National Office of Clinical Audit (NOCA)
NOCA Patient and Public Involvement Framework
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<th>Framework Title</th>
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| Approved by     |                                              |
| Issue Date      | 1st March 2017                               |
| Revision Due    | 1st March 2018                               |
| Version         | 1                                            |
1. Introduction

This framework describes the National Office of Clinical Audit’s approach to patient and public involvement (PPI) in NOCA’s governance committees and board. NOCA believe that patient and public representatives, and organisations representing their interests, should have opportunities to contribute to developing NOCA guidance, advice, national reports and support their implementation.

The importance of PPI in the planning and implementation of healthcare has been recognised in a number of international declarations. In 1978 the World Health Organisation’s (WHO) Declaration of Alma-Ata set out a vision for healthcare, which stated unequivocally that ‘people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare’. [P.1]

NOCA’s approach to PPI is based on two key principles:

• That PPI will enhance planning, design and implementation of NOCA national clinical audits.
• That, because of this contribution, NOCA national clinical audits has a greater focus and relevance for the people most directly affected by recommendations.

NOCA’s approach reflects both national and UK policy initiatives to involve patients, service users, carers and the public across the Health Service. These initiatives include:

• The National Clinical Effectiveness Committee (NCEC) recommendations that national clinical audit governance committees have 2 patient and public representatives on each committee (NCEC, July 2016, Communication to NOCA)
• The National Institute for Health and Care Excellence (NICE) Patient and Public Involvement Policy (2013)
Reference throughout this framework document to Patient & Public involvement is intended to be inclusive of patients, service users, families, carers, organisations representing their interests and the public.

2. Objective of this Framework

NOCA is committed to patient and public involvement on the NOCA Audit Governance Committees and the NOCA Governance Board. This framework document describes how PPI is supported and implemented in NOCA.

3. Characteristics of a successful patient and public representative

Patient/Public representatives may have:

- Recent experience (generally within 5 years) of accessing health care as a patient/service user or as a family member with experience of supporting a patient/service user to access care e.g. hip fracture patient for Irish Hip Fracture Database Governance Committee.
- Specific interest in the national clinical audit or healthcare quality improvement activities.
- Specific interest in a national clinical audit through a patient or healthcare advocacy group.

4. Recruiting patient and public representatives

NOCA will recruit patient and public representatives through any of the following mechanisms:

- Nominees from Patients for Patient Safety Ireland.
- Through NOCA Governance Board and National Clinical Audit Governance Committees.
- Advertise openly for individual patient and public representatives to join our NOCA Governance Committees and Governance Board through NOCA and HSE websites.

Interested applicants will be invited to attend for an initial meeting with NOCA. This will provide applicants with information on the role and to discuss in more detail what the role entails. Following this a formal letter of invitation will be sent from NOCA to the patient and public representative.
5. Role of the patient and public representative at audit governance committee

Prior to joining a National Clinical Audit Governance Committee / Governance Board, potential patient and public representatives are informed of the responsibilities associated with the role.

- Attend each meeting or notify a NOCA staff member in advance if unable to attend.
- Engage thoughtfully and constructively around the issues and ideas discussed during each meeting.
- Be proactive in driving improvement and bring creative ideas for change.
- Be respectful of the unique background and perspective of each member.
- Desire to participate in bringing about meaningful change
- Able to use their personal experience constructively
- Able to see beyond their own experience
- Able to maintain confidentiality of patient and organisational information

Patient and public representatives will be asked to sign a NOCA confidentiality agreement prior to joining a national clinical audit governance committee or the NOCA Governance Board (Appendix 1).

6. Training and supporting NOCA patient and public representatives

The chair of the National Clinical Audit Governance Committees/NOCA Governance Board is responsible to meet all new members of each committee in advance of attending their first meeting.

NOCA provides information and support to patient and public representatives who are interested in or contribute directly to national clinical audits. This will range from informal telephone and email advice, written information and formal meetings as appropriate.

