



Minutes
National Clinical Effectiveness Committee
Department of Health, Baggot St
12 March 2020; 13:30-14:30

Present	Apologies
Prof Karen Ryan (Chair) Dr Máirín Ryan Ms Celeste O' Callaghan	Dr Anne Marie Brady Dr Elaine Breslin Prof Colette Cowan Ms Christine Donnelly Prof Gerry Fitzpatrick Dr Colm Henry Mr John Hurley Mr Richard Lodge Ms Rosemary Smyth Mr Cathal O'Keeffe Mr Darrin Morrissey Ms Rachel Kenna Ms Marita Kinsella
<u>Dial in</u> Mr Donal Clancy Ms Brigid Doherty Ms Colette Tully	

Clinical Effectiveness Unit: Ms Pauline Dempsey, Ms Jenny Hogan

Apologies: Ms Claudine Hughes, Ms Susan Reilly, Marita Kinsella

1. Welcome and apologies

Apologies as per table above. The impact of Covid-19 on today's meeting was noted and is also reflected in the attendance and in the shortened agenda. The Chair welcomed Celeste O'Callaghan who replaces Liam Morris on this committee.

a) 2019 Annual report

The draft 2019 report was included in the meeting papers and summarises the year's activities. The Chair invited members to review and revert within 2 weeks with any feedback or comments.

2. Conflict of interest declarations (NCEC members)

No verbal COIs were declared.

3. Minutes – 21st November 2019

The action point has been completed. Minutes were agreed.

4. Matters arising from minutes

None applicable.

5. National Clinical Audit

a) Prioritisation report for: CA-03 National Perinatal Mortality Audit (NPEC)

The NCEC welcomed the application and acknowledged the work that had been undertaken to date to make this audit a mature and robust national clinical audit which is already implemented in all 19 maternity units in Ireland. The NCEC also recognised the potential this audit will have to inform national standards and improvements in perinatal mortality in Ireland including service re-design.

A number of areas were highlighted that could be strengthened or described in more detail for the QA process. The NCEC recommended that these areas are outlined to the applicant team so they can consider them in developing their QA documentation.

Decision: The clinical audit is prioritised and will be listed on the NCEC schedule of audits.

Action 1: Letter and report to go to the Chairs of CA-03 outlining the NCEC decision and minor amendments required.

6. National Clinical Guidelines

a) Collaborative engagement with HSE, Clinical Forum (*verbal update*)

The HSE's Clinical Forum is supported by the office of the CCO. Purpose is to promote and support multidisciplinary clinical engagement and leadership in improving patient and service users' outcomes, safety and experience. CEU were invited to make a presentation about the NCEC NCG framework to the members in January and a subsequent meeting was held with the Chair Dr. Siobhán Ní Bhriain. The aim of the engagement is to explore collaborative opportunities to improve communication and efficiency of the screening process for clinical guidelines topics. More information will be shared in coming meetings.

b) Quality assurance reports for:

- **CG-050 Irish National Early Warning System (v2)**

The QA report included in the papers was presented. INEWS (v2) is an update on the previously published NEWS NCG No. 1 (2013). There are 43 recommendations (down from 60) across 8 domains of care. The recommendation from the appraisal team is to recommend for endorsement and allow the CEU approve some minor amendments to enhance clarity of the information.

Decision: Recommend clinical guideline for endorsement following minor amendments to be approved by the CEU, Department of Health.

Action 2: Letter and report to go to the Co-chairs of CG-50 outlining the NCEC decision and amendments required.

- **CG-051 Sepsis management (v2)**

The QA report included in the papers was presented. This second version is a full adoption of 93 statements in the Surviving Sepsis Campaign. While a few areas require additional work, they are mostly clarifications, except for a number of key amendments listed in the economic review relating to the economic review and the BIA. Advice from the NCEC was sought on the GDG's proposal regards the paediatric recommendations. The Clinical Programme's proposal was to make the paediatric recommendations (N=28) from the 2014 NCG available on the National Sepsis HSE website, until the recently published SSC paediatric guideline (7 February 2020) is reviewed for possible adoption/adaption. The recommendation from the appraisal team is to recommend for endorsement following minor amendments to be approved by the CEU.

Discussion

Firstly, it was agreed that the updated guideline meets a number of appraisal criteria exceptionally well. However, the comments from the economic reviewer were highlighted and it was agreed that amendments in the economic review and the BIA were now required. Other minor amendments as listed were also noted.

One new suggestion was to revise the title to clarify that it's for the acute hospital setting and for Adults only. It was noted that NOCA are undertaking a feasibility study on a proposal for a national audit of the deteriorating patient. The sponsor for this project is the HSE's National Deteriorating Patient Recognition & Response Improvement Programme (DPIP).

Some other considerations were discussed regards the proposal for the paediatric recommendations. It was agreed to seek a number of important clarifications from the GDG as follows:

1. What clinical risks might be associated with the proposal and has a risk assessment been conducted?
2. Is any public concern expected around the proposal to retain the 2014 paediatric recommendations alongside the new 2020 adult only National Clinical Guideline? Has any public engagement been undertaken to allay these concerns?
3. Is the plan to develop a 'HSE paediatric sepsis management guideline' or to submit for NCEC quality assurance and publication as a new National Clinical Guideline? The latter will require a full submission with all the NCEC components such as implementation, audit and monitoring and a BIA.

Decision: In light of the recommendation from the appraisal team and the specific paediatric clarifications sought by the committee today, the guideline must be resubmitted for appraisal. The minor amendments can be reviewed by the CEU, and the amendments in the economic review and BIA should be approved by the economic reviewer. The NCEC will consider the re-appraisal report and the important paediatric clarifications response prior to making a recommendation for endorsement at the next meeting.

Action 3: The QA report, (minus a recommendation) and a letter seeking responses to the specific issues above to go to the Chair of CG-51.

7. NCEC Events in 2020

- a) Meeting dates in 2020: May 21st, October 8th and December 3rd.
- b) NPSO Conference 2020: October 20th, Dublin Castle
- c) NCEC NCG launch: NCG No. 22 Stratification of clinical risk in pregnancy; NCG No 23 Nutrition screening and use of ONS for adults in the acute care setting- dates TBC.

8. AOB

Regards item 7 c), P. Dempsey confirmed that both GDGs have been invited to consider alternatives to the usual townhall launch event during this uncertain period. The NCEC recognised that the health services are likely to be under considerable strain given the circumstances, but it is important not to delay the dissemination and implementation of National Clinical Guidelines (NCGs) if possible. Both NCGs can be formally recognised at an event in the future.

Agreed actions

No.	Summary	Responsible person/s
1	Prioritisation report and letter to Perinatal Mortality Audit group	JH
2	QA report and letter to INEWs GDG	PD
3	QA report and letter to Sepsis GDG	PD

Prof. Karen Ryan
Chair