University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR THE COMPLETION, MANAGEMENT AND APPROVAL OF QUALITY IMPACT ASSESSMENTS

Reference Number: TBC	**Version:** 1.3		**Status:** Final	**Author:** Caroline Williams **Job Title**: Deputy Head of Programme Management Office (PMO)

Version / Amendment History	Version	Date	Author	Reason
	1	June 2019	Deputy Head PMO	Draft new Quality Impact Assessment (QIA) policy
	1.1	November 19	Senior HR Advisor – Workforce Transformation and Integration	Include section on Organisational Change
	1.2	April 2020	Deputy Head of PMO	Updated in line with the revised governance structure
	1.3	January 2021	Deputy Head of PMO	Incorporated the QIA review date process

Intended Recipients: This Policy should be read by all clinical and managerial staff across the Trust, particularly those staff involved in undertaking financial improvement schemes.

Training and Dissemination: Launched through Intranet.Ad hoc training sessions based on an individual's training need can be provided by the Corporate Nursing / PMO teams.

To be read in conjunction with: Organisational Change - UHDB Trust Policy and Procedure, Organisational Change Framework and Template, Risk Management - Strategy & Supporting Policy (Including the Assessment and Management of Risk) - UHDB Trust Policy and Procedure Policy

In consultation with and Date: QIA Review Group, January 2021; Quality Improvement Group, January 2021

EIRA stage one Completed No

Stage two Completed N/A

Approving Body	Quality Improvement Group – Jan 2021 Trust Delivery Group – Feb 2021
Date of Issue	February 2021
Review Date and Frequency	Feb 2024 and every two years
Contact for Review	Programme Management Office

Executive Lead Signature	Executive Medical Director
Approving Executive Signature	Executive Medical Director

Contents

TRUST POLICY FOR THE COMPLETION, MANAGEMENT AND APPROVAL OF QUALITY IMPACT ASSESSMENTS (QIA)

1. Introduction

1.1 Quality must remain at the heart of everything we do and be enhanced whilst we work to contain cost and improve efficiencies. It is important to have a process in place to ensure that any change to a service does not have an adverse impact on the quality of care delivered to our patients.

1.2 This Policy details the process to be undertaken to assess the impact on quality of all projects which deliver a financial saving to ensure that their implementation does not cause harm to our patients, our staff or the Trust. Best practice would be that all projects, whether their aim is quality or financial improvement including business cases, are subject to a QIA review.

2. Purpose and Outcomes

2.1 The purpose of this Policy is to set out the responsibilities, tools and process to be followed when undertaking a QIA.

2.2 This Policy is applicable to all Trust staff involved in change, including, but not limited to:

- Improvement schemes
- Efficiency projects
- Service development projects (including quality improvement).

2.3 A QIA must be completed for improvement and efficiency projects which affects patients (either directly or indirectly) or the workforce. Schemes or projects that do not have patient or workforce impact do not need a QIA. In addition, implementing medication changes in line with national guidance does not require a QIA.

3. Definitions

3.1 **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
- Effectiveness of Care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit
- Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.

3.2 **QUALITY IMPACT ASSESSMENT** can be defined as an impact assessment, which is a continuous process, to ensure that possible or actual business plans or projects are assessed and the potential consequences on quality are considered and any necessary mitigating actions are outlined in a uniformed way.

3.3 **ORGANISATIONAL CHANGE is** any change which has an impact on organisational structures, terms and condition, or changes to teams / roles. Examples of this could be as a result of integration or changes to services, workforce modelling changes, which could be as a result of improvement pathways or services changes due to partnership working.

4. Responsibilities

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

4.2 The **Executive Chief Nurse** and **Executive Medical Director** are responsible for ensuring that QIAs are effectively considered as part of discussions at Quality Improvement Group (QIG) and providing Executive sign off.

4.3 The **Quality and Performance Committee (QPC)** is responsible for receiving assurance from the QIG that QIAs are effectively considered and where appropriate approved.

4.4 The **Planning, Improvement and Partnerships Group** is responsible for gaining assurance regarding QIAs and liaising with the QPC.

4.5 The **QIG** is responsible for providing assurance to the QPC regarding the completion of QIAs and approving / not approving all Stage 2 QIAs. It is also responsible for ensuring that a robust mechanism is in place to review and approve QIAs and that a QIA tool is available for use in the Trust.

