

# Terms of Reference for Local Clinical Audit Committee

# *(Please note that this document has been developed in a generic manner and can be adapted by local sites/services as per specific local requirements. In particular – sections in blue should be reviewed and edited in line with local governance structures).*

|  |  |
| --- | --- |
| **TITLE:** |  |
| **REFERENCE NO:** | Insert as per local requirements. |
| **REVISION NO:** | 1 |
| **AUTHOR:** | Insert as per local requirements (i.e. Local Lead for Clinical Audit / Clinical Audit Co-ordinator / Head of Quality and Patient Safety). |
| **APPROVED BY:** | Insert as per local requirements (i.e. Clinical Governance Committee / Clinical Audit Committee / QPS Committee etc.). |
| **DATE:** | 01/01/2024 |
| **REVIEW DATE:** | Annually or earlier in the event of changing best practice. |

**This document should be read in conjunction with existing HSE National Centre for Clinical Audit resources, including:**

* “Nomenclature – A Glossary of Terms for Clinical Audit”

Available at: [https://preview.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-](https://preview.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit) [for-clinical-audit.pdf](https://preview.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit)

* “Clinical Audit – A Practical Guide 2023”

Available at: [https://assets.hse.ie/media/documents/HSE\_National\_Centre\_for\_Clinical\_Audit\_-](https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf)

[\_A\_Practical\_Guide.pdf](https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf)



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# 1.0 Background/Rationale

Dr Colm Henry, HSE Chief Clinical Officer, commissioned A National Review of Clinical Audit to ensure the continued development of clinical audit in order to protect patients and promote improved patient outcomes.

### Key Findings of the National Review of Clinical Audit Report, which was published in 2019, included:

* The governance of local clinical audit should be aligned with the HSE governance for quality and safety.
* There should be a clear process in place for the submission, prioritisation, approval, and registration of local clinical audits.
* An explicit information flow should be established between the Senior Management Team (SMT) / Board and the audit team. The SMT / Board should have responsibility for reviewing both the clinical audit programme and the outcomes of individual projects.

Therefore, there is a need for a Local Clinical Audit Committee to provide a co-ordinated approach to and provide organisational oversight of clinical audit activity locally.

# 2.0 Role and Purpose

The **role** of the Local Clinical Audit Committee is to:

* Collate an annual plan detailing planned local clinical audits and participation in national clinical audit under the direction of the Quality and Patient Safety (QPS) Committee / Clinical Governance Committee / SMT / Board (or equivalent).
* Ensure standardised processes, in line with national documentation, are in place for the registration and reporting of clinical audit.
* Review submitted clinical audit proposal forms, approving clinical audits for registration and providing guidance regarding same. (Note: Approval processes may vary from site to site. A subgroup(s) of the committee may be established to meet at more frequent intervals to provide clinical audit approval, thereby decreasing the time taken for approval to be granted. The Local Clinical Audit Committee must retain oversight of these additional processes)
* Ensure the closure of the clinical audit loop and the implementation of clinical audit recommendations and required quality improvement plans by reviewing clinical audit reports and ensuring all recommendations are assigned to individuals, are time-bound and result in meaningful quality improvement for service users and staff.
* Review risks identified in clinical audit reports and communicate them to the SMT / Board as required.
* Assist in the sharing of learning and highlighting the impacts on patient care and outcomes of completed clinical audits and associated quality improvements within the organisation, with other healthcare professionals and with service users where appropriate.
* Oversee the production of an annual report on the clinical audit activity locally.
* Assist Organisation X in meeting its responsibilities in respect of clinical audit.



The **purpose** of the Local Clinical Audit Committee is to:

* Provide a structured, systematic oversight process to support the co-ordination and monitoring of clinical audit locally.
* Advise the SMT/board /Hospital Group, departments and staff on clinical audit activities that could have an impact on the outcomes of patient care locally.
* To support the promotion of best practice in clinical audit and resultant quality improvement plans in line with national standards.

# Scope and Objectives

* 1. The **scope** of the Local Clinical Audit Committees remit includes, but is not limited to:
* The strategic direction of clinical audit.
* Overall governance arrangements for clinical audit – including national and local clinical audits
* The review of clinical audit recommendations and support and monitoring of their implementation through Quality Improvement Plans.
* The development of a prioritised programme of clinical audits.
* Act as a point of escalation to the SMT/Board for issues arising from clinical audits.
	1. The overall **objective** of the Local Clinical Audit Committee is to provide a co-ordinated governance structure and organisational oversight for clinical audit activity locally.

This will be achieved by ensuring:

* Clear and agreed processes are in place for the submission, prioritisation, approval, registration and reporting of clinical audits are in place that comply with legislation and best national and international practice.
* Implementation of local guidance material and templates are in line with national HSE standards set out by the HSE’s National Centre for Clinical Audit.
* There is a regular review of the work of the Local Clinical Audit Committee by the QPS Committee / Clinical Governance Committee / SMT / Board.

