Building a Better Health Service
CARE COMPASSION TRUST LEARNING

Healthcare Audit Plan 2020

Quality Assurance and Verification Division

November 2019

Table of Contents

[1] HCA: Healthcare Audit

1. Method for selecting themes for the Healthcare Audit (HCA) Plan 2020

Building on the risk based method developed for formulating the 2018/2019 Audit Plan, the following data sources were used to inform the 2020 HCA Plan:

- Gaps identified by the controls assurance process
- Themes from analysis of serious incident reviews and complaint data
- Themes emerging from the risk management/risk register process
- Themes from the National Patient Experience Survey

In addition consideration was given to the following additional data sources:

- Common causes of harm identified as priorities in the draft HSE Patient Safety Strategy 2019 - 2024
- Direct requests from HSE senior managers based on their knowledge of compliance risk(s) known or anticipated.

2. Information sources accessed to inform the HCA plan:

Gaps identified by the controls assurance process

There was direct engagement with staff from the Governance and Compliance Section of the National Finance Division who were involved in the analysis of responses to the annual controls assurance questionnaire issued to all HSE staff at Grade VIII and above. Possible audit themes were identified based on those questions that were given a 'no' response by respondents i.e. indicating that controls did not exist around specific processes.

Themes from analysis of serious incident reviews and complaint data

It was not possible to access serious incident review data in the manner that was used for the 2018/2019 Healthcare Audit Plan as the thematic analysis of serious incident review reports previously carried out had been ceased and a new process for extracting this learning was in development. However, coincidentally one of the HCA team members involved in developing this plan had conducted and submitted a report of the data analysis of serious incident reviews carried out during 2018, prior to joining QAVD HCA. Therefore it was possible to use the data from this report as an information source.

There was direct engagement with staff from the National Complaints Learning and Governance Team (NCLGT) in addition to review of the data from the national Complaints Management System (CMS).

Themes emerging from the risk management/risk register process

Direct engagements occurred with senior Quality and Patient Safety staff in both Acute and Community Operations functions to identify possible audit themes. The identified themes

were cross-referenced with the relevant Risk Registers i.e. to confirm that themes identified, were also reflected on the Risk Register(s) or in risk surveillance reports.

The following Risk Registers were considered when cross-referencing data:

- Corporate Risk Register
- Quality Assurance and Verification Risk Register
- Acute Operations Risk Register

It was not possible to access the Community Operations Risk Register, as a full review of the register was underway in order to re-align it with current organisational structures. However the most up to date surveillance reports for all of the Community Operations areas were made available and used instead.

For some audit themes identified by the operational functions e.g. Infection Prevention (IPC) and Control and Antimicrobial Resistance (AMR), a recommendation was made that there should be direct engagement with experts in these areas in order to ensure that the 'right' audit topics were included. This was done and specific audit themes were consequently identified and included.

Themes from the National Patient Experience Survey

Audit themes were included that emerged from the analysis of the 12, 343 responses to the National Inpatient Experience Survey. This survey included patients aged 16 years or older who had spent 24 hours or more in a public hospital and who were discharged during the month of May 2019.

Key areas identified in the draft HSE Patient Safety Strategy 2019 – 2024

Based on international evidence, the draft HSE Patient Safety Strategy 2019 – 2024 identifies a number of common causes of harm which, if tackled effectively, can result in improving safety in healthcare organisations. The following 12 common causes of harm identified in the strategy were considered and cross-referenced with other data sources in developing the 2020 HCA Plan:

- Reduction of healthcare associated infection (HCAI) and antimicrobial resistance (AMR)
- Reducing medication related harm
- Recognising, reducing and managing venous thromboembolism (VTE)
- Prevention and management of pressure ulcers
- Reducing and managing sepsis
- Recognition and management of the clinically deteriorating patient
- Reducing risk of harm from falls
- Safeguarding vulnerable patients
- Improving safety at transitions of care including clinical handover

- Prevention of violence, harassment and aggression
- Enhanced safety for mentally unwell service users
- Ensuring safe procedures of care within high risk environments

Direct requests from HSE senior managers

A number of themes included in the plan are based on direct requests from senior managers based on their knowledge of compliance issues associated with standards, policies, procedures, protocols and guidelines and the known or anticipated risks associated with non-compliance.

3. Including service user and staff voices in HCA

The HCA 2018/2019 Plan outlined the team's commitment to include patient/service user voices in audits, in addition to those of staff and managers. In order to deliver on this commitment, the themes from the National Patient Experience Survey have informed the 2020 HCA Plan. All audits carried out during 2020 will consider if and how patient/service user input can be integrated into the audit and wherever possible this will form part of the audit process. Additionally in preparing this plan, a number of patient/service user focus groups were held, where the views of services users were sought about a) the potential audit topics arising from the information sources outlined above, and b) additional audit themes that should be considered. Audit themes identified through the focus groups have been included in the plan.

The Healthcare Audit team is committed to establishing a Healthcare Audit Consultative Forum. The Forum will include input from all of our key stakeholders including patients/service users and staff. It will be a key to the team's on-going engagement and consultation with our stakeholders and outputs from the Forum will inform the work of the team throughout the year.

