

## BOARD OF DIRECTORS MEETING (Open)

Date: 13 September 2017

Item Ref:

11

<b>TITLE OF PAPER</b>	Quality Impact Assessments (QIAs) for Clinical Cost Improvement Plans (CIPs) for 2017/18
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
<b>ACTION REQUIRED</b>	For receipt and approval
<b>OUTCOME</b>	Members are assured of a continued robust process for QIAs
<b>TIMETABLE FOR DECISION</b>	September 2017 Meeting
<b>LINKS TO OTHER KEY REPORTS/DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ Financial Plan 2017/18</li> <li>▫ Trust's Annual Plan</li> <li>▫ Directorate Business and Service Delivery Plans</li> <li>▫ Business case development, production and implementation</li> <li>▫ Cost Improvement Plans (CIPs)</li> </ul>
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	Strategic Objectives: Quality & Safety, People, Future Services and Value for Money
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Impact on service delivery and quality of care will be determined by the application of the QIAs in practice
<b>CONSIDERATION OF LEGAL ISSUES</b>	The Trust has a duty to provide services in keeping with its registration requirements with the Care Quality Commission (CQC) and its Licence with Monitor
<b>Author of Report</b>	Liz Lightbown
<b>Designation</b>	Executive Director of Nursing, Professions and Care Standards
<b>Date of Report</b>	1 August 2017

## SUMMARY REPORT

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**Report to: BOARD OF DIRECTORS MEETING**

**Date: 13 September 2017**

**Subject: Quality Impact Assessments (QIAs) for Clinical Cost Improvement Plans (CIPs) for 2017/18.**

**Presented by: Liz Lightbown, Executive Director of Nursing, Professions and Care Standards**

**Author: Liz Lightbown**

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### 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓				✓	

This report was received and approved at the Executive Directors' Group (EDG) on 3 August 2017, for submission to the Board of Directors' September 2017 meeting. To assure the Board that the clinical CIPs received to date for the: Acute and In-Patient; Community; Specialist and Learning Disability Directorates, have been scrutinised by the Clinical Executive Scrutiny Panel (CESP) and for those approved, plans are in place to monitor and report any adverse impact to quality, for those not approved, requests for re-submission have been made.

### 2. Summary

Trust Boards are responsible and accountable for ensuring the quality of care of services provided and achieving the required financial efficiencies / cost improvement plans.

On an annual / on-going basis, the Trust examines the impact of each clinical Cost Improvement Plan (CIP) on the quality of service provided by undertaking a Quality Impact Assessment (QIA) of each CIP. The potential risks that CIPs may have on quality of care / services are assessed and recorded by the Service and Clinical Directors and then reviewed and scrutinised by the Executive Director of Nursing, Professions & Care Standards and the Medical Director at Clinical Executive Scrutiny Panels (CESPs).

The panel comprises:

- Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
- Dr Mike Hunter, Executive Medical Director
- Giz Sangha, Deputy Chief Nurse/Interim Clinical Director – Acute and In-patients
- Dr Helen Crimlisk, Deputy Medical Director

The Service and Clinical Directors are responsible for identifying quality metrics and monitoring their impact on their CIPs over the course of each financial year and reporting quarterly into the Executive Directors Group, Quality Assurance Committee and the Board of Directors.

If appropriate, information on Quality Impact Assessments of Corporate CIPs will be provided in due course to the Executive Directors Group, Quality Assurance Committee and Board of Directors.

#### Outcome of the CESP for Acute and In Patient; Community; Specialist and Learning Disability Directorates:

Clinical Executive Scrutiny Panels, held on 11 April and 13 June 2017, reviewed / re-reviewed and scrutinised 35 Clinical CIP Quality Impact Assessments, of which 32 were approved.

- Specialist submitted 12 CIP QIAs and all were approved.
- Acute and In-patient submitted 8, 7 were approved, the non-approved proposal was the Rehabilitation Wards zero-based staffing CIP which requires further consideration and re-submission.
- Community submitted 7 and all were approved.
- Learning Disability submitted 7, 5 were approved, 1 was tentatively approved subject to clarification and 1 was not approved and requires further clarity/re-submission.

The itemised list of each CIP is attached at Appendix 1.

### **3. Next Steps**

- Service and Clinical Directors have responsibility for monitoring the implementation of their CIPs, together with impact on quality.
- Quarterly Impact Reports will be collated by the Strategic Planning and Business Development Directorate, for submission to the Executive Directors Group, Quality Assurance Committee and Board of Directors.
- The procedure will be reviewed as part of the review of the Annual Planning cycle and the process will continue / commence in Autumn 2017 for CIP QIAs for the next financial year and beyond.
- Once received and approved by the Board of Directors, this information will be provided to Sheffield Clinical Commissioning Group for their information and assurance.

### **4. Actions**

- To receive and approve the Clinical CIPs (QIAs) completed for 2017/18, as at June 2017, per Appendix 1.

