NHS

Restoration & Recovery Planning: Impact Assessment Framework for Service Changes during COVID 19

Version: 4.0

NHS England and NHS Improvement

Midlands Impact Assessment Tool & Processes

NHS

COVID-19 Response into Recovery

System Service Change Baseline on Futures
(Agreed with HOSC, CQC & Healthwatch)

"Sift & Sort" of service changes using Impact Assessment Tool

RESTORATION
Service Changes that are not viable as a permanent solution. IAT provides broad indication for clinical/impact assessment for prioritisation of services to go back online in Restoration Phase (6 weeks).

(6 weeks)
Restoration plan, service back online and update futures log

RECOVERY
Service Changes that are viable for consideration as a permanent change and need to feed into Recovery planning and review against LTP ambitions & ICS Development

Build into Recovery Planning and LTP alignment

Temporary Emergency Service Change Protocol & Command and Control Process

Recovery into Business as usual

Regional Pipeline

Recovery Plan review and isolation of changes to be retained to be built into Regional capacity pipeline for assurance

IAT outcomes into Case for Change

Engage HOSC on specific change proposed to be retained – confirmation of engagement or consultation

Clinical Senate Stage 1

Sense Check I

Determination of Assurance pathway

NHS Planning, assuring and delivering service change process

Phase 1 – Critical Tests
(to exclude non viable long term solutions)

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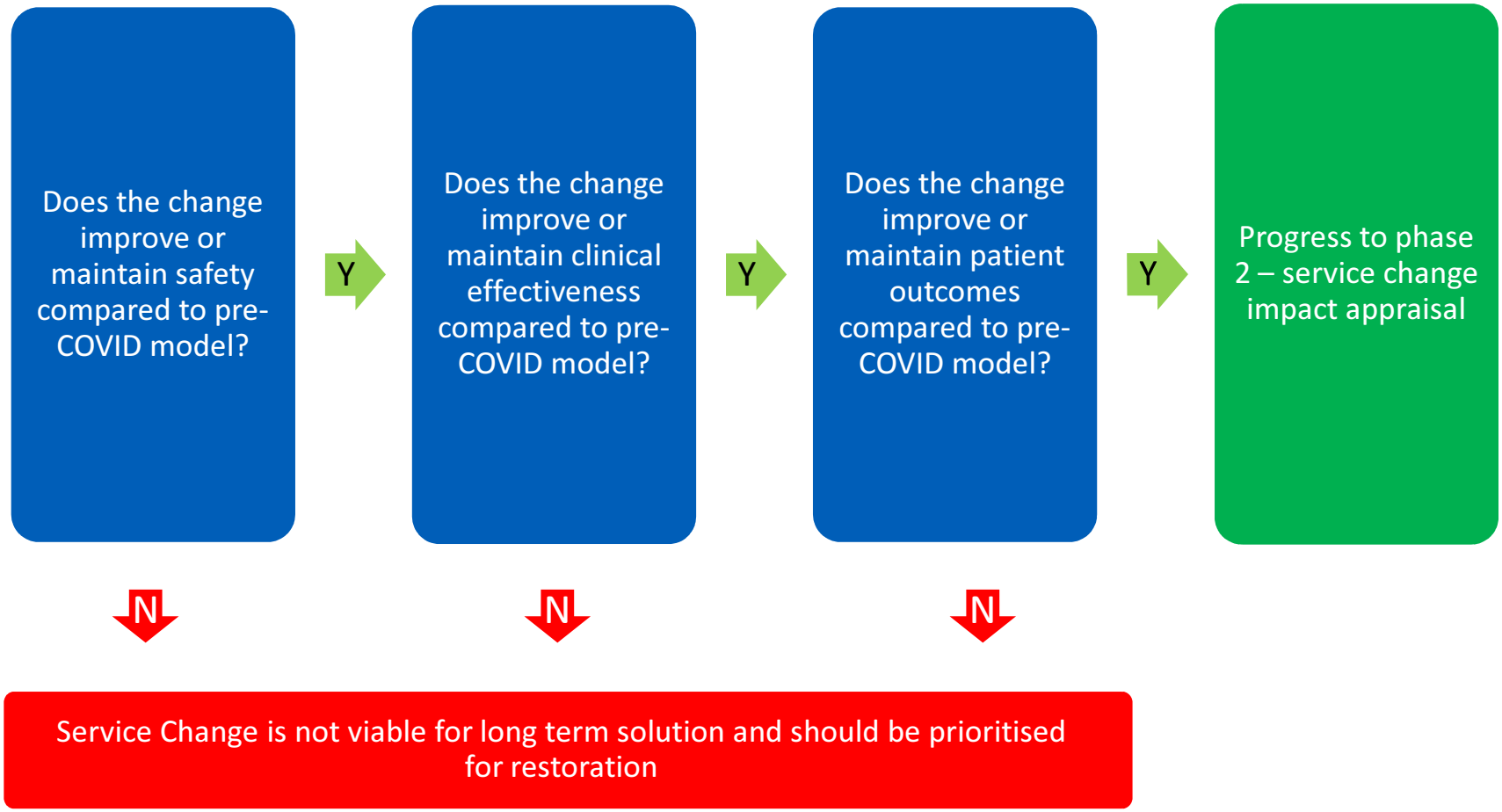
This first cut will review viability of COVID-19 changes that may be considered for a longer term solution providing patient safety, clinical effectiveness and patient outcomes are improved or maintain pre-COVID provision as a foundation.



