National Office of Clinical Audit (NOCA)

Irish National Intensive Care Unit Audit Governance Committee

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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 and operational management for the NOCA ICU Audit Governance Committee. NOCA works in partnership with the Intensive Care National Audit and Research Centre (ICNARC) in the UK for data validation and benchmarking of Quality Indicators.

Objectives of National ICU Audit

1. Benchmark outcomes between Irish and UK Critical Care Units to assess quality of care
2. Use Audit data to drive improvements in quality of care
3. Measure activity to guide the configuration of Critical Care nationally
4. Audit Health Care Associated Infection (HCAI)
5. Audit organ donation and potential organ donors
6. Develop an ICU Bed information System
7. Develop a National Database for ICU Audit data
8. Provide comprehensive national audit coverage of Critical Care activity

Governance structures for the NOCA ICU Audit Governance Committee

1. Responsibilities of the NOCA ICU Audit Governance Committee

The primary role of the Governance Committee is to monitor the ICNARC reports of the quality of care provided in each Critical Care Unit. In addition the Committee will advise the ICU Audit Clinical Lead on the operation of the Audit and will provide the link to the overall NOCA Governance Board to report on the operation and findings of the ICU Audit.

The ICU Audit Clinical Lead supported by the NOCA executive team has operational responsibility for structuring and running the Audit**.** The responsibilities of the Governance Committee are to:

- Support and guide the NOCA ICU Audit Managers and Clinical Lead in the execution of their duties and on any practical issues which arise in the operation of the Audit.
- Ensure the management of information and data is in compliance with national

standards, ethical and statutory requirements.

- Advise on appropriate local hospital structures to provide local governance structures and data protection.
- Monitor the quarterly ICNARC reports to confirm that the quality of care in each Unit is achieving acceptable standards.
- Ensure that the NOCA Monitoring and Escalation policy (NOCA-GEN-POL014) is implemented if statistical outliers are noted for Quality Indicators in the quarterly ICNARC reports.
- Ensure appropriate communication of the results of the Audit by a regular report to the overall NOCA Governance Board and by formal approval of the publication of an Annual Report.
- Consider other issues relating to quality of care in ICU as appropriate. This will occur only if agreed by the Committee on a case-by-case basis.
- Provide guidance on the strategic direction of the ICU Audit Programme.

2. Responsibilities of the Chair

- Support the NOCA ICU Audit Clinical Lead and Managers on behalf of the Governance Committee.
- Act in lieu of the NOCA Executive Director and NOCA Clinical Lead if an urgent matter arises and they are not available.
- Represent NOCA ICU Audit at events and meetings as appropriate

The Chair has the following responsibilities for the ICU Audit Governance Committee Meetings

- Agree the Agenda for each meeting with the NOCA ICU Audit Managers and Clinical Lead
- Sign Minutes approved by the Governance Committee
- 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
- Ensure the meeting runs to schedule, concluding each agenda item after reasonable discussion and formulating the decisions reached.
- Ensure the Governance Committee works to agreed NOCA policies

- Encourage all Governance Committee members to participate in discussion especially the patient and public representatives
- End each meeting with a summary of decisions and assignments

3. Membership

Representation

Membership will include professional organisations, NOCA Clinical Lead for ICU Audit, NOCA Executive Director and ICU Audit Managers. The Committee also includes two public /patient representatives and a senior accountable healthcare manager

Review of Membership

The Chair in consultation with the NOCA ICU Audit Managers and Clinical lead will review the membership of the Committee annually. This includes inviting nominations from relevant organisations and sanctioning nominations in consultation with the Governance Committee.

Members' Term

To ensure organisational knowledge is maintained on the National ICU Audit Committee, membership is a **three-year** staggered term, normally renewable once in agreement with the relevant member organisation.

The following exemptions apply:

- Time served as Chair is excluded.
- Three-year staggered term does not apply to the NOCA ICU Audit Managers, Clinical Lead and Executive Director.

Chair Term of Office

The term of the Chair is two years, normally renewable once, if nominated by the Governance Committee. When a new Chair is appointed, his/ her organisation will be invited to nominate another member to sit on the Board for the term of the Chair.

