



An Roinn Sláinte  
Department of Health

# National Clinical Effectiveness Committee

## Annual Report 2019



## Table of contents

<b>Introduction to Clinical Effectiveness</b>	<b>1</b>
<b>The National Clinical Effectiveness Committee</b>	<b>3</b>
<b>Annual Statement</b>	<b>4</b>
<b>Activities Report</b>	<b>5</b>
1. NCEC activities at a glance	5
2. National Clinical Effectiveness Committee and Subgroups	6
3. National Clinical Guidelines	8
4. Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER)	12
5. Implementation	13
6. National Clinical Audit	13
7. Education and Training	14
8. Public Involvement in Clinical Effectiveness Processes	15
9. The National Patient Safety Conference, 2019	16
10. Communications, Collaboration and Dissemination	17
11. Clinical Effectiveness informing Policy, Strategy and Legislation	18
Appendix 1- NCEC Meeting Attendance	20
Appendix 2 - Department of Health, Clinical Effectiveness Unit	21
Appendix 3 - Members of NCEC Appraisal Teams during 2019	21
Appendix 4 - Guidelines in development	22
Appendix 5 - National Clinical Guidelines and National Clinical Audit	23
Appendix 6 - NCEC Subgroups – Membership and Terms of Reference	24
Appendix 7 - National Patient Safety Office Conference Programme 2019	27
Appendix 8 - Abbreviations	28

## List of tables

Table 1 NCEC Membership
Table 2 NCEC Subgroups
Table 3 Research, literature reviews and clinical effectiveness education projects
Table 4 Key Performance Indicators for National Clinical Guidelines

## List of figures

Figure 1 National Patient Safety Office
Figure 2 NCEC activities at a glance

## Introduction to Clinical Effectiveness

### What is Clinical Effectiveness?

Clinical effectiveness is a quality improvement approach which promotes cost-effective healthcare that is evidence-based, with the aim of subsequent improved clinical decision making and clinical outcomes. Clinical effectiveness is defined as the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. Clinical effectiveness is a collection of activities and tools, based on research and measurement that are used to improve the quality of healthcare. The activities include, but are not limited to; guidelines, audit, research and evaluation.

### What is the aim of Clinical Effectiveness?

Clinical effectiveness aims to ensure that healthcare practice is based on the best available data and evidence of effectiveness. It is a key component for improving patient safety and quality health service delivery.

Clinical effectiveness is about doing the right thing at the right time for the right patient and is concerned with demonstrating improvements in quality and performance:

- the right thing (evidence-based practice requires that decisions about healthcare are based on the best available, current, valid and reliable evidence)
- in the right way (developing a workforce that is skilled and competent to deliver the care required)
- at the right time (accessible services providing treatment at the point of need)
- in the right place (location of treatment/services)
- with the right outcome (clinical effectiveness/maximising health gain) (Worcestershire NHS, 2008).

### How does Clinical Effectiveness work?

Clinical effectiveness uses information gathered from national and international research, health information and data systems and audit to identify what practices are safe, effective and efficient. It brings this information together to draw conclusions that help healthcare practitioners and their patients to make decisions about what is best for the Irish healthcare system and its individual users.

### What are NCEC National Clinical Guidelines?

Clinical guidelines are defined as 'systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and service users decisions about appropriate healthcare for specific clinical circumstances across the entire clinical system'. Clinical guidelines endorsed by the Minister are titled 'NCEC National Clinical Guidelines'. This suite of guidelines meets specific prioritisation and quality-assurance criteria.

## What is NCEC National Clinical Audit?

NCEC National Clinical Audit is defined as ‘a cyclical process that aims to improve patient care and outcomes by systematic, structured review and evaluation of clinical care against explicit clinical standards conducted on a national basis’. Clinical audit is an internationally recognised process that requires action to be taken where the audit identifies that quality improvement is necessary. When in place, the results of NCEC National Clinical Audits can inform patients of the structures, process and outcomes of healthcare and show them where improvements are being made.

## What are the NCEC National Standards for Clinical Practice Guidance?

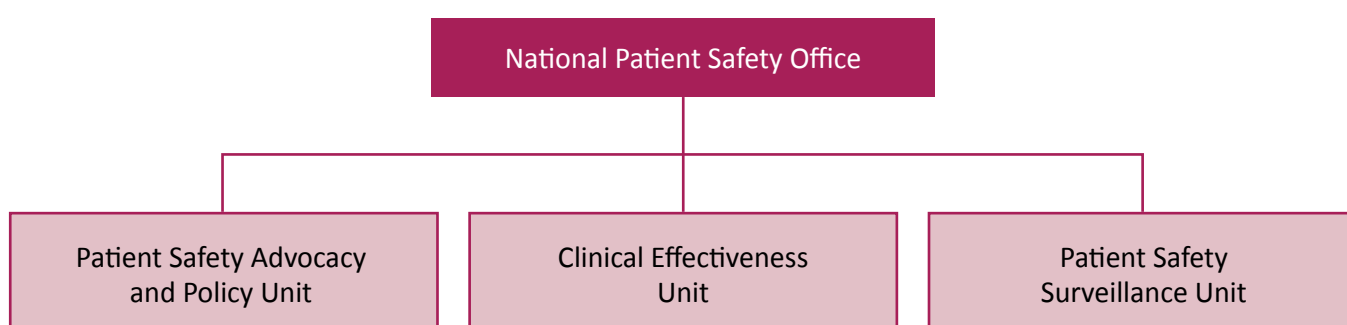
Clinical practice guidance is defined as evidence-based statements or processes for specific clinical circumstances and includes policies, procedures, protocols and guidelines. National Standards for Clinical Practice Guidance were published by the NCEC in 2015. These Standards help healthcare staff develop quality policies, procedures, protocols and guidelines by using an agreed approach nationally. The objectives of the standards are to:

- Provide a standardised terminology and methodology for the development of evidence-based clinical practice guidance (PPPGs) nationally.
- Ensure consistency of approach and minimise duplication of clinical practice guidance (PPPGs) in the health system.

## What is the National Patient Safety Office (NPSO)?

The National Patient Safety Office was established in December 2016 in the Department of Health. It leads a programme of patient safety measures focused on patient safety legislation, extending the national clinical effectiveness framework, establishing a patient safety surveillance system, building further the National Healthcare Quality Reporting System and setting up a National Advisory Council for Patient Safety. The NPSO will identify patient safety priorities and initiatives.

The NPSO comprises three units of work: patient safety advocacy and policy, clinical effectiveness and patient safety surveillance, as seen in figure 1 below.



**Figure 1.** National Patient Safety Office

## The National Clinical Effectiveness Committee

The National Clinical Effectiveness Committee (NCEC) was established in 2010 as a partnership between key stakeholders in patient safety and clinical effectiveness. The NCEC's mission is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient and service user care. The NCEC has a remit to establish and implement processes for the prioritisation and quality assurance of clinical guidelines and clinical audit, so as to recommend them to the Minister for Health to become part of a suite of National Clinical Guidelines and National Clinical Audit.

