Tús Áite do Shábháilteacht Othar
Patient Safety First

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

QUALITY & PATIENT SAFETY AUDIT
FINAL AUDIT REPORT – EXECUTIVE SUMMARY

Audit Title:	**Audit of Regional Directors of Operations (RDO) Risk Register Process for Development and Validity of Content**		
Audit Number:	QPSA0092011		
Audit Requester:	Laverne McGuinness, Director Integrated Services Directorate, Performance and Financial Management		
Audit Team Members:	1) Alfie Bradley, Quality & Patient Safety Auditor (Lead)		
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Audit Sponsor:	Ms. Edwina Dunne – Director of Quality & Patient Safety Audit		
Source of Evidence	**Type**	**Location**	**Date**
	Pre-site visit questionnaire Follow up pre-site visit questionnaire On site questionnaire Site visits	Site visits to RDO Offices Galway (West) Cork (South) Dublin (DNE) DML offices in Tullamore.	Pre-site audit tools forwarded to all four sites on 22/03/2011 Follow up pre-site questionnaire sent on 7th and 8th April 2011 Site visits: Galway (West) - 15/04/2011 Swords (DNE) - 18/04/2011 Cork (South) - 19/04/2011 Tullamore (DML) - 21/04/2011
Date of Issue of Final Report:	11/07/2011		

1. AUDIT BACKGROUND/RATIONALE

The Quality and Risk Management Standard, adapted for the Health Service Executive (HSE) from the Australian/New Zealand (AS/NZS) model, highlighted the need for HSE operated or funded services to use a robust and consistent *process* for the development of their risk registers.

Criterion nine of the HSE Quality and Risk Management Standard (2007), states that: "Risks of all kinds are systematically identified, assessed and managed in order of priority in accordance with Australian/New Zealand Standard AS/NZS 4360:2004 "Risk Management."

The Board and Senior Management Team of the HSE have placed high priority on compliance with this criterion. In accordance with this priority, an audit was requested in first quarter 2011, to assure the HSE Management Team and Board that the development of risk register process meets the requirements of criterion nine.

The following documents were to be utilised by HSE services during the development of their risk register:

- The Quality & Risk Management Standard (OQR009),
- Risk Assessment Tool and Guidance (OQR012) and
- Best Practice Guidance for Developing and Populating a Risk Register (OQR010)

In addition to the documents listed above, the audit team utilised the following documents as internal and external drivers of Risk Management:

- National Standards for Safer, Better Healthcare; Health Information & Quality Authority (HIQA) (2010)
- HSE Governance requirements (2010)
- Regional Service Plans (2011)
- Service user expectations of high quality, safe services
- Legislation: Safety, Health & Welfare at Work Act, (2005)
- Incident Reporting Requirements
- Internal Controls Handbook (2011)
- HSE Integrated Risk Management Policy Document v.3.0 (2010)

2. AUDIT OBJECTIVES

1. To determine the process used by Regional Directors of Operations to develop their Risk Register.
2. To ascertain the level of compliance with the Quality and Risk Management (QRM) Standard (with regard to the process of developing risk registers at RDO level).
3. To validate the Quality and Clinical Care Assurance Audit (QCCA) questionnaire returns focusing on the Quality and Risk Standard (OQR009).
4. To collate the evidence and produce a QCCA report for the audit requester by 30th May 2011.

3. SIGNIFICANT FINDINGS

1. The risk register process is not yet fully embedded yet as core to servicing planning. The current Risk Register process has been only recently initiated; this does impinge on the measurement of actual audit outcomes as there is still some 'work in progress.'
2. Evidence demonstrates that the RDO and the Regional Quality and Risk Managers are generally consistent in their compliance with the Risk Assessment Guidance (OQR012), and the Risk Management Standard (OQR009).
3. Evidence suggests that the lack of a standardised risk register Integrated Technology system diminishes the opportunity for rapid responses to changes in the internal/external
4. There is some documented evidence that the Quality and Risk Governance structures are being standardised in all areas. This includes new regional reporting lines.
5. Quality and Risk staffing levels vary between regions. Evidence suggests that where fewer staff are assigned there is a consequent deficit in forwarding the Risk Register development process within the region.
6. Evidence supports the fact that the Regional Quality and Risk managers play a pivotal role in developing, monitoring and reviewing RDO level risk registers in liaison with the RDO and regional management teams.
7. Available risk management expertise was utilised in the development process of the RDO Risk Registers. Mentoring schemes are in place for South and West and for DNE and DML.
8. Despite the mentoring process above, there is little evidence to suggest that there is sharing of information/experiences between regions.
9. There is evidence of some disconnect, or lack of buy-in, between regional level and operational front line level with regard to the relevance of the process.
10. RDO level risk registers are escalated to national level through bi-monthly reports, these are a standing item on the agenda of monthly National Integrated Services Department Performance and Financial Management meetings.

4. RECOMMENDATIONS

1. Increase communication and education of the risk register throughout the regions at all levels.
2. Ensure strategic and operational risks are aligned to strategic and operational objectives within the Service Plan.

3. Use a risk-driven agenda for all management meetings (review controls/actions/fallbacks) and begin to move toward this for all meetings, including front-line staff meetings.
4. Make connections between common risks in different areas so that joint solutions may be found (e.g., Infection Prevention and Control, Staffing Moratorium).
5. Review, clarify and communicate ownership and accountability for risk management processes from RDO/regional level through to frontline staff and from frontline through to regional management level.
6. Confirm that the internal control processes are effective in managing a given risk.
7. Introduce standardised risk register IT structures as a matter of urgency.

5. CONCLUSION

During this audit, the team undertook in-depth consultation with the Quality & Risk Managers/Leads and three of the four RDOs in the 4 HSE regions.

The RDO risk register *process for development and validity of conten*t is at an early stage.

This Quality and Clinical Care Assurance audit determined that the principles, policy and framework are in place in all regions and are generally in line with the risk management standard.

More sharing of information between regions would be a positive step toward embedding risk management throughout the HSE.

Our findings indicate that the culture of risk management has not yet become fully embedded within the HSE.

A risk management IT system is essential, especially as this process grows into risk recording and sharing.

6. ACKNOWLEDGEMENT

The audit team wish to acknowledge the cooperation and goodwill afforded them by all persons who participated in the audit.