EDG: 02.03.17 Item: 10	TMG: 09.03.17 Item: 10

OPEN BOARD OF DIRECTORS
Wednesday 12th April 2017

Open BoD: 12.04.17 Item: 9

TITLE OF PAPER	Quality Impact Assessment (QIA) Procedure for 2017/18
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	For receipt and approval

OUTCOME	Members are assured of a continued robust process
TIMETABLE FOR DECISION	March 2017: Executive Directors Group March 2017: Quality Assurance Committee April 2017: Board of Directors
LINKS TO OTHER KEY REPORTS/ DECISIONS	All Cost Improvement Plans
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	HSE ❑ MH Act ❑ Equality ❑ BME ❑ Disability Legislation ❑ NHS Constitution-Rights: Staff ❑ Service Users ❑ Public ❑ Principles ❑ Values ❑
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Impact on service delivery and quality of care will be determined by the application of the QIAs in practice
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Liz Lightbown and Juliet Fidorra
Designation	Executive Director of Nursing, Professions and Care Standards and Business Planning Partner
Date of Report	4 April 2017

SUMMARY REPORT

Report to: **Open Board of Directors**

Date: **Wednesday 12th April 2017**

Subject: **Quality Impact Assessment (QIAs) Procedure for 2017/18**

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

Authors: **Liz Lightbown, Executive Director of Nursing, Professions and Care Standards and Juliet Fidorra, Business Planning Partner**

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1. Purpose

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
✓					

Boards have an obligation to maintain and improve quality. Quality and efficiency should go hand-in-hand and improved services may even cost less.

The potential risks that Cost Improvement Plans (CIPs) may have on quality of care / services must be assessed. To do this effectively the right information is needed in order to understand the potential risks to quality and plans need to be put in place to ensure action is taken before quality deteriorates. If there is a negative impact on quality, the Executive Directors Group, Quality Assurance Committee and the Board of Directors should be made aware as soon as it occurs.

The purpose of the Quality Impact Assessment (QIA) procedure is to describe the arrangements for ensuring that all service development and growth plans, CIPs and decisions to disinvest, withdraw or stop providing a service are assessed and monitored in terms of their potential impact on the quality of care.

2. Summary

- The procedure and Appendix 1 set out the key actions and responsibilities for all concerned.
- A Clinical Executive Scrutiny Panel will review and sign off all Quality Impact Assessments submitted by Directorates.

3. Next Steps

- The process will commence immediately for QIAs for 2017/18.
- Service and Clinical Directors have responsibility for monitoring the implementation of their CIPs, together with impact on quality.
- Quarterly QIA Reports will be submitted to the Executive Directors Group, the Quality Assurance Committee and the Board of Directors.

4. Required Actions

To agree the amended procedure and 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, at Team and Senior Management Team level, through identified governance bodies.
- QIAs will be part of regular discussions with Business Planning Partners and through the Transformation Group.
- QIA will be reviewed through quarterly impact reports.

6. Contact Details

For further information, please contact:

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QUALITY IMPACT ASSESSMENT PROCEDURE 2017/18

Document Details	Quality Impact Assessment Procedure 2017/18
Version	Version 07 - Tuesday 28th February 2017
Committees to be Consulted; Provide Ratification and Hold Responsibility	2nd March 2017, Executive Directors Group (EDG), 27th March 2017, Quality Assurance Committee (QAC) 12th April 2017, Board of Directors (BoD)
For Final Approval By	Board of Directors (BoD)
Date for Approval	Wednesday 12th April 2017
Date of Original Ratification	21 March 2013
Author and Responsible Director	Executive Director of Nursing, Professions and Care Standards (adapted from the procedure developed by Bradford District Care Trust)
Date for Review	January 2018
Frequency of Review	Annually
Target Audience	Trust Directors, Senior Clinicians and Team Managers
Responsible for Dissemination	Executive Director of Nursing, Professions and Care Standards
Amendment Summary	▫ Section 2.1 – Scrutiny Panel frequency and roles ▫ Section 2.2 – Assessment of plans against the five CQC Domains ▫ Section 2.2 – Trust Risk matrix and procedure for high-risk ▫ Sections 3 and 4 - Amendments to the Procedure to reflect the reporting structures ▫ Appendix 1 – Template has changed to accommodate the five CQC domains

1. Introduction

Boards have an obligation to maintain or improve quality. Quality and efficiency should go hand-in-hand and improved services may even cost less. The potential impact and risks that Cost Improvement Plans (CIPs), disinvestments and savings plans can have on quality of care/ services must be assessed.

