Quality Impact Assessment Tool

Project Title	**Closure of Baytree House and replacement short breaks services in the independent sector**
Project Lead	**Steve Honeywill, Head of Operational Change** **Community Services Division** **Torbay and South Devon NHS FoundationTrust**
Project Start date	**June 2015**
Date of QIA completion	**February 2016**
Person completing QIA	**Steve Honeywill**
Project Summary	In 2014 TSD community Trust published its provider commissioning strategy for learning disabilities (LD). That stated that the NHS would no longer directly provide LD services, but would ensure that services are in place for those people who need them. With respect to Baytree House are consulting on these two proposals: • The closure of Baytree House Short Breaks Unit run by TSDFT (the NHS) • Our proposal for alternative Short Breaks provision. Last year the NHS consulted on its policy for short breaks which has been applicable since 1st April

	2015. The policy included providing eligible carers with funding for a short break in a variety of forms. We considered how best to ensure our policy with regard to short breaks is fair and transparent and supports carer's rights under the Care Act.

We also have to consider managing services on substantially reduced budgets and a financial savings have to be delivered from this approach as part of the budget agreed by Torbay Council. |
| **CIP prediction** | Net £250,000 full year effect 2016-17 |
| **Key issues raised in QIA** | The risk of negative publicity and protest is the main concern in this project, as often occurs when services are modernised.

Those families and carers who have particularly valued the short breaks service at Baytree may find this change challenging and worrisome given the service has been used for a number of years. These people may require additional support during any transition to new services by our staff.

New services may not meet some carer's expectations and needs. |

Summary of Quality Impact Assessment *(Total 21 Domains)*	Outcome	Positive	Neutral	Negative	Not Applicable
	Number of Domains	**5**	**7**	**1**	**8**

Summary of Clinical Risk Assessment *(risk matrix as below)*	Impact	Likelihood	Risk Score
	3	**3**	**9**

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 **may** 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 **is likely to** 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 **will affect** 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

Torbay and Southern Devon Health and Care NHS Trust

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
sueball@nhs.net

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
joanne.hooper@nhs.net

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
elizabeth.tooby@nhs.net

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**
What are the known patient safety issues within the current service? **(as identified by national/local audits, SIRIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)**	**Has the current safety of the service been evaluated and known patient safety risks identified?** Prompts to consider • Specific safety issues within this pathway or service. • Analysis of available data/information to identify themes and trends. • The way in which the planned changes will address the identified patient safety issues. • Impact on preventable harm.	A small part of the business case for change related the limitations of the estate at Baytree and staff skills and equipment to satisfactorily deal with service users with profound learning disabilities.	Neutral
How will the planned changes to service provision provide evidence of improved or continued safe care?	**What are the current assurances in place for reviewing this service – if it is a new service what mechanisms will be used?** Prompts to consider • Existing patient safety measures • Metrics to provide assurance that the changes made to the pathway/service are improving patient safety or reducing the risk of harm. • Processes to review patient safety measures to provide assurance.	Not Applicable	N/A
Have staffing, skill mix and workload issues been considered within the plans?	**What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely?** Prompts to consider • Skill mix, recruitment activity, vacancy	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)		
Do the plans include changes to treatment involving medications, (including prescribing, administration or security)	**What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated?** Prompts to consider • Patient safety. • Competency in medicines administration. • Systems in place to ensure appropriate monitoring of patient outcomes/safety.	Not Applicable	N/A
Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?	**Protocols to consider include:** • The NHS Constitution, • Partnership working, • Safeguarding children or adults	Not Applicable	Neutral
Do the planned changes require ratification through a governance process?	**In the event of a legal challenge, how thorough is the ratification process?** Prompts to consider • Current statutes / professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's' Act, No Secrets, GMC, NMC etc • Involvement of the appropriate specialist • Responsible committees within each organisation and across the pathway *(Please note these may be outlined within the NICE Guidance)*	These changes have been subject to an engagement/co-design process and formal public consultation.	N/A

Clinical Effectiveness

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

changes have been imbedded into practice?	standards. Use the NICE clinical audit tool where available www.nice@org.uk		
Health Outcomes for patients	• What are the expected health outcomes for patients? • How will the success against your expected health outcomes be measured? • How do these compare with other available treatment or care pathway alternatives?	Not Applicable	N/A

