
Trust Quality Impact Assessment (QIA) Policy

Version:	5.0
Ratified by:	QIA Panel (Executive Management Committee)
Date ratified:	31 August 2016 (original approval of policy 5 May 2015)
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Date issued:	1 September 2016
Review date:	1 September 2017
Target audience:	Trustwide
Document Reference:	

Version Control Summary

Version	Date	Status	Comment/changes
1.0	5 May 2015	Draft	Document creation
2.0	5 May 2015	Draft	Submission to Trust QIA Panel and Trust Portfolio Board
2.1	5 May 2015	Draft	Submission to Trust Portfolio Board
3.0	January 2014	Final	Updated version in policy template
3.0	May 2015	Final	Review and Updated version in policy template
4.0	29 August 2016	Draft	Updated version – amends to Equality Impact Assessment section submitted to QIA Panel 31 August 2016 for review
5.0	1 September 2016	Final	Updated version – amends to section 7.6 Equality Impact Assessment added to Criteria for assessing QIA impact

Quality Impact Assessment: Policy and Guidance

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1. Executive Summary

This policy outlines the requirements and governance around Quality Impact Assessment (QIA) required to be undertaken on new plans, programmes, projects and savings schemes. The QIA process supports quality governance by assessing the impact on quality to inform and enable appropriate decision-making on service changes. The three-stage QIA approach is detailed and guidance provided to staff on completing the QIA template.

2. Introduction

The Quality Impact Assessment policy has been developed to ensure that we have the appropriate steps in place to safeguard quality whilst delivering significant changes to service delivery. This process should be used to assess the impact that any policy, project or savings scheme may have on the quality of care provided to patients at South West London and St Georges Mental Health NHS Trust.

Quality Impact Assessment (QIA) are required to be undertaken on new plans, programmes, projects and savings schemes. They support quality governance by assessing the impact on quality to inform and enable appropriate decision-making.

Monitor¹ suggest three key areas of quality indicators that need to be considered, although other indicators that may be relevant should be considered:

- Safety
- Clinical effectiveness
- Patient experience

The impact on equality and diversity also needs to be assessed - whether people could be treated differently in terms of race, religion, disability, gender, sexual orientation, pregnancy, gender reassignment, civil partnerships or age. This supports the Trust in meeting its obligations under the Equality Act 2010 to undertake equality impact assessments.

3. Purpose

The purpose of this policy is to:

- Define the Trust requirements on quality impact assessments/equality impact assessments
- Provide guidance to relevant staff on the criticality of QIAs and provide guidance on completing the QIA template
- Define governance and decision-making related to QIA process.

4. Scope

This policy should be read by Executive, Non-Executive Directors (NEDs), Management Teams, Finance staff, Project teams and all those with responsibility for delivering or supporting improvements.

5. Definitions

The Quality Impact Assessment analyses the type of impact (both positive and negative), the likelihood of impact, the level of impact and the corresponding plans for managing these risks and potential benefits; for. Evidence to support these decisions should be clearly referenced in the

¹ Monitor (January 2012) Delivering sustainable cost improvement programmes

assessment template (e.g. what data or information was used to inform the quality impact assessment).

Policies, strategies, programmes, projects and savings schemes are subject to an ongoing assessment of their impact on quality after they have been implemented. In many cases, routine performance monitoring will provide the measures required to detect changes in quality. Where this is not the case, key measures need to be identified and put a process in place to ensure that the quality impact (positive or negative) is being monitored. For potential negative impact, this should be part of local risk management processes. Where a positive impact is sought, this process may be part of proactive efforts to realise the benefit of a specific change project.

6. Duties and Responsibilities

Executive Management Committee (EMC) will:

- Ensure overall governance of QIA approach and process is in place and effective

Quality and Safety Assurance Committee (QSAC) will:

- Be assured that there is an appropriate Quality Impact Assessments (QIA) process undertaken for policies, plans, procedures or projects
- Receive bi-annual reports from EMC on new and existing Trust wide schemes/projects to ensure risk planning is robust and the impact on quality and performance is being thoroughly assessed and negative impact mitigated.
- Sign-off QIAs according to the delegation scheme contained in section 6.5.