The NCEC process for endorsement of National Clinical Guidelines and National Clinical Audit uses a defined process. The oversight of the national clinical effectiveness agenda is provided by the NCEC which is supported by the Clinical Effectiveness Unit (CEU, Department of Health) (Appendix 2) and subgroups (Appendix 6), with each subgroup reflecting the agreed work-stream of the committee. The NCEC key areas of work are outlined in figure 2 below.

### NCEC Terms of Reference

- Provide strategic leadership for the national clinical effectiveness agenda.
- Contribute to national patient safety and quality improvement agendas.
- Publish standards for clinical practice guidance.
- Publish guidance for National Clinical Guidelines and National Clinical Audit.
- Prioritise and quality-assure National Clinical Guidelines and National Clinical Audit.
- Commission National Clinical Guidelines and National Clinical Audit.
- Align National Clinical Guidelines and National Clinical Audit with implementation levers.
- Report periodically on the implementation and impact of National Clinical Guidelines and the performance of National Clinical Audit.
- Establish sub-committees for NCEC work-streams.
- Publish an Annual Report.

## Annual Statement

This is the 9th Annual Report of the NCEC and reflects the ongoing work and achievements of 2019. As always, there was a focus on embedding the core work of the NCEC into the national policy and Health Service Executive priorities.

During the year, the NCEC published 4 new or updates to National Clinical Guidelines; published the Guideline Developers Handbook, held orientation sessions for new NCEC committee members and at year end conducted a self-reflection in order to guide its working over the next 3 to 5 years. HRB-CICER, the 5-year research programme established to support the work of the NCEC, continues to provide evidence synthesis and training to Guideline Development Groups and underwent an international mid-term programmatic review in November 2019. The NCEC continued to invite public representatives onto the multi-disciplinary team of guideline and audit prioritisation and quality assurance appraisers, thus increasing the contribution of public representatives in clinical effectiveness processes. We would like to thank all our appraisers for their professionalism and support of the NCEC. In 2019, the programme of work included 4 NCEC meetings and subgroup activities that focused on guideline methodology, clinical audit development and education and training. As these sub-groups continue to complete their programmes of work or evolve, they support the broader stakeholder membership of the NCEC, making a significant and valuable contribution to the work of the NCEC. We are very grateful to the subgroup members for their time and effort and to the Chairs, namely Professor Declan Devane, Mr Ian Callanan and especially Professor Dermot Malone, who stepped down in 2019.

We would like to acknowledge the work of the full Clinical Effectiveness Unit team within the National Patient Safety Office in providing sustainable and highly effective support to the NCEC and their commitment and expertise in moving forward the national clinical effectiveness framework. We would like to welcome Ms Claudine Hughes who has taken up the role of Clinical Effectiveness Officer and thank Dr Niamh O'Rourke who has moved on. We would like to particularly thank Dr Tony Holohan, Chief Medical Officer for his time, efforts and support for the NCEC's clinical effectiveness agenda and to welcome Ms Marita Kinsella who was appointed Director of the National Patient Safety Office in 2019.

This year we saw a change of committee membership of the NCEC itself, with new Ministerial nominees joining the committee and we would like to welcome those new committee members. Regardless whether new to the committee or those members remaining to complete a single or further term of office, appreciation goes to all, for their time, commitment and interest throughout 2019. Further details of all activities are contained in this Annual Report and we would urge you to read further. Alternatively, you could access information on the webpages or follow the NCEC Twitter feed.



Professor Karen Ryan  
Chairperson, NCEC

*and*



Dr Sarah Condell  
Head of Clinical Effectiveness, (up to Dec 16th)  
National Patient Safety Office

