

## Quality Impact Assessment Tool

<b>Project Title</b>	<b>Short Breaks Policy</b>
<b>Project Lead</b>	<b>Steve Honeywill</b>
<b>Project Start date</b>	<b>05/01/15</b>
<b>Date of QIA completion</b>	<b>16/02/15</b>
<b>Person completing QIA</b>	<b>Joanna Williams</b>
<b>Project Summary</b>	<p>The proposed Short Breaks Policy (The Policy) will be finalised by February 2015; it aligns current practice and the changes required under The Care Act. The Policy defines what a carer is under the legislation and ensures that The Council's legal duties are exercised appropriately.</p> <p>New arrangements for short breaks will be developed following consultation of The Policy and a subsequent options appraisal for the commissioning and delivery of services to meet the needs of carers in a person centred way.</p>

<b>CIP prediction</b>	CIP proposals will be linked to a future options appraisal, and are not appropriate at this stage
<b>Key issues raised in QIA</b>	The risk of negative publicity and public/media protest is the main concern in this project, as often occurs when services are modernised.

<b>Summary of Quality Impact Assessment</b> <i>(Total 21 Domains)</i>	<b>Outcome</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Not Applicable</b>
	<b>Number of Domains</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>9</b>

<b>Summary of Clinical Risk Assessment</b> <i>(risk matrix as below)</i>	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Score</b>
	<b>3</b>	<b>2</b>	<b>6</b>

# 5x5 Clinical Risk Assessment Matrix

Assessment of Impact of Risk					
Impact	1 None	2 Minor	3 Moderate	4 Major	5 Catastrophic
Clinical safety	No impact on service user	Minimal impact on service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing.	Moderate impact on service user which will directly affect their experience and will require amendment to their current care delivery model. This <b>may</b> affect health and wellbeing	Major impact on service user which will directly affect their experience and will require major changes to their current care delivery model. This <b>is likely to</b> affect the health and wellbeing of the individual and support network.	Significant impact on service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This <b>will affect</b> a number of service users, partner agencies and support systems.

Assessment of Likelihood of risk		
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)
2	Unlikely	Could occur at some time (1 in 100 to 1 in 1000)
3	Possible	Might occur at some time (1 in 10 to 1 in 100)
4	Likely	Will probably occur in most circumstances (1 in 10 to evens)
5	Almost certain	Is expected to occur in most circumstances (evens to certain)

	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
1 Minimal	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

## Quality Impact Assessment Tool

### Quick Reference Guide

#### Patient Safety

What are the current patient safety concerns, if any?

How do you know that the service developments will be safe?

What measurement/metrics will you use to demonstrate safety?

**Any questions:**

Sue Ball  
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#### Clinical Effectiveness

What clinical evidence demonstrates best practice?

How is this clinical evidence being used?

What more needs to happen to make sure best practice is achieved and patient outcomes improved?

**Any questions?**

Appropriate professional lead

#### Patient Experience and Involvement

What do patients and carers say about the current service?

How will patients be involved in the decision-making process?

How will the patient experience be monitored?

Will patient choice be affected?

Anticipated level of public support?

**Any questions?**

Jo Hooper  
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#### Equality and Diversity

How accessible is the current service to all people defined by the 9 characteristics in the Equality Act 2010?

How will this accessibility be affected by the service developments?

How will future access to services be analysed and monitored?

**Any questions?**

Liz Tooby  
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## Quality Impact Assessment tool

In healthcare, Quality includes patient safety, patient experience and clinical effectiveness. These domains include Equality and Diversity, Dignity and Respect and the effects of planned changes on workforce.

### What is a Quality Impact Assessment (QIA)?

This is a tool to help develop service change. It should be used at the *beginning* of a process to inform its development, ensuring that the core pillars of quality are covered and that the service is developed in a comprehensive way, based on rounded data and intelligence. The tool begins with some overarching questions in the quick reference guide. If there are any aspects of those questions which cannot be satisfactorily answered, there are prompts in the following workbook which will help provide assurance that the service is developing robustly. It is not a requirement that each section needs to be methodically worked through, but intended as a tool to help where there are gaps in knowledge or experience.

