



MANAGING RISK

DNV

Quality Management in the NHS

A Perspective from Primary Care Trusts



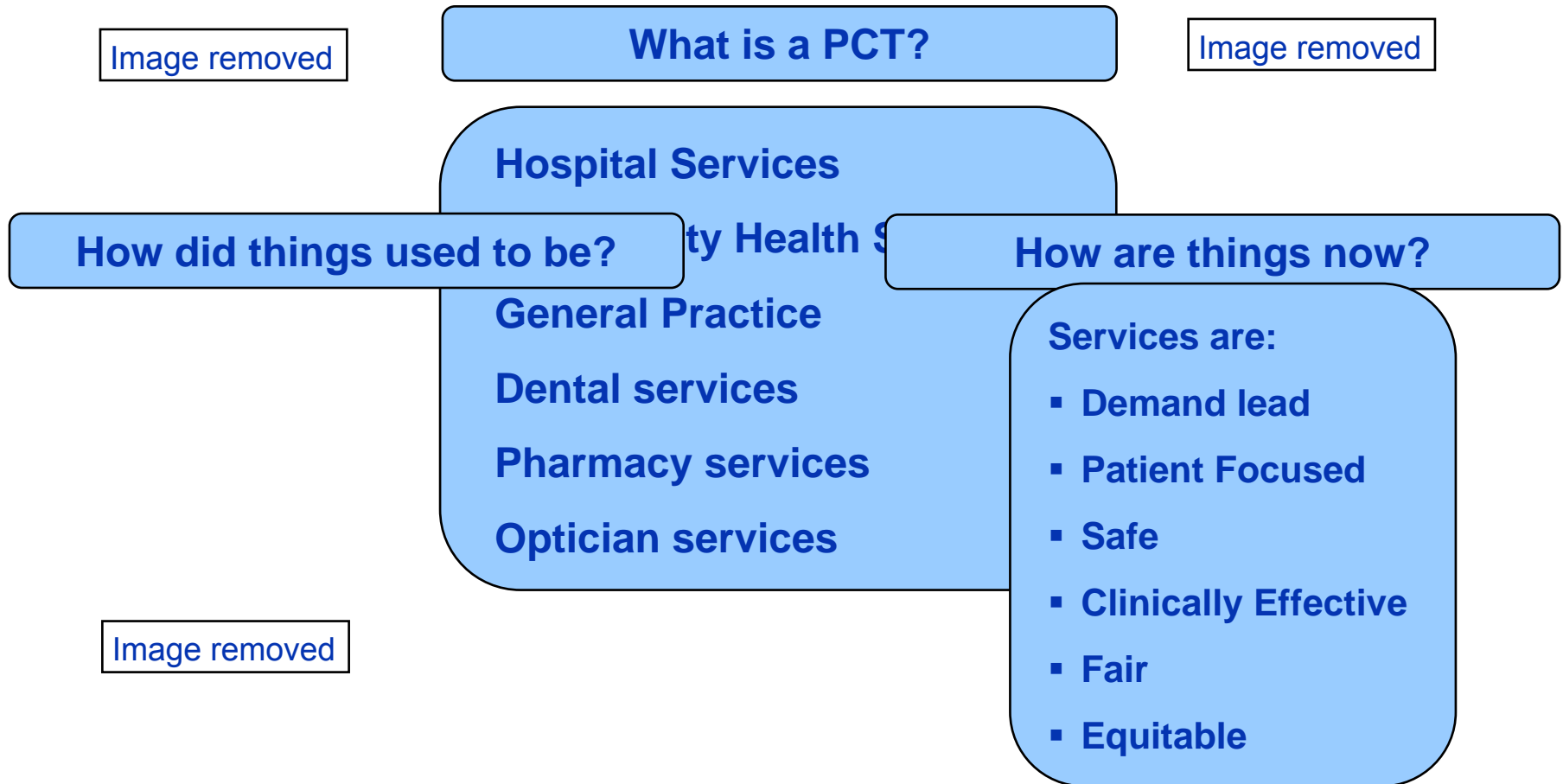
Det Norske Veritas

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26th November 2008

- My background
- Objectives of presentation
- Main topics:
 - The Organisational Context
 - What is Quality Management/Quality Assurance
 - Why Quality Assurance, Current Drivers
 - Foundations for Assurance
 - Assessing Assurance in Providers
 - Quality Management within PCT
 - Fixing the Gaps
 - Developing Maturity

The Organisational Context

Primary Care Trusts (PCT's). Number PCT's:152, Total Revenue: £74 billion.



