



GOVERNANCE AND MEMBERSHIP ARRANGEMENTS

Version: 9.0

Author: Sue Venables, General Secretary

Date: 31st May 2018

Next review: June 2020

1. About this document

1.1 Purpose

This document outlines the governance arrangements of the National Quality Improvement & Clinical Audit Network (NQICAN). It establishes robust governance arrangements for membership, explains the corporate and individual responsibilities of NQICAN's members and defines the relationship between NQICAN and other national clinical audit bodies.

1.2 Review

This document will be reviewed by members on a two yearly basis, ensuring that it keeps pace with evolving policy, operational factors and the track record of NQICAN itself.

1.3 Interpretation

Any questions regarding the interpretation of this document should be directed to the General Secretary.

1.4 Document location

The latest version of this document will be made available via the NQICAN website www.nqican.org.uk

2. About NQICAN

2.1 Background

The National Quality Improvement and Clinical Audit Network (formerly the National Audit & Governance Group) was formed in 2000 following discussions between a number of key agencies¹, recognising the need for more effective communication between those agencies and with staff working in clinical audit in local settings. The network was restructured and renamed in 2013 to include a wider quality improvement remit. Membership was extended to allow more than one representative from each region, so that other established professional clinical audit and quality improvements networks could send representatives.

2.2 Purpose / objectives

- 2.2.1 Provide a (national and regional) voice for staff working in clinical audit, quality assessment, assurance and quality improvement in health & social care organisations
- 2.2.2 Support regional network chairs and other responsible officers in the development of regional networks
- 2.2.3 Engage, influence and advise key organisations such as HQIP, NHS England, NAGCAE, Improving Quality, NICE
- 2.2.4 Support development of national clinical audit
- 2.2.5 Work to align clinical audit and improvement science

2.3 Status

NQICAN is an independent body working collaboratively with national clinical audit providers and quality improvement bodies and regional networks. It is a recognised group within health and social care, but is not a direct function of the NHS England/Department of Health, the Healthcare Quality Improvement Partnership (HQIP) or any other similar body. NQICAN's objectives will rightly reflect those of NHS England and HQIP where clinical audit is concerned, however NQICAN retains its own independent voice. Recommendations made by NQICAN are not binding on any other organisation.

¹ This included: The Department of Health; NICE; the Association for Quality in Healthcare; the Clinical Audit Association; the South East Clinical Effectiveness Network

3. Membership arrangements

3.1 Membership structure

3.1.1 The core membership of NQICAN will be as follows:

Officer positions

- Chair
- General Secretary

Non officer position

- Communications Facilitator
- Web master

Core Members (network chairs/representatives)

- One representative from each professional clinical audit and quality improvement network as recognised and agreed in conjunction with HQIP (See appendix for list of networks)

Other stakeholder members²

- Representatives from organisations with an interest in clinical audit

3.1.2 Other individuals may be co-opted onto NQICAN in the following circumstances:

- for their personal knowledge and expertise (in which instance the usual period of membership will be one year, before review)
- to engage in a specific piece of work (in which instance membership would be deemed to last for the period of the project)
- outgoing Officers (see paragraph 5.7)

3.1.3 Standing invitations will also be issued to relevant national groups and bodies identified by NQICAN

3.2 Identification and election of members

3.2.1 *Representatives from regional group/forum and other core members.*

Each regional/professional clinical audit/quality improvement network recognised by HQIP and NQICAN will be entitled to send a representative to NQICAN meetings. This will usually be the chair of the network but could be another agreed and named individual.

Members who sit on NQICAN in this capacity will retain NQICAN membership for as long as they continue to represent their particular group. Membership of NQICAN will end with immediate effect if and when an individual ceases to formally represent his or her group, unless he or she successfully applies to become a Co-opted Member (see paragraph 3.1.2)

²Identified by agreement of core members

3.2.2 *Election of Officers.*

Appointments to Officer positions will be sought from within the existing membership of NQICAN. If more than one person applies for a vacant Officer position, an election will take place. The process for these elections will be agreed by NQICAN's members. Core members of NQICAN only will hold a vote. Neither co-opted members, persons with standing invitations, nor observers attending NQICAN meetings, shall have voting rights. Attendees who are deputising for core members (with the exception of Officer posts) may vote on behalf of the group they are in attendance to represent.

3.2.3 *Appointment of Stakeholder Members.*

With the exception of outgoing Officers, who have an automatic right to continue their membership for a period of one year, the appointment to all other Stakeholder Members shall be by agreement of permanent members and subject to majority voting.

4 **Officer/Non-officer Appointments**

4.1 NQICAN shall formally appoint two officers:

- Chair
- General secretary

And two non-officer position

- Communications facilitator
- Web master

4.2 The period of office for officers shall be two years. At the end of this period, the holder of the position may reapply to stand for a further two year period of office. There is no limit placed on the number of times an appointed officer may choose to reapply for office.

