

# Terms of Reference

## Queensland Maternal and Perinatal Quality Council

June 2022

## 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 health services, 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 relevant clinical information including information 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 both public and private health services, which are anticipated to result in improvements to the quality and safety of those health services.
- Monitor the implementation of recommendations made by the QMPQC.
- In partnership with relevant entities such as:
  - Office of the Health Ombudsman (Queensland) (OHO)
  - Clinical Excellence Queensland, Queensland Health
  - Private Hospital Maternity Liaison Group (PHMLG)
  - Statistical Services Branch, Queensland Health
  - Patient Safety and Quality Improvement Service, Department of Health
  - Prevention Division, Department of 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
  - Queensland Maternity and Neonatal Clinical Network (SMNCN)
  - Statewide Rural and Remote Clinical Networkmonitor, develop and provide advice for guidelines, standards and quality activities relating to maternal and perinatal health services across Queensland.
- Report significant issues and concerns directly to the Minister for Health and Ambulance Services in a timely manner

## 3. Authority

The QMPQC is a quality assurance committee for the purpose of the *Hospital and Health Boards Act 2011*, Part 6, Division 1.

Issue escalation:

- If an issue cannot be resolved by the QMPQC by quorum, the Chair/s will make the final decision.
- Registered health practitioners who are also a member of a QAC have mandatory reporting obligations under s.141 of the *Health Practitioner Regulation National Law (Queensland)* and Section 84(1)(d) of the HHB Act. This requires registered health practitioners who are also a

member of a QAC to notify OHO 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 (please refer to the QAC Guideline available [here](#)).

## 4. Sub-committees

The QMPQC may establish sub-committees from time to time. Sub-committees will be chaired by a QMPQC member.

## 5. Reporting

- The QMPQC is obligated under ss.25 and 27 of the *Hospital and Health Boards Regulation 2012*, to produce an annual activity statement and triennial report.
- The QMPQC has chosen to draft a biennial report, as well as produce ad-hoc reports when appropriate. These reports, where relevant, should include an action plan which:
  - identifies trends and issues in maternity and neonatal care relating to maternal and perinatal mortality and morbidity
  - provides achievable actions/recommendations which are anticipated to result in improvements to the safety and quality of relevant health services
  - identifies achievable actions.
- The QMPQC will endeavour to consult with the relevant health services about the proposed actions and recommendations, to ensure they are achievable and relevant, prior to finalising its reports.
- The reports and/or information therein (recommendations/summary findings) should be distributed to entities including but not limited to OHO (when relevant), Department of Health, HHSs, QMNCN, PHMLG and the private health sector.
- Peer reviewed journal articles must be endorsed by the QMPQC before being disclosed outside of the QMPQC.
- The Australian Institute of Health and Welfare will be provided with non-identifiable summary data (when relevant).

## 6. Membership

Membership eligibility (see: Items 5 and 6 of Appendix 1) is determined by a panel.

## 7. Relevant persons

Relevant persons are people authorised by the QMPQC to help it in the performance of its functions, including by:

- providing administrative or secretarial services to the committee
- advising the committee about the performance of its functions
- preparing reports and other information for the committee.

## 8. Secretariat

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

## 9. Meeting schedule

The meeting schedule is as follows:

