

National Clinical Effectiveness Committee

Second Annual Report 2014



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Abbreviations	
DoH	Department of Health
EWS	Early Warning Score
GDG	Guideline Development Group
GIN	Guidelines International Network
HIQA	Health Information and Quality Authority
HRB	Health Research Board
HSE	Health Service Executive
HTA	Health Technology Assessment
NCEC	National Clinical Effectiveness Committee
NICE	National Institute for Health and Care Excellence
SIGN	Scottish Intercollegiate Guidelines Network

National Clinical Effectiveness Committee (NCEC)

The National Clinical Effectiveness Committee, (NCEC) was established as part of the Patient Safety First Initiative. 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 publishes an annual report of its activities, of which this is the second.

The aim of the National Clinical Guidelines is to provide guidance and standards for improving the quality, safety and cost effectiveness of healthcare in Ireland. The implementation of these National Clinical Guidelines will support the provision of evidence based and consistent care across Irish healthcare services. The NCEC process for endorsement of National Clinical Guidelines involves a number of steps as outlined in Appendix 1. The oversight of the national clinical effectiveness agenda is provided by the NCEC (Appendix 2) which is supported by a Working Group (Appendix 3). The NCEC is a partnership between key stakeholders in patient safety.

NCEC Terms of Reference

1. Apply criteria for the prioritisation of clinical guidelines and audit for the Irish healthcare system.
2. Apply criteria for quality assurance of health guidelines and audit for the Irish health system.
3. Disseminate a template on how a guideline and audit should be structured, how audit will be linked to the guideline and how and with what methodology it should be pursued.
4. Recommend health guidelines and national audit, which have been quality assured against these criteria, for Ministerial approval within the Irish health system.
5. Facilitate with other agencies the dissemination of endorsed guidelines and audit outcomes to front-line staff and to the public in an appropriate format.
6. Report periodically on the implementation of endorsed guidelines.

Chairman's Statement

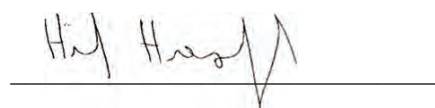
This is the second Annual Report of the NCEC and 2014 represented a year with significant achievements but with the realisation of the many tasks that lie ahead. As ever, I am very grateful to all members of the NCEC who contribute in a voluntary capacity and on top of already busy professional commitments. I particularly want to acknowledge the contributions of Dr. Anne-Marie Ryan, Dr. Ailis Quinlan and Dr. Ronan O'Sullivan, who resigned from the Committee in 2014. Dr. Sarah Condell also stood down but she took up a post of Clinical Effectiveness Officer towards year end and joined the Department of Health's team, thus continuing to contribute to the work of the NCEC and the patient safety agenda. Without the huge efforts also of the members of the Working Group in assisting in prioritising and quality assuring guidelines, the NCEC could not function. Finally, I want to thank many others, not least guideline developers themselves for their patience, engagement and support of the NCEC.

In March, the Minister for Health requested that the NCEC progress the development of standards for clinical practice guidance. In May, he asked the Committee to lead developments in the prioritising and quality assuring of National Clinical Audit. Initial progress has been made in both these key areas but much of 2015 will be occupied in making significant progress and in fulfilling these requests.

Four guidelines were launched in 2014, three of these on the occasion of the NCEC National Symposium in November. These represent significant landmarks in the work of the NCEC but more importantly they are important in the contribution that they will make to better patient care. I am grateful to all those involved in bringing these to fruition as I am aware of the considerable work that was undertaken in advance of their launch.

In March, the NCEC visited the National Institute for Health and Care Excellence (NICE) in London. During that visit, our generous hosts provided us with a valuable insight to the workings of NICE and how it sees its role and guideline development evolving in to the future. Furthermore, during that visit and subsequently when Dr Mark Baker from NICE presented at the National Symposium, an offer was made to assist in the work of the NCEC with the opportunity for greater collaboration.

While 2014 was a year of progress and significant achievement, much more needs to be done in further evolving the NCEC's methodologies, streamlining the processes of guideline prioritisation and quality assurance, addressing the Ministerial requests under clinical practice guidance and audit, enhancing communication with guideline developers, and providing them with more support under the headings of economic appraisal and systematic literature reviews.



Professor Hilary Humphreys,
Chairman NCEC

9th February 2015

Introduction from Director of Clinical Effectiveness

The Clinical Effectiveness Unit in the Department of Health (DoH) is now in its second year and its role is to support the health system through leading the clinical effectiveness policy function. The Unit provides strategic direction for the national clinical effectiveness agenda and supports the National Clinical Effectiveness Committee. Clinical effectiveness is important for safe care and it is the extent to which specific clinical interventions do what they are intended to do. This means the right care, in the right place, at the right time, with the right information within available resources.

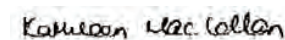
In order to build capacity within the Department there has been an expansion of staff for the Unit with the approval for recruitment of four Clinical Effectiveness Officers. Recruitment occurred during 2014 with Dr. Sarah Condell commencing mid-November and three others will commence in 2015. I look forward to leading this team and enhancing the support that we can provide to the health service in terms of extending the suite of National Clinical Guidelines, National Clinical Audit and general clinical practice guidance.

