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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	21st February 2019	Agenda Item	
Report Title	Quality Impact Assessment		
Report Author	Charlotte Higgins, PMO Lead, Recovery & Sustainability		
Report Sponsor and Presented by	Gareth Howells, Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Quality and Safety Committee with assurance that Abertawe Bro Morgannwg University Health Board has implemented a Quality Impact Assessment process as part of the development of the annual plan for 2019/20 and to set out the current assessment of risks.		
Key Issues	<ul style="list-style-type: none"> The Quality Impact Assessment is a dual stage process: <ul style="list-style-type: none"> Stage 1: Schemes are screened and assessed for risk against 4 quality domains – Patient safety, patient experience, clinical quality, whole system. Stage 2: Schemes identified as having a significant risk (risk score 8+) to quality will proceed to full QIA and will be reviewed by a Panel. The Service Delivery Units have screened category A and B schemes on their financial plan using the Quality Impact Assessment (QIA) screening tool. Schemes identified as having a moderate risk to quality have completed a full QIA and have been considered by the QIA Panel. The schemes which have been through the full QIA process have mitigating actions against any potential risks and measures for monitoring quality. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the contents of the assurance report NOTE the progress made in introducing the Quality Impact Assessment for use in Abertawe Bro Morgannwg Health Board 		

QUALITY IMPACT ASSESSMENT

1. INTRODUCTION

The purpose of this report is to provide the Quality and Safety Committee with assurance that Abertawe Bro Morgannwg University Health Board (ABMU) has implemented an effective and robust Quality Impact Assessment (QIA) process as part of the development of its annual plan for 2019/20.

2. BACKGROUND

The Health system is in challenging times. Reducing spend, while maintaining high standards of care and meeting patients expectations can be a difficult balance. Improving standards of care are high on the agenda of all Health Boards and Trusts due to inquiries, such as the Francis Report and Andrews Report, which identified failings in the quality and safety of care delivered to patients.

One of the key findings in the Francis report was that the organisation had a greater focus on reducing cost and improving efficiency over service provision. The report highlighted the importance of an improved attention to the potential negative impact cost improvement or efficiency related changes could have on quality. This led to the development of a formal process for assessing the impact of schemes against quality, known as a quality impact assessment (QIA). QIA is now an embedded process across most health organisations in England.

A guide by NHS providers states that good practice for QIAs should include a number of elements including an embedded process which measures patient safety, experience and clinical quality. It also states that to ensure schemes should be regularly assessed for quality, and there should be an on-going monitoring process. Engagement at many levels should be present when signing off quality impact assessments. Clinicians and front line staff should be engaged and encouraged to provide feedback and identify mitigating actions. Good practice also advises that Board members play a role including receiving assurance that schemes have had a comprehensive risk assessment on quality. Finally, the guide suggests that a clear reporting process should be in place.

3. QUALITY IMPACT ASSESSMENT IN ABMU HEALTH BOARD

As part of the development of ABMUs three year plan, it is essential that quality is at the centre of our approach. A Quality Impact Assessment (QIA) has been introduced to encompass a process that systematically reviews all service change and cost improvement schemes. This is a new process for ABMU, so therefore examples of best practice and lessons learnt from other NHS organisations was sought to ensure that a successful and effective process is introduced.

The ABMU Quality Impact Assessment is a dual stage process:

- **Stage 1:** Schemes are screened and assessed for risk against 4 quality domains – Patient safety, patient experience, clinical quality, whole system.
- **Stage 2:** Schemes identified as having a significant risk (risk score 8+) to quality will proceed to full QIA and will be reviewed by a Panel.

A QIA template has been developed by the Health Board to assist this process (appendix 1), and a multi-disciplinary QIA Panel has been established to provide scrutiny and challenge. The terms of reference for the QIA panel can be found at appendix 2.

4. QUALITY IMPACT ASSESSMENT PROCESS

The Service Delivery Units have screened category A (1&2) and B schemes of their financial plans using the Quality Impact Assessment screening tool. The categories are described as:

- A1 schemes: schemes that did not deliver in 2018-19.
- A2 schemes: schemes that have been identified in individual Unit IMTP submissions.
- B Schemes: unavoidable inflation and growth pressures.