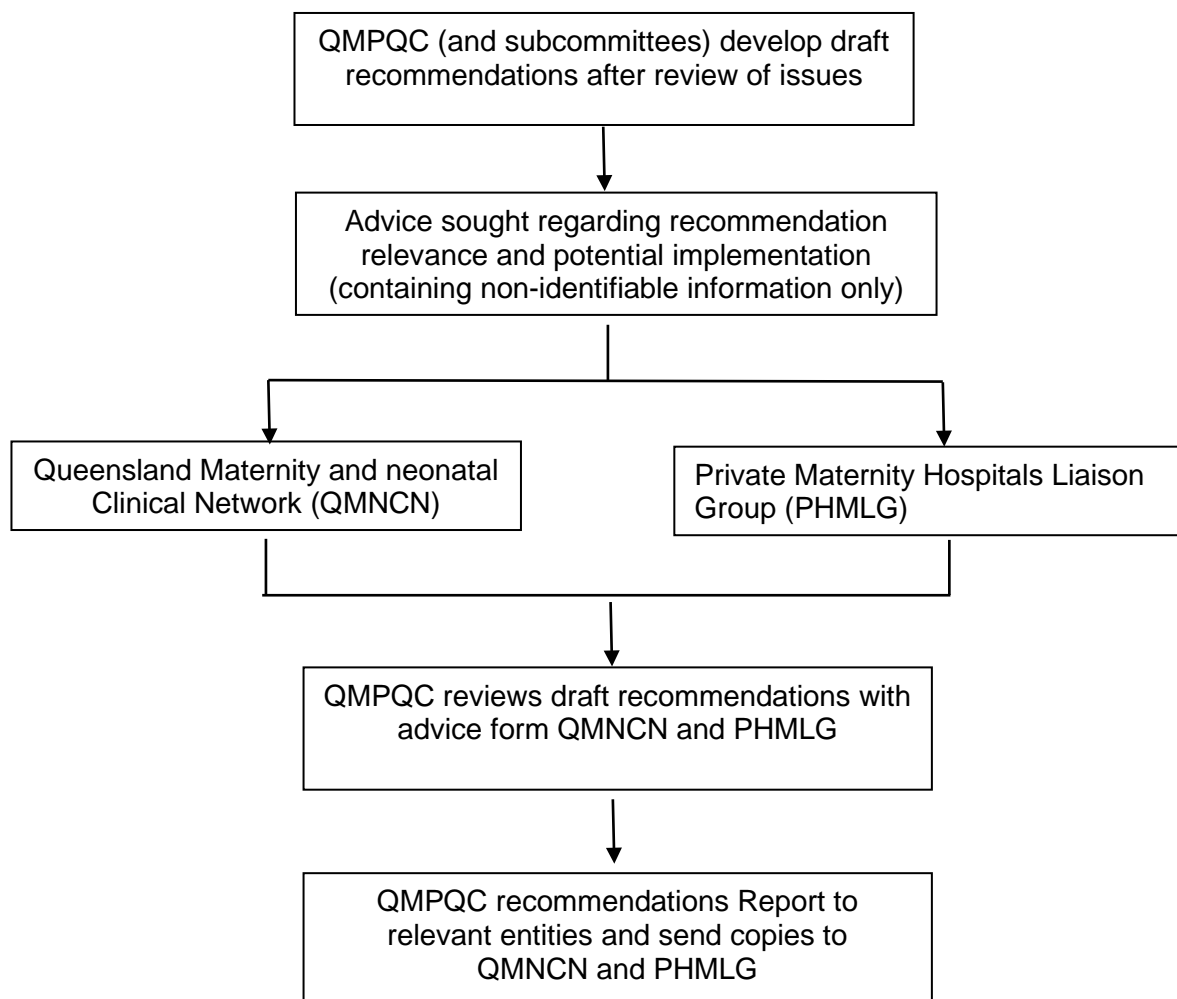
- six times per year (every two months)
- Tuesday mornings
- two hours
- the Chair will determine the time and place for ordinary meetings
- the Chair may delegate the Chair to another QMPQC member
- a Chairperson is to preside at all meetings.

## 10. Business rules

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

See Appendix 2: Queensland Maternal and Perinatal Quality Council Annual Self-Assessment.

## 11. Modus Operandi - QMPQC recommendation development



## Appendix 1: QMPQC Business rules

### 1. Agenda and records

- Members wishing to place items on the agenda of a meeting are requested to notify the Secretariat no less than ten working days prior to the meeting.
- Papers, submissions and reports are to be received by the Secretariat please no later than ten working days prior to the meeting and via email.
- Agenda and relevant papers, where possible, will be sent to members at least five 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 within ten working days after the meeting.
- When ratified, minutes will be signed by the Chair.
- Minutes will be stored for at least 10 years (as the legislation requires (see: s.21 of the *Hospital and Health Boards Regulation 2012*)).

