

Learning from Healthcare Audit processes related to the development and implementation of PPPGs¹ within the HSE and HSE funded services.

Quality Assurance and Verification Division

Cora McCaughan

Assistant National Director

Healthcare Audit

Quality Assurance and Verification Division

March 2019

¹ PPPGs: Policies, Procedures, Protocols, and Guidelines

Contents

	Page
1. Introduction	3
2. The absence of PPPGs to address key risks	3
3. Insufficient scope of PPPGs to address key risk areas	4
4. PPPGs that are difficult to audit	4
5. PPPGs not communicated to applicable sites	4
6. Absence of a national lead for developing and supporting implementation of PPPGs	4
7. Absence of a national repository for PPPGs	5
8. The issue of draft PPPGs	5
9. PPPGs due for review, and recently updated PPPGs	5
10. New PPPGs	6
11. Out of date PPPGs	
12. Inadequate details in national PPPGs contributing to local variation	6
13. Engagement between national PPPG developers and local implementers	7
14. The need, or not, for local PPPGs in line with national PPPGs	7
15. The need for national PPPGs to specify audit criteria and audit plans	8
16. Key learning points	9
References	11

1. Introduction

The Health Service Executive has a wide range of policies, procedures protocols and guidelines (PPPGs) in place which enable a standardised approach across all of its organisational functions. This is done to support the delivery of high quality and safe services. This suite of PPPGs forms a fundamental basis for governance and control across the system and as such must be regularly reviewed and updated.

Healthcare audit (HCA) reviews compliance with PPPGs on a sample basis so as to provide assurance based on compliance as part of its controls assurance function.

HCA work - including scoping and conducting audits - has identified issues related to the development and implementation of PPPGs which act as obstacles to the assurance the HCA function can provide. These issues are described within the following sections of this document and key learning points to address them are provided.

About Healthcare Audit

The HCA Function provides *assurance* to the HSE that the services the HSE provides meet statutory obligations (where compliance with statutory requirements is tested); and that they are delivered in accordance with best practice (where PPPGs related to best practice are audited). It plays a key role in the HSE's overall assurance framework and it supports the HSE in achieving its objectives by:

- Providing valuable and reliable information to inform decision making
- Identifying good practice for sharing, learning and implementing across the system
- Testing the effectiveness of internal controls that are identified to manage risk, and
- Providing evidence for managers in relation to signing the statement of internal control.

2. The absence of PPPGs to address key risks

The process of scoping Healthcare Audits on the 2018/2019 HCA plan (Health Service Executive, 2018) identified that national PPPGs were sometimes absent for key risk issues. Examples include the absence of a national PPPG for radiation justification as required by Statutory Instrument (SI) 478, and the absence of a national PPPG for the prevention and management of falls.

Where Healthcare Audits have been prioritised and entered onto the HCA Schedule based on risk information and where national PPPGs do not exist related to the risk issue, the HCA Scoping Team work with a National Liaison² to develop audit criteria.

These audit criteria are developed based on a review of the relevant national and international literature and standards/PPPGs related to the risk area.

The Healthcare Audit of the WHO Surgical Safety Checklist (World Health Organisation 2009; & Health Service Executive 2011) is an example of an audit where there was no Irish National Standard

² The National Liaison should have specialist knowledge in the risk area being audited and should be able to advise the HCA scoping team on the key criteria for the audit that are likely to provide the best possible assurance and that are likely to drive quality and safety improvement optimally.

or PPPG and so the WHO standard was adopted for audit purposes. The National Policy and Procedure for Safe Surgery (Health Service Executive, 2013) which was published following this audit was informed by this audit.

3. Insufficient scope of PPPGs to address key risk areas

HCA processes have identified issues related to the scope of PPPGs to address key risk areas.

For example, the HSE Policy on the Prevention and Management of Aggression and Violence in the Workplace (2018) states that it applies to HSE employees. This means that employees of HSE funded services (i.e. section 38 and 39 services) and employees of non statutory voluntary services and hospitals are not within the scope of this policy.

