

Report to Public Trust Board 28th February 2013

Title	Quality Impact Assessment
Sponsoring Executive Director	Director of Quality and Safety/ Chief Nurse
Author(s)	Director of Quality and Safety/ Chief Nurse
Purpose	To review the Quality Impact assessment process to date and approve the prospective process proposed.
Previously considered by	Executive team and Quality and Safety Committee

Executive summary

Boards have an obligation to maintain or improve quality, with Quality and efficiency going hand in hand with improved services often costing less.

The potential risks that cost savings schemes can have on quality of services must be assessed. To do this effectively, the right information is needed in order to understand the potential risks to quality and plans need to be put in place to ensure action is taken before quality deteriorates. If there is a negative impact on quality, the board should be made aware as soon as it occurs.

A system for undertaking Quality Impact Assessments has been in place during 2012/13, however in evaluating this there was a need for a more timely and effective process to ensure the Board could be assured on the robustness of the process.

The Director of Finance, Chief Nurse and Medical Director have met to agree a prospective refined process for 2013/14, so that as draft CIP proposals are considered by the Finance team, the requirement for the QIA is undertaken prospectively and considered in the same timescales.

Related SATH objectives	SATH Sub-objectives
We will always provide the right care for our patients	QS1. Ensure that we learn from mistakes and embrace what works well QS2. Design care around patient needs QS3. Provide the right care, right time, right place, right professional QS4. Deliver services that offer safe, evidence-based practice to improve outcomes QS5. Meet regulatory requirements and healthcare standards QS6. Ensure our patients suffer no avoidable harm

Risk and assurance issues	Positive assurance provided through the report and no new risks are identified which the Board need to be briefed on.
Equality and diversity issues	The report provides assurance on regulatory outcomes across the full range of our patient diversity including vulnerable patients.
Legal and regulatory issues	This report provides assurance across a range of regulatory outcomes set out in the Health Act 2010.

Action required by the Trust Board

The Board are asked to **Note** the process for Quality Impact assessments undertaken in 2012/13 and **approve** the refined process for contemporaneous QIA's outlined in this paper and Appendix 1.

The Board are also asked to note the Quality and Safety Committee's ongoing role in reviewing and tracking this process and outcomes and that formal updates to the Board will be provided as required.

Quality Impact Assessment process

1.0 Introduction

As part of our Quality Improvement Strategy (approved by the Board in March 2012) we identified systems and processes to ensure that we achieve quality improvements by promoting a Quality focused culture throughout the organisation and actively engaged patients, staff and other key stakeholders on quality.

A sustainable financial position and delivering on key operational performance is one which the Board actively monitors and is held to account on. The Board are able to look at all three elements of Quality, financial and operational performance through the Integrated Performance Report reviewed by the Board on a monthly basis. Through this report we can evaluate the impact of operational and financial delivery against the quality of patient care.

In order that we as a Board can gain assurance and understanding about the potential impact on quality of services or care provision, we need a recognised process from which to evaluate the impact and understand the plans in place to mitigate risk to quality of care provided or indeed agree that a planned saving or change to services cannot be supported at Board level because of the compromise to Quality and Safety.

This paper outlines the work undertaken to date within the Trust and a proposal in taking this process forward to have real time impact on any proposals.

2.0 Background of consideration

The Trust Board has previously been provided with an overview of Quality Impact Assessments in a board development session in 2012, however this section provides a refresh on the background to Quality Impact Assessments, i.e. the required and expected process within each NHS organisation.

The process of undertaking Quality Impact Assessments were formally introduced by Foundation Trust regulations (Monitor) and by Strategic Health Authorities and national guidance following the first Francis report into Mid Staffordshire NHS Foundation Trust in 2010. This process was introduced to ensure that decision making around cost improvements and service changes were considered formally against the impact on quality and safety/ patient experience and bring those to the Boards attention where there is a negative impact and cannot be signed off by the Chief Nurse/ Medical Director.

The National Audit office produced a report in January 2012 which outlined the principles of delivering sustainable cost improvement programmes and outlined the importance of engaging front line staff in those discussions. Figure 1 below clearly shows the elements required which make a successful process for sustainable cost improvements.

