

Terms of Reference
Governance Committee
Irish National Orthopaedic Register
May 2017 V3.3

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1.0 Document Control

Version	Version date	Changes	Author	Reviewer(s)
V3.0	Sept 2013	Original document	Roseanne Smith	INOR/IHFD Clinical Governance Committee
V3.1	Nov 2014	Addition of revised NOCA Escalation Policy	Roseanne Smith	INOR/IHFD Clinical Governance Committee
V3.2	Oct 2016	Change to document following separation of INOR and IHFD Clinical Governance Committee	Roseanne Smith	Ms Collette Tully, Executive Director, NOCA. Mr Paddy Kenny, Chair, INOR CGC. INOR Clinical Governance Committee
V3.3	May 2017	Amendments to Section 4.4 Tenure Updated policies	Suzanne Rowley	INOR Clinical Governance Committee

2.0 Introduction

Under its Governance Board, the National Office of Clinical Audit (NOCA), are responsible for the convening a Governance Committee to oversee the clinical direction and management of the Irish National Orthopaedic Register (INOR). This Governance Committee will provide a forum of diverse and specialist expertise which will ensure concise and effective governance for INOR.

3.0 Role and Remit of the Governance Committee

The Governance Committee will ensure clinical objectives are met and confidential processes upheld. Relevant specialties and groups will be represented in the committee membership to ensure output is interpreted appropriately.

The Governance Committee will ensure full interpretation of output data and will ensure it is brought to the NOCA Governance Board before publication of any output data or reports.

If poor professional performance is identified through data collected, the INOR Governance Committee will allow time for matters to be rectified within the institution involved in an agreed timeframe. If, after the agreed timeframe no improvement in performance is achieved, the INOR Governance Committee will refer the evidence to the NOCA Governance Board. The NOCA Governance Board will invoke the NOCA Escalation Policy (See Appendix One: NOCA Monitoring and Escalation Policy V1.2).

Should the INOR Clinical Governance committee become aware of poor professional performance or process that may seriously harm or cause potential serious harm to a patient; they will bring this to the attention of the NOCA Governance Board without delay and in particular the Director of HSE Quality and Patient Safety, the Director of the PHA (Private Hospitals Association of Ireland) or the Irish Medicines Board in the case of an outlying medical device.

4.0 Terms of Reference of the INOR Governance Committee

The following Terms of Reference clearly set out the responsibilities of the Governance Committee.

4.1 Administration

NOCA will be responsible for the administration of the Governance Committee.

4.2 Quorum

INOR Governance Committee requires the presence of a **minimum of 50% + 1** attendance to establish a quorum for any meeting convened. INOR Clinical lead(s), NOCA Executive and/or INOR Coordinator will report to and attend all Governance Committee meetings.

4.3 Appointment of members

Relevant specialities and groups as identified by the Clinical Director, NOCA Executive and the INOR Coordinator are to be invited to become members of the INOR Governance Committee. This is to ensure that all specialities can contribute to decision making at this level.

Representation was sought from the following groups:

- Irish Institute of Trauma and Orthopaedic Surgery
- National Office of Clinical Audit
 - Executive Director
 - INOR Coordinator
- HSE Quality and Patient Safety Directorate
- Independent Hospitals Representative
 - Surgical and Nursing
- HSE Office of Nursing & Midwifery Services
- Arthroplasty / Orthopaedic Nursing Specialists
- Public/Patient Representative
- Therapy representative

4.4 Tenure

In line with the guidelines for the NOCA Governance Board, membership of the INOR Governance Committee will be for a staggered period of three years. The chair tenure would be reviewed every three years with the option for a further three years if reappointed. The chair of the governance committee will be a member of the Institute of Trauma and Orthopaedics (IITOS).

Members will be selected to reflect the interest of the clinical community as a whole and to achieve an appropriate mix of relevant skills to support the Irish National Orthopaedic Register.

4.5 Resignation of INOR Governance Committee Members

Membership of the Governance Committee will be for a staggered period of three years to ensure continuity of committee memory and intellectual property. Resignation before completion of tenure will be tendered and accepted only in writing to the Chair and will allow for no less than a **two month notice period**. In the case of resignation of an individual, who may have been involved, or offering specific advice or guidance in respect of the completion on any particular audit, the Member will first ensure all obligations are fully discharged before tendering resignation. The Chair shall invite additional members to fill casual vacancies from relevant cohort or as the need arises in order to ensure adequate specialist expertise is represented.

