NHS
Sunderland
Clinical Commissioning Group

Quality Impact Assessment Policy

CO34

Better health for Sunderland

Contents

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Version Control

Version	Date approved	Committee	Date of Next review	CCG Lead
1	10/10/17	Quality Safety and Risk committee	10/10/18	Janet Farline Clinical Quality Officer
1.1	April 2020	Head of Corporate Affairs and Head of Quality and Patient Safety; No legislation update or impact on external environment identified. Extended due to COVI19 priorities.	April 2020	Head of Corporate Affairs and Head of Quality and Patient Safety
1.2	March 2021	Extended for 12 months in light of COVID19	April 2022	Executive Committee

1. Introduction

Sunderland Clinical Commissioning Group (SCCG) is committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on quality

This policy details the process to be undertaken in order to assess and analyse the impact of commissioning decisions, Quality Innovation Productivity and Prevention (QIPP) plans, organisational cost improvement plans, business cases and any other plans for change.

1.1 Status

This is a corporate policy.

1.2 Purpose and Scope

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

The policy relates to quality impact assessments that are to be undertaken when developing business cases, commissioning projects, reviewing existing services and other business plans. It applies to staff that undertake, scrutinise and challenge impact assessments, undertake service reviews and commission new services .

2. Definitions

Quality	Quality can be defined as embracing three key components: • Patient safety - there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen. • Clinical effectiveness of care - the most appropriate treatments, interventions, support and services will be provided at the right time to those who will benefit. • Patient experience – the patient's experience will be at the centre of the organisation's approach to quality. In accordance with the system wide learning from patient harm commissioners and providers must also: • ensure patient experience focuses on staff involving and treating individuals with compassion, dignity and respect – **caring** • ensure the service responds to people's needs and choices and enabling them to be equal partners in their care – **responsive and person-centred** • ensure that services are open and collaborate internally and externally and are committed to learning and improvement – **well-led** • resources are used responsibly and efficiently, providing fair access to all, according to need, and promote and open and fair culture – **sustainability and equitable for all.**

Quality impact assessment (QIA)	An impact assessment is a continuous process to ensure that possible or actual business plans are assessed and the potential consequences on quality are considered and any necessary mitigating actions are outlined in a uniform way

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

Quality Impact Assessments must be undertaken as part of the development/service review and at the proposal stage of developing business plans. The Quality Impact Assessment process will be reviewed to identify at least two checkpoints whereby a Quality Impact Assessment will require completion by appropriate leads on productivity plans: one at the initial onset of developing a plan and a second Quality Impact Assessment at the implementation stage of the plan in order to provide additional assurance on the impact of productivity plans on the service. It 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. 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 (appendix 1)

4. What should be considered as part of the quality impact assessment?

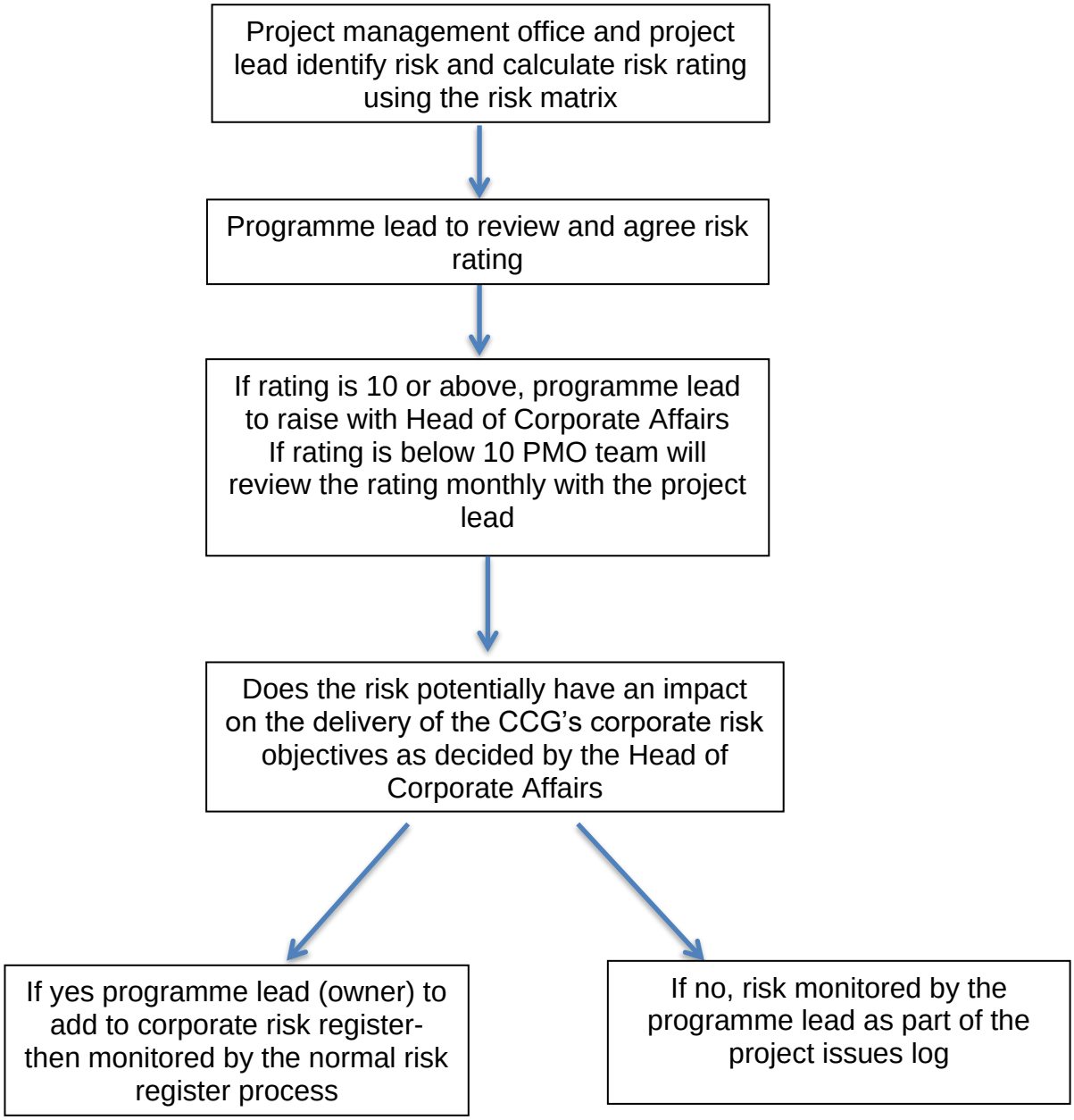
The quality impact assessment template can be found in Appendix 1 and outlines the questions to be considered under the three domains of quality.

