

**NATIONAL CONGENITAL HEART DISEASE AUDIT
STEERING COMMITTEE TERMS OF REFERENCE**

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National Congenital Heart Disease Audit

TERMS OF REFERENCE

1. TITLE

National Congenital Heart Disease Audit Steering Committee

2. INTRODUCTION

The National Congenital Heart Disease Audit (NCHDA) Steering Committee provides strategic direction, advice and support to the audit. These terms of reference set out the membership, structure of partnerships, decision-making and accountability, workplan and performance management, confidentiality and the arrangements for the conduct of business of the committee.

3. PURPOSE

The role of the committee is to provide strategic direction, advocacy and enablement of the NCHDA project. The aims and objectives of the committee are to:

- Ensure the aims of the project and the project scope continue to be aligned with evolving needs of congenital heart disease speciality and associated stakeholders, where appropriate.
- Encourage and strengthen links between the project and other relevant stakeholder groups.
- Provides leadership and direction, make decisions to steer the progress and delivery of the project, in collaboration with the professional societies where required.
- Monitor the progress of the project against HQIP contractual deliverables and the Project Plan, including the production of an annual report, revision of the dataset, the development of risk adjustment models and outcome measures.
- Facilitate the project manager's ability to plan and direct a given project, giving advice and support along the way.
- Provide those directly involved in the project with guidance on project business issues
- ensure that strategies to address potential threats to the project's success have been identified, costed and approved, and that issues are regularly re-assessed
- Reconcile differences in opinion and approach and resolve disputes arising from them
- Assess the quality of all analyses and reports produced on behalf of the NCHD audit.
- Work with other NICOR audits to streamline and standardise processes where possible and desirable

- Individual Steering Committee members are not directly responsible for managing project activities, but provide support and guidance for those who do.
- Research and access to data are the primary responsibility of the NCHDA Research Committee.

4. MEMBERSHIP

4.1. The Chairperson

The Chairperson is appointed by the NICOR Executive in conjunction with professional societies. Their responsibilities include:

- Scheduling meetings and notifying committee members;
- Inviting specialists to attend meetings when required by the committee;
- Guiding the meeting according to the agenda and time available;
- Ensuring all discussion items end with a decision, action or definite outcome; and
- Review and approve the draft minutes before distribution
- [insert any other relevant responsibilities]

The committee will elect a deputy Chairperson, to undertake the Chairperson's responsibilities in their absence. The deputy Chairperson will report back to the Chairperson.

4.2. The minute-taker

The project manager will minute the meeting. The role includes:

- Prepare agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda;
- Distributing the agenda and associated papers seven working days prior to any meeting;
- Taking notes of proceedings and prepare minutes of the meeting;
- Brief minutes and action points arising from the meetings to be written and circulated within 7 working days of the meeting
- The minutes shall be checked by the Chairperson and accepted by committee members as a true and accurate record at the commencement of the next meeting.

4.3. Qualification of membership

All members are appointed by the Professional Liaison Group and NICOR Executive, in consultation where necessary with the Chair of the committee and Professional Societies as appropriate. Membership must include representatives from the following groups:

- British Congenital Cardiac Association
- The Society for Cardiothoracic Surgery
- Patient and public representatives
- Surgical and Interventional representatives from local centres

- Database managers
- Patient representation
- nominated representative from the NCHDA Research Committee
- NICOR COO or nominated deputy
- NICOR Senior strategist
- NICOR Project manager
- NICOR data validation
- NICOR analyst

Members usually serve for terms of 2 years renewable for a further term of up to 2 years and no more. However, tenure could be further extended by up to one year for those involved in an ongoing project.

Member	Position	Committee role	End of membership
Rodney Franklin	Consultant Paediatric Cardiologist, Royal Brompton Hospital	Chair	2016
David Barron	Consultant Congenital Cardiac Surgeon, Birmingham Children's Hospital	Chair of SCTS congenital subcommittee	2016
Kate Brown	Consultant Paediatric Cardiac Intensivist, Great Ormond Street Hospital	Clinical Lead for NCHDA Research	2016
Kate English	Consultant Adult Congenital Cardiologist, Leeds General Infirmary	ACHD BCCA representative	?2016
Chuck McLean	Consultant Congenital Cardiac Surgeon, Royal Hospital for Sick Children, Glasgow	Database lead of SCTS congenital subcommittee	2016
Robin Martin	Consultant Paediatric Cardiologist, Bristol Children's Hospital	BCCA President	2015
Andrew Tometzki	Consultant Paediatric Cardiologist, Bristol Children's Hospital	BCCA Congenital Cardiology representative	2017
Thomas Witter	Database Manager, Evelina Children's Hospital	Elected Congenital Cardiology Database Managers' representative	2016
Tbc	Lay representation	P& P	2-3