### **5. Monitoring Arrangements**

- Service and Clinical Directors are responsible for ensuring appropriate systems are in place, to monitor implementation as per the details provided in each QIA.
- Quarterly reports will be submitted to Executive Directors Group, Quality Assurance Committee and Board of Directors to provide continued assurance / exception reporting.

## **6. Contact Details**

For further information, please contact:

- Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
- 0114 271 6713
- [Liz.lightbown@shsc.nhs.uk](mailto:Liz.lightbown@shsc.nhs.uk)

Quality Impact Assessments (QIA) for All Directorates, with Comments													Appendix 1		
VERSION As at 29 June 2017 Samantha Brazier															
No.	Plan Title	Directorate Presenters Brief Summary of Plan Potential Quality Metrics	CIP Value £	Target Value £	Safe	Effective	Caring	Responsive	Well Led	Overall Risk Score	Overall Residual Risk Score	Clinical Executive Scrutiny Panel	Comments from Clinical Executive Scrutiny Panel		
<b>A. Specialist and Psychology</b>															
1	Long-Term Neurological Conditions (LTNC) Non Pay and Admin	Debbie Horne and Peter Bowie  Neuro-Enablement Service (NES) BAT Budget Contract Surplus £10,600. Barnsley Assistive Technology (BAT) is NHS England specialist hub provider for communication aids and environmental controls. NES used to be the provider for this service and had equipment budgets, most were handed over to Barnsley when they became the provider. £10,600 was money left in the budget when the contract was transferred. B3 Admin 0.6 WTE, realised in Aug 17 at end of fixed term contract £13,261. The B3 admin post was recruited on a fixed-term basis. Services are being co-located to new base, leading to the reduction of WTE from current 1.0 to 0.6, with better productivity from staff brought together.  Potential Quality Metrics: - Patient complaints; - Increase in admin processing times breaching internal processing targets. END	23,261	1,351,055	1	6	4	4	1	3	Very Low	3	Very Low	11.04.17	APPROVED
2	Sheffield Adult Autism and Neuro-development Service Staffing Changes (saans)	Debbie Horne and Peter Bowie  1.0 Band 3 Admin - currently vacant. 1.0 Band 6 Nurse - currently vacant. 0.2 Band 8C Psychologist - reduction in hours. £75,000 Sheffield Block. £6,849 national.  Potential Quality Metrics: - Waiting times for different CCG contracts; - Delivery against projected income; - Length of stay; - Incident numbers. - Complaints ad complaint categories. END	75,000 6,849		6	4	1	2	1	3	Very Low	2	Very Low	11.04.17	APPROVED Following re-submission of requested information.
3	Memory Service	Debbie Horne and Peter Bowie  Staffing changes to align service capacity to new case management service model. Routine six monthly follow-up appointments for all patients with a diagnosis of dementia replaced with new case management model. System allows all patients, whether they need support or not, to remain on a case register. Patients and/or carer/relative can contact the service as and when support needed. More education/information group established to promote self-help. Waiting time to access service fallen dramatically, been maintained at two weeks for the past six months. All posts identified are vacant and service has been operating without them for 12 months or more.  Potential Quality Metrics: - Incidents number and type; - Complaints number and type; - Activity levels new and follow-up; -Wait time referral to assessment & assessment to diagnostic appointment; - Patient and care outcomes; - Changes in access to unplanned care attributable to changes in access to Memory Service support. END.	202,303		6	6	4	2	1	4	Very Low	3	Very Low	11.04.17	APPROVED Following re-submission of requested information
4	Older Adults Community Teams, Edmund Road	Debbie Horne and Peter Bowie  The travel and subsistence budget is surplus to current service requirement, reduce by £32,095. The FP10 prescription budget is historically underspent and the Senior Operational Manager analysed the drug spend and is assured the budget can be reduced by £5,000. Reduction in Band 2 administration by 0.4 WTE £8,765. Post is currently vacant.  Potential Quality Metrics: - Speed of processing of referrals and correspondence from the OACMHT against internal performance targets. - Increase in incidents/complaints. - Changes in non-pay budget demands, particularly around perceptions and transport costs. END	45,860		2	9	1	6	1	4	Very Low	3	Very Low	11.04.17	APPROVED
5	Psychological Services	Debbie Horne and Peter Bowie  Small reductions to three budget areas: - Reduction in Consultant Clinical Psychologist management time £8k. - Workplace Well-being (WWB) agency admin cover £2k. - Training and Education £2k.  Potential Quality Metrics: - Head of Service for Health and Medical Psychology, Professional Lead for WWB and the Director of Psychological Services, will monitor the impact of these changes on work-loads, staff stress and any skills gaps. END.	12,000		6	3	1	4	4	4	Very Low	3	Very Low	11.04.17	APPROVED