- Quality Assurance:
- is a *series of management activities* to ensure that a process, item, or service is of the type and quality needed by the user. It is one part of a quality system. (source EPA)
- Lazy Bakery Analogy: Buys in cakes
- What are you interested in? Cakes: date made, shape, flavour, type.
- How measured? Number sold, complaints,
- Then what? Buy more? Less? Cancel contract?

- Too simple? Reactive?

- Quality Management System:
- A quality system is the means by which an organization manages its quality aspects in a **systematic, organized** manner and provides a *framework* for **planning, implementing, and assessing work performed** and for **carrying out required quality assurance and quality control activities**. (source EPA)
- Organisational capabilities- policy, objectives, authority,
- Operational capabilities- systems, processes
- planning, implementing, documenting, and assessing all activities
- Bakery Chain Analogy. NHS PCT Analogy.
- Why, What, How, When,

Why Quality Assurance

News Headline (Image Removed)

“Manslaughter by Superbug?”: Daily Mail

News Headline (Image Removed)

“Thousands dying because simple screening system delayed”: metro

External Importance

Quality of Care- obj- hip, subj.

Patient Safety- SUI, mort. inf.

Societal Risk- access, cost

Internal Importance

Reputation

Cost Effectiveness

Regulatory Risk

Governance Needs

Targets

News Headline (Image Removed)

“GPs lose track of patients at risk”:
Telegraph

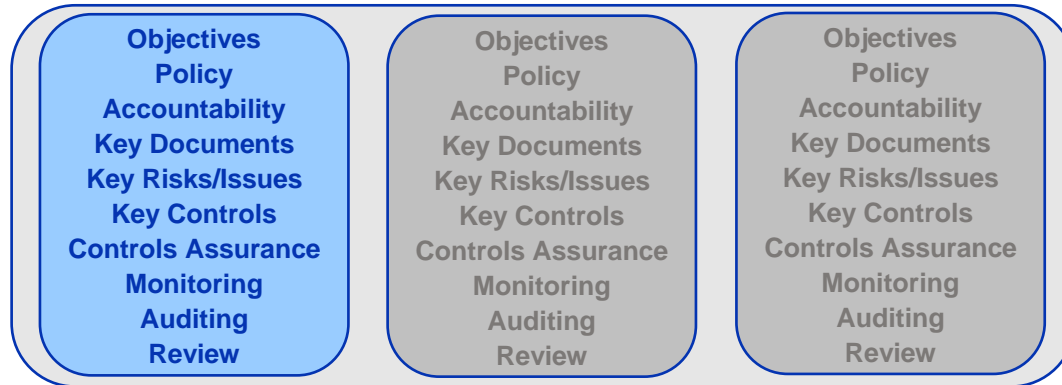
News Headline (Image Removed)

“Hospital blunders kill 90,000 patients”: Telegraph



Sounds Simple????? Test it!

Corporate Assurance



Quality Assurance

Safety

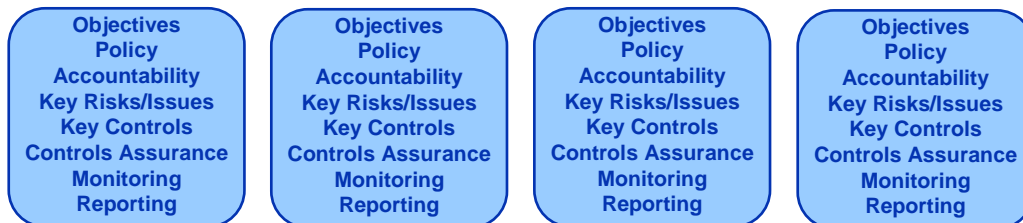
Finance



Hospitals

Provider arm

Community



GP's

Pharmacy

Opticians

Dentists

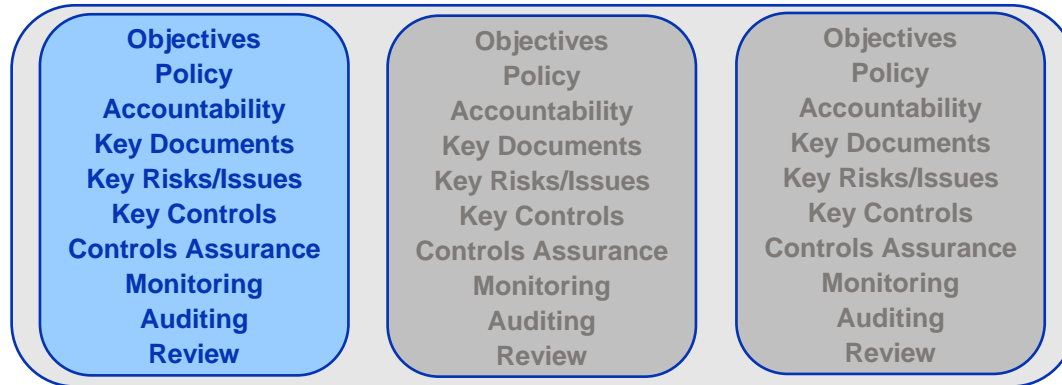
Baseline Assessment: Most Providers

Key Criteria	Primary	Secondary
Quality Objectives	Red	Orange
Quality Policy	Red	Orange
Quality Indicators	Red	Orange
Documents/Record Management	Orange	Orange
Data Collection	Red	Orange
Data Analysis	Red	Orange
Quality Management/Issue resolution	Orange	Orange
Quality Communication	Red	Orange

