National Office of Clinical Audit (NOCA)

Irish National Audit of Stroke (INAS)

Audit Governance Committee

Terms of Reference

Statement of purpose

The National Office of Clinical Audit (NOCA) works to promote an open culture of shared learning from national clinical audit (NCA) to improve clinical outcomes and patient safety. Under the NOCA Governance Board, each NCA establishes a separate Governance Committee.

To promote good governance and support development of NCA Governance Committees, each specific committee may add to the NOCA standard terms of reference guidance document but the membership must be adhered to in line with communication received from the National Clinical Effectiveness Committee (NCEC) (NCEC 2016, NOCA communication).

INAS Governance Committee

Under the Governance Board of NOCA, an INAS Governance Committee has been convened. The Governance Committee ensures objectives are met and confidential processes are upheld. The INAS Governance Committee ensures all relevant stakeholders are represented to ensure output of the audit findings are interpreted appropriately. The INAS Governance Committee will formally agree the format of all national reports and forward to NOCA Governance Committee in advance of any publication.

The INAS Governance Committee convenes once every quarter.

Terms of reference

The following Terms of Reference clearly set out the responsibilities of the Governance Committee of the Irish National Audit of Stroke.

1. Responsibilities of the INAS Governance Committee

The purpose of the INAS Governance Committee is to oversee the national clinical audit.

- Shape the strategic direction of the INAS.

- Ensure INAS complies with all legal and statutory requirements such as Freedom of Information and Data Protection.

- Oversee compliance with key NOCA Policies e.g. NOCA Monitoring and Escalation Policy.

- Provide assurance to the NOCA Board on identification and management of INAS risks.

- Review and agree content of annual reports of the INAS before forwarding reports for review and sign off by the NOCA Governance Board.

- Monitor staffing needs in the INAS and supporting requests for staff as service grows.

- Act as an escalation point for sub-committees and INAS clinical lead.

- Ensure that the INAS adheres to the highest standards of corporate and social responsibility.

The INAS Governance Committee may delegate specific roles to a sub- committee e.g. preparation of a national report, but retain overall responsibility it's execution.

The Clinical Lead supported by the NOCA executive team has operational responsibility for implementation of the INAS.

2. Membership

Nominations- Members will be invited to achieve an appropriate mix of relevant skills to support the INAS. Membership should comprise persons with interest, knowledge and expertise on the INAS and should include stakeholders with clinical and health care professional expertise; academic or methodological expertise, two Public – Patient representatives (NCEC, 2016, NOCA communication) and one senior accountable healthcare manager (NCEC, 2016, NOCA communication). The Public – Patient representatives will be recruited in line with the NOCA Patient and Public Involvement Framework (Ref: NOCA Patient and Public Involvement Framework).

Core Members- NOCA will be represented by the INAS Clinical Lead and one member of the executive team on the INAS Governance Committee. The NCEC have recommended core membership of the INAS Governance Committee should include public representatives x 2 and a senior accountable

health manager (NCEC, 2016, NOCA communication). An outline of NCA core membership is included in Table 1.

Table 1: NCA Core Membership

Chair
Public –Patient representatives x 2 (NCEC, 2016)
Senior Accountable Healthcare Manager (NCEC, 2016)
Clinical expert stakeholders
Health care professional stakeholders
Academic / Methodological experts
NOCA Clinical Lead
NOCA Audit Manager

Confidentiality - The operation of the INAS must be totally confidential. Members of the INAS Governance Committee are nominated by professional bodies / representative group. It is part of their role to keep the nominating body informed about developments in INAS.
It is a breach of professional confidentiality to divulge any information about specific quality of care issues discussed at the INAS Governance Committee

Tenure - In line with the guidelines established by the NOCA Governance Board, membership of the NCA Governance committee will be for a staggered period of three years. In certain circumstances where members are agreeable they may be asked to stay on for a second term by the Chair of the INAS Governance Committee.

Resignation - 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 or review of audit data, the Member will first ensure all obligations are fully discharged before tendering resignation. The Chair can

invite additional members to fill casual vacancies from relevant cohort or as the need arises in order to ensure adequate specialist expertise is represented.