Service management teams/ Corporate management teams/Project Boards/Programme Boards will:

- Ensure QIAs are completed for all new or existing policies, plans, procedures or projects with areas of responsibility

Director of Nursing and Quality Standards & Medical Director (QIA Panel) will:

- Review QIAs related to according to the delegation scheme contained in section 6.5.
- Sign-off QIAs according to the delegation scheme contained in section 6.5.
- Delegate the reviewing and decision-making of QIAs to Clinical Directors according to the delegation scheme contained in section 6.5.

Clinical Directors will:

- Review all QIAs according to the delegation scheme contained in section 6.5.
- Sign-off all QIAs according to the delegation scheme contained in in section 6.5.

Quality and Governance Service will:

- Quality assure QIA's related to clinical and governance policies and procedures

Programme Management Office (PMO) will:

- Provide updates to the Governance Boards and Quality and Risk Assurance Committees on the QIA process in relation to Trust Portfolio programmes.
- Manage and support the Trust QIA Panel

7. Quality Impact Assessment Process

The Trust uses a standard Quality Impact Assessment tool (see **Appendix A**) and risks are assessed using the standard 5 x 5 matrix (see **Appendix A**).

All new or existing projects, programmes, savings schemes that are worked up in outline and have a potential impact on workforce and/or clinical services are required to undertake a quality impact assessment. To do this effectively, the right information is needed in order to understand the potential risks to quality and plans must be put in place to ensure action is taken before quality deteriorates.

An impact assessment on quality and safety will be completed in the planning stage and signed off. If there is a negative impact on quality, the relevant senior manager or Board must be made aware as soon as it occurs.

For each new or existing project, programme, savings scheme a QIA template (**Appendix B**) must be completed.

Trust strategies and policies are required to complete an Equality Impact Assessment Tool; this has been extended to include coverage of quality impact assessment for strategy/policy formulation. Trust policies do not need to follow the procedure described in this document

QIAs related to business cases should be submitted alongside the business case to the relevant Board for approval to proceed, having secured sign-off by the Clinical Director and/or Director of Nursing and Quality Standards and Medical Director as per delegation scheme contained in in section 6.5.

7.1 Stage 1: Initial Assessment

Each project, programme, savings schemes complete Part A QIA – this details whether there is potential quality/equality impact of the proposal.

Where there is low potential impact on quality/equality:

The completed QIA must be reviewed and approved by the responsible owner i.e. Service Director, Head of Department, Clinical Director and Project Board (if relevant) prior to submission to the:

- Clinical Directors Group for final approval to progress. Refer to the delegation scheme contained in section 6.5

Following approval by the Clinical Director Group the project, programme, savings schemes can be progressed, following approval by the relevant approval level (delegation scheme contained in section 6.5.) Quality/equality impacts should be monitored throughout their preparation and implementation to assess if there are any changes to quality of service.

7.2 Stage 2: Full QIA

Where there is medium/high potential impact on quality/equality on the project, programme, savings schemes a full QIA must be completed i.e. Part B

The completed QIA must be reviewed and approved by the responsible owner i.e. Service Director, Head of Department, Clinical Director and Project Board (if relevant) prior to submission to the:

- Trust QIA Panel - Director of Nursing and Quality Standards and Medical Director for final approval to progress. Refer to the delegation scheme contained in section 6.5

7.3 The following are required as part of the completion of the QIA:

- Each QIA requires evidence of sign-off from the relevant approval level (see section 6.5). This must include a Clinical Director and potentially the Director of Nursing and Quality Standards and Medical Director.
- QIA's requiring Director of Nursing and Quality Standards and Medical Director sign-off will review QIAs at a QIA Panel supported by the Programme Management Office (PMO). PMO will inform responsible owners of whether the QIA has been approved or further evidence is requested to make a judgement. Project Leads and Clinical Leads will be required to attend the QIA Panel to present the QIA.
- QIAs should be reviewed annually or whenever there is a significant change to the project, programme, savings scheme and at each stage review of a project/programme.
- Where a group of service developments will be managed together (e.g. a programme of developments), complete a single integrated QIA for that programme of change.
- Risks identified as part of the QIA process are subsequently recorded and managed according to the Trust's Risk Management Policy, with high risks escalated to Business Assurance Framework (BAF)

7.4 **Stage 3: Review of QIA**

The QIA will need to be regularly reviewed to assess the impact of the project, programme, saving scheme once implemented. The QIA template includes a section to log dates of these reviews and changes to impact ratings.