5. Escalation process

As part of the quality impact assessment, authors are required to consider any risks which should be added to the directorate risk register. High risks (10 or above) would automatically form part of the organisational risk register.

Risk escalation from project risk to corporate risk will depend on the following:

- When the risk represents an issue that has the potential to hinder achievement of one or more of the corporate objectives
- In order to reduce or eliminate the risk, further control measures may be required that are outside the control of the programme/project e.g. It is likely to require considerable input of resources to resolve the risk (finance, people, time etc.)



6. Process for raising concerns

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 by the Quality and Safety Team in the first instance, through a refreshed quality Impact Assessment and then by the Director of Nursing and Medical Director for final sign off. If necessary the concern can be referred to the Quality, Safety and Risk Committee.

7. Monitoring of Quality Impact Assessments

Standard	Source of assurance/timescale	Responsibility
Quality impact assessments are required to accompany all full business case proposals/ business plans and service reviews	Business case proposals/ business plans and service reviews submitted without completed quality impact assessments must be returned to project lead before being progressed	Project Team Project Lead
All quality impact assessments are submitted to the Quality Patient Safety Team, logged and then sent to the Director of Nursing, Quality and Safety and Medical Director for sign off. The time scale from submission to the Quality and Safety Team to returning to the project management office is seven working days	A spreadsheet of submitted quality impact assessments including level of risk and outcome will be maintained.	Quality and Safety Team Director of Nursing, Quality and Safety Medical Director
Risk registers contain appropriate risks in relation to the potential impact on business plans	CCG risk registers are reviewed and updates, presented to the Quality, Safety and Risk Committee	Director Leads All executives

8. Roles and Responsibilities

Project Leads	Responsible for undertaking quality impact assessments, identifying risks and mitigating actions and submitting quality impact assessments to the Quality and Safety Team.
Quality and SafetyTeam	Responsible for reviewing and commenting (where necessary) on quality impact assessments undertaken by project leads in their areas/ services prior to submission to the relevant Directors. The QIAs will be logged and progress recorded by the Quality and Safety Team administration support.
Director of Nursing, Quality and Safety; Medical Director	Responsible for ensuring that quality impact assessments are effectively considered as part of discussions and decisions about Cost Improvement Programmes, business cases and other business plans. Both are responsible for quality impact assessment sign off.

Governing Body members including Non Executive Directors	Each Board member is responsible for ensuring that financial and operational initiatives (e.g. cost improvement programmes, business cases and other business plans) have been evaluated for their impact on quality and have assured themselves that minimum standards will not be compromised. They will also assure themselves that the impact on quality on an on-going basis is monitored appropriately

9. Implementation

9.1 This policy will be available to all staff for use in relation to completion of a Quality Impact Assessment

9.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

10. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

It has been determined that there are no specific training requirements associated with this policy/procedure.

11. Related Documents

11.1 Other related policy documents

Policy CO14 Risk Management Policy and Framework

12. Monitoring, Review and Archiving

12.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

12.2 Review

12.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

12.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

12.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the ‘document history’ table on the front page of this document

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

12.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice for Health and Social Care 2016.