4.6 Responsibilities of the Governance Committee

The INOR Governance Committee shall provide guidance to the Irish National Orthopaedic Register and lend support to NOCA staff in achieving the overall aims and objectives. It will provide both clinical and professional expertise when required, and work closely with the NOCA Management and Governance Board.

The INOR Governance Committee will be responsible for;

- Shaping the strategic direction of INOR;
- Ensuring that INOR complies with all legal and statutory requirements;
- Ensuring that INOR adheres to the highest standards of corporate and social responsibility;
- Review and agree content of annual reports of INOR before forwarding reports for review and sign off by the NOCA Governance Board;
- Monitoring participation rates, encouraging participation
- Monitoring staffing needs in INOR and supporting requests for staff as service grows.

4.7 Duty of Care

Should the Governance Committee become aware of poor professional performance (Medical Practitioners Act 2007) or process which has not been satisfactorily addressed through the audit cycle, they have a duty of care to communicate without delay to the Governance Board and Management of NOCA. The Governance Board has a duty to communicate the concerns to the National Director of Quality and Patient Safety, HSE, and the Clinical Director of NOCA and the Clinical Directors of the institutions from which the participants are currently practicing, to ensure immediate action is taken while steps are taken to improve knowledge or skill or both to ensure patient safety.

4.8 Indemnity

The Clinical Indemnity Scheme has been engaged by the HSE QPSD to provide indemnity cover to NOCA staff and its officers and the convened members of the NOCA Governance Board and its respective Audit Governance Committees (including INOR Governance Committee), in respect of all clinical audits conducted by NOCA. This is necessary in the unlikely event that such personnel may be sued in a personal injury action alleging clinical negligence, arising from the proper discharge of their duties and obligations.

4.9 Attendance

It is intended the INOR Governance Committee will meet at least 3 times per year, max 4 times per year. Prior notice will be issued by email. In the event a member is not in a position to attend, apologies should be sent to NOCA in advance.

4.10 Expenses

The INOR Governance Committee is a voluntary committee and as such no member will be paid for their time. Limited funding will be retained for public representatives to allow for vouched travel.

5.0 Management of Conflicts of Interest

In order to ensure the INOR Governance Committee operates in a transparent and unbiased way and in line with the policy of the National Office of Clinical Audit on the Management of Conflicts of Interest (Appendix Two) all INOR Governance Committee members will be required to declare any conflicts of interest and this will be a standing agenda item for all meetings. All interests will be recorded and maintained by the NOCA.

6.0 Ethical Concerns

Clinical audit is a quality improvement activity in healthcare. It is the duty of all clinicians to ensure that the care they provide to patients is of the highest possible standard; therefore clinical audit is a means of ensuring that this is the case. Audit, by definition, “does not involve anything being done to service users beyond their normal management and therefore does not require formal ethical approval” (UBHT 2005).

In 2012 the HIQA Standards recommended that a comprehensive programme of clinical audit be put in place. Criteria and guidelines for Healthcare Audits were issued by the HSE in 2008. The published guidance outlined in that document recommended that clinical audits should be carried out to improve services. INOR has, as its central aim, the intention to provide an electronic point of care system to monitor and improve all orthopaedic surgical procedures in Ireland. The HSE guidelines (2008) recommend that audit governance committees should consider any ethical concerns when planning an audit. The two main ethical considerations are likely to be confidentiality—patients confidentiality, staff confidentiality and organisational confidentiality, and consent. Surgical consent for surgeon’s data to be shared with hospital management will be included in the terms of reference of participation in INOR – Surgeons will accept and note acceptance of terms at first log in to INOR system.

Specifically, INOR patient consent is further discussed in the INOR Context and Governance document and will be addressed.

7.0 Accountability and Reporting Relationships

The INOR Governance Committee is accountable to the NOCA Governance Board who in turn are accountable to the HSE Quality Improvement Division. The NOCA executive team will furnish regular reports to the NOCA Governance Board.

7.1 Performance / Monitoring of the INOR Governance Committee

Performance outcomes will be measured to ensure that the committee is performing:

- Percentage of attendance at meetings by members
- Criteria against each of the Responsibilities of the NAHM Governance Committee
- Minutes, reports and other outputs from the committee should be of a suitable standard
- Annual review the processes of the committee.

7.2 Administration

The INOR audit coordinator/manager will be responsible for the administration of the INOR Governance Committee and the day to day interactions with Hospital Executive Managers & /or Clinical Directors.

7.3 Approval and Review Date

The terms of reference are agreed and approved by the INOR Governance Committee. The terms of reference are reviewed by the INOR Governance Committee annually or if appropriate.

