NHS
Herts Valleys
Clinical Commissioning Group

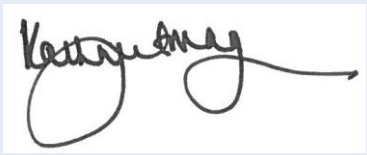
9Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/No/ Unsure	Comments
Quality Impact Assessment		
Could this policy be incorporated within an existing policy?	No	Considered for integration with Equality Impact Assessment, decision – not appropriate
Does this policy follow the style and format of the agreed template?	Yes	
Has the front sheet been completed?	Yes	
Is there an appropriate review date?	Yes	
Does the contents page reflect the body of the document?	Yes	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
Are all appendices appropriate and/or applicable?	Yes	
Have all appropriate stakeholders been consulted?	Yes	
Has an Equality Impact Assessment been undertaken?	Yes	
Is there a clear plan for implementation?	Yes	The Quality and Nursing team will do joint training with Corporate Governance team
Has the document control sheet been completed?	Yes	
Are key references cited and supporting documents referenced?	Yes	
Does the document identify which Committee/Group will approve it?	Yes	Reviewed at Quality Committee June 2017 Approved by the Executive Group June 2017

Is there an implementation plan for this policy?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Clare Saunders	Date	22/06/17
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Kathryn Magson	Date	22/06/17
Signature			

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Quality Impact Assessment Policy

Version Number	V5
Ratified By	Executive Committee
Date Ratified	June 2017
Name of Originator/Author	Clare Saunders
Responsible Director	Diane Curbishley
Staff Audience	All
Date Issued	June 2017
Next Review Date	June 2020

DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
V1	-	Original Document.	May 2017	Clare Saunders
V2	6	Equality Impact Assessment to - equality, health inequality and quality impact assessment process.	19/05/17	Paul Curry
V3	8	Change 'high' to 'significant or high' to match HVCCG risk matrix descriptions.	05/06/17	Katy Patrick
V3	12	Risk matrix to be changed.	05/06/17	Katy Patrick
V3	19	Appendix 2 – HVCCG risk scoring guidance added.	05/06/17	Katy Patrick
V4	all	Formatting.	15/06/17	Sandra Birch
V5	13	Clarification of terms after pilot form P/N to Pos/Neg.	22/06/17	Clare Saunders
V5	14	Next review date added.	22/06/17	Clare Saunders

CONTENTS

1. INTRODUCTION

Herts Valleys Clinical Commissioning Group (HVCCG) are 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 the impact of commissioning decisions, QIPP plans, organisational Cost Improvement Plans; Business Cases and any other plans for change.

The policy sets out the responsibilities, process and format to be followed when undertaking a full quality impact assessment when identified as needed during the equality, health inequality and quality impact assessment process.

2. PURPOSE

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, commission projects and other business plans. It applies to staff that undertake, scrutinise and challenge impact assessments.

There is a separate policy detailing the process for Equality Impact Assessments, which directs the user to complete a screening tool for Quality Impact.

3. 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.
- 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.

Quality Impact Assessment
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 uniformed way.

4. ROLES AND RESPONSIBILITIES

4.1 Roles and Responsibilities within the Organisation

Accountable Officer
The Accountable Officer has ultimate responsibility for quality across the organisation.

Director of Nursing and Quality
Responsible for ensuring that Quality Impact Assessments are effectively considered as part of discussions and decisions about Cost Improvement Programmes, business cases (investment and disinvestment decisions) and other business plans. Responsible for Quality Impact Assessment sign off and maintaining records of completed Quality Impact Assessments and ensuring that those representing high risk (8 or above) are considered by the Quality Committee

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.

Project/Work-stream Leads
Responsible for undertaking Quality Impact Assessments, identifying risks and mitigating actions and submitting Quality Impact Assessments to the Director of Nursing and Quality for review and sign-off.

