

Perioperative Mortality Review Committee

Terms of Reference

May 2021

Background

1. The objectives of Health Quality & Safety Commission (the Commission) are to lead and coordinate work across the health and disability sector for the purposes of:
 - a. monitoring and improving the quality and safety of health and disability support services; and
 - b. helping providers across the health and disability sector to improve the quality and safety of health and disability support services.
2. Under the New Zealand Public Health and Disability Act 2000 (the Act), the Commission may appoint mortality review committees (MRC) to carry out any of the functions specified in section 59E(1) of the Act, notified by the Commission to the MRC.

MRC Functions and Scope

3. These terms of reference constitute notice under Section 59E(1) of the Act, that the Commission appoints an MRC to be known as the Perioperative Mortality Review Committee (the Committee).
4. The functions of the Committee are to (the Functions):
 - a. review and report to the Commission on specified classes of deaths of persons, or deaths of persons of specified classes, as set out in section 5 (the Scope);
 - b. advise the Commission on ongoing quality assurance programmes to support continuous quality improvement in health and disability support services; and
 - c. advise the Commission on any other matters related to mortality that the Commission specifies in a notice to the Committee.
5. The Committee's Scope is to consider perioperative mortality and other mortality and morbidity as directed by the Commission Board in writing, or as specified within the Committee's agreed Work Plan.
6. For the purposes of the Terms of Reference of the Perioperative Mortality Review Committee, *perioperative mortality deaths* include:
 - a. a death that occurred during or after an operative procedure
 - i. within 90 days
 - ii. after both 90 days but before discharge from hospital to home or a rehabilitation facility

- b. The POMRC will continue to review deaths during or after an operative procedure that occur within 30 days in the categories set out above
 - c. c. a death that occurred whilst under the care of a surgeon in hospital even though an operation was NOT undertaken.
 - d. d. A death that occurred during or after an anaesthetic (local, regional or general) or sedation.
7. For the purposes of this definition:
- a. An operative procedure is defined as any procedure requiring anaesthesia (local, regional or general) or sedation.
 - b. A surgeon is defined as a doctor who has achieved vocational registration with the Medical Council of New Zealand in a speciality of surgery (including oral surgery).
 - c. For the removal of doubt, gastroscopies, colonoscopies, and cardiac or vascular angiographic procedures (diagnostic or therapeutic) carried out in designated endoscopy or radiological rooms would be included in this definition.
8. The MRC is an independent advisor to the Commission. It will obtain information and undertake independent analysis, based on strategies and methodologies it designs, to inform and assist the Commission to reduce morbidity and mortality, within the Scope.

Approach to performing its Functions

9. In performing its Functions, the Committee will:
- a. provide independent advice to the Commission with a view to reducing the numbers of deaths within the Scope;
 - b. give effect to the Commission's responsibilities under Te Tiriti o Waitangi and ensure its review methodology, reports and recommendations contribute to achieving equitable outcomes for Māori by:
 - i. implementing *Te Pou, Māori responsive rubric and guidelines*¹
 - ii. considering advice from Ngā Pou Arawhenua and other Māori stakeholders.
 - c. consult and engage with an appropriate range of stakeholders (including relevant Māori, and consumer representatives) in relation to informing and carrying out its Functions; and
 - d. ensure its advice and recommendations comply with the laws of New Zealand.

Work Plan

10. In accordance with section 59E(2) of the Act, the Committee is required to develop a strategic plan and methodologies that:

¹ <https://www.hqsc.govt.nz/publications-and-resources/publication/3903/>

- a. are designed to reduce morbidity and mortality; and
 - b. are relevant to the Committee's Functions.
11. By March of each year, the Committee will submit to the Commission for its approval, a proposed programme of work for the following financial year that sets out the Committee's:
- a. strategic plan, methodologies and activities to undertake its activities in accordance with these terms of reference and achieve the Commission's expectations communicated to the Committee in Letters of Expectation;
 - b. approach to delivering the Commission's reporting requirements;
 - c. plan to disseminate (including publish) the Committee's recommendations; and
 - d. budget for undertaking the programme of work.
12. If the Commission approves the proposed programme of work (the Work Plan), it will allocate a budget to it. The Committee must achieve the Work Plan within the assigned budget (the Committee's Budget).
13. In any case where the Budget is insufficient to achieve the Work Plan (e.g. due to unexpected higher costs), the Committee will discuss and agree with the Commission a variation to the Work Plan.

Data collection, reports and other activities

14. The Commission will, in accordance with the Work Plan and from the Committee's Budget fund mortality data collection, analysis, and review activities relevant to the Scope, to inform the Committee and assist it to perform its Functions.
15. The Committee will oversee the activities described in section 14 to ensure its advice to the Commission is relevant, evidence-based and provided as quickly as practicable.
16. The Committee will provide advice to service providers in the health (including DHBs) and social sectors, on developing and enhancing systems to:
- a. collect data in relation to the Scope;
 - b. monitor the number, categories and demographics of deaths relevant to the Scope, and to identify patterns and trends over time;
 - c. ensure the security of Information.
17. The Committee will report its advice and recommendations to the Commission based on its independent review and analysis. The Commission will receive and consider such reports.