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6	G1	Debbie Horne and Peter Bowie  Reduction: - Band 2 House-keeping, 0.4 WTE £9,723. - Mobile phone £1,300. - Band 7 Occupational Therapist 0.33 WTE £17,293  Potential Quality Metrics: - House-keeping - health and safety check list, number of complaints from patients/carers relating to standards. - Mobile phone budget - monitor budget statements for any indications of changes in usage and costs. - OT - incidents/complaint attributable to any decrease in meaningful activity on the ward. Logged decrease in activity programme on ward. Recommendations from OT review by Julie Edwards, detailing requirements of ward. END	23,316		2	9	9	9	1	6 Low	4 Very Low	11.04.17	APPROVED
7	Central Management	Debbie Horne and Peter Bowie  CIPs ready refers to the reduction in project management posts, primarily comprised of savings from one recent vacancy and made up with reductions in other session time. Nurse refers to a Specialist Dementia Nurse post, on long-term research secondment with the University. Post is paid for 0.2 from SHSC and the rest of the time 0.4 wte is University of Sheffield/CLAHRC secondment. One day paid by SHSC will continue to remain as per existing arrangement. Secondment is on rolling basis, no current indications this will change. If arrangement was to end, post would need to be placed on re-deployment register.  Potential Quality Metrics: - Incidence of management training deemed as essential not supported as a result of funding limitations. END	82,839		3	4	1	1	4	3 Very Low	2 Very Low	11.04.17	APPROVED Following re-submission of requested information.
8	Gender Identify Service (GIS)	Debbie Horne and Peter Bowie  Reduction in post, both currently vacant: - 0.29 WTE Band 8A, Psychotherapist £17,448 - 0.20 WTE Band 5B, Image Consultant £6,983.  Potential Quality Metrics: - Activity and performance metrics including waiting times for assessment and demand for psychotherapy. - Incidents/compliments/complaints/Friend and Family Test; - Patient outcome measures. END	24,000		1	8	6	8	1	4 Very Low	3 Very Low	11.04.17	APPROVED
9	Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (CFE/ME)	Debbie Horne and Peter Bowie.  Retirement of OT Band 7, 0.60 WTE. Retaining some funds to cover: - Band 5 OT, 0.3 WTE. - Increase in a Band 7 post by 0.10 WTE, to provide the Band 7 with more time to cover management responsibilities.  Potential Quality Metrics: - Waiting times/performance measures/discharge rates/numbers in service; - Incident rate; - Compliments and complaints; - Clinical outcome metrics; - Review of operational change processes and system alignments as Directorate review progresses. END	15,000		6	6	4	6	1	4 Very Low	3 Very Low	11.04.17	APPROVED
10	Sheffield Eating Disorders Service Management Changes.	Debbie Horne and Peter Bowie  Band 8A reduction in hours from October 2017 to 0.5 WTE, permanent. Full year effect. Reduction of Band 8A following retirement will return to work part-time 2 1/2 days per week. Plus savings re pension scheme. Non recurrent plans in place to address 6/12 shortfall in release of funding. .  Potential Quality Metrics: - Decision to use Team Manager 8A post time will have low impact on team, as other team members can cover on the days the Team Manager is not working. - Reduction in hours will enable Team Manager to focus purely on management of team and re-distribute clinical cases to other staff. Clinical capacity available in team. - Other team members will be encouraged to take on leadership roles so ensure succession planning. END	32,472		6	4	6	6	6	6 Low	3 Very Low	11.04.17	APPROVED
11	Therapy Management Team	Debbie Horne and Peter Bowie  0.4 WTE and 3 A&C admin staff = £9,500 which has been planned vacant for some time. £2,500 from saving made by Director post reduction.  Potential Quality Metrics: - 0.4 Band 3 element been in place for over two years, during which monitoring has been undertaken, concluding the post is not required. - Reduction in Director time managed through usual time management processes. END	12,000		1	2	1	1	1	1 Very Low	1 Very Low	11.04.17	APPROVED