Deputy/Assistant Directors/Senior Managers
Responsible for reviewing and signing Quality Impact Assessments undertaken by project leads in their areas/work-streams prior to submission to the Director of Nursing and Quality for final sign off and logging. They will also ensure that the impact on quality on an on-going basis is monitored appropriately.

4.2 Consultation and Communication with Stakeholders

Involvement of Stakeholders, including service users and relevant committees must be considered for each project/work stream.

5. QUALITY IMPACT ASSESSMENT

Quality Impact Assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives (e.g. Commissioning decisions, business cases, projects and other

business plans). Quality Impact Assessments must be undertaken as part of the development and proposal stage of developing business plans and should also be reviewed on a regular basis by the project/work-stream 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 (see appendix 1).

As part of the impact assessment, authors are required to consider any risks which should be added to the directorate risk register. Significant and high risks (8 or above) would automatically form part of the organisational risk register.

All assessments with a significant or high impact (8 or above) must be submitted to the Quality Committee for further scrutiny.

Initial risk assessment of the potential impact, identification of mitigating actions
(Undertaken by Project Lead, in consultation with other relevant parties and signed off by Senior Manager)

↓

Quality Impact Assessments to be submitted to the Director of Nursing and Quality and their team for sign-off and logging
(those with high risks to be referred to the Quality Committee)

↓

The approval process for Investment/Business Plan/CIP

↓

Monitor risks during implementation and post implementation for changes
(Project/Work-stream Lead and Deputy/Assistant Directors/Senior Manager)

NB: If a scheme or project covers a number of CCGs only one QIA needs to be completed. It should be determined at the start of the process which CCG is going to take the lead and they should consult with relevant parties from the CCGs involved.

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 through the quality team in the first instance and if necessary referred to the Quality Committee.

6. MONITORING COMPLIANCE

Standard	Source of Assurance/ Timescale	Responsibility
Quality Impact Assessments are required to accompany all full business case proposals/business plans at relevant group.	Papers for meetings should be scrutinised. Those submitted without Quality Impact Assessments completed must be returned to project lead before being progressed.	Project/Work-stream Lead and relevant Senior Manager/ Executive.
All Quality Impact Assessments are submitted to the Director of Nursing and Quality for sign off and logging.	A spreadsheet of submitted Quality Impact Assessments including level of risk and outcome will be maintained.	Director of Nursing and Quality.
Risk registers contain appropriate risks in relation to the potential impact on business plans.	CCG risk registers are reviewed and updates in regard to Quality, presented to the Quality Committee.	All Executives.
All assessments judged as having high risk (8 or above) must be referred to Quality Committee for further scrutiny.	Minutes of Quality Committee.	Director of Nursing and Quality.

7. TRAINING

The Quality and Nursing Team will be responsible for training on the Quality Impact Assessment.
The Corporate Governance Team will be responsible for training on risk and risk management.

9. REFERENCES

Shared Commitment to Quality, National Quality Board, England Publications Gateway Reference 05691

10. ASSOCIATED DOCUMENTATION

Herts Valleys CCG Equality Impact Assessment
Herts Valleys CCG Business Case Document
Herts Valleys CCG Risk Strategy and Procedure

Appendix 1

Quality Impact Assessment

Stage 1 Screening Tool

Overview

This tool requires all projects to undergo an initial assessment (stage1) 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 eight 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 Quality 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 in that area prior to submission to the Director of Nursing and Quality and their team for final sign off and logging.

All business cases must be accompanied by a completed Quality Impact Assessment. Those identified as high risk (score 8 or above), requiring a more detailed assessment (stage 2) must be reviewed by the Quality Committee.

Scoring

An overall risk score for each element is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach an overall risk score. The following table defines the impact and likelihood scoring options and the resulting score.

A carefully completed assessment should safeguard against challenge at a later date. See the guidance in appendix 2 of this policy to assist in selecting appropriate impact and likelihood scores.

