Terms of reference for the   
National Mortality Review Committee

#### July 2023

Any information – data, stories, the tears shed by whānau – about the lives of people who have died prematurely is about knowing that these people have passed too soon. Their lives, their potential and the generations that may have borne their whakapapa have been foreshortened. In mortality review, we are charged with looking back to understand what was going on for those who have died. Guiding this work is the hope that, going forward, we – the communities and systems that support people’s lives – can be at our most helpful and supportive, and that we do better.

Mortality review must start with a love and respect for the dignity and humanity of all people. This will mean illuminating the way that current systems continue to provide benefit for some, while at the same time unfairly disadvantaging others, contributing to the entrenched inequities we see across preventable mortality.[[1]](#footnote-2),[[2]](#footnote-3)

The following terms of reference describe, and operate within, the legislative context in which mortality review occurs in Aotearoa New Zealand and the organisational support and expectations provided by Te Tāhū Hauora Health Quality & Safety Commission.

## Purpose

1. These terms of reference constitute notice under section 82(1) of the Pae Ora (Healthy Futures) Act 2022 (the Act) that the Health Quality & Safety Commission (referred to in the Act as HQSC; now known as Te Tāhū Hauora Health Quality & Safety Commission) appoints a committee, to be known as the National Mortality Review Committee (NMRC), to perform the functions specified in these terms of reference.

## Objectives and functions of Te Tāhū Hauora Health Quality & Safety Commission

1. Under section 79 of the Act, the objectives of HQSC are to lead and coordinate work across the health sector for the purposes of:

(a) monitoring and improving the quality and safety of services; and

(b) helping providers to improve the quality and safety of services.

1. Section 80(1) of the Act provides that the functions of HQSC include:

(a) to advise the Minister on how quality and safety in services may be improved;

(b) to advise the Minister on any matter relating to—

(i) health epidemiology and quality assurance; or

(ii) mortality; …

(i) to make recommendations to any person in relation to matters within the scope of its functions.

1. Under section 82(1) of the Act, HQSC may appoint one or more mortality review committees to perform any of the following functions that HQSC specifies by notice to the committee:

(a) to review and report to HQSC on specified classes of deaths of persons, or deaths of persons of specified classes, with a view to reducing the numbers of deaths of those classes or persons, and to continuous quality improvement through the promotion of ongoing quality assurance programmes;

(b) to advise on any other matters related to mortality that HQSC specifies in the notice.

1. HQSC is a health entity under the Act. HQSC is required, when performing its functions or exercising any power or duty under the Act, to be guided by the health sector principles (as set out in section 7 of the Act – see Appendix 1).

## National Mortality Review Function

1. Te Tāhū Hauora has established a National Mortality Review Function (NMRF). NMRF is comprised of the NMRF Management Group (a division of Te Tāhū Hauora), NMRC and subject matter experts appointed to provide expert advice on mortality review workstreams and issues. NMRC will provide advice to, be supported by and work within NMRF.
2. NMRF’s primary purpose is to review and report on mortality through the collection, analysis and review of mortality data, in order to develop and disseminate recommendations that will contribute both to systemic change, with a view to reducing preventable mortality, and to continuous quality improvement.
3. NMRF will be guided by the health sector principles as far as reasonably practicable, having regard to all the circumstances, including any resource constraints, and to the extent applicable.
4. The NMRF Management Group, within the resources available, will:
5. ensure Te Tiriti o Waitangi responsibilities are embedded within all aspects of mortality review and that all people within NMRF have access to a means of developing their skills and understanding
6. ensure health equity approaches are adopted in NMRF work
7. undertake surveillance and analysis of mortality data and information
8. identify and advise on prioritising preventable mortality areas of highest need, potential impact and strategic importance
9. support (through providing specialist advice and coordination) and conduct in-depth reviews of prioritised areas
10. disseminate recommendations that positively impact the drivers of preventable mortality
11. monitor uptake and progress on recommendations
12. collaborate and proactively manage stakeholder relationships with key organisations, communities, consumers and subject matter experts
13. manage the collection, storage and analysis of the data required to undertake mortality reviews, and the access to that data
14. engage and manage key sector relationships and interagency collaboration.