4.6 The **QIA Review Group** is a multidisciplinary group, reporting to the QIG, responsible for reviewing all Stage 2 QIAs and challenging the mitigations identified against the risks. Project Leads will be in attendance to support this process. The Group will also review a random sample of Stage 1 QIAs to ensure consistency of completion.

4.7 The appropriate **Executive Director** is accountable for the review of QIAs undertaken by Project Leads / Groups in their areas and to determine whether they should be approved. If approved the QIA should be submitted to the PMO by email (uhdb.pmo@nhs.net) for recording and consideration by the QIA Review Group if required.

4.8 The appropriate **Divisional Director** via the **Divisional Governance Group** is accountable for receiving all QIAs completed within the Division. The Group will review all Moderate / High Risk QIAs and determine whether they should be approved. If approved the QIA should be submitted to the PMO by email (uhdb.pmo@nhs.net) for recording and consideration by the QIA Review Group.

5. Link to the Organisational Change Process

5.1 Recognising the sensitive nature of many Organisational Change projects, the QIA process will not commence until the Organisational Change proposal has been reviewed by the Organisational Change Review Group. Any project that is subject to the formal Organisational Change Review process may require a QIA.

Once agreed to proceed, those proposals with a significant quality impact will be recommended by the Corporate Nursing lead for Organisational Change Review Group to enter the QIA process, and for the QIA template to be completed. Similarly, any projects considered by the QIA Review Group that may be deemed necessary to undergo an Organisational Change process would be referred to the Organisational Change Group. Thus ensuring cross referencing between the QIA and Organisational Change Review Group processes. Where appropriate, the staff affected by the project can be involved in the completion of the QIA template as part of the consultation feedback process.

6. When Should a QIA be Undertaken?

6.1 QIA is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives including those where improved quality is the primary driver for change.

6.2 A QIA must be undertaken as part of the development and proposal stage for all financially driven projects. Best practice suggests that QIAs should be undertaken for all projects which initiate a change in patient pathways or newly developed business cases prior to the change being implemented.

6.3 Where projects are purely transactional or provide financial gains via improved coding or clinic utilisation these would not be subject to a QIA assessment. Similarly, projects such as pharmaceutical brand changes where the change has been recommended nationally would not require a QIA.

6.4 With regard to the addition and removal of posts, the guidance is as follows:

- Creation of a new role would not require a QIA
- Revision of an existing role would require a QIA to assess an impact on the patient journey, other members of staff or the operational impact
- Recruitment into an existing post would not require a QIA.

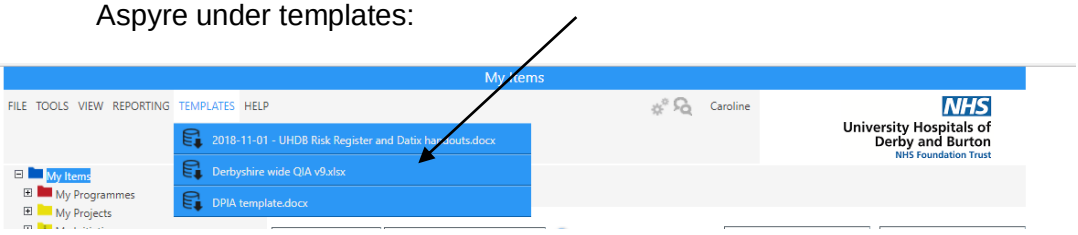
7. Quality Impact Assessment Tool

7.1 The QIG has agreed to adopt a QIA tool that has been developed by Derbyshire CCGs for use across the health economy. The tool prompts the Project Lead / Group to consider all aspects of the project including:

- Patient safety
- Patient experience
- Clinical effectiveness
- Productivity & innovation
- Prevention
- Operational impact.

7.2 The response to the questions will determine a level of risk for the project; No Risk, Low Risk, Moderate Risk and High Risk. If the project is Moderate or High Risk, a Stage 2 review is required. The QIA tool identifies those areas where risks have been identified and requires the Project Lead / Group to identify the issues and mitigating actions.

7.3 The QIA tool can be requested via PMO (uhdb.pmo@nhs.net) or accessed via Aspyre under templates:



7.4 The Trust's use of the Derbyshire Wide QIA tool will be reviewed annually by the QIA Review Group with a recommendation to the QIG regarding the suitability of the tool.

