

Terms of Reference

Queensland Maternal and Perinatal Quality
Council

December 2021 DRAFT

1. Purpose

The purpose of the Queensland Maternal and Perinatal Quality Council (QMPQC) is to assess and evaluate Queensland's maternal and perinatal mortality and morbidity, make recommendations and monitor the implementation of those recommendations.

2. Functions

- Identify state-wide and facility specific themes relating to maternal and perinatal mortality and morbidity in Queensland.
- Report about Queensland's perinatal mortality and morbidity as required from time to time.
- Acquire and compile qualitative and quantitative clinical information including from other statutory or regulatory bodies such as the Office of the Health Ombudsman (OHO) and the Patient Safety and Quality Improvement Service (PSQIS).
- Make recommendations to relevant health services both public and private about strategies that could assist with the amelioration of preventable clinical incidents and monitor the implementation of those recommendations.
- Participate in the development of local and national clinical guidelines from time to time and endorse national clinical practice guidelines.
- In partnership with the Statewide Maternal and Neonatal Clinical Network (SMNCN) and the Private Hospital Maternity Liaison Group (PHMLG) monitor and advise about standards and quality activities relating to maternal and perinatal health services across Queensland and provide advice about the adoption of new standards and activities.
- Develop good practice points for the attention of and action by clinicians; allied health professionals and health service administrators.
- Work collaboratively with relevant organisations which include:
 - Office of the Health Ombudsman (Queensland) (OHO)
 - Clinical Excellence Queensland, Queensland Health
 - Statistical Services Branch, Queensland Health
 - Patient Safety and Quality Improvement Service, Queensland Health
 - Retrieval Services Queensland
 - Australian Institute of Health and Welfare (AIHW)
 - Perinatal Society of Australia and New Zealand
 - Australian and New Zealand Neonatal Network
 - Stillbirth Centre of Research Excellence

3. Authority

The QMPQC was established under the Part 6 of the *Hospital and Health Boards Act 2011*.

Issue escalation:

- If an issue is unable to be resolved by the QMPQC, the Chair reserves the right to make the final decision,
- Issues outside the scope of the QMPQC will be referred to the appropriate authority, for example OHO.

4. Sub-committees

To assist the QMPQC in discharging its responsibilities, the QMPQC has established a Maternal Mortality, Perinatal Mortality, Congenital Anomaly and Aboriginal and Torres Strait Islander Perinatal Health Sub-Committees to undertake specific tasks related to assessment and evaluation of these areas.

Sub-Committees will be chaired by a QMPQC member.

5. Reporting

The QMPQC will draft and make available a biennial or triennial report, as well as ad-hoc reports from time to time accompanied by an action plan 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 implementation to improve the safety and quality of health services.
- suggest to whom the recommendations should be directed and how they might be actioned in consultation with relevant areas of Queensland Health.
- The endorsed reports will be provided to SMNCN and PHMLG, for promulgation to member facilities and organisations for consideration.
- Organisations that consult with the QMPQC 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 QMPQC Chair.
- Peer reviewed journal articles may be produced from information provided through the biennial or triennial report or from ad hoc reports deemed necessary in the interim. Such articles must be endorsed by the QMPQC before submission.
- 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.

6. Membership

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

Membership:

The QMPQC will consist of no more than 25 Members. Membership of the QMPQC will include:

- Representation from public and private sectors
- Representation from urban, regional and rural areas of Queensland
- Representation from the following professional areas:
 - Neonatology
 - Obstetrics
 - Obstetric Medicine
 - Midwifery

- Neonatal nursing
- Specialist Obstetrics /Maternal Foetal Medicine
- General practice obstetrics
- Indigenous health
- Mental Health
- Academic/Research
- Consumer representation.

Proxies:

- Proxies cannot attend due to privacy and confidentiality requirements.