Membership Organisations

Organisation / Group	Member
Royal College of Surgeons in Ireland	Nominee
Royal College of Physicians in Ireland	Nominee
College of Anaesthetists of Ireland	President or Nominee
National Lead for Paediatric Audit	Consultant Anesthetist/Intensivist in Paediatric ICU
Joint Faculty of Intensive Care Medicine in Ireland	Dean or Nominee
Intensive Care Society of Ireland	President or Nominee
Senior Accountable Healthcare Manager (Irish Association of Directors of Nursing and Midwifery)	Nominee
Critical Care Programme	Clinical Lead
Office of Nursing and Midwifery Directorate, HSE	Nominee
Public Patient Representative	
Public Patient Representative	
ICU Audit Nurse	Nurse supporting ICU Audit Locally
NOCA Executive	ICU Audit Clinical Lead
NOCA Executive / Governance Board Rep	Executive Director
NOCA Executive	ICU Audit Managers

Resignation

Resignation before completion of tenure will be tendered in writing to the Chair. The Chair can invite additional members to fill vacancies from the relevant organisations in order to ensure adequate specialist expertise is available.

4. Frequency of Meetings

The Committee will meet quarterly with additional meetings where necessary. Prior notice will be issued by email.

Required Attendance - A record of attendance 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 ICU Audit Manager / Clinical Lead 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 3 consecutive meetings will lead to a review of membership and possible re-nomination from the relevant member organisation.

5. Quorum

The ICU Audit Governance Committee requires 50% plus 1 member in attendance to establish a quorum for any meeting convened for decision making purposes. Quorum should be present for any decision-making during the meeting.

The Clinical Lead and ICU Audit Manager should attend and report at all Governance Committee meetings.

6. Performance

The ICU Audit Governance Committee shall at least once a year, review its own performance including:

- Review of attendance at meetings by Governance Committee members
- Review the outputs of the Governance Committee:
  - Against objectives of the ICU Audit
  - Against each of the Responsibilities of the Governance Committee
  - Minutes, Reports and other outputs from the Board are of a suitable standard

7. Management of Declaration of Interest

In order to ensure the Governance Committee operates in a transparent and unbiased way, all Governance Committee 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)

8. Confidentiality

The operation of the Audit must be totally confidential. Members of the Governance Committee are nominated by various bodies and part of their role is to keep these professional bodies informed about broad 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 Committee meeting.

Public Patient Representatives are asked to sign a NOCA Confidentiality agreement at the start of their Tenure.

9. Decision Making

ICU Audit Governance Committee decisions will be made by consensus following discussion by members. However in the absence of consensus a decision may be made by majority. Members will be requested to vote on the decision with the Chair having the casting vote.

10. Expenses

The NOCA Governance Board and its respective Audit Committees are convened as voluntary Boards/Committees and as such no member will be paid for their time. Limited funding for prepaid train or bus tickets will be available for those travelling from outside of Dublin for attendance at Governance Committee/Board meetings in RCSI.

All PPI-representative members of NOCA Governance Board / Committees are offered their travel expenses. This is in accordance with approved RCSI rates and can be organised through the NOCA Audit / Operations Manager.

11. Administrative Support

The ICU Audit Clinical Lead and the ICU Audit Manager shall be responsible for the administration of the ICU Audit Governance Committee. The NOCA Operations Manager shall be responsible for the availability of Minutes for the ICU Audit Governance Committee.

12. Duty of Care

Should the Governance Committee become aware of a clinical issue which has not been satisfactorily addressed through the audit cycle, they have a duty of care to communicate this through the relevant channels to ensure immediate action is taken to ensure patient safety. These channels include the National Director of Quality Improvement Division, HSE, and the relevant specialty Clinical Lead.

Potential patient safety concern and or poor professional performance

Should the NOCA Audit Governance Committee 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 NOCA Clinical Director and NOCA Executive Director, who will refer to the relevant accountable person.

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.