8. Completion of the QIA and Approval Process

8.1 A flowchart of the QIA process is detailed in Appendix 1. In addition, a short guide has been produced to support the completion of QIAs which can be seen in Appendix 2. It is important to ensure that the summary sheet is completed to allow reviewers to understand the projects current position and planned changes.

8.2 QIA No Risks / Low Risk Identified

8.2.1 If following the completion of Stage 1 of the QIA the outcome is No Risk / Low Risk no Stage 2 would be required.

8.2.2 The completed QIA should be received by the Executive Director / Divisional Governance Group for sign off and the approval group / member of staff and date of approval should be recorded on the summary tab.

8.2.3 The QIA should be forwarded to PMO by email (uhdb.pmo@nhs.net) for recording. A random sample of Stage 1 QIAs will be reviewed by the QIA Review Group to ensure consistency of completion.

8.3 Moderate Risk / High Risks Identified

8.3.1 The QIA tool will highlight those areas where risks have been identified during the Stage 1 review and indicate where a Stage 2 assessment is required. The Project Group / Lead should reflect and record the issues, mitigating actions, date and colleague completing the action.

8.3.2 After reviewing each risk and detailing the appropriate mitigations the Project Lead should identify the post mitigation risk score and complete the Justification for Moderated Risk Level section on the summary tab to detail how the risks have been mitigated.

8.3.2 The completed QIA should be received by the Executive / Divisional Governance Group for sign off and the approval group / member of staff and date of approval should be recorded on the summary tab.

8.3.4 The QIA should be forwarded to PMO by email (uhdb.pmo@nhs.net) for recording.

8.4 QIA Review Group

8.4.1 All Moderate / High Risk QIAs will be scrutinised by the QIA Review Group which is a multidisciplinary group responsible for reviewing and challenging all Stage 2 QIAs and the mitigating actions.

8.4.2 The Project Lead will be invited to attend the QIA Review Group to present their Stage 2 QIA. Following discussion, the QIA Review Group will either make a recommendation to the QIG that the QIA should be approved / not approved or that additional information is required in order to make a recommendation.

8.4.3 Following review the QIA Review Group will agree an appropriate timescale for review of the QIA. PMO will record the QIA review dates and invite Project Leads to attend for a review of the QIA.

8.5 QIG

8.5.1 Following consideration by the QIA Review Group, if appropriate, the QIA will be submitted to the QIG. The final approval for QIAs is the responsibility of the Executive Chief Nurse and Executive Medical Director to approve / not approve the QIA. Where further clarification is required the QIA is referred back to the Project Lead / Group.

8.6 QIA Review throughout the implementation of the project

Finalised QIAs will also be reviewed on a regular basis by the Project Group / Lead as part of considering the actual impact throughout implementation. The frequency of review is dependent on the level of risk identified (but should be a minimum of six monthly) will be agreed with the QIA Review Group and will be documented on the QIA tool and detailed in the record kept by PMO. The QIA Review Group will monitor the frequency of review timescales and invite Project Leads back to present the reviewed QIA. The review process will continue for the duration of the implementation of the project.

9. Assessing for Potential Risks for Quality

As part of the assessment Project Groups / Leads should consider any risks which may require addition to the Divisional / Departmental risk register.

10. QIA Tool and Process Review

The QIA tool and process will be reviewed annually by the QIA Review Group and approved by the QIG.

