

Terms of Reference

Original Date: 3 July 2013

Revised: 24 August 2014

Background

Stroke is the second most common cause of death worldwide and the most common cause of long term adult disability in developed countries. Stroke costs New Zealand over \$450 million every year. If current trends in stroke incidence and mortality continue, the number of stroke survivors will reach 50,000 by 2015, with overall annual costs of >\$700 million. Reducing the burden of stroke is a key goal for health service planning.

Purpose

The primary purpose of the National Stroke Network (NSN) is to provide national clinical leadership to achieve provision of high quality, evidence-based, equitable and readily accessible, sustainable, integrated, and comprehensive stroke services from primary prevention through post-stroke community services for all New Zealanders.

Objectives

1. Representing clinicians in NZ on matters relating to stroke and stroke services:
 - a. to the Government including Ministry of Health, the Minister, the 20 District Health Boards, and the four regional stroke groups,
 - b. to other professional bodies including other clinician groups, and
 - c. to the public.

In addition, the NSN will facilitate and encourage communication between all relevant stakeholders on stroke related matters.

2. Setting a strategic direction for stroke care in New Zealand
 - a. to provide clinical leadership and strategic direction nationally in matters relating to stroke and stroke services
 - b. to identify priorities and provide guidance on national standards and measures in stroke care in accordance with best practice
 - c. to provide nationally agreed definitions for components of stroke care
 - d. to advise appropriate national indicators and targets
 - e. to highlight issues and facilitate development within the NZ stroke workforce
 - f. to provide guidance on optimal resource utilisation

3. Assisting with quality assurance
 - a. to establish minimum requirements for stroke care in New Zealand
 - b. to advise on minimum standards included in DHB and regional strategic plans
 - c. to promote and share quality initiatives nationally
 - d. to provide guidance on credentialing, certification, and auditing and/or stroke registry requirements and assist with development of these as required.
4. Providing expert guidance on stroke related issues
 - a. to provide clinical guidance in matters relating to stroke and stroke services
 - b. to provide advice to the Ministry and Minister of Health
 - c. to facilitate ongoing implementation of best practice in accordance with stroke guidelines and in response to new evidence when appropriate
 - d. to support the four regional stroke groups and networks.

Approach

The National Stroke Network (NSN) will achieve the above objectives through a variety of mechanisms.

The NSN will meet regularly and review progress of regional groups through reports from regional chairs. If further assistance is required a specific plan will be developed by the NSN to support a given regional issue. In cases where issues affect more than one region the group will provide a solution through discussion among members of the group and, if required, the engagement of other relevant stakeholders. If a particular issue requires more focussed work a specific working-group will be established to address the issue in more detail and report back to the NSN.

Overarching systemic challenges will be identified by the NSN and prioritised in an annually updated strategic plan. Challenges will be addressed through a combination of stakeholder engagement and working-groups.

In addition, members from the wider stroke community and health authorities may raise issues for consideration by the NSN as part of their regular meeting agenda.

Membership

The membership includes the following position holders:

National Clinical Leader, Stroke – Chair of this Group
The Clinical Leaders (Chairs) of the *four* regional DHB stroke groups
Chairs of working-groups
Stroke Foundation of New Zealand National Medical Advisor
Ministry of Health representative

Appointment of additional members with expertise in the following areas is desirable to optimise the group's advisory capacity and outputs:

- Neurology
- General / Internal Medicine
- Geriatric /Rehabilitation Medicine
- DHB management
- Primary care
- Stroke nursing
- Allied health (OT, PT, SLT, Social Worker, Dietitian)
- Consumer representative (or link to consumer reference group)
- Tertiary and provincial hospital perspectives

Appointment Process

The national leader and MoH representative are appointed by the Ministry of Health. The four regional clinical leaders (regional chairs) are appointed by the respective regional groups. The Stroke Foundation of New Zealand National Medical Advisor is appointed by the Stroke Foundation of NZ. The chairs of the working groups are appointed by the National Stroke Network. Other members will be appointed through a nomination process with nominations sought for members with relevant expertise in desired areas, with final selection by the Network or delegated subcommittee.

Membership Term

Membership is for a fixed term period of two years with an option for renewal with support from the group members. Vacancies are filled via a nomination process (requiring two nominators involved in stroke care) with approval at the discretion of the NSN.

Roles and Responsibilities of Network Members

Chair

The Chair of the NSN will usually be the National Clinical Leader Stroke although his/her position as chair of the NSN requires confirmation by the NSN members. The chair position is for a fixed term, usually 24 months.

The **Chair** is responsible for:

- a. Providing leadership to the group and running efficient and effective meetings that result in clear resolutions and action plans.
- b. Acting as spokesperson for the NSN and its working groups. The chair will correspond and work with the other National Networks as required.
- c. Reviewing and approving all meeting agendas, meeting minutes, meeting invitations to external individuals, and official correspondence from the NSN before distribution.
- d. Assisting with conflict resolution within the NSN and with members of other organisations should such arise.

The Chair, together with the national coordinator, is responsible for

- a. Developing and maintaining an overall project plan that captures the agreed activities for national implementation across the project working groups, the regional Stroke Clinical Networks, and the network itself.
- b. Managing meeting processes and ensuring a high level of documentation to support outcomes.

