National Office of Clinical Audit (NOCA)

Governance Board
Terms of Reference

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Purpose

The National Office of Clinical Audit (NOCA) works to promote an open culture of shared learning from national clinical audit to improve clinical outcomes and patient safety. NOCA is committed to meeting best practice standards in how it is governed.

The purpose of the document is to set out the governance structures for the NOCA Governance Board.

1. Responsibilities of the NOCA Governance Board

The responsibilities of the Board are to:

- Shape the strategic direction of NOCA.
- Ensure that NOCA adheres to the highest standards of corporate and social responsibility.
- Support and direct the NOCA Executive Director and Clinical Director in the execution of their duties, including the delivery of the Annual Work Plan.
- Ensure that NOCA complies with all legal and statutory requirements including appropriate medical and professional indemnity insurance for NOCA and its officers.
- Ensure that the NOCA standards for national audits are maintained and applied to include governance, data quality & security, outlier management, recommendations and reporting.
- Formally endorse national reports that meet the NOCA standard as advised by the NOCA Executive Team.
- Advocate for the growth of national clinical audit in the Irish healthcare system.
- Recommend the annual NOCA budget to the HSE.
- Establish and delegate specific work to sub-committees and or short term working works as required.

2. Responsibility of the Chair

NOCA Executive Team Support

- On behalf of the Board, provide support and direction to the NOCA Executive Director and NOCA Clinical Director as required.
- Act as a point of escalation in lieu of the NOCA Executive Director and NOCA Clinical Director not being available.
- Represent NOCA at events and meetings as required.

Board Meetings

- Agree the agenda for each meeting with the NOCA Executive Director.
- Sign minutes approved by the Board.
- Ensure that there is a quorum for decision making purposes.
- Ensure each member is aware at the start of each meeting about their duties in relation to a declaration of interest.
- Make the purpose of each meeting clear to members and explain the agenda at the beginning of each meeting.
- Ensure the meeting runs to schedule and keep the meeting moving by putting time limits on each agenda item.
- Ensure the Board work to agreed NOCA policies.

- Encourage broad participation from members in discussion especially our patient and public representatives.
- End each meeting with a summary of decisions and assignments.

3. Membership

Representation

Membership will reflect the broad range of healthcare organisations involved in NOCA audits including professional organisations, academia, quality improvement, research and management.

Membership will also include two public / patient representatives.

Review of Membership

During their term, the Chair, on behalf of the Board in consultation with the NOCA Clinical Director and Executive Director will review the membership of the Board.

When subsequent nominations are identified and invited to join the Board, the Chair in consultation with the Board will sanction the nomination.

Members' Term

To ensure organisation knowledge is maintained on the Board, membership is a three year staggered term, normally once renewable in agreement with the Board and relevant member organisation.

The following exemptions apply:

- Time served as Chair is excluded.
- Three year staggered term does not apply to the NOCA Executive and the HSE Sponsor.

Chair's Term

The term of the Chair is two years, normally once renewable in agreement with the Board and relevant member organisation.

When a new Chair is appointed, her or his organisation will be invited to nominate another member to sit on the Board for the term of the Chair.

Membership Organisations

	Organisation	Member
1	Royal College of Surgeons in Ireland	President or Nominee
2	Royal College of Physicians in Ireland	President or Nominee
3	College of Anaesthetists of Ireland	President or Nominee
4	Faculty of Paediatrics, RCPI	Dean or Nominee
5	Faculty of Radiologists, RCSI	Dean or Nominee
6	Joint Faculty of Intensive Care Medicine in Ireland	Dean or Nominee
7	Irish Institute of Trauma and Orthopaedic Surgery	President or Nominee
8	Irish Association for Emergency Medicine	President or Nominee
9	Institute of Obstetricians and Gynaecologists	Chair or Nominee
10	Office of Nursing and Midwifery Directorate, HSE	Director or Nominee
11	Faculty of Public Health Medicine, RCPI	Dean or Nominee
12	HSE Sponsor	Director of National Quality Improvement Team
13	RCSI Department of Surgical Affairs	Director or Representative
14	Public Patient Representative	
15	Public Patient Representative	
16	Private Hospitals Association	Nominee

Attendance

The Executive Director and Clinical Director will attend for all or part of any Board Meetings, other than when the Chairperson advises that they consider any such attendance inappropriate.

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

4. Duty of Care

a) Duty of Care - Potential patient safety concern and or poor professional performance (not directly related to a NOCA audit)

Should NOCA become aware of a potential patient safety concern and or poor professional performance (Medical Practitioners Act 2007) they have a duty of care to escalate to the relevant accountable person to ensure appropriate action is taken. (See Accountability Table below)

b) Duty of Care – Statistical Outliers

If a healthcare provider does not engage with NOCA or comply with the NOCA process to review an outlier signal, the NOCA Audit Committee will escalate according to the NOCA Monitoring & Escalation policy.

Accountability Table

Provider	Accountable Person	CC on communication
HSE Section 38 & 39 Acute healthcare provider	HSE Acute Operations National Director	1. HSE Chief Clinical Officer 2. Healthcare provider CEO 3. Healthcare provider Clinical Director 4. NOCA Executive Director 5. Chair, NOCA Board
HSE Section 38 & 39 Community healthcare provider	HSE Community National Director	1. HSE Chief Clinical Officer 2. Healthcare provider CEO 3. Healthcare provider Clinical Director 4. NOCA Executive Director 5. Chair, NOCA Board
Non HSE Funded healthcare provider (not section 38 or 39)	Chair of the Board	1. Healthcare provider CEO 2. Healthcare provider Clinical Director 3. NOCA Executive Director 4. Chair, NOCA Board

5. Frequency of Meetings

It is intended that the Board will meet quarterly with additional meetings where necessary. Prior notice will be issued by email.

Required Attendance - A record of attendance is maintained at every meeting and this will be published in the NOCA annual report. In the event a member is not in a position to attend, apologies should be sent to the NOCA Operations Manager in advance.

If a member of the Board cannot attend, it is appropriate to send an alternate, with prior notice sent to NOCA. Inability to attend and contribute to 2 consecutive meetings will require review of membership and possible re-nomination from the relevant member organisation.

6. Quorum

The Board requires the presence of 50% plus 1 member in attendance to establish a quorum for any meeting convened for decision making purposes. Quorum should be maintained throughout the meeting.

7. Performance

The Board shall at least once a year, review its own performance and terms of performance measures could include:

- Attendance at meetings by Board members

- Review the process of the governance Board:
  - Against NOCA's objectives
  - Against each of the Responsibilities of the governance Board
  - Minutes, reports and other outputs from the Board are of a suitable standard

8. Management of Declaration of Interest

In order to ensure the Board operates in a transparent and unbiased way, all Board members will be asked to declare any interest to the Chair in line with the NOCA Transparency Policy - for the Management of Conflicts of Interest at all governance meetings (NOCA-GEN-POL015)

9. Confidentiality

The operation of the Audit must be totally confidential. Members of the Board are nominated by various bodies and part of their role is to keep these professional bodies informed about developments in national clinical audit. It is a breach of professional confidentiality to divulge any information about specific quality of care issues discussed at the governance Board meeting.

10. 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 Board in respect of all clinical audit conducted by NOCA, In the unlikely event that such personnel may be sued in a personal injury action alleging clinical negligence arising from the proper discharge of the duties and obligations of the Board.

11. Decision Making

Board decisions will be made by consensus following discussion by members. However in the absence of consensus, members will be requested to vote on the decision with the Chair having the casting vote.

12. Expenses

The Board is convened as a voluntary Board and as such no member will be paid for their time. Limited funding will be retained by NOCA for external or patient and public representatives to allow for vouched travel.

13. Administrative Support

The NOCA Operations Manager shall be responsible for the administration of the Governance Board.

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]

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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].