4. PPPGs that are difficult to audit

HCA processes have occasionally identified PPPGs that were vague and therefore difficult to audit. An example of this is the HSE Integrated Care Guidance: A practical guide to discharge and transfer from Hospital (2014) which was written in a format that provided general information and therefore it is difficult to establish auditable objectives from it.

5. PPPGs not communicated to applicable sites

HCA processes have identified situations where PPPGs were not communicated to applicable sites and/or the relevant Senior Most Accountable Person(s) (SMAPs).

For example, the *“Audit of compliance with Standard 3 of the HSE Standards and Recommended Practices for Healthcare Records Management (V3.0) in Intellectual Disability Services and Maternity Services”* (Health Services Executive, 2018) identified issues with the communication of this standard to section 38 organisations. This standard was not referred to in the Service Level Agreement (SLA) documentation.

In such circumstances, Healthcare Audits are conducted at a selected site within the scope of the PPPG whether or not the PPPG was communicated to the site. If the SMAP responsible for conveying the PPPG to the site cannot provide evidence that the PPPG was conveyed to the site, this will be reflected within the audit report.

6. Absence of a national lead for developing and supporting implementation of national PPPGs

The absence of - or difficulty identifying - a national lead for developing and supporting implementation of PPPGs was identified to contribute to delays in scoping and conducting Healthcare Audits.

In the example of the audit of HSE Standards and Recommended Practices for Healthcare Records Management already referred to above, the lead for the development and support for

implementation of this standard had left this position prior to the audit. They had not been replaced. This meant that there was no one to support the implementation of this policy throughout the organisation. From the HCA perspective, this meant that there was no one to take on the role of the National Liaison for this Audit.

Another example of this related to audit of the HSE Policy for *“Safeguarding Vulnerable Persons at Risk of Abuse”* (2014). During the scoping of this audit, the original 2014 version of this policy was being updated. At the same time, the original lead for developing and supporting the implementation of this policy had moved to a different role. The HCA Team spent a lot of time engaging with a lot of different people, who were unsure who the new national lead was - before the details of the new national lead were conveyed to them, and progress could be made.

7. Absence of a national repository for PPPGs

For a number of audits on the 2018/2019 Healthcare Audit Plan – It was not immediately clear whether or not there were national PPPGs related to the audit area. Examples included the planned audit of compliance with standards on falls prevention and management; and the audit of compliance with escalation protocols in response to ambulance offload delays.

Considerable HCA time was used trying to identify relevant national PPPGs. A national repository for PPPGs would save HCA time and would enable more efficient HCA progress in this regard. It would also assist with resolving the issue highlighted in section 6 above related to challenges with finding national leads responsible for developing and supporting implementation of PPPGs.

8. The issue of draft PPPGs

On a number of occasions, HCA processes identified that PPPGs were in draft and therefore were not formally signed off.

An example of this is reflected in the *“Audit of the Health Service Executive (HSE) National Counselling Service (NCS) Guidelines of Risk Management and Child Protection in the context of Counselling/Therapy (December 2012) with specific reference to the referral documentation sent by the NCS to TUSLA – The Child and Family Agency”*.

This was a case of an urgent audit requested by a National Director and so the auditors audited against the draft guidelines. The auditors recommended within the report that the guidelines be taken out of draft format and that they be signed off as a matter of urgency.

9. PPPGs due for review, and recently updated PPPGs

It is not unusual during the audit scoping process for stakeholders to indicate that the audit should be deferred either because the PPPG is due for update, or because it has only recently been updated.

Audits assess compliance with extant PPPGs. Also, there cannot be certainty when a “due” revision of a PPPG will actually materialise potentially resulting in the constant deferral of audit. Furthermore, if PPPGs have been developed based on evidence, it is unlikely that reviewing and

updating PPPGs would result in significant changes unless there has been a significant change in the evidence base which should rarely occur.

