

## AUDIT REPORT – EXECUTIVE SUMMARY

<b>Audit Title:</b>	Audit of accountability arrangements for quality and patient safety in acute hospitals	
<b>Audit Number:</b>	QPSA0042013	
<b>Audit Timeframe:</b>	March 2013 – June 2013	
<b>Audit Requesters:</b>	Dr Philip Crowley, National Director, Quality & Patient Safety Directorate Ms Maureen Flynn, National Lead for Clinical Governance Development	
<b>Audit Team Members:</b>	Róisín Egerton, Quality and Patient Safety Auditor (Lead) Ann Gilmartin, Quality and Patient Safety Auditor	
<b>Audit Sponsor:</b>	Edwina Dunne, Director of Quality and Patient Safety Audit Service	
<b>Source of Evidence:</b>	<b>Type</b>	<b>Date</b>
	<b>Request for Evidence</b>	Returned between 11 and 19 April 2013
	<b>Questionnaires</b>	Returned between 22 April and 16 May 2013
	<b>Site Visits:</b> Beaumont Hospital Mayo General Hospital Our Lady's Children's Hospital, Crumlin St. Luke's General Hospital, Kilkenny	13 May 2013 17 May 2013 20 May 2013 30 May 2013
<b>Final Report Date of Issue:</b>	17 <sup>th</sup> September 2013	

### 1. AUDIT BACKGROUND/RATIONALE

Clinical governance is defined by the HSE Quality and Patient Safety Directorate (QPSD) as *"the system through which healthcare teams are accountable for quality, safety and satisfaction of patients in the care they have delivered."* QPSD is focused on an integrated approach to clinical governance development and implementation of National Standards (HIQA 2012); working closely with QPS colleagues and frontline service providers to ensure collaborative, consistent, continuous quality improvement.

A number of reports and guidance documentation for clinical governance have been developed by the HSE, the Department of Health, and HIQA to assist and support services in the provision and delivery of high quality safe responsive services. In addition, the requirement for governance structures with clear accountability arrangements was highlighted by HIQA's investigations at Tallaght [AMNCH] (2012), Mallow (2011) and Ennis (2009) hospitals.

In Q3 2011, QPSD renewed its focus on clinical governance development. A steering group and working group for quality and safety clinical governance development was established under the chairmanship of the National Director of Q&PS. A national lead was appointed and an international reference panel was established. In September 2012 the steering group agreed to expand their original role, to provide strategic direction and advice of a national steering group on the supports for the implementation of the national standards for safety better healthcare and to the collaboratives set up for this purpose.

Clear accountability is one of the ten guiding principles for clinical governance as outlined in the diagram below. Accountability arrangements support the development of clinical governance, and ensure the delivery of safe, high quality, and cost-effective services. Accountability is considered the lynchpin of clinical governance though there is often ambiguity in its application.

Considering the importance of this topic; the ongoing work of the QPSD lead and steering group for clinical governance development; the current implementation of the National Standards; and the publication of the UK report *"Final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry"* (NHS, 2013), the National Director of QPS determined that an audit of accountability arrangements for quality and patient safety in acute hospitals, both voluntary and statutory, was opportune. The Quality and Patient Safety Audit service (QPSA) was tasked with undertaking this audit.

## 2. AUDIT OBJECTIVES

The purpose of the audit is to provide assurance as regards the accountability arrangements in place for quality and patient safety in a sample of four acute hospitals (voluntary and statutory).

The audit will determine

1. The current accountability arrangements for quality and patient safety established in the hospitals;
2. If the accountability arrangements demonstrate that the Chief Executive Officer (CEO)/General Manager (GM) and senior management team are fully informed of all key areas of quality and patient safety in the hospital;
3. If the processes and systems in place demonstrate that quality and patient safety is a priority for the CEO/GM and senior management team.

## 3. SIGNIFICANT FINDINGS

The findings were determined as a result of evidence procured through a review of documentation, interviews with senior management, and questionnaires completed by senior managers.

### 3.1 Accountability arrangements in place for quality and patient safety

- The audit team is satisfied that there was reasonable evidence provided by all four hospitals to demonstrate that documented accountability arrangements are in place to support quality and patient safety. In one hospital, however, specific areas require attention to ensure that the documented accountability arrangements are fully communicated and embedded on a hospital wide basis.
- Hospital management team structures across hospital sites varied. The audit team considers that a national guidance framework would be beneficial in order to inform and direct a common approach to hospital committee structures, including information flow to and from relevant committees.
- A number of documents provided from all four hospitals were not dated, and many TORs did not reflect a standard document control structure; a standard structure should be used to ensure they are reviewed and updated systematically.
- The audit team observed that the majority of job descriptions did not refer to the individual's accountability for quality and patient safety in the hospital.

### 3.2 Governance arrangements for monitoring the delivery of high quality and safe care

- The audit team is satisfied that there was reasonable evidence provided by all four hospitals to demonstrate that the hospitals have documented arrangements in place for monitoring quality and patient safety and ensuring that the CEO/GM and senior management team are kept fully informed of all key areas of quality and patient safety in the hospital. In one hospital, however, the monitoring arrangements must be further strengthened and improved.
- There was limited evidence of discussion of quality and patient safety at senior management team meetings. There was strong emphasis on finance, human resources, and operational issues. Topics relating to quality and patient safety were discussed when the need arose, but were not a standing item on agendas.
- In the majority of management team and clinical governance committee minutes reviewed it was not always clear what agreements were reached, decisions taken, and follow-up actions agreed.

### 3.3 Evidence that quality and patient safety is a priority for the CEO and senior management

- The audit team is satisfied that there was reasonable evidence provided by all four hospitals demonstrating that quality and patient safety is a priority for the CEO/GM and senior management.
- The CEO/GM's accountability for hospital clinical outcomes appears to be a subject of concern and should be clarified in national documentation pertaining to clinical governance.

## 4. RECOMMENDATIONS

1. QPSD to work with the ND Acute Services to ensure that quality and patient safety features as a standing agenda item at hospital management team meetings. All issues relating to cost containment measures must consider the impact of quality and patient safety, and be clearly documented.
2. QPSD to work with ND Acute Services in the development of national guidance to address best practice relating to hospital management structures, including TORs for management committees and accountability practices for recording meeting minutes.
3. QPSD to further disseminate and provide guidance in the use of the HSE's Quality and Safety Committee(s): Guidance and Sample Terms of Reference document published in May 2013.
4. QPSD to work with to ND Acute Services and ND HR to ensure that job descriptions for acute services senior management clearly document that the post holder is accountable, responsible and has authority for delivering a quality service and ensuring patient safety.
5. QPSD to support and work with Finance in the Controls Assurance process to clearly define hospital CEO/GMs' accountability and responsibility for clinical outcomes.

## **5. CONCLUSION**

The current accountability arrangements for quality and patient safety established in the hospitals are evolving and expanding with the development of the clinical directorates and new hospital trusts. Reasonable evidence was provided to the audit team to demonstrate that 1) the CEO/GM and senior management team in each hospital are fully informed of all key areas of quality and patient safety in their hospital 2) hospitals have documented arrangements in place for monitoring quality and patient safety and 3) processes and systems are in place to ensure that quality and patient safety is a priority for senior managers.

This report makes recommendations which, when implemented, should enhance existing processes and should further strengthen and improve accountability arrangements for quality and patient safety in each hospital.

## **6. ACKNOWLEDGEMENT**

The audit team wishes to acknowledge the cooperation and goodwill afforded them by all persons who participated in this audit and in particular the staff of QPSD and hospital site liaisons.