# NMMG Terms of Reference 2016–2019

## Introduction

1. This document sets out the:
   1. roles and responsibilities of the National Maternity Monitoring Group;
   2. work programme and reporting requirements;
   3. composition of the National Maternity Monitoring Group, and
   4. terms and conditions of appointment.

## Background

1. The New Zealand Maternity Standards (Ministry of Health 2011) consist of three high-level strategic statements to guide the planning, funding, provision and monitoring of maternity services:

Standard 1: Maternity services provide safe, high quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies;

Standard 2: Maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage, and

Standard 3: All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.

1. These high-level statements are accompanied by specific audit criteria and measurements of these criteria. One of the criteria is that a National Monitoring Group be established to oversee the maternity system and the implementation of the Standards.

## Role of the National Maternity Monitoring Group

1. The role of the National Maternity Monitoring Group is to oversee the New Zealand maternity system and to provide strategic advice to the Ministry of Health on priorities for improvement.
2. Standard 1 of the New Zealand Maternity Standards states “a National Monitoring Group, consisting of a small number of clinical sector experts and consumer representatives … provides oversight and review of national maternity standards, analysis and reporting. The National Monitoring Group provides advice to the Ministry on priorities for national improvement based on the national maternity report, nationally standardised benchmarked data, the audited reports from DHB service specifications, Maternity Referral Guidelines, and the Primary Maternity Services Notice 2007”.
3. Standard 1 sets out audit criteria, applicable at the national level, to which the Ministry of Health and the professional colleges are accountable to. These additionally inform the role of the National Maternity Monitoring Group.
4. The National Maternity Monitoring Group is not a decision-making body. While it may provide recommendations to the Ministry of Health, responsibility for decision-making and implementation rests with the Ministry of Health and/or other relevant participants in the maternity system.

## Responsibilities and reporting requirements of the National Maternity Monitoring Group

1. The National Maternity Monitoring Group will meet at least four times per annum, and will undertake other communication as necessary to deliver the agreed work programme.
2. The National Maternity Monitoring Group is responsible for identifying priorities for action or investigation, and agreeing a 12-month work programme with the Ministry of Health at the beginning of each year of operation.
3. The work programme may include but is not limited to:
4. Providing expert advice on data released through the New Zealand Maternity Clinical Indicators, national maternity consumer surveys and the New Zealand Maternity Report, which are published from time to time by the Ministry of Health.
5. Identifying relevant priorities within the New Zealand Health Strategy 2016 and Roadmap of Actions and considering their impact within the sector.
6. Contributing to the review of the New Zealand Maternity Clinical Indicators at a minimum of three-year intervals and providing advice on the modification, addition or withdrawal of any indicators.
7. Identifying priorities for national clinical guidelines / guidance for maternity including recommendations on best clinical practice, and providing advice on how these should be developed and implemented.
8. Reviewing reports of the Perinatal and Maternal Mortality Review Committee (PMMRC), identifying the implications for the maternity system of the findings of the PMMRC and providing advice on system response to these findings.
9. Reviewing and assessing the annual reports produced by each DHB as part of its Maternity Quality and Safety Programme.
10. Reviewing and assessing other maternity reports produced or commissioned by the Ministry of Health, DHBs, professional colleges, consumer groups or other stakeholders as requested from time to time.
11. The National Maternity Monitoring Group may be asked to provide advice on any other matters related to the quality and safety of maternity care and services by the Ministry of Health from time to time.
12. The National Maternity Monitoring Group will produce an Annual Report by a date negotiated with the Ministry of Health detailing:
13. Work carried out, conclusions reached and recommendations made during the previous year.
14. Its priorities and work programme for the following year
15. How relevant actions from the New Zealand Health Strategy 2016 have been incorporated into the NMMG work programme.

## Relationship of the National Maternity Monitoring Group to the Perinatal and Maternal Mortality Review Commission

1. The Perinatal and Maternal Mortality Review Committee (PMMRC) is a Mortality Review Committee, appointed under section 59E of the New Zealand Public Health and Disability Act 2000 by the Health Quality and Safety Commission.
2. The PMMRC considers maternal and perinatal mortality, and other morbidity as directed by the Minister in writing. It prepares an Annual Report, which includes its advice and recommendations.
3. In providing its advice, the National Maternity Monitoring Group will take account of the findings on maternal and perinatal mortality and morbidity by the PMMRC set out in its Annual Report.
4. Where the PMMRC recommends specific action by maternity system stakeholders, the National Maternity Monitoring Group will advise the Ministry on an appropriate response to these recommendations.
5. The National Maternity Monitoring Group will meet at least once annually with the PMMRC.