### Why undertake a QIA?

When a change to a service/care pathway is proposed, commissioners must ensure that the proposal has only **positive effects** on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. Commissioners also need to demonstrate that issues of workforce planning, and skills transfer, together with education and training have been appropriately considered. This tool will enable commissioners to be assured that all essential factors are being considered and addressed through the development of service design.

### Who undertakes a QIA?

The team responsible for service design should begin the QIA at an early stage, to ensure compliance with statutory requirements. The Quality team are available to discuss any areas that need clarification or guidance.

### Ratings

Use the form to make notes from which the self-assessment rating can be determined. The QIA threshold result is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the scheme/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented.

### The QIA Threshold Key:

Outcome	Suggestion – the assessment suggests that this plan/scheme:
Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
Not applicable	This question is not relevant at this time

**Please take care when completing this assessment. A carefully completed assessment should safeguard against challenge at a later date.**

Patient Safety			
What is the potential impact of the service development on patient safety?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	Self-assessment
<p>What are the known patient safety issues within the current service?</p> <p>(as identified by national/local audits, SIRIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)</p>	<p>Has the current safety of the service been evaluated and known patient safety risks identified?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Specific safety issues within this pathway or service.</li> <li>• Analysis of available data/information to identify themes and trends.</li> <li>• The way in which the planned changes will address the identified patient safety issues.</li> <li>• Impact on preventable harm.</li> </ul>	Not Applicable	N/A
<p>How will the planned changes to service provision provide evidence of improved or continued safe care?</p>	<p>What are the current assurances in place for reviewing this service – if it is a new service what mechanisms will be used?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Existing patient safety measures</li> <li>• Metrics to provide assurance that the changes made to the pathway/service are improving patient safety or reducing the risk of harm.</li> <li>• Processes to review patient safety measures to provide assurance.</li> </ul>	Not Applicable	N/A
<p>Have staffing, skill mix and workload issues been considered within the plans?</p>	<p>What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Skill mix, recruitment activity, vacancy</li> </ul>	Not Applicable	N/A

	levels and turnover, staff training and education, appraisal and personal development planning, and staff feedback (e.g. national and/or local surveys)		
<b>Do the plans include changes to treatment involving medications, (including prescribing, administration or security)</b>	<p><b>What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Patient safety.</li> <li>• Competency in medicines administration.</li> <li>• Systems in place to ensure appropriate monitoring of patient outcomes/safety.</li> </ul>	Not Applicable	N/A
<b>Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?</b>	<p><b>Protocols to consider include:</b></p> <ul style="list-style-type: none"> <li>• The NHS Constitution,</li> <li>• Partnership working,</li> <li>• Safeguarding children or adults</li> </ul>	Not Applicable	Neutral
<b>Do the planned changes require ratification through a governance process?</b>	<p><b>In the event of a legal challenge, how thorough is the ratification process?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Current statutes / professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's' Act, No Secrets, GMC, NMC etc</li> <li>• Involvement of the appropriate specialist</li> <li>• Responsible committees within each organisation and across the pathway <i>(Please note these may be outlined within the NICE Guidance)</i></li> </ul>	These changes will be subject to Policy approval processes and formal public consultation.	N/A

## Clinical Effectiveness

<p><b>Please look through the evidence required below and respond to those that relate to your service development.</b></p>	<p><b>Use these prompts to help you comprehensively evaluate the plans</b></p> <p><i><b>The CCG supports the use of NICE guidance where available and the use of NICE Quality Standards.</b></i></p>	<p><b>Information to inform self-assessment</b></p>	<p><b>Self-assessment</b></p>
<p><b>Are there NICE Guidance and/or Quality Standards associated with this business case/service change/redesign?</b></p>	<ul style="list-style-type: none"> <li>• Which NICE Quality Standards are identified?</li> <li>• If there is no relevant Quality Standard, has other accredited evidence been sourced? If yes, please state which.</li> <li>• If there is no relevant accredited evidence, will good practice be defined by carrying out research?</li> <li>• Are there protocols or guidelines written which specifies good practice?</li> </ul>	<p>None relevant</p>	<p>N/A</p>
<p><b>Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence-based?</b></p> <p>NICE baseline assessment tool can be accessed from: <a href="http://www.nice.org.uk">www.nice.org.uk</a></p>	<ul style="list-style-type: none"> <li>• Has a baseline assessment against the recommendations/indicators been undertaken?</li> <li>• Does the plan reflect the Quality Standard Indicators?</li> <li>• Are there gaps?</li> <li>• If there are gaps, how will these be addressed?</li> </ul>	<p>This policy has been written to ensure compliance with The Care Act 2014 and Guidance.</p>	<p>Positive</p>
<p><b>Has the NICE commissioning Costing Tools been used?</b></p>	<ul style="list-style-type: none"> <li>• Use NICE costing tools alongside the guidance, where available. These can be accessed from: <a href="http://www.nice@org.uk">www.nice@org.uk</a></li> </ul>	<p>Not applicable</p>	<p>N/A</p>
<p><b>What plans are in place for clinical audit or evaluation once</b></p>	<ul style="list-style-type: none"> <li>• Audit against standards outlined in NICE guidance or professional</li> </ul>	<p>Not Applicable</p>	<p>N/A</p>



