



Yorkshire Ambulance Service **NHS**  
NHS Trust

*An Aspirant Foundation Trust*

# **Quality Impact Assessment Procedure**

**July 2012**

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### DOCUMENT CONTROL INFORMATION

Version	Date	Author	Status (S/D)	Description of Change
1.0	April 2011	Kevin Wynn	S	
2.0	July 2012	Karen Warner	D	Amendments made to strengthen the monitoring and reporting elements of the QIA procedure.
3.0	July 2012	Steve Page	D	Amendments to strengthen monitoring and linkage to service transformation programme.

S = Signed Off D = Draft

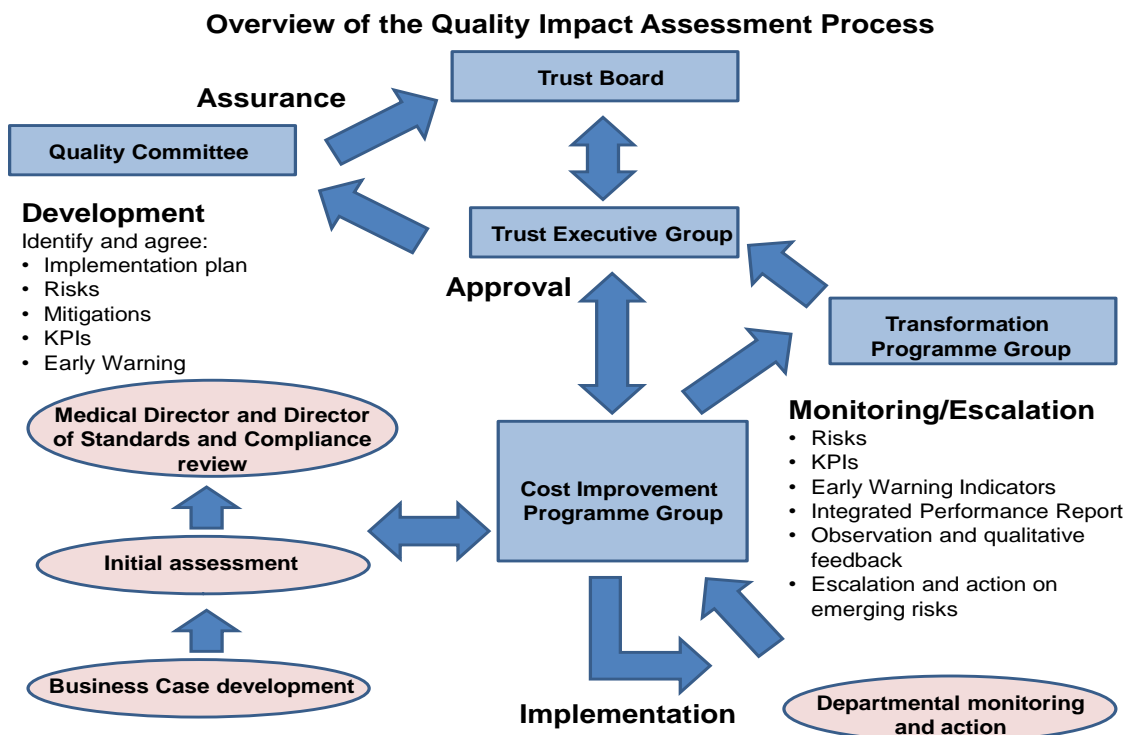
Document Author =

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If you would like to suggest amendments to this document please contact the document author.

## Quality Impact Assessment Procedure

### 1. BACKGROUND

- 1.1 The Integrated Business Plan sets out the Trust's vision and strategic objectives for the next 5 years. This will be a period of intense change, and success will require the delivery of major service development projects, whilst also maintaining and improving quality of the service and achieving significant cost reductions through increased efficiency.
- 1.2 It is important that there is a process through which the impact of such service change proposals can be assessed in terms of both the quality and financial effect. This will enable any risks to quality within the proposed developments to be identified and mitigated. It will also support the tracking of key indicators during the implementation of new developments, to enable an early warning of any adverse consequences and implementation of appropriate management