

**Trauma programme – Māori experiences of rehabilitation from major trauma project
Expert Advisory Group
Terms of Reference**

December 2020

1. Background

In March 2019 the Accident Compensation Corporation (ACC) contracted the Health Quality & Safety Commission (the Commission) to provide support to the National Trauma Network (the Network).

The Network is led by a clinical lead and programme manager, who work in collaboration with a wide range of stakeholders, including district health boards (DHBs), ambulance services, the transport sector, and researchers. Further information can be found on the Network website: www.majortrauma.nz.

In order to deliver on its contract with ACC, and best support the Network, the Commission has established a trauma programme with three workstreams:

1. Quality improvement
2. Intelligence
3. Research.

The quality improvement workstream of the programme is focusing on three discrete areas where expert advice and local and international examples tell us improvements in process and/or outcome can be achieved: 1) reducing harm from critical haemorrhage; 2) improving trauma rehabilitation; and 3) reducing harm from traumatic brain injury (TBI). Projects in these areas will be phased over the coming three financial years.

The *Māori Experiences of Rehabilitation from Major Trauma* project fits within the wider major trauma rehabilitation quality improvement project.

This terms of reference (TOR) document applies to the expert advisory group (EAG) for the *Māori experiences of rehabilitation from major trauma* project (referred to from now on as 'the project').

2. Project Purpose

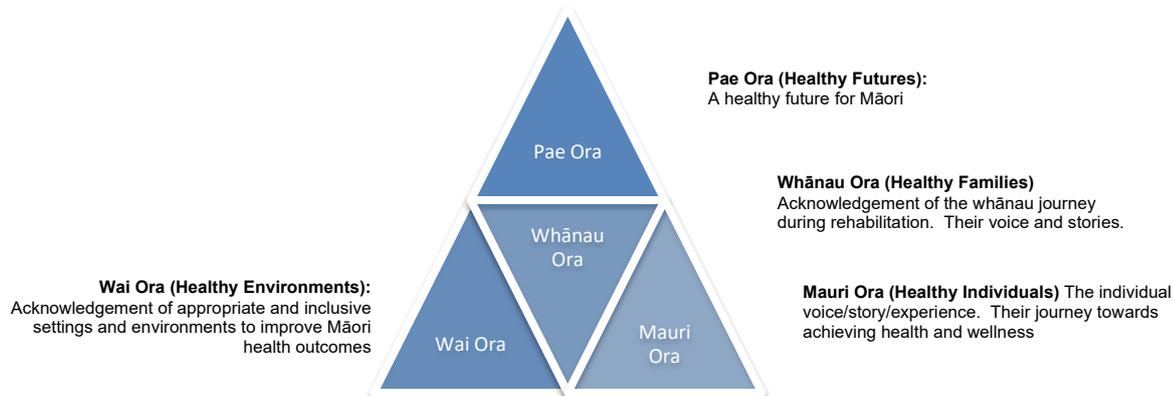
The project's main aim is to increase our understanding of how Māori major trauma patients and their whānau experience trauma rehabilitation. This information will be the starting point for quality improvement work to address issues and improve trauma rehabilitation outcomes for Māori. The first instance where this information will be used is to inform the national collaborative, planned for 2021, as part of the trauma rehabilitation quality improvement project.

Understanding and valuing the person- and-whānau-centred experience of the trauma rehabilitation pathway is at the heart of this project. The hope is that through collecting patient

and whānau stories we will gain a deeper understanding of their experience and highlight opportunities for improvement. It is acknowledged that the rehabilitation journey is a shared whānau journey.

From herein, the patient experience and whānau experience will be collectively referred to as the “the whānau experience” and “the whānau journey” or similar.