Phase 2 – Service Change Impact Appraisal

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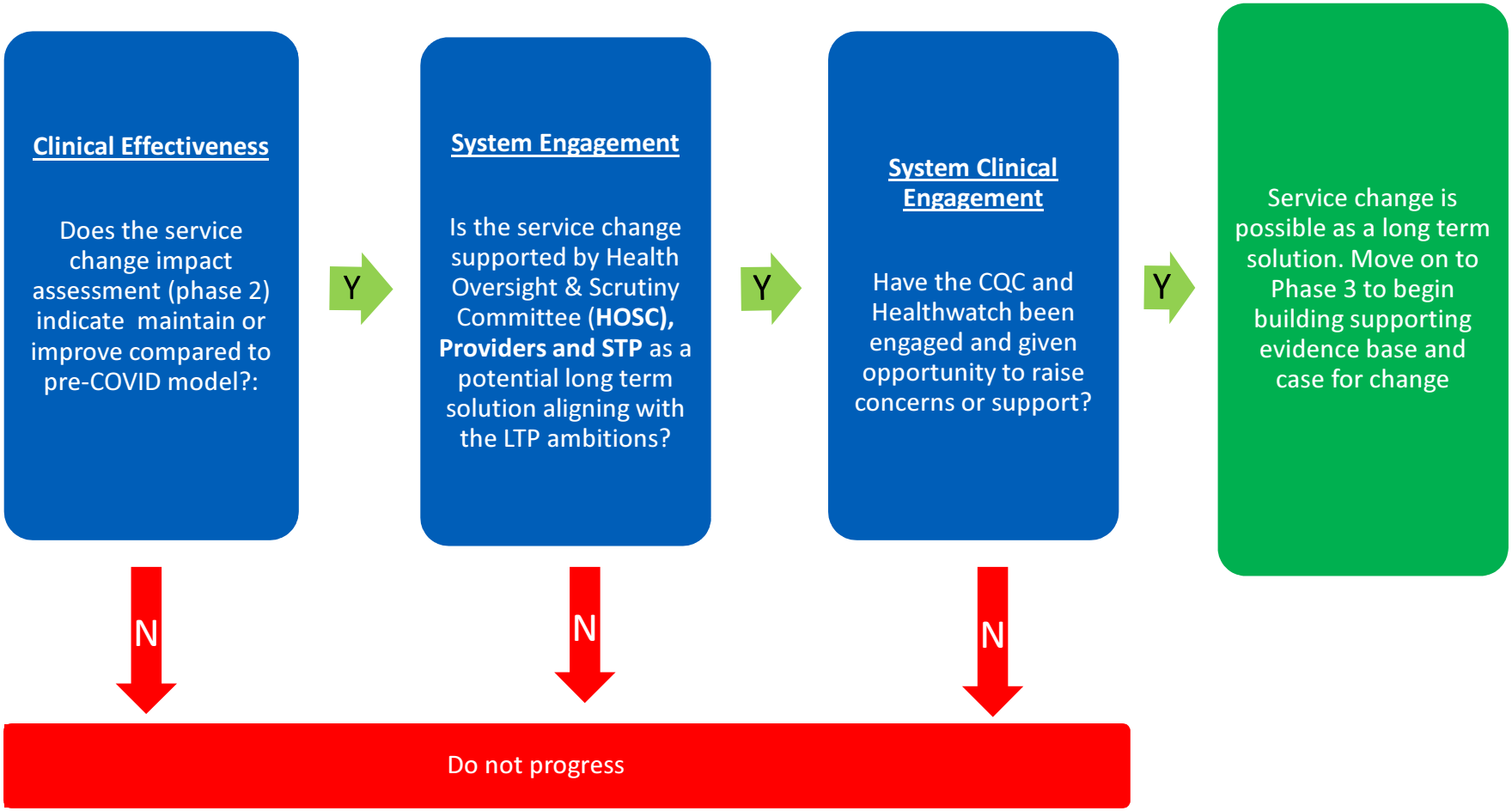
		++ve	+ve	Similar/ Unknown	-ve	--ve
Align with detailed QIA	Duty of quality	2	1	0	-1	-2
	Patient outcomes	2	1	0	-1	-2
	Level of safety	2	1	0	-1	-2
	Patient experience	2	1	0	-1	-2
	Patient Choice/ Access	2	1	0	-1	-2
	Impact on equality	2	1	0	-1	-2
Strength of evidence/ Plausibility		2	1	0	-1	-2
Level of clinical effectiveness		2	1	0	-1	-2
Alignment with national policy including NHS LTP		2	1	0	-1	-2
Cost		2 (much lower)	1 (lower)	0	-1 (higher)	-2 (much higher)
Workforce Demand/ Sustainability		2 (much lower)	1 (lower)	0	-1 (higher)	-2 (much higher)
Impact on other clinical services		2	1	0	-1	-2
Impact on neighbouring systems		2	1	0	-1	-2
TOTAL SCORE						

