



North Central London
Health and Care
Integrated Care System



North Central London
Integrated Care Board

Quality Impact Assessment Tool and Process

**November 2022
Version 5.**



Quality Impact Assessment

1. Purpose

- 1.1 The purpose of this paper is to provide staff working in North Central London ICB with a revised framework to ensure Quality Impact Assessments (QIA) are defined, embedded and support improvement within our organisation for the benefit of our patients.
- 1.2 The purpose of a Quality Impact Assessment (QIA) is to ensure that potential impact on quality resulting from service improvement or change is known at project inception and scoping.
- 1.3 The QIA tool should be completed at scoping stage for a project and the risk assessment function should be used to assess potential impacts on quality. This helps to identify metrics to mitigate impacts identified within resulting service specifications at business case stage.
- 1.4 QIA also informs the project risk register (for monitoring in line with the ICB risk management strategy/policy).
- 1.5 The proposed QIA tool tests and scrutinises the level of impact of a proposed change on the quality of patient care and is based on the Care Quality Commission (CQC) key lines of enquiries. The impact is tested through a narrative account and the ICB risk matrix. The impact is rated using a scale of positive, negative or none to allow for risks and benefits to be quantified.

2. Quality Impact Assessment (QIA) Process

- 2.1 The ICB requires this tool to be used for all proposed changes in commissioned services based on the criteria listed below:
 - All service redesign
 - Designing of new pathways
 - Change in contract or service specification
 - Commissioning and de-commissioning of services

3. Quality Impact Assessment Tool

- 3.1 The tool is based on the following core CQC components:
 - Duty of quality
 - Are services safe?
 - Are services effective?
 - Are services responsive to people's needs?
 - Are services caring?
 - Are services well led?



3.2 The definitions for the following components are:

Component	Definition
Duty of Quality	The Health and Social Care Act 2012 Section 14R <i>1) Each clinical commissioning group must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. (2) In discharging its duty under subsection (1), a clinical commissioning group must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services. (3) The outcomes relevant for the purposes of subsection (2) include, in particular, outcomes which show— (a) the effectiveness of the services, (b) the safety of the services, and (c) the quality of the experience undergone by patients.</i>
Are Services Safe?	People are protected from abuse* and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.
Are Services Effective?	People’s care and treatment supports good or the best possible outcomes for individual cases, promote a good quality of life and is based on the best available evidence.
Are services responsive to people’s needs?	Services are organised so that they meet people’s needs.
Are services caring?	Staff involve and treat people with compassion, kindness, dignity and respect.
Are services well led?	The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

3.3 Impact and Risk Scoring

Impact is assessed to determine the effect of change on patients and the population the ICB serves. The definitions of impacts are the following:

Impact	Definition
Positive	The change will improve the quality of services to deliver safe care; the experience of patients will be good and improve patient outcomes whilst adhering to national clinical standards or best practice.
Negative	The change will reduce the quality of care being delivered, patient safety and experience and outcomes will be compromised, or does not comply with national clinical standards or best practice.
None	Quality of care remains the same as currently commissioned, there is no change in the delivery of care, safety, experience and outcomes for patients remain the same.

The Risk Scoring tool is based on the ICB Risk Management Strategy which allows the assessment of risk and impact to be aligned with the ICBs risk management framework.

A total score 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 a total score.

Significant risks should be managed in line with the ICB Risk Management Strategy. The ICB risk matrix is the following:



3.4 Risk Matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Certain
Severity	Insignificant	1	2	3	4	5
	Minor	2	4	6	8	10
	Moderate	3	6	9	12	15
	Major	4	8	12	16	20
	Severe	5	10	15	20	25

