

Cover Sheet

Trust Board Meeting in Public: Wednesday 9 March 2022

TB2022.020

Title: Quality Impact Assessment (QIA) Policy

Status: For Information

History: Trust Management Executive

Board Lead: Chief Medical Officer, Chief Nursing Officer

Author: Chief Medical Officer

Confidential: No

Key Purpose: Assurance

Executive Summary

1. Quality Impact Assessment is a process which is undertaken in order to assess the impact of business cases, service changes and other major consultations on
 - Patient Safety
 - Clinical Effectiveness
 - Patient Experience
 - Staff Experience
 - Equality and Diversity
2. The OUH Quality Impact Assessment policy has been updated and has been approved by Trust Management Executive (24 February 2022).
3. The key updates made to the policy are:
 - Reference is made to the CQC well-led line of enquiry which states that the impact on quality should be considered when considering changes to clinical services.
 - Addition - each year as part of budget setting, the divisions should undertake a QIA on any reduction on their year on year budgets at Directorate level and discuss with the Chief Finance Officer and team, before submitting to Chief Medical Officer (CMO) and Chief Nursing Officer (CNO).
 - Section on responsibility for undertaking QIA is expanded to detail roles of Divisional Teams, Divisional Director sign-off and ongoing monitoring of QIAs.
 - Addition - CMO/CNO will hold responsibility for approval of QIAs with risk score above 8 to enable projects/business cases to proceed.
 - Clarification that TME will provide final approval of projects/business cases which include QIAs as part of the planning process.
 - Clarification that list of approved QIAs will be held by Quality Assurance Team.

Recommendations

4. The Trust Board is asked to
 - Receive and note the content of the updated QIA Policy.

Title: 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 for quality impact assessment.
Equality Analysis undertaken:	January 2022
Valid From:	
Date of Next Review:	February 2025
Approval Date/ Via:	TME
Distribution:	Trustwide
Related Documents:	1. Equality Impact Assessment Policy
Lead Directors:	Chief Nursing Officer; Chief Medical Officer
Author(s):	Chief Medical Officer
Further Information:	
This Document replaces:	Quality Impact Assessment Policy – 26 July 2018

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Quality Impact Assessment (QIA) Policy

1. Introduction

- 1.1. This policy details the process to be undertaken in order to assess the impact of business cases, service changes and other major consultations on the quality of care we offer patients and consider any impact on our staff wellbeing. It also recommends that each year as part of budget setting, the divisions should undertake a QIA on any reduction on their year on year budgets at Directorate level and discuss with the CFO and team before escalating to CMO and CNO.
- 1.2. The Care Quality Commission also state in their well-led key lines of enquiry that when considering changes to clinical services there should be an assessment on the impact to quality.
- 1.3. Oxford University Hospitals NHS Foundation Trust is committed to provision of high quality, safe care and therefore, the completion and approval of QIA's will ensure that all of the above mentioned activities will have a robust impact assessment enabling teams to act on findings to maintain quality.

2. Policy Statement

- 2.1. It is the policy of Oxford University Hospitals NHS Foundation Trust ("the Trust") that all of its business cases, service changes (such as where OUH staff treat/care for OUH patients) implementation of new systems (such as information technology (IT) software for patient management) or any other proposed major change, such as across the BOB Integrated Care System, that impact on patient services are evaluated for their impact on quality.

3. Scope

- 3.1. This policy should be read by all clinical and managerial staff across the Trust. It applies to clinical and non-clinical changes that affect the quality of care to OUH patients as well as to staff when developing business cases, planning service changes and introducing new systems or assessing the impact of budget setting.

4. Aim

- 4.1. 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 procedure detailing the process for equality impact assessments.

5. Definitions

Quality

5.1. Quality can be defined as embracing three key components:

- Safety – there will be no avoidable harm to patients from the healthcare they receive.
- 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 – a positive patient's experience will be at the centre of the organisation's approach to quality.

Quality Impact Assessment

5.2. An impact assessment is a continuous process to ensure that possible or actual business plans, changes to use of clinical areas, new information technology (IT) software for patient management or any other proposed business, change or implementation plans that impact on patient services are assessed and the potential consequences on quality of care for patients and any impact on staff are considered and any necessary mitigating actions are outlined in a uniformed way.

