



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Tús Áite do  
Shábháilteacht **1** Othar  
Patient Safety **1** First

# Quality & Patient Safety Audit

## End of Year Report

# 2011

**Quality and Patient Safety Directorate**

*Last updated: 23 February 2012*

**Easy Access**



**Public Confidence**



**Staff Pride**

# Table of Contents

<b>I. Executive Summary</b>	<b>Page 2</b>
<b>II. Progress Against 2011 Operational Plan</b>	<b>Page 4</b>
<b>III. 2012 Operational Plan</b>	<b>Page 11</b>
<b>Appendix A: Audit Process Summary</b>	<b>Page 13</b>
<b>Appendix B: Status of 2011 Audits</b>	<b>Page 15</b>

# I. EXECUTIVE SUMMARY

## Introduction

Quality and Patient Safety Audit (QPSA) provides internal independent assurance within the defined responsibility of the National Director of Quality and Patient Safety. It is a new function within the HSE which completes the Assurance Framework by filling the assurance gap for clinical and social services (Level 2). It complements and augments the existing Level 1 (Quality & Risk self Assessment) and Level 3 (Internal Audit) functions within the HSE.

As part of the overall Quality and Patient Safety Directorate (QPSD), QPSA plays a key role in driving the quality improvement agenda through promoting accountability for quality patient safety. This is achieved through conducting audits to assess the level of compliance with standards, procedures and guidelines, and making recommendations to achieve the required standard. The implementation of audit recommendations is the responsibility of the accountable person through the line management function.

Progress on the implementation status of recommendations is reported to QPS and will be subject to re-audit. As the QPS national monitoring and learning function is developed, audit recommendations will also be used as an integral part of performance analysis and trending. This will be used to focus on areas where support and learning is required.

This report summarises activity undertaken in relation to the QPSA Operational Plan for the period 1 January 2011 to 31 December 2011. The 2011 Audit Plan was approved in Q1 2011 in consultation with the National Director QPSD, Senior Management and the HSE Risk Committee.

## Progress towards Completion of the Audit Plan in 2011 (see Appendix B for summaries)

### Audit Reports Issued - 16

Audit Number	Audit Subject
QPSA001/2011	Recalling 3,000 ASR Hip Replacement Products from PEI / Depuy
QPSA009/2011	Audit of RDO Risk Register Process for Development and Validity of Content
QPSA010/2011	Audit of HSE Staff Attendance at Statutory and Mandatory Training
QPSA013/2011	Audit of Risk Assessments for Violence and Aggression in Acute Mental Health Units
QPSA015/2011	Independent Review of Current Corporate Monitoring Process for Receipt of Internal & External Reports
QPSA017/2011	Patient Services / Elective Surgery – Audit of Consultants with Longest Waiting Lists in relation to Referrals and Procedures Undertaken through to NTPF
QPSA018/2011	Assessment of the Compliance by Assessment Officers and Assessors with the HIQA adopted Standards for Assessment of Need under the Disability Act 2005
QPSA019/2011	Audit of Acute Bed Closure Monitoring information in the HSE
QPSA020/2011	Audit of the Implementation of Recommendations Following Investigation of Complaints under Part 9 of the Health Act 2009
QPSA021/2011	Audit of Complaints Officer Reports to Ensure Compliance with Legislation and HSE Policy and Procedures
QPSA022/2011	Audit of Implementation of Recommendations from HIQA Report into Services at Ennis Hospital (St Colmcille's Hospital & Louth County Hospital)
QPSA023/2011	Audit of Compliance with the HSE National Incident Management and Serious incident Management Processes
QPSA024/2011	Audit of Compliance with NHO directive to Develop and Implement a Correct Site Surgery Policy
QPSA025/2011	Audit of the implementation of recommendations from the Hayes Report (2010) in AMNCH in the area of OPD and Radiology
TBD	Audit as follow-up to Good Faith Report No. GFR006
QPSA032/2011	Audit of the Assessment Needs of Children with Particular Emphasis on Private Residential

### **Draft Reports Pending - 2**

<b>Audit Number</b>	<b>Audit Subject</b>	<b>Expected Completion</b>
QPSA026/2011	Audit of SECM compliance with MOU Relating to the Provision of Home Birth Services to Eligible Expectant Mothers 2011	Jan 2011
QPSA028/2011	Audit of National Infection Prevention and Control Standards of Healthcare Associated Infections	Jan 2011

### **Fieldwork in Progress - 3**

<b>Audit Number</b>	<b>Audit Subject</b>	<b>Expected Completion</b>
QPSA030/2011	Audit of the National Ambulance Service Appropriate Hospital Access Protocol for Trauma	Feb 2011
QPSA031/2011	Audit of the Compliance of Acute Hospitals with Selected Criteria from Standard 8 (KPIs) of the HSE Code of Practice for Integrated Discharge Planning	March 2011
QPSA005/2011	Policy on the use of Physical Restraints in Designated Residential Care Settings for Older People	March 2011

### **Staffing**

Throughout 2011, the total complement of auditors available to the QPSA function ranged from 12 to 16; 5 members of the team had periods of extended leave ranging from 2+ weeks to over 6 months. At certain points during the year, the total number of staff working days were reduced by up to 29% due to absenteeism (sick leave and/or annual leave).

### **Conclusion**

QPSA achieved its key performance targets in 2011, despite the monthly fluctuations in available staffing complement and the challenges associated with establishing a new function.

