Building a Better Health Service
CARE COMPASSION TRUST LEARNING

Healthcare Audit

End of year Report 2018

Quality Assurance and Verification

March 2019

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1. Introduction

Healthcare Audit (HCA) is an objective, internal assurance activity designed to add value and improve the safety and quality of health and social care services. As part of Quality Assurance and Verification (QAV) - it plays a key role in the assurance framework of the Health Service Executive (HSE). It supports senior management at local and national level by providing a systematic, disciplined approach to evaluating and improving the effectiveness of their governance, accountability, control and risk management processes.

The primary aim of HCA is to seek sufficient evidence to provide a level of assurance to local and national senior management on the quality and safety of health and social care services. HCA makes recommendations to inform quality improvement and supports the HSE in achieving its goals by:

- Providing valuable and evidence based information to inform decision making on quality improvement at local and national level,
- Testing the effectiveness of internal controls that are identified to manage risk,
- Providing evidence for managers in relation to signing the Statement of Internal Control, and
- Identifying good practice for sharing, learning and implementation across the system.

2. Healthcare Audit Plan 2018-2019

Prior to 2017, Healthcare Audits were entered onto the Healthcare Audit plan based on requests from National Directors, and the National Patient Safety Office (NPSO) within the Department of Health.

Since 2018 Healthcare Audits are prioritised based on key organisational risks as determined from the following sources:

- The risk register
- Gaps in the control assurance process
- The analysis of complaints
- The analysis of serious incident investigation reports
- The National Patient Experience Survey (NPES)

The Healthcare Care Audit function also continues to undertake a small number of unscheduled audits each year based on emerging safety concerns.

The Healthcare Audit Plan for 2018-2019 was signed off by the HSE Risk Committee and Leadership Team and was published in March 2018. This plan includes Healthcare Audits related to all key risk and patient safety issues, and almost all Healthcare Audits on the plan span both acute and community services.

3. Healthcare Audits Completed and in Progress

During 2018 the Health Care Audit team undertook;

- ***45*** individual audits based on 5 national guidelines, standards and policies. Individual site audit reports were issued to the sites concerned.
- ***1*** unscheduled audit related to *compliance with guidelines for referral documentation sent by the National Counselling Service (NCS) to TUSLA*. This unscheduled audit was prioritised on foot of issues identified related to referral documentation between the NCS and TUSLA via the *Tribunal of Inquiry into Protected Disclosures* made under the Protected Disclosures Act (2014) (i.e. the Disclosures Tribunal).

An unscheduled project to validate the information related to the 221 women impacted by the Cervical Screening issue was commenced by Healthcare Auditors in December 2018 and was due to be completed in early 2019.

Tables 1 and 2 below outline the HCA Summary reports completed by the HCA team in 2018 and the status of the remaining audits on the 2018/2019 audit schedule at December 2018. A Healthcare Audit Summary report including executive summaries on each site audit for each audit topic, combining the main findings and recommendations, was issued to the relevant National Director of the service or area subject to audit. Three out of five of these were also published to the HSE website. The unpublished HCA Summary Reports related to (i) the NEWS audit, and (ii) the Multidisciplinary Clinical Handover audit, will be published following consideration by the HSE Risk Committee and Leadership Team in March 2019.

Table 1: Audits completed in 2018

Ref. Code	Audit Title	Number of Audit Sites	Requested By	Completed
QAV002/2017	Audit of compliance with Section 7.2.3 of the ***Safety Incident Management Policy 2014*** in relation to the decision not to proceed to investigation of serious reportable events (SREs)	9	QAV	January 2018
QAV004/2017	Audit of the Health Service Executive (HSE) National Counselling Service(NCS) ***Guidelines on Risk Management and Child Protection in the context of Counselling / Therapy*** (December 2012) with specific reference to the referral documentation sent by the NCS to TUSLA-The Child and Family Agency.	10	Community Operations/ Mental Health[1]	April 2018
QAV007/2017	Audit of compliance against Standard 3 of the HSE Standards and Recommended Practices for ***Healthcare Records*** in Intellectual Disability Services and Maternity Services	8	QAV	June 2018
QAV006/2017	Audit of compliance with implementation of ***Clinical Handover (Communication)*** in acute hospital services, children's hospital services and maternity services as set out in the National Clinical Guidelines (NCGs) No 5 and No 11	9	NCEC	August 2018
QAV005/2017	Audit of Implementation of selected recommendations from the National Clinical Guideline on the ***National Early Warning Score*** (2013)	9	CSP[2]/QAV	December 2018

