

QUALITY & PATIENT SAFETY AUDIT FINAL AUDIT REPORT – EXECUTIVE SUMMARY

Audit Title:	Audit of the implementation of Quality Improvement Plans (section 3) of the Quality, Safety & Risk Development Plans (2011) in selected non-statutory acute hospitals		
Audit Number:	QPSA 018/2012		
Audit Requester:	Mr. John Kenny, Programme Manager, Quality & Patient Safety Directorate		
Audit Team Members:	1) Ann Gilmartin Quality & Patient Safety Auditor (Lead) 2) Caroline Lennon Nally Quality & Patient Safety Auditor 3) Suzanne Kirwan Quality & Patient Safety Auditor		
Audit Sponsor:	Ms. Edwina Dunne – Director of Quality & Patient Safety Audit		
Source of Evidence	Type	Location	Date
	Request for evidence document	Children's University Hospital Temple Street: Royal Victoria Eye and Ear Hospital: Cappagh National Orthopaedic Hospital: St Vincent's University Hospital	Request for evidence issued to all four hospitals on the 25.10.2012
	Site Visit	Children's University Hospital Temple Street	27.11.2012
	Site Visit	Royal Victoria Eye and Ear Hospital	30.11.2012
	Site Visit	Cappagh National Orthopaedic Hospital	10.01.2013
Date of Issue of Final Report:	28.02.2013		

1. AUDIT BACKGROUND/RATIONALE

Section 38 of the Health Act 2004 provides the legal framework for the Health Service Executive (HSE) to enter into a contractual arrangement with voluntary service providers within the Employment Control Framework for the provision of services on its behalf. Each year these voluntary agencies are required to enter into a service level arrangement (SLA) with the HSE that defines the quantum of services that will be provided, including details of the quality and standards required for a specific level of funding allocated. National standardised governance documentation was introduced in 2009. This was to ensure that a consistent approach was achieved in relation to the specification of services and associated funding.

There are currently 16 voluntary acute hospitals that are subject to an SLA with the HSE. Part 2 of this arrangement consists of a suite of 10 schedules that are to be agreed with the HSE by the acute hospitals concerned on an annual basis. Schedule 2 of the SLA documentation defines the responsibilities of the

HSE and the acute hospitals concerned with regard to quality and the delivery of services to patients. Section 4 of this schedule requires the hospital to develop and implement a plan that details annually the actions the hospital concerned will take to improve the quality of its services.

A standard template for this plan was developed in 2011 and entitled a Quality, Safety and Risk Development Plan. Section 3 of this template was provided for the hospitals concerned to set out their Quality Improvement Plans (QIPs) for implementation that year.

SLA data collected by the National Business Support Unit, Non Statutory Sector Governance Framework in 2011 shows that 13 of the 16 voluntary acute hospitals submitted a plan to the HSE. This audit sought to establish, based on evidence, the implementation status of the QIPs for a sample of four from the 13 hospitals above (to include one children's hospital) and what governance arrangements were in place with regard to the approval and monitoring of such plans.

2. AUDIT OBJECTIVES

Validate evidence to confirm that the:

1. QIPs was approved through the governance structures of the hospital (i.e. Management Team and Board of Management)
2. Quality initiatives identified in the QIPs (section 3 Quality, Safety and Risk Development Plan) were implemented; and
3. Implementation of the QIPs was monitored by the management Team and the Board of Management.

3. SIGNIFICANT FINDINGS

Findings in relation to the QIPs were approved through governance structures (Objective 1)

There was reasonable evidence provided by all four hospitals audited that the Board of Directors, Executive Management and Senior Management Teams accepted and approved the quality initiatives set out in the QIPs. It was noted in all four hospitals that the actual Quality Safety and Risk Development Plan was not formally approved by the Board of Directors before final submission to the HSE.

Findings in relation to Quality initiatives were implemented (Objective 2)

All four hospitals audited demonstrated reasonable evidence of the implementation status for all the quality initiatives examined as part of this audit. A large numbers of QIPs were complete and some, due to their nature, are ongoing.