Keys risks and potential impacts on quality have been identified through the screening process and full QIAs have been completed on those which identified as having a risk score of eight or above. The schemes which have been through the full QIA process have mitigating actions against any potential risks and measures for monitoring quality.

On February 11th the Quality Impact Assessment Panel met representatives of the Service Delivery Units. The purpose of this panel was for the Units to present all Category A & B schemes which had been QIA screened and fully assessed. The Panel had the opportunity to review all schemes against quality, including any which identified with carrying significant risk. The Panel challenged the Units for robust mitigating actions and monitoring metrics

Below is a summary of the number of schemes which have gone through the first Quality Impact Assessment cycle:

Number of schemes screened	Number of full QIAs completed
25	9

Category C (High Value Opportunity Schemes) also need to be assessed. As the timeframe for reviewing Category C schemes is running at a different timetable, the QIA panel will meet to review these schemes in March as part of the finalisation of the annual plan that will be presented to the Board before the end of March 2019.

5. GOVERNANCE

The Quality Impact Assessment has a thorough sign off procedure in place for all screened and fully assessed schemes. Any scheme which has been screened or fully assessed should be reviewed and signed by the Service Delivery Unit's Senior Management Team. Schemes which are reviewed by the QIA Panel are signed by the Executive Medical Director and Director of Nursing and Patient Experience.

Once a scheme has been screened or fully assessed, the following monitoring arrangements are in place:

- Schemes which do not require full QIA are monitored and managed locally through Service Delivery Unit governance arrangements.
- Full QIAs that are approved by Panel are reviewed and reported on a quarterly basis by the Panel, as well as through local governance arrangements on a monthly basis.
- Risk score of 15 or below – Scheme entered onto Unit Risk Register
- Risk score of 16 + - Scheme entered onto Corporate Risk Register

To ensure that there is a clear level of assurance, the following reporting procedure has been proposed:

- A summary report will be provided to Quality and Safety Committee on all high risk schemes (assessed at 16 or above).
- A quarterly QIA summary report of all QIAs considered by the Panel will be produced and made available to the Director of Nursing and Patient Experience.

6. NEXT STEPS

The Panel will meet monthly during the initial implementation of the Quality Impact Assessment. This frequency will reduce to quarterly once all category A, B and C schemes from the 3-year plan have been thoroughly risk assessed, reviewed and signed off by the QIA Panel.

Further development of the QIA process will include alignment with other Health Board assessments including equality impact assessment, Data Protection Information Act and the potential future introduction of health impact assessment which is anticipated will come into force towards the end of 2019. .

7. CONCLUSION

The QIA process has been introduced to encompass a process that systematically reviews all service change and cost improvement schemes. This the first time that the Board has introduced a systematic approach which is aligned to the planning cycle. There will be learning and further development of the process. The first stage has been completed and over February and March, the robustness of mitigating actions will be further tested.

8. RECOMMENDATIONS

Members are asked to:

- **NOTE** the contents of the assurance report
- **NOTE** the progress made in introducing the Quality Impact Assessment for use in Abertawe Bro Morgannwg Health Board

Governance and Assurance										
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
			✓						✓	
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
		✓		✓		✓				
Quality, Safety and Patient Experience										
The introduction of the Quality Impact Assessment will ensure that patient safety and experience is not compromised in any cost improvement initiatives or services changes implemented by the Health Board.										
Financial Implications										
The Quality Impact Assessment does not have any financial implications to note.										
Legal Implications (including equality and diversity assessment)										
The Quality Impact Assessment does not have any legal implications to note.										

Staffing Implications	
The Quality Impact Assessment does not have any implications on staff.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Embedding the Quality Impact Assessment as standard practice within the Health Board will have a positive impact on the quality of care provided by the organisation. Minimising the risks of any new initiative or change will help the Health Board deliver sustainable improvements that benefit the population.	
Report History	N/A
Appendices	Appendix 1 – Quality Impact Assessment Template Appendix 2 – Quality Impact Assessment Terms of Reference

Please read user guide before completing screening tool and Quality Impact Assessment (QIA)

Purpose

The screening tool enables all schemes, which have proposed service changes, to undergo an initial quality assessment. The aim of the tool is to identify any potential impacts on quality including positive, negative or neutral. If the scheme is identified to have a negative or neutral impact on quality a full Quality Impact Assessment is required.

