DATA SOURCES USED IN THIS REPORT

Pregnancy, birth and neonatal data for the 20 year period 1988 to 2007 was sourced from the Perinatal Data Collection, Queensland Health (extracted 17 November 2009) and prepared by Ms Vesna Dunne, Principal Statistical Output Officer, Statistical Output & Library Services, Health Statistics Centre, Queensland Health. This data was further analysed and collated by Professor Michael Humphrey, Chair, Queensland Maternal and Perinatal Quality Council.

Previous reports by the Queensland Maternal and Perinatal Quality Council and Queensland Council on Obstetric and Paediatric Morbidity and Mortality (QCOPMM) were sources of data regarding maternal and perinatal deaths from 1988 to 2003, as were Australian Institute of Health and Welfare (AIHW) reports on Maternal Deaths in Australia.
TERMS OF REFERENCE

Queensland Maternal and Perinatal Quality Council

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.

2. FUNCTIONS

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

- Function under the authority of Sections 30 to 38 (Quality Assurance) of the Health Services Act 1991
- Obtain qualitative and quantitative clinical information primarily from the Health Statistics Centre Perinatal Data Unit and Queensland Health Patient Safety Centre (PSC) 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 Health Quality Complaints Commission (HQCC) and PSC 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 15).
- 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:
  - PSC
  - HQCC
  - Queensland Centre for Mothers and Babies
  - Policy, Planning and Resourcing Division, Queensland Health
  - Clinical Practice Improvement Centre (CPIC)
  - Health Statistics Centre, Queensland Health
  - Queensland Retrieval Service
  - Australian Institute of Health and Welfare (AIHW)
  - Australian and New Zealand Neonatal Network
3. **AUTHORITY**

The Council functions under the authority of the Health Services Act 1991, Division 2 Quality Assurance. The Council provides advice to the Patient Safety and Quality Executive Committee (PSQEC) via the annual report and on a needs basis. The Council provides advice to the Minister via the 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:**
- Issues unable to be resolved by the Council will be escalated to PSQEC and PHMLG where appropriate.
- Issues outside the scope of the Council will be referred to the appropriate authority eg PSQEC, HQCC,

4. **GUIDING PRINCIPLES**

The Health Services Act 1991 Section 4A provides a set of principles intended to guide achievement of the Act’s objects. These principles, the Private Health Services 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 and Congenital Anomaly 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 subcommittees will occur after consultation with SMNCN and PHMLG.

6. **REPORTING**

- The Council will provide a triennial report to the Minister for Health via CPIC.
- The Council will provide the PSQEC with an annual report 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 annual reports will be provided to SMNCN and PHMLG, for promulgation to member facilities and organisations for consideration (See Item 15).
- Organisations that request the consideration of the Council such as the HQCC will receive reports as required in addition to the annual report.
- Where it is otherwise relevant to their statutory functions, regulatory authorities will be notified of summary findings and recommendations of the annual reports
- Matters relevant to a single Health Service District or a single Private Maternity Health Facility may be referred to the relevant Chief Executive Officer of the Health Service District 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).

Chair:

An interim chair will be appointed by Queensland Health in the first instance for 12 months to lead the re-establishment of the Council. Extension of the interim chair for another 12 months may be agreed to by the members to enable the initial appointment to coincide with the two year term of membership of the Council.

Future chairs will be elected by the members on a biannual basis. A Chair may serve no more than two consecutive terms as chairperson of the Council.

Members:

The Council shall consist of no more than 20 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
  - Obstetrics
  - Midwifery
  - Neonatal nursing
  - Specialist Obstetrics /Maternal Foetal Medicine
  - General practice obstetrics
  - Indigenous health
  - 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 may serve no more than two consecutive terms.
- 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.
8. OTHER PARTICIPANTS – Guest Speakers or Expert Advisors

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. 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.

10. 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.

11. 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 6 Division 3 of the Health Services Regulation 2002 which requires the adoption of a privacy policy.

As an approved quality assurance committee pursuant to section 31 of the Health Services Act 1991, the Council is prohibited from furnishing a report or making information available that discloses the identity of individuals without the written consent of the individual be they a patient or staff member. If the person is deceased this will require consent from the most available senior next-of-kin.

Members of the Council and relevant persons are prohibited from making a record of, divulging or communicating to any other person, information they obtain in the course of their involvement in the Council activities, unless this was done for the sole purpose of enabling the Council to perform its functions.

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 s32, s33, and s34 of the Health Services Act 1991 with regard to any information provided by private health facilities.

12. SECRETARIAT

- Secretariat support will be provided by Queensland Health Maternity Unit, Primary, Community and Extended Care Branch.

13. MEETING SCHEDULE

- Two monthly
- Tuesday mornings initially
- 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.