4. Key themes for healthcare audits

The following key audit themes for 2020 were identified from the analysis of the various data sources that were considered:

- Systems and processes for governance and accountability e.g. open disclosure, protected disclosure, risk, incident and complaint management
- Medical device/equipment management and continuity planning
- Provision of mandatory/risk based training to staff
- Use of restrictive practices in Disability, Older Persons and Mental Health services
- Detecting and responding to patient deterioration generally and recognition and management of sepsis specifically
- Transfer of care planning

- Healthcare Acquired Infection (HCAI) and Anti-microbial Resistance (AMR)
- Safeguarding vulnerable persons at risk of abuse
- Emergency department delays
- The prevention and management of violence and aggression
- Nutrition and hydration
- Medication safety including prevention of venous thromboembolism (VTE)
- Provision of anaesthetic cover

5. Validation of local self-audits by Healthcare Audit

The 2018/2019 Healthcare Audit plan reflected that piloting a process of Healthcare Audit validation of local self-audits, as recommended by the Rapid Appraisal of the Healthcare Audit function (2017), would be commenced. It was planned that piloting would include Healthcare Audit validation of local self-audits of compliance with guidance on quality and safety committees, the open disclosure policy, the integrated risk management policy, and the incident management framework. Piloting was delayed in order to allow time for the development of the local self-audit tools associated with the policies.

However, significant and important work was undertaken in developing a framework and methodology for validation audits by Healthcare Audit. During 2020 piloting of the framework and methodology developed for carrying out validation audits will commence.

6. Processes for monitoring the implementation of HCA recommendations

During 2019 the HCA team engaged with the Acute and Community operations functions in order to further develop the existing systems for monitoring how recommendations made as part of an audit were being implemented across the system. This work will continue during 2020. The team will also commence reporting Key Performance Indicator (KPI) data related to the implementation of recommendations made. In addition, on an annual basis, a verification audit will be carried out on a random selection of ten percent of HCA recommendations reported as being fully implemented.

7. Unscheduled audits related to emerging safety issues

As with previous HCA Plans, it is recognised that the HCA team may be required to undertake a number of unscheduled audits related to emerging safety issue as these arise.

Appendix 1:

Healthcare Audit Plan 2020

Theme	Audit no.	Audit description	Source of intelligence informing that this is an audit priority							Issue goes across services	Potential to build on local audit work	Service user (or rep) voice input to audit possible	Staff voice input to audit possible	Comment
			Controls assurance process	Theme from analysis of incident reviews	Theme from analysis of complaint data	Theme from National Patient Exp. Survey	Themes from Risk Mgt./Risk Register process	Direct request from Senior HSE Mgr based on risk	Common causes of harm (Patient Safety Strategy 2019-2025)					
Core quality, governance and patient safety structures and processes	1	Audit of compliance with **HSE Open Disclosure Policy (2019)**	Yes				Yes	Yes		Yes	Yes	Yes	Yes	Validation audit of a random sample of site self-assessment tools i.e. self -assessment tools developed to support PPPGs (carried over from 2018/2019 plan). Theme also identified by multiple sources during engagements for 2020 plan. YSYS policy added for 2020
		Audit of compliance with **HSE Integrated Risk Management Framework (2016)**	Yes	Yes			Yes	Yes		Yes	Yes	Yes	Yes	
		Audit of compliance with **HSE Quality and Safety Committees Guidance (2016)**	Yes				Yes	Yes		Yes	Yes	Yes	Yes	
		Audit of compliance with **HSE Incident Management Framework (2018)**	Yes	Yes			Yes	Yes		Yes	Yes	Yes	Yes	
		Audit of compliance with **HSE Your Service, Your Say policy** (2017)			Yes		Yes	Yes		Yes	Yes	Yes	Yes	
	2	Audit of compliance with **Theme 5 HIQA Standards' Leadership, Governance and Management** (in Acute Hospitals /HGs).	Yes				Yes	Yes			Yes	Yes	Yes	
	3	Audit of compliance with **Protected Disclosures Act (2014)** and the **HSE Procedure for Protected Disclosures made under the Health Act (2004)**	Yes				Yes	Yes		Yes			Yes	This will possibly be a joint audit undertaken with the Internal Audit function.
	4	Validation audit to confirm that a random sample of 10% of all **HCA recommendations**contained in Healthcare Audit reports that have been reported as being fully implemented are fully implemented.	Yes				Yes	Yes		Yes	Yes		Yes	This will be an on-going/repeat audit carried out annually