Step one - Please complete screening tool on tab 2 (Refer to question guidelines below for guidance on how to answer the questions fully).

Step Two - Complete Full Quality Impact Assessment on tab 3 **if required** (Refer to question guidelines below for guidance on how to answer the questions fully).

Step Three - Save assessment (both if required) in the templates provided on tab 2 and 3.

Sign off - Screening tool must be considered and signed off by Directorate. Full QIA must be considered by local governance mechanism and signed off by Directorate.

Submission - Once signed, the screening tool and QIA must be submitted to Charlotte Higgins, Programme Management Office (PMO), for inclusion on QIA tracking system.

Scrutiny - All QIAs with a risk score of 8 or above must be submitted for scrutiny and decision by the QIA assessment panel. This must be done by submitting to PMO.

Please contact Charlotte Higgins, Programme Management Office, for any advice or questions about QIA.

Charlotte.higgins@wales.nhs.uk



Screening Tool Question Guidelines

Consider how the scheme could be of benefit or risk to patient safety, experience, clinical quality or whole system. Include any mitigations actions which have already been considered if appropriate.

Patient safety

For example,
Impact on preventable harm (falls, pressure ulcers, medication errors).
Impact on the reliability of safety systems.
The impact on systems and processes for of healthcare acquired infections to patients.
The impact on clinical workforce capability and skills.
The impact on the organisations duty to protect children, young people and adults.

Patient experience

For example,
What impact the scheme is likely to have on self reported experience of patients and service users (response to national/local surveys/complaints/PALS/incidents)?
How it will impact on the choice agenda.
How it will impact on the compassionate and personalised care agenda.

Clinical quality

For example,
How does it impact on implementation of evidence based practice?
How will it impact on clinical leadership?
Will it reduce/impact on variations in care? (e.g. readmission rates)
What is the impact on service interfaces?
Does this have an impact on enabling service users to achieve recovery?
How does it impact upon care pathway(s)?
Does it promote recovery?
Does it impact on ensuring that care is delivered in the most clinically and cost effective setting?
Does it eliminate inefficiency and waste by design?

The whole System

For example,

Describe what impact the scheme will have on other services/ Units that may not be within your control.

What is the impact on whole system delivery and/or other Units? Include impact on support services (e.g. hotel services, Porterage).

Is there an impact on patient flow - either into or out of the service as a result of the change? (e.g. community services).

Will there be an impact outside of the organisation - positive and negative on other organisations as a result of these changes?

Is there an impact on primary or community services that needs to be considered - will it increase or decrease the number of patients being treated in primary or community settings?

Section 5. Data Protection Impact Assessment

A Data Protection Impact Assessment (DPIA) is a process that assists organisations in identifying and minimising the privacy risks for new projects or policies. The DPIA must be completed at the beginning of setting up a new project, new initiative or major new flow of personal information. Failure to complete a DPIA may well result in a significant delay to your project/plans as it is a legal requirement. Please contact: ABM.Confidentialityissues@wales.nhs.uk or visit Information Governance page on intranet.

Section 6 . Sign off

The Screening tool must be considered and signed off by project lead and Directorate including Unit (For Corporate this should be a Head of Service, Assistant or Director), Nurse and Medical Director.



Quality Impact Assessment Question Guidelines

Section 2. Scheme Overview

Provide a summary of the main and most important point of the scheme. This should include:

- The purpose of the scheme including the problem/ need for change, current situation/ circumstances.
- Explain the proposed solution and what the project entails.
- Briefly explain the project plan, major milestones and approximate date for completion.
- State the expected results of the change including benefits to the patient, service/ unit/ organisation.

Section 3. What is the impact on patient safety, patient experience, patient experience and whole system?

Copy information from **section 3 of the screening tool** and expand with further detail if necessary.

Section 4. Potential Negative Impact

What negative effect the change will have on patient safety, patient experience, quality/ clinical effectiveness and the whole system. Any disadvantage listed in section 3 should be expanded in this section.

Any negative impact or risk should have a mitigating control. What process will be put in place to reduce or manage the risk.