Pae Ora as outlined in He Korowai Oranga¹ will be the guiding framework for this project, offering a holistic platform from which to achieve the three key aims of this project:



Aim

Aim 1: To understand the care and rehabilitation experiences of Māori major trauma patients and their whānau from which to develop a clear articulation of the gaps and opportunities for improvement

Links to

MAURI ORA
WHĀNAU ORA

Aim 2: To gain insight into the wider trauma care and recovery picture for Māori major trauma sufferers and their whānau and, in doing so:

WAI ORA

- a. Scope priorities for further research
- b. Develop patient stories and quotes for the trauma team to inform a ‘case for change’ for subsequent pieces of work.

Aim 3: To ensure that the projects within the Commission’s trauma programme and the Network’s work programme are appropriate for Māori and will result in improved outcomes for Māori major trauma patients.

PAE ORA

“Recognising that Māori have their own health aspirations, priorities, goals and ways of working”

He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019.²

Ethics

¹ Ministry of Health. 2014. The Guide to He Korowai Oranga – Māori Health Strategy. Wellington: Ministry of Health.

² <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3721/>

It is important to note that the project is not a research project and therefore out of scope for HDEC review. However, we will be taking an ethical approach throughout the entire patient experience process. A recognised qualitative information gathering methodology will be used. Participants' privacy and confidentiality will be protected throughout, with information securely stored and access to this information controlled. A formal, two-stage consent process will be used (firstly, consent to participate and secondly, consent that compiled information is accurate and can be used for quality improvement purposes).

Participants' time and effort will be recognised by koha in the form of a \$300 voucher from the provider of their choice (options will be determined by local availability but will most likely include: Pac n Save, Countdown, New World, MTA, The Warehouse and similar).

A separate project plan has been developed and should be referred to for more information about the project.

Governance of findings

The project will be using a kaupapa Māori approach, which has inherent implications for the governance of the findings:

- All findings collected as part of this project will be owned by/ remain the property of the participants and their whānau.
- Consent will be sought at multiple points:
 - to undertake the interviews
 - to confirm that the write up of the data that will be used for internal purposes only is accurate/ acceptable to the participants
 - to confirm that if a write up is done for public use (e.g.: in the form of a case study) that it is accurate/ acceptable to the participants and that they consent to it being made public.
- The findings will be stored in New Zealand.
- The findings will be stored and accessed in a secure manner that protects the participants' privacy.
- The raw findings will not be made available to anyone outside the Commission and Network.
- The key themes will be summarised taking care that individuals (patients and their whānau) will not be identified.
- Case studies will be presented only with consent from the individuals. The findings will not be used for any purposes other than that which it was originally collected for and that which has been consented to by the participants.

3. EAG purpose

A project lead, Sharon Pihema, has been appointed to the project team on a 0.6 FTE basis. She will chair the EAG.

The EAG's purpose is to support Sharon to be successful in her role (including by providing her with appropriate pastoral care should she need it – Sharon will be responsible for escalating this need to the EAG) and to support the project to be appropriately scoped and implemented and, most importantly, that its findings are used to improve Māori trauma rehabilitation experiences and outcomes.

The EAG is a 'safe' group that the project team can consult and debate with, in confidence. It will also be an 'expert' group and members have been appointed because their knowledge and skills are recognised in the sector. Members will be from varying parts of the Māori health sector/ Māori patient pathway and in addition to representing these services, they will be expected to utilise their expertise to promote optimising whānau outcome and experience.

The Commission and the Network leadership will support the EAG to carry out its tasks.

4. Key Tasks

The key tasks for the EAG are to:

- a. **Ensure Te Tiriti o Waitangi is prioritised** throughout and across the project to make sure services meet the needs of Māori, including considering the following:
 - Te Tiriti is central and Māori are equal or lead parties across the project(s).
 - Mechanisms are in place to ensure equitable Māori participation and/or leadership in setting priorities, resourcing, implementing and evaluating the project.
 - There is evidence of Māori values influencing and holding authority across the project. Including acknowledgement of the importance of Wairua, rongoā, healing and wellness across the project.
 - There is evidence of Māori exercising their citizenship as Māori across the project(s).
- b. **Use** practical knowledge and expertise to guide the project team to ensure that the project approach is both robust and implementable and will lead to improved outcomes for whānau
- c. **Provide expert advice** on the interpretation and use of findings from this project and identified opportunities for quality improvement to support whānau rehabilitation experiences.
- d. **Assist with sector engagement** by proactively supporting effective relationships across the DHBs at a local, regional and national level.
- e. **Ensure appropriate data governance** by providing oversight of the collection and use of the data and ensuring that associated processes protect Māori data sovereignty.
- f. **Support Sharon and the wider team to be successful** in planning and implementing the project by providing both practical and appropriate pastoral care.

