Sheffield Clinical Commissioning Group

Quality Impact Assessment of Foundation Trust Cost Improvement Schemes

Governing Body meeting

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4 April 2013

Author(s)/Presenter and title	Kevin Clifford, Chief Nurse Jane Harriman, Deputy Chief Nurse
Sponsor	Kevin Clifford Chief Nurse

Key messages

- This paper provides details of the process currently being undertaken by Sheffield Clinical Commissioning Group in relation to its duty to carry out a clinically-led quality impact assessment of Foundation Trusts Cost Improvement Programmes (CIPs).
- Clinically-led assurance meetings have taken place at Sheffield Teaching Hospitals NHS Foundation Trust, and are planned for late March for the remaining two FTs.
- The paper also outlines the process we are adopting to seek relevant assurance from identified care home providers.

Assurance Framework (AF)

Risk Reference Number: *901*

Is this an existing or additional control:
AF reference 2.1.1a,b,c,d

Equality/Diversity Impact

Has an equality impact assessment been undertaken? Not applicable

Recommendations

The Governing Body is asked to:

- Note the process for assurance of provider CIPs
- Endorse the proposals for monitoring CIPs.

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1. Introduction

Previously, Monitor and NHS Operating Frameworks have required both Foundation and NHS Trusts to ensure that their cost improvement schemes (CIP) are agreed by Medical and Nursing Directors.

This year, the NHS Commissioning Board has set out a requirement in addition to this; that each Clinical Commissioning Group (CCG) should carry out a clinically-led quality impact assessment of all CIP's undertaken by its providers (Everyone Counts: Planning for Patients 2013/14).

This paper provides details of the process undertaken by Sheffield CCG

2. The Process for Commissioners.

The NHS Commissioning Board has produced guidance for CCG's and Appendix 1 details key assurance questions. Specifically, commissioners need to be content that the CIP will not lead to significant clinical risks within the organisation or elsewhere in the system and that any change in provision does not conflict with agreed clinical strategy or local agreed clinical priorities.

Currently a number of existing mechanisms can be utilised by both commissioners / providers to identify risks to patient safety and give assurance of high quality services. This includes:

- Routine contract monitoring and quality assurance data
- Annual Quality Reports (includes financial risk ratings)
- Individual Trusts Corporate risk management processes
- Quality Surveillance Groups and subsequent risk summits
- Reports from external inspection visits and audits

3. Process within Sheffield CCG

3.1 The three Foundation Trusts were asked to share their draft efficiency plans outlining a summary of the main themes and impacts across the Trust - see example letter Appendix 2. It was requested that this summary would provide sufficient detail to form the basis for meaningful discussion and assurance. In addition, the FTs were asked to share any initial assessments they had made of any risks to the service quality and patient safety associated with the plan.

3.2 Clinically-led assurance meetings have taken place at Sheffield Teaching Hospitals NHS Foundation Trust, and are planned for late March for the remaining two FTs. NHS Commissioning Board specialised services commissioners have been engaged in the process.

3.3 For Care Home providers, we have taken a targeted approach to seeking assurance. Through the contract sign off process with Care Homes, we have requested the submission of specific assurance and supporting information from the largest local Care Home providers and from those Care Homes that have been identified as a potential risk by the NHSS Quality team. Once we receive the requested information if deemed necessary, NHSS will then hold specific CIP meetings with care homes to gain further assurance.

3.4 Attendees at these meetings will include the Medical and Nurse Directors (or their deputies). CCG representation is the Clinical Director and /or Portfolio Lead GP, Chief Nurse or Deputy, Chief Finance Officer and Contract Lead.

3.5 Within these meetings, the FTs are asked to provide a description of the internal mechanism for creating and gaining assurance on the CIP plans and then the meeting considers the detail of the CIPs. Formal written feedback is provided in to each organisation. FTs will take the final efficiency plans through their own internal governance arrangements and confirm the final arrangements to the CCG. The CCG can then provide final assurance to the National Commissioning Board.

4. Reporting and Ongoing Monitoring

Following the completion of this assurance process, the CCG clinical members will provide feedback to the Governing Body, relating to the level of assurance and any risks identified. The Contract Clinical Quality Review Groups will review on a quarterly basis, whether the impact of the CIPs is lowering standards of quality and safety and monitor any amendments to CIP's in year.

