



An Roinn Sláinte  
Department of Health

**National Healthcare Quality Reporting System  
(NHQRS) Governance Committee Meeting  
Agendas and Minutes 2023 Report cycle**



An Roinn Sláinte  
Department of Health

## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**14 June 2023 from 11am-1pm via MS Teams**

### **Agenda**

1. Welcome and introductions
2. Conflicts of Interest (Verbal Pause)
3. NHQRS Strategic Planning Review findings and draft recommendations
4. Next steps
5. AOB

## Minutes

### National Healthcare Quality Reporting System (NHQRS) Governance Committee

14 June 2023 at 11:00-13:00 via MS Teams

<b>Governance Committee Members:</b>	Kate O'Flaherty (Chair), Mary McGeown, Rachel Flynn, Jennifer Martin, Cathal O'Keeffe, Helen Nolan, Margaret Brennan, Orla Carroll (on behalf of Joanne Kissane), Deirdre Mulholland, Richard Lodge, Niamh Bernard
<b>Apologies:</b>	Eibhlin Connolly, Karen Greene, Breda Crehan-Roche, Ian Carter, Gary Kiernan, Brian Osborne, Sinead Quill
<b>In attendance</b>	Deirdre Hyland (DH), John Heslin, Ailbhe Dowling (minutes)

<b>1. Welcome and Introductions</b>	<p>The Chair (the new Director of NPSO) introduced herself to the Committee and welcomed the members. There was a round of introductions, new members, representatives attending on behalf of members and apologies were noted.</p> <p>Regarding members no longer on the Committee, the Chair noted that:</p> <ul style="list-style-type: none"><li>- Rosarie Lynch (Chair last year and long-standing member of the Committee) is leaving the Department, thanked her for her service and considerable contribution and wished her well in her future endeavours.</li><li>- Brigid Doherty, a long-standing patient representative on the Committee, has stepped down and conveyed a special thanks to Brigid for her years of service, commitment, and considerable contribution to the Committee.</li><li>- Naomi Fitzgibbon, a patient representative on the Committee in 2022, has stepped down and thanked her for her service and contribution.</li></ul> <p>An update was provided on efforts to secure new patient representatives for the Committee.</p>
<b>2. Conflicts of Interest (and verbal pause)</b>	<p>No declarations were made in the verbal pause.</p> <p>New members will be receiving conflict of interest form to sign and return to the secretariat.</p>
<b>3. NHQRS Strategic Planning Review Findings and Draft Recommendations</b>	<p>The draft NHQRS Strategic Planning Review Report was circulated to members in advance of the meeting.</p> <p>DH presented the key findings from the desktop review and stakeholder consultation process and recommendations for the future strategic direction for NHQRS.</p> <p>The Chair and Committee acknowledged the extensive work undertaken during the review process. Overall, there was broad agreement, and the Committee endorsed the recommended approach to produce a final NHQRS report in 2023 signposting to HSPA as the single national reporting system from 2024.</p> <p>The group discussed factors for consideration during the transition to HSPA including the influencing role of the Governance Committee, maintaining continued focus, ownership and leadership regarding quality, patient safety and person-centeredness across the health service, contextualisation of the data in HSPA, interdependencies between patient safety and costs, and harnessing the learning from NHQRS. It was agreed to update the recommendations to provide for capturing the learning in 2023 and leveraging the expertise of the group via consultation in 2024. Within the wider health data environment, consideration of the EU work focused on data quality was noted.</p>



<b>4.</b>	<b>Next Steps</b> <ul style="list-style-type: none"><li>• The development of the 2023 report will be progressed with the view to having a report ready for publication by the end of the year.</li><li>• Two further meetings of the Governance Committee will be held (next meeting in mid-September, date to be sent out within the next week).</li><li>• A presentation on the HSPA will be included at the next meeting.</li></ul>
<b>5.</b>	<b>AOB</b> <p>The Chair thanked members for their contributions, support, and feedback. The Chair advised the Committee that the NPSO conference will take place on October 19<sup>th</sup> in Dublin Castle.</p>



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## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**20 September 2023 via MS Teams**

### **Agenda**

1. Minutes of previous meeting and matters arising
2. Conflicts of Interest (Verbal Pause)
3. HSPA update
4. NHQRS Technical Group Report (update and recommendations)
5. NHQRS data indicator overview
6. Next steps and date of next meeting
7. AOB



## National Healthcare Quality Reporting System (NHQRS) Governance Committee

20 September 2023 11:00 - 13:00 via MS Teams

### Minutes

<b>Governance Committee Members:</b>	Kate O’Flaherty (Chair), Margaret Brennan, Dan Burns, Pauline White, Jacqui Curley (on behalf of Helen Nolan), Karen Greene, Gary Kiernan, Eibhlin Connolly, Niamh Bernard, Jennifer Martin, Cathal O’Keeffe, Deirdre, Mullholland, Conor Foley (on behalf of Rachel Flynn)
<b>Membership updates:</b>	Karl Brogan is taking over from John Fitzmaurice. Dan Burns is taking over from Joanne Kissane. The Chair thanked both John and Joanne for their service and contributions.
<b>Apologies:</b>	Karl Brogan, Richard Lodge, Mary McGeown
<b>In attendance:</b>	Deirdre Hyland, John Heslin, Ailbhe Dowling
<b>Presenting:</b>	Martin Woods and Nikita Ellul

<b>1</b>	<b>Minutes of previous meeting and matters arising</b> The minutes were approved. There were no matters arising.
<b>2</b>	<b>Conflicts of Interest (Verbal Pause)</b> No declarations were made in the verbal pause.
<b>3</b>	<b>HSPA update</b> <ul style="list-style-type: none"><li>MW and NE provided an overview of work progressed since the HSPA online platform went live in June including population of the indicators, the governance structure, projects to demonstrate the benefits of HSPA and future work (presentation will be circulated).</li><li>The Committee acknowledged the work progressed to date.</li></ul>
<b>4</b>	<b>NHQRS Technical Group Report (update and recommendations)</b> <ul style="list-style-type: none"><li>The Technical Group Report for the Governance Committee was circulated in advance of the meeting. DH presented the updates and recommendations.</li><li>All recommendations were approved by the Governance Committee.</li></ul>
<b>5</b>	<b>NHQRS data indicator overview</b> <ul style="list-style-type: none"><li>DH presented an overview of data trends across all available indicators.</li><li>The importance of commentary and context information in particular the on-going impact of the COVID-19 pandemic on service delivery was noted.</li></ul>
<b>6</b>	<b>Next steps and date of next meeting</b> <ul style="list-style-type: none"><li>The draft report will be sent for consultation in mid-October. Design and typesetting will take place in early November with a view to a final report ready for publication by year end.</li><li>The final Governance Committee meeting will take place on 29<sup>th</sup> November. It is planned to hold this as an in-person meeting. The agenda will include report sign off and capturing lessons learned from the NHQRS process.</li></ul>
<b>7</b>	<b>AOB</b> None



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## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**29 November 2023 via MS Teams**

### **Agenda**

1. Minutes of previous meeting and matters arising
2. Conflicts of Interest (Verbal Pause)
3. Stakeholder consultation update
4. Proposed infographics
5. Report sign off
6. Next steps and publication timeline
7. Capturing the learning from NHQRS to inform the transition to HSPA
8. AOB



## National Healthcare Quality Reporting System (NHQRS) Governance Committee

29 November 2023 11:00 - 12:00 via MS Teams

### Minutes

<b>Governance Committee (GC) Members:</b>	Rachel Kenna (Chair on behalf of Kate O’Flaherty), Niamh Bernard, Karl Brogan, Ian Carter, Conor Foley (on behalf of Rachel Flynn), Karen Greene, Gary Kiernan, Richard Lodge, Mary McGeown, Deirdre Mullholland, Helen Nolan, Cathal O’Keeffe
<b>Technical Group (TG) Members</b>	Jacqui Curley, Fionnola Kelly, Martin Woods
<b>Apologies:</b>	<b>GC:</b> Kate O’Flaherty, Margaret Brennan, Dan Burns, Pauline White, Gary Kiernan, Eibhlin Connolly, Jennifer Martin, Rachel Flynn, Dan Burns. <b>TG:</b> Sarah Gee, Susanna Frost
<b>In attendance:</b>	Deirdre Hyland, John Heslin