			years
Tbc	Lay representation	P& P	2-3 years
Julie Sanders	COO, NICOR	NICOR	End of employment/ change of role
David Cunningham	Senior Strategist	NICOR	End of employment/ change of role
Owen Nicholas	Senior Analyst & Statistician	NICOR	End of employment/ change of role
Anthony Bradley	NCHDA Project Manager	NICOR	End of employment/ change of role
Lin Denne	Data Validator	NICOR	End of employment/ change of role
Nadeem Fazal	National Clinical Audit Service Manager	NICOR	End of employment/ change of role

4.4. Quorum membership

A quorum is necessary for the transaction of business. The following members (or their deputies) must be present before a meeting can proceed:

- The Chair of the Steering Committee, or their nominated deputy
- SCTS and BCCA representatives
- A surgical and interventional representative
- NICOR Senior management
- NICOR Project Management.

Other members will be required to attend a minimum of 75 % of all meetings and be allowed to send a Deputy to one meeting per annum.

4.5. Invitees

Internal or external persons may be invited to attend meetings at the request of the Chairperson on behalf of the committee to provide advice and assistance where necessary.

It may not be necessary for an invitee to attend the whole meeting and may be requested to leave the meeting at any time by the Chairperson.

4.6. End of membership

Committee members will cease to be a member of the committee if they:



- Resign from the committee
- Fail to attend three consecutive meetings without providing a representative to attend the meeting
- Resign from their employment
- Breach confidentiality

5. STRUCTURE OF PARTNERSHIPS

The NCHDA Steering Committee reports to the NICOR Research Executive and the NICOR Professional Steering Committee.

6. DECISION-MAKING AND ACCOUNTABILITY

A quorum is necessary for the transaction of business. The NCHDA Steering Committee is accountable to the NICOR executive.

7. WORKPLAN AND PERFORMANCE MANAGEMENT

The following work plan summarises the NCHDA Steering Committee work plan for 2014-15:

Deliverable	Deadline
Review Data Validation	September 2014
Advise and sign off dataset for release in April 2015	July 2014
Advise and sign off validation rules	July 2014
Advise and sign off remote validation	June 2014
Agree analysis plan for local and annual reports	September 2014
Review and sign off annual analyses	December 2014
Stakeholder meetings	March 2015

During the project lifecycle the Steering Committee has the authority to co-opt additional member(s) to the Project Team to perform task(s) under the project plan in order to meet deliverables. Depending on the scale of the task(s) some of these may be undertaken by the Project Manager.

The NCHDA is currently reviewing the process for data validation, and a SC sub working group has been set up to undertake this work and to feedback to the SC .

8. CONFIDENTIALITY

At times the group will deal with sensitive information and all members will be required to work in accordance with NICOR and HQIP Standard Operating Procedures and Policies, paying particular regard to governance and confidentiality. These include but are not limited to:

- NICOR Outlier policy
- NICOR Data sharing policy and associated agreements
- HQIP Standard Reporting procedure
- HQIP Contract Review Process

9. ARRANGEMENTS FOR THE CONDUCT OF BUSINESS

In addition to the ways of working highlighted within the roles of the Chairperson and minute-taker, the following apply:

9.1. Frequency of meetings

Meetings will be held on a quarterly basis.

9.2. Duration of meetings

The meeting will last a maximum of 3 hours.

9.3. Location of meetings

Meetings will normally take place in London apart from March meetings which will be held alongside the SCTS conference location.

10. REVIEW OF THE TERMS OF REFERENCE

The terms of reference and membership shall be reviewed annually from the date of approval to ensure the committee continues to be fit for purpose. They may be altered to meet the current needs of all committee members, by agreement by the Chair and the majority of members.

11. TERMS OF REFERENCE – AGREEMENT

The terms of reference of the National Congenital heart Disease Audit have been:

Reviewed: June 10th 2014

Agreed: June 10th 2014

Date for review: April 2015