3. Management of INAS Governance Committee Meetings

Attendance

It is intended that the INAS Governance Committee should meet quarterly with additional meetings where necessary. Prior notice is issued by email. In the event a member is not in a position to attend, apologies should be sent to the INAS Audit Manager in advance. If a member of the Committee cannot attend it is not appropriate to send an alternate.

Inability to attend and contribute to 3 consecutive meetings per year requires consideration of individual membership and possible re-nomination from relevant nominating body. A record of attendance is maintained at every meeting and this will be published in the appendices of the audit's national report.

Quorum

The INAS Governance Committee requires the presence of 50% plus 1 member in attendance to establish a quorum for any meeting convened for decision making purposes. The NOCA Clinical Lead and one member of the executive team are included as part of the quorum. The quorum should be maintained throughout the meeting; this is imperative for decision making.

Management of conflicts of interest

In order to ensure the INAS Governance Committee operates in a transparent and unbiased way, all committee members are required to declare any conflict of interest to the Chair in line with the NOCA Transparency Policy - for the Management of Conflicts of Interest (NOCA-GEN-POL015) at all governance meetings.

Decision Making

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INAS Governance Committee decisions are made by consensus following discussion by members. However in the absence of consensus, members are requested to vote on the decision with the Chair having the casting vote. The INAS Clinical Lead and Audit Manager have one vote each on the INAS Governance Committee.

Some decisions are reserved for to the NOCA Governance Board e.g. national report approval, approval of data access for research. In these cases, the INAS Governance Committee reviews and makes a decision to endorse a matter prior to referral to the NOCA Governance Board.

Administrative Support
The Chair and the Audit Manager are responsible for the administration of the INAS Governance Committee.

4. Expenses

The INAS Governance Committee is convened as voluntary committees and as such no member will be paid for their time. Limited funding will be retained by NOCA for external or Public-Patient representatives to allow for vouched travel.

5. Accountability & Reporting Relationships

The INAS Governance Committee is accountable to the NOCA Governance Board. The NOCA executive team furnish regular status reports on behalf of the INAS Governance Committee to the NOCA Governance Board.

6. Indemnity

The Clinical Indemnity Scheme has been engaged by the HSE to provide indemnity cover to NOCA clinical staff and its executive team, the convened members of the INAS Governance Committees of NOCA. This is provided in respect of all INAS activities in the unlikely event that personnel may be sued in a personal injury action alleging clinical negligence arising from the proper discharge of the duties and obligations of the INAS Governance committee.

7. Performance

The INAS Governance Committee shall at least once a year review its own performance and terms of reference and report its conclusions changes to the NOCA Governance Board. Performance measures include:
- Attendance at meetings by members,
- Review the process of the INAS Governance Committee to ensure:

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- INAS objectives,
- Responsibilities of the INAS Governance Committee
- Minutes, reports and other outputs from the committee are of a suitable standard.

8. Approval and Review Date

The INAS Governance Committee approves its responsibilities and terms of reference at time of set up and reviews performance annually.

Role of INAS Governance Committee Members

Responsibilities of the Chair of the NCA Governance Committee

It is the policy of the NOCA Governance Board that there is a clear division of responsibilities between the INAS Chair of Governance Committee and Clinical Lead. The Chair is responsible for the leadership of the INAS Governance Committee and the INAS Clinical Lead supported by the NOCA executive team has operational responsibility for implementation of the INAS.

The Chair has a strategic role to play in representing the vision and purpose of the INAS. He / she brings impartiality and objectivity to the meetings through following actions;

- Sets the agenda for each meeting with the NOCA Executive Team, (Appendix 1: Sample National Clinical Audit Governance Committee Agenda)
- Signs minutes approved by the INAS governance committee, (Appendix 2: Sample National Clinical Audit Governance Committee Minutes)
- Ensures that there is a quorum for decision making purposes,
- Make the purpose of each meeting clear to members; explain the agenda at the beginning of each meeting,
- Ensures the meeting runs to schedule and keeps the meeting moving by putting time limits on each agenda item,
- Ensures the committee work to NOCA policies and procedures,
- Encourages broad participation from members in discussion,
- Resolves any conflict that may arise in the course of meetings,
- Ends each meeting with a summary of decisions and assignments.

The position of Chair of the INAS Governance Committee is for a period of two years. This can be extended for further 2 years as agreed by the Committee.