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12	Porterbrook R&S	Debbie Horne and Peter Bowie  Reduction in post, current vacant. Band 7 Psychotherapist, reduce current budget of £26,875 by 58%, will release the £15,000 required.  Potential Quality Metrics: - Activity and performance metrics including waiting times for assessment and demand for psychotherapy. - Incidents/compliments/complaints/Family had Friends Test; - Patient outcome measures; - Report by the CCG review. END	15,000		1	8	6	8	1	4 Very Low	3 Very Low	11.04.17	APPROVED
<b>B. Acute and In-patient</b>													
1	Reduction in the Budget for Out-of-Town Locked Rehabilitation for both IFR and CHC	Richard Bulmer and Lisa Johnson  Will be made possible by continued return of service users from out-of-town. Progress has been made in safely and efficiently returning service users from out-of-town. The rehabilitation strategy is continuing to be effectively implemented ad the spend on out-of-area locked rehabilitation has been reducing significantly year on year. Resulting in identifying CIP from the out-of-area rehabilitation budget, in line with predictions for future years and based on good track record of successfully reducing numbers out-of-town and effectively gate-keeping potential admissions.  Potential Quality Metrics: - Effective rehabilitation flow, including review of service user numbers, monitoring of current length of stay (average and median) and projected length of stay for current service users; - Service User feedback; - Requil; - Review of incidents. END	787,045 209,958 IFR 577,087 CHC	1,134,221	8	1	6	9	6	3.2 Very Low	Left Blank	11.04.17	APPROVED Following re-submission of requested information.
2	Reduce CERT Budget	Richard Bulmer and Lisa Johnson  CERT established based on prediction there would be three people requiring 24 hour packages of care from the team. Demand for CERT reviewed and requirement for very intensive packages less than anticipated. CERT budget zero based. Recommendation CERT caseload increased from 30 to 45 service users. In order to increase opportunity for CERT service users to have short focussed admissions at times of crisis, been agreed some CERT funds will be redirected to Wainwright Crescent. Will be reviewed as part of wider work about alternatives to hospital admission. Supports avoidance of unnecessary acute hospital admissions for CERT service users. Plan to review end September 2017. In addition to the 95,571 for Wainwright Crescent the Directorate are putting forward a CIP of £99,725 from the CERT budget. Ability to make CIP and transfer funds to Wainwright Crescent made possible due to current underspend, vacancies and productivity work.  Potential Quality Metrics: - Service user flow and length of stay; - Incidents; - Activity per service user; - Activity per staff member; - Patient reported outcomes including satisfaction with service; - Requil. END	99,725  Additional 95,725 to Wainwright Crescent		9	9	9	9	9	5.4 Low	Left Blank	11.04.17	APPROVED Following re-submission of requested information.
3	Reduction by 1 WTE Band 4 Recovery Worker in the Liaison and Diversion Team	Richard Bulmer and Lisa Johnson  Reduction of band 4 support workers in Liaison and Diversion Team from 3 wte to 2 wte. Based on evidence of activity requirements of new service which has seen more demand for registered staff which is being met by the fully recruited staff team. Also at the point of moving to the alliance model of provision across South Yorkshire and changes may occur over time with staffing models. Funding is not yet permanent but there is strong indication from NHS England that this service will continue. Post continues to be vacant, will be removed without affecting an individual in post.  Potential Quality Metrics: - Monitoring of Liaison and Diversion metrics. - On-going governance led by Team Manager. END	21,600		1	4	4	4	9	2.6 Very Low	Left Blank	11.04.17	APPROVED Following re-submission of requested information.