Revised QIAs are to be submitted to the relevant approval level if there are significant changes to impact ratings i.e. negative impact increases.

A closure report is to be completed for all projects and savings schemes which details the impact on quality of implementation and provides assurance on the consequences of the initiative. The closure reports should be reviewed and approved at the relevant governance level:

- Project/Programme Board/Portfolio Board
- Transformation Programme Board – transformation savings schemes
- Operational Leadership Group – operational saving schemes
- Corporate Savings Board – corporate savings schemes

7.5 Approval levels for QIAs

The Trust has developed a gateway process to provide rigour to quality impact assessment of project, programme, savings schemes.

QIA Gateway 1: QIA of Schemes that are rated low impact valued below £200k require Clinical Director approval.

These QIA's are reviewed at the Clinical Director QIA meeting convened on an annual basis (September - to align with Savings Scheme formulation) with additional meetings convened on an as needed basis.

QIA Gateway 2: QIA of Schemes that are valued above £200k require Clinical Director approval and approval of the Trust QIA Panel (Medical Director and Director of Nursing and Quality Standards)

All Schemes rated medium or high at Gateway 1 will be escalated to Gateway 2 for approval.

QIA Gateway 3: QIA of Schemes that are valued above £1m require Clinical Director approval and approval of the Trust QIA Panel (Medical Director and Director of Nursing and Quality Standards) and Quality Safety Assurance Committee (QSAC).

For the Trust Savings Programme, a summary of savings schemes quality impact assessments will be presented to QSAC for quality sign-off of the programme prior to the new financial year commencing.

7.6 Criteria for assessing QIA impact:

Table 1 below provides a summary schema for deciding the appropriate approval level for the QIA:

Criteria	Clinical Director Approval	QIA Panel	QSAC
Quality Impact	Low impact	Medium/High impact	High impact
Criticality to Delivering Trust strategic objectives	Low impact	Medium/High impact	High impact
Financial Value	<200k	>£200k+	>£1m+
Political/ Reputation	Low impact	Medium/High impact	High impact
Equality Impact Assessment	Low impact	Medium/High impact	High impact

Table 1: Criteria for assessing QIA impact

Table 2 below provides detailed guidance on deciding the impact rating for each QIA criteria:

Criteria	Low Impact (Risk rating 1-8)	Medium Impact (Risk rating 9-12)	High Impact (Risk rating 15-25)
1. Quality			
(a) Impact on clinical effectiveness	Clinical effectiveness will be improved resulting in better outcomes anticipated for patients	May have an adverse impact on clinical effectiveness. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Significant reduction in clinical effectiveness. Further mitigation needs to be put in place to manage risk to acceptable level
(b) Impact on patient safety	Improved patient safety, such as reducing the risk of adverse events is anticipated	May have an adverse impact on patient safety. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Increased risk to patient safety. Further mitigation needs to be put in place to manage risk to acceptable level
(c) Impact on patient and carer experience	Improved patient and carer experience anticipated	May have an adverse impact on patient and carer experience. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Significant reduction in patient and carer experience. Further mitigation needs to be put in place to manage risk to acceptable level
(d) Impact on non-clinical/operational	Improvements on Non-clinical/operational performance expected	May have an adverse impact on operational performance.	Significant adverse impact on operational performance

effectiveness		Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Further mitigation needs to be put in place to manage risk to acceptable level
(e) Impact on equality and diversity	Improvements on equality and diversity expected	May have an adverse impact on equality and diversity. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Significant adverse impact on equality and diversity. Further mitigation needs to be put in place to manage risk to acceptable level
2. Criticality to Delivering Trust strategic objectives	Positively impacts on the delivery of Trust strategic objectives	May have some adverse impact on the delivery of Trust strategic objectives	Negatively impact on the delivery of Trust strategic objectives
3. Financial Value	<£200k	>£200k+	>£1m+
4. Impact on Trust reputation with patients, staff and other stakeholders	An improved positive impact on Trust reputation is expected	May have some adverse impact on Trust reputation	Significant adverse impact on Trust reputation