To do this effectively the right information is needed in order to understand the potential risks to quality and plans need to be put in place to ensure action is taken before quality deteriorates. If there is a negative impact on quality, the Executive Directors Group, Quality Assurance Committee and the Board of Directors should be made aware as soon as it occurs.

The purpose of the Quality Impact Assessment (QIA) procedure is to describe the arrangements for ensuring that all service development and growth plans; cost improvement plans and decisions to disinvest, withdraw or stop providing a service, are assessed and monitored in terms of their potential impact on the quality of care.

2. Undertaking the Initial Quality Impact Assessment (QIA)

2.1 Personnel Involved in the Assessment

The development & scrutiny for each plan will be undertaken by Service & Clinical Directors and Senior Clinicians/Managers for operational services and Corporate Directors for corporate services.

In all cases, the Executive Director for Nursing, Professions and Care Standards and the Executive Medical Director will sign off cost improvement plans, disinvestment plans and service development from a quality perspective, taking into account the risk ratings and recommendations advised by the Service & Clinical Directors.

To enable sign off by the Executive Director for Nursing, Professions and Care Standards and the Executive Medical Director we will establish a QIA panel where scrutiny / sign off can occur. The panel will meet on a needs basis, and operate as a sub-group of (& thus report in to) the Transformation Programme Group.

In addition to CIPs, all business cases / service development proposals and proposals to disinvest / withdraw from a service require a Quality Impact Assessment to be completed (Appendix 1).

2.2 Assessing Risk to Quality

Every plan will be assessed through the 'panel' process for the potential impact on quality of care in each of the five CQC domains:

- Safe
- Effective
- Caring
- Responsive
- Well Led

The template at Appendix 1 of this procedure will be utilised to maintain a clear record of any risks identified and the risk assessment score applied.

A formal risk rating score is calculated for each of five domains for every plan, using the well-known five-by-five matrix method, which multiplies consequence by likelihood. The scores obtained from the risk matrix are assigned grades as follows:-

1-4	Very low	5-8	Low	9-12	Moderate	15-25	High

All identified risks will be noted and the highest risk rating will be applied. A plan which is assessed as being a high risk in any of the five quality domains will be scrutinised by the Executive Director for Nursing, Professions and Care Standards and the Executive Medical Director and should only proceed with their approval and / or a recommendation to EDG for consideration / a final decision.

It is recognised that the elimination of risk is not always possible or desirable and therefore, plans which contain moderate and low risks will proceed with strict monitoring arrangements, as described in the Section 3 of this procedure.

Where patients are able to identify pragmatic mitigating actions which would lower a risk rating, these will be included in their assessment.

3. Identifying and Monitoring Quality Metrics / Impact

3.1 Identifying Quality Metrics

In considering the risks to quality, the Service & Clinical Directors and / or lead for the CIP Disinvestment / Saving QIA will determine the key metrics to be used to monitor the impact on quality, of the CIP on an agree, regular basis.

The QIA document (Appendix 1) must be utilised to record the quality metrics identified by the Service & Clinical Directors.

The metrics / indicators will be reviewed & signed off by the Executive Director for Nursing, Professions & Care Standards and the Executive Medical Director as part of the executive scrutiny process at the Clinical Executive Scrutiny Panel.

3.2 Monitoring Quality Metrics / Impact on Quality

Directorates are responsible for monitoring the impact on quality of their CIP, (as per this procedure) and signed off at the Clinical Executive Scrutiny Panel.

Where approval is given to a moderate or high risk, the Clinical Executive Scrutiny Panel will recommend to the Directorates, that the Directorates identify elements of the service which need to be more closely monitored. The Transformation Programme Group will ensure those areas are then subject to more focused monitoring in the following ways:-

3.2.1 Input by the Service User Experience Monitoring Unit & other Service User Groups.

3.2.2 Senior Manager/ Director level Quality and Safety Walk-a-bouts to service areas affected.

3.2.3 Unannounced visits by Chief Executive and/or other Directors as required.

3.2.4 In addition, Directorate Service review visits may take place by Executive Directors & will focus on those service areas which are known to be at higher risk of a negative impact on quality.

3.3 Specific Role and Responsibilities

Specific roles and responsibilities regarding the monitoring process are summarised in the diagram at Appendix 2 and are described as follows -

3.3.1 The Service, Clinical & Corporate Director

Is responsible for ensuring every CIP, Disinvestment & Saving Plan for their Directorate has a fully completed QIA.