Clinical effectiveness is a growing agenda and requires stakeholders to collaborate and work together to make a difference in patient safety and quality of care. In 2014 we have worked closely with the HSE Quality and Patient Safety and Clinical Strategy and Programmes Divisions to build partnerships and create shared agendas. In addition I am a member of the Cochrane Ireland Steering Group and Health Information and Quality Authority's (HIQA) Health Technology Assessment (HTA) Prioritisation Advisory Group.

The extension and implementation of the suite of National Clinical Effectiveness Guidelines is identified as a Ministerial and Departmental policy priority and this provides clear policy direction in terms of clinical effectiveness.

The Clinical Effectiveness Unit will continue to work with key stakeholders to progress the clinical effectiveness agenda. We will build our resources for clinicians to enhance the development of clinical guidelines and guidance. This will include a revamped website in 2015.

All NCEC documentation is available on the Department's website:
www.health.gov.ie/patient-safety/ncec



Dr Kathleen Mac Lellan
Director of Clinical Effectiveness

Activities Report

1. National Clinical Effectiveness Committee and Working Group

The NCEC and NCEC Working Group each met four times in 2014. The committee met on April 15th, May 20th, September 9th, October 21st. The Working Group met January 21st, March 24th, April 30th, July 8th. In addition members of the Working Group attended six guideline appraisal meetings. The considerations of the Working Group were presented at NCEC meetings and these informed the discussion and decisions of the NCEC. Summary minutes of NCEC meetings are posted on the NCEC website. Further detail on these guidelines is provided in section 2 of this Activities Report. The following were the main items on the NCEC agenda for 2014.

Prioritisation criteria

A number of issues were considered including criteria utilised, weighting of criteria, international processes of prioritisation and management of commissioned guidelines. This process will be finalised by NCEC in early 2015.

Appraisal criteria

The Working Group collaborated with HIQA and agreed to develop a joint HIQA/NCEC document for Quality Assurance Criteria for Clinical Guidelines which will be published in 2015. In addition, the process of appraisal was reviewed and updated. Updates are detailed in the NCEC (2014) *Framework for Establishment of National Clinical Guidelines*.

Examination of NCEC audit function

The Minister corresponded with the Chairman of NCEC (19th May 2014) and requested that the NCEC progress a national role in prioritising and quality assuring National Clinical Audit. The requirements to establish a national audit role for NCEC were examined in terms of process, support for audit development and NCEC resources. The NCEC audit function will be further developed in 2015.

Peer review

Requirements for peer review of National Clinical Guidelines were considered and a template for peer review agreed.

Commissioned guidelines

The NCEC was requested in October 2013 by the Minister for Health to commission and quality assure four National Clinical Guidelines. The guidelines were recommended following the *Patient Safety Investigation Report into Services at University Hospital Galway* (HIQA, October, 2013).

The guidelines were commissioned by NCEC in November 2013 and led by senior clinicians in the health system:

- Sepsis Management (Leads – Dr Vida Hamilton, Dr Fidelma Fitzpatrick)
- Irish Maternity Early Warning System (Lead – Professor Michael Turner)
- Irish Paediatrics Early Warning System (Lead – Dr John Fitzsimons)
- Communication (Clinical Handover) Maternity Services (Lead – Ms Eilish Croke).

Guideline development was supported by NCEC in 2014. Three of the guidelines were endorsed by the Minister and launched in November 2014. The fourth guideline relates to paediatric early warning systems. This guideline requires testing in the health system prior to NCEC quality assurance and will be published in 2015. A guideline for clinical handover in acute hospitals is in development.

In addition to the availability of the expertise of a Public Health Specialist to the guideline development groups, two research and systematic literature review projects were commissioned and budgets allocated (Table 1).

Table 1: Research and literature review projects

Maternity Early Warning Score (May – July 2014)	€23,935
Paediatric Early Warning Score (June – August 2014)	€20,095

Guideline appraisal

Members of the Working Group chaired and participated in a number of guideline appraisals in 2014. Four guidelines were appraised and were deemed by NCEC to meet the criteria for National Clinical Guidelines in 2014. These guidelines were recommended to the Chief Medical Officer for Ministerial endorsement.

Since it made its first call in January 2012, the NCEC has processed 29 submissions/notices of intent and, since November 2013, four National Clinical Guidelines have been commissioned (Table 2 and Table 3).

Table 2: Clinical guidelines 2012-2014 (non-commissioned)

Date	Submission/ Notice of Intent	Prioritised	Appraised	In Process*	Endorsed
January 2012	15	6	6	6 (Appraisal)	1 (December 2013)
August 2012	4	3	3	3 (Appraisal)	1 (February 2013)
March 2013	4	1	1	1 (Appraisal) 1 (Prioritisation)	
September 2013	2	2	2	2 (Appraisal)	
December 2013	1	-	-	-	
June 2014	-	-	1	-	1 (June 2014)
September 2014	3	-	-	-	
October 2014	-	-	2	2 (Appraisal)	
Total Numbers	29	12	15	15	3

*Guidelines are under NCEC review and/or further information has been sought from guideline groups.

