

National Office of Clinical Audit (NOCA)

**National Paediatric Mortality Register
(NPMR) Governance Committee**

Terms of Reference V0.1

Statement of 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. Under the NOCA Governance Board, each National Clinical Audit (NCA) establishes a separate Governance Committee.

The purpose of this document is to set out the governance structures and operational management for the NOCA National Paediatric Mortality Register (NPMR) Governance Committee.

Members

	Organisation	Member
1	Chair- RCPI	Assoc. Prof. Michael Barrett
2	Senior Accountable Healthcare Manager	Dr. Paul Oslizlok
3	HSE Dept. of Public Health Representative	Vacant
4	Paediatric Emergency Medicine	Dr. Stewart McKenna
5	Paediatric Intensive Care Medicine	Assoc. Prof. Dermot Doherty
6	Paediatric Pathology	Dr. Michael McDermott
7	Paediatric Palliative Medicine	Dr. Fiona McElligott/ Dr. Mary Devins
8	Paediatric Cardiology s.i. Inherited cardiac conditions	Dr. Terry Prendiville
9	Paediatric Anaesthesia	Dr. Terence Montague
10	Regional Paediatrician	Dr. Orla Neylon
11	ICGP	Awaiting Nominee
12	Coroner's Society of Ireland	Dr. Myra Cullinane
13	PPI representative	Kate Burke
14	PPI representative	Mary Vasseghi
15	Nursing representative CHI	Eileen O'Toole
16	TCD Dept. of Statistics	Myra O'Regan
17	NOCA Clinical Lead	Dr. Martina Healy
18	NOCA Paediatric Programme Manager	Cliona McGarvey
19	NOCA Paediatric Programme Assistant Audit Manager	Karina Hamilton

Terms of Reference

The following Terms of Reference clearly set out the responsibilities of the Governance Committee of the NPMR.

1. Responsibilities of the NPMR Governance Committee

The purpose of the NPMR Governance Committee is to oversee the national clinical audit:

- Shape the strategic direction of the NPMR.
- Ensure NPMR 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 & escalation of statistical outliers.
- Provide assurance to the NOCA Board on identification and management of NPMR risks.
- Review and agree content of annual reports of the NPMR before forwarding reports for review and sign off by the NOCA Governance Board.
- Monitor staffing needs in the NPMR and supporting requests for staff as service grows.
- Act as an escalation point for sub-committees and NPMR clinical lead.
- Ensure that the NPMR adheres to the highest standards of corporate and social responsibility.

The NPMR Governance Committee may delegate specific roles to a sub- committee e.g. preparation of a national report, but retain overall responsibility for its execution.

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

2. Membership

Nominations: Members will be invited to achieve an appropriate mix of relevant skills to support the NPMR. Membership should comprise persons with interest, knowledge and expertise on the NPMR 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 are recruited in line with the NOCA Patient and Public Involvement Framework (Ref: NOCA Patient and Public Involvement Framework).

Core Members – The NPMR Clinical Lead and one member of the executive team will represent NOCA on the NPMR Governance committee. The NCEC have recommended core membership of the NPMR Governance committee should include public representatives x 2 and a senior accountable health manager (NCEC, 2016, NOCA communication). An outline of National Clinical Audit core membership is included in Table 1.

Table 1: National Clinical Audit Core Membership

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

Confidentiality - The operation of the NPMR must be completely confidential. Members of the NPMR Governance Committee are nominated by professional bodies / representative group. It is part of their role is to keep the nominating body informed about developments in NPMR.

It is a breach of professional confidentiality to divulge any information about specific quality of care issues discussed at the NPMR Governance Committee.

Tenure - In line with the guidelines established by the NOCA Governance Board, membership of the NPMR Governance committee is 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 NPMR 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 must 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 NPMR Governance Committee Meetings

Attendance

It is intended that the NPMR 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 Paediatric Programme 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 three 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 NPMR 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 NPMR 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

NPMR 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 NPMR Clinical Lead and Paediatric Programme Manager have one vote each on the NPMR 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 NPMR 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 Paediatric Programme Manager are responsible for the administration of the NPMR Governance Committee.

4. Expenses

The NPMR 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 NPMR Governance Committee is accountable to the NOCA Governance Board. The NOCA executive team furnish regular status reports on behalf of the NPMR 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 NPMR Governance Committees of NOCA. This is provided in respect of all NPMR 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 NPMR Governance committee.

7. Performance

The NPMR 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 NPMR Governance Committee to ensure:
 - NPMR objectives,
 - Responsibilities of the NPMR Governance Committee
 - Minutes, reports and other outputs from the committee are of a suitable standard.

8. Approval and Review Date

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

Role of NPMR Governance Committee Members

Responsibilities of the Chair of the NPMR Governance Committee

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

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

- Sets the agenda for each meeting with the NOCA Executive Team, (Appendix 3: Sample National Clinical Audit Governance Committee Agenda)
- Signs minutes approved by the NPMR governance committee,
- 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 keep 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 NPMR 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 NPMR Governance Committee. This ensures a relatively equal burden of responsibility is placed on all members of the NPMR Governance Committee, allowing members member to contribute meaningfully to the work of the NPMR committee.

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 NPMR Governance Committee Member

Each member should:

- Take a genuine interest in the NPMR objectives and overall success,
- Attend and participate in each NPMR Governance meeting,
- Support open discussion and encourage fellow NPMR Governance Committee members to voice their insights,
- Support new members in understanding the functions of the NPMR 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.

Sample National Clinical Audit Governance Committee Agenda

NOCA Name

Governance Committee Meeting

AGENDA

<p>Date:</p> <p>Time:</p> <p>Venue:</p> <p>Webinar Access:</p> <p>Tel:</p>

Item	Detail	Owner	Objective ¹	Document Ref
1.	Welcome	Chair	To inform	NA
1.1	Conflict of Interest	Chair / All		
2	Approval of Minutes	Chair	To agree	Minutes
3	Actions arising from minutes	Chair	To agree	Action log
4	Standard Agenda Item:			
4.1	• Audit Status Update	NOCA	To inform	Status Update
4.2	• NOCA Risk Review		To discuss	Meeting Presentation
4.3	• NOCA Monitoring & Escalation		To discuss	As above
4.4	• Requests for access to data		To agree	As above
5	Agenda Item			

1 – Objective – To inform, To discuss, To agree

**NOCA
Governance Committee Meeting
Date
Venue**

Attendees	Apologies
NOCA in attendance Minutes	Not in Attendance

Summary minutes

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 <ul style="list-style-type: none"> • Audit Status Update • NOCA Risk Review • NOCA Monitoring & Escalation • Requests for access to data
	Agenda Item

Key Decisions

Agenda Ref	Key Decisions

The above represents the official minutes of the NOCA Governance Committee Meeting (Date)

Name

Date

Chair, NOCA Governance Committee

Abbreviations: (appropriate to Minutes)

Open Action Log – 15/02/2017

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].