Surrey and Sussex NHS
Healthcare NHS Trust

Trust Board in public	**Date: 28 November 2013** **Agenda Item: 3.2**
REPORT TITLE:	**Cost improvement plans – Quality Impact Assessment (QIA)**
EXECUTIVE SPONSOR/AUTHOR:	**Paul Simpson (Chief Finance Officer)** Presented by: Lorraine Clegg (Deputy Chief Finance Officer)
AUTHOR	**Peter Burnett (Head of Financial Management)**

Purpose of the Report and Action Required:

Approval	☑
Discussion	
Information/Assurance	

Summary: (Key Issues)

The Trust is strengthening its quality impact assessment (QIA) process in line with guidance from the Trust Development Authority and the National Quality Board.

This will see the introduction of a risk scoring process for each cost improvement plan and a "Quality Assessment Group" (nb: as last year part of the regular Chiefs meeting) prior to sign off by the Medical Director and Chief Nurse.

This ensures a fuller audit trail and the "likelihood by impact" risk scoring aligns this with the Trust's other risk management processes. The process will also see rejected CIPs passed up to either the Executive Team or Board, as necessary.

Action:

The Board is asked to approve the process as described for immediate implementation.

Relationship to Trust Corporate Objectives & Assurance Framework:

Relevant objective: Objectives 1, 2 and 4 apply: Deliver Safe, High Quality, Co Ordinated Care; Ensure Patients Are Cared For and Cared About; Develop an effective organisation

Corporate Impact Assessment:	
Legal and regulatory implications	**Legal:** Financial performance is subject to Schedule 5 of the NHS Act 2006 which provides the "breakeven duty". Patient safety: Legal actions from unintentional harm to patients would normally be covered by negligence, an area of English tort (civil) law, providing the remedy of compensation. Case law is extensive. Criminal action could be pursued if investigation judged intentional harm and remedies will vary according to severity. Staff safety: The Health and Safety at Work Act etc 1974 may apply in respect of employee health and safety or non clinical risk to patients (usually reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995). The main regulators, are as follows: ▪ External audit (the Audit Commission for this Trust) give an opinion on the Trust's compliance with International Financial Reporting Standards and with NHS accounting conventions – this is not purely financial and deals with procurement, fraud, transparency and legal duties. It also gives a Value for Money Conclusion on the Trust's ability to put in place arrangements to deliver economy, efficiency and effectiveness in its use of resources. ▪ The Care Quality Commission registers the Trust according to its compliance with regulations concerning the safety and quality of services
Financial implications	The report concerns the process to ensure good decision making in respect of agreeing cost improvement plans. There is no direct financial impact thant can be quantified yet.
Patient Experience/ Engagement	The process suggested is intended to ensure that there are no adverse impacts on these aspects of quality.
Risk & Performance Management	The process incorporates a risk assessment and strengthens the Trust's assurance in these areas.
NHS Constitution/ Equality & Diversity/ Communication	No adverse impact on equality & diversity and consistent with the letter and principle of the NHS Constitution. The process provides a clear audit trail to support communication.
Attachments: paper	

Surrey and Sussex NHS
Healthcare NHS Trust

Cost improvement plans – Quality Impact Assessment (QIA)

Date	18 November 2013
Author	Peter Burnett (Head of Financial Management)
Department	Finance and Contracting
Audience	Trust Board

Summary

The Trust is strengthening its quality impact assessment (QIA) process in line with guidance from the Trust Development Authority and the National Quality Board.

This will see the introduction of a risk scoring process for each cost improvement plan and a "Quality Assessment Group" (nb: as last year part of the regular Chiefs meeting) prior to sign off by the Medical Director and Chief Nurse.

This ensures a fuller audit trail and the "likelihood by impact" risk scoring aligns this with the Trust's other risk management processes. The process will also see rejected CIPs passed up to either the Executive Team or Board, as necessary.

Action:

The Board is asked to approve the process as described for immediate implementation.

Cost improvement plans – Quality Impact Assessment (QIA)

1. Introduction:

The National Quality Board has produced a useful and informative document that outlines how we as a provider trust should quality impact assess our Cost Improvement Plans (CIPs).

The key points they make are

a) The majority of CIPs should be on changes to current processes, rather than top slicing current budgets.

b) Where possible CIPs should have a neutral or positive impact on quality.

c) CIPS should not bring quality below essential common standards.

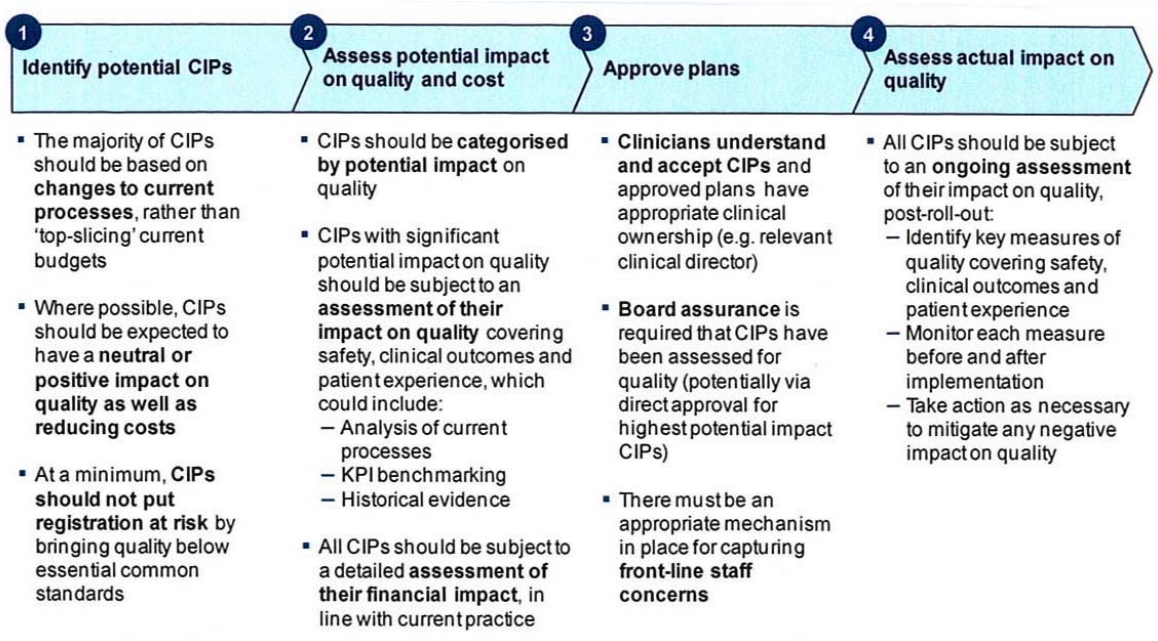
d) CIPs should be categorised by their potential impact on quality.

