

Terms of Reference (DRAFT)

Trauma National Clinical Network

Background

The National Trauma Network was founded in 2012 with the goal of improving the outcomes from trauma care in New Zealand. At the time, most aspects of trauma care in New Zealand were of lower quality than international best practice. In particular there was unwarranted variation in clinical care leading to avoidable deaths and people living with avoidable levels of impairment following injury.

Since 2015, ACC had been both the funder and lead agency of the Network. In May 2023, ACC and Te Whatu Ora signed a Statement of Intent to reflect their agreement in principle that ongoing improvement in trauma outcomes is best served by locating the leadership of the Network within the overarching approach for National Clinical Networks (the **Network**) within Te Whatu Ora.

Te Whatu Ora and ACC agree to work together to ensure that the Network is supported to function effectively and improve the outcomes for major trauma experience major trauma. This includes working together to progress the Strategic Outcomes for the Network contained in the approved New Zealand Major Trauma Network Strategic Plan 2023-2027, which are:

- A sustainable business platform
- Effective governance
- Better outcomes for injured patients, their whānau and society and the health system
- Reduced variation
- Equity of care for injured Māori.

The Strategic Outcomes are interpreted to include reduced variation of care across the broader trauma system, and that equity of care will include Māori and other population groups as provided for in the health sector principles in the Pae Ora (Healthy Futures) Act 2022.

Accountability and Governance

As a Te Whatu Ora National Clinical Network, the Network has direct accountability to the National Clinical Network Oversight Group. As a cross agency programme, with funding support from ACC, the Network also has accountability to the cross agency National Trauma Governance Group.

The accountability and governance structure with the related collaborative partnerships is identified in figure 1.

