

Scottish Trauma Audit Group (STAG)

Steering Group Constitution

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V1.1	06.11.2013	Reviewed	KW
V1.2	04.07.2014	Updated with to reflect new organisational structure within NSS and new steering group members	KW
V1.3	06.05.2015	Updated to reflect new governance structure	Angela Khan
V1.4	02.06.2020	Updated to reflect change from NHS NSS to PHS	Hazel Dodds

Constitution of the STAG Steering Group

Membership, appointment and terms of office

The composition of the Steering Group will reflect the range of participating hospitals in terms of size and location.

Chair

- The Chair will be a Consultant practising in either Emergency Medicine or other related clinical area dependent on subject of current project.
- Nominations for the Chair of STAG will be sought from the STAG steering group by self-nomination.
- The Chair will be elected by the STAG steering group with one vote per member.
- The term of office will be three years or for the term of time limited projects. The Chair shall not serve more than two consecutive terms.

Vice-Chair

- The Vice-Chair will be a Consultant practising in either Emergency Medicine or other related clinical area dependent on subject of current project.
- Nominations for Vice-Chair will be by self-nomination from the steering group.
- The Vice-Chair will be elected by the steering group.
- The term of office will be three years or for the term of time limited projects. The Vice-Chair shall not serve more than two consecutive terms.

Consultants

- Medical staff will be drawn from Emergency Departments in each region or by existing members of the Steering Group and will be practising within Scotland.
- Medical staff will also be drawn from areas essential to the trauma patient pathway (eg radiology, orthopaedics, surgery, critical care and trauma rehabilitation).
- Regional representation and individual enthusiasm are essential criteria.

Other Professionals

- Trainee in Emergency Medicine.
- Pharmacist.
- Nurse.
- Paramedic.
- Scottish Trauma Network representation.

PHS (Public Health Scotland)

- Service Manager Scottish National Audit Programme.
- Senior Nurse, Scottish National Audit Programme.
- Caldicott Guardian (available for consultation).

Project Management Team

- National Clinical Co-ordinator.
- Senior Information Analyst.
- Regional Coordinator.
- Quality Assurance Manager (available for consultation/ QA associated work).

Lay Representation

A lay representative will be nominated. Review of best practice for seeking new lay representation should be carried out prior to new appointments.

The term of office for all nominees will be three years, with an option to renew every three years. Additional parties/ advisors may be co-opted onto the steering and sub groups.

Executive Group

A small executive group will be responsible for routine operational issues:

- National Clinical Co-ordinator.
- Chair or Vice-Chair.
- Senior Information Analyst.

Meetings

Meetings will be held four times a year. Each member's attendance should be at least two out of four meetings per year. If member does not attend three consecutive meetings, then membership will be reviewed by steering group. If they cannot give this commitment to the steering group, an alternative representative should be found.

Reporting Structure

The Chairman reports to the Clinical Outcomes and Measures for Quality Improvement (COMQI) Group at Scottish Government via the Scottish National Audit Programme.

Terms of Reference

1. To improve the care of patients who are admitted as emergency presentations in Scotland.
2. To manage the clinical governance aspects of audit, ensuring that appropriate action is taken.
3. To plan the medium and long-term future of audit, taking into account the requirements of the national Quality Strategy www.scotland.gov.uk/NHSScotlandQuality.
4. To direct the clinical content of the annual report and approve the release of any other routine data analyses produced by the group.
5. To maximise the use of the data by identifying research potential and establishing associated research projects.
6. To establish sub-groups with a remit to address specific issues (e.g. sprint audits, report writing).
7. To provide clinical advice and support to the project management team.
8. To organise the annual meeting.