Indemnity for NOCA activities

The Clinical Indemnity Scheme (CIS) has been engaged by the HSE to provide indemnity cover to NOCA staff and its Executive team and the convened members of the Governance Committee 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 Governance Committee, the CIS will provide indemnity.

Operational management of ICU Audit

1. Data Management for ICU Audit Data

- The NOCA National ICU Audit Data is governed by NOCA and the NOCA National ICU Audit Data Protection Policy (NOCA-GEN-POL009)
- Patient-identifiable information is stored on a HSE server but is only accessible to staff from the relevant hospital. IT Security safeguards have been put in place to protect the data. No patient-identifiable information is shared with ICNARC, NOCA or anyone else outside the relevant hospital.
- The aim of ICU Audit is to provide maximum benefit for all appropriate stakeholders in the hospital. It is essential however to protect the confidentiality of data and to ensure that data and Reports are accompanied by information to allow appropriate interpretation.
- Users must keep data secure and confidential, in accordance with the General Data Protection Regulation 2018, Professional Codes of Practice and all other relevant legislation and standards (HIQA 2017; HIQA 2018). Users must also comply with their

local hospital's Data Protection policy.

- At Hospital level the Local ICU Audit Clinical Lead must take overall responsibility for ICU Audit data management (Appendix 1).
- ICU Audit Data Request Form. Access to the InfoFlex database should be restricted to the Audit Nurse and the local Clinical Lead to ensure compliance with GDPR. Access for all others is only via the ICU Audit Data Request Form recommended by NOCA (Appendix 2) which must be counter-signed by the local Clinical Lead for Audit before release of data.

2. Freedom of Information Acts 2014

The Freedom of Information Act 2014 gives people the right to access records held by Government Departments and certain public bodies, which includes the National Office of Clinical Audit (NOCA-GEN-POL003).

The FOI Act 2014 provides that every person has the following legal rights:

- The right to access official records held by public bodies prescribed under Section 12 of FOI Act (FOI bodies)
- The right to have personal information held on them corrected or updated where such information is incomplete, incorrect or misleading under Section 9 of FOI Act; and
- The right to be given reasons for decisions taken by FOI bodies that affect them under Section 10 of FOI Act.

In NOCA, the processing of FOI requests will be facilitated by FOI Officer and will be dealt with by a Decision Maker and the relevant National Audit Manager and Clinical Lead to which the request relates.

Following retrieval and examination of the requested records, the Decision Maker may grant full access to the information requested, or may refuse access to some or all of the information requested based on specific grounds detailed within the FOI Act.

3. Monitoring and Escalation of statistical outliers

- Quality Indicators (QI) also known as Key Performance Indicators (KPIs) are measurable elements of practice that can be used to assess quality of care. QI's for ICU Audit are reported within the ICNARC Quarterly Quality Report. An 'outlier' is a Quality Indicator result which is

further from the expected value than would be statistically expected to occur by chance alone.

- The criterion for classifying a Quality Indicator as an 'outlier' will be a value which exceeds the mean by > 2 Standard Deviations (SD) for 2 consecutive Quarters or a value > 3 SDs for 1 Quarter or a value > 2 SDs over a whole calendar year.
- The National ICU Audit Clinical Lead and Coordinator will review the Quarterly Quality Reports (QQR) from ICNARC for each participating Unit and identify any outlier Quality Indicators 'For Review'. Reports 'For Review' will be dealt with as per the NOCA Monitoring and Escalation Policy (NOCA-GEN-POL014).
- Data quality should always be the first consideration as part of a review of a statistical outlier. The Governance Committee acknowledges that new audit sites are likely to need a learning period during which outlier data is likely to be due to issues with data quality.
- The NOCA ICU Audit Manager will maintain a log of all statistical outliers and will update the ICU Audit Governance Committee quarterly.
- The ICU Audit Annual Report will include a summary on key lessons and recommendations arising from ICU Audit.

Statistical outliers

For ICU Audit a statistical outlier is defined as outcomes that fall:

- 2 SDs outside the expected value for 2 consecutive quarters

  OR
- 2 SDs outside the expected value over a whole calendar year;

  OR
- 3 SDs outside the expected value for 1 quarter.

