Procedure for the undertaking of System Quality Impact Assessments

PREFACE

Staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the CCG website.

All staff are responsible for implementing procedural documents as part of their normal responsibilities, and are responsible for ensuring they maintain an up to date awareness of procedural documents.

A	SUMMARY POINTS

- This document details how the Dorset ICS will ensure there is an established mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual Provider level as well as if changes affect two or more Provider organisations.
- The Quality Impact Assessment tool also includes a requirement to undertake Equality Impact Analysis.
- Authorisation to proceed, based on the outcome of the Quality Impact Assessment and Equality Impact Analysis, will be given by the Clinical Reference Group.

B	ASSOCIATED DOCUMENTS

- Monitor (2012): Delivering Sustainable Cost Improvement Plans
- National Quality Board (2012): How to Quality Impact Assess Provider Cost Improvement Plans

C	DOCUMENT DETAILS

Procedural Document Number	161
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D	CONSULTATION PROCESS		
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1	November 2018	Vanessa Read, Director of Nursing and Quality	Member of the Clinical Reference Group and Provider Directors of Nursing

E	VERSION CONTROL				
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13.12.2018	v1	13.12.2021			

F	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence	**Hyperlink (if available)**	**Date**
Monitor (2012): Delivering Sustainable Cost Improvement Plans National Quality Board (2012): *How to Quality Impact Assess Provider Cost Improvement Plans*		2012 2012

G	DISTIBUTION LIST		
Internal CCG Intranet	**CCG Website**	**Communications Bulletin**	**External stakeholders**
Yes	Yes	Yes	Yes

PROCEDURE FOR THE UNDERTAKING OF SYSTEM QUALITY IMPACT ASSESSMENTS

1.0 RELEVANT TO

1.1 This procedure is relevant to staff working within the following organisations:

- Dorset Clinical Commissioning Group, (CCG)
- Dorset County Hospital NHS Foundation Trust (DCHFT)
- Dorset HealthCare NHS University Foundation Trust (DHCFT)
- Poole Hospital NHS Foundation Trust (PHFT)
- South Western Ambulance Services NHS Foundation Trust (SWASFT)
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT)

2.0 INTRODUCTION

2.1 In 2016, NHS organisations and local councils came together to form 44 'Sustainability and Transformation Partnerships' (STPs) covering the whole of England, and set out their proposals to NHS England to improve health and care for patients.

2.2 The STP plan for Dorset is known as 'Our Dorset' and sets out an ambitious five-year plan for radically transforming health and care in Dorset to achieve better health outcomes for local people, with higher quality care that is financed in a sustainable way.

2.3 In addition to collaborative working as part of the Sustainability and Transformation Partnerships, in some areas (including Dorset), partnerships have evolved to form an Integrated Care System (hereafter known as the ICS), a new type of even closer collaboration. In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

2.4 Inevitably, the implementation of the STP plan and an ICS within Dorset involves significant service changes. Throughout the NHS, a 'quality impact assessment' (QIA) process has been developed over a number of years to ensure that the appropriate steps are in place to safeguard quality, whilst delivering significant changes to service delivery. Historically this has only taken place at individual Provider level, however now that collaborative working has started following the implementation of an ICS, a mechanism for system-wide (two or more Providers) quality assurance needs to be developed.

2.5 This document details how the Dorset ICS will ensure there is an established mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual Provider level as well as if changes affect two or more Provider organisations.

Background and context

2.6 Following the report into Mid Staffordshire NHS Trust there has been an increased focus within the NHS on the impact of quality of cost improvement programmes (CIPs). Monitor guidance (July 2010) described a best practice approach to quality assurance through CIP processes.

2.7 In June 2012, the National Quality Board supplemented this guidance with greater detail on how it would expect Trusts to manage the impact on quality of service improvement. The guidance clearly outlines the expectation that Trusts will:

- articulate the risks and impact to quality using a risk assessment matrix;
- formalise the role of the Board and specifically the Medical Director and Nursing Executive in their leadership of this process emphasises the importance that the QIA process is Board-led;
- confirm how red and amber risks to quality will be handled within the process;
- include measurements on quality relating to the proposed change (quality metrics and metrics to provide assurance within the performance framework).

2.8 Although it is now some five years since guidance was published, NHS England and NHS Improvement state that financial plans continue to be signed off without sufficient assurance that implementation of the plans will not compromise the quality of services to patients.