Table 3: Clinical guidelines 2012-2014 (commissioned)

Date	Ministerial Request	Prioritised	Appraised	In Process	Endorsed
November 2013	4	4	-	0	
October 2014	-	-	3	1	3 (November 2014)
Total Numbers	4	4	3	1	3

Support for Guideline Development Groups (GDGs)

NCEC members and the Clinical Effectiveness Unit held a number of meetings and teleconferences with Guideline Development Groups (GDGs) to provide advice, guidance and general support for the on-going development of national guidelines. This included the following GDGs:

- Adult Asthma
- *Clostridium difficile*
- Diagnosis, Staging and Management of Breast Cancer
- Diagnosis, Staging and Management of Prostate Cancer
- Hepatitis C Screening
- Commissioned guidelines - Sepsis Management, Irish Maternity Early Warning System, Irish Paediatrics Early Warning System, Communication (Clinical Handover) Maternity Services
- Palliative Care – Management of Constipation in Adult Palliative Care Patients
- Palliative Care – Pharmacological Management of Cancer Pain in Adults
- Substance Misuse Guideline.

Submission database

Following a scoping exercise in 2013 that detailed the requirements for a dedicated database to process and manage guideline submissions, the Department of Health IT Department has commenced developing this database to facilitate guideline developers and the NCEC.

2. National Clinical Guidelines

National Clinical Guideline No. 1 National Early Warning Score, published in February 2013, was updated to reflect sepsis recognition requirements in August 2014. This update involved the insertion of practical guidance following Recommendations 8, 16, 45 and an updated National Patient Observation Chart.

Four new National Clinical Guidelines were endorsed and launched in 2014 (Surveillance, Diagnosis and Management *Clostridium difficile*, Irish Maternity Early Warning System, Sepsis Management, Communication (Clinical Handover) Maternity Services).

The guidelines were subject to quality assurance by NCEC to ensure that a rigorous methodological process of development had been completed for each guideline.

Methodology for each guideline encompassed:

- a. A multi-disciplinary GDG
- b. Guideline development in line with NCEC methodology
- c. A systematic clinical literature review to underpin guideline recommendations
- d. A grade for each recommendation reflecting the strength of evidence associated with the recommendation
- e. Identification of responsibility for implementation of each recommendation
- f. Consideration of facilitators and barriers to guideline implementation
- g. A budget impact assessment including a systematic economic literature review
- h. An implementation plan, audit criteria and key performance indicators to measure guideline implementation and impact.

National Clinical Guideline No. 3 Surveillance, Diagnosis and Management of *Clostridium difficile* Infection in Ireland (June 2014)

This guideline was developed by the *Clostridium difficile* Subcommittee of the Scientific Advisory Committee of the Health Protection Surveillance Centre (HPSC). The purpose of this guideline is to enhance the safety and quality of patient/resident care by reducing healthcare-associated infection, specifically infection caused by *C. difficile*, through a series of recommendations that reflect best evidence and international practice. Comprehensive implementation of this guideline in all Irish healthcare settings, as part of an integrated infection prevention and control and patient

safety strategy, will ensure that patients/residents with *C. difficile* infection (CDI) are detected in a timely fashion, managed optimally and that cross infection to other patients/residents is minimised. The guideline is relevant to all healthcare staff involved in the care of patients/residents/clients that may be at risk of or have CDI in acute hospitals, long-term care facilities, other institutions and in primary care nationally. The guideline was subject to international peer review by Professor Ed Kuijper, Chair, European Society of Clinical Microbiology and Infectious Diseases study group for *C. difficile*, Executive Committee and Department of Medical Microbiology, Leids Universitair Medisch Centrum, Leiden, The Netherlands and Professor Ciarán P. Kelly, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, USA.



Launch of the *Clostridium difficile* guideline. From left to right, Dr. Kathleen Mac Lellan, Dr. Darina Flanagan, Professor Ed Kuijper, Dr. Fidelma Fitzpatrick, Dr. Tony Holohan

National Clinical Guideline No. 4 Irish Maternity Early Warning System (IMEWS)

The Irish Maternity Early Warning System, known as IMEWS, is a standardised bedside tool developed for use in maternity care to assess basic maternal physiological parameters, and in doing so, assist in the identification of women with developing, established or deteriorating critical illness. IMEWS prompts frontline clinical staff to request a medical review at specific trigger points, using a structured communication tool while following a definitive escalation plan. It is one of three guidelines, recommended by HIQA following the *Patient Safety Investigation Report into Services at University Hospital Galway* (HIQA, October, 2013) and commissioned by the NCEC working in partnership with the HSE Clinical Programmes, expert clinicians, regulatory bodies, postgraduate training bodies, private hospitals and patients. The guideline was published and launched in November 2014.

National Clinical Guideline No. 5 Communication (Clinical Handover) in Maternity Services

This guideline was recommended by HIQA following the *Patient Safety Investigation Report into Services at University Hospital Galway* (HIQA, October, 2013) and commissioned by the NCEC working in partnership with key stakeholders. The Communication (Clinical Handover) in Maternity Services guideline describes the elements that are essential for timely, accurate, complete, unambiguous and focused communication of information in both urgent and routine practice in maternity services. It provides a structured communication tool to reduce variability and promote standardisation of clinical handover practice in maternity services. The guideline was published and launched in November 2014.

