

Terms of Reference

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.

Between 2015 and 2023, ACC was the funder and lead agency of the Network. In May 2023, ACC and Health NZ - 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 Health NZ. Maintaining close partnership with ACC recognises the funding support and the role of ACC funded services for Trauma clients.

Te Tāhū Hauora | Health Quality & Safety Commission, is an important partner in delivering on the vision of a leading networked trauma service in New Zealand. This is for the purposes of transforming the data collected on every major trauma patient in New Zealand into insights which Health NZ and ACC can use to drive better outcomes for New Zealanders, as well as providing quality improvement expertise and support to lead improvement work.

Strategic Objectives

The Network has the following objectives:

- **Right time, right place, right person:** All patients receive high quality, time critical trauma care throughout their trauma journey from the point of injury and throughout their recovery
- **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 specialty 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

Health NZ Governance

The Health NZ Governance Code identifies National Clinical Networks are part of governance designed to bring together expertise to define good practice and support national service performance.

National Clinical Networks are responsible for:

- Developing the national core standards, guidelines and models of care for their specialist areas. They ensure that everyone knows what is expected and what Health NZ should be aiming for and planning towards in terms of best practice and consistency in access and delivery of healthcare throughout Health NZ
- Providing clinical leadership and advice to the Chief Clinical Officer and others on national service configuration within their specialty
- Identify areas of unwarranted variation in healthcare delivery across their specialty area and develop innovative solutions to address these

National Clinical Networks are within the Office of the Chief Clinical Officer. Approval of deliverables arising from the National Clinical Networks are directed to the relevant Executive Leadership Committee:

- Clinical Operating Performance Committee (OPC)
- National Clinical Governance Committee
- The National Medicines Committee

Rōpū Rangatira

To support implementation of the Networks deliverables there are five Rōpū Rangatira (Rōpū):

1. Injury Prevention
2. Acute and Out of Hospital
3. Rehabilitation and Transitions of Care
4. Trauma Quality Improvement
5. NZTR Data and Insights

Each Rōpū, has two Co-Chairs to enable strong communication and engagement between the Network, key stakeholders and the Rōpū. One Co-Chair from the Rōpū will be a Network representative.

Supporting groups within the Trauma Network

NZTR Data Governance Group (DGG)

Te Rēhita Whētuki o Aotearoa, the New Zealand Trauma Registry (NZTR) is an important facet of the Network, as it provides the foundation for a data-driven approach delivering a high-quality trauma system.

The DGG is responsible for:

- Ensuring the ethical and appropriate use of patient data which is held in the NZTR, including data linkage and sharing with ACC as outlined in the data sharing agreement between ACC and Health NZ
- Formulating and monitoring policies for the governance of NZTR data, subject to approval by the Network, Health NZ Privacy and Security teams
- Escalating any identified risks or issues to the Network
- Ensuring the appropriate and ethical use of the NZTR data in a rapidly changing AI and analytical environment

Trauma Nurse Coordinators (TNC) and Coders Group

The TNC and coders group is an important feature of the Network, as it supports the foundation of data quality in the NZTR. The TNC and coders group:

- Undertakes AIS15/ISS coding exercises to support consistency of coding across the country
- Creates networking opportunities for TNCs, particularly for those from smaller districts
- Provides a key communication channel between the Network Leadership and the TNC workforce

Governance activities

The Network will:

- Agree, provide direction and oversight to the Network's cross agency strategic priorities in conjunction with proposals from the Rōpū
- Provide oversight and endorsement of the Network work programme including ensuring the work programme is developed and delivered in a manner that supports the priorities of the parties and honors and gives effect to Tiriti o Waitangi
- Review the Strategic Plan 2022-2027 to reflect the current operating environment and confirm priorities for the remaining 2 years 2025-2027
- Ensure the Network deliverables are aligned to health system priorities, national service delivery plans, and national service frameworks
- Identify and monitor key quality/performance measures that demonstrate whole of system improvements
- Develop and maintain processes to monitor progress in system change, delivery and outcomes in trauma care
- Respond to and escalate risks and issues as appropriate to ensure the work programme can remain on track
- Utilise and advocate for opportunities to extend data informed decision making
- Approve key publications and support cross agency communication plans as relevant
- Provide leadership expertise to the NZTR Data Governance Group and the TNC & Coders group and support the management of any risks and issues arising
- Work with regional trauma networks and key stakeholders to agree implementation of key deliverables to support national consistency where it makes sense to do so

