

Quality-driven decision-making

Quality Impact Assessment



Title of proposal this Quality Impact Assessment (QIA) is supporting:	Specialised Commissioning Financial Recovery
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Joint Commissioning Committee


To note: This Quality Impact Assessment have been developed following a collaborative workshop which included stakeholders from across the NWJCC and Health Boards.


Part 1: Health and Care Quality Standards assessment



1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEEP Quality Standards).
This QIA has been completed as a further reference to understand the implications behind the IMTP and the understanding of why the services under must do are essential.

Quality Standard	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	
<i>Click each icon for its definition</i>				<p>This Quality Impact Assessment has been undertaken to evaluate the implications of decisions within the Integrated Medium-Term Plan (IMTP), specifically regarding the commissioning and funding of “must do” clinical service developments.</p> <p>The assessment has primarily been completed from a commissioning and financial perspective. At this stage, individual patient-level outcomes cannot be fully quantified; however, there is clear and consistent evidence that failure to invest in identified priority areas will result in significant adverse impacts across multiple domains of quality.</p> <p>Overall Impact: High Negative</p> <p>Across all quality domains, the impact of not supporting the proposed investments is assessed as high and negative, reflecting system-wide consequences affecting access, outcomes, workforce, and equity.</p>




 <p>Diogel Safe</p>	-1	3	-3	<p>The issue of harm will need to be coordinated through a process set up by both the organisation of residency, the provider and against the outlined proposal within strategic plans. The evidence collated to support the must do has been produced through a review of the services within the JCC.</p> <p>Failure to invest in essential clinical developments (e.g. expansion of evidence-based interventions such as PET diagnostics and thrombectomy) is likely to:</p> <ul style="list-style-type: none"> • Increase morbidity and mortality • Delay access to preventative and curative treatments • Result in patients presenting with more advanced or complex conditions
 <p>Amserol Timely</p>	-1	3	-3	<p>As above. This could also result in a move from <i>planned</i>, lower-cost care to <i>urgent</i>, higher-cost care as an outcome from delaying treatment resulting</p> <ul style="list-style-type: none"> • in a bigger demand on critical care. A and E attendance and use of emergency services • Increased demand for mental-health services, including primary care (GP consultations). • Health system demand spills into <i>non-health</i> services, increasing social care costs. • Lack of research evidence and evidence development to increase value efficiency clinical understanding and sustainability. • Increased complaints referrals to the Ombudsman higher litigation costs and poorer outcomes.




	-1	3	-3	<p>By delaying access to timely treatment and access to new service initiatives and development would potentially impact on morbidity and mortality figures resulting in poorer health outcomes and a systemic decline to the provision of health care on an All Wales basis.</p> <p>From a benchmarking and National audit perspective this could result in services in Wales having a low score in clinical effectiveness of delivery. As these would be reported nationally public confidence would be adversely affected as well as having a detrimental impact on workforce recruitment retention and the development of career and development opportunities.</p> <p>Patients who may have benefited from the must do process will need to be supported with regular clinical reviews and a clear mechanism for each patient to access clinical teams if there is any worsening or deterioration of their clinical presentation.</p> <p>Effective outcome reporting will be essential and evaluation against prudent health care delivery and the Welsh government quadruple aims.</p>
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	-1	3	-3	<p>Much of the work undertaken within the JCC has involved horizon scanning. This process has been able to support the development of clinical initiatives which will improve clinical outcomes, reduce mortality and morbidity issues and enable better management of care even from a preventative pathway perspective. Many initiatives are also a result of national guidance and evidence supported by clinical reviews and NICE developments.</p> <p>Lack of investment will impact on the management of care and impact on primary and secondary care services. This may lead to planned elective lists being cancelled and the impact being on the waiting lists directly resulting in patient harm. From the financial commitments and agreements within the contracts to meet the NHS England standards may reduce the income to these providers which could result in contracts being terminated.</p> <p>Discussions with the providers would need to be carefully managed. Longer term implications could see a greater need for financial support to address a back log in the waiting list position and access to specific treatments and investigations. This could also have an impact on delivery and assurance against meeting standards within service specifications and contract monitoring.</p>
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	-1	3	-3	<p>The argument for equitable access to all patients within Wales is essential in the delivery of improved outcomes if investment into these areas does not go ahead, this could result in increased workloads for these teams which will impact on staff wellbeing and further workforce issues. It could result in the decline of the service and the potential of service collapse.</p> <p>There is a risk of widening health inequalities across Wales and a potential variation in access depending on geography and service availability</p> <p>Certain population groups may be significantly impacted due to disease prevalence, such as Hereditary anaemias within their ethnic group, each service area will require a supporting Equality Impact Assessment (EQIA).</p>
	-1	3	-3	<p>Stakeholders such as LIAIS would need to be consulted to ensure patient advocacy and support is available with clear information and guidance.</p>
<p>Overall impact</p>	<p>The IMTP sets out areas which have been identified through the JCC review processes of the services commissioned.</p> <p>The impact and potential outcomes would need to be undertaken by the clinical teams on an individual perspective using the domains outlined.</p> <p>The overall impact if the funding and investment is not supported will be negative. In addition, many of these areas will already have high scores on the JCC risk register and Health Board provider respectively.</p>			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

