



Executive Summary of Final Report

Review of the National Mortality
Review Function

March 2022



2 Executive Summary

2.1 Purpose

The purpose of this review is to explore the value and contribution of the National Mortality Review Function (NMRF) in improving our health system and other social sectors to reduce preventable mortality, and to provide recommendations to strengthen the impact of this function. Francis Health was commissioned by the Health Quality and Safety Commission (HQSC) to deliver a comprehensive 'first principles' review of the NMRF with a particular focus on how the function can give better effect to the Crown's responsibilities to Māori under the principles and obligations contained in Te Tiriti o Waitangi.

The health and disability sector environment and priorities have changed significantly since the inception of the mortality review system in 2002. HQSC would like to understand whether the current mortality review structures and functions are apposite to deliver a mortality review function that will last a generation.

This report summarises the findings and recommendations of the Francis Health review.

2.2 The Review Process

The review commenced in September 2021 and reported to the HQSC Board in April 2022. The review process involved widespread stakeholder consultation ranging from existing Mortality Review Committee (MRC) members, government agencies and consumer groups. A current state 'Critical Review' was undertaken that was informed by a review of international literature, legislation, performance, prior reviews, and outputs from existing MRCs.

The HQSC established an Expert Advisory Group (EAG) to test concepts and provide advice to the Francis Health team over the course of the review. A set of 'first principles' was developed in partnership with the EAG to serve as guiding principles for the future state design and recommendations.

2.3 Background and Current State

The intention of a NMRF is to reduce preventable deaths. This is achieved by collating and systematically analysing information relating to preventable death, bringing together subject matter experts to conduct reviews, and developing recommendations. These recommendations then need to be disseminated and their impact on system change and improvement evaluated.

The mortality review programme was placed in the HQSC when it was established in 2010 and has often been seen as the responsibility of the health sector. It is now accepted that a health lens, while essential, is not sufficient in the context of addressing the key drivers (social determinants¹) of preventable mortality. Broader, multi-sector partnerships are essential to achieve traction and effect change, particularly across entrenched issues. The significance of effective intersectoral partnerships is set to increase as health system reforms with a focus on delivering for Māori and community-based services come into effect.

¹ The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (World Health Organisation definition)





The HQSC hosts five MRCs:

- Child and Youth Mortality Review Committee (CYMRC) established 2002
- Perinatal and Maternal Mortality Review Committee (PMMRC) established 2005
- Family Violence Death Review Committee (FVDRC) established 2008
- Perioperative Mortality Review Committee (POMRC) established 2010
- Suicide Mortality Review Committee (SuMRC) established 2017.

The review team acknowledge the progress that has been achieved over the last twenty years, largely through the dedication and passion of committee members (past and present), which has resulted in Aotearoa New Zealand's mortality review being recognised internationally as being at the forefront².

Whilst there was a strong and broad endorsement of the vital importance and value of a mortality review function, it was also acknowledged that there are several factors that inhibit optimal functioning and impact. The increasing appreciation for the complexities driving mortality and the consistently poorer outcomes for Māori that continue to prevail mean it is important to examine the aspects of the NMRF that could be improved while acknowledging and maintaining the existing strengths. The report summarises the key challenges and opportunities relating to:

- Role and scope
- Value and impact
- Equitable outcomes and Te Tiriti
- Structure, processes, and resourcing
- Governance, roles, and responsibilities
- Data and data sovereignty
- Interagency collaboration and accountability
- Legislation.

2.4 Rationale for the Recommendations

The NMRF has made structural and process changes to mortality review in an effort to achieve improved equity for Māori. While these changes have progressed, they are neither sufficient nor consistently applied to eliminate inequities in preventable mortality for Māori. Māori experience significantly higher rates of mortality. As tangata whenua, the rights of Māori are guaranteed under Te Tiriti, and it is therefore incumbent that the NMRF processes, structures and priorities are resourced to eliminate these inequities.

The key findings, first principles, and recommendations for a future blueprint outline a compelling case for change signalling the nature and shape of the blueprint for the future state of an equitable, sustainable, and impactful NMRF. The key areas of change under the future state are grouped and briefly described below:

- Improved Te Tiriti compliance that strengthens the influence Māori have over mortality review, with improved capability across all members so that resourcing is focussed and prioritised to

² Coleman, C., Elias, B., Lee, V., Smylie, J., Waldon, J., Hodge, F., & Ring, I. (2016). International Group for Indigenous Health Measurement: Recommendations for best practice for estimation of Indigenous mortality. *Statistical Journal of the IAOS*, 32, 1-10. <https://doi.org/10.3233/SJI-161023>





eliminate inequities in preventable mortality for Māori

- Expansion of scope to include consideration of all preventable mortality, not only the five areas historically reviewed. This will ensure activity is focussed on areas of highest need and where impact is more likely to be achieved
- Acknowledgement that one of the NMRF's primary roles is one of influence best achieved through increased attention on cross- sector engagement. Effective relationships will better support ownership and implementation through collaboration with other national and local agencies, resulting in greater impact
- A more agile NMRF that can adapt and respond to both changes across sectors and emerging mortality priorities
- Better coordination and alignment of review and related activities at an operational level which will improve efficiencies and enable better sharing of skills and capability across the NMRF
- Improved ownership of the NMRF data to enable improved and appropriate access (within privacy and Māori data sovereignty frameworks) to develop enhanced capabilities to identify causes of mortality
- Improved clarification on the roles and responsibilities of the NMRF, and clarity on the purpose and benefit of independence. This is in relation to both the ability of the HQSC to credibly undertake review independently from government agencies and the value and role of the independent advice provided to the NMRF in support of mortality review
- Modernised legislation giving effect to these changes and incorporating a clear statement of the purpose of the NMRF and ability for the HQSC to request feedback on recommendations from other government agencies.

The recommendations in the next section identify the key activities and considerations that the HQSC will need to progress over time to achieve the benefits summarised above. The recommendations are supported by a blueprint that describes how a new NMRF would work and an implementation pathway to initiate this change.

While much of the journey remains ahead, the review team is confident that if the HQSC can progress these recommendations it will achieve an improved national mortality review function - one that considers all preventable mortality when setting priorities, is Te Tiriti compliant, appropriately resourced, and equipped to last a generation.