Terms and Conditions:

- Members must attend at least 50% of meetings.
- A member may terminate his or her QMPQC membership at any time, in writing to the Chair.
- Members are obligated by legislation to maintain confidentiality¹.
- Members will be expected to take a strategic view of issues and not seek to take advantage of their membership of the QMPQC, its sub-committees or working groups to canvass personal or institutional issues.
- A member and/or relevant person who has a real or perceived conflict of interest in a matter under discussion at the QMPQC must declare that conflict and exempt himself/herself from the discussion.

Chair:

- It is expected that an incoming Chair/Co-Chairs will be elected from the existing QMPQC membership and will have served as a member for at least one full term. Nominations for Chair/Co-Chair are to be sought from QMPQC members in the first instance but not limited to such members should there be no interest expressed from within the existing membership.
- The previous QMPQC Chair/Co-Chair/s may remain a member of QMPQC for the two-year term immediately following his/her term as Chair, with a remit to provide advice/knowledge/expertise to assist the elected incoming Chair.
- Co-Chairs may be elected when endorsed by a quorum.

7. Relevant persons

The QMPQC authorises the staff of the Statistical Services Branch, Queensland Health and PSQIS, i.e. the Principal Project Officer acting as the QMPQC's administrative co-ordinator, as relevant person(s) under ss. 84 to 90 of the *Hospital and Health Boards Act 2011*, to receive information to enable the QMPQC 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 QMPQC for the purposes of secure data storage and provision of ongoing access to such data by members of the QMPQC.

8. Secretariat

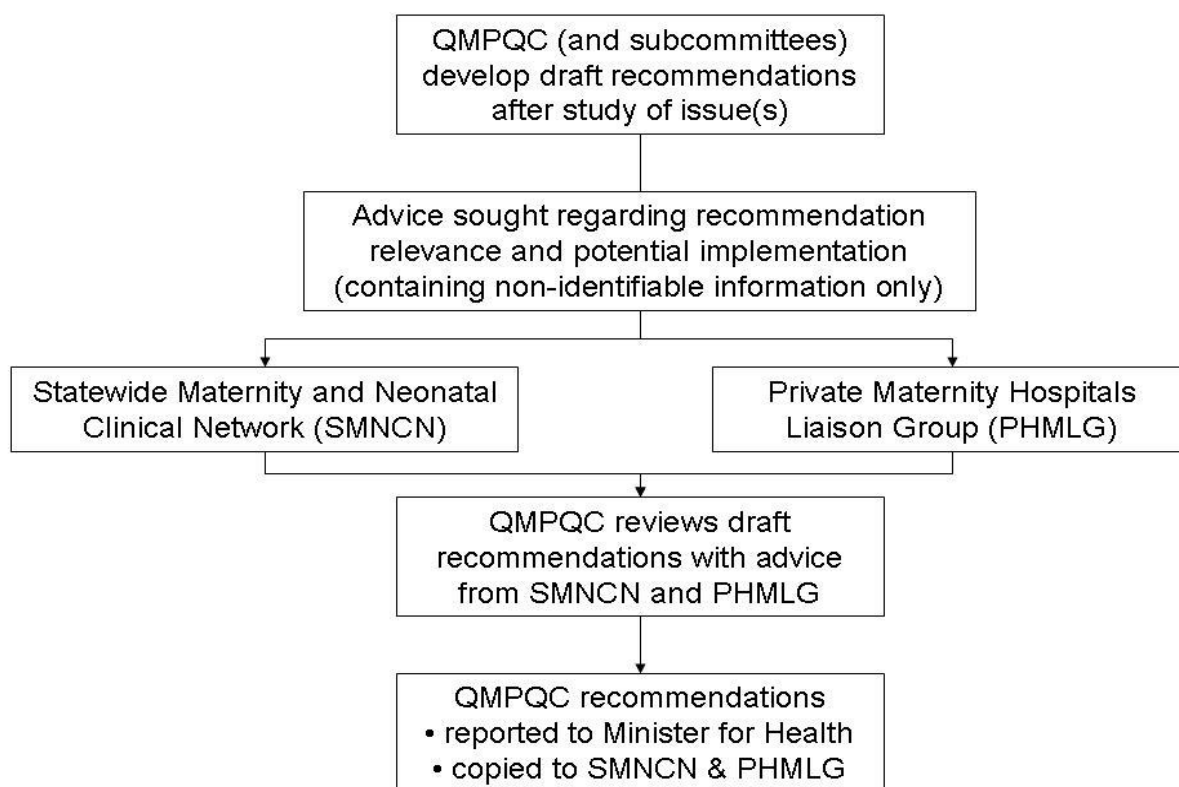
Secretariat support will be provided by the Department of Health, Queensland Health.