Figure 1



3.0 Background for Quality Impact Assessment Requirements

Boards have an obligation to maintain or improve quality. Quality and efficiency should go hand in hand and improved services often cost less. The potential risks that cost savings schemes can have on quality of services must be assessed. To do this effectively, the right information is needed in order to understand the potential risks to quality and plans need to be put in place to ensure action is taken before quality deteriorates. If there is a negative impact on quality, the board should be made aware as soon as it occurs.

Most organisations' have a system in place for formal sign off of clinical CIP schemes. The Operating Framework 2012/13 required NHS trust CIPs to be agreed by medical directors and directors of nursing and include in-built assurance of patient safety and quality. Trusts were also advised that they should also be aware of non-clinical schemes that could have a quality impact, for instance, changes to the frequency of ward cleaning.

Organisations that are successful in delivering CIPs have clear governance and accountability arrangements in place that are fully embedded within the organisational culture. This Trust identified a Quality Impact assessment process and agreed appropriate documentation in late 2011 and then supported clinical Centres' through a number of QIA workshops which enabled this process to commence in 2012/13. Appendix 1 outlines the process undertaken to date and a prospective process which is now in place for Board consideration and approval.

In 2012/13 the Chief Nurse and Medical Director reviewed all of the QIA assessments undertaken but many did not come through the PMO to the Chief Nurse until July/ August and September 2012, this did not lead to timely or contemporaneous assessments against the CIP programme. The Quality and Safety Committee formally reviewed a summary of all Quality Impact assessments undertaken (October 2012) and the proposals for progressing these. A workshop for the Committee in February and April 2013 will receive presentations on 2012/13 QIA's from Clinical Centres' to understand lessons learnt from the process undertaken in 2012/13.

National guidance makes it clear that early scrutiny makes it easier to remove unrealistic or unsafe schemes before committing time and resources. Finance departments have a clear role to play in supporting staff to identify and quantify potential savings, their achievability and risks. Organisations may choose to rank savings schemes, especially where they require investment and involvement of other parts of the organisations such as HR, IT and estates.

In organisations where service line leads manage the CIP process, an impact assessment on quality and safety will be completed in the planning stage and schemes that are considered unrealistic or that pose a risk to quality will not be put forward. In trusts where the CIP is not clinically led, this impact assessment should take place once the CIP long list has been drawn up and clinicians must be involved in this process. In challenging financial times it is increasingly likely that all CIP schemes will need some form of quality impact assessment. In addition to doing this assessment at the planning stage, organisations should also do this during delivery, at key milestones and post-implementation to ensure sustainability.

4.0 SaTH 's process for Quality alignment to Business and financial plans

Each Centre has developed a Quality development plan (2012/13) to support the Trust wide Quality Improvement Strategy. Each year these annual plans will be developed alongside the business planning process and discussions with each centre have been held in January to reinforce these requirements. In these discussions it has been made very clear that core to the 2013/14 business planning process (with Cost improvement schemes, service developments and capital builds), that these are assessed using the Quality Impact assessment (QIA) process.

The following criteria have been used to assess proposed CIP schemes:-

- They will support the Strategic objectives of the Trust
- They will not be to the detriment of Clinical Quality, more likely they will enhance the care we offer.
- They will not stifle innovation. More likely they will support our clinical teams in pushing the boundaries of excellent productive clinical care
- They will take into account key risks highlighted through the Trusts corporate risk register.

The Director of Finance, Chief Nurse and Medical Director have met to agree a prospective refined process for 2013/14, so that as draft CIP proposals are considered by the Finance team, the requirement for the QIA is undertaken prospectively and considered in the same timescales.

To achieve this prospective process the Medical Director and Chief Nurse are supporting each Clinical centre through a series of follow up meetings in February and March 2013 to ensure that each CIP scheme has a completed, considered and signed off QIA. If the QIA cannot be signed off because there will be an impact on Quality, these QIA's will be formally considered by the Quality and Safety Committee and a summary of all QIA's brought to the Trust Board at the end of March alongside the CIP plans for 2013/14. It is expected that all future Business Cases will incorporate Quality Impact assessment requirements and this has been built into the Business case template, enabling Clinical Centers' to objectively assess the service change before formal Executive/ Trust Board approval.

