

National Cardiac Registry Governance Charter

1 Introduction

The National Cardiac Registry Governance Charter has been developed and approved by the Board of Directors (**Board**) of National Cardiac Registry Limited (**Company**). The Company is a not-for-profit organisation established for the charitable *purpose* of identifying outcome variance and areas for improvement in the quality of cardiac health care across Australia.

The goal of obtaining a national perspective is through a registry that aims to measure, monitor and report on national clinical quality outcomes data on cardiovascular procedures and cardiac devices, with the purpose of improving patient safety and cardiac health care, termed the National Cardiac Registry (**NCR**).

The *vision* of the NCR is to harness insights from national cardiac data to drive better outcomes for all Australians. The principal *objectives* are to:

- (1) Utilise a collaborative, federated model for effective engagement, participation and support from stakeholders;
- (2) Provide a platform to ingest State and Territory data and measure performance as determined by agreed quality indicators;
- (3) Transparently report on clinical, procedural and patient outcomes to hospitals, clinicians, government and community; and
- (4) Provide national benchmarking of key quality performance measures for cardiac conditions, procedures, devices and secondary prevention of cardiac conditions.

The NCR utilises a federated model of governance and data collection. The NCR Board has representation from the eight states and territories of Australia, similar as does the NCR Steering Committee and NCR Indigenous Committee. Data is submitted to the NCR by Participating cardiac Registries across Australia. The NCR is independent of each states/territories Participating Registries whereby they are each responsible for their own governance, processes and procedures, each having representation on the NCR Steering Committee.