9. Business rules

See Appendix 1: The Queensland Maternal and Perinatal Quality Council Business Rules.

¹ See: ss.84 and 85 of the *Hospital and Health Boards Act 2011*

10. Modus Operandi - QMPQC recommendation development



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.
- 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 preferably should be sent to members five (5) working days prior to the meeting.
- 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.
- Where possible, minutes will be distributed to members within 10 working days of the meeting.
- Minutes of meetings will be submitted to QMPQC members for ratification at the next meeting of the QMPQC.
- When confirmed, minutes will be signed by the Chair.
- Minutes will be stored for at least 10 years (pursuant to the *Hospital and Health Boards Regulation 2012*).

2. Role of Secretariat

- a) Provide administrative and secretarial support to the QMPQC and sub-committees:
 - 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 QMPQC minutes, action items, correspondence and other documentation in relation to the QMPQC's deliberations.
 - Notify relevant stakeholders of actions arising which require their attention.
 - Maintain records of attendance.
- b) Co-ordinate and contribute to the biennial report preparation and its release to the public
- c) Provide event management support and guide the promotion of the QMPQC's report outcomes
- d) Provide advice to the QMPQC about the performance of its functions.

3. Special meetings and out-of-session papers

- In these instances, the member putting forward the urgent matter will be required to liaise with the Secretariat and ensure that members are briefed to enable informed deliberations to be made
- Any urgent matters unable to be deferred until the next QMPQC 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 by the member with a requested response date
- For a resolution to be approved, a quorum 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 quorum of members, the item is deferred until the next QMPQC meeting.

4. Induction and development

The following information is to be provided to new members prior to their first QMPQC meeting:

- Terms of Reference
- Business Rules and guidelines for meeting conduct
- Queensland Health governance structure
- Contact details of the QMPQC Members (email list)
- Advance schedule of meetings
- Copies of significant policy or other documents that relate to issues discussed by the QMPQC, as relevant at the time of induction.
- The QMPQC Annual Work Plan.

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

5. Recruitment of members

- Membership should preferably consist of individuals with relevant experience from the following organisations:
 - 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
 - Primary Health Networks
 - Stillbirth and Neonatal Death Support Group (SANDS)
 - Maternity Coalition
 - Health Consumers Queensland
- Membership is determined by a selection panel which includes the Chair (or nominee) of SMNCN, a representative of the PHMLG, the QMPQC Chair and each Sub-Committee Chair.

6. Termination of membership

- The Chair of the QMPQC may terminate membership if the person is no longer eligible for the position to which they were nominated (for example, no longer registered as a medical practitioner, doesn't attend 50% of meetings).
- The QMPQC will formally discuss and recommend actions regarding termination of QMPQC members.

7. Specified information to be given to the Director-General of Queensland Health

The QMPQC must, as soon as practicable after an individual becomes, or ceases to be, a member of the QMPQC, give the Quality Assurance Committees Secretariat (located in PSQIS) 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 QMPQC'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 the meaning or interpretation of these Terms of Reference and as to the conduct of a meeting shall be resolved by the Chair.