### 2. Role of the Secretariat

- a) Provide administrative and secretarial support to the QMPQC and sub-committees:
  - prepare agendas and supporting papers
  - distribute agenda and supporting papers (see: Item 1 above)
  - arrange meetings and venues
  - prepare and distribute minutes of meetings including attendance at meetings (see: Item 1 above)
  - take minutes of meetings and maintain a record of the minutes for ten years, prepare and maintain other relevant documents and records
  - notify relevant stakeholders of actions arising which require their attention.
- b) Co-ordinate and contribute to the biennial report preparation and its disclosure publicly.
- c) Provide event management support and guide the promotion of the QMPQC's report outcomes.

### 3. Special meetings and out-of-session papers

- 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 members are briefed to enable informed deliberations to be made.
- Urgent matters unable to be deferred until the next QMPQC meeting, will be an out-of-session paper. The out-of-session paper and cover sheet will be sent to members via email by the relevant member and include a request to respond 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, by the Secretariat, to new members prior to their first QMPQC meeting:

- Terms of Reference.
- 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 entities:

- QMNCN
  - 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
  - Consumer Representatives
  - Patient Safety and Quality Improvement Service, Department of Health.
- 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, the QMPQC Chair and each Sub-Committee Chair.

The QMPQC will consist of no more than 25 Members and comprise the following representation in Queensland:

- public and private health sectors
- urban, regional and rural health sectors
- consumer
- professional areas:
  - neonatology
  - obstetrics
  - obstetric medicine
  - midwifery
  - neonatal nursing
  - specialist obstetrics /maternal foetal medicine
  - general practice obstetrics
  - indigenous health
  - mental health
  - academic/research.

Proxies:

- Proxies cannot attend due to privacy and confidentiality requirements.

Terms and Conditions:

- Members are appointed by the panel for a term of two years.
- Members who wish to serve more than two consecutive terms should indicate to the selection panel, at the outset, the skills, knowledge and/or expertise they believe would support continuing membership. The selection panel at the end of each two-year period will consider the availability of new applicants with similar expertise and whether the member has been able to attend at least fifty percent of meetings over the past two years.
- Members who wish to terminate their membership should notify the Chair/s in writing.

- Members are obligated by legislation<sup>1</sup> to maintain confidentiality.
- Members will take a strategic view of issues, not take advantage of the QMPQC, its sub-committees and/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 will declare that conflict and exempt himself/herself from the discussion.

Chair:

- Incoming Chairs should (if possible) be elected from existing QMPQC membership and will have served as a member for at least one full two-year term.
- The prior QMPQC Chairs may remain a member of QMPQC for the two-year term immediately following his/her term as Chair.
- Multiple Chairs may be elected when endorsed by a quorum.

## 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 fifty percent of meetings in any calendar year).
- The QMPQC will formally discuss and recommend actions regarding termination of QMPQC members.

## 7. 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 will be resolved by the Chair/s.

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

## Appendix 2: QMPQC annual self-assessment

The QMPQC will 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?
- Do the Terms of Reference remain relevant? If not, why not, and what changes are required?
- Does the QMPQC possess an appropriate mix of skills and knowledge?
- Are matters reviewed by the QMPQC submitted in writing and adequately explained?
- Are agendas and meeting papers circulated in sufficient time to allow proper consideration by members prior to meetings?
- Is the QMPQC able to acquire and compile the information it requires?
- Are resolutions of the QMPQC documented and disclosed in a timely manner?
- Are minutes and meeting papers appropriately drafted and maintained (for ten years)?
- Is the QMPQC monitoring the implementation of its recommendations?



## Appendix 3: QMPQC Confidentiality Agreement

### CONFIDENTIALITY FORM

All members and relevant persons of the QMPQC and its sub-committees should sign this form.

The QMPQC is established as a quality assurance committee 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.

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](mailto: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.**

## 12. Document history

	To be completed by the QMPQC
<b>Jan 2022</b>	Draft version 2.0 for review – condensed TOR changes to membership panel
<b>May 2022</b>	QMPQC Endorsement – with changes
<b>Jun 2022</b>	Endorsed Version 2.1 Changes include QMNCN from SMNSC, Consumer inclusion. Function to include making Recommendations to Public and Private facilities. Reporting of significant issues/concerns directly to the Minister of Health in a timely manner.