- No /or limited understanding & involvement of PCT Assurance Framework
- Lack of consistent definition of quality assurance at provider level
- Lack of appropriate and/ or sufficient quality indicators
- Lack of integration with PCT is seen as a common barriers to improvement
- Limited or no reporting of quality data into PCT

Fix the Providers= Quality Assurance?

Corporate Assurance



Quality Assurance

Safety

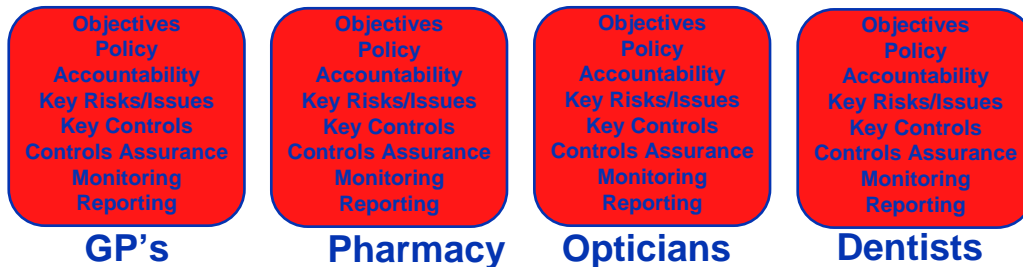
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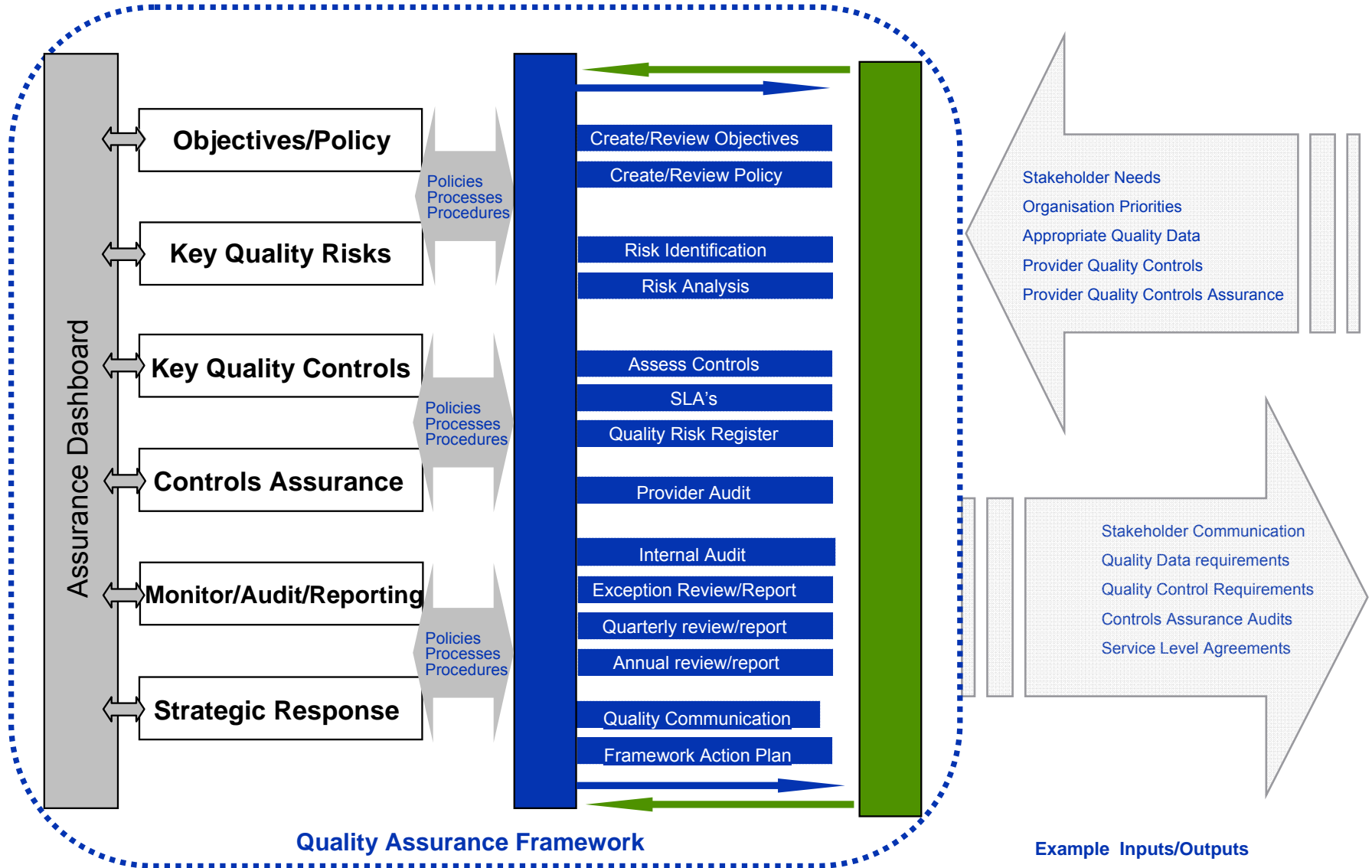
Dentists

