

11 August 2025

Call for expression of interest: 'Te ara whakatika: the path of making things right' equity project expert advisory group

Te Tāhū Hauora Health Quality & Safety Commission (the Commission) is seeking clinical, cultural and consumer expertise to participate in an expert advisory group (EAG) that will support the scoping and delivery of 'Te ara whakatika: the path of making things right' equity project.

This project is a partnership between the Health New Zealand | Te Whatu Ora (Health NZ) Trauma National Clinical Network, the Accident Compensation Corporation (ACC) and the Commission and is part of a broader programme of work to establish a contemporary trauma system of care in Aotearoa New Zealand.

The purpose of this project is to ensure that Māori (and ideally, all) patients with major trauma access the post-discharge rehabilitation services required relative to their needs.

Background

Māori experience a higher rate of major trauma injuries and are more burdened by those injuries than non-Māori, yet they access and use rehabilitation services less than non-Māori.¹

Māori aged 15–64 years have more than double the mortality risk and more than 1.5 times the risk of hospitalisation due to unintentional injuries, compared with non-Māori of the same age.²

Māori are also more likely to experience disability from all types of injury,³ including higher rates of physical, psychological and financial disability at three months and 12 months after their injury,⁴ with the long-term effects in turn impacting on nearly all aspects of their life following that injury.⁵

Despite the high rates of injury, disability and mortality, Māori have traditionally had lower rates of access to ACC services than non-Māori. When they do engage with these services, it can take Māori longer to access them, and they are likely to have fewer interactions with those services than non-Māori. This may reflect a general situation where Indigenous peoples or ethnic minorities often have lower rates of access to and use of health care services.⁶

While other cohorts such as Pacific peoples and those living in rural or deprived areas may also experience inequities, the initial focus of this project is on Māori. This is due to the depth of disparities identified in the major trauma data, and the strong evidence base provided by both

¹ Te Tāhū Hauora Health Quality & Safety Commission. 2022. Ngā whānau Māori wheako ki te tauwhiro pāmamae me te whakaoranga / Whānau Māori experiences of major trauma care and rehabilitation report.

² Wyeth EH, Derrett S, Nelson V, et al. 2021. POIS-10 Māori: outcomes and experiences in the decade following injury. *Methods and Protocols* 4(2), 37. DOI: 10.3390/mps4020037.

³ Lambert M, Wyeth EH, Brausch S, et al. 2021. 'I couldn't even do normal chores': a qualitative study of the impacts of injury for Māori. *Disability and Rehabilitation* 43(17): 2424–30. DOI: 0.1080/09638288.2019.1701102.

⁴ Kandelaki T, Evans M, Beard A, et al. 2021. Exploring admissions for Māori presenting with major trauma at Christchurch Hospital. *New Zealand Medical Journal* 134(1530).

⁵ Tāhū Hauora Health Quality & Safety Commission. 2022, *op cit*.

⁶ Marrone S. 2007. Understanding barriers to health care: a review of disparities in health care services among indigenous populations. *International Journal of Circumpolar Health* 66(3): 188–98. DOI: 10.3402/ijch.v66i3.18254.

quantitative data and lived experiences. Together these findings collectively reveal the stark disparities impacting Māori during the transition to community following hospital admission for serious injury. Future phases may consider extending learning to these other high-risk cohorts.

Expert advisory group

The EAG will provide expert guidance to the project team on the transition from hospital-based care to community rehabilitation for individuals recovering from serious injury in Aotearoa New Zealand.

We are seeking representation from the following groups, with expertise in or experience of trauma care in Aotearoa New Zealand, to join the EAG:

- ACC Equity team representative
- Allied health (including but not limited to physiotherapy, occupational therapy, social work, etc)
- Consumers/ family/whānau with lived experience of major trauma who can demonstrate their links and ability to engage widely with other consumers and or/groups
- Māori consumers/rangatahi with lived experience of major trauma who can demonstrate their links and ability to engage widely with other consumers and or/groups
- Cultural advisor
- Physician (rehabilitation medicine, general practitioner or other community-based doctor)
- Non-governmental organisation (such as a research professional)
- Trauma nurse
- Rehabilitation providers, including iwi and hapū providers
- Trauma National Clinical Network co-leads, Dr James Moore and Dr Max Raos
- Trauma National Clinical Network Rehabilitation rōpū representative

The draft terms of reference is attached. Please email expressions of interest to help@majortrauma.nz by **Friday 29 August 2025**.

If suitable members are not found in this period, the Commission reserves the right to expand and extend this call for expressions of interest.

Please send any queries to Jacqueline.ryan@hqsc.govt.nz or mobile 021 945 772.

Draft terms of reference – ‘Te ara whakatika: the path of making things right’ equity project expert advisory group

August 2025

Note to reader – these terms of reference are draft pending approval from the expert advisory group (EAG) once established.

1. Background

In July 2025 ACC renewed its contract with Te Tāhū Hauora Health Quality & Safety Commission (the Commission) to provide support to the Health New Zealand Trauma National Clinical Network.

The Trauma National Clinical Network is led by clinical and programme directors in collaboration with a wide range of stakeholders including regional trauma networks, ambulance services, transport sector and researchers. Further information can be found on the Network’s website [Home | National Trauma Network](#).

The Commission provides support to the Trauma National Clinical Network by:

- delivering targeted quality improvement projects focused on specific areas while building quality improvement knowledge and skills across the trauma system, to create a system that learns and evolves providing analytical and research support so the Trauma National Clinical Network’s work is data driven and evidence based.

