A formal Quality Impact Assessment process was introduced by the Trust during 2011/12, to ensure robust clinical scrutiny is applied to proposed Cost Improvement Programmes. This process identifies potential risks and benefits to quality and safety that may result from each scheme.

This paper provides a report on the status of Quality Impact Assessments and the outcome following the executive scrutiny process. Furthermore, plans for an improved process for future QIA development, i.e. for the 2014/15 CIP scheme are outlined.

### Strategic Priorities
- **Quality and Safety**
- **Healthcare Standards**
- **People and Innovation**
- **Community and Partnership**
- **Financial Strength**

### Operational Objectives
- QS1 Reduce avoidable deaths
- QS4 Eradicate all avoidable grade 3 and 4 pressure ulcers
- QS5 Reduce the number of RIDDOR reportable falls
- HS3 Deliver all key performance targets
- FS4 Deliver the Trust 5% implied efficiency target and support delivery of joint QIPP

### Board Assurance Framework (BAF) Risks
- Preview Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience
- Implement our falls prevention strategy to help prevent patients suffering serious injury
- Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards
- Clear Clinical Service Vision or we may not deliver the best services to patients
- Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve
- Appoint Board members in a timely way or may impact on the governance of the Trust
- Achieve a Financial Risk Rating of 3 to be authorised as an FT

### Care Quality Commission (CQC) Domains
- **Safe**
- **Effective**
- **Caring**
- **Responsive**
- **Well led**

<table>
<thead>
<tr>
<th>Receive</th>
<th>Review</th>
<th>Note</th>
<th>Approve</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
Quality Impact Assessments - Status against Cost Improvement Programme for 2013/14

Quality Impact Assessments are completed for all relevant Cost Improvement Programmes by senior operational and clinical teams within care groups and departments. The aim of which is to ensure that the quality of service we provide to patients is protected or enhanced by the scheme that is being proposed. Risks to quality are identified along with mitigating actions and measures of impact. A risk score is then calculated following detailed analysis of the risk across the three domains of quality.

All quality impact assessments are reviewed by the Chief Operating Officer, Medical Director and acting Director of Nursing and Quality to ensure that senior clinical and operational scrutiny and challenge is applied to all schemes.

<table>
<thead>
<tr>
<th>CIP schemes</th>
<th>QIA Status</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Nursing on Costs</td>
<td>Completed</td>
<td>Rejected following scrutiny due to risk to quality and safety of care caused by inability to staff clinical areas to agreed levels. Copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Cease use of Nuffield Hospital and Waiting List Initiatives</td>
<td>Not required</td>
<td>QIA not required following screening of clinical risk</td>
</tr>
<tr>
<td>STAFFflow</td>
<td>Completed</td>
<td>Rejected following scrutiny due to risk of inability to sustain Emergency Department Medical Staffing levels, copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Resources Directorate (Estates and Corporate Services)</td>
<td>Completed</td>
<td>Rejected due to inadequate information on QIA</td>
</tr>
<tr>
<td>Gain share arrangements (Pharmacy)</td>
<td>Completed</td>
<td>Approved and copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Procurement</td>
<td>Completed</td>
<td>Approved and copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Centre budget reductions</td>
<td>Completed</td>
<td>Approved and copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Improving Income</td>
<td>Completed</td>
<td>Approved and copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Print Management</td>
<td>Completed</td>
<td>Approved and copied to Clinical Commissioning Group</td>
</tr>
<tr>
<td>Non Patient Transport</td>
<td>Completed</td>
<td>Approved and copied to Clinical Commissioning Group</td>
</tr>
</tbody>
</table>
**Plans for 2014/15 Quality Impact Assessment process**

In order to ensure timely assessment of CIP schemes and identification of risk to support both quality and financial performance, a revised process for QIA development and review will be implemented moving forward. A two tier approach made up of initial risk screening of all proposed CIP schemes followed by detailed assessment where required, will ensure a robust systematic approach is taken and completed within an agreed timeframe. The current QIA template has been revised to include a pre mitigated risk score which is currently not identified and a simplified quality section to allow teams to describe the combined effect across the domains of quality. Guidelines will be issued to care group teams to support the completion of risk screening and development of QIAs, thus ensuring high quality assessments which cover all salient points are submitted for review.

The executive review and approval process will remain unchanged; however will be conducted monthly with regular reports provided to the Quality and Safety Committee for assurance on status and progress. Following this review the QIAs will be shared with the Clinical Commissioning Groups and a summary report discussed at the Clinical Quality Review meeting. This report will also be presented at the Financial Recovery Board. The same process (with the exception of the FRB unless required) will be followed for all QIAs completed for service reconfiguration projects.