Table 2: Status of audits as per the 2018/2019 HCA Plan at December 2018

Ref. Code/ Theme	Audit Title	Number of Audit Sites	Requested By/source of intelligence	Status December 218
QAV001/2018	Audit of compliance with the *Guidance relating to* ***Carbapenemase Producing Enterobacterales*** *(CPE) for Long Term Care Facilities for Older People (June 2018)*	6	Complaints analysis, risk register	Underway
QAV002/2018	Audit of compliance with the HSE "***Policy on the Prevention and Management of Work-related Aggression and Violence*** *(2018)"*	6	Incident analysis	Underway
QAV003/2018	Audit of compliance with selected criteria from the HSE PPPGs 003/4/8 on the ***home births service***	4	Clinical Governance Group for Home Birth Service	Underway
QAV004/2018	Audit of compliance with selected criteria from the HSE Guidelines for Staff: ***School Immunisation Programme*** (2017/2018 & 2018/2019)	TBC	Health and Wellbeing	In scoping

[1] This audit was requested by the National Director of Mental Health Services. At the time the audit was complete, the role of the National Director of Mental Health Services was abolished and the former National Director of Mental Health Services had become the National Director for Community Operations.

[2] This audit was requested by the National Director of Clinical Strategy and Programmes CSP, and the National Director of QAV

Ref. Code/ Theme	Audit Title	Number of Audit Sites	Requested By/source of intelligence	Status December 218
Nutrition and hydration	Audit of compliance of HIQA ***National Quality Standards for Food and Nutrition*** for Residential Care Settings for Older People in Ireland, (2015), and related equivalent standards for other care settings	TBC	Incident analysis, risk register, NPES[3]	In scoping
QAV001/2018	Audit of compliance with the requirements for screening of patients for ***Carbapenemase-Producing Enterobacteriales (CPE)*** in the Acute Hospital Sector	TBC	Complaints analysis, risk register	In scoping
Core QPS structures and processes	Audit of compliance with HSE National ***Framework for Developing Policies, Procedures, Protocols and Guidelines*** (PPPGs) (2016)	Desk top audit with interviews	Incident analysis	Pre-scoping
Validation audits of core QPS Structures	***1. Incident Management Framework (2018)*** ***2. Integrated Risk Management Policy (2016)*** ***3. Quality and Safety Committees Guidance (2016)*** 4. ***Open disclosure policy (2013)***	TBC	Incident analysis, controls assurance	Pre-scoping[4]
Pressure ulcers	Audit of compliance with standards for the ***assessment of pressure ulcers***	TBC	Incident analysis	Pre-scoping
Diabetic foot	Audit of Diabetic foot in primary care as set out in ***the Model of Care for the Diabetic Foot*** (HSE 2011)	TBC	Former ND CSP[5]	Pre-scoping
MERU[6]	Audit of compliance with ***Cardiology in radiology***	TBC	MERU	Pre-scoping
Discharge planning, medication safety, and management of complex patients	Audit focusing on (a) ***Information provided to patients*** about their condition and how to care for themselves at home; (b) Information about who to contact in case of concerns/deterioration; (c) Information about medicines including about side effects and medicines reconciliation (d) Care planning for management of complex patients with multiple co-morbidities	TBC	Incident analysis, complaint analysis, NPES	Pre-scoping
INAD	Repeat of Irish ***National Audit of Dementia*** (INAD) including considering continence and toileting	TBC	Incident analysis, NPES	Pre-scoping
Falls	Audit of compliance with standards on ***falls prevention and management*** related to: (a) adherence to risk assessment recommendations; (b) imaging following fall; and (c) contact with relatives following falls	TBC	Incident analysis, complaint analysis	Pre-scoping
Safeguarding	Audit of compliance with HSE National Policy and Procedures for ***Safeguarding Vulnerable Persons at Risk of Abuse*** (2014)	TBC	Risk Register	Pre-scoping

4. Healthcare Audits Completed 2011 – 2018

Since January 2011, 81 audits on various national policies and other processes have been completed, which involved 367 individual site audits. These audits related to sites within acute, community, and corporate settings.

5. Healthcare Audit Aggregated Report Recommendations 2018

Audit site reports containing local recommendations were issued to the Senior Most Accountable Person (SMAP) for implementation in the site concerned.

Healthcare Audit Summary reports aggregating data from individual site audits for each audit topic were issued to the SMAP at national level - usually a National Director(s). These set out recommendations for

[3] NPES: National Patient Experience Survey
[4] The Audit Tools for site self-assessment against these PPPGs are in development
[5] ND CSP: National Director Clinical Strategy and Programmes.
[6] MERU: Medical Exposure Radiation Unit.

implementation by the SMAP at national level and any good practice initiatives found during an audit so that they could be shared across the system as appropriate. Summaries of the key points from these reports are included in Appendix 1.

