# CARDIAC NATIONAL CLINICAL NETWORK : TERMS OF REFERENCE 16 July 2024

**EQUITY DRIVEN NATIONAL NETWORK** - By adopting the Health Quality and Safety Commission (HQSC) equity scorecard the Cardiac National Clinical Network places equity at the forefront of all actions of the executive group with an active implementation approach being taken across all workstreams to honour Te Tiriti o Waitangi as foundational. Achieving equitable health outcomes requires approaches that recognise and address the differing levels of advantage people have in society (Gustafson, Lambert, Bartholomew, Ratima. Abdul Aziz, Kremer, Fushein, Carswell, Brown, Priest & Crengle, 2024) In Aotearoa, it is known that Māori and Pacific are more likely to die from potentially avoidable causes such as those diseases/outcomes specifically linked to their cardiac health. Māori and Pacific people are less likely to receive appropriate investigation, diagnosis, intervention and guideline-directed therapies than other ethnic groups despite experiencing persistent health inequities.. One in four live with a disability and again, Māori and Pacific people have higher-than-average disability rates, after adjusting for differences in ethnic population age profiles (Statistics NZ, 2013)

### **Scope and Activities of this National Clinical Network**

National Clinical Networks are a core part of the operation of the new health system under Health New Zealand | Te Whatu Ora..

Creating national leadership across key services is critical to delivering a better, fairer health system for all people in all communities - this is at the heart of Te Pae Tata.

The Networks include stakeholders working across the sector including whānau to influence how to prioritise and drive system change.

Change will be through the development of innovative equity driven and evidence-based national standards and models of care.

The Networks will address variation in service quality, inequity and patient outcomes, and inform investments and national workforce planning.

#### **Role of Networks**

- Maximising Population Health Gain
- Developing National standards and models of care
- Identifying ways to address variation in equity, service quality and outcomes
- Developing innovative, efficient, and evidence-based solutions that will inform whole of system investments, workforce planning and service delivery. (applied nationally)
- Working in collaboration with relevant national, regional, and local stakeholders to identify and agree implementation of care and services required at different levels, who should provide these services, and how the services or care should be delivered
- Informing decisions on Network direction, resources and funding
- Develop and maintain systems to monitor progress towards goals and objectives

## **Accountability of Networks**

- Develop a national plan focussed on equity and population health gain
- Delivery and monitoring of Network initiatives and activities
- Providing feedback on progress to sector stakeholders
- Advocating for and engaging in Network initiatives
- · Responding to requests for advice
- · Ensuring risks are tracked and managed
- Advise on escalated issues
- Ensuring co-ordination with other Networks

**Reporting:** Progress of the work programme will be reported to the Oversight Group. This will be prepared by the Senior Network Manager in alignment with HNZ procedures and schedule.

#### Membership

- Two co-leads will be appointed one each from HNZ|Te Whatu
  Ora and the Hauora Māori Services Group through an
  Expression of Interest (EOI) process.
- Each Network will have representation from stakeholders across the sector and community to ensure a system-wide view
- Networks will include community and whānau voices
- The Network will include Te Ao Māori and Pacific insights and expertise to ensure that models of care reflect the needs of our population.

#### **Expectation of Members:**

- Members will act as champions of the Network and the Networks' programme
- Members will promote a clear and positive understanding of the aims, objectives and deliverables of the programme
- Members are expected to attend a minimum of 75% of meetings each calendar year
- Membership will be reviewed every two (2) years. Membership may be reviewed out of cycle to meet programme requirements
- Non HNZ members will be remunerated as required.

## **Network Meeting Protocols**

**Meeting frequency** – Meetings will be convened monthly via videoconference as determined by the co-chairs.

Additional full day in-person meetings - will occur twice each year.

Network meetings will be organised in line with the following protocols:

There is an expectation HNZ will support attendance at meetings by HNZ staff.

- Members are expected to read the information contained in the meeting pack ahead of meetings and actively engage in discussions and respond to questions and feedback regarding their areas of accountability
- Agenda items should be submitted to the network programme manager no later than seven working days prior to each meeting
- The agenda, minutes and any documentation for a meeting will be circulated electronically at least five (5) working days in advance of each meeting
- Key actions, insights and advice will be captured in the minutes/ decision action log
- Progress on action points to be reported to Network co-leads in advance of planned meetings
- Networks will seek to reach unanimous or consensus decisions during meetings. Where this is not possible, items will be escalated to the National Clinical Networks Group Manager

# **Confidentiality and Conflicts of Interest**

The following confidentiality protocols will apply:

- Any documents provided to the Network membership and Oversight Group are deemed confidential. Documents must be clearly marked as 'confidential' and will remain confidential until all members agree those documents previously marked 'confidential' can now be shared
- Confidentiality survives the end of the programme. This means information or documents deemed confidential and not released publicly, remain confidential indefinitely
- Confidential documents must not be copied or shared unless agreed by the entire Oversight Group

**Conflicts of Interest** - All actual, perceived or potential conflicts of interest must be declared by the members. A Register will be held by the programme as part of HNZ process for managing conflicts of interest. Members will complete a Conflict of Interest Declaration when joining the Network and annually thereafter.