<b>changes have been imbedded into practice?</b>	standards. Use the NICE clinical audit tool where available <a href="http://www.nice.org.uk">www.nice.org.uk</a>		
<b>Health Outcomes for patients</b>	<ul style="list-style-type: none"> <li>• What are the expected health outcomes for patients?</li> <li>• How will the success against your expected health outcomes be measured?</li> <li>• How do these compare with other available treatment or care pathway alternatives?</li> </ul>	Not Applicable	N/A

<b>Patient Experience</b>			
<b>What is the potential impact of the service development on patient experience?</b>	<b>Use these prompts to help you comprehensively evaluate the plans</b>	<b>Information to inform self-assessment</b>	<b>Self-assessment</b>
<b>What do patients and carers say about the current service?</b>	Use positive and negative feedback from: <ul style="list-style-type: none"> <li>• PALS and complaints,</li> <li>• Patient Opinion,</li> <li>• surveys,</li> <li>• real time feedback,</li> <li>• focus groups,</li> <li>• LINK/Healthwatch.</li> </ul>	Carers have highlighted the following practice issues and concerns: <ul style="list-style-type: none"> <li>• A lack of provision in the residential market – this leads to problems with short break users finding a vacant bed to place their relative and means that forward planning is extremely difficult</li> <li>• Review of the existing short breaks voucher system which experiences problems in its application, due to inconsistencies in its application and provision problems (above)</li> <li>• Meeting the needs of very complex people, including those in receipt of Continuing Health Care</li> <li>• The use and efficiency of The Baytree Short Breaks Unit.</li> </ul>	Positive

<p><b>How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?</b></p>	<ul style="list-style-type: none"> <li>• At what point in the decision-making process will patients and public have a chance to influence the service development?</li> <li>• What methods will be used to involve patients, public and stakeholders?</li> <li>• Has advice been sought from the Strategic Public Involvement Group as to how best to manage this?</li> </ul>	<p>A full public consultation has been undertaken. The consultation ran from Friday 19 December 2014 and closed on Friday 13 February 2015. TSDHCT was keen to seek views on the proposed new policy on short breaks in Torbay. The consultation provided an opportunity to comment on the draft policy. Our objective is to make the right decisions for individuals whilst also considering the tough choices we need to make in order to manage services on reduced budgets.</p> <p>Specifically we sought responses to the following questions:</p> <ul style="list-style-type: none"> <li>• Whether you think we have taken all the facts and issues into account in our policy and if you think the policy is fair.</li> <li>• Any concerns you may have about any content or omission in the policy.</li> <li>• What support you would like if any changes were to go ahead.</li> </ul> <p>The public could respond with a completed feedback form by email or post.</p> <ul style="list-style-type: none"> <li>• A link on the front page of the Trust's website was live at the start of consultation on 19<sup>th</sup> December; this took the public directly to a copy of the policy</li> </ul>	<p>Positive</p>
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		<p>and an electronic feedback form for ease of response.</p> <ul style="list-style-type: none"> <li>• The same information and way of responding was available via the Torbay Council website.</li> <li>• Hard copies of the policy and feedback form were available from the Trust engagement team, including a freepost envelope for response.</li> <li>• The January issue of the Carers “Signpost” newsletter also featured an article with regard to the Short Breaks consultation, including how to respond and encouraging carers to have their say in the process.</li> <li>• Also we utilised the carer’s service electronic distribution of some 900 carers people so that the details of the consultation were circulated and so public awareness was raised and that it was clear how to respond to the policy proposal.</li> <li>• The information was also made available to Health watch so a link to the consultation could be included on their website to raise public awareness.</li> </ul>	
<p><b>How will the service development improve the patient experience?</b></p>		<p>Clarity over access to short breaks Equality of access to short breaks</p>	<p>Positive</p>