## National Mortality Review Committee

1. NMRC operates as the primary advisor on mortality to Te Tāhū Hauora and its NMRF Management Group.
2. NMRC, within the resources available, will:
   1. review and report to Te Tāhū Hauora on specified classes of deaths of people, or deaths of people of specified classes, with a view to reducing the numbers of deaths of those classes or people, as set out in paragraph 12
   2. advise Te Tāhū Hauora on ongoing quality assurance programmes to support continuous quality improvement in health and disability support services
   3. advise Te Tāhū Hauora on any other matters related to mortality that Te Tāhū Hauora specifies in a notice to NMRC, including those matters listed in paragraph 13.
3. NMRC will review and report to Te Tāhū Hauora on:
4. child and youth mortality
5. family violence deaths
6. perinatal and maternal mortality
7. perioperative mortality
8. suicide mortality. (See Appendix 2 for definitions of each of these areas.)
9. NMRC will also advise on:
   1. strategic oversight of mortality review and system-level impact
   2. compliance with Te Tiriti o Waitangi across all aspects of mortality review
   3. prioritisation of areas for potential in-depth reviews, analysis or surveillance
   4. data governance, including Māori data governance
   5. additional expertise required for mortality review working groups (subject matter experts)
   6. recommendations that are clear, coordinated and impactful.
10. NMRC will take a whole-of-system and cross-sector view, and provide system-level, strategic expert advice on key trends through reporting of core data sets and a prioritised programme of in-depth mortality review.
11. In performing its functions, NMRC will be guided by the health sector principles. It will also:
    1. give effect to Te Tāhū Hauora’s commitment to Te Tiriti o Waitangi and ensure its methodologies, reports, recommendations and advice contribute to achieving equitable outcomes for Māori
    2. apply the principles of *Te Pou – Māori responsive rubric* and Māori data sovereignty
    3. consult with appropriate stakeholders, including Māori, consumer representatives and relevant agencies (particularly those to whom recommendations may apply)
    4. ensure its advice and recommendations comply with the laws of New Zealand.

## Programme of work

1. In accordance with section 82(2) of the Act, NMRC is required to develop a strategic plan and methodologies that:
   1. are designed to reduce morbidity and mortality
   2. are relevant to NMRC’s functions.
2. By 31 March of each year, NMRC will, within the resources allocated by Te Tāhū Hauora, submit to Te Tāhū Hauora for its approval a proposed programme of work for the following financial year. In the proposed programme, NMRC will set out its:
   1. strategic plan (focused on achievable results), methodologies and activities in accordance with these terms of reference
   2. approach to delivering Te Tāhū Hauora’s reporting requirements.
3. NMRC will deliver its programme of work within the resources allocated. In any case where the resources allocated become insufficient to achieve the approved programme of work (eg, due to unexpected higher costs), NMRC will discuss the situation with Te Tāhū Hauora and seek to agree a variation to the programme of work.
4. By 30 September of each year, NMRC will provide Te Tāhū Hauora with a report on its activities in the previous financial year in sufficient detail to allow Te Tāhū Hauora to report to the Minister of Health on NMRC’s progress.[[3]](#footnote-4)

## NMRF Management Group staff and support

1. Te Tāhū Hauora employs staff to assist NMRC. Staff are employed within the NMRF Management Group. Staff and other resources deployed to assist NMRC will be funded by the NMRC budget.
2. The NMRF Management Group will support NMRC in the performance of its functions, including by providing:
   1. subject matter knowledge and expertise, policy analysis and analytical support and guidance in relation to matters outside the scope of the NMRC members’ collective expertise – for example, guidance on governmental and ministerial processes
   2. central communications systems support for correspondence and public relations purposes, including secure communication between NMRC members and agents[[4]](#footnote-5)
   3. liaison on behalf of NMRC within and across government and non-governmental organisations
   4. administrative support to organise, minute and follow up on NMRC meetings and/or working groups as set out in the programme of work
   5. additional support for NMRC to carry out its functions, as agreed with the Chair and within the NMRC budget.