11. Monitoring Compliance and Effectiveness

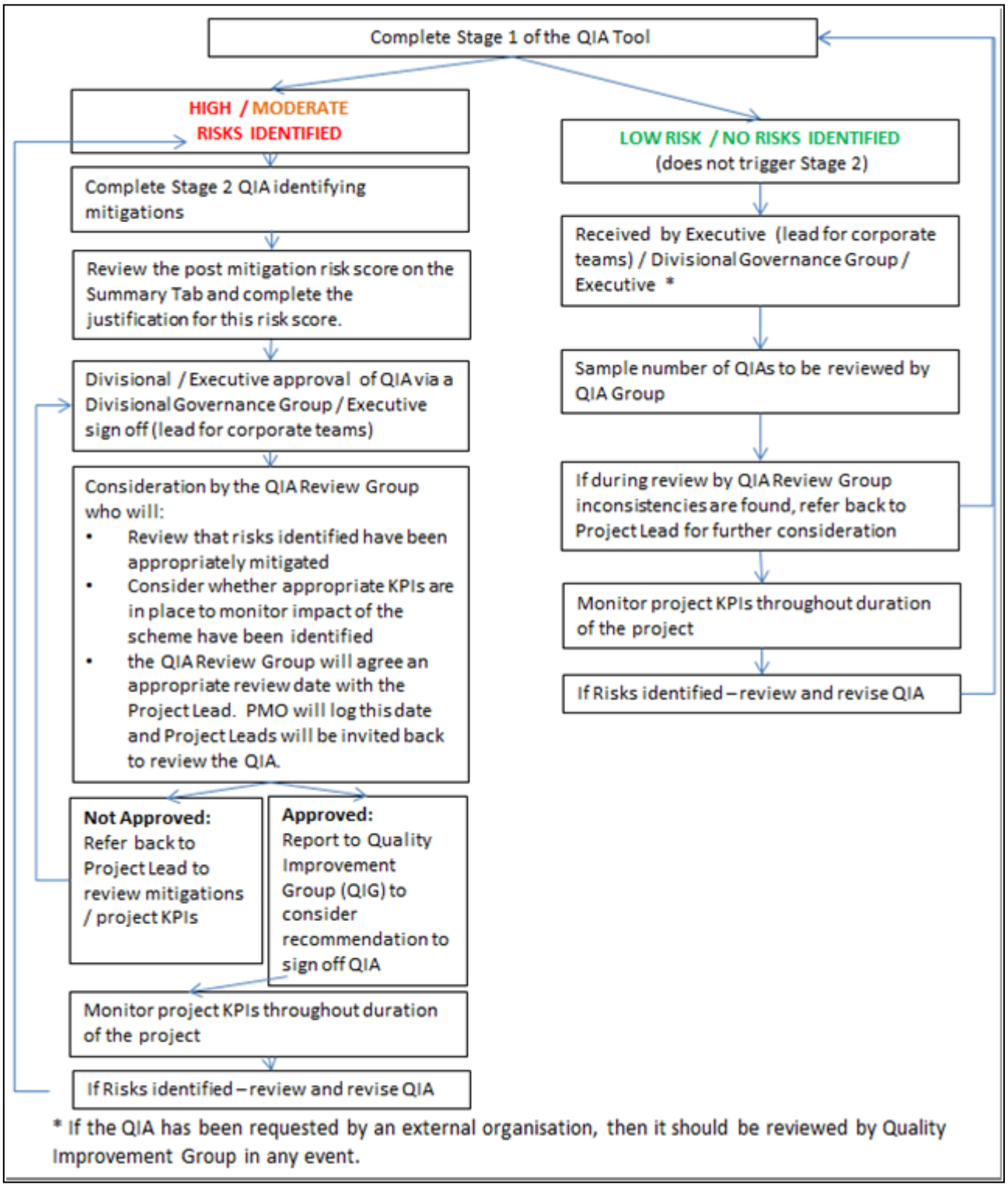
Compliance with this policy will be monitored in the following ways:

Monitoring Requirement	1. QIA is undertaken for each project that meets the criteria & signed off by the relevant Executive / Divisional Governance Group where appropriate 2. QIA Review Group will undertake regular reviews of Stage 1 QIAs to ensure consistency of completion. All Stage 2 QIAs will be reviewed by QIA Review Group 3. Stage 2 QIAs will be approved by the Executive Chief Nurse and Executive Medical Director via the QIG
Monitoring Method:	1. QIA Review Group to include summary of the review of Stage 1 QIAs within its report to the QIG 2. All Stage 2 QIAs are referred, once agreed by QIA Review Group, to the QIG for approval
Monitoring Report presented to:	QIG ; Planning, Improvement and Partnership Group;
Frequency of report	Monthly

12. References

Oxford University Hospitals NHS Foundation Trust Quality Impact Assessment Policy

APPENDIX 1



The Organisational Change process Lead and the QIA Review Group Chair will ensure the appropriate links between both Organisational Change and QIA.

APPENDIX 2

University Hospitals of Derby and Burton NHS Foundation Trust

Quality Improvement Assessment (QIA) Checklist

What is the purpose of a QIA?

