

# QUALITY IMPACT ASSESSMENT

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Quality & Safety Committee

# Quality Impact Assessment

As part of the development of our plans for 2019/20 we need to ensure that quality is at the heart of our approach. Therefore, we have implemented the Quality Impact Assessment to encompass a process that systematically reviews all service change and cost improvement schemes.

**The 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.

## **Key Points:**

- All QIAs must be signed off by the Units Nurse Director and Medical Director
- During first phase of QIA implementation all schemes which complete a full QIA will be reviewed by QIA panel.

# ABMU QIA Process

- The Service Delivery Units have screened category A, B and C schemes in their annual plans using the Quality Impact Assessment (QIA) screening tool.
- Key risks and potential impacts on quality have been identified through the screening process.
- Schemes which require a full QIAs have been identified and full assessment completed.
- The Quality Impact Assessment Panel has reviewed full QIAs
- Initial mitigating actions have been considered by the Quality Impact Assessment Panel.
- The robustness of the assessment process has been tested. Cost improvement and service changes which could negatively impact patients and the organisation have been successfully recognised.

# Summary of February QIA Panel

## Assessment of Category A & B Schemes

Service Delivery Unit	Schemes screened	Full QIA
Morrison	10	2
Singleton	3	2
Neath Port Talbot	6	1
Mental Health & learning Disabilities	4	4
Primary & Community	2	0
<b>Total</b>	<b>25</b>	<b>9</b>

## Assessment of Risks

High	Significant	Moderate	Low
2	5	2	1

SDU	Scheme Name	Risk Score	Panel Decision	Summary	Action
<b>Morrison</b>	Removal of Vanguard	16	Review again	Constructive risk mitigations. Further assessment required on system risks.	Re-assess and submit to March Panel
	Plastic Surgery Treatment Unit	6	Review again	Clear overview of benefits and risks. Further assessment required on system risks.	Re-assess and submit to March Panel
<b>Singleton</b>	Closure of 10 beds	9	Review again	Further assessment required on whole system impact and risk. Ensure that each risk score has a related outcome measure. Inconsistent risks and mitigations.	Re-assess and submit to March Panel
	Endoscopy Redesign	9	Review again	Scheme is in development stage. Panel unable to consider approval.	When re-design option is agreed, re-assess and submit to panel.
<b>Neath Port Talbot</b>	Ward Reconfiguration	9	Review again	Consideration should be taken to work with MH&LD. Further assessment required on impact to Community services.	Re-assess and submit to March Panel.
<b>Mental Health &amp; Learning Disabilities</b>	Older Persons Mental Health	16	Approved	Approved on the grounds that mitigation against risk process to local authority reviewed.	Submit onto Unit and Corporate Risk Register.
	Hafod –Y Wennol	15	Approved	Good overview of benefits and risks. Approved subject to strengthening measures and monitoring arrangements.	Submit updates to PMO by March Panel.
	Womens Services	15	Approved		
	Gwelfor Repatriation Project	8	Approved		
<b>Primary &amp; Community</b>	Gorseinon Capacity Re-design	4	No full QIA required	Scheme only has positive outcome, no full QIA required	N/A
	Continence invest to save	2	No full QIA required	Scheme only has positive outcome, no full QIA required	N/A

# Themes for improving and learning

## Themes from feedback

- Stronger assessment required around whole system impact.
- Increased assessment on potential impact on staff.
- Improve consistency around risks and mitigations.
- Strengthen measures and monitoring.

## Learning

- Risks are not isolated to the Service Delivery Unit making the assessment. Risks, especially to systems and processes are cross Unit. Conversations should take place during assessment stage about the negative impact schemes could have on each others systems and processes.
- Staff play a key role during the assessment stage. Service change can have a negative impact on staff. Staff working in the area also have in-depth knowledge of the service. Service Delivery Units should consider engaging with staff related to the change to understand their concerns and mitigations.

# Next Steps

- Frequency of QIA Panel = Monthly (Next Meeting March 15<sup>th</sup>)
- March Panel will review re-submitted QIAs and Category C schemes for approval.
- Future panels will cross reference schemes with units risk reference.
- Alignment with other Health Board assessments including EQIA, DPIA and the potential future introduction of HIA.
- **On-going monitoring:**
  - 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
- **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.