## Subject matter experts

1. Te Tāhū Hauora will appoint subject matter experts to advise NMRC in relation to its functions.
2. NMRC will appoint subject matter experts as agents of NMRC.

## Local mortality review

1. NMRC will relate to, and work with, local mortality review arrangements as NMRC considers necessary for the purposes of performing its functions.
2. For the purposes of these terms of reference, ‘local mortality review arrangements’ are those review activities undertaken within health localities that:
   1. are conducted with the aims of reducing morbidity and mortality and contributing to continuous quality improvement in local communities
   2. collect information on behalf of and contribute to the functions of NMRC.

## Data collection and management

1. Te Tāhū Hauora will provide, itself or through others, the information architecture for holding and managing all NMRC information.
2. NMRC will ensure that it complies strictly with all legal requirements attaching to NMRC information.
3. NMRC will ensure that it complies with all relevant processes associated with the information architecture when granting access to or using NMRC information.
4. For the purposes of these terms of reference:
5. ‘data’ means information
6. ‘information’ has the meaning given in paragraph 53
7. ‘information architecture’ refers to all arrangements relating to collecting, storing, managing and accessing information.

## Composition of NMRC

1. NMRC will have a maximum of eight members.
2. One member will have relevant, lived experience, whānau experience and/or consumer expertise and will provide a whānau, consumer and/or community perspective. They will be well networked to whānau, consumer and/or community groups.
3. All members will be able to work strategically and will have the capability to collectively ensure NMRC meets its obligations.

## Members’ terms of appointment

1. Members of NMRC are appointed by Te Tāhū Hauora for a term of up to three years.
2. Members may be appointed for further terms. However, reappointment is not automatic, nor should it be expected.
3. Te Tāhū Hauora may use a number of selection methods in order to bring specific knowledge and expertise to NMRC. This may include calling for nominations from expert groups and approaching appropriate people individually, when required.
4. Any member of NMRC may at any time resign as a member by advising Te Tāhū Hauora in writing.
5. Te Tāhū Hauora may remove any member of NMRC at any time for their inability to perform the functions of membership, conflict of interest, bankruptcy, neglect of duty, or misconduct. The reason for removal must be proven to Te Tāhū Hauora's satisfaction.
6. Te Tāhū Hauora may from time to time alter or reconstitute NMRC, or discharge any member of NMRC, or appoint new members to NMRC for the purpose of decreasing or increasing the membership, filling any vacancies or ensuring coverage of expertise.
7. Members’ fees will be set with reference to the Cabinet Fees Framework[[5]](#footnote-6) and specified in each member’s letter of appointment.
8. Actual and reasonable expenses for activities NMRC requires of its members (eg, travel, accommodation) will be met from the NMRC budget, provided the NMRF Management Group has approved the expense before it is incurred.

## Meetings and procedures

1. NMRC will determine and regulate its own procedures in consultation with the NMRF Management Group, provided those procedures are within the NMRC budget and not inconsistent with the Act. Such procedures will be recorded and maintained by the NMRF Management Group, and will cover matters including:
2. the timing and frequency of meetings
3. attendance expectations of members
4. the quorum of NMRC that must be present to conduct NMRC’s business
5. how NMRC will make decisions and treat dissenting views.
6. The Chair is responsible for ensuring minutes are taken at each meeting and a record of decisions is maintained.

## Chair and Deputy Chair

1. Te Tāhū Hauora will appoint up to two members of NMRC to be Chair and Deputy Chair.
2. The Chair or Deputy Chair will:
3. preside at every meeting of NMRC
4. ensure that NMRC members engage effectively with subject matter experts to achieve cooperation and integration across workstreams, and the best allocation of limited resources
5. meet with Te Tāhū Hauora, on its request.
6. The Deputy Chair, or another member delegated by NMRC, may act as the Chair in situations where the Chair is not present or is otherwise unable to act.