6. Responsibilities

- 6.1. The Chief Executive, as Accountable Officer, has ultimate responsibility for quality across the Trust.
- 6.2. Divisional teams 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. These staff are responsible for making any operational arrangements to facilitate key stakeholder engagement, at the beginning of the process, collate key issues arising and collect and monitor impact on quality of any quality measures as indicated
- 6.3. Divisional Directors are accountable for reviewing and signing quality impact assessments undertaken by their teams in their areas/services prior to submission to the finance team, business planning group, or other committees when proposing service changes or introduction of new systems. 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.
- 6.4. The Chief Nursing Officer and the Chief Medical Officer are responsible for providing Executive approval for any change based on the QIA (above

a risk score of 8). They may reject the proposals if the mitigations are not found to be effective in reducing the risks that become apparent in the QIA.

- 6.5. The Trust Management Executive is responsible for final approval of the projects based on the QIA sign-off by the CMO and the CNO. The records of completed quality impact assessments will be held by the Assurance Team. All QIA with a score of 16 or above will be noted at IAC.

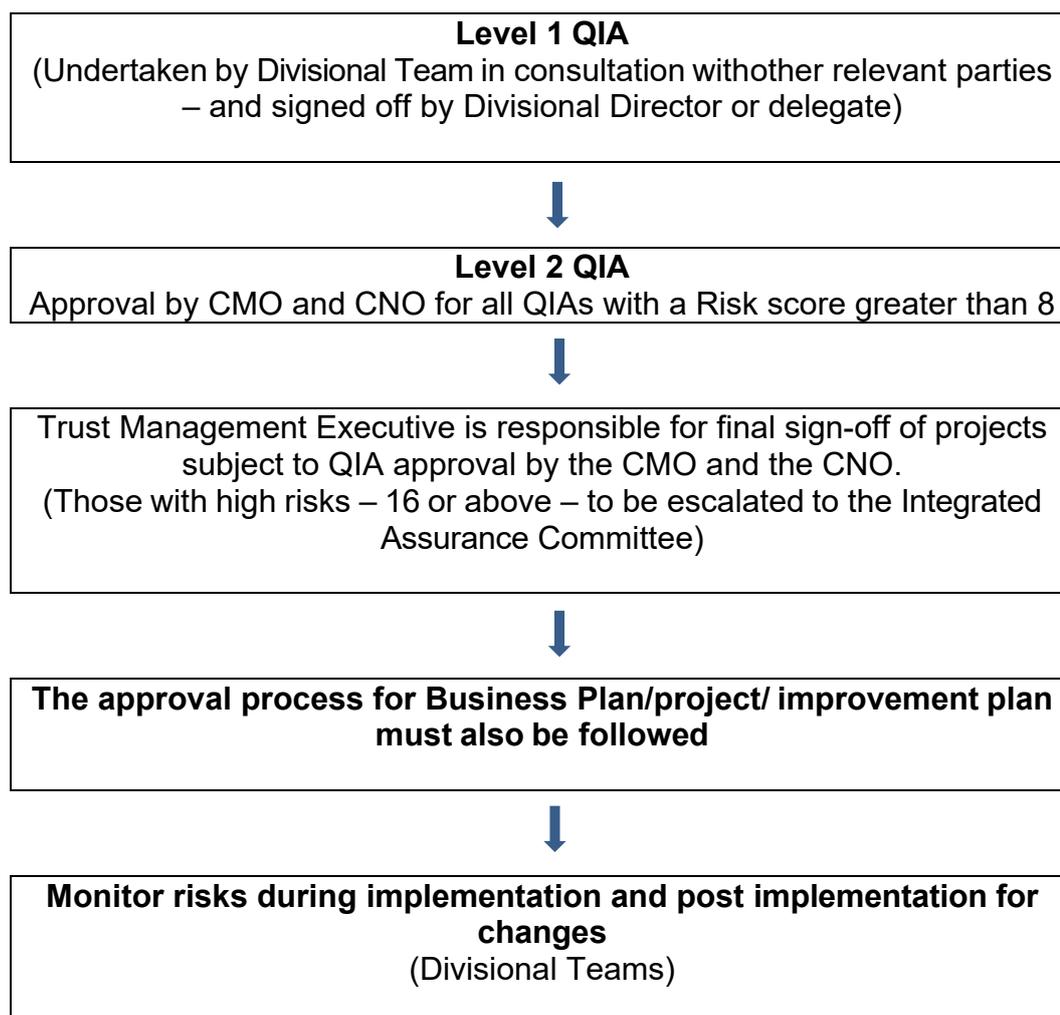
7. Policy content

When and how often a QIA should be undertaken?