2.9 Inadequate QIA processes coupled with poor overall clinical engagement and limited Board involvement in the process result all too often in increased risks to quality. The need for more robust assessment on the impact on quality of proposed savings plans, or indeed any service change, comes at a time when the financial efficiency requirement remains high. At national level, it is acknowledged the overall value and proportion of turnover of cost improvement plans (CIPs) is higher than that historically achieved and in all cases the quick wins and 'low hanging fruit' have long since been removed. CIPs are therefore increasingly more challenging to identify and deliver and tend to be more transformational (and therefore impactful) than previously.

2.10 The need for a formal quality impact assessment process is essential in a system as complex and interdependent as the NHS, where decisions in one part of the service can impact upon another with many co-dependencies that are not always easy to predict or assess.

2.11 Individual Trust Boards should not be approving any such schemes, or indeed overall financial plans, without first receiving appropriate assurances that the impact of the proposed changes on quality are in the worst case 'neutral' but at best should be aiming for an improvement in quality. In an integrated care system, it is equally important that the system leadership team, CCG Governing Body, NHS England and NHS Improvement have assurance that appropriate impact assessments have been undertaken.

2.12 In summary, quality must remain at the heart of everything done within the NHS, despite the on-going efficiency requirements. Quality can be protected, and even enhanced, whilst organisations work to contain cost, but this is not always the case and it must not be assumed that there will be no impact on quality. It is important to have a process in place to ensure that any service changes do not have an adverse impact on quality of care delivered to patients or service users.

3.0 SCOPE

3.1 This document details how the Dorset ICS will ensure there is an established mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual Provider level as well as if changes affect two or more Provider organisations. If two or more Providers are affected, this will be known as a 'system quality impact assessment' (SQIA).

3.2 The implementation of this procedure does not replace the requirement for each Provider organisation to have their own QIA process.

4.0 PURPOSE

4.1 The overall purpose of this document is to:

- detail when a Provider QIA is sufficient, versus when a System QIA is required;
- explain the approval process and level of scrutiny and oversight for Individual Provider QIAs;
- explain the approval process and level of scrutiny and oversight for System QIAs;
- provide assurance to NHS England and NHS Improvement that there is robust process in place across Dorset to assess (and approve/reject) the impact of service changes on quality and safety.

5.0 DEFINITIONS

5.1 This procedural document is a procedure as it provides a clear explanation of what must be done to ensure that any proposed service changes are assessed for the impact on quality and safety.

5.2 Quality Impact Assessments (Individual Provider or System) should be used to assess the impact of any of the following which may have on the quality of care provided to patients and service users across Dorset:

- cost improvement plans;
- service development plans;
- improvement projects;
- skill mix reviews;
- service change and service development proposals;
- any other project which may impact on services (either at individual Provider level or affecting two or more Providers).

5.3 Throughout this document these projects and/or plans will be known collectively as ‘service changes’.

6.0 ROLES AND RESPONSIBILITIES

Role	Responsibility
Clinical Reference Group	The **Clinical Reference Group** is accountable and responsible for the formal consideration (and therefore approval/rejection) of each SQIA. The Clinical Reference Group will: • question, probe and challenge prior to signing off approved plans; • ensure appropriate benchmarking information is made available wherever possible in order to triangulate assurances over viability and safety of any proposed scheme; • assess the cumulative impact on quality of service changes and to track unintended consequences or known risks which are not being adequately mitigated. While service changes are approved individually it is essential that the process allows for a final review of cumulative service changes to be implemented in any one financial year; • where appropriate, request post implementation review to ensure that lessons learned are incorporated; • provide the opportunity for several layers of clinical sign off from local clinician(s) who are required to implement the change, through directorate/divisional management; • encourage inclusive practice as a means to engage clinicians who should be encouraged to voice concerns and work with the team to identify mitigations and KPIs to provide early warning of a deterioration in quality; • ensure clear engagement with frontline staff likely to be impacted by any proposal and feedback from meetings should be adequately captured and presented as part of the triangulation of assurance; • encourage the involvement of patient’s/service users to help bolster the overall validity of the process.
System Leadership Team	The **System Leadership team** is responsible for: • advising and supporting the process; • scrutinising and challenging the SQIA process and outcomes for individual projects on behalf of the system.
Individual organisations	Each organisation is required to have their own process to review the SQIA documents as outlined in sections above and forward to Clinical Reference Group for formally consideration and approval.
Executive Sponsor	The **Executive Sponsor** is responsible for: • ensuring that all schemes/projects have started this process prior to implementation milestones for the scheme/project;

