Queensland Maternal and Perinatal Quality Council

Terms of Reference

July 2016
1. Purpose

The purpose of the Queensland Maternal and Perinatal Quality Council (Council) is to:

- Collect and analyse clinical information regarding maternal and perinatal mortality and morbidity in Queensland to identify state-wide and facility-specific trends.
- Make recommendations to the Minister for Health on standards and quality indicators of maternal and perinatal clinical care to enable health providers in Queensland to improve safety and quality.
- Assist with the adoption of such standards in both public and private sectors by initiating and/or contributing to the development of strategies; guidance documents; alerts and directives, in consultation with the Queensland Health Patient Safety and Quality Improvement Service, Population Health Queensland, the Statewide Maternity and Neonatal Clinical Network and the Qld Clinical Guidelines.

2. Functions

The Council with respect to maternal and perinatal mortality and morbidity will:

- Function under the authority of the Hospital and Health Boards Act 2011, Part 6, Division 1, Quality Assurance Committees.
- Obtain qualitative and quantitative clinical information primarily from the Statistical Services Branch Perinatal Data Team and Queensland Health, Patient Safety and Quality Improvement Service (PSQIS) and where required, public and private health facilities, in a secure and confidential manner.
- Utilise data from literature reviews, members’ expertise and any other source deemed appropriate.
- Receive clinical information from other statutory or regulatory bodies such as the Office of the Health Ombudsman (OHO) and PSQIS for consideration and recommendation.
- Investigate and monitor trends in the incidence and cause of maternal and perinatal mortality and morbidity to identify issues which need action and/or further study.
- Provide recommendations to the Minister for Health on strategies that could assist with the amelioration of preventable events (See item 6).
- In partnership with the Statewide Maternal and Neonatal Clinical Network (SMNCN) and the Private Hospital Maternity Liaison Group (PHMLG) monitor and assist in the adoption of standards and quality activities relating to maternal and perinatal care across Queensland.
- Work collaboratively with like organisations state-wide, nationally and internationally. These may include:
3. Authority

The Council functions under the authority of the *Hospital and Health Boards Act 2011*, Part 6, Division 1, Quality Assurance Committees.

The Council provides advice to the Minister via a biennial or triennial report and on a needs basis.

The Council functions collaboratively with PHMLG and SMNCN.

Decision Making:
- Council recommendations are made by majority decision.
- In the event that a majority consensus is not reached the Chair will have the casting vote.

Issue Escalation:
- In the event that an issue is unable to be resolved by the Council, the Chair reserves the right to make the final decision, or to escalate the matter to Executive Director Patient Safety Unit and to the PHMLG where appropriate.
- Issues outside the scope of the Council will be referred to the appropriate authority e.g., OHO.

4. Guiding Principles

Part 6, Division 1 of the Hospital and Health Boards Act 2011 sets out the principles that are intended to guide achievement of the Act’s objects. These principles, the *Private Health Facilities Act 1999*, and any other legislation relevant to maternal and perinatal health care, will guide all deliberations of the Council.

5. Sub Committees

To assist the Council in discharging its responsibilities, the Council will establish Maternal Mortality, Perinatal Mortality, Congenital Anomaly and Aboriginal and Torres Strait Islander Perinatal Health sub-committees to undertake specific tasks related to review of these areas.
Sub-committees will be chaired by a Council member, and all members shall be Council members or other duly gazetted persons.

Establishment of additional Sub-Committees will occur after consultation with SMNCN and PHMLG.

6. Reporting

- The Council will provide a biennial or triennial report, and ad hoc reports as necessary, to the Minister for Health which will:
  - identify trends and issues in maternity and neonatal care relating to maternal and perinatal mortality and morbidity
  - recommend quality improvement activities and methodologies for their implementation to improve the safety and quality of health services.
- The endorsed reports will be provided to SMNCN and PHMLG, for promulgation to member facilities and organisations for consideration (See Item 6).
- Organisations that request the consideration of the Council such as the OHO will receive reports as required in addition to the biennial/triennial report.
- Where it is otherwise relevant to their statutory functions, regulatory authorities will be notified of summary findings and recommendations from reports.
- Matters relevant to a single Hospital and Health Service or a single private maternity health facility may be referred to the relevant Chief Executive of the Hospital and Health Service or private maternity health facility by the Council Chair.
- The AIHW will be provided with non-identifiable summary data regarding maternal and perinatal mortality and morbidity as required for national reporting of such matters.

