



# Provincial Council for Maternal and Child Health

## Terms of Reference

### 1. SCOPE AND MANDATE

The mandate of the Provincial Council for Maternal and Child Health (“PCMCH”) is to provide evidence-based and strategic leadership for maternal, neonatal, and paediatric health services in Ontario. This includes supporting provincial coordination of planning, implementation, capacity development, knowledge mobilization, monitoring, and evaluation across both community and hospital settings. The overall goal of PCMCH (or, “the Council”) is to support the development of a system of care that provides timely, equitable, accessible, high quality, evidence-based, and family-centred care in an efficient and effective manner.

PCMCH has two distinct roles. First, PCMCH generates information to support the evolving needs of the maternal-child health care system in Ontario. Secondly, PCMCH is a resource to the maternal-child health care system in Ontario to support system improvement and to influence how services are delivered to families across all levels of care.

PCMCH, in conjunction with other partners, facilitates the coordination of regional networks to drive quality improvement in maternal-child health services across Ontario.

PCMCH serves as a vehicle to implement government health strategies, including implementing Ministry-directed priority initiatives. It also helps consolidate information about threats, opportunities, and other needs from the field and to communicate these in ways that help inform the Ministry.

Within the context of broader healthcare transformation in Ontario, PCMCH is committed to working collaboratively with Local Health Integration Networks (LHINs), Ministries (MOHLTC, MCYS, MCSS, MEd), agencies (including Health Quality Ontario and Critical Care Services Ontario), regional maternal-child health networks, families, and researchers, to provide expert information and to support the provincial system of maternal, neonatal, and paediatric health services.

### 2. VISION

*Healthy pregnancies, babies, children and families for lifelong health in Ontario.*

### 3. MISSION

***Be the provincial forum*** in which families, caregivers, clinical and administrative leaders in maternal, child and youth health can identify patterns, issues of importance and improvement opportunities in health and health care delivery.

***Enhance the delivery and experience of maternal, child and youth health care services*** by engaging individuals, families and their care providers in building provincial consensus regarding standards of care, leading practices and priorities for system improvement, and monitoring of the performance of Ontario’s maternal and child health system.

***Be a trusted leader and voice*** to Ontario’s maternal, child and youth health care providers, planners and stewards in order to improve the care experience and overall health system performance.

**Facilitate knowledge to action** that will support individuals, caregivers, health care providers and planners in improving the health and wellbeing of children, youth, and families.

#### **4. FUNCTIONS**

Working in collaboration with its provincial and national partners and stakeholders (families, clinicians, health service providers, policy makers, and funders), PCMCH will fulfill the following roles:

- i) Identifying innovative and leading evidence-based practice guidelines and standards to inform the delivery of the highest quality maternal, neonatal, and paediatric health services;
- ii) Coordinating the implementation of quality improvement initiatives and monitoring the impact to the system and patients;
- iii) Coordinating planning for maternal, neonatal, and paediatric health services in Ontario;
- iv) Supporting planning for health human resources and capacity building in the maternal, neonatal, and paediatric health system;
- v) Promoting innovation in the delivery of care across the healthcare continuum to improve the health and care of mothers, children, youth, and families;
- vi) Supporting knowledge mobilization to current and future maternal, neonatal, and paediatric health professionals;
- vii) Interfacing with the LHINs, regional maternal-child health networks, and other stakeholders to facilitate implementation and to influence adoption of approved initiatives; and
- viii) Identifying and reporting key maternal and child health indicators to promote ongoing quality improvement and accountability, in partnership with other organizations where possible, to avoid duplication and leverage others roles and capacity.

#### **5. REPORTING RELATIONSHIP AND ACCOUNTABILITY**

PCMCH reports to the Ministry of Health and Long Term Care's Provincial Programs Branch and to the Board of Directors of The Hospital for Sick Children (SickKids) which has the fiduciary responsibility for ensuring PCMCH meets the set of deliverables as mutually agreed upon and set out in the Ministry's Transfer Payment Agreement with SickKids in accordance with Ontario regulations.

#### **6. MEMBERSHIP**

PCMCH will be comprised of at least 15 and not more than 18 members, plus representatives from government. Perspectives from families, including youth, will be sought in a variety of ways appropriate to specific initiatives.

PCMCH is led by co-chairs. One Co-Chair is typically the President and CEO of The Hospital for Sick Children ("SickKids"), given that, by the terms of the Transfer Payment Agreement between the Ministry of Health and Long-term Care and SickKids, PCMCH reports through the Board of Directors of SickKids. The other Co-Chair should be an executive leader from one of the centres offering comprehensive maternal-child health services in Ontario.

Council members should reflect the breadth of relevant clinical representation, but should also have the perspective and operational responsibility as well as authority to provide insight/advice on implementation opportunities and barriers, as well as to champion local adoption of change

initiatives driven out of PCMCH. The following leadership representation should be reflected within the composition of the Council:

- Ministry of Health and Long-Term Care (Assistant Deputy Minister, Negotiations and Accountability Management Division) – *ex officio*
- Hospital for Sick Children (SickKids) CEO – *ex officio*
- Maternal-Child Regional Networks
- Tertiary paediatric and obstetric hospitals
- Community hospitals
- Clinical disciplines:
  - Midwifery
  - Obstetrics
  - Paediatrics
  - Neonatology
  - Family practice
- Public Health Units
- Patient/family
- Indigenous communities
- Health Quality Ontario – *ex officio*
- Critical Care Services Ontario – *ex officio*
- LHINs – *ex officio*
- BORN – *ex officio*

A PCMCH Executive Committee supports responsive management of PCMCH business and its interface with government. This Committee should include the Council Co-Chairs and the CEOs of the tertiary children's hospitals.