13. Equality Analysis

North of England Commissioning Support

Partners in improving local health

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	**Janet Farline**
Title of service/policy/process:	**Quality Impact Assessment**
Existing: ☐ **New/proposed:** x **Changed:** ☐	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
The purpose of this policy is to set out the responsibilities, process and format to be followed when undertaking a quality impact assessment	
Who will be affected by this policy/service /process? (please tick)	
xStaff members **☐ Other**	
If other please state:	
What is your source of feedback/existing evidence? (please tick) **☐ National Reports ☐ Staff Profiles** **Staff Surveys ☐ Complaints/Incidents** **☐ Focus Groups ☐ Previous EIAs** **x Other**	
If other please state: **Sunderland CCG Staff Time Out**	

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	**Neutral**
Staff Profiles	**Neutral**
Staff Surveys	**Neutral**
Complaints and Incidents	**Neutral**
Staff focus groups	**Neutral**
Previous EIA's	**Neutral**
Other evidence (please describe)	**Neutral**

STEP 2 - IMPACT ASSESSMENT
What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
Neutral
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
Neutral
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.
Neutral
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
Neutral
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.
Neutral
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
Neutral
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Neutral
Sex/Gender A man or a woman.
Neutral
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
Neutral
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
Neutral

STEP 3 - ENGAGEMENT AND INVOLVEMENT
How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?
The protected characteristics have been assessed as Neutral
Please state how staff engagement will take place:

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
x Verbal – through focus groups and/or meetings **Verbal - Telephone** **Written – Letter** **Written – Leaflets/guidance booklets** **Email x Internet** **Other**
If other please state:

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1	No areas of discrimination have been identified

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?

SIGN OFF

Completed by:	**Janet Farline**
Date:	**4 September 2017**
Presented to: (appropriate committee)	**QSR Committee**
Publication date:	**10 October 2017**

Appendix 1

Quality Impact Assessment Screening Tool

Overview

This tool requires all projects and business cases to undergo an initial assessment (stage 1) to identify any potential impacts - positive, negative or neutral, on quality from any proposed changes to the way services are commissioned or delivered. The rationale to support the identification of the impact as positive or negative must be recorded in the comments column. Where a potential negative impact is identified it should be risk assessed using the standard risk matrix shown below.

- Quality is described in a number of areas, each of which must be assessed.
- Where a potentially negative risk score is identified and is greater than 10 this indicates that a more detailed assessment is required in this area.
- All areas of quality risk scoring greater than eight must go on to a detailed assessment.
- All impact assessments must be signed and dated by the person carrying out the assessment. All completed impact assessments must be reviewed and signed by a senior manager/ executive prior to submission to the Quality and Safety Team for logging, review and final sign off by the Medical Director, and Director of Nursing, Quality and Safety.

Quality Impact Assessment

Scheme ref no:	
QIPP scheme title:	
Brief Description of scheme:	
Assessment completed by:	
Director of Nursing Approval (and date):	

Quality Drivers: **1. Clinical Effectiveness** **Please consider: Mortality rates, re-admission rates, NICE compliance, skill mix, safe staffing safeguarding partnership, collaborative working etc.**	**1. Clinical Effectiveness** Please describe the following: How the initiative deliver will actual health gain How the initiative will deliver positive outcomes Why this is the most appropriate solution How the staff delivering the service have the right skill set in appropriate numbers to deliver the service (please reference/embed any relevant evidence)	**Impact** (Improve / Neutral / Reduce)

Quality Drivers: **2. Patient Safety** **Please consider: Infection Rates, Medication Errors, SIs, Safety Incidents, VTE, pressure ulcers, safeguarding. Partnership, collaborative working**	**2. Patient Safety** Please describe the following: How the initiative will ensure staff and patient safety How appropriate standards will be met How the standards will be measured Assurance processes Workforce issues	**Impact** (Improve / Neutral / Reduce)

Quality Drivers: 3. Patient Experience Please consider: Length of stay, privacy and dignity, discharge planning, complaints, cancellations, access, partnership, collaborative working	3. Patient Experience Please describe the following: How the service will be able to respond to individual needs How it will add value for the patients How equal access to all who need it be ensured How the initiative will inclusively cater for the needs of our diverse population How access times will be improved Will the initiative improve multi-agency working? (please reference/embed any relevant evidence)	Impact (Improve / Neutral / Reduce)

Key Quality and Performance Indicators	What KPIs will be used? Please List all KPI
Key Risks & Mitigation (Have the risks to quality been identified, documented and mitigated)	What are the key risks and how will they be managed?

Appendix 2

Risk Assessment

The following steps are intended to help guide staff when undertaking an assessment of a risk.

Step 1: determine the consequence score

Use the tables below when completing a risk assessment, either when an incident has occurred or if the consequence of potential risks is being considered. 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.

Note: consequence will either be negligible, minor, moderate, major or catastrophic.

Table 1 Consequence Score

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

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

Step 2: determine the likelihood score

Now determine what is the likelihood of the impact 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. The frequency-based score will either be classed as rare, unlikely, possible, likely or almost certain.

Table 2 Likelihood Score

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

Step 3: assigning a risk rating

Now apply the consequence and likelihood ratings to give you a risk rating for each of the risks you have identified. Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

	Likelihood score				
Consequence 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**

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

Green	1-9	Low risk
Amber	10-12	Moderate risk
Red	15-25	High risk

Reference

Policy CO14 Risk Management Policy and Framework