Much of QPSA's success in 2011 was due to regular checks of its structure and work processes, and acting early on the intelligence provided. Such checks included input from the National Director QPSD, the HSE Risk Committee, and other Senior Management; regular internal reviews of the QPSA Standard of Practice to formalise and document a best-practice approach to conducting audits; structured individual and group debriefing sessions post-audit; the establishment of skilled subgroups including proofreading and education / training; and feedback from QPSA auditors.

## II. Progress against 2011 Operational Plan

In 2011, 30 audit requests were accepted by Quality and Patient Safety Audit Services. Table 1 below shows a breakdown of audit requests by directorate / care group and includes their end of year status.

Each audit was conducted by a team of 2-3 trained auditors who use an agreed Standard of Practice adapted from international 'best practice' models. Recommendations arising from each audit are aimed at advancing the quality improvement process and to inform management decision making at local and national levels.

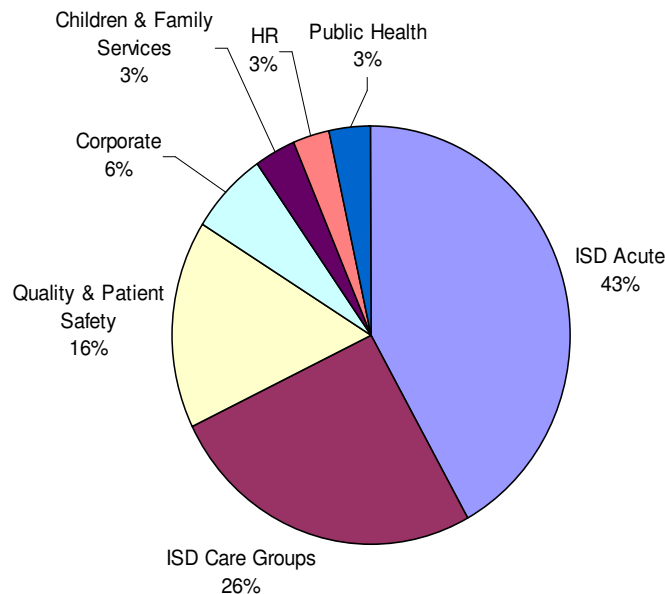
QPSA successfully achieved its 2011 targets:

% of audits commenced	2011 Target: 100%	2011 Outturn: 100%
% of audits completed	2011 Target: 75%	2011 Outturn: 94%

Table 1: 2011 QPSA Accepted Audit Requests (30) and Status as at 31 December

	Complete / Closed	Finalising Reports	Audit In Progress	Scoping / Pre-Audit	Deferred	TOTAL
Quality & Patient Safety	5					5
Corporate	1				1	2
HR	1					1
Public Health		1				1
ISD Acute Services	6		2		5	13
ISD CG: Disability	1				1	2
ISD CG: Mental Health	1				1	2
ISD CG: Older Persons			1			1
ISD CG: Primary Care / Social Inclusion		1			1	2
Children & Family Services	1					1
<b>TOTAL</b>	<b>16</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>30</b>

Figure 1: Directorate Distribution of 2011 Accepted Audit Requests (30)

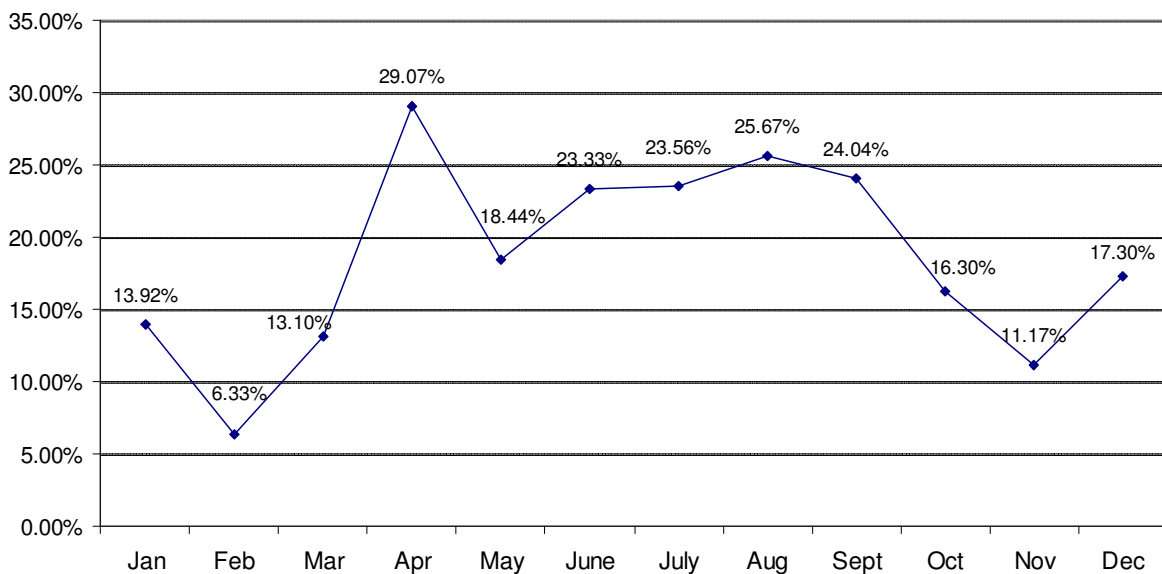


## 2011 Staffing

Throughout 2011, the total complement of auditors available to the QPSA function ranged from 12 to 16; five members of the team had periods of extended leave (sick leave / accidents / maternity leave) ranging from three weeks to over six months.