It is important to review all projects, whether their aim is quality or financial improvement, to ensure that their implementation doesn't cause harm to our patients, staff or the organisation.

What is the QIA tool?

The QIA tool has been developed by Derbyshire CCGs for use across the health economy. It prompts the Project Group to consider all aspects of the project including patient safety; patient experience; clinical effectiveness; productivity and innovation; prevention and operational impact.

The response to questions determines a level of risk for the project; No Risk, Low Risk; Moderate Risk and High Risk. If the project is Moderate or High Risk, a Stage 2 review is required. The QIA tool identifies those areas where there are risks and requires the Project Group to identify the issues and mitigating actions.

What is the purpose of the QIA Review Group?

All QIAs that have triggered a Stage 2 will be reviewed by the QIA Review Group which is a multidisciplinary group established to review and challenge the mitigations identified. Project Leads will be asked to attend to present their QIA to the group.

The QIA Review Group will then either request additional information or recommend approval of the QIA by the Quality Improvement Group. In addition, the QIA Review Group will consider a random sample of Stage 1 QIAs to ensure consistency of completion.

What are the top tips for completing a QIA?

- Don't complete the tool in isolation – completion in a project group allows discussion about the appropriate mitigating actions where a risk has been identified
- Completion should not take longer that one hour
- Ensure you consider the worst case scenario when answering the questions

Where can I get the QIA tool or I have a question?

Telephone the PMO Office on 01332 785430 for a copy of the tool or to ask for some assistance. The tool is also available on Aspyre under the templates heading.

How do I complete the QIA tool?

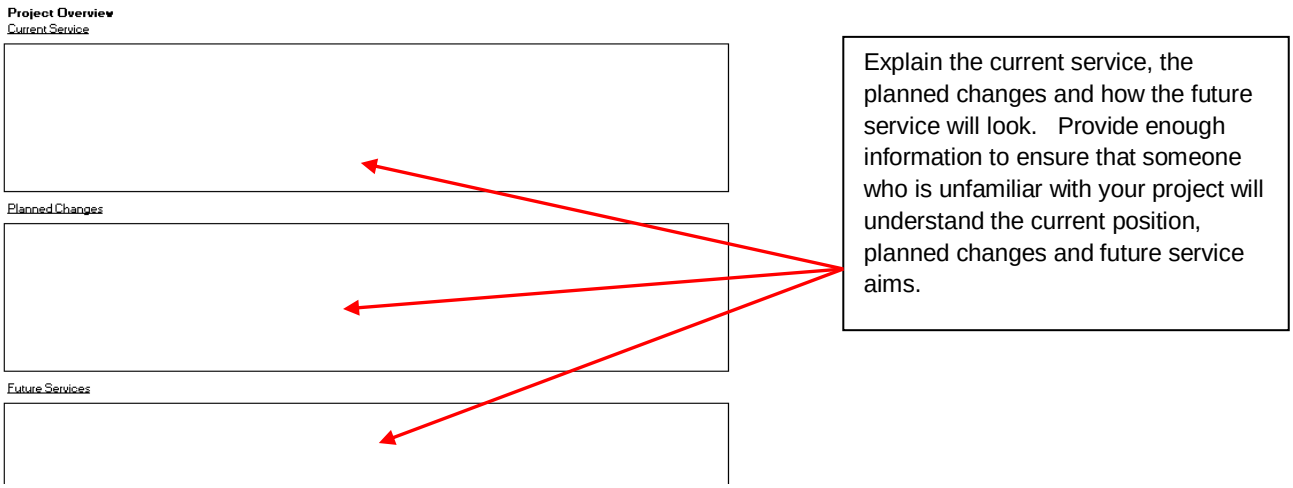
Complete the project information – leaving the QIA Panel Recommendation blank