Section 5. Quality Indicators

If the change has identified an impact on quality indicators (**section 3**) please list each one individually within this section and state the metrics:

Baseline measurement - What is the current or acceptable (state both if different) status of the quality indicator.

Threshold measurement - What is the upper or lower value of the indicator which would trigger additional attention or action.

Frequency - State how often the quality indicator measure is collected.

Section 6. Quality Impact Assessment Score

The Quality Impact Risk Score is populated by the highest risk score (**section 4**).

Section 7. Equality Quality Impact Assessment

Please contact Ruth Tovey (Value & Strategy Planning Manager) for advice on EQIA process.

Ruth.Tovey@wales.nhs.uk

Section 8. Sign off

The Quality Impact Assessment must be considered and signed off by project lead and Directorate (for Corporate this should be a Head of Service, Assistant or Director).

Quality Impact Assessment Screening Tool

Name of Unit/ Service Area		Scheme Name	
IMTP Reference Number		Scheme savings Value	

2. What type of Project/ Initiative is being proposed:	Select option	
Is the change linked to:	Select option	
Is the project/ initiative likely to:		
Have a direct impact on care?	Select option	If yes, complete the following section,
Have an indirect impact on patient care?	Select option	If yes, complete the following section
Have no impact on patient care (i.e. back office function)	Select option	If no, no QIA is required

3. Using the question guidance on user guide tab and risk matrix, Describe how the change likely to:	
Impact on patient safety :	
Benefits :	
Risk:	

Risk Score:	Select option	Impact:	Select option	
Impact on patient experience:				
Benefits:				
Risk:				
Risk Score:	Select option	Impact:	Select option	
Impact on clinical quality:				
Benefits:				
Risk:				
Risk Score	Select option	Impact:	Select option	
Impact the whole system:				
Benefits:				
Risk:				

Risk Score	Select option	Impact:	Select option

4. Next steps	
<p>If the scheme has a risk score of 8 or above in any of the four categories in section 3, please proceed to complete a full Quality Impact Assessment on next tab.</p> <p>If the impact is 'unknown' please explain why and indicate what steps you are going to take to be able to reach a conclusion either way</p>	
Decision:	Next steps:
Select option	

5. Data Protection Impact Assessment (DPIA)		
Has the DPIA screening tool been used to identify if a DPIA Assessment is required	Select option	If no, please see section on DPIA in guidance tab

6. Sign off	
Project lead	
Unit Director	
Unit Nurse Director	
Unit Medical Director	



Quality Impact Assessment Screening Tool

Name of Unit/ Service Area		Scheme Name	
IMTP Reference Number.		Scheme savings Value	

2. Using the question guidance on user guide tab, **provide the Scheme Overview:**

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3. Using the question guidance on user guide tab and risk matrix, **Describe how the change likely to:**

Impact on patient safety:

Benefits:

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Risks:			
Risk Score:	Select Option	Impact:	Select option
Impact on patient experience:			
Benefits:			
Risks:			
Risk Score:	Select Option	Impact:	Select option
Impact on clinical quality:			
Benefits:			
Risks:			
Risk Score:	Select Option	Impact:	Select option
Impact the whole system:			
Benefits:			

Risks:			
Risk Score:	Select Option	Impact:	Select option

4. Using the question guidance on user guide tab and risk matrix, **state the potential Negative Impact the change will have:**

Risk No.	Domain	Impact Details	Mitigating Control	Likelihood	Consequence	Score
1	Select Option			Select Option	Select Option	0
2	Select Option			Select Option	Select Option	0
3	Select Option			Select Option	Select Option	0
4	Select Option			Select Option	Select Option	0

Insert highest risk score into section 6 - Quality Impact Assessment Risk Score

5. Quality Indicators - *What will you use to measure success as well as monitor any risks identified above (add more rows if necessary)*

Benefit / Risk No. (use same risk number above, or new benefit number)	Quality Indicator	Baseline Measure	Threshold Measure	Frequency of Collection	Specify Ward / Service the quality indicator relates to within the Unit/ Service

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6. Quality Impact Assessment Risk Score		QIA with a risk score of 8 or above must be submitted to PMO for scrutiny and decision by the QIA assessment panel.
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7. Equality Quality Impact Assessment			
Has the EQIA screening tool been used to identify if an EQIA Assessment is required. If no, please see section in user guidance.	Select option	Outcome	Select option
If a full EQIA is required, has it been completed	Select option		

