



# QUALITY IMPACT ASSESSMENT POLICY

## **DOCUMENT INFORMATION**

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<b>Ratifying committee/group:</b>	Patient Safety Group
<b>Date of ratification:</b>	1 December 2019
<b>Date of Issue:</b>	December 2019
<b>Review due by:</b>	Three years from date above December 2022
<b>Version:</b>	2

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## 1. Background

South Central Ambulance Service NHS Foundation Trust (SCAS) is committed to ensure that all services changes are evaluated for their impact on quality. Every year there is an efficiency / productivity requirement set for the NHS and there is an annual expectation that savings and efficiencies will be made by each organisation.

SCAS therefore must find innovative approaches to service delivery and ensure services are more productive, leaner and offer best value, while continuing to improve quality. Cost Improvement Plans (CIPs) are not necessarily about cuts but rather the focus is usually on improving efficiency. Gaps can be filled in several ways and it may for example, include a plan to increase income.

All CIPs are subject to change and need to be dynamic documents since revisions in policy or circumstances require adjustments to CIPs throughout the year. Ultimately, this reinforces the need to review any potential impact on quality through Quality Impact Assessments (QIAs). Any change in service that has the potential to positively or negatively impact patients or staff needs to be assessed.

## 2. Scope

This policy should be made available for all staff across the Trust and should be read by all clinical and managerial staff. The policy relates to QIAs to be undertaken when making service changes. It applies to all staff who undertake, scrutinise, review and challenge impact assessments.

## 3. Introduction / Aim

This policy details the steps to be taken at SCAS in order to assess the impact on quality for all business plans, CIPs, change projects and improvement plans, business cases or major consultations.

The purpose of this policy is to set out the responsibilities, process and format to be followed when undertaking a quality impact assessment. The QIA process can be summarised as follows:

- a) **Potential risk identified with service change**
- b) **Assess potential impact/risk on quality and cost**
- c) **Approve plans to mitigate risk**
- d) **Monitor actual impact on quality**

The following principles have been adapted from National Quality Board guidance and underpin the QIA process:

1. The patient comes first, not the needs of any organisation or professional group
2. Quality is everybody's business
3. If we have concerns, we speak out and raise questions without hesitation
4. We listen to what patients and staff tell us about the quality of care and services
5. If concerns are raised, we listen and '*go and look*'
6. If we are not sure what to decide or do, then we seek advice from others

7. Our behaviours and values will be consistent with the NHS Constitution and of paramount importance.

## **4. Definitions**

**4.1 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 and operating within legal boundaries, at all times, and that avoidable harmful events never happen.
- Cost-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.

## **4.2 Quality Impact Assessment (QIA)**

A QIA is a process to ensure that possible or actual service changes are assessed to ensure they are clinically safe and that any potential risks to quality can be managed through mitigating actions.

A QIA must be completed for all service changes that will result in one or more of the following:

- Change to skill mix and/or headcount
- Service redesign
- Change to business process that will directly or indirectly impact quality (safety, patient experience and effectiveness of care).

A full QIA must also be undertaken where a new, redesigned or decommissioning of a service is proposed. Financial and other risks should be subject to separate general risk assessment. The main goals of the QIA are as follows:

- To ensure that the Trust's plans have an overall neutral or positive impact on quality as well as reducing costs.
- To ensure that plans do not bring quality below essential Care Quality Commission standards at any point of service, and are assessed by relevant healthcare professional/clinical staff.
- To assess and categorise all plans by their potential impact on quality.
- To undertake more in-depth reviews on those plans which are deemed to have a significant impact on quality.
- To provide governing body assurance on the outcomes of assessing the quality impact of plans.
- To ensure there is an on-going process for assessing the quality impact of plans.

## 5. Roles and Responsibilities

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

**5.2 Executive Director of Patient Care and Clinical Transformation and Medical Director** are responsible for ensuring that QIAs are conducted and records signed-off accordingly, ensuring that schemes representing high risk (8 or above) are considered at the Cost Improvement Review Meetings and if required are escalated to Executive Management Committee or Quality and Safety Committee, as appropriate.

**5.3 Operational Directors** are accountable for reviewing and signing quality impact assessments undertaken by project leads for their respective services prior to submission to the cost savings meetings. They will also provide oversight ensuring that the impact on quality is monitored on an on-going basis. They may delegate responsibility for this but not accountability.