<b>1</b>	<b>Minutes of previous meeting and matters arising</b> The minutes were approved with an amendment to the members update section.  The Chair noted that this is the final NHQRS Governance Committee meeting, a significant milestone in the NHQRS journey and that NHQRS Technical Group members had been invited to input in particular on agenda items 4 and 7.
<b>2</b>	<b>Conflicts of Interest (Verbal Pause)</b> No declarations were made in the verbal pause.
<b>3</b>	<b>Stakeholder consultation update</b> <ul style="list-style-type: none"><li>DH presented an update on stakeholders that draft content was sent to, who provided a response (input from 18 stakeholder groups) and changes as a result of feedback.</li><li>The Committee acknowledged the value of the consultation process and the updates to the content.</li></ul>
<b>4</b>	<b>Proposed infographics</b> <ul style="list-style-type: none"><li>DH presented on the proposed approach for the infographic to group a sub-set of NHQRS indicators by population groups (children, adults, older people, women’s health, healthcare workers) across the NHQRS journey and internationally. This person-centred, population-based approach is aligned to core principles in Sláintecare.</li><li>The Committee agreed with the overall approach but made suggestions on the presentation of data to ensure it is user friendly for the lay user including avoiding the use of pie charts, providing readers with some indication of the desired direction of travel/performance, avoiding the use of the colour grey and providing additional details on the OECD comparisons.</li></ul>
<b>5</b>	<b>Report sign off</b> <ul style="list-style-type: none"><li>The Chair noted that Committee members had an opportunity to provide input on the draft content, were updated on changes to content subsequent to wider stakeholder consultation and asked the Committee members to sign off on the report in principle on that basis.</li><li>The Committee agreed to sign off on the report in principle.</li></ul>
<b>6</b>	<b>Next steps and publication timeline</b>



	<ul style="list-style-type: none"> <li>DH updated on next steps including finalising content, working with the designer, internal briefing, and communications. It is anticipated that the report will be ready for publication in mid-December. The Governance Committee and Technical Group will be provided with advance notification of the publication date once it has been confirmed.</li> </ul>
7	<p><b>Capturing the learning from NHQRS to inform the transition to HSPA</b></p> <p>MMcG acknowledged the valuable knowledge base across the Governance Committee and Technical Group members and indicated that the Department is keen to build on the learning from the NHQRS to inform the establishment of new processes to leverage HSPA data. Three questions were posed to the group.</p> <ul style="list-style-type: none"> <li>(i) What processes are required to leverage the use of HSPA patient safety, quality, and person centredness data as intelligence for learning to support improvement?</li> <li>(ii) What processes are required to influence the alignment of the quality, patient safety and person-centredness indicators in HSPA with priority areas?</li> <li>(iii) Are there additional stakeholders that we need to engage with beyond those represented on the NHQRS Governance Committee and Technical Group?</li> </ul> <p><b>Input from the group included:</b></p> <ul style="list-style-type: none"> <li>Use of timely data to drive real-time quality improvement for example work being progressed by NOCA moving from reports to quarterly dashboards (SPC charts) to inform hospital level QI work.</li> <li>Making patient safety and quality everyone’s business.</li> <li>Engagement with National Clinical Programmes and NQPSD (links to the HSE’s Patient Safety Strategy).</li> <li>Having less indicators and being clear on what they stand for and all the processes around them (who is responsible, what is being done in response to the data etc).</li> <li>Clearly defining what quality, patient safety and person-centredness means across different care settings and to different groups, particularly the public/patient perspective.</li> <li>The importance of the patient voice and leveraging patient reported data.</li> <li>Look to OECD work on patient reported experience measures to identify priority areas and gaps in indicator sets e.g. patient reported experience of patient safety.</li> <li>Engage with academia, secondary data analysis, leveraging quality and safety research and promoting use of data for evidence-based research.</li> </ul> <p>The Chair thanked the group for their input and advised that the Department plan to link back in with people early next year regarding the future direction.</p>
8	<p><b>AOB</b></p> <p>The Chair thanked the Governance Committee and Technical Group members for their generous time and invaluable contributions to the NHQRS over eight reporting cycles, in particular to those who have been involved since the start of the NHQRS journey in 2013. Although the NHQRS is being stood down in its current format the Department looks forward to continued engagement regarding patient safety and quality indicators and the wider patient safety and quality policy agenda.</p>



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**National Healthcare Quality Reporting System  
(NHQRS) Governance Committee Meeting  
Agendas and Minutes 2021/2022 Report cycle**



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## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**27 April 2022 at 10am-12pm via MS Teams**

### **Agenda**

1. Welcome and membership updates
2. Conflicts of Interest
3. Update from the NHQRS Development team
4. Plan for completion of the 2021/2022 NHQRS Report
5. Technical Group update and recommendations
6. Sign off for available graphs
7. Schedule of meetings
8. AOB

## Minutes

### National Healthcare Quality Reporting System (NHQRS) Governance Committee

27 April 2022 at 10am-12pm via MS Teams

<b>Governance Committee Members:</b>	Rosarie Lynch (Chair), Mary McGeown, Deirdre Murphy, Gary Kiernan, John Bryan (on behalf of Dr Lorraine Horgan), Karl Brogan (on behalf of Breda Crehan-Roche), Brian Osbourne, Ian Carter, Grainne Cosgrove (on Behalf of Jennifer Martin), Richard Lodge, Margaret Brennan
<b>Apologies:</b>	Brigid Doherty, Karen Greene, Alan Cahill, Andy Conlon, Rachel Flynn
<b>Secretariat</b>	Deirdre Hyland, Orla Ebbs, Pauline White
<b>In attendance:</b>	Laura Mangan

<b>1.</b>	<p><b>Welcome and membership updates</b> NHQRS Governance Committee members were welcomed and there was a round of introductions.</p> <p>Apologies and membership vacancies were presented. Given the scope and purpose of the report, the particular importance of input from public health and public/patient representatives was noted.</p> <p>The Chair advised that, due to the membership vacancies, the focus for this meeting was to provide update to the Committee members rather than on decision making so draft content will be circulated after the meeting for consideration and sign off in principle with a view to final sign off at the next meeting. It was noted that the Secretariat are working to address membership vacancies.</p>
<b>2.</b>	<p><b>Conflicts of Interest (and verbal pause)</b> The Chair advised that conflict of interest forms will be circulated to the Committee members for completion. Due to virtual nature of meetings, return of forms via an official email address is acceptable in lieu of a hard copy signature. No declarations were made in the verbal pause.</p>
<b>3.</b>	<p><b>Update from the NHQRS Development team</b> MMcG presented an update to the Committee which included:</p> <ul style="list-style-type: none"> <li>• Factors that impacted publication of a 2021 NHQRS report.</li> <li>• The plan for the next NHQRS report (2021/2022) is to include two years of data for indicators where available and work towards including all available data in the timeline.</li> <li>• The Department’s wider policy work of relevance to the NHQRS including:             <ul style="list-style-type: none"> <li>○ The Health Systems Performance Assessment Framework and potential synergies with indicators in the NHQRS.</li> <li>○ The Women’s Health Action Plan 2022-2023, the commitment to include healthcare quality indicators with a focus on women’s health in the NHQRS and the proposed approach for the 2021/2022 report.</li> </ul> </li> <li>• The future direction for NHQRS and the plan to commence scoping work on interactive dashboards in Q4 2022.</li> </ul>
<b>4.</b>	<p><b>Plan for completion of the 2021/2022 NHQRS Report</b> DH presented on the plan for completion of the 2021/2022 NHQRS Report.</p> <ul style="list-style-type: none"> <li>• The same five domains will be used – this may be reviewed for future reports to align with the Health Systems Performance Assessment Framework.</li> <li>• The Governance Committee is scheduled to meet on two further occasions in advance of publication of the report.</li> </ul>