The ‘Te ara whakatika: the path of making things right’ equity project is one of the discrete areas of focus within the quality improvement workstream, which has included critical haemorrhage, rehabilitation, serious traumatic brain injury and chest injury. Work on the equity project will be undertaken until the conclusion of the contract in June 2027.

2. Project purpose

The purpose of this project is to ensure that Māori (and ideally, all) patients with major trauma access the post-discharge rehabilitation services required relative to their needs. It will have an initial co-design and a quality improvement phase, and then a second scale-up and spread phase.

For the project to result in successful improvement, the EAG has a crucial role in defining the scope and measures of success, and providing guidance, oversight, links to important stakeholders and local influence where required.

This project prioritises equity for Māori in recognition of their disproportionately high rates of major trauma and the greater burden of injury they experience. However, it is anticipated that successful change ideas are likely to also positively benefit the major trauma cohort as a whole, particularly other underserved groups, such as those living in rural areas and those facing high levels of social deprivation.

The improvement approach for this project will be decided by the project’s clinical leads and the Trauma programme team and supported by the expert advisory group. The approach will be co-designed by patients, whānau and healthcare professionals.

It is important to note that while improvements to the quality of care and access are in scope, changes to ACC's internal processes are not within the scope of this project. The focus remains on service delivery within existing frameworks, guided by collaboration and co-design with Māori and sector stakeholders.

3. EAG purpose

A clinical lead rehabilitation, Kat Quick, has been appointed to the project team.

The purpose of the EAG is to support the scoping and implementation planning of the project and, most importantly, seeing that the project findings are used to support systemic improvement in the outcomes and experiences of care for patients with major trauma accessing rehabilitation services post discharge.

The EAG is a 'safe' group with which the project team can consult and debate in confidence. It is also an 'expert' group and members are appointed because their knowledge and skills are recognised in the sector.

All EAG members are expected to recognise the unique contributions of members representing these services. They will be expected to use their expertise to promote optimising consumer and whānau outcome and experience.

The Commission and the Trauma National Clinical Network team will support the EAG to carry out its tasks.

4. Key tasks

The key tasks for the EAG are as follows:

- **Provide expert advice** on the interpretation and use of findings from the project and identified opportunities for quality improvement to support patients, and their whānau, with major trauma accessing rehabilitation services post discharge to experience the best possible outcomes of care.
- **Prioritise Te Tiriti o Waitangi** throughout and across the project so that services meet the needs of Māori.
- **Use practical knowledge and expertise** to guide the project team so the project approach is robust and able to be implemented and will lead to improved outcomes for consumers and whānau.
- **Assist with sector engagement** by proactively supporting effective relationships across acute and rehabilitation services at a local, regional and national level.

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 - in these cases, the Commission will provide the EAG with the rationale.

Governance of the project will be through the confirmed Health New Zealand National Trauma Clinical Network governance structure.

6. Membership

The EAG comprises approximately 10-12 members, who are experts in their respective fields and/or representatives of key stakeholders. They will include but not be limited to those outlined in page one of this expression of interest.

Additionally, clinical staff from the Commission and the Trauma National Clinical Network will be part of the core project team supporting the EAG. This team will also include non-clinical Commission staff.

Non-clinical EAG members may include consumer and whānau who will share experiences of accessing rehabilitation services post discharge following major trauma to inform improvement opportunities. They will be actively connected to/engaged with the community or group/s they seek to represent. To keep the group small enough to be efficient, members can represent multiple stakeholders or groups.

The EAG may 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.

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

- ACC Equity team representative
- Allied health (including but not limited to physiotherapy, occupational therapy, social work, etc)
- Consumers/ family/whānau with lived experience of major trauma who can demonstrate their links and ability to engage widely with other consumers and or/groups
- Māori consumers/rangatahi with lived experience of major trauma who can demonstrate their links and ability to engage widely with other consumers and or/groups
- Cultural advisor
- Physician (rehabilitation medicine, general practitioner or other community-based doctor)
- Non-governmental organisation (such as a research professional)
- Trauma nurse
- Rehabilitation providers, including iwi and hapū providers
- Trauma National Clinical Network co-leads, Dr James Moore and Dr Max Raos
- Trauma National Clinical Network Rehabilitation rūpū representative

7. Responsibilities

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

- work cooperatively, 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 and whānau
- work strategically, contributing to a sustainable system of improvement
- act, as a collective group, in the best interests of quality and safety initiatives locally, regionally and nationally

- be a point of liaison with relevant stakeholders, groups and colleges
- make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the EAG and the wider environment within which it operates
- identify and declare any conflicts of interests (via the conflict of interest register) and manage any conflicts proactively
- refer requests for media comments to the Commission's Principal Communications Advisor and the Trauma National Clinical Network co-chairs, cc the senior manager.

8. Meetings and decision-making

- The EAG will meet a minimum of four times per year by videoconference. In the early phase of the project, the EAG will meet more frequently ie, fortnightly for first 2-3 months.
- A quorum will be a minimum of five members (not from the Trauma National Clinical Network or the Commission).
- Where substantive decisions or recommendations are required, all members will be encouraged to contribute by email.
- Decisions will be made by consensus.

9. Secretariat

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

- preparing and distributing the agenda and associated papers at least five days before meetings
- recording and circulating the minutes no later than a fortnight following the meeting date
- 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 Trauma National Clinical Network's communication channels and mechanisms, such as websites, newsletters and emails to key stakeholders.

11. Terms and conditions of appointment

The term of the membership at this stage is 18 months, until February 2027, with an option to extend. Members will be expected to continue their participation in the EAG until February 2027, 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 employees of an Aotearoa 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. Review

The terms of reference for the EAG will be reviewed as the project moves between phases and as required (ie, if requested by a member or if the project timeframe is extended).