Role	Responsibility
	• ensuring that quality impact assessments are completed in line with this procedure and the associated guidance; • signing off the PID/QIA document for CIP schemes or quality improvement projects ready for scrutiny and approval; • ratifying that the paperwork has been completed correctly and full consideration has been given to potential impacts on quality as well as how ongoing monitoring will be managed within the scheme / project; • ensuring that action is taken on the basis of quality impact assessment scores; • ensuring that quality impact assessments are reported to the Executive Team, QIA Review Group and / or Improvement Board as appropriate. • Ensuring consideration is also given to the cumulative impact across other parts of the Trust.
Service Changes Project Leads	**Project Leads** are responsible for: • undertaking quality impact assessments in line with this procedure and the associated guidance; • undertaking equality impact analysis in line with this procedure and the associated guidance; • reporting the outcome to project groups and respective organisation QIA processes; • maintaining an evidence base and rationale of how and why scores were applied and any mitigating actions; • ensuring that project risk registers include any risks identified through the QIA process; • involving service users, carers in QIA where appropriate • ensuring early warning quality indicators are identified to measure any risks; • on-going monitoring of potential impacts on quality, escalation of quality and issues and reporting progress. • ensuring that the PID/QIA process is adhered to and that paperwork is fully completed and signed off by the executive sponsor.

7.0 QUALITY IMPACT ASSESSMENTS

7.1 As stated in the introduction, the implementation of the STP plan and an ICS within Dorset involves significant service changes. It is therefore essential that a process is developed to ensure that robust processes are in place across Dorset to assess (and approve/reject) the impact of service delivery changes on quality and safety.

7.2 To date, service changes within an Individual Provider have been Quality Impact Assessed, however the QIA has not been reviewed or scrutinised outside of that organisation.

7.3 In consideration of the significant volume of transformational work taking place within the NHS across Dorset between 2018 and 2023, a procedure must now be implemented detailing how the Dorset ICS will ensure there is an established mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual Provider level as well as if changes affect two or more Provider organisations.

7.4 The system is complex and interdependent, and decisions in one part of the service can impact upon another with many co-dependencies that are not always easy to predict or assess. It is important that one forum has system oversight of the proposed changes who could foresee or identify unidentified co-dependencies.

7.5 Agreement has, therefore, been reached across the Dorset Providers that a new procedure will be implemented from January 2019 to review Individual Provider QIAs and System QIAs. The mechanism to review both types of QIA will be via a sub-group of the Clinical Reference Group, who will act as 'Star Chamber'. More information about this can be viewed in Sections 7.20 to 7.25.

7.6 Sections 7.7 to 7.17 detail the steps which will be taken prior to submission to the 'Star Chamber'. The processes which are already in place, and those that are to be implemented from September 2018 are clearly differentiated.

Individual Provider Quality Impact Assessments (affecting one organisation only)

7.7 **Existing Process:** Individual Provider Quality Impact Assessments are those QIAs that affect one organisation only.

7.8 For those service changes affecting only one organisation, a QIA is populated during the development of the service change project plan, as part of the 'Project Initiation Document' (PID). Varying from organisation to organisation, the QIA is typically completed by those leading the proposed changes; this could be Divisional and/or Directorate managers or clinicians within the speciality/specialities affected.

7.9 Each Provider organisation will have an agreed process for sign off by the Executive Sponsor (and other associated Directors) prior to consideration at the Group within the Trust responsible for approval or rejection of the QIA.

7.10 **New addition to the process (from September 2018)**, once signed off within the Individual Provider Trust, the Trust must consider if the QIA requires submission to 'Star Chamber' for review, scrutiny and approval/rejection.

System Quality Impact Assessments (affecting two or more organisations)

7.11 **New process from September 2018**: In consideration of the level of service changes that affect two or more organisations, it is essential that a procedure is implemented which allows for the completion, review and approval/rejection of System Quality Impact Assessments.

7.12 For service changes within one of the five portfolios, the CCG PMO complete the SQIA, in conjunction with the clinicians closely involved in the service(s) for change It is essential that those working operationally within the service are integral to the completion of the SQIA, as it is this workforce that would have the insight into the potential impact on quality and safety. The SQIA cannot be done without the involvement of the operational teams and who was involved in the completion of the QIA (and the level of involvement) could be included in the SQIA.

7.13 The SQIA should be completed as part of the project initiation documentation (PID).

7.14 The SQIA would also need to be approved at the Portfolio Board (or Urgent and Emergency Care Board or Elective Care Board) prior to submission to Star Chamber.

7.15 The form to be completed can be viewed in Appendix B.

7.16 The SQIA will involve a risk assessment; details can be reviewed in sections 7.18 – 7.19, with further information in Appendix A.

7.17 Once signed off by executive lead the QIA will be forwarded to the 'Star Chamber' for review, scrutiny and approval/rejection.

