Salisbury NHS
NHS Foundation Trust

REPORT

Version 9.0 18/05/18

Subject	**Quality Impact Assessments**
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On behalf of	Christine Blanshard Medical Director & Lorna Wilkinson Director of Nursing

Purpose

Process setting out how the Trust assesses the impact of cost improvement on quality impact - approved by the Trust Management Committee (was JBD) and OETB (was PSG).

Discussion
Approval x
Information
Other

Trust Objectives

Quality	Preferred Provider	Partnership	Workforce	Sustainability	Finance
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Executive Summary

Following the report into Mid Staffordshire NHS Trust there has been an increased focus on the impact on quality of Cost Improvement Programmes (CIPs). This resulted in new guidance being published by the National Quality Board. The enclosed process is aligned to this national guidance, which will increase the rigor by which CIPs are assessed.

Quality Impact Assessment (QIA)

Version	Date	Owner
1.0	29th April 2013	Jonathan Wright (JW)
2.0	2nd May 2013	Tracey Nutter (TN) & JW
3.0	23rd May 2013	Louise Arnett (LA)
4.0	31st May 2013	JW
5.0	24th July 2015	Louise Arnett (LA)
6.0	23rd November 2015	Louise Arnett (LA)
7.0	5th September 2016	Louise Arnett (LA)
8.0	30th January 2018	Louise Arnett (LA)
9.0	18th May 2018	Louise Arnett (LA)

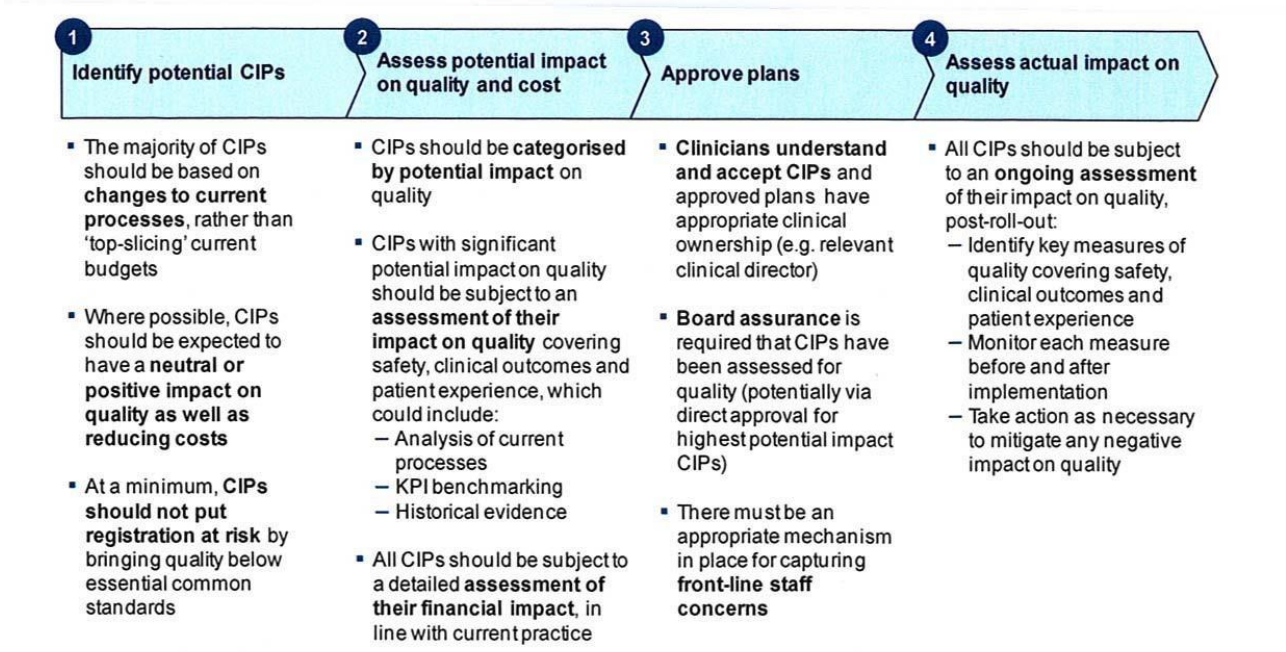
Quality Impact Assessment Process

Contents

1. Context and Purpose

Following the report into Mid Staffordshire NHS Trust there has been an increased focus on the impact on quality of Cost Improvement Programmes (CIPs). The purpose of this document is to set out the requirements for the development of documentation to describe and mitigate/monitor any quality impact and so support savings schemes. This covers schemes originated both within Divisions and by Trust wide work streams.

In February 2010 Monitor described a best practice approach to quality assurance through CIP processes [1] which is detailed below.



In June 2012 the National Quality Board supplemented this guidance [2] with greater detail on how it would expect Trusts to manage the impact on quality of service improvement. In particular the document:

- emphasises the importance that the QIA process is Board-led;
- sets out an example of best practice at Trust level;
- recommends that Trusts follow the National Workforce Assurance
- Framework;
- provides a check-list for the governance of QIAs.

