

HEALTH ADMINISTRATION ACT 1982

TERMS OF REFERENCE

COLLABORATING HOSPITALS' AUDIT OF SURGICAL MORTALITY

I, ELIZABETH KOFF, Secretary, Ministry of Health, acting as the authorised delegate of the Minister of Health, pursuant to sections 20(5) and 23 of the *Health Administration Act 1982* (the Act) and section 43 of the *Interpretation Act 1987*, do hereby repeal the existing terms of reference for the Collaborating Hospitals' Audit of Surgical Mortality (CHASM), and authorise CHASM to conduct investigations and research in accordance with section 23 of the Act as follows:

1. Governance and statutory privilege

The Collaborating Hospitals' Audit of Surgical Mortality (CHASM) is governed by its Ministerial Committee and administratively supported and managed by the Special Committees Program at the Clinical Excellence Commission.

CHASM is constituted under section 20 of the Act and is afforded privilege under section 23 of the Act for the purpose of conducting research or investigations into morbidity and mortality occurring within NSW. Material created for and by CHASM is privileged and cannot be disclosed or released, otherwise than in accordance with these terms of reference, without the approval of the Minister for Health or the Minister's authorised delegate.

2. Purpose

The purpose of CHASM is to review deaths that occur within 30 days after an operation or procedure, or during the last hospital admission under the care of a surgeon, irrespective of whether an operation has been performed or not.

3. Functions

CHASM will:

- undertake, oversee, and coordinate a systematic audit of surgical mortality in NSW, using peer review processes;
- obtain information including confidential medical information, case notes and opinions relevant to deaths associated with surgical care from: individual surgeons, in relation to cases that have been notified to CHASM; public health organisations, private health facilities and day procedure centres in relation to cases being reviewed by CHASM, and external assessors (including individual surgeons and such other persons or bodies as the Committee considers appropriate) to CHASM to perform its functions;
- review deaths associated with surgical care, identify potentially preventable factors associated with these cases, and provide confidential feedback to the surgeons involved;
- receive notifications of deaths associated with surgical care from individual surgeons, public health organisations, private hospitals and day procedure centres, and the NSW State Coroner;
- contribute surgical expertise to the preparation, analysis and interpretation of publications and reports to highlight any surgical learnings and identify any recommendations for appropriate action;
- conduct relevant research projects using the data and de-identified information obtained as part of the audit;
- share information from the audit findings with the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) for the following: Notification data on deaths that occur while under, or as a result of, or within 24 hours after, the administration of an anaesthetic or a sedative drug;
- contribute surgical expertise to the review of clinical incidents involving surgical care and make recommendations for system improvement;
- regularly review the Committee's functions and activities including maintenance of security and confidentiality of case data.

4. Communication and reports

CHASM will provide de-identified feedback or reports on the outcome of its reviews to inform on best practice, system improvement and patient safety to:

- individual surgeons involved in the care of the deceased patient;
- individual surgeons participating in CHASM as peer review assessors;
- the Secretary, NSW Health, as an annual publication for educational purposes;
- hospitals and health facilities on their notification of death reporting; and
- other committees with special privilege under section 23 of the Act.

CHASM may provide reports using de-identified aggregated data to:

- public health organisations and private health facilities to assist in improving effective and timely care;
- individual surgeons requesting data to support their low/negligible risk research projects, or for journal publications and presentations;
- research teams conducting research projects with ethics approval from a NSW Health Human Research Ethics Committee;
- the Australian and New Zealand Audit of Surgical Mortality (ANZASM) for inclusion in their national case book publications and Case of the Month national program;
- the Royal Australasian College of Surgeons (RACS) for the purpose of maintenance of standards and surgical education; and /or
- appropriate agencies, organisations or colleges to support patient safety and quality improvement initiatives.

5. Communication with Key Stakeholders

Members may visit hospitals and local health districts on an ad hoc basis to promote the program and encourage surgeon participation. They may give presentations at conferences, forums and educational sessions to promote and educate the surgical community on the purpose of CHASM.

CHASM produces an annual publication using de-identified information, approved for disclosure by the Secretary, NSW Health, to promote a greater awareness of relevant issues and challenges for surgeons in New South Wales.

Individual feedback is provided by the Chairperson to each surgeon participating in the CHASM Program following case assessment. This is an educational process to assist surgeons to undergo a period of reflection by considering the feedback provide from their peer.

6. Sub-committees

CHASM may establish sub-committees to assist with the functions of CHASM and delegate such functions of CHASM, consistent with these Terms of Reference, to those sub-committees as CHASM considers appropriate.

7. Research

De-identified information obtained from the surgical case form and subsequent assessment/s may be made available to researchers to conduct approved research projects. CHASM may place specific conditions on the data provided to any agency or person.

This information will also be available to be analysed and scrutinised by employees of the Clinical Excellence Commission to ensure data integrity and to provide accurate context for the purposes of each research project. NSW Health Cybersecurity protocols must be adhered to by all researchers.

