Terms of Reference

1. Provide strategic leadership for the national clinical effectiveness agenda.
2. Contribute to national patient safety and quality improvement agendas.
9. Establish sub-committees for NCEC workstreams.

Process on Reporting Healthcare Audits on NCEC National Clinical Guidelines

On the advice of the NCEC Clinical Audit Subgroup, the following process has been approved for adoption and publication by the NCEC at its meeting of January 25th 2018.

1 Purpose of Paper

The Terms of Reference (see above) for the National Clinical Effectiveness Committee the following:


The NCEC Clinical Audit Sub-group was asked for their advice on Term of Reference Number 8 as above, specifically in relation to audits of NCEC National Clinical Guidelines conducted by the HSE QAV Healthcare Audit Function. This paper, approved by the NCEC, outlines the process to address this Term of Reference as specified.
2 About the HSE Healthcare Audit Function:
The HSE Healthcare Audit (HCA) function has both a *quality assurance* and a *quality improvement* role and provides assurance to the HSE that the services it provides meet statutory obligations and are delivered in accordance with best practice. The HCA function plays a key role in the HSE’s overall *quality assurance* framework and 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.

HCA is also a *quality improvement* activity conducted by auditors using agreed procedures.

3 HSE Healthcare Audit Processes.
Up to end of 2017, the HSE Healthcare Audit schedule had been informed by requests for Healthcare Audits made by National Directors, the HSE Risk Committee, and the National Patient Safety Office (NPSO) in the Department of Health (DoH) - previously the DoH Clinical Effectiveness Unit.

Audits are carried out across individual sites, commonly approximately six in number. When completed, a summary report is generated which consists of aggregated audit results across all sites involved and this is provided to the relevant National Director(s) for action as required. Individual sites receive a copy of the individual site audit report related to their specific site. The Senior Accountable Officer at the local audit site is responsible for ensuring implementation the recommendations of the audit at that site. The relevant National Director(s) are responsible for ensuring implementation of recommendations throughout the system as required. Summary audit reports are considered by the HSE Risk Committee.

Summary National Healthcare Audit reports are published to the HSE website. Published reports to date - and the audits within current operational plans - include both clinical and non-clinical audits that span every service delivery division of the HSE, and that relate to key safety issues such as the communication of patient critical information; and the detection and response to rapid deterioration in patients.

4 Future prioritising and scheduling Healthcare Audits including audits of compliance with NCEC Guidelines:
A recent appraisal of the Healthcare Audit function identified that the process of prioritising and scheduling audits needed to be changed to be based on the following:

- a) Gaps in the controls assurance process
- b) Themes from incident and complaints analysis
- c) Risk
- d) Cross divisional issues (all audits should go across divisions except in exceptional circumstances)
- e) Issues that affect greatest number of service users
- f) Issues that are of the most importance to service users
- g) Audits that build on local audits (i.e. testing/validation of local audit findings)
h) Some special requests if resources are available (i.e. from national and local requesters).
i) Unscheduled audits in response to emerging evidence of safety concerns by the public and/or staff
j) Audits where service user/staff voice and engagement in audits is possible (i.e. 360° audit)

The National Director for Quality Assurance and Verification (QAV) within the HSE has confirmed that the HCA function will continue to support the NPSO and the NCEC by continuing to include audits of compliance with NCEC guidelines on the Healthcare Audit Schedule. This will be based on discussions between the Assistant National Director for Healthcare Audit, and the Head of Clinical Effectiveness in the NPSO in the context of NCEC National Clinical Guidelines that are developed - and in the context of a) – j) above.

5 Communication about Healthcare Audits of compliance with NCEC Guidelines.
In the context of Healthcare Audits as a request of the NPSO, the National Director for QAV will inform the NPSO of such Healthcare Audits as and when each audit is completed and the necessary quality improvement actions and their governance is signed off by respective HSE National Director. The Assistant National Director for Healthcare Audit and the audit lead will then brief an NPSO team and invited guests (e.g. relevant DoH policy unit, national clinical programme team, Chair NCEC) on the audit findings including the provision of a copy of the summary report.

The National Director for Quality Assurance and Verification and/or the Assistant National Director for Healthcare Audit will provide a short report for the NCEC annually on any audits conducted on NCEC National Clinical Guidelines and any national actions pertaining to the audit findings.

This short report will be included in any reporting the NCEC makes to fulfil its Term of Reference 8 (usually via the NCEC’s annual report). A link to the published Summary Reports from the relevant NCEC National Clinical Guideline webpage will also be established. Summary reports will be made available to Guideline Update Groups so as to inform implementation planning.

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