22 recommendations were directed to SMAPs at National level in respect of the five Healthcare Audit Summary reports completed for each audit topic completed in 2018. Recommendations can be considered under a number of themes, for example, "policies, procedures, protocols and guidelines (PPPGs)" refer to a recommendation to revise a policy whilst a recommendation on "communication" refers to improving information sharing, learning from incidents, collaboration across community operations and hospital groups, etc. The number and percentage of recommendations pertaining to each theme are outlined in table 4 below.

Table 4: Recommendations included in Healthcare Audit Summary reports by theme Jan – Dec 2018

Recommendation Theme	Number	Percentage
Communication	5	22.73%
Local Audit	2	9.09%
Policies, Procedures, Protocols and Guidelines (PPPGs)	8	36.36%
Risk Management and Controls	1	4.55%
Training / Supervision	3	13.64%
Assurance	2	9.09%
Database/ICT	1	4.55%
Total	**22**	**100%**

Table 4 shows that over half of the recommendations related to communications or PPPGs.

Analysis of the top six categories of recommendations made over the last five years 2014 to 2018 (see Table 5 below), illustrates that recommendations made in relation to documentation/records management did not feature in the 2018 audit reports.

Table 5: Top Recommendations by Theme 2014 – 2018

Recommendation Theme	2014	2015	2016	2017	2018
Communication	12%	12%	27%	5%	23%
Documentation and Records Management	24%	27%	20%	49%	0%
Governance / Accountability	18%	10%	5%	0%	9%
PPPGs	14%	12%	10%	23%	36%
Risk Management and Controls	5%	7%	12%	13%	5%
Training / Supervision	15%	16%	17%	8%	14%

It is important to note that the change in percentage rates from year to year may be a reflection of the type of audits selected for inclusion in the HCA schedule in a given year and this accounts for what may seem like a dramatic increase or decrease in one particular theme.

Implementation of recommendations

Implementation of HCA recommendations continues to be a challenge across the HSE. The HCA Summary Report related to the audit of compliance with the HSE Healthcare Records Management Standard

identified that some recommendations made in previous audits in 2013, 2014, and 2015 – had not been implemented.

Strengthening processes for tracking the status of recommendations was a priority in 2018. This included engagement between HCA and Internal Audit (IA) to align HCA processes with Internal Audit processes for this. In 2018, we recommenced collecting data from the SMAPs at National Level about the status of recommendations made in Healthcare Audit Summary reports. A process to commence collecting data about the status of site recommendations is scheduled to commence in January 2019. A report on this will be furnished to the ND of QAV and to the March meeting of the HSE Risk Committee, and the Leadership Team.

Learning about issues identified across audit topics and over time

Summary Healthcare Audit reports across audit topics and across years have identified a theme related to issues with finding verifiable documentation about the proportion of staff that should attend certain training and the proportion that actually have attended at any given time. The Open Disclosure Audit (2017); the Clinical Handover Audit (2018), and The NEWS Audit (2018) - highlighted this. Collaboration between Human Resources, the Office of the Chief Information Officer, and Community and Acute Operations may be required to further explore and solve this problem.

6. Learning from the new approach to prioritising Healthcare Audits

Learning from HCA processes related to the development and implementation of Policies, Procedures, Protocols and Guidelines (PPPGs) within the HSE and HSE funded services was reflected in a report submitted by the HCA Team to the National Director for QAV in September 2018. This report made two recommendations. Firstly, it recommended that the HSE should have structures and processes in place to:

- Prioritise the development of National PPPGs to address key risks identified by risk information. The learning from the HCA process may inform the development of these national PPPGs.
- Ensure that PPPGs are of appropriate scope to address the risk issues, including that they clearly state that they cover HSE funded services (i.e. section 38 and 39 services) and non-statutory voluntary services and hospitals where applicable to the risk area.
- Ensure that PPPGs are conveyed to all relevant Senior Most Accountable Persons (SMAPs) and sites that fall under the scope of the PPPG, and that they are referred to in Service Level Agreement (SLA) documentation where appropriate.
- Ensure that, where a national lead for the development and support for the implementation of a national PPPG leaves their position, appropriate due diligence, succession planning, and continuity planning occur so that no momentum is lost in relation to the development and implementation of the PPPG.
- Ensure that draft PPPGs are signed off as soon as possible.
- Ensure that there is adequate detail in national PPPGs to prevent the need for local PPPGs, and to prevent local variation as far as this is reasonably practicable. Local PPPGs, and local variation in practice should only occur where there is evidence that this is necessary in the interest of safety.
- Ensure that there is appropriate ongoing engagement between national PPPG developers and local implementers so that the experience of local implementation informs the process of reviewing and updating national PPPGs.

