
Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

Terms of Reference 2024-2027

OFFICIAL

Roles and Responsibilities

The role of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (the Council) is to provide advice to the Minister for Health (the Minister), the Department of Health (the department) and Safer Care Victoria (SCV) on obstetric and paediatric issues in Victoria. The specific functions of the Council are outlined in the *Public Health and Wellbeing Act 2008*, namely to:

- a) conduct study, research and analysis into the incidence and causes in Victoria of stillbirths, neonatal, infant, child and maternal deaths and serious morbidity
 - b) conduct a perinatal data collection for the purpose of-
 - i. collecting, studying, researching and interpreting information on and in relation to births in Victoria
 - ii. identifying and monitoring trends in respect of perinatal health including birth defects and disabilities
 - iii. providing information to the Secretary on the requirements for and the planning of neonatal care units
 - iv. providing information for research into the epidemiology of perinatal health including birth defects and disabilities
 - v. establishing and maintaining a register of birth defects and disabilities
 - c) Provide to health service providers-
 - i. information on obstetrics and paediatrics
 - ii. strategies to improve obstetric and paediatric care
 - d) consider, investigate and report on any other matters in respect of obstetric and paediatric mortality and morbidity referred to the Council by the Minister or the Secretary
 - e) liaise with any other consultative Council (whether or not prescribed) on any matter relevant to the functions of the Council
 - f) publish an annual report on the research and activities of the Council
 - g) perform any other prescribed function
 - h) collect information for the purpose of performing its functions under this subsection
 - i) report preventable harm to the Secretary of Health. Preventable harm is to be reported to the secretary:
 - i. If the CCOPMM determines that a stillbirth, neonatal, infant, child or maternal death was likely to have been preventable, the Chairperson of the CCOPMM must provide a report to the Secretary of that death or stillbirth.
 - ii. If the CCOPMM determines that an instance of severe obstetric or paediatric morbidity was likely to have been preventable, the Chairperson of the CCOPMM must provide a report to the Secretary of that morbidity.
 - iii. If CCOPMM determines there are themes across case types or the sector.
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A report under subsection (i) or (ii) must include the following—

- the type of incident/s causing the mortality or morbidity
- the health service/s connected with the mortality or morbidity, if any
- how the mortality or morbidity was likely to have been preventable; S. 48A inserted by No. 52/2017 s. 94. Authorised by the Chief Parliamentary Counsel Part 4—Consultative Councils Public Health and Wellbeing Act 2008 No. 46 of 2008 61
- the status of any investigation by CCOPMM of the incident
- any remedial action taken by the relevant health service.

Note: The reporting of preventable harm has been delegated by the Secretary to the Chief Executive Officer SCV.

Accountabilities

The Council is accountable to the Minister for Health and subject to the general direction of the Minister for Health and the Secretary of the Department of Health. SCV provides the operation, project, and secretariat support to the Council.

Membership

Under the *Public Health and Wellbeing Act 2008*, the Council is appointed by the Minister for Health and shall consist of:

- one member appointed as the Chairperson
- one member appointed as the Deputy Chairperson
- the majority of members must be persons with special knowledge which the Minister considers is relevant to the functions of the Council.

In addition, it is government policy that Councils accurately reflect the composition of the Victorian community. The Minister will attempt to ensure that there is a fair representation of women on the Council, encourage participation from regional Victoria and the Aboriginal community through consumer representation, and consult with other groups to ensure that strategies for fostering inclusive appointment processes are maintained.

Term of appointment

The Chairperson and other Council members are appointed for a period of up to three years from the date given on the relevant Ministerial Instruments of Appointment.

The Chairperson and members may be re-appointed for a subsequent term.

A sole Council member may hold dual roles, e.g., Subcommittee Chairperson and Council member.

Council members may also be members of subcommittees.

Observers

The Chair or the Minister may invite any person who is not appointed as a member to attend meetings, or a part of a meeting(s) as an observer and participate in discussions.

Observers are to receive all relevant information provided to members of the Council except those designated confidential.

Any observers are bound by the Terms of Reference and must receive a copy in advance of the meeting.

A maximum of three general observers will sit with the Council at any one time.

Observers do not have the right to vote at Council meetings and cannot exercise any decision-making or other powers of an appointed member.

In addition to the general observer positions, the Chair or Minister may invite persons with proven skills as experts in relevant subject matter areas to sit as a technical specialist to contribute to Council discussions and advice, as appropriate.

Technical specialists will have the same status as general observers and are also bound by the terms in this document and must receive a copy of the Terms of Reference in advance of the meeting. A maximum of three technical specialists will sit with the Council at any one time.

Co-opted members

The Minister for Health may approve any person with special knowledge or skills to be co-opted to the Council to assist in a particular matter under section 34 of the Act. Upon approval, the person is considered to be a member of the Council until the period of co-option ends. The Act does not place a restriction on the period of time a person may be co-opted.

Resignation from office

A member may resign from office in writing addressed to the Minister.