5. Project governance

The EAG is responsible for providing advice to the Commission via the project lead and trauma programme team. The Commission does not need to accept this advice; where the EAG's advice is not followed the Commission will provide the group with the rationale for this.

The trauma programme team will manage the project's governance (i.e.: via the Commission's internal steering group and via the external ACC-Commission contract governance group and Network governance group).

6. Membership

The EAG comprises approximately 4-5 members, who are experts in their respective fields and/or representatives of key stakeholders. Members should be actively connected to/ engaged with the community or group/s they seek to represent. In order to ensure the group stays small enough to be efficient, members can represent multiple stakeholders or groups.

Membership will include, (but not necessarily all or be limited to) representatives of:

- a. DHB Director Māori Health
- b. Commission's Māori Health Outcomes team rep
- c. Commission's Partners in Care team rep
- d. Consumer rep.

The group may also co-opt other representatives to attend meetings on an 'as required' basis, if there is a need for specialist advice that cannot be met from the existing membership, by prior approval of the Chair.

7. Responsibilities

The EAG has an obligation to conduct its activities in an open and ethical manner. Members are expected to:

- a. Work co-operatively, respecting the views of others with a focus on improving health outcomes and overall system performance as well as improving the experience for health care for consumers, whānau and family
- b. Work strategically contributing to a sustainable system of improvement
- c. Act, as a collective group, in the best interests of quality and safety initiatives locally, regionally and nationally
- d. Be a point of liaison with the relevant stakeholders, groups and colleges
- e. Make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the group and the wider environment within which it operates
- f. Identify and declare any conflicts of interests (via the conflict of interest register) and proactively manage any conflicts
- g. Refer requests for media comments to the Chair.

8. Meetings and decision-making

- a. The EAG will meet a minimum of four times, by Zoom or in person
- b. A quorum will be a minimum of three members
- c. Where substantive decisions or recommendations are required, all members will be encouraged to contribute by email
- d. Decisions will be made by consensus.

9. Secretariat

The Commission will provide the secretariat for the group. The responsibilities of the secretariat include:

- a. Preparing and distributing the agenda and associated papers at least five days prior to meetings
- b. Recording and circulating the minutes no later than a fortnight following the meeting date
- c. Managing the organisational arrangements for meetings, including flight bookings, the provision of rooms and audio-visual equipment
- d. Managing the membership appointment process.

10. Reporting and Communication

Minutes will be taken at each meeting to record the matters discussed, decisions made, agreed action points and recommendations made.

Key messages from the EAG will be communicated via the Commission and Network's communication channels and mechanisms, such as websites, newsletters and emails to key stakeholders.

Approved versions of the minutes will be published on the Commission's website.

11. Terms and conditions of appointment

The term of the membership is until end of June 2021. Members will be expected to continue their participation in the EAG until the end of June 2021, at which time the EAG role and make up will be reviewed.

Any member may resign at any time by advising the Chair in writing.

12. Fees

Members who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises or crown entities are not permitted to claim a fee to attend the EAG meetings.

The Commission has a fees framework that applies to members who are not included in the above groupings, where any reasonable costs incurred in attending face-to-face meetings will be met by the Commission, including a nominal fee to cover attendance and time spent in preparation.

13. Travel

The Commission will arrange any travel required for meetings or activities associated with the group. Travel must be booked through the Commission and/ or with the Commission's approval.

14. Review

The terms of reference for the group will be reviewed as the project moves between phases and as required (i.e.: if requested by a member of the group or if the project timeframe gets extended).