Secondly, it recommended that the HSE should ensure that a national repository for PPPGs was established.

7. Staffing of the Healthcare Audit function

During this year, two new Healthcare Auditors were recruited. One commenced working in 2018. The other is scheduled to take up position in early 2019. One of the two General Managers (GM) on the Healthcare Audit team took a long term career break in March 2018. A recruitment process to replace this GM was successful with the replacement GM due to take up position on the 1st of April 2019. Including the Healthcare Auditor that is due to take up position in early 2019, the current number of members on the HCA Team is 19.

8. Training

The HCA team has a training sub-group which continuously considers the training and developmental needs of the team in the context of organisational objectives, and the HCA schedule. Arising from this, the HCA team completed a significant programme of training this year including - but not limited to - the following:

- Introduction to ISO 9001 Standard: Quality Management System 1 day training
- ISO 9001 Standard: Quality Management System – Internal Auditor 2 day training
- Data Management and Statistics 2 day training by the Centre for Support and Training in Analysis and Research, UCD
- Various Chartered Institute of Internal Auditors (CIIA) CPD[7] Training Courses

9. Membership of the Chartered Institute of Internal Auditors [CIIA]

The CIIA is the professional body for internal auditors across Ireland and the UK. All members of the HCA team became members of the CIIA in December 2018.

As members of the CIIA, Healthcare Auditors agree to:

- Abide by the CIIA Code of Professional Conduct and Code of Ethics,
- Comply with the International Standards for the Professional Practice of Internal Auditing, and
- Uphold the CIIA Continuous Professional Education Policy.

The HCA Team has accepted an invitation from the CIIA to contribute to the establishment of a special interest group for HCA within the CIIA.

Through the CIIA, the HCA team has been in contact – and commenced collaboration - with Heads of Internal Audit functions within the NHS that conduct audits similar to those conducted by both the Healthcare Audit and the Internal Audit functions in the HSE[8].

10. Communication about Healthcare Audit

The report of the Rapid Appraisal of the HCA function recommended that the function should enhance its profile among stakeholders through publication of reports, use of the internet, E-zines, presentations, and attendance at conferences.

To this end, the HCA function continued to publish its Summary HCA Reports to the Quality Assurance and Verification (QAV) HCA page on the HSE website. It published an article about HCA in the Autumn edition

[7] CPD: Continuous Professional Development

[8] Healthcare Audit and Internal Audit are both internal audit functions within the HSE. They both provide level three assurance according to the HSEs assurance framework (2015). Internal Audit, audits compliance with financial and HR standards and regulations. Healthcare Audit, audits compliance with all other clinical and non-clinical standards related to community, acute, and corporate operations and services.

of “Health Matters”. An information pamphlet entitled *“Healthcare Audit – Working together with you”* was circulated via the HSE Broadcast e-mail service in October. The Assistant National Director for Healthcare Audit accepted invitations to deliver presentations about HCA at the Royal College of Physicians of Ireland (RCPI) Diploma on Essential Leadership Skills for New Consultants in May, and at the National Patient Safety Conference in November.

11. Conclusion

During 2018 the HCA team completed ***45*** Healthcare Audit topics across 5 audit themes. This significant amount of work contributed evidence based recommendations at local level to support sites to develop quality improvement plans for individual health and social care services. The aggregation of data from site audits into Summary Healthcare Audit Reports that went to SMAPs at national level provided valuable information and intelligence to HSE National Directors to inform decision making and overall development of higher quality, responsive and consistent services nationwide.

We thank our service user representatives for their contribution to the development of our Standard Operating Procedures. We also thank every individual from the various parts of the HSE for their support and co-operation for the audits we completed in 2018. We acknowledge the important support of the Risk Committee.

Finally, we would like to thank our Healthcare Audit team colleagues for their hard work and commitment to excellence and innovation. Their exhaustive pursuit of evidence of compliance with controls developed to manage key organisational risks is vital in order for us to provide assurance, add value, and contribute to improved safety and quality of health and social care services.

Mr. Patrick Lynch, National Director, Quality Assurance and Verification

Ms. Cora McCaughan, Assistant National Director, Healthcare Audit, Quality Assurance and Verification

Appendix 1 - Summary of Objective, Scope and Recommendations of Summary Healthcare Audit Reports completed in 2018

Referral documentation sent by the National Counselling Service to TUSLA

QAV 004/2017 - Audit of the Health Service Executive (HSE) National Counselling Service (NCS) guidelines on Risk Management and Child Protection in the context of Counselling/Therapy (December 2012) with specific reference to the referral documentation sent by the NCS to TUSLA – The Child and Family Agency.