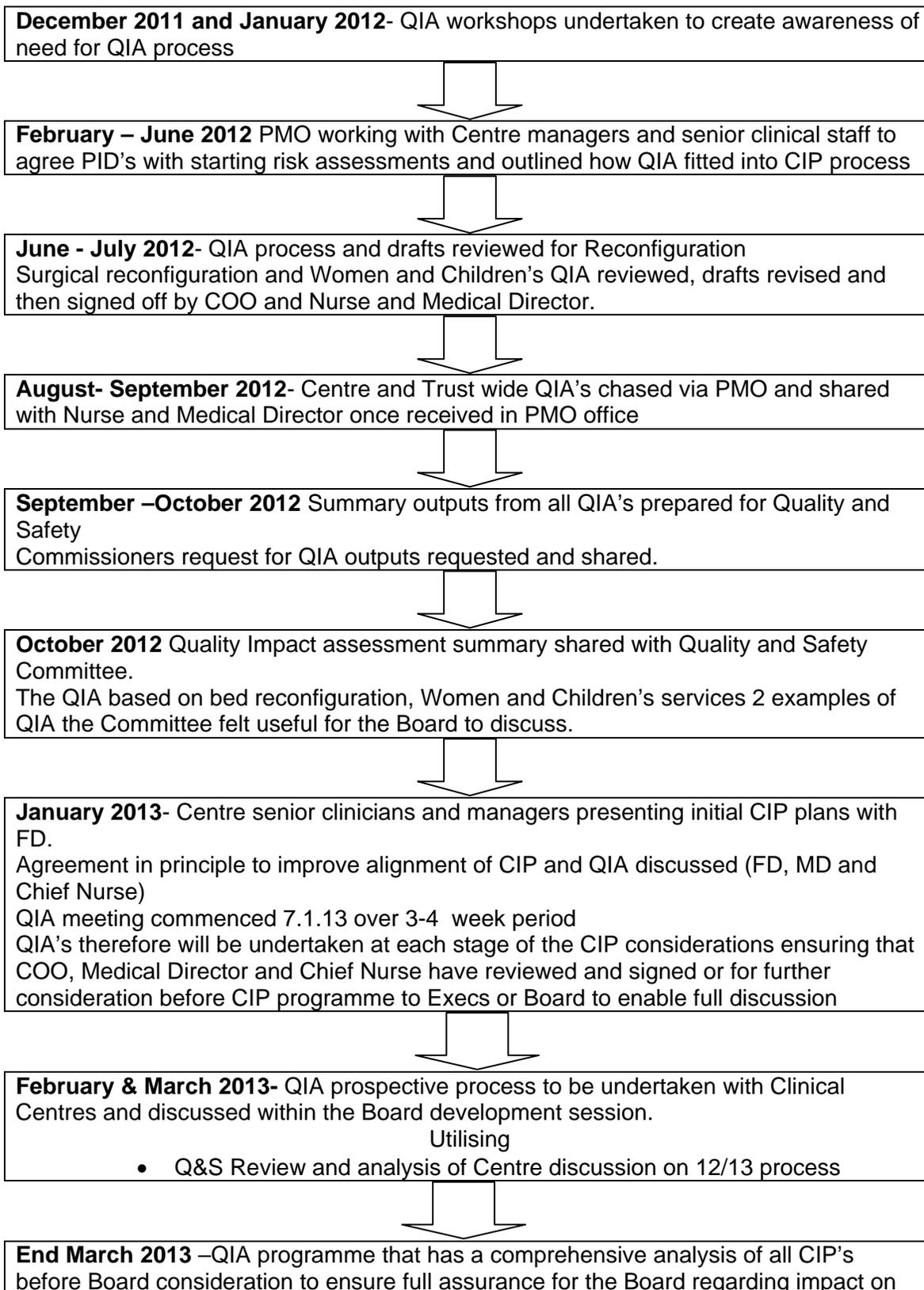
5.0 Conclusion and recommendations

The Board are asked to **Note** the process for Quality Impact assessments undertaken in 2012/13 and **approve** the refined process for contemporaneous QIA's outlined in this paper and Appendix 1.

The Board are also asked to **note** the Quality and Safety Committee's ongoing role in reviewing and tracking this process and outcomes and that formal updates to the Board will be provided as required.

Appendix 1

QIA process undertaken to date with proposals for enhanced and aligned process for 13/14.



patient safety, experience and clinical effectiveness.