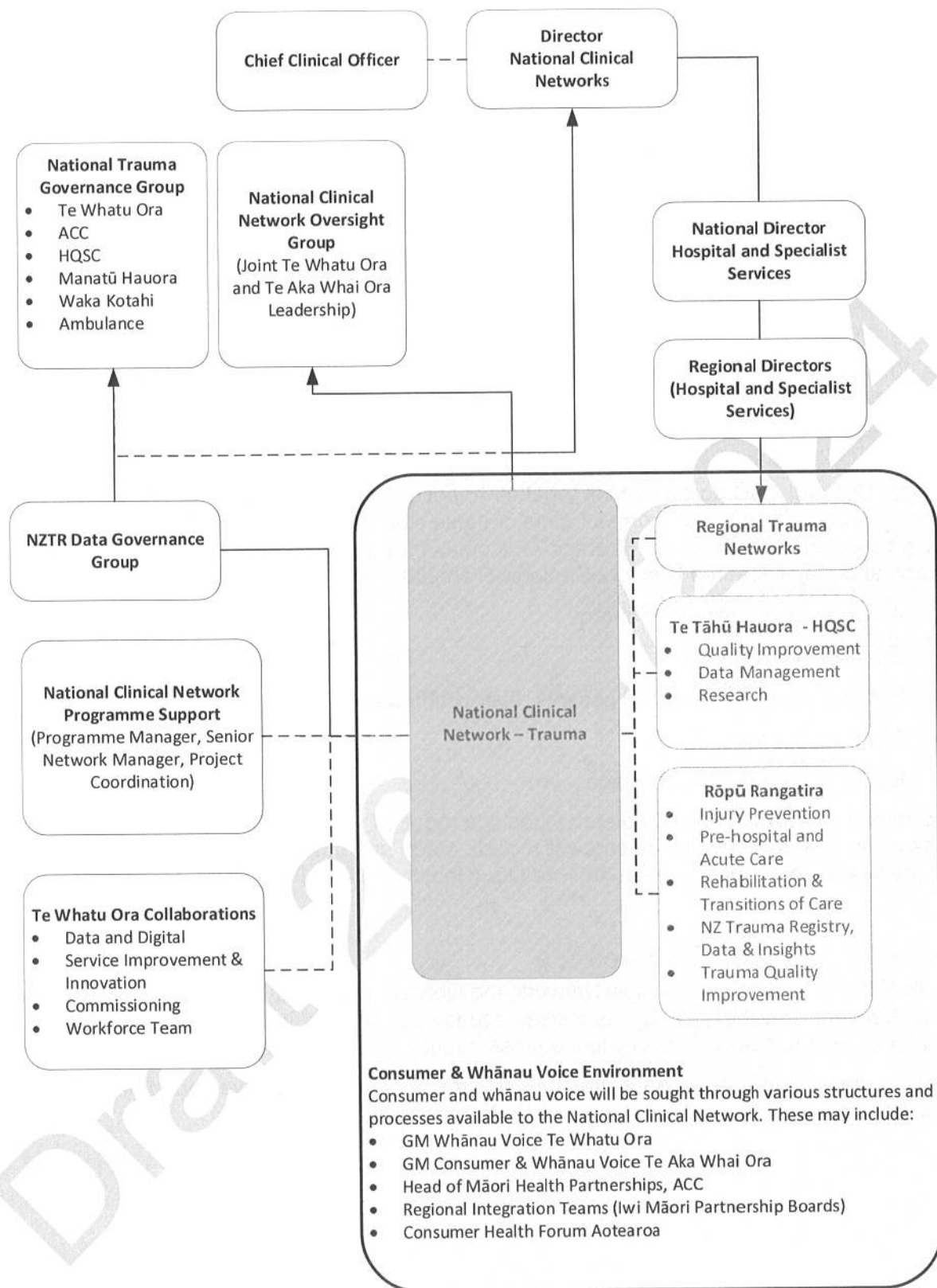


Figure 1: Programme accountability and relationships. Dotted lines represent collaboration and solid lines represent accountability.

Expert workstreams (Rōpū Rangatira) will be created to support implementation of the programme deliverables. The mandates and terms of reference for the Rōpū Rangatira will be developed

throughout the programme lifespan¹. Appendix 1 identifies the proposed Rōpū Rangatira, the intended leadership expertise, along with possible areas of focus.

Te Tāhū Hauora, the Health Quality & Safety Commission, is an important partner in delivering on the vision of a leading networked trauma service in New Zealand. The objective of this partnership is to deliver high quality patient centred services, consistent with best practice to achieve better health and social outcomes for patients and their whānau. Specifically, through their agreement with ACC, Te Tāhū Hauora will:

- Support the trauma system to implement performance improvement initiatives using tested methodology and approaches.
- Enable trauma stakeholders to translate knowledge into practice.
- Influence decision makers to adopt approaches which will help us achieve reductions in the burden of trauma.

Strategic Objectives

- **Right time, right place, right person:** All patients receive high quality, time critical trauma care by those skilled in trauma management and associated rehabilitation throughout their trauma journey from the point of injury to returning to living in the community.
- **Partnership:** Partner with consumers and their whānau to co-design services to create better outcomes and patient and whānau experiences.
- **Excellence for Māori through equity:** Work with Te Tiriti partners and communities to explore how to provide excellent trauma care and improve trauma prevention.
- **Workforce:** Establish trauma and associated rehabilitation as speciality skillsets in order to increase the capacity & capability of the trauma healthcare workforce.
- **Prevention:** Engage with all interested parties, highlighting the impact of trauma on the population, to ensure that trauma prevention is prioritised.
- **Networking:** Practice an ethos of connection and collaboration, supported by pathways of care so patients and their whānau experience high quality seamless services. Aligned to strategic imperatives locally, regionally and nationally.

Deliverables

- Establish a two-year work programme aligned to the strategic priorities of Te Pae Tata and ACC
- Establish and support the Rōpū Rangatira to confirm their scope of work and their deliverables
- Develop the models of care and standards focusing on eliminating inequity and unwarranted variation in trauma care and outcomes.
- Work with regional trauma networks and key stakeholders to agree implementation of key deliverables ensuring national consistency where it makes sense to do so
- Identify and support key programmes of work from partner agencies (ACC and Te Tāhū Hauora) which require national planning and implementation.
- Develop and maintain processes to monitor progress in system change, delivery and outcomes in trauma care.
- Create and maintain networks across the sector that support productive relationships and a co-design approach with consumers, whānau and health professionals

¹ The work programmes of the National Trauma Operations Group, National Trauma Research and Audit Group, NZTR Data Governance Group established through ACC leadership will cease in 2024 as the National Clinical Network and Rōpū Rangatira are established.

Membership

Membership of the Network is targeted to the pre-identified stakeholders and professions associated with the patient journey. This will build and elevate clinical kaimahi multi-disciplinary leadership - a core tenet of the health system reforms.

The membership of the group is:

Name	Position / Role	Organisation
[completed once confirmed membership]		

If members leave, the Network will decide if they should be replaced or if the remaining members are sufficient to cover all relevant aspects of the Network business. Where a membership gap occurs, a strategic approach will be taken to identify the knowledge, skills and representation required to replace the member.

Duties and Responsibilities of a Member

Members will act as champions of the Network to their clinical / business / executive areas. They will promote a clear and positive understanding of the aims, objectives and deliverables of the Network in such a way as to assist in its success and the acceptance of all stakeholders of the changes inherent in the project.