Audit Aim/Objective:

The aim of this audit was to provide assurance that completed referral documentation adhered to the NCS guidelines and that counsellor/therapists had received child protection training and education.

The objectives of this audit were:

1. To examine the referral documents issued from the NCS to TUSLA in 2016 to determine if the NCS guideline in relation to the referral documentation procedure was adhered to in each case sampled
2. To review a sample of training records of counsellor/therapists working in the NCS with specific reference to child protection training and education.

Number of Individual Sites Audits: 10 (All community sites)

Details of Sites: Harbour Counselling Service; Rian Counselling Service; ALBA Counselling Service; NCS South East; Laragh Counselling Service; NCS Midlands – The Arches; NCS Midwest – Re Nua; AVOCA Counselling Service; NCS Northwest Counselling Service; Newcastle Counselling Service.

Key Audit Findings: The audit team was able to provide reasonable assurance that the referral documentation issues to TUSLA from seven counselling sites adhered to the NCS guidelines. Two sites received limited assurance and in the remaining site no referrals were made in 2015/16. The auditors identified that counsellor/therapists had engaged in education and child protection training activities and such activities were ongoing at all services but were not documented in a systematic manner in nine sites.

Audit Recommendations:

The National Director of Community Operations:

1. Ensure that the NCS guideline is updated immediately using the HSE National m for Developing Policies, Procedures, Protocols and Guidelines (2016) and to include references to the following:
    a. The changes that have occurred over the last five years i.e. the establishment of TUSLA, the changes in legislation; Children First Act, the new Retrospective Abuse Report Form issues by TUSLA in December 2017 and the HSE Child Protection and Welfare Policy (2016).
    b. Provide instruction on the type of referral documentation that must be completed when sending reports to TUSLA.
    c. Provide guidance to counsellor/therapists working in CiPC[9].
    d. Once revised, the NCS guideline should be approved and communicated formally to all services that are under the remit of the NCS. The NCS guidelines must continue to be reviewed and updated on a regular basis as the need arises.
2. Must instruct the Directors of Counselling in the NCS to remove all outdated Retrospective Abuse Notification Forms and Standard Report Forms in circulation.
3. Ensure that the Directors of Counselling develop and maintain a central data base of all child protection education and training completed by counsellor/therapists to include the details of training content, attendees and attendance dates.
4. Ensure that all referrals sent to TULSA are formally acknowledged ant that evidence of this is held on the client file.

[9] CiPC: Counselling in Primary Care

Decision not to proceed to investigation of serious reportable events (SREs)

QAV 002/2017 – Audit of compliance with Section 7.2.3 of the Safety Incident Management Policy (SIMP) (2014) in relation to the decision not to proceed to investigation of serious reportable events (SREs).

Audit Aim/Objective: The aim of this audit was to provide assurance that healthcare providers were compliant with section 7.2.3 SIMP in relation to the decision not to proceed to an investigation of a SRE.
THE objective of this audit was to examine all relevant documentation to determine if section 7.2.3 of the national policy was adhered to in each case sampled.

Number of Individual Sites Audits: Nine sites including 6 Acute sites and 3 Community sites.

Details of Sites: Dublin Midlands Hospital Group; Ireland East Hospital Group; Royal College of Surgeons of Ireland Hospital Group; SAOLTA Hospital Group; South/South West Hospital Group; University of Limerick Hospital Group; Community Health Organisation (CHO) 2; CHO5; and CHO7.

Key Audit Findings: The audit team found that five of the six HGs were substantially compliant with section 7.2.3 of the SIMT. Two out of the three CHO Areas were substantially compliant also. One HG and one CHO area were found to be non-compliant; however, this was based upon the review of one SRE in each service respectively.

Based on the documentary evidence reviewed for 25 SREs, the audit team could provide reasonable assurance that the majority of services were substantially complaint with section 7.2.3 of the SIMP. Three healthcare providers were found to be non-compliant with the following two specific aspects of the policy as follows:

- No documentary evidence was found that staff and local QSC[10] (or equivalent) were informed of the decision not to investigate, and
- No documentary evidence was found that the local QSC (or equivalent) sought assurance that the decision not to investigate was appropriate.

The main area of non-compliance found was that the majority of the incidents rated as major and extreme included in the audit were not notified to the SAO with the 24 hour timeframe stipulated within the SIMP.

Audit Recommendations: The National Director of Quality Assurance and Verification Division should ensure that a communication is issues/re-issued to all service drawing attention to:

1. The use of the NIRF[11] as the single incident report for and the NIMS as the primary incident reporting system for the HSE and HSE funded agencies.
2. The recently published HIQA National Standard for the Conduct of Rebiew of Patient Safety Incidents and the national compliance requirement to notify the SAO within 24 hours of incident occurrence.

