An tSeirbhís Náisiúnta Scagthástála
National Screening Service

Quality Assurance Policy Framework: QA Governance Procedure

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Contents

1. Purpose

The purpose of this procedure is to describe the Quality Assurance (QA) governance within the National Screening Service (NSS) in line with Quality Assurance Policy Framework for NSS (NSS/S&F-1). This document is one of a suite of documents under the QA Policy Framework for NSS (NSS/S&F-1) that supports how quality assurance is implemented, monitored and managed to ensure that the programmes provide a quality assured service to all who are eligible for screening, while minimising the unintended harms for those who participate.

The QA Governance structure supports and provides assurance to the NSS Chief Executive that there is a standardised approach to quality assurance and improvement across its four programmes:

- BreastCheck – The National Breast Screening Programme
- BowelScreen – The National Bowel Screening Programme
- CervicalCheck – The National Cervical Screening Programme
- Diabetic RetinaScreen – The National Diabetic Screening Programme.

To ensure openness and transparency, the NSS QA Policy Framework for NSS supporting documents, Programme QA standards and QSRM committee minutes are published on the NSS website.

2. Scope

This procedure applies to all NSS population screening programmes and all staff working in the organisation, management, support and delivery of NSS population screening programmes. The NSS is taken to mean all NSS staff including screening programmes and departments.

3. Legislation/other related policies and documents

- NSS/S&F-1 Quality Assurance Policy Framework for NSS
- NSS/S&F-6 QA Policy Framework: Standard Setting & Revision Procedure
- NSS/S&F-9 QA Policy Framework: Quality Manual for Population Screening Programmes
- NSS/S&F-8 QA Policy Framework: Standardised Language Procedure *(under development)*
- NSS/WI/QSR-12 Process for Publishing NSS Committee Minutes Work Instruction
- NSS/WI/QSR-15 Appointment of a QA /QSRM Committee Chair in the NSS (*under development*)

4. Glossary of Terms and Definitions

Glossary of Terms and Definitions

TERM	DEFINTION
Quality Assurance (QA)	QA is the process of checking that standards are met and encouraging continuous improvement. Assuring and driving up the quality of services is essential if population screening is to achieve the intended benefits to population health, while minimising unintended harms to those taking part. This benefit to harm ratio is especially important given that screening programmes are designed for populations or individuals who do not have any symptoms of the disease in question. Quality assurance processes make sure providers meet and maintain the minimum requirements for each programme. Key to QA is implementing processes that systematically assure quality and assess and address emerging issues or shortcomings. This includes follow-up monitoring to ensure effectiveness of corrective steps and shared learning.
QA Governance	QA Governance is the system through which screening staff and teams are accountable for the quality, safety and experience of the participants in screening programmes. This includes specifying the standards that screening services hold themselves accountable to and outlining the measures used to demonstrate that the screening service is doing what it set out to do.

Abbreviations

CAG	Clinical Advisory Group
CE	Chief Executive
EMT	Executive Management Team
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
GDPR	General Data Protection Regulation
NSS	National Screening Service
SMT	Senior Management Team
ToR	Terms of Reference
QA	Quality Assurance
QSRM	Quality, Safety and Risk Management

5. Procedure

5.1 Quality Assurance (QA) Governance

QA Governance is an integral part of the NSS as outlined in Appendix 1: NSS QA Governance Chart. In this procedure, committees refers to both the Programmes QA committees and the Quality, Safety and Risk Management (QSRM) committee unless stated otherwise. The process for proposing changes to NSS QA governance, processes or structures are outlined in Appendix 2.

Each programme has a QA committee that is responsible for being assured of the effectiveness of monitoring, maintenance and improvement of QA standards, performance and quality across the screening service". This includes adherence to national legislation, policies and standards. The Programme QA committee/s advises and makes recommendations to the specific Programme's Executive Management Team (EMT) / Senior Management Team (SMT) on issues of quality safety risk and control for the programme. The programmes are typically supported by a Clinical Advisory Group (CAG). The chair of each Programme QA committee provides assurance to the QSRM committee. QA committee advice is conveyed to the Programme Manager and Clinical Director at the committee meeting and formally through the meeting minutes.

The purpose of the Quality Safety and Risk Management (QSRM) committee is to assure itself and provide assurance to the NSS Chief Executive, that quality, safety, and risks associated with the programmes and the NSS are being effectively managed. The NSS QSRM committee meets quarterly to discuss a set agenda and other matters arising. The committee, as part of its responsibilities, through its chair, advises the NSS Chief Executive.

5.2 General Ways of Working

- All committee members must sign a Conflict of Interest and Confidentiality Statement (Appendix 3). The declaration of conflict of interest will be a standing item on the agenda of every meeting QSRM and QA committee meeting.
- All new committee members and attendees will receive formal induction from the Quality, Safety and Risk department and programmes as relevant.
- All committee members will be treated with dignity and respect.
- The proceedings and deliberations of committees are confidential; decisions and actions are recorded in committee meeting minutes.
- Any personal data processed by the committees will be processed in accordance with the HSE Data Protection Policy, the requirements of the General Data Protection Regulation (GDPR) and national Data Protection legislation.
- Attendance/Chair fees are payable in line with Department of Health and Department of Public Expenditure and Reform of a category 4 non-commercial State body for non HSE staff. HSE employees are not entitled to receive attendance fees. Travel and subsistence expenses incurred, will be reimbursed in line with travel and subsistence policy and rates applicable to the HSE.
- Forms and documents such as Terms of reference, Conflict of Interest form used by the Committee will include a version number and live date. All appendices, as listed, are subject to change in line with the governance processes outlined in this procedure.