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4	Staff Reduction - Forest Close Ward Manager Review	Richard Bulmer and Lisa Johnson  April 2016 Pincroft Ward and Forest Close merged at Forest Close site, which changed method of working to a more intensive recovery/rehabilitation. The bed numbers were reduced from 60 across two sites to 30 on a single site. The new model was established to ensure appropriate nursing numbers. The nursing establishment agreed included an establishment across early/late/evening as follows. The rota is supported by a multi-disciplinary team. The nurse leadership for the service includes; - 4.7wte Band 6, Deputy Ward Managers who work into the rota numbers, - 2.6wte Band 7 Ward Managers, - 1wte Band 7, senior practitioner, - 0.75wte Band 8a Clinical Nurse Manager. New model did not review nurse leadership but transferred existing leadership team from the previous model, to support the service during transition. Previous model had 2.6wte Band 7 Ward Managers for 60 patients, the new model is a reduction of 0.6wte for a reduction of 30 beds. Efficiency saving is enabled by reducing the band 8a clinical nurse manager time, losing 0.25wte. The new model has a ward manager working on Bungalow 1a with 14 patients and a Ward Manager working with 16 patients in Bungalows 1 & 2, supported by a senior practitioner working across the site, who will also provide leadership cover. Clinical Nurse Manager provides overall management responsibility and accountability across the Forest Close site. The deputy ward managers work on the rota 24/7. Proposed management structure will ensure performance on Forest Close is monitored to ensure appropriate staffing levels 24/7, effective systems for people management. delivery of quality objectives including safe wards, physical health, collaborative care planning, reduced length of stay, meaningful activities, supporting discharge, mental health compliance and environment.  Potential Quality Metrics: - Length of Stay - Mandatory Training - Supervision Rates - Staff Sickness. END	18,308		3	9	1	6	6	9 Moderate	1.8 Very Low	11.04.17	<b>NOT APPROVED AND WITHDRAWN</b>
5	Staff Reduction - Forest Close	Richard Bulmer and Lisa Johnson  April 2016 Pincroft Ward and Forest Close merged at Forest Close site. This changed the method of working to a more intensive method of recovery and rehabilitation. Bed numbers were reduced from 60 across two sites to 30 on a single site. New model was established to ensure appropriate nursing numbers. Nursing establishment agreed included an establishment across early/late/evening as follows. - Bungalow 1a 5-5-3 (2-2-1 RMN) - Bungalow 1 3-3-2 (a minimum of 1 RMN on all duties) - Bungalow 2 3-3-2 (a minimum of 1 RMN on all duties) Staffing level been developed to ensure a focus on recovery/rehabilitation, model ensures time for nursing staff to engage in therapeutic activities with service users. Staffing model supports relational security. Rota is supported by a multi-disciplinary team. The nurse leadership for the service includes: - 4.7wte Band 6, Deputy Ward Managers who work into the rota numbers, - 2.6wte Band 7 Ward Managers, - 1wte Band 7, senior practitioner, - .75wte Band 8a Clinical Nurse Manager. New model did not review nurse leadership but transferred existing leadership team from previous model, to support the service during transition. The previous model had 2.6wte Band 7 Ward Managers for 60 patients, the new model is a reduction of 0.6wte for a reduction of 30 beds. The efficiency saving is enabled by losing 0.6wte Band 7 post. New model will have a ward manager working on Bungalow 1a with 14 patients and a Ward Manager working with 16 patients in Bungalows 1 & 2. Supported by a senior practitioner working across the site. Senior Practitioner will also provide leadership cover as required across the site. Clinical Nurse Manager provides overall management responsibility/accountability across the Forest Close site. Deputy ward managers work on rota 24/7. Plan to reduce the ward management on the site recommended by Clinical Nurse Manager at Forest Close, supported by In-patient Directorate Senior Management team.  Potential Quality Metrics: - Length of Stay - Mandatory Training - Supervision Rates - Staff Sickness. END	31,446		3	12	1	6	6	5.6 Low	1.8 Very Low	11.04.17	<b>NOT APPROVED</b> Panel was not assured. Re-submission with requested information required. For Scrutiny Panel on 13.06.17
6	Zero Based Budgeting for Forest Close Staffing.  This submission replaces the previous submission No 5 for Staffing Reduction	Two initial cost improvement plans regarding Forest Close leadership (INP05 and INP06) were submitted 30 March 2017. At the QIA Clinical Executive Scrutiny Panel held on 11th April 2017, the Directorate was requested to review leadership and staffing requirements at Forest Close. The Directorate have carried out a zero basing of the Forest Close budget across all staffing. In April 2016 Pincroft Wards and Forest Close merged at the Forest Close site. This changed the method of working to a more intensive method of recovery and rehabilitation. The bed numbers were reduced from 60 across two sites to 30 on a single site. The review of the Forest Close budgets has been carried out in line with the nurse rota and requirements set out in the Staffing Capacity and Capability reports on nurse leadership and qualified staff. Based on this the proposed nursing leadership structure is 0.75, Band 8a Clinical Nurse Manager across the Forest Close site. 4 x Band 7 Ward Managers, one per bungalow, this is an increase and there is now an identified ward manager in each bungalow. This nursing leadership structure will be supported by a multi-disciplinary team. Bungalow 1a : Early: 2 qualified, 3 Unqualified; Late: 2 qualified, 3 Unqualified; Night 1 qualified, 2 Unqualified Bungalow 1: Early: 1 qualified, 2 Unqualified; Late: 1 qualified, 2 Unqualified; Night 1 qualified, 1 Unqualified Bungalow 2: Early: 1 qualified, 2 Unqualified; Late: 1 qualified, 2 Unqualified; Night 1 qualified, 1 Unqualified The proposed management structure will ensure that performance on Forest Close is monitored to ensure appropriate staffing levels 24/7, effective systems for people management. delivery of quality objectives including safe wards, physical health, collaborative care planning, reduced length of stay, meaningful activities, supporting discharge, mental health compliance and environment. The savings for this plan are released from reorganising the flexible staffing budget. Last year Forest Close had an under-spend of £182k. The zero basing of the budgets allows for appropriate leadership, cover for study and annual leave and staffing in line with safe staffing standards. Potential Quality Metrics: Incidents; Complaints and Compliments; Length of Stay; Mandatory Training; Supervision Rates; Staff Sickness; Outcome measures and Service User Feed-back. END	56,000		3	9	1	6	6	9 Moderate	1.8 Very Low	13.06.17	<b>NOT APPROVED.</b> Further information requested and received; however, Panel deemed Not Safe Staffing. Meeting to take place between Executive Director of Nursing, Service Director and Clinical Director, to discuss and review Rehabilitation Ward Nurse Staffing.