## Role and responsibilities of NMRC and its members

1. NMRC will:
2. ensure that the views of members are given due weight and consideration
3. ensure fair and full participation of all members
4. regularly review its own performance
5. give effect to its responsibilities under Te Tiriti o Waitangi.
6. All NMRC members (including the Chair and Deputy Chair) will:
7. participate actively in NMRC meetings and relevant events
8. communicate and engage with other NMRC members and subject matter experts constructively
9. support NMRC’s work
10. prepare in advance for meetings and other duties
11. demonstrate their commitment by attending all meetings (where relevant)
12. respond to out-of-session reports and queries where input is sought from NMRF Management Group staff
13. be informed about NMRC and its strategic environment
14. commit to representing the interests of NMRC as a whole
15. be committed to NMRC’s continual improvement by participating in self-assessment processes and professional development opportunities that support NMRC’s work, including as made available or recommended by the Chair or Te Tāhū Hauora.
16. Members must always remain fully familiar with the duties and obligation of their position. They must also:
17. comply with the Act
18. act with honesty and integrity
19. act in good faith and not at the expense of NMRC’s interests
20. act with reasonable skill, diligence and care
21. not disclose information gained in their capacity as a member.
22. Members attend meetings and undertake NMRC activities as people responsible to NMRC as a whole. Members are not appointed as representatives of professional organisations and groups. NMRC should not, therefore, assume that a particular group’s interests have been taken into account simply because a member is associated with a particular group.

## Conflicts of interest

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 NMRC and its members and will ensure that it retains the confidence of Te Tāhū Hauora and the public.
2. Members are required to declare any relevant interests to the full NMRC and Te Tāhū Hauora. In accordance with the *Conflicts of Interest Guide*[[6]](#footnote-7), Te Tāhū Hauora will determine whether or not the interest represents a conflict and, if so, what action will be taken.
3. Members will declare any actual, potential or perceived conflicts of interest at the start of each meeting.

## Confidentiality

1. In these terms of reference, ‘information’ means any information that:
2. is personal information within the meaning of section 7(1) of the Privacy Act 2020
3. became known to any member or executive officer or agent of NMRC only because they were carrying out NMRC’s functions (eg, because the information is contained in a document created and made available to the member or executive officer or agent, only because they were carrying out NMRC’s functions), whether or not they had finished carrying out those functions.
4. Maintaining the confidentiality of information is crucial to the functioning of NMRC. Members must comply with the provisions of Schedule 5 to the Act regarding production, disclosure and recording of information.[[7]](#footnote-8)

## Review

1. Te Tāhū Hauora may issue notices to NMRC at any time. Te Tāhū Hauora may also review these terms of reference at any time and at least three years from the date at which it approves them.

# Appendix 1: Health sector principles under the Act

(Paragraph 5 refers.)

**Pae Ora (Healthy Futures) Act 2022**

##### **7 Health sector principles**

(1) For the purpose of this Act, the health sector principles are as follows:

(a) the health sector should be equitable, which includes ensuring Māori and other population groups—

(i) have access to services in proportion to their health needs; and

(ii) receive equitable levels of service; and

(iii) achieve equitable health outcomes:

(b) the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:

(c) the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—

(i) the strength or nature of Māori interests in a matter; and

(ii) the interests of other health consumers and the Crown in the matter:

(d) the health sector should provide choice of quality services to Māori and other population groups, including by—

(i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and

(ii) providing services that are culturally safe and culturally responsive to people’s needs; and

(iii) developing and maintaining a health workforce that is representative of the community it serves; and

(iv) harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and

(v) providing services that are tailored to a person’s mental and physical needs and their circumstances and preferences; and

(vi) providing services that reflect mātauranga Māori:

(e) the health sector should protect and promote people’s health and wellbeing, including by—

(i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and

(ii) undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and

(iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and

(iv) collaborating with agencies and organisations to address the wider determinants of health; and

(v) undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people’s health.

(2) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles—

(a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and

(b) to the extent applicable to them.

(3) In subsection (1)(d), lived experience means the direct experience of individuals.

# Appendix 2: Areas of mortality NMRC will report on

(Paragraph 12 refers.)