Risk Assessment

7.18 The SQIA will assess risk in relation to three safety domains and using a consistent scoring system.

7.19 The scoring system for assessing risk utilises the System Risk Matrix (Appendix A), and each of the three listed safety domains must be scored using this matrix.

Clinical Reference Group and 'Star Chamber'

7.20 Due to the level of involvement required in subjecting Individual QIAs and System QIAs to the appropriate level of scrutiny, a sub-group of the Clinical Reference Group will be formed, to be known as 'Star Chamber.'

7.21 The term 'Star Chamber' was introduced by the National Quality Board in 2013.

7.22 The National Quality Board also states:

Star Chamber should...

- Operate to the standards set out in the NHS Early Warning Systems publication
- Be clinically led but not unduly dominated by clinicians – quality is everyone's business
- Involve a broad range of contributors
- Ensure all contributions are valued and have currency
- Provide a solid basis for peer review and critique which supports open and constructive challenge
- Facilitate comparative analysis of information and trends to create an informed picture based on facts and appropriate judgement, including consideration of soft intelligence
- Enable exploration of the inter-relationship between variables and the resultant testing of hypotheses i.e. using data/intelligence to identify lines of enquiry, cues for action or prompts for intervention
- Offer a transparent and timely process for the validation of plans in the context of assumptions applied by providers
- Challenge the efficacy of CIPs in the context of any as possible unintended or adverse consequences for patient care
- Provide a reliable audit trail for future reference

7.23 Schemes rejected at various points in the process should be recorded and reported. Service changes will remain dynamic in nature as they are introduced and therefore it is important that risk scoring accurately reflects any risks to quality and that the quality assurance metrics continue to act as an early warning indicator of deterioration in the quality of the service provided.

7.24 It is the collective responsibility of the Star Chamber to ensure that a full appraisal of the quality impact assessment is completed and recorded and that arrangements are put in place to monitor schemes.

7.25 At the point of sign off all members should ensure that each proposed service change has evidenced a comprehensive risk assessment on the quality impact assessment of each individual scheme. This should include assessment of schemes in terms of patient experience, safety and clinical outcomes, and ensure an appropriate balance of in-year reporting over both quality impact and financial performance.

Reporting Outcomes

7.26 Reporting the outcome of all QIAs to the Clinical Reference Group, OFRG, Quality Surveillance group and the System Leadership Team will enable the ICS to fulfil its responsibility for ensuring that cost improvement plans and service changes are not detrimental to the quality of services.

8.0 EQUALITY IMPACT ANALYSIS

8.1 Alongside each Quality Impact Assessment, Equality Impact Analysis is also required.

8.2 The purpose of an equality impact analysis (EIA) is to ensure that, in developing any new service/policy or function, our duties are met, as follows:

Under the Equality Act 2010, to have due regard to the need to:

- eliminate discrimination;
- advance equality of opportunity;
- foster good relations between groups in relation to the 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

8.3 In addition, there is specific instruction for Clinical Commissioning Groups (CCGs) regarding reducing inequalities under the Health and Social Care Act 2012:

- Each CCG must, in the exercise of its functions, have regard to the need to:
    - reduce inequalities between patients with respect to their ability to access health services;
    - reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

8.4 The tool for undertaking equality impact analysis is contained within Appendix B.

9.0 TRAINING

9.1 Appropriate training and awareness of the process and documentation will be provided to relevant personnel responsible for completing QIA and EIA forms.

9.2 The training will incorporate guidance on scoring of the associated risks and identification of appropriate assurance metrics.

10.0 CONSULTATION

10.1 This procedural document was developed through the Clinical Reference Group membership.

11.0 RECOMMENDATION AND APPROVAL PROCESS

11.1 As a 'system assessment' procedural document, this procedure is to be approved by the Clinical Reference Group.

12.0 COMMUNICATION/DISSEMINATION

12.1 Following approval this procedure will be distributed to each member of the Clinical Reference group for implementation within their own organisation and team.

12.2 A copy of the procedure will also be provided to the Portfolio Directors via the CCG Project Management Office.

13.0 IMPLEMENTATION

13.1 The procedure is established within this document. There are, therefore, no additional implementation requirements.

13.2 The Chairs of all key system meetings, groups and committees have been asked to ensure that no projects proceed without a QIA being considered.

14.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

14.1 The Clinical Reference Group will monitor the implementation of this procedure, and the effectiveness of the Star Chamber by receiving a six monthly summary report

15.0 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

15.1 The process will be reviewed on an on-going basis with required revisions being made. The CRG will formally review every three years.