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7	Reduction in Senior Management - Part-time Post	Richard Bulmer and Lisa Johnson  Member of staff not being replaced following retirement. Current role lead social workers and complaint lead for IP directorate. Limited need role as no social care staff in the inpatient directorate. Complaints will be managed on a rota by all staff in the Directorate at 8a or above.  Potential Quality Metrics: - Monitor complaints management through SMT. END	48,211		6	9	1	9	9	2.4 Very Low	Left Blank	11.04.17	<b>APPROVED</b> Following re-submission of requested information.
8	Reduction in Budget for Out-of-Town PICU Bed Use	Richard Bulmer and Lisa Johnson  Been a reduction in our-of-city acute and PICU bed use as a result of acute care reconfiguration. Been possible by quality improvements and productivity work. The total budget for 2016/17 was £511,420. An agreement has been made to transfer £100,000 from the out of city acute budget to Wainwright Crescent for review Sept 2017 (in addition to funds from CERT). There is also a CIP of £66,965 being put forward from the out of town PICU budget. This will leave a budget overall for out of city in 2017/18 would be £344,455. The projected year end position for this year is £259,735 expenditure on these budgets and we continue not to place people out of town due to a lack of capacity.  Potential Quality Metrics: - Monitoring of admission data; - Monitoring of out-of-city bed use; - Monitoring length of stay; - Monitoring delayed discharges. END	66,965 plus 10,000 to Wainwright Crescent		1	1	1	1	6	1.4 Very Low	Left Blank	11.04.17	<b>APPROVED</b> Following re-submission of requested information.
<b>C Community</b>													
1	Reconfiguration of Adult Community Mental Health and Social Care Teams and Sheffield Assertive Outreach Team (SORT)	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson Plan for a new operating model for Adult Community Mental Health Teams & SORT, developed following a Task & Finish Group Project over 3 months which will bring: - Operating consistency across the City - Standardised assessment and treatment in line with NICE Guidelines and Best Practice standards and achieve the required standards of regulators including Care Quality Commission - Facilitates achievement of Access and Waiting Time Standards - Is financially affordable and sustainable over the next 2 operating years - Provides a well governed, performance managed framework of clinical and operational leaders to manage flow in community services - Supports SHSC's commitment to the direction of whole age range access to service - Brings clarity of purpose for each function of the CMHT model but with fluidity to move resource to respond to demand. - Single Point of Referral, triage and allocation of assessment (SPA). -- Primary Care Emotional Well-being Service. - Early Intervention in Psychosis. - Home Treatment Teams. - Assertive Community Treatment and Recovery. - Supporting Infrastructure.  Potential Quality Metrics: - Wait time from referral to assessment - Wait time from assessment to allocation / delivery of care and support - No of individuals receiving an assessment - No of individuals going on to receiving a service (per function) - No of service users with a care plan and risk assessment (and that has been reviewed in 12 months) - Friends and Family Test - Staff vacancies / attrition - Caseload size - Patient flow - Number of and themes of Complaints - Number of and themes of Incidents / SUIs - Safeguarding referral timescales and numbers - Supervision / PDR frequency - Sickness rates. END	1.6m	946,711	12	12	12	9	6	9.2 Moderate	5.2 Low	11.04.17	<b>APPROVED</b> Following re-submission of requested information.
2	Specialist Psychotherapy Service	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson  SPS currently has two joint Heads of Service, both practicing clinically as well as having scheduled management time. Plans being developed through a separate Task & Finish Group, reporting as part of the wider reconfiguration of adult community mental health & social care teams, is able to assure a reduction in Head of Service management which supports a direction of:- i. Development of IAPT plus/SMI* for mood disorders (Anxiety/Depression/PTSD/OCD/BDD). This would offer a Primary Care Psychological therapies service, delivering a stepped care model and include those service users with complex and severe mental health problems.. ii. The Personality Disorder Intensive Therapy Service, the day programme within SPS, becomes part of the broader community service pathways providing integrated care within the Recovery. This plan recommends two days of 8D salary from July 2017 (following retirement of joint Head of Service – not to be replaced) Total cost of post £104,478 (ToS Band 9) Full year effect x 2 days £ 41,791 In year effect (9 months) £ 31,343  Potential Quality Metrics: - Quarterly Governance reports including:- Number of and themes of Complaints; - Number of and themes of Incidents / SUIs Additional desired outcomes identified as part of reconfiguration of SPS service:- Improved access; - Flow of patients through pathways. END	31,343		4	1	2	6	6	3.8 Very Low	2 Very Low	11.04.17	<b>APPROVED</b>