5. Recommendations for the Governing Body

The Governing body is requested:

- To note the process for assurance of provider CIPs
- To endorse the proposals for monitoring CIPs.

Paper prepared by Jane Harriman, Deputy Chief Nurse

On behalf of Kevin Clifford, Chief Nurse

20 March 2013

APPENDIX 1

Quality Assessment of Provider CIPs

DRAFT Guidance Note

Key assurance questions for Commissioners	
Stage 1	**Stage 2**
➢ Have you had an opportunity to see and critique the CIP of your providers? ➢ Were clinicians involved (and at what level, MD, DoN, Clinical Leads etc) in these conversations between Trust and commissioner? (The 'who' is important, and their role in developing and signing off the plan)? ➢ Did the clinicians partake in developing the plans and are they content that safety issues have been actively considered during plan development?	➢ Has the board approved the CIP, and was there evidence that the board tested the clinical safety against current risks in the provider? ➢ In particular were the effects of the CIP considered in 'x' (INSERT KEY PERFORMANCE AREAS, MORTALITY, STAFFING ISSUES etc)? ➢ In the context of the wider community are commissioners content that the CIP will not lead to significant clinical risk elsewhere in the system and does the change in provision conflict with the agreed clinical strategy or locally agreed clinical priorities?

APPENDIX 2

DRAFT LETTER TO MAIN LOCAL FT PROVIDERS REGARDING ASSURANCE OF COST IMPROVEMENT PROGRAMMES

Dear XX

Quality impact assessment of provider cost improvement schemes

As you know, the NHS Commissioning Board has set out a requirement, in *Everyone Counts: Planning for Patients 2013/14*, that each CCG should carry out a clinically-led quality impact assessment of all cost improvement schemes undertaken by its providers. I am writing to set out NHS Sheffield's proposed approach to this important task and to ask for your support in providing information and making available key staff for discussion.

We believe that, to be meaningful, review of provider cost improvement programmes (CIPs) needs to become an on-going process, embedded in normal commissioning and contracting arrangements, rather than simply a one-off exercise. Our overall expectation is therefore that we will follow broadly the process set out below with each of our main local providers.

1. Providers will share their draft CIPs with NHS Sheffield by **Friday 8 February 2013**. We do not expect to see every detail of the CIP proposals at Directorate or Department level, but rather a summary which identifies the main themes and impacts across the provider as a whole. This summary will, however, need to be sufficiently detailed to form the basis for meaningful discussion and assurance. Alongside the draft CIP proposals, providers will share an initial assessment of any risks to service quality and patient safety associated with these, as well as any background information (benchmarking, for example) which indicates why particular areas have been targeted for efficiency improvements or gives assurance that efficiency gains should be achievable without material clinical risk.

2. NHS Sheffield will seek initial clarification of these plans as necessary, by telephone or email, in advance of a meeting to be held between NHS Sheffield and each local provider, **in the second half of February 2013**, at which the CIPs, and the risk assessment, will be discussed in detail. We would wish this meeting to be attended by the provider Medical, Nursing and Finance Directors, with equivalent senior clinical and management input from NHS Sheffield.

3. NHS Sheffield will provide formal feedback, in writing, to each provider, outlining any outstanding safety or quality concerns relating to the draft CIPs, **by the end of February 2013**.

4. We assume that each provider will take its final CIP proposals through its internal Board approval processes **during March 2013**.

5. Once Board approval has been confirmed, each provider will write to NHS Sheffield **(by 31 March 2013),** enclosing the final CIPs and the final risk assessment of these. This letter should be signed by the provider's Medical, Nursing and Finance Directors and should provide confirmation that the final CIPs have been assured by the Medical and Nursing Director as clinically safe.

6. Progress with implementation of CIPs, specifically in terms of their impact on patient safety and service quality, will then form a standing item on the agenda for each Clinical Quality

review group meeting between NHS Sheffield and each provider **throughout 2013/14**. This will provide a forum through which NHS Sheffield can gain ongoing assurance that the actual implementation of provider CIPs is not proving damaging to safety or quality in-year. Any in-year changes to the original CIP scheme can also be identified and discussed as they arise, with risk assessments of each being shared by the provider with the commissioner.

I hope this letter sets out a proposed approach which is serious in tackling such an important issue and proportionate in terms of the level of clinical and management effort required.

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