Governance of the Rōpū specifically includes:

- Ensure that the models of care and standards focus on addressing inequity and unwarranted variation in trauma care and outcomes
- Support the Rōpū to confirm their scope of work and their deliverables ensuring resourcing with the Rōpū is available and, providing stop / go decisions throughout the work programme cycle
- Identify and endorse clinical policies, procedures and guidelines arising from the Rōpū and support implementation of these within districts and regions
- Endorsing the mandates and terms of reference for the Rōpū
- Confirm membership of the Rōpū and support identification of membership gaps

Membership

Membership of the Network is targeted to the whole system pre-identified stakeholders and professions associated with the patient journey.

The membership of the group is:

Name	Position / Role	Organisation
Dr James Moore	National Trauma Co-Lead Consultant Anaesthetist & Intensive Care Physician	Wellington Hospital Health New Zealand
Dr Max Raos	National Trauma Co-Lead Emergency Physician	Middlemore Hospital Health New Zealand
Belinda Gabbe	Research Lead Monash University, Australia	Health New Zealand
Caroline Juniot	Health Sector Partnerships Manager	ACC
Dr Christine Howard-Brown	Chief Executive Represents feedback to/from: <ul style="list-style-type: none"> Health and Wellbeing National Rehabilitation Providers Group NZ Spinal Cord Injury Registry 	ABI Rehabilitation Evolution Healthcare
Claire Hitchcock	Trauma Nurse Coordinator	Nelson/Marlborough Health New Zealand
Clare Swanson	Trauma Clinical Nurse Specialist	Hauora a Toi Bay of Plenty Health New Zealand
A/Prof Grant Christey	Trauma Specialist Te Mana Taki Regional Lead	Waikato Hospital Health New Zealand
Dr James McKay	Trauma Surgeon & Intensive Care Physician, Te Waipounamu Clinical Lead	Christchurch Hospital Health New Zealand
Jess Drummond	Programme Manager Trauma	Te Tāhū Hauora
Julie Wilson	Health Partner	ACC
Kat Quick	Clinical Lead – Trauma Rehabilitation	Te Tāhū Hauora
Kevin Henshall	Trauma Nurse Specialist	Counties Manukau Health New Zealand
Dr Louise Venter	Rural Hospital & Emergency Medicine Specialist	Lakes Hospital Health New Zealand
Mary Gorton	Occupational Therapist ICU Educator	Te Waipounamu Health New Zealand

Name	Position / Role	Organisation
Dr Osman (Oz) Mansoor	Medical Officer of Health / PHM Specialist	Tairāwhiti Health New Zealand
Dr Ryan Salter	Anaesthetist & Intensive Care Specialist Central Regional Lead	Wellington Hospital Health New Zealand
Dr Savitha Bhagvan	Trauma Surgeon Northern Regional Lead	Te Toka Tumai Auckland Health NZ
Sarah Shannon	Trauma Service Allied Health Clinical Lead	Hauora a Toi Bay of Plenty Health New Zealand
Dr Tony Smith	Deputy Clinical Director	Hato Hone St John
<i>Placeholder</i>	<i>Primary Care</i>	
<i>Placeholder</i>	<i>Group Director Operations</i>	<i>Health NZ</i>

Where a membership gap occurs, a strategic approach will be taken to identify the knowledge, skills and representation required to supplement the group. Where the gap is due to the replacement of an existing member, the agency that they represent will where possible, provide a suitable alternative. In some instances, an open expression of interest process may occur.

Duties and Responsibilities of a Member

Members 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 by stakeholders.