Table 2: Guidance for assessing QIA impact rating

The Risk impact matrix below provides detail of the risk scoring schema for the Trust:

Impact	<u>Likelihood</u>				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1: Low	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2 :Slight	2 Very Low	4 Very Low	6 low	8 low	10 Medium
3: Moderate	3 Very Low	6 Low	9 Medium	12 Medium	15 High
4: Major	4 Very Low	8 Low	12 Medium	16 High	20 High
5 Catastrophic	5 Very Low	10 Medium	15 High	20 High	25 High

8. Equality Impact Assessment

8.1 SWLSTG Mental Health NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

The equality impact assessment is incorporated into the Quality Impact Assessment.

The impact on equality and diversity also needs to be assessed in accordance with the Equality Act 2010 which provides protection against discrimination for nine protected characteristics; age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and marriage and civil partnership.

The Act introduced a '*General*' *Public Sector equality duty* which states that public authorities must have due regard to the need to:

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

8.2 Equality Impact Assessment Tool

The Equality Impact Assessment tool below should be undertaken in order to complete the Equality and Diversity section of the QIA:

	Yes /No	Comments
Does the policy/guidance affect one group less or more favourably than another on the basis of the 9 protected characteristics (Equality Act 2010):		
• Age		
• Disability - a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.		
• Gender reassignment		
• Pregnancy and maternity		
• Race - including nationality and ethnic origin		
• Sex (Male, Female)		
• Religion or belief		
• Sexual orientation (Lesbian, Gay, bisexual, Transgender)		
• Marriage & Civil Partnership		
Is there any evidence that some groups are affected differently?		
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
Is the impact of the policy/guidance likely to be negative?		
If so can the impact be avoided?		
What alternatives are there to achieving the policy/guidance without the impact?		
Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, please contact: Equality and Diversity Lead x6852

9. Monitoring of Quality Impact

9.1 The Trust must evaluate how the projects, programmes, savings schemes are working in practice and the impact on quality of service.

The Portfolio Board will review and approve QIA's related to Portfolio Project business cases

Programme and Project Boards will review and approve QIA's related to programmes and projects business cases

The PMO will quality assure QIA's related to Portfolio Project/Programmes

The QIA Panel and Clinical Directors will monitor the impact of QIA's as detailed in the delegation scheme contained in section 6.5.

The Quality and Governance Service will quality assure QIA's related to clinical and governance policies and procedures

The Trust may also consider the use of Internal Audit to provide independent assurance on the development and progress of the Improvement Programme

9.2 Ongoing Measurement of Impact on Quality

It is vitally important that there are ongoing measures in place to monitor the potential impact of schemes/projects on clinical services. The above risk assessment framework provides an indication of risk level at the beginning but this must not be a one off process and risks should be reviewed throughout the project/programme/scheme lifecycle.

Projects, programmes, savings schemes should be subject to an ongoing assessment of their impact on quality after they have been implemented. In many cases, routine performance monitoring will provide the measures required to detect changes in quality. Where this is not the case, you will need to identify key measures and put a process in place to ensure that the quality impact (positive or negative) is being monitored. For potential negative impact, this should be part of local risk management processes. Where a positive impact is sought, this process may be part of proactive efforts to realise the benefit of a specific projects, programmes, savings schemes.

Stage 3 of the QIA procedure (see 5.4) ensures there is continual monitoring of the impact of policies, procedures and projects and assurance for the Medical Director and Director of Nursing and Quality Standards.

9.3 Monitoring the Cumulative Impact on Quality

An annual savings scheme impact report is produced for the Quality and Safety Assurance Committee (QSAC) in the autumn following the end of the financial year. This report will provide a summary of the impact of individual schemes and detail the cumulative impact of the savings scheme on quality.

A summary update report on programme, project and savings scheme QIAs will be presented to the Trust Quality and Safety Assurance Committee every quarter to ensure the Committee has oversight and assurance on the quality impact.

10. Ratification process

Key Area	Lead Director	Working Group	Ratification Body
Corporate Governance	Director of Nursing and Quality Governance	Trust QIA Panel	EMC (Portfolio Board)

This document has been developed and consulted upon with Clinical Governance Group, Clinical Director Group, Trust QIA Panel and Executive Management Committee.

