN
Echo Recovery Lead	NWC CN, Cardiac Investigations Manager - BTH
Cardiothoracic Surgery	Head of Cardiothoracic Surgery, BTH
Cardiology CD/Clinical Lead BTH	Consultant Cardiologist, BTH

Cardiac CD/ Clinical Lead ELHT	Consultant Cardiologist, ELHT
Cardiac CD/ Clinical Lead LTH	Consultant Cardiologist, LTH
Cardiac CD/ Clinical Lead UHMB	Consultant Cardiologist, UHMB
GP Rep for Morecambe Bay	GP executive Lead Morecambe Bay CCG Clinical Lead for Cardiac
GP Rep Central Lancs	Chair - NHS Greater Preston Clinical Commissioning Group
GP Rep Fylde Coast	Lead for scheduled care (medical) and long term conditions Blackpool CCG
GP Rep Pennine Lancs	Cardiovascular Clinical Lead for East Lancashire CCG
GP Rep West Lancs	
Patient Representative	
Third Sector Representative	
Academic Health Sciences Network	Associate Director of Transformation
GIRFT	
Public Health England NW	Health Care Public Health Manager
Specialist Commissioning	Specialised Commissioning NW
Tertiary Division Director of Operations	
Divisional Director Tertiary Services	
British Heart Foundation	
NWAS Rep	Consultant Paramedic
Cardio Thoracic Service Manager BTH	Directorate Manager - Cardiothoracic & Cardiac Theatres
Cardiology Service Manager BTH	Directorate Manager, Cardiology
Cardiology Service Manager ELHT	Cardiology and Respiratory Directorates Manager
Cardiology Service Manager LTH	SBM for Diabetes, Cardiology and Cardio- Respiratory
Cardiology Service Manager UHMB	Cardiology Service Manager

2.5. 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

2.6. Frequency of Meetings: The Cardiac board will meet every 8 weeks

2.7. Quorum:

A quorum shall exist if the meeting is attended by :

- the Clinical Lead (or their nominated Deputy)
- one representative from the North West Coast Clinical Network
- one representative from primary care
- one representative from secondary care
- one representative from tertiary care

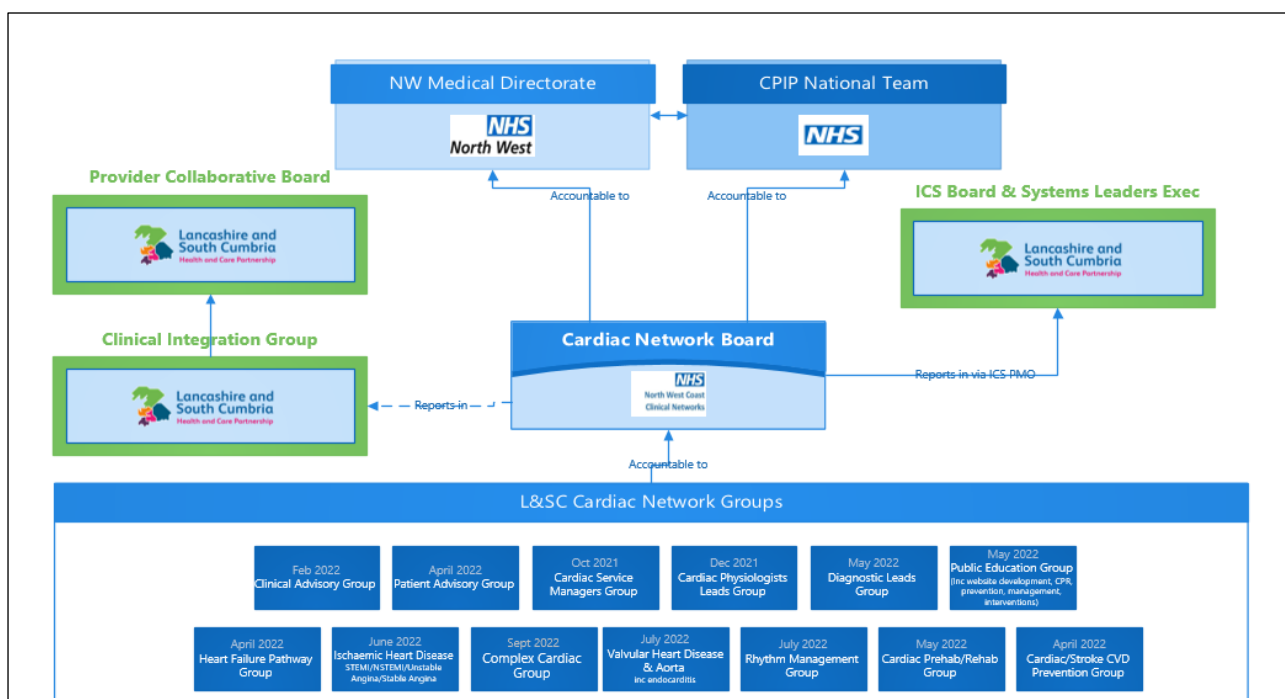
3. GOVERNANCE & REPORTING

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

3.2. The Cardiac Network is accountable to the relevant NHS E&I NW Medical Directorate and National Cardiac Pathway Improvement team.

3.3. The Cardiac Board will also provide regular updates into the Clinical Integration Group, to the L&SC Provider Collaborative Board format to be agreed.

3.4. Action notes will be taken by the Cardiac Network team and a draft copy circulated to board members with 2 weeks of the meeting.



4. APPENDIX

L&SC Cardiac Network TOR



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