Quality Management System at some PCT's!

Key Criteria	Standard
Quality Objectives	Orange
Quality Policy	Red
Quality Interface/Process Map	Red
Reporting/Accountability Structure	Orange
Documents/Records Management	Red
Key Quality Risks	Red
Key Quality Controls	Red
Controls Assurance	Red
Monitoring/Auditing	Red
Review/Amend Framework	Orange

- Basics; Quality Policy, objectives, strategy, structure.....
- Incident Reporting and Incident Management Policy
- Corporate Risk Register
- Corporate Assurance Framework
- Communications Strategy/ Complaints Policy
- Contracts /SLA's
- Quality committees/groups TOR

Setting the Framework (Step 1 of 3)

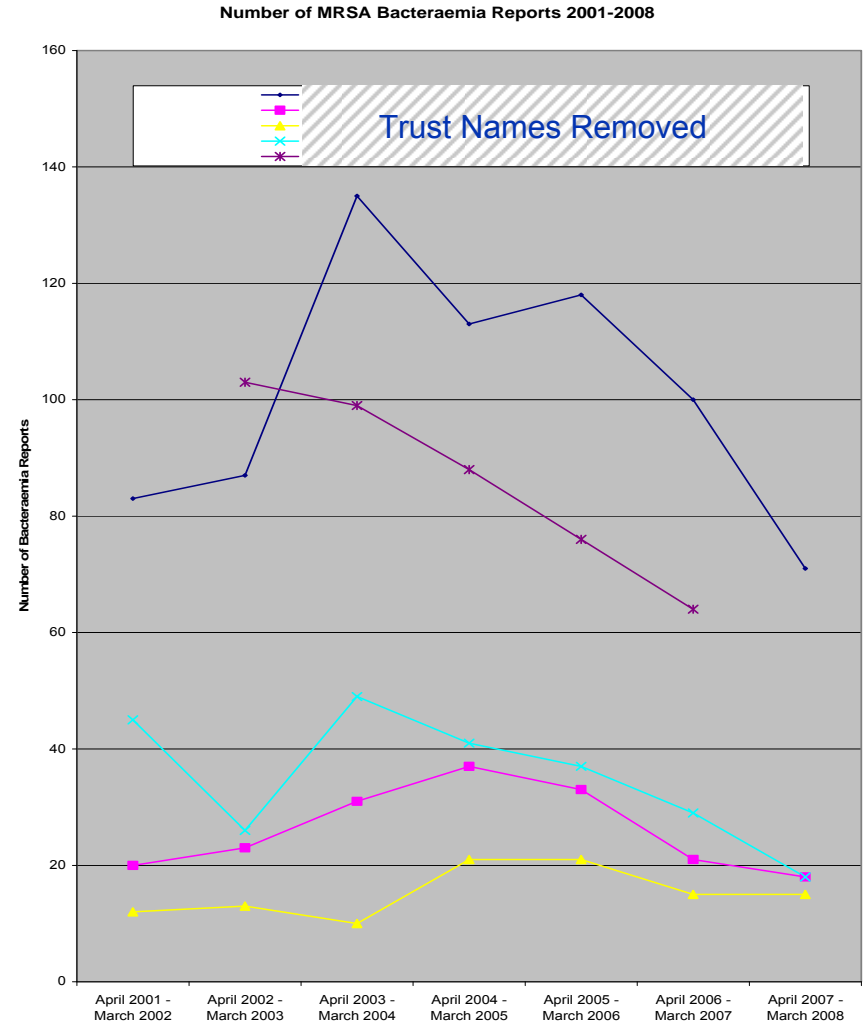


Fix the Provider Level gap (step 2 of 3)