## Composition of the National Maternity Monitoring Group

1. The National Maternity Monitoring Group will have a maximum of nine members, not including ex-officio members from the Health Quality and Safety Commission and Ministry of Health.
2. Composition of the National Maternity Monitoring Group will balance requirements for:
3. Expertise necessary to analyse different sources of information on the maternity system and make recommendations based on this analysis.
4. Perspectives of key stakeholders in the maternity system.
5. The National Maternity Monitoring Group will include the following experience as, and/or expertise in:
6. epidemiological research and analysis of health data/statistics
7. community-based LMC midwifery practitioner
8. hospital-based core midwifery practitioner
9. specialist obstetric maternity care practitioner
10. specialist neonatal care practitioner
11. primary care practitioner
12. primary maternity radiology practitioner
13. Māori health
14. Pacific health
15. consumer(s) with a focus on maternity issues.
16. All members of the National Maternity Monitoring Group will have basic skills and confidence in working with and interpreting health data.
17. The Ministry will seek nominations from relevant organisations and professional colleges, including the Health Quality and Safety Commission. The Ministry reserves the right to appoint more than one member from an organisation or college or to appoint members not officially nominated by an organisation or college, in order to ensure the balance of skills and expertise outlined in 20 a) to g).
18. Members of the National Maternity Monitoring Group will share a commitment to working collaboratively and constructively to oversee the national maternity system.
19. The National Maternity Monitoring Group may identify that additional skills or expertise in a particular field or specialty is required to deliver aspects of the agreed work programme. The National Maternity Monitoring Group may seek additional (co-opted) members to fill skill gaps. This will be done in agreement with the Ministry of Health.
20. At least one representative of the Ministry of Health will attend meetings in an ex-officio capacity.

## Term of the National Maternity Monitoring Group

1. The National Maternity Monitoring Group will operate until the end of June 2019 unless otherwise notified by the Director General of Health.

## Decision-making

1. Decisions within the National Maternity Monitoring Group are to be made by consensus. Members are expected to work as far as is possible to achieve consensus. Dissenting views of members can be noted for the record.

## Appointment process

1. The Director General of Health will appoint members to the National Maternity Monitoring Group.
2. The terms of office will be for two or three years and will be staggered to ensure continuity of membership. No member may hold office for more than six consecutive years, unless there are exceptional circumstances. Members will be eligible for reappointment if applicable.
3. A Chair and Vice Chair will be elected by the members of the National Maternity Monitoring Group for a term of one or two years and may be re-elected.
4. Co-opted appointments may be proposed by the National Maternity Monitoring Group and will be made by the Director General of Health.
5. Any member of the National Maternity Monitoring Group may at any time resign as a member by advising the Ministry of Health in writing.
6. The Director General of Health may choose to fill vacancies should resignations occur.
7. A supplementary document ‘Appointment Process for the National Maternity Monitoring Group’ provides further detail for members and potential candidates and can be referred to in conjunction with these Terms of Reference.

## Support for the National Maternity Monitoring Group

1. The Ministry of Health will arrange provision of the secretariat function for the National Maternity Monitoring Group. This may be externally procured. This includes distribution of agendas and recording of the minutes. Agendas and any associated papers will be circulated at least five days prior to meetings. Minutes will be circulated no later than a fortnight following the meeting date.

## Meeting arrangements

1. Meetings will normally be held in Wellington. Rooms and refreshments will be provided for the meetings.

## Payment of meeting fees and travel costs

1. A fee of $325.00 (exclusive of GST) will be paid for attendance at face-to-face meetings and is based upon a full day meeting including travel time. Other work carried out as part of the National Maternity Monitoring Group will be reimbursed on a pro rata basis at the rate of $325.00 per day (exclusive of GST).
2. Public servant/state servants/employees of Crown bodies are not paid for meetings of the National Maternity Monitoring Group. A public servant/state servant/employee of a Crown body should not retain both the fee and their ordinary pay where the duties of the outside organisation are undertaken during ordinary department or Crown body hours.
3. Payment of meeting and other fees will be in accordance with the latest Cabinet circular on fees and guidelines for appointments for statutory bodies, which can be found at: http://www.dpmc.govt.nz/sites/ all/files/circulars/coc-12-06.pdf
4. Travel to meetings and, if necessary, flights and accommodation will be arranged. Meal expenses (without alcohol) will also be paid, but other hotel charges including phone calls and items from the ‘mini bar’ will not be paid. Any additional travel expenses incurred will be reimbursed, including taxis, mileage (at the rate of 0.62c per km, GST not applicable) and parking. A valid receipt must accompany claims for expenses.

## Conflicts of interest

1. Members of the National Maternity Monitoring Group should document their conflicts of interests and identify any conflict of interest prior to a discussion of a particular issue. The National Maternity Monitoring Group will then decide what part the member may take in any relevant discussion, and will identify whether the conflict needs to be escalated to the Ministry of Health for consideration. Guidance can be found in the document ‘Conflict of Interest Protocol for Ministry of Health Advisory Committees’.

## Confidentiality

1. The National Maternity Monitoring Group will maintain confidentiality of agenda material, documents and other matters forwarded to them unless otherwise specified.
2. Members of the National Maternity Monitoring Group are not to represent themselves as agents of the Ministry of Health, and by reason of their membership of the National Maternity Monitoring Group, are not permitted to speak on behalf of the National Maternity Monitoring Group or the Ministry of Health.
3. If a member receives a media request or enquiry relating to the work of the National Maternity Monitoring Group, they must inform the Ministry of Health including the Ministry’s Health Communications Manager. Any media communication will be via the Ministry of Health.