

STEERING GROUP

TERMS OF REFERENCE

1. BACKGROUND

- 1.1 The Learning Disabilities Mortality Review Programme, delivered by the University of Bristol, is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.
- 1.2 The aim of the programme is to drive improvement in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities in this population, through mortality case review. These reviews are intended to support health and social care professionals, and policy makers to clarify the contribution of various causes of death to the overall burden of excess premature mortality for people with learning disabilities; identify variation and best practice; and identify key recommendations for improvement.
- 1.3 The programme will complement and contribute to the work of other agencies such as the Learning Disability Public Health Observatory, academic research studies, NICE, the CQC inspection programme, Local Government Associations, The Transforming Care Improvement Programme, and Third sector and voluntary agencies.

2. SCOPE OF THE LOCAL REVIEWS OF DEATHS

- 2.1 The Programme will support reviews of deaths of people with learning disabilities aged 4 years and above who are registered with a GP in England at the time of their death.
- 2.2 The Programme will support reviews of all deaths, irrespective of the cause of death or place of death.

3. PURPOSE

- 3.1 To work in partnership with the regional lead.
- 3.2 In partnership with stakeholders to identify and work with at least one appropriate person (Local Area Contact(s) for the programme), who will have strategic oversight of the programme activities in the local area.
- 3.2 To guide the implementation of the programme of local reviews of deaths of people with learning disabilities.
- 3.3 To support the proportionate review of all deaths of people with learning disabilities in their area, and more detailed reviews of those subject to a rolling programme of priority themed review.
- 3.4 To receive regular updates from the Local Area Contact about the progress and findings of reviews.

- 3.5 To help interpret and analyse the data submitted from local reviews, including areas of good practice in preventing premature mortality, and areas where improvements in practice could be made.
- 3.6 To monitor the action plans that are developed as a result of the reviews of deaths, and take or guide appropriate action as a result of such information.
- 3.7 To agree reporting processes in each respective organisation.
- 3.8 To ensure agreed protocols are in place for information sharing, accessing case records and keeping content confidential and secure.
- 3.9 To share anonymised case reports pertaining to deaths or significant adverse events relating to people with learning disabilities for publication in the Programme repository in order to contribute to collective understanding of learning points and recommendations across cases.
- 3.10 To feedback quality issues through the local Quality Assurance Group at the CCG and learning and commissioning outcomes via the South Yorkshire & Bassetlaw ICS and MH/LD Workstream.

4. MEMBERSHIP

4.1 The Steering Group will be made up of representatives from the four key organisations across the city:

- Sheffield Health & Social Care NHS Foundation Trust
- NHS Sheffield Clinical Commissioning Group
- Sheffield City Council
- Sheffield Teaching Hospital NHS Foundation Trust.

4.2 Membership is made up as follows:

Name	Designation	Organisation	Contact Details
Confidential	Associate Director – Patient Safety LAC - LeDeR	Sheffield Health & Social Care NHSFT	Confidential
Confidential	Head of Commissioning	Sheffield Clinical Commissioning Group	Confidential
Confidential	Commissioning Manager – Mental Health, Learning Disabilities, Autism and Dementia	Sheffield Clinical Commissioning Group	Confidential
Confidential	Senior Quality Manager	Sheffield Clinical Commissioning Group	Confidential
Confidential	Nurse Director Head & Neck	Sheffield Teaching Hospital NHSFT	Confidential
Confidential	Chief Executive	Sheffield Carers Centre	Confidential
Confidential	Transforming Care	NHS Doncaster	Confidential

	Project Officer South Yorkshire TCP	Clinical Commissioning Group	
Confidential	Business Support Officer	mhldportfolio Sheffield Clinical Commissioning Group	Confidential
Confidential	Head of Services Future Options	Sheffield City Council	Confidential
Confidential	Named Professional Safeguarding	Sheffield Clinical Commissioning Group	Confidential
Confidential	Expert by Experience	Sheffield Health & Social Care Trust	Confidential

5. ROLE OF MEMBERS

5.1 Members review programme direction and make decisions to make sure that:

- Partners work together to support the success of the project and make sure that no single interest will undermine the programme.
- All risks are identified, assessed and managed in accordance with each of the four key organisations and the Programme Risk Matrix.
- The time and resources needed for the programme objectives made are available.
- Recording of programme information is accurate and coherent.
- Support is available for the Local Area Contact.
- The progress of the overall programme is monitored and any remediable action is undertaken.

6. GOVERNANCE

6.1 To be advised in line with Area Governance arrangements:

- To assess each review for quality and thoroughness before submission.
- The work of the group will feed into each of the four key organisations governance structures.
- An Action Log will be maintained to record and monitor progress against all actions agreed. This will be updated at each meeting.
- An Issues Log will be maintained so that any identified concerns can be noted and responded to by the respective organisations within the partnership and up to NHSE Programme where appropriate.
- A Risk Log will be maintained to ensure all risks and remedial controls are put in place and monitored by the respective organisation(s).
- Time specific working groups to focus on specific issues may be established, which may be delegated to resolve/approve specific actions.

7. FREQUENCY OF MEETINGS

7.1 The group will meet on a monthly basis. Business support will be provided by either the CCG.

8. AGENDA SETTING

8.1 Standing Agenda items will include:

- Key performance data (Allocation and progress of reviews)
- Quality assurance (a sample of completed reviews)
- Lessons Learned
- Updates from Programme

9. ACCOUNTABILITY / REPORTING ARRANGEMENTS

9.1 The group, through its Chair(s) and representatives, will report to the respective Boards of SHSC, CCG, SCC and STH.

9.2 This group will ensure that it cross-references

- This group will report practice development into the NHS England via the Trust Operational Lead for

10. REVIEW DATE

10.1 The Terms of Reference will be reviewed in 12 month period.

Drafted March 2017
Updated March 2018
Reviewed and Updated August 2019