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3	Community SORT Non Pay CIP	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson  Reduction in the non pay budget travel and subsistence. 345-0010 From 35,605 To 29,605 Saving 6,000 Reduction in the JACS-non pay recharge budget 301-0424 From 90,640 To 66,640 Saving 24,000  Potential Quality Metrics: - Governance Data monthly; - Team meetings weekly. END	30,000		1	1	1	1	1	1 Very Low	1 Very Low	11.04.17	APPROVED
4	IAPT Plan 1: Computerised CBT Programme	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson  Savings have been made through negotiating a cheaper price for computerised CBT within the IAPT service.  Potential Quality Metrics: - Not applicable. END	16,380		-	-	-	-	-	No Risk	No Risk	11.04.17	APPROVED
5	IAPT Plan 2: Removing Band 6 Data Manager Post from the IAPT Structure.	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson  Remove data manager from the IAPT structure. To ensure this plan does not impact on quality agreed arrangement must be in place with IG, IT department when the IAPT minimum data set changes and needs to be updated as the IAPT service does not use the specific national IAPT data bases- pcmis or IAPTis due to Insight. IG and IT currently make the changes as this is outside the expertise of the current data manager but to mitigate any potential impact an agreed Standard Operating Procedure would need to be developed for any urgent bespoke data requests or data set changes.  Potential Quality Metrics: - Governance: reviewing complaints, incidents to be reviewed monthly and quarterly as part of senior team meeting. - Reviewing any impact on responding to requests for information via exception reporting. - Reviewing existing dashboards for any impact on achieving the national standards. END	35,000		4	4	1	12	4	Very Low	Very Low	11.04.17	APPROVED
6	IAPT Plan 3 - Removing 0.6 WTE Band 8A from the Senior Leadership Team	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson  3 days of band 8a leadership reduced in the IAPT senior team. IAPT has been operating for 6 months without 0.6wte band 8a leadership due to long term sickness and has put contingencies in place to manage staff, provide leadership required and improve performance  Potential Quality Metrics: - Senior team meeting agenda: staff feed-back from profession specific forum; - Impact on meeting the national standards; - Complaints; - Incidents. END	30,000		1	1	6	4	1	2.6 Very Low	1.6 Very Low	11.04.17	APPROVED
7	IAPT Plan 4: Removing GP Advisor Post.	Richard Bulmer, Linda Wilkinson, Peter Bowie and Paul Nicholson  Remove salaried GP Advisor post in the IAPT structure to a 0 hours contract, enabling IAPT service to have resource available during times it is felt essential to have GP presence. IAPT has evolved since inception in 2008 at this point a formal GP advisor role was critical. However, the IAPT service model is integrated in to primary care as well as closer working with Clover which allows access at scale to GPs and general consultation. The move to 0 hours contract enables access to a GP advisor should we need this on rare occasions to limit any impact on the overall quality of service that we are able to provide. The GP currently works ad-hoc hours, attending senior team meetings. However, this role is no longer required due to the new IAPT service model. Going forward, the GP advisor should only be needed should any unplanned requirements arise.  Potential Quality Metrics: - It is considered to be very low impact on quality as controls in place mitigate impact. END	7,500		1	1	1	1	1	1 Very Low	1 Very Low	11.04.17	APPROVED
<b>D</b>	<b>Learning Disabilities</b>			<b>221,523</b>									
1	Assistant Clinical Director (ACD) LD CIP	David Newman  Plan outlines the quality impact of losing the ACD role within learning disabilities; proposed in light of the following factors: • cost pressures • reduction in the LD Directorate business portfolio • the release of efficiencies following the proposed directorate restructure (1st July 2017). The interim ACD role has provided senior nursing oversight within the LD Directorate supporting nursing quality and standards at a directorate governance level, service level senior management oversight (Longley & Firshill Rise ATS) and providing operational leadership at SMT level. To date the role has involved a less direct impact on nursing practice in CLDT, CISS and the remaining provider homes. These service areas have received this input from a combination of operational management from Anita Winter or Andy Bragg and professional leadership from Julia Shepherd – Nurse Consultant. This QIA is written on the assumption that the new directorate restructure will be operational from 1st July 2017 and in tandem this role will be subsumed under the new structure. It should be noted that until the operational structure is signed off, shared and implemented it is difficult to complete the QIA with clarity.  Potential Quality Metrics: - Patient safety information (analysis of incidents) - Use of restrictive interventions - Staff sickness - Compliments and complaints - Level of training and supervision compliance - Length of stay - Delayed discharges. END	58,217		12	9	6	6	9	8.4 Low	4.8 Very Low	11.04.17	APPROVED Predicated on the new directorate structure. It was agreed changes would not proceed until the structure was operational, even if that date was after 1 July 2017, the date stated in the QIA. As the Panel required assurance that senior nurse management was in place, for operations, safety and quality issues, particularly at the ATU.