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Detecting and responding to patient deterioration	5	Audit of compliance with National Clinical Guideline (NCG) No. 1 **- National Early Warning Score (2013),** and NCG No. 4 - **Irish Maternity Early Warning Score (2014)**		Yes					Yes	Yes	Yes	Yes	Yes	These themes were covered in the 2018/2019 plan. They continue to be themes identified across data sources. Therefore on-going/repeat audits will be undertaken within this theme.
	6	Audit of compliance with NCG No. 5 - **Clinical Handover in Maternity Services (2014),** and NCG No. 11 **- Clinical Handover in Acute and Children's Hospital Services (2015)**		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	
Discharge planning,	7	Audit of compliance with national **HSE Delayed Transfer of Care Policy (2019)**			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Input will be two-fold: a) HCA input to the development of a national self-assessment tool to monitor implementation and compliance with policy and b) Validation audit of a random sample of site self-assessment tools when policy is 'bedded-in' i.e. Q4
	8	Audit of Compliance with the Mental Health Commission (MHC) **Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre** (Part 5: Discharge process) (2009)		Yes				Yes	Yes			Yes	Yes	

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Governance arrangement for key processes	9	Audit of compliance with the HSE **Business Continuity Policy** (2013) and/or **HSE Medical Device/Equipment Management Policy**[2]	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	This will possibly be a joint audit undertaken with the Internal Audit function.
	10	Audit of compliance with the requirements to provide, facilitate attendance at and record attendance at mandatory safety training set out in i) **HSE Policy on Statutory Occupational Safety & Health Training (2016) ii) HSE Corporate Safety Statement (2017) and iii) Health Services people Strategy 2015 – 2018**	Yes				Yes	Yes		Yes	Yes		Yes	This will possibly be a joint audit undertaken with the Internal Audit function.
Healthcare Acquired Infections (HCAI) and Anti-microbial Resistance (AMR)	11	**Audit of compliance with HSE policy/guidelines for the care of peripheral venous catheters/cannulas** (Acute Hospitals) currently in development.)					Yes	Yes	Yes		Yes	Yes	Yes	Audit will be scheduled for circa Q4 to allow sufficient period for 'bedding in' of policy/guidelines
	12	**Audit of compliance with HSE guidelines for the care of urinary catheters** (Community services)					Yes	Yes	Yes		Yes	Yes	Yes	

[2] To establish if processes for maintaining/ replacing equipment are aligned to policy and if business continuity arrangements are in place in the event of breakdown or failure for replacement of key items of complex clinical equipment.

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Provision of clinical services	13	Audit of compliance with the College of Anaesthetists and National Care Programme for Anaesthesia **standards for the provision of anaesthetic cover**.					Yes	Yes					Yes	Standards set out in the Providing Quality, Safe and Comprehensive Anaesthesia Services in Ireland – A review of manpower challenges (2014).
Violence and aggression	14	Audit of compliance with **HSE Policy for the Management of Work Related Aggression and Violence (2018)** in Acute, Disability and Care of Older Persons services					Yes	Yes	Yes	Yes	Yes	Yes	Yes	Audit was carried out in 2019 focussed on Mental Health and Emergency Departments. Learning from the audit and engagements on 2020 Plan identified that alternate sites should be included for further audits.
Restrictive practices	15	Audit of compliance with Standards for the use of **restrictive practices** in Older Persons, Disability and Mental Health services[3]					Yes	Yes	Yes	Yes	Yes	Yes	Yes	
ED Delays	16	Audit of compliance with **Escalation Protocols in Response to Ambulance Offload Delays** and **HSE Emergency Medicine Protocol Handover of Ambulance Patients in Emergency Departments (2013)**					Yes	Yes		Yes	Yes	Yes		

[3] i.e. i) HIQA Guidance on promoting a care environment that is free from restrictive practice Older People's Services (March 2019) ii) HIQA Guidance for Designated Centres Restraint Procedures October 2014 (Updated April 2016) and iii) Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint (MHC, 2009a) and Code of Practice on the Use of Physical Restraint in Approved Centres (MHC, 2009b)

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Medication safety	17	Audit of compliance with **HIQA's Medication Safety Monitoring Programme** against the National Standards for Safer, Better Healthcare in acute healthcare services Pre Inspection Information Request (2019) and any HSE standards developed to meet the HIQA Medication Safety Programme in Community Services.		Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	
	18	Audit of compliance with the HSE **Preventing Blood Clot in Hospitals** Collaborative Report National Recommendations and Improvement Toolkit and/or the VTE Prophylaxis Protocol Template **(2018)**		Yes					Yes		Yes	Yes	Yes	
Sepsis	19	Audit of compliance with the National Clinical Effectiveness Committee (NCEC) National Clinical Guideline No.6 **Sepsis Management (2014)**		Yes					Yes	Yes	Yes	Yes	Yes	
Safeguarding	20	Audit of compliance with HSE National Policy and Procedures for **Safeguarding Vulnerable Persons at Risk of Abuse (2014)**		Yes			Yes	Yes	Yes	Yes	Yes	Yes		

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Nutrition and Hydration	21	Audit of compliance of HSE Policy for Food, Nutrition and Hydration for Adult Patients in Acute Hospitals and related equivalent standards for other care settings e.g. Disability and Mental Health.		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Audit was carried out in 2019 focussed on Older Persons residential services. Learning from the audit and engagements on 2020 Plan identified that alternate sites in Acute/Disability M.H services should be included for further audits.