

**NATIONAL
CLINICAL
EFFECTIVENESS
COMMITTEE**

National Clinical Effectiveness Committee

Modus Operandi

October 2022

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1. Introduction

The National Clinical Effectiveness Committee (NCEC) was established as part of the Patient Safety First Initiative. The NCEC is a partnership between key stakeholders in patient safety. NCEC's mission is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient and service user care.

Clinical effectiveness is a key component of patient safety and quality. The integration of national and international best available evidence in service provision through utilisation of clinical effectiveness processes promotes healthcare that is up to date, effective and consistent.

Clinical effectiveness incorporates the utilisation of quality assured National Clinical Guidelines, National Clinical Audit and general clinical practice guidance. This is a quality improvement approach which promotes cost-effective healthcare that is evidence-based, with subsequent improved clinical decision making and clinical outcomes.

NCEC terms of reference

1. Provide strategic leadership for the national clinical effectiveness agenda.
2. Contribute to national patient safety programmes in line with patient safety policy priorities.
3. Publish standards for clinical practice guidance.
4. Publish guidance for National Clinical Guidelines and National Clinical Audit.
5. Prioritise and quality assure National Clinical Guidelines and National Clinical Audit.
6. Commission National Clinical Guidelines and National Clinical Audit.
7. Align National Clinical Guidelines and National Clinical Audit with implementation levers.
8. Report periodically on the implementation and impact of National Clinical Guidelines and the performance of National Clinical Audit.
9. Establish working groups for NCEC work-streams.
10. Publish an Annual Report.

The Clinical Effectiveness and Antimicrobial Resistance Unit in the National Patient Safety Office in the Department of Health supports the work of and provides the secretariat function for - the NCEC and its working groups. The NPSO is under the remit of the Chief Nursing Officer. For brevity, the Clinical Effectiveness Unit is referred to as CEU through this document.

2. Vision of the NCEC

The vision of the NCEC is that of the Commission on Patient Safety and Quality Assurance.

'Knowledgeable patients receiving safe and effective care from skilled professionals in appropriate environments with assessed outcomes.'

3. Mission of the NCEC

In support of this vision, the mission of the NCEC is to:

‘Provide a framework for national endorsement of clinical guidelines and audit to optimise patient care’.

4. Roles and responsibilities of the NCEC

4.1 Membership

The NCEC comprises experts appointed to the role by the Minister for Health from key stakeholders in Irish healthcare (Appendix 1). Members are appointed to represent key strategic, regulatory and operational stakeholders. Tenure is for a three to five-year time period (50% of members for a three-year term). Consistent with good governance practice no member of NCEC should serve more than two full terms of appointment except in exceptional circumstances.

Patients are represented by two members. Patients do not need any formal qualifications to be an NCEC member, and they are not required to act as a representative of a patient organisation. However, they should understand the range of experiences of patients and be willing to reflect these different experiences, rather than basing their views only on their own experience. They should not have practiced as a registered health professional for a minimum of 5 years. At a minimum one patient member should have experience of being a member of a guideline or audit development group.

4.2 Responsibilities of the NCEC

The NCEC will:

- Develop frameworks for guidelines and audit to meet its terms of reference.
- Review summary reports of prioritisation and quality assurance assessments of clinical guidelines and audit prepared by the NCEC appraisal teams in order to approve clinical guidelines and audit so that the Chief Medical Officer can recommend to the Minister for Health for endorsement as a National Clinical Guideline or National Clinical Audit.
- Establish working groups as required by the NCEC workplan.
- Appoint a Chair of each working group.
- Prioritise, oversee and approve documents produced by the working-groups.
- Present a report to the Minister on an annual basis.

4.3 Responsibilities of NCEC Members

All members of the NCEC shall:

- Ensure that NCEC meets its terms of reference.
- Commit to attending a minimum of two meetings per year.
- Declare any conflicts of interest and know that these will be managed appropriately in accordance with the NCEC Conflicts of Interest policy.
- Act as ambassadors and advocates for the NCEC.
- Participate in working groups as the need arises.
- Support the work of the appraisal teams.
- Alternates should only attend in exceptional circumstances. Alternates are invitees at the discretion of the chair and should be proposed to the CEU a minimum of two weeks prior to the meeting to allow for discussion with the chair and consideration regarding approval of attendance. Meeting papers and supporting documentation can be circulated to the invitee if attendance is approved. Attendance may be for specific agenda items only.
- All meeting attendees are asked to note the deliberate nature of discussions and papers to reach agreement and respect confidentiality at all times, while promoting open and honest discussion.

4.4 Additional role and responsibilities of the NCEC Chair

The NCEC Chair will have responsibility for providing leadership and coordinating the work of the NCEC and NCEC working groups, and for managing the relationship with the Chief Medical Officer, the Clinical Effectiveness Unit and the Minister for Health.