Quality Impact Assessments (QIA) for All Directorates, with Comments													Appendix 1
VERSION As at 29 June 2017 Samantha Brazier													
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2	MARS Application Occupational Therapy	David Newman  Band 7 Occupational Therapist, has chosen to accept a MARS payment and leave the trust, in agreement with line manager. Acknowledged Occupational Therapy Team has greater staff capacity than is required. The level of referrals requiring highly skilled Occupational Therapy input can be managed by clinicians currently in the team, once the Band 6 Occupational Therapist vacancy has been filled. Freeing more experienced clinician's time to focus on complex cases. Clinical time available within the CLDT once recruitment has taken place is likely to include 0.20 wte @ band 8a, 1.40 wte @ band 6 and 0.80 wte @ band 5. Band 7 OT leaving the Trust allows £41,504 of cost savings to be allocated against CIPs.  Potential Quality Metrics: - Not applicable. END	41,504		1	4	1	4	1	2.2 Very Low	0.4 Very Low	11.04.17	APPROVED
3	Speech and Language Therapy Skills Mix in CLDT and ATS	Anita Winter and David Newman Band 7 SaLTs retirement has allowed a review of the SaLT/dysphagia team banding and skills mix. <u>Structure pre-retirement:</u> Band 8a – 4 days. Role - to provide clinical management to SLT and OT and professional management to SLTs in CLDT, holding a complex dysphagia caseload. Training delivery (dysphagia) Band 7 – full time. 1.5 days working into ATS, 2 days CISS intensive client work and 1 day into CLDT. NO dysphagia caseload. Band 7 – 3 days. CLDT working with dysphagia clients and taking a lead on Augmentative and alternative communication. Band 6 – 5 days. General communication work/ groups and training delivery. Dysphagia caseload. Band 5 – Full time <u>Proposed:</u> Band 8a – 4.5 days. Role - to provide clinical management to SLT and OT and professional management to SLTs in CLDT, holding a complex dysphagia caseload. Training delivery (dysphagia). Band 7 – 4.5 days. Role - 1.5 days working into ATS, 3 days in community including CISS intensive client work, dysphagia caseload and leading on AAC. Band 6 – full time. Role- development of specialism in Autism, general communication work/ groups and training delivery. Dysphagia caseload. Band 5 – full time- in recruitment process interviewing 16 February 2017. This post is currently filled on a temporary basis. Role - general communication caseload, Dementia screening, and ARTs. Band 3 - 3days. Role - supporting SLT communication work in ATS and Community- producing resources, supporting training delivery and group work. Delivering programmes under supervision. Band 6 - Dysphagia trained clinician- 2 days. Role- dysphagia work/ training This proposal has been reviewed by Olga Lycett directorate accountant and can be achieved within the current SaLT established budget allowing £7,889 in CIP savings. Potential Quality Metrics: Productive toolkits to monitor impact on effectiveness; Referrals and waiting lists monitored; Clinical caseloads monitored; NHS Benchmarking intelligence; individual clinical outcomes for service users. END	7,889		1	4	1	4	4	2.8 Very Low	0.6 Very Low	13.06.17	APPROVED subject to re-submission.
4	Clinical Psychology	Anita Winter and David Newman Previous finances had been available for a 0.5wte Assistant Psychologist post. A review of the skills mix and needs of both Psychology and the wider team concluded that Psychology required more qualified clinicians. The previous band 7 post which was vacated by Sharonjit Osbourne in November 2016 was for 0.6 wte. We used 0.25wte of the monies for the band 4 post to contribute toward the short fall to make this into a full time post (recruited to with a starting date of late September 2017). This allows £6,912 of cost savings to be allocated against CIPs  Potential Quality Metrics: - Referrals and waiting lists monitored at weekly Clinical Allocation and Review /Productivity/Team Meetings/Business & Performance Meeting; - Clinical caseloads monitored through individual supervision meetings; - NHS Benchmarking intelligence. - Individual clinical outcomes for service. END	6,912		1	6	1	12	1	4.2 Low	2.6 Very Low	13.06.17	NOT APPROVED, re-submission required.
5	Re-Base all of the posts to 2 points above where we are now, exact posts and values to be confirmed	Anita Winter and David Newman  This plan is to rebase all posts in LD health funded services at two points above current increment rather than at top of scale. This allows for a budget reduction of £34,000 (estimated) without any reduction in posts within these teams. At two points above current increment, this rebasing will have no impact on posts within service for at least two years, and at that point, staff turnover rates are likely to ensure there is no ongoing cost pressure.  Potential Quality Metrics: There are no risks associated with the implementation stage as all posts will be funded two points above current increment or at top increment. END	34,000 final figure to be confirmed		1	1	1	1	1	1 Very Low	1 Very Low	13.06.17	TENTATIVELY APPROVED, re-submission required.
6	Band 5	Anita Winter and David Newman  The Band 5 Business Support Manager post which works across Firshill Rise (health) and Provider Services (supported living) was double counted in the last restructure. This post continues to be a requirement within the directorate but is fully funded within the Firshill Rise budget. This allows £17,670 of cost savings to be allocated against CIPs.  Potential Quality Metrics: - Oversight of business support issues will be managed by the Business Support Manager funded via the Firshill Rise budget. - Business support issues will be monitored via the monthly LD Staffing and Accommodation Group as part of the transfer of services. END	17,670		1	1	1	1	1	1 Very Low	1 Very Low	13.06.17	APPROVED