11. Monitoring compliance with and the effectiveness of procedural documents

Monitoring Compliance Table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
<i>Policy consistency checks will be undertaken as part of business case submission processes and Project Initiation Document (PID) approval process</i>	Director of Nursing and Quality Governance	Sample of business case submissions	Annually	Trust QIA Panel	QIA Authors	<i>Review report to QIA Panel and EMC.</i>

Quality Impact Assessment (QIA)

Guidance for Staff on Completion

1. Purpose of a QIA

It is recognised that whilst quality must remain at the heart of everything we do the efficiency requirements within the NHS are at an historical high. There is an argument that quality can be protected and even enhanced whilst we work to contain cost but this is not a given and we cannot become complacent in assuming that because nobody wishes to compromise on quality this will not happen. Therefore it is of paramount importance that we actively put processes in place to ensure that any service changes do not have an adverse impact on quality of care delivered to our patients.

The Quality Impact Assessment process has been developed to ensure that we have the appropriate steps in place to safeguard quality whilst delivering significant changes to service delivery. This process should be used to assess the impact that any individual saving scheme, service development or improvement project may have on the quality of care provided to patients at South West London and St Georges Mental Health NHS Trust.

2. Process

A Quality Impact Assessment is to be undertaken when embarking on formulating a savings scheme, programme or project.

3. Responsibilities:

- The policy/scheme owner or Project Manager is responsible for ensuring that a QIA is completed prior to implementing the policy/scheme/project. This enables the assessor to determine whether a full QIA is required through the initial screening step.
- The policy/scheme owner/project lead is responsible for ensuring that the paperwork and process is completed fully
- The Clinical Lead is responsible for completing the QIA and undertaking an assessment of the clinical quality impact assessment of a savings scheme, project or programme.
- The Project Sponsor is responsible for signing off the QIA document for all Trust wide savings schemes or Improvement Projects. In doing so the Project Sponsor is 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.
- The QIA Panel, consisting of Director of Nursing and Quality Standards and Medical Director, will approve QIA's and be the final arbiters for all QIAs as per the approvals levels (see section 6.5).
- Clinical Directors will approve QIA's and be the final arbiters for some QIAs as per the approvals levels (see section 6.5).
- The Programme Management Office will support and organise the QIA Panel.

4. Working through the QIA template:

4.1 Summary and approvals section

The first section of the template includes information on the scheme owner/project manager, summary of the scheme, project, programme and dates of approvals.

4.2 Part A: Initial Quality Impact Assessment Screening

A summary section is included to undertake an initial QIA screening for the following impact areas:

- Patient Safety
- Clinical Effectiveness
- Service User Experience
- Equality and Diversity
- Non-Clinical/Operational impact

Complete the Summary rating section – the highest rating for any of the impact areas is the overall summary rating score

Not all schemes require a full QIA therefore the screening stage has been built in to determine the need for a full QIA. To help with this decision a threshold has been set which is detailed below.

Threshold:

- Any scheme/programme/project that has the potential risk rating score of medium (i.e. 9 - moderate impact, likelihood possible - or above) to impact on service delivery/care either directly or indirectly
Any scheme which will have an impact on workforce

It is envisaged that most schemes/projects will need to have a full QIA completed. All QIAs rated medium impact of higher are reviewed by the QIA Panel and all low rated QIAs are reviewed by the Clinical Directors Group.

Refer to assessing the impact section 4.5 below.

4.3 Part B: Full Quality Impact Assessment:

In carrying out a full QIA the author is being asked to carry out a risk assessment. The author must consider the impact of the scheme on each of the following:

- Patient Safety e.g. potential for increased adverse events, readmissions
- Clinical Effectiveness e.g. potential for poor clinical outcomes, not taking up the latest technology/evidence

- Patient Experience e.g. potential for complaints, negative feedback, ability to treat patients with dignity
- Equality and Diversity e.g. people could be treated differently in terms of race, religion, disability, gender, sexual orientation pregnancy, gender reassignment, civil partnerships or age.
- Non clinical/Operational e.g. any impact on staff, health and safety issues for staff, any impact on operational performance both directly or elsewhere in the organisation. Negative impact on reputation of the Trust.