Completes & submits their QIAs on time to an acceptable standard to the Clinical Executive Scrutiny Panel for review.

Agrees the metrics for monitoring quality impact.

Confirms the person(s) responsible for monitoring the quality metrics, and hence the impact, agree the monitoring frequency and group to which monitoring will be reported.

Monitors the impact on quality of their CIPs as described in each QIA & signed off at the Clinical Executive Scrutiny Panel.

Records in writing that they have reviewed / monitored their CIP QIAs (Appendix 1)

Contributes to the production of the Quarterly Trust-wide Monitoring & Assurance report.

3.3.2 Business Planning Partner

Supports the QIA process, reporting to the Executive Director of Nursing. Produces the Quarterly Monitoring & Assurance Report.

3.3.3 The Person Responsible for Monitoring the QIA Metrics

Will ensure that metrics are monitored, reviewed and recorded in line with the agreed requirements as per the QIA.

3.3.4 **QIA Clinical Executive Scrutiny Panel**

The panel will meet as required to scrutinise the impact on quality, considering the risks of any CIP/ Disinvestment and / or saving plan.

Will decide to approve (or not) the QIA's for each CIP and where appropriate will sign off the QIA's & confirm to the Transformation Programme Group.

Where a CIP QIA is not approved, explain why, what is required and report this to the Transformation Programme Group and if / where deemed necessary to the EDG.

Reports in to the Transformation Programme Group.

3.3.5 **The Transformation Programme Group**

Will maintain the overall CIP process and monitor the delivery of CIPs against agreed plans.

Reports in to the Executive Directors Group.

3.3.6 **The Executive Directors Group**

Will receive and approve Quality Impact Assessments.

3.3.7 **The Quality Assurance Committee**

Will receive a quarterly assurance report, in relation to the QIA indicators being monitored; this will be considered alongside other relevant information and reports received by the committee.

3.3.8 **The Board of Directors**

Will receive quarterly assurance / monitoring reports

3.3.9 **The Executive Director for Nursing, Professions and Care Standards and the Executive Medical Director**

Will ensure that all CIP Disinvestment & Savings plans are subject to executive level scrutiny of their Quality Impact Assessments and the on-going monitoring and quarterly reporting to EDG, QAC & Board .

Will ensure final sign off of all quality impact assessment and associated indicators.

Once receipt /approval received by Trust Board provide onward submission to the Sheffield Clinical Commissioning Group of the:

- CIP/ QIAs
- Quarterly Monitoring & Assurance Reports.

NB. Each of the groups/persons identified in sections 3.3.3 to 3.3.8 above will ensure that issues of concern in relation to impact on quality are escalated appropriately as per section 4 of this procedure.

