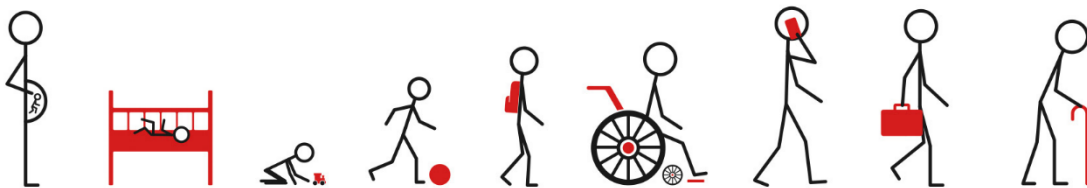


# Terms of Reference

## North West Paediatric Congenital Heart Disease Joint Cardiac Conference (JCC)

Date: 11/08/2025



## 1. Introduction

These terms of reference are to support the function of the joint congenital cardiac (JCC) meeting and sets out the parameters within which authority it acts, detailing the membership of the board, any subgroups, frequency of meetings, the remit and reporting of the board.

## 2. General responsibilities of JCC

It is the responsibility of the Multi-Disciplinary Team (MDT) to make sure that every patient referred to the Paediatric Congenital JCC meeting is discussed fully, clearly, and accurately. The aim is to reach a well-informed decision about each patient's care.

The clinical team must also make sure the discussion and final decision are properly recorded and that the process follows the Paediatric JCC Standard Operating Procedure (SOP).

## 3. Accountability

Governance of this meeting will be the responsibility of the Surgical Division at Alder Hey Children's NHS Foundation Trust. Maintaining a high-quality process is essential to delivering equitable and high-quality congenital heart disease (CHD) care across the network. This process forms a key component of the Network's quality assurance framework and is monitored by the North West Congenital Heart Disease Operational Delivery Network (NW CHD ODN).

## 4. Membership

Role
Congenital Cardiac Surgeons
Consultant Cardiologists (from Level 1 AH and Level 2 RMCH)
Interventional Cardiologists
Cardiac Nurse Specialists
Cardiology and Cardiac Surgical Trainees & Fellows
Cardiac Radiologists
Cardiac Physiologists
MDT Co-ordinator
Intensive Care Consultants
Cardiac Anaesthetists
Regional PEC and NICHE presenting cases

## Corporate Staff to attend as required (for example)

Operational Service Manager

Other Management Team

## 5. Meeting etiquette

A meeting is as successful as the positive contributions of its members

- > cases should be fully prepared and the person presenting the case should be well informed on the clinical and echocardiographic findings
- > people should be addressed courteously and should feel comfortable enough to make their contributions
- > no one person has the right to dominate or be disruptive
- > nobody should feel bullied, insulted or verbally attacked by another member
- > whilst the Chair is finally responsible for managing the meeting, it is *everyone's responsibility* to make the Chair's job as smooth as possible for the good of all
- > should one member disagree with another, then there is a friendly and courteous way to disagree
- > those wishing to speak should signal their intention to the chair (hands up function on MS Teams) and wait to be invited to speak
- > before speaking, you should construct the points to be made and stick to them, speaking for as short a time as possible without repetition

### Role of the chair

- > the Chair will be identified at the beginning of the meeting
- > the Chair will aim to ensure that meeting times and agenda items are managed well so that everything can run to time
- > they also need to manage contributions, keep contributors from repeating themselves, and ensure a few individuals do not monopolise the time
- > the Chair may need to take a firm line with people who speak without waiting for an invitation
- > the Chair should confirm that participants are happy with the discussion outcome before moving on to the next patient

## 6. Frequency of meetings

The meetings will be held every Thursday and will be located in the Tony Bell Boardroom in the Institute in the Park at Alder Hey and on Microsoft Teams.

- 8.30am-11.30am – Paediatric Congenital Heart Disease Patients (both Alder Hey and Manchester Children's Hospital)

A quorum shall be when the following minimum staff members are present;

- A Congenital Surgeon

- A Congenital Interventionist
- A Consultant Cardiologist
- A Cardiac Imaging (CT/MR) Consultant
- A Cardiac Nurse Specialist

It is expected that members will attend a minimum of 70% of meetings throughout the year. This will be recorded by the MDT co-ordinator or by the cardiac PCO in their absence and monitored by the Chair.

## **7. Order of JCC discussion**

1. Alder Hey Inpatients
2. Manchester Inpatients
3. URGENT cases (these should be listed as urgent before the meeting)
4. Outpatients (ordered as to date of listing for discussion)

Alder Hey ICU Patients requiring update or decision making are usually discussed by the ICU team at around 10.30am

## **8. Administrative support**

Administrative support will be via the MDT Co-ordinator and Cardiac PCO Team. Agenda will be shared via MS Teams the day before the meeting. Outcome reports will be available 5 working days after each meeting. Completed discussion sheets will be circulated to the RMCH team and will be available on the patients medisec record. A monthly summary of the number of patients currently awaiting JCC discussion will be distributed to the NW CHD ODN. This will include anyone waiting for more than 6 weeks from listing for discussion.

## **9. Review of Terms of Reference**

These terms of reference will be reviewed as a minimum on a 3-yearly basis, or as required.

## **10. Reporting expectations**

Any concerns regarding the functioning of the JCC should be reported to the Clinical Lead of Cardiac Services and Cardiology. The meeting should function in line with national CHD standards.

Issues with the functioning of the JCC may be discussed at the departmental QA/QI meeting and the Divisional Integrated Risk and Governance Committee.