## Activities Report

### 1. NCEC activities at a glance - 2019

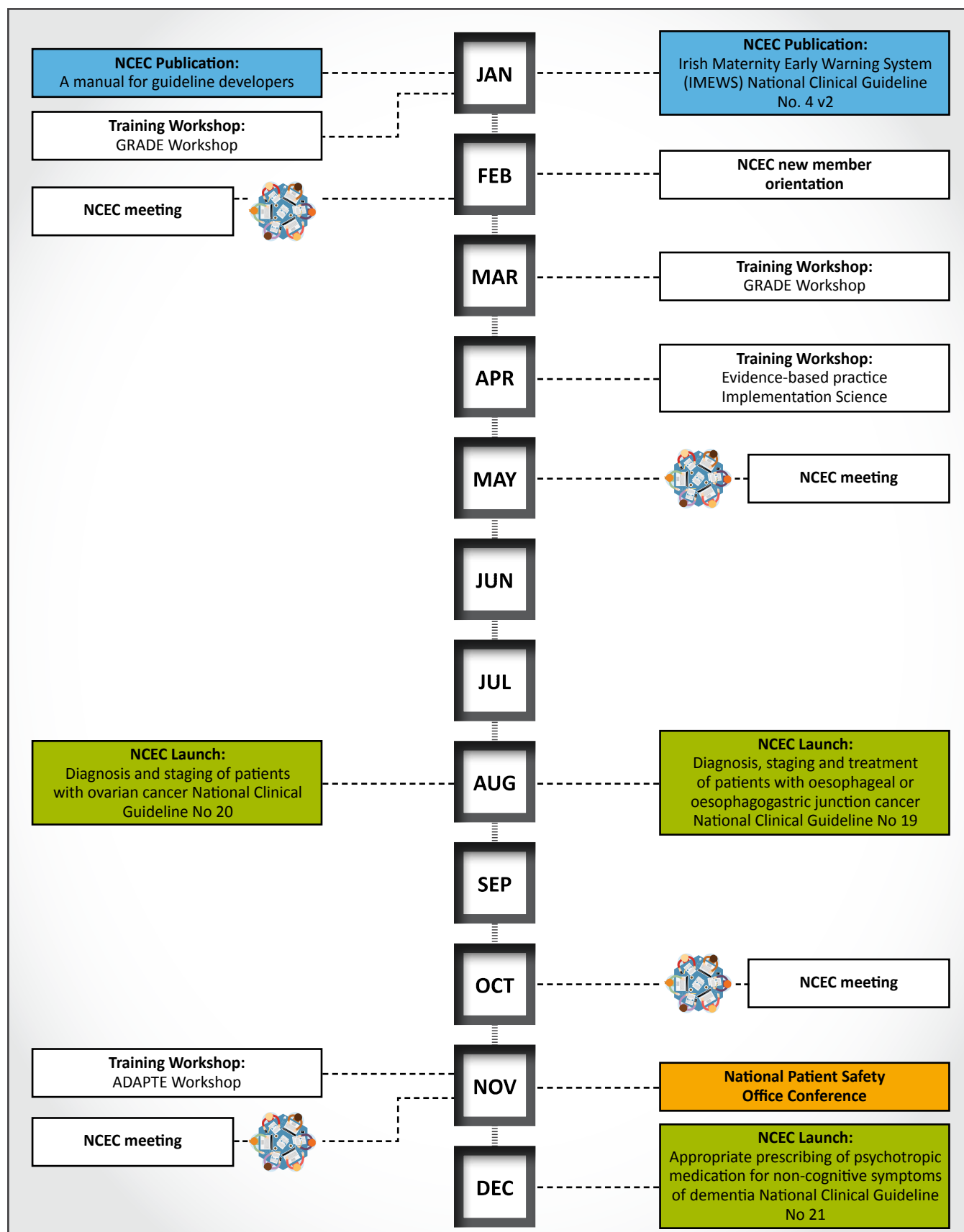


Figure 2. NCEC activities at a glance



## 2. National Clinical Effectiveness Committee and Subgroups

**Table 1.** NCEC Membership

NCEC Membership 2019	
Chairperson	Professor Karen Ryan
<b>Regulation</b>	
Health Information and Quality Authority	Dr Máirín Ryan
Mental Health Commission	Ms Rosemary Smyth
Health and Social Care Regulatory Forum	Dr Jayne Crowe (until Feb) Mr Richard Lodge (from Feb)
Health Products Regulatory Authority	Dr Elaine Breslin
State Claims Agency	Mr Cathal O’Keeffe
<b>Education</b>	
Forum of Postgraduate Training Bodies	Prof Gerry Fitzpatrick
Nursing and Midwifery Education Bodies	Dr Anne Marie Brady
<b>Service</b>	
Forum of Hospital Group CEOs	Ms Colette Cowan
Clinical Strategy & Programmes Division	Dr Áine Carroll (until Feb)
HSE Quality Improvements Division	Dr Philip Crowley (until Feb)
Office of the CCO HSE	Dr Colm Henry (from Feb)
HSE Office Nursing and Midwifery Services	Ms Mary Wynne (until Sept)
National Office for Clinical Audit	Ms Colette Tully
Private Hospitals Association	Mr John Hurley (from Feb)
<b>Department of Health</b>	
Department of Health	Ms Rachel Kenna
Department of Health	Mr Liam Morris
Director, National Patient Safety Office	Ms Marita Kinsella (from March)
<b>Insurers</b>	
Health Insurance Council	Mr Donal Clancy
<b>Research</b>	
Health Research Board	Mr Darrin Morrissey
<b>Patient Representation</b>	
Patient representation	Ms Brigid Doherty
Patient representation	Ms Linda Dillon (until Feb) Ms Christine Donnelly (from Feb)
Total: 20	

**Table 2.** NCEC Subgroups

NCEC Subgroup	Chair	CEU co-ordinator
Clinical Audit	Mr Ian Callanan	Ms Jenny Hogan
Clinical Guideline Methodology	Prof Declan Devane	Ms Pauline Dempsey
Education and Training in Clinical Effectiveness	Prof Dermot Malone (until May)	Dr Niamh O'Rourke (until May)

### Clinical Guideline Methodology Subgroup

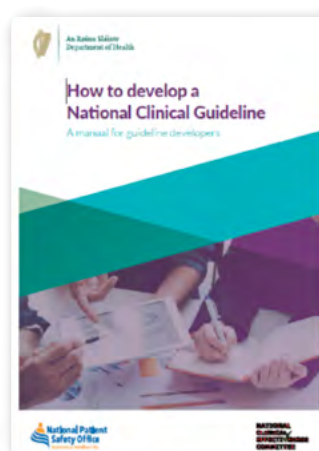
The group reviewed and revised the 2013 NCEC publication “Guideline Developers Manual”. The evidence base supporting guideline development internationally continues to evolve and NCEC processes have been refined and updated.

This second edition was published in January 2019 and provides guidance on:

1. A recommended guideline methodology based on Grading of Recommendations Assessment, Development and Evaluation (GRADE).
2. How to plan, develop and submit a clinical guideline to the NCEC for prioritisation and quality assurance leading to Ministerial endorsement for implementation in the Irish Health Services.

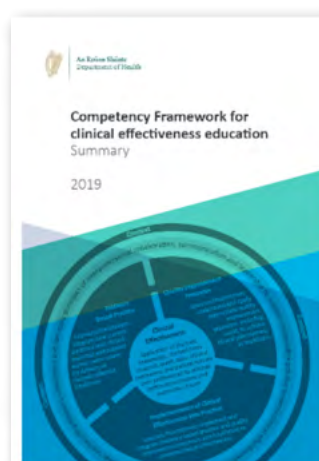
It can be downloaded from the Resources and Learning page:

<https://www.gov.ie/en/collection/cd41ac-clinical-effectiveness-resources-and-learning/>



### Clinical Audit Subgroup

A tender to examine the international literature and experience around serious reportable events and clinical audit to inform the guidance to be issued by the Minister for the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 was awarded in December 2018. Work emanating from the tender was completed in 2019 and will inform the guidance to be issued by the Minister on understanding roles, responsibilities and accountability for all professionals involved in clinical audit.



### Education and Training Subgroup

The NCEC subgroup on Clinical Effectiveness Education and Training held one meeting in March 2019 at which subgroup members committed to the dissemination of the Competency Framework on Clinical Effectiveness through their respective regulatory bodies.

### **NCEC Panel of Appraisers**

A panel of appraisers is maintained for prioritisation and quality assurance processes on National Clinical Guidelines and National Clinical Audit. Since 2018, public representatives were invited to join the panel of appraisers as part of the implementation of the Public Involvement framework. There were 6 public involvement representatives on this panel in 2019 and two representatives took part in the quality assurance for 2 separate guidelines during 2019. All contributors to appraisal teams are outlined in appendix 3.

## **3. National Clinical Guidelines**

A dynamic list of guidelines in development is published and regularly updated on the NCEC website. The list provided in appendix 4 shows the status in December 2019. The full list of 21 National Clinical Guidelines published at December 2019 can be seen in appendix 5.

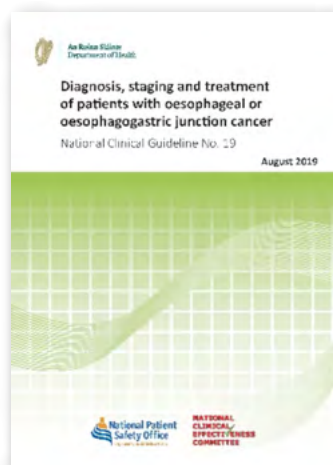
No new notice of intent was received, and no clinical guidelines underwent prioritisation by the NCEC in 2019. Meetings were held with a number of new groups who requested interest in the process of NCEC National Clinical Guideline development.

Five clinical guidelines underwent quality assurance by the NCEC in 2019:

- Diagnosis, staging and treatment of patients with oesophageal or oesophagogastric junction cancer
- Diagnosis and staging of patients with ovarian cancer
- Nutrition screening and use of oral nutrition support for adults in the acute care setting
- Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia
- Stratification of clinical risk in pregnancy.

