Quality Impact Assessment (QIA) Policy

Category:	Policy
Summary:	The purpose of this policy is to set out the responsibilities; process and format to be followed when undertaking a quality impact assessment.
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Further Information:	
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Introduction

1. This policy details the process to be undertaken in order to assess the impact on quality of business plans, change projects and improvement plans, and business cases or major consultations

Policy Statement

2. It is the policy of Oxford University Hospitals NHS Foundation Trust ("the Trust") that all of its business cases, and any other business, change or implementation plans, are evaluated for their impact on quality.

Scope

3. This policy should be read by all clinical and managerial staff across the Trust. The policy relates to Quality Impact Assessment (QIA), to be undertaken when developing business cases and other business plans. It applies to staff that undertake, scrutinise and challenge impact assessments.

Aim

4. The purpose of this policy is to set out the responsibilities; process and format to be followed when undertaking a quality impact assessment. There is a separate policy detailing the process for equality impact assessments.

Definitions

5.

Quality	Quality can be defined as embracing three key components: • Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen. • Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit. • Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.
Quality Impact Assessment	An impact assessment is a continuous process to ensure that possible or actual business plans are assessed and the potential consequences on quality are considered and any necessary mitigating actions are outlined in a uniformed way.

Responsibilities.

6.

6.1. The Chief Executive, as Accountable Officer, has ultimate responsibility for quality across the Trust.

6.2. The Chief Nurse and Medical Director are responsible for ensuring that Quality Impact Assessments are effectively considered as part of discussions at TME, and for providing Executive signoff.

6.3. The Trust Management Executive is responsible for quality impact assessment sign off, for maintaining records of completed quality impact

assessments, and for ensuring that those representing high risk (16 or above) are considered by the Quality Committee.

6.4. Divisional Directors are accountable for reviewing and signing quality impact assessments undertaken by project leads in their areas/ services prior to submission to the finance team, business planning, or other committees. They will also ensure that the impact on quality on an on-going basis is monitored appropriately. They may delegate responsibility for this, but not accountability.

6.5. Project Leads are responsible for undertaking quality impact assessments, identifying risks and mitigating actions and submitting quality impact assessments for addition to the QIA process with review and sign-off.

Content of the Policy

7.

7.1. **When and how often a quality impact assessment should be undertaken?**

7.1.1 QIA is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives, including those where improved quality is the primary driver of change

7.1.2. QIA must be undertaken as part of the development and proposal stage of developing business plans and should also be reviewed on a regular basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented.

