

3 December 2018



HEALTH QUALITY & SAFETY
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Andrew Fale Lesa
WITHHELD 9(2)(a)
[REDACTED]

Tēnā koe Andrew

Reappointment as a member of the Child & Youth Mortality Review Committee

I am pleased to formally acknowledge your reappointment as a member of the Child and Youth Mortality Review Committee (CYMRC) for a further three-year term from 1 March 2019 to 1 March 2022.

This appointment is made under the provisions set out in s59E of the New Zealand Public Health and Disability Act 2000 and the Commission's MRC appointment guidelines. There is no guarantee of appointment for a further term.

Your remuneration entitlement and the Commission's expectations for your role remain unchanged. The terms and conditions of this appointment are in Appendix 1. The terms of reference of your committee are in Appendix 2. Further information is available on the Commission's website at <https://www.hqsc.govt.nz/our-programmes/mrc/cymrc/>

Please confirm your reappointment by signing the attached form in Appendix 3 and returning it to Dez McCormack, at the address above or via email at: [REDACTED]

Please contact [REDACTED] or via email if you require further information.

Thank you for your ongoing commitment and dedication to the CYMRC. I am confident that you will continue to make a valuable contribution to the committee's work.

Ngā mihi nui

Prof Alan Merry ONZM FRSNZ
Chair

APPENDIX 1: TERMS & CONDITIONS OF APPOINTMENT, AND ADDITIONAL INFORMATION

The Commission looks forward to working with you to reduce mortality and morbidity in New Zealand. The terms and conditions set out below will guide your work for the mortality review committee. It is important that you read this information carefully, and retain it for future reference.

The Commission's priorities for reducing mortality and morbidity

Mortality review committees are established under s59E of the New Zealand Public Health and Disability Act 2000 to review and report to the Commission on specified classes of deaths of persons, or deaths of persons of specified classes, to reduce the numbers of deaths of those classes or persons, and to continuous quality improvement by promoting ongoing quality assurance programmes.

Mortality review committees (MRCs) appointed by the Commission must develop strategic plans and methodologies designed to reduce mortality and morbidity in the area the committee is focused on.

Mortality review is one of the most valued aspects of the Commission's work. The Board actively promotes the important work produced by MRCs, and seeks to bring it to the attention of a wider audience. The reports produced by MRCs are usually published on the Commission website and promoted to Ministers and the health and disability sector, and other sectors as relevant. Your contribution to this work is therefore of great importance to the Commission.

'No surprises' policy

MRCs are independent advisors to the Board, and the Board respects this independence and the benefits it brings. However, the Commission is held accountable for effective and prudent use of public funds and appropriate outcomes from that spending. In light of this, and in the interest of open and effective communication, the Commission expects MRCs to operate under a 'no surprises' policy under which the Commission is kept informed of developments and decisions that may be considered contentious, may attract wider public interest, or may require the attention of Ministers.

Statutory basis for appointment

The Commission is making your appointment under s59E of the New Zealand Public Health and Disability Act 2000 (the Act). The Commission is a Crown entity that is required to give effect to Government policy when directed to do so by its responsible Minister.

Reappointment at the completion of your current term is not automatic, nor should it be expected. Reappointments are only made after a careful consideration of performance and the particular skills and experience needed by the MRC.

You may resign at any time with written notice to the Board, which should be delivered to the Group Manager, Mortality Review Committees in the first instance. Your resignation will be effective on receipt of the notice, or at any later specified time. Your services can be terminated during the period of your appointment, under terms identical to those for DHB Board members set out in clause 9, Schedule 3 of the Act. You are not entitled to any compensation or other payment or benefit relating to ceasing, for any reason, your MRC role.

Duties and obligations of the appointment

You must remain fully familiar with the duties and obligation of your position at all times. At present, these duties include requirements to:

- Comply with the Act
- Act with honesty and integrity
- Act in good faith and not at the expense of the MRC's interests
- Act with reasonable skill, diligence and care
- Not disclose information gained in your capacity as a member (see also 'Conflicts of interest' below).

Expectations of members

The Commission expects all MRC members and chairs to:

- Participate actively in MRC meetings and relevant events
- Communicate and engage with other MRC members constructively
- Support the MRC's work
- Prepare in advance for meetings and other duties as directed by the MRC Secretariat
- Demonstrate commitment by attending all meetings (where relevant)
- Be informed about the MRC and its strategic environment
- Commit to representing the interests of the MRC as a whole
- Adhere to the Commission's policy for MRC official communications
- Be committed to the MRC's continual improvement by participating in self-assessment processes
- Undertake professional development and education.

What to expect from the MRC Secretariat

The MRC Secretariat work to support the Committees to deliver on their role of reducing mortality. This support provided is wide and varied, including arranging committee meetings and annual conferences, supporting relationship building, drafting policy advice and media communications, supporting strategic planning, and managing the process of publishing MRC reports. It must also make informed decisions about responsible resource allocations across the National Mortality Review Programme, in an environment in which funding is limited and may not meet the aspirations of members. The Secretariat is available to advise on proper process for MRC activities and how MRCs can operate in accordance with their terms of reference and the values of the Commission.