Working relationships and communications

18. The Committee will develop and maintain positive working relationships with:

- a. other MRCs and the Commission, to ensure coordination and integration of their respective functions, minimise duplication, and improve efficiency and sustainability;
 - b. relevant government bodies;
 - c. relevant stakeholder organisations; and
 - d. the MRC Māori Caucus, Ngā Pou Arawhenua.
19. The Committee will share with other MRCs, information it obtains in the course of performing its functions, provided:
- a. the information to be shared is relevant to the functions of the receiving MRC(s); and
 - b. sharing the information with the receiving MRC is in accordance with the provisions in Schedule 5 to the Act.
20. The Committee (and its members) will advise the Commission in writing before it makes any media statements, public comment or publication in accordance with the Commission's communications policies.

Composition of the Committee

21. The Committee will have a maximum of eight members.
22. One member will have relevant, lived experience, whānau, consumer expertise and will provide a whānau, consumer, community perspective, and will be well networked to whānau, consumer, community groups.
23. The other members will together have knowledge and or expertise covering the following areas:
- a. substantial clinical experience and national credibility in one or more of the following: anaesthesia; surgery; obstetrics and gynaecology; intensive care; surgical nursing; and procedural internal medicine (e.g. cardiology)
 - b. knowledge of and experience in clinical epidemiology
 - c. knowledge of quality and risk management, in particular quality improvement in the health sector, and including Māori quality frameworks
 - d. knowledge of quantitative and qualitative data and information gathering systems and analysis, including Maori research frameworks and methodologies
 - e. senior level health service provision and management, both public and private
 - f. knowledge of and experience in Māori health, Te Tiriti o Waitangi and health equity for Māori
 - g. knowledge of the health of other ethnicities and people with disabilities, and health inequity.
24. Members will be able to work strategically and have credibility in relevant communities.

Member's terms of appointment

25. Members of the Committee are appointed by the Commission for a term of up to three years. Members may be appointed for further terms, however, reappointment is not automatic, nor should it be expected.
26. The Commission may use a number of selection methods in order to bring specific knowledge and expertise to a Committee. This may include calling for nominations from expert groups to approaching appropriate people individually when required.
27. Any member of the Committee may at any time resign as a member by advising the Commission in writing.
28. The Commission may remove any member of the Committee at any time for inability to perform the functions of membership, conflict of interest, bankruptcy, neglect of duty, or misconduct, each proved to the Commission's satisfaction.
29. The Commission may from time to time alter or reconstitute the Committee, or discharge any member of the Committee or appoint new members to the Committee for the purpose of decreasing or increasing the membership, filling any vacancies or ensuring coverage of expertise as anticipated in sections 22 and 23.
30. Member's fees will be set with reference to the [Cabinet Fees Framework²](#) and specified in each member's letter of appointment.
31. Actual and reasonable expenses for activities required by the Committee of its members (e.g. travel, accommodation) will be met from the Committee's Budget provided the Secretariat has approved the expense prior to it being incurred.

Collaboration with other organisations

32. In order for the Committee to work collaboratively with other organisations, groups, or individuals that have an interest in, or will be affected by, its activities and advice, the Committee may invite representatives of stakeholder organisations (including from the Public Sector) to attend and speak at its meetings.
33. To avoid doubt, such representatives are not members of the Committee, have no voting rights and are not entitled to members' fees.
34. Attendance by such representatives at committee meetings, will be at the cost of their respective organisation.

Co-opting additional expertise

35. The Committee may co-opt additional people to the Committee or to working groups of the Committee, where it determines additional expertise is required.
36. The expense associated with additional co-opted resources must be met within the Committee's Budget.

² Cabinet Fees Framework [https://www.publicservice.govt.nz/our-work/fees/#:~:text=Guidance%20on%20fees%20paid%20to,Feas%20Framework%20\(the%20Frame work\)](https://www.publicservice.govt.nz/our-work/fees/#:~:text=Guidance%20on%20fees%20paid%20to,Feas%20Framework%20(the%20Frame work))

37. Such co-opted persons are not members of the Committee, have no voting rights and are not entitled to members' fees.

Meetings and Procedures

38. The Committee will determine and regulate its own procedures in consultation with the Secretariat provided those procedures are within the Budget and not inconsistent with the Act. Such procedures will be recorded and maintained by the Secretariat, and cover matters including:

- a. the timing and frequency of meetings;
- b. attendance expectations of members;
- c. the quorum of the Committee that must be present to conduct the Committee's business; and
- d. how the Committee will make decisions and treatment of dissenting views.

