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Select Your Organisation: Dudley and Walsall Mental Health Partnership NHS Trust

QIPP

Most of the following requirements for assurance in the checklist apply to all Trusts, others to specific types of Trusts eg Acute Trusts. The note in brackets indicates whether it applies to all or only some eg “where applicable”.

Please provide for each individual requirement:
• confirmation that requirements are in place (yes/no)
• a Trust assurance statement against each of the individual requirements (no more than 1 -2 paragraphs) either to support your confirmation of compliance (including how you could further evidence that if necessary, e.g. by referencing web links, key documents) or, in the case of non-compliance describe the mitigating actions/plan/timeline in place to achieve compliance.

Please also indicate against any requirements where you may benefit from support/signposting to best practice/linkages with other Trusts and any areas within the checklist where you are demonstrating good practice you are willing to share.

1
A firm foundation and detailed project plans agreed with stakeholders are essential to delivery of QIPP. Please confirm compliance in relation to the specific requirements below:

1.1
QIPP schemes are based on evidence which demonstrates the possible range of improvement against a benchmarked position

Confirmation of compliance

Yes
1.1 Explanation/mitigation of non-compliance

The Trust delivers QIPP through its service transformation programme, aiming to deliver continuous improvement in services. Where required evidence such as stakeholder feedback, incidents, complaints and performance data is used to demonstrate the need for change and measure improvement.

Research is also undertaken to review effectiveness of services and national models to determine their role in future service configuration.

Confirmation of compliance

1.2

QIPP plans have progressed from high level ambitions to detailed pieces of service and clinical pathway redesign

1.3

the service and clinical pathway redesign work underpinning the QIPP plans has been led by both primary and secondary care clinicians

1.2 Explanation/mitigation of non-compliance

This is the approach the Trust has used for the last 3 to 4 years of its QIPP programme. High level ambition, development of strategy, developing range of options, agreeing option to take forward, developing detailed business plans, along with Quality Impact Assessment, Risks and where appropriate KPIs.

Critical is stakeholder involvement throughout and continual engagement with commissioners, e.g. plans for adult mental health services.

Confirmation of compliance

1.3 Explanation/mitigation of non-compliance

Plans are led by Heads of Service and Clinical Directors (which includes both primary and secondary care) with a multitude of staff brought in at various stages at both clinical and managerial level.

The Trust also brings in external expertise as and when required. GP Mental Health Leads are met with on a regular basis and facilitate developments across GP primary care services.
1.4

QIPP plans that involve unscheduled care are developed in sufficient detail to focus on a particular group of patients or conditions.

**Confirmation of compliance**

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1.4 Explanation/mitigation of non-compliance

Plans for 14/15 are focused on community services with the main focus on scheduled care for patients with severe and enduring mental illness. Any element of unscheduled care will focus on the same patient group.

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2

The Trust has considered consultation requirements associated with the QIPP plans and has a consultation plan if appropriate which outlines stakeholders and planned timescales.

**Confirmation of compliance**

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2 Explanation/mitigation of non-compliance

The Trust has reviewed its plans for 2014/15 and is not required to go to formal consultation on them. The Trust provides updates on its service transformation programme to the Health Scrutiny Panels in both boroughs as required.

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3

Testing of assumptions increases the likelihood of successful delivery of planned changes. Please confirm compliance in relation to the specific requirements below:

3.1

tests of changes on a pilot basis have been carried out to provide assurance of the expected impact of the schemes

**Confirmation of compliance**
3.1 **Explanation/mitigation of non-compliance**

Pilots take place when considered appropriate e.g. the Early Access Service was experiencing some blockages and a number of changes were piloted for 3 months and tweaked further following evaluation.

The main scheme for 14/15 will be Community Services. The Trust reviewed the evidence for Assertive Outreach (AOT), and in agreement with commissioners, reduced the service in 2011/12 and aligned it to the Community Recovery Service (CRS). This is considered to be the pilot. A further review of evidence has resulted in the decision to mainstream the rest of AOT back to CRS in the coming year.

3.2

the Trust has assured itself that there is a direct causal link between each proposed QIPP action and the expected impact for the NHS Trust

**Confirmation of compliance**

3.2 **Explanation/mitigation of non-compliance**

A key part of our service transformation plan is anchored around the Quality Impact Assessment (QIA) process, a tool designed as part of the Trust’s Quality Improvement Strategy. QIAs are designed to ensure that service transformation plans place quality and safety improvement as the highest priority.

They are applied to all service transformation plans and include:
- Anticipated impacts on quality, positive and negative.
- Risks, mitigation plan and KPIs if any potential negative impact on quality.
- Assessment against impact on regulatory requirements

Ref: POD template & CIP PMO planning process

3.3

the Trust has assured itself that the QIPP plan distinguishes appropriately between full year and part year effects

**Confirmation of compliance**
3.3 Explanation/mitigation of non-compliance

The Management Executive Team and Trust Board receive regular reports that identify full year and part year effect for each scheme. 3 of the plans for the coming year have an agreed part year effect.

