

# Quality-driven decision-making

## Quality Impact Assessment

<b>Title of proposal this Quality Impact Assessment (QIA) is supporting:</b>	<b>Specialised Commissioning Financial Recovery</b>
<b>Reference of proposal:</b>	<For example, AC002(dd/mm/yyyy)>
<b>Details of Board / Committee the paper is being presented to and when:</b>	<b>Joint Commissioning Committee</b>




### 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 forecasted overspend and mitigating actions proposed from a Specialised Services perspective.






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>				The QIA can only be completed from a perspective of the financial controls being proposed this lacks the detail which will be needed from a clinical perspective to inform the impact on patient outcomes from both a morbidity and mortality perspective. If the proposal is to go ahead there will need to be a further detailed QIA completed with the clinical services to understand how the elective lists will be organised how and where patients currently are positioned and a mechanism / pathway put in place to ensure clinical safety monitoring of the patients impacted on the waiting list and treatment delays. There needs to be a clear reporting framework and assessment of any clinical harms which may occur.


2.4.2 – Appendix 1

 <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 and the provider. These will need to be further reported through to the JCC. One of the current specialist services proposals is to delay the Welsh residents in line with the waiting list standards across Wales. Particularly those accessing services within NHS England. Within Wales there is a larger proportion of older people, people with disabilities and core morbidities resulting in the numbers of patients who are likely to be on waiting lists as being higher than those with similar geographical population sizes within England.</p> <p>Delay to certain treatments will be detrimental to patients and there needs to be further detail of the numbers who will be impacted by this.</p>
 <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 in a bigger demand on critical care. 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.</p>
 <p>Effeithiol Effective</p>	-1	3	-3	<p>By delaying the Welsh residents' access to elective surgery and timely treatment would need careful evaluation of each patient on the elective list with the clinical teams to assess against current prioritisation category ( P1 – P5) to ensure there are adequate support, regular clinical reviews of each patient and a clear mechanism for each patient to access clinical teams if there is any worsening or deterioration of their clinical presentation.</p>

	-1	3	-3	<p>Much of the work undertaken within the JCC has been to improve waiting times with clinical providers to lessen the morbidity impact on patients waiting on lists. The proposal could have a detrimental effect on this position and could also lead to relationship damage with providers and possible impact on the contracts in place with NHS England. With the development of ICB's the implication could be a move to address their population needs first and decide to reduce the support and terminate contracts with Welsh providers.</p> <p>From the financial commitments and agreements within the contracts to meet the NHS England standards and by impacting on and reducing the income to these providers again 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</p>
	-1	3	-3	<p>The argument for equitable access to all patient within Wales re access to services could be supported that the same standard is achieved across but the actions currently across the JCC have been to reduce these waiting times.</p> <p>This could also result in potential increase in inequalities as this would be a blanket approach and not compare waiting times and access rates across Wales.</p>
	-1	3	-3	<p>Stakeholders such as LIAIS would need to be consulted to ensure patient advocacy and support is available and clear guidance and support given to patients who may have already been given an outline date to understand why their proposed surgery date has been changed. As above clear assessments of everyone who may be impacted on the potential clinical harm that may result with the outlined proposal.</p>
<p><b>Overall impact</b></p>	<p>The proposal is to address a way forward to reduce the impact of the overspend and to manage this within the current financial year. The impact would not be on emergency services commissioned by the JCC/ Cancer pathways nor Paediatrics. Without assessing and proposing a plan these services which are currently ring fenced could end up being impacted as all services/ pathways due to resource management and efficiencies not being applied.</p> <p>Conversely patients who are in the elective list could become part of the emergency cohort due to the impact a further delay on their care could result in. The balance is the understanding of patient immediate need and a plan on how to manage delay to elective surgery/ treatment in a balanced controlled and safe manner. The overall impact is negative</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)

<b>Quality Standard</b>  <i>Click each icon for its definition</i>	<b>Amount of activity required</b> <b>High (3),</b> <b>Medium (2) or</b> <b>Low (1)</b>	<b>Key points and actions to achieve the changes required</b>
	<p>3</p>	<p>Clear proposal and engagement to work with all providers and with Welsh Health Boards to understand what the implications and application of the proposal would mean to the Welsh Health Board residents, how this would impact on the services within NHS England and the potential harm this could result in to Welsh residents who would be affected.</p> <p>The JCC would be the forum for further discussion and consideration of the proposal</p>
	<p>3</p>	<p>Implications for the workforce who will need to clinically assess the patients could have implications on already busy clinical services/ MDT's needing to delegate time to review waiting lists and categorisation of patients from a priority perspective to understand what the proposed delay may mean to each individual.</p>
	<p>3</p>	<p>The impact on the workforce and the request to review and monitor patients on a more frequent basis to lessen the potential impact on their wellbeing and monitor potential morbidity outcomes could have a negative impact on a workforce, which is currently working to full capacity. This could lead to staff well being issues and result in rising sickness levels.</p> <p>Within the JCC this could also be impacted as the drive within the organisation is to support and improve clinical outcomes and the teams are working tirelessly to ensure collaboration and relationship development with the clinical team's health boards and Trusts are understanding and supportive.</p>
	<p>3</p>	<p>The involvement and engagement of public advocacy bodies such as LLais is essential in ensuring the patient voice is present.</p> <p>Support from Health Boards and Trusts essential and a clear understanding of the aim of the proposal.</p>
	<p>3</p>	<p>This would have an impact on the Quality improvement perspective and an approach to improve patient outcomes and expectations which have been a priority within the JCC. i.e waiting list management and delays in Welsh residents having elective surgery/ treatment on an all Wales basis in an equitable and effective way.</p> <p>Conversely It could possibly result in further work being addressed and delivered from a Value-Based outcome perspective as further evaluation and a regular review of patient needs could support further innovations around the application and delivery of a more prudent Health care model preventative model</p>

	<p>3</p>	<p>The implications and knock on effect on services supporting patients on the waiting list and accessing treatment and demand on these will be affected. Outcome measures and the impact of the proposal would need to be carefully monitored and evaluated. The proposal for achieving the evaluation outcomes needs to be included/ incorporated into the proposal and agreed within the JCC.</p>
<p><b>Overall amount of activity required</b></p>	<p>The overall impact is negative – for this to be deliverable a through review of the clinical services would need to be undertaken alongside the patient cohorts impacted and numbers. The benefit of saving and reducing the underspend for this year may have an impact on next year as the morbidity outcomes and need to address the impact on future waiting lists and treatment pathways may result in increased costs to manage these.</p>	

## 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 that position in the future.
- Potential for increased emergency admissions due to patients not receiving timely elective care and decompensating.
- Potential for harm where patients are waiting for time sensitive procedures or require emergency treatment, noting the anticipation that this might be a challenging ‘flu season.
- 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 to meet waiting times targets.

**BENEFITS**

- Potential for short term cost savings to mitigate the JCC budget deficit.
- Mitigates the financial impacts to 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
Adele Roberts 03/12/25	<Name, role and date>	<Name, role and date>

#### 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
<Name, role and date>	<Name, role and date>	<Name, role and date>