Four NCEC National Clinical Guidelines were published in 2019:

- Irish Maternity Early Warning System V2, published in January.
- Diagnosis and staging of patients with ovarian cancer, launched in August.
- Diagnosis, staging and treatment of patients with oesophageal or oesophagogastric junction cancer, launched in August
- Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia, launched in December.



Launch of National Clinical Guideline No. 19  
Diagnosis, staging and treatment of patients with  
oesophageal or oesophagogastric junction cancer  
on 15th August



Launch of National Clinical Guideline No. 20  
Diagnosis and staging of patients with ovarian  
cancer on 15th August



National Clinical Guideline No. 21 Appropriate  
prescribing of psychotropic medication for non-  
cognitive symptoms in people with dementia,  
launched on 5th December

### Commissioned projects

Projects are commissioned through tendering processes to support guidelines and clinical effectiveness processes. Projects may consist of primary research, development of supportive resources, or delivery of training. Budgets were allocated as per Table 3.

**Table 3.** Clinical effectiveness projects

Project	Cost (€) including VAT
Literature review around serious reportable events and clinical audit to support the Patient Safety Bill, UCC Contract awarded in 2018 and completed in 2019	<b>€87,484</b>
Learning Management System and E-learning courseware, Aurion Ltd. Commenced in 2016 and for completion in 2019 (cost showing for 3 years)	<b>€38,425</b>
E learning module for IMEWS, Aurion Ltd. Commenced in 2017 and completed in 2019	<b>€26,775</b>

### Monitoring and audit of NCEC National Clinical Guidelines

National Clinical Guidelines endorsed by the Minister for Health are mandated for implementation in the Irish health system. Currently, guidelines are monitored through the HSE Performance Assurance Reports, compliance with the National Standards for Safer Better Healthcare (HIQA 2012) and increased alignment with the clinical indemnity scheme. A number of Quality and Patient Safety Performance Indicators that measure implementation and the impact of National Clinical Guidelines already exist and are specified in the HSE Service Plan. These are presented in Table 4 alongside the targets planned and the actual results achieved. QAVD continues to monitor compliance with early warning systems and clinical handover National Clinical Guidelines under the theme of detecting and responding to patient deterioration (<https://www.hse.ie/eng/about/qavd/audit-service/healthcare-audit.html>).

**Table 4.** Key Performance Indicators for National Clinical Guidelines

Key Performance Indicator (KPI) HSE Service Plan 2018	Target	Actual*	Comment
<b>National Clinical Guideline No 1 - National Early Warning Score (NEWS)</b>			
% of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single speciality hospitals (quarterly)	100%	27.1%	New for 2019
<b>PEWS</b>			
% of hospitals with implementation of PEWS (Paediatric Early Warning System)	100%	55.6%	
<b>National Clinical Guidelines No 2 and No 3 - Healthcare Associated Infections (HCAIs)</b>			
Rate of new cases of hospital acquired Staph. Aureus bloodstream infection (monthly)	<1/10,000 bed days used	1.0	
Rate of new cases of hospital acquired <i>C. difficile</i> infection (monthly)	<2/10,000 bed days used	2.6	
No. of new cases of CPE	N/A	661	
% of acute hospitals implementing the national policy on restricted anti-microbial agents	100%	55.3%	
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	100%	74.5%	
Consumption of antibiotics in community settings (DDD/1,000 population) (quarterly)	<23.1	21.4	
<b>National Clinical Guidelines No 4 - Irish Maternity Early Warning System (IMEWS)</b>			
% maternity units/hospitals with full implementation of IMEWS as per 2019 definitions	100%	52.6%	New for 2019
% of hospitals with implementation of IMEWS as per 2019 definitions	100%	16.3%	New for 2019

\*These results are based on the HSE Performance Report and Management Data Report at December 2019 reporting cycle.

## 4. Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER)

Established in April 2017, HRB-CICER is in its third year of a 5-year programme. This programme is led by Dr Máirín Ryan of HIQA's Health Technology Assessment (HTA) directorate, with clinical lead support from Professor Susan Smith of the HRB Centre for Primary Care Research at the Royal College of Surgeons in Ireland (RCSI), and programme management by Ms. Shelley O'Neill. Funding and contract management is by the Health Research Board.

Since commencement HRB-CICER has provided evidence synthesis support to twelve Guideline Development Groups (GDGs) comprising systematic reviews of clinical effectiveness and cost-effectiveness evidence, systematic reviews of clinical guidelines and audits, systematic reviews of qualitative literature, conduct of budget impact analyses and a modified Delphi approach to reach consensus.

The HRB-CICER work programme is planned by an executive committee, comprising representation from the Clinical Effectiveness Unit of the Department of Health and HRB-CICER, and during 2019 the following services were provided:

- systematic review of three clinical effectiveness questions and one review of qualitative literature to support the development of the care of the dying adult in the last days of life guideline
- systematic review of economic literature to support the stratification of clinical risk in pregnancy guideline
- systematic literature review of seven economic questions to support the development of the chronic obstructive pulmonary disease guideline
- systematic review of clinical and economic literature on interventions to improve hand hygiene adherence to support the healthcare acquired infection guideline
- systematic review of the prevalence of intraoperative massive haemorrhage, and a systematic review of relevant clinical guidelines to support the development of the intraoperative massive haemorrhage guideline
- systematic review of qualitative literature to support the update to the national early warning system guideline
- budget impact analysis of the implementation of the updated national early warning system guideline
- budget impact analysis of the implementation of the stratification of clinical risk in pregnancy guideline
- guideline methodology support to the guideline development group updating the sepsis guideline
- systematic review of clinical and economic literature on nutritional screening to support the guideline on nutrition screening and use of oral nutrition support for adults in the acute care setting.

Support is on-going to the following guideline development groups:

- National Early Warning System
- Chronic Obstructive Pulmonary Disease in Adults
- Sepsis Management

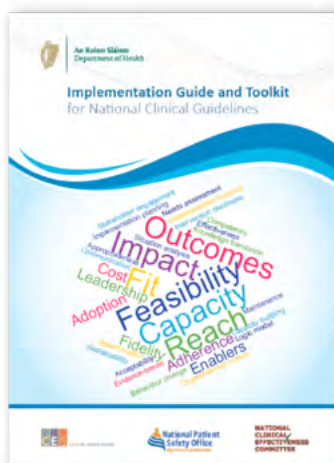


- Care of the dying adult
- Healthcare acquired infection
- Intraoperative massive haemorrhage
- Tobacco Addiction

HRB-CICER work to support the GDGs was presented this year at international and national conferences through 11 posters and three oral presentations at the international ISPOR (International Society for Pharmacoeconomics and Outcomes Research), GIN (Guideline International Network), HTAi (Health Technology Assessment international) and the Evidence Based Medicine Live conferences and the Irish Postgraduate and Early Career Economics Workshop, NPSO (National Patient Safety Office), and SPHeRE (Structured Population and Health-services Research Education) conferences. In addition, one paper was accepted for publication by an international peer reviewed journal (BMJ Supportive and Palliative Care).