- Benchmarking (snapshot):
- MRSA, C.Diff, Auditors Local Evaluation, Health Care Commission Compliance, Complaints data, Mortality Rates
- Core Quality Indicators (domains: safety, effectiveness, capacity etc compliance, balanced scorecard) (SLA Y1+)
- Service Specific Indicators (SLA Y2+)

Benchmarking Example (MRSA rates)

		Trust Names Removed					
April 2001 - March 2002	Number	83	20	12	45	-	
	Rate	2.14	1.1	0.73	1.49	-	
April 2002 - March 2003	Number	87	23	13	26	103	
	Rate	2.25	1.48	1.12	0.77	-	
April 2003 - March 2004	Number	135	31	10	49	99	
	Rate	3.35	1.89	0.82	1.46	-	
April 2004 - March 2005	Number	113	37	21	41	88	
	Rate	2.94	2.29	1.69	1.24	-	
April 2005 - March 2006	Number	118	33	21	37	76	
	Rate	3.17	1.96	1.75	1.14	-	
April 2006 - March 2007	Number	100	21	15	29	64	
	Rate	2.88	1.28	1.21	0.91	-	
April 2007 - March 2008	Number	71	18	15	18	-	
	Rate	2.04	1.09	1.21	0.56	-	
Statistical accuracy of the estimate (Approx 95% Confidence Interval) (+/-)		0.47	0.5	0.61	0.26	-	
Data Key							
Number	MRSA bacteraemia reports						
Rate	Estimated MRSA bacteraemia rate per 10,000 bed days						



Core Quality Indicators (Example is of “Effectiveness” Domain)

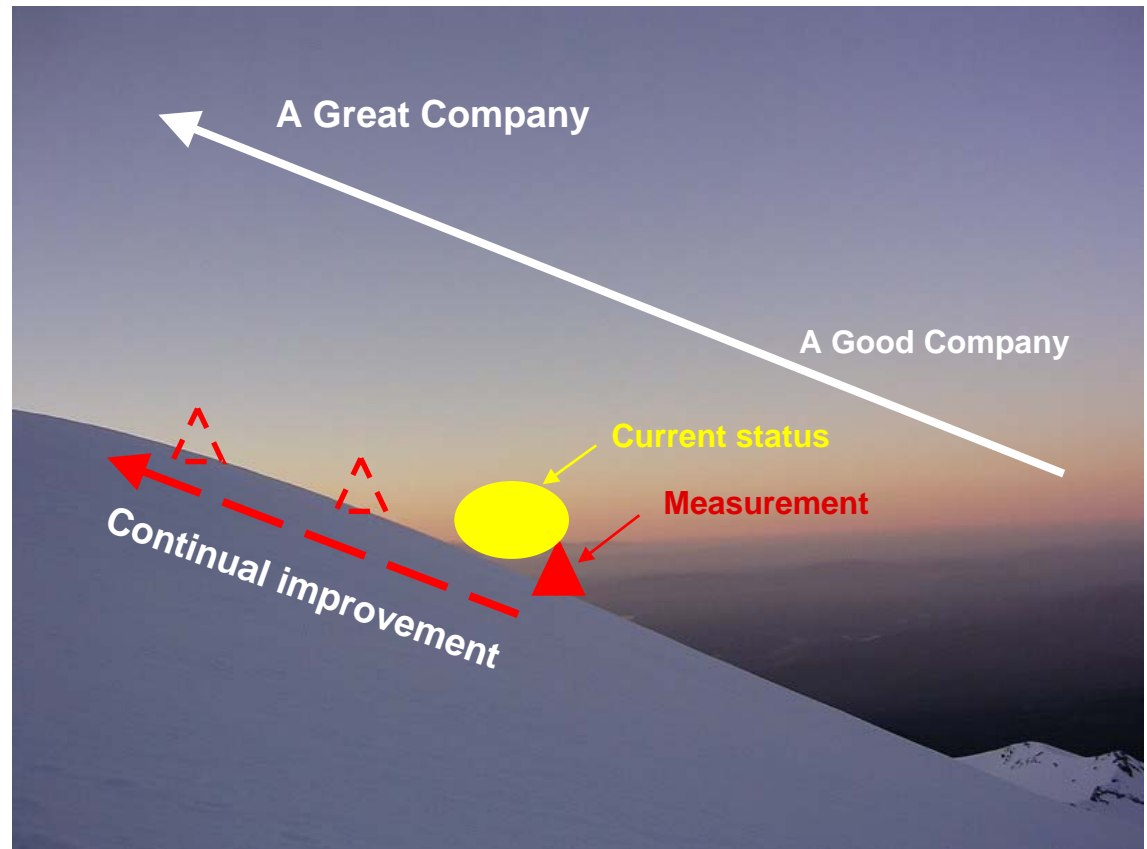
Indicator Description	Frequency of reporting	Links to HCC	Links to Darzi Recommendations	Links to Local, National & NICE Guidance	Trust Names Removed
Mortality rates of suicide and injury of undetermined intent	Quarterly	X	√	Vital signs Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care (Clinical Guideline 16) www.nice.org.uk/guidance/index.jsp?action=byID&o=10946 Other guidance from the mental health portfolio may be supportive, for example Antenatal and Postnatal Mental Health.	
Mortality rates from causes considered amenable to healthcare. An overall rating should be provided and then the information should be broken down by service/ directorate/ speciality , where appropriate	Monthly	X	√	Vital signs	√
Compliance rates with evidence- based guidelines.	Monthly	√	√	This indicator spans a wide range of guidance. Compliance with NHSLA requirements	X
Complaints reporting. An overall rating should be provided and then the information should be broken down by service/ directorate/ speciality , where appropriate	Quarterly and annual report	√	X	Compliance with NHS (Complaints) Amendment Reg	X
Claims reporting	Quarterly and annual report	√	X	Compliance with NHSLA requirements	X
Clinical audit programme and Plan	Annual	√	√		X

