Salisbury NHS Foundation Trust

Clinical Effectiveness Steering Group

Terms of Reference

Date Adopted	March 2026
Review Frequency	Annual
Terms of Reference Drafting	Head of Clinical Effectiveness and Associate Medical Director (co-chairs)
Review and Approval	Clinical Effectiveness Steering Group
Adoption and ratification	Clinical Management Board

1. Purpose

Clinical effectiveness is the 'application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.' (Department of Health, 1996). The purpose of the Clinical Effectiveness Steering Group is to improve the quality of care by ensuring that the Trust has a robust process in place for monitoring clinical effectiveness, whilst aiming to improve the effectiveness of clinical practice/service delivery through use of the best available evidence. The Clinical Effectiveness Steering Group will escalate risks and items of concern to the Clinical Management Board.

2. Authority

The Clinical Management Board hereby resolves to establish the Clinical Effectiveness Steering Group. The Clinical Effectiveness Steering Group has no executive powers, other than those specifically delegated in these terms of reference.

3. Membership and Attendance

3.1. Membership

Head of Clinical Effectiveness – Co-chair

Associate Medical Director – Co-chair

Divisional Medical Directors or Deputies

Divisional Directors of Nursing, or Deputy Divisional Directors of Nursing, or Matrons

Director of Midwifery or deputy

Head of Therapies

Deputy Chief Pharmacist

Lead Scientist

Clinical Audit & Effectiveness Lead

Clinical Audit Facilitators (CAFs)

3.2. Other Invited Attendees

CQC Lead

A representative from BSW ICB

Patient Safety Rep - anyone from Patient Safety Team

Risk rep – anyone from Risk Management Team

Patient Experience rep. – anyone from Patient Experience Team

Chief Medical Officer or Deputy Medical Director

Chief Nursing Officer

3.3. Quorum

A clinical representative for each division, and a co-chair or their deputy, must be in attendance in order to be quorate.

4. Roles and Responsibilities (not delegated unless otherwise stated)

The Clinical Effectiveness Steering Group reports to the Trust's Clinical Management Board (CMB) and is responsible for escalating key successes / concerns to CMB by provision of a formal escalation report

4.1. The duties of the Steering Group can be described as follows:

- To steer the clinical audit and effectiveness agenda through agreement of action plans and progress reports as a result of national and local publications.

- To review, discuss, and approve the annual audit plan (forward plan)

- To commission clinical leads for key clinical strategies, reports or guidance and ensure an effective gap analysis and an action plan is put in place to address non-compliance.

- To approve Trustwide clinical policies and guidelines, for formal ratification at CMB

- To approve new procedure applications, for formal approval at TMC.

- To receive escalation reports or minutes with items for escalation from sub committees that report to the Clinical Effectiveness Steering Group, i.e., Mortality Surveillance Group, Thrombosis Committee, Children's Surgical Forum, Trust Clinical Documentation Committee & Organ Donation Committee. Each sub-committee should minute items for escalation to the Clinical Effectiveness Steering Group.

- To review new risks on AMaT, and seek specific assurances for audits where patient safety risks are identified.

- To have a monthly audit progress review

- To have a monthly NICE progress review

Although not intended to be an exhausted list, topics for review and discussion at the Clinical Effectiveness Steering Group may include those related to mortality, NICE, Clinical Audit, VTE, new procedures and new technologies.

4.2. Relationship with the Divisions:

- Each division will be expected to discuss their progress against the clinical effectiveness agenda and report any risks/concerns/successes to CESG. The divisions should receive a quarterly progress report, highlighting key areas of risk and their progress against the Trust's audit plan. This should be discussed at each Division's Governance Meeting (at least quarterly) and any concerns should be cascaded to the relevant teams or specialties and upwardly reported through the division.

- A draft copy of the annual clinical audit plan will be shared with the Divisions prior to being approved at CESG, ensuring that key priorities are aligned and any risks to delivery are discussed.

5. Conduct of Business

5.1. Administration

The PA to the Deputy Chief Nursing Officers and Head of Clinical Effectiveness will act as secretary to the Group and arrange the agenda in consultation with the Co-Chair(s), invite the meeting attendees, and record the minutes.

5.2. Frequency

The Steering Group will meet on the second Wednesday of each month. There may be no meeting held in August or December (to be decided nearer the time).

5.3 Notice of meetings

The draft agenda will be circulated 2 weeks before the meeting. Papers will be circulated 1 week before the meeting.

5.4 Reporting

An escalation report with positive assurance and items of concern/risks will be sent to the Clinical Management Board.

6. Review

6.1. These Terms of Reference will be subject to an annual review. The Clinical Effectiveness Steering Group shall conduct an annual self-assessment on the performance of its duties as reflected within its Terms of Reference.

6.2. As part of this assessment, the Group shall consider whether or not it receives adequate and appropriate support in fulfilment of its role and whether or not its current workload is manageable.