

GOOD PRACTICE QUALITY IMPACT ASSESSMENT



This is a story of appalling and unnecessary suffering of hundreds of people. They were failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety.

Sir Robert Francis, QC - Mid Staffordshire Hospitals NHS Foundation Trust report

CONTEXT

Although it is now some five years since this was published, recent failings in the health and social care system have highlighted the on-going need for greater focus on the impact on quality when considering cost improvement or efficiency related changes. Trust Boards should not be approving any such schemes, or indeed overall financial plans, without first receiving appropriate assurances that the impact of the proposed changes on quality are in the worst case neutral but at best should be aiming for an improvement in quality.

The need for a formal process of 'quality impact assessments (QIA) over cost improvement plans' has been in place for some time and came about as a direct result of the criticism of the board of Mid Staffs. Their focus on cost containment and improving efficiency (without due regard for the impact on service provision) was seen as one of the key drivers for the resultant poor care experienced by so many patients. Given the extent of reporting, analysis, legislation and increased monitoring following the initial report five years ago it is perhaps surprising that recent feedback from external reviews by both Monitor and the Trust Development Agency (TDA)

on aspirant FTs states that financial plans continue to be signed off without sufficient assurance that implementation of the plans will not compromise the quality of services to patients. Inadequate QIA processes coupled with poor overall clinical engagement and limited board involvement in the process result all too often in increased risks to quality.

The need for more robust assessment on the impact on quality of proposed savings plans or indeed any service change comes at a time when the financial efficiency requirement remains high. Indeed, the overall value and proportion of turnover of trust cost improvement plans (CIPs) is higher than that historically achieved and in all cases the quick wins and 'low hanging fruit' have long since been removed. CIPs are increasingly more challenging to identify and deliver and tend to be more transformational (and therefore impactful) than previously. The need for a formal quality impact assessment process is essential in a system as complex and interdependent as the NHS, where decisions in one part of the service can impact upon another with many co-dependencies that are not always easy to predict or assess.

Taking into account extant guidance including Monitor and the National Quality Board along with experiences of good practice articulated at our Quality Governance Module events, we have sought to summarise what we perceive to be the essential ingredients of a robust and effective Quality Impact Assessment process.

QIA GOOD PRACTICE

PROCESS

- Presence of an overall comprehensive CIP process that incorporates significant bottom up clinical engagement, a series of gateway reviews and one where the board is demonstrably actively engaged and signed up to the process.
- The process should be formally adopted by the board and underpinned by robust governance arrangements which clearly set out lines of accountability from ward through to the board and which fully acknowledge the primary responsibility of boards to seek detailed evidence supporting the quality impact assessments.
- A quality impact assessment should be populated during CIP development and should be measured in terms of patient experience, patient safety and clinical quality. KPIs, risk ratings and mitigations should be assigned and agreed by sponsoring individuals and departments and regularly challenged at gateway reviews throughout the development phase. The risks associated with the deliverability of the schemes and the amount of financial savings to be delivered should also be assessed, risk rated and appropriate mitigations identified. A regular reassessment of the quality impact of CIP schemes should be an integral part of the monitoring arrangements.
- Appropriate training and awareness of the process and documentation is provided to relevant personnel responsible for completing QIA forms and incorporates guidance on scoring of the associated risks and identification of appropriate assurance metrics.
- There is a clear timetable set out for the development of QIAs which allows sufficient time for scrutiny at each gateway stage and ensures that all relevant data will be available to inform decision making. Good practice

suggests that Trusts should have a rolling 24 month programme of CIPs fully developed and approved.

- Appropriate benchmarking information is made available wherever possible in order to triangulate assurances over viability and safety of any proposed scheme.
- 'Cross-over reviews' should be designed into the governance process to help assess the cumulative impact on quality of CIPs and to track unintended consequences or known risks which are not being adequately mitigated. While CIPs are approved individually it is essential that the process allows for a final review of cumulative CIPs to be implemented in any one financial year.
- The process should include a post implementation review to ensure that lessons learned are incorporated into future plans.

ENGAGEMENT

- The presence of a gateway process should provide the opportunity for several layers of clinical sign off from local clinician(s) who are required to implement the change, through directorate/divisional management teams, clinical senates and the Medical and Nursing Directors. The presence of the layers of clinical sign off should be visible to board members prior to authorisation of any QIA and financial plan.
- Inclusive practices such as Star Chambers should be considered as a means to engage clinicians who should be encouraged to voice concerns and work with the team to identify mitigations and KPIs to provide early warning of a deterioration in quality.
- Beyond the presence of a multi layered clinical sign off process there should also be evidence of clear engagement with frontline staff likely to be impacted by any proposal and feedback from meetings should be adequately captured and presented as part of the triangulation of assurance.
- The procedure for confidentially raising concerns about CIP schemes and any potentially damaging impact on quality should also be made clear to staff. Schemes rejected at various points in the process should be recorded and reported. A lack of rejected

schemes should serve as a warning to those tasked with reviewing CIP plans.

