BOARD OF DIRECTORS MEETING (Open)

Date: 9 May 2018 **Item Ref:** 12

TITLE OF PAPER	**Quality Impact Assessment (QIA) Procedure for 2018/19**
TO BE PRESENTED BY	Giz Sangha, Deputy Chief Nurse on behalf of Liz Lightbown Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	To receive and approve
OUTCOME	Members are assured of a continued robust process
TIMETABLE FOR DECISION	April 2017: Executive Directors Group April 2017: Quality Assurance Committee May 2017: Board of Directors
LINKS TO OTHER KEY REPORTS / DECISIONS	▫ All Cost Improvement Plans (CIPs). ▫ Executive Director of Finance Report to the Board of Directors, regarding progress in delivery of the Cost Improvement Plans.
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER & BAF DESCRIPTION**	Future Services A1 01: Effective quality assurance and improvement will underpin all we do. A1 01 ii Inability to provide assurance regarding improvements in the quality of patient care.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	▫ NHS Constitution ▫ Cost Improvement Plans
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Impact on service delivery and quality of care will be determined by the application of QIAs in practice
CONSIDERATION OF LEGAL ISSUES	The Trust has a duty to provide services in-keeping with its registration requirements with the Care Quality Commission and its Licence with NHSi

Author of Report	Liz Lightbown
Designation	Executive Director of Nursing, Professions and Care Standards
Date of Report	19 April 2018

SUMMARY REPORT

Report to: **BOARD OF DIRECTORS MEETING**

Date: **9 May 2018**

Subject: **Quality Impact Assessment (QIA) Procedure for 2018/19**

Presented by: **Giz Sangha, Deputy Chief Nurse, on behalf of Liz Lightbown Executive Director of Nursing, Professions and Care Standards**

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

1. Purpose

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

To receive and approve the up-dated Quality Impact Assessment (QIA) Procedure for 2018/2019.

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.

The purpose of this 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.

To do this effectively the right information is needed in order to assess the potential / likely risk(s) to quality of care by undertaking a Quality Impact Assessment (QIA).

The Procedure was received and approved at EDG on 5 April and QAC on 23 April 2018.

2. Summary

- The Procedure and Appendices 1 and 2 set out the key actions and responsibilities for all concerned.
- A Clinical Executive Scrutiny Panel (CESP) will review and sign off all Quality Impact Assessments submitted by Care Networks and Corporate Directorates.

3. Next Steps

- The up-dated procedure will commence immediately for QIAs for 2018/19.

- Care Networks and Corporate Directorates have responsibility for monitoring the implementation of their CIPs, together with impact on quality.

- Quarterly CIP QIA Monitoring and Assurance Reports will be submitted to the Executive Directors Group and the Quality Assurance Committee, with the Board of Directors up-dated via the QAC Significant Issues Report.

4. Required Actions

- To receive and approve the amended Procedure and Appendices 1 and 2.

5. Monitoring Arrangements

- Care Networks and Corporate Directorates are responsible for ensuring appropriate systems are in place, to monitor implementation as per the details provided in each QIA.

- QIAs will be part of regular discussions with Business Planning Partners and through the Transformational Operational Group.

- QIAs will be reviewed through quarterly CIP QIA Monitoring and Assurance Reports.

6. Contact Details

For further information, please contact:

- Liz Lightbown, Executive Director for Nursing, Professions and Care Standards
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QUALITY IMPACT ASSESSMENT PROCEDURE 2018/19

Document Details	Quality Impact Assessment Procedure 2018/19
Version	Version 08 - Tuesday 3rd April 2018
Committees to be Consulted; Provide Ratification and Hold Responsibility	Executive Directors Group (EDG)
For Final Approval By	Board of Directors
Date for Approval	9th May 2018
Date of Original Ratification	21st March 2013
Author and Responsible Director	Executive Director of Nursing, Professions & Care Standards
Date for Review	March 2019
Frequency of Review	Annually
Target Audience	Trust Directors, Senior Clinicians and Team Managers
Responsible for Dissemination	Executive Director of Nursing, Professions & Care Standards
Amendment Summary	Amendments in each section of the document, to reflect new governance structures following reconfiguration.

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.

The purpose of this 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.

To do this effectively the right information is needed in order to assess the potential / likely risk(s) to quality of care by undertaking a Quality Impact Assessment (QIA).

Metrics need to be identified and plans put in place to monitor the on-going impact on quality and ensure appropriate action is taken before quality deteriorates.

An increased risk to quality of care, scored at 12 or above, needs to be referred to the Executive Directors Group (as per the Trust's Risk Management Strategy & Procedure) for review and consideration as to whether the risk goes onto the Corporate Risk Register.

EDG will take the appropriate course of action(s) and the Quality Assurance Committee and the Board of Directors will be made aware.

2. Undertaking the Initial Quality Impact Assessment (QIA)

2.1 Personnel Involved in the Assessment

The development and scrutiny for each cost improvement plan will be undertaken at Ward / Team / Care Network / Directorate level led by the Associate Directors & Associate Clinical Directors for clinical / operational services and Corporate Directors for corporate services.

