

Procedure for Quality Impact Assessment (QIA) of cost improvement plans (and other relevant service actions)

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Audience	All Divisions and Departments

Summary

Quality is defined as patient safety, patient experience and clinical effectiveness. As such it is at the centre of the Trust's working, including how it makes financial decisions. Cost improvement plans must, at the very minimum, not impact adversely on quality (please see National Quality Board principles in the introduction below, section #1). Indeed, we must seek to ensure service efficiency and value for money drives both quality and reduced cost wherever we can. The two are often linked very strongly.

The Trust has adopted the National Quality Board's recommendations on quality impact assessment (QIA) of cost improvement plans (and other relevant actions) and has strengthened its internal QIA process.

On 28 November 2013 the Trust Board approved the revised process. This revised procedure incorporates further comment from the Trust Development Authority, who have reviewed that internal process and updates what was circulated to Divisions on 5 December 2013. Changes are procedural only and relatively minor (but provide greater clarity).

The 2014 QIA procedure sees 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:

1. All Divisions must prepare QIAs in respect of their cost improvement plans, and any other relevant service actions that could require the assessment.
2. Reviews should be taken periodically by Divisions through the year to ensure the QIA remains current
3. Completed QIAs should be physically signed off by the Quality Assessment Group, after monitoring through the Programme Management Office meetings held with the CEO. This applies equally to QIA reviews completed later in the year.

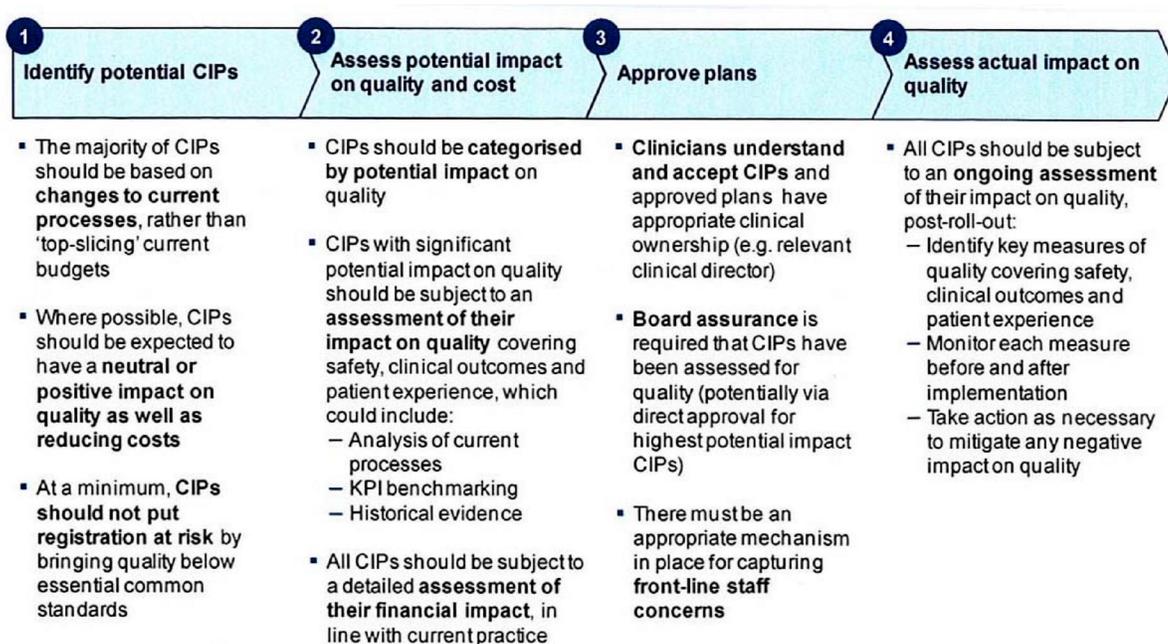
Cost improvement plans – Quality Impact Assessment (QIA)

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 (in excel template):

Patient Safety:

- 1 What is the impact on partner organisations and any aspect of shared risk?
- 2 people and adults?
- 3 What is the impact on patients?
- 4 What is the impact on preventable harm?
- 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 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 patient choice?
- 4 How will it impact on compassionate and personalised care?

3. QIA Process:

The Trust has introduced the pro-forma below (available as an Excel file for completion).

<u>Quality Impact Assessment Template</u>			
		Scheme number:	
		Date of QIA:	
Scheme Name			
Scheme FYE value (£'000s)			
Benefits for Patients			
Project Lead		Division	
Quality Indicator(s) - consider KPIs			
Risks to Patient Safety	Details (include mitigation)	Consequence	Likelihood
		2	2
Risks to Clinical Effectiveness	Details (include mitigation)	Consequence	Likelihood
		3	3
Risks to Patient Experience	Details (include mitigation)	Consequence	Likelihood
		3	4
Overall Risk Score (highest from above quality domains)		12	
Comments on Above:			
		Name	Date
Decision by Division			Approve / Reject
Decision by Star Chamber			Approve / Reject

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) Chief Nurse

- 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.

The Programme Management Office's role is to ensure the QIAs get done and will include progress chasing among its actions.

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 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.
- CIPs and QIAs will be triangulated with workforce plans . Divisional HR Business partners will have responsibility for doing this. Reporting will be to the Workforce Sub-Committee (of the Executive Committee)
- 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 (FWC) will be kept apprised of the CIPs , receive updates on progress (including QIAs) and outputs from workforce triangulation.
- The Safety and Quality Committee (SQC) will receive assurance from the Medical Director and Chief Nurse, but not detail reporting as that is done elsewhere. Internal working between it and the FWC will ensure that issues are raised as necessary in the right committee.

- The Board will sign the programme off as part of the annual budget process and, in its monthly reports from the two sub-committees above, will allow visibility and exception reporting (which might prompt separate reporting as necessary).

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]