5.3 Terms of Reference and Agenda

The committees should have an agreed Terms of Reference. These should be in line with Appendix 4 and 5, as relevant. The terms of reference should be reviewed, at a minimum, annually or as required and sent for approval to:

- QA committee Terms of Reference sent to QSRM committee
- QSRM committee Terms of Reference sent to NSS Chief Executive

If no changes are required following review, the revision and review date must be updated and this is to be conveyed to the relevant approval body for oversight. Changes to membership do not require further approval. It is recommended that records are kept of any changes to the membership list until the next review.

There are key standing agenda items consistent across each committee, refer to Appendix 6 and 7. The agenda items reflect the relevant themes from the Health Information and Quality Authority (HIQA) National Standards for Safer Better Healthcare (2012). Refer to Table 1.

Theme	Agenda Item/s
Leadership, Governance and Management	• Activity Report • Quality Assurance updates • Quality Improvement updates
Effective Care & Support	• Performance against QA standard • Quality Assurance updates • Quality Improvement updates
Safe Care & Support	• Incident Management • Risk Management
Person-Centred Care & Support' 'Workforce	• Quality Improvement

Table 1: HIQA National Standards themes reflected in Committee Agenda

The agenda will have pre-agreed standing items however additional items can be proposed by members/ attendees through the chair. Additional items may be added to the agenda at the discretion of the chair based on any quality decisions, issues or risk / incident management actions required.

5.4 Committee Membership

Each committee will consist of a chair, deputy chair, members, attendees if relevant and administrative support, refer to Table 2.

Title	Role	Responsibility	Tenure*
Chair	Chair the meeting in line with the committee terms of reference	To guide members in line with the committee terms of reference	3 years
Deputy Chair	Deputise when chair is not available and during appointment period when a new chair is being established	Act as interim chair as and when required	3 years
Committee members	To review meeting paperwork and attend the meeting	To carry out the objectives of the committee	3 Years
Committee attendees	Attend on behalf of the programme/NSS	To provide the information for review and answers queries regarding the programmes/NSS	N/A
Administrative Support	Support the chair/ deputy chair in the administration of the committee	To carry out the administrative role of the committee and meetings	N/A

Table 1: Role and responsibilities of NSS QA/QSRM Committee members

*Depending on specialist roles and requirements of committee

5.4.1 Chair

Each committee should ideally have an appointed independent chair for a tenure of **3 years** with opportunity to extend for a further year with the following approval process:

- Programme QA committee must seek approval of QSRM committee
- QSRM committee must seek approval of NSS Chief Executive.

The role of the chair is a joint agreement between the NSS and the Chair and can be discontinued by either party. Chairs are recruited by advertising externally at least six months before the current chair is due to leave. Refer to NSS Appointment of a QA /QSRM committee Chair in the NSS (*under development*).

Each committee should also have a designated deputy chair assigned from the committee members to deputise when the chair is not available and act as the interim chair when the new chair is being established. In absence of a chair and deputy chair, the committee meetings should continue as scheduled with an interim chair from NSS Consultants in Public Health Medicine until a new chair is appointed.

The overall role of the individual committee chairs comprises of the following:

- Programme QA committee:
  - Assessing and evaluating the programme in respect of their QA Standards and the QA Policy Framework for NSS.
  - Reporting and making recommendations concerning the quality of the programme.
  - Monitoring the implementation of QA committee's recommendations by the programme.
- QSRM committee:
  - Assuring themselves and providing assurance to the NSS Chief Executive that the quality, safety, risks and controls relating to the NSS are being effectively managed.
  - Assessing and evaluating the NSS in respect of the QA Policy Framework for NSS.
  - Reporting and making recommendations where required.
  - Monitoring the implementation of QSRM committee's recommendations by the NSS.

5.4.2 Members

Membership of the committee will include as far as is practicable internal and external representation from senior healthcare management, clinical specialists and technical experts as relevant and should demonstrate;

- Experience of and commitment to quality and safety
- Knowledge of quality improvement methods
- Ability to challenge status quo in a constructive manner
- Availability to attend meetings
- Ability to drive change and innovations and influence staff
- Experience of committee work
- Focus on person-centred care.

Membership should be reviewed annually and selection of committee members, will support and involve the public, patients, and family representative groups relevant to the programme as per the NSS's Public Patient Partnership Strategy 2019-2023.

Each member has equal voting rights for tabled motions, with the exception of the chair, who has an additional casting vote, should this be needed.

The role of committee members includes the following:

- carry out the objectives of the committee as outlined in the Terms of Reference
- champion, promote and advance the importance and value of quality assurance
- use their experience to challenge and critically examine items under discussion by the committee
- attend and actively participate at committee meetings
- present at meetings well prepared having read the necessary documentation in advance.

5.4.2 Attendees (where relevant)

Committee attendees are those invited to attend the committee, by the chair, on behalf of the programme/NSS to provide the necessary information, input and contribution to:

- enable the committee members fulfil their duties as outlined in the Terms of Reference
- be of value to the decision-making process of the committee.

