

## **Terms of Reference of the Irish Potential Organ Donor Audit Governance Committee**

Commissioned by the HSE through ODTI and under the Governance Board of NOCA (National Office of Clinical Audit), the Irish Potential Organ Donor Audit Governance Committee has been convened.

### **The Irish Potential Organ Donor Audit Aims and Objectives**

**The aim of the Irish Potential Organ Donor Audit (IPODA) is to ensure that every person who is approaching the end of life in ICU (intensive care unit) and ED (emergency department) is offered the possibility of becoming an organ donor, where this is appropriate.**

The Irish Potential Organ Donor Audit Objectives are as follows:

- Quantify the potential for organ donation in acute Irish hospitals' ICUs and EDs
- Identify and quantify opportunities for improvement in the potential for organ donation and at what point(s) in the patient journey these opportunities occur
- Identify reasons for the non-donation outcome
- Systematically assess the degree to which best practice standards in organ donation are met
- Provide data to support decision-making in relation to national service planning and audit development

### **Role of the Irish Potential Organ Donor Audit Governance Committee**

The role of the Irish Potential Organ Donor Audit Governance Committee is to oversee all matters relating to the Irish Potential Organ Donor Audit. The Audit Governance Committee is not responsible for any executive functions and is not vested with any executive powers.

### **Responsibilities of the Irish Potential Organ Donor Audit Governance Committee**

The responsibilities of the Audit Governance Committee are to

- Shape the strategic direction of the Irish Potential Organ Donor Audit - direct future evaluation of the audit structure, process and outputs
- Oversee implementation and improvement of the Irish Potential Organ Donor Audit
- Oversee compliance with relevant NOCA Policies, Procedures and Guidelines
- Ensure IPODA is aligned with National Legislation, Policies, Procedures, Protocols and Guidelines for organ donation
- Assess data release for service evaluation and research requests
- Inform the NOCA Board with regard to the identification and management of NOCA Audit risks
- Approve national/topic-specific Irish Potential Organ Donor Audit reports prior to endorsement by NOCA Governance Board / Designee
- Act as an escalation point for sub-committees and NOCA audit clinical lead
- Adhere to the highest standards of corporate and social responsibility.

The Audit Governance Committee may delegate specific roles to a sub-committee, e.g., preparation of a national/topic-specific report, but retains 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 membership is included in Table 1.

*Table 1 Membership of the IPODA Governance Committee*

Representative organisation	Role(s)
Health Service Executive (HSE)	IPODA Chairperson
National Office of Clinical Audit (NOCA)	Irish Potential Organ Donor Audit Manager
Organ Donation Clinical Specialist	Clinical Lead of the IPODA
NHS Blood and Transplant (International Expert for the IPODA)	Head of Clinical Informatics
Hospital Region ODNM	Organ Donation Nurse Manager (ODNM), Dublin and Northeast Region (RCSI)
Hospital Region CLOD	Clinical Lead in Organ Donation (CLOD), Mid-West Region (UL)
Organ Donation Transplant Ireland Quality Improvement Forum (ODTI)	Director of Quality
ODTI	Chief Operations Officer
ODTI	Director of Nursing
ODTI	Director of ODTI
National Renal Office	Clinical Lead of the National Renal Office/Consultant Nephrologist
Intensive Care Society of Ireland	Consultant in Intensive Care Medicine and Anaesthesia
Irish Association of Critical Care Nurses	Intensive Care Unit (ICU) Nurse
HSE National Critical Care Programme	Clinical Lead and Nurse Lead
Parent of an Organ Donor	Public and Patient Interest Representative
Family of an Organ Donor and Transplant recipient	Public and Patient Interest Representative
Irish National ICU Audit (INICUA)	INICUA Clinical Lead and Audit Managers
National Organ Procurement Service	Donor Coordinator
Responsible Person for Retrieval of Solid Organs	Consultant Cardiothoracic Surgeon, Mater
Irish Association for Emergency Medicine Emergency Medicine Programme	Consultant in Emergency Medicine; CLOD, South West Region (SSWHG)
Children's Health Ireland	Consultant Paediatric Intensivist, Children's Health Ireland at Crumlin
HSE Chief Director of Nursing and Midwifery	Chief Director of Nursing and Midwifery, Dublin and South East Region (IEHG)
Public interest: Representative organisation	Irish Kidney Association - CEO
NOCA	Attending Executive Team Member

- **Tenure** - Membership of the NOCA Audit 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, Audit Manager 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 NOCA Audit Governance Committee for the term of the Chair.
- **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 NOCA Audit Governance Committee meets quarterly, with additional meetings as needed. Prior notice is issued by email. Attendance records are maintained at every meeting and published in the NOCA Audit national report.