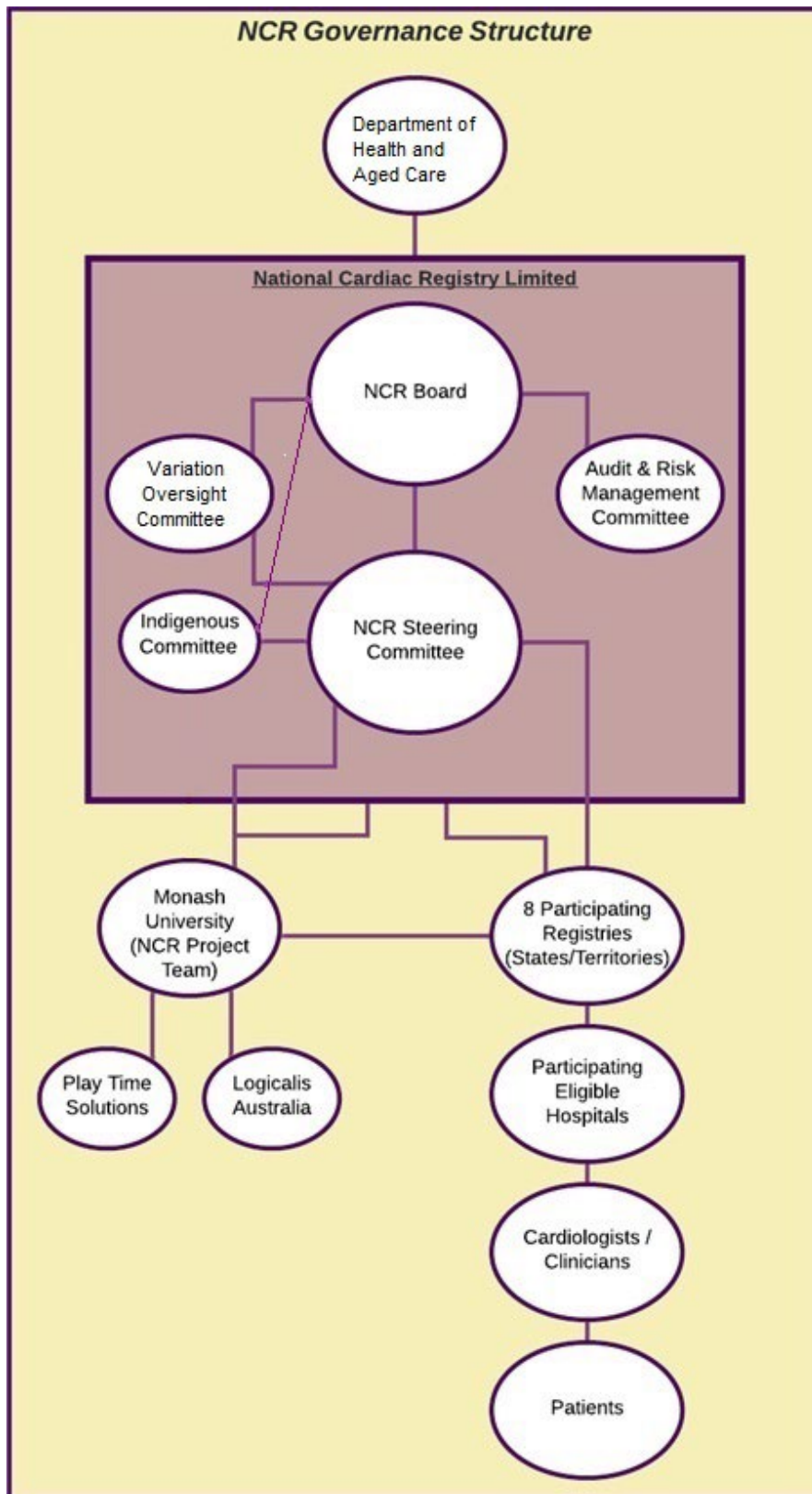
2 NCR Governance

The Board is independent of the two peak professional societies represented as Members: the Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS) and the Cardiac Society of Australia and New Zealand (CSANZ) with a representative from each holding a director role on the Board.

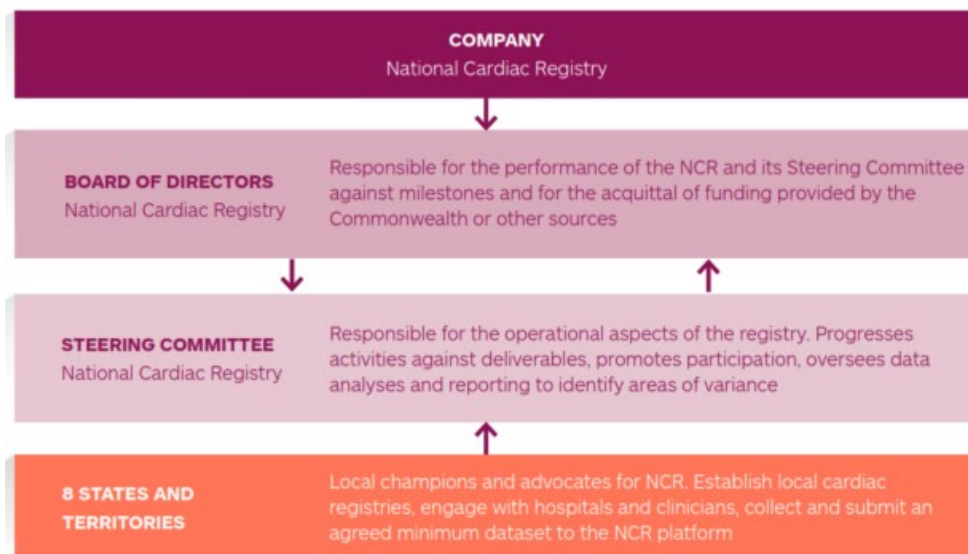
The underlying principle in establishing the federated structure is to ensure that all states and territories are able to contribute to the National Cardiac Registry via a Participating state/territory Registry, and that those states and territories can retain control and governance of their local processes and ensure their local activities are appropriate for their specific location.

The connection of key stakeholders is illustrated in the following NCR Governance Structure diagram. The central box represents the Company, to reflect its composition of several parts including the Board and all its subcommittees referred to in this document as the Organisation.