7. Membership

Membership eligibility is determined by a duly constituted selection panel (see appendix 1).

Chairperson may be additional to those served by the individual as a member of the Council.

Members:

The Council shall consist of no more than 25 Members.

Membership of the Council shall comprise the following:

- Representation from public and private sectors
- Representation from urban, regional and rural areas of Queensland
- Representation from the following professional areas:
  - Neonatology
o Obstetrics
o Midwifery
o Neonatal nursing
o Specialist Obstetrics /Maternal Foetal Medicine
o General practice obstetrics
o Indigenous health
o Academic/Research

- Consumer representation

Proxies:
- Proxies may not attend due to privacy and confidentiality requirements.

Terms and Conditions:
- Members are appointed by the selection panel for a term of two years.
- Members who wish to serve more than two consecutive terms should indicate to the selection panel particular skills, knowledge or expertise which would support that continuing membership. In considering such applications, the selection panel will take particular note of the availability of new applicants with similar expertise. The selection panel will also take into consideration whether those members wishing to continue their membership for a further term, have been able to make sufficient contribution through their attendance of at least 50% of meetings held in the period of their previous membership.
- A member may terminate his or her Council membership at any time, in writing to the Chair.
- Members shall not misuse the information provided to them by virtue of their membership of the Council.
- Members will be expected to take a strategic view of issues and not seek to take advantage of their membership of the Council to canvass personal or institutional issues
- Any member who has a real or perceived conflict of interest in any matter under discussion at the Council shall be expected to declare that conflict and exempt himself/herself from the discussion.
- The previous Council Chairperson may remain a member of Council for the two year term immediately following his/her Chairperson term, with a particular remit to provide advice/knowledge/expertise to assist the elected incoming Chairperson.

8. Other Participants

Where agreed by the Council, guest speakers or expert advisors may present advice in specialist areas to the Council. However, such persons do not assume membership or participation in any decision-making processes of the Council.
9. Relevant Persons

The Queensland Maternal and Perinatal Quality Council authorise the staff of the Statistical Services Branch and the Patient Safety & Quality Improvement Service, Queensland Health, in the appended list, as relevant person(s) under sections 84-90 of the Hospital and Health Boards Act 2011 to receive information to enable the Council to perform its functions. The role of relevant persons may include receiving information relating to the investigation of maternal deaths, obtaining and/or collating information from hospitals and other sources relating to maternal deaths, identification of cases, receiving maternal death data from the Council for the purposes of secure data storage and provision of ongoing access to such data by members of the Council.

<table>
<thead>
<tr>
<th>Statistical Services Branch</th>
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<tr>
<td><strong>Position Title</strong></td>
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<tr>
<td>Analyst</td>
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<tr>
<td>Analyst Intern</td>
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<tr>
<td>Assistant Data Collection Officer</td>
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<td>Assistant Data Linkage Officer</td>
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<td>Data Collection Coordinator</td>
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<td>Data Collection Liaison Officer</td>
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<td>Data Collection Officer</td>
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<tr>
<td>Data Linkage Liaison Officer</td>
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<tr>
<td>Data Quality Officer</td>
</tr>
<tr>
<td>Director Statistical Analysis and Linkage</td>
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<tr>
<td>Director Statistical Collections and Integration</td>
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<td>Director Statistical Reporting and Coordination</td>
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<td>Director Statistical Standards and Strategy</td>
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<tr>
<td>Executive Coordinator</td>
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<tr>
<td>Executive Director Statistical Services Branch</td>
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<td>Library Technician</td>
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<tr>
<td>Manager, Library and CKN</td>
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<td>Manager, Statistical Collections and Integration</td>
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<tr>
<td>Manager, Statistical Reporting and Coordination</td>
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<tr>
<td>Manager, Statistical Standards and Strategies</td>
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<tr>
<td>Principal Oracle Database/Middleware Administrator</td>
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<tr>
<td>Principal Data Collection Officer</td>
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<tr>
<td>Principal Statistical Output Officer</td>
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<tr>
<td>Senior Analyst</td>
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<tr>
<td>Senior Applications Specialist</td>
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<tr>
<td>Senior Data Collection Officer</td>
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<td>Senior Data Linkage Officer</td>
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<tr>
<td>Senior Librarian</td>
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<tr>
<td>Senior Library Technician</td>
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<tr>
<td>Senior Statistical Data Quality Officer</td>
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<td>Senior Statistical Data Standards Officer</td>
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10. Quorum

The quorum for the Council meetings will be half of all members plus one. In the absence of a quorum the meeting may continue at the Chair’s discretion with any items requiring decision to be deferred and circulated, following the meeting, to Members as an Out-of-Session item.