National Clinical Guideline No. 6 Sepsis Management

The Sepsis Management guideline makes 60 recommendations on how to manage and treat sepsis, severe sepsis and septic shock and is the third guideline commissioned by the NCEC as recommended by HIQA following the *Patient Safety Investigation Report into Services at University Hospital Galway* (HIQA, October, 2013). Sepsis is the clinical syndrome that is defined by the presence of both infection and a systemic inflammatory response and is the 10th leading cause of death worldwide with an estimated cost to Irish healthcare of €125 million per annum. The GDG used the ADAPTE process with the Surviving Sepsis Campaign Guideline and the Sepsis 6 bundle as the basis for this guideline. The guideline was published and launched in November 2014.



Launch of three guidelines, Irish Maternity Early Warning System, Communications (Clinical Handover) in Maternity Services and Sepsis Management. From left to right, Dr. Kathleen Mac Lellan, Mr. Tony O'Brien, Ms. Eilish Croke, Minister Leo Varadkar, Dr. Vida Hamilton, Professor Michael Turner, Dr. Tony Holohan

3. Implementation of National Clinical Guidelines

National Clinical Guidelines endorsed by the Minister for Health are mandated for implementation in the Irish health system and their implementation will be monitored through the HSE Performance Assurance Reports, compliance with HIQA's *National Standards for Safer Better Healthcare* and increased alignment with the clinical indemnity scheme. Key performance indicators to measure implementation and impact of National Clinical Guidelines have been developed. The HSE Service Plan of 2014 included the following Quality and Patient Safety Performance Indicators that were relevant to national clinical guidelines

National Clinical Guideline No 1

National Early Warning Score (NEWS) (HSE, Quarterly reporting)

% of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals. Target: 95%

% of all clinical staff who have been trained in the COMPASS programme. Target: >95%

National Clinical Guideline No 2, No 3

Healthcare Associated Infections (HSE, Quarterly reporting)

Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used. Target: < 0.057.

Rate of new cases of *Clostridium difficile* associated diarrhoea in acute hospitals per 10,000 bed days used. Target < 2.5.

% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool. Target 90%.

4. Information Technology – Early Warning Systems and Clinical Handover

The consideration of innovative information technology to support implementation of National Clinical Guidelines is the next step in the sustainable integration of evidence in practice. The benefits, risks and costs of such information technology will require systematic consideration. Information technology has the potential to offer a number of advantages in terms of patient safety and quality and these will be considered in this project. Ideally a national approach would be advocated in relation to any decisions around information technology for clinical effectiveness processes. This would promote standardisation and comparability across the county.

The Department of Health considers that four National Clinical Guidelines are of interest in the information technology area:

- No. 1 National Early Warning Score (2013)
- No. 4 Irish Maternity Early Warning System (2014)
- No. 5 Communication (Clinical Handover) in Maternity Services (2014)
- No. 6 Sepsis Management (2014).

HIQA Health Technology Assessment (HTA) Division has commenced a rapid HTA in the area following a request from the DoH. The terms of reference are:

- To review the international clinical evidence on the effectiveness and safety of electronic early warning and clinical handover systems
- To review the available literature on the cost-effectiveness of electronic early warning and clinical handover systems
- Examine and outline key determinants and common emergent themes that support an effective electronic early warning system and clinical handover tool achieving successful outcomes
- Identify electronic EWS/escalation/clinical handover systems that are currently in use nationally
- Identify the resource implications and the associated costs of any potentially clinically effective electronic EWS/escalation/clinical handover systems.

5. Standards for Clinical Practice Guidance

The NCEC was requested by the Minister for Health to develop standards for clinical practice guidance as per recommendation 19 of the Portlaoise Report 2014.¹ This is to ensure consistency of approach and utilisation of appropriate methodology to develop clinical practice guidance nationally.

For the purposes of the work, clinical practice guidance is defined as systematically developed statements or processes to assist clinician² and patient decisions about appropriate health care for specific clinical circumstances with the choice of clinical practice guidance model determined by evidence based criteria. Such models may include but this is not an exhaustive list – National Clinical Guidelines, guidelines, protocols, policies, procedures, checklists, standard operating procedures, care pathways etc. Clinical practice guidance is a broad term that is not to be confused with clinical practice guidelines which is one type of clinical practice guidance.

The Department of Health Clinical Effectiveness Unit commissioned a systematic literature review to support a framework for the development of standards for clinical practice guidance. This will inform the development of the standards, which will be progressed in 2015.

6. Education and Training

The NCEC continued with its programme of education and training for guideline developers and the NCEC committee in 2014. The education objectives were to increase knowledge in key areas of guideline development methodology.

Education and Training for Guideline Developers

Education and training was offered on four days in Q1 and Q2. There were two elements to the training. Morning sessions focused on *Evidence-based healthcare approach to guideline development*. This was presented by Dr. Eve O'Toole and Ms. Eileen Nolan from the National Cancer Control Programme and 36 in total attended. The afternoon session on *Economic analysis for clinical guidelines* was presented by Ms. Michelle O'Neill and/or Dr. Máirín Ryan from HIQA and 46 attended in total.

The call for education and training was over-subscribed so priority was given to those involved in guideline development at a national level where the guidelines are likely to be submitted to the NCEC for appraisal. Attendees crossed the spectrum of roles that make up guideline development teams including librarians; researchers; clinical programme leads, managers and project officers; educators; regulators; and healthcare professionals in practice. Continuing professional development points from relevant professional bodies were given.