The Chair shall:

- Set and manage the agenda for each NCEC meeting to ensure the efficient use of time for each meeting
- Manage declarations of conflict of interest as they arise, according to the NCEC policy.
- Encourage broad and effective participation from members.
- Conclude each meeting with a summary of decisions and assignments.
- Sign off meeting minutes once approved by the NCEC.
- Submit NCEC-recommended clinical guidelines and audit through the Chief Medical Officer to the Minister for Health for endorsement.
- Act as the liaison with the NCEC Working groups through their Chairs and or CEU staff.
- Nominate an alternate should the Chair be unable to attend a meeting (or part thereof).
- Contribute to the strategic direction and content for the clinical effectiveness component of NPSO events, including the annual NPSO conference.
- Contribute to and sign off on the NCEC's Annual Report.

4.5 Role and responsibilities of NCEC working group members

Members of the working groups shall:

- Develop documents to support and govern the process and appraisal work of NCEC.
- Submit all documents and reports through its Chair to the NCEC.
- Attend NCEC meetings as required.
- Contribute and bring external expertise to the work within the scope of the working group.

4.6 Additional role and responsibilities of NCEC working group Chairs

The Chair of the NCEC working groups will have responsibility for providing leadership and coordinating the work as directed by the NCEC. The Chair shall:

- Agree membership, final terms of reference and quorum for the working group and submit to NCEC for approval.
- Set the agenda for each working group meeting, supported by the CEU.
- Steer the discussion according to this agenda and encourage broad participation from members in discussion.
- Manage declarations of conflict of interest as they arise according to the NCEC policy.
- End each meeting with a summary of decisions and actions.
- Sign off meeting report once approved at the next meeting.
- Submit reports, proposals and other documents as relevant to the NCEC Chair for consideration.
- Attend NCEC meetings and / or provide updates to NCEC as required.

5. Working arrangements of the NCEC

- A minimum of 8 NCEC members are required for decision-making purposes. The quorum must include the Chair (or nominee).
- Meetings will be held at regular intervals, ideally two at the start of the year and two at the end of year in line with work requirements. Additional meetings may be required. Meetings may be held remotely via videoconference or if in person, the venue will be in the Department of Health. Members will be advised in advance by the CEU as to the meeting format.
- Documentation will be prepared and sent to members by the CEU, at least five working days in advance of NCEC meeting. Documentation will include the agenda, minutes of previous meeting, and any other required documentation/information to be considered at the meeting.
- The NCEC or NCEC working-groups may invite external experts to assist or advise with particular pieces of work.

6. Decision Making Methods

For the NCEC and any working groups

- 6.1 For each of the decisions it is assumed that there is a quorum to enable decision making at the meeting. Invitees (as per section 4.3) are not included in the calculation for a quorum.
- 6.2 The preferred decision-making method by the NCEC shall be that of consensus. Consensus decisions are those that signify the acceptance of all members of the group of the proposal, after discussion of various viewpoints on the proposal. Whilst all members of the group may have made specific representations on certain aspects of the proposal, which may be at variance, there is consensus agreement by the group on the proposal for decision.
- 6.3 In the event that consensus cannot be reached, the decision-making method that shall be applied will be a majority. In this instance at least half of the group members should agree on the same result on the proposal. Invitees do not have a vote in this process. In addition, invitees present as an alternate can provide update from the perspective of their organisation to contribute to the discussion.
- 6.4 In the event that there is a tied vote using the majority decision making method, the deciding vote shall be made by the Chairperson or his/her designate of the group.
- 6.5 The decision-making method, excluding those made by consensus, shall be noted on the minutes of the meeting for transparency. Where decisions are referred to the NCEC by the NCEC working groups the outcomes, including the decision-making method shall also be recorded by the NCEC.
- 6.6 The decision by the NCEC shall be final, unless new evidence emerges that may materially alter the proposal and its decision. In this instance, the new evidence should be submitted in writing to the NCEC Chairperson (this may be via CEU) for discussion and decision at the NCEC meeting.

Appendix 1: NCEC membership

Chairperson
Regulation (5)
Health Information and Quality Authority
Mental Health Commission
Health and Social Care Regulatory Forum
Health Products Regulatory Authority
State Claims Agency
Education (2)
Forum of Postgraduate Training Bodies
Nursing and Midwifery Education Bodies
Service (6)
Forum of Hospital Group CEOs
HSE Office of the Chief Clinical Officer
HSE Quality and Patient Safety Directorate
HSE Office Nursing and Midwifery Services
National Office for Clinical Audit
Private Hospitals Association of Ireland
Department of Health (3)
Insurers (1)
Health Insurance Council
Research (1)
Health Research Board
Patient Representation (2)
Total: 21

Version History

Date	Version	Details
Dec 2011	1	New
Oct 2015	2	Updated by NCEC
March 2016	3	Updated at NCEC meeting
October 2022	4	Updated by NCEC