At certain points during the year, the total number of staff available working days (total number of working days for both audit & admin staff, less public holidays, parental leave, and maternity leave) were reduced by up to 29% due to absenteeism (sick leave and/or annual leave). This number peaked in April due to the scheduled annual leave combined with staff going on unplanned extended sick leave. Predictably, the % of days lost remained high through the summer months, as many staff took scheduled annual leave during this period.

**Figure 2: Fluctuations in Available Staff Complement: Days Lost as a Percentage of Total Days Available**



## 2011 Figures of Note in relation to Audits

- QPSA anticipated commencing 20 audits in 2011 and superseded this target by commencing 21 audits.
- QPSA anticipated completing 75% of audits on time. Of the 21 commenced, 17 were scheduled to be completed by year end and 16 (94%) were finished on time. Of the remaining five:
  - One audit scheduled to be completed in Dec 2011 will be concluded in Q1 2012.
  - Four audits scheduled to be completed in Q1 2012 are progressing to schedule.
- The majority (13: 43%) of audit requests were submitted by ISD Acute Hospital Services.
- At least one audit request was submitted from each Care Group
- To date, three audits included service user involvement; this is a key objective of the QPS Directorate, and will be further enhanced in 2012 with a target of 50% of all audits to include service user input.
- Eight (27%) of accepted audit requests, upon investigation and scoping, were deferred. Reasons for deferral include:
  - Audit not timely i.e. request to audit a policy implemented one month previous
  - Audit not appropriate for QPSA i.e. suitable for self-assessment or internal audit
  - Reconfiguration of service concurrent with audit timeframe
  - At request of Audit Requester

## 2011 Audit Recommendations

Audit recommendations are issued as part of each final audit report, and are specified as national, regional or local level as appropriate. Recommendations are made in order to promote compliance with national policies, standards and regulations with the objective of improving HSE services and increasing patient safety.

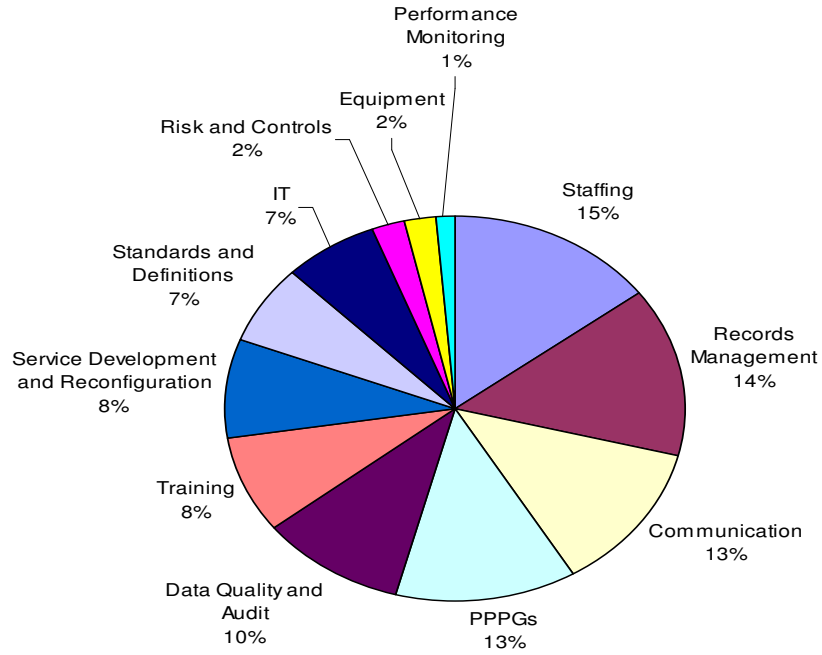
QPSA has established an Audit Recommendation Tracking system to follow up on the implementation of recommendations. This tracking system is part of an integrated approach to monitoring implementation between QPSD and ISD. This has served to promote and enhance a culture of accountability and best practice, and support the continuous quality improvement ethos of the HSE. As part of this system, QPSA contacts the audit recommendation governance owner at national, regional and local level, and he/she must confirm whether audit recommendations are “in progress”, “completed”, or “not commenced”. The QPSA Standard of Practice dictates that recommendations for each audit are tracked at specific intervals until recommendations are completed, or a re-audit commenced.

Recommendations arising from final audit reports in 2011 were “coded” to identify common themes. These are outlined in the following table:

**Table 2: 2011 QPSA Final Audit Recommendations, Coded as at 6<sup>th</sup> Dec 2011**

Heading	Sub-Heading	No of Recommendations
Staffing	<i>Improve / Define Staff Responsibilities</i>	8
	<i>Filling of Posts</i>	8
	<i>Rosters</i>	3
	<i>Establish National Groups</i>	1
Records Management	<i>Database Management</i>	8
	<i>Filing Systems</i>	6
	<i>Templates / Standardised Forms</i>	5
Communication	<i>Staff / Clinical Communication</i>	14
	<i>Patient / Service User Communication</i>	3
PPPGs	<i>Policies</i>	11
	<i>Tools</i>	3
	<i>Procedures</i>	3
Data Quality and Audit	<i>Quality Assurance</i>	5
	<i>Data Validation</i>	5
	<i>Audit / Internal Audit</i>	4
Training		11
Service Development and Reconfiguration	<i>Service Development</i>	7
	<i>Reconfiguration</i>	4
Standards and Definitions	<i>Standards</i>	6
	<i>Definitions</i>	3
IT		9
Risk and Controls		3
Equipment		3
Performance Monitoring		2
<b>TOTAL</b>		<b>135</b>

Figure 3: 2011 QPSA Final Audit Recommendations, % of overall Recommendations by Heading





## 2011 QPSA Key Deliverables (Internal to QPS Directorate)

The QPSA Strategic Business Plan for 2011 identified a number of internal deliverables which support the development of the internal assurance function within the QPS Directorate.