Clinical Executive Scrutiny Panel (CESP)

The Executive Director of Nursing and the Executive Medical Director will scrutinise the QIA's and sign off cost improvement plans, disinvestment plans and service developments from a quality perspective, taking into account the risk ratings and recommendations advised by the Associate Directors & Associate Clinical Directors & Corporate Directors.

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 by the Clinical Executive Scrutiny Panel for the potential impact on quality of care in each of the five CQC domains, plus an 'other' category (for corporate services if required):

- Safe
- Effective

- Caring
- Responsive
- Well Led
- Other

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 the domains using the 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 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 staff 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 Associate Directors, Associate Clinical Directors & Corporate Directors will determine the key metrics to be used to monitor the impact on quality, of the CIP.

The QIA Form (Appendix 2) must be utilised to record the quality metrics identified by the Associate Directors, Associate Clinical Directors & Corporate Directors.

The metrics / indicators will be reviewed and signed off by the Executive Director for Nursing and the Executive Medical Director as part of the review process at the Clinical Executive Scrutiny Panel.

3.2 Monitoring Quality Metrics / Impact on Quality

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

Where approval is given to a moderate or high risk CIP, the Clinical Executive Scrutiny Panel will recommend to the Care Network / Directorate that the Directors identify elements of the service which need to be more closely monitored. The Transformational Operational Group (TOG) 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 and 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, Service Review visits may take place by Executive Directors and 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

Roles and responsibilities for the QIA Procedure and process are as follows: (see Appendix 1)

3.3.1 **Associate Directors, Associate Clinical Directors & Corporate Directors:**

Are responsible for ensuring every CIP, Disinvestment and Saving Plan for their Care Network / Directorate has a fully completed QIA.

Completes, submits & physically presents their Care Networks / Directorate's 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 and assurance report.

3.3.2 **PA to the Executive Director of Nursing**

Supports the QIA process reporting to the Executive Director of Nursing; produces the Quarterly Monitoring and 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 **The Transformational Operational Group (TOG)**

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

3.3.5 **QIA Clinical Executive Scrutiny Panel (CESP)**

The panel will meet as required to scrutinise the QIA's 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 & recommend and confirm to the Executive Directors Group

Where a CIP QIA is not approved, explain why, what is required and report this to the appropriate Director(s) and to the Executive Directors Group

3.3.6 **The Executive Directors Group (EDG)**

Will receive and approve CIP Quality Impact Assessments on the recommendation of the Clinical Executive Directors.

Will receive a Quarterly CIP QIA Monitoring and Assurance Report

3.3.7 **The Quality Assurance Committee (QAC)**

Will receive / consider / approve the EDG approved CIP QIA's.

Will receive a Quarterly CIP QIA Monitoring and Assurance Report.

Will update the Board on monitoring / assurance via the QAC Significant Issues Report.

3.3.8 **The Board of Directors**

Will receive / consider / approve the EDG / QAC approved CIP QIA's

Will approve notification /sharing of the approved CIP QIA's to the Sheffield Clinical Commissioning Group (CCG)

Will receive quarterly updates on CIP QIA's monitoring via the QAC Significant Issues Report.

3.3.9 **The Executive Director of Nursing**

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

- CIP / QIAs
- Quarterly Monitoring and Assurance Reports.

NB. Each of the groups/persons identified in sections 3.3.3 to 3.3.9 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 the impact on quality will be escalated to the:

