CLINICAL EFFECTIVENESS & ASSURANCE SUB-COMMITTE

TERMS OF REFERENCE

1. VALUES

The Sub-Committee will role model the Trust values:

Compassionate

- Supporting recovery for all and maintaining hope for the future
- Being kind to others and myself
- Showing empathy for others and appreciating vulnerability in each of us.

Inclusive

- Treating people fairly, with dignity and respect
- Challenging all forms of discrimination
- Listening with care and valuing all voices.

Committed

- Striving to deliver the best work and keeping patients at the heart
- Taking responsibility for my work and doing what I say I will
- Courage to question to help us learn, improve, and grow together.

2 Purpose and Aims of the Sub-committee

The Clinical Effectiveness & Assurance Sub-committee is an advisory, assurance and decision-making or forming Sub-committee reporting into the Birmingham & Solihull Mental Health Foundation Trust Quality Patient Experience and Safety Committee (QPES).

There are two functions to the Sub-committee: -

1. Clinical Audit, Clinical Effectiveness and NICE Guidance Review and
2. AC (Assurance and Compliance) Audit Oversight

For 1. Clinical Audit, Clinical Effectiveness and NICE Guidance Reviews- the Sub-committee will ensure there are robust arrangements in place for continuously improving clinical effectiveness throughout the organisation through clinical audit and NICE guidance review processes. This is overseen by the Deputy Medical Director, who undertakes responsibility for this portfolio of the sub-committee.

Specific responsibilities related to clinical effectiveness will include:

- 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.
- Recommending actions to improve the use of clinical effectiveness for patients, staff and services, as well as the 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.

For 2. Assurance and Compliance Oversight – The committee oversees the AC (Assurance and Compliance) audits undertaken in the teams and service areas of the Trust. These audits and their assigned representatives report to QPES. This is overseen by the Associate Chief Nurse, who undertakes responsibility for this portfolio of the sub-committee.

Specific responsibilities related to AC audits will include:

- Reviewing the delivery of best practice/research and AC audits through monitoring against the respective organisational strategies including the Trusts Clinical Services Strategy.
- Supporting the development of performance indicators to monitor compliance in AC audits across the organisation.
- Sharing best practice and input into the development of a strong learning culture.

3 Core Delegated Responsibilities and Accountabilities

The Sub-committee will undertake the following roles:

Clinical Effectiveness -

- 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 QPES, 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 via AMaT.
- Developing and sharing learning materials and opportunities resultant from the activities of the Sub-committee.
- Lead on the development of the Clinical Audit Policy and NICE Policies for the Trust.
- Meet the annual objectives of the Sub-committee.
- Report to QPES any exceptions to the achievement of the annual work plan and resulting risks.
- Produce an annual report for QPES setting out the achievements of the Sub-committee.
- Monitor, review and recommend any changes to the terms of reference annually to QPES.
- Defining, implementing and understanding the impact of clinical outcome measures upon clinical service delivery.
- The Outcomes sub-groups to feedback into Clinical Effectiveness & Assurance Sub-committee.

Assurance and Compliance Audits –

- Provide assurances in completion of AC audits across each directorate on a monthly basis.
- Report on any issues raised from the Quality Assurance sub-committee on a monthly basis.
- Ensure appropriate representation at Clinical Effectiveness & Assurance Sub-committee for any areas of concern related to AC audits.

4 Membership

The members of the Clinical Effectiveness & Assurance Sub-committee are:

- Deputy Medical Director for Quality and Safety (Co-Chair)
- Associate Chief Nurse (Co-Chair)
- Senior Clinical Effectiveness Manager (Deputy Chair)
- Head of Quality Improvement and Clinical Effectiveness
- Chief Allied Health Professional (or nominated representative)
- Chief Psychology Professions Officer (or nominated representative)
- 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
- Psychological Professions Representative
- 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.

5 Quorum

The Trust Clinical Effectiveness Assurance` Sub-committee 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.
6	**Attendance Levels**
	Sub-committee members will be expected to attend 75% of meetings each year. This will be monitored and made available to the committee each meeting.
7	**Declaration of interests**
	All attendees must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. However, if a member is conflicted with an item on the agenda, the Chair shall adopt a sensible and pragmatic approach in managing conflict during the meeting as they may permit the conflicted member to participate and contribute to the debate and discussions on the item (so as to inform better decision-making) but abstain or recuse themselves from any related voting. (Check section 3.12 – Managing conflict of interests during meetings in the Trust`s Declaration of Interest Policy for more details).
8	**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 Sub-committee. 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 Sub-committee may delegate tasks/actions to such sub-groups, workstreams or individual members as it shall see fit. The Chair of the Sub-committee shall in a pre-meet or agenda setting meeting with the Minutes Taker establish an agenda for the meeting which will be circulated to `call for paper` 15 working days before the meeting, giving authors at least 7 working days to prepare and submit their reports to the Minutes Taker for circulation. Papers for the Sub-committee meeting must be circulated 5 working days before the meeting.
9	**Frequency of Meetings**
	The Clinical Effectiveness & Assurance Sub-committee will meet at least monthly, and fortnightly if required.
10	**Accountability Arrangements**
	The Clinical Effectiveness & Assurance Sub-committee is accountable to the Trust Quality Patient Experience and Safety Committee.
11	**Sub-committee Accountabilities, Delegated responsibilities and associated sub-groups**

- Medicines Optimisation Committee (Associated Sub-Group)
- Physical Health Committee (Associated Sub-Group)
- Local Clinical Governance Committees (Associated Group)
- Task and finish groups relating to specific clinical conditions/disorders, as required (Reports to the-Clinical Effectiveness & Assurance Sub-committee)
- NICE Steering Group (Reports to the-Clinical Effectiveness & Assurance Sub-committee).
- GIRFT (Reports to the-Clinical Effectiveness & Assurance Sub-committee).

12 Effectiveness of the Sub-committee Function

The Clinical Effectiveness & Assurance Sub-committee will review its Terms of Reference and effectiveness annually.
Amendments will be approved by the Sub-committee and ratified by QPES.
The Chair of the Clinical Effectiveness & Assurance Sub-committee shall ensure that an annual self-assessment of the sub-committee`s effectiveness is completed annually by its members and facilitated by the Governance Team.

13 Appendix

Comparison reference table:

Comparison Table: Clinical Audit vs AC (Assurance and Compliance) Audit

	Clinical Audit	AC Audit
Primary Purpose	Improve clinical care quality	Provide assurance of compliance
Focus	Clinical practice and patient outcomes	Systems, processes, and regulatory standards
Driven by	Clinicians and multidisciplinary teams	Governance, quality, or internal audit staff
Standard Source	Evidence-based clinical guidelines (e.g. NICE, Royal College)	Policies, regulations, statutory duties, and Trust standards
Method	Data collection → comparison to standard → action plan → re-audit	Sampling and verification against policy or statutory standards
Outcome	Quality improvement and learning	Assurance reports and compliance validation
Governance Route	Clinical Effectiveness or Quality Improvement Committees	Audit & Risk or Quality Assurance Committees
Cycle	Audit → Implement Change → Re-audit → Close cycle	Audit → Assurance → Follow-up → Repeat on continuous basis

Date Updated: December 2025

Date approved by the Clinical Effectiveness & Assurance Sub-committee**:** (Approved via Chair`s Action – January 2026)

Date Ratified by QPES: 21st January 2026

Date of Next Review: December 2026

Version: 2.2