

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

30 September 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, 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.

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 projects in three discrete areas where expert advice and local and international examples tell us improvements in process and/ or outcome can be achieved: 1) critical haemorrhage; 2) major trauma rehabilitation; and 3) severe traumatic brain injury. The projects will be phased over the coming three financial years.

This terms of reference (TOR) document applies to the expert advisory group (EAG) for the major trauma rehabilitation project (the project).

2. Project Purpose

The purpose of this project is to reduce unwarranted variation in rehabilitation services across the country, that there is equitable access to services and that these services meet the needs of the complex cohort of major trauma patients. This project is not about developing new services. Rather it's about improving existing services and ensuring better access to services so that it is easy and timely for patients and their whānau to access the right rehabilitation services and achieve the best recovery possible.

This project aims to;

1. Understand existing trauma rehabilitation provision, access and outcomes
2. Identify potential new initiatives that will remove barriers to achieving optimal outcomes for major trauma patients

3. Work with local quality improvement project teams to implement these (via a national collaborative¹, using a consumer co-design approach² and supporting kaupapa Māori rehabilitation processes where possible)
4. Increase the quality improvement skills and knowledge of those who provide rehabilitation.

This will be achieved by working with the sector and experts, including patients, their whanau and stakeholders including DHBs, rehabilitation providers, community health providers such as GPs, etc.

There are three phases to the project; scoping, delivery and evaluation.

Scoping started in early 2020 and, at the time of the EAG forming is ongoing. The scoping phase involves building a picture of the current state of rehabilitation provided to people following major trauma injury. This includes understanding ACC processes, engagement with key stakeholders, discussions with consumers to understand issues from their perspective and literature review.

The scoping and implementation phases will overlap, with the implementation phase expected to start in late 2020.

Because the problems and potential solutions for major trauma rehabilitation are unknown, a national collaborative approach has been chosen to deliver the project. The national collaborative will work at two discrete but overlapping levels.

The first level has a local quality improvement (QI) and co-design focus. As part of the collaborative the national programme team will support local teams to fully understand and solve major trauma rehabilitation issues in their region using quality improvement methodologies. The second level is the national level and will, based on the outcome of the collaborative, look at issues which impact all trauma patients and ensure that solutions to these problems (identified by the local QI work) are shared nationally.

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

3. EAG purpose

A clinical lead, Kat Quick, has recently been appointed to the project team on a 0.4 FTE basis. She will chair the EAG.

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

¹ A collaborative involves bringing regional project teams together for three in-person learning sessions over the course of a year. The focus of these sessions is learning from each other and recognised experts in the topic area and learning quality improvement methodologies (tools and techniques). The teams take the learning 'home' and work on their projects between each learning session – known as the action period. Support during the action periods is provided by the national project team and peers through Zoom meetings, online forums and on-site mentoring visits. The end products/ outputs are written summaries of the projects that others can learn from and replicate to resolve similar issues. (2003, *The Breakthrough Series – IHI's Collaborative Model for Achieving Breakthrough Improvement*)

² <https://www.hqsc.govt.nz/our-programmes/partners-in-care/work-programmes/co-design/>

skills are recognised in the sector. Members will be from varying parts of the major trauma rehabilitation sector/ patient pathway and in addition to representing these services, they will be expected to utilise their expertise to promote optimising consumer outcome and experience.

During the scoping phase the group will be expected to support the scoping and planning for the collaborative; it is possible that expanded or different membership will be required to support the implementation phase. The appropriateness or otherwise of the membership will be discussed at key points during the project.

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. **Lead** the development of the major trauma rehabilitation quality improvement implementation plan (i.e.: the plan is the major output from the scoping phase)
- b. **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).
- c. **Provide expert advice** on national and international best practice recommendations and identify the opportunities for improvement in major trauma rehabilitation
- d. **Use** practical knowledge, expertise and consultation with key stakeholders to guide the project team to ensure that the implementation plan is both robust and implementable and will lead to improved outcomes for consumers
- e. **Advise and support** the project team to undertake the national collaborative and facilitate the local collaborative teams through their projects
- f. **Assist with sector engagement** by proactively supporting effective relationships across the rehabilitation sector and champion implementation at a local, regional and national level
- g. **Ensure the development of the collaborative projects gives effect to the Commissions priorities:** consumer partnerships, equity, building leadership and improvement capability, and measurement (data for improvement).

5. Project governance

The EAG is responsible for providing advice to the Commission via the 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 15-18 members, who are experts in their respective fields and/ or representatives of key stakeholders. Members should be actively engaged in 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 of or limited to) representatives of:

- a. Consumers/ family/ whānau who can demonstrate their links and ability to engage widely with other consumers and or/groups
- b. Māori consumers
- c. Rehab providers
- d. Māori rehab providers
- e. DHB Allied Health
- f. Trauma Nurse
- g. ACC
- h. Ministry of Health
- i. Research
- j. College of Physicians
- k. National Trauma Network.

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 per year, by Zoom or in person
- b. A quorum will be a minimum of seven 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 2021. Members will be expected to continue their participation in the EAG until the end of 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).