**Example Quality Assurance Plan and Risk Log**

**Rationale**

To meet Regulation 17 Governance, it is important to have a structured and consistent approach to quality assurance/audit activity, risk assessments and routine monitoring to confirm that it is happening at required intervals and that recommendations and actions arising from these activities have been followed through and completed. For example, recommendations from the five-year electrical installation safety check and legionella assessments.

**Purpose**

Having a quality assurance plan and a risk log is a useful tool for a practice to use to assist in meeting governance and clinical governance requirements and to manage their risks. It will enable a practice to have an overview of their recurring quality assurance (QA) activities and progress of new activities added during the year and identify actions required from QA activities/risk assessments etc, assisting in managing any risks.

**Quality Assurance Plan**

Develop an annual quality assurance plan to identify the routine monitoring that the practice undertakes each year.

Add additional audits/quality reviews that need to be carried out, for example in response to new clinical/NICE guidelines, medicines alerts or because of incidents or complaints. Add any actions from audits/quality reviews & monitoring to the risk log.

Make the document available to staff who have responsibility for the completion and monitoring of routine risk assessments and QA activities and those identified to progress new reviews/audits added during the year.

**Risk Log/Risk Register**

Add all the actions and recommendations from QA/audits and monitoring activities and risk assessments etc to a risk log to enable the practice to monitor their risks and prioritise actions that need to be taken to minimise risk in the practice.

Make the document available to staff who are responsible for undertaking QA/audit activities, risk assessments and overseeing monitoring activities in the practice so they can add information when required and update progress on the quality assurance plan and add any resulting actions and recommendations to the risk log/risk register.

Add the QA plan and risk log as a standing agenda item on the relevant practice meeting i.e Partners/Governance/Clinical meeting so that progress can be monitored, and any actions required identified.

Examples have been added to the Quality Assurance Plan to assist in the development of your practice plan. This list is not exhaustive, and you will need to add other monitoring activity/risk assessments that are undertaken in the practice.

Quality Assurance Plan

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| **Weekly/Monthly Monitoring** | | | **Check & confirm each quarter that these checks and mandatory training have been completed - if gaps are identified then check monthly until problem is resolved** | | | | | | |  |  |  |  | **Comments & any actions required** |
|  | **Person/Team Responsible** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **August** |  |
| Emergency Equipment & medicine checks | Nursing Team |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medicine Refrigerator temperature checks | Nursing Team |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infection, prevention & control checks | Nursing team |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cleaning undertaken |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire safety alarms & checks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Legionella checks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outstanding tasks in clinical system | ?? Office manager |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mandatory Training Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monitoring for patients on high risk medicines through clinical searches |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| QOF Progress |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Quarterly Monitoring - identify which month each individual activity will be completed in the table** | | |  |  |  |  |  |  |  |  |  |  |  | **Comments & any actions required** |
|  | **Person/Team Responsible** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **August** |  |
| Dealing with test results & clinical correspondence |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral process |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unplanned admissions and re-admissions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Twice yearly monitoring - identify which month each individual activity will be completed in the table** | | |  |  |  |  |  |  |  |  |  |  |  | **Comments & any actions required** |
|  | **Person/Team Responsible** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **August** |  |
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| **Annual Activities - identify which month each individual activity will be completed in the table** | | |  |  |  |  |  |  |  |  |  |  |  | **Comments & any actions required** |
|  | **Person/Team Responsible** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **August** |  |
| Fire risk assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health & Safety risk assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COSHH risk assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DSE risk assessments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manual Handling/Slips, trips & falls/Use of electrical equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infection, prevention & control risk assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PAT testing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medical equipment maintenance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IPC Annual Audit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IPC Annual Statement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical records review - put the names of the individual clinicians whose records will be reviewed in each month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Five yearly activity - identify which month each individual activity will be completed in the table** | | |  |  |  |  |  |  |  |  |  |  |  | **Comments & any actions required** |
|  | **Person/Team Responsible** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **August** |  |
| Electrical installation safety check |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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