Committee attendees have no voting rights at the committee. The role of committee attendees includes the following:

- discuss and present information on particular topics as required on matters pertaining to the committee's work programme.
- bring to the attention of the committee any information which will assist members fulfil their duties as outlined in the Term of Reference

5.4.3 Administrative Support

Administrative support will be identified by NSS to support the working of each committee by:

- scheduling committee meetings
- preparing the draft agenda with the committee chair
- circulating committee information and papers (including agenda and minutes) in a timely manner
- taking accurate minutes and providing the draft minutes to the chair in advance of the next meeting
- identify actions arising from the meeting and assist in monitoring these actions

5.5 QA Methodology

The NSS are committed to ensuring quality assurance and opportunities for improvement through the application of standardised and consistent structures, standards and policies and procedures. The committees do this in line with their term of reference and agenda. A number of activities are undertaken by the NSS to assure themselves of the quality of their

programmes, refer to *QA Policy Framework: Quality Manual for Population Screening Programmes(NSS/S&F-9)*.

The programme management teams measure and monitor their respective QA standards and report to their QA committee. On a quarterly basis, the QA chair, with the programme QA co-ordinator, prepares and submits a quality assurance review to the QSRM committee. The purpose of the review is to provide assurance that the programmes are performing against their relevant QA Standards. Refer to Appendix 8 for QSRM Committee Programme Quarterly Review template.

The QSRM committee will review all quarterly quality assurance reviews and relevant quality and safety dashboards to provides assurance to NSS Chief Executive, and in turn to the HSE board, that the quality, safety and risks relating to programmes are being effectively managed and are performing in line with *QA Policy Framework for NSS (NSS/S&F-1).*

5.6 Monitoring and Evaluation

The committees monitor and evaluate their effectiveness by annual review of;

- the role and membership of the committee
- its performance against assessment or priorities set for the year
- the number of committee meetings and attendance by each member
- the way the committee has discharged its duties
- its effectiveness against the duties as set out in the Terms of Reference

The QSRM committee will also provide an annual report to NSS Chief Executive.

6. Roles and Responsibility

Job Role (and specific Programme)	Responsibilities
All Staff in programmes & departments	Adherence to this Procedure
Programme Managers	Accountable for the implementation of this procedure
Programme Quality Assurance Committee(s)	Provide assurance to the Quality Safety and Risk Management (QSRM) committee on compliance with this procedure and any quality improvement activities to address gaps identified
QSRM Committee	Assure itself and provide assurance to the NSS Chief Executive, that quality, safety, controls and risks associated with the programmes and the NSS are being effectively managed.
NSS Executive Management Team	Ensure consistent implementation of this procedure across all four NSS programmes

7. Implementation Plan

7.1 Document Development and Approval

- Refer to Appendix 9

7.2 Communication and Dissemination

- This Procedure shall be distributed to all NSS staff.
- Distribution to copyholders and acknowledgement shall be via the NSS Quality Management Information System – Q-Pulse. Copyholders shall be required to acknowledge that they have read this procedure.

7.3 Monitoring, Audit and Evaluation

- A rolling audit programme shall be implemented to determine compliance to this procedure ensuring that all elements are addressed in full within a three-year timeframe. This shall be carried out by the Quality Teams in the individual programmes, in conjunction with the Quality, Safety and Risk department.

7.4 Budget and Resource Implication

- No budget or resource implication identified for implementation of this document.

8. Review and Update

- A formal review will be carried out on a three-yearly basis unless there is a change informed by legislation, best practice, the Regulator or an EU Directives etc., which would identify the need to update the Procedure sooner.
- If there are no amendments to the procedure following the review process, the date and detail on the version tracking box must still be updated.
- The procedure will be kept under review and comments and feedback are welcome to inform this process.
- The templates may be subject to change in line with the process outlined above and may not reflect the versions in the Appendices of this document.