1. SummaryTab

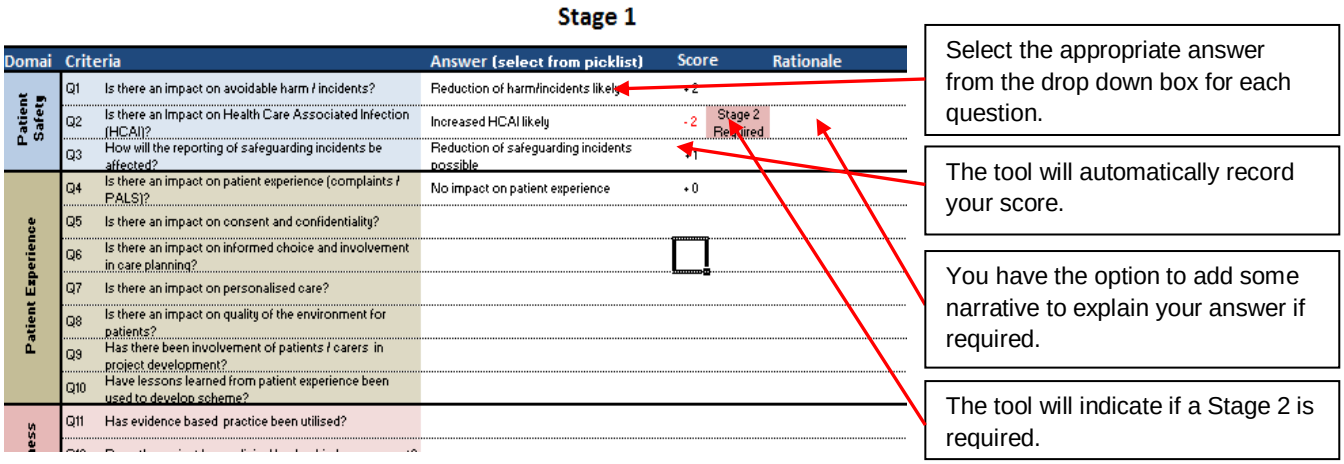
Project Title:		**Version Number**	
Project Lead:			
Project Manager (if applicable):			
Project Sponsor/SRO:			
Who has been consulted to support and inform completion of this QIA - i.e. Clinical Lead, relevant commissioning lead, provider, stakeholder, patient experience leads			
Is this a Joint, Multiple or Single Organisation QIA ?	**Organisations Involved**		
Date QIA completed		**Completed by:**	
Approved By		**Date Approved:**	
QIA panel recommendation (*to be completed by QIA Panel*):			