	<ul style="list-style-type: none"><li>• The anticipated publication date for the NHQRS 2021/2022 report is 11<sup>th</sup> October 2022 to coincide with the NPSO Conference.</li></ul>
<b>5.</b>	<p><b>Technical Group update and recommendations</b></p> <p>DH updated that the NHQRS Technical Group held two meetings in March and presented the report from this Group to the Committee which included the following recommendations:</p> <ul style="list-style-type: none"><li>• To include two years of data for existing NHQRS indicators where available in the 2021/2022 NHQRS Report.</li><li>• Reflecting COVID-19 in the NHQRS Report in a separate section focused on the quality of care within the scope of the existing indicators, including some COVID-19 data for context with international data where relevant and comparable.</li><li>• To include a women’s health section focused on existing NHQRS indicators in the context of the life course issues impacting women identified in the Department’s Women’s Health Action Plan.</li><li>• No indicators were proposed for retirement so there would be retention of all existing indicators and the inclusion of new data and/or developmental work on HPV immunisation data for boys, 2021 National Inpatient Experience Survey COVID-19 related questions and charts for CPE data.</li><li>• Developmental work for the 2023 cycle to include a review of the prioritisation process for indicators, ensuring the report is readable and accessible and exploring alternative approaches to publication of data.</li></ul> <p>Members welcomed proposals to include new indicator data and thematic chapters on COVID-19 and women’s health.</p> <p>Members agreed that the format of the report needs to be considered to ensure it remains fit for purpose. There was support for examining the length of the report and it was agreed that the scoping work in relation to the use of interactive dashboards may be beneficial in this regard. There was also discussion on the potential to widen the audience for the report and that various presentations (like dashboards) may increase the accessibility of the report.</p>
<b>6.</b>	<p><b>Update on available graphs</b></p> <p>PW presented on the timelines for availability of NHQRS indicator data and types of COVID-19 data that may be appropriate for inclusion for context in the COVID-19 chapter. It was noted that graphs that are already available will be circulated to the Committee in May for sign off in principle with a view to final sign off of these and the remaining graphs (to be brought to the Committee) at the next meeting in June.</p> <p>There was discussion regarding the feasibility of including additional indicators beyond the acute care setting for example community indicators linked to schools’ vaccination programmes and mental health indicators. It was noted that due to data availability the NHQRS indicator suite has more indicators from acute settings and that identification of new data sources and potential indicators from other care settings for consideration is welcome.</p> <p>It was suggested that consideration is required on how to capture the impact of COVID-19 on the delivery of community services.</p> <p>The Chair advised that the development team is happy to engage with Committee members regarding any proposed new indicators or suggestions in relation to the thematic chapters on COVID-19 and women’s health.</p>



<b>7.</b>	<b>Schedule of meetings</b>  Two further meetings will be held in advance of publication of the report, the first on 29 <sup>th</sup> June (10am-12pm) and the second on 8 <sup>th</sup> September (2-4pm). Meeting invites to follow.
<b>8.</b>	<b>AOB</b> The OECD Healthcare Quality Outcomes meeting is scheduled to take place in May. Any relevant updates will be shared with the Committee at their next meeting.



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## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**29 June 2022 at 10am-12pm via MS Teams**

### **Agenda**

1. Minutes of last meeting and matters arising
2. Conflicts of Interest (Verbal Pause)
3. Technical Group Report (update and recommendations)
4. Update on available data charts and sign off (in principle)
5. Next steps
6. Date of next meeting
7. AOB

## Minutes

### National Healthcare Quality Reporting System (NHQRS) Governance Committee

29 June 2022 at 10am-12pm via MS Teams

<b>Governance Committee Members:</b>	Rachel Kenna (Chair on behalf of Rosarie Lynch), Mary McGeown, Alan Cahill, Karen Greene, Deirdre Murphy, Gary Kiernan, Ian Carter, Grainne Cosgrove (on Behalf of Jennifer Martin), Richard Lodge, Margaret Brennan, Brigid Doherty, Cathal O’Keeffe, Karl Brogan (on behalf of Breda Crehan-Roche), Naomi Fitzgibbon*, Eibhlin Connolly*, Deirdre Mulholland* (*new members)
<b>Apologies:</b>	Rachel Flynn, Brian Osbourne, Lorraine Horgan, Andrew Conlon
<b>Secretariat</b>	Deirdre Hyland, Orla Ebbs, Pauline White
<b>In attendance:</b>	Laura Mangan

	The Chair welcomed new NHQRS Governance Committee members, and apologies were noted. The Chair acknowledged that this will be Deirdre Murphy’s last Governance Committee meeting and thanked her for all her contribution and commitment to this work.
<b>1.</b>	<p><b>Minutes of the last meeting and matters arising</b> The minutes of the previous meeting were agreed with no amendments.</p> <p>PW and DH updated on items discussed at the OECD HCQO meeting in May, in particular, the future direction for the next two years. The OECD plan to mainstream pilot data collections regarding integrated care, patient safety culture, patient reported safety and patient reported measures. Some of these data collections are reliant on a country having a unique health identifier which limits Ireland’s ability to participate. Further relevant updates will be provided to the Committee at future meetings.</p> <p>Other matters arising were covered under agenda items.</p>
<b>2.</b>	<p><b>Conflicts of Interest (and verbal pause)</b> The Chair thanked members who have returned their conflict of interest forms already and reminded those whose forms are outstanding to return them to the secretariat. No declarations were made in the verbal pause.</p>
<b>3.</b>	<p><b>Technical Group (TG) Report (update and recommendations).</b> The TG Report (prepared following a meeting on 08 June) was circulated to members in advance of the meeting. DH updated on the TG membership changes. PW presented on the TG recommendations regarding proposed COVID-19 data charts for inclusion in the COVID-19 context chapter. The purpose of these charts is to provide context for existing NHQRS indicators with a focus on the impact of the pandemic in Ireland.</p> <ul style="list-style-type: none"> <li>• New COVID-19 confirmed cases (PCR), number of confirmed cases in hospital and critical care per day - The Committee agreed with the recommendation of the TG to include this chart. Increasing the scale of the confirmed cases on Figure CV1 was discussed and the Secretariat agreed to review this.</li> <li>• Hospitalisation rate and ICU admission rate per 100,000 population by age group and sex - The Committee agreed with the recommendation of the TG to include this chart.</li> <li>• Percentage of population in each age group who are fully vaccinated by week in 2021 - The Committee agreed with the recommendation of the TG to include this chart.</li> </ul>