The following outlines the status of such deliverables at year end 2011. It is noted that the vast majority of deliverables were achieved within the timeframes projected; the few deliverables which were partially achieved in 2011 will be prioritised for completion in 2012.

**Table 3: 2011 QPSA Key Deliverables and Year End Status**

Deliverable 2011	Timeframe 2011	Key QPSA personnel	Why is this necessary	What will be achieved	Status at YE 2011
<b>1 QPSA Team Fully Assembled</b>	Q1	Director QPSA	Recruitment of a team of Healthcare Auditors (G VI-VIII) from across the health system is necessary to undertake Level II audits. These individuals will provide a wealth of healthcare experience and knowledge to the Level II assurance function.	Complete reassignment of full complement of Healthcare Auditors (team of 20 including administrative support)	Full reassignment was achieved in March 2011.  Subsequent staff reconfiguration and retirements during the year will require analysis of Team complement vs. requirements 2012.
<b>2 QPSA Audit Plan agreed and implemented to schedule</b>	Q1	Director QPSA GM QPSA	An agreed Healthcare Audit Plan, to be monitored throughout the year, will ensure QPSA audits are completed within agreed timeframes. It also allows the opportunity to prioritise audits against agreed criteria, including the HSE corporate risk rating.	In consultation with the National Director QPSD, Senior Management and the HSE Risk Committee, the 2011 QPSA Audit Plan is under discussion with a view to finalisation in Q1.	QPSA Audit Plan agreed and signed-off in Q1 2011.  Quarterly corporate PIs tracking deliverables and key result areas. Monthly Performance Monitoring document charts same.
<b>3 Evidence-based Standard of Practice Adopted</b>	Q1 – Q2	SOP Project Group	A Standard of Practice outlines the process for the successful completion of high quality audits by QPSA healthcare audit teams. A standardised methodology, including a suite of operational templates, facilitates consistency and best practice.	Q1: Development of SOP based on the international evidence-base, replicated and adapted to meet the needs of QPSA function in the HSE. Development of relevant bespoke templates. Pilot throughout Q1.  Q2: SOP Project Group to collate feedback on SOP and templates from a range of relevant stakeholders, revise and refine SOP / templates as necessary.	SOP and templates completed in Q1 2011, with schedule of review and update at year end.  SOP reviewed and updated end Q4 2011.
<b>4 Organisational and Governance Structures developed and implemented</b>	Q1 – Q2	Director QPSA GM QPSA  <i>Linking with ND QPSD</i>	As a new function within the QPSD Directorate, the organisation and governance structures of QPSA must be designed to complement the Directorate structure.	Agreement as regards organisational and governance structure of QPSA within QPSD will include the basis of structure, processes, 3 year strategy, and annual work plan for the directorate. This will reduce/eliminate ambiguity among staff and directorates. To be agreed with and signed-off by National Director QPSD.	Annual Plan signed off by National Director QPSD. QPSA's internal governance structure agreed; will be reviewed in line with the emerging systemic restructures to the health system in 2012.

Deliverable 2011	Timeframe 2011	Key QPSA personnel	Why is this necessary	What will be achieved	Status at YE 2011
<b>5 Mandate and Process for the function communicated internally</b>	Q1 – Q2	Director QPSA GM QPSA Communication Project Group	To inform senior management in the organisation as to the process of requesting, undertaking, and finalising a Level II audit.	Several methods of communication will be employed to increase visibility and embed identity of QPSA, including: <ul style="list-style-type: none"> <li>• QPSA Process Document complete and signed-off</li> <li>• ID badges for all QPSA staff, essential for audit site visits</li> <li>• Information about QPSA function and process on HSE Land and Intranet</li> <li>• Presentations to Clinical Risk Committee, HSE Board, and Senior Management Team, etc.</li> <li>• Articles in relevant staff newsletters, i.e. Health Matters</li> </ul>	Audit Process Summary document complete and signed-off, disseminated to senior management.  Presentations to Senior Management at Risk Committee Meetings, RDO regional meetings, etc.  QPSA Staff ID Badges  QPSA Intranet presence on “The Hub”
<b>6 Ongoing Training of Audit Team to ensure highest standard of Level II audits</b>	Q1 – Q4	Training and Education Project Group	Ongoing training is necessary to strengthen the quality, integrity and consistency of all healthcare audits undertaken by QPSA. It provides the team with access to the required skills and knowledge. It also cultivates a learning environment where team members can pool expertise and facilitate exchange of successful and innovative practices.	A Training and Education Project Group will be formed to: <ul style="list-style-type: none"> <li>▪ Facilitate the QPSA team in identifying skills and knowledge requirements for audit completion and best practice</li> <li>▪ Develop a training and education plan</li> <li>▪ Present and oversee implementation of plan</li> <li>▪ Establish a system to evaluate the training and education process and outcome</li> </ul>	Education and Training Project Group Established  Monthly team meetings incorporating education modules  Training programmes in: -Excel -Advances Excel -Report Writing  Additional training scheduled as necessary
<b>7 Development of Quality Improvement Plans</b>	Q1 – Q4	Director QPSA	Operations and processes must evolve and be refined in order to keep pace with the changing dynamic of the HSE environment. To ensure consistent quality, an ongoing commitment to growth and improvement is essential.  As part of the full audit cycle, it is critical that recommendations made in final audit reports are acknowledged, and that Quality Improvement Plans (QIPs) are documented and monitored to reflect continuous improvement.	While QPSA does not have the mandate to demand or police operational QIPs, it will ascertain whether QIPs are in place by tracking the implementation of recommendations and scheduling re-audits as necessary.	Audit Recommendation Tracking System established.  Annual Audit Plan confirmed, re-audits not yet applicable but will be incorporated into 2012 Audit Plan if necessary.  Audit Recommendation Tracking system to be integrated into ISD Performance Review and other established / emerging performance tracking systems.

