

# **QUALITY IMPACT GUIDANCE (G389)**

Guideline Reference	G389
Version Number	V2.1
Author/Lead	Executive Director of Nursing, Allied Health and
Job Title	Social Care Professionals
Date of Last Changes (This Version)	November 2022
Date of Next Review	November 2024
Ratified by:	Director Sign off (HG)
Date	22 November 2022

## VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

#### **CHANGE RECORD**

Version	Date	Change details
1.0	Dec-18	New Guidance
1.1	Nov-19	Reviewed and updated
2.0	Nov-21	Reviewed, updated and approved by EMT
2.1	Nov-22	Reviewed and updated with minor changes. Director sign off (HG)

## **Contents**

1.	INTRODUCTION	.3
2.	QUALITY IMPACT ASSESSMENT (QIA) PROCESS	.3
3.	ONGOING MONITORING AND RISK REDUCTION PROPOSAL	. 3

#### 1. INTRODUCTION

A quality impact assessment is a 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 described. They are required to be undertaken on new plans, programmes, projects and saving schemes so that the impact of change on quality and any mitigation plans are well described.

## 2. QUALITY IMPACT ASSESSMENT (QIA) PROCESS

An impact assessment on quality and safety is always completed in the planning stage using the Trust approved proforma (appendix 1). The initial QIA is undertaken by the scheme owner.

Schemes that pose a risk to quality will need to describe the mitigations in place to manage any risk to an acceptable level.

The focus of the QIA focuses on potential risks that cost saving or service improvement schemes can have on the quality of services. The Trust uses a standard Quality Impact Assessment tool and risks are assessed using the standard 5 x 5 matrix as described in the Trust Risk Management Policy. To do this effectively, information is needed to understand the potential risks to quality and plans must be put in place to mitigate any risks.

All QIAs must be signed off by the Divisional Clinical Lead and Divisional Senior Manager for each division. For corporate areas the deputy director is responsible for sign off at this stage.

To ensure the cumulative impact of service and cost improvements are also assessed; for example, one scheme in isolation may not present a risk to quality or safety but when mapped across other schemes may have a cumulative negative risk, once signed off by the divisional/ corporate lead they must be presented to the Operational Delivery Group which comprises senior staff from across all divisions and directorates for review and oversight.

Following discussion in ODG the QIA together with information about the scheme they relate to must be submitted to the Chief Operating Officer for sign off prior to seeking final approval by the Director of Finance, the Medical Director and the Director of Nursing, Allied Health and Social Care Professionals.

If at any stage the QIA is not accepted the rationale for refusal must be reported to the scheme owner making it clear why the planned change cannot progress.

### 3. ONGOING MONITORING AND RISK REDUCTION PROPOSAL

All QIAs where mitigating plans are required to manage risks will be entered onto the appropriate divisional /directorate risk register and will be managed, monitored and reported in line with the Trust Risk Management Policy and Procedure.

In addition, all QIAs signed off by the Medical Director and Nursing Director will be

 reported to the Trust Risk Manager to ensure an appropriate entry is made on the relevant risk register

•	Reported to register risk managemen	rating to	S via th EMT an	e risk d the	register Quality	entry and Committe	d depe ee in li	nding up ne with	on th	e risk Trusts
ahor.	Tooching NHS Found	dation Trust								

Quality Impact Proforms (C	200 Appor	adiv 1)										
Quality Impact Proforma (G389 Appendix 1)  Name of scheme:				Description of the scheme								
			Description of th	e scrienie								
Division/Directorate:												
Indicative value of scheme:												
Saving recurrent or non-recurrent												
Proposed start date:												
Lead Manager										_	-	
Quality Impact Risks			Initial Assessment				Post Mitigation			]		
	Y/N (If yes complete the	Disk Description	Impost	Likelihaad	Impact	Doting	Mitigations	Likelihaad	Immont	Dating	VDI monitoring	
	following)	Risk Description	Impact	Likelihood	impact	Rating	Mitigations	Likelihood	impact	Rating	KPI monitoring	
Impact on duty of quality (CQC/constitutional standards)												
Impact on patient safety												
Impact on clinical outcomes												
Impact on patient experience												
Impact on staff experience												
Division sign off	!	!	-	!								
Name		Position/ job title				Si	gnature & Date					
		Divisional Clinical Lead										
		Divisional Senior Manager										
Chief Operating Officer												
Medical Director/ Director of Nursing	/ Finance Dire	ctor Authorisation				,						
Name Position/ job title Medical Director					Si	gnature & Date						
Director of Nursing												
	Finance Director											