A finding of a statistical outlier does not in the first instance indicate a problem with the quality of care, but rather a result that is unlikely to have arisen from random variation. This should trigger further analysis and review in the hospital, firstly to ensure the quality of the data. The NOCA ICU Audit Manager and Clinical Lead can provide assistance in this process.

If a statistical outlier for a Quality Indicator is noted, the NOCA Audit Manager / NOCA Audit Clinical Lead will email the Hospital Audit Clinical Lead and ICU Audit Nurse regarding data quality, within 15 working days.

The local Hospital Audit Clinical Lead and ICU Audit Nurse investigate and inform the NOCA

Audit Coordinator in writing of the outcome within 20 working days (unless otherwise agreed with NOCA).

If it is agreed there is a data quality issue, the local Hospital Audit Clinical Lead and Hospital ICU Audit Nurse correct the data and notify NOCA in writing. The NOCA Audit Coordinator will arrange for further statistical analysis to verify correction of the data quality issue.

If it is agreed there is no data quality issue, NOCA will commence a process of escalation in relation to the statistical outlier.

The NOCA Audit Clinical Lead will notify Hospital CEO/ Manager of the statistical outlier and also inform the Group CEO, the National Director for Acute Hospitals and the local Hospital Audit Clinical Lead.

The NOCA notification letter will outline the details of the statistical outlier and required next steps (as below).

(i) The Hospital CEO/ Manager should nominate a Senior Accountable Person to undertake the review and analysis of the statistical outlier.

(ii) Within 15 working days of receipt of the NOCA notification letter, the Hospital CEO/ Manager will in writing acknowledge receipt of the NOCA notification letter and provide details of:

- Name and contact details of Senior Accountable Person.
- Indicative timelines for completion of review.

(iii) Senior Accountable Person will complete a review and analysis of the statistical outlier and prepare a report outlining the key findings and required corrective actions.

(iv) Hospital CEO/ Manager is accountable for ensuring that the required corrective actions are added to the Hospital QI Plan and implemented within agreed timeframes.

(v) Hospital CEO/ Manager or a nominee sends the statistical outlier report with associated corrective actions to the Hospital Group CEO, the HSE National Director and the NOCA ICU Audit Governance Committee (via the NOCA ICU Audit Manager).

(vi) The ICU Audit Annual Report will include details on statistical outliers on named hospitals, along with an update on the findings/ progress of the statistical outlier review carried out by the hospital.

4. NOCA process for Review of Paediatric Reports

The PICANet Annual Report is received annually which includes data for the two Irish units participating (Temple Street Children's University Hospital and Our Lady's Children's

Hospital, Crumlin). The same review process applied to ICNARC Reports will also apply to PICANet Reports (and to Reports on 'Children in Adult ICUs' in the future). ICU Clinical Lead, NOCA Audit Manager and Clinical Lead for Paediatric Audit meet annually to discuss these reports which are presented to the Governance Committee.

5. Local Hospital Governance

The local Hospital Governance structure for ICU Audit is normally led by the Local ICU Audit Clinical Lead. The Local ICU Audit Clinical Lead is the ICU Director or their nominee. To fulfil these responsibilities, it is essential the Audit Nurse reports to the local Clinical Lead.

Local Hospital Governance is responsible for

- Maintenance of data quality
- Procedures for Data Protection
- Ensuring deadlines for data submission are met
- Review of Quarterly ICNARC reports by the clinicians involved in the Unit; nursing and medical within regular ICU multidisciplinary team (MDT) meetings
- Circulation of the outcome of local ICU MDT meeting to local Hospital Governance structures; i.e. Quality Assurance Committees, Hospital Clinical Lead clinician, CEO etc. (Appendix 3).

Appendix 1: Role of Clinical Lead for National ICU Audit

Purpose of this Role

The National Clinical Audit Lead provides clinical leadership for the successful implementation and management of a NOCA audits. He/ she is operationally supported by NOCA with access to a dedicated Audit Coordinator and expertise in statistical analysis, data quality & security, IT, communications and audit standards.