## 5. Implementation

The purpose of the NCEC's Implementation Guide and Toolkit for National Clinical Guidelines is to support those involved in the development and implementation of National Clinical Guidelines and PPPGs. It provides the theory, steps and tools for each stage of implementation and includes:



- ✓ Context for the importance of Implementation Science in successfully implementing clinical guidelines
- ✓ An outline of Implementation Science theory and an introduction to key concepts
- ✓ Key elements common to implementation frameworks
- ✓ A package of information, tools and resources.

The Guide is available on the Department of Health website at: <https://www.gov.ie/en/collection/70a20b-public-involvement-framework/>

Individual dynamic tools are also available in the Guide and on the website.

## 6. National Clinical Audit

The first NCEC National Clinical Audit was NOCA's Major Trauma Audit which was endorsed by the Minister for Health in December 2016. The 2017 annual report from this National Clinical Audit was published in February 2019 and is available on the NOCA website <https://www.noca.ie/publications>.

The development of the NCEC National Clinical Audit function continued to progress in 2019. The RCPI's Radiology QI Programme successfully underwent quality assurance in 2018 for NCEC Radiology Clinical Audit NCEC National Clinical Audit. However, prior to being formally endorsed by the Minister for Health in early 2019, the Faculty of Radiology requested that endorsement be put on hold.

The National Perinatal Epidemiology Centre (NPEC) have submitted a 'Notice of Intent Form' to have the Perinatal Mortality Clinical Audit prioritised and quality assured by NCEC. This is a mature national audit, having been in place nationally for seven years. An appraisal group will be established to manage the process as per the NCEC Framework for Quality Assurance and Prioritisation of National Clinical Audit.



## 7. Education and Training

### Implementation Science

Workshops were supplied by the Centre for Effectiveness Studies as follows:

Date	Guideline development group	No. of participants
25th Feb 2019	Sepsis	7
4th Mar 2019	Psychotropic medications	3
14th Mar 2019	Palliative Care	7
20th Mar 2019	NEWS	7
3rd Apr 2019	Implementation learning event - for numerous guideline groups	28

### Evidence based practice

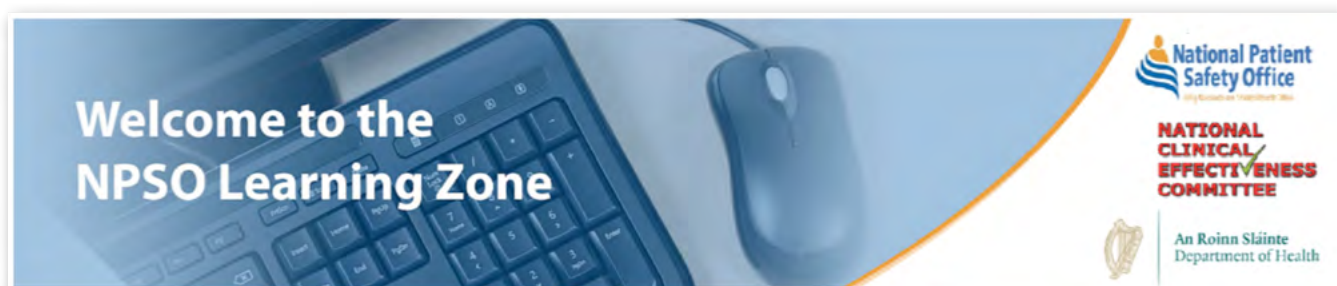
A workshop was held March 12-14th in collaboration with the Naji Foundation and the National Cancer Control Programme and supplied by the Centre for Evidence Based Medicine, Oxford (47 attendees).

### Guideline methodology

During 2019 HRB-CICER provided training to a total of 60 individuals. A training session on the ADAPT methodology for guidelines was provided at the NPSO conference. An introduction to budget impact analysis of National Clinical Guidelines was provided. Two full days of training on the use of GRADE (Grading of Recommendations Assessment, Development and Evaluation) were provided in January and March to multiple GDG members.

### The NPSO Learning Zone

The NPSO Learning Zone continues to host e-learning modules, training videos and presentations relevant to clinical effectiveness.



Access to the learning zone is via the weblink: [http://npsolearning.health.gov.ie/users/sign\\_in](http://npsolearning.health.gov.ie/users/sign_in)

## 8. Public Involvement in Clinical Effectiveness Processes

The *Framework for Public Involvement in Clinical Effectiveness Processes*, published in 2018, outlines the practices that may be undertaken to involve the public in Clinical Effectiveness Processes of National Clinical Guideline Development and National Clinical Audit Governance. It also has a toolkit with a range of practical resources to assist Guideline Development Groups with its implementation. The framework adopts the viewpoint that public involvement can improve clinical guideline and audit quality, implementation, and representativeness and responds to the needs and expectations of the public.



A supportive project plan continues to be actioned. This includes the appointment of patient representatives onto National Clinical Guideline and National Clinical Audit appraisal panels. These patient representatives have been supported in this process through the availability of online training videos and NCEC documentation on the NPSO Learning Zone and direct links with the Clinical Effectiveness Officers.

2019 saw the commencement of work within the Department, supported by the Clinical Effectiveness Unit, into the development of a policy to select and pay patient representatives. This work has been underpinned by the principles outlined in the *Framework for Public Involvement in Clinical Effectiveness Processes* and seeks to recognise and advance the contribution of patient representatives in developing and reforming health services

## 9. The National Patient Safety Office Conference, 2019

The work of the NCEC was highlighted at the annual National Patient Safety Office Conference in Dublin Castle in November 2019 (Appendix 7). It was attended by over 500 delegates representing the HSE clinical programmes, medicine, nursing, allied health professionals, clinical librarians, researchers, regulators, the public, HSE management and policy makers. NCEC members were in attendance, chaired concurrent sessions and facilitated poster walk rounds. The conference theme was “Learning from Investigations and Reviews”. Learning from and about clinical effectiveness was included as a poster theme, with the poster walk round led by Mr Ian Callanan, NCEC clinical audit subgroup chair. A workshop on using ADAPTE processes was delivered by the HRB-CICER team with Ms Carmel O’Hanlon, Project Dietician for the Nutritional Guideline sharing the learning from her experience of the process.





The conference was live streamed, 88 persons logged in to watch for an average of 27 minutes. It was also made available to watch on YouTube which added a further 54 views for an average of 15 minutes. The social media wall captured 908 tweets throughout the day.

Slido was used to make the question and answer sessions more interactive. It also allowed the participants decide which questions they would most like to discuss. There were 233 active users and 76 questions raised.