11. Performance

Initially the Council will evaluate its performance after 12 months with the aim of developing an ongoing work plan. The Council will then be evaluated in terms of its performance against the Terms of Reference and work plan through an annual self-assessment process. See Appendix 2: Annual Self-Assessment.

12. Confidentiality

Members of the Council will be in receipt of information that is regarded as ‘commercial in confidence’, clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information.

The Council will function in accordance with Part 5 Division 3 of the Hospital and Health Boards Regulation 2012 which requires the adoption of a privacy policy.

The Council is established as an approved quality assurance committee (AQAC) pursuant to Hospital and Health Boards Act 2011, Part 6, Division 1, Quality Assurance Committees. The Council is prohibited from providing a report or information that discloses the identity of an individual who is a patient or a health service provider, unless that individual has consented in writing to the disclosure. Any questions regarding these types of issues should be referred to an appropriate legal advisor.

The Hospital and Health Boards Act 2011 stipulates that a person who is or was a member of an AQAC must not make a record of, or divulge or communicate to someone else, information acquired by the person as a member of the committee, other than:

### Patient Safety & Quality Improvement Service

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<thead>
<tr>
<th>Position Title</th>
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<tr>
<td>Director, Medical</td>
<td>Principal Project Officer, Incident Response Systems</td>
</tr>
<tr>
<td>Director, Nursing</td>
<td>Senior Project Officer, Incident Response Systems</td>
</tr>
<tr>
<td>Director, Patient Safety Assurance Team</td>
<td>Manager, Clinical Monitoring Team</td>
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<tr>
<td>Director, Patient Safety Improvement Team</td>
<td>Principal Data Analyst, Clinical Monitoring Team</td>
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<td>Director, Patient Safety Monitoring Team</td>
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### Queensland Paediatric Quality Council

<table>
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<th>Position Title</th>
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<tbody>
<tr>
<td>Chair, Queensland Paediatric Quality Council</td>
<td>Members, Queensland Paediatric Quality Council</td>
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<td>Co-ordinator, Queensland Paediatric Quality Council</td>
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### Office of the State Coroner, Department of Justice and Attorney-General

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<th>Position Title</th>
<th>Position Title</th>
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</thead>
<tbody>
<tr>
<td>Queensland State Coroner</td>
<td>Registrar, Office of the State Coroner,</td>
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</tbody>
</table>
a. to perform functions as a member of the committee;

b. if the member is a registered health practitioner under the Health Practitioner Regulation National Law (Queensland)—to fulfil their obligation to notify the Australian Health Practitioner Regulation Agency if they have a reasonable belief based on information acquired as an AQAC member, that another registered health practitioner has behaved in a way that constitutes ‘public risk notifiable conduct’; or

c. to fulfil responsibilities under a regulation pursuant to section 86 of the Hospital and Health Boards Act 2011. The terms ‘public risk notifiable conduct’ and ‘registered health practitioner’ are defined in Appendix 1.

Section 86 of the Hospital and Health Boards Act 2011 states that if a person who is or was a member of an AQAC and is a registered health practitioner, forms a reasonable belief, based on information acquired while exercising functions as an AQAC member that another registered health practitioner has engaged in ‘excluded notifiable conduct’, the member must not disclose the information. The term ‘excluded notifiable conduct’ is defined in Appendix 1.

Members of the Council and relevant persons cannot be legally required, whether by a provision of an Act or by an order of the Court, to produce any documentation that was created during the review of maternal and perinatal morbidity or mortality. This means that any information obtained including medical records furnished to the Council is not compellable at law and cannot be used in any proceedings before a Court.

Members of the Council are bound by provisions in sections 84-90 of the Hospital and Health Boards Act 2011 with respect to any information provided by private health facilities.

13. Secretariat

Secretariat support will be provided by Queensland Health, Clinical Excellence Division.