39. The Chair is responsible for ensuring minutes are taken at each meeting and a record of decisions is maintained.

Chairs and Deputy Chair

40. The Commission will appoint up to two members of the Committee to be either Co-Chairs or Chair and Deputy Chair. A co-chair allowance is applicable where the Commission identifies the opportunity to reflect a suitable Māori/Crown partnership and there is Committee member interest in being appointed to the role.

41. One or both Chairs will:

- a. preside at every meeting of the Committee
- b. attend regular meetings of the MRC Chairs (Chairs' Meetings) to ensure cooperation and integration across MRCs wherever possible, and the best allocation of limited resources
- c. meet with the Commission, on its request
- d. attend other MRC meetings at the Commission's request.

42. The Deputy Chairperson (where one is appointed) may act as the Chair in situations where the Chairperson is not present or is otherwise unable to act.

Role and responsibilities of the Committee and its members

43. The Committee as a whole will:

- a. ensure that the independent views of members are given due weight and consideration;
- b. ensure fair and full participation of members;
- c. regularly review its own performance; and

- d. give effect to its responsibilities under Te Tiriti o Waitangi.
44. All Committee members (including the Chairs and Deputy Chair) will:
- a. participate actively in Committee meetings and relevant events;
 - b. communicate and engage with other committee members constructively;
 - c. support the Committee's work;
 - d. prepare in advance for meetings and other duties;
 - e. demonstrate their commitment by attending all meetings (where relevant);
 - f. be informed about the Committee and its strategic environment;
 - g. commit to representing the interests of the Committee as a whole; and
 - h. be committed to the Committee's continual improvement by participating in self-assessment processes and professional development opportunities that support the Committee's work, including as made available or recommended by the Chair or the Commission.
45. Members must remain fully familiar with the duties and obligation of their position at all times and ensure they:
- a. comply with the Act;
 - b. act with honesty and integrity;
 - c. act in good faith and not at the expense of the Committee's interests;
 - d. act with reasonable skill, diligence and care;
 - e. not disclose information gained in their capacity as a member; and
 - f. maintain their independence (see also 'Conflicts of Interest' below).
46. Members attend meetings and undertake Committee activities as independent persons responsible to the Committee as a whole. Members are not appointed as representatives of professional organisations and groups. The Committee should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.

Conflicts of Interest

47. 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 provides independent advice and retains the Commission's and public confidence.
48. Members are required to declare any relevant interests to the full Committee and the Commission. In accordance with *Conflicts of Interest Guide*, the Commission will,

determine whether or not the interest represents a conflict, and if so, what action will be taken.

49. Members will declare any actual, potential or perceived conflicts of interest at the start of each meeting.

Confidentiality

50. In these terms of reference, 'Information' means any information

- a. that is personal information within the meaning of section 2(1) of the Privacy Act 1993; and
- b. 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.

51. The maintenance of confidentiality of Information is crucial to the functioning of the Committee. Members must comply with the provisions of Schedule 5 to the Act regarding production, disclosure and recording of information.³

Secretariat

52. The Commission employs staff to assist the Committee and act as its secretariat (the Secretariat). The cost of the Secretariat to the Commission is funded by the Committee's Budget.

53. The Committee is expected to work constructively and cooperatively with the Secretariat, and vice-versa.

54. The Secretariat acts on the instruction of a Chair/ or both Chairs where relevant.

55. The Secretariat will support the Committee in the performance of its Functions, including by providing:

- a. expert subject matter knowledge and expertise, policy analysis and analytical support and guidance in relation to matters outside the scope of the Members collective expertise e.g. guidance on governmental and ministerial processes;
- b. budget management, contract management and service procurement to assist the Committee to achieve its Work Plan within the Committee's Budget;
- c. central communications systems support for correspondence and public relations purposes, including secure communication between Committee Members and 'agents'⁴;
- d. liaison on behalf of the Committee within and across government and non-government organisations;

³ Note, disclosure of information contrary to Schedule 5 of the Act is an offence.

⁴ Appointed in accordance with Schedule 5 of the Act

- e. administrative support to organise, minute and follow up on committee meetings and/ or working groups as set out in the Work Plan and within the Committee's Budget; and
- f. additional support for the Committee to carry out its Functions, as agreed with the Chair and within the Committee's Budget.

Performance measures

56. The Committee will achieve the Commission's strategic priorities communicated to Chair/s, and effectively perform its Functions when it provides relevant and timely advice to the Commission based on data, analysis and consultation with appropriate groups and organisations.

57. The Committee must:

- a. agree in advance to a Work Plan with the Commission
- b. achieve its Work Plan
- c. stay within the Committee's Budget.

Review

58. The Commission may review these terms of reference at any time and at least three years from the date at which they are approved by it.