Research papers and publications using aggregated data will be published in a de-identified format, approved by the Chief Executive of the Clinical Excellence Commission, to ensure that the perspective of the research outcomes is appropriate, and able to withstand public scrutiny.

Proposed research projects will require the approval of a NSW Health Human Research Ethics Committee (HREC) before commencing and will need to be endorsed by the CHASM Chairperson. NSW Health remains the owner of the data provided for research purposes.

8. Membership

CHASM should reflect the interests of the surgical community relative to the work of the Committee and is to consist of no more than 30 members, including:

- one Clinical Chairperson
- two Deputy Co-Chairs, including one representative of the Royal Australasian College of Surgeons (RACS) New South Wales State Committee
- one layperson with expertise in human factors
- one member of the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)
- one perioperative geriatrician
- one or more registered NSW medical practitioners representative of the following specialities:
 - Cardiothoracic Surgery
 - General Surgery
 - Neurosurgery
 - Oncology Surgery
 - Orthopaedic Surgery
 - Urology
 - Vascular Surgery

Members are appointed by the Secretary, NSW Health, under delegation by the Minister, for a period not exceeding five (5) years, and any such appointments may be terminated by the Secretary at any time. Members may be eligible for reappointment for further terms, where the total period of appointment as a member does not exceed a maximum of ten (10) years.

In addition, the Committee has the following ex-officio membership: Chief Executive, Clinical Excellence Commission (CEC); Medical Director, Patient Safety, CEC; Manager, Special Committees, CEC; Chairperson or member of the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA); Chairperson, NSW Regional Committee of the Royal Australasian College of Surgeons (RACS) as a Deputy Co-Chair.

The Committee Chairperson may also invite surgeons to attend meetings as Subject Matter Experts to conduct case-specific reviews for specialities and sub-specialities including, but not limited to: Paediatric Surgery; Cardiothoracic Paediatric Surgery; Plastic and Reconstructive Surgery; Otolaryngology – Head and Neck Surgery; Maxillo-Facial Surgery; Obstetrics and Gynaecology; Ophthalmology.

9. Clinical Chairperson and Deputy Co-Chair

Pursuant to Section 20 of the Act, a member of the Committee who is a registered medical practitioner can be appointed as the Clinical Chairperson or Deputy Co-Chair by the Secretary, NSW Health, under delegation by the Minister, for a period not exceeding five (5) years, any such appointments do not include the term of office as a member of the Committee in the maximum term of office as Chairperson or Deputy Co-Chair.

At the end of the Chairperson's first term, if eligible, the holder of office may be considered for reappointment by the Secretary, NSW Health, for a further term, where the total period of appointment does not exceed a maximum of ten (10) years.

The Chairperson may endorse a Deputy Co-Chair for reappointment by the Secretary, NSW Health, for further terms, with the holder of office not exceeding a maximum period of appointment of ten (10) years.

The Secretary, NSW Health, may appoint, a member to act in the office of Chairperson of the Committee during the illness or absence of the Chairperson, and the member, while so acting, will assume all the functions of the office, and is taken to be the holder of office.

10. Conduct

Each member of the Committee must agree to comply with the NSW Health Code of Conduct and is to sign a confidentiality agreement relative to the business of the Committee.

A member of the Committee is taken to have vacated their position if:

- (a) The Minister revokes a member's appointment; or
- (b) A member resigns in writing to the Minister; or
- (c) A member is not considered eligible for reappointment upon the completion of their term of appointment; or
- (d) A member becomes mentally incapacitated, or dies; or
- (e) A member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with his or her creditors or makes an assignment of his or her remuneration for their benefit, or
- (f) A member is convicted in New South Wales of an offence which is punishable by imprisonment for 12 months or more, or is convicted elsewhere than in New South Wales of an offence that, if committed in New South Wales, would be an offence so punishable.

11. Remuneration

Remuneration (including travelling and subsistence allowances) for the Chairperson, Deputy Co-Chairs and members of CHASM is set by the Minister in accordance with the *Remuneration and Classification framework established for NSW Government Boards and Committees*. Deputy Co-Chairs are entitled to remuneration equivalent to that of a Committee member, plus 15%.

The CHASM Committee is classified as a C2-i entity with rates effective from 1 July 2014, set by the Public Service Commission.

12. Meetings

The CHASM Committee will meet at least four (4) times each calendar year. Meetings will be held out of hours, where applicable, with members attending outside of their employed clinical roles.

13. Secretariat

The Secretariat for CHASM will be provided by the Clinical Excellence Commission.

14. Quorum

The CHASM Committee requires the attendance of one quarter (25%) of its membership (to the nearest whole number) for a quorum.

Members not providing an apology to the Chairperson to support their inability to attend a meeting, may be at risk of forfeiting their membership if this occurs on more than three consecutive occasions.

Dated this  day of  2021



Elizabeth Koff
Secretary, NSW Health