The following topics emerged over the day:



### Evaluation of the National Patient Safety Office Conference

Attendees were asked to complete a short online survey with 68 respondents providing their opinion. The feedback was very positive with 88% of respondents rating the overall content of the conference as good to excellent. The three concurrent sessions on learnings from regulation of professionals for safe patient care, learning from complaints – the Ombudsman’s perspective and how can incident investigations better inform system safety were rated highly (87%, 90% and 91% good to excellent) by those who attended. In addition, two thirds of attendees rated it very good to excellent.

Seventy seven of 227 posters focused on learning from and about clinical effectiveness. Poster presenters were offered the opportunity to join a facilitated “walk-round” of the themed session that included a 3-minute short presentation of the poster. A total of 90% of those who attended the walk-round for Clinical Effectiveness rated it good to excellent.

We would like to thank the NCEC Committee and subgroup members for chairing sessions/workshops or facilitating poster walk-rounds at the event.

## 10. Communications, Collaboration and Dissemination

NCEC continued to build its profile in 2019 through the provision of a number of presentations, posters and publications at national and international events, and through information technology such as web content and social media presence. In addition, and to assist in embedding the clinical effectiveness policy agenda in relevant initiatives, relationship building, consultations and committee work with pertinent stakeholders was undertaken throughout the year.

### NCEC website and social media

The NCEC webpages have been part of the National Patient Safety Office section of the Department of Health website since December 2016. In September, the Department of Health website became part of the Government of Ireland website. The new link is <https://www.gov.ie/en/publication/90221b-clinical-effectiveness/>. With the changeover it has not been possible to report the annual number of sessions on NCEC pages.

Information is categorised into one of six areas on the NCEC webpages: National Clinical Guidelines, National Clinical Audit, Clinical Practice Guidance, the NCEC (governance), Resources and Learning, and Patient and Public Involvement. Minutes of NCEC meetings are also posted on the website.

The NCEC Twitter account has the handle @NCECIreland. By end of year 2019, there was an increase from 1,985 to 2,374 followers over the 12 months.

### **NCEC Presentations**

Marita Kinsella, Director NPSO presented on the role of NPSO (incorporating NCEC) in promoting Quality healthcare (Health Research Board/Health Research Institute Person Centred Health Care Conference in University Hospital, Limerick on 24 June).



Prof Karen Ryan, Chair NCEC (seen left in photo), presented on National Clinical Guidelines: their contribution to the clinical effectiveness movement in Ireland at the State Claims Agency National Quality, Clinical Risk and Patient Safety Conference on 19 November 2019.

Jenny Hogan, Clinical Effectiveness Officer, NPSO presented on the role of the NPSO and more specifically the role of the Clinical Effectiveness Unit to a group of post graduate nurses and midwives undertaking an Advanced Leadership Module in the RCSI on November 19th 2019.

### **International partnerships and collaboration**

Relationships with international guideline agencies such as NICE and Guidelines International Network (GIN) are ongoing and exploration of potential synergies and partnerships continues. This includes participation in GIN working groups on updating guidelines and implementation.

## **11. Clinical Effectiveness informing Policy, Strategy and Legislation**

Members of the CEU participated in Department of Health policy, strategy and legislation formulation in 2019 in order to ensure that clinical effectiveness is used as a policy foundation for healthcare practice. Specific activities included inputs to:

- Patient Safety Licensing Bill
- Patient Safety (Notifiable Patient Safety Incidents) Bill (2019)
- National Review of Specialist Cardiac Services
- Policy on selection and payment of patient representatives

- Irish-Scottish Health Forum

Clinical Effectiveness Unit staff were also members of the following relevant groups in 2019:

- HSE's Patient Safety Strategy Co-design Group
- Implementation Network of Ireland and Northern Ireland
- Advisory Panel for the National Review of Clinical Audit in the Irish Healthcare System

The Clinical Effectiveness Unit is a collaborator with Evidence Synthesis Ireland. This initiative is funded by the HRB (Ireland) and the Public Health Agency (Northern Ireland). It commenced in December 2018 and incorporates Cochrane Ireland. Its remit is to provide education, training and Fellowships in Evidence Synthesis. (<https://evidencesynthesisireland.ie/>). The Head of Clinical Effectiveness sits on ESI's International Advisory Board.

In 2019, the Head of Clinical Effectiveness was a co-applicant on the team awarded an HRB Emerging Investigator Award entitled: *Evidence synthesis and translation of findings for national clinical guideline development: addressing the needs and preferences of guideline development groups*. The research aims to explore the acceptability of a broader range of evidence synthesis methods and presentation formats in the development of NCGs and explore how evidence is currently interpreted by different GDG members. This will inform the development of guideline development focused e-learning modules tailored to GDG members' roles.

## Appendix 1

### NCEC meeting attendance

	February 7	May 16	Oct 10	Nov 21
Prof Karen Ryan	✓	✓	✓	✓
Dr Máirin Ryan	✓	✓	✓	✓
Ms Rosemary Smyth	✓	✓	0	✓
Mr Richard Lodge	-	0	0	0
Dr Elaine Breslin	✓	0	✓	✓
Mr Cathal O’Keeffe	0	✓	✓	0
Prof Gerry Fitzpatrick	✓	0	0	✓
Dr Anne Marie Brady	0	✓	✓	0
Ms Colette Cowan	-	0	✓	0
Dr Colm Henry	-	0	0	0
Ms Mary Wynne (until Sept)	0	0	-	-
Ms Colette Tully	✓	✓	✓	✓
Mr John Hurley	-	✓	0	✓
Ms Rachel Kenna	-	0	✓	✓
Mr Liam Morris	✓	0	✓	✓
Ms Marita Kinsella	-	✓	✓	✓
Mr Donal Clancy	✓	✓	0	✓
Mr Darrin Morrissey	0	0	0	0
Ms Brigid Doherty	0	0	✓	✓
Ms Christine Donnelly	-	✓	✓	0

## Appendix 2

### Department of Health, Clinical Effectiveness Unit

Department of Health Clinical Effectiveness Unit	
Director of NPSO	Ms Marita Kinsella (from March 2019)
Head of Clinical Effectiveness	Dr Sarah Condell (until December 2019)
Clinical Effectiveness Officers	Ms Pauline Dempsey Ms Jenny Hogan Ms Claudine Hughes (from August 2019) Dr Mary McGeown Dr Niamh O'Rourke (until May 2019)
Assistant Principal	Ms Susan Reilly
Higher Executive Officer	Ms Paula Monks
Clerical Officer	Mr Jamie Duncan

## Appendix 3

### Members of NCEC Appraisal Teams during 2019.

Prof Anne Matthews	Dr Heather Burns	Dr Natasha Rafter
Ms Julie Horgan	Dr Sarah Gibney	Dr Lisa Mellon
Dr Helen Deeny	Dr Karen Power	Dr Patrick Moran
Ms Celine Conroy	Ms Miriam Kennedy	Mr Richard Walsh
Dr Fergal Flynn	Ms Mary Bedding	Ms Shelley O'Neill
Ms Ursula O'Dwyer	Ms Susan Crampton	Ms Siobhan Pyper
Ms Elaine McGrath		



## Appendix 4

### Guidelines in development

There are 13 guidelines in development at the end of 2019.

