

Perinatal and Maternal Mortality Review Committee Terms of Reference (April 2015)

1. The Perinatal and Maternal Mortality Review Committee (the Committee) is a Mortality Review Committee, appointed under section 59E of the New Zealand Public Health and Disability Act 2000 (the Act) by the Health Quality and Safety Commission (HQSC).
2. A Mortality Review Committee is a 'statutory advisor'¹ to the Commission. The role of such a committee is to independently perform its functions, within the scope set by the Commission. These terms of reference constitute notice under section 59E (1) of the Act.

Function

3. The functions of Mortality Review Committees are set out in section 59E (1) (a) and (b) of the Act.
4. The Committee is required to work within their agreed work plans and budgets to:
 - a. review and report to the HQSC on deaths that are within the Committee's scope, with a view to reducing deaths and to supporting continuous quality improvement through the promotion of on-going quality assurance programmes
 - b. advise on any other matter related to mortality that the HQSC specifies in writing
 - c. develop strategic plans and methodologies that are designed to reduce morbidity and mortality and are relevant to the Committee's functions.

Applicable provisions

The provisions of Schedule 5 to the Act apply in relation to a Mortality Review Committee (s59E of the Act).

Scope

5. The Committee will be required to consider Perinatal and Maternal mortality on an ongoing basis, and other mortality and morbidity as directed by the Commission in writing, or as specified within the Committee's agreed Work Plan.
6. For the purposes of the Terms of Reference of the Perinatal and Maternal Mortality Review Committee:
 - a. perinatal is defined as the age range from 20 weeks gestation to 28 completed days after birth or weighing at least 400 grams (if gestation is unknown).
 - b. maternal deaths are defined as deaths directly related to pregnancy or childbirth, up to within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management.

Expected Activities

7. The Committee is expected to oversee mortality review to ensure that relevant, evidence-based advice is provided to the HQSC as quickly as practicable.
8. The Committee is expected to support the development and enhancement of systems to reduce mortality and morbidity by:
 - a. collecting data for national reporting
 - b. facilitating national and local review, as appropriate
 - c. facilitating quality improvement initiatives, for system and practice improvements to reduce morbidity and mortality within local communities and the health system

¹ A 'statutory advisor' provides independent guidance and advice within the parameters determined by statute. Sections 3 and 4 define the statutory functions that mortality review committees are required to provide advice and guidance on.

- d. monitoring the number, categories and demographics of mortality and morbidity relevant to its functions, to identify patterns over time
 - e. analysing and using data collected to develop effective recommendations that are useful for policy development
 - f. ensuring the security of personal information referred to in clause 3 of Schedule 5 of the Act
 - g. providing the HQSC with advance notice of media statements, public comment or publications
9. The Committee is expected to support the development and enhancement of positive working relationships, with:
- a. existing Mortality Review Committees and the HQSC, to ensure coordination and integration of functions and to minimise duplication, to improve efficiency and sustainability.
 - b. relevant government bodies
 - c. relevant stakeholder organisations.
10. In carrying out its functions the Committee is expected to ensure that:
- a. appropriate consultation when developing methodologies to carry out its functions and disseminating its findings
 - b. any advice and recommendations comply with the laws of New Zealand
 - c. a plan for recommendation dissemination is made with the Commission (including publication), within agreed budgets.
11. The Committee is expected to submit a proposed three-year rolling Work Plan to the HQSC by December of each year, for the following three financial years.
- a. If approved, budget will be assigned to the Work Plan. The Committee is required to achieve the Work Plan within the assigned budget.
12. The Committee is expected to submit an Annual Report to the HQSC, which will include:
- a. a summary of the Committee's work
 - b. the Committee's advice and recommendations
 - c. the Committee's rationale for its advice and any relevant evidence and/or documentation.

Composition

13. The Committee will have a maximum of 8 members.
- a. One member will have relevant consumer experience and will provide a consumer perspective and be well networked to consumer groups.
 - b. The other 7 members will have expertise that includes the following:
 - i. knowledge of quality improvement and risk management, in particular quality assurance in the health sector
 - ii. knowledge of data and information gathering systems and analysis
 - iii. knowledge and experience of clinical epidemiology
 - iv. knowledge of DHB service provision and management
 - v. clinical experience in neonatal paediatrics, perinatal pathology, obstetrics, midwifery and other clinical expertise relevant to the Committee's function
 - vi. knowledge of Maori health
 - vii. knowledge of the health of other ethnicities, particularly those at higher risk
14. The Committee is expected to self-determine its operations, with the advice of the Secretariat and within budget.

- a. Co-option of additional expertise can be made within budget (to the committee or to working groups of the committee), but co-opted members will not have voting rights and will not be entitled to membership fees.

15. Chairperson and Deputy Chairperson

- a. The HQSC will appoint a Chairperson and a Deputy Chairperson to the Committee. The Chairperson is expected to preside at every meeting of the Committee at which they are present, unless they deputise their responsibilities to the Deputy Chair.
- b. The Chair of the Committee (or Deputy Chair) is expected to attend regular meetings of all the Mortality Review Committees' Chairs ("Chairs' Meetings") to ensure cooperation and integration across Committees wherever possible, and the best allocation of limited resources.
- c. The Chair of the Committee (or Deputy Chair) will be required to meet with the HQSC, on request.
- d. The Chair of the Committee (or Deputy Chair) may be required to attend other Committee meetings at the request of the HQSC.

16. Management of Conflicts of Interest

- a. Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect the Committee and its members and will ensure that it retains public confidence.
- b. When members believe they have a potential conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the Committee's functions, they must declare that conflict of interest and withdraw themselves from the discussion and/or activity.

17. Confidentiality

- a. The maintenance of confidentiality is crucial to the functioning of the Committee.
- b. Members must note the statutory requirements in section 59E (6) of the Act, which prevents disclosure of information of the kind described in clause 3 of Schedule 5 of the Act.
- c. Under this clause, information means any information that is personal information within the meaning of section 2(1) of the Privacy Act 1993; and that became known to any member or executive officer or agent of a Mortality Review Committee only because of the Committee's functions being carried out (for example, because it is contained in a document created, and made available to the member or executive officer or agent, only because of those functions being carried out), whether or not the carrying out of those functions is completed.
- d. Members must note that the disclosure of information contrary to Schedule 5 of the Act is an offence and is liable on summary conviction to a fine not exceeding \$10,000 (s 59E(6)).

18. Meetings will usually be held in Wellington. Actual and reasonable expenses for activities required by the Committee of its members (e.g., travel, accommodation, literature searches) will be met from the Committee's budget provided prior approval is received.

19. The timing and frequency of meetings is to be coordinated with the Secretariat to fit within the allocated budget.

20. The Committee will regulate its own procedures, according to State Services Commission requirements and guidelines and ensure that a record of decisions is maintained.

Secretariat

21. The HQSC employs staff to assist the Committee out of the Committee's allocated budget.

22. The Secretariat provides:

- a. policy analysis and analytical support (as directed by the Committee)
- b. guidance on governmental and ministerial processes
- c. budget management, contract management and service procurement support to assist the Committee to achieve its Work Plan within its allocated budget
- d. central communications systems support for correspondence and public relations purposes, including secure communication between Committee Members and Agents
- e. liaison on behalf of the Committee within and across government and non-government organisations
- f. administrative support to organise, minute and follow up on committee meetings and/ or working groups as agreed within the Work plan and within the budget set.
- g. additional support for the Committee to carry out its functions, as agreed and budgeted for in the Work plans.

Review

23. These terms of reference will be reviewed three years from the date at which they are approved by the Commission.