	<ul style="list-style-type: none"> <li>• International data on the percentage of population in each age group who are fully vaccinated - EU and UK in 2021 - The Committee agreed with the recommendation of the TG to include this chart.</li> </ul> <p>There was discussion regarding whether it would be possible to identify the proportion of hospitalisations due to COVID during this time. The Secretariat agreed to follow up on this item. The Committee discussed the importance of the commentary in relation to the charts which should focus on the impact of COVID-19 on the quality of services aligned to NHQRS indicators rather than international comparisons with the direct impact of COVID-19.</p> <p>DH presented on TG recommendations regarding areas for inclusion in the Women’s Health chapter (aligned to lifecourse issues for women identified in the Department’s Women’s Health Action Plan 2022-2023).</p> <ul style="list-style-type: none"> <li>• 7 existing NHQRS indicators directly aligned women’s health - The Committee agreed with the recommendation of the TG.</li> <li>• To apply a gender lens to additional existing indicators aligned to lifecourse issues for women (colon cancer screening and survival &amp; lung cancer survival, hospitalisation for chronic conditions, heart failure hospitalisation &amp; AMI mortality, and benzodiazepine usage) - The Committee agreed with the recommendation of the TG.</li> <li>• Inclusion of national and international ovarian cancer survival data (as proposed by Governance Committee member at the last meeting): - The Committee agreed with the recommendation of the TG to include national and international data charts in the women’s health chapter for this cycle of the NHQRS.</li> </ul> <p>DH presented on Technical Group recommendations and updates regarding Domains 1 to 5.</p> <p><b>Domain 1 recommendations</b> – The Committee agreed with all the TG recommendations as set out in the TG Report.</p> <p><b>Domain 2 update</b> – The Committee noted the update from the TG as set out in the TG Report.</p> <p><b>Domain 3 recommendation and update</b> - The Committee agreed with the TG recommendation as set out in the TG Report and noted the update in the report.</p> <p><b>Domain 4 recommendation</b> – The Committee agreed with the TG recommendation as set out in the TG Report.</p> <ul style="list-style-type: none"> <li>• DH updated that the COVID-19 questions have been included in the 2022 National Inpatient Experience Survey and will be available for inclusion in the next cycle of the NHQRS.</li> <li>• There was discussion about the expansion of the National Care Experience Programme into other areas outside of the acute hospital setting. The results of the first National Nursing Home Experience Survey will be published later this year. There will be scope for inclusion of this data in the next cycle of the NHQRS and this will be noted in the upcoming NHQRS report. This was welcomed by the Committee. Further surveys regarding maternity bereavement and end of life care are also being progressed.</li> </ul> <p><b>Domain 5 update</b> – The Committee noted the update from the TG as set out in the TG Report.</p>
4.	<p><b>Update on available data charts and sign off (in principle)</b></p> <p>A document including all available data was circulated to the Committee in advance of the meeting. DH and PW presented a high-level overview of the latest data under each domain.</p> <ul style="list-style-type: none"> <li>• <b>Domain 1</b> – The Committee noted the updates presented and items for input. There was discussion regarding the following: <ul style="list-style-type: none"> <li>○ <i>Immunisation rate against influenza for persons aged 65 and older</i>: possible inclusion of data regarding uptake in long term care facilities. <b>Action</b> – secretariat to follow up with HPSC on this matter.</li> <li>○ <i>Immunisation rate against influenza among healthcare workers in hospitals</i>: The Committee agreed to the proposed approach of including target lines in charts to show</li> </ul> </li> </ul>



	<p>changes over time. There was discussion regarding uptake in private hospitals. Challenges regarding collection of this data were noted. <b>Action</b> – secretariat to follow up with HPSC on this matter.</p> <ul style="list-style-type: none"> <li>○ <i>Immunisation rate for human papillomavirus (HPV) vaccine</i>: The Committee welcomed the inclusion of data on uptake for boys for the first time and agreed with the proposed presentation of data.</li> <li>● <b>Domain 2</b> – The Committee noted the updates presented.</li> <li>● <b>Domain 3</b> – The Committee noted the updates presented. There was discussion regarding the following: <ul style="list-style-type: none"> <li>○ The Committee recommended engaging with relevant audit teams in NOCA, in particular the stroke audit team, in relation to the impact of COVID-19 and hospital outlier data. <b>Action</b> – secretariat to follow up with NOCA on this matter.</li> </ul> </li> <li>● <b>Domain 4</b> – The Committee noted the updates presented.</li> <li>● <b>Domain 5</b> – The Committee noted the updates presented.</li> </ul> <p>The Chair asked the Committee to sign off on the available data charts and tables in principle and noted that data will be presented to the Committee for final sign off at their meeting in September. The Committee agreed.</p>
<p><b>5.</b></p>	<p><b>Next Steps</b></p> <p>DH presented on the next steps involved in the report preparation working towards an anticipated publication on 11<sup>th</sup> October.</p> <p>Draft material will be circulated to stakeholders for consultation and review in a phased manner over a 4-week period from late July to mid-August. Committee members will be presented with a final draft report at the next meeting in September.</p> <p>The Chair thanked members for their contributions and attendance.</p>
<p><b>6.</b></p>	<p><b>Date of Next Meeting</b></p> <p>The next meeting will be held via MS Teams on 8<sup>th</sup> September (2-4pm).</p>
<p><b>7.</b></p>	<p><b>AOB</b></p> <p>None</p>



An Roinn Sláinte  
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## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**08 September 2022 at 2-4pm via MS Teams**

### **Agenda**

1. Minutes of last meeting and matters arising
2. Conflicts of Interest (Verbal Pause)
3. Stakeholder consultation process updates
4. Technical Group Report (update and recommendations)
5. Report content for sign off
6. Next steps
7. AOB

## Minutes

### National Healthcare Quality Reporting System (NHQRS) Governance Committee

**08 September 2022 at 14:00-16:00 via MS Teams**

<b>Governance Committee Members:</b>	Rosarie Lynch (Chair), Mary McGeown, Rachel Flynn, Karen Greene, Ian Carter, Gráinne Cosgrove (on Behalf of Jennifer Martin), Brigid Doherty, Cathal O’Keeffe, Karl Brogan (on behalf of Breda Crehan-Roche), Jacqueline Curley (on behalf of Helen Nolan)
<b>Apologies:</b>	Lorraine Horgan, Andrew Conlon, Alan Cahill, Gary Kiernan, Naomi Fitzgibbon, Eibhlin Connolly, Deirdre Mulholland, Richard Lodge, Margaret Brennan,
<b>Secretariat:</b>	Deirdre Hyland, Pauline White, Ailbhe Dowling
<b>In attendance:</b>	Laura Mangan

	The Chair welcomed NHQRS Governance Committee members. Apologies and representatives attending on behalf of members were noted.
<b>1.</b>	<p><b>Minutes of the last meeting and matters arising</b> The minutes of the previous meeting, held on 29 June, were agreed with no amendments.</p> <p>DH &amp; PW updated on actions taken in response to matters arising:</p> <ul style="list-style-type: none"> <li>• Increase the scale of the confirmed cases of COVID-19 on Figure CV1: update completed.</li> <li>• Identify the proportion of hospitalisations due to COVID during this time: this matter was considered however, due to the complexity of coding of COVID-19 diagnosis, this data is not available for inclusion.</li> <li>• Inclusion of immunisation rate against influenza for persons aged ≥65 years in long term care facilities: developmental work required prior to inclusion of this data as it differs from the OECD methodology used in the NHQRS. Link to HPSC report on Uptake of the Influenza Vaccine for Health Care Workers and residents in Long-Term Care Residential Facilities included as a signpost to this data. For consideration for the next cycle of the NHQRS report.</li> <li>• Inclusion of immunisation rate against influenza among healthcare workers in private hospitals: Developmental work required as change to existing NHQRS indicator would be required. Data from private hospitals is provided annually on a voluntary basis to HPSC. An assessment of the completeness of this data would be required. For consideration for the next cycle of the NHQRS report.</li> </ul>
<b>2.</b>	<p><b>Conflicts of Interest (and verbal pause)</b> The Chair thanked members who have returned their conflict-of-interest forms and reminded those whose forms are outstanding to return them to the secretariat. No declarations were made in the verbal pause.</p>
<b>3.</b>	<p><b>Stakeholder Consultation Process Updates</b> DH and PW presented on the stakeholder consultation process including the stakeholders that were engaged with and an overview of key updates to report content in response to feedback received, new/updated data available and methodological updates. The Committee acknowledged the extensive work undertaken during the consultation process and approved the changes as outlined.</p>