If a member is unable to attend, an apology should be sent to the NOCA Audit Manager/Administrator in advance. If a member cannot attend, it may be appropriate to designate an alternate, provided the Chair has prior approval. Inability to attend and contribute to two consecutive meetings will require review of membership and possible re-nomination by the relevant member organisation.

- **Quorum**

The NOCA Audit Governance Committee requires 50% plus one of the core members to be present to establish a quorum for any meeting convened for decision-making. 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 the meeting.

- **Decision Making**

NOCA Audit 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 NOCA Clinical Lead and Audit Manager have one vote each on the NOCA Audit 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 NOCA Audit Governance Committee reviews and recommends 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 for reviewing an outlier signal, the NOCA Audit Committee will escalate in accordance with PRO 18: Monitoring of statistical outliers in national clinical audit and registries.

### **Management of conflicts of interest**

To ensure the NOCA Audit Governance Committee operates transparently and impartially, all committee members must declare any conflicts of interest to the Chair in accordance with NOCA Governance procedures (PRO 16: Effective management of conflicts of interest in NOCA).

### **Confidentiality**

Members of the NOCA Audit Governance Committee nominated by professional bodies / representative groups shall keep the nominating body informed of developments in the NOCA Audit. 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 NOCA 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 NOCA Audit Governance Committee is accountable to the NOCA Governance Board. The NOCA executive team furnish regular status reports on behalf of the NOCA Audit Governance Committee to the NOCA Governance Board.

### Expenses

NOCA Audit Governance Committees are convened on a voluntary basis; therefore, no member will be paid for their time. NOCA will retain limited funding for PPI representatives to cover vouched travel expenses.

### Performance


The NOCA Audit Governance Committee shall conduct an assessment of its role, performance, and functioning. This will be facilitated annually by the NOCA Executive Team.

### Administrative Support

The Chair and the Audit Manager are responsible for administering the NOCA Audit Governance Committee.

### Approval and Review Date

The NOCA Audit Governance Committee approves its responsibilities and terms of reference at setup and reviews performance annually.

<b>Chair Name</b>	Prof. George Mellotte
<b>Chair Signature</b>	
<b>Date</b>	10/01/2026

## Role of NOCA Governance Committee Members

### 1. Responsibility of each NOCA Committee Member

Each member should:

- Attend and participate in each NOCA Governance meeting,

**Support open discussion and encourage fellow NOCA Governance Committee members to voice their insights**

- Support new members in understanding the functions of the NOCA Governance Committee and the relationship between it and other stakeholders
- Be familiar and comply with relevant NOCA Policies, Procedures and Guidelines
- Act and uphold the highest standards of ethical and professional behaviour.

Further information is available in **GL1: Being a member of the NOCA Governance Board /Audit Committee; What it involves**

### 2. Responsibilities of the Chair of the NOCA Governance Committee

- It is the policy of the NOCA Governance Board that there is a clear division of responsibilities between the NOCA Chair of Governance Committee and Clinical Lead. The Chair is responsible for the leadership of the NOCA Governance Committee and the NOCA Clinical Lead supported by the NOCA executive team has operational responsibility for implementation of the NOCA audit.
- The Chair has a strategic role to play in representing the vision and purpose of the NOCA. They bring impartiality and objectivity to the meetings through following actions;
- The position of Chair of the NOCA 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 NOCA Governance Committee. This ensures a relatively equal burden of responsibility is placed on all members of the NOCA Governance Committee, allowing members to contribute meaningfully to the work of the NOCA 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.
- CL 8: Chairing a Committee / Board meeting

### **3. Responsibilities of the NOCA Clinical Lead**

All NOCA national clinical audits have a nominated clinical lead. Clinical Leads have been nominated by their Specialty Body/ Programme or by the NOCA Governance Committee. Clinical Leads are members of the Audit Governance Committees.

#### **Purpose of this Role**

The National Clinical Audit Lead provides clinical leadership for the audit process and for ensuring successful implementation of a NOCA audit. They are operationally supported by NOCA with access to a dedicated Audit Manager, statistician, data quality & security expertise, IT, communications and audit standards expertise.