



TERMS OF REFERENCE

Title of group / committee	Clinical Effectiveness Advisory Group
Date terms of reference ratified	November 2024
Date of next review of terms of reference	November 2025

1 Purpose and Aims of the Group

The Clinical Effectiveness Advisory Group is an advisory and decision-making group reporting into the Birmingham & Solihull Mental Health Foundation Trust Clinical Governance Committee. The core purpose of the Group is to ensure that there are robust arrangements in place for continuously improving clinical effectiveness throughout the organisation to inform service improvements and by ensuring compliance with statutory duties. The main areas of work for the Clinical Effectiveness Group relate to the governance of clinical effectiveness of care delivery models and interventions based on national best practice. Specific responsibilities will include:

- Reviewing the delivery of best practice/research and audit through monitoring against the respective organisational strategies including the Trusts Clinical Services Strategy.
- Supporting the development of performance indicators to monitor clinical effectiveness across the organisation
- Ensuring that the processes and systems are in place to disseminate and share best practice in clinical effectiveness across every aspect of the health services we deliver – particularly NICE guidance, Clinical Audit and National Quality Standards
- Recommending actions to improve the use of clinical effectiveness for patients, staff and services and governing delivery of these actions
- Sharing best practice and input into the development of a strong learning culture.
- Review of Non-pharmacological innovations and advisory function for new, nationally recommended non-pharmacological interventions.

2 Core Delegated Responsibilities and Accountabilities

The Group will undertake the following roles:

- Oversight of the clinical effectiveness elements of the Quality Account.
- Reviewing new NICE guidelines, determining the level of applicability to the organisation, disseminating guidance, governing the output of baseline and detailed assessments and monitoring implementation of improvement actions.
- Providing reports on clinical effectiveness to the Clinical Governance Committee, Commissioners and external regulators as required.
- Development of the annual clinical audit programme.



- Governance of the deployment of the annual clinical audit programme
- Receipt of the outcome of level 1 and level 2 clinical audits and overarching governance of the identification and implementation of improvement actions.
- Developing and sharing learning materials and opportunities resultant from the activities of the Group.
- Lead on the development of the Clinical Audit Policy and NICE Policies for the Trust.
- Meet the annual objectives of the Group.
- Produce an annual work plan in the agreed Trust format in line with the objectives.
- Report to the Clinical Governance Committee any exceptions to the achievement of the annual work plan and resulting risks.
- Produce an annual report for the Clinical Governance Committee setting out the achievements of the Group.
- Monitor, review and recommend any changes to the terms of reference annually to the Clinical Governance Committee.
- Defining, implementing and understanding the impact of clinical outcome measures upon clinical service delivery.
- The Outcomes subgroups to feedback into CEAG.

3 Membership

The members of the Clinical Effectiveness Advisory Group are:

- Deputy Medical Director for Quality and Safety (Chair)
- Senior Clinical Effectiveness Manager (Deputy Chair)
- Head of Quality Improvement and Clinical Effectiveness
- Clinical Governance Facilitator for Corporate Services
- Associate Medical Director of Pharmacological Therapies
- Director of Pharmacy
- Service Area Clinical Leads **OR** Deputy Heads of Nursing / AHP Representative
- Research & Innovation Representative
- Psychology Representation
- Nursing Lead for Physical Health **OR** Chief Nursing Officer / Deputy Chief Nurse
- Allied Health Professional Representation
- The Medical and Nursing Clinical Educators

All members will be expected to:

- Accept the ruling and structure set out by the Chair.
- Ensure that mobile phones are kept silenced during the meeting.
- Ensure that electrical equipment used for access to the meeting papers (iPads and laptops) are not used for other purposes (i.e., monitoring email) during the meeting.
- Read the papers prior to the meeting.
- Participate fully in all discussions at the meeting.

	• Ensure that, through all discussions, the focus is on the needs of service users and clinical effectiveness of care. • Ensure that contributions are succinct and reflect the agenda item. • Ensure that other members are supported to make their point and that queries raised are responded to.
4	Quorum
	The Trust Clinical Effectiveness Advisory Group will have reached quorum when there are at least five members in attendance (with 3 out of 5 members present being a registered clinician). The Chair/ Deputy Chair / Head of QICE and a Senior Clinician also need to be present to reach quoracy.
5	Attendance Levels
	Group members will be expected to attend 75% of meetings each year. This will be monitored and made available to the committee each meeting.
6	Conduct of Business
	In all interactions, the values of the Trust (Compassionate, Inclusive and Committed) will be upheld. Members have a collective responsibility for the operation of the group. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. The group may delegate tasks/actions to such sub-groups, workstreams or individual members as it shall see fit.
7	Frequency of Meetings
	The Clinical Effectiveness Advisory Group will meet at least monthly, and fortnightly if required.
8	Accountability Arrangements
	The Clinical Effectiveness Advisory Group is accountable to the Trust Clinical Governance Committee.
9	Sub-Group Accountabilities, Delegated responsibilities and Associated groups
	• Outcomes Group - Subgroup (Reporting Quarterly) • Pharmacological Therapies Committee (Associated Group) • Physical Health Committee (Associated Group) • Local Clinical Governance Committees (Associated Group) Task and finish groups relating to specific clinical conditions/disorders, as required • AMaT Oversight Group (Reporting monthly)

10 Effectiveness of the Group Function
The Group will monitor its compliance with the terms of reference by following an annual work plan. Exceptions to the work plan will be reported to the Clinical Governance Committee on a monthly basis.