Members will be expected to:

- Understand and advocate for the strategic implications and outcomes of the trauma programme
- 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
- Evaluate different issues and perspectives and work in a way that facilitates collaboration among the different stakeholders
- Link with stakeholders where appropriate to ensure understanding of potential impacts of activities
- Communicate and report back on a regular basis from their own district, agency, or region
- Serve on Rōpū as necessary and where time allows and is supported by that member's organisation
- Actively participate in the Network including raising potential opportunities along with providing open and considered feedback on reports received

- Inform national investments and workforce planning in Health NZ by contributing innovative and evidence-based solutions

Responsibilities of the Co - Leads

The appointed Trauma Co-Leads will function as the Co-Chairs of the Network. Responsibilities of the Co-Chair are to:

- Develop and maintain effective working relationships with relevant senior leadership across Health NZ, ACC, Waka Kotahi and Te Tāhū Hauora to ensure that the programme maintains clarity and focus and supports and meets the requirements of the Network
- Ensure meetings run efficiently and effectively, through engagement with the Network 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 Network to key stakeholders
- Approve Network status reports and present these as necessary to relevant governance groups
- Regularly review the conflict-of-interest register
- Be the nominated representative on the Health NZ Clinical Senate providing a mechanism to inform the Clinical Senate on issues relative to the Network

Consumer and whānau voice

Strengthening consumer and whānau voice is a priority of the health system. 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, Hauora Māori Services), and System structures (Service Improvement and Innovation Insights).

In addition to representation on the Network and associated Rōpū, the voice of rural communities will be sought through direct engagement with the Rural National Clinical Network.

Quorum and decision-making

The Network is to arrive at a decision during the meeting wherever possible by consensus or by clear majority.

A formal quorum of no less than half the membership is required to progress decisions on behalf of the Network (present or by proxy) where that meeting is part of the agreed schedule. 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 Network 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.

Members may abstain from voting on a decision where it is outside their scope of practice. For example, when seeking endorsement of a clinical guideline, a non-clinical member may abstain

Where decisions require further approval, the Network is to decide their view and then present the recommendation via membership to the relevant organisation's governance.

Any individual member may object to any decision or proposal. Should this occur, the Network should discuss the basis of the disagreement and try and reach unanimity of position. If it is not possible, the opposition and the rationale for that will be noted within the minutes of the meeting and associated papers.

The Network is unable to make decisions which financially impact on any of its member organisations. Any decisions arising from the Network, which impact on the investment in trauma services required by other organisations, will be termed as 'endorsed in principle' and will need to be supported by members, through the relevant organisation governance channels.

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

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.

All members will complete the conflict of interest register. 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 Networks 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 meeting at that point.

Frequency of meetings

There are two face to face meetings annually with the remainder of meetings occurring by videoconference.

The schedule of meetings for 2025 are:

Meeting Date	Meeting Type and Time
15 September 2025	Videoconference 1:00 pm to 2:30 pm
21 October 2025	Wellington face to face hui 9:30 am to 4:30 pm
4 December 2025	Videoconference 1:00 pm to 2:30 pm

Should additional meetings be required to deliver on the business of the Network, four weeks' notice of the scheduled meeting will be provided to all members.

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.

Microsoft Co-Pilot will be used to record meetings and generate discussion points and actions within two weeks of a meeting.

Reporting

Rōpū Rangatira will present status reports for each Network meeting.

Health NZ reporting against the programme deliverables occurs monthly and is reported to the Clinical OPC.

Media requests

Members of the Trauma National Clinical Network are encouraged to share and promote the work of the network with colleagues and interested consumers.

When it comes to media engagement, the Co-Leads—acting as authorised spokespeople—are responsible for managing both proactive and reactive interactions with journalists. All incoming media queries must be referred in the first instance to the Te Whatu Ora media team via h.nzmedia@tewhatauora.govt.nz.

The media team is also available to provide advice and support for proactive media opportunities, including the development of positive stories that highlight the network's work.

Remuneration and expenses

Members who are employees of State Sector/Government organisations are not entitled to be paid fees as Network members.

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.

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).

Health NZ will arrange flights for members whose travel costs are not being met by their employer in alignment with national Health NZ Policy (Travel and Payments – Business Rules and Guidelines and expenses – Personal Work-Related Policy).

Approval

The terms of reference are valid from 15 September 2025 to 14 September 2026 and will be reviewed annually.

Group	Date
Trauma National Clinical Network	15 September 2025