- In addition to internal clinical and staff engagement and authorisation layers it is equally important to engage with external stakeholders including commissioners and other relevant parties. Again this should be visible to board members prior to authorisation of any QIA and financial plan.
- Good practice is to also ensure that business of this nature is transacted openly and transparently including at public board meetings and other relevant public facing events such as the members' forums, HealthWatch and oversight and scrutiny committees. The involvement of patients/service users is also important and will help bolster the overall validity of the process.

BOARD MEMBER ROLE

- At the point of sign off by the board, all board members should ensure that each CIP scheme has evidence of a comprehensive risk assessment being completed on the quality impact assessment of each individual scheme. This should include assessment of schemes in terms of patient experience, safety and clinical outcomes.
- Given that it is the collective responsibility of the board to ensure that a full appraisal of the quality impact assessment is completed and recorded and that arrangements are put in place to monitor schemes going forward prior to sign off of any financial plan, it is important that quality time is given over to such matters. While individual schemes should be approved throughout the year to provide a rolling 24th month programme, a final review of the full CIP programme for any one financial year should be signed off prior to approval of the full business and financial plan for the year. Typically, this should be undertaken at a board workshop or similar and we would expect this to take place prior to the commencement of the financial year. Within the workshop the board should identify a means of ensuring sufficient scrutiny and granularity is brought to the proceedings to enable the board to reach an engaged, informed and evidenced based decision regarding the safety and deliverability of the savings schemes. One approach is to buddy up an

executive and NED and for each pairing to scrutinise at a granular level a number of high impact and/or high value schemes so that overall a broad coverage is achieved. It is then for each pair (or whatever method you choose) to feed back to the whole board as to whether they have been assured and why.

- At board sign off sessions it is important that contextual information is provided to allow informed discussion and approval in full knowledge of the current quality performance of the relevant area. Such information should include serious incident reporting rates/trends, never events, safety thermometer patient harms and other key performance indicators on quality infection rate profiles. To provide a holistic view of the service being amended it is also helpful to review financial performance and relevant staff KPIs such as sickness levels and vacancy rates. There is also a variety of qualitative data sources which will need to be referenced such as staff feedback, patient stories, trainee voice and outcomes of external inspection visits.
- The above exercise should not be seen as a 'one off' exercise and regular updates on the progress of the CIP plan should be provided to the Board at a more granular level than the monthly reporting of key metrics. CIP schemes will remain dynamic in nature as they are introduced and therefore it is important that risk scoring accurately reflects any risks to quality and that the quality assurance metrics continue to act as an early warning indicator of deterioration in the quality of the service provided.

REPORTING

- Whilst it is for individual trusts to determine the relevant metrics to be monitored against each scheme it is important that metrics are meaningful and relevant to a particular scheme. Good practice suggests that invariably it is necessary to identify a few scheme specific metrics rather than rely on the more generic overall KPIs that are part of the monthly performance report. They should also take into account possible unintended consequences i.e. if things went wrong, what would that look like and is the organisation capable of capturing data and monitoring for the presence (or lack of presence) of it as part of the assurance process?

- Star Chambers should have relevant data available to question, probe and challenge prior to signing off approved plans. In addition appropriate administrative support should be provided to facilitate reliable record keeping of the meeting outcomes.
- Assurance metrics should in addition to deliverability and financial impact cover patient safety, clinical effectiveness, patient experience and other HR/operational related metrics and not necessarily be restricted to existing reported metrics (see above point).
- Trusts should determine the relevant assurance process for themselves however, consideration should be given as to where QIAs as opposed to the financial CIP in year reporting and assurance is best placed i.e. Finance Committee or Quality Committee?
- Trusts should ensure an appropriate balance of in-year reporting over both quality impact and financial CIP performance. Having a clinical secondment to your PMO (or similar) responsible for in-year quality impact assessment reporting can assist greatly in this. In-year QIA reporting should also be undertaken with internal and external stakeholders as part of your open and transparent process.



For further information
please contact

Asha Mohabir

Preparation Programme Administrator
asha.mohabir@nhsproviders.org



One Birdcage Walk, London SW1H 9JJ
020 7304 6977
enquiries@nhsproviders.org
www.nhsproviders.org
@NHSProviders

© Foundation Trust Network 2015

NHS Providers is the operating name of the Foundation Trust Network
Registered charity 1140900
Registered in England & Wales as company 7525114
Registered Office
One Birdcage Walk, London SW1H 9JJ