It is the policy of the NOCA Governance Board that the key office of Chair should be rotated among all members of the INAS Governance Committee. This ensures a relatively equal burden of responsibility is placed on all members of the INAS Governance Committee, allowing members member to contribute meaningfully to the work.

In the event the chair is appointed from within the existing membership then a 'request for nomination' should be sent to the relevant body to replace this committee member.

A Deputy Chair can be appointed at the same time as the Chair.

Responsibility of each INAS Governance Committee Member

Each member should:

- Take a genuine interest in the INAS objectives and overall success,
- Attend and participate in each INAS Governance meeting,
- Support open discussion and encourage fellow INAS Governance Committee members to voice their insights,
- Support new members in understanding the functions of the INAS Governance Committee and the relationship between it and other stakeholders,
- Adhere to the NOCA Policies e.g. Transparency Policy for the Management of Conflicts of Interest
- Act in a manner which is appropriate and in accordance with the relevant legislation e.g. Data Protection and FOI Legislation,
- Act and uphold the highest standards of ethical and professional behaviour.

Appendix 1. Sample National Clinical Audit Governance Committee Agenda

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NOCA ACS Audit

Team Meeting

AGENDA

<table>
<tr><td colspan="5">
Date:

Time:

Venue:

Webinar Access:

Tel:
</td></tr>
<tr>
<td>**Item**</td>
<td>**Detail**</td>
<td>**Owner**</td>
<td>**Objective[1]**</td>
<td>**Document Ref**</td>
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<tr>
<td>1.

1.1</td>
<td>Welcome

Conflict of Interest</td>
<td>Chair

Chair / All</td>
<td>To inform</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Approval of Minutes</td>
<td>Chair</td>
<td>To agree</td>
<td>Minutes</td>
</tr>
<tr>
<td>3</td>
<td>Actions arising from minutes</td>
<td>Chair</td>
<td>To agree</td>
<td>Action log</td>
</tr>
<tr>
<td>4

4.1
4.2
4.3
4.4</td>
<td>Standard Agenda Item:

• Audit Status Update
• NOCA Risk Review
• NOCA Monitoring & Escalation
• Requests for access to data</td>
<td>NOCA</td>
<td>To inform
To discuss
To discuss
To agree</td>
<td>Status Update
Meeting
Presentation
As above
As above</td>
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<tr>
<td>5</td>
<td>Agenda Item</td>
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1 – Objective – To inform, To discuss, To agree

Appendix 1. Sample National Clinical Audit Governance Committee Minutes

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Attendees	Apologies
	Not in Attendance

Agenda Ref.	Detail
Year/Meeting No/ Agenda Item e.g.17.1.1	Welcome Conflicts of interest
	Approval of minutes
	Actions Arising from the minutes
	Standard Agenda Items • Audit Status Update • NOCA Risk Review • NOCA Monitoring & Escalation • Requests for access to data
	Agenda Item

Decision Log

Agenda Ref	Key Decisions

Open Action Log

Agenda Ref	Meeting Date	Actions Agreed	Action by	Update Governance Committee

References

Commission on Patient Safety & Quality Assurance (2008) Building a culture of patient safety, Report of the commission on patient safety and quality assurance

Available at: http://health.gov.ie/wp-content/uploads/2014/03/en_patientsafety.pdf [Accessed on: 03/10/2016].

HQIP Healthcare Quality Improvement Partnership (2013). HQIP Project Core Team Terms of Reference Available at: http://www.rheumatology.org.uk/includes/documents/cm_docs/2013/c/core_project_team_terms_of_reference.pdf. [Accessed on: 20/10/2016]

HSE Quality Improvement Division Guidance for recruiting patient/service user representatives for groups and committees (2015). Available at: https://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/Central_Office,_National_Advocacy_Unit/Guidance_for_recruiting_patient_representatives_groups_committee.pdf [Accessed on 27/09/2016]

National Clinical Effectiveness Committee (2016) Communication to NOCA (16th September, 2016)

Quality and Safety Committee(s) (2016) HSE Quality and Safety Committee(s), Guidance and Resources. Available at: https://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Governance/CG_docs/Quality-and-Safety-Committees-Guidance-and-Resources-2016.pdf

[Accessed on: 19/11/2016].