e) QIAs should cover safety, clinical outcomes patient experience.

f) Board Assurance is required that CIPs have been assessed for quality.

g) Must be mechanism for capturing front line staff concerns

h) CIPs should be subject to an on-going assessment of their impact on quality.



2. Suggested Checklist:

Patient Safety:

1. What is the impact on partner organisations and any aspect of shared risk?
2. Will the proposed scheme impact on the organisations duty to protect children, young people and adults?
3. What is the impact on patient?
4. What is the impact on preventable har,?
5. Will it affect the reliability of safety systems?
6. How will it impact on systems and processes for ensuring that the risks of healthcare acquired infections to patients is reduced?
7. What is the impact on clinical workforce capability care and skills?

Clinical Effectiveness:

1. What is the impact on implementation of evidence based practice?
2. What is the impact on clinical leadership?
3. Does it reduce or have a negative impact on variations in care provision?
4. Does it affect supporting staff to stay well?
5. Does it promote self care for people with long terms conditions?
6. Does it impact on ensuring that care is delivered in the most clinically and cost effective setting?
7. Does it eliminate inefficiency and waste by design?
8. Does it lead to improvements in care pathways?

Patient Experience:

1. What is the impact on race, gender, age, disability, sexual orientation, religion and belief for individual and community health access to services and experience?
2. What is the likely impact on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/Incidents).
3. How will it impact on the patient choice agenda?
4. How will it impact on the compassionate and personalised care agenda?

3. QIA Process:

The Trust intends to strengthen its existing QIA process by introducing the pro-forma below.

Quality Impact Assessment Template

Scheme number:	
Date of QIA:	

Scheme Name				
Benefits for Patients				
Project Lead		Division		
Quality Indicator(s) - consider PAF KPIs				
	Details (include mitigation)	**Consequence**	**Likelihood**	**Score**
Risks to Patient Safety		2	2	4
Risks to Clinical Effectiveness		3	3	9
Risks to Patient Experience		3	4	12
	Overall Risk Score (highest from above quality domains)			12
Comments on Above:				

	Name	**Date**
Approved by Divisional Director/AD		
Approved by Medical Director		
Approved by Nursing Director		

A guide to the risk rating scores is shown in Appendix A

QIA templates will be completed by Divisions/Directorates, signed by the relevant Associate Director of Operations and forwarded to the Head of Financial Management for recording and collation. They will then be passed on to a "Quality Assessment Group" (nb: not a new meeting - an adaptation of part

of the Chiefs of Service meeting, as was done for 2013/14) for approval. This "Star Chamber" to consist of:

a) Medical Director (Chair)

b) Nursing Director

c) Head of Quality, Safety & Compliance

d) Director of Human Resources/ Deputy

e) Chief Finance Officer/Deputy

If accepted, completed QIA templates would then be signed by the Medical Director and Chief Nurse, those rejected noted as such.

All of the reviewed QIA forms should then be returned to the Head of Financial Management for summarising and reporting back to the Executive Team or the Board. I say "all" so that there is an audit trail of all CIPs coming through this process and for the recording of rejected plans.

Note:

Revised cost improvement plan process in the Trust for 2014/15:

- Divisional sign off: CIPs are confirmed by Divisions (or Director for central budgets) with sign off from their management team (the Chief of Service, Assistant Director of Operations and Divisional Chief Nurse). This acts as a first filter;
- These CIPs are then presented to (and managed through) a programme management office (PMO) with each Division – meeting frequency for setting CIPs and monitoring varies according to need but can be as often as weekly. The PMO is chaired by the CEO and includes the Medical Director and Chief Nurse.
- The CIPs plan will then be reviewed through the QIA process described above by the Quality Assessment Group at the regular Chiefs meeting, with the addition of individuals named above. The Medical Director chairs this group. Cost pressures are prioritised by the same group.
- The monthly Transformation Delivery Group (TDG - the Executive Team, including Chiefs of Service) oversees the overall programme and recommends the programme for approval.
- The Finance and Workforce Committee will be kept appraised of the CIPs but the Board will sign the programme off as part of the annual budget process.

Appendix A

Risk Assessment

	High Risk (4 or 5)	Medium Risk (3)	Low Risk (1 or 2)
Patient Quality and Safety	Adverse potential impact on quality, safety, effectiveness and experience as shown by the Quality Impact Tool	Neutral potential impact on quality, safety, effectiveness and experience as shown by the Quality Impact Tool	Positive potential impact on quality, safety, effectiveness and experience as shown by the Quality Impact Tool

Likelihood

Certain = 5	Will occur
Likely = 4	Will probably occur
Possible = 3	Might happen or recur
Unlikely = 2	Don not expect to
Rare = 1	Will probably never

[END]