

Trust Board

June 2013

Quality Impact Assessments for the Cost Improvement Programme (13/14)

1.0 Introduction

This Board paper provides a high level overview of the Quality Impact assessment process to date for the 13/14 Cost Improvement schemes(CIP). It outlines further actions required and the process and dates for the Board to be able to review the outcomes of the Quality Impact Assessments(QIA) and the impact and support this will provide for achieving the major CIPs.

2.0 Background and context

The Board have been updated on the Cost Improvement schemes (CIP) through the monthly Finance report. The CIP schemes each have a clinical or operational lead who are required to complete the Project Initiation Documents (PID). These PIDs to outline how each CIP scheme will achieve the required total savings. Against this PID the CIP lead will complete a Quality Impact Assessment document to outline the potential Impact on Patient Safety, Clinical effectiveness/ clinical outcomes and Patient experience.

There have been delays in completing the PID's which has led to delays in the QIA's being brought forward for consideration by the appropriate Executives. In order for the CIP scheme to formally progress, the QIA's need to have been considered. The formal sign off for each PID in the Cost Improvement Board can only take place once a QIA has been completed and considered by Chief Nurse, Chief Operating Officer and Medical Director.

2.0 Progress to date

Appendix 1 outlines the main CIP schemes as listed in the Board Finance reports. It identifies whether a PID is in place and whether a QIA has been received. In summary 65% of the schemes have had an initial QIA reviewed with a number returned to the leads to provide more detail and to return within 1 week. Where QIA's have not been received this will be formally followed up so that the required QIA is submitted within the next week.

4 QIA's have been signed off, two of which are on the main CIP list outlined in Appendix 1, the other two signed off are schemes which are sub sets of CIP schemes. The total list of QIA's for reference is contained within Appendix 2.

Further QIA's will be expected as the Care Groups identify more schemes during the year.

3.0 Workforce related QIA's

The workforce QIA's cover a range of issues and are detailed in their consideration of mitigating the risks of compromising Quality & Safety.

Equally the sum of these schemes is a significant percentage of the overall Trust CIP target and a clear plan is required to achieve the CIP target.

The Executive have discussed these schemes and whilst agreeing with the principles of the headline schemes as the QIA's have been completed and detailed issues have been collectively reviewed, there are concerns currently about signing off the workforce QIA's.

This requires urgent collective Executive discussion within the next 2 weeks and consideration of the impact of amending previously agreed schemes to mitigate the risks.

4.0 Conclusions

The Trust Board need to gain assurance on the delivery of the CIP schemes but equal assurance that we will not compromise quality and safety through the implementation of any of these schemes.

Whilst each workforce QIA provides mitigating actions to minimise the quality impacts, as outlined above the total risk are greater when the schemes are considered alongside each other.

5.0 Recommendations

The Board are asked to **NOTE** the current position and urgent time scales for final sign off for the QIA/ CIP schemes.

The Board are asked to particularly note the additional discussion and consideration required by the Executives on the workforce schemes to ensure appropriate Governance is applied and if required some amendments made to some of those schemes, if the risks are felt to be too great to proceed with individual schemes.

The Board are asked to **AGREE** that the conclusions of the executive discussions on the workforce CIP schemes come back to the July Quality and Safety Committee and Finance Committee for detailed discussion on the outcome to those discussions and formal consideration of the impact on the workforce CIP schemes. It is proposed that a summary of these discussions is presented to the Trust Board in July.