Risk Assessment Matrix

IMPACT	LIKELIHOOD Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Risk Assessment Levels

Colour	Overall level of risk	Score
Red	High	15 – 25
Amber	Significant	8 – 12
Yellow	Moderate	4 – 6
Green	Low	1 – 3

Completing the Quality Impact Assessment Tool

Stage 1

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Where an adverse impact score greater than eight is identified in any area, this will require a more detailed impact assessment to be carried out, using the escalation proforma.

Insert your assessment as **positive (P), negative (N)** or **neutral (N/A)** for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Title of scheme:

CCGs covered by the scheme:

(only one QIA is required for each scheme even in multiple CCGs are involved)

Lead CCG:

(the CCG that will coordinate the completion of the QIA in consultation with involved CCGs)

Project Lead for scheme:

Senior Manager/ Executive Sponsor:

Brief description of scheme:

Intended Quality Improvement Outcome/s:

Methods to be used to monitor quality impact:

	Pos/ Neg or N/A	**Risk Score if N**	**Comments** (include reason for identifying impact as positive, negative or neutral)	**Full Assessment Required Yes/No** (Risk > 8 Stage 2 full assessment required)
Duty of Quality Could the proposal impact positively or negatively on any of the following: a) Compliance with NHS Constitution right to: • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress b) Partnerships c) Safeguarding children or adults				

NHS Outcomes Framework Could the proposal impact positively or negatively on the delivery of the five domains (assess all separately): 1. Preventing people from dying prematurely 2. Enhancing quality of life 3. Helping people recover from episodes of ill health or following injury 4. Ensuring people have a positive experience of care 5. Treating and caring for people in a safe environment and protecting them from avoidable harm				
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration				

Name of person completing assessment:

Position:

Signature: Date of assessment:

Reviewed by:

Position:

Signature: Date of review:

Proposed frequency of review: Six monthly/ Quarterly/ Monthly/ Other please specify:_____

(minimum monitoring is six monthly (scores 6 or below), every 4 months (scores 8-9), quarterly (scores 10- 12) and monthly (15-20), weekly or more frequent (score 25) Use boxes below to record outcome of reviews

Date of next review:

Signed off by:
Position:
Signature: Date of review:
Requires review at Quality Committee: Y/N
Date considered at Quality Committee:
Logged on spreadsheet: Y/N Date:

Post Implementation Review

(use the template below to record outcomes of reviews- if more than one is required cut and paste the box below)

Have the anticipated quality impacts been realised? Y/N
Comments:
Have there been any unanticipated negative impacts? Y/N
Comments:
Are any additional mitigating actions required? Y/N
Comments:
Do any amendments need to be made to the scheme? Y/N
Comments:
Reviewed by:
Position:
Signature: Date of review:

Stage 2

Escalation proforma:

To be completed when the initial impact assessment indicates a high risk (8 or above) and a more detailed assessment is required.

On identification of a high risk business case, commissioning decision or business plan this proforma must be submitted along with the business case to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available Quality Committee to ensure scrutiny from a quality perspective.

Background and context of the business case/plan/decision for approval.
What are the benefits?
What are the risks if the business case is not approved?

What are the high risks that the initial impact assessment indicates to quality?
What plans are in place to ensure identified risks are mitigated?
After mitigation, what are the remaining residual risks?

Recommendations for the Quality Committee to consider.

Assessment completed by
Name:
Position:
Date:

Line Manager Review
Name:
Position:
Date:

Appendix 2

Guidance: risk scoring for impact and likelihood

1) Impact/consequent/severity (with example descriptors).