Plug the PCT Gaps (Step 3 of 3)

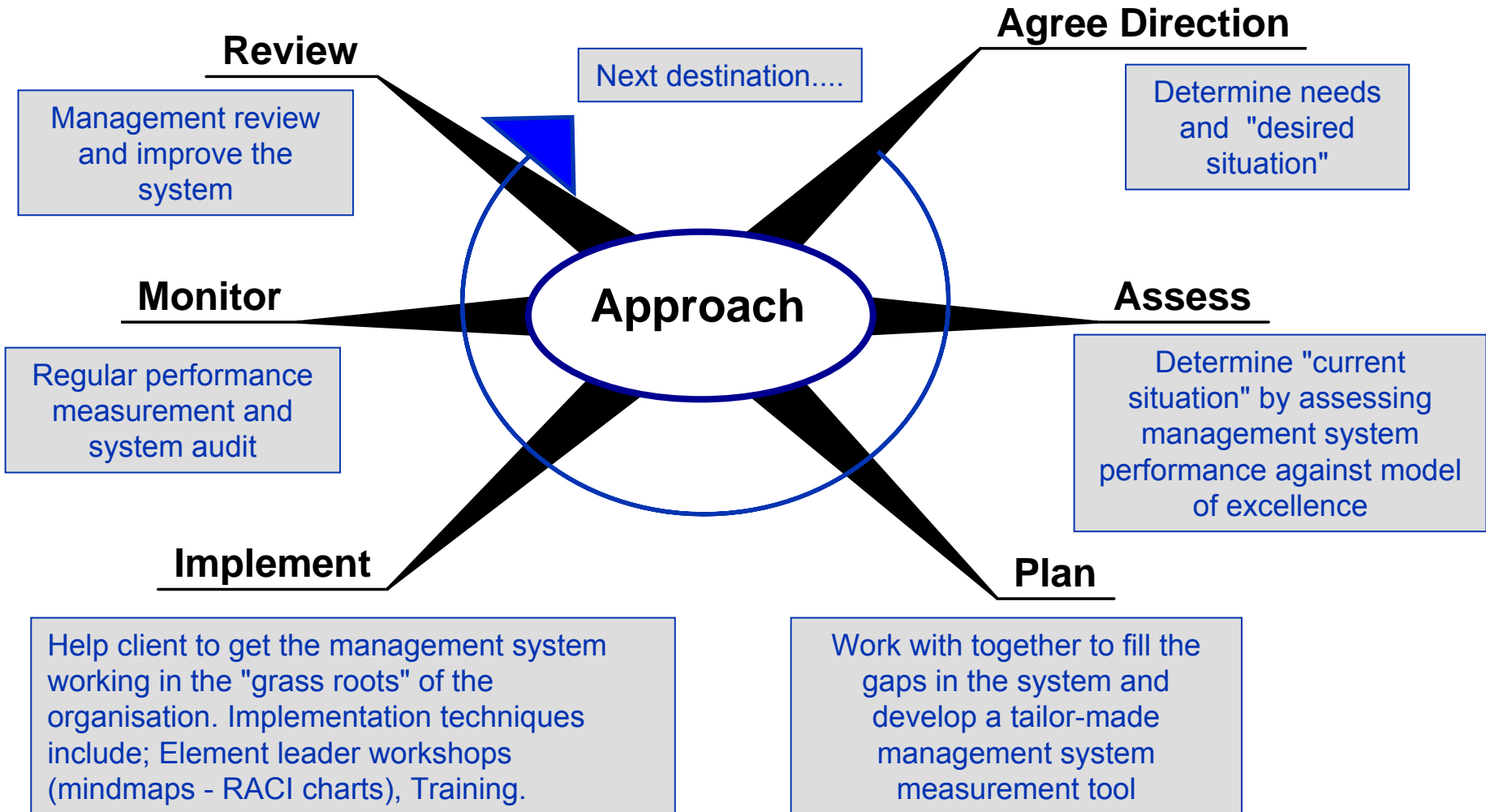


	Aim		Recommendation
1	Ensure the PCT defines which quality issues need to be managed, why & how	1	Set overarching quality objectives
		2	Develop and implement a quality policy
		3	Carry out comprehensive benchmarking and comparison of national and local quality indicators for the NHS.
2	Ensure that providers understand, monitor and manage their key quality issues	4	Define and develop quality input from all providers
		5	Encourage all providers to ensure that they have in place effective internal quality assurance mechanisms
		6	Develop Directorate's quality controls assurance mechanisms (audit providers against quality input and internal assurance mechanisms)
3	Ensuring the Quality Directorate has the organisational capabilities to operate and maintain the quality assurance framework.	7	Develop overarching management group
		8	Identify specific roles and responsibilities
		9	Establish stakeholder involvement mechanisms
		10	Establish quality issue register
		11	Develop framework for quality audit
		12	Ensure the Quality Assurance Framework is integrated and supported by a wider governance framework.
4	Ensure the improvement activities to develop the Quality Assurance Framework are undertaken in a systematic manner.	13	Project manage the implementation of the improvement plan
		14	Ensure the quality assurance framework is reviewed in a timely manner

Moving Forward: Identify Maturity (Step 4?)



Moving Forward: Develop Maturity (Step 5?)



Generic Management System building blocks



Stage 1. Establish Quality Management System Foundations	
Purpose	To lay the foundations of the Quality Management System
Activity	<ul style="list-style-type: none"> • kick-off meeting/s • organisational/structural mapping meeting/s • interface optioneering meeting/s • benchmark/standard definition meeting/s
Deliverables	<ul style="list-style-type: none"> • Create document structure • Create interface structure
Timeframe	
Stage 2. Full Documentation Gap Analysis	
Purpose	To identify a state of the nation versus desired state in addition to giving a break down of requirements for improvement