Chief Nurse/ Director of Quality and Safety

June 2013

Appendix 1

	Value of CIP Schemes	R/A/G Assessment	Progress since previous month	PID Status	QIA Submitted	Commentary/Outcome
	£000's					
Description of scheme						
Vacancy Controls/Staff Turnover	2000		Trajectory of changes for addressing over establishment not constructed	Incomplete	Yes	Ward based staffing – QIA complete Further discussion with ED's required Therapy QIA needs additional information.
Headcount reduction/Pay Reduction	2000		No plans for headcount reduction constructed	Incomplete	Yes	Further discussion with ED's required
Waiting List Initiatives	400		RTT Delivery Plans by speciality constructed	Complete	No	QIA not seen, requested Sara Biffen to address in Care Group, complete and return
Medical Agency spending/STAFFflow	400		PID completed and supporting KPI information being collected on a weekly basis	Complete	Yes	Further worked required – unlikely to be signed off. Further Exec Director discussion required
Estates and Corporate services Pay Savings	800		Detailed Plans reviewed and agreed	Complete	Yes	Outstanding additional work required (for each subset)
Bed reclassification	750		No Plan constructed	Incomplete	No	Not proceeding – ED discussion required
Pathology reconfiguration	300		No plan Constructed to deliver the Pathology changes	Incomplete	No	
Nursing Cover arrangements	1300		To be achieved as part of Staff Turnover PID	Incomplete	Yes	Further work and ED discussion required
Centre schemes Pay & non pay Savings	915		Actioned through 2013/14 Budgets	Not constructed	Yes	One received (Radiology and signed off) Further review needed as could be an overlap on work related schemes. QIA's to come through as developed
Cease use of Nuffield	700		RTT Delivery Plans by speciality constructed	Complete	No	QIA not seen, requested Sara Biffen to address in Care Group, complete and return
Estates and Corporate services Non Pay Savings	350		Detailed Plans reviewed and agreed	Complete	Yes	Outstanding additional work required (for each subset)
Gain share Pharmacy	200		Plan for Gain share agreement constructed – to be agreed with Commissioners	Complete	Yes	Signed off
Procurement	1000		Detailed Plans reviewed and agreed	Complete	Yes	Signed off
Centre schemes Non Pay	760		Actioned through 2013/14 Budgets	Not constructed	Yes	One received however further review needed as could be an overlap on work related schemes. QIA's to come through as developed
Total	11,875	0				

Project name	Clinical Lead	QIA received/date	Date reviewed by VM/EB	Outcome of initial review	Date returned to Lead for amendments	final outcome	Comments of current version and actions required
Staff Turnover	Debbie Kadum	Yes	May/ June (VM/DK)	Further discussion with Exec Directors required			
Pay Reduction	Debbie Kadum	Yes	May/ June (VM/DK)	Further discussion with Exec Directors required			
Cease use of Nuffield Hospital and Waiting List Initiatives	Sara Biffen	No		QIA not seen - Sara Biffen to address via Care Group to complete and return			
Staff Flow (ED Component)	Pat Pedley	Yes	June 21st '13	Further work required - unlikely to be signed off. Further Exec Director discussion required	26.6.13		
Resources Directorate (Estates and Corporate Services)	Chris Needham	Yes	25.6.13	Outstanding additional work required (for each sub set)	26.6.13		
Bed Reclassification		No		not proceeding - ED discussion required			
Pathology Reconfiguration	Shelia Fryer	No		Not received			
Gain Share Arrangements (Pharmacy)	Bruce McElroy	Yes	21.6.13	Signed off			
Procurement	Paula Davies	Yes	25.6.13	Signed off			
Nursing Cover arrangements	S Bloomfield	Yes	March/ April review & May Exec review	ED discussion required in line with other workforce schemes			
Centre Budget reductions (pay and non pay)	DK	Yes	25.6.13	One received and signed off. others pending but will need care group review as could be an overlap on work related schemes. QIA's to come through as developed to ACOO.			

Appendix 2

Ward 12 and 22E Reconfiguration with SLT and dietetics	Karen Jackman	Yes	25.6.13	Further detail required before sign off can be considered	26.6.13		
Therapy Centre Non recurring CIP - Vacancy Controls	Dianne Lloyd	Yes	25.6.13	Further detail required before sign off can be considered	26.6.13		
Therapy Centre Skill Mix Review	Dianne Lloyd	Yes	25.6.13	Further detail required before sign off can be considered	26.6.13		
Early Reconfiguration of Head and NeckCentre	Dianne Lloyd	Yes	25.6.13	Not a CIP scheme and is included within Therapy workforce QIA			
Radiology	Debbie Jones	Yes	25.6.13 NEEDS TO BE green	Signed off			
Anticoagulation	Shelia Fryer	Yes	25.6.13	Not a CIP scheme but will be utilised in CCG discussions regarding funding, cost pressure after end June and hence reason for QIA	26.6.13		
Reduce Nursing on cost to 20%	Sarah Bloomfield	Yes	March/ April review & May Exec review	Completed and considered by Q&S and by Execs, now needs consideration with other major workforce schemes to consider workforce implications of all the schemes together			
Clinical Coding 1		Yes	25.6.13	Returned for further work up	26.6.13		
Improving Income 1		Yes	25.6.13 needs to be GREEN	signed off			