Members will be expected to:

- Understand service delivery across the continuum of care, and be prepared to think innovatively to bring about improvements
- Understand equity and variation and how it impacts on people experiencing the effects of trauma.
- Be able to evaluate different issues and perspectives and work in a way that facilitates collaboration among the different stakeholders
- Actively seek information and/or advice from others to help inform the work of the group and provide feedback to their constituency/district as appropriate.
- Communicate and report back on a regular basis from their own district, agency, or region
- Participate fully, including pre-reading, attending meetings and contributing to programme work
- Serve on Rōpū Rangatira as necessary

Responsibilities of the Co - Chair

The appointed National Trauma Co-Leads will function as the Co-Chairs of the Clinical Network.

Responsibilities of the Co-Chair are to:

- Develop and maintain effective working relationships with relevant senior leadership across Te Whatu Ora, Te Aka Whai Ora, ACC and Te Tāhū Hauora to ensure that the programme maintains clarity and focus and supports and meets the requirements of the Network
- Support the development of programme related documents such as cases for business cases
- Ensure meetings run efficiently and effectively, through engagement with the Programme Manager on the timely development of agendas and papers
- Facilitate discussions to ensure all members contribute effectively whilst allowing sufficient time to consider critical issues and reach decisions
- Provide leadership and represent, as appropriate, the programme to key stakeholders such as the National Clinical Networks Oversight Group and the National Trauma Governance Group

- Approve Network status reports and present these as necessary to relevant governance groups

Consumer and whānau voice

Strengthening consumer and whānau voice is a priority of the health reforms. The Network is committed to ensuring consumer and whānau voice is included and reflected and will use the health system building blocks, such as legislation (Code of Expectations, Iwi Māori Partnership Boards), supporting infrastructure (Consumer Health Forums, Te Aka Whai Ora Pataka), and System structures (Service Improvement and Innovation Insights, Localities).

Figure 1, Programme accountability and responsibilities demonstrates how consumer and whānau voice will inform the Network business. Using the structures available the Network will take a relational approach to better understand communities, aspirations, demand and context.

Quorum and Decision-making

The Network is to arrive at a decision during the meeting wherever possible by consensus or by clear majority. Items may be held over to future discussion only in exceptional circumstances.

A formal quorum of six members is required to progress decisions on behalf of the Network (present or by proxy). If the quorum is achieved, the Co-Chair is entitled to accept decisions based on the views expressed by those attending without recourse or re-litigation by those who are absent. It is therefore urged that members attend whenever possible. If a member is unable to attend, they may present their views in writing or in verbal form to the Co-Chair or Programme Manager, who will ensure these are heard at the meeting. This is to be done at least one working day ahead of the meeting for the views to be presented.

Where decisions require further approval, the Network is to decide their view and then present via the Co-Chair a recommendation to the relevant Executive/Governance Group as appropriate.

The National Clinical Network Co-Leads reserve the right to consult further on any issues that may have been considered in the absence of specific Clinical Service Network members.

Conflicts of Interest and Confidentiality

Confidentiality - Any documents provided to the Network membership are deemed confidential. Confidentiality survives the end of the programme. This means information or documents deemed confidential and not released publicly, remain confidential indefinitely.

Conflicts of interest - Members should perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Full observation of these principles will enable public confidence in the work of the Clinical Network to be maintained.

When members believe they have a conflict of interest (competing professional or personal interest such as services that can only be provided by a member), on a subject which will prevent them from reaching an impartial decision or undertaking an activity consistent with the Network's functions, then they must declare that conflict. Depending on the nature of the conflict of interest the member may be required to refrain from voting/participation in discussion and consensus decision making or absent themselves from the room at that point.

Frequency of Meetings

To support the establishment of the Network within Te Whatu Ora and delivery against the Network objective, it is expected there will be two face to face meetings with the remainder of meetings occurring by Videoconference.

All meetings will be held on Mondays. The proposed schedule of meetings are:

Meeting Date	Meeting Type and Time
4 March 2024	Face to face meeting Wellington
29 April 2024	Teams videoconference [time to be determined]

Meeting Date	Meeting Type and Time
10 June 2024	Teams videoconference [time to be determined]
5 August 2024	Face to face meeting [location and time to be advised]
16 September 2024	Teams videoconference [time to be determined]
11 November 2024	Teams videoconference [time to be determined]

Papers

A call for agenda items will occur two weeks before meetings and the agenda will be distributed one week prior.

Papers for the Network will be circulated with the agenda. Where papers are complex and require significant decisions at a meeting, the Co-Leads may decide to discuss the papers with individual members beforehand, to ensure they are as well developed as possible and all views have been considered.

Draft action and decision register will be circulated within two weeks of the meeting.

Reporting

Network status reports will be prepared by the Network programme team and submitted to relevant governance groups and agencies.