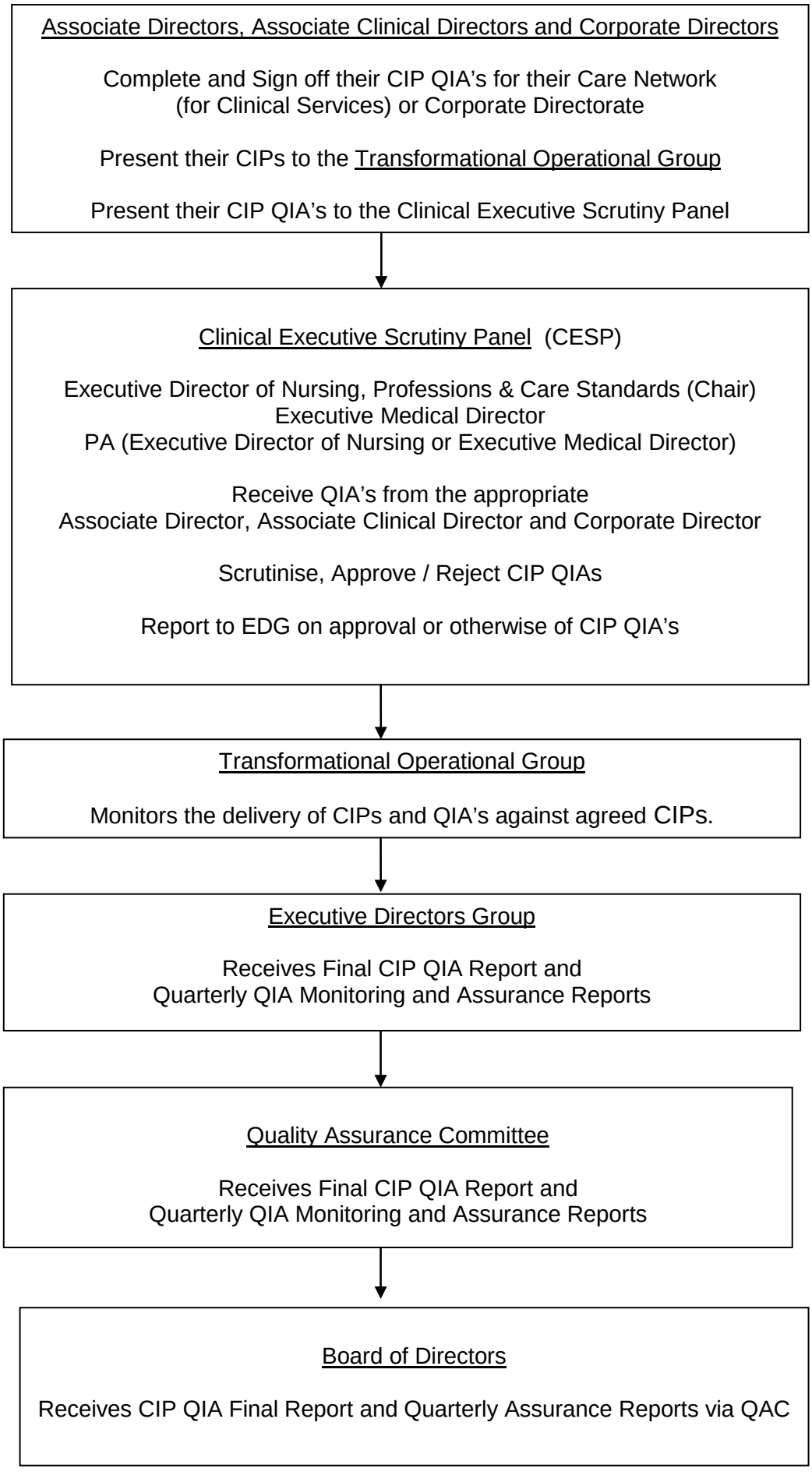
i. Appropriate Director (Corporate and / or Operational).
ii. Transformation Operations Group.
iii. Clinical Executive Directors / Executive Directors

The Transformational Operational Group may decide to recommend suspension of any CIP where quality appears to be being adversely affected to allow for further analysis and a reassessment of the risk rating.

This must be escalated immediately to the Clinical Executives / EDG. EDG may decide to pause / stop a CIP in light of higher risk(s) and concerns to quality.

The Executive Director(s) will notify the Quality Assurance Committee and the Trust Board when a significant concern regarding impact on quality arises.

Quality Impact Assessment Flow Chart



Appendix 2

Quality Impact Assessment Form

Plan Type (e.g. CIP)		**Value:** £	
Plan Title			
Briefly Outline Your Cost Improvement Plan (Please attach structure charts, pre and post CIP, if you are changing your staffing structure).			
Director Name and Signature			
Date			
***Step 1*: Identify & Calculate the Risks to Quality** *Calculate the risk score per domain: Multiply the consequence x likelihood = Risk Score*			
1. SAFE			
	Impact:	Likelihood:	Risk Score:
Controls *When you put **Controls** in place to manage the risk your Residual Risk Score is:*			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
2. EFFECTIVE			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
3. CARING			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
4. RESPONSIVE			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:
5. WELL-LED			
	Impact:	Likelihood:	Risk Score:
Controls			
	Residual Impact:	Residual Likelihood:	Residual Risk Score:

6. Other (Optional)			
	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

***Step 2*: Calculate the Overall Risk Score & the Overall Residual Risk Score.**

Add together the five (or six) risk scores and divide by five (or six) to calculate the average.

The Overall Risk Score for the CIP =

Add together the five (or six) residual risk scores and divide by five (or six) to calculate the average.

The Overall Residual Risk Score for the CIP =

Step 3 Quality Metrics and Governance Responsibilities

Record here the metrics you are using to monitor the impact on quality of care.

Agreed Quality Metrics	
Named Individual Responsible for On-going Monitoring	
Named Governance Group for On-going Monitoring	
Monitoring Frequency of the Group	

In Year Monitoring Arrangements Quarters 1, 2, 3 and 4

Quarter 1 Review April – June: To be undertaken and reported on by 1st Week in July	
Date of Review	
Meeting Undertaking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	

Quarter 2 Review July – Sept: To be undertaken and reported on by 1st Week in October	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	

Quarter 3 Review Oct – Dec : To be undertaken and reported on by 1st Week in January	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	

Quarter 4 Review Jan – March: To be undertaken and reported on by 1st Week in April	
Date of Review	
Meeting Under-taking Review	
Issues Relating to Agreed Metrics	
Outcome of Review of Risk Rating	
Agreed Actions	
Date of Next Review	