Training for NCEC committee

Education and training for NCEC committee members in Q3 consisted of a presentation and discussion by Professor Declan Devane of NUI Galway on the use of GRADE methodology for guideline recommendations

The content of all the education events was evaluated very positively and participants recommended that such education should be available regularly from the NCEC.

¹ HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date). Report to the Minister for Health, Dr. James Reilly TD from Dr. Tony Holohan, Chief Medical Officer. 24th February 2014.

² A clinician is a health professional such as a physician or nurse involved in clinical practice.

7. NCEC Annual Symposium

The NCEC held its second symposium – *Linking Evidence, Policy & Practice* - in Dublin Castle on November 26th 2014 (Appendix 4). The day was attended by over 140 delegates representing the clinical programmes, medicine, nursing, allied health professionals, health librarians, regulation, the public, HSE management and policy. The day was opened by the launch of three new National Clinical Guidelines by Leo Varadkar, Minister for Health.



2nd National Clinical Effectiveness Symposium, November, 2014.

From left to right, Mr. Tony O'Brien, Minister Leo Varadkar, Dr. Tony Holohan

Attendees were asked to complete a short online survey, with 69 respondents providing feedback on the event: 94% thought the content had addressed the theme and for 34% the range of speakers had been what they liked best about the event. Over 70% said that enough time was given to interactive elements (speakers' questions and panel discussion) of the programme but 32% would have liked to hear more on the international experience of guideline development. Suggestions were made for future events.

8. Communications

NCEC continued to build its profile in 2014 through provision of a number of presentations, posters and publications and building its 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.

Presentations

- *The National Clinical Effectiveness Agenda. Tenth Annual Cochrane in Ireland Conference.* (25th January 2014, Dr Kathleen MacLellan)
- *The National Clinical Effectiveness Agenda. Health Sciences Library Group (HSLG)* (22nd May 2014, Dr Kathleen MacLellan)
- *The National Clinical Effectiveness Committee, National Clinical Guideline – Clostridium difficile, Medication Safety Forum.* (2nd July 2014, Dr Kathleen MacLellan)

- *The National Clinical Effectiveness Committee, Patient Safety Conference.* (7th November 2014, Dr Kathleen MacLellan)
- *The National Clinical Effectiveness Committee (NCEC) & Guideline Development.* Continuous Professional Development for Infection Control Link Nurses/Midwives/Practitioners, Letterkenny. (10th December 2014, Prof Hilary Humphreys)

Expert lecture

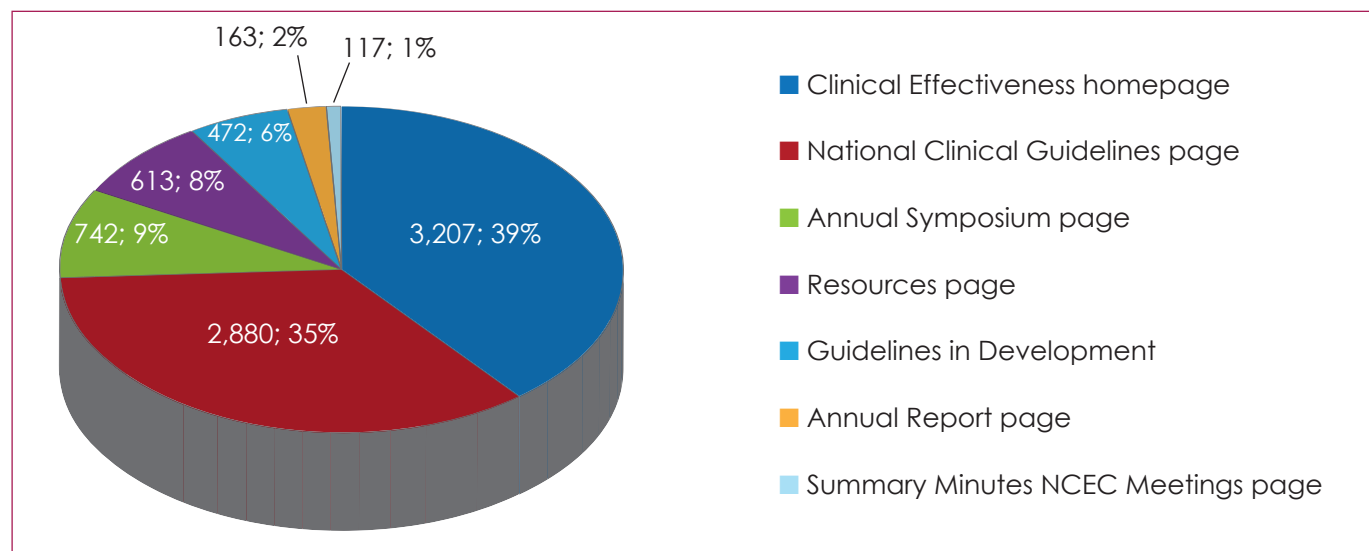
- *Clostridium difficile infections; current and emerging trends.* Professor Ed J. Kuijper, 10th June 2014 RCPI, Department of Medical Microbiology, Leiden University Medical Centre; Center for Infection Control and Prevention of National Institute of Health, Bilthoven, The Netherlands. Academic Posters
- *Clinical Guideline Prioritisation Criteria.* Faculty of Public Health Summer Scientific Meeting, May 21st and 22nd 2014. Dr. Jennifer Martin *et al.*

Website

NCEC information is posted on the patient safety website at www.health.gov.ie/patient-safety/ncec. Information on NCEC publications, activities, education and National Clinical Guidelines is available. Summary minutes of NCEC meetings are also posted on the website.

