



MEETING TITLE Public Trust Board		MEETING DATE 29 January 2013	
TITLE of PAPER	Quality Impact Assessment Procedure: Post-Implementation Review including Review of Early Warning Indicators	PAPER REF	5.4
STRATEGIC OBJECTIVE	Continuously improving patient care		
PURPOSE OF THE PAPER	This paper outlines the post implementation review of the QIA process and makes proposals for further development and use of early warning indicators relating to the safety and quality of services.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
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PREVIOUSLY CONSIDERED BY	Committee/Group: Trust Executive Group	Date: 4 January 2013	
RECOMMENDATION	It is recommended that the Trust Board is assured with regard to the current position and supports the proposed developments for implementation from February 2013.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Registration Outcome(s)		All	
NHSLA Risk Management Standards for Ambulance Trusts		All	

1. PURPOSE OF PAPER

- 1.1 This paper outlines the post implementation review of the QIA process and makes proposals for further development and use of early warning indicators relating to the safety and quality of services.
- 1.2 It also sets out proposals for the further development and use of early warning indicators relating to the safety and quality of trust services.
- 1.3 This development is intended to strengthen the existing arrangements for the on-going assessment of the impact on quality of cost improvement plans and other significant service developments.
- 1.4 The proposed changes will support prompt identification, escalation and mitigation of emerging risks at the appropriate levels of Trust management.

2. BACKGROUND

- 2.1 The current operating environment for NHS Trusts is characterised by significant change, both internally and across the wider health and social care system.
- 2.2 The context is driven by significant demographic changes which impact on the volume and pattern of service demand, and by the wider economic environment. This requires Trusts to continually improve their services to meet patient expectation and need, whilst also significant delivering cost savings through increased efficiency.
- 2.3 Recent inquiries into poor quality in NHS services, including that relating to the Mid-Staffordshire NHS Foundation Trust, have highlighted the failure of Boards and management teams to properly consider quality issues when implementing cost saving measures, or to spot the deterioration in quality when this occurs.
- 2.4 A key aspect of quality governance in this context is therefore the implementation of a rigorous process to assess the impact on quality of cost improvement schemes or other significant service changes, so that informed decisions on priorities can be made and appropriate mitigation plans can be put into place to avoid or limit any quality impact.
- 2.5 The assessment of quality impact goes beyond the initial assessment of developments, however, and must include provision for ongoing monitoring of relevant indicators, so that Trusts have an early warning of when safety or quality of a service is beginning to fall, or where there is a significant risk that this might occur.

3. CURRENT POSITION

- 3.1 The Trust arrangements for quality governance are fully aligned to the requirements of the Foundation Trust Quality Governance Framework and are also designed to ensure compliance with the *Essential Standards of Quality and Safety*.
- 3.2 Quality is a central element of all Trust Board meetings. The IPR focuses on key quality indicators and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality.
- 3.3 The quality impact of proposed Cost Improvement Plans (CIPs) is assessed through the Board approved Quality Impact Assessment (QIA) procedure. This includes a review of all QIAs by the Executive Medical Director and Executive Director of Standards and Compliance, with assurance reports reviewed by the Quality Committee and Trust Board.
- 3.4 These assessments filter out schemes which are assessed to have an unacceptable impact on quality, identify schemes which are potentially higher risk, and clarify the indicators of quality which will be monitored and reported specific to each scheme to provide ongoing assurance on quality. These are then reported through the IPR as part of the general overview on the indicators of quality and are also reviewed on a bimonthly basis in the Quality Committee.
- 3.5 The QIAs of the CIPs were formally reassessed at the mid-year point in September 2012.
- 3.6 To-date, no significant adverse impact on quality has been identified from any of the approved schemes. The impact on response performance and other dimensions of quality arising from the ongoing reduction in overtime will continue to require close monitoring, however, to ensure that the service can continue to meet patient requirements during peaks of demand whilst delivering the planned cost savings. The proposed changes to early warning indicator monitoring outlined in section 4 will help to strengthen this process.
- 3.7 Several of the schemes relate to the large-scale workforce changes and have therefore been subject to detailed and extensive negotiation with staff side representatives and have not yet been implemented.
- 3.8 Business cases for additional schemes have been developed since the September review and these have also been subject to QIA. No schemes were rejected through as part of this process but further information was requested from the authors to give additional assurance on quality and safety in some cases. A further update on the new QIAs will be reported and reviewed in the next meeting of the Quality Committee.