Removal from office

The Minister, without cause, may remove a member from office at any time, by providing that member with notice in writing, which shall have immediate effect.

Vacancies

The department will invite nominations and an appointment will be made by the Minister, in consultation with the department.

Quorum

For a Council meeting quorum to be achieved, more than half of appointed members must be present or participate in the meeting in person, by telephone, video links or any other system of telecommunication.

Decisions

In accordance with the Councils collective accountability to the Minister, all decisions will be made as a team. Each Council member will participate actively in each decision.

A decision of the Council is determined by the majority of votes of members who are present and voting on the question.

In the event of a deadlock, the Chair shall have a casting vote. Prior to making a decision, the Council will give due consideration to all the relevant information, issues, options and implications.

Subcommittees

Subject to the approval of the Minister, the Council may appoint a subcommittee for the purposes of carrying out any of its functions.

The Council shall have five subcommittees, namely:

- the Stillbirth subcommittee
- the Neonatal Mortality and Morbidity subcommittee
- the Child and Adolescent Mortality and Morbidity subcommittee
- the Maternal Mortality and Severe Acute Maternal Morbidity subcommittee
- the Research and Reporting subcommittee.

The Council selects and appoints members to the subcommittees.

The Chairperson of the subcommittee will provide regular reports to the Council and refer matters of relevant importance to the Council.

Meeting procedure

Distribution of information

Agendas and meeting papers will be prepared by the secretariat of the Council in consultation with the Chair and distributed no later than one week prior to the meeting.

Draft minutes will be prepared and distributed within three weeks following the meeting. Minutes will be endorsed at the following Council meeting.

Information is circulated via the Department of Health SharePoint site. Secure access is only available for approved members and only to the site relevant to their membership.

All members are expected to destroy both electronic and any paper copies of documents and files at the end of each meeting.

Conflict of interest

The *Public Administration Act 2004* and policies of the Public Sector Standards Commission, and the department applies to all Council members and observers.

A conflict of interest is a conflict between a member's public duty to act in the best interests of the Council and his or her private interests and / or duty to another organisation. Council members are selected for their individual expertise and skills, not to represent their employer or other bodies they are involved in.

A member who has a direct, indirect, or perceived interest (including a pecuniary interest) in a matter being discussed at a meeting must declare the nature of the interest as soon as possible after becoming aware of the interest.

At the commencement of each meeting, the Chair shall enquire of all members whether there is any potential for a conflict of interest to arise regarding any item of the meeting agenda, or any matter to be discussed. The Chair or member presiding at a meeting at which a declaration of an interest is made shall cause the declaration to be recorded in the minutes of the meeting.

A member who has made a declaration of an interest may not take part in any discussion of the matter to which the declaration relates unless the Chair or member presiding directs otherwise. They may be requested to leave the meeting room during the discussion.

A member who has made a declaration of an interest must not vote on the matter to which the declaration relates and is expected to remove themselves from the meeting room at the time of the vote.

Time commitment

Council meetings will be held not less than four times a year at a duration of two and half hours per meeting. Additionally, a Planning Day will take place for 6 hours after each August Council meeting. Meetings will be scheduled at the commencement of each year. If a need arises, additional meetings will be scheduled as determined by the Chair of the Council. All appointed members are expected to commit the required time and make a significant contribution.

A minimum attendance of 75% of meetings is required and members who do not achieve this target may have their membership revoked.

Out-of-session

Members may be required to engage in Council work out-of-session. This may necessitate more frequent correspondence, reading and review of materials, meetings, or involvement in working groups for specific projects.

Secretariat

Project and secretariat support to the Council is provided by SCV.

The secretariat provides project and administrative support to the Council with its responsibilities being:

- to coordinate and manage all Council meetings
- manage the communication of all Council outcomes
- brief the Minister on any recommendations or advice of the Council
- where applicable, prepare and distribute all meeting materials accordingly and within appropriate timeframes
- prepare and distribute minutes
- provide policy support and coordination to the Council in their deliberations
- ensure that the Council is aware of legislative and other requirements
- provide ongoing support and resources to the Council to ensure it meets its legislative requirements.

Confidentiality

Council meeting papers and deliberations are protected under section 42 of the *Public Health and Wellbeing Act 2008*. Members of the Council must not discuss any deliberations or circulate any meeting agendas, minutes, papers or other materials publicly, or in any other forum, without the consent from the Minister for Health.

The matter of confidentiality will rest not just with the individual member but also with the administration and membership of their respective groups and organisations.

Council members are to refer all media enquiries about the Council and its Subcommittees to the Secretariat.

The Chairperson, Deputy Chairperson or other Council members may be called upon by the Minister for Health or the department to respond to media upon request.

Review process for Terms of Reference

The Minister may at any time request that these Terms of Reference be amended. Upon making such a request, the Council will promptly adopt the amended Terms of Reference as soon as practicable.

These Terms of Reference will be reviewed by the Secretariat regularly for continued relevance, or as required by the Minister or Secretary of the department.