Phase 3 – System Engagement & Alignment

Those changes showing positive scores should now be tested against the three deal breakers below before proceeding to supporting evidence base as a foundation for the case for change. All changes showing potential for retainment should be shared with system partners for support and agreement to progress development. System engagement invested early will support the assurance process and give indication of public engagement of consultation requirements of HOSC, should the change be retained.



Phase 4 – Outlined Evidence for case for change (1/3)

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Phase 4 develops the evidentiary base for a Case for Change and includes Key Lines of Enquiries used in a Clinical Senate proforma for a Stage 1 review in an aim to reduce duplication in the development of COVID service changes and enable preparatory work for a Sense Check 1 as part of the standard Service Change Assurance gateways.

Below is a diagram describing the alignment between Phases 2 and 4 of this tool and the base requirements of a Sense Check 1.

Service Change Tests/Sense Check I requirements	PHASE 2 - Impact Assessment Tool	PHASE 4 – Outlined evidence/case for change
Clear clinical evidence base	Duty of Quality Patient Outcomes Level of Safety Level of Clinical effectiveness	KLOEs 3, 4, 5, 6, 10, 15, 17
Patient and public involvement	Patient Experience	KLOEs 18
Impact on patient choice	Patient Choice and Access	KLOEs 12, 18
Support of clinical commissioners and system	Impact on neighbouring systems	KLOEs 7, 20
Financial plan (capital and revenue for commissioners and providers)	Cost	KLOEs 21,
Where reduction in hospital beds – alternatives	*Specific to changes that see a reduction in bed base numbers*	
Consultation plan		KLOEs 24
Public Sector Equality Duty and inequalities duties	Impact on Equality	KLOEs 12, 19
Implementation arrangements	Workforce demand/sustainability	KLOEs 9, 22
Fit with STP and Long Term Plan	Alignment with National Policies and LTP ambitions	KLOEs 2, 11, 13, 14, 16, 17
Impact on performance	Impact on other clinical services	KLOEs 8,

Phase 4 – Outlined Evidence for case for change (2/3)

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KLOE	Evidence Requirements	Evidence Summary
1	Summary of the current position in respect of the services covered by your proposals	
2	Case for why proposals for change need to be considered	
3	Proposals for change – describe the clinical model	
4	Describe and quantify the benefits	
5	Extent to which local clinicians and communities believe the proposals will deliver real benefits	
6	Describe and evidence the impact the proposals are expected to have on the safety, effectiveness and experience of care	
7	Impact the proposals are expected to have on the sustainability of affected and related services (including those in other health economies)	
8	How the performance of current services will be sustained through the lifecycle of the reconfiguration programme	
9	How outline plans will be implemented	
10	Impact of estates changes on safety, effectiveness and experience of care	
11	How proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College Reports	
12	How the proposals reflect the rights and pledges in the NHS Constitution	

Phase 4 – Outlined Evidence for case for change (3/3)

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KLOE	Evidence Requirements	Evidence Summary
13	Alignment with local joint strategic needs assessments, commissioning plans and joint health and wellbeing strategies	
14	How proposals meet the current and future healthcare needs of patients	
15	Clinical risk analysis and associated mitigation plan	
16	Demonstrate good alignment with the development of other health and care services	
17	How proposals support better integration of services	
18	Issues of patient access and transport	
19	How proposals will help to reduce health inequalities	
20	Does the options appraisal consider a networked approach – co-operation and collaboration with other sites and/or organisations	
21	Is the service change affordable and sustainable across all health organisations?	
22	Links to other work streams, including specialised commissioning	
23	What alternate or emerging options are there to this service change?	
24	Have the HOSC been engaged and formally advised on the consultation or engagement requirements of the local population?	