**5.4 Project Leads** are responsible for the successful planning, delivery and monitoring of the scheme, together with the completion of the project initiation document (PID), project plan and QIA. The Operational / Clinical Director may also delegate responsibility to the Project Lead for monitoring the on-going impact of quality.

**5.5 Finance Managers** offer financial expertise to the Project Lead and provide appropriate robust challenge of the CIP.

## 6. The QIA Process

The first step for any scheme / project identified by the Service Line or Corporate Team is for the Project Lead to complete a Project Initiation Document (PID). The PID is initially completed with the following information:

**Project/Scheme Details** - This captures the basic details of the scheme, outlining the scope, rationale and any implications so that the scheme can be fully understood by those outside the service.

**Dependencies** - This is an optional section for use if the project/scheme has interdependencies with other departments or corporate functions or additional support is required.

**Finance / Workforce Data** - This section is required for savings schemes only. It captures basic details which inform the Finance Manager's review.

### Cost Savings Meeting

Cost saving group either approve the CIP, request further analysis to be undertaken, reject schemes on the basis of assessment, or agree to accept with a level of managed and mitigated risk. Accountability for the QIA is a two-tier process, with appropriate Corporate/Service Line Director sign-off at the first stage and the Director of Patient Care and Clinical Transformation and Medical Director signing off the second stage.

### **QIA Monitoring Process**

The SCAS Cost Savings Meeting is responsible for reviewing and monitoring the QIAs against CIPs on a monthly basis. One or both of the Executive Clinical Directors attend this group.

The Medical Director and Director of Patient Care review the QIAs for each CIP before formal sign off and if they are changed in year.

SCAS have a publicly available monthly integrated performance report (IPR) which includes the QIA information for Board review.

Commissioners review the QIAs annually as part of the contract process.

The plan owner/lead is responsible for recording the completion/outcome of the QIA on the plan and for reporting this as part of ongoing plan monitoring.

Each individual accountable officer continuous to have ultimate responsibility for quality and equality across their own organisation.

### **Equality Impact**

This policy will be applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other relevant factor. The Trust will therefore take every possible step to ensure that this policy is applied fairly to all employees regardless of these protected characteristics or whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

Where there are barriers to understanding, e.g., an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

## **Appendix 1: Suggested questions to consider as part of the QIA**

### **Patient Safety**

1. What is the impact on partner organisations and any aspect of shared risk?
2. Will the proposed scheme impact on the organisations duty to protect children, young people and adults?
3. What is the impact on patient?
4. What is the impact on preventable harm?
5. Will it affect the reliability of safety systems?
6. How will it impact on systems and processes for ensuring that the risks of healthcare acquired infections to patients is reduced?
7. What is the impact on clinical workforce capability and skills?

### **Clinical Effectiveness**

1. What is the impact on implementation and compliance with evidence based practice?
2. Does it lead to improvements in care pathways?
3. What is the impact on (clinical) leadership?
4. Does it reduce or have a negative impact on variations in care provision?
5. Does it affect supporting staff to stay well?
6. Does it promote self-care management for people with long terms conditions?
7. Does it impact on ensuring that care is delivered in the most clinically and cost effective setting?
8. Does it eliminate inefficiency and waste by design?
9. Are there any identifiable unintended consequences on other care pathways?

### **Patient Experience**

1. What is the impact on race, gender, age, disability, sexual orientation, religion and belief for individual and community health access to services and experience?
2. What is the likely impact on self-reported experience of patients and service users?  
(Response to national/local surveys/complaints/PALS/Incidents).
3. How will it impact on the patient choice agenda?
4. How will it impact on the compassionate and personalised care agenda?

### **Equality**

Please consider if a separate equality impact assessment is required to support the project/change to ensure compliance with the requirements outlined in the Equality Act. The following questions may support the consideration:

1. What are you proposing to do?
2. Why are you doing it?
3. Who is intended to benefit from this proposal?
4. What evidence is available about the needs of the relevant equality groups?
5. What equality issues or impacts have you identified?
6. What do you propose to do to manage the impacts?
7. What potential mitigating actions can you take?



## Appendix 2: QIA form

Many of our policies have an 'Internal staff form' attached that is relevant to the document. For security and accessibility reasons they are only available on our [Staff Intranet](#).