8. Sign Off			
Project Lead		Date:	
Unit Director		Date:	
Unit Nurse Director		Date:	
Unit Medical Director		Date:	
Panel Assessment			
Director of Nursing & Patient Experience		Date:	
Medical Director		Date:	

Quality Impact Assessment Panel

Terms of Reference

Introduction

Quality can be defined as:

- Patient Safety
- Effectiveness of care
- Patient Experience

Quality Impact Assessment (QIA) is a process which ensures that any service change considerations are assessed for potential consequences on quality, staff experience and the whole organisational system. The ABMU QIA tool should be used as a robust mechanism to assist and inform the development of any cost improvement and service changes. It should be used at the beginning of any service change considerations prior to implementation and be embedded as part of the annual planning cycle. See **appendix 1** for ABMU QIA process.

A Quality Impact Assessment Panel has been established to review and monitor any schemes which have been screened using a QIA screening tool and identified as having a negative impact on quality.

Purpose

The purpose of the Quality Impact Assessment (QIA) Panel is to:

- Establish an effective and robust mechanism to assess the impact of cost improvement and service changes by assessing the risk and impact of proposals against quality.
- Provide assurance that schemes have been appropriately risk assessed by Service Delivery Units and Corporate Directorates and that Service Delivery Units have robustly tested the impact of their schemes on other parts of the system through effective discussion with other Service Delivery Units
- Provide a mechanism to ensure that the impact of individual's schemes on the whole system has been appropriately assessed.
- Scrutinise the adequacy of controls and assurances identified within individual impact assessments and make recommendations for further action.
- Review schemes during and post implementation using metrics agreed as part of the QIA process
- Provide assurance that risks are appropriately recorded on risk registers within the organisation.

Approval

Service Directors and/or Project Leads will be invited to present their scheme to the Panel.

Once the Panel has assessed the scheme and considered the implications, Delivery Units will be notified. Should further minor work be required to provide the necessary assurance, this will be communicated to the Delivery Unit and an agreement reached as to whether the assurance can be provided to the Panel through virtual means (e.g. via email) so as not to delay further consideration. Where significant or major issues are raised, the Panel will communicate with the Service Delivery Unit and advise on how the scheme can be reconsidered through Panel arrangements as quickly as possible.

Scheme Tracker

The Programme Management Office (PMO) will retain a register of all schemes presented to the Panel and the outcome. This will be circulated to the Panel after each meeting.

Governance and Assurance

Monitoring

- All schemes that have been screened with a risk score of 8 or above must be considered and approved/rejected through the QIA Panel. Schemes scored 8 or less will be monitored and managed locally through Service Delivery Unit governance arrangements
- All QIAs that are considered by Panel should include mitigating actions and monitoring metrics that allow the scheme to be continually assessed.
- QIAs that are approved by Panel will need to be reviewed and reported on a quarterly basis by the Panel as well as through local governance arrangements on a monthly basis.

Reporting:

- A summary report will be provided to Quality and Safety Committee on all high risk schemes (assessed at 16 or above).
- A quarterly QIA summary report of all QIAs considered by the Panel will be produced and made available to the Director of Nursing.

Membership and Attendance

The QIA Panel will include the following:

- Director of Nursing (Chair) or representative
- Medical Director or representative
- Director of Corporate Governance
- Director of Therapies & Health Sciences or representative/Chief Operating Officer

- Director of Finance or representative
- Staff representative
- Deputy Director of Recovery and Sustainability (PMO Lead)
- ABM Community Health Council

Service Directors and/or Project leads will be invited to attend the Panel to present their QIA assessments.

The Panel will be supported by the Programme Management Office (PMO).

Quorum

The Panel will be quorate providing that at least 4 members are present (including the Director of Nursing or a deputy).