9. Bibliography

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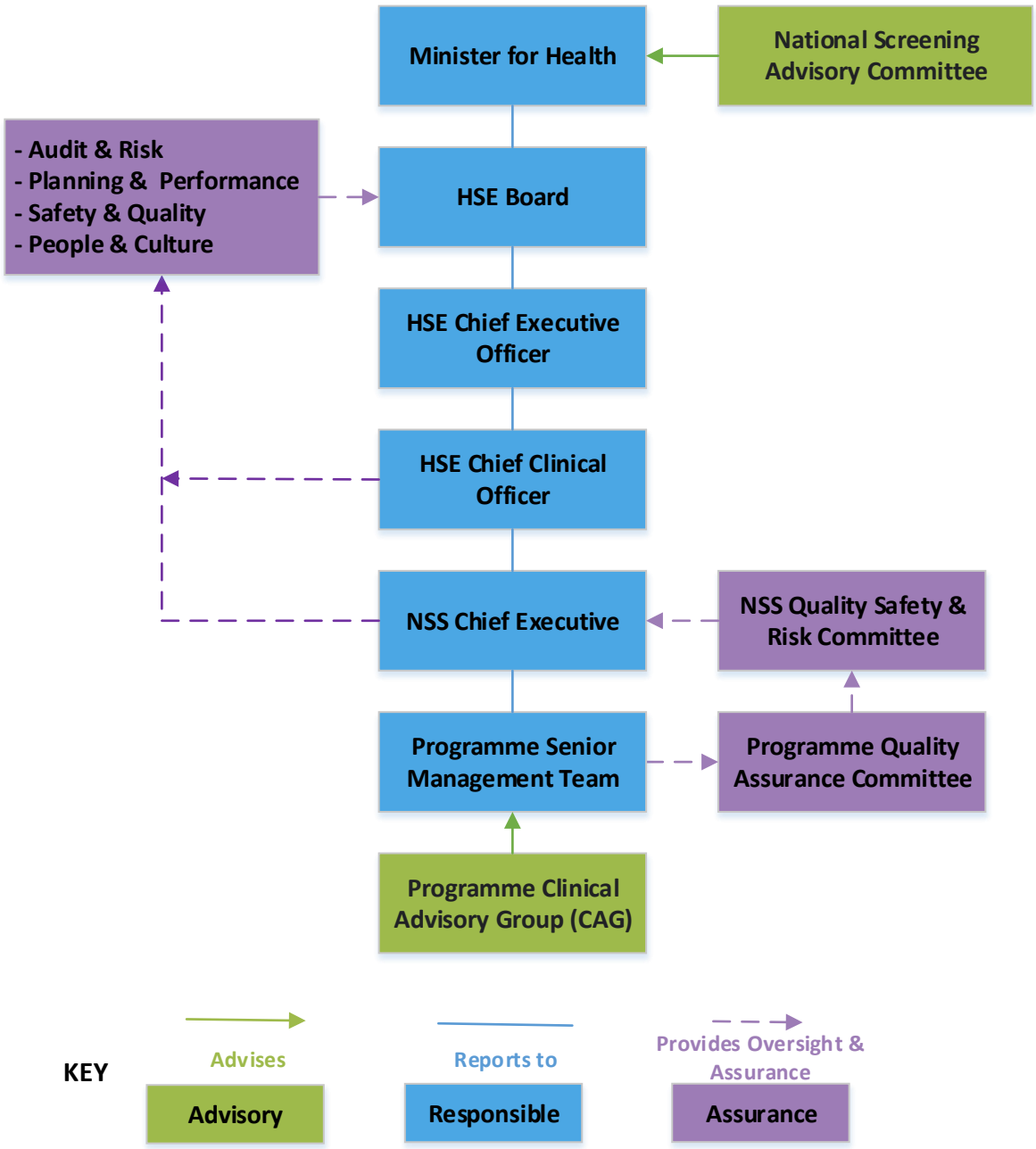
10. Appendices

Appendix 1: NSS QA Governance Chart



Appendix 2: Process for proposing change to NSS QA governance, processes or structures

Process for proposing change to NSS QA governance, processes or structures
1. Pre -Quality, Safety and Risk Management (QSRM) committee meeting a. Proposals for discussion are accepted from i. NSS Quality Safety and Risk (QSR) department ii. Programmes' Quality Assurance (QA) committees once formally approved by the QA committee b. Any proposal requiring discussion must be in a NSS position paper template which clearly outlines: i. A brief background to set the context. ii. Advice including the suggested action or improvement in the specific area in discussion. iii. Where appropriate and possible, an impact assessment (risk and benefits) iv. A brief description of the governance process for approval prior to the submission c. Proposals for discussion are sent to QSRMSupport@screeningservice.ie at least two weeks in advance of the QSRM committee meeting for acceptance by QSRM chair 2. QSRM committee Meeting consideration a. The QSRM committee will review and discuss the paper and the proposal b. The discussion should be captured for the chair's report to the NSS Chief Executive. The report should include the agreed advice, the strength of support for the paper and any alternate opinions or advice 3. Post QSRM Committee Meeting a. The chair of the committee meets with the NSS Chief Executive and the Head of QSR with the report on the proceedings at the quarterly QSRM committee meeting (report template to be developed) b. The chair shall, in writing, send the agreed advice to the NSS Chief Executive on behalf of the committee and with the members' agreement. c. On receipt of the committee's advice the Office of the NSS Chief Executive shall acknowledge and advise the QSRM chair of the NSS Chief Executive's decision. Where such decision requires further assessment or engagement with other stakeholders, the Office of the NSS Chief Executive shall keep the committee appraised of the progress via the office of the Head of QSR. d. The Chair shall inform the committee on the decisions made for discussion at the next committee meeting and documented by the committee administrator.

Appendix 3: Conflict of Interest and Confidentiality Statement

[Insert name of Committee/Group etc.]

Conflict of Interest and Confidentiality Statement

This document relates to your proposed membership of [**Committee Name**]. In participating in the [**Committee Name**], you owe a duty to the [**Committee Name**] to act in an impartial and unbiased manner in supporting the [**Committee Name**] to carry out its function as defined by the [**Committee Name**] terms of reference.

An **actual conflict of interest** occurs when your ability to exercise your judgement or function in the role of a member of the [**Committee Name**] is impaired or otherwise influenced by your involvement in another role or relationship, or by a personal benefit. A **potential conflict of interest** exists where your circumstances could reasonably give rise to an actual conflict of interest. A conflict of interest can arise from your circumstances or those of your immediate family, associates, employer or organisations related to you, at present or within the previous 24 months. Any new conflicts that arise during your membership of [**Committee Name**] should also be declared at the next meeting of [**Committee Name**]. Please include any issues where you are uncertain as to whether they constitute a conflict of interest or not. These can then be discussed with the relevant chair and/or the National Screening Service, Chief Executive.

Your submitted declaration will be treated in confidence by the National Screening Service and shared only to the extent necessary in deciding on the membership of the [**Committee Name**] and resolving any potential conflict of interest issues. Resolution may be achieved by (not an exhaustive list): a request that you take specified actions to remedy the conflict; removal from your role in the [**Committee Name**]; and/or disclosure, with your agreement, of the nature of the conflict of interest.

The information you provide will not be used for any other purpose. The National Screening Service is subject to the Freedom of Information Act although confidential personal information may be protected. The names of members of the [**Committee Name**] may be published on the HSE website, press releases and/or blogs and included in publications associated with the [**Committee Name**].

○ I declare that I DO NOT have any actual or potential conflict of interest

◉ I declare that I DO have an actual or potential conflict of interest

Details of conflict (disclose name of entity and nature of interest, not the monetary value)

The National Screening Service adheres to the Ethics in Public Office Act 1995 and 2001. As the proceedings of the [**Committee Name**] are deliberative in nature, [**Committee Name**] members are asked to keep the proceedings confidential until minutes and/or reports are finalised by [**Insert relevant name e.g., NSS, BreastCheck etc.**]. All written, oral and electronic confidential information obtained by you may not be used for personal benefit or for that of your family, associates or organisations with which you are associated or have a financial relationship.

I declare that I will respect the confidentiality of the workings of the [**Committee Name**] and will not disclose the details to a third party until minutes and/or reports are finalised ☐

This form collects your name and email address so that we can send you relevant information by email. Read our privacy policy to see how we protect and manage your data (HSE Data Protection Policy - HSE.ie

I consent to having the National Screening Service collect my name and email address for the purposes of my membership of the [**Committee Name**] ☐

Name (block letters):

Signature:

Date:

Appendix 4: Programme Quality Assurance Committee Terms of Reference

[Programme] Quality Assurance Committee
Terms of Reference

1.0 Introduction

Quality Assurance (QA) is the process of checking that standards are met and encouraging continuous improvement. Assuring and driving up the quality of services is essential if population screening is to achieve the intended benefits to population health, while minimising unintended harms to those taking part. This benefit to harm ratio is especially important given that screening programmes are designed for populations or individuals who do not have any symptoms of the disease in question.

2.0 Purpose

The main purpose of the QA committee is to:

- monitor performance against the [insert programme] QA standards [reference QA standards doc] to ensure that services are safe and effective and to encourage continuous improvement.
- assure the NSS Chief Executive via the Quality Safety and Risk Management (QSRM) committee that the quality and risk systems and processes in place across the whole screening pathway are effective and maximise the intended benefits to population health whilst minimising unintended harms.

3.0 Delegated Authority

The committee is authorised by the NSS Chief Executive to:

- examine any activity within the terms of reference set out in this document
- seek any information or explanations that it requires from NSS staff
- request an investigation/review of matters arising from agenda items or deemed relevant in line with the HSE policies.

4.0 Reporting

The committee chair shall report quarterly to the QRSM committee and escalate issues as necessary via the Programme Management and the QSRM committee, as appropriate. For those relevant quality assurance matters that arise between the scheduled quality assurance programme meetings the committee chair should be notified.

5.0 Duties

To provide assurance to the QSRM committee that services are safe and effective by:

- Monitoring implementation of and adherence to the QA Policy Framework and supporting policies and procedures, including;
  - Ensuring full implementation of QA methods as stated in the QA Policy Framework: Quality Manual for Population Screening Programmes
  - Ensuring quality standards cover all aspects outlined in the QA Policy Framework and that appropriate processes are in place to address challenges.
- Monitoring the effectiveness of quality assurance systems and processes in place for the programme Quality Assurance committees.

- Monitoring performance against programme quality assurance standards and encouraging continuous improvement.
- Providing recommendations to the [insert programme] on areas of improvement required to ensure the programme is safe and effective.
- Monitoring completion of Quality Improvement plans.
- Ensuring that incidents have been appropriately managed in line with the HSE Incident Management Framework and issues have been resolved/ recommendations implemented.
- Ensuring programme risks are being appropriately managed in line with the HSE Risk Management Framework/HSE Enterprise Risk Management Framework.
- Reviewing the programme audit schedule and delivery and monitoring implementation of any arising recommendations.
- Ensuring processes in place to collect and review patient feedback in line with HSE policies and to receive reports on results.

6.0 Membership and Quorum

Membership and Quorum is in line with the QA Policy Framework: QA Governance procedure.

- Committee Members use their experience and knowledge to challenge and critically analyse items for discussion and make recommendations to programme senior management and the QSRM committee via chair.
- Each committee member has equal voting rights for tabled motions, with the exception of the chair, who has an additional casting vote, should this be needed.
- The QA committee will have access to co-opted members as required inclusive of external experts as agreed.
- The committee will have a deputy chair agreed from the committee members.
- Committee attendees are those invited to attend the committee, by the chair, on behalf of the programme/NSS to provide the necessary information and answer questions posed by the QA committee members. The committee attendees do not have voting rights.
- Delegated representatives can attend once approved in advance by QA committee chair**.**
- A quorum will be 50% of the committee members and must include the chair or deputy chair.

6.1 Committee Members

Name	Title, role and organisation
[*insert names*]	

6.2 Attendee

Name	Title
[*insert names*]	

7.0 Tenure

The appointed chair will serve a term of 3 years with an opportunity to extend for a further year with the approval of the QSRM committee. The role of the chair is a joint agreement between the NSS and the Chair and can be discontinued by either party.

The deputy chair and members have a membership term of three years, subject to specialist roles and requirements of committee. A member of the committee may resign from the committee by letter addressed to the QA committee chair.

Any external members of the committee will hold office on such terms and conditions as determined by the NSS Chief Executive with the consent of the Minister for Health and the Minister for Public Expenditure and Reform and in line with the HSE's Code of Practice for Governance of State Bodies (2016).

8.0 Meetings

8.1 Frequency

The committee will meet [insert frequency] and at a minimum of four times per year. An annual schedule of dates will be agreed by the committee. The meeting frequency may change to meet more frequently depending on quality issues identified.

8.2 Notice of Meetings

- Committee meetings shall be arranged by the administrative support at the request of the chair.
- Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and any supporting papers shall be circulated to each member/ attendee at a minimum of one week prior to the date of the meeting.
- The agenda will have pre-agreed standing items however additional items may be proposed by members/ attendees through the chair prior to the circulation of the meeting agenda to members/attendees. The agenda will be finalised by the chair of the committee. Any additional items will only be added to the meeting agenda at the discretion of the chair based on any quality decisions, issues or risk / incident management actions required.
- Meetings may be held remotely, either wholly or as an option to members, as required.

8.3 Attendance

Only members of the committee will be entitled to attend committee meetings unless specifically invited.

8.4 Minutes

The chair of the committee will ensure that minutes of the meetings held include the names of those present and in attendance at the meeting and of those who are not in attendance at the meetings.

The administrative support for the committee shall develop draft minutes of the committee meetings and will circulate to all members/ attendees. The minutes of the previous meeting should be approved during the current meeting with the chair setting the motion to approve the meeting minutes as part of the agenda. In order to approve minutes, unanimous consent is required.

9.0 Performance Review

Performance outcome measures will be established to ensure that the committee is performing effectively. Performance measures may include:

- Achievement of the committee's objectives.
- Review the processes of the committee.
- Percentage of attendance at meetings by members.
- Number of meetings held.

10.0 Approval and Review Date

The terms of reference are prepared by the Programme QA committee and accepted by each member of the Group. The terms of reference should be reviewed by the committee annually or more frequently if necessary e.g. where membership changes.

Appendix 5: Quality, Safety and Risk Management Committee Terms of Reference

National Screening Service – Quality, Safety and Risk Management Committee Terms of Reference

1.0 Introduction

This document sets out the Terms of Reference (ToR) of the National Screening Service (NSS) Quality, Safety and Risk Management (QSRM) Committee ("the committee").

2.0 Purpose

The purpose of the Quality, Safety and Risk Management committee is to assure itself and provide assurance to the NSS Chief Executive (CE) that the quality, safety, risks and internal controls relating to the NSS are being effectively managed. It will therefore assist the NSS in the fulfilment of its governance duties in relation to quality and risk.

3.0 Delegated Authority

The committee is authorised by the NSS Chief Executive to:

- examine any activity within the terms of reference set out in this document;
- seek any information or explanations that it requires from any employee of the National Screening Service, or any agency contracted to provide services to the National Screening Service;
- if required, obtain independent legal or other independent professional advice (following agreement with the NSS Chief Executive) at NSS expense and in accordance with the HSE's procurement policy and secure the attendance of persons with relevant experience and expertise if it considers this necessary; and
- request an investigation/review of any matter it deems relevant in line with the HSE policies.

The chair of the committee or any member, acting with the authority of the Chair, will have the right of access to the NSS Chief Executive and any senior personnel of the Health Service Executive on any matter relating to the business of the committee.

4.0 Reporting

- The chair of the committee, or delegate, shall report to the NSS Chief Executive after each meeting on all matters within its duties and responsibilities.
- The committee shall make any recommendations to the NSS Chief Executive that it deems appropriate on any area within its remit where action or improvement is required.
- At the beginning of each year the committee, in consultation with the NSS Chief Executive, will prepare a set of priorities and how these will be measured.
- At the end of each year the committee will prepare a report on its role and responsibilities and the actions it has taken to discharge those responsibilities for inclusion in an annual report. Such a report should include:
    - a summary of the role of the committee;

- its performance against assessment or priorities set for the year;
- the names and role of all members of the committee during the period;
- the number of committee meetings and attendance by each member; and
- the way the committee has discharged its responsibilities.

5.0 Duties

The committee will be independent in the performance of its duties and will report to the NSS Chief Executive. The committee will focus principally on all matters relating to quality, safety, risk and internal control of the NSS. In particular, it will:

- Advise the NSS Chief Executive on the robustness and comprehensiveness of the NSS's approach and its processes for:
  - Incident and risk management,
  - NSS controls,
  - quality assurance and data management,
  - the management of reports such as audits, incidents, QA committees
- Advise the NSS Chief Executive on relevant quality and risk management developments in the context of updated HSE structure and reforms
- Review arrangements in place by which employees may, in confidence, raise concerns and receive reports, on a timely basis, of concerns rose under the Procedures on Protected Disclosures of Information and advice on appropriate action to maintain the highest standards of probity and honesty throughout the NSS.
- Review any proposed changes to the NSS's governance structure with particular emphasis on quality, safety and risk management.

6.0 Membership and Quorum

6.1 Membership

- Members use their experience to challenge and critically appraise items for discussion and make recommendation to NSS Chief Executive via chair.
- Each member has equal voting rights for tabled motions, with the exception of the Chair, who has an additional casting vote, should this be needed.
- The NSS Chief Executive will appoint members of the committee. The committee will consist of:
  1. Each of the four programmes Quality Assurance committee chair,
  2. Two Patient and Public Partnership Strategy representatives,
  3. At least one NSS, Public Health Department representative
  4. not fewer than four other persons who, in the opinion of the NSS Chief Executive have the relevant skills and experience to perform the functions of the committee, at least one of whom will be an experienced practitioner of risk management and quality improvement.
- Employees of the NSS may be appointed to the committee by the NSS Chief Executive, subject to prior approval of the chair, where specialist knowledge and expertise relating to operational aspects of the NSS is required.
- When making appointments, the NSS Chief Executive will ensure the committee comprises a majority of persons independent of the NSS/HSE who have the relevant skills and experience required.
- The committee will have access to co-opted members as required inclusive of external experts as agreed.

- The committee will have a deputy chair agreed from the committee members.
- The committee chair will be independent i.e., not an employee of the NSS.

6.2 Attendees

- Attendees provide the necessary information, input, and contribution to enable the QA committee members fulfil their duties. Attendees have no voting rights.
- The attendees will consist of:
    - Each of the four programmes Programme Managers or representative
    - Each of the four programmes Clinical Directors
    - At least one NSS, Quality, Safety and Risk (QSR) Department representative
    -

The NSS Chief Executive will ensure that the committee is provided with administrative support and with other resources required to enable it to perform its functions.

A quorum will be 50% of the membership plus one attendee.

The current committee membership and attendees are available from NSS QSR Department.

7.0 Tenure

The members of the committee will hold office for the period determined by the NSS Chief Executive when appointing that person. The appointed chair will serve a term of 3 years with an opportunity to extend for a further year with the approval of the NSS Chief Executive**.** The role of the chair is a joint agreement between the NSS and the Chair and can be discontinued by either party.

The deputy chair and members have a membership term of three years, subject to specialist roles and requirements of committee**.** A member of the committee may resign from the committee by letter addressed to the NSS Chief Executive and the chair.

Any external members of the committee will hold office on such terms and conditions as determined by the NSS Chief Executive with the consent of the Minister for Health and the Minister for Public Expenditure and Reform and in line with the HSE's Code of Practice for Governance of State Bodies (2016).

8.0 Meetings

8.1 Frequency

The committee will meet as required, determined at its own discretion, but not less than four times a year (to coincide with key dates in the National Screening Services reporting cycle). Additional meetings will be held as the work of the committee demands.
The NSS Chief Executive may request a meeting if she considers that one is necessary.
The administrative support to the committee, at the request of the chair of the committee, will summon meetings of the committee. Notice will be given to each member of the venue, time and date of the meeting usually one week in advance.

8.2 Notice of Meetings

- Committee meetings shall be arranged by the administrative support at the request of the chair.
- Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and any supporting papers shall be circulated to each member/ attendee at a minimum of one week prior to the date of the meeting.
- The agenda will have pre-agreed standing items however additional items may be proposed by members/ attendees through the chair prior to the circulation of the meeting agenda to members/attendees. The agenda will be finalised by the chair of the committee. Any additional items will only be added to the meeting agenda at the discretion of the chair based on any quality decisions, issues or risk / incident management actions required.
- Meetings may be held remotely, either wholly or as an option to members, as required

8.3 Attendance

Only members of the committee will be entitled to attend committee meetings unless specifically invited.

8.4 Minutes

The chair of the committee will ensure that minutes of the meetings held include the names of those present and in attendance at the meeting and of those who are not in attendance at the meetings.

The administrative support to the committee will circulate the agenda and minutes of previous meetings and relevant reports on the direction of the chair of the committee to all members of the committee and other relevant persons.

The minutes of the previous meeting should be approved during the current meeting with the chair setting the motion to approve the meeting minutes as part of the agenda. In order to approve minutes, unanimous consent is required. Once approved, a copy of the approved minutes signed by the chair will be published on the NSS website.

9.0 Performance Review

Performance outcome measures will be established to ensure that the committee is performing effectively. Performance measures may include:

- Achievement of the committee's duties.
- Review the processes of the committee.
- Percentage of attendance at meetings by members.
- Number of meetings held.

10.0 Approval and Review Date

The terms of reference are prepared by the QSRM committee and accepted by each member of the committee. The terms of reference should be reviewed by the committee annually or more frequently if necessary, e.g. where membership changes, to ensure that it is operating effectively and recommend to the NSS Chief Executive any changes that it considers necessary.

Appendix 6: Programme Quality Assurance Committee Agenda

[Programme Name] Quality Assurance (QA) Committee AGENDA				
Date & Time: Venue:				
Standing Agenda Items		**Type**	**Frequency**	**Noting/ Discussion/ Approval**
1	Welcome & Conflict of Interest			
2	Minutes of Previous Meeting			
3	Activity Report			
4	Performance against QA standards			
5	Incident Management			
6	Risk Management			
7	Quality Assurance - updates • Internal quality audits • External audits • Service provider/supplier audits • Clinical audit plan • Accreditation & Licensing			
8	Quality Improvement updates • Participant and/or patient reported experience surveys • Feedback • Staff Experience/Feedback • QI Projects			
Discussion items/topics/Action		**Type**	**Lead**	**Decision**
9				
Meeting wrap up				
10	Key Governance Communications			
11				
12	Action Items			
13	Date of Next Meeting			