<p><b>4.</b></p>	<p><b>Technical Group (TG) Report (update and recommendations).</b>  The TG Report (prepared following a meeting on 31<sup>st</sup> of August 2022) was circulated to members in advance of the meeting.</p> <p><b>1. Updates to Domains 1 – 5</b> were discussed under agenda item 3.</p> <p><b>2. Women’s health chapter</b> (draft circulated to the Governance Committee on 05 August):</p> <ul style="list-style-type: none"> <li>• DH presented on the Women’s Health chapter approach, scope and content recommended by the TG for inclusion in the NHQRS 2021/2022 Report. The Committee accepted the recommendation of the TG.</li> <li>• The Committee noted that the inclusion of healthcare quality indicators with a focus on women’s health will be an iterative process that will be progressed over several NHQRS reporting cycles. It was agreed that further scoping and developmental work is required to assess the availability of robust, reliable, and relevant data that may address additional areas (lifecourse issues identified in the Women’s Health Action Plan) in future NHQRS reports.</li> <li>• The Committee noted the importance of alignment with Women’s Health Taskforce priorities and communications. MMcG confirmed there has been engagement with relevant stakeholders throughout the report development process.</li> </ul> <p><b>3. Covid-19 chapter</b> (draft circulated to the Governance Committee on 02 September):</p> <ul style="list-style-type: none"> <li>• DH presented on the draft COVID-19 chapter approach and proposed sections recommended by the TG for inclusion in the NHQRS 2021/2022 Report. It was noted that further feedback is expected from the policy perspective which may result in updates to the content. The Governance Committee accepted the recommendation of the TG, noting that the content is subject to updates based on input from the policy perspective.</li> <li>• The Committee agreed that it would be important to continue to report on the impact of COVID-19 within the scope of NHQRS indicators in future NHQRS reports.</li> </ul> <p><b>4. Approach for infographic</b></p> <ul style="list-style-type: none"> <li>• DH presented on the rationale for considering a different approach for the infographic in this year’s NHQRS report, the Technical Group recommendations regarding alternative approaches and the development team’s proposal for consideration.</li> <li>• The Committee agreed that a different approach is required for this year’s report; the infographic should highlight the context, provide a snapshot and focus on key findings or new content e.g., the women’s health chapter. It was agreed that further consideration is required to ensure the correct balance of being informative without being open to misinterpretation.</li> </ul>
<p><b>5.</b></p>	<p><b>Report content for sign off</b></p> <p>The Chair asked the Committee to sign off on report content noting provisos regarding the Department’s editorial rights and that the report design process is to be completed.</p> <ul style="list-style-type: none"> <li>• Domains 1-5: The Committee agreed to sign off on content.</li> <li>• Women’s Health Chapter: The Committee agreed to sign off on content.</li> <li>• Covid 19 chapter: The Committee agreed to sign off on content in principle with one week to provide any final feedback and noting policy input on content expected.</li> </ul>
<p><b>6.</b></p>	<p><b>Next Steps</b>  DH presented on the next steps:</p> <ul style="list-style-type: none"> <li>• The final report with infographic will be circulated to the Committee in advance of publication on the 11<sup>th</sup> of October.</li> </ul>



	<ul style="list-style-type: none"><li>• Prior to the next cycle of the report, scoping on interactive dashboards and consideration of how the NHQRS aligns with the Health Systems Performance Assessment Framework for Ireland will be commenced in Q4.</li></ul>
<b>7.</b>	<p><b>AOB</b></p> <p>The Chair thanked members for their contributions and support for this cycle of the NHQRS report. MMcG thanked the Committee for their input and the NHQRS Technical Group and development team (DH &amp; PW) for their work.</p> <p>The Chair advised the Committee that the NPSO Conference will take place in Dublin Castle on 11<sup>th</sup> October and that members are welcome to attend.</p>



An Roinn Sláinte  
Department of Health

**National Healthcare Quality Reporting  
System (NHQRS) Governance Committee  
Meeting Agendas and Minutes 2020  
Report cycle**



An Roinn Sláinte  
Department of Health

## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**22 October 2020 at 2-4pm via MS Teams**

### **Agenda**

1. Welcome and membership updates
2. Conflicts of Interest Form
3. Current situation - Plan for completion of 2020 report
4. Technical Group update and recommendations
5. Sign off for available graphs (timeline)
6. NHQRS Process Evaluation Questionnaire results – for information
7. AOB and Date of Next Meeting





**National Healthcare Quality Reporting System (NHQRS) Governance Committee  
Minutes**

**22 October 2020**

**Via MS Teams**

<b>Members in attendance:</b>	Marita Kinsella (Chair), Rosarie Lynch, Alan Cahill, Andy Conlon, Margaret Brennan, Ian Carter, Brigid Doherty, Rachel Flynn, Gavin Maguire, Deirdre Murphy, Dr Cathal O’Keeffe,
<b>Technical Group and Secretariat in attendance</b>	Deirdre Hyland, Pauline White, Jamie Duncan
<b>Members apologies</b>	Niall Byrne, Breda Crehan Roche, Karen Greene, Elena Hamilton, Dr Deirdre Mulholland, Dr Brian Osbourne, Margaret Swords Dee Fitzpatrick Dr Jennifer Martin

<b>1.</b>	<b>Welcome and membership updates</b> Committee members were welcomed to the meeting. New members and apologies were noted.
<b>2.</b>	<b>Conflict of Interest</b> Members were requested, if they have not done so already, to complete the conflict of interest forms for 2019/2020 cycle and email them back to the Department. No verbal conflicts were declared.
<b>3.</b>	<b>Current situation - Plan for completion of 2020 report</b> It was noted that due to the COVID-19 pandemic it has been an exceptional year for the Department and wider health and social care services. NPSO were heavily involved in supporting the NPHET and COVID-19 response for a significant part of the year and therefore work on the NHQRS Annual Report for 2020 was paused back from mid-February. Although the timelines are tight, the Department is now focused on publishing a NHQRS 2020 report by year end, recognising that this is challenging. It is intended that the final draft report will be circulated to members for consultation from 23 <sup>rd</sup> November until 4 <sup>th</sup> December, with the aim that the report will be published the week of 21 <sup>st</sup> December.  The Committee welcomed that a 2020 report is being published.  The impact of COVID-19 on the future cycles of the NHQRS was discussed, noting that early consideration regarding possible COVID-19 indicators for the 2021 report is required to ensure appropriate processes are in place. It was acknowledged by all the importance of ensuring that COVID-19 indicators do not place additional burden on the health service.
<b>4.</b>	<b>Technical Group (TG) update and recommendations</b> (document circulated in advance of the meeting) Updates were provided by DH, PW and RL.



	<p><b>Approach for the NHQRS Report 2020 in the context of COVID-19:</b> The Governance Committee <i>accepted</i> the TG’s recommendation to focus on updating time series with available data, to hold off on any developmental work until the next reporting cycle and to reference COVID-19 in relevant sections of the NHQRS 2020 Report.</p> <p><b>Cancer Survival data:</b> it was noted that a regional breakdown of data is not available from NCRI for the 2020 report, however, NCRI has provided data for four five-year time periods which shows changes in survival over time. The Governance Committee <i>accepted</i> the TG’s recommendation to use the data as provided by NCRI and to liaise with NCRI to explore presentation of data on a regional basis for future reports as this data may be of particular interest from the public perspective.</p> <p><b>Cancer surgery indicators:</b> The Governance Committee <i>accepted</i> the TG’s recommendation to present the number and proportion of surgeries on a single chart for each of the three cancer surgery indicators in the 2020 report and to include scoping of a further breakdown of data by elective versus emergency surgery as part of the developmental work for the 2021 NHQRS process.</p> <p><b>Chronic benzodiazepine usage in the community in people aged 65 years and over:</b> PCRS plan to update the data coding to use Defined Daily Dosage (DDD) in line with WHO guidelines, however, this update will not be feasible in advance of publication of the NHQRS 2020 Report. The group noted the importance of moving to DDD coding. The DOH advised that NPSO recently held a meeting with PCRS and that they were supportive of this updated approach from a clinical perspective. It was proposed that consideration be given to including reference to the transition to DDD in the report commentary.</p> <p>The Governance Committee <i>accepted</i> the TG’s recommendation to include data as available from PCRS using the same methodology as in the 2019 report but provided a stronger recommendation regarding liaising with PCRS to progress the update to DDD as part of developmental work for the 2021 report.</p> <p><b>Stroke admissions to hospitals with stroke units:</b> The Governance Committee <i>accepted</i> the TG’s recommendation to liaise with NOCA to consider Stroke Audit data as part of the developmental work in 2021. It was noted that the Stroke Audit Report is due for publication on 16<sup>th</sup> December 2020.</p> <p><b>Hospital mortality:</b> It was noted the TG consider that there may be some updates needed in the text on the hospital mortality indicators, to capture variations in health service provision. Updated text to be drafted and considered as part of the final draft report on consultation. The Committee noted that reference to COVID-19 may be pertinent in the context of the hospital mortality indicators.</p> <p>It was noted that NOCA NAHM Report 2019 is due for publication on 15<sup>th</sup> December 2020.</p>
5.	<p><b>Sign off for available graphs (timeline)</b></p> <p>The Chair reminded the Committee that a document which includes available graphs and tables was circulated to the group in advance of the meeting and requested that the group review and provide sign off or comments on these items by 6<sup>th</sup> November. Outstanding tables and graphs will be included in the final draft report which will be circulated for consultation on 23<sup>rd</sup> November.</p> <p>DH provided a brief overview of the available data.</p>

