**Terms of Reference**

**For the**

**Audit and Quality Improvement Committee**

# SCOPE

* 1. The **Audit and Quality Improvement (QI) Committee** is a committee of the Council of the Vascular Society and is established for the purpose of overseeing the National Vascular Registry, developing policy and advising council of issues relating to audit and quality improvement in vascular surgery.
	2. The Committee has no executive powers other than those specifically delegated in these Terms of Reference (TOR):
		1. The committee will not enter into any contracts or commitments without the agreement of Council (or in exceptional circumstances the Executive).
		2. Literature and artwork designed or produced in connection with the Committee will require prior approval by Council and copyright in such Material will belong to the Vascular Society and must be identified as such.
		3. The Committee must treat as confidential all sensitive information concerning the Vascular Society or its members which it acquires in consequence of or in connection with its activities.
	3. In law the Vascular Society Council is responsible for the administration of the charity and for all audit and quality improvement initiatives carried out in its name. The Council have prepared these terms of reference to assist the Audit and QI Committee.
	4. The committee will liaise with the Professional Standards Committee before advising Council with regard to any issues of probity and the Society’s duty to the General Medical Council.
	5. All major Audit and QI initiatives will acquire prior approval of the Council. For each such initiative the committee will prepare:
		1. A short-written brief explaining the initiative.
		2. A budget agreed with the Treasurer for the approval of the Council.
	6. The Vascular Society was registered in 2004 with the Charity Commission, registered company number 05060866.
	7. The Vascular Society will work closely with affiliated societies, relevant stakeholders, including patient groups, to improve outcomes for vascular patients.

# PURPOSE AND OBJECTIVES

# Developing policy and advising Council of issues relating to audit and quality improvement in vascular surgery.

# Set out and deliver objectives and spending plans in keeping with (a) aims of the Vascular Society;(b) priorities set by the Council; and (c) spending criteria set by the Treasurer

* 1. The committee will oversee the **National Vascular Registry** (NVR) advising on data collection and modifying data fields as practice advances.
	2. The committee in conjunction with the NVR team will be responsible for producing regular reports (at least annual) and for the publication of unit level outcomes (surgeon level under review).
	3. The committee will advise Council regarding the Audit and QI content of the Annual Scientific Meeting.



* 1. The committee will work with the NVR to scrutinize outcome data and publish this both electronically and within the NVR Annual Report.
	2. The committee will deliver major Quality Improvement Programmes (QIPs) for vascular patients when improvement in patient outcomes, experience or choice is required.
	3. The committee will advise Council on the maintenance and development of the Society’s website and other websites that may be used to promote specific projects.

# MEMBERSHIP

* 1. The Vascular Society Council will appoint the Chair and will ratify the appointment of members of the committee.

3.2 The Chair will normally be appointed from existing or previously elected Council members in current NHS or Republic of Ireland vascular surgery practice.

3.3 The Vascular Society Council will retain the right to remove the Chair and any members of the committee.

3.4 The total number of committee members will be determined from time to time by Council but will include a minimum of two current Council members.

3.5 The committee will also include members of the National Vascular Registry (NVR) team, British Society of Interventional Radiology (BSIR), Vascular Anaesthesia Society of Great Britain and Ireland (VASGBI), Society of Vascular Nurses (SVN), and Society of Vascular Technologists (SVT).

3.6 The committee will also invite a representative from the four countries NHS AAA Screening Programmes (NAAASP), MHRA and ABHI to attend.

3.7 Members may be co-opted to the Committee for their specific expertise in an area with the approval of Council.

 **Chair** Appointed Chair (VS Trustee)

 **Other members** Two VS elected council members (VS Trustees)

 National Vascular Registry (NVR) team

 British Society of Interventional Radiology (BSIR) representative

 Vascular Anaesthesia Society of Great Britain and Ireland (VASGBI) representative

 Society of Vascular Nurses (SVN) representative

 Society of Vascular Technologists (SVT) representative

 Maximum of two seconded members

 Shadow chair (for year after election)

 Any member of the Trustees

**In attendance** Secretariat representative
NHS AAA Screening Programmes (NAAASP) representative

 MHRA representative

 ABHI representative

3.9 In the absence of the Chair, a Trustee who is on the Executive may chair.

# TERM OF OFFICE

* + 1. The Chair and members of the committee shall serve a maximum of four years, subject to the discretion of Council, and excepting the two Council members who will each be replaced by a current Council member upon completion of their term on Council.
		2. The Chair is elected for a three-year term of office preceded by one year shadowing the current chair, making for a four-year committee term.

# MEETINGS

5.1 The committee will meet formally a minimum of four times each year, once at the times of the winter (February), spring (May) and autumn (September) Vascular Society Council meetings and once at the time of the Annual Scientific Meeting of the Society (November).

5.2 Meeting dates will be circulated a minimum of 3 months in advance. Agendas and papers will be agreed by the Chair and circulated 10-14 days in advance.

5.3 The Chair and Shadow Chair (when appointed) of the committee will be expected to attend 100% of the meetings. Other Committee members will be required to attend a minimum of 75% of all meetings.

5.4 The quorum of meetings will be a minimum of four committee members, one of whom must be a Council member (in addition to the Chair).

5.5 All Trustees will be sent copies of the agenda for each meeting and may attend the meeting should they wish to do so.

5.6 If a committee member fails to attend more than three meetings in a row, they will be required to give up membership of the Committee

5.7 The committee must report its advice to the Council at its next meeting, this report is normally to be given by the Chair which shall draw to the attention of Trustees any issue that require disclosure to the Council or require executive action.

5.8 The committee will keep accurate minutes of its meetings and must send a copy of them to Council as soon as is practicable.

5.9 In most cases decision making will be by consensus. In exceptional circumstances where consensus cannot be achieved, decision making will be by a majority vote of committee members present. In the event of a tied vote, the Chair will have the casting vote.

6. **MONITORING EFFECTIVENESS**

6.1 The Committee will undertake an annual review of its performance against its work plan to evaluate the achievement of its duties.

6.2 This review will inform the Committees annual report to the Members. This report will be published in the yearbook and presented by the committee Chair at the Society’s Annual General Meeting (AGM).

7. **SUPPORT**

 7.1 The Committee shall be supported administratively by the Society’s secretariat, Treasurer and Senior Finance Executive whose duties in this respect will include:

* Society’s administrator to collate the papers
* Senior Finance Executive to advise the Committee on pertinent areas

7.2 The National Vascular Registry (NVR) team will support the Committee with data analysis and report writing.

8. **REVIEW**

8.1 These terms of reference will be reviewed at least every 3 years as part of the process for managing the Committee’s effectiveness.

**Current version approved by Executive Committee (22nd June 2022) and for ratification by the Vascular Society Council in September.**