APPENDIX A

RISK MATRIX

Model matrix for Risk Register Assessment

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Consequence score (severity levels) and examples of descriptors				
1	**2 Very Low**	**3 Low**	**4 Moderate**	**5 Significant**
Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
• Minimal injury requiring no/minimal intervention or treatment. • Peripheral element of treatment or service suboptimal • Informal complaint/inquiry	• Overall treatment or service suboptimal • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved • Breech of statutory legislation • Local media coverage – • short-term reduction in public confidence • Elements of public expectation not being met • <5 per cent over project budget • Schedule slippage • Loss of 0.1–0.25 per cent of budget • Claim less than £10,000 • Loss/interruption of >8 hours • Minor impact on environment	• An event which impacts on a small number of patients • Treatment or service has significantly reduced effectiveness • 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 • Late delivery of key objective/ service due to lack of staff • Poor staff attendance for mandatory/key training • Single breech in statutory duty • Challenging external recommendations/ improvement notice • 5–10 per cent over project budget • Local media coverage – • long-term reduction in public confidence • Loss of 0.25–0.5 per cent of budget	• Major injury leading to long-term incapacity/disability • Increase in length of hospital stay by >15 days • Mismanagement of patient care with long-term effects • Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ independent review • Low performance rating • Critical report • Uncertain delivery of key objective/service due to lack of staff • Unsafe staffing level or competence (>5 days) • Loss of key staff • Very low staff morale • No staff attending mandatory/ key training • Enforcement action • Multiple breeches in statutory duty • Improvement notices • Low performance rating • National media coverage with <3 days service well below reasonable public expectation • Non-compliance with national 10–25 per cent over project budget • Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget • Claim(s) between £100,000 and £1 million	• An issue which impacts on a large number of patients, increased probability of death of irreversible health effects • Totally unacceptable level or quality of treatment/service • Gross failure to meet national standards • Non-delivery of key objective/service due to lack of staff • Ongoing unsafe staffing levels or competence • Multiple breeches in statutory duty • Prosecution • Complete systems change required • Zero performance rating • Severely critical report • National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) • Total loss of public confidence • Incident leading >25 per cent over project budget • Key objectives not met • Non-delivery of key objective/ Loss of >1 per cent of budget • Loss of contract / payment by results • Claim(s) >£1 million • Permanent loss of service or facility • Catastrophic impact on environment

Table 2 Likelihood score (L)
What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	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

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Very low
4 - 6	Low
8 - 10	Moderate
12 - 25	Significant

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

APPENDIX B

PART 1: SYSTEM QUALITY ASSESSMENT IMPACT TOOL

Project title	
Project leads	
Project start date	
Date of QIA completion	
Person completing SQIA Name(s), job title(s) and organisation(s)	
Email address for Star Chamber feedback to be formally sent	
Project summary (max 200 words)	
Cost prediction (max 100 words)	
Key issues raised in QIA	

Summary of Quality Impact Assessment *(Total 21 domains)*	Outcome	Positive	Neutral	Negative	Not applicable

Summary of Clinical Risk Assessment *(Risk matrix as below)*	Impact	Likelihood	Risk score

		Likelihood				
Consequence		**1**	**2**	**3**	**4**	**5**
		Rare	Unlikely	Possible	Likely	Almost certain
1	Negligible	1	2	3	4	5
2	Minor	2	4	6	8	10
3	Serious	3	6	9	12	15
4	Major	4	8	12	16	20
5	Catastrophic	5	10	15	20	25

Low risk Green 1-3	Moderate risk Yellow 4-6	Significant risk Orange 8-12	High risk Red 15-25

For further information and detail relating to 'likelihood' and 'consequence' please refer to the Risk Matrix descriptors in Appendix A of the 'Procedure for undertaking System Quality Impact Assessments'

QUALITY IMPACT ASSESSMENT TOOL

QUICK REFERENCE GUIDE

PATIENT SAFETY	CLINICAL EFFECTIVENESS	PATIENT EXPERIENCE AND INVOLVEMENT	EQUALITY AND DIVERSITY
What are the current patient safety concerns, if any	What clinicial evidence demonstrates best practice?	What do patients and carers say about the current service?	How accessible is the current service to all people defined by the nine characteristics in the Equality Act 2010?
How to you know that the service developments will be safe?	How is this clinical evidence being used?	How will patients be involved in the decision-making process?	How will this accessibility be affected by the service developments?
What measurements/metrics will you use to demonstrate safety?	What more needs to happen to make sure best practice is achieved and patient outcomes improved?	How will the patient expereince be monitored?	How will future access to services be analysed and monitored?
		Will patient choice be affected?	
		Anticipated level of public support?	