### **Process for the Selection of Members**

The overall composition of the PCMCH should reflect a balance of skills, systems leadership, operational leadership, and expertise needed for the Council to fulfill its roles and responsibilities. Membership as a whole should reflect the scope of PCMCH including: the continuum of primary to quaternary care; the spectrum of maternal, neonatal, and paediatric health services; community and institutional settings for the delivery of care/services; professional disciplines; rural, urban and remote perspectives; and the diversity of the communities served.

Ex officio members are recommended by their organization (Ministries, LHIN CEOs, BORN Ontario). For all other members, when vacancies arise a call for Expressions of Interest will be issued across the province via the PCMCH mailing list and website. The Governance and Nominations Committee of PCMCH will recommend a slate of nominees for approval by the Council.

The non ex officio members are selected based on the following skills and expertise:

- Clinical leadership in academic health science centres, community hospitals, and community settings;
- Administrative leadership in academic health science centres, community hospitals, and community settings;
- Expertise in maternal, neonatal, and/or paediatric care;
- Expertise in health human resources, education, training, and capacity planning.

The Council will also include:

- One of the co-chairs of the Maternal-Neonatal and Child and Youth Committees to ensure communication between the groups. These co-chairs will be appointed by Council.

The generic qualities/ personal attributes expected of all Members include:

- Familiarity with or knowledge of the Ontario system of maternal, neonatal, and paediatric health services;
- Ability to provide linkages to groups and organizations in the system of maternal, neonatal, and paediatric health care;
- Systems thinking;
- An understanding of the scope and roles of PCMCH;
- An understanding of the obligation to act in the best interests of the Ontario system of maternal, neonatal, and paediatric health care as a whole;
- Ability to work and communicate effectively as a member of PCMCH with other members of the Council and the staff of PCMCH; and
- Ability and willingness to commit the necessary time to participate in PCMCH meetings and meeting preparation.

### **Term of Office of Members**

**Founding Council:** Initial terms for voting members will be established for 1, 2, and 3 years, to allow for a staggered turnover of members. The founding voting members may then serve one additional 3-year term. Term limits do not apply to ex officio members, whose engagement is reviewed and recommended by the Governance and Nominations Committee, with the approval of the voting members of Council.

**Thereafter:** In consideration of the learning curve associated with joining the Council and the amount of intellectual property members accrue, voting members will serve a single 5 year term.

### **Officers**

The Officers of PCMCH will be the Co-Chairs.

### **Process for the Selection of Officers**

As outlined above, one Chair will be the CEO of SickKids. The other Chair will be elected by the members of the Council.

### **Term of Office of Co-Chair**

The Co-Chair will serve a maximum of two 3-year terms, subject to annual election by PCMCH.

### **Use of Alternates**

The use of alternates or designates is not permitted for voting members; however, ex officio members may use alternates or designates with the express approval of the Executive Director, PCMCH.

### **Attendance**

Council meets four (4) times a year. Meeting dates are circulated a year in advance. In order to maintain their seat on Council, members must be present for a minimum of 3 meetings per year (75% attendance).

## **7. DECISION MAKING AND QUORUM**

PCMCH will act in the best interests of the maternal, neonatal, and paediatric health system. Decisions will be based on the interests of the citizens of Ontario and the system of services rather than the interests of any single organization or component of that system.

All Council members share accountability for decisions and results. There will be open and direct communication based on honesty, respect and transparency to ensure that all perspectives are heard. Decisions will be based on evidence whenever possible.

Quorum is set at 50% + 1 of membership for decisions.

Decisions will be made by consensus if possible; if consensus is not achieved, then a majority-based decision will be made. If voting is required, members, excluding ex officio, are entitled to one vote, which should include the opportunity for absentee members to provide input. The views and issues of any minority perspective will be reflected in final reports and recommendations. There will not be an appeals process.

Decisions are binding and all members will support the decisions and work of the Council after decisions have been made.

## **8. CONFLICT OF INTEREST**

Council members are expected to act in good faith and to make decisions that are in the best interests of the maternal child health care system.

Council members are expected to disclose to the Co-Chairs of their group, without delay, any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest, in accordance with the Conflict of Interest Policy.

## **9. COMMUNICATION AND CONFIDENTIALITY**

It is important for PCMCH to nurture relationships, develop partnerships, and collaborate with all of its stakeholders. PCMCH will promote a system-wide, cooperative and collaborative approach towards system improvement and implementation of approved initiatives.

Processes will be developed to ensure effective ongoing and transparent communication and positive relationships between PCMCH and its stakeholders.

Council material should be treated as confidential. It will be clearly stated when PCMCH material is no longer confidential.

## **10. STRUCTURES OF COUNCIL**

Council may establish advisory and/or sub-committees, time limited project groups, and/or task forces or expert panels, as required, to assist the Council in carrying out its functions.

PCMCH provides strategic direction and oversight for its committees and expert panels, including: defining expectations for membership of its committees and expert panels; providing direction regarding key process expectations, such as requirements for consultation and stakeholder engagement; setting annual priorities; and approving work plans.

Council is responsible for approving all advice developed by its committees and expert panels.

## **11. MEETING SCHEDULE**

Quarterly

## **12. SECRETARIAT**

Council will be supported by a secretariat that is comprised of:

- An Executive Director
- Program Managers
- Executive Assistant
- Administrative Assistant(s)

The annual operating budget for the PCMCH Secretariat will be provided through an annual contribution from the Ministry of Health and Long-Term Care and additional external funding from stakeholders for special projects, as accepted and approved by PCMCH, from time to time.

## **13. TERMS OF REFERENCE**

The Terms of Reference for Council will be reviewed as necessary and/or at a minimum of every two years.

## **14. EVALUATION**

The Council will identify a set of performance measures that will be used to assess the work of PCMCH and its impact on health system improvement annually.