	It was noted that the results of the first National Maternity Experience Survey are available and proposed that some indicators using the survey data should be included in the 2020 report. There was strong agreement with this proposal. RF advised that HIQA is happy to support the TG regarding this process. It was agreed that this will be brought back to the Technical Group as an action for consideration of how best to include.
<b>6.</b>	<b>NHQRS Process Evaluation Questionnaire results – for information</b> Following the completion of the Evaluation Questionnaire by both the Governance Committee and the TG in 2019, the report was circulated for information. The group was updated that the outcome of the Evaluation Questionnaire would inform the 2021 report process.
<b>7.</b>	<b>AOB and date of the next meeting</b> No AOB was noted. The date of the next meeting is 11 <sup>th</sup> December from 10am-12pm, with a view to sign off on the 2020 report.

<b>Actions</b>		<b>Person(s) responsible</b>	<b>Timeframe</b>
1	Governance Committee to provide sign off on available figures and tables	Governance Committee	06 Nov 2020
2	Technical Group to consider Governance Committee feedback in relation to inclusion of NMES survey data	Technical Group/Secretariat	Nov 2020
3	Technical Group to consider Governance Committee feedback in relation engagement with PCRS regarding DDD coding update	Technical Group/Secretariat	Q1 2021



An Roinn Sláinte  
Department of Health

## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**11 December 2020 at 10am-12pm via MS Teams**

### **Agenda**

1. Welcome
2. Conflicts of Interest
3. Minutes of previous meeting
4. Draft NHQRS 2020 Report for sign off
5. Infographic
6. AOB



An Roinn Sláinte  
Department of Health

**National Healthcare Quality Reporting System (NHQRS) Governance Committee  
Minutes**

**11 December 2020**

**Via MS Teams**

<b>Members in attendance:</b>	Marita Kinsella (Chair), Rosarie Lynch, Alan Cahill, Andy Conlon, Ian Carter, Brigid Doherty, Rachel Flynn, Gavin Maguire, Deirdre Murphy, Dr Cathal O'Keeffe, Niall Byrne, Karen Greene, Elena Hamilton
<b>Technical Group and Secretariat in attendance</b>	Deirdre Hyland, Pauline White, Jamie Duncan
<b>Members apologies</b>	Dr Jennifer Martin, Dr Deirdre Mulholland, Dr Brian Osbourne, Margaret Swords Dee Fitzpatrick, Breda Crehan Roche, Margaret Brennan, Mr Richard Lodge

<b>1.</b>	<b>Welcome and membership updates</b> Committee members were welcomed to the meeting. New members and apologies were noted.
<b>2.</b>	<b>Conflict of Interest</b> Members were requested, if they have not done so already, to complete the conflict of interest forms for 2019/2020 cycle and email them back to the Department. No verbal conflicts were declared.
<b>3.</b>	<b>Minutes of previous meeting</b> Minutes of the meeting held on 22 October 2020 were agreed and actions were discussed. <ul style="list-style-type: none"><li>• <b>Action 1:</b> Governance Committee to provide sign off on available figures and tables was completed.</li><li>• <b>Action 2:</b> Technical Group (TG) to consider inclusion of NMES survey data under Domain 4. The TG met on 20 November to discuss. The TG recommend the inclusion of 14 indicators across the maternity pathway in the 2020 Report with a view to reviewing this approach for future reporting cycles. The Committee accepted the TG's recommendation.</li><li>• <b>Action 3:</b> due for completion in Q1 2021.</li></ul>

4.	<p><b>Draft NHQRS 2020 Report for sign off</b> (document circulated in advance of the meeting)          RL provided an overview of Chapter 1 which was updated from the version circulated to the group. The updated content will be sent to the Committee for consideration after the meeting.</p> <p>DH presented all data for each of the five domains with particular items of note as follows:</p> <ul style="list-style-type: none"> <li>• Under Domain 1 it was noted that, due to data coverage issues for 2019 Meningococcal C (MenC) data, the TG recommend that final 2018 MenC data is included in the NHQRS 2020. The Committee accepted this recommendation.</li> <li>• Under Domain 3 it was noted that Portiuncula University Hospital advised the Department that, as a result of a service evaluation process (in line with the purpose of NHQRS), it had identified an inconsistency with the coding of its 2017 AMI data in HIPE. It is not possible to revise closed HIPE data files for the NHQRS Report, however, it is planned to include a note in the 2020 Report to acknowledge this issue.</li> <li>• Under Domain 4 the Committee discussed how overall experience of maternity services data should be presented. It was agreed to present the data by the hospital where the woman gave birth with clarification that the data relates to experience of the whole maternity service. It was agreed that, due to the small sample size, responses related to the home birth service should not be included in the chart.</li> </ul> <p>It was acknowledged that due to the impact of the COVID-19 Pandemic there was limited opportunity for developmental work for the 2020 Report. The Committee recommended that as part of the developmental work for the 2021 Report the TG should consider carrying out a review of the scope and purpose of the report and the consistency, relevance and timeliness of context information included across each domain.</p>
5.	<p><b>Infographic</b>          Draft facts for the infographic were discussed. It was noted that as the NHQRS is not a performance report that the main headings on the infographic should be revised. The final designed version of the infographic will be circulated to the Committee in advance of publication.</p>
6.	<p><b>AOB</b>          The Chair thanked the Committee Members and Technical Group for their input and assistance in the development of the 2020 Report and acknowledged the data providers in the system whose ability to generate report in the COVID-19 Pandemic is testament to the robustness of the system.          Publication of the Report is planned for the week commencing 21 December. It is intended to issue a press release and publish the report and infographic on the Department's website.</p>

Actions	Person(s) responsible	Date action set	Timeframe	Status	
1	Governance Committee to provide sign off on available figures and tables	Governance Committee	22/10/20	06/11/2020	Complete
2	Technical Group to consider Governance Committee	Technical Group/ Secretariat	22/10/20	Nov 2020	Complete

	feedback in relation to inclusion of NMES survey data				
3	Technical Group to consider Governance Committee feedback in relation engagement with PCRS regarding DDD coding update	Technical Group/ Secretariat	22/10/20	Q1 2021	
4	Updated Chapter 1 to be circulated to the Committee for consideration	Secretariat	11/12/2020	11/12/2020	
5	Design version of the infographic to be circulated to the Committee in advance of publication	Secretariat	11/12/2020	23/12/2020	
6	TG to consider Governance Committee's recommendation to carry out a review of the scope and purpose of the report and the consistency, relevance and timeliness of context information included across each domain.	Technical Group/ Secretariat	11/12/2020	Q1 2021	



An Roinn Sláinte  
Department of Health

**National Healthcare Quality Reporting System  
(NHQRS) Governance Committee Meeting  
Agendas and Minutes 2019 Report cycle**