The figure below shows activity in the form of 'page-views' from when the new Department of Health website went live in May 2014.

Clinical Effectiveness Activity (page-views) on www.health.gov.ie 1/5/2014 - 31/12/2014



Media and Social Media

Press releases are issued for all guideline launches. In 2014, general print press coverage for the Sepsis Guideline was reported in the Irish Examiner, Irish Times and Irish Medical News.

NCEC established a Twitter account in April 2014, @NCECIreland. By end of year there were 207 followers, and 80 retweets had occurred on the week of the annual symposium alone.

Publications

The NCEC has developed a number of publications as a resource to guideline developers and the health service providers. They are intended to provide information on the NCEC and guideline development processes.

All NCEC publications are available at: www.health.gov.ie/patient-safety/ncec

Committee Membership

- Cochrane Ireland Steering Group
- HIQA, HTA Prioritisation Advisory Group

Health Research Board - Strategic Business Review

The NCEC participated in the consultation for the Health Research Board's Strategic Business Review in 2014. The significant contribution of HRB initiatives in building clinical effectiveness capacity to date, such as evidence reviews and training facilitation, was acknowledged.

NCEC Priorities 2015

The NCEC has developed a strategic programme of work for 2015 to progress the clinical effectiveness agenda. This work will involve commissioning of critical clinical guidelines, supporting guideline development groups, developing an audit function and building capacity for guideline development in the health system. Through strategic leadership the NCEC will continue to build and expand clinical effectiveness processes to drive the delivery of evidence-based care.

1. National Clinical Guidelines

The NCEC will progress the commissioning and quality assurance of National Clinical Guidelines mandated from the HIQA University College Hospital Galway Report (2013). The remaining guidelines are:

- National Paediatric Early Warning Score Guideline
- Clinical Handover – Acute Hospitals.

Additional National Clinical Guidelines (non-commissioned) will be supported.

NCEC will publish updated prioritisation criteria for National Clinical Guidelines and in partnership with HIQA updated quality assurance criteria for National Clinical Guidelines.

2. National Clinical Audit

The NCEC has a mandate to develop and agree national clinical audit prioritisation and quality assurance criteria through its terms of reference. It is planned to develop these criteria and NCEC processes to quality assure national clinical audit in 2015. Activities are likely to include:

- Applying criteria for the prioritisation of National Clinical Audits for the Irish healthcare system.
- Applying criteria for quality assurance of National Clinical Audits for the Irish health system.
- Disseminating a template on how National Clinical Audits should be structured and with what methodology a National Clinical Audit should be pursued.
- Recommending National Clinical Audits, which have been quality assured against these criteria, for Ministerial approval within the Irish health system.
- Facilitating with other agencies the dissemination of endorsed National Clinical Audits outcomes to front-line staff and to the public in an appropriate format.
- Reporting periodically on the implementation and outcomes of National Clinical Audits.

3. National Standards for Clinical Practice Guidance

NCEC will develop and publish standards for clinical practice guidance.

4. Collaborate with State Claims Agency

NCEC will collaborate with the State Claims Agency to increase alignment of clinical indemnity with National Clinical Guideline implementation.

5. Capacity building

The NCEC recognises the requirement to build capacity for guideline development in the system specifically in terms of carrying out systematic evidence reviews, economic analysis, pharmacoeconomic assessments, health technology assessments and the grading of recommendations. In order to address this requirement for the healthcare system, support and a programme of education including web material will be provided in 2015.