4.4. Part C: Review of QIA

The QIA needs to be reviewed on a regular basis to ensure quality impacts of schemes, programmes, and projects are evaluated throughout development and implementation.

These reviews are to be recorded in Part C of the QIA template.

The QIA Panel may request that QIA reviews are presented to this forum.

4.5 Assessing the Impact:

Impacts in relation to the proposed change can be both positive and negative.

- Complete the current risk rating score of negative impacts for each quality/equality criteria using the risk matrix below
- For any impacts deemed to be negative in nature complete the Risk mitigation and monitoring arrangements section
- Complete the Residual risk rating score i.e. the remaining risk score that is estimated following implementation of the proposed measures or controls to reduce the risk.

Risk Matrix

Impact ↓	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1: Low	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2 :Slight	2 Very Low	4 Very Low	6 low	8 low	10 Medium
3: Moderate	3 Very Low	6 Low	9 Medium	12 Medium	15 High
4: Major	4 Very Low	8 Low	12 Medium	16 High	20 High

5 Catastrophic	5 Very Low	10 Medium	15 High	20 High	25 High
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The Table below provides detailed guidance on deciding the impact rating for each QIA criteria:

Criteria	Low Impact (Risk rating 1-8)	Medium Impact (Risk rating 9-12)	High Impact (Risk rating 15-25)
1. Quality			
(a) Impact on clinical effectiveness	Clinical effectiveness will be improved resulting in better outcomes anticipated for patients	May have an adverse impact on clinical effectiveness. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Significant reduction in clinical effectiveness. Further mitigation needs to be put in place to manage risk to acceptable level
(b) Impact on patient safety	Improved patient safety, such as reducing the risk of adverse events is anticipated	May have an adverse impact on patient safety. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Increased risk to patient safety. Further mitigation needs to be put in place to manage risk to acceptable level
(c) Impact on patient and carer experience	Improved patient and carer experience anticipated	May have an adverse impact on patient and carer experience. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Significant reduction in patient and carer experience. Further mitigation needs to be put in place to manage risk to acceptable level

<p>(d) Impact on non-clinical/operational effectiveness</p>	<p>Improvements on Non-clinical/operational performance expected</p>	<p>May have an adverse impact on operational performance. Mitigation is in place or planned to mitigate this impact to acceptable risk levels</p>	<p>Significant adverse impact on operational performance. Further mitigation needs to be put in place to manage risk to acceptable level</p>
<p>(e) Impact on equality and diversity</p>	<p>Improvements on equality and diversity expected</p>	<p>Significant adverse impact on equality and diversity. Mitigation is in place or planned to mitigate this impact to acceptable risk levels</p>	<p>Significant adverse impact on equality and diversity. Further mitigation needs to be put in place to manage risk to acceptable level</p>

4.6 Quality Metrics:

Complete the quality metrics section for each impact

It is vitally important that there are ongoing measures in place to monitor the potential impact of schemes/projects/programmes on clinical services. The above risk assessment framework provides an indication of risk level at the beginning but this must not be a one off process and risks should be reviewed throughout the scheme/programme/project life.

The author must identify performance metrics which are sensitive to the impact risks and therefore can be used to monitor any ongoing impact. Performance metrics which are currently in use can be identified for example readmission rates, specific adverse event rates etc.

Complete the quality metrics section against each impact.

5. Useful Sources of Guidance:

- Risk Management Team
- Programme Management Office

- In order to ensure that this guide is as useful as possible we would welcome any comments/suggestions for the future which can be emailed to Programme Management Office jason.preece@swlstg-tr.nhs.uk

Appendix B – QIA Template

Quality Impact Assessment (QIA) Template

<p>This tool provides a template for carrying out a quality impact assessment on a new or existing project, programme, savings scheme. It is intended to support quality governance by assessing the impact of Savings schemes and service change on quality. It is also intended to support the Trust in meeting its obligations under the Equality Act (2010), to undertake race, disability and gender impact assessments.</p>	Scheme / project / programme title			
	SRO			
	Author			
	Date completed		Version	
Approvals	Clinical Director approval	Insert Name	Job title	Insert Date
	Director of Nursing and Quality Standards approval <i>*Required for medium/high rated QIA only</i>		Insert Date	

	Medical Director approval *Required for medium/high rated QIA only		Insert Date
Summary of Scheme / project / programme	Insert summary details of scheme, project or programme		