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[1] Consultation on an update to the Guide for Applicants – Quality Governance – Monitor 5 Feb 2010

[2] HOW TO: Quality Impact Assess Provider Cost Improvement Plans – National Quality Board – June 2012

The following process considers and includes this guidance from the National Quality Board, the main changes from the existing process being:

- Clearer articulation of the risks and impact to quality using a risk assessment matrix
- Formalisation of the role of the Board and specifically the Medical Director and Director of Nursing in their leadership of this process
- Confirmation of how red and amber risks to quality will be handled within the process
- Inclusion of measurements on quality relating to the proposed change (quality metrics and metrics to provide assurance within the performance framework)

2. Defining the quality standard and using the opportunity

The national economic situation has set an environment where change is required and expected. Although the context for this change is often shrinking budgets, it is also a great opportunity to carry out changes where previously there was no appetite to do so.

In many situations no quality standard has been agreed – equally there could be times when it has been set unreasonably high (given, for example, the expectations of the commissioners, or indeed of patients). As part of a defining a CIP, it is worth clarifying the standard expected from which will come opportunities such as eliminating variability of quality standard within the area affected.

3. Quality Impact Assessment (QIA) process

Purpose:

The QIA should be used to both balance quality and cost improvement opportunities but also to challenge current practice and explore opportunities for change. The QIA allows the accountable delivery lead to put forward change ideas to be assessed by the Medical Director and Director of Nursing.

Format:

- The QIA form is spilt into 5 main parts:
  1) Overview of cost improvement scheme
  2) Rapid assessment (to be completed for all schemes)
  3) Full QIA (to be completed if ANY of the following criteria are confirmed)
     -Is the financial value over £50k?
     -Is the risk score 4 or above?
     -Is the scheme going to impact on workforce?
     -Is the scheme going to impact on service delivery?
  4) Signatures
  5) Escalation to the OETB if required
  6) Post Implementation QIA review for Executive Performance Review meeting

- QIAs can be signed (on hardcopy or electronically) and submitted to the Programme Management Office (PMO)
- Scheme values on QIAs must match those presented on the Trust Financial CIP tracker and OET charter (where relevant).
- It is acceptable to produce one QIA to cover a number of schemes, if these schemes are similar in nature, and this should be clearly stated on the QIA form.
- Full QIA assessments must be agreed and approved by the Medical Director and the Director of Nursing. It is the responsibility of the Directorate Manager or Head of Service to ensure that such schemes are submitted to the PMO who will arrange for the Medical Director and Director of Nursing to review them. Savings cannot be made unless approval is given by the Medical Director and the Director of Nursing. Schemes which relate to Trust wide transformation programmes will be jointly developed by the programme leads and individual directorates and should be approved in the same way.
- If a cost improvement scheme rolls over into the next financial year, it is the responsibility of the Directorate Manager/Head of Service to review the QIA and assess whether the risks identified remain at the identified level or if further risks have been identified. If a further review is not required and no changes to the QIA are necessary, the Clinical Director should sign and date the bottom of the form and return to the PMO. The PMO will update the finance tracker and file the QIA.

Risks:

- It is essential that mitigation of risks and how they will be monitored by the DMC are clearly detailed on the QIA. If there is more than one risk listed in each category (patient safety, clinical effectiveness and patient experience) every risk should be individually scored, mitigation details given, and details of how the risk will be monitored.

- The QIA sets out and assesses the potential risks to quality on implementing the scheme and the mitigation actions that will be put in place. The Trust's standard methodology for risk assessment is used (5x5 grid on likelihood and impact) considering the impact on quality within the area bounded by the CIP, at the discretion of the CIP lead. The overall risk score is automatically set to the highest score seen across the three domains. See Appendix A.

Useful checklist:

The following is a useful checklist for consideration when carrying out the QIA:

Patient Safety

- Impact on patient safety?
- Impact on preventable harm?
- What is the impact on partner organisations and any aspect of shared risk?
- Will this impact on the organisations duty to protect children, young people and adults?
- Will it affect the reliability of safety systems?
- How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections to patients is reduced?
- What is the impact on clinical workforce capability care and skills?

Clinical Effectiveness

- How does it impact on implementation of evidence based practice?
- How will it impact on clinical leadership?
- Does it reduce/impact on variation in care provision?
- Does it affect supporting people to stay well?
- Does it promote self-care for people with long term conditions?
- Does it impact on ensuring that care is delivered in most clinically and cost effective setting?
- Does it eliminate inefficiency and waste by design?
- Does it lead to improvements in care pathway?

Patient Experience

- What is the impact on race, gender, age, disability, sexual orientation, religion and belief for individual and community health, access to services and experience?
- What impact is it likely to have on self-reported experience of patients and service uses? (Response to national/local surveys/complaints/Customer Care/incidents)
- How will it impact on the choice agenda?
- How will it impact on the compassionate and personalised care agenda?