Healthcare Records Management

QAV 007/2017 - Audit of compliance with Standard 3 of the HSE Standards and Recommended Practices for Healthcare Records Management (V3.0) in Intellectual Disability Services and Maternity Services.

Audit Aims/Objectives: The aim was to provide assurance that the selected sites were compliant with Standard 3 for the criteria audited.
The objectives of this audit were to determine:

1. The level of compliance with specific criteria selected from Standard 3 of the *HSE Standards and Recommended practices for Healthcare Records Management V 3.0* in four maternity unites within acute hospital sites and four Intellectual disability service providers.

[10] QSC: Quality & Safety Committee
[11] NIRF: National Incident Report Form

2. The communication, training and induction strategies adopted and implemented by the sites audited following publication of the *HSE Standards and Recommended Practices for Healthcare Records Management V 3.0* as per sections 1.6.1, 1.6.2 and section 14 respectively of the National Standard.

Number of Individual Sites Audits: Eight sites including 4 Acute Hospital Maternity sites, and 4 Community Intellectual Disability sites

Details of Sites: Portiuncula University Hospital; Midlands Regional Hospital, Portlaoise; St. Luke's General Hospital, Kilkenny; Mayo University Hospital, Castlebar; Áras Attracta, Swinford, Co Mayo; Ard Na Gaoithe, Cope Foundation, Co Cork; Brothers of Charity Ireland, Waterford; Rosanna Gardens, Sunbeam House Services, Co Wicklow.

Key Audit Findings:
Based on the overall findings on objective 1, over the eight sites, the auditors can give limited assurance that there was compliance with the National Standard.

Based on the auditors overall findings on objective 2, over the eight sites, the auditors could give no assurance that there was compliance with the National Standard.

The findings in this audit suggest there has not been a marked improvement in compliance since three previous audits were carried out (2013, 2014, and 2015), and the auditors identified three key areas that require consideration at national level as follows:

a) The national document HSE Standards and Recommended Practices for Healthcare Records Management (HCRs) V3.0 (2011) has not been updated since 2011. It was due for review in May 2014. The HSE Code of Practice for Healthcare Records Management Abbreviations booklet (2010) was due for review in June 2012. This has also not been undertaken.
b) The Office of the National Programme for Healthcare Records Management requires a lead person for HCR management nationally. Some key recommendations made in the three previous healthcare audits on HCR management (2013, 2014, 2015) have not been implemented including:
   - The Office of the National Programme for Healthcare Records should immediately update the HSE Code of Practice for Healthcare Records Management Abbreviations (2010) booklet to include clinical terms that are now in common use (audit QAV005/2015).
   - QPSD to reinforce in new versions of the HSE HCRs Standards document that all services are to implement staff training and induction strategies in respect of HSE HCRs Standards documentation. Only one out of the eight sites audited in the 2018 audit had used the HSELand on line training module on HCR management.

Audit Recommendations:
THE Deputy Director General, Chief Operations Officer must ensure:
Recommendation 1: An immediate review and update of the HSE Standards and Recommended Practices for Healthcare Records Management (HCRs) V3.0 (2011), utilising the guidance set out in HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) (2016) including scheduled reviews every three years or more frequently as required.
Recommendation 2: An immediate review and update of the HSE Code of Practice for Healthcare Records Management Abbreviations booklet (2010), utilising the guidance set out in HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) (2016), including scheduled reviews every three years or more frequently as required.
Recommendation 3: The implementation of healthcare record management training and induction strategies for all relevant HSE staff, in all HSE services, and in particular, communicate the existence of the HSELand online training module for staff.
Recommendation 4: That all healthcare providers review and update all local PPPGs on healthcare record management in line with the updated National Standard and utilise the guidance set out in the HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) (2016).

Recommendation 5: That all healthcare providers apply a structured audit programme to healthcare records management. The HCR management audit programme must include outcomes, recommendations and implementation of audit findings through quality improvement plans to ensure compliance with the updated national standard.

Multidisciplinary clinical handover

QAV006/2017 – Audit of compliance with implementation of multidisciplinary clinical handover in maternity, acute and children's hospital services as set out in the National Clinical Guidelines numbers 5 and 11.

Audit Aim/Objectives: The aim of this audit was to provide assurance that multidisciplinary clinical handover followed a structured communication process as per selected recommendations of the clinical guidelines (NCGs[12] No. 5 and No.11) in a sample of maternity, acute and children's hospital services.