9. Mandatory reporting to the Office of the Health Ombudsman

If you are a registered health practitioner and a member of a QAC, mandatory reporting requirements under s.141 of the *Health Practitioner Regulation National Law (Queensland)* and Section 84(1)(d) of the HHB Act apply to you. This requires registered health practitioners who are also a member of a QAC to notify the Office of the Health Ombudsman when there is a reasonable belief that another registered health practitioner, the subject of information assessed and evaluated by the QAC, has behaved in a way that constitutes public risk notifiable conduct which means:

1. Placing the public at risk of substantial harm in the practitioner's practice of the profession because **the practitioner has an impairment;**

or

2. Placing the public at risk of substantial harm by practising the profession in a way that constitutes a **significant departure from accepted professional standards.**

The difference between a health practitioner's reporting obligation as a member of a QAC, and the usual reporting obligation as a health practitioner is that as a member of a QAC, a health practitioner is obligated to report public risk notifiable conduct, not excluded notifiable conduct. Excluded notifiable conduct means:

- practising the practitioner's profession while intoxicated by alcohol or drugs; or
- practising the practitioner's profession in a way that constitutes a significant departure from accepted professional standards but not in a way that places the public at risk of substantial harm; or

- engaging in sexual misconduct in connection with the practice of the practitioner's profession.²

Practitioners with an impairment

During your assessment and evaluation of health matters as a member of a QAC and as a practitioner, if you form a reasonable belief another practitioner has conducted their practise in a way that constitutes public risk notifiable conduct by placing the public at risk of **substantial harm** because the practitioner has an impairment, you are obligated to notify the Office of the Health Ombudsman.

Substantial harm means in this context the failure to correctly or appropriately diagnose or treat because of the impairment. For example, a practitioner who has an illness which causes cognitive impairment so they cannot practise effectively. However, a practitioner who has a blood-borne virus who practises appropriately and safely in light of their condition and complies with any registration standards or guidelines and professional standards and protocols would not trigger a notification.

Significant departure from accepted professional standards

During your assessment and evaluation of health matters as a member of a QAC and as a practitioner, if you form a reasonable belief another practitioner has conducted their practise in a way that constitutes public risk notifiable conduct by placing the public at risk of substantial harm because the practitioner has departed from accepted professional standards, you are obligated to notify the Office of the Health Ombudsman.

Substantial harm means in this context considerable harm such as a failure to correctly or appropriately diagnose or treat because of the significant departure from accepted professional standards.

Appendix 2: QMPQC Annual Self-Assessment

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

The self-assessment will cover the following:

- Has the QMPQC achieved the objectives of the work plan? If not, why not?
- Do the QMPQC Terms of Reference remain relevant? If not, why not, and what changes are required?
- Are matters requiring the QMPQC deliberation submitted in writing and adequately explained?
- Are agendas and meeting papers circulated in sufficient time to allow proper consideration by the QMPQC members prior to meetings?
- Is the QMPQC able to obtain the information it requires?
- Are resolutions of the QMPQC documented and communicated to appropriate bodies in a timely manner?

² See section 86 and Schedule 2 of the HHB Act and section 141(4)(d) of the Health Practitioners Regulation National Law (Queensland)

- Are minutes and meeting papers appropriately documented and stored?
- Are the QMPQC's endorsed recommendations regularly reviewed and followed up to ensure the required implementation action has been taken?

Anticipated findings of the self-assessment will include:

- The effectiveness of the QMPQC in meeting its purpose and functions.
- The level of appropriate mix of skills and knowledge.

Appendix 3: QMPQC Confidentiality Agreement

CONFIDENTIALITY FORM

To be signed by all members and relevant persons of the QMPQC and its subcommittees.

The QMPQC 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/relevant person of the
 (*print name of committee/sub-committee*).....a
 quality assurance committee pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011* undertake not to disclose to someone else information acquired in the course of my membership/relevant person status of the 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:

Please return signed forms to QMPQC@health.qld.gov.au

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

11. Document history