# Responsibilities

The responsibility of the Local Clinical Audit Committee is to:

* Promote the integral role of Clinical Audit in the provision of healthcare within Organisation X.
* Recommend education and training opportunities for staff and share national and local resources aimed to support clinical audit with staff.
* Produce an annual programme of clinical audit in line with local and national strategic priorities.
* Review communications regarding national clinical audits and co-ordinating required actions as appropriate.
* Provide oversight of clinical audits.



* Approve registration for new clinical audits.
* Review key findings and recommendations arising from clinical audit reports.
* Ensure clinical audits result in quality improvements that benefit patient care and outcomes by acting as a conduit between recommendations and operational implementation, for example;
	+ 1. Approve action plans for recommendations.
		2. Review the status of previous recommendations.
		3. Promote Quality Improvement methodologies.
* Implement an explicit and regular information flow to and from the QPS Committee / Clinical Governance Committee / SMT/board regarding progress, findings and risks identified from the annual programme of clinical audit and other ongoing clinical audits where appropriate.

The committee may avail of resources / education / training or other expertise in Clinical Audit and Quality Improvement available from the National Centre for Clinical Audit where the Chair deems this necessary for the development of the committee membership.

# 5.0 Membership

The Local Clinical Audit Committee will consist of representation of all multidisciplinary stakeholders involved in clinical audit.

Membership will be for a period of 2 years and extended at the chairperson’s discretion.

**Membership of the Local Clinical Audit Committee will include:** *(see below sample - Amend and add as required)*

1. Clinical Director or other Senior Clinician (Chair)
2. Clinical Audit Lead (Co-chair)
3. Clinical Audit Co-ordinator / Facilitator
4. Quality & Safety Advisor

### In acute setting:

1. Consultant Representative(s) (one from each directorate where appropriate)
2. NCHD Representative
3. HSCP Representative(s)
4. Nursing Representative(s)
5. CNS / ANP Representative
6. Pharmacy Representative
7. Medical Scientist Representative
8. NAS / Dublin Fire Brigade Representative
9. Administrative staff Representative
10. Patient / Public Representative(s) (See Better Together: The Health Services Patient Engagement Roadmap for guidance with this)



### Where applicable, consider:

1. Research / Ethics Committee Rep
2. External Representation (e.g. Clinical Audit Lead / Facilitator from another institution)

### In CHO Setting:

1. Reps from Primary Care, Mental Health, Disabilities, Health and Well Being, Older Persons Services
2. GP Representative

# Reporting Lines and Risk Management

* The Local Clinical Audit Committee will report to the QPS Committee / Clinical Governance Committee / / Alternative, who report to the SMT / Board on a monthly / bimonthly / quarterly basis.
* The purpose of the Local Clinical Audit Committee reporting to the QPS Committee Clinical Governance Committee / Alternative is to:
	+ 1. Report on the progress of the planned clinical audit programme and its results.
		2. Report on the progress of quality improvement plans based on these results.
		3. Escalate risks as required and ensure they have oversight of clinical audit activity.

### Reports received by the Local Clinical Audit Committee:

* The Local Clinical Audit Committee will review all clinical audit reports submitted to them and review their associated action plans in order to ensure they result in meaningful quality improvement.
* While the completion of recommendations arising from an individual clinical audit rests with individuals identified in agreed quality improvement plans, the Local Clinical Audit Committee retains the right to seek confirmation that such recommendations have been progressed and/ or issues of a serious nature have been addressed in a fashion that improves patient care.
* Similarly, when reports of registered clinical audits have not been submitted in an agreed time frame, the committee may request a progress report on the audit from the lead auditor.

### Reports issued by the Local Clinical Audit Committee:

* Quarterly Reports to the QPS Committee / Clinical Governance Committee / SMT / Board.
* Annual Report to the QPS Committee / Clinical Governance Committee / SMT / Board.

# Mode of Operation

## Time and frequency of meetings

* Meeting frequency will be decided by the committee with regard to the throughput and workload of the clinical audit function (i.e. monthly / bi-monthly / quarterly).
* An annual schedule of dates will be agreed and disseminated to members.
* The Chair, or Deputy in their absence, can convene an emergency meeting at any time.
* The quorum for the meeting is the Chair / Deputy and at least x other committee members for a meeting to proceed.
* The Chair may review the membership of any member who has not attended the previous four consecutive meetings.



## Administrative Support

Administrative support will be identified to support the Local Clinical Audit Committee. The administrative support will be responsible for:

* Circulating the agenda and supporting papers at least 48 hours before each meeting.
* Organising the logistics of meetings.
* Attending meetings to take actions.
* Writing up decisions/actions made by the committee and circulating these actions and/or required follow- up.

## Local Clinical Audit Committee Performance

Performance measures will include:

* Percentage of attendance at meetings by members.
* Completion of follow-up recommendations in clinical audit reports.
* Average time from clinical audit proposal to clinical audit approval.
* Completion of follow-up actions of the committee.