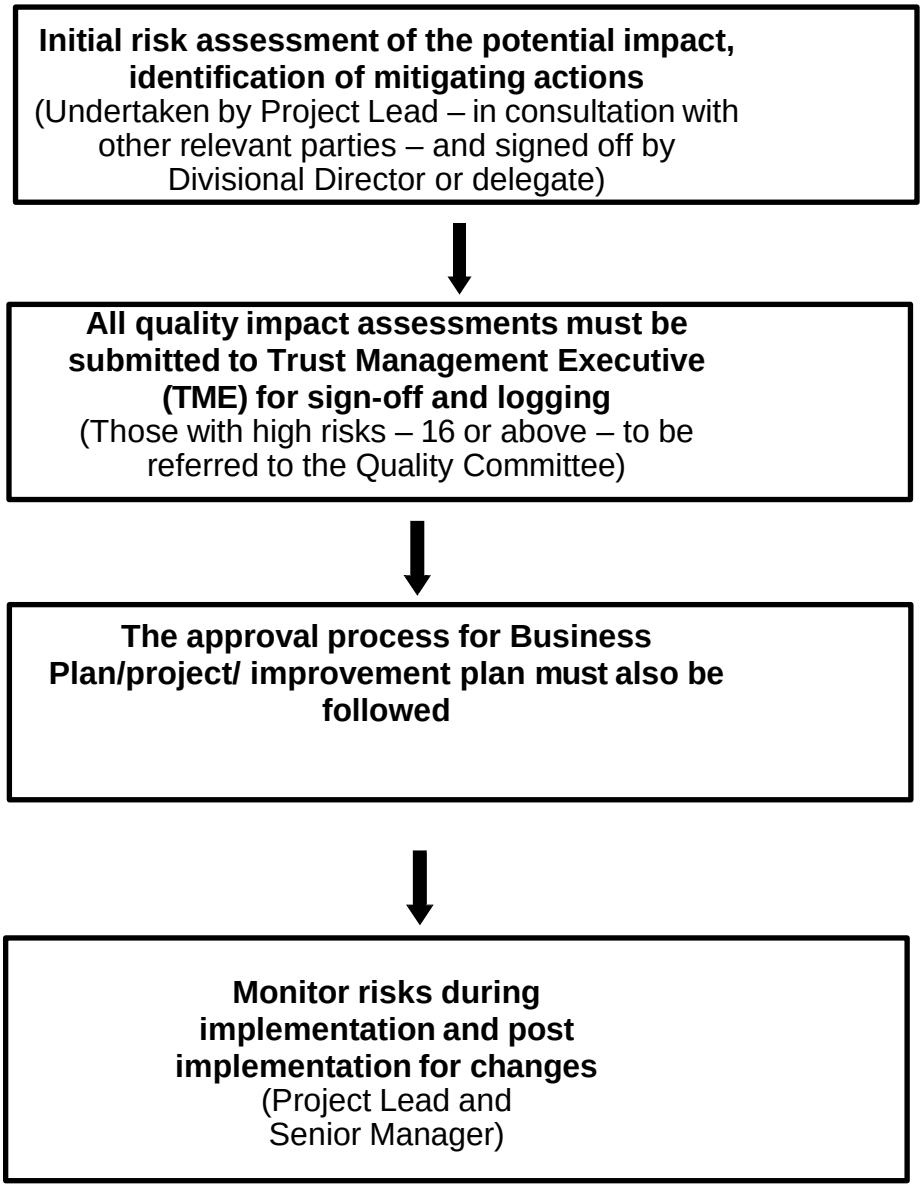
7.1.3. The frequency of review will be dependent on the level of risk identified (but will be a minimum of six monthly) and will be documented in the quality impact assessment document (see appendix 1).

7.2. **What should be considered as part of the impact assessment?** The impact assessment template can be found in appendix 1 and outlines the questions to be considered under the three domains of quality.

7.3. **Process for assessing potential risks to quality**

7.3.1. As part of the impact assessment, authors are required to consider any risks which should be added to the Directorate or Divisional risk register. High risks (16 or above) should automatically be escalated upwards in the organisation management structure for consideration of addition to the next level organisational risk register.

7.3.2. Trust Management Executive will review all QIAs for sign-off and logging. All assessments with a high impact (16 or above) will be submitted by TME to the Quality Committee for further discussion**.**



Process for raising concerns

7.4. Where concerns are identified, either through monitoring of clinical outcomes; through risk assessments; or via another route such as staff or patient feedback, they should be reviewed through the Divisional team in the first instance and if necessary referred to the Assurance team for potential discussion at TME and inclusion in the risk register.

Training

8. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

9. Compliance with the policy will be monitored in the following ways.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or committee that will review the findings and monitor completion of any resulting action plan
QIA is undertaken for each change programme that meets criteria, signed off by relevant clinical leaders including Directorate and Divisional	No business cases to be signed off without QIA (alteration of business case template and other relevant documentation). Audit of business cases.			
QIA undertaken is of appropriate quality	Audit of business cases and accompanying QIA scores and narratives			
QIA is reviewed by TME and signed off by Executives	Review of TME minutes. Review of completed business cases.			
Where QIA risk rating is 16 or above, QIA is referred to Quality Committee for further discussion	Review of TME minutes and corroboration with minutes of Quality Committee			
QIA overall	Aggregated			

activity and outcomes are reported to the Trust Board	review of activity			
Compliance with all aspects of QIA policy	Internal audit review of end to end process	Finance Director	Annual	Audit Committee reporting to Trust Board