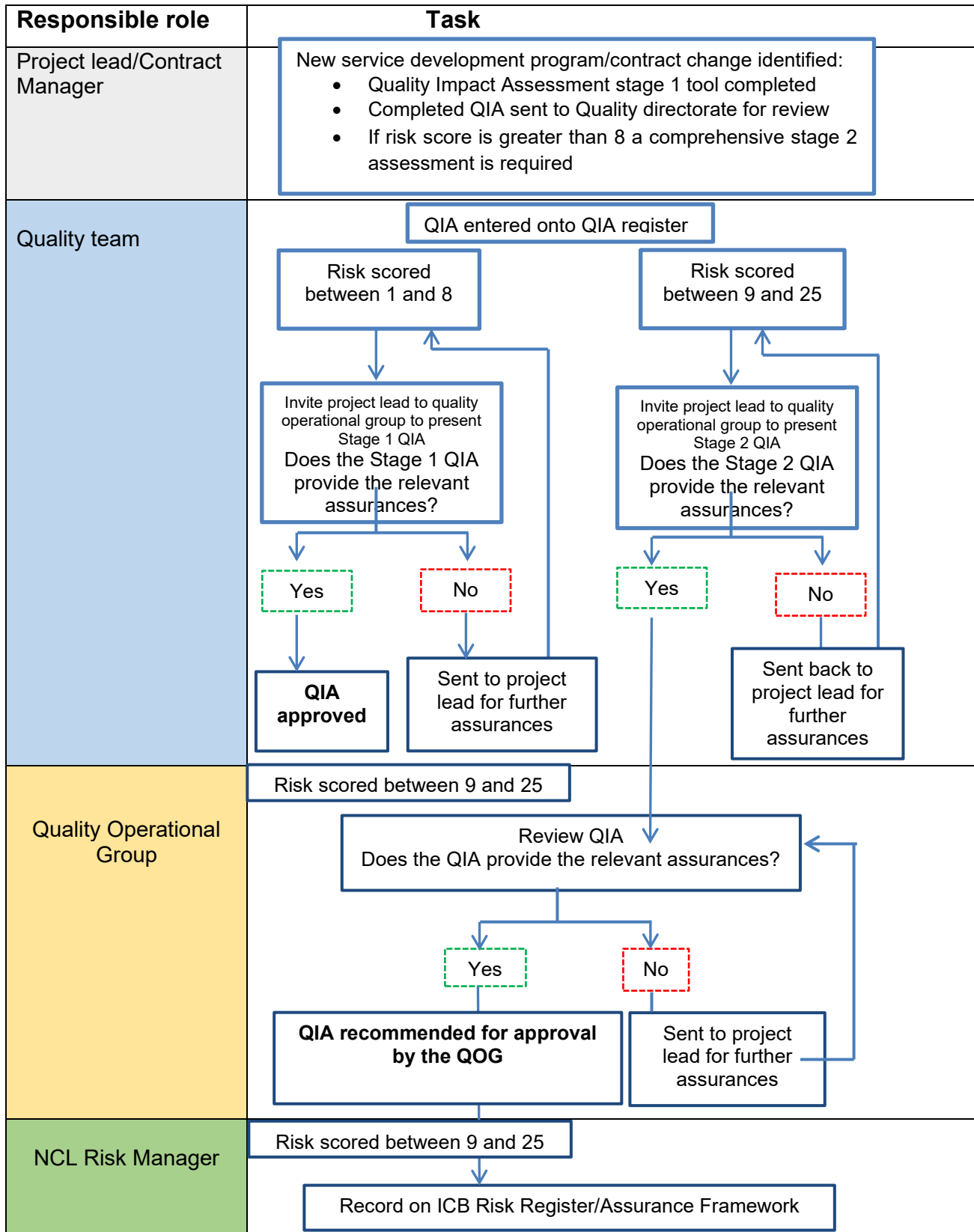
**For further details refer to the Risk Management strategy

4. Approval & Ongoing Monitoring

- 4.1 Once the QIA has been completed at the scoping stage, the assessment must be sent to the Quality team. The project lead will be invited to present the QIA at the Quality operational group, who will then review and log the QIA on the QIA register.
- 4.2 The Director of Quality will have responsibility to sign off any impact scored between 1 and 8. The Quality Operational Group will have responsibility to recommend for approval any impact scored between 9 and 25.
- 4.3 The Quality Operational Group may wish to seek further assurances from the relevant ICB officer or ICB committee.
- 4.4 For impact identified as Moderate, Major and Severe an action plan for mitigation will be requested which will require review by the Quality Operational Group at the next available meeting.
- 4.5 The project can only go ahead once the QIA has been approved by the NCL ICB Strategy & Development Committee (S&DC) on the recommendation of the Quality Operational Group
- 4.6 All QIAs are expected to return to the Quality Operational Group for review if there is a change to the quality impact risk level. It will be the responsibility of the Programme SRO to initiate this.
- 4.7 A report from the QIA register will be taken to the Quality Operational Group biannually of all signed off QIA's ensure oversight and monitoring.



5. QIA Approval Process





SRO Project Lead

QIA's should be reviewed regularly throughout the duration of the project and returned to the Quality Operational Group for review if the quality impact risk level changes



6. Quality Impact Assessment Tool Stage 1 Assessment

Could the initiative impact patients, public, staff or organisations positively or negatively against any of the 8 areas of quality below? Only provide a risk rating for areas of quality that you have identified potential negative impact. Positive impacts can be quantified in table 2.

Area of Quality	Impact question	Positive/Negative	Impact	Likelihood	Score	Full assessment required Yes /No
Duty of Quality	Could the proposal impact positively or negatively on any of the following – compliance with the NHS Constitution, partnerships, information governance, safeguarding children or adults and the duty to promote equality?	Positive	/			
		Negative				
Patient Experience	Could the proposal impact positively or negatively on any of the following – positive survey results from patients, patient choice, personalised & compassionate care?	Positive	/			
		Negative				
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	Positive				
		Negative				
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	Positive				
		Negative				
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	Positive				
		Negative				



Productivity and Innovation	Could the proposal impact positively or negatively on – the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	Positive					
		Negative					
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	Positive					
		Negative					
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. social care/voluntary sector/district nursing	Positive					
		Negative					

What existing evidence (either presumed or otherwise) do you have to support positive impacts?



