National Office of Clinical Audit

Emergency Medicine Airway Registry Ireland (EMARI)

Governance Committee

Terms of Reference

NOCA National Office of Clinical Audit

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Terms of Reference

Under the Governance Board of NOCA, the Emergency Medicine Airway Registry Ireland (EMARI) Development Project Governance Committee (herein referred to as the Governance Committee) has been convened.

Role of the Emergency Medicine Airway Registry Ireland Governance Committee:

The role of the NOCA EMARI Governance Committee is to oversee all matters related to the Emergency Medicine Airway Registry Ireland. The Governance Committee is not responsible for any executive functions and is not vested with any executive powers.

Responsibilities of the Emergency Medicine Airway Registry Ireland Governance Committee:

The responsibilities of the Governance Committee are to:

- Oversee the migration of current EMARI dataset from REDCap UL
- Oversee enhancements to current dataset, data validation, metrics and reporting process
- Oversee a legal framework for EMARI
- Approve and provide oversight of recommendations supporting the national implementation of EMARI
- Drive a culture of best practice for emergency airway management to optimize patient care for high-risk procedures
- Evaluate the impact of EMARI outputs on patient outcomes, emergency medicine airway management improvement, and policy development
- Engage with the public, local, national and international healthcare community to garner support for EMARI
- Advise the EMARI project team on EMARI development and implementation phases

The 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 Governance Committee is multidisciplinary and representative of the core stakeholders. An outline of the EMARI's core membership is included in Table 1.

Table 1: Membership

Name	Role
Prof Fergal Cummins	Clinical Lead for EMARI
Dr Irene Grossi	International expert; Methodology Rep.
Dr Jimmy Lee	Training & Development; Emergency Medicine Programme (EMP); Irish Association for Emergency Medicine (IAEM) Rep.
Dr Brian MacCarthy	Methodology Rep.
Dr Etimbuk Umana	Major Trauma Centres Rep.
Dr Sarah Watkins, PhD	Nurse Lead, National Emergency Medicine Programme.
Mr David Hennelly	Advanced Pre-Hospital Paramedic; National Ambulance Service Practice Development Lead.
Dr David Menzies	Pre-hospital Emergency Medicine rep.
Ms. Anne Mooney	Public and Patient Involvement (PPI) Rep.
Dr Laura Melody	Emergency Medicine Paediatrics Rep.
Dr Sana Arif	Irish Emergency Medicine Trainees Association (IEMTA) Rep.
Mr Paul Cahill	Dublin Fire Brigade Rep.
Dr Brendan O' Hare	EMARI Hospital Clinical Leads Rep.
Prof Ashraf Butt	European Society for Emergency Medicine (EUSEM) Rep.
Dr Aislinn Sherwin	Collage of Anaesthesiologists
Dr Habib Khan	EMARI Hospital Clinical Leads Rep.
TBC	Irish Committee for Emergency Medicine Training (ICEMT) Rep.
TBC	Senior Accountable Healthcare Rep.
Dr Zita McCrea, PhD	EMARI Project Manager
Attending member	
Ms. Marina Cronin	NOCA Executive Management Team

Tenure:
To ensure organisation knowledge is maintained on the Governance Committee, membership is for two years.

Chair's Term:
The term of the Chair is for the duration of the project.

Resignation:
Resignation before completion of tenure shall be 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 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 EMARI report at the end of the devolvement phase.

If a member cannot attend, apologies should be sent to the EMARI project manager 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 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:
EMARI 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 EMARI Clinical Lead and Project Manager have one vote each on the EMARI Governance Committee. Some decisions are reserved for the NOCA Governance Board e.g. endorsement of a report, changes to established policies / procedures. In these cases, the 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).

Expenses:

Limited funding will be retained by NOCA for patient and public involvement (PPI) representatives to cover allowed for vouched travel expenses.

Performance:

The 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 Project Manager are responsible for the administration of the EMARI Development Project Governance committee.

Management of conflicts of interest:

In order to ensure the 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, at all governance committee meetings (PRO 16 Effective management of conflicts of interests in NOCA).

Confidentiality:

Members of the Governance committee are nominated by various professional bodies / representative groups and part of their role is to keep the nominating body informed about developments in the Development Project. 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 Governance Committee Meeting.**

Indemnity:

The Clinical Indemnity Scheme (CIS) will indemnify NOCA, its clinical staff and its officers and the convened members of the Governance Committee 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 Governance Committee is accountable to the NOCA Governance Board. The NOCA executive team furnish regular status reports on behalf of the Governance Committee to the NOCA Governance Board. The final report will be endorsed by the NOCA Governance Board.

Progress reports will be furnished by the executive team to the HSE National Centre for Clinical Audit, and Department of Health as required throughout the lifecycle of the project.

Approval and Review Date:

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

Chair Name	Dr David Menzies
Chair Signature	
Date	14.01.2026