Risk type	1	2	3	4	5
Safety of patients, staff and visitors	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident.	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days *Or* Moderate injury requiring professional intervention for multiple persons.	Incident leading to death, multiple permanent injuries or irreversible health effects. *Or* Major injury leading to long-term incapacity/ disability for multiple persons.
Quality/ complaints/ patient safety / audit	Peripheral element of treatment, or service suboptimal - PALS contact with issue resolved in less than 24 hours	Overall treatment or service suboptimal. PALS contact with issue resolved in 24-72 hours. Single failure to meet internal standards.	Treatment or service has significantly reduced effectiveness. Complaint made, local resolution undertaken and issue resolved with	Non-compliance with national standards with significant risk to patients if unresolved. Complaint made, local resolution undertaken and issue resolved with	Totally unacceptable level or quality of treatment / service. Complaint made to ombudsman. A patient safety incident arising from a system

Risk type	1	2	3	4	5
		Minor implications for patient safety if unresolved. Providers failing to report patient safety incidents. Reduced performance rating if unresolved.	a written response. Repeated failure to meet internal standards. A patient safety incident which indicates a more significant problem. Major patient safety implications if findings are not acted on.	a complaints meeting. Multiple complaints on the same issue/ about the same service. Rate of patient safety incidents significantly higher than the regional trend. Low performance rating. Critical report.	wide failure /lack of learning from a previous incident. Gross failure to meet national standards. An inquest / ombudsman inquiry (where the CCG is the subject of the complaint) which demonstrates a systematic failure.
Human resources/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality (>1 day).	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (1-5 days). Low staff morale. Poor staff attendance for	Uncertain delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff.	Non-delivery of key objective. On-going unsafe staffing levels or competence. No staff attending mandatory training/key training on an on-

Risk type	1	2	3	4	5
			mandatory/ key training.	Very low staff morale. No staff attending mandatory/ key training.	going basis.
Statutory duty/ inspections	Minimal impact or breach of guidance/ statutory duty.	A breach of a single piece of statutory legislation. Reduced performance rating if unresolved.	A single breach of a statutory duty or multiple breaches of a single piece of statutory legislation. Challenging external recommendations/ improvement notice.	Multiple breaches of a statutory duty. Low performance rating. Improvement notices. Enforcement action. Critical report.	Multiple breaches of more than one statutory duty. Zero performance rating. Complete systems change required. Severely critical report. Prosecution.
Adverse publicity/ reputation	Rumours. Potential for public concern.	Local media coverage.	Local media coverage. Short-term reduction in public	National media coverage. Long-term reduction in public	National media coverage with commissioning decisions well below reasonable

Risk type	1	2	3	4	5
			confidence. Elements of public expectation not being met. MP concerned (questions in the House).	confidence.	public expectation. Total loss of public confidence.
Service improvement / service development	Insignificant cost increase. Minimal project timescale slippage.	<5 per cent over project budget. Minor project timescale slippage.	5-10 per cent over project budget. Moderate project timescale slippage.	10–25 per cent over project budget. Major project timescale slippage. A key objective not met.	>25 per cent over project budget. Catastrophic project timescale slippage. Multiple key objectives not met.
Financial management	Overspend of > £7k	Overspend of £7k-£70k	Overspend of £70k-£0.7m	Overspend of £0.7m-£3.5m	Overspend of > £3.5m
Financial losses	Loss / claim of <£10,000	Loss / claim of £10,000-£100,000	Loss / claim of £100,000-£500,000	Loss / claim of £500,000-£1m	Loss / claim of >£1m

Risk type	1	2	3	4	5
Service/ business interruption	Loss/interruption of 1-8 hours unless point in business cycle raises impact.	Loss/interruption of 8 -24 hours unless point in business cycle raises impact.	Loss/interruption of 1-7 days unless point in business cycle raises impact.	Loss/interruption of >1 week unless point in business cycle raises impact.	Permanent loss of service or facility.
Environmental impact	Minimal or no impact on the working environment, e.g. 2-3 hours without water / electricity.	Minor impact on the working environment, e.g. 3-6 hours without water / electricity.	Moderate impact on the working environment, e.g. 1 day - 1 week without water / electricity.	Major impact on the working environment, e.g. > 1 week without water / electricity.	Catastrophic impact on environment, e.g. permanent loss of building / utilities.

2) Likelihood.

1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
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.