Deliverable 2011	Timeframe 2011	Key QPSA personnel	Why is this necessary	What will be achieved	Status at YE 2011
<b>8 Incrementally increase service user input into planning and delivery</b>	Q3 – Q4	QPSA Team	<p>“Your Service, Your Say” aims to inform and empower individuals, families and communities to actively look after their own health and to influence the quality of healthcare in Ireland.</p> <p>Based on this ethos, QPSA will incrementally increase service user input into planning and delivery of Level II Healthcare Audits.</p>	In consultation with Advocacy Director’s team, processes for real service user engagement and input into Level II audits will be explored. This may include, for example, the use of existing service user panels and fora, or incorporating service user feedback into site visits and other audit fieldwork.	<p>Introduced concept in 2011, in line with directorate work.</p> <p>QPSAD met with member of advocacy group to discuss QPSA development and Services User involvement in audits. Group not in a position at that time to assist due to capacity issues. To be reviewed in 2012.</p> <p>QPSA Team presentation and discussion with National Advocacy Lead in Q4 2011.</p> <p>Measurable PI in 2012.</p>
<b>9 Learning activities i.e. Master classes, to deliver shared learning across HSE</b>	Q4	QPSA Mentor QPSA Team	To ensure that learning and best practice from audits is captured, analysed and disseminated throughout the organisation.	Shared learning can contribute to reducing the number of adverse events that impact on patient safety.	Formal learning activities deferred to 2012 to allow for integration with other Directorate-wide learning strategies, and to allow the QPSA Recommendation Tracking system to mature before learning is disseminated.

## III. 2012 Operational Plan

### 2012 Targets

QPSA has proposed a challenging work plan for 2012, in which it will increase its target number of audits commenced and completed in the coming year. Although it is not anticipated that the QPSA audit staffing complement will increase in 2012, improved systems and shared learning within QPSA in 2011 have enabled the function to develop as a more efficient and effective service. The 2012 targets outlined below are challenging, but achievable.

**Table 4: 2012 Audit Plan Targets**

	2011 Target	2011 Outturn	2012 Target
Audits Commenced Jan-Dec	20	21	24
Audits Completed on schedule Jan-Dec	17	16	20

The target of 24 audits commenced will allow for four “emergency” audits (approximately one per quarter) in respect of audits which are requested urgently by the ND QPSD, CEO, HSE Board, HSE Risk Committee, etc. This will allow adequate capacity management to facilitate such audits as the need arises. If four emergency audits are not submitted before year end, other audits will be commenced in order to reach the target of 24 in the year.

### Key Performance Indicators (2012 – 2013)

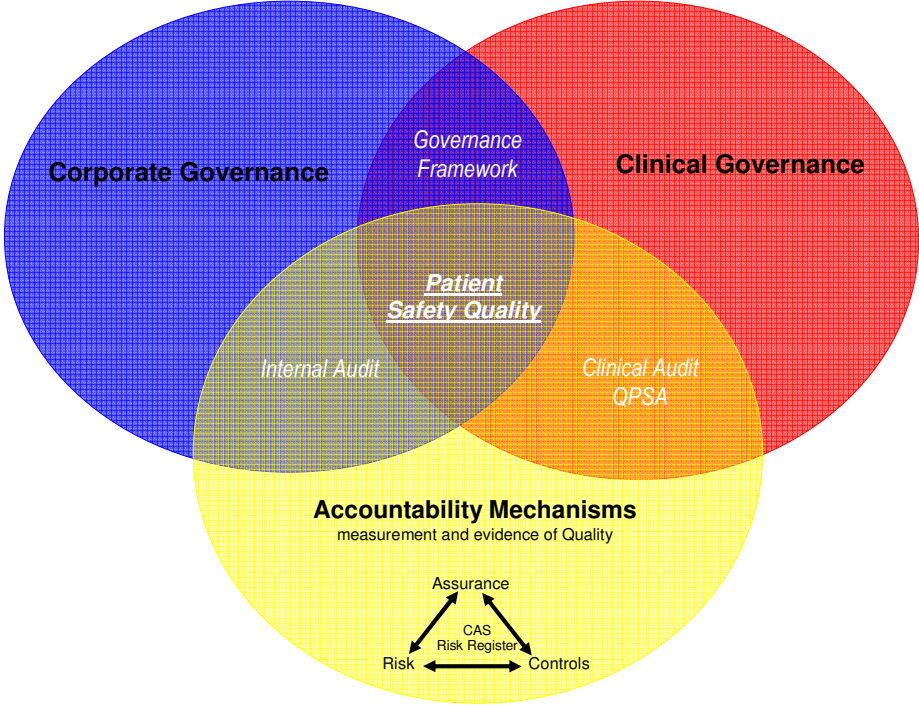
The following table illustrates the QPSA Performance Indicators in 2012 and 2013. These are linked to HSE Corporate Plan 2011-2013 and the National Service Plans 2011 and 2012. The additional proposed performance indicators will drive greater service user involvement, a high level customer service satisfaction, and an increased focus on monitoring and tracking audit recommendations to systematically complete the assurance cycle.