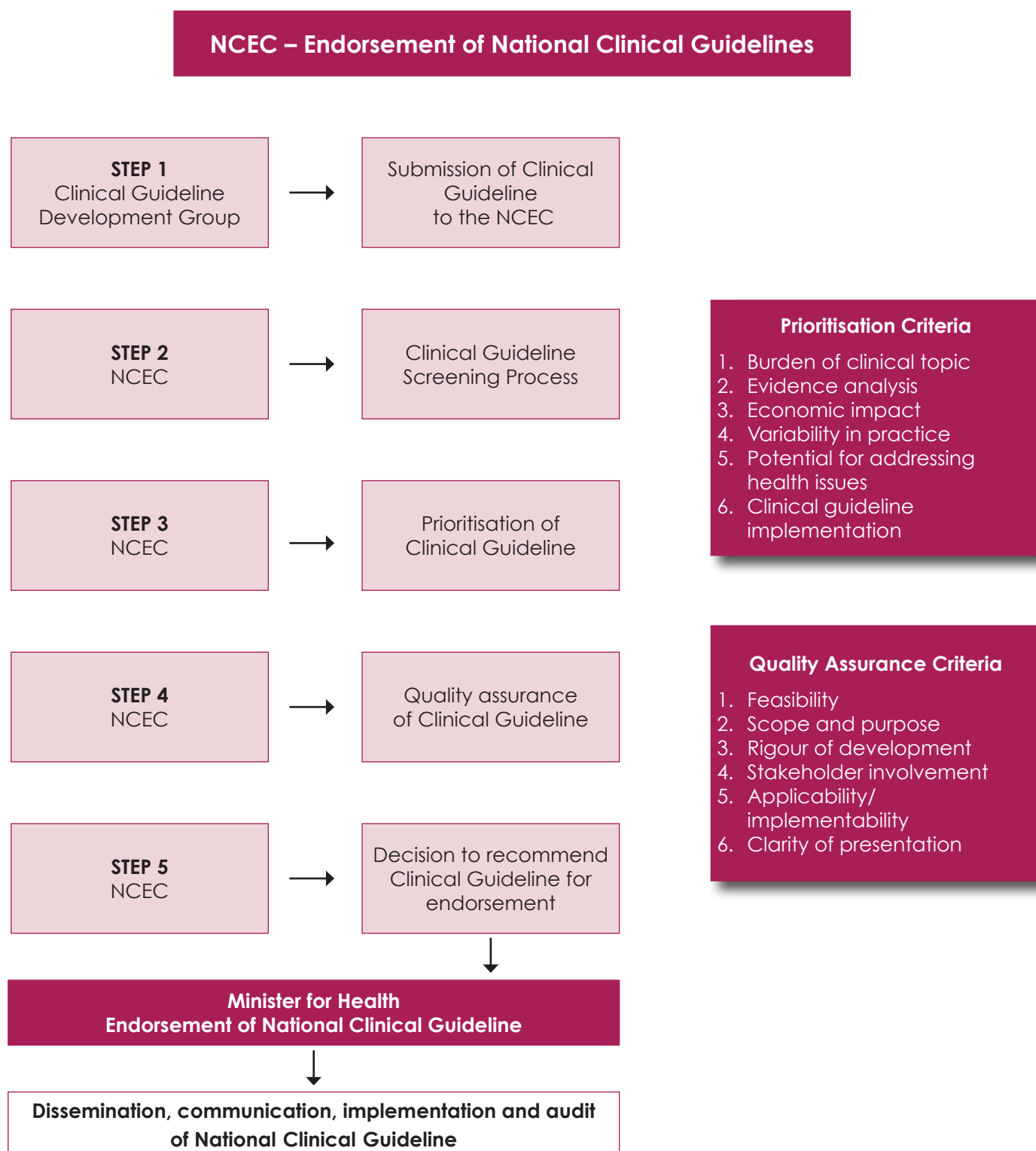
6. International partnerships

The NCEC will build partnerships nationally with key agencies (e.g. HIQA, HRB, State Claims Agency) to support (a) capacity building for the NCEC and (b) implementation of clinical guidelines.

Relationships with international guideline agencies such as NICE, The Scottish Intercollegiate Guidelines Network (SIGN), and Guidelines International Network (GIN) will be explored to create an international connectedness and to explore potential synergies and partnerships.

Appendix 1

NCEC Guideline Endorsement Process



Appendix 2

NCEC Membership and Meeting Attendance 2014

	15th April 2014	20th May 2014	9th Sept 2014	21st Oct 2014	
Prof Hilary Humphreys Chairman	✓	✓	✓	✓	4/4
Ms. Fiona Cahill Manager, National Office of Clinical Audit	✓	✓	✓	✓	4/4
Ms. Edel Callanan Therapy Professions Committee	✓	✓	✓	✓	4/4
Dr. Ian Callanan Medical Director, Aviva Health Insurance Ireland Ltd	✓	✓	✓	✓	4/4
Dr. Bernadette Carr Medical Director, VHI					0/4
Dr. Aine Carroll Director of Clinical Strategy and Programmes, HSE	✓	✓	✓	✓	4/4
Dr. Sarah Condell Nursing and Midwifery Research Lead, HSE Office of Nursing and Midwifery Services *Resigned 28th October	✓	✓	✓	✓	4/4
Ms. Margaret Dawson Patient Representative, National Advocacy Unit, HSE					0/4
Prof. Declan Devane Nursing and Midwifery Education Bodies	✓	✓	✓		3/4
Dr. Colin Doherty Programme Lead, Epilepsy, HSE		✓	✓		2/4
Ms. Patricia Gilheaney Chief Executive Officer, Mental Health Commission		✓	✓		2/4
Dr. Tamasine Grimes Pharmaceutical Society of Ireland	✓	✓	✓		3/4
Dr. Paul Kavanagh Head of Professional Competence, Irish Medical Council, Health and Social Care Regulatory Forum		✓			1/4
Mr. Leo Kearns National Lead, Transformation and Change, HSE			✓		1/4
Ms. M Kehoe-O'Sullivan Director Safety and Quality Improvement, HIQA	✓		✓	✓	3/4
Dr. Mark Ledwidge Heartbeat Trust			✓	✓	2/4
Dr. Kathleen Mac Lellan Director of Clinical Effectiveness, Department of Health	✓	✓	✓	✓	4/4