The objectives were to establish that hospitals included:

1. Had developed a local policy in compliance with the NCG in relation to clinical handover.
2. Recognised multidisciplinary handover as a clinical risk activity and incorporate this into their risk register.
3. Followed the recommended structured communication process by using ISBAR/ISPAR$_3$[13] tool at multidisciplinary clinical handover.
4. Had the safety pause[14] embedded into multidisciplinary clinical handover practice.
5. Provided on-going education/training on clinical handover (including at induction).

Number of Individual Site Audits: Nine acute hospital sites.

Details of Sites: The Mater Misericordiae University Hospital; The Coombe women and Infant's University Hospital; Temple Street Children's University Hospital; University Hospital Galway; St. Luke's General Hospital Kilkenny; Letterkenny University Hospital; Portiuncula University Hospital; Midland Regional hospital Tullamore; Midland Regional Hospital Portlaoise.

Key Audit Findings: Based on the evidence, the audit team could provide the following levels of assurance:

Reasonable assurance was provided that two sites had implemented the NCGs, CWIUH in respect of NCG No. 5 and TSCUH in respect of NCG. No. 11.

Limited assurance was provided to MRHP, PUH, and UHG that they had implemented NCGs No. 5 and No. 11.

No assurance was provided that MMUH, and MRHT had implemented NCGs No. 11 or to LUH and SLGHK that they had implemented NCGs No. 5 and no. 11.

Notwithstanding the deficits found at some sites, it was evident that structured clinical handover practices and processes were in place. In addition, based on discussions with staff, it was obvious that they were aware of their role and responsibilities in relation to the practice of clinical handover.

[12] NCGs: National Clinical Guidelines

[13] The ISBAR framework represents a standardised approach to communication which can be used in any situation. It stands for Identify, Situation, Background, Assessment, and Recommendation. The NCGs recommend that ISPAR is used when communicating information in relation to patients who are critically ill and/or deteriorating. ISBAR$_3$, which stands for identify, Situation, Background, Assessment, Recommendation, Read-back, and Risk, is recommended for use during inter-departmental and shift clinical handover as the structured framework outlining the information to be transferred.

[14] Safety pause: A brief discussion, between healthcare professionals, relating to important patient safety issues within a department.

Audit Recommendations

Recommendations for the audit requesters:

This audit was requested by the Clinical Effectiveness Unit of the Department of Health on behalf of the NCEC in order to seek assurance that the NCECs on clinical handover were implemented in maternity, acute and children's hospital services and to inform the NCG update process in 2018. Based on the findings of this report, the Guidelines Development Group for the update of the NCGs should consider a:

1. Review of the working of the recommendations in both NCG No. 5 and No/ 11 so that they are consistent to ensure clarity across the system in their implementation.
2. Review of NCG No 5 and NCG No. 11 to bring clarity to the requirement to specifically document ISBAR/ISBAR$_3$ communication (clinical handover) tool in the patient notes and consider whether this should be a specific recommendation in itself.

Recommendations for the National Director of Acute Operations:

The National Director of Acute Operations should issue a verifiable communication to the Hospital Group Chief Executive Officers to seek confirmation that all hospitals for which they are accountable:

1. Have a policy on multidisciplinary clinical handover in place in line with the relevant recommendations from NCG No. 5 and No. 11.
2. Have multidisciplinary clinical handover recognised as a clinical risk activity and incorporated into their corporate and directorate level hospital risk registers in line with recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.
3. Use ISBAR$_3$ and ISBAR in their appropriate context as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.
4. Include the practice of the safety pause at multidisciplinary clinical handover as per recommendations 5 and 27 of NCG No. 11 and recommendations 11 and 21 of NCG No. 5.
5. Acute Operations should engage with HSE Corporate Functions and the CCO in relation to providing staff with education and training as per recommendation 7 of NCG No. 5 and recommendation 13 of NCG No. 11. This training should incorporate human factors training as per recommendation 8 of NCG No. 5 and recommendation 14 of NCG No. 11.
6. Have audit and monitoring activities of clinical handover practice in place as per recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.

National Early Warning Score (NEWS)

QAV005/2017 – Audit of compliance with selected recommendations from the National Clinical Guidelines (NCGs) on the National Early warning Score (NEWS) 2013

Audit Aim/Objectives:

The aim of this audit was to provide assurance that the selected hospitals had implemented and were compliant with the selected recommendations from the NEWS NCG.

The objectives of the audit were to:

1. Establish the level of compliance with the measurement and documentation of the patient observations on the NEWS chart
2. Determine that an escalation protocol was in place for patients showing signs of deterioration
3. Determine the emergency response system in place in the selected hospitals
4. Seek evidence of the formal communication protocol in use
5. Establish what NEWS training was undertaken at site level and what refresher training was provided
6. To establish that NEWS audits were undertaken at site level (as per recommendation 51)
7. To establish if there is evidence of service user involvement in the implementation of the NCG

at site level (as per recommendation 38).