Part A: Initial Quality Impact Assessment screening

		Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
		Impact	Likelihood	Risk score		Impact	Likelihood	Risk score	
Impact Area	Summary of impact								
Patient safety				0			0		
Clinical Effectiveness				0			0		
Service user experience				0			0		
Equality and Diversity				0			0		
Non Clinical/ Operational Impact				0			0		

Summary Rating	Highest rating = summary score	0	0
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If Current Summary rating is 9 (medium) or higher for any impact area, Part B must be completed

Part B: Full Quality Impact Assessment

Quality areas	Positive Impact	Negative impact	Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
			Impact	Likelihood	Risk score		Impact	Likelihood	Risk score	
Patient Safety										
		Overall Impact Summary score (highest)			0				0	
Impact on serious incidents, their reporting and learning					0				0	

Impact on violence and aggression experienced by service users and staff				0				0	
Impact on effective use of risk assessment in clinical practice				0				0	
Impact on safeguarding vulnerable adults and children				0				0	
Please add more areas as applicable...				0				0	

Quality areas	Positive Impact	Negative impact	Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
			Impact	Likelihood	Risk score		Impact	Likelihood	Risk score	
Clinical Effectiveness										
		Overall Impact Summary score (highest)			0			0		
Impact on readmission					0			0		
Impact on access to crisis and home treatment					0			0		
Impact on provision of NICE compliant treatment					0			0		
Impact on effectiveness of support in the community					0			0		

Impact on carers					0			0		
Please add more areas as applicable...					0			0		
Quality areas	Positive Impact	Negative impact	Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
			Impact	Likelihood	Risk score		Impact	Likelihood	Risk score	
Service user experience										
		Overall Impact Summary score (highest)			0			0		
Impact on dignity and respect					0			0		
Impact on service user satisfaction					0			0		
Impact on service user choice					0			0		

Impact on straightforward and timely access to care and treatment					0				0	
Impact on complaints					0				0	
Impact on waiting times					0				0	
Please add more areas as applicable...					0				0	
Quality areas	Positive Impact	Negative impact	Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
			Impact	Likelihood	Risk score		Impact	Likelihood	Risk score	
Equality & Diversity										
		Overall Impact Summary score (highest)			0				0	

Impact on eliminating discrimination					0				0	
Impact on eliminating harassment					0				0	
Impact on promoting good community relations /positive attitudes					0				0	
Impact on encouraging participation					0				0	
Any other impact on equality or diversity?					0				0	
Quality areas	Positive Impact	Negative impact	Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
			Impact	Likelihood	Risk score		Impact	Likelihood	Risk score	
Non Clinical/Operational Impact										
		Overall Impact Summary score			0				0	

Safety			Service User Experience			Clinical Effectiveness			Equality & Diversity		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
0	0	0	0	0	0	0	0	0	0	0	0
Non-Clinical/Operational impact											
Likelihood	Impact	Score									
0	0	0									

Summary of QIA Changes

Insert details of any changes to QIA ratings. Attach full QIA review if summary rating is 9 (medium) or higher for any impact area.

Review 2

Date/Version		Completed By (Name & Position)		Sign Off By (Name & Position)	
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Quality impact assessment (risk of negative impact)

Safety			Service User Experience			Clinical Effectiveness			Equality & Diversity		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
0	0	0	0	0	0	0	0	0	0	0	0
Non-Clinical/Operational impact											
Likelihood	Impact	Score									
0	0	0									

Summary of QIA Changes

Insert details of any changes to QIA ratings. Attach full QIA review if summary rating is 9 (medium) or higher for any impact area.

Review 3

Date/Version		Completed By (Name & Position)		Sign Off By (Name & Position)	
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Quality impact assessment (risk of negative impact)

Safety			Service User Experience			Clinical Effectiveness			Equality & Diversity		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
0	0	0	0	0	0	0	0	0	0	0	0
Non-Clinical/Operational impact											
Likelihood	Impact	Score									
0	0	0									

Summary of QIA Changes

Insert details of any changes to QIA ratings. Attach full QIA review if summary rating is 9 (medium) or higher for any impact area.

QUICK REFERENCE GUIDE

Flowchart of Trust QIA process