- 7.1. 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
- 7.2. 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.
- 7.3. 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). Divisional Directors will maintain oversight of QIA review, reporting through the Divisional Management and Divisional Performance Review meetings.

What should be considered as part of the impact assessment?

- 7.4. The impact assessment template can be found in appendix 1 and outlines the criteria to be considered:
- Patient Safety
 - Clinical Effectiveness
 - Patient Experience
 - Staff Experience
 - Equality and Diversity



8. Process for raising concerns

- 8.1. 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. If necessary referred to the Assurance team for potential discussion at TME and inclusion in the risk register.

9. Training

- 9.1. 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.

10. Monitoring Compliance

- 10.1. Compliance with the policy will be monitored in the following ways.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	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 Directors	No business cases to be signed off without QIA Audit of business cases.	Business Planning Group	Six monthly	TME
QIA undertaken is appropriate	Audit of QIA scores and narratives	Divisional teams	Six monthly	TME
QIA is reviewed by CMO and CNO and signed off	Records held by Assurance Team	Assurance Team	Six monthly	TME
Where QIA risk rating is 16 or above, QIA is referred to Integrated Assurance Committee for further discussion	Review of TME minutes and corroboration with minutes of Integrated Assurance Committee	Assurance Team	Six monthly	IAC

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 quality impact assessments completed must be returned to project lead before being progressed.	Project Lead and relevant Senior Manager/ Executive.
All quality impact assessments are submitted to the Director of Compliance and Assurance for logging.	A spreadsheet of submitted quality impact assessments including level of risk and outcome will be maintained.	Assurance Team
Risk registers contain appropriate risks in relation to the potential impact on business plans	OUH risk registers are reviewed and updates, presented to the Integrated Assurance Committee	All Executives
All assessments judged as having high risk (6 or above) must be referred to Integrated Assurance Committee for further scrutiny.	Minutes of committee	Assurance Team

11. Review

11.1. This policy will be reviewed every 3 years.

12. References

12.1. None.

13. Document History

Who? Individuals or Committees	Rationale and/or Method of Involvement
Executive Committee	Discussion February 2022
Trust Management Executive	Discussion and ratification February 2022

14. Equality impact analysis

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	<input type="checkbox"/>	No	N/A
With a disability?	x	<input type="checkbox"/>	No	N/A
Of different gender?	x	<input type="checkbox"/>	No	N/A
Of different ages?	x	<input type="checkbox"/>	No	N/A
With different racial heritages?	x	<input type="checkbox"/>	No	N/A
With different sexual orientations?	x	<input type="checkbox"/>	No	N/A
Who are pregnant or recently had a baby?	x	<input type="checkbox"/>	No	N/A
With different religions or beliefs?	x	<input type="checkbox"/>	No	N/A
Who are going through gender re-assignment or have transitioned?	x	<input type="checkbox"/>	No	N/A
Of different marital/partnership status?	x	<input type="checkbox"/>	No	N/A
Who are carers?	x	<input type="checkbox"/>	No	N/A
Any other group who may be	x	<input type="checkbox"/>	No	N/A

affected by this policy				
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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
Quality Impact Assessment

Project Name:	
Accountable Executive:	
Project Manager:	

Clinical Director:	
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DD sign off:

Clinician / Practitioner completing QIA if different to above:	[if applicable]
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Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Extreme risk	0
High risk	0
Moderate risk	0
Low risk	0

	Risk rating							
	Brief description of potential impact	Consequence score	Likelihood score	Total risk score	Possible mitigation	Mitigated consequence score	Mitigated likelihood score	Mitigated risk score
Patient safety	Detail any impact the project may have on patient safety. Could there be increased risk of the patient being harmed either physically, mentally or via the environment?	On a scale of 1 to 5 - what is the impact of the risk occurring?	On a scale of 1 to 5 - what is the likelihood of the risk occurring?	Corresponding total rating on the matrix above.	Detail what action will be taken to reduce any negative impact.	What is your adjusted consequence score post mitigation?	What is your adjusted likelihood score post mitigation?	Corresponding total rating on the matrix above.