An Roinn Sláinte  
Department of Health

## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**13 September 2018 at 11am**

**Department of Health, Miesian Plaza**

### **Agenda**

8. Welcome and membership updates
9. Minutes from previous meeting
10. Conflicts of Interest Form
11. 2018 NHQRS cycle – feedback and reflections
  - a. The process
  - b. The report
12. Data Quality Domains
  - a. Evaluation of Data Quality Dimensions
  - b. Indicator Evaluation Process
13. AOB and Date of Next Meeting



An Roinn Sláinte  
Department of Health

## National Healthcare Quality Reporting System (NHQRS) Governance Committee

13 September 2018

Department of Health, Miesian Plaza

### Minutes

<b>Members in attendance:</b>	Rosarie Lynch (Interim Chair), Liam Morris, Rosemary Smyth, Margaret Brennan, Dr Deirdre Mulholland, Ian Carter, Brigid Doherty, Deirdre Murphy, Tony Canavan, Grainne Cosgrave (on behalf of Dr Jennifer Martin), Dr Cathal O’Keeffe
<b>Members via teleconference</b>	Geraldine Shaw (by phone on behalf of Mary Wynne)
<b>Technical Group and Secretariat in attendance</b>	Sarah Treleaven, Deirdre Hyland
<b>Members apologies</b>	Rachael Flynn, Alan Cahill, Andrew Conlon, Gavin Maguire, Dr Brian Osbourne

<b>1.</b>	<b>Welcome and membership updates</b> Committee members were welcomed to this first meeting of the 2018/2019 reporting cycle. New members and apologies were noted. Members who have stepped down from the Committee were noted and thanked for their contribution to previous years’ publications.
<b>2.</b>	<b>Minutes from previous meeting</b> Minutes from the previous meeting, which occurred prior to publication of the 2018 NHQRS Report, were agreed with no amendments.
<b>3.</b>	<b>Conflict of Interest Form</b> Forms for the 2018/2019 reporting cycle were circulated and completed by members in attendance. No verbal conflicts were declared.
<b>4.</b>	<b>2018 NHQRS cycle – feedback and reflections</b> The Technical Group’s recommendations in relation to completion of sections as data becomes available and rationalising the length of the report were discussed. The Committee was agreeable to phased completion of the report in line with Information availability. The Committee was in favour of the use of more infographics in the 2019 report. The possibility of stepping down some indicators where figures are static was discussed. It was noted that, even if figures are static, some indicators are important in terms of quality and safety of the service and that transparency is an important consideration particularly where indicators are linked to national policy.



	<p><b>Action:</b> Technical Group to consider alternative ways of presenting static indicators and bring a proposal back to the Governance Committee.</p> <p><b>Action:</b> ST to prepare a list of questions in relation to format of the report for review by the Technical Group and approval by the Committee prior to circulation to the NHQRS Distribution List.</p>
5.	<p><b>Data Quality Domains</b></p> <p><b>a. Evaluation of Data Quality Dimensions</b></p> <p>The Data Quality Dimension Assessment paper, circulated in advance of the meeting, was discussed. This paper was prepared in response to a request from the Governance Committee at their meeting of 6<sup>th</sup> February 2018. The Technical Group recommend using the data quality dimensions aligned to HIQA’s draft Data Quality Framework. These dimensions also align with other national and international data frameworks.</p> <p>The Committee welcomed the paper but suggested that it should have more of a patient/public-centred focus and that clarity is required as to whether the data quality assessment process relates to the data sources or the indicators.</p> <p><b>Action:</b> Technical Group to consider Governance Committee feedback on the Data Quality Assessment paper.</p> <p><b>b. Indicator Evaluation Process</b></p> <p>The indicator evaluation form has been updated to reflect the data quality assessment process. The Technical Group are in the process of piloting the new form with some existing indicators and new indicators that were considered but not included in the 2018 report. The outcome of this process will be presented to the Governance Committee at their next meeting.</p> <p>The Committee emphasised that the principles of openness, transparency and what is important to patients/the public should underpin the process.</p> <p>New indicators under consideration for inclusion were discussed:</p> <ul style="list-style-type: none"><li>• Chronic or Long Acting Benzodiazepine Usage in patients aged 65 years and over. This will use PCRS data and be focused on community usage. This indicator is already being reported to OECD so there is international comparability.</li><li>• Lung Cancer 5-year Cumulative Mortality. This will be further explored by the Technical Group.</li><li>• A CPE indicator. The Committee noted that CPE data is still evolving and that data caveats will need to be clearly stated. It also proposed that screening data should be included to provide context.</li><li>• Other areas for consideration include dementia and healthcare acquired conditions/complications. It was suggested that an indicator related to sepsis would be worth considering.</li></ul> <p>Some existing indicators were discussed:</p> <ul style="list-style-type: none"><li>• Limitations of the existing stroke indicator were discussed. It was noted that the Technical Group will be liaising with the Stroke Clinical Programme to explore alternate ways of reporting the data. Challenges in relation to measuring the patient pathway were highlighted.</li></ul>

	<ul style="list-style-type: none"> <li>Reporting the BowelScreen update data by gender is being explored by the Technical Group.</li> </ul> <p><b>Action:</b> Technical Group to consider Governance Committee feedback in relation to new and existing indicators and report back to the Committee at their next meeting.</p>
<b>6.</b>	<p><b>AOB and date of next meeting</b></p> <p>The next meeting will take place in early December, date to be confirmed. It was agreed to schedule meetings on alternate days of the week to try to accommodate people who have long standing commitments on set days.</p>

## Actions

Actions		Person/s responsible	Timeframe
<b>Outstanding Actions Assigned at Previous Meetings</b>			
1	Seek input from key stakeholders and audiences of the report to better understand how they use the report.	Secretariat	Q4 2018
<b>Actions Assigned at this Meeting</b>			
2	Technical Group to consider alternative ways of presenting static indicators and bring a proposal back to the Governance Committee.	Technical Group	Q1 2018
3	Prepare a list of questions in relation to format of the report for review by the Technical Group and approval by the Committee prior to circulation to the NHQRS Distribution List.	Secretariat/ST	Dec 2018
4	Technical Group to consider Governance Committee feedback on the Data Quality Assessment paper.	Technical Group	Q1 2018
5	Technical Group to consider Governance Committee feedback in relation to new and existing indicators and report back to the Committee at their next meeting.	Technical Group	Q1 2018



An Roinn Sláinte  
Department of Health

## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**05 December 2018 at 10am**

**Department of Health, Miesian Plaza**

### **Agenda**

1. Welcome and membership updates
2. Minutes from previous meeting
3. Conflicts of Interest Form
4. Indicator Evaluation Process - New and Changing Indicators
5. National Patient Experience Survey Data Presentation
6. NHQRS Feedback Questionnaire
7. AOB and Date of Next Meeting



**National Healthcare Quality Reporting System (NHQRS) Governance Committee  
Minutes**

**05 December 2018**

**Department of Health, Miesian Plaza**

<b>Members in attendance:</b>	<b>Rosarie Lynch (Interim Chair), Liam Morris, Dr Deirdre Mulholland, Ian Carter, Dr Jennifer Martin, Dr Cathal O’Keeffe, Andy Conlon</b>
<b>Members via teleconference</b>	<b>Geraldine Shaw (by phone on behalf of Mary Wynne), Margaret Swords,</b>
<b>Technical Group and Secretariat in attendance</b>	<b>Sarah Treleaven, Ronan O’Kelly</b>
<b>Members apologies</b>	<b>Rachael Flynn, Dr Brian Osbourne, Margaret Brennan, Deirdre Murphy, Brigid Doherty, Dee Fitzpatrick, Rosemary Smyth, Tony Canavan, Gavin Maguire, Niall Byrne, Rachel Kenna</b>

