Company name

Description automatically generated with low confidence

**Board**

**Terms of Reference**

1. **Context**

The Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network (GMNISDN) was launched in October 2021 following the merger of the region’s neurorehabilitation and stroke network. The organisation is a partnership of NHS Trusts stroke and neurorehabilitation services in the Greater Manchester region, including Eastern Cheshire as well as the North West Ambulance Service. The network works closely with other stakeholders including the voluntary sector, academia and commercial organisations. The network supports the whole care pathway for stroke whilst focusing only on community care for neurorehabilitation patients. It is a non-statutory body hosted by the Northern Care Alliance Foundation Trust.

1. **Vision**

Supporting the development of high quality and equitable stroke and community NR services, to achieve the best outcomes and experience for patients. We will do this by:

* Being patient centred
* Working collaboratively with our stakeholders
* Facilitating transformational change through effective partnership working
* Encouraging the early adoption of evidence and innovation in our services

1. **Purpose of the GMNISDN**

The GMNISDN will bring key stakeholders together to facilitate a collaborative approach to service improvement of stroke and community NR services that is patient centred, evidenced based and focused on delivering transformational change.

The network will have the following objectives:

* Provision of robust clinical and programme leadership and support
* Support the GM Integrated Care System (ICS) to develop a strategic approach in improving local clinical pathways for stroke and community NR in line with the national stroke service specification and other relevant guidelines/policies (for NR and stroke)
* Ensure effective patient flows and care pathways
* Support the transition to a single provider model for acute NR services and facilitate effective collaborative working between acute and community NR stakeholders to ensure there is a whole pathway approach
* Identify and manage cross-boundary and border issues and patient flows
* Ensure full engagement with the Sentinel Stroke National Audit Programme and monitor performance of local stroke and community NR services
* Develop and agree with system leaders, a coordinated approach to network resourcing
* Ensure collaborative working with ICS and provider workforce leads to manage system capacity and demand
* Horizon scanning

1. **Role of the Board**

The GMNISDN Board will provide strategic oversight for the development and implementation of operational plans and will ensure that it delivers its objectives and fulfils its purpose. It will work closely with national leaders and also more locally with organisations including the NHSE Regional Team, Greater Manchester and Eastern Cheshire Strategic Clinical Network and ICS.

The Board will achieve its aims by:

* Supporting a culture of collaboration, partnership working and effective communication between the GMNISDN stroke and community NR provider and commissioning organisations and other stakeholders such as the voluntary sector, academia, Health Innovation Manchester and those involved with the stroke and community NR care pathway in Greater Manchester
* Supporting the patient and carer voice in stroke care via the GMNISDN Patient and Carer Group and encouraging meaningful engagement/involvement with the voluntary sector
* Agreeing an annual work plan for the GMNISDN and supporting the network management team in its delivery
* Monitoring progress of the GMNISDN by regularly reviewing performance and reporting to the ICS, NHSE Regional Team and others as required
* Reviewing and mitigating risks to GMNISDN business
* Providing clear direction and oversight of each group that reports to the Board
* Providing a forum to raise and address concerns relating to service quality, delivery, capacity and outcomes
* Holding organisations to account for implementation of Board decisions through the escalation process as specified in the GMNISDN Governance Framework1

1. **Governance arrangements**

As required by national stroke programme, the GMNISDN must be directly accountable to the ICS and it is also accountable to its Host organisation Northern Care Alliance NHS Foundation Trust (NCA) operating on behalf of the acute provider trusts in GM.

Now that the ICS is fully established, the network Board reports to its Secondary Prevention & Long Term Conditions Group, which in turn reports to the ICS Clinical Effectiveness and Governance Group (CEG).

Two network Groups report directly to the Board: Patient and Carer Group and Clinical Effectiveness Group (CEG). The network’s Subgroups and Task and Finish Groups/workstreams report to the CEG. The NR Inpatient & Community Forum is also accountable to the NR Inpatient Governance Committee (led by SRFT).

1. **Host organisation**

The GMNISDN is not a separate legal entity but operates via a formal agreement with its Host, the NCA. The GMNISDN will report to the Host’s Hosted Services Board on a regular basis. The Host is a member of the GMNISDN Board in addition to any other role that may entitle the organisation to attend as a member e.g. as a provider.

The obligations and responsibilities of the Host and GMISDN are set out in a formal service agreement which includes detail on:

* Employment of GMNISDN core staff
* Premises for the core team
* Finance, IT, HR and facilities support
* Insurance and indemnity arrangements
* Dispute resolution
* Access to training facilities

Provision will be made in the GMNISDN budget to cover an annual hosting fee if required, with the amount agreed by the GMNISDN Board.

1. **Membership**

The Board will elect two Co-Chairs. One will be professional and the other a patient or carer representative and they will work together to chair the Board, sharing duties as they see fit. The tenure of the Co-Chairs will be two years.

The Board consists of representatives able to authorise plans and commit resources on behalf of their organisations. Collectively they provide clear direction and leadership for GMNISDN team and functions.

Board members are chosen to represent their particular group of organisations on behalf of the patient pathway. Board members have a responsibility to implement Board decisions within their own organisations and to report progress back to the Board.

Each member must identify a nominated deputy of sufficient seniority who shall attend only if the member is unavailable. Details of substitutions must be provided to the GMNISDN Manager in advance of meetings.

All members are required to abide by the network’s code of conduct for meetings (appendix 1).

***Members (34 in total with voting rights)***

Two Co-Chairs (2 professional)

Host organisation senior representative

GMNISDN Clinical Leadership

GMNISDN Manager

One representative from the Comprehensive Stroke Centre, at least Clinical Lead or Directorate Manager level

One representative Acute Stroke Centre, at least Clinical Lead or Directorate Manager level

One representative from two nominated Stroke Recovery Units (SRU), at least Clinical Lead or Directorate Manager level, representatives from other SRUs may attend with speaking rights

Inpatient NR representative

NWAS representative

Senior community rehabilitation representatives from each provider of stroke and/or community NR services (i.e. one rep per provider)

Senior representative, Strategic Clinical Network

Two commissioning representatives

Four voluntary sector representatives (2 x stroke & 2 x NR)

Local Authority representative

Primary care representative

Additional members may be co-opted at times. Quorum will be achieved when at least 40% of Board members or nominees are present at Board meetings, which must include a Chair.

1. **Meetings**

A Co Chair shall preside as chairperson at every Board meeting. No business shall be transacted at any Board meeting unless a quorum of members is present. If quorum is not achieved within fifteen minutes from the time appointed the meeting may proceed but no formal decisions can be agreed as inquorate.

The frequency of meetings will be quarterly. Extraordinary meetings may be added for urgent business related matters.

Administrative support for the meetings will be provided by the GMNISDN. Papers for each meeting will be circulated no less than seven working days prior to the meeting. Formal minutes will be taken and circulated in draft form within 14 working days of each meeting. These minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.

There will be no provision of funding for time or travel for members, except travel expenses for lay members will be reimbursed from the GMNISDN budget.

**Appendix 1. GMNISDN code of conduct for attendance at meetings**