A NOCA “welcome pack” containing the following information will be available to each patient and public representative:

- NOCA background and information
- Terms of reference for the national clinical audit governance committee / Governance board
- Role of the patient and public representative at audit governance committee
- Meeting times, frequency and duration
• Outline of communication methods to audit committee members
• Time commitment beyond meeting times
• What are the expected outcomes of their involvement
• NOCA contact details

7. Opportunities for patient and public representatives

Patient and public representatives may be invited to contribute to:

• The National Clinical Audit Governance Committee / NOCA Governance Board meetings.
• NOCA policy development
• NOCA national report development
• NOCA national conference participation
• NOCA activities as required by the NOCA board or executive director

8. Orientation for patient and public representatives

In order to facilitate effective participation by patient and public representatives, orientation is provided. Topics which will be covered include:

• Who is who in NOCA?
• How to prepare for a meeting?
• How meetings are conducted: format, agenda, minutes, roles, etc?
• Training for any technology that will be used, e.g. conference calls, web based tools
• An explanation of audit specific terms frequently used in meetings and documentation.
• Communicating collaboratively: Expressing your perspective so others will listen
• How to ask tough questions?
• What to do when you don’t agree?
• Listening to and learning from the perspective of others
• Thinking beyond your own experience
9. Payments for Involvement in NOCA

All patient and public representative members of NOCA’s national clinical audit Governance committees and NOCA board are offered their travel expenses. NOCA will offer travel expenses for events, training and meetings etc. to service users who have been invited to participate. The reimbursement of expenses will be made at the rate of 40c per kilometre.

10. Measuring the impact of patient and public representatives in NOCA national clinical audits

The involvement of patient and public representatives will add value to NOCA decisions or activity. Indicators will be developed to measure the impact of increased patient and public representative throughout NOCA. KPIs will be developed that demonstrate:

- Each audit governance committee has 2 patient and public representatives
- Governance committee meeting attendance

NOCA will be flexible in its approach to PPI. As this evolves new indicators may be developed in consultation with patient and public representatives.
References


HSE Quality Improvement Division Guidance for recruiting patient/service user representatives for groups and committees 2015). Available at:

Available at:

World Health Organisation (1978). Declaration of Alma-Ata Available at: 
http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf?ua=1
[Accessed on: 26/09/2016]

Websites

Patients for Patient Safety Ireland
Available at: Http://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/patientsafety/
Appendix 1: NOCA Confidentiality agreement September, 2012

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<tr>
<th>Title</th>
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<tr>
<td>Authors</td>
<td>Fiona Cahill, Mary Baggot</td>
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<tr>
<td>Approved by</td>
<td>NOCA Governance Board</td>
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<tr>
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<td>20th September 2012</td>
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<td>20th December 2017</td>
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**Purpose**

To ensure public representatives who join the NOCA Governance Board and its associated Clinical Governance Committees, do so knowing all information discussed verbally or shared in writing at each meeting is completely confidential.

This confidentiality agreement is to protect both the National Office of Clinical Audit (NOCA) and its Governance Board and Audit Governance Committees from any breach of confidentiality. This policy applies to the Governance Board Members of NOCA, and any subgroups and convened Audit Governance Committees.

**Breach of Confidentiality**

In the context of the work of the NOCA Governance Board, and it’s Audit Governance Committees a breach in confidentiality will be seen as any information passed from its meetings either in writing, by email or by word of mouth to individuals who are not members of the NOCA Governance Board or its Governance Committees.

**Why does confidentiality matter?**

NOCA has been tasked with the delivery of key clinical audit and quality improvement initiatives. Data that has not been approved for prior publication, taken out of context could detrimentally impair the work of NOCA and its Audit Governance Committees from completion of its work and achieving its longer term goals to improve outcomes for patients. Breach of confidentiality would deplete the trust of clinicians participating in clinical audit and potentially cause upset to existing and future patients.

**NOCA Management of Confidentiality**

NOCA has developed this policy to protect both the National Office of Clinical Audit (NOCA) and individual members from any breach of confidentiality.

This policy will be reviewed and may evolve over time with experience and changing requirements of NOCA.

**DECLARATION**
Detail of the NOCA Board / Audit Governance Committee this Confidentiality agreement applies to:

______________________________

I hereby agree to hold all information imparted to me as strictly confidential

Name of NOCA Governance Board / Audit Committee Member (Block Capitals) ________________

Signature ______________________

Date ______________________

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that Governance Board Members act in the best interests of the committee. The information provided will not be used for any other purpose.