QUALITY IMPACT ASSESSMENT TOOL

In healthcare, 'quality' includes patient safety, patient experience and clinical effectiveness. These domains include Equality and Diversity, Dignity and Respect and the effects of planned changes on workforce.

What is a Quality Impact Assessment (QIA)?

This is a tool to help develop service change. It should be used at the *beginning* of a process to inform its development, ensuring that the core pillars of quality are covered and that the service is developed in a comprehensive way, based on rounded data and intelligence. The tool begins with some overarching questions in the quick reference guide. If there are any aspects of those questions which cannot be satisfactorily answered, there are prompts in the following workbook which will help provide assurance that the service is developing robustly. It is not a requirement that each section needs to be methodically worked through, but intended as a tool to help where there are gaps in knowledge or experience.

Why undertake a QIA?

When a change to a service/care pathway is proposed, the Clinical Reference Group must ensure that the proposal has only **positive effects** on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. The QIA also need to demonstrate that issues of workforce planning, and skills transfer, together with education and training have been appropriately considered. This tool will enable the system to be assured that all essential factors are being considered and addressed through the development of service design.

Who undertakes a QIA?

The team responsible for service design should begin the QIA at an early stage, to ensure compliance with statutory requirements. The CCG Quality team are available to discuss any areas that need clarification or guidance.

Ratings

Use the form to make notes from which the self-assessment rating can be determined. The QIA threshold is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the scheme/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented.

The QIA threshold key

Outcome	Suggestion – the assessment suggests that this plan/scheme:
Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
Not applicable	This question is not relevant at this time

Please take care when completing this assessment. A carefully completed assessment should safeguard against challenge at a later date.

PATIENT SAFETY			
What is the potential impact of the service development on patient safety?	**Use these prompts to help you comprehensively evaluate the plans**	**Information to inform self-assessment**	**Self-assessment**
What are the known patient safety issues within the current service? (as identified by national/local audits, SIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)	Has the current safety of the service been evaluated and known patient safety risks identified? Prompts to consider: • Specific safety issues within this pathway or service. • Analysis of available data/information to identify themes and trends. • The way in which the planned changes will address the identified patient safety issues. • Impact on preventable harm.		
Have staffing, skill mix and workload issues been considered within the plans?	What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely? Prompts to consider: • skill mix, recruitment activity, vacancy		

Do the plans include changes to treatment involving medications, (including prescribing, administration or security)	What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated? Prompts to consider: • Patient safety. • Competency in medicines administration. • Systems in place to ensure appropriate monitoring of patient outcomes/safety.		
Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?	Protocols to consider include: The NHS Constitution, Partnership working, Safeguarding children or adults		
Do the planned changes require ratification through a governance process?	In the event of a legal challenge, how thorough is the ratification process? Prompts to consider Current statutes / professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's' Act, No Secrets, GMC, NMC etc. Involvement of the appropriate specialist Responsible committees within each organisation and across the pathway *(Please note these may be outlined within the NICE Guidance)*		

CLINICAL EFFECTIVENESS			
What is the potential impact of the service development on clinical effectiveness?	**Use these prompts to help you comprehensively evaluate the plans**	**Information to inform self-assessment**	**Self-assessment**
Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence- based? NICE baseline assessment tool can be accessed from: www.nice.org.uk	Has a baseline assessment against the recommendations/indicators been undertaken? Does the plan reflect the Quality Standard Indicators? Are there gaps? If there are gaps, how will these be addressed?		
Has the NICE commissioning Costing Tools been used?	Use NICE costing tools alongside the guidance, where available. These can be accessed from: www.nice@org.uk		
What plans are in place for clinical audit or evaluation once	Audit against standards outlined in NICE guidance or professional standards. Use the NICE clinical audit tool where available www.nice@org.uk		
Health Outcomes for patients	What are the expected health outcomes for patients? How will the success against your expected health outcomes be measured? How do these compare with other available treatment or care pathway alternatives?		

PATIENT EXPERIENCE AND INVOLVEMENT			
What is the potential impact of the service development on patent experience and involvement?	**Use these prompts to help you comprehensively evaluate the plans**	**Information to inform self-assessment**	**Self-assessment**
What do patients and carers say about the current service?	Use positive and negative feedback from: • PALS and complaints, patient opinion, surveys • Real time feedback, focus groups, LINk/Healthwatch		
How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?	At what point in the decision-making process will patients and public have a chance to influence the service development? What methods will be used to involve patients, public and stakeholders? Has advice been sought from the Strategic Public Involvement Group as to how best to manage this?		
How will the service development improve the patient experience?			
How will the patient experience of the new service be monitored?	How will feedback be collected? Who will be analysing it and when?		

