

Trust Board Meeting in Public: Wednesday 12<sup>th</sup> September 2018  
 TB2018.80

<b>Title</b>	<b>Quality Impact Assessment (QIA) Policy</b>
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<b>Status</b>	For decision
<b>History</b>	Previously presented to TME 26 July 2018

<b>Board Lead(s)</b>	Sam Foster, Chief Nurse Jason Dorsett, Chief Finance Officer Dr Tony Berendt, Medical Director			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	<b>Performance</b>

## Executive Summary

<p>1. Quality Impact Assessment (QIA) is an essential process step for ensuring that risks and benefits of change are considered so that where necessary, risk can be mitigated</p>
<p>2. The Trust's QIA policy is currently annexed to the Cost Improvement Programme (CIP) policy, but is not operating effectively due to the Trust's move away from traditional CIPs. There is a need rapidly to strengthen QIA and to put in place an improved policy that encompasses not only cost improvement, but also change that responds to workforce challenges, new technologies, estate changes, and service or pathway reconfigurations</p>
<p>3. NHSI has also noted that the Trust's application of QIA needs to be improved.</p>
<p>4. This paper proposes adoption of a Quality Impact Assessment Tool developed by Nottingham CCGs to support that process. The Nottingham CCGs' policy is also proposed as the basis, with modification, for a substantive policy for OUH.</p>
<p>5. The Trust will embed QIA within its change processes, commencing with each of the five improvement programmes linked to the NHSI undertakings. Progress of QIA will be tracked through those workbooks.</p>
<p>6. A QIA policy based on the Nottingham Policy has been agreed by Trust Management Executive (TME)</p>
<p>7. <b>Recommendation</b> Trust Board is requested to agree to the withdrawal of the previous QIA policy and its replacement by the attached policy.</p>

## Quality Impact Assessment Policy

### 1. Context

- 1.1. Quality Impact Assessment (QIA) is an essential process step for ensuring that risks and benefits of change are considered and documented so that where necessary, risk can be mitigated, and change does not have a negative effect on quality.
- 1.2. The Trust has an existing Quality Impact Assessment (QIA) policy covering the assessment of cost improvement schemes.
- 1.3. However the Trust is not running a traditional Cost Improvement Programme (CIP) in 2018/19, as part of its move away from an approach where budgets are set with a “gap” to the required financial performance (that must be closed with CIPs). Instead, the Trust is setting EBITDA targets for each budget unit, which can be achieved through a combination of income growth (price or volume) and cost control (reduction or holding flat while income grows).
- 1.4. As a result the actions required to deliver the budget are not formally covered by the existing QIA policy, but the principle must still apply that *operational changes to deliver a financial improvement should be covered by QIA even if not designated as a CIP*.
- 1.5. Furthermore many major operational changes are driven primarily by the desire to improve quality, to make better use of assets such as buildings or equipment, to introduce new technologies, or to respond to changes in workforce demographics and skills, any of which might have unintended consequences for quality. These change programmes also merit QIA consideration.
- 1.6. Finally NHSI has observed that our current approach is not sufficient and has required us, in the undertakings, to ensure that QIA is in place.

### 2. Proposed Approach

- 2.1. The Trust should withdraw its CIP policy and replace it with a Financial Management policy setting out in one place the above approach as a standing policy, rather than as part of financial plan papers to the Board and its committees.
- 2.2. A new free-standing QIA policy has been developed and agreed through TME. It is attached as Appendix 1 to this paper.
- 2.3. The approach to the new QIA policy reflects the national guidance on QIA. Because this assumes that QIA is part of a traditional CIP process, OUH must apply the principles of such a CIP based approach to its stand-alone QIA policy.
- 2.4. Broadly the issue that the national guidance seeks to address is that operational changes driven by an intention to reduce costs can in some circumstances reduce the quality of care. The QIA approach deals with this via a process that:
  - 2.4.1. Reviews proposed changes prospectively to assess their potential impact on quality;

- 2.4.2. Is led by clinicians at the front line and in management roles; and
  - 2.4.3. Is reported to Board and overseen by its committees.
- 2.5. OUH has adapted a QIA policy from Nottingham Commissioners and has already begun to apply the methodology using the assessment tool from the policy.
- 2.6. Each of the work programmes addressing the NHSI undertakings incorporate QIA and each programme lead, working with the relevant clinical leaders, is responsible for ensuring that QIA is carried out and documented in the programme workbooks, using the Quality Impact Assessment Tool in the attached policy. These workbooks include plans for delivery of the budgets and so the 2018/19 budget-setting process will be subject to QIA via the Financial Recovery Plan QIA.
- 3. Recommendations**
- 3.1. Trust Board is asked to agree to the withdrawal of the current QIA policy and its replacement with the new policy.

**Sam Foster, Chief Nurse**

**Jason Dorsett, Chief Financial Officer**

**Tony Berendt, Medical Director**

**September 2018**