Patient Experience			
What is the potential impact of the service development on patient experience?	**Use these prompts to help you comprehensively evaluate the plans**	**Information to inform self-assessment**	**Self-assessment**
What do patients and carers say about the current service?	Use positive and negative feedback from: • PALS and complaints, • Patient Opinion, • surveys, • real time feedback, • focus groups, • LINk/Healthwatch.	Carers from the co-design meetings between August and October (3 sessions) have highlighted the following. • Concern about the quality, extent and reliability of alternative short breaks provision in the independent sector of Baytree closes. • Help needed managing personal budgets and associated activity. • Meeting the needs of very complex people, including those in receipt of Continuing Health Care. • The use and efficiency of The Baytree Short Breaks Unit has been a key	Positive

		discussion point. Carers value its reliability and quality; the trust had presented the case that the unit is not sustainable financially and estate terms.	
How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?	• At what point in the decision-making process will patients and public have a chance to influence the service development? • What methods will be used to involve patients, public and stakeholders? • Has advice been sought from the Strategic Public Involvement Group as to how best to manage this?	Following three Co-design sessions in August, September and October 2015 we then have proceeded to a formal consultation. The Co-design sessions were inclusive and transparent. We listened to carers concerns and the features that they valued in the service at Baytree so these elements can feature in alternative services in the independent sector. We have also been very open about the financial requirements due to austerity that are part of the reasons for closing Baytree, the limitations of the estates and the low occupancy of the service making it unsustainable. Formal public Consultation anticipated to run from late November 2015 to late January 2015. All those involved in the Co-design phase will be consulted. Communication has been comprehension and regular with Baytree carers and other stakeholders such as mencap, Carers groups, parents in transitions and Children's Services. Specifically we are seeking responses to the following questions: 1. Do you agree with our proposals to close Baytree House and provide alternative bed and non-bed based	Positive

		short breaks?	
		2. What are the features of a good short break service, in your view? Please list the aspects.	
		3 Are there any unique features about the service provided at Baytree?	
		4 Are there any aspects of the service at Baytree which you think could be improved?	
		5 If you have chosen not to use Baytree would you be able to outline the reasons?	
		6 If you have considered other providers, please give us any feedback you have on them?	
		7 Do you think this proposal is unfair towards any group of people (with regards to their gender, ethnicity, age, religion, disability or sexuality)?	
		The consultation ran 4-12-15 to 5-2-16 following approval by the Trust Board and Council Scrutiny.	
		1-2-1's were available to carers and parents during the consultation period, three of these took place 15-12-15. The Trust attended further meetings with carers during the consultation period.	
How will the service development improve the patient experience?		Clarity about our In house unit and extension of provision ands choice to aid personal budgets.	Neutral

		Improve choice and flexibility, but concerns about reliability and emergency provision	
How will the patient experience of the new service be monitored?	• How will feedback be collected? • Who will be analysing it and when?	Through personal review and planned user engagement	Neutral
Will patient choice be affected?	• Will choice be reduced, increased or stay the same? • Do the plans support the compassionate and personalised care agenda?	Not patients, adult social care Choice will be increased	Positive
What level of public support for this service development is anticipated?	Do you expect people to: • be supportive, • be a little concerned or • contact their MP or the press as a result of their objections?	There is potential for a negative response to the proposal as the unit is well regarded.	Negative
Need a tool to help you?: http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html			

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 Equality Act 2010? • **Age**	• What kind of monitoring data is available to understand the current profile of patients who use the service? • Has any research been done to look at whether different groups have different needs, experiences, issues and priorities in	Access to Baytree is limited by capacity and the estate, use of the alternative provision will improve access and plurality	Neutral

• **Disability** • **Gender re-assignment** • **Marriage and civil partnership.** • **Pregnancy and maternity** • **Race including nationality and ethnicity** • **Religion or belief** • **Sex** • **Sexual orientation**	relation to the service development? • Are there currently any problem areas for equality of access?		
What is the expected impact of this service development for people defined by the above characteristics?	• Have potential access issues been considered? • If the service development will have an impact on any of these groups, how will equality of access or care be addressed? • What mechanisms will be in place to evaluate continuing accessibility?	None discernible	Neutral
How will accessibility be monitored?	• How will monitoring information be used to understand access issues? • Who will be responsible for monitoring?	Through delivery of personal outcomes Contract monitoring of providers	Positive
Have you considered other groups and how your planned changes might impact on them: • People with Dementia • Migrant workers, • Homeless individuals and families, • Sex workers, • Gypsies and travellers, • Rurally isolated, • Low socio-economic status, • People who may find it hard to access the service	• Has access from marginalised groups been considered in the development of this service? • If there are any issues arising, how will these be addressed?	None identified	Neutral

or are difficult to reach and talk to.			