2. Positive quality impacts (Benefits)

The positive impact of the project on each of these areas should be considered and specific improvements documented in the table below.

If positive benefits are identified but 'How will we know if the quality improvement is happening' cannot be completed when Stage 1 QIA is documented then please indicate this in the table below. This can be identified when the PID and Service Specification are developed and documented here and transferred to the project workbooks. The proposed review date for this should be documented in the review date box below this table.

Quality area	Improvement identified	Rationale for improvement	How will we know if the quality improvement is happening (through a quality KPI e.g. patient outcome, patient feedback etc.)	Threshold (e.g. current achievement)	Trigger for escalation (when do we escalate if quality improvement is under threat)	Expected Impact Trajectory (e.g. when will the improvement be achieved?)

3. Negative quality impacts (risks)

The negative impact of the project for each of these areas should be considered and actions to mitigate the risk documented in the table below. However, if you have identified negative impact / a risk score of 8 or more, please continue to Stage 2 below.

Quality area	Negative impact identified	What action will be taken to mitigate the risk(s) identified	When will the actions be completed?	Trigger for escalation and monitoring arrangements



Have any adverse impacts been sufficiently mitigated to justify taking the project forward?

Yes/No – (delete as appropriate)

Please explain:

Clinical Lead Signature

Date

Project Lead signature

Date



If you have identified positive impact/ a risk score of 8 or less and you have taken steps to mitigate the adverse impact, please do not complete this form further. However, if you have identified negative impact / a risk score of 8 or more please continue to Stage 2 on the next tab.

7. Quality Impact Assessment Tool Stage 2 Assessment

Date	
Lead Commissioner Name	
Brief background of service	
Rational for change/new service	



What is the change/new service?

Please complete this form and return to Quality team

Domain	Impact Question		Impact (see section 4.3)	Rationale to impact	Risk Matrix (To be rated using section 4.4)		
					Severity	Likelihood	Score
Duty of Quality	1. Could the proposal impact on the ICBs compliance around the NHS Constitution?						
Insignificant	Rare	Choose an item					
Are Services Safe?	2. Could the proposal impact on patient safety?						



Domain	Impact Question	Impact (see section 4.3)	Rationale to impact	Risk Matrix (To be rated using section 4.4)		
				Severity	Likelihood	Score
	3. Could the proposal impact on safeguarding adults?					
	4. Could the proposal impact on safeguarding children?					
	5. Could the proposal increase infection rates?					
	6. Does the proposal have an impact on staff skills, knowledge or experience to deliver care?					
	7. What impact will the proposal have on patient outcomes?					
Are Services Effective?	8. What impact does the proposal have on relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).					
	9. What impact does the proposal have on information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way?					



Domain	Impact Question	Impact (see section 4.3)	Rationale to impact	Risk Matrix (To be rated using section 4.4)		
				Severity	Likelihood	Score
	10. Based on information about the needs of the local population, what is the impact of this proposal on another service how services?					
	11. What is the impact for commissioners, relevant stakeholder and providers involved? E.g. primary care					
Are Services responsive to people's needs?	12. What impact does the proposal have on the needs of the population, flexibility, choice and continuity of care?					
	13. Does the proposal impact on the appropriateness of facilities and premises to deliver care?					
	14. Does the proposal impact on people with complex needs? E.g. Learning disabilities					
	15. Does the proposal impact on people's access to care and treatment at a time to suit them?					
	16. Does the proposal have an impact on self-reported patient experience?					



Domain	Impact Question	Impact (see section 4.3)	Rationale to impact	Risk Matrix (To be rated using section 4.4)		
				Severity	Likelihood	Score
	17. What impact does the proposal have to empower and support people to manage their own health, care and wellbeing to maximise independence?					
Are Services Caring?	18. What impact does the proposal have on patient choice?					
	19. What impact does the proposal have on effective governance framework to support the delivery of the strategy and good quality care?					
	20. What impact does the proposal have on staff roles and do they understand what they are accountable for?					
Are Services Well-led?	21. What impact does the proposal have on service performance measures, which are reported and monitored?					
	22. What impact does the proposal have on leaders capacity, capability, and experience to lead effectively?					



Domain	Impact Question	Impact (see section 4.3)	Rationale to impact	Risk Matrix (To be rated using section 4.4)		
				Severity	Likelihood	Score
Information Governance	23. Has this QIA been discussed with the IG team to consider any IG implications? Please complete Data Personal Information Assessment (DPIA) (please bold/underline as necessary). If this proposal involves patient/staff personal information please contact a member of the Information Governance (IG) Team					