National Office of Clinical Audit (NOCA)

Intensive Care Unit Audit Governance Committee

Terms of Reference V4 01/11/2026

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 NOCA audit establishes a separate Governance Committee.

Terms of Reference

Under the Governance Board of NOCA, the ICU Audit Governance Committee has been convened.

Role of the ICU Audit Governance Committee

The role of the ICU Audit Governance Committee is to oversee all matters relating to the following national data collections:

- **Irish National ICU Audit (INICUA)**
- **Irish Paediatric Critical Care Audit (IPCCA)**
- **National ICU Bed Information System (ICU-BIS)**.

The Audit Governance Committee is not responsible for any executive functions and is not vested with any executive powers.

Responsibilities of the ICU Audit Governance Committee

The responsibilities of the Audit Governance Committee are to

- Shape the strategic direction of the INICUA, IPCCA and ICU-BIS - direct future evaluation of the audit structure, process and outputs
- Oversee implementation and improvement of the INICUA, IPCCA and ICU-BIS
- Oversee compliance with relevant NOCA Policies, Procedures and Guidelines
- The Committee has a responsibility to act to identify quality and safety risks as arising from the three national data collections INICUA, IPCCA and ICU-BIS and escalate appropriately
- Assess data release for service evaluation and research requests
- Inform the NOCA Board on identification and management of NOCA Audit risks.
- Approve national/topic-specific reports coming from the INICUA, IPCCA and ICU-BIS prior to endorsement by NOCA Governance Board / Designee
- Act as an escalation point for sub-committees and NOCA audit clinical lead
- Adheres 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 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 membership is included in Table 1.

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

Table 1: Membership

Core Members
Irish National ICU Audit Clinical Lead
Irish Paediatric Critical Care Audit Clinical Lead
Chair
Irish National ICU Audit Manager
Irish National ICU Audit Manager
Irish Paediatric Critical Care Audit Audit Manager
Patient & Public Interest Representative
Patient & Public Interest Representative
Irish Association of Directors of Nursing and Midwifery
INICUA Coordinators Representative
Intensive Care Society of Ireland
Joint Faculty of Intensive Care Medicine of Ireland
Patient & Public Interest Representative
College of Anaesthesiologists of Ireland
Royal College of Physicians in Ireland
HSE Critical Care Programme
Royal College of Surgeons in Ireland
IPCCA Coordinators Representative

- **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 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 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 where necessary. Prior notice is issued by email. A record of attendance is maintained at every meeting, and this is published in the NOCA Audit national report.

If a member cannot attend a meeting, apologies 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 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 NOCA Audit 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 after 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 to 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 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 NOCA Audit Committee will escalate according to the 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 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 NOCA Audit Governance Committee nominated by professional bodies / representative group shall keep the nominating body informed of about 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 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

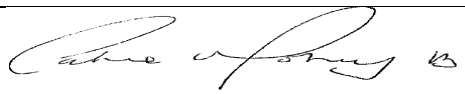
The NOCA Audit Governance Committee shall carry out an assessment of its role, performance and functioning. This will be facilitated by the NOCA Executive Team on an annual basis.

Administrative Support

The Chair and the Audit Managers are responsible for the administration of the NOCA Audit Governance Committee.

Approval and Review Date

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

Chair Name	Dr Catherine Motherway
Chair Signature	
Date	08/09/2026

4. Role of NOCA Governance Committee Members

4.1 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**

4.2 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

4.3 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.

Appendix 1: Annex to Terms of Reference: NOCA Policies, Procedures and Guidelines for NOCA Committees

Policies

- POL2: Framework Policy for Patient & Public Interest in NOCA
- POL4: Breach of data management in NOCA
- POL5: Data Protection for Irish National Orthopaedic Register within NOCA for HSE and Voluntary hospitals
- POL 6: Data Protection for Major Trauma Audit in the National Emergency Audit stream within NOCA
- POL7: Data Protection for National ICU Audit in NOCA
- POL 8: Data Retention in NOCA
- POL 10: External Organisations developing reports for endorsement by NOCA (For external organisations only)
- Pol 11: NOCA Information Governance

Procedures

- PRO 10; Standard for NOCA Reports
- PRO 16: Effective management of conflicts of interests in NOCA
- POL 12: NOCA Governance Policy (New policy in development)
- POL 13: NOCA Quality Policy (New policy in development)
- POL 14: NOCA Audit Governance Policy (New policy in development)
- POL 15: NOCA Communication Policy (New policy in development)
- POL 16: NOCA Research Policy (New policy in development)
- PRO 17: Management of patient related safety concerns to NOCA
- PRO 18: Monitoring of statistical outliers in national clinical audit and registries
- PRO 22: Management of requests for access to data or information held by NOCA
- PRO 26: Developing a survey in NOCA

Guideline

GL 2: Being a member of the NOCA Governance Board /Audit Committee; What it involves

Appendix 2: Annex to Terms of Reference: Aim and QI Objectives of ICU Audits

INICUA

AIM

The Irish National Intensive Care Unit (ICU) Audit is a quality and patient safety initiative that measures the quality of care in each ICU, benchmarking against international standards. Activity within the participating ICUs is carefully measured to help improve the standard of critical care within hospitals and across the country

OBJECTIVES

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

IPCCA

AIM

The overall purpose of the IPCCA is to improve critical care services provided to paediatric patients by measuring the quality of care and outcomes against predetermined standards, using data from the UK and the ROI as a whole as a benchmark.

OBJECTIVES

1. Measure the quality of care in CHI at Crumlin and CHI at Temple Street and benchmark this against other PCCUs across the UK.
2. Provide data on the epidemiology and complexity of care provided for each patient. This has the potential to link in with best practice tariff reimbursement in the future.
3. Improve the quality of data for the Hospital In-Patient Enquiry (HIPE) scheme by providing data on diagnosis and procedures arising while the patient is in PCCU.
4. Support Irish and international research in order to enhance patient care.
5. Make recommendations based on validated data.

ICU-BIS

AIM

Provide timely data for managing ICU capacity, bed availability and facilitation of inter-hospital transfers; information on COVID-19 specific data and trends for decision makers in the HSE and Department of Health to guide policy.

OBJECTIVES

1. Provide timely data on ICU bed availability nationally for adult public hospitals, paediatric public hospitals and private hospitals
2. Information to support Surge (during times of increased demands e.g., pandemic or Major Disaster situations.
3. Improve communication between ICUs and provide up-to-date contact details
4. Capture data on patients being managed by the ICU team outside the ICU (off-Unit management in ED, operating theatre etc.)
5. Report on ICU bed availability, occupancy and utilisation
6. Report on COVID-19 specific data

Appendix 3: Operational management of ICU Audit

INICUA Data Management

- The NOCA National ICU Audit Data is governed by NOCA and the NOCA National ICU Audit Data Protection Policy (POL7)
- 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. Access to the InfoFlex database should be restricted to the ICU Audit Coordinator and the local Clinical Lead to ensure compliance with GDPR.
- INICUA Audit Data Request can be made locally using the ICU Audit Data Request Form recommended by NOCA (Appendix 2). This must be counter-signed by the local Clinical Lead for Audit before release of data.

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 (PRO22/FM27).

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.

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 Audit manager 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 (PRO18)
- 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 in writing will 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.

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.

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.