14. Meeting Schedule

- Two monthly
- Tuesday mornings
- Two hours
- The Chair will determine the time and place for ordinary meetings.
- The Chair may delegate the Chair to another Council member.
- A Chairperson is to preside at all meetings.

A meeting may be conducted wholly or partially by electronic means, whereby some or all participants can be heard and can hear, but are not necessarily in the same location. All other requirements of these Terms of Reference apply to the meeting.

15. Business Rules

16. Modus Operandi - QMPQC Recommendation Development

The Council will seek expert clinical input to proposed recommendations prior to their promulgation and reporting (see item 6), from:

- SMNCN
- PHMLG

Appendix 1: QMPQC Business Rules

1. Agenda and Records

- Members wishing to place items on the agenda must notify the Secretariat at least 10 working days prior to the scheduled meeting or as alternatively requested.
- Papers, submissions and reports are to be received by the Secretariat no later than 10 working days prior to the meeting via email.
- Agenda and relevant papers will be sent out to all members five (5) working days prior to the meeting in accordance with the QMPQC Privacy Policy.
- Late agenda items and papers will be tabled at the discretion of the Chair. Requests or urgent / late items should be submitted to the Secretariat in the first instance.
- Minutes will be distributed to members within 10 working days of the meeting.
- Minutes of meetings shall be submitted to Council members for ratification at the next subsequent meeting of the Council.
• When confirmed, minutes shall be signed by the Chair and will be taken as evidence of the meeting
• Minutes will be stored for at least 10 years.

2. Role of Secretariat
• Prepare an agenda and supporting papers
• Distribute agenda and supporting papers as per section 1
• Arrange meetings and venues and advise Members of same
• Prepare and distribute minutes as per section 1
• Maintain a record of all the Council minutes, action items, correspondence and other documentation in regard to the Council’s deliberations.
• Notify relevant stakeholders of actions arising which require their attention.
• Maintain records of attendance.

3. Special Meetings and Out-of-Session Papers
• Special meetings may be called at the discretion of the Chair
• Urgent issues may arise which require Members to consider papers Out-of-Session
• In these instances, the Member putting forward the urgent matter will be required to liaise with the Secretariat and ensure that all Members are appropriately briefed to enable informed deliberations to be made
• Any urgent matters unable to be deferred until the next Council meeting can be managed as an Out-of-Session paper. The Out-of-Session paper and cover sheet will be sent to Members via email with a requested response date
• For a resolution to be approved, the majority of Members must indicate their endorsement by the response date
• If approved, the resolution will be entered into the minutes of the next meeting
• If not endorsed by a majority of Members, the item is deferred until the next Council meeting.
4. Induction & Development
The following information is to be provided to new Members prior to their first Council meeting:

- Terms of Reference
- Business Rules and guidelines for meeting conduct
- Queensland Health Governance Committees Structure
- Contact details of the Council Members
- Advance schedule of meetings
- Copies of significant policy or other documents that relate to issues discussed by the Council, as relevant at the time of induction
- The Council Annual Work Plan

Members may be requested to attend nominated training relevant to the level of responsibilities discharged as a Council Member.

5. Recruitment of members

- A call for nominations to serve on the Council will be promulgated every two years, or as necessary in the event of a mid-term resignation of a Council member, via relevant professional and consumer bodies. These will include, as relevant to the required skill set, but are not limited to:
  - SMNCN
  - PHMLG
  - Royal Australian and New Zealand College of Obstetrics and Gynaecology
  - Australian College of Midwives
  - Perinatal Society of Australia and New Zealand
  - Australian College of Neonatal Nurses
  - Division of General Practice
  - Stillbirth And Neonatal Death Support Group (SANDS)
  - Maternity Coalition
  - Health Consumers Queensland

- Membership is determined by a selection panel which includes the Executive Director, Patient Safety and Quality Improvement Service (or nominee), Chair (or nominee) of SMNCN, a representative of the PHMLG, and the Chair of the QMPQC.

6. Termination of Membership

- The Council may terminate the membership of a Member if they are no longer eligible for the position to which they were nominated (e.g. no longer registered as a medical practitioner).
- The Council may, by two thirds majority, determine that a Member is no longer a Member of the Council.
- Circumstances where this would occur may include, but are not limited to, persistent non-attendance without reasonable excuse (3 consecutive meetings).
- The Council will formally discuss and recommend actions regarding termination of Council members.
7. Specified Information to be given to the Director-General of Queensland Health
The Council must, as soon as practicable after an individual becomes, or ceases to be, a member of the Council, give the Director-General of Queensland Health a written notice containing the following information:

- When an individual becomes a member:
  - the individual’s full name and qualifications
  - the individual’s office or position
  - a summary of the individual’s experience that is relevant to the Council’s functions
  - the date the individual became a member

- When an individual ceases to be a member:
  - the individual’s full name
  - the date the individual ceased to be a member.