Auditing PPPGs that are due for review provides an opportunity for learning from the audit to inform the review and updating process. Auditing PPPGs that have been recently updated can include audit of both elements that have and have not changed compared with the previous PPPGs. Auditing unchanged elements means auditing elements that should be more embedded. Auditing new elements is essentially baseline audit which is important. In any event, the focus always remains on key elements of the PPPGs that are likely to give best possible assurance and that are likely to drive optimum quality and safety improvement.

10. New PPPGs

Similar to 9 above, it is not unusual during the audit scoping process for stakeholders to indicate that the audit should be deferred because the PPPG is new and not yet embedded. This contributes to delays in audit scoping.

Auditing compliance with newly developed PPPGs - like auditing compliance with new elements of recently updated PPPGs as referred to in 9 above - provides baseline information which is important for both quality assurance and quality improvement purposes.

It is reasonable that a “grace period” of three months should elapse before an audit of a new PPPG is undertaken.

11. Out of date PPPGs

It is not unusual for auditors to identify that PPPGs are out of date. An example of this is the “*Policy on Management of Work Related Aggression and Violence 2014*”. This policy was due for review at National level in 2016. However, it was not reviewed and updated until August 2018 with the publication of the “*Policy on the Prevention and Management of work Related Aggression and Violence 2018*” which was launched on the 13th of October 2018.

If local services do not update such policies in a timely manner, this can result in a finding of non-compliance in an inspection by a regulator -such as HIQA - requiring immediate action.

This can result in services having to update PPPGs locally in order for them to be compliant with statutory bodies such as HIQA. This, in turn, can lead to national PPPGs being localised unnecessarily resulting in unnecessary duplication of work and variation across the system.

12. Inadequate detail in national PPPGs contributing to local variation

It is not unusual for national PPPGs to lack detail in a manner that causes local PPPGs to be developed to address the detail deficit. In these circumstances, it is also not unusual for the resultant local guidelines to vary from site to site which may introduce safety risks.

An example relates to the *National Early Warning Score National Clinical Guideline (NCG) No. 1* (Department of Health, 2013). A Healthcare Audit of compliance with this guideline identified that

the NCG (Department of Health, 2013) did not include details on Parameter Adjustments (PAs) when using the National Early Warning Score (NEWS) chart in response to patients' showing signs of deterioration. It also identified that some individual sites developed local policies in relation to this and that these policies varied between sites.

13. Engagement between national PPPG developers and local implementers

The example in section 12 above related to the Early Warning Score National Clinical Guideline (NCG) No. 1 (Department of Health, 2013) is relevant here also.

This emphasises the need for engagement between national PPPG developers and local PPPG implementers on all matters related to PPPG development and implementation, and specifically in relation to finding standardised PPPG solutions to address PPPG detail deficits that impede local implementation. It is also important that, where a number of different evidence based and safe solutions are identified, one that is implementable in as many sites as possible is chosen to ensure a standard response. Variations in local policy should only occur where efforts to find standard solutions are exhausted and where variation is required in the interest of patient safety.

Finally, it is important for the learning from the experience of local PPPG implementation to inform the review and updating of national PPPGs.

14. The need, or not, for local PPPGs in line with national PPPGs

National PPPGs often require for local PPPGs to be developed in line with the national PPPGs. It was identified in the Healthcare Audit of the "*National Early Warning Score National Clinical Guideline (NCG) No. 1*" (Department of Health, 2013), that one site that had not developed a local PPPG as required, but instead had chosen to follow the national PPPG. This site was identified to have higher compliance with certain elements of the national PPPG than sites that had developed local PPPGs. This may have been a result of other factors such as training and monitoring. Nevertheless, this and other examples prompt consideration as to whether developing local PPPGs is always required, or whether it might sometimes be better to design national PPPGs for local implementation without the necessity to develop local PPPGs.

Requiring adherence to national PPPGs should reduce the burden of work associated with PPPG development and implementation. It should also facilitate standardisation. Occasionally, it may not be possible to write national PPPGs in a manner that is sufficiently detailed for local implementation and/or in a manner that recognises the local context that should be considered in PPPG development and implementation.