Standard	Source of Assurance/	Responsibility
Quality impact assessments are required to accompany all full business case proposals/ business plans at relevant group e.g. Collaborative Commissioning Congress.	Papers for meetings should be scrutinised. Those submitted without impact assessments completed must be returned to project lead before being progressed.	Project Lead and relevant Senior Manager/ Executive.
All quality risk assessments are submitted to the Director of Nursing and Quality for sign off and logging.	A spreadsheet of submitted quality impact assessments including level of risk and outcome will be maintained.	Corporate Finance
Risk registers contain appropriate risks in relation to the potential impact on business plans	OUH risk registers are reviewed and updates, presented to the Quality Committee	All Executives
All assessments judged as having high risk 16 or above) must be referred to Quality Committee for further scrutiny.	Minutes of committee	Corporate finance

Review

10. This policy will be reviewed every 3 years.

References

11. None.

Document History

Who? Individuals or Committees	Rationale and/or Method of Involvement
Executive Committee	Discussion, June-July 2018
Trust Management Executive	Discussion and ratification July 2018

Equality impact analysis

12. Please see below.

Have you considered how the Policy will affect people:	Yes	No	How have these groups been included in the development of the Policy?	How will the Policy affect them?
Who have a physical or sensory impairment? Have you consulted with them?	x	☐	No	N/A
With a disability?	x	☐	No	N/A
Of different gender?	x	☐	No	N/A
Of different ages?	x	☐	No	N/A
With different racial heritages?	x	☐	No	N/A
With different sexual orientations?	x	☐	No	N/A
Who are pregnant or recently had a baby?	x	☐	No	N/A
With different religions or beliefs?	x	☐	No	N/A
Who are going through gender re-assignment or have transitioned?	x	☐	No	N/A
Of different marital/partnership status?	x	☐	No	N/A
Who are carers?	x	☐	No	N/A
Any other group who may be	x	☐	No	N/A

affected by this policy				

Summary of Analysis

Does the analysis show evidence of:	Yes	No	Please explain your answer
The potential to discriminate?		x	No impact
The advancement of equality of opportunity?		x	No impact
The promotion of good relations between groups?		x	No impact

Appendix 1: Quality Impact Assessment Tool

Stage 1 Screening Tool

Overview

This tool requires all projects to undergo an initial assessment (Stage 1) to identify any potential impacts, positive, negative or neutral on quality from any proposed changes to the way services are commissioned or delivered. The rationale to support the identification of the impact as positive or negative must be recorded in the comments column.

Where a potential negative impact is identified it should be risk assessed using the standard risk matrix shown below.

Quality is described in a number of areas, each of which must be assessed. Where a potentially negative risk score is identified and is greater than eight this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than eight must go on to a detailed assessment. All impact assessments must be signed and dated by the person carrying out the assessment. All completed impact assessments must be reviewed and signed by a senior manager/ executive in that area prior to submission to the Corporate finance team for final sign off (via Trust Management Executive) and logging via the Chief Nurse and Medical Director.
All business cases must be accompanied by a completed quality impact assessment.

Those identified as high risk (score 16 or above), requiring a more detailed assessment (stage 2- see appendix 2) must be reviewed by the Quality Committee.

Scoring

An overall risk score for each element is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach an overall risk score.

The following table defines the impact and likelihood scoring options and the resulting score.

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date. See the guidance on pages 12 to 14 of this policy to assist in selecting appropriate impact and likelihood scores.