### Child and youth mortality

1. For the purpose of these terms of reference, child and youth mortality is all deaths of children and young people aged 28 days to 24 years.

### Family violence deaths

1. For the purpose of these terms of reference, family violence is defined as any behaviour that coerces, controls or harms an (ex) intimate partner and/or family member(s) by the means of deprivation, negligent treatment, isolation, intimidation, threats, violence, and/or causes them to fear for their own, or another family member’s safety or wellbeing. It can include physical, sexual, psychological, emotional and economic abuse, as well as neglect and exploitation. It includes children’s exposure to these forms of abuse and the effects of abusive behaviour. It is understood as a pattern of abusive behaviour and can also span multiple relationships and generations.
2. For the purposes of these terms of reference, a family violence death is defined as the unnatural death of a person (adult or child) where the suspected offender is a family or extended family member, caregiver, intimate partner, previous partner of the victim, or previous partner of the victim’s current partner (or more than one suspected offender can be any of these roles); and where the death was an episode of family violence and/or there is an identifiable history of family violence.

### Perinatal and maternal mortality

1. For the purposes of these terms of reference:
2. perinatal deaths are defined as the age range from 20 weeks gestation to 28 completed days after birth or (if gestation is unknown) weighing at least 400 grams
3. 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.

### Perioperative mortality

1. For the purposes of these terms of reference, perioperative mortality deathsinclude:
2. a death that occurred during or after an operative procedure
3. within 90 days
4. after both 90 days but before discharge from hospital to home or a rehabilitation facility
5. deaths during or after an operative procedure that occur within 30 days in the categories set out in paragraph 5a above will continue to be reviewed
6. a death that occurred while under the care of a surgeon in hospital even though an operation was not undertaken
7. a death that occurred during or after an anaesthetic (local, regional or general) or sedation.
8. For the purposes of this definition:
9. an operative procedure is defined as any procedure requiring anaesthesia (local, regional or general) or sedation
10. 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)
11. for the removal of doubt, this definition includes gastroscopies, colonoscopies, and cardiac or vascular angiographic procedures (diagnostic or therapeutic) carried out in designated endoscopy or radiological rooms.

### Suicide mortality

1. For the purposes of these terms of reference, suicide mortality is defined as all deaths resulting from intentionally killing oneself.

1. Ngā Pou Arawhenua, Child and Youth Mortality Review Committee, Suicide Mortality Review Committee. 2020. *Te Mauri – The Life Force: Rangatahi Suicide Report – Te pūrongo mō te mate whakamomori o te rangatahi*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/SuMRC/Publications-resources/TeMauriTheLifeForce\_final.pdf](http://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/SuMRC/Publications-resources/TeMauriTheLifeForce_final.pdf) (accessed 14 June 2023). [↑](#footnote-ref-2)
2. Cormack D, Paine SJ. 2020. Dear Epidemiology: a letter from two Māori researchers. *The Pantograph Punch*. URL: <https://pantograph-punch.com/posts/dear-epidemiology> (accessed 14 June 2023). [↑](#footnote-ref-3)
3. Section 82(3) of the Act requires HQSC to report at least annually to the Minister on the progress of the mortality review committee, and to include such a report in HQSC’s next annual report. [↑](#footnote-ref-4)
4. Appointed in accordance with Schedule 5 of the Act. [↑](#footnote-ref-5)
5. Department of the Prime Minister and Cabinet. 2022. CO (22) 2 – Revised Fees Framework for members appointed to bodies in which the Crown has an interest. URL: [www.dpmc.govt.nz/publications/co-22-2-revised-fees-framework-members-appointed-bodies-which-crown-has-interest](http://www.dpmc.govt.nz/publications/co-22-2-revised-fees-framework-members-appointed-bodies-which-crown-has-interest) (accessed 15 June 2023). [↑](#footnote-ref-6)
6. Health Quality & Safety Commission. 2022. *Mortality Review Committees Conflict of Interest Guide*. Unpublished. [↑](#footnote-ref-7)
7. Note, disclosure of information contrary to Schedule 5 of the Act is an offence. [↑](#footnote-ref-8)