Quality indicators	Current baseline of indicator	Trigger for escalation	Actions to be taken upon breaching trigger level
How will you measure the healthcare quality? What can indicate a change in the quality?	The current achievement level of the indicator.	The trigger level at which the impact is escalated to the Trust .	The set of actions to be taken once the trigger is breached.

	Brief description of potential impact	Consequence score	Likelihood score	Total risk score	Possible mitigation	Mitigated consequence score	Mitigated likelihood score	Mitigated risk score
Clinical effectiveness	Detail any impact the project may have on the clinical effectiveness of patient care. Appropriate care should be provided at the right time to the patients who will benefit. Could the project prevent this from happening?	On a scale of 1 to 5 - what is the impact of the risk occurring?	On a scale of 1 to 5 - what is the likelihood of the risk occurring?	Corresponding total rating on the matrix above.	Detail what action will be taken to reduce any negative impact.	What is your adjusted consequence score post mitigation?	What is your adjusted likelihood score post mitigation?	Corresponding total rating on the matrix above.

Quality indicators	Current baseline	Trigger for escalation	Actions to be taken upon breaching trigger level
How will you measure the healthcare quality? What can indicate a change in the quality?	The current achievement level of the indicator.	The trigger level at which the impact is escalated to the Trust .	The set of actions to be taken once the trigger is breached.

	Brief description of potential impact	Consequence score	Likelihood score	Total risk score	Possible mitigation	Mitigated consequence score	Mitigated likelihood score	Mitigated risk score
Patient experience	Detail any impact the project may have on the patient experience of care delivery. Could the project result in increased waiting times / reduction in patient satisfaction etc.	On a scale of 1 to 5 - what is the impact of the risk occurring?	On a scale of 1 to 5 - what is the likelihood of the risk occurring?	Corresponding total rating on the matrix above.	Detail what action will be taken to reduce any negative impact.	What is your adjusted consequence score post mitigation?	What is your adjusted likelihood score post mitigation?	Corresponding total rating on the matrix above.

Quality indicators	Current baseline	Trigger for escalation	Actions to be taken upon breaching trigger level
How will you measure the healthcare quality? What can indicate a change in the quality?	The current achievement level of the indicator.	The trigger level at which the impact is escalated to the Trust .	The set of actions to be taken once the trigger is breached.

	Brief description of potential impact	Consequence score	Likelihood score	Total risk score	Possible mitigation	Mitigated consequence score	Mitigated likelihood score	Mitigated risk score
Staff Experience	Detail any staff experience impact the project may have. Could there be any impact on staff health and safety / operations or work satisfaction?	On a scale of 1 to 5 - what is the impact of the risk occurring?	On a scale of 1 to 5 - what is the likelihood of the risk occurring?	Corresponding total rating on the matrix above.	Detail what action will be taken to reduce any negative impact.	What is your adjusted consequence score post mitigation?	What is your adjusted likelihood score post mitigation ?	Corresponding total rating on the matrix above.

Quality indicators	Current baseline	Trigger for escalation	Actions to be taken upon breaching trigger level

	Brief description of potential impact	Consequence score	Likelihood score	Total risk score	Possible mitigation	Mitigated consequence score	Mitigated likelihood score	Mitigated risk score
Equality & diversity	Will there be any disproportionate impact on the grounds of race, sex, disability, age, sexual orientation or religious belief? For example moving a clinical service to location inaccessible by public transport	On a scale of 1 to 5 - what is the impact of the risk occurring?	On a scale of 1 to 5 - what is the likelihood of the risk occurring?	Corresponding total rating on the matrix above.	Detail what action will be taken to reduce any negative impact.	What is your adjusted consequence score post mitigation?	What is your adjusted likelihood score post mitigation?	Corresponding total rating on the matrix above.

Quality indicators	Current baseline	Trigger for escalation	Actions to be taken upon breaching trigger level
How will you measure the healthcare quality? What can indicate a change in the quality?	The current achievement level of the indicator.	The trigger level at which the impact is escalated to the Trust .	The set of actions to be taken once the trigger is breached.

Maximum risk score (overall)	0
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Example quality indicators
Infection rate e.g MRSA Medication errors Slips, trips and falls Adverse events e.g SUIs Readmission rate Mortality rate Average length of stay Patient satisfaction (discharge survey) Patient complaints Waiting times Sickness and absence levels Turnover rate Staff satisfaction/ safety

	Date	Comments
Approval and comments - Medical Director / Director of Nursing		

Appendix 2: Quality Impact Assessment - *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: