

# Terms of Reference for the Perinatal and Maternal Mortality Review Committee

Approved September 2009

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## Definition

1. The Perinatal and Maternal Mortality Review Committee (“the Committee”) is a ministerial advisory committee established under sections 11 and 18 of the New Zealand Public Health and Disability Act 2000 (“the Act”). The specific functions of Mortality Review Committees are determined by the Act.
2. The Committee is appointed by, and accountable to, the Minister of Health (“the Minister”).

## Function

3. The functions of Mortality Review Committees are defined in the Act; Section 18, subsections 1 and 2.
4. The Committee is required to:
  - a) review and report to the Minister on deaths that are within the Committee’s Scope, with a view to reducing these deaths and to continuous quality improvement through the promotion of ongoing quality assurance programmes
  - b) advise on any other matter related to mortality that the Minister specifies in writing
  - c) develop strategic plans and methodologies that are designed to reduce morbidity and mortality and are relevant to the Committee’s functions.

## Scope

5. The Committee will be required to consider Perinatal and Maternal mortality on an ongoing basis, and other mortality and morbidity as directed by the Minister in writing, or as specified within the Committee’s agreed Work Plan.
6. For the purposes of the Terms of Reference of the Perinatal and Maternal Mortality Review Committee:
  - a) perinatal is defined as the age range from 20 weeks completed gestation (400 grams birthweight) to 28 completed days after birth
  - b) maternal deaths are defined as deaths directly related to pregnancy or childbirth.

## **Expected Activities**

7. The Committee will oversee mortality review to ensure that relevant, evidence-based advice is provided to the Minister as quickly as practicable.
8. The Committee will support the development and enhancement of systems to:
  - a) ensure security of personal information as referred to in clause 3 of schedule 5 of the Act
  - b) provide the Minister with advance notice of media statements, public comment or publications
  - c) collect data
  - d) monitor the number, categories and demographics of deaths relevant to its functions and to identify patterns and trends over time.
  - e) undertake local review nationwide
    - i) as quality improvement initiatives, for system and practice improvements to reduce morbidity and mortality within local communities and the health system
    - ii) as data collection systems for national review
  - f) monitor the number, categories and demographics of mortality and morbidity relevant to its functions, to identify patterns over time
  - g) analyse and use data collected to develop effective recommendations that are useful for policy development at a national level.
9. The Committee will support the development and enhancement of positive working relationships, with:
  - a) existing Mortality Review Committees, to ensure coordination and integration of functions and to minimise duplication
  - b) relevant government bodies
  - c) relevant stakeholder organisations.
10. In carrying out its functions the Committee must ensure that:
  - a) appropriate consultation has occurred when developing a methodology and subsequently disseminating findings
  - b) any recommendations are developed in the context of available evidence
  - c) any advice and recommendations comply with the laws of New Zealand
  - d) its recommendations are published and widely available.
11. The Committee will submit a proposed Work Plan to the Minister by 31 March each year, for the following financial year.
  - a) If approved, budget will be assigned to the Work Plan.

- b) The Committee is required to achieve the Work Plan within the assigned budget.
12. The Committee is required to submit an Annual Report to the Minister, which will include:
- a) a summary of the Committee's work
  - b) the Committee's advice and recommendations
  - c) the Committee's rationale for its advice and any relevant evidence and/or documentation.

### **Composition**

13. The Committee will have a maximum of 10 members appointed by the Minister.
14. The Committee may establish working parties and may co-opt required expertise onto the Committee or onto working parties, within its budget.
15. Co-opted members will not have voting rights.
16. Members will have the ability to work strategically and will have credibility in relevant communities.
17. The Committee will collectively hold the following expertise:
- a) knowledge of quality improvement and risk management, in particular quality assurance in the health sector
  - b) knowledge of data and information gathering systems and analysis
  - c) knowledge and experience of clinical epidemiology
  - d) knowledge of DHB service provision and management
  - e) clinical experience in neonatal paediatrics, perinatal pathology, obstetrics, midwifery and other clinical expertise relevant to the Committee's function
  - f) knowledge of Maori health
  - g) knowledge of Pacific Island health
  - h) knowledge of consumer participation and representation.

### **Terms and Conditions of Appointment**

18. Members of the Committee are appointed by the Minister for a term of office of up to three years. The terms of office of members of the Committee will be

19. Unless exceptional circumstances are identified and these agreed upon by the Committee and by the Minister, no member may hold office for more than six consecutive years. Such circumstances include an exceptional need for continuity of knowledge and skills, for example, if three or more members are leaving the Committee at the same time. In such circumstances, a member's term may be extended for up to one year.
20. Any member of the committee may at any time resign as a member by advising the Minister in writing.
21. The Minister may, by written notice, terminate the appointment of a member or Chairperson of the Committee.
22. The Minister may from time to time alter or reconstitute the Committee, or discharge any member of the Committee, or appoint new members to the Committee for the purpose of decreasing or increasing the membership or filling any vacancies.

### **Duties and Responsibilities**

#### *23. Chairperson and Deputy Chairperson*

- a) The Minister will appoint a member of the Committee to be its Chairperson. The Chairperson will preside at every meeting of the Committee at which they are present.
- b) The Chair of the Committee is required to attend quarterly meetings of all the Mortality Review Committees' Chairs ("Chairs' Meetings") to ensure cooperation and integration across Committees wherever possible, and the best allocation of limited resources. This will require the Chair to be available for four full days annually.
- c) The Chair of the Committee may be required to attend other Committee meetings at the request of the Minister.
- d) The Committee may appoint one of its members to be Deputy Chairperson.

#### *24. Member*

- a) The following sections set out the Minister's expectations regarding the duties and responsibilities of a person appointed as a member of the Committee. This is intended to aid members of the Committee by providing them with a common set of principles for appropriate conduct and behaviour and serves to protect the Committee and its members.
- b) As an independent statutory body, the Committee has an obligation to conduct its activities in an ethical and responsible manner within the parameters of its functions as set out in these Terms of Reference.

- c) The Committee members should have a commitment to work towards reducing mortality and morbidity.
- d) Members are expected to make every effort to attend all Committee meetings and devote sufficient time to become familiar with the affairs of the Committee and the wider environment within which it operates.
- e) Members have a duty to act responsibly with regard to the effective and efficient administration of the Committee and the use of Committee funds.
- f) Members must ensure that any relevant procurement policies and procedures are adhered to and that Agreements are not entered into by any member or agent of the Committee, without the formal approval of the appropriate financial authority holder.
- g) Members attend meetings and undertake Committee activities as independent persons responsible to the Committee as a whole, unless these Terms of Reference allow for specified organisations to nominate representatives for appointment, in which case the members are the acknowledged representatives of those organisations.
- h) Members must operate in a culturally appropriate, sensitive, and responsive manner.
- i) All members of the Committee shall ensure that issues concerning Māori mortality and morbidity are considered and prioritised.
- j) Members must be objective, impartial and have a systemic focus on learning in order to improve and enhance current and future systems, policy and practice.

#### 25. *Management of Conflicts of Interest*

- a) Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect the Committee and its members and will ensure that it retains public confidence.
- b) When members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the Committee's functions, they must declare that conflict of interest and withdraw themselves from the discussion and/or activity.

#### 26. *Confidentiality*

- a) The maintenance of confidentiality is crucial to the functioning of the Committee.
- b) Members must note the statutory requirements in section 18(7) of the Act, which prevents disclosure of information of the kind described in clause 3 of schedule 5 of the Act. Under this clause, information means any information that is personal information within the meaning of section 2(1) of the Privacy Act 1993; and

- (1) that became known to any member or executive officer or agent of a Mortality Review Committee only because of the Committee's functions being carried out (for example, because it is contained in a document created, and made available to the member or executive officer or agent, only because of those functions being carried out), whether or not the carrying out of those functions is completed.
- c) Members must note that the disclosure of information contrary to schedule 5 of the Act is an offence and is liable, on summary conviction, to a fine not exceeding \$10,000.

### **Meetings of the Committee**

27. Meetings will usually be held in Wellington. Actual and reasonable expenses for activities required by the Committee of its members (eg, travel, accommodation, literature searches) will be met from the Committee's budget provided prior approval is received.
28. The timing and frequency of meetings is to be coordinated with the other mortality review committee Chairs and the Secretariat at Quarterly Chairs Meetings.
29. A quorum is the number of current, appointed Committee Members constituting a majority.
30. Every question before any meeting shall generally be determined by consensus decision-making. Where a consensus cannot be reached a majority vote will apply. Where a decision cannot be reached through consensus or a majority vote, the Chairperson's shall be the casting vote.
31. The Committee is required to keep minutes of all committee meetings that briefly outline the issues discussed and include a clear record of decisions or recommendations made.
32. Subject to the provisions set out above, the Committee may regulate its own procedures.

### **Fees and Allowances**

33. Members of the Committee are entitled to be paid fees for attendance at meetings. The level of attendance fees are set in accordance with the State Services Commission's framework for fees for statutory bodies (2006) and the Cabinet Office Circular CO (06) 08.
34. The Chairperson will receive payment consistent with Group 4 Level 2 of the Cabinet Office Circular CO (06) 08. The Chairperson is entitled to be paid fees for each day working for the committee (plus half a day's preparation fee for any Committee meetings). The Chairperson is entitled to an allowance of two extra days per month to cover additional work undertaken by the Chairperson.