		Likelihood				
		1	2	3	4	5
Impact	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Quality Impact Assessment Tool

Stage 1

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Where an adverse impact score greater than eight is identified in any area, this will require a more detailed impact assessment to be carried out, using the escalation proforma.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Title of Scheme:

Project Lead for scheme:

Senior Manager/ Executive Sponsor: Brief description of scheme:

Intended Quality Improvement Outcome/s: Methods to be used to monitor quality impact:

	P/N or N/A	Risk Score (if N)	**Comments** (include reason for identifying impact as positive, negative or neutral)	**Risk > 16 Stage 2 assessment required) Y/N If Y complete stage 2 proforma)**
Duty of Quality Could the proposal impact positively or negatively on any of the following: a) Compliance with NHS Constitution right to: - Quality of Care and Environment - Nationally approved treatments/ drugs - Respect, consent and				

	P/N or N/A	Risk Score (if N)	**Comments** (include reason for identifying impact as positive, negative or neutral)	**Risk > 16 Stage 2 assessment required) Y/N If Y complete stage 2 proforma)**
confidentiality - Informed choice and involvement - Complain and redress b) Partnerships c) Safeguarding children or adults				
NHS Outcomes Framework Could the proposal impact positively or negatively on the delivery of the five domains:				
1. Preventing people from dying prematurely				
2. Enhancing quality of life				
3. Helping people recover from episodes of ill health or following injury				
4. Ensuring people have a positive experience of care				

5. Treating and caring for people in a safe environment and protecting them from avoidable harm				
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration				

Name of person completing assessment:

Position:

Signature: Date of Assessment:

Reviewed by:

Position:

Signature: Date of review:

Proposed frequency of review: Six monthly/ Quarterly/ Monthly/ Other please specify:_____

(Minimum monitoring is six monthly (scores 6 or below), Every 4 months (scores 8-9), quarterly (scores 10-12) and monthly (15-20)- weekly or more frequent (score 25) Use boxes below to record outcome of reviews

Signed off by:

Position:

Signature: Date of review:

Requires review at Quality and Risk Committee: Y/N

Date considered at Quality and Risk Committee:

Logged on spreadsheet: Y/N Date:

Post Implementation Review *(use the template below to record outcomes of reviews- if more than one is required cut and paste the box below)*

Have the anticipated quality impacts been realised? Y/N Comments:

Have there been any unanticipated negative impacts? Y/N Comments:

Are any additional mitigating actions required? Y/N Comments:

Do any amendments need to be made to the scheme? Y/N Comments:

Reviewed by:

Position:

Signature:

Date of review:

Stage 1 – Calculate the Possible Impact

When calculating the impact you should choose the most appropriate domain for the identified risk from the left hand side of the table then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 (at the top of the column) to determine the impact score.

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Consequence score (severity levels) and examples of descriptors					
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Stage 2 – Calculate how likely the risk is to happen (likelihood)

Now work out the likelihood score. Look at the frequency and probability columns and identify which best describe how often you think the risk is likely to occur. Now make a note of the corresponding 'risk score' (1-5 in the right hand column).

Likelihood	Description	Risk Score
Almost Certain	Will undoubtedly occur, possibly frequently	**5**
Likely	Will probably occur but it is not a persistent issue	**4**
Possible	May occur occasionally	**3**
Unlikely	Do not expect it to happen but it is possible	**2**
Rare	Cannot believe that this will ever happen	**1**

Appendix 2: Quality Impact Assessment Tool

Stage 2 - Escalation proforma

To be completed when the initial impact assessment indicates a high risk (16 or above) and a more detailed assessment is required.

On identification of a high risk business case, commissioning decision or business plan this proforma must be submitted along with the business case to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available quality and outcomes committee to ensure scrutiny from a quality perspective.

Background and context of the business case/plan/decision for approval
What are the benefits?
What are the risks if the business case is not approved?
What are the high risks that the initial impact assessment indicates to certain groups or quality?
What plans are in place to ensure identified risks are mitigated?
After mitigation, what are the remaining residual risks?
Assessment completed by Name: Position: Date:
Line Manager Review
Name: Position: Date: