

Maternal Morbidity Working Group of the Perinatal and Maternal Mortality Review Committee

Terms of Reference

Approved by PMMRC 18/2/2016

Background

1. The Maternal Morbidity Working Group (“the working group”) is a working group of the Perinatal and Maternal Mortality Review Committee (PMMRC) who are appointed under section 59e of the New Zealand Public Health and Disability Act 2000 (“the Act”) by the Health Quality and Safety Commission (the Commission).
2. The working group is being established to combine the existing PMMRC data collection on maternal morbidity through the Australian Maternity outcomes Surveillance System (AMOSS) with the research by the University of Otago on severe acute maternal morbidity (SAMM).
3. In March 2015, The Minister of Health, Hon Dr Jonathan Coleman, announced that the SAMM audit would become part of the Commission’s work programme. In June 2015, \$2 million was allocated over four years (\$500,000 per annum) to the Commission to run and manage the SAMM audit. This funding will be used to employ Commission staff, manage reviews etc. In 2015-2016 the Ministry allocated \$175,000 of the first \$500,000 to the Women’s Health Research Centre to complete a planned SAMM review round. It will be important to plan how maternal morbidity review will transition over the four year period as beyond 1 July 2019 no further funding will be available.
4. The Commission established a short-term Maternal Morbidity Expert Advisory Group (Advisory Group) to provide advice on a sustainable approach for transferring the SAMM audit to the Commission that will become business as usual after June 2019. This was completed in December 2015.
5. The Advisory Group recommended a wider vision and approach for maternal morbidity review and quality improvement in New Zealand. This wider approach is to include the work of SAMM, which examined factors leading to admission to Intensive Care Units (ICU) and High Dependency Units (HDU) to identify whether SAMM cases were preventable, and the work of AMOSS aimed at identifying the epidemiological risk factors for specific rare and serious conditions.

Function

6. The wider functions of Mortality Review Committees are set out in section 59e (1) (a) and (b) of the Act. The working group will report to PMMRC as “agents” of the PMMRC and the legislative responsibilities that apply to PMMRC will apply to the working group and any people involved in the reviews.
 7. The working group is required to review and report to the PMMRC on maternal morbidity and quality improvement initiatives aimed at reducing maternal morbidity and improving maternal outcomes within the working group’s scope.
 8. Applicable provisions
 - 8.1. The provisions of Schedule 5 to the Act apply in relation to a Mortality Review Committee (s59e of the Act) and to the working group as “agents” to the PMMRC.
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Scope

9. The working group is required to oversee, and provide advice on:
 - 9.1. the development and operationalisation of a national morbidity review system (building on SAMM) that focuses on reducing maternal morbidity and improving maternal outcomes
 - 9.2. maternal morbidity data collected through the AMOSS system
 - 9.3. identification of priority areas from both sets of morbidity data and information
 - 9.4. quality improvement initiatives aimed at reducing maternal morbidity and improving maternal outcomes.
10. The working group will not review maternal deaths.

Expected Activities

11. The working group will oversee acute maternal morbidity review and review data from AMOSS to ensure that relevant, evidence-based advice is provided to PMMRC.
12. An initial priority for the working group will be to review the effectiveness and efficiency of the SAMM system in line with Commission's Perinatal and Maternal Mortality Review infrastructure, and as recommended in the report from the Maternal Morbidity Expert Advisory Group¹ and update as appropriate. This will include reviewing and potentially updating the following:
 - 12.1. criteria for review
 - 12.2. data requirements
 - 12.3. tools (e.g. are there potential advantages in aligning morbidity and mortality tools?)
 - 12.4. number of panels
 - 12.5. review of data/cases (e.g. should they be national, regional and/or local?)
 - 12.6. review process
 - 12.7. feedback to DHBs and maternity services aimed at improving quality of services
 - 12.8. consumer involvement
13. Following the review of the SAMM system, the working group will determine the best method of reviewing maternal morbidity that will be sustainable for the future, particularly when the work becomes business as usual from July 2019.
14. The working group will work with the AMOSS team to identify specific rare and serious conditions for investigation.
15. The working group will:
 - 15.1. ensure the security of personal information referred to in clause 3 of Schedule 5 of the Act
 - 15.2. monitor the number, categories and demographics of severe acute maternal morbidity relevant to its functions and to identify patterns and trends over time in line with the updated maternal morbidity review system
 - 15.3. monitor and review the AMOSS data on specific conditions (collected by the PMMRC's local coordinators) and provide feedback to the sector as part of the PMMRC's reporting process
 - 15.4. use review findings to inform the development of and support local quality improvement initiatives, for system and practice improvements to reduce maternal mortality and morbidity
 - 15.5. analyse and use data collected to develop effective recommendations for the Commission (through PMMRC) that are useful for policy development at a national level.

¹ Recommendations for a sustainable severe acute maternal morbidity audit within the Health Quality & Safety Commission, Report from the Maternal Morbidity Expert Advisory Group of the Health Quality & Safety Commission, January 2015.

16. The working group will maintain effective linkages and alignment (through the PMMRC) with the Ministry of Health, National Maternity Monitoring Group and DHB maternity quality and safety programmes.
17. In carrying out its functions the working group must ensure:
- 17.1. appropriate consultation when developing methodologies to carry out its functions and disseminating its findings
 - 17.2. any advice and recommendations comply with the laws of New Zealand
18. The findings of the working group will be reported at least annually.

Composition

19. The working group will have a maximum of 8 members appointed by the PMMRC, that includes a representative of the PMMRC, and that has combined knowledge and expertise in the following:
- 19.1. substantial knowledge and clinical experience in intensive and high dependency care, specialist obstetrics and gynaecology, midwifery, anaesthesia, general practice and/or another relevant area
 - 19.2. an understanding and experience in working with different cultural groups including Maori and Pacific people
 - 19.3. knowledge and experience in maternity consumer issues
 - 19.4. knowledge and skills in the management and review of maternal morbidity review systems
 - 19.5. knowledge and skills in the management and review of maternal outcomes surveillance systems
 - 19.6. knowledge and skills in research methods, research process, data and information gathering systems and analysis experience in maternity quality and risk management and quality improvement from a national and DHB perspective.
20. Members may have knowledge and expertise in more than one area.
21. Members will have the ability to work strategically and will have knowledge of relevant communities.
22. Members will collectively hold knowledge of and have national credibility in New Zealand's maternity system.
23. The PMMRC, the Commission and sector expert (s) will appoint a Chairperson and members to the working group. The Chairperson is expected to preside at every meeting, unless they deputise their responsibilities to a Deputy Chair.

Management of Conflicts of Interest

24. Management of Conflicts of Interest

- 24.1. 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 working group and its members and will ensure that it retains public confidence.
- 24.2. 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 working group's functions, they must declare that conflict of interest and withdraw themselves from the discussion and/or activity.

Confidentiality

25. The maintenance of confidentiality is crucial to the functioning of the working group
- 25.1. Members must note the statutory requirements in section 59E (6) of the Act, which prevent disclosure of information of the kind described in clause 3 of Schedule 5 of the Act.
 - 25.2. 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.

- 25.3. 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)).

Meetings

26. The venue, timing and frequency of the meetings are to be coordinated with the Secretariat to fit within the allocated budget.
27. Members of the working group are entitled to actual and reasonable travel and accommodation expenses. Members not employed by DHBs will be paid in line with the Cabinet Office Circular CO (12) 6 (Group 4, level 2).
28. The working group will ensure that a record of decisions is made.

Communication

29. All media communication in relation to the work of the working group will be via PMMRC and the Commission. Working group members will also adhere to the media requirement in the Commission's guidance document entitled "Introduction to the Mortality Review Committees – A guide for committee members and advisors".

Secretariat

30. The HQSC employs staff to assist the working group.
- 30.1. The Secretariat provides:
- a. a maternity specialist to lead and manage the maternal morbidity review process, report writing and quality improvement activities
 - b. project, policy analysis and analytical support
 - c. administrative support to organise, minute and follow up on working group meetings
 - d. additional support for the working group as required.

Review

31. The terms of reference will be reviewed by the Commission and PMMRC annually.