No.	Title	Chairperson(s)
1	NCG No. 1 National Early Warning Score (NEWS) - <b>Update</b>	Mr Richard Walsh Ms Miriam Bell
2	Healthcare associated infection (HCAI) guideline, to include: <ul style="list-style-type: none"> <li>NCG No. 2 Prevention and control of <i>methicillin-resistant staphylococcus aureus</i> (MRSA) - <b>Update</b></li> <li>NCG No. 3 Surveillance, diagnosis and management of <i>Clostridium difficile</i> infection in Ireland - <b>Update</b></li> </ul>	Prof Martin Cormican
3	Management of chronic obstructive pulmonary disease (COPD)	Prof Tim McDonnell (until Dec 2019)
4	Diagnosis, staging and treatment of patients with colon cancer	Ms Deborah McNamara
5	Diagnosis, staging and treatment of patients with rectal cancer	Ms Deborah McNamara
6	Care of the dying adult in the last days of life	Dr Brian Creedon
7	Diagnosis, staging, and treatment of patients with pancreatic cancer	Mr Justin Geoghegan
8	NCG No. 6 Sepsis Management – <b>Update</b>	Dr Vida Hamilton
9	Diagnosis and treatment of tobacco addiction	Dr Paul Kavanagh
10	Interoperative massive hemorrhage	Prof John Hyland
11	Diagnosis, staging and treatment of patients with breast cancer – <b>Update</b>	
12	Diagnosis, staging and treatment of patients with prostate cancer – <b>Update</b>	Dr David Galvin
13	Diagnosis, staging and treatment of patients with GTD – <b>Update</b>	Dr John Coulter

## Appendix 5

### National Clinical Guidelines and National Clinical Audit

NCG No.	Title	Publication Date
1	National Early Warning Score	2013 Feb (rapid update 2014 Aug)
2	Prevention and Control of MRSA	2013 Dec
3	Surveillance, diagnosis and management of <i>Clostridium difficile</i> infection	2014 June
4	The Irish Maternity Early Warning System V2	2019 Jan
5	Communication (Clinical Handover) in Maternity Services	2014 Nov
6	Sepsis Management	2014 Nov (rapid update 2015 Feb)
7	Diagnosis, Staging and Treatment of Patients with Breast Cancer	2015 June
8	Diagnosis, Staging and Treatment of Patients with Prostate Cancer	2015 June (rapid update 2016 Mar)
9	Pharmacological Management of Cancer Pain in Adults	2015 Nov
10	Management of Constipation in Adult Patients Receiving Palliative Care	2015 Nov
11	Communication (Clinical Handover) in Acute and Children's Hospital Services	2015 Nov
12	The Paediatric Early Warning System (PEWS)	2015 Nov (rapid update 2016 Mar)
13	Diagnosis, Staging and Treatment of Gestational Trophoblastic Disease	2015 Nov
14	Management of an Acute Asthma Attack in Adults (aged 16 years and older)	2015 Nov
15	Hepatitis C Screening	2017 July
16	Diagnosis, staging, and treatment of patients with lung cancer	2017 Nov
17	Adult Type 1 Diabetes Mellitus	2018 June
18	Emergency Medicine Early Warning System (EMEWS) (in pilot sites)	2018 Oct
19	Diagnosis, staging and treatment of patients with oesophageal or oesophagogastric junction cancer	2019 Aug
20	Diagnosis and staging of patients with ovarian cancer	2019 Aug
21	Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia	2019 Dec

### National Clinical Audit

1	Major Trauma Audit (MTA)	2016 Dec
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## Appendix 6

### NCEC Subgroups - Membership and Terms of Reference

#### NCEC subgroup - Guideline Methodology

The CGMS supports the NCEC to meet its terms of reference on National Clinical Guidelines by:

- Guiding the development of NCEC processes for prioritisation and quality assurance of National Clinical Guidelines, including providing guidance on processes for the development and updating of documents, manuals and tools.
- Considering changes and making recommendations to NCEC National Clinical Guidelines processes to maintain relevance, quality assurance and efficiency.
- Horizon scanning developments in the methodology of guideline development.

The membership is:

Member	Affiliation
Prof Declan Devane (Chair)	Professor of Midwifery, NUI Galway; Scientific Director of HRB- Trials Methodology Research Network, Director of Cochrane Ireland and Evidence Synthesis Ireland (funded by the HRB and Public Health Agency in NI)
Ms Shelley O'Neill	Senior Health Economist, Health Information and Quality Authority and Programme Manager for HRB-CICER
Ms Anne Madden	Assistant Librarian, St. Vincent's University Hospital, Dublin
Prof Martin O'Donnell	Professor of Translational Medicine at NUI Galway and Interim Director of the HRB Clinical Research Facility, Galway
Prof Shaun Treweek	Chair in Health Services Research, University of Aberdeen, Scotland
Prof Mike Clarke	Professor/Director of MRC Methodology Hub, School of Medicine, Dentistry and Biomedical Sciences, Queens University Belfast
Dr Nancy Sentesso	Assistant Professor, Department of Clinical Epidemiology & Biostatistics, McMaster University, Canada

#### NCEC subgroup - Education and training in Clinical Effectiveness

The NCEC subgroup on education and training supported the NCEC to meet its terms of reference by:

- Guiding the development of multidisciplinary education in clinical effectiveness
- Liaison with postgraduate and undergraduate educational organisations to identify mutual goals and areas of interest relevant to clinical effectiveness and evidence-based practice
- Liaison and horizon scanning national and international developments in relevant education and training
- Making recommendations to the NCEC regarding training and education in clinical effectiveness.

The membership is:

Member	Affiliation	Representing
Prof Dermot Malone (until May 2019)	Consultant Radiologist, St Vincent's University Hospital; Associate Clinical Professor UCD; Past Dean Faculty of Radiologists RCSI	Chair
Dr Patrick Glackin	Area Director of Nursing and Midwifery Planning and Development, HSE West	Nursing
Dr Donncha O'Gradaigh	Consultant Rheumatologist, University Hospital Waterford	Medicine
Dr Tamasine Grimes	Associate Professor in Practice of Pharmacy, TCD	Allied Health professionals
Dr Eve O'Toole	Research Manager and Guideline Methodologist, National Cancer Control Programme, HSE	Evidence based practice
Ms Marie Kehoe O'Sullivan	National Disability Specialist, National Quality Improvement Office, Social Care Division, HSE	Education & standards
Ms Una O'Rourke	Director of Education Training and Professionalism, Medical Council	Regulators: IMC
Ms Aoife Sweeney Ms Fiona McVeigh	Head of Education Education Policy and Standards Manager CORU - Regulating Health and Social Care Professionals	Regulators: CORU
Mr Arnel Kidpalos	Professional Officer Professional Standards - Nursing Nursing and Midwifery Board of Ireland	Regulators: NMBI
Ms Cora O'Connell	Education Manager PSI –The Pharmacy Regulator	Regulators: PSI

### NCEC subgroup - Clinical Audit

The NCEC subgroup on Clinical Audit supports the NCEC to meet its terms of reference by:

- Guiding the further development of NCEC processes for prioritisation and quality assurance of National Clinical Audit, including the development and updating of documents, manuals and tools
- Considering changes and making recommendations to NCEC National Clinical Audit processes so as to maintain relevance, quality assurance and efficiency
- Developing and maintaining a communication plan for NCEC National Clinical Audit
- Horizon scanning developments in National Clinical Audit internationally
- Developing documents and processes to support and govern the work of NCEC in relation to National Clinical Audit.