Activity	Full formal documentation Gap analysis using industry standard auditing tools.
Deliverables	<ul style="list-style-type: none"> • Identify Assurance Documentation • Review requirements • Benchmark/Gap analysis
Timeframe	

Stage 3. Review Assurance/Audit Regime	
Purpose	To review assurance/auditing regime
Activity	Use Assurance Audit tool to carry out a gap analysis of the existing assurance regime Facilitate a management workshop aimed at evaluating the outputs of the gap analysis Workshop will determine action planning of the way forward
Deliverables	<ul style="list-style-type: none"> • How the current regime stands up to best practice and stakeholder needs • Establishes the gap with required situation as determined in stage 1 • Gives knowledge of how systems are really working and gives comparison of what's in place against what the documentation states is in place – reality check • Report output provides the foundation for the action plan for system writing and implementation • Workshops gains management commitment and focus • Establish Milestones and Key Success Factors
Timeframe	
Stage 4. System creation and implementation	
Purpose	To achieve the desired situation in a timely, effective and sustainable manner.
Activity	Typical support activities required would include: <ul style="list-style-type: none"> • Assistance in Developing systems including: <ul style="list-style-type: none"> ○ Assurance Manual ○ Assurance Technologies and Methodologies including software tools. ○ Reporting Processes ○ Management Review approaches. • Capability Building <ul style="list-style-type: none"> ○ Internal to Assurance Team ○ Internal to organisation ○ External to key stakeholders including providers • Communication <ul style="list-style-type: none"> ○ Building expectation and defining need in minds of the organisation ○ Linking with interfaces ○ Gathering feedback • Monitor and Review <ul style="list-style-type: none"> ○ Monitoring the progress of the implementation plan and reporting to management. ○ Making course corrections to meet new needs and ensure delivery of milestones and Key Success Factors.
Deliverables	Implemented Management System

Mapping to ISO9001? Some Key points

Source: ISO (modified)