4.3 In normal circumstances, appointed officers would not simultaneously sit on NQICAN as representatives of regional or national groups, i.e. if a member of NQICAN who is a regional representative is appointed to an officer position, an alternative regional representative should be nominated. Any exceptions to this rule would be by agreement of the chair of NQICAN.

4.4 Candidates for the communications facilitator will be sought from regional networks and their contacts. See separate person specification. Once appointed the facilitator will continue with the role until they wish to set down or notice is given to them to step down. A majority vote from core members is required to request a facilitator steps down.

4.5 Candidates for the communications facilitator will be sought from regional networks and their contacts. See separate person specification. Once appointed the facilitator will

continue with the role until they wish to set down or notice is given to them to step down. A majority vote from core members is required to request a facilitator steps down.

4.6 Chair

The role of chair shall be as follows:

- To lead the group and ensure that it functions effectively
- To keep members fully informed about the business of the group
- To chair meetings of the group, ensuring that all voices are listened to
- To maximise the ability of the group to fulfil its stated purposes
- To ensure that an agenda is set for each NQICAN meeting
- To approve draft minutes from NQICAN meetings
- To have a casting vote where necessary
- To take chair's action on NQICAN matters between meetings

Person Specification:

- Existing member of NQICAN for at least 12 months
- Must hold responsibilities for clinical audit/quality improvement in a health & social care organisation
- The ability to present the work of the group cogently, accurately and confidently to commissioners and providers
- Proven skills in delivering consensus
- Ability to deliver complex tasks across a number of organisations or departments
- Experience of identifying programmes of work using inclusive approaches
- Understanding of the codes of behaviour required of staff in healthcare

4.7 General Secretary

The role of general secretary shall be as follows:

- To provide internal assurances that the governance and membership arrangements set out in this document are being followed
- To be responsible for the monitoring and evaluation of these arrangements
- To ensure probity, openness and transparency
- To ensure fair and equitable elections to officer positions
- To oversee a process by which members of NQICAN must declare possible conflicts of interest.
- To maintain a record of any offers of hospitality accepted by members of NQICAN in relation to the group's business
- To ensure that NQICAN activities comply with relevant legislation
- Maintain a register of attendance at NQICAN meetings
- Publish information on the NQICAN website

Person specification

- Existing member of NQICAN for at least 12 months
- Must hold responsibilities for clinical audit / quality improvement in a health & social care organisation
- The ability to present the work of the group cogently, accurately and confidently to commissioners and providers
- Commitment to following due process, and a willingness to challenge actions and behaviours which deviate from this
- Ability to deliver complex tasks across a number of organisations or departments
- Being a completer/finished
- Understanding of the codes of behaviour required of staff in healthcare

4.8 Outgoing Officers

- 4.8.1 When a serving officer³ reaches the end of a period of office (assuming he or she is not subsequently re-appointed), he or she has an automatic right to remain as a co-opted member for a maximum of one year, thereby ensuring continuity of knowledge and expertise within the Group.
- 4.8.2 Should a serving officer reach the end of his or her term of office in circumstances where a new officer has yet to be identified, the serving officer's period of office may be extended by up to three months (with the serving officer's agreement) to ensure continuity of NQICAN's business. Arrangements described in paragraph 5.7.1 would then apply at the point when the serving officer finally stands down.
- 4.8.3 If an officer relinquishes his or her post before the end of their term of office, he or she will forego automatic right to continued membership under paragraph 5.7.1, but retain recourse to the provision of paragraph 3.1.2 which would allow NQICAN to co-opt such persons on the grounds of their personal knowledge and expertise.

5 Expectations of all members

5.1 The following expectations will apply to **all** NQICAN members:

- To attend all meetings, but if this is not possible to nominate a suitable deputy to attend
- To disseminate the chair's updates to the regional professional networks they represent. Members representing networks are also expected to gather information from their networks to share at the chairs telecom meetings.
- To participate in task and finish groups appropriate to each individual's particular skills and interests
- To carry out any NQICAN activities within the terms of the Data Protection Act and any other relevant legislation
- Not to misuse information gained in the course of working with NQICAN for personal gain nor to use the opportunity of serving on NQICAN to promote private interests or those of persons or organisations connected to members

³ The provision of paragraph 5.7 is hereby extended to include the outgoing Acting Chair of NQICAN as of November 2008

- To declare any personal interests that may be perceived to conflict with NQICAN’s objectives⁴
- To declare the acceptance of any gifts and offers of hospitality associated with duties connected with NQICAN
- To obtain the approval of the Chair before speaking at any local, regional or national conferences on behalf of NQICAN, and make other members of NQICAN aware of this intention⁵
- At all times to act in good faith and in the best interests of NQICAN
- To have the support and approval of their employing organisation

Person specification:

