TERMS OF REFERENCE

TITLE OF GROUP/COMMITTEE	MORTALITY SURVEILLANCE GROUP (MSG)
DATE TERMS OF REFERENCE RATIFIED	JULY 2016
DATE OF NEXT REVIEW OF TERMS OF REFERENCE	JULY 2017

1.	**Purpose and Aims of the Group/Committee**
	1.1 The primary role of the MSG is to provide assurance to the Trust Board on patient mortality. Mortality indicator statistics do not in themselves constitute evidence regarding the standard of care delivered. Therefore, assurance must be based on review of care received by those who die as well as understanding the statistics. This group should review data on service user deaths, including results and learning generated by local mortality review, and consider strategies to improve care and reduce avoidable mortality. 1.2 In addition to contextual information about quality of care the MSG should also receive statistical information about all deaths in the trust and should review areas of concern. The trust's information department or a commercial provider should be able to provide regular reports of overall crude mortality and numbers of deaths by diagnostic groups. 1.3 The group would form the primary assurance mechanism for the Trust Board to comply with Article 2 of the European convention on Human Rights in cases of deaths from all causes for detained patients and all other self-inflicted deaths of inpatients.
2.	**Duties/Core Delegated Responsibilities and Accountabilities**
	i. To work towards the elimination of all avoidable mortality. ii. There being a Specific focus on deaths of those who are detained or liable to be detained under the Mental health Act 1983 and those other case where there is a trust responsibility under article 2 of European Convention on Human Rights. iii. To review on a monthly basis, the benchmarked mortality rates of the trust as and when national benchmarking is available. iv. To consider the mortality data in conjunction with other qualitative clinical data and identify areas for future investigation. To facilitate the increased use of clinical databases, run by various bodies including professional societies in the fuller assessment of mortality. v. To investigate any alerts received from the Care Quality Commission (CQC). vi. To develop data collection systems to ensure the trust's mortality data is timely robust and in line with national and international best practice. vii. To ensure mortality information linked to responsible clinician/consultant appraisals is accurate, contextual and engenders a culture of clinical excellence. viii. To address raised mortality in particular clinical areas by the deployment of strong evidence based interventions such as care bundles. The MC will receive regular reports on implementation and the measurable impact of these interventions on mortality. ix. To review and monitor compliance with other policies including DNAR and Death Certification. x. To monitor and consider the information from the electronic review of all deaths.
3.	**Strategic Functions**
	i. To act as the strategic mortality overview group with senior leadership and support to ensure the alignment of the trust's departments for the purpose of reducing all avoidable deaths. ii. To produce a Mortality Reduction Strategy that aligns systems such as audit, information services, training and clinical service areas. This strategy will be reviewed on an annual basis by the Medical

	Director. iii. To establish lessons learnt through mortality reviews and agree resultant improvement actions (locally and nationally). iv. Sign off of action plans and methodologies that are designed to reduce morbidity and mortality across the trust. v. Sign off of all regulatory mortality responses. vi. To report on Mortality performance to the Integrated Quality Committee on a monthly basis and to the Trust Board on a quarterly basis.
4.	**Membership**
	Chair – Medical Director Deputy Medical Director Director of Nursing and/or Deputy Information Department Representation Carer Governor representative Medical lead for mental health legislation Senior Nurse Head of Investigations Associate Director of Governance Clinical Commissioning Group representative In attendance by invitation only:- Doctor from each Service Area Junior Doctor Representation Research and Innovation Rep
5.	**Quoracy**
	50% of membership must be present with either the Medical Director or Deputy Medical Director present.
5.	**Meeting Arrangements**
	i. The MSG will meet on at least 9 occasions during the year. ii. Members are required to attend 70% of meetings throughout the course of the year. iii. The MSG is accountable to the Trust Board via the Integrated Quality Committee. A monthly written report will be provided to the Integrated Quality Committee. The Chair will escalate any risks to the Trust Board and risks will be entered onto the appropriate risk register. A quarterly report will be provided directly to the Trust Board. iv. The agenda will be set by the Medical Director who will ensure administrative support is available to the meeting.
6.	**Reporting Arrangements**
	The Group will report on a monthly basis into the Integrated Quality Committee and on a quarterly basis to the Trust Board.
7.	**Effectiveness of the Group/Committee Function**
	The Committee/Group will carry out an annual effectiveness review using a standardised trust template on an annual basis.