In order to facilitate standardisation, and to reduce the burden of work associated with PPPG development and implementation, where possible, national PPPGs should be developed so that they can be adhered to without the necessity to develop local PPPGs.

Where this is not possible due to the need for more detail than can be provided within a national PPPG and/or due to local context issues that require consideration in guideline development and implementation, there should be a requirement for local guideline development.

There should be a verifiable trail to show that PPPG development and implementation processes considered the points in the previous two paragraphs and decided that local PPPG development was needed only where this was absolutely necessary.

There should also be a verifiable trail to show ongoing engagement between national PPPG developers and local implementers to ensure that local PPPGs, where required, are as standardised as they can possibly be.

This is in line with a key focus of the National Clinical Excellence Committee (NCEC) Standards for Clinical Practice Guidance (2015) which is re-iterated in the HSE National Framework for Developing PPPGs (2016), namely:

“Synergies are maximised across departments/organisations (Hospitals/Hospital Groups/Community Healthcare Organisations /National Ambulance Service (NAS) to avoid duplication and to optimise value for money and use of staff time and expertise.”

It is acknowledged that the implementation process for National PPPGs may need to vary in different locations and circumstances. Therefore, services must outline the process for implementing national PPPGs. In the absence of national PPPGs, Hospital Groups (HGs) and Community Health Organisations (CHOs) should collaborate as appropriate in developing HG and CHO wide PPPGs. Individual site PPPGs should only be developed in exceptional circumstances.

15.The need for national PPPGs to specify audit criteria and audit plan

The HSE Framework for Developing PPPGs (2016) requires that the process for monitoring and continuous improvement should be documented within National PPPGs. It also requires that individual national PPPGs should specify audit criteria and audit processes/plans. Validation audits of the following core quality and safety PPPGs were included on the 2018/2019 HCA plan:

- i. Open Disclosure Policy (2013)
- ii. Quality and Safety Committee Guidance (2016)
- iii. Integrated Risk Management Policy (2016)
- iv. Incident Management Framework (2018)

Validation audits require that local sites are using a local self-assessment tool to audit compliance with the National PPPG. None of the above four listed PPPGs included guidance about such local self-assessment. It is acknowledged that three out of the four national PPPGs listed above were published before the publication of the HSE Framework for Developing PPPGs. It is also noted that work is underway to develop local self-assessment tools to audit local compliance with the Integrated Risk Management Policy (2016) and the Incident Management Framework (2018), and that the Open Disclosure Policy (2013) is currently being updated.

Key learning points

The key learning points below are based on the evidence from the experience of scoping and conducting audits reflected within the previous sections of this document.

Most of the key learning points are addressed in the *“Framework for Developing Policies, Procedures, Protocols, and Guidelines”* (Health Service Executive, 2016) and the draft *“HSE National PPPG Governance Group Proposal”* (Brid Boyce, QID, 2018). Those that are not are highlighted and described in footnotes, and should be considered in the process of reviewing and updating this framework and proposal.

Key learning

As per the draft HSE National PPPG Governance Group Proposal (2018) the HSE should establish a National HSE PPPG Governance Group under the leadership of a nominated National Director to act as a centralised resource to provide clear governance to standardise the processes for (i) **identifying**, (ii) **commissioning**, (iii) **developing**, and (iv) **approving** all HSE national PPPGs being developed.

On foot of the learning from this report it is proposed that a fifth process is added, namely, (v) **local self-assessment to audit** compliance with national PPPGs³.

Process (i) for **identifying** PPPGs for development should:

- Be informed by key risks identified by risk information such as (i) risk registers, (ii) analysis of serious incident investigation reports, (iii) analysis of complaint information, (iv) learning from the National Patient Experience Survey (NPES), and (v) gaps in the controls assurance process³.
- include a gap analysis to identify all those areas where international standards/PPPGs have been developed but for which national HSE PPPGs have not yet been devised³.