2.1 NCR Governance Structure diagram with Key Stakeholders

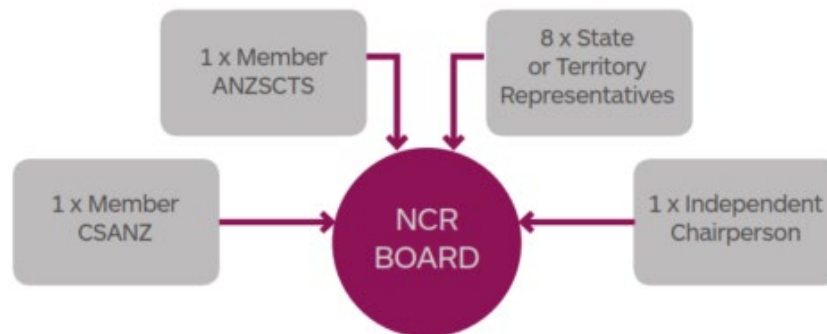


2.2 Governance roles and relationships



3 NCR Board

3.1 NCR Board composition



3.2 Role and Responsibilities of the Board

The Board is responsible for, and has the authority to determine, all matters relating to the strategic direction, policies, practices, with overall governance of the Organisation. Key responsibilities include ensuring compliance with and delivery of the services outlined in Contract for Services as funded by the Department of Health and Aged Care (Department). The Board, via its Directors, Executive Officer or any relevant sub-committee is responsible for any financial reporting of the Organisation and related activities. The Board will ensure that the Organisation meets its legislative requirements and ensure that the Organisation stays operational and acts in line with the Company's Constitution. The Board will work with the Steering Committee to review and endorse policies produced by the Steering Committee regarding clinical, quality and operational aspects of the NCR.

3.3 Committees

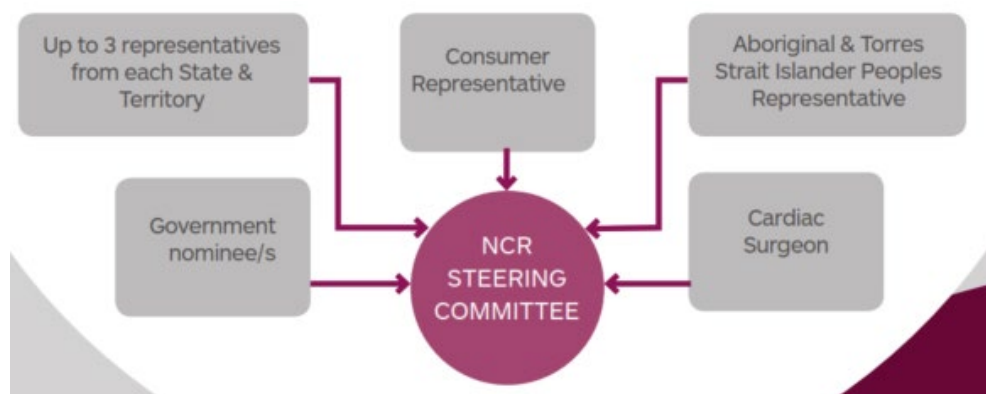
- (1) To assist with focussing on specific Board responsibilities to properly execute the Board's duties, the Board has the authority to establish and determine the powers and functions of the committees of the Board.
- (2) Established committees include but are not limited to:
 - (a) NCR Steering Committee;
 - (b) NCR Indigenous Committee;
 - (c) NCR Audit and Risk Committee (Audit pertaining to financial/contractual not clinical); and
 - (d) NCR Variation Oversight Committee.

3.4 Policies

- (1) The Board is responsible for ensuring policies are developed relating to various matters, including:
 - (a) Risk management;
 - (b) Delegation of authority;
 - (c) Variation Management;
 - (d) Code of conduct.
- (2) The Company will maintain or conduct itself in line with certain policies. This may include subcontractors being involved in the development of and maintenance of such policies including but not limited to:
 - (a) privacy policy, the data access policy, and the data governance framework; and
 - (b) in line with the Indigenous Procurement Policy of the Commonwealth of Australia.