Will patient choice be affected?	Will choice be reduced, increased or stay the same? Do the plans support the compassionate and personalised care agenda?		
What level of public support for this service development is anticipated?	Do you expect people to • be supportive, • be a little concerned or • contact their MP or the press as a result of their objections? •		

EQUALITY AND DIVERSITY			
What is the potential impact of the service development on equality and diversity	**Use these prompts to help you comprehensively evaluate the plans**	**Information to inform self-assessment**	**Self-assessment**
How accessible is the current service to people defined by the 9 characteristics in the Equality Act 2010? • Age • Disability • Gender re-assignment Marriage and civil partnership. • Pregnancy and maternity Race including nationality and ethnicity Religion or belief • Sex • Sexual orientation	What kind of monitoring data is available to understand the current profile of patients who use the service? Has any research been done to look at whether different groups have different needs, experiences, issues and priorities in relation to the service development? Are there currently any problem areas for equality of access?		

What is the expected impact of this service development for people defined by the above characteristics?	Have potential access issues been considered? If the service development will have an impact on any of these groups, how will equality of access or care be addressed? What mechanisms will be in place to evaluate continuing accessibility?		
How will accessibility be monitored?	How will monitoring information be used to understand access issues? Who will be responsible for monitoring?		
Have you considered other groups and how your planned changes might impact on them: • People with Dementia Migrant workers, Homeless individuals and families, • Sex workers, • Gypsies and travellers, Rurally isolated, • Low socio-economic status, • People who may find it hard to access the service or are difficult to reach and talk to.	Has access from marginalised groups been considered in the development of this service? If there are any issues arising, how will these be addressed?		

PART 2: EQUALITY IMPACT ANALYSIS

Assessor's Name	
Job Title of Assessor	
Date of Analysis	
Sponsoring Director/Lead	
What are the main aims and objectives of the service, policy or function being assessed?	This document details how the Dorset ICS will ensure there is an established mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual Provider level as well as if changes affect two or more Provider organisations.

PART A: INITIAL SCREENING

What evidence is available to suggest that the proposed service/policy/function could have an impact on people from the protected characteristics or staff?

The below scoring matrix was used/will be used to assess the potential impact.

Perceived Positive Impact	Perceived Neutral Impact	Perceived Disproportionate Impact
+	N	-
Positive impact on a large proportion of protected characteristic groups. Significant positive impact on a small proportion of protected characteristic groups.	No change/ no assessed significant impact of protected characteristic groups.	Disproportionate impact on a large proportion of protected characteristic groups. Significant disproportionate impact on a small proportion of protected characteristic groups.

- If all elements of the service/policy/function are analysed as **Neutral Impact** or **Positive,** please proceed to sign off page at the end of the form.

- If any element of the service/policy/function is assessed as **Perceived Disproportionate Impact**, continue with the Full Equality Impact Assessment.

Protected Characteristic	Analysis + / N / -	Reason for Impact Analysis Provide recent evidence to demonstrate how people with the protected characteristic will be positively/adversely affected by service/policy/ function (*expand cell as necessary*)
Age		
Disability		
Gender Reassignment		
Marriage and Civil Partnership		
Pregnancy and Maternity		
Race/Ethnicity/Nationality		
Religion or Beliefs/Spirituality		
Gender Men, Women		
Sexual Orientation		
Staff		
Any Other Group *Rural Isolation, Military, Homeless*		

List of references – linked to evidence provided

PART B: FULL EQUALITY IMPACT ASSESSMENT

ENGAGEMENT			
Please list previous consultation which has taken place, or is planned, relating to the proposed service/policy/function with each element from the protected characteristics and staff.			
Protected characteristics	**Analysis** + / N / -	**Reason for impact analysis**	**Suggested mitigation**
Age			
Disability			
Gender reassignment			
Marriage and civil partnership			
Pregnancy/maternity			
Race/ethnicity/nationality			
Religion or beliefs/spirituality			
Gender (men, women)			
Sexual orientation			
Staff			
Any other group (rural isolation, military, homeless)			

Have you engaged stakeholders in the gathering or testing the evidence available? If not, what do you intend to do?		
If you have engaged groups, please list below and include who was involved, how they were involved and the key outputs.		
Groups engaged	**Date and type of engagement**	**Outputs from activity**

Summary of analysis of overall impact: *Considering the evidence and engagement activity you have listed, please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in service or expand their participation in public life.*

MONITORING
If applicable, include how the service specification and contract ensure that data is routinely collected so the identified impact can be reported and monitored.