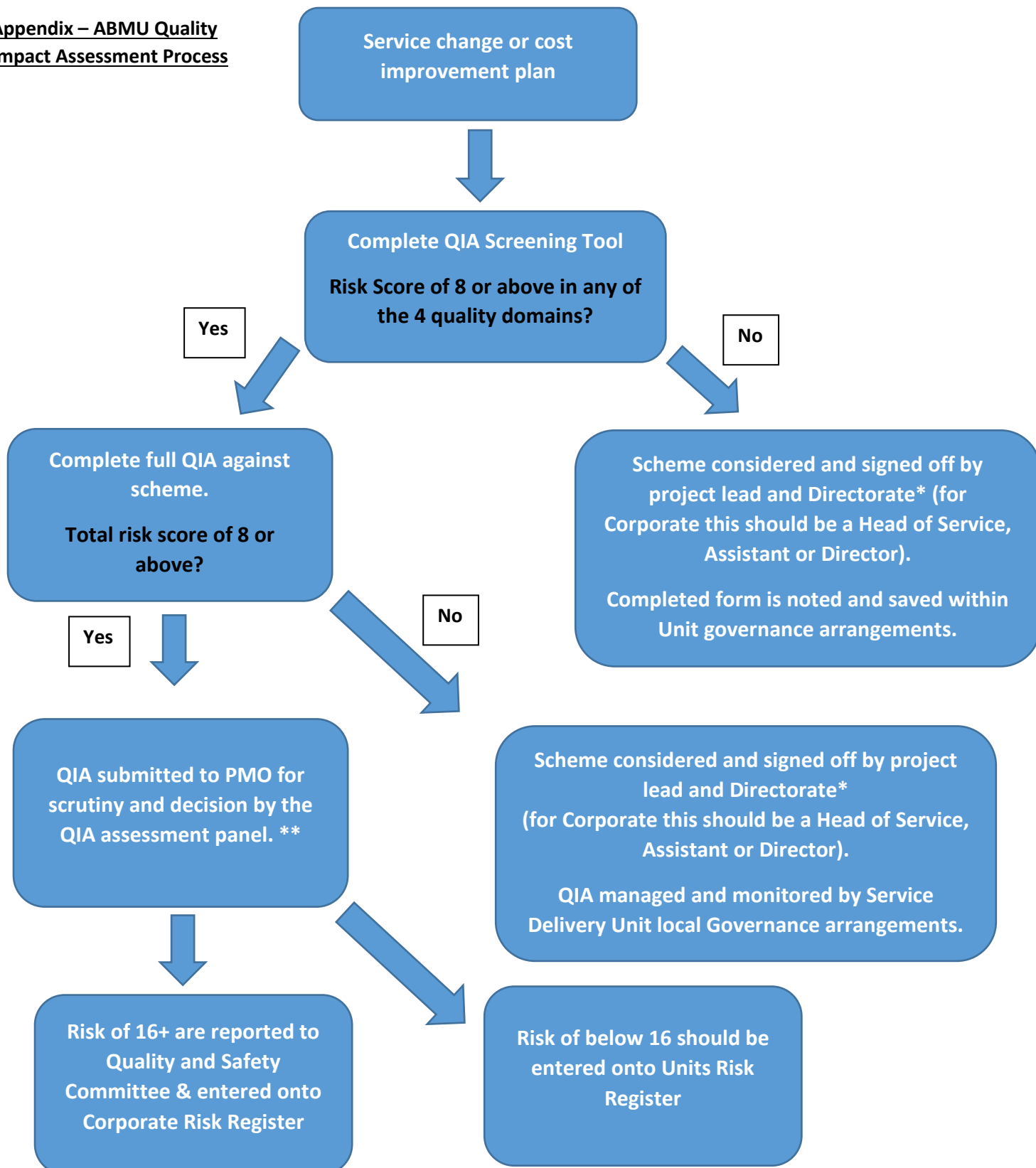
Frequency of meetings

The Quality Impact Assessment Panel will convene on a monthly basis for 3 months to accommodate the implementation of the process as part of the development of the Integrated Medium Term Plan (IMTP) for 2019/20. A review will take place in April 2019 and a decision taken about future Panel arrangements.

Review

These terms of reference will be reviewed in April 2019 as part of the consideration of future arrangements.

**Appendix – ABMU Quality
Impact Assessment Process**



***All QIAs to be signed off by the Unit Nurse and Medical Directors**

**During first phase of QIA implementation all schemes which complete a full QIA will be reviewed by QIA panel.