**Table 5: 2011 – 2013 Key Performance Indicators**

Measure	2011 – 2013 Targets		
	Target 2011	Target 2012	Target 2013
% of national audits, as specified in audit plan, commenced	100%	100%	100%
% of audits completed within the timelines in audit plan	75%	90%	100%
% of QPSA audits with service user involvement		50%	90%
% of recommendations tracked within planned timeframes		100%	100%

In 2012, QPSA will continue to collaborate with external and internal audit functions to support the overall Assurance Framework and provide a structured programme of internal independent assurance, contributing to the harmonisation of corporate and clinical governance across the HSE. To support this process, QPSA will commence a programme of audit to further integrate the risk register into the Assurance Framework. A QPSA audit can be requested by specific risk owners to test their controls to provide evidence for assurance; similarly, the National Director QPSD and the HSE Risk Committee can use the audit function to seek independent assurance that the controls to manage the risks in clinical and social services are effective. This process will also support clinical directors / managers in signing the Controls Assurance Statement (CAS).

Figure 4: Harmonisation of Corporate Governance / Clinical Governance / Accountability Mechanisms



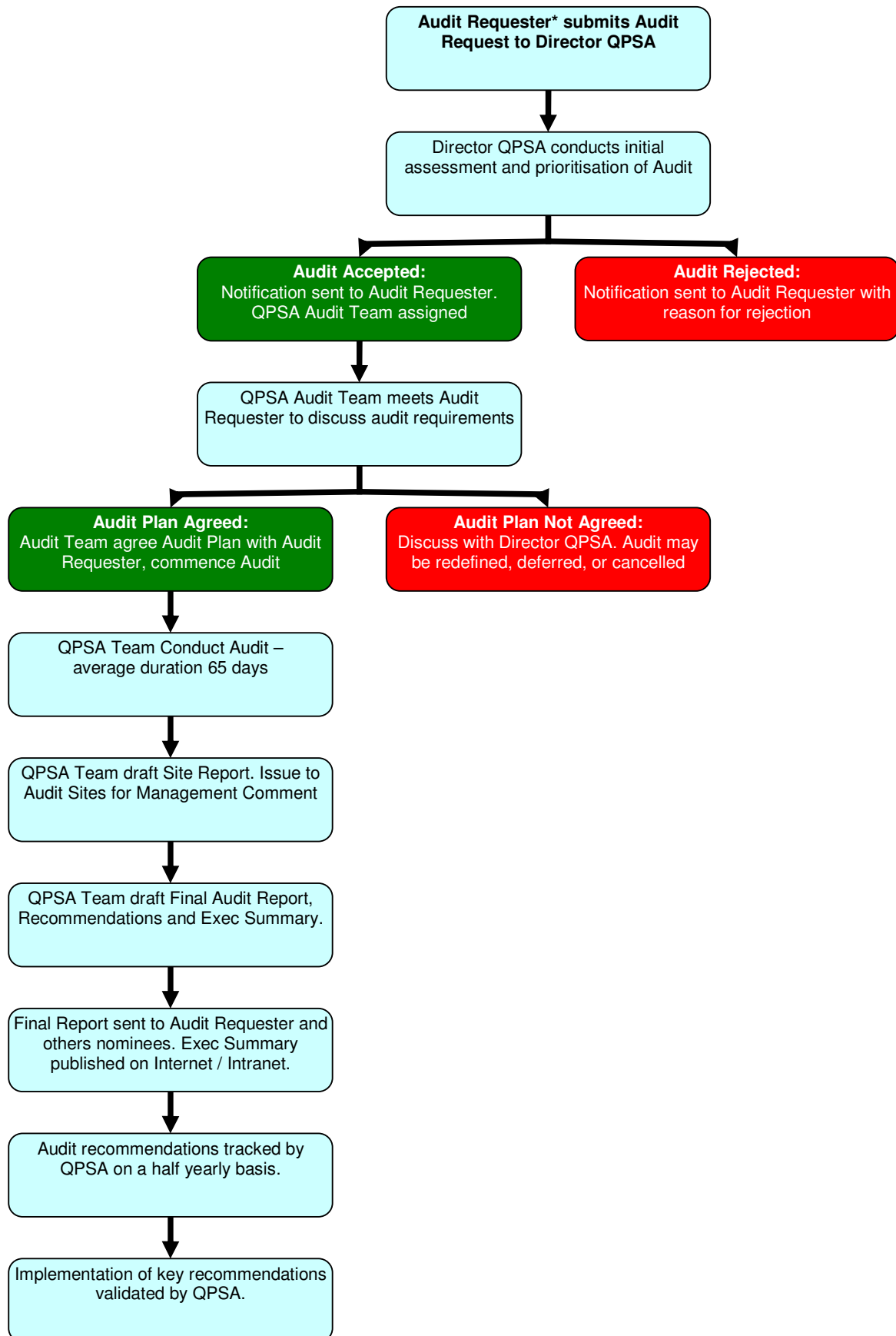
## APPENDIX A: Audit Process Summary

Quality and Patient Safety Audit (QPSA) provides Level 2 Healthcare assurance within the defined responsibility of the National Director of Quality and Patient Safety. It is a new function within the HSE which completes the Assurance Framework for the HSE by filling the assurance gap for Clinical and Social Services assurance; it augments the existing Level 1 (Quality & Risk self-assessment) and Level 3 (Internal Audit) functions within the HSE.

QPSA supports quality, accessible, and sustainable healthcare and increased patient safety by providing internal independent assurance on existing risk controls, such as national policies or procedures, assuring compliance that the controls are operating effectively. Audit Recommendations provide shared learning across the system, and the opportunity for the HSE to improve its service with their implementation.

