BHIVA Audit and Standards Subcommittee

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1. Structure
BHIVA has the following subcommittees: Audit and Standards; Conferences; Education and Scientific; External Relations and Guidelines.

2. Purpose
The purpose of this subcommittee was last updated on 29 November 2018.
2.1 To promote good practice in quality improvement in HIV and related fields.
2.2 To ensure, with appropriate partners, the development and implementation of a rolling programme of national audit in HIV.
2.3 To facilitate sharing of information and expertise relevant to quality improvement and clinical audit.
2.4 To provide support for the use of audit by BHIVA members for revalidation.

3. Remit
The remit of this subcommittee was last updated on 29 November 2018.
3.1 To carry out work as directed by the Executive Committee.
3.2 To suggest, or to receive a suggestion(s) from the Executive Committee for, the creation of a working group to undertake a particular project. The terms of reference of the parent subcommittee will apply.
3.3 To write a report on the work of the subcommittee on an annual basis by the chair of the subcommittee, for inclusion in the BHIVA trustees’ report in the statutory Annual Report and Accounts.
3.4 To report to Executive Committee meetings as requested by the chair of BHIVA.
3.5 To make a detailed presentation to the Executive Committee on an annual basis.
3.6 To submit any requests for financial commitment to the BHIVA Honorary Treasurer and Executive Committee for approval.
3.7 To plan, publicise and implement a rolling programme of national clinical audit in HIV, with a particular emphasis on assessing adherence to BHIVA guidelines and other clinically important topics.
3.8 Where audit shows deficiencies in care, to advise on necessary change and re-audit as appropriate.
3.9 To develop links with, consult and collaborate with regional audit groups, the BHIVA Executive and Guidelines Drafting Committees and other groups as appropriate.
3.10 To disseminate aggregated findings from national clinical audit projects via publications, conference presentations etc.
3.11 To provide participating clinical centres with confidential individual feedback derived from national clinical audit projects.
3.12 Where feasible, to draw up objective audit standards against which the performance of individual centres can be assessed and certified
3.13 To make recommendations to the BHIVA Executive Committee based on the results of national, regional and local clinical audit
3.14 To advise on the inclusion of audit-related topics in programmes for BHIVA meetings and conferences
3.15 Chair of subcommittee to insert any amendments following annual review.

4. Membership
The subcommittee should be appointed to best achieve its remit and should be inclusive and properly representative of the BHIVA Executive Committee and BHIVA membership, including regional representation, level of expertise and community representation.

The subcommittee must have the following:
4.1 The subcommittee shall consist of minimum ten (10) members.
4.2 Tenure of membership will be two (2) years, unless otherwise specified as below.
4.3 Chair
4.3.1 To be elected following the appropriate Byelaw or, where required, elected by the Executive Committee.
4.3.2 Would be an advantage to have served on the subcommittee.
4.3.3 Tenure of chair will be three (3) years.
4.4 Vice-Chair
4.4.1 To be appointed by the chair of the subcommittee or, where required, elected by the subcommittee and approved by the Executive Committee.
4.4.2 Tenure of vice-chair will be one (1) year, renewable annually.
4.5 Trustees on a self-select basis
4.5.1 BHIVA Trustees are asked on an annual basis to select one subcommittee of their choice.
4.5.2 It is recommended that each Trustee serves a minimum of two consecutive years on a subcommittee.
4.5.3 It is recommended that the Chair of the Subcommittee, together with the BHIVA Officers review these selections and seek to provide a good balance of numbers of BHIVA Trustees on each subcommittee.
4.6 Community representative
4.6.1 At least one Community Representative, who might be the Community Representative Trustee on the BHIVA Executive Committee (under 4.5 above), or if not on this subcommittee, a representative to be put forward by UK-CAB.
4.6.2 Tenure of community representative will be three (3) years.
4.7 Retention of former trustees – up to the individual member to consider if he/she wishes to remain on the subcommittee, in the year of their resignation as a trustee and subject to the agreement of the subcommittee chair.
4.8 Appointed members
4.8.1 Tenure will be one (1) year, renewable annually
4.9 Chair of subcommittee to consider all other appointments taking into consideration the specific requirements of the subcommittee’s specialty, skill, regional representation, stakeholders, etc., and may include:
4.9.1 At least one (1) shall be a medical practitioner in a training grade
4.9.2 One (1) member appointed by the British Association for Sexual Health and HIV
4.9.3 One (1) member appointed by the Children’s HIV Association
4.9.4 One (1) member appointed by the HIV Pharmacy Association
4.9.5 One (1) member appointed by Public Health England

4.10 Consultative panel
4.10.1 In addition to its members, the subcommittee may invite relevant individuals to join a consultative panel to facilitate communication about its work across the UK and Republic of Ireland. The consultative panel will work via correspondence/email and its members shall be entitled to receive and comment on subcommittee agendas, minutes and other papers.

5. Standard Operating Procedures

Each subcommittee is required to follow the following standard procedures:
5.1 Frequency of meetings (face to face or by telephone/video conference) will be as follows:
5.1.1 Minimum four (4) per annum
5.2 Extraordinary meetings
5.2.1 The chair may call for extraordinary meetings to be arranged at his or her discretion.
5.2.2 Subcommittee members will be given as much notice of extraordinary meetings as is practicable in the circumstances.
5.2.3 Inability to attend extraordinary meetings will not affect a member’s standing within the subcommittee.
5.3 Quorum
5.3.1 Must be one third (33) per cent of the membership and must include chair or vice-chair
5.4 Voting
5.4.1 Each member will have a single vote. In the case of a tie the chair (or whoever is chairing that meeting) will have a second and casting vote
5.5 Documentation and administration
5.5.1 Agendas, minutes and other papers will be prepared by the Secretariat for approval by the chair before distribution.
5.5.2 Members are asked to put forward any request for agenda items two (2) weeks before the scheduled date of the meeting.
5.6 Audit Co-ordinator
5.6.1 The subcommittee group can recruit a suitably qualified co-ordinator to work as appropriate to carry out work over and above previously defined work of the subcommittee, e.g. a co-ordinator, subject to the approval by the Honorary Treasurer of any costs.
5.6.2 Any contractual relationship shall be between the co-ordinator and BHIVA, rather than the subcommittee itself, with day to day management being undertaken by the BHIVA Secretariat.
5.7 The subcommittee shall prepare an annual programme of work and budget for approval by the BHIVA Executive Committee and Honorary Treasurer respectively.
5.8 Automatic resignation will ensue following non-attendance at three (3) consecutive meetings without reason.
5.9 Attendance
   5.9.1 Subcommittees would not engage in activity that would be in contradiction to the BHIVA Constitution.

5.10 Subcommittees would not engage in activity that could jeopardise the charitable status of BHIVA.

5.11 Declaration of interests forms to be completed by all members.

5.12 Grievance procedure
   5.12.1 Any grievance by an individual member to be firstly addressed by the chair of the subcommittee. Should this fail to resolve the matter, it will be referred by the chair of the subcommittee to the BHIVA Executive Committee. If the Executive Committee recommendation should also fail to satisfy, the BHIVA External Scrutineers will be asked to review the case notes and provide the Executive Committee with a recommendation. The final decision to be taken by the BHIVA Executive Committee.

5.13 Amendments
   5.13.1 Amendments to the terms of reference to be approved by the Executive Committee.