Findings in relation to the monitoring of the implementation QIP (Objective 3)

All four hospitals demonstrated that the implementation status of all initiatives was monitored by the management team and Board of Directors through a range of mechanisms e.g.

- Service plan
- Monitoring reports
- Risk register
- Performance reports to the Board
- Key Performance Indicators (KPIs)
- Self assessment audit
- Hospital committees
- Health Stat and Compstat Programmes.
- Service User Involvement

There was evidence that all hospitals had engaged with service users and had sought their feedback. Examples were provided showing how the hospital follows through on the information received from service users. Evidence was also provided which demonstrated that development of some QIPs was directly influenced by service user feedback.

Development of Quality, Safety and Risk Development Plans

Two of the four hospitals documented that the current HSE template could be improved in terms of layout and design. Three out of four hospitals communicated that it would be helpful if there was more clarity and engagement from the HSE in relation to the expected content of such plans.

Two of the four hospitals suggested that the template would benefit from additional prompts or guidance information. It was reported by two of the four hospitals that they had received no formal feedback from the HSE in relation to their submissions of the Quality Improvement Plans.

Prioritising of Quality Initiatives for Inclusion in the Quality Improvement Plans

Prioritising of quality initiatives for inclusion in the QIP varied for all hospitals audited. Two of the four hospitals reported a number of prioritisation methods used by their hospitals. These included:

- Risk register
- Service plan
- Recommendations arising from incident reporting mechanisms
- Outcomes from quality inspections
- Results of service user involvement
- National health strategies e.g. National Cancer Control Programme
- National clinical care programmes
- National reports
- Regional health strategies
- Self- assessment against international and national standards
- Results of reviews of incidents / complaints / audits
- Local regional and national service development reconfiguration plans
- Development of key performance indicators
- Results of patient engagement initiatives.

The remaining two hospitals identified two main methods which were used and overseen by senior management in the hospitals for the prioritising of quality initiatives i.e. risk register and hospital committees.

Effective Monitoring of Quality Initiatives

Three out of the four hospitals considered the governance structures and mechanisms currently in place in their hospitals to monitor the quality initiatives effective. Based on the evidence reviewed the audit team would be in agreement with this perspective. One of these three hospitals reported that as a further support, and in line with good governance, the hospital is currently implementing the Q-Pulse document management system, which will enable on-line electronic tracking of quality initiatives.

One of the four hospitals reported that mechanisms could be improved upon regarding effective monitoring of quality initiatives. This hospital is focusing its attention this year on further developing a system for identifying KPIs and measuring outcomes for all departments / services within the hospital's quality department.

4. RECOMMENDATIONS

1. The CEO of each Hospital must ensure that the Quality Safety Risk Development Plan first be approved by the Board of Directors before being submitted to the HSE.
2. The HSE must review in consultation with the Acute Voluntary Hospitals the instruction and guidance provided to complete section 3 quality improvement plan of the Quality Safety and Risk Development Plan.
3. The HSE must agree with the Acute Voluntary Hospitals a time frame to respond following submission of the Quality Safety Risk Development Plan.

5. CONCLUSION

The audit team concludes that quality initiatives which were part of each hospital's QIPs were approved through the governance structures of the four hospitals audited.

However, there was no documentary evidence available in any of the hospitals audited to demonstrate that the Quality, Safety and Risk Development Plans as a complete document had been approved by the respective Boards of Directors prior to submission to the HSE.

All four hospitals demonstrated reasonable evidence of the implementation status for all quality initiatives examined as part of this audit. There was reasonable evidence in all four hospitals that implementation was complete for a large number of the initiatives and that some, due to their nature, were ongoing.

There was reasonable evidence that the implementation status of all initiatives was monitored by the Management Team and Board of Directors through a range of mechanisms in all four hospitals audited.

Two hospitals involved in the audit identified a need for improved guidance from the HSE on the completion of the Quality Safety and Risk Development Plans as well as the need for feedback from the HSE on plans that have been submitted.

6. ACKNOWLEDGEMENT

The audit team wishes to acknowledge the co-operation and support of the hospital staff involved in this audit, particularly the nominated liaison persons in each hospital.