8. Interpretation of Terms of Reference
Any dispute or difference which may arise as to meaning or interpretation of these Terms of Reference and as to the conduct of a meeting shall be resolved by the Chair.

9. Definitions

*Excluded notifiable conduct*
Section 86 of the Hospital and Health Boards Act 2011 defines 'excluded notifiable conduct' as meaning a registered health practitioner has:

a. practised the practitioner’s profession while intoxicated by alcohol or drugs; or
b. practised the practitioner’s profession in a way that constitutes a significant departure from accepted professional standards, but not in a way that has placed the public at risk of substantial harm; or
c. engaged in sexual misconduct in connection with the practice of the practitioner’s profession.

*Public risk notifiable conduct*
Section 86 of the Hospital and Health Boards Act 2011 defines 'public risk notifiable conduct' as meaning that a registered health practitioner has placed the public at risk of substantial harm:

a. in the practitioner’s practice of the profession because the practitioner has an impairment; or
b. because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

An 'impairment' is defined in section 5 of the Health Practitioner Regulation National Law Act 2009 (Queensland) as meaning a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect:

a. the capacity of a registered health practitioner or applicant for registration in a health profession, to practise the profession; or
b. a student’s capacity to undertake clinical training:
c. as part of the approved program of study in which the student is enrolled; or arranged by an education provider.

**Registered health practitioner**

Schedule 2 of the Hospital and Health Boards Act 2011 defines a ‘registered health practitioner’ as meaning an individual who:

a. is registered under the Health Practitioner Regulation National Law to practise a health profession, other than as a student; or holds non-practising registration under the Health Practitioner Regulation National Law in a health profession.

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**Appendix 2: QMPQC Annual Self-Assessment**

The Council is to undertake an annual self-assessment of its performance against the Terms of Reference and work plan.

The self-assessment is to cover the following, as a minimum:

- Has the Council achieved the objectives of the work plan?
- Has the Council adequately discharged its responsibility under its approved Terms of Reference?
- How effective has the Council been in meeting the Council’s identified purpose and functions?
- Do the Council Terms of Reference remain relevant? If not, why not, and what changes are required?
- Does the Council meet and report with sufficient frequency to discharge its delegated responsibility?
- Does the Council possess an appropriate mix of skills and knowledge?
- Are quorums achieved at all meetings?
- Is the attendance of individual the Council members satisfactory (i.e. >75%)?
- Are matters requiring the Council deliberation submitted in writing and adequately explained?
- Are agendas and meeting papers circulated in sufficient time to allow proper consideration by the Council members prior to meetings?
- Is the Council able to obtain all the information it requires?
- Are resolutions of the Council documented and communicated to appropriate bodies in a timely manner?
- Are minutes and meeting papers appropriately documented and stored?
- Are the Council’s endorsed recommendations regularly reviewed and followed up to ensure the required action has been taken?
CONFIDENTIALITY FORM

To be signed by all members of an approved quality assurance committee pursuant to Part 5 Division 3 of the Hospital and Health Boards Regulation 2012 which requires the adoption of a privacy policy.

The Council is established as an approved quality assurance committee (AQAC) pursuant to Part 6, Division 1 of the Hospital and Health Boards Act 2011.

I (print name) ………………………………………………………………………………member of the (print name of committee)……………………………………………………………………………. quality assurance committee declared pursuant to Part 6, Division 1 of the Hospital and Health Boards Act 2011 undertake to protect the confidentiality of all personal and medical information that I collect, see or handle in the course of my membership of the above mentioned committee.

Further, I hereby declare that I have not been the subject of any misconduct proceedings including breaches of confidentiality.

Signature: …………………………………………………………………………………..

Date: ………………………………………..

Name of Witness: …………………………………………………………………………..

Signature: …………………………………………………………………………………..

Date: ………………………………………………..

Completed forms must be retained as part of the documentation of the approved quality assurance committee to which the form refers.