- Requests for Audit are only accepted from the ND QPSD, CEO, HSE Board, Risk Committee, National Directors, Regional Director of Operations, or National Clinical Leads / Care Group Leads.
- Audit requests are submitted to the Director QPSA using the Audit Request Form (QPSAT001). A request is assessed by the Director QPSA to determine its appropriateness for Level II audit; to prioritise it based on a number of factors including corporate risk rating; and to determine if the audit should be undertaken at a National level or, in limited circumstances, confined to the region requesting the audit.
- If the Audit Request is accepted, the Director QPSA will assign it to a QPS audit team. The audit team will meet with the audit requester to discuss and clarify the audit request.
- The QPSA audit team will draw up an Audit Plan outlining parameters for the audit i.e. scope, deliverables, timeframes, etc. The Audit Plan is signed off by the Lead Auditor, Audit Requester, and Director QPSA.
- Notification Letters are issued to the RDOs for regions in which the audit will be conducted. The letter informs them of the upcoming audit, requests a liaison person to work with the auditors, and also clearly states that RDOs are responsible for overall implementing of any recommendations issuing from the final audit report within their region.
- The Audit timeframe is, on average, 65 working days to completion. Audit methodology may include desktop research, administration of off-site audit tools such as questionnaires, on-site interviews/observation, etc.
- When the Audit is complete, draft reports are issued to all sites audited. This allows local management the opportunity to review and comment on the report and its recommendations. Management feedback is included in the final audit report.
- The Final Report is completed and sent to the Audit Requester and may also be sent to any senior personnel as requested i.e. National Director ISD-PFM, CEO, National Director QPSD. The Executive summary is published on the QPSA site on the Intranet and a summary of all audits may be published on the Internet
- The responsibility and accountability for the implementation of recommendations lies with the audit sites and their operational management/clinical hierarchies. Where there are regional or national recommendations, responsibility for these rests with the RDOs and National Directors.
- Twice yearly, a post-audit Recommendation Tracking document is issued to monitor whether recommendations have been addressed. The tracking document is re-issued every six months until all recommendations have been implemented.
- The Director QPSA reviews Recommendation Tracking documents and meets with the audit team to determine responses that may require validation. In the event that 'completed' recommendations are found not to be complete, this information is escalated immediately to the Director QPSA and National Director ISD "delegated person". *This process is part of an evolving monitoring mechanism between ISD and QPSD.*

### QPSA Level II Audit Process Flow



## APPENDIX B: STATUS OF 2011 AUDITS - AS AT 31 DEC 2011

**KEY:**  >1 Quarter Behind Target  <1 Quarter Behind Target  On Target / Ahead of Target

Audit Number	Audit Subject	Audit Team Members	Service User involvement	Quarter Audit Commenced		Status: Complete / Closed / In Progress	Audits In Progress		
				Scheduled	Actual		Scheduled Audit Completion	Projected Audit Completion Variance	
QPSA001/2011	Recalling 3,000 ASR Hip replacement products from PEI / Depuy	Fidelma MacHale Denise McArdle	N	Q1	Q1	CLOSED			Report Issued.
QPSA009/2011	Audit of RDO Risk Register Process for Development and Validity of Content	Alfie Bradley Patricia McNamara Ann Gilmartin	N	Q1	Q1	Complete			Final Audit Report issued
QPSA010/2011	Audit of HSE staff attendance at statutory and mandatory training	Petrina Duff Suzanne Kirwan	N	Q1	Q1	Complete			Final Audit Report issued
QPSA013/2011	Audit of Risk Assessments for Violence and Aggression in Acute Mental Health Units	Gloria Waldmann Caroline Lennon-Nally Kathleen Barden	N	Q1	Q2	Complete			Final Audit Report issued
QPSA015/2011	Independent review of the current corporate monitoring process for receipt of internal and external reports.	Lia Evans Anne Keane	N	Q1	Q1	CLOSED			Report Issued.
QPSA017/2011	Patient Services / Elective Surgery – Audit of consultants with longest waiting lists and numbers referred to NTPF and names of Consultants operating on those patients.	Fidelma MacHale Denise McArdle	N	Q1	Q1	CLOSED			Report issued.
QPSA018/2011	Assessment of the Compliance by Assessment Officers and Assessors with the HIQA adopted Standards for Assessment of Need under the Disability Act 2005	Ciara Murray Denise McArdle Fidelma MacHale	Y Telephone survey	Q1	Q1	Complete			Final Audit Report issued
QPSA019/2011	Audit of Acute Bed Closure Monitoring information in the HSE.	Kathleen Barden Mary Greene Róisín Egenton	N	Q1	Q1	Complete			Final Audit Report issued
QPSA020/2011	Audit of Implementation of Recommendations made following investigation of complaints under Part 9 of the Health Act 2009	Suzanne Kirwan Anna Larkin	N	Q2	Q3	Complete			Final Audit Report issued.
QPSA021/2011	Audit of complaints officer reports to ensure compliance with legislation and HSE policy and procedures.	Mary Greene Ciara Murray	N	Q2	Q3	Complete			Final Audit Report issued.
QPSA022/2011	Audit of Implementation of Recommendations from HIQA report into services at Ennis Hospital (St Colmcille's Hospital & Louth County Hospital)	Patricia McNamara Caroline Lennon-Nally	N	Q2	Q2	Complete			Final Audit Report issued.