Quality Standard <i>Click each icon for its definition</i>	Amount of activity required High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required A clear and comprehensive proposal, supported by proactive engagement with all providers and Welsh Health Boards, is required to fully understand the implications of non-funding. This includes assessing the impact on Welsh residents, the effect on services commissioned through NHS England, and the potential risks of harm arising from reduced access to timely and appropriate care.
	3	The JCC would be the forum for further discussion and consideration of the proposal
	3	<p>The relevant clinical teams will be required to undertake individual clinical assessments.</p> <p>This could result in;</p> <ul style="list-style-type: none"> • Increased pressure on already stretched clinical teams • Risk to staff wellbeing, increased sickness absence, and retention challenges • Potential deterioration in recruitment and training opportunities
	3	<p>The requirement for more frequent patient review and monitoring, in order to mitigate risks to patient wellbeing and manage potential morbidity, will place additional pressure on a workforce that is already operating at full capacity. This increased demand is likely to negatively impact staff wellbeing, contribute to higher sickness absence, and further challenge recruitment and retention.</p> <p>There is also a potential impact on the Joint Commissioning Committee (JCC), where significant effort is currently focused on improving clinical outcomes and strengthening collaboration across Health Boards, Trusts, and clinical teams. Increased operational pressures may strain these relationships, with a risk of deteriorating engagement between commissioners and providers.</p>

 <p>Gwybodaeth Information</p>	3	<p>The involvement and active engagement of public advocacy bodies, such as Llais, is essential to ensure that the patient voice is fully represented and informs decision-making.</p> <p>Joint ownership across Health Boards and Trusts is critical to establish a shared understanding of the implications of reduced investment and to support a coordinated approach to future planning.</p> <p>In addition, digital reporting systems for monitoring patient flow and capturing outcome data will need to be standardised to enable consistent evaluation and oversight.</p>
 <p>Gwella, dysgu ac ymchwil Learning, improvement and research</p>	3	<p>This would undermine quality improvement initiatives and significantly constrain the ability to achieve sustained improvements in patient outcomes.</p>
 <p>Ymagwedd systemau cyfan Whole systems approach</p>	3	<p>The proposal will have wider implications for services supporting these clinical areas, particularly in relation to access to treatment and increased demand. These impacts will need to be carefully monitored and evaluated through clearly defined outcome measures.</p> <p>A robust evaluation framework should be developed and incorporated within the proposal, with agreed metrics and reporting arrangements endorsed by the Joint Commissioning Committee (JCC).</p> <p>The Strategic and System Impact identifies</p> <ul style="list-style-type: none"> • Risk to delivery of national service specifications and contractual obligations • Potential impact on relationships with providers, including NHS England partners • Reduced ability to deliver innovation, research, and service development

<p>Overall amount of activity required</p>	<p>The overall impact is assessed as negative where funding for these areas is withheld. To support delivery, comprehensive reviews of affected clinical services will be required, including identification of impacted patient cohorts and activity levels.</p> <p>Whilst short-term financial savings may be realised through reduced spend in-year, this is likely to result in increased costs in future years due to worsening morbidity, growing waiting lists, and additional pressures on treatment pathways.</p> <p>Detailed service reviews (“deep dives”) will require close collaboration between Health Boards and the Joint Commissioning Committee (JCC), with clear plans and timelines to ensure that outcomes are achieved and implementation is progressed efficiently and effectively.</p>
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Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to Quality overall is this proposal or strategic decision?

Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)



What are the main risks of implementing this proposal?

What are the main risks of not implementing it?

RISKS

- Reputational risk to the JCC with the Providers who have contacts and plans agreed to year end.
- Potential for disruption to patient care where procedures are already planned to go ahead.
- Increased waiting times and associated challenges with recovery of the position in the future.
- Impact on morbidity and mortality with patients presenting more clinically compromised.
- Potential for increased emergency admissions due to patients not receiving timely care decompensating and clinically deteriorating.
- Potential for harm where patients are waiting for time sensitive procedures or require emergency treatment
- Potential increase in inequalities as this would be a blanket approach and not compare waiting times and access rates across Wales.
- Increased costs in future years as providers 'catch up' activity.
- Decreased public confidence
- Impact on national development of services in line with national guidance and health technologies.
- Impact on workforce – health and well being rising sickness rates recruitment and retention.
- Evidence and research development and opportunities
- If funding applied to clinical service areas for development of a service need to understand within the current climate of the Health Board even if the funding was available would the service support development workforce delivery and have the estate.

BENEFITS

- Short-term financial savings to mitigate JCC budget pressures
- Reduced immediate financial burden on Health Boards

Part 3: Developing and signing off this Quality Impact Assessment

QIA completed by / on date	QIA operationally agreed by / on date	QIA clinically agreed by / on date
Sian Lane (Head of Quality) 18/03/2026		

Executive clinical review and sign off (if required)

Clinical Executive 1 sign off / date	Clinical Executive 2 sign off / date	Clinical Executive 3 sign off / date
Carole Bell (Director of Nursing) 18/03/2026		