		Status		
		Green	Yellow	Red
Framework Management	DEVELOP QUALITY MANAGEMENT SYSTEM		Yellow	
Framework Management	DOCUMENT QUALITY MANAGEMENT SYSTEM			Red
Management	SHOW COMMITMENT TO QUALITY		Yellow	
Management	FOCUS ON SERVICE USERS			Red
Management	SUPPORT QUALITY POLICY			Red
Management	CARRY OUT QMS PLANNING			Red
Management	ESTABLISH QUALITY OBJECTIVES		Yellow	
Management	ALLOCATE QMS REVIEW RESPONSIBILITY AND AUTHORITY		Yellow	
Management	DEFINE OTEHR QUALITY RESPONSIBILITIES AND AUTHORITIES		Yellow	
Management	CREATE MANAGEMENT REPRESENTATIVE ROLE		Yellow	
Management	SUPPORT INTERNAL COMMUNICATION		Yellow	
Management	PERFORM QMS MANAGEMENT REVIEWS			Red
Management	REVIEW QUALITY MANAGEMENT SYSTEM			Red
Management	EXAMINE MANAGEMENT/BOARD REVIEW INPUTS			Red
Management	GENERATE MANAGEMENT/BOARD REVIEW OUTPUTS			Red

		Status		
		Green	Yellow	Red
Resources	PROVIDE QMS RESOURCES			
Resources	PROVIDE COMPETENT QMS PERSONNEL			
Resources	ENSURE THE COMPETENCE OF WORKERS (incl Providers)			
Resources	MEET COMPETENCE REQUIREMENTS			
Resources	PROVIDE NECESSARY INFRASTRUCTURE			
Resources	PROVIDE SUITABLE WORK ENVIRONMENT			
Change Management	CONTROL SERVICE REALISATION PLANNING			
Change Management	CONTROL SERVICE-USER RELATED PROCESSES			
Change Management	IDENTIFY YOUR UNIQUE SERVICE REQUIREMENTS			
Change Management	REVIEW SERVICE REQUIREMENTS			
Change Management	COMMUNICATE WITH YOUR SERVICE USERS/PROVIDERS			
Change Management	CONTROL SERVICE DESIGN AND DEVELOPMENT			
Change Management	PLAN SERVICE DESIGN AND DEVELOPMENT			
Change Management	IDENTIFY DESIGN AND DEVELOPMENT INPUTS			
Change Management	GENERATE DESIGN AND DEVELOPMENT OUTPUTS			
Change Management	CARRY OUT DESIGN AND DEVELOPMENT REVIEWS			
Change Management	PERFORM DESIGN AND DEVELOPMENT VERIFICATIONS			
Change Management	CONDUCT DESIGN AND DEVELOPMENT VALIDATIONS			
Change Management	MANAGE DESIGN AND DEVELOPMENT CHANGES			

		Status		
		Green	Yellow	Red
Change Management	CONTROL PURCHASING AND PURCHASED SERVICES		Yellow	
Change Management	ESTABLISH CONTROL OF YOUR PURCHASING PROCESS		Yellow	
Change Management	SPECIFY YOUR PURCHASING REQUIREMENTS		Yellow	
Change Management	VERIFY YOUR PURCHASED SERVICES		Yellow	
Change Management	CONTROL DELIVERY AND SERVICE PROVISION		Yellow	
Change Management	ESTABLISH CONTROL OF SERVICE PROVISION		Yellow	
Change Management	VALIDATE SERVICE PROVISION		Yellow	
Change Management	IDENTIFY AND TRACK YOUR COMMISSIONED SERVICES		Yellow	
Remedial Requirements	ESTABLISH MONITORING AND MEASUREMENT PROCESSES		Yellow	
Remedial Requirements	CARRY OUT MONITORING AND MEASUREMENT ACTIVITIES			Red
Remedial Requirements	MONITOR AND MEASURE CUSTOMER SATISFACTION			Red
Remedial Requirements	PLAN AND PERFORM REGULAR INTERNAL AUDITS			Red
Remedial Requirements	MONITOR AND MEASURE YOUR QAF PROCESSES			Red
Remedial Requirements	MONITOR AND MEASURE PRODUCT CHARACTERISTICS			Red
Remedial Requirements	IDENTIFY AND CONTROL NONCONFORMING SERVICES			Red
Remedial Requirements	COLLECT AND ANALYZE QUALITY MANAGEMENT DATA			Red
Remedial Requirements	MAKE IMPROVEMENTS AND TAKE REMEDIAL ACTIONS			Red
Remedial Requirements	IMPROVE THE EFFECTIVENESS OF YOUR QAF			Red
Remedial Requirements	CORRECT NONCONFORMITIES TO PREVENT RECURRENCE			Red
Remedial Requirements	PREVENT THE OCCURRENCE OF NONCONFORMITIES			Red

- Summary of main points
- Specific questions to
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