4. Escalating Concerns

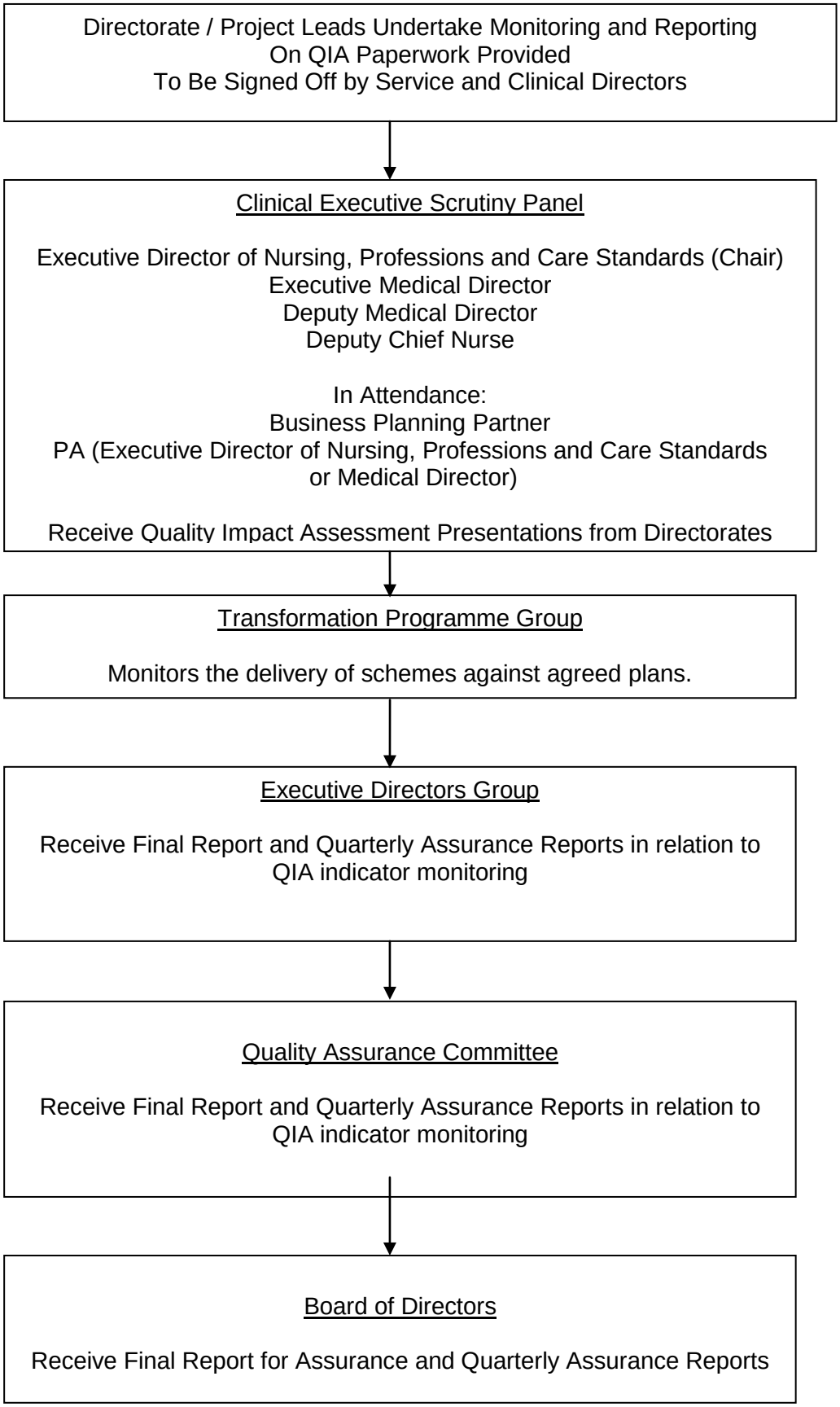
Concerns in relation to impact upon quality will be escalated to the Transformation Programme Group as appropriate; exception reports will be produced where required. This group may also share intelligence where any impact on quality may have a bearing on other plans.

The Transformation Programme Group will immediately suspend any project where quality appears to be being adversely impacted to allow further analysis, reconsideration of other plans.

There will be exception reporting to the Executive Directors Group (EDG) and as / if required to the Quality Assurance Committee and the Trust Board, when a significant concern regarding impact on quality arises.

The EDG also retains the right to pause a project in light of concerns to quality.

Monitoring Quality Impact Assessment Indicators



Appendix 1

Quality Impact Assessment

Record of Decision-making:

Plan Type		**If savings plan, savings value:**	
Plan Title			
Description of plan			
Submitted by			
Assessment Date			
Panel Membership			
Stage 1: Identifying and Calculating Risks to Quality Consider the five CQC domains to quality as identified below and list any risks to quality that may arise once the plan has been fully implemented. Consider the risks identified, calculate the risk score per domain, by scoring the consequence and likelihood and multiplying these to give a total risk score per domain. All identified risks will be noted and only the highest risk rating will be applied.			
SAFE			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
EFFECTIVE			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
CARING			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
RESPONSIVE			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
WELL-LED			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:

	LIKLEIHOOD				
SEVERITY SCORE	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Catastrophic	5	10	15	20	25

1-4	Very low	5-8	Low	9-12	Moderate	15-25	High

<u>Stage 2</u>: Calculate the Overall Risk Score and the Overall Residual Risk Score.
Add together the five risk scores and divide by five to calculate the average. This is the Overall Risk Score for the plan:

Add together the five residual risk scores and divide by five to calculate the average. This is the Overall Residual Risk Score for the plan:

<u>Stage 2</u>: Identify Quality Metrics
Consider and note below any quality metrics, starting with those already in place, which could be applied to the plan to monitor whether / how quality is being affected during the implementation stage.

On-going Monitoring Arrangements

Agreed Quality Metrics	Having considered the quality metrics proposed in Stage 3 of the process identify here the agreed metrics:
Named Responsible Individual for On-going Monitoring	
Named Governance Group for On-going Monitoring	
Monitoring Frequency of the Group	

Review 1 – (Quarter 1) April - June	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	

Review 2 – (Quarter 2) July - September	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	

Review 3 – (Quarter 3) October - December	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	

Review 4 - (Quarter 4) January - March	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	