NATIONAL AUDIT OF HOSPITAL MORTALITY GOVERNANCE COMMITTEE TERMS OF REFERENCE

Under the Governance Board of NOCA, the National Audit of Hospital Mortality (NAHM) Governance Committee has been convened.

Role of the NAHM Governance Committee is:

To provide hospitals and Regions with a methodology and a knowledge base to identify, interpret, review and learn from unusual in-hospital mortality[1] patterns and to oversee all other matters in relation to the NAHM audit. The NAHM Governance Committee is not responsible for any executive functions and is not vested with any executive powers.

[1] Excluding Maternity or Neonatal Deaths

Responsibilities of the NAHM Governance Committee are:

- To oversee the development and evolution of the NQAIS NAHM system e.g. risk modelling using HIPE data, signal presentation, user interfaces.
- To provide expertise in support of NAHM objectives.
- To oversee the provision of guidance to hospitals and hospital groups to enable the interpretation of in-hospital mortality patterns e.g. via the User Guide and the processes for reviewing those unusual patterns.
- To prepare and approve the NAHM National Report and other subject specific reports as required.
- To comply with all statutory, HSE and NOCA requirements relevant to its activities e.g. data protection.
- To advise the NOCA Board on matters related to NAHM as and when required.

The Audit Governance Committee may delegate specific roles to a sub- committee e.g., preparation of a national/topic specific report, but retain overall responsibility for the role(s) in question.

Membership

Membership of the Audit Governance Committee is multidisciplinary and representative of the core stakeholders. An outline of the stakeholder bodies invited to be members is listed in Table 1.

More details on Membership of the NOCA NAHM Audit Governance Committee are available directly on the NAHM Audit Governance Page.

Table 1: Membership

Core Members
Clinical Lead
Chair
RCSI Surgical Representative
HSE Office of Nursing and Midwifery
IHA or other regional representative
Public Patient Involvement Representative x 2
HSE Clinical Directors Programme
NAHM User Representative x 2
HSE National Health intelligence Unit
International mortality expert
RCPI - Respiratory
HSE Health Care Pricing Office
HSE Public Health
RCPI - Cardiovascular
College of Anaesthesiologists of Ireland
RCPI – Palliative Care
RCPI – General Internal Medicine
NOCA representation - Audit Manager, Data Analyst, EMT rep

Tenure - Membership of the NAHM Governance Committee is for a staggered period of three years, normally renewable once by agreement with the Audit Governance Committee and relevant member organisation. The following exemptions apply:

- Time served as Chair
- Three-year staggered term does not apply to the NOCA Executive and Clinical Lead.

Where a member has a unique role, they may be asked to remain on the committee.

- **Chair's Term**

  The term of the Chair is two years, normally renewable once by agreement with the Audit Governance Committee and relevant member organisation. When a new Chair is appointed, their organisation is invited to nominate another member to sit on the NAHM Governance Committee for the term of the Chair.

- **Resignation** - Resignation before completion of tenure shall tendered in writing to the Chair, no less than two months prior to the proposed resignation date. 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 shall be requested, where possible to ensure all obligations are fully discharged before proposed date of resignation.

Management of NOCA Governance Committee Meetings

- **Attendance**

The NAHM Governance Committee meets quarterly with additional meetings where necessary. Prior notice is issued by email. A record of attendance is maintained at every meeting and this is published in the NAHM national report.

In the event that a member is not in a position to attend, apologies should be sent to the NAHM Manager / Administrator in advance. If a member cannot attend, it may be appropriate to designate an alternate provided prior approval has been secured from the Chair. Inability to attend and contribute to two consecutive meetings will require review of membership and possible re-nomination by from the relevant member organisation.

- **Quorum**

The NAHM Governance Committee requires the presence of 50% plus one of core members in attendance to establish a quorum for any meeting convened for decision making purposes. The quorum should be

maintained throughout the meeting for decision making. In the absence of a quorum and at the direction of the Chair, decisions can be confirmed by email subsequent to meeting.

- **Decision Making**

NAHM Governance Committee decisions are made by consensus following discussion by members. In the absence of consensus, members are requested to vote on the decision with the Chair having the casting vote. The NAHM Clinical Lead and Audit Manager have one vote each on the NAHM Governance Committee. Some decisions are reserved for to the NOCA Governance Board e.g. endorsement of a report, changes to established policies/ procedures. In these cases, the NAHM Governance Committee reviews and makes a recommendation to the NOCA Governance Board.

Duty of Care

- **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 (PRO 17, Management of patient safety concerns notified to NOCA).

- **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 NAHM Governance Committee will escalate according to the PRO 18: Monitoring of statistical outliers in national clinical audit and registries.

Management of conflicts of interest

In order to ensure the NAHM 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 Governance procedures (PRO 16 Effective management of conflicts of interests in NOCA).

Confidentiality

Members of the NAHM Governance Committee nominated by professional bodies / representative group shall keep the nominating body informed of about developments in NAHM. The operation of the NOCA meetings is otherwise confidential. It is a breach of professional confidentiality to divulge any information about specific quality of care issues discussed at the NAHM Governance Committee

Indemnity

The Clinical Indemnity Scheme (CIS) will indemnify NOCA, its clinical staff and its officers and the convened members of the Governance Board and respective Audit Governance Committees of NOCA in respect of all clinical audit activity conducted by NOCA. This indemnity is unlimited and the State Claims Agency (SCA) will handle any clinical claims arising to completion.

Accountability & Reporting Relationships

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

Expenses

NOCA Audit Governance Committees are convened as voluntary committees and as such no member will be paid for their time. Limited funding will be retained by NOCA for PPI representatives to cover / allow for vouched travel expenses.

Performance

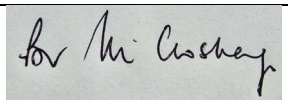
The NAHM Governance Committee shall carry out an assessment of its role, performance and functioning. This will be facilitated by the NOCA Executive Team on an annual basis.

Administrative Support

The Chair and the NAHM Audit Manager are responsible for the administration of the NAHM Governance Committee.

Approval and Review Date

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

Chair Name	Dr Brian McCloskey
Chair Signature	
Date	17th September 2026