- 3.9 A set of 10 early warning indicators have been identified and have been monitored over recent months through the IPR, however it is now recognised that there is a need to strengthen this process.
- 3.10 The monthly IPR tracks delivery against the organisation's strategic objectives. The report highlights the key messages on performance for each of the frameworks we are assessed by, shows performance indicators at risk and provides an exception report on the corrective action from the Executive Team. Key areas in this report include:
- summary of performance against key targets and frameworks
 - operational performance in A&E, Emergency Operations Centre, PTS and GP Out-of-Hours functions
 - support service functions
 - financial indicators
 - quality and safety measures
 - workforce and productivity metrics
 - compliance indicators
 - identified early warning indicators agreed by the Board and highlighted in each of the IPR sections.
- 3.11 The IPR is underpinned by dashboards which are monitored at department and Locality levels, reflecting the range of quality, operational and financial metrics in the IPR. Assurance on department and Locality level management of quality is received via reports to the Clinical Governance Group and Quality Committee.
- 3.12 The dashboards are also reported by exception to the Senior Management Groups and are scrutinised in the 2-monthly Performance Review Group meetings, providing an opportunity for Executive challenge and escalation of specific areas of concern.
- 3.13 Early Warning Indicators currently identified in the IPR are based on internal discussion and review of similar indicators across other NHS Trusts. The current indicator set is as follows:
- Time to answer 50% (ACQI)
 - Time to answer 95% (ACQI)
 - Recontact 24 hours telephone (ACQI)
 - Recontact 24 hours at scene (ACQI)
 - Complaints
 - Serious Incidents
 - Incidents and near misses
 - PTS arrival and departure times
 - Fleet vehicle availability
 - Time to treatment 50% (ACQI)

- 3.14 The use of these indicators in Board meetings is implicit within the overall IPR, however, and recent Board discussion has highlighted a need both to review and update the indicator set on the basis of experience over the last year, and to agree a more deliberate process for their reporting and use to inform decision making.
- 3.15 No Early Warning Indicators are explicitly identified in department/Locality dashboards and the process for identifying early warning of quality impact through use of the dashboards and criteria for escalation may therefore be variable across departments.

4. PROPOSED DEVELOPMENT OF EARLY WARNING DASHBOARDS

- 4.1 To further strengthen the current arrangements and to address the issues highlighted in 3.14 and 3.15 above, a review of the Early Warning Indicators is proposed, using explicit criteria to select the final indicator set.
- 4.2 Early Warning Indicators selected should be:
- Valid – they provide a real measure of one of the factors known to contribute to the safety and quality of care.
 - Reliable – they are capable of consistent recording across departments and time periods
 - Timely – they are as close to real time as possible, to present a current picture of performance
 - Easy to collect – they do not require significant additional time or resources to collect.
- 4.3 It is proposed that a dashboard is created, based on these criteria, for each of the A&E Localities, each PTS Locality and for the Emergency Operation Centre.
- 4.4 The proposed content of the dashboards is provided below:

A&E Locality early warning dashboard

- Red 1 (ACQI)
- Red 2 (ACQI)
- Red 19 (ACQI)
- Time to treatment 50% (ACQI)
- Recontact 24 hours at scene (ACQI)
- Time to back-up
- Complaints
- Serious Incidents
- Incidents and near misses
- Fleet vehicle availability

- Vehicle deep cleaning
- Sickness absence rates
- Staff vacancy rate
- Mandatory training compliance
- PDR compliance
- Staff feedback via a monthly 'temperature/pulse check'