<b>1.</b>	<b>Welcome and membership updates</b> Committee members were welcomed to the meeting. New members and apologies were noted.
<b>2.</b>	<b>Minutes from previous meeting</b> Minutes from the previous meeting were reviewed and agreed.
<b>3.</b>	<b>Conflict of Interest</b> No verbal conflicts were declared.
<b>4.</b>	<b>Indicator Evaluation process</b> <i>CPE Indicator</i> It was agreed to include an indicator noting both the number of screening tests and number of newly diagnosed CPE patients nationally included using the HPSC dataset. The need to include the public perspective in the commentary for this indicator would be important.  <i>Lung Cancer Indicator</i> While acknowledging the Technical Group’s concern regarding the lack of available OECD international comparable data, the Governance Committee decided to include this indicator in light of the prevalence and mortality rates associated with lung cancer. The source of Irish data was considered very strong. The group requested that the Exploration of CONCORDE Dataset for possible use as a source of international comparability be made.  <i>Staphylococcus aureus Indicator</i>

	<p>The Governance Committee accepted the Technical Group’s recommendation to change “rate of S. aureus that are methicillin resistant” to “rate of S. aureus per bed day used” in the NHQRS to align with HSE reported indicators.</p> <p><i>Chronic Benzodiazepine Usage in patients aged 65 years and over</i></p> <p>The Governance Committee accepted the Technical Group’s recommendation to include this indicator. Its inclusion was particularly welcomed as it highlights a new dataset, as well as an area of community-based care.</p>
<b>5.</b>	<p><b>National Patient Experience Survey Data Presentation</b></p> <p>It was noted that the same question that were used in last year’s NHQRS should continue to be included.</p> <p>Consideration was given to the Technical Group’s recommendation to include a possible source of comparison based upon hospital size/model.</p> <p>Given that this will be the first year that multiple years’ NPES data will be available, considerations as to the presentation of this data in the NHQRS were made.</p> <p>Draft mock ups from the 2018 patient experience data were prepared and presented to the group.</p> <p>The group agreed that presenting the data by hospital model may not be as useful as continuing to show hospital group comparisons is the purpose of the data’s presentation is quality improvement. The group requested that the Technical Group consider this matter and revert with mock ups.</p>
<b>6.</b>	<b>NHQRS Feedback Questionnaire</b>
<b>7.</b>	<p><b>AOB</b></p> <p>No AOB was noted.</p>

<b>Actions</b>		<b>Person(s) responsible</b>	<b>Timeframe</b>
1	Prepare a list of questions in relation to format of the report for review by the Technical Group and approval by the Committee prior to circulation to the NHQRS Distribution List.	Secretariat/ST	Q1 2019
2	Technical Group to consider Governance Committee feedback in relation to new and existing indicators and report back to the Committee at their next meeting.	Technical Group	Q1 2019
3	Exploration of CONCORDE Dataset for possible use as a source of international comparability be made.	Technical Group/Secretariat	Q1 2019
4	Consider NPES format for inclusion in the NHQRS in 2019 and revert	Technical Group/Secretariat	Q1 2019



An Roinn Sláinte  
Department of Health

## **National Healthcare Quality Reporting System (NHQRS) Governance Committee**

**29 May 2019**

**Department of Health, Miesian Plaza**

### **Agenda**

1. Welcome and membership updates
2. Minutes from previous meeting
3. Conflicts of Interest
4. 2019 NHQRS Report – highlight figures
5. AOB





An Roinn Sláinte  
Department of Health

**National Healthcare Quality Reporting System (NHQRS) Governance Committee  
Minutes**

**29 April 2019**

**Department of Health, Miesian Plaza**

<b>Members in attendance:</b>	<b>Rosarie Lynch (Interim Chair), Liam Morris, Andy Conlon, Marita Kinsella, Dr Deirdre Mulholland, Ian Carter, Dr Jennifer Martin, Margaret Brennan, Brigid Doherty, Dee Fitzpatrick, Rosemary Smyth, Gavin Maguire, Margaret Swords, Deirdre Murphy, Rachel Kenna</b>
<b>Members via teleconference</b>	<b>Geraldine Shaw (by phone on behalf of Mary Wynne)</b>
<b>Technical Group and Secretariat in attendance</b>	<b>Sarah Treleaven, Ronan O'Kelly, Deirdre Hyland</b>
<b>Members apologies</b>	<b>Rachel Flynn, Niall Byrne, Dr Cathal O'Keeffe Dr Brian Osbourne Tony Canavan,</b>

<b>1.</b>	<b>Welcome and membership updates</b> Committee members were welcomed to the meeting. New members and apologies were noted. Ms Marita Kinsella the new Director of NPSO was in attendance. She thanked the Interim Chair for her contribution to date and noted that she will take up the role of Chair from the next meeting.
<b>2.</b>	<b>Minutes from previous meeting</b> Minutes from the previous meeting were reviewed and agreed with one minor amendment regarding members in attendance. Matters arising update provided by ST: <ul style="list-style-type: none"><li>• <i>Item 6 NHQRS Feedback Questionnaire</i> from the December meeting. Due to a change in DOH policy in relation to how surveys are carried out a new survey tool has been procured. This has impacted on the timeframe for circulation of the survey. It will be circulated as soon as a slot in the DOH schedule is available. The results will inform the 2020 report cycle.</li><li>• Actions: all actions were referrals to the Technical Group and have been considered.</li></ul>
<b>3.</b>	<b>Conflict of Interest</b> No verbal conflicts were declared.

4.	<p><b>Report from the Technical Group:</b> Updates were provided by ST and RG</p> <p><b>Stroke Indicator</b> The Governance Committee accepted the Technical Group’s recommendation to continue to monitor and evaluate the implications of the Stroke Registry and HIPE Heartbeat Portal moving under the umbrella of NOCA in the future.</p> <p><b>National Patient Experience Survey Data Presentation for 2019 report</b> The Governance Committee accepted the Technical Group’s recommendation to present one bar chart showing the percentages of each question’s answer selections for all hospitals and hospital groups for most questions with the exception of the question <i>The Governance Committee requested that the graphs including the “not applicable” answers be mocked up and considered.</i></p> <p><b>CPE Indicator</b> The Governance Committee accepted the Technical Group’s recommendation to include data on screening and newly detected patients in the report, however, proposed that it was preferable to include the annual rather than monthly figures. The Committee requested that the Technical Group give consideration to the commentary in the context of the National Public Health Emergency and suggested they should link in with the HPSC and HCAI National Clinical Lead when drafting same.</p> <p><b>Chronic Benzodiazepine Usage in patients aged 65 years and over</b> The Governance Committee accepted the Technical Group’s recommendation to present the data in four different formats. The Committee suggested the commentary should acknowledge the age group that the data relates, reflect there is room for improvement and that the OECD data is based on returns from 16 countries.</p> <p><b>Staphylococcus aureus Indicator</b> The Governance Committee accepted the Technical Group’s recommendations to explore differences between the HPSC and HSE BIU data and to include reference to the recent Point Prevalence Study in the commentary. The Committee suggested the commentary should provide an explanation on the rate of <i>per 1,000 bed days used</i> to put it into the number of people context for the reader.</p>
5.	<p><b>Schedule of NHQRS publication</b> ST updated the group that the report is due for publication on 26<sup>th</sup> June 2019.</p>
6.	<p><b>AOB</b> No AOB was noted.</p>

	Actions	Person(s) responsible	Timeframe
1	Technical Group to consider Governance Committee feedback in relation to NPES survey data presentation.	Technical Group/ Secretariat	Q2 2019
2	Technical Group to consider Governance Committee feedback in relation to CPE data presentation and commentary.	Technical Group/ Secretariat	Q2 2019
3	Technical Group to consider Governance Committee feedback in relation to Benzodiazepine Usage data commentary.	Technical Group/ Secretariat	Q2 2019
4	Technical Group to consider Governance Committee feedback in relation <i>Staphylococcus aureus</i> data commentary.	Technical Group/Secretariat	Q2 2019