# 8.0 Authority

The Local Clinical Audit Committee has the authority, following appropriate consultation, to define, recommend and implement the necessary structures and processes required to strengthen the implementation of the Clinical Audit processes locally, subject to agreement on the availability of resources and funding.

# 9.0 Accountability

The members of the Local Clinical Audit Committee are accountable via the Chair to the QPS Committee / Clinical Governance Committee / SMT / Board for fulfilling the activities outlined under sections 2, 3 and 4 of this document.

# 10.0 Review/Evaluation

* The Local Clinical Audit Committee will review its terms of reference on an annual basis and report the review to the QPS Committee / Clinical Governance / SMT / Board for consideration.
* The Local Clinical Audit Committee will conduct an annual self-assessment of its performance and report the results of the assessment to the QPS Committee / Clinical Governance Committee / SMT / Board.



# References

National Review of Clinical Audit Report, 2019 (<https://www.hse.ie/eng/services/publications/national-review-of-clinical-audit-report-2019.pdf>).

HSE National Steering Group for Clinical Audit Terms of Reference (<https://www.hse.ie/eng/about/who/nqpsd/ncca/hse-national-steering-group-for-clinical-audit-tor.pdf>)

HSE Clinical Audit – A Practical Guide, 2023 (<https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf>).

HSE Nomenclature – A Glossary of Terms for Clinical Audit (<https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit.pdf>).



# Appendix 1: Clinical Audit Governance Structure Organogram

Insert as per local requirements (to include local reporting lines)



# Appendix 2: Names/Signatures of Committee Members

|  |  |  |
| --- | --- | --- |
| **Name of Chair:****Signature of Chair:** | **Date:** |  |
| **Committee Member Name** | **Committee Member Signature** | **Committee Member Professional Role** |
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**Appendix 3: Sample – Template for updates to be submitted to the Local Clinical Audit Committee**

The following is a sample template that can be used by lead auditors reporting into the Local Clinical Audit Committee. This template can be adapted as necessary in line with the local requirements.

## Report to the Local Clinical Audit Committee

**Report prepared by: Date:**

|  |  |
| --- | --- |
| Identify | Which clinical audit is being presented? Which stage of the clinical audit loop is it at? |
| Situation | Why was the topic for this clinical audit chosen? |
| Background | What progress has been made with regard to this clinical audit? |
| Assessment | What are the findings of the clinical audit?Are there any risks that need to be escalated to the Local Clinical Audit Committee?Are there any particular areas of good practice you wish to highlight?What are the next stages? (I.e. is there a Quality Improvement / Action Plan in place? Is there a planned re-audit?)Has there been any progress made with the Quality Improvement Plan |
| Recommendation (to the Local Clinical Audit Committee) | Are there any actions required from the Local Audit Committee Other recommendations to the committee? |



# Appendix 4: Sample – Template Agenda for Local Clinical Audit Committee

The following is a sample template that can be used for the Local Clinical Audit Committee. This template can be adapted as necessary in line with the local requirements.

**Meeting Date: Meeting Time: Meeting Location:**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Discussion** | **Duration***\*To be agreed* |
| Introduction | Introductions, sign-in and apologies |  |
| 1. | Minutes of previous meeting and matters arising |  |
| 2. | New Clinical Audit Proposal Forms for Discussion |  |
| 3. | Audit Reports and Recommendations for Discussion |  |
| 4. | National Clinical Audit Updates |  |
| 5. | Quality Improvement Plans for Discussion |  |
| 6. | Local Clinical Audit Committee Performance (as per 7.3 in Terms of Reference) |  |
| 7. | Any Other Business |  |



# Appendix 5: Sample – Local Clinical Audit Committee Meeting Minutes

### Date and Time: Venue: Attendees: Apologies: Meeting started at:

|  |  |  |
| --- | --- | --- |
| **#** | **Item and discussion** | **Action by** |
| 1 | Welcome and Apologies |  |
| 2 | New declaration of interests if relevant [insert details] |  |
| 3 | Minutes of previous meetingThe committee [approved / recommended amendments]: [insert details] |  |
| 4 | Update on matters arising and review of action pointsThe committee [noted / listened / approved / recommended]: [insert details] |  |
| 5 | Agenda Items [Insert who provided updates on what]The committee [noted / listened / approved / recommended]: [insert details] Where there is an action insert who to undertake it |  |
| 6 | [add agenda items as required] |  |
| 7 | Date of Next Meeting |  |

Summary of agreed actions for follow up1

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed Action** | **Who is responsible** | **Date due for completion** | **Status2** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

The meeting concluded at:

1. *The aim is to complete the loop by reviewing each month that previous decisions and recommendations were acted on (i.e. not lost from month to month).*
2. *Status reviewed each month - possible responses include (i) complete (take off the log the following month), (ii) not started, or (iii) ongoing (work being done).*