Key Responsibilities of a National Clinical Audit Lead

1. **Audit Development & Implementation**

- Provide clinical leadership to the project team
- Lead the development and implementation of initiatives to improve the quality and safety of patient care
- Data set, methodology, data quality, reports, training, governance, reporting, quality improvement
- Engage with the healthcare community to garner support for audit implementation.

2. **Ongoing Leadership of the Audit**

- Provide ongoing clinical leadership to the NOCA audit
- Establish effective working relationships with key stakeholders such as the HSE National Clinical Programmes, Specialty Bodies, DOH and key stakeholders in service delivery
- Ensure the strategic objectives of the audit are delivered
- Work closely with NOCA Audit Coordinator on operational issues as required
- Oversee the development and delivery of the annual work plan
- Oversee NOCA compliance with all statutory requirements
- Oversee NOCA audit conformance with the NOCA governance standard and polices
- Support organisations where statistical outliers are identified
- Recognise and handle appropriately any ethical issues including the failure to take action on findings that could represent a risk to patients or staff in line with NOCA and national health policies.
- Report to the NOCA Audit Governance Committee and NOCA Governance Board as required
- Represent the NOCA audit at local, national and international events and meetings
- Encourage greater use of audit data on a continuous basis so that corrective action can be taken in a timely manner
- Increase the impact of the NOCA at national and local level by providing timely and meaningful data
- Promote the value of National Clinical Audit to drive improvement, celebrate excellence and share learnings to clinical colleagues, health service personnel and policy makers
- Lead on the development of the Annual Report

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- Engage with the media as required
- Encourage and support public and patient involvement in NOCA audits
- Continually evolve the audit to meet the needs of the clinical community and international best practice
- Support the principles of good change management to ensure the best solutions are developed and successfully implemented.

Time Commitment

This role will require a commitment of 1 day per week. Commitments include:

- Attendance at meetings - audit committee, project board, ad hoc
- Weekly catch up with the NOCA Audit Coordinator which can be a mix of teleconference and face to face meetings
- Review of documentation
- Visit local audits
- Respond to queries
- Attend/ present at events and conferences.

Tenure

This post is renewable every three years subject to agreement with the Director of the HSE Quality and Improvement Division, NOCA Clinical Director and the Clinical Lead.

Required Knowledge and Skills

- Consultant doctor on the specialist register in Ireland
- Strong leadership skills
- Understands what a high quality audit is
- An advocate for the use of clinical audit data to drive improvement
- Understands the Irish healthcare system and the issues it faces at multiple levels from front line through to executive management and policy making
- Enjoys building strong working relationships with all stakeholders
- Awareness of how to implement changes in the healthcare system.

Key Working relationships

NOCA National Clinical Lead works closely with the National Audit Coordinator and is supported by the NOCA executive team to implement the national clinical audit. He/ she establishes effective working relationships with key stakeholders such as the HSE National Clinical Programmes, Specialty Bodies, DOH and key stakeholders in service delivery to champion and promote the value of the national clinical audit.

Accountability of the National Clinical Lead

The National Clinical Lead is accountable to the Director of the HSE Quality Improvement Division and to the NOCA Governance Committee. The NOCA Governance Committee is accountable to the NOCA

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

Appendix 2: ICU Audit Data Request Form

ICU AUDIT DATA REQUEST FORM *V2.8* **(DRF)_____Hospital ICU**

Please complete the following information for each data request you wish to make. This document has to be signed by the local Clinical Lead for ICU Audit in your hospital, in order to progress your request.