Audit Number	Audit Subject	Audit Team Members	Service User involvement	Quarter Audit Commenced		Status: Complete / Closed / In Progress	Audits In Progress		
				Scheduled	Actual		Scheduled Audit Completion	Projected Audit Completion Variance	Current Status
QPSA023/2011	Audit of compliance with the HSE National Incident Management and Serious incident management processes.	Alfie Bradley Kathleen Barden Róisín Egenton	N	Q2	Q3	CLOSED			Report issued. National decision to close audit pending NIMT / SIMT restructure.
QPSA024/2011	Audit of compliance with NHO directive to develop and implement a correct site surgery policy.	Anne Keane Fidelma MacHale	N	Q2	Q3	Complete			Final Audit Report issued.
QPSA025/2011	Audit of the implementation of recommendations from the Hayes Report (2010) in AMNCH in the area of OPD and Radiology.	Ann Gilmartin Denise McArdle Petrina Duff	N	Q2	Q3	Complete			Final Audit Report issued.
TBA	Audit as follow-up to Good Faith Report No. GFR006	Alfie Bradley Kathleen Barden Róisín Egenton	N	Q3	Q3	CLOSED			Report Issued. National decision to close audit, refer GFR to highest level.
QPSA026/2011	Audit of SECM compliance with MOU Relating to the Provision of Home Birth Services to Eligible Expectant Mothers 2011	Denise McArdle Ann Gilmartin	N	Q3	Q4	In Progress	Q1 2011	Q1 2011 (Jan)	Draft report completed, finalising
QPSA028/2011	Audit of National Infection Prevention and Control Standards of Healthcare Associated Infections.	Alfie Bradley Kathleen Barden Patricia McNamara	N	Q3	Q4	In Progress	Q1 2012	Q1 2012 (Jan)	Will have site reports to proofreader this week.
QPSA030/2011	Audit of the National Ambulance Service Appropriate Hospital Access Protocol for Trauma	Petrina Duff Mary Greene	N	Q3	Q3	In Progress	Q4	Q1 2012 (Feb)	Difficulty setting up site visits due to staff leave at sites.
QPSA03/2011 & QPSA031/2011	Audit of the Compliance of Acute Hospitals with Selected Criteria from Standard 8 (KPIs) of the HSE Code of Practice for Integrated Discharge Planning.	Anna Larkin Anne Keane Ciara Murray Suzanne Kirwan	N	Q3	Q4	In Progress	Q1 2012	Q1 2012 (March)	16 Site visits organised. Piloted audit tool in Sligo.
QPSA032/2011	Audit of the assessment needs of children with particular emphasis on Private Residential.	Róisín Egenton Caroline Lennon-Nally Eileen Tormey	N	Q4	Q4	CLOSED			Report Issued.
QPSA005/2011	Policy on the use of physical restraints in designated residential care setting for older people.	Róisín Egenton Caroline Lennon-Nally Eileen Tormey	Y	Q4	Q4	In Progress	Q1 2012	Q1 2012 (March)	Questionnaires returned (82%), analysing data. Planning site visits.

\* Dates provisional as Audit Plan not yet signed off

## Deferred Audits

Audit Number	Audit Subject	Original Audit Team Members	Original Quarter Assigned	Reason for Deferral	Next Steps
QPSA004/2011	Whole System Escalation Procedures	N/A	Q1 2011	Audit reviewed by Audit Request Assessment Group. Edwina had discussions P Crowley on same. Not appropriate for QPSA Audit at this time.	Edwina to follow up as appropriate.
QPSA006/2011	Audit of Management of Confused Patients in Acute Hospital Settings	Gloria Waldmann Caroline Lennon-Nally	Q1 2011	Deemed to be a Level 1 audit	No follow up at this time
QPSA008/2011	Audit of Sedation use in Day Case Surgery	Anne Keane Lia Evans	Q1 2011	Deemed to be Clinical Audit	No follow up at this time
QPSA012/2011	Baseline audit of compliance with the RCSI Quality Assurance Programme Requirements	Anna Larkin Ciara Murray	Q1 2011	Audit too soon, as RCSI Guidelines only rolled out in Sept 2010 & proposed workshops in March 2011. Agreed that the audit would be deferred.	May be appropriate to revisit in Q1 2012; however, as policy is voluntary not mandatory for hospitals, it may not be re-included in Schedule of Audits. Edwina to review.
QPSA014/2011	Audit assessment and intervention services provided by Early Intervention Teams and/or School-Aged Children's Teams	N/A	Q1 2011	Deferred to 2012	May be appropriate to follow up on deferred audit in 2012.
QPSA016/2011	Compliance with Codes of Practice and HSE guidelines in HSE funded Acute Hospital Services	Lia Evans Anne Keane	Q1 2011	Decision to make into 2 audits; commenced 1, deferred second	May be appropriate to follow up on deferred audit in 2012.
QPSA027/2011	Audit of SPIRASI (non-HSE agency with SLA through Social-Inclusion care group)	Alfie Bradley Kathleen Barden Róisín Egerton	Q2 2011 / Q3 2011	Audit requester noted that key staff on sick leave and CEO of SPIRASI on annual leave. Decision to defer Audit to Q3 2011. Re-assigned Q3 to Róisín and Caroline. Key person still on sick leave. Decision to defer to Q1 2012 or until key personnel back from sick leave.	QPSA to follow up with Brian Murphy and Diane Nurse in Q1 2012.
QPSA029/2011	Environmental audit on ligature points within Mental Health Facilities following recommendations for the Mental Health Commission.	Ciara Murray Ann Gilmartin	Q3 2011	Deferred as ties with Health & Safety audit.	Edwina following up with Maria Lorden-Dunphy in 2012