3.4

the Trust and commissioners have assured themselves that the skills required to deliver the new pathways are available in the required staff group and the correct location

Confirmation of compliance

3.4 Explanation/mitigation of non-compliance

Yes

Depending on the project, skills analysis may be undertaken to determine the skill set of the staff being transformed or redeployed to ensure the right skill set in the right location. This may assist with the process or identify knowledge and skill gaps that need to be addressed.

For 2014/15 schemes there should be no skills issues as a result of the transformation, however this will be considered on an individual basis for any staff affected by redeployment.

3.5

QIPP schemes have a realistic start date

Confirmation of compliance

3.5 Explanation/mitigation of non-compliance

Yes

Realistic start dates are set and adjusted if required. The Trust has delayed projects when start dates have become unrealistic e.g. quality concerns about day services project resulted in start date being delayed.

For the coming year there are 3 projects that have an agreed part year effect to ensure a realistic start date and this is planned for financially.
3.6

Please state how much confidence each party has in the delivery of the QIPP schemes

4

The success of each QIPP scheme must be measurable. A set of Key Performance Indicators and milestones has been jointly agreed that will measure the outcomes of each scheme

**Confirmation of compliance**

4

Explanation/mitigation of non-compliance

Each scheme has a POD (Project Overview Document) completed which includes a Quality Impact Assessment, Project Milestones, Risks, Finances, KPIs. These are currently in progress for 2014/15 and will be signed off before the end of the financial year.

5

Appropriate arrangements are in place to monitor delivery of QIPP plans against KPIs and milestones

**Confirmation of compliance**
5
Explanation/mitigation of non-compliance

6
The Trust and commissioners have run an integrated business process for 2014/15 and 2015/16 including planning and contracting, with the outcome of detailed contract amendments at Healthcare Resource Group level

Confirmation of compliance

6
Explanation/mitigation of non-compliance

The Trust has a CIP PMO in place to manage this function. The PMO reports to MExT (Management Executive Meeting) and Trust Board on a monthly basis.

Yes

6
The Trust and its commissioners have shared service development intentions and plans for the forthcoming years. We are also in discussions to develop main health care contracts for the next 3 years.
We have a Memorandum of Understanding in place with both main commissioners to work together in partnership to develop PbR and HRG in mental health. We are one of 22 pilots for CAMHS PbR and a key participant of the regional PbR steering group.

Confirmation of compliance

Yes

7
Appropriate access to commissioner headroom/non recurrent resources has been discussed. For example, to cover non-recurring costs associated with the change such as redundancies / pump priming costs /stranded fixed costs for a limited period of time

Confirmation of compliance
A robust shared approach to risk management is required to support QIPP delivery in 2014/15. Please confirm compliance in relation to the specific requirements below:

8.1 consideration has been given to whether QIPP schemes would support a gain share approach, for example, pass through drug costs;

**Confirmation of compliance**

DWMHPT has a robust partnership framework in place with its health economy partners to ensure appropriate risk sharing. This is evidenced by Section 75 agreements with our MBC partners, managed through monthly partnership operational groups and quarterly Partnership Board meetings. QIPP schemes are planned and the impacts assessed through these channels. This formal framework is supported by posts within the Trust and and MBCs whose role it is to remain engaged and understanding of shared and individual issues. From a health perspective, the Trust’s contractual framework ensures an environment to consider, discuss and agree arrangements for risk sharing.

This involves monthly Contract Review Meetings, Clinical

8.2 an approach to in year risk delivery has been agreed;

**Confirmation of compliance**
8.2
Explanation/mitigation of non-compliance

The Trust has always managed its QIPP schemes within the organisation. While Commissioners are aware of the QIPP schemes, all the financial risk of non delivery remains with the Trust.

8.3
the detail of the risk sharing agreements is linked to the level of detail in the plan and the level of confidence in all parties around delivery;

Confirmation of compliance

8.3
Explanation/mitigation of non-compliance

8.4
the approach to risk sharing has taken into consideration the baseline planned activity and price;

Confirmation of compliance

Yes
The Trust has contracted with its host Commissioners on a block contract basis, but will monitor in-year performance against indicative planned activity. The impact on activity of individual QIPP schemes will be detailed in the Project Overview Document for each scheme.

8.5
the Trust and commissioners have agreed an exit strategy if a component of the QIPP plan does not deliver the expected outcomes;

Confirmation of compliance

8.5
Explanation/mitigation of non-compliance

The Trust manages risks around its QIPP programme internally. If there is slippage, there are a series of actions that the Trust will action:
1) Can corrective action be taken to deliver the scheme to plan?
2) Can underspends in other areas be used to offset the impact of the slippage?
3) Provide a central reserve to manage the delivery of the Trust forecast outturn.
4) Will the full year effect be delivered by the start of the next financial year, and if not, how will this be covered within the overall QIPP programme?

8.6
the consequences of the agreed exit strategy are clearly outlined for each party

Confirmation of compliance

8.6
Explanation/mitigation of non-compliance

As all the risk is bore by the Trust, the exit strategy is in place.
Please press the submit button now.