Data Requester Information	
Name of Data Requester	
Role	
Contact Telephone	
Email Address	
Address	
Information Required	**Details**
Hospital and Unit Name	
What is the purpose of the data request?	Activity analysis ☐ Quality Assurance ☐ Quality improvement ☐ Medico-legal ☐ Teaching ☐ Professional Publication ☐ Research ☐ Audit ☐ Other (Please Specify)_____
How do you wish to receive the data?	Paper copy: By hand ☐ Email copy: Word ☐ Excel ☐ PDF ☐ Electronic versions should be encrypted and/or password protected
Employee of the hospital	Yes ☐ No ☐
When is the data needed? (Please allow a min of 10 working days)	

Request Details	
Frequency required?	Once ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other (Please specify)_____
Hospital Audit or Ethical Approval Number (if applicable)	
Purpose of data request	
Will data presentation / publication be Internal only ☐ External only ☐ Both ☐	
List of data required (use additional page if necessary)	

I understand that any data I receive remains the property of ICU Audit and may be used only for the purpose authorised. I agree to acknowledge ICU Audit personnel in any presentation or publication of these data.

Signature of Requester _____ Date _____

Authorisation to Release Data

Signature of local Clinical Lead for **ICU Audit**_____Date_____

Data supplied by _____ Date_____

GDPR and General Principles for provision of data from NOCA ICU Audit overleaf (on page 2)

ICU Audit should support the use of ICU Audit data for all legitimate purposes provided the privacy of individual patients is protected and there is appropriate expertise in interpretation of the data. Requests for Audit Data should be made via a NOCA Data Request Form (DRF).

Principles for provision of data from NOCA ICU Audit as per General Data Protection Regulation (EU) 2016/679 ("GDPR").
Obtain and process the information fairly ('lawfulness, fairness and transparency')
1. ICU Audit Data Request Form (DRF), countersigned by the local Clinical Lead for ICU Audit must be in place before data can be accessed. 2. Audit data is available for all hospital personnel with a valid reason for accessing the data. This includes personally identifiable data. 3. Personally, Identifiable data cannot be provided to people who do not work in the hospital (unless patients have consented). Anonymised or pseudo-anonymised data can be provided if there is a valid reason for access. 4. If the Clinical Lead themselves require data, the DRF should be counter-signed by a different ICU Consultant 5. Audit Nurses should keep a log of all Requests granted and refused.
Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
Data Request Forms for Research studies should include a copy of the Ethical approval. The data requested should be approved within the studies' Ethical approval. Provision of data for Research purposes will require consent from the patient in advance as this was outside the purpose for which the data were collected originally. See Irish Health Research Regulation 2018.
Process it only in ways compatible with the purposes for which it was given to you initially
1. Only Data with no personally identifiable features can be sent to a non-hospital email address. 2. Data released should only be used for the purpose outlined on the Data Request Form and be consistent with the purposes for which the data was originally collected 3. DRF must identify the purpose of the data request and include the Audit registration number (or Ethics approval number) from the hospital Audit office if applicable.
Keep it safe and secure
1. Those who receive data must undertake not to send personally identifiable data to an outside email address. 2. Data can only be sent to a recognized email server, like Hospital/HSE/DOH and/or University. Data should not be sent to non-corporate email accounts like Gmail or Hotmail account. 3. Those who receive data must undertake to manage the data in accordance with GDPR to ensure security of data. This includes storing the data securely by using password protection or encrypted devices where possible. 4. Those receiving data must report any potential breaches of data security to the hospital Data Protection Officer.
Keep it accurate and up-to-date
1. We recommend that data is only released from ICU Audit once it is fully validated 2. Data recipients should note the date/time printed to ensure the data is up-to-date when using the data.
Ensure that it is adequate, relevant and not excessive
1. Only the minimum data required to fulfill the aims of the request should be provided 2. Personally, identifiable data will be removed where possible and identifiable data provided only when necessary for the purposes of the project. 3. The DRF should contain enough information to satisfy Audit personnel that the data will be interpreted appropriately by those requesting the data. If necessary, the local Clinical Lead for ICU Audit can insist on oversight of any communication resulting from the provision of the data.
Retain it no longer than is necessary for the specified purpose or purposes
Destroy the data appropriately when the purpose of the request outlined in the DRF has been fulfilled.
To protect the privacy rights of the individual
If data is to used external to the hospital and/or hospital group and the numbers are less than 5 in any group, the value should be replaced with '<5' when providing data.