Compilation and Ownership:

- QIAs should be compiled by the accountable delivery lead responsible for the CIP scheme and submitted to the relevant Directorate for consideration.
- The Clinical Director and Directorate Senior Nurse must approve and sign all full QIAs before being submitted to the PMO for authorisation by the Medical and Nursing Directors. QIAs submitted by the Facilities Directorate or Corporate Directorates must be approved by the Executive Lead and Head of Department before being submitted to the PMO for authorisation by the Medical and Nursing Directors.
- It is the Directorate Managers overall responsibility to ensure that QIA documents are completed in line with this policy document. It should be noted that external bodies (such as the Care Quality Commission, NHS Improvement or external audit) may request to see QIA documents.
- The flowchart (Appendix B) within this document details the process.

Sign Off Criteria:

Any scheme with a risk score of 1 – 3, under the value of £50k must have a rapid assessment completed (top section of QIA) and signed off by the project or Directorate lead. The original QIA form will be retained by the PMO and the CIP tracker can be updated. It is the responsibility of the accountable delivery lead to ascertain whether schemes which impact on workforce and/or service delivery require a full QIA. If a full QIA is not required, the lead must complete either a rapid assessment and detail their decision or advise the QIA lead via email.

Any scheme with a risk score of 4 or above will need a full QIA which will be reviewed by the full Directorate Management Committee (DMC) and signed off accordingly by the Clinical Director and Directorate Senior Nurse. QIAs submitted by the Facilities Directorate or Corporate Directorates must be

approved by the Executive Lead and Head of Department. The Medical Director and Director of Nursing will review and sign off completed QIAs. The original QIA form will be retained by the PMO and the CIP tracker can be updated.

QIAs with a risk score of 4-12 must be monitored by the DMC and QIAs with a risk score of 12 or above must be added to the Directorate risk register and will also be monitored through the Joint Board of Directors (JBD).

Any scheme with a saving of £50k or above, regardless of risk score - and will need a full QIA which will be reviewed by the full Directorate Management Team (DMT) and signed off accordingly by the Clinical Director, Directorate Senior Nurse (or Executive Lead and Head of Department for Facilities and Corporate Directorates) and by the Medical Director and Director of Nursing. The original QIA form will be retained by the PMO and the CIP tracker can be updated.

Review of QIA:

- Quality impact of CIP schemes will be formally reviewed at the Executive Performance Review meetings
  - The Post Implementation Review should be completed as part of the formal review. The Clinical Director and Directorate Senior Nurse must approve and sign off the review before being submitted to the PMO for authorisation by the Medical and Nursing Directors.

Exceptions:

- Some schemes may not require a full QIA (even if over £50k) and can be exempt. For example;
  - Income schemes (these may require a rapid assessment to determine risk or impact on other services (e.g. support services))
  - Pure purchasing schemes

- Where a scheme falls into one of these 2 exceptions, the Director of Nursing or Medical Director may request that a QIA be developed to fully understand any risks and ensure mitigating actions are planned.

4. Reporting and Escalation

- QIAs will be filed in the PMO. It is the Directorate's responsibility to ensure that all documents are kept up to date where relevant.
- The PMO will report the level of completion of QIAs to OETB monthly and also annually to the Clinical Governance Committee. This will be based on the financial CIP tracker. The Medical Director and Director of Nursing will ensure any schemes with the potential for high risk quality impact are brought to the attention of the CGC accordingly.
- It is the responsibility of Directorate Managers/Heads of Service to ensure the quality and accuracy of the QIAs. The report will also indicate clearly which QIA documents have been signed off by the Medical Director and Director of Nursing.
- The Medical Director and Director of Nursing will escalate to OETB any schemes where they have concerns regarding implementation.
- The Medical Director and Director of Nursing will lead the overall process, including:
  - Signing off each QIA and liaising with the Programme Management Office on process
  - Requesting further consideration of the scheme In the event that there are concerns regarding the impact on quality. This may require a change in proposal and reassessment on quality impact or could result in the CIP scheme being turned down and removed from the CIP plan.
  - Presenting the position regarding QIAs at OETB and Trust Management Committee (TMC) and CGC.
  - Keeping the Trust Board updated of any concerns relating to the delivery of CIPs and the ongoing validity of this QIA process

5. Supporting the QIA process

It is the responsibility of the accountable delivery lead to produce the QIA as the subject matter expert regarding the proposed change. The Directorate Management committees should review full QIAs before submission and the Clinical Director and Directorate Senior Nurse (or Executive Lead and Head of Department for Facilities and Corporate Directorates) must approve and sign all full QIAs before being submitted to the PMO for authorisation by the Medical and Nursing Directors.

The PMO QIA lead will advise on process and governance criteria.

6. Further development and review of this process

This process will be reviewed on an on-going basis with required revisions being made and as part of the CIP policy bi-annual review. Trust Board will formally review it at least annually.

The upper risk score triggering a QIA is currently set at 4. This will be reviewed, in light of QIAs submitted, to assess whether this risk level is correct and in time this may need to change accordingly.