4 NCR Steering Committee

4.1 Steering Committee composition



4.2 Role and Responsibilities of the NCR Steering Committee

The NCR Steering Committee will be responsible for oversight and development of policies and procedures relating to any clinical, quality and operational matters. They will work with the Board to ensure appropriate policies are developed and the Board will endorse these ensuring they are fit for purpose in the context of the Organisation and contractual compliance.

- (1) The Board will work with the NCR Steering Committee to:
 - (a) implement the strategic direction and the organisational culture of the Organisation;
 - (b) manage the operations of the NCR (the registry);
 - (c) report on the National Cardiac Registry operations and;
 - (d) establish governance arrangements for collection, use and disclosure of data held in the National Cardiac Registry to be implemented by the Organisation, and to otherwise undertake tasks as directed by the Board.
- (2) In implementing the strategic direction of the Organisation, the NCR Steering Committee must:
 - (a) develop the project plan including stakeholder analysis and communication strategy;
 - (b) determine the infrastructure model including technical and data hosting services and processes for the organisation of data;
 - (c) define the minimum dataset and clinical quality indicators;
 - (d) develop the design of the National Cardiac Registry including:
 - (i) patient case selection;
 - (ii) data collection processes;
 - (iii) data management; and
 - (iv) data analytics and methods to facilitate reporting to a range of stakeholders for ongoing quality improvement; and
 - (e) work with the Board to assess the options for supporting the National Cardiac Registry, including cost-recovery options.

5 Participating Registries

Australian States and Territories can contribute data to the NCR via their state/territory Participating Registry. Each state/territory has a nominated NCR Principal Investigator.

The Participating Registries are all in different stages of development from planning, with no data collection in place, through to mature, where established governance and data collection is in place and routine reporting closes the feedback loop.

It is not the domain of the NCR to manage any of the Participating Registries and this sits as sole responsibility of that registry and their own processes. The formal relationship between the Participating Registries and the NCR is via NCR Steering Committee representation and data sharing agreements with the Organisation. There are also operational working relationships between project management staff in states and territories and project management staff at Monash University with attendance at regular NCR management meetings.

The Participating Registries of NCR are:

- ACTCOR – Australian Capital Territory Cardiac Outcomes Registry; representing data from hospitals in the Australian Capital Territory
- CADOSA - The Coronary Angiogram Database of South Australia; representing data from hospitals in South Australia
- NSWCOR – New South Wales Cardiac Outcomes Registry; representing data from hospitals in New South Wales
- QCOR – Queensland Cardiac Outcomes Registry; representing data from hospitals in Queensland
- VCOR – Victorian Cardiac Outcomes Registry; representing data from hospitals in Tasmania and Victoria
- WACOR – Western Australia Cardiac Outcomes Registry; representing data from hospitals in Western Australia
- NTTCD – Northern Territory Top End Coronary Database; representing data from hospitals in the Northern Territory

6 Participating Eligible Hospitals and Clinicians

The National Cardiac Registry does not have direct relationships with hospitals and clinicians. Hospitals and clinicians are managed via their eligible Participating Registry. It is acknowledged that as the NCR develops and matures these relationships may change but in line with the federated model the primary relationship will be between the Participating Registries and their hospitals and clinicians rather than the NCR.

7 Subcontractors

Relationships with subcontractors are negotiated and formalised via contracts or service agreements, named subcontractors and their relationship to NCR are illustrated in Figure 2.1 above.

8 Department of Health and Aged Care

The NCR is a Department of Health and Aged Care funded quality improvement initiative. The Department has a contract in place with the Organisation that specifies the services to be delivered. In addition to being party to that agreement there is DHAC representation on the NCR Steering Committee as illustrated in Figure 4.1.

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