Process (iii) for **developing** PPPGs should:

- ensure that PPPGs are of appropriate scope to address the risk issues.
- ensure that PPPGs clearly state that they cover HSE funded services (i.e. section 38 and 39 services) and non-statutory voluntary services and hospitals where applicable to the risk area.
- annually update SLAs which should ensure that new PPPGs are (i) reflected in SLAs, and (ii) are conveyed to all relevant SMAPs and sites that fall under the scope of the audit³.
- ensure that, where a national lead for the development and support for the implementation of a national PPPG leaves their position, appropriate due diligence, succession planning, and

³ This is not explicitly reflected within the Framework for Developing PPPGs (2016), or the draft HSE National PPPG Governance Group proposal (2018). It is a fresh recommendation based on evidence from the experience of scoping and conducting audits reflected within the previous sections of this report.

continuity planning occur so that no momentum is lost in relation to the development and implementation of the PPPG³.

- ensure that draft PPPGs are updated and signed off in a timely manner.
- ensure that there is adequate detail in national PPPGs to prevent the need for local PPPGs, and to prevent local variation as far as this is reasonably practicable. Local PPPGs, and local variation in practice should only occur where there is evidence that this is necessary in the interest in patient safety.
- ensure that there is appropriate ongoing engagement between national PPPG developers and local implementers so that the experience of local implementation informs the process of reviewing and updating national PPPGs.
- The learning from the HCA process may inform the development of these national PPPGs, such as in the case of the Healthcare Audit of compliance with the SHO Surgical Safety Checklist³.

Process (v) **local audit** of compliance with national PPPGs should:

- Ensure that all national PPPGs should be accompanied by valid and reliable self-assessment tools for use by local sites to audit compliance with national PPPGs³.

References

- Department of Health (2013). *National Early Warning Score National Clinical Guideline No. 1* (Updated 2014).
- Health Service Executive, Quality and Patient Safety Division (2011). *Audit of Compliance to Develop and Implement a Correct Site Surgery Policy*.
- Health Service Executive (2013). *Open Disclosure Policy* (2013).
- Health Service Executive (2014), *Integrated Care Guidance: A practical guide to discharge and transfer from Hospital* (2014)
- Health Service Executive (2016). *Framework for Developing Policies, Procedures, Protocols, and Guidelines*.
- Health Service Executive (2016). *Integrated Risk Management Policy*.
- Health Service Executive (2016). *Guidelines for Quality and Safety Committees*.
- Health Service Executive (2018). *Policy on the Prevention and Management of Aggression and Violence in the Workplace*.
- Health Service Executive, Royal College of Surgeons, College of Anaethetists, Patient Safety First. (2013). *National policy and procedure for safe surgery*.
- Health Service Executive, Social Care Division (2014). *Safeguarding vulnerable persons at risk of abuse*.
- Health Service Executive, Quality Assurance and Verification Division, Healthcare Audit (2018). *Audit of compliance with Standard 3 of the HSE Standards and Recommended Practices for Healthcare Records Management (V3.0) in Intellectual Disability Services and Maternity Services*.
- Health Service Executive, Quality Assurance and Verification Division, Healthcare Audit (2018). *Audit of Health Service Executive (HSE) Guidelines of Risk Management and Child Protection in the context of counselling and therapy (December 2012) with specific reference to the referral documentation sent by the NCS to TUSLA – The Child and Family Agency*.
- Health Service Executive, Quality Assurance and Verification Division, Healthcare Audit (2018). *Healthcare Audit Plan 2018/2019*.
- Health Service Executive, Quality Assurance and Verification Division, Healthcare Audit (2018). *Healthcare Audit Summary Report: Audit of compliance of selected recommendations from the National Clinical Guideline on the National Early Warning Score (NEWS) 2013*.
- Health Service Executive, Quality Improvement Division (2018) *Draft HSE National PPPG Governance Group Proposal* (Brid Boyce, QID, 2018).
- World Health Organisation. (2009). *Surgery Saves Lives Implementation Manual Surgical Safety Checklist*. Geneva, 2009