Appendix 3: Guidelines for Hospital Clinical Audit Committee

This can be applied to any Hospital Clinical Audit Committee to oversee the local operation of a National Audit under the auspices of NOCA In some hospitals, it may be appropriate that a single Clinical Audit Committee provides oversight to a number of Clinical Audits.

Role and Remit of the Clinical Audit Committee

The Clinical Audit Committee should provide governance for the Clinical Audit. It will provide both clinical and professional expertise when required, and work closely with the Hospital Clinical Lead for each Audit.
This Committee is responsible for

- Monitoring and support of hospital participation in clinical audit,
- Identifying clinical expertise for case review,
- Reviewing Reports from clinical audit and making recommendations regarding unexpected outcomes,
- Reporting to Hospital Quality and Safety Executive Committee on results from Clinical Audit.
- Provide assurance to the relevant NOCA Governance Committee regarding local governance of the Clinical Audit

Membership of Clinical Audit Committee
Membership should reflect the stakeholders in Patient Safety in each Hospital and provide an appropriate mix of relevant expertise to support Clinical Audit governance.
Suggested membership may be as follows;

- Relevant Medical Specialties for the area of the relevant Clinical Audit
- Clinical Lead for the hospital NOCA ICU Audit
- Nursing representatives for the area of the relevant Clinical Audit
- Clinical Director and Directorate Nurse Manager
- Quality / Risk Manager.
- Allied Health Professional representatives.
- Patient Representative.
- Audit Data Coordinator.
- Hospital CEO or nominee

Consideration may be given to identifying 'Core' and 'Standing' members of the Committee.

- Core members should attend every meeting.
- Standing members are welcome to attend all meetings, however they are only expected to attend if there are relevant agenda items and/or if requested to attend by the chair.

Chair to be appointed at the establishment of the Committee. Terms of reference for the Committee should be formalised, to include duration of membership and of Chairmanship, number required for a quorum, frequency of meetings, etc.

Attendance

Normally a Clinical Audit Committee would meet quarterly. Inability to attend and contribute to 3 consecutive meetings per year will require review of membership and possible re-nomination from relevant stakeholder group.

Administration

The Chairman should ensure that Minutes of Meetings are kept to record;

- Names of the attendees
- Summary of proceedings.
- Decisions taken or the conclusions reached by the Committee.
- Actions to be followed by the Committee.

Accountability and Reporting Relationships

The Clinical Audit Committee is accountable to the Hospital Quality and Safety Executive Committee Chair. Consideration should be given to development of an annual Audit Report to the Hospital Quality and Safety Committee.

ICU Audit Coordinators 'issues of concern'

When going about their role in reviewing patient records to collect the ICU Audit dataset if the audit coordinators detect an 'issue of concern' they should communicate this to the clinical lead for ICU Audit in their Unit and the appropriate nursing line manager. The role of the ICU Audit Coordinator in reviewing patient records is to collect the ICU Audit dataset rather than information about specific events outside this dataset.

References

HIQA (2017) Information management standards for national health and social care data collections. Available at: https://www.hiqa.ie/reports-and-publications/health-information [accessed on 20/08/2018].

HIQA (2018) Guidance on a data quality framework for health and social care. (In press).

NOCA Policies

NOCA-GEN-POL003, NOCA Freedom of Information (FOI)

NOCA-GEN-POL014, NOCA Monitoring & Escalation

NOCA-GEN-POL015 Transparency Policy - for the Management of Conflicts of Interest

NOCA-GEN-POL021 NOCA - Travel and expenses policy (in development)

NOCA-GEN-POL009 Intensive Care (ICU) Audit Data Protection

Legislation

Medical Practitioners Act 2007. Available at:

http://www.irishstatutebook.ie/eli/2007/act/25/enacted/en/html [accessed on 20/08/2018].

Freedom of Information Act 2014. Available at:

http://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/html [accessed on 20/08/2018].

General Data Protection Regulation 2018. Available at:

http://www.irishstatutebook.ie/eli/2018/act/7/enacted/en/html [accessed on 20/08/2018].