ACTION PLANNING **For improvement, and to address health inequalities and discrimination**			
Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.			
Action	**Responsible person**	**By date**	**Progress/review**

REVIEW OF ANALYSIS	
I am satisfied that this service/policy/function has been successfully equality impact analysed.	
Signed by Sponsoring Director/Lead:	
Print name:	
Job title of Director/Lead:	
Date:	

PART 3: IMPACT TOOL FEEDBACK FORM

<table>
<tr><td>Project title</td><td colspan="5"></td></tr>
<tr><td>Date reviewed at ‘Star Chamber’</td><td colspan="5"></td></tr>
<tr><td rowspan="2">Summary of Quality Impact Assessment
(Total 21 domains)</td><td>Outcome</td><td>Positive</td><td>Neutral</td><td>Negative</td><td>Not applicable</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="2">Summary of Clinical Risk Assessment
(Risk matrix as below)</td><td colspan="2">Impact</td><td colspan="2">Likelihood</td><td>Risk score</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td></td></tr>
<tr><td rowspan="2">Key issues discussed at ‘Star Chamber’</td><td>Quality Impact Assessment Tool:</td><td colspan="4"></td></tr>
<tr><td>Equality Impact Assessment:</td><td colspan="4"></td></tr>
<tr><td rowspan="2">Star Chamber outcome</td><td colspan="3">Approve</td><td colspan="2">Reject</td></tr>
<tr><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td colspan="6">Feedback and next steps (if necessary):</td></tr>
<tr><td>Date:</td><td colspan="5"></td></tr>
</table>

APPENDIX C

EQUALITY IMPACT ANALYSIS

Assessor's Name	Suzie Hawkins
Job Title of Assessor	Patient Safety and Risk Manager
Date of Analysis	04.06.2019
Sponsoring Director/Lead	Vanessa Read, Director of Nursing and Quality, NHS Dorset CCG
What are the main aims and objectives of the service, policy or function being assessed?	This document details how the Dorset ICS will ensure there is an established mechanism for considering the impact of service changes on the quality of care provided to patients and service users, both at individual Provider level as well as if changes affect two or more Provider organisations

PART A: INITIAL SCREENING

What evidence is available to suggest that the proposed service/policy/function could have an impact on people from the protected characteristics or staff?

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- If all elements of the service/policy/function are analysed as **Neutral Impact** or **Positive,** please proceed to sign off page at the end of the form.

- If any element of the service/policy/function is assessed as **Perceived Disproportionate Impact**, continue with the Full Equality Impact Assessment.

Protected Characteristic	Analysis + / N / -	Reason for Impact Analysis Provide recent evidence to demonstrate how people with the protected characteristic will be positively/adversely affected by service/policy/ function (*expand cell as necessary*)
Age	N	The procedural document requires a standardised approach to all services changes, and as part of this process all service changes in turn are required to complete an equality impact assessment.
Disability	**N**	
Gender Reassignment	N	
Marriage and Civil Partnership	N	
Pregnancy and Maternity	N	
Race/Ethnicity/Nationality	N	
Religion or Beliefs/Spirituality	N	
Gender Men, Women	N	
Sexual Orientation	N	
Staff	N	
Any Other Group *Rural Isolation, Military, Homeless*	N	

List of references – linked to evidence provided

PART B: FULL EQUALITY IMPACT ASSESSMENT

ENGAGEMENT			
Please list previous consultation which has taken place, or is planned, relating to the proposed service/policy/function with each element from the protected characteristics and staff.			
Protected characteristics	**Analysis + / N / -**	**Reason for impact analysis**	**Suggested mitigation**
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Disability			
Gender reassignment			
Marriage and civil partnership			
Pregnancy/maternity			
Race/ethnicity/nationality			
Religion or beliefs/spirituality			
Gender (men, women)			
Sexual orientation			
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Have you engaged stakeholders in the gathering or testing the evidence available? If not, what do you intend to do?		
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MONITORING
If applicable, include how the service specification and contract ensure that data is routinely collected so the identified impact can be reported and monitored.

ACTION PLANNING **For improvement, and to address health inequalities and discrimination**			
Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.			
Action	**Responsible person**	**By date**	**Progress/review**

REVIEW OF ANALYSIS	
I am satisfied that this service/policy/function has been successfully equality impact analysed.	
Signed by Sponsoring Director/Lead:	Vanessa Read
Print name:	Vanessa Read
Job title of Director/Lead:	Director of Nursing and Quality, NHS Dorset CCG
Date:	04.06.2019