The NSN chair is required to be a member of the SSA-NZ committee. The chair of the SSA-NZ committee should also be a representative of the National Stroke Network.

Deputy Chair

A Deputy Chair is nominated and selected by members of the Group and from among the group members to stand in for the chair if required and be available to represent the group in situations where conflict of interest may arise due to the Chair's dual role as chair of the Network and Clinical Leader appointed by the Ministry of Health.

Co-ordinator

The Co-ordinator will be providing project management and administrative support for the Chair and others in the stroke network to implement their annual work plan. This includes planning, co-ordinating, and preparing for NSN and related meetings as well as maintaining an accurate record of the meetings' proceedings and follow up on agreed action points. In addition, the co-ordinator will assist with liaising and communicating with members of the regional networks to ensure that services and work-plans at the regional level are consistent with national strategies and recommendations. The co-ordinator will also serve as the main contact point for other relevant stakeholders and work closely with the Clinical Leader to help address any queries that may arise and progress valuable collaborations that may be formed.

Other Network Members

Group members are expected to:

- keep their respective organisations and groups updated on the work of the Leadership and working groups and be able to provide updates to the NSN on behalf of the community they represent.
- contribute to the efforts of the NSN through timely and effective communication, involvement in working groups and regular attendance at meetings.

If a member misses three or more meetings over a 12 month period they may be asked to reconsider their capacity to continue on the NSN.

Meetings

The NSN will generally meet four times per year; two face-to-face and two telephone conference meetings.

Quorum

A quorum of five members will be required for a meeting to proceed, assuming that there is appropriate representation in accordance with the agenda.

Members of the NSN will require leave of absence from their employing DHBs to attend face-to-face working group meetings.

Apologies must be communicated to the Chairperson (or Coordinator) of the Group in advance of the meeting, where appropriate forwarding any comments, concerns and or queries to the coordinator for inclusion to the meeting.

Substitutes are generally not encouraged to minimise disruption of continuity, however, if such is deemed important substitutes can be invited at the discretion of the Chairperson and the member who is unable to attend.

External Persons

External persons may be invited to attend the meetings at the request of the Chairperson, on behalf of the group, to provide advice and assistance where necessary.

Decision Making

Decisions will be made by consensus or if consensus cannot be reached by majority. If consensus is not reached dissenting positions are to be recorded and included in formal advice or viewpoints.

Conflicts of Interest

Members are expected to disclose any potential conflicts of interest at the start of each meeting.

Conflict Resolution

If situations of conflict should arise between two or more NSN members an attempt to resolve the conflict among these members should be attempted in the first instance. If this fails the issue should be raised with the Chair. If the Chair is part of the conflict the Deputy Chair should be involved.

Resources and Budget

A coordinating resource is available through funding provided by the Ministry of Health via a contracted provider (currently Stroke Foundation of New Zealand). There is also some discretionary funding to support travel, meeting and administrative costs dispensed via the contracted provider. Additional requests for funding in support of particular strategic goals will require approval by the Ministry of Health. The Chair and Co-ordinator will liaise with the contracted provider to set a budget for each contract year. Funds will be dispensed by the co-ordinator.

Reporting

The NSN itself has no direct reporting requirement. Regular reports to the Ministry of Health will occur in accordance with reporting requirements for the Clinical Leader and the Contracted Provider (currently SF) to the Ministry of Health. Wherever possible, the Clinical Leader and the Network co-ordinator will collaborate to maximise efficiency and consistency between reports.

Name	Specialty	Role	Contact Details <i>updated:08/01/19</i>
Dr Alan Davis	Geriatrician / Stroke Physician - Northland DHB	Chair: National Stroke Network Chair: Northern Region Stroke Network	Alan.Davis@northlanddhb.org.nz
Dr John Fink	Neurologist / Stroke Physician - Canterbury DHB	Deputy Chair: National Stroke Network Chair: South Island Stroke Workstream SFNZ National Medical Advisor	John.Fink@cdhb.health.nz
A/Prof Anna Ranta	Neurologist / Lead Stroke Physician CCDHB	Chair : Central Region Stroke Steering Group	Anna.ranta@otago.ac.nz
Dr Mohana Maddula	Stroke Physician, Bay of Plenty DHB	Chair: Midland Region Stroke Network	Mohana.Maddula@bopdhb.govt.nz
Dr Geoff Green	Geriatrician / Clinical Head AT&R Counties Manukau DHB	Stroke Rehabilitation Physician	Geoff.Green@middlemore.co.nz
Dr Carl Hanger	Geriatrician / Stroke Physician	Stroke Rehabilitation Physician	carl.hanger@cdhb.health.nz
Julia Slark	RN, Senior Lecturer	Academic Director BNURS – Auckland University	j.slark@auckland.ac.nz
Anna McRae	Physiotherapist, AH Director, Rehab & Community Services– ADHB	Allied Health Manager, Physiotherapist	Anna.McRae@adhb.govt.nz
Dr John Gommans	Internal Medicine Stroke Physician CMO Hawkes Bay DHB	Internal Medicine Representative, President of IMSANZ	John.Gommans@hawkesbaydhb.govt.nz
Joanne Gibbs	Chief Operating Officer, Provider Director Services, Auckland DHB	Manager representative	JGibbs@adhb.govt.nz
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