How will the patient experience of the new service be monitored?	<ul style="list-style-type: none"> <li>How will feedback be collected?</li> <li>Who will be analysing it and when?</li> </ul>	Through personal review and planned user engagement	Neutral
Will patient choice be affected?	<ul style="list-style-type: none"> <li>Will choice be reduced, increased or stay the same?</li> <li>Do the plans support the compassionate and personalised care agenda?</li> </ul>	Patient choice will be increased	Positive
What level of public support for this service development is anticipated?	<p>Do you expect people to:</p> <ul style="list-style-type: none"> <li>be supportive,</li> <li>be a little concerned or</li> <li>contact their MP or the press as a result of their objections?</li> </ul>	There is potential for a negative response to the policy which, in practice, has the potential to reduce the care packages of some users.	negative
<p><b>Need a tool to help you?:</b>  <a href="http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html">http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html</a></p>			

Equality and Diversity			
What is the potential impact of the service development on equality and diversity?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	Self-assessment
How accessible is the current service to people defined by the 9 characteristics in the	<ul style="list-style-type: none"> <li>What kind of monitoring data is available to understand the current profile of patients who use the service?</li> <li>Has any research been done to look at</li> </ul>	Short Breaks are accessed via assessment,, which is designed to address individual need and fund short breaks accordingly.	Positive

<p><b>Equality Act 2010?</b></p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender re-assignment</li> <li>• Marriage and civil partnership.</li> <li>• Pregnancy and maternity</li> <li>• Race including nationality and ethnicity</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> </ul>	<p>whether different groups have different needs, experiences, issues and priorities in relation to the service development?</p> <ul style="list-style-type: none"> <li>• Are there currently any problem areas for equality of access?</li> </ul>		
<p><b>What is the expected impact of this service development for people defined by the above characteristics?</b></p>	<ul style="list-style-type: none"> <li>• Have potential access issues been considered?</li> <li>• If the service development will have an impact on any of these groups, how will equality of access or care be addressed?</li> <li>• What mechanisms will be in place to evaluate continuing accessibility?</li> </ul>	<p>There is potential negative impact to frail older people, carers and people with a disability due to the reduction of funding.</p> <p>This negative impact is the same for these three groups; that overall care packages will be reduced by a strict adherence to the new policy's proposal that all short breaks be costed from within the RAS.</p> <p>This means that people with learning disabilities, in particular, may find that their historical vacancy based allocation of short break vouchers will reduce.</p> <p>The mitigation of this action is a commitment that all assessments are person centred, and allocated amounts based on need – with flexibility dependent on individual circumstances.</p>	<p>Negative</p>

<b>How will accessibility be monitored?</b>	<ul style="list-style-type: none"> <li>• How will monitoring information be used to understand access issues?</li> <li>• Who will be responsible for monitoring?</li> </ul>	Through delivery of personal outcomes Contract monitoring of providers	Positive
<b>Have you considered other groups and how your planned changes might impact on them:</b> <ul style="list-style-type: none"> <li>• People with Dementia</li> <li>• Migrant workers,</li> <li>• Homeless individuals and families,</li> <li>• Sex workers,</li> <li>• Gypsies and travellers,</li> <li>• Rurally isolated,</li> <li>• Low socio-economic status,</li> <li>• People who may find it hard to access the service or are difficult to reach and talk to.</li> </ul>	<ul style="list-style-type: none"> <li>• Has access from marginalised groups been considered in the development of this service?</li> <li>• If there are any issues arising, how will these be addressed?</li> </ul>	None identified This policy is designed to ensure equality of access to short breaks	Neutral