

Scope and Activities of this National Clinical Network

National Clinical Networks are a core part of the operation of the new health system. Creating national clinical 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 the Interim National Health Plan, [Te Pae Tata](#).

The Networks include interprofessional hospital and primary care experts working with community and whānau to influence how to prioritise and drive system change. Change will be through the development of innovative 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.

Generic Role of Networks

- 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 investments and workforce planning
- Working in collaboration with relevant national, regional, and local stakeholders to identify what care and services are required at different levels, who should provide these services, and how the services or care should be delivered

Accountability of Networks

The ISNA is accountable to the National Clinical Networks Governance/Oversight Group on:

- Delivery and monitoring of Network initiatives and activities
- Providing feedback on progress
- 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

Expert Workstreams

The initial objectives of the ISNA will be based on themes already identified through previous relevant national action plans and the IS.

These will include work streams or initiatives in

- Surveillance and health intelligence
- National policies, procedures and guidance
- IS workforce
- Built environment, equipment and infrastructures
- Outbreak preparedness and
- Communication and patient journey.

Remuneration

- Members who are employees of State Sector/Government organisations (e.g., Te Whatu Ora, Te Aka Whai Ora), are not entitled to be paid fees for Clinical Network business if this is conducted during regular paid work time; their time and meeting costs will be met by their employer (members cannot be paid twice by the Crown for the same hours).
- Members who are employees of organisations dedicated to Infection services, are also not entitled to be paid fees for Clinical Network business if this is conducted during regular paid work time; their time and meeting costs will be met by their employer.
- For other members of the Clinical Network, fees are paid for attendance at meetings, in accordance with the Cabinet Office Circular CO (12) 6 *Fees framework for members appointed to bodies in which the Crown has an interest* (or its successor circular).
- Members are entitled to be reimbursed for actual and reasonable travelling and other expenses incurred in carrying out their duties. Health New Zealand's sensitive expenditure policy can [viewed here](#).

Network Meeting Protocols

Meeting frequency – Meetings will generally be videoconferences and are likely to occur every 4 weeks; with a full day meeting after a year to evaluate and reset work plan.

Additional meetings - may also be called by the co-leads on an as required basis. Network meetings will be organised in line with the following protocols:

- Agenda items should be submitted to the network programme manager at least 10 days prior to each meeting
- The agenda, minutes and any documentation will be circulated by the Network Manager electronically at least three (3) days in advance of each meeting
- Key actions, insights and advice will be captured in the minutes
- 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 Director & Oversight Group.

Confidentiality and Conflicts of Interest

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 Te Whatu Ora's process for managing conflicts of interest. Members will complete a Conflict of Interest Declaration when joining the Network and annually thereafter.

Membership

- Each Network will have representation from across the sector and community to ensure a system-wide view
- Networks will include mechanisms to receive community and whānau voices
- Each Network will be enabled by Te Ao Māori and Pacific insights and expertise to ensure that guidelines developed reflect the needs of our population

Expectation of Members:

- Members will act as champions of their Network and the Networks' programme
- Members will promote a clear and positive understanding of the aims, objectives and deliverables of the programme
- Membership will be reviewed every two (2) years. ISNA may review their membership as it's area of focus shifts.