Quality Impact Assessment (QIA) Policy

This policy describes how the Trust assess the impact of operational and business changes on the quality of our activities. An assessment form and framework is provided to

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# Scope

The Quality Impact Assessment policy has been developed to ensure that we have the appropriate steps in place to safeguard quality whilst delivering changes to service delivery. This process should be used to assess the impact that the Cost Improvement Plan (CIP), may have on the quality of care provided to patients at Guys and St Thomas’ NHS Foundation Trust.

Quality Impact Assessment (QIA) are required to be undertaken for any CIP as they support quality governance by assessing the impact on quality to inform and enable appropriate decision-making. They are embedded in the revenue buisness case template and will need to be complted as part of that process.

Three key areas of quality indicators need to be considered (although other indicators that may be relevant should be considered):

* Patient Safety
* Clinical Effectiveness
* Patient Experience

Rationale

The National Quality Board has produced guidance which outlines how we as a provider trust must assess the quality impact of our CIPs.

The key point is that any CIP, contract variation must be subject to the QIA process:

* Staff making the changes must be involved in the development of the QIA
* The majority of CIPs should be on changes to current processes, rather than top slicing current budgets
* Where possible CIPs should have a neutral or positive impact on quality.
* Changes should not bring quality below essential common standards.
* Changes should be categorised by their potential impact on quality.
* QIAs should cover safety, clinical outcomes and patient experience.
* Board Assurance is required that all CIP’s have been assessed for quality.
* Changes should be subject to an on-going assessment with regard to their impact on quality.

The QIA process introduces a risk scoring process for each CIP prior to sign off by the Chief Medical Officer and Chief Nurse.

QIA ensures a fuller assessment and audit mechanism and the “likelihood by impact” risk scoring aligns with the Trust’s other risk management processes.

For changes which impact other criteria not listed in section 1.4 above please revert to the Risk Management Policy to carry out a full risk assessment.

# Policy Objectives

* All staff must understand the principle of QIA.
* Ensure there is a QIA for all CIPs and revenue buisness cases.
* Ensure that the QIA process is effective and dynamic
* Ensure QIA are reviewed minimum quarterly
* All QIA's will be logged on the Trust wide CIP QIA Tracker

Duties

This section sets out the accountabilities for the QIA process and policy, and responsibility for implementing and managing the policy, and responsibilities for acting on findings.

Project Sponsor

* Proposer of the change
* Ensure QIA is completed for proposed CIP
* Ensure QIAs are reviewed regularly and reported at PRMs
* Ensure action plans are created when required and their progress monitored

Directorate Management Team (DMT)

* Ensure QIAs are completed for all directorate level CIPs
* Ensure all QIAs from services within the directorate are signed off
* Ensure all QIAs are reviewed monthly
* Ensure action plans are put in place where necessary and their progress monitored.
* Ensure QIAs are reported on at directorate PRMs
* Send all QIAs to DOO/SBU Lead for review and sign off
* Notify Directorate Finance Manager of any changes to the QIA Risk Score

Director of Operations (DOO) / SBU Lead

* Review all QIAs
* Request Project Sponsors and DMTs to make necessary changes
* Sign off QIAs following the checking process
* Send all QIAs to Planning and Performance for review and sign off by CNO/CMO
* Bring QIAs to Q&P quarterly for review

Executive Director (ED)

* Ensure QIA is completed for all proposed CIP changes within corporate directorates.
* Ensure all QIAs from respective corporate directorates are reviewed and signed off by the CND and CMO.
* Ensure action plans are put in place where necessary and their progress monitored.
* Ensure QIAs are reported at strategic Finance Committee
* Review quarterly or more frequently if significant changes are made
* Notify relevant Finance Manager of any changes to the QIA Risk Score

Chief Nursing Officer (CNO) and Chief Medical Officer (CMO)

* Review all QIAs signed off by the DOO/SBU Lead
* Request for DMTs and DOO/SBU Leads to make changes where necessary
* Sign off QIAs and decide which may need further Board review.

Non-Executive Director (NED)

* Review all high risk QIAs signed off by CNO and CMO

Quality and Performance Committee

* Request assurance on QIA’s where necessary

Directorate Finance Manager

* Confirm sign off by CNO and CMO of QIAs relating to CIPs
* Update CIP Tracker monthly

Head of Financial Management

* Review CIP Tracker to confirm QIA completed for all CIPs

Performance and Planning

* Collate and manage the process of submission, review and sign off
* Manage the CIP tracker
* Reconciliation of CIP tracker

Policy Delivery and Implementation

A template QIA form is provided for staff to use to carry out a complete QIA and ensure standardisation of practice across the Trust.

## QIA Process:

* Complete the QIA Form shown in Appendix A
* A guide to the risk rating and likelihood scores is shown in Appendix B and Appendix C
* Process flow chart is shown in Appendix D

# Monitoring and Assurance

| Policy Objectives | Monitoring methods | Assurance |
| --- | --- | --- |
| CIPs | COO team monitor at directorate  PRMs  CIP tracker will record associated QIAs and Strategic Finance Committee | Reconciliation of CIP tracker with submitted QIAs |
| Ensure that QIAs are effective and are reviewed minimum quarterly or more frequently if issues are identified or there are changes to plan. | COO team monitor through directorate PRMs.  DMTs to monitor through monthly service PRMs  Corporate Directorates to monitor via the relevant Executive Director. | COO team report high risk QIAs to Q&P quarterly for review as appropriate.  Audit of random subset of  QIAs |

# Document History and References

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| Document History | | |
| Date | Comments | Approved by |
| Jun 2018 | Policy created |  |
| Oct 2018 | Amendments following consultation with stakeholders | TME |
| November 2018 | Ammendments following presentation at TME |  |

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| How to: Quality Impact Assess  Provider Cost Improvement Plans | National Quality Board | June 2012 | relevant section numbers, or titles if necessary |
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Appendix 1: QIA assessment form

See overleaf for example image of the QIA form. The spreadsheet version can be downloaded from the QIA homepage.



Appendix 2: Impact Rating Table 19/20

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact** | **1**  **Negligible** | **2**  **Minor** | **3**  **Moderate** | **4**  **Major** | **5**  **Catastrophic** |
| **Patient Safety** | Positive Impact  OR  Risk of minimal injury requiring no/minimal intervention or treatment. | Minor injury or illness requiring minor intervention  OR  Minor implications to patient safety | Moderate injury requiring professional intervention  OR  An event that would impact on a small number of patients  OR  Moderate patient safety implications | Major injury leading to long-term incapacity/disability  OR  Major patient safety implications | Incident leading to death  OR  An event which impacts on a large number of patients  OR  Gross failure of patient safety |
| **Clinical Effectiveness** | Positive Impact  OR  No Impact | Increase in length of hospital stay by 1-3 days  OR  Single failure to meet internal standards | Increase in length of hospital stay by 4 - 15 days  OR  Repeated failure to meet internal standards | Increase in length of hospital stay by >15 days  OR  Mismanagement of patient care with long-term effects  OR  Non-compliance with national standards | Multiple permanent injuries or irreversible effects  OR  Gross failure to meet national standards |
| **Patient Experience** | Positive Impact  OR  Impact on peripheral element of treatment or service suboptimal  OR  Informal Complaint | Overall treatment or service suboptimal  OR  Formal complaint | Treatment or service has significantly reduced effectiveness  OR  Formal complaint | Service well below reasonable public expectation  OR  Multiple complaints | Totally unacceptable level or quality of treatment or service  OR  Ombudsman enquiry |

Appendix 3: Impact Rating Table 19/20

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| --- | --- | --- | --- | --- | --- |
|  | **Rating** | | | | |
|  | **1**  **Rare** | **2**  **Unlikely** | **3**  **Possible** | **4**  **Likely** | **5**  **Almost Certain** |
| **Frequency** | Not expected to occur for years | Expected to occur at least annually | Expected to occur at least monthly | Expected to occur at least weekly | Expected to occr at least daily |
| **Probability** | Will only occur in exceptional circumstances | Unlikely to occur | Reasonable chance of occuring | Likely to occur | More likely to occur than not |

Appendix 4: QIA Process Flow Chart