[Programme Name] Quality Assurance (QA) Committee AGENDA* Explanation/prompts/examples		
*Order of the agenda can be changed as appropriate		
No	**AGENDA ITEM**	**Explanation – Prompts – examples**
	Standing Agenda Items	
1	Welcome & Conflict of Interest	
2	Minutes of Previous Meeting	
3	[Programme] Activity Report	The Programme Manager is responsible and accountable for presenting a short report on programme activity. The purpose of the report is to assure the QA committee that the programme is performing in line with its objectives as set out in its service plan and any issues are being addressed
4	[Programme] Performance against QA standards	Receive updates against performance of the programme against agreed QA standards
5	[Programme] Incident Management	Update on incident reviews underway Review of incidents/near misses/open disclosures Identification of trends
6	[Programme] Risk Management	Programme Risk Register report Management of risks rated high (> 15) Notified of any new risk to be added
7	Quality Assurance - updates • Internal quality audits • External audits • Service provider/supplier audits • Clinical audit plan • Accreditation & Licensing	Added to agenda when updated available Review and approve annual audit schedule Receive audit update on progress of Recommendations (as relevant to each programme operational model) Review any issues with Accreditation & Licensing Annual review previous year and plan for next year
8	Quality Improvement updates • [Programme] Participant and/or patient reported experience surveys • [Programme] Feedback • [Programme] Staff Experience/Feedback • [Programme] QI Projects	Added to agenda when updates available •Review Compliance with HSE 'Your service, Your say' •Review management of Feedback trends •Review PREMs report •review QI Project Portfolio for the [Programme] •Review feedback from staff surveys
9	**Items for discussion & decision items/ Items for action/ Key projects impacting on the programme or NSS**	e.g., The QA committee can request comprehensive overview of QA processes for different elements of the [Programme] screening pathway
	Meeting wrap up	
10	Key Governance Communications	Key communication of updates to and from the QSRM. Anything of note from or to the CAG. Review of *QSRM Quarterly Review* template as appropriate. Cross programme learning
11		
12	Action Items	
13	Date of Next Meeting	

Appendix 7: QSRM Committee Agenda

National Screening Service (NSS) Quality Safety and Risk Management (QSRM) Committee Agenda				
Date & Time: Venue:				
Item	**QSR Committee Agenda Items**	**Lead**	**Noting/ Discussion/ Approval**	**Type**
1	Welcome and Apologies			
2	Conflict of Interest			
3	Minutes of Previous Meeting			
4	Quality, Safety and Risk (QSR) Reports			
4.1	NSS QSR Quarterly Report			
4.2	NSS QSR Dashboard Quarterly Report			
4.3	NSS Corporate Risk Register Quarterly Report			
5	Quarterly Programme Report			
5.1	BreastCheck Programme Review			
5.2	CervicalCheck Programme Review			
5.3	BowelScreen Programme Review			
5.4	Diabetic RetinaScreen Programme Review			
6	Documents for Noting			
7	NSS Stakeholder Update			
8	Discussion items/topics/Items for action			
9	Actions Update			
10	Date of next meeting			

Appendix 8: QSRM Committee Programme Quarterly Review

Quality Safety and Risk Management (QSRM) Committee Programme Quarterly Review				
Programme/ Department	BowelScreen ☐	BreastCheck ☐	CervicalCheck☐	
	DiabeticRetina Screen☐	Quality, Safety and Risk☐	Other☐	
Year_____	Q1☐	Q2 ☐	Q3☐	Q4☐

Statement by QA committee Chair

Achievements: Completed quarterly

Risks: Completed quarterly			
Description of risk/s	**Risk Rating**	**Status/Change**	**Main mitigation/s**

Challenges: Completed quarterly

Quality Assurance (QA) Action Plan: Completed Q4

End of Year Report on QA Action Plan: Completed Q1

Guidance	
1	**Achievements** This may include a range of quality improvement initiatives and innovative solutions to existing problems, success stories and testimonials for the programmes.
2	**Risks** New or ongoing risks facing the Programme reported for the committee's oversight and guidance on mitigation and assurance towards management and monitoring of risk. It is recommended to list the risks rated at 15 or greater, any changes to the risk rating and the date of this change since previous report, and outline any risk escalated to NSS

	Corporate Management Team (CMT) or Executive Management Team (EMT) and to include high level mitigations for each of the risks listed.
3	**Challenges** Challenges, category 1 or 2 incidents and issues facing any aspect of delivery of quality service to screening clients can be brought up in this section for discussion and advice at each QSRM meeting.
4	**Quality Assurance (QA) Action Plan** *(Including but not limited to Audits, Reviews, visits etc)* Provided summary of the year scheduled QA plans. The committee may be updated if additional QA is scheduled.
5	**End of Year Report on QA Action plan completed** A brief report provided on status of Quality Assurance (QA) Action Plan for the year preceding This will be in addition to any reports that Programme will want to bring to the committee on findings specific audits. Include the number of and attendance of QA committee meetings held throughout year and attendance.

Appendix 9: Document Development and Approval

Development Team

Name	Title
Dr Alan Smith	Consultant in Public Health Medicine
Colette Brett	Head of Quality, Safety and Risk
Estelle McLaughlin	Public Health Strategy and Development Manager
Michelle Lynch	Quality, Safety and Risk Manager
Julie Keegan	Quality, Safety and Risk Coordinator

Development Team

The policy was developed in consultation with NSS QSRM committee members, Programme QA Coordinators, QA committees' chairs and members, Programme Managers and relevant Department Managers and NSS staff.

*There was no Conflict of Interest in developing of this document.

Approval of Document

Approval responses and digital signatures of approval are recorded in the document record on the NSS Quality Management Information System Q-Pulse.

Approval

Chair	Approval Body	Date of Approval
Fiona Murphy	Chair of NSS Executive Management Team	20th September 2024

* NSS Executive Management Committee members are available on the Terms of Reference and minutes of the date of approval.