

## Clinical Audit Group Terms of Reference

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Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
August 2011	1.0	Clinical Audit & Effectiveness Manager	Major	First draft terms of reference for the new Group, formerly the Clinical Audit Committee, and following the restructuring of quality committees to include the creation of the Clinical Quality Group
March 2013	1.1	Clinical Audit & Effectiveness Manager	Minor	Amendments to frequency of reporting to CQG
June 2014	1.2	Clinical Audit & Effectiveness Manager	Minor	Minor amendments to membership
June 2016	1.3	Clinical Audit & Effectiveness Manager	Minor	Minor amendments to frequency of meetings and administration support
June 2018	1.4	Clinical Audit & Effectiveness Manager	Minor	Minor amendments to frequency of meetings
March 2020	2	Clinical Audit & Effectiveness Manager	Minor	Transferred to updated TOR template. Minor amendment to frequency of meetings in light of changes to CQG

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## **1. Purpose**

The Clinical Audit Group (hereafter 'CAG' or 'the Group') is the Trust's lead group in relation to all matters relating to the practice of clinical audit, supporting both the 'Clinical Effectiveness' and 'Patient Safety' dimensions of the NHS model of Quality. In discharging its duties, CAG will be expected to work closely with the Clinical Effectiveness Group, Patient Safety Group and the Quality Intelligence Group. The core function of CAG is to ensure that the Trust has a clear strategy for Clinical Audit, endorsed by the Quality and Outcomes Committee of the Trust Board, and to monitor its implementation through regular reporting of activity and business to Clinical Quality Group.

## **2. Authority**

The CAG is authorised to discharge the duties set out in these Terms of Reference within the authority delegated to the individual members, both in the Scheme of Delegation, and from time to time by the Senior Leadership Team as recorded in the minutes of meetings.

The functions and actions of the CAG do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations.

Individual remain responsible for their duties and accountable for their actions.

## **3. Reporting**

The group is accountable to the Medical Director and is required to report regularly in the following forums, depending on the subject of reports:

- (a) Clinical Quality Group (quarterly)
- (b) Audit Committee (bi-annually)
- (c) Quality and Outcomes Committee (Annually)

## **4. Membership**

### ***Constituency***

The CAG consists of the following members:

- Chair
- Clinical Audit & Effectiveness Manager (Deputy Chair)
- Head of Quality (Patient Experience & Clinical Effectiveness)
- NICE Manager
- Divisional/specialty clinical audit leads (Convenors)

### ***Attendance***

The Chair of the group may require the attendance of specialist advisors or other attendees to attend meetings either in full, or for specific agenda items. Such attendees may include:

- Clinical Audit Facilitators

## 5. Quorum

The Group shall be deemed to be quorate when the following are in attendance:

- **Either** the Group Chair or the Clinical Audit & Effectiveness Manager
- At least seven members in total
- At least 3/6 Clinical Divisions represented

## 6. Duties

The CaG shall undertake the following duties:

- 6.1 To receive and scrutinise outcome and actions reports from completed projects, raising any concerns with the project lead/supervisor.
- 6.2 To monitor outstanding actions (defined as any action which is 6 months past the implementation date listed on the action plan) from completed projects.
- 6.3 To receive and scrutinise the Clinical Audit Annual Report prior to submission to the Clinical Quality Group and the Quality and Outcomes Committee of the Board.
- 6.4 To receive and scrutinise the annual Clinical Audit Forward Programme (which forms part of the Annual Report) prior to submission to the Clinical Quality Group, ensuring that clinical audit activity is suitably prioritised and reflects strategic quality objectives
- 6.5 To monitor the implementation of the Forward Programme thereafter, reporting by exception to the Clinical Quality Group.
- 6.6 To monitor the Trust's participation in national clinical audits (as defined within Trust Clinical Audit Policy), reviewing summaries of completed projects and reporting by exception to the Clinical Quality Group.
- 6.7 To lead the development of the Trust's Clinical Audit Strategy and to review progress against delivery reports on implementation of the delivery plan, reporting by exception to the Clinical Quality Group.
- 6.8 To work closely with the Clinical Effectiveness Group, Patient Safety Group and the Quality Intelligence Group to ensure that clinical audit activity dovetails with clinical effectiveness (e.g. NICE guidance in its various forms), patient safety (e.g. Patient Safety Alerts/guidance, NHSLA standards), and clinical outcomes monitoring.
- 6.9 To monitor the progress of registered clinical audit activity and associated key performance indicators.
- 6.10 To provide a forum for Divisional/specialty Clinical Audit Convenors to discuss operational issues relating to clinical audit and to share learning.

## **7. Secretariat Services**

The Quality Team Administrator shall provide secretariat services to the group.

- (a) Meetings of the CAG shall be called by the secretary at the request of the Chair.
- (b) Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the group, any other person required to attend, no later than five working days before the date of the meeting.
- (c) Supporting papers shall be made available to members and to other attendees as appropriate, no later than three working days before the date of the meeting.
- (d) A Group workspace will be maintained on the Trust Connect system (at the following address <http://workspaces/Committees/ClinicalAuditGroup/default.aspx>)

## **8. Frequency of Meetings**

The Group will meet quarterly.

## **9. Review of Terms of Reference**

The group shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Chair.

[The Committee shall use the Management Group Self-assessment Checklist provided by the Trust Secretary for this purpose.]

## **10. Appendix A – Standing Agenda Items**

The following topics (sections) are recommended to be included on the agenda for each meeting of the CAG. The group is at liberty to add to these minimum requirements

- (a) Review of summary outcome and action reports
- (b) Formulation and progress review against the annual forward plan
- (c) Review of national audit register (including any HQIP benchmarked publications from national clinical audits)
- (d) Project/activity progress reports