	15th April 2014	20th May 2014	9th Sept 2014	21st Oct 2014	
Ms. Claudia McGloin Patient Representative, National Advocacy Unit, HSE	✓			✓	2/4
Dr. Jennifer Martin Consultant in Public Health, HSE (W/G)		✓	✓	✓	3/4
Ms. Cliona Merrigan GloHealth					0/4
Dr. Deirdre Mulholland Deputy Chief Medical Officer, Department of Health	✓	✓			2/4
Ms. Maureen Nolan Irish Association of Directors of Nursing and Midwifery	✓		✓	✓	3/4
Dr. Susan O'Reilly National Director of Cancer Control Programme		✓			1/4
Prof. Ronan O'Sullivan Forum of Postgraduate Medical Training Bodies *Resigned 13th September					0/2
Dr. Ailis Quinlan Head of Clinical Indemnity Scheme *Retired 30th July		✓			1/2
Ms. Noreen Quinlan Laya Healthcare					0/4
Dr. Anne-Marie Ryan Chief Education Officer, Nursing and Midwifery Board, Health and Social Care Regulatory Forum *Resigned 29th September		✓			1/3
Dr. Kieran Ryan Chief Executive Officer, Irish College of General Practitioners		✓			1/4
Dr. Máirín Ryan Director of Health Technology Assessment, HIQA	✓	✓		✓	3/4
Ms. Catherine Whelan CEO, Independent Hospitals Association Ireland					0/4

Appendix 3

NCEC Working Group Membership and Department of Health Clinical Effectiveness Support

NCEC Working Group	
Ms. Marina Cronin	National Office of Clinical Audit
Ms. Mary Farrelly	Nurse Lecturer, Dublin City University
Dr. Jennifer Martin	Consultant in Public Health, HSE
Dr. Declan McKeown	Consultant in Public Health, HSE
Ms. Eileen Nolan	Project Manager, National Cancer Control Programme
Ms. Michelle O'Neill	Senior Health Economist, HIQA
Dr. Eve O'Toole	Research and Evaluation Manager, National Cancer Control Programme
Dr. Miriam Owens	Public Health Specialist, DoH
Dr. Donna Tedstone	Programme Manager , HRB

Department of Health Clinical Effectiveness Support in 2014	
Director of Clinical Effectiveness	Dr. Kathleen Mac Lellan
Specialist Public Health	Dr. Mary O'Riordan
Clinical Effectiveness Officer	Dr. Sarah Condell (from Nov 2014)
Assistant Principal	Susan Reilly
Higher Executive Officer	Paula Monks
Staff Officer	Antoinette Treacy
Clerical Officer	Anne Devlin

Appendix 4

NCEC Annual Symposium Programme 2014

2nd National Clinical Effectiveness Symposium
Wednesday 26th November 2014
Dublin Castle

**NATIONAL
 CLINICAL
 EFFECTIVENESS
 COMMITTEE**

Theme – Linking Evidence, Policy and Practice

8.30-9.00	Registration
9.00-9.15	Welcome and opening address <i>Dr. Tony Holohan, Chief Medical Officer, Department of Health</i>
9.15-9.45	Minister's Address and Launch of National Clinical Guidelines <i>Mr Leo Varadkar, Minister for Health</i>
9.45-10.00	Clinical Effectiveness – Models for the Future <i>Professor Hilary Humphreys, Chair NCEC</i>
Chairperson 10.00-10.45	Dr Kathleen Mac Lellan, Director of Clinical Effectiveness, Department of Health Linking Evidence to Practice <i>Professor Mark R Baker, Director, Centre for Clinical Practice, National Institute for Health and Care Excellence (NICE)</i>
10.45-11.00	Clinical Effectiveness – the Corporate Agenda <i>Mr Tony O'Brien, Director General, HSE</i>
11.00-11.15	Panel - Questions and Answers
11.15-11.45	Coffee
Chairperson 11.45-12.30	Dr Michael Shannon, Director of Nursing and Midwifery Services, HSE Clinical Effectiveness – Thinking Globally – Acting Nationally – Working Locally <i>Dr Fidelma Fitzpatrick, Consultant Microbiologist and Senior Lecturer RCSI and Beaumont Hospital</i> <i>Ms Eilish Croke, Programme Manager, National Clinical Programme for Acute Medicine, HSE</i> <i>Dr Colm Henry, National Clinical Advisor and Programme Lead for Acute Hospitals, HSE</i>
12.30-12.45	Panel – Questions and Answers
12.45-2.00	Lunch
Chairperson 2.00-2.45	Dr Áine Carroll, National Director for Clinical Strategy and Programmes Division, HSE National Clinical Guidelines – a System to Support Clinical Decisions <i>Dr Vida Hamilton, National Clinical Lead (Sepsis Workstream), HSE</i> <i>Professor Michael Turner, Clinical Lead, National Clinical Programme for Obstetrics and Gynaecology, HSE</i> <i>Dr John Fitzsimons, Consultant Paediatrician and Clinical Director for Quality Improvement, HSE</i>
2.45-3.00	Panel – Questions and Answers
Chairperson 3.00-3.45	Dr Philip Crowley, National Director Quality Improvement Division, HSE Clinical Effectiveness Opportunities for Supporting Change – Providing Evidence for Sustainable Healthcare Improvements <i>Mr Leo Kearns, National Lead, Transformation and Change, HSE</i>
3.45-4.00	Questions and Answers
4.00	Close – Professor Hilary Humphreys

 **An Roinn Sláinte**
 DEPARTMENT OF HEALTH

Tús Áite do
 Shábháilteacht 1 Othar
 Patient Safety 1 First



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