Conflicts of interest and the duty not to disclose information

The requirement to declare potential or actual conflicts of interest is set out clearly in clause 36 of Schedule 3 of the Act. While these provisions apply specifically to DHB Board members, the Commission expects MRC members to follow the same standards. MRC members who have an interest in a transaction of the committee must, as soon as practicable after the relevant facts have come to the members' knowledge, disclose the nature of the interest to the committee and the MRC Secretariat. For the avoidance of doubt, this applies to all MRC members including chairs.

Simply declaring a conflict of interest in itself does not amount to the effective and appropriate management of that conflict. You should assist in ensuring that conflicts can be managed transparently, effectively, and promptly.

Under clause 4(1) of Schedule 5 of the Act, 'a member or executive officer or agent of a mortality review committee must not produce or disclose information to another person or in any judicial proceeding, or make any record of it, unless the production, disclosure, or record, is (a) for the purposes of carrying out the committee's functions; or (b) in accordance with an exception stated in clause 5; or (c) in accordance with a ministerial authority'.

Section 59E(5) and (6) of the Act specifies that 'every person who fails, without reasonable excuse, to comply with a requirement imposed under Schedule 5 by the chairperson of a mortality review committee commits an offence and is liable to a fine not exceeding [REDACTED] Every person who discloses information contrary to Schedule 5 commits an offence and is liable on summary conviction to a fine not exceeding [REDACTED]

Remuneration and time commitment

The Committee currently schedules four meetings each year. Occasionally, teleconferences or video conferences are also scheduled for up to two hours in duration.

When travel is required, please advise the Secretariat of your availability and travel preferences early so that the Committees travel costs can be minimised.

Remuneration is currently paid at the [REDACTED] per day plus a half day's preparation for reading [REDACTED] Teleconference/video conferences are paid at [REDACTED] per hour with preparation time on a pro-rata basis.

Prof Alan Merry ONZM FRSNZ
Chair

APPENDIX 2: CHILD AND YOUTH MORTALITY REVIEW COMMITTEE TERMS OF REFERENCE (APRIL 2015)

1. The Child and Youth 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 child and youth mortality on an ongoing basis and other mortality and morbidity as directed by the HQSC in writing, or as specified within the Committee's agreed Work Plan.
6. For the purpose of these Terms of Reference, child and youth mortality is considered to be all deaths of children and young people aged between 28 days and up to their 25th birthday.

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:

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.

- a. ensure the security of personal information referred to in clause 3 of Schedule 5 of the Act
 - b. provide the HQSC with advance notice of, but not necessarily seek approval for, media statements, public comment or publications
 - c. collect data
 - d. monitor the number, categories and demographics of deaths relevant to its functions and to identify patterns and trends over time
 - e. support local review nationwide
 - i. as quality improvement initiatives, for system and practice improvements to reduce morbidity and mortality within local communities
 - ii. as data collection systems for national review
 - f. analyse and use data collected to develop and share effective recommendations
 - i. that is useful for policy development at a national level.
 - ii. that can inform the community of ways to reduce mortality and morbidity.
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 including consultation with the most relevant consumer representatives
 - 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 10 members:
- a. Two of these members will be ex-officio (voting) members and supported by their respective organisations. One of these members will be from the Ministry of Social Development – Child, Youth and Family Service and one will be from the Ministry of Health. The Chief Executives will nominate an appropriate member, who is then appointed by the HQSC.
 - b. One member will have relevant consumer experience and will provide a consumer perspective and be well networked to consumer groups.

- c. The other members will have expertise that includes the following:
 - i. knowledge of mortality review systems
 - ii. knowledge of issues affecting children and youth
 - iii. Knowledge and /or experience of the impact these mortalities have on families/whanau
 - iv. knowledge of epidemiology, research and health systems
 - v. cultural expertise.
- 14. Members will have the ability to work strategically and will have credibility in relevant communities and be drawn from a range of disciplines and contexts including clinicians, health service providers, consumer representatives such as child and youth advocacy groups, and people representing Māori and Pacific peoples' interests.
- 15. 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.
- 16. 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.
- 17. 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.
- 18. 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)).

- 19. 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.
- 20. The timing and frequency of meetings is to be coordinated with the Secretariat to fit within the allocated budget.
- 21. 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

- 22. The HQSC employs staff to assist the Committee out of the Committee's allocated budget.
- 23. 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

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

APPENDIX 3: MRC APPOINTMENT AGREEMENT

MEMORANDUM

To: Dez McCormack
Committees Coordinator, Health Quality & Safety Commission
PO Box 25-496
Wellington 6146

Subject: **Reappointment to the Child & Youth Mortality Review Committee**

From: Andrew Fale Lesa

1. I confirm that I have received a copy of the terms of reference for the Child & Youth Mortality Review Committee.
2. I acknowledge my appointment to the Committee under section 59E of the New Zealand Public Health and Disability Act 2000 for a three year term of office from **1 March 2019** to **1 March 2022**.
3. I understand the terms and conditions of my appointment.

Interest declaration

4. Please state any financial, professional or personal conflicts of interest you may have as a member of the Child & Youth Mortality Review Committee (attach separate page if necessary).

Name

Signed

Date