Remuneration and expenses

Members who are employees of State Sector/Government organisations are not entitled to be paid fees as Network members. Meeting costs including travel and accommodation 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 trauma services, are not entitled to be paid fees for Network business if this is conducted during regular paid work time. In these cases time, meeting and travel costs will be met by their employer.

For other members of the 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). The fee for Clinical Network members is currently [yet to be determined] per day and [yet to be determined] per hour and this is reviewed annually. Members will also be paid actual and reasonable meeting preparation time at the daily fee and pro rata.

Members whose costs are not being met by their employer are also entitled to be reimbursed for actual and reasonable travel costs. Reimbursement is in alignment with national Te Whatu Ora Policy (Travel and Payments – Business Rules and Guidelines and expenses – Personal Work Related Policy).

Support

Programme management, project coordination, business intelligence and administration support will be provided by Te Whatu Ora.

The Health Quality & Safety Commission –Te Tāhū Hauora provide biostatistical and data science capability to ensure high quality analytics including advanced statistical analysis. This is for the purposes of transforming the data collected on every major trauma patient in New Zealand into information which Te Whatu Ora and regional and national and regional trauma networks can use to drive quality improvement initiatives.

Approval

The terms of reference are valid from [date to be inserted] to [date to be inserted] and will be reviewed annually.

Representative of	Name	Role	Date
National Clinical Network Oversight Group			
National Trauma Governance Group			

Appendix 1: Proposed Rōpū Rangatira supporting the Trauma National Clinical Network

System View	Rōpū Rangatira [Possible expertise]	Possible Areas of Focus
Injury Prevention	ACC National Public Health Agency Data insights Clinical lead Trauma Nurse Coordinator Waka Kotahi NZ Police	Stop the Bleed Campaign Blood products pre-hospital (extension of critical haemorrhage) TRIP – injury prevention pilot at Auckland hospital for Māori and youth
Pre-hospital and Acute Care	Clinical Director (Ambulance) Paramedic Clinical Support Air Sector Provider Emergency Medicine Surgery Medical Paediatrics Intensive Care Trauma Nurse Coordinator Data, insights and analytics	Workforce – regional networks equity Workforce – Trauma Nurse Coordinator, Allied Health, Māori Equity –Rural, EMS, Māori population, after hours, PRIME GPs Destination policies Reduce variation – clinical practice guidelines, destination policies
Rehabilitation & Transitions of Care	Te Tāhū Hauora Rehabilitation Clinical Lead Trauma Nurse Coordinator Private rehabilitation provider Physiotherapy Occupational Therapy Te Whatu Ora Rehabilitation Physician ACC (rehab related function) Kaupapa Māori or Hauora Māori Provider	Transitions of care Early cover Māori Experiences of Care sTBI Post Traumatic Amnesia

System View	Rōpū Rangatira [Possible expertise]	Possible Areas of Focus
NZ Trauma Registry, Data, and Insights	<p>NZTR Analyst</p> <p>ACC Data and Digital Lead Study of Road Trauma Evidence and Data (SoRTED)</p> <p>ACC data and digital (access to rehabilitation services/ NHI data matching)</p> <p>Te Whatu Ora (Service Improvement and Innovation, Data and Digital, Midlands Registry, Privacy)</p> <p>Trauma Nurse Coordinator</p> <p>Clinical leadership with interest in data, digital and insights</p> <p>Research Lead (HQSC)</p>	<p>Increase value from NZTR Rehabilitation dashboard, Patient Reported Outcome Measures (PROMS) dashboard, ANZTR data, SoRTED</p> <p>Opportunity for extended datasets such as ACC, Pharmacy</p> <p>Data governance functions including Māori data sovereignty</p> <p>National registry for trauma</p> <p>Trauma National Minimal Data Set</p> <p>Compliance with privacy</p> <p>Data sharing agreements</p> <p>Electronic management of ACC45 and e-lodgement</p> <p>Health RoundTable Data (Service Improvement and Innovation)</p>
Trauma Quality Improvement	<p>HQSC (Quality Improvement Advisor)</p> <p>Health equity expert</p> <p>Australia NZ Trauma Quality Improvement Programme (ANZTIP)</p> <p>Te Whatu Ora – Clinical Leadership</p> <p>Trauma Nurse Coordinator</p> <p>Allied Health</p>	<p>Paediatric mortality</p> <p>Chest injury Expert Advisory Group</p> <p>PROMS (Otago) + future opportunities (Dendrite solution)</p> <p>Code Crimson</p> <p>Clinical Skills Capability Framework (Workforce focus on TNC, AHP, SIM,)</p> <p>Quality Improvement Facilitator activities (HQSC programme)</p> <p>Research (ACC funding via Te Tāhū Hauora)</p>