The membership is:

Member	Affiliation
Mr Ian Callanan (Chair)	Clinical Audit Manager of St Vincent's Healthcare Group and Medical Director of Aviva Health Insurance Ireland
Ms Margaret Brennan	Quality and Patient Safety Lead, Acute Hospitals Division, HSE
Dr Claire Collins	Director of Research, Irish College of General Practitioners
Ms Cora McCaughan	Assistant National Director, Quality Assurance Verification Division, HSE
Dr Una Geary	Director for Quality and Safety Improvement, St. James's Hospital
Dr Jennifer Martin	Information & Analysis Lead, Quality Improvement Division, HSE
Dr Teresa Maguire	R&D and Health Analytics, Department of Health
Ms Margaret McHugh	Quality and Safety Manager Bon Secours Hospital, Galway
Mr Des O'Toole	HSE Values in Action National Team, former Business Manager and Quality Improver, Beaumont Hospital

## Appendix 7

### National Patient Safety Office Conference Programme 2019

## Theme – Learning from Investigations and Reviews

Wednesday 13th November, 2019

Time	Topic
9.30	<b>Plenary Session</b>
9.30	<b>Welcome: Dr Tony Holohan, Chief Medical Officer, Department of Health</b>
9.40	<b>Minister for Health: Mr Simon Harris TD</b>
	Chair: <b>Dr Tony Holohan, CMO, Department of Health</b>
10.00	<b>Keynote 1 Mr Manoj Kumar:</b> National Clinical Lead for the Scottish Mortality & Morbidity Programme – <i>Delivering effective safety and quality review processes using a team-based approach.</i>
10.45	<b>Dr Colm Henry, Chief Clinical Officer, Health Service Executive</b> <i>From Learning to Improving: an on-going journey</i>
11.05	<b>Coffee</b>
	Concurrent Session: Chair: <b>Dr Siobhan O'Halloran, CNO, Dept of Health</b>
	Poster Facilitator: <b>Mr Ian Callanan, NCEC Subgroup Chair</b>
	Poster Facilitator: <b>Ms Cornelia Stuart, HSE QAVD</b>
11.35	<b>Ms Ginny Hanrahan, CEO CORU</b> <i>Learnings from Regulation of Professionals for Safe Patient Care</i>
12.05	<b>Mr Peter Tyndall, Ombudsman</b> <i>Learning from complaints – the Ombudsman's perspective</i>
12.35	<b>Dr Cora McCaughan, HSE QAVD</b> <i>How can incident investigations better inform system safety?</i>
13.05	<b>Lunch</b>
14.10	Chair: <b>Mr Jim Breslin, Secretary General, Department of Health</b>
14.10	<b>Keynote 2 Prof Craig White:</b> Divisional Clinical Lead within the Directorate of Healthcare Quality and Improvement, Scottish Government – <i>Organisational Duty of Candour: Help or Hindrance?</i>
14.50	<b>Keynote 3 Dr Cheryl Gillis:</b> Consultant Paediatric Intensivist, Scotland – <i>Learning from Excellence in Healthcare.</i>
15.20	<b>Q&amp;A</b>
	Concurrent Session: <b>Updates</b> Chair: <b>Prof Karen Ryan, Chair NCEC</b>
	Workshop: <b>Poddle Room</b>
	Poster Facilitator: <b>Ms Rosemary Smyth, Mental Health Commission</b>
15.30	DoH Updates Sláintecare National Patient Safety Office Ireland's National AMR Plan Patient Advocacy Service (PAS) HSE QAV & QID Updates
	<b>Introduction to the ADAPTE Process</b> <i>HRB-CICER Team</i>
	<b>Poster Walk round 3</b> <i>Learning from and about patient safety surveillance</i>
16.40	<b>Q&amp;A</b>
17.00	Round Up and Close: <b>Dr Peter Lachman, CEO, ISQua</b>

## Appendix 8

### Abbreviations

The following abbreviations are used in this document:

<b>CEBM</b>	Centre for Evidence-Based Medicine, Oxford	<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>CES</b>	Centre for Effective Services	<b>NCA</b>	National Clinical Audit
<b>CEU</b>	Clinical Effectiveness Unit	<b>NCCP</b>	National Cancer Control Programme
<b>DCU</b>	Dublin City University	<b>NCEC</b>	National Clinical Effectiveness Committee
<b>DoH</b>	Department of Health	<b>NCG</b>	National Clinical Guideline
<b>EMEWS</b>	Emergency Medicine Early Warning System	<b>NEWS</b>	National Early Warning Score
<b>GDG</b>	Guideline Development Group	<b>NICE</b>	National Institute for Health and Care Excellence
<b>GIN</b>	Guidelines International Network	<b>NMBI</b>	Nursing and Midwifery Board of Ireland
<b>GRADE</b>	Grading of Recommendations Assessment, Development and Evaluation	<b>NOCA</b>	National Office for Clinical Audit
<b>HCAI</b>	Healthcare Associated Infection	<b>NPSO</b>	National Patient Safety Office
<b>HCP</b>	Health Care Professional	<b>PEWS</b>	Paediatric Early Warning System
<b>HIQA</b>	Health Information and Quality Authority	<b>PPPG</b>	Policies, Procedures, Protocols, Guidelines
<b>HPRA</b>	Health Products Regulatory Authority	<b>QAVD</b>	Quality Assurance and Verification Division
<b>HRB</b>	Health Research Board	<b>RCPI</b>	Royal College of Physicians in Ireland
<b>HRB-</b>	Health Research Board-Collaboration in	<b>RCSI</b>	Royal College of Surgeons in Ireland
<b>CICER</b>	Ireland for Clinical Effectiveness Reviews	<b>SIGN</b>	Scottish Intercollegiate Guidelines Network
<b>HSE</b>	Health Service Executive	<b>TCD</b>	Trinity College Dublin
<b>IMEWS</b>	Irish Maternity Early Warning System	<b>UCC</b>	University College Cork
<b>KPI</b>	Key Performance Indicator	<b>VAT</b>	Value Added Tax
<b>MDT</b>	Multi-Disciplinary Team		



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