QIA Panel Comments

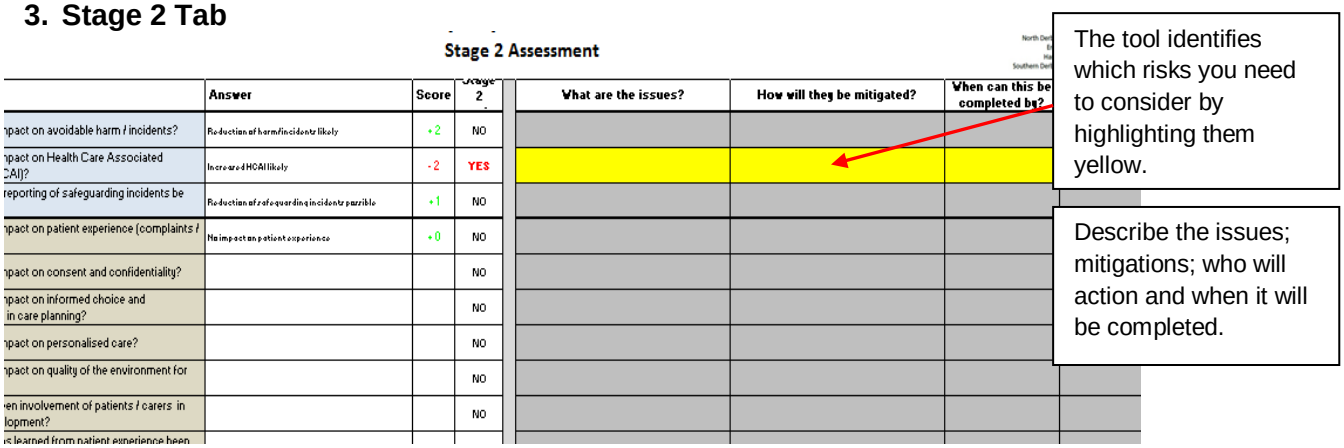
Leave the QIA Panel Comments blank



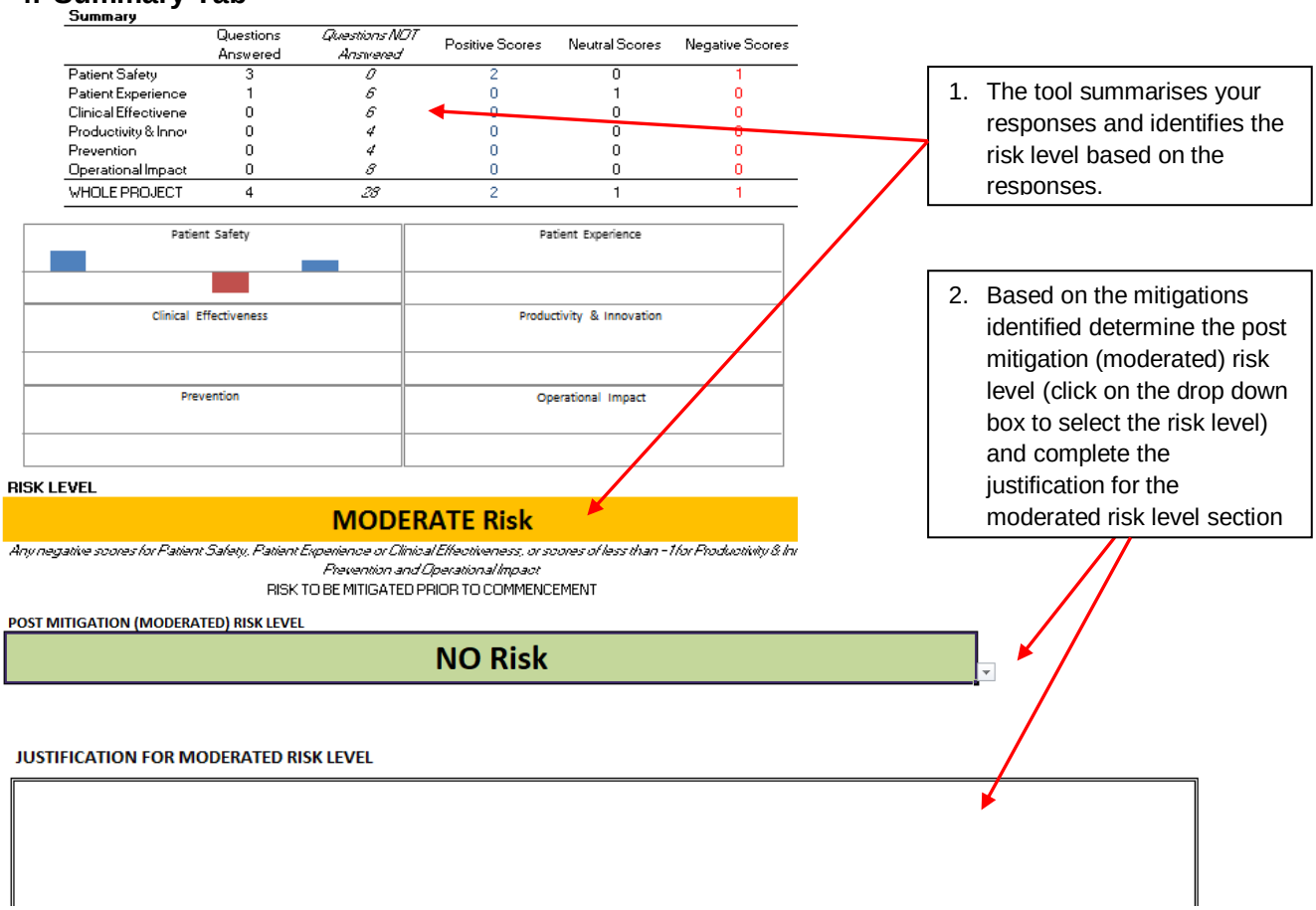
2. Stage 1 Tab



3. Stage 2 Tab



4. Summary Tab



1. The tool summarises your responses and identifies the risk level based on the responses.

2. Based on the mitigations identified determine the post mitigation (moderated) risk level (click on the drop down box to select the risk level) and complete the justification for the moderated risk level section

Next Steps

- Obtain sign off from Division / Executive
- Submit QIA to PMO by emailing uhdb.pmo@nhs.net
- You will be notified if you are required to attend the next QIA Review Group