- Must hold a role in clinical audit or quality improvement in healthcare
- Capacity to dedicate sufficient time and energy
- Commitment to attend meetings and actively contribute to project work
- Ability to bring personal knowledge and experience to bear
- Ability to give direct and honest opinions and add value to decision making
- Independent judgement
- Personal integrity

6 Organisation of meetings

- 6.1 NQICAN meetings will take place four times a year
- 6.2 Dates for these meetings will be agreed by the officers in the autumn of the previous year.
- 6.3 Other meetings may be convened according to work programmes, etc
- 6.4 Task and Finish groups may be set up; these will be agreed and monitored by NQICAN
- 6.5 Agendas for meetings will be circulated by the communications facilitator at least one week before the meeting is due to take place
- 6.6 A meeting will be deemed quorate when the following situation applies⁶
 - At least one appointed officer is present (or a nominated representative from either officer position)
 - 50% of appointed core members⁷ are present
 - Decisions made when meetings are not quorate will subsequently be ratified via electronic communication.
- 6.7 Core members of NQICAN reserve the right to meet in closed session. This would usually take place at the beginning of a meeting.
- 6.8 Minutes of meetings will be the responsibility of the communications Facilitator. Minutes will be taken to accurately reflect decisions made and, where appropriate, the views of individual Group members. Minutes will follow a consistent format, and action points will be noted and followed-up.
- 6.9 Copies of minutes will be kept for up to 5 years by the General Secretary.

⁴ Conflicts of interests will not necessarily preclude membership of NQICAN, but may mean that the member/s concerned are precluded from participating in specific discussions. By definition, this will need to be dealt with on a case-by-case basis, the outcome of which will be determined by the General Secretary.

⁵ This refers to conference presentations, but not to the routine process of feeding back at local and regional network meetings

⁶ if these criteria are not met, the meeting may still go ahead, but decisions must subsequently be ratified virtually

⁷ excluding co-opted members

- 6.10 Standing items will include:
- Update from HQIP
 - Update from NHS England
- 6.11 Regular non-attendance of members may lead to their membership being reviewed

7. Communication and publicity

- 7.1 NQICAN is committed to communicating openly and transparently with its members and the wider health and social care community. This includes the publication of minutes of NQICAN meetings on its web site.
- 7.2 Communications and publicity will be the responsibility of the appointed communications facilitator (see paragraph 5.6).

8. Accountability and monitoring

- 8.1 In general terms, NQICAN does not report upwardly to any external group or body.
- 8.2 NQICAN will however be accountable to any external organisation which provides NQICAN with funding, or employs its services, eg NHSE and HQIP.
- 8.3 Internal monitoring of governance and assurance systems will be overseen by the general secretary (see paragraph 5.5).

9 Funding

- 9.1 NQICAN has no direct income however receives some funding from HQIP and support from NHS England
- 9.2 NHS England provide a meeting venue and refreshments for the four face to face meetings held; agreement until further notice.
- 9.3 HQIP, in line with HQIP's travel expenses policy, cover the travel costs for Regional Network representatives from recognised networks who attend NQICAN's four face to face meetings
- 9.4 HQIP cover the costs of the regional telecoms and telecoms between the Chair, General Secretary and the Communications Facilitator; agreement until further notice.
- 9.5 NHS England/HQIP agreed that from September 2013 two days per month of the Chair's salary would be reimbursed to cover the following activities; agreement until further notice:
- Develop and oversee implementation of NQICAN strategy

- Meetings management; setting agenda, undertaking and overseeing actions (funding does not cover NQICAN meeting attendance)
- Developing links with existing and new stakeholders / stakeholder members
- Link and influence HQIP, including attending HQIP's Advisory Board meetings
- Link and influence / NHS England and NAGCAE
- Develop and oversee implementation of communication strategy including: website development, development of quarterly PowerPoint presentations,
- Develop annual report
- Attend regional network meetings as appropriate

10 Register of Interests

10.1 See separate policy on declarations of interest.

Appendix: List of networks that comprise NQICAN membership

- East Midlands (CASnet)
- East of England Clinical Audit Network (EECAN)
- Greater Manchester Clinical Audit Network (GMCAN)
- Lancashire and Cumbria Network
- Mersey Network
- North East Clinical Audit Network (NECAN)
- North London Clinical Audit Network (NLCAN)
- North West Mental Health Network
- South and East London Clinical Audit Network (SELCAN)
- South Central Clinical Audit Network (SCCAN)
- South East Clinical Effectiveness Network (SECEN)
- Southwest Audit Network (SWANs)
- West Midlands Effectiveness & Audit Network (MEAN)
- Yorkshire Effectiveness and Audit Regional Network (YEARN)

- Guidelines & Audit Implementation Network (GAIN) and Northern Ireland Regional Clinical Audit Managers
- Improving Quality Together (IQT) Wales