PTS Locality early warning dashboard

- PTS arrival KPI
- PTS return journey KPI
- Complaints
- Serious Incidents
- Incidents and near misses
- Fleet vehicle availability
- Vehicle deep cleaning
- Sickness absence rates
- Staff vacancy rate
- Mandatory training compliance
- PDR compliance
- Staff feedback via a monthly 'temperature/pulse check'

EOC early warning dashboard

- Time to answer 50% (ACQI)
- Time to answer 95% (ACQI)
- Abandoned calls (ACQI)
- Recontact 24 hours telephone (ACQI)
- Complaints
- Serious Incidents
- Incidents and near misses
- Sickness absence rates
- Staff vacancy rate
- Mandatory training compliance
- PDR compliance
- Staff feedback via a monthly 'temperature/pulse check'

4.6 It is proposed that the dashboards will contain several months of data and a 'heat map' presentation to highlight current status and to indicate improvement or deterioration. An illustrative example is provided in Appendix 1.

4.7 Each indicator will be underpinned by an explicit data definition, and criteria for RAG rating and escalation.

5. PROPOSED USE OF EARLY WARNING INDICATORS IN PRACTICE

- 5.1 The Early Warning Indicator dashboards will be built into the existing performance dashboards at department/Locality level. The Locality Director or equivalent will be responsible for ensuring regular review of the dashboard within local management meetings, and also for consideration of its contents in the light of any current service changes. The Locality Director will be responsible for initiating local mitigating actions where appropriate, and for highlighting exceptions and escalating issues through the established management channels as defined in the dashboard guidance.
- 5.2 An overview of the Early Warning Indicator dashboards will also be built into the IPR, to provide the Executive team and Board with a Trust wide view. Written exceptions on these indicators will be included in the Trust Executive Group report to the Board.
- 5.3 In addition, reporting from lead managers on cost improvement programme schemes and other Service Transformation Programme developments will include reference to relevant items in the Early Warning Indicator dashboards. This will help to provide a rounded view of progress, encompassing the achievement of project milestones, delivery of financial and quality benefits and avoidance of negative impact on quality.

6. NEXT STEPS

- 6.1 Ongoing review and reporting to Quality Committee of new CIP schemes, including additional reserve schemes, as these become available.
- 6.2 Further work on data definitions, criteria for RAG rating and escalation to underpin the new dashboards.
- 6.3 The Business Intelligence and Workforce Intelligence teams will develop live material based on the agreed definitions and criteria for inclusion in the IPR and dashboards from February/March 2012.

7. RECOMMENDATION

- 7.1 It is recommended that the Trust Board is assured with regard to the current position and supports the proposed developments for implementation from February/March 2013.

8. APPENDICES

- 8.1 Appendix 1 – Example of a Locality early warning dashboard.



Safety and Quality - Early Warning Indicators Dashboard – An Aspirant Foundation Trust
A&E Locality Example (NB – data for illustrative purposes only)

Clinical Quality and Safety					
	J	F	M	A	Mov
Complaints	0.03	0.03	0.03	0.03	↔
Serious Incidents	2	2	3	2	↔
Incidents/near misses	0.01	0.03	0.08	0.09	↑
Fleet vehicle availability	94.2	94.2	93.1	89.9	↓
Vehicle deep cleaning	94.2	94.7	94.7	94.8	↔

Performance					
	J	F	M	A	Mov
Red 1	75.1	75.4	76.1	76.5	↑
Red 2	76.4	76.9	76.1	76.4	↔
Red 19	95.4	95.7	95.4	95.6	↔
Time to treatment 50%	0.54	0.54	0.58	0.65	↓
Re-contact 24 hours at scene	4.2	5.3	5.4	8.6	↓

Workforce					
	J	F	M	A	Mov
Sickness absence rates	7.9	8.6	8.6	9.1	↓
Staff vacancy rate	5.0	6.0	7.0	10.0	↓
Mandatory training compliance	95.4	94.2	95.6	95.4	↔
PDR compliance	76.8	75.9	75.6	75.4	↓
Staff feedback	75.4	75.4	75.6	75.4	↔