Number of Individual Site Audits: Nine (From three HGs[15] a representative sample of model 2, 3 and 4 hospitals were randomly chosen totalling nine sites audited)

Details of Sites: Naas General Hospital; Tallaght Hospital; Bantry General Hospital; Mercy University Hospital; Cork University Hospital; Regional Hospital Mullingar; St. Michaels Dun Laoghaire; St. Vincent's University Hospital; St. Columcilles' Hospital.

Key Audit Findings:

Based on the HCRs reviewed, the audit team found evidence of the practice of PAs[16] which, while not defined in the NCG, was defined in eight of the nine NEWS hospital policies. While the eight hospital policies emphasised the importance of a clearly documented management plan with agreed parameters for review, the audit team found no evidence of such plans documented in the HCRs reviewed.

Based on the evidence, limited assurance could be provided that eight of the nine hospitals were compliant with the NCG on NEWS.

The audit team could not comment on the level of assurance in relation to compliance with the NCG on the NEWS at SCH as just one HCR met the audit criteria.

Non-compliance was found in relation to the following:

- Recording, scoring and totalling of the seven patient observations on the NEWS chart in three of the eight hospitals audited (BGH, NGH and RHM)
- The use of the formal communication protocol (ISBAR) at all hospitals
- The provision of evidence of training on the NEWS/COMPASS© and certificates of completion at TH.
- Service user involvement in the implementation of the NCG had not taken place in any of the nine hospitals audited.

Limited compliance was found in relation to the following:

- Recording, scoring and totalling of the seven patient observations on the NEWS chart in two of
- the eight hospitals audited (SVUH, SMH)
- Adherence to the escalation protocol for patients showing signs of deterioration at all hospitals
- The provision of evidence of training on the NEWS/COMPASS© and certificates of completion at NGH, MUH, RHM, CUH and SVUH.

Compliance was found in relation to the following:

- Recording, scoring and totalling of the seven patient observations on the NEWS chart in three of the eight hospitals audited (CUH, TH and MUH)
- The provision of evidence of training on the NEWS/COMPASS© and certificates of completion at BGH and SMH
- Completion of nursing process audits on the NEWS observations using TYC at all nine hospitals. Local in-house audits had also been completed at the majority of hospitals by the NPDU and medical students had assisted with audit at SVUH.

[15] HGs: Hospital Groups
[16] PAs: Parameter Adjustments

The resources available for the ERS[17] varied from hospital to hospital. The audit team found that some hospitals had an ERS team in place. At other hospitals there was a dedicated NEWS bleep. In two hospitals the cardiac arrest team/medical emergency team responded to patient deterioration and elevated EWS.

The audit team noted that medical and nursing documentation frequently fell short of the standard required to demonstrate adherence to the escalation protocol in all sites audited.

Recommendations:

1. The National Director (ND) of Acute Operations should continue to seek assurance related to the implementation of the recommendations within the individual site reports for the nine hospitals audited.
2. The ND, in the context of the Acute Operations role in seeking assurance related to the implementation of the NCG throughout all acute hospitals, should seek assurance that measures are put in place to increase compliance with the implementation of the NCG in relation to the following:
   - Measurement and documentation of all seven patient observations on the NEWS chart as per the NCG must take place to ensure that the overall score is recorded and correct to deliver an effective clinical response
   - Adherence to the NEWS escalation protocol by nursing and medical staff
   - Improved use and completion of the ISBAR tool by nursing staff where appropriate in order to communicate the NEWS of the deteriorating patient with medical staff as per the NCG.
   - A multidisciplinary approach to audit to provide assurance and to support the continuous quality improvement process in relation to the implementation of the NCG.
   - Acute hospitals should include and arrange patient and service user collaboration in the implementation of the NCG in line with recommendation 38 of the NCG.
   - A verifiable system to record attendance at and completion of training should be developed.

3. The Chief Clinical Officer should:
   - Convey the findings of this EWS audit to the National Clinical Effectiveness Committee in relation to the Parameter Adjustment process so that this information informs the revision of the NCG. In the event that a decision is taken to continue with the PA process, guidance on PAs must be standardised in the NCG, and include the detail on what parameters can be adjusted and on how they are documented.
   - Ensure that a review of the current training programme including the NEWS training manual takes place. This programme should include standardised mandatory education on the NEWS and on the PA process (in the event a decision is taken to continue with this process in practice).

[17] ERS: Emergency Response System