

## **East of England Cardiac Clinical Network**

### **Terms of Reference**

#### **1. Purpose**

- The role of the Network is to act as an expert clinical group, to develop a draft strategic plan for Cardiac disease and to advise commissioners as and when requested in the East of England.
- To bring together the multi-professional teams for interaction and discussion, learning and sharing of innovation.
- To develop an overall Cardiac Network strategy for the East of England region.

#### **2. Duties**

To

- Promote standardisation of care across the region
- Promote equity of access to specialised services / interventions
- Collaboration between clinical specialists
- Have the opportunity to share and compare working practice
- Take the opportunity to review and standardise referral pathways
- Take the opportunity to compare access rates
- Share patient outcome information
- Improve understanding of the provider landscape
- Collaborate on service developments
- Have an oversight of care pathways between specialised and non-specialised centres
- Take the opportunity to maximise efficiencies to achieve improvements in waiting times and repatriation times between providers
- To provide information to commissioners
- To appointment network leads, medical/nursing and management.
- To influence and develop workforce strategies

#### **3. Membership**

In order to fulfil the function of the Network as described, the following will be the core members:

- CEO Royal Papworth Hospital (Chair)
- CN / MD Royal Papworth Hospital
- COO Royal Papworth Hospital
- Commissioner representative
- Provider representation from speciality leads Medical / Nursing / AHP / Scientists / Operations

#### **4. Quorum**

The Network will be considered quorate when the following members, as a minimum:

- Executive Director from Royal Papworth Hospital
- NHSE representative
- Provider representation from other organisations
- Representation from Medicine, Nursing and Operations (within the provider group)

## 5. Frequency of meeting

The Network will meet Quarterly.

Part 1: Will be open to wider participation with up to 3 places for each provider.

Part 2: Will be a planning group open to the nominated individual from each provider, plus commissioner representative.

Cancellation of, or changes to meeting times, can only be on agreement of the Executive Chair.

Where it is deemed necessary, ad-hoc meetings will be convened to discuss immediate or urgent concerns raised outside the planned meetings.

## 6. Format of Meetings

Part 1 (1.5 hours approx.)

- Patient Story
- Presentations from specialist services
- Workshop pathway / standards
- Discussion and networking
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Part 2 (1 hour approx.)

- Lessons from part 1
- Reports from sub networks
- Part 1 planning (for next meeting)
- Formulation / action against annual plan

## 7. Governance Chart