35. The attendance fee for members is consistent with Group 4 Level 2 of the Cabinet Office Circular CO (06) 08. Members are entitled to be paid fees for each day attending Committee Meetings and/or Working Groups (plus half a day's preparation fee for each meeting).
36. The attendance fee for teleconferences and video-conferences is calculated on a pro rata basis (the hourly rate will be calculated at one seventh the daily rate).
37. Actual and reasonable travel and accommodation expenses of the committee, while on Committee business approved in the Work Plan, will be met from the committee's budget.

### **Secretariat**

38. The Ministry of Health employs staff to assist the Committee out of the Committee's allocated budget.
39. The Secretariat provides:
  - a) policy analysis and analytical support
  - b) guidance on governmental and ministerial processes
  - c) budget management, contract management and service procurement support to assist the Committee to achieve its Work Plan within its allocated budget
  - d) central communications systems support for correspondence and public relations purposes, including secure communication between Committee Members and Agents
  - e) liaison on behalf of the Committee within and across government and non-government organisations
  - f) administrative support to organise, minute and follow up on committee meetings and/ or working groups as agreed at Chairs' Meetings
  - g) additional support for the Committee to carry out its functions, as agreed at Chairs' Meetings.

### **Review**

40. These Terms of Reference will be reviewed in September 2012.

## **Attachment 1: Pandemic Influenza Mortality and Morbidity Review Group**

### **Role**

1. The Pandemic Influenza Mortality and Morbidity Review Group (“the Group”) is a joint sub-group of the Child and Youth Mortality Review Committee (“CYMRC”) and the Perinatal and Maternal Mortality Review Committee (“PMMRC”).
2. As such, the Group must operate according to the requirements of the New Zealand Public Health and Disability Act 2000 (“the Act”), Section 11 and 18 and Schedule 5, and the Terms of Reference of the CYMRC and the PMMRC.
3. The functions of the mortality review committees are determined by Section 18 of the Act. The Terms of Reference of the CYMRC and the PMMRC set the scope of the Committees.

### **Amendment to Scope**

4. This Appendix extends the scope of the CYMRC and the PMMRC to allow the review of mortality and morbidity related to pandemic influenza (H1N1) 2009 (“pandemic influenza”) for New Zealanders **of all ages**, for the purposes of ensuring:
  - a. gathering and review of accurate clinical information related to pandemic influenza hospitalisations and deaths
  - b. promulgation of treatment guidance for health services based on clinical review with a view to improvement of systems and clinical outcomes for patients.
5. A death specifically attributable to pandemic influenza is defined, for the purposes of this Group, as the death of a person with confirmed Influenza H1N1 infection determined from ante-mortem or post-mortem specimens, and who died from a clinically compatible illness or complications attributable to that infection. There should be no period of complete recovery between illness and death, and no alternative cause of death agreed upon.
6. The Group may gather information and review any deaths that may be related to pandemic influenza at their discretion.
7. The Group may gather information and undertake clinical case review of pandemic influenza related morbidity, at their discretion.
8. The Pandemic Influenza Mortality and Morbidity Review Group will be effectively meeting its tasks when it provides relevant and timely advice based on clinical mortality and morbidity review, research and analysis.

### **Composition**

9. The Group will have a maximum of eight members. One member will represent CYMRC and one member will represent the PMMRC. The representatives will be the Chairs of the Committees, or their selected delegates.

10. The Chair of the Group will be the longest current serving Chair of the PMMRC and the CYMRC, or an alternative agreed between the two Chairs.
  11. The Chair of the Group will co-opt members to the Group by invitation, after consultation with the Ministry and other key stakeholders.
  12. The Chair may end a co-option at any time.
  13. Co-opted members will become Agents of the CYMRC and the PMMRC and will carry the responsibilities of that role as defined within the New Zealand Public Health and Disability Act 2000.
  14. Co-opted members will have the same duties and responsibilities as full members of the CYMRC and the PMMRC according to the Act and the Terms of Reference of both Committees. Co-opted members will have voting rights within the Group only, not on the PMMRC or the CYMRC.
  15. Group members should have a commitment to work for the greater good of the Group, the Mortality Review Committees and the reduction of mortality and morbidity.
  16. There is an expectation that members will make every effort to attend all the Pandemic Influenza Mortality and Morbidity Review Group meetings and devote sufficient time to become familiar with the affairs of the Group and the wider environment within which it operates.
  17. The maintenance of confidentiality is crucial to the functioning of mortality review committees and to this Group. The New Zealand Public Health and Disability Act 2000 sets the high standards that are required for confidentiality and information protection and a \$10,000 fine is associated with failure to meet those requirements.
  18. All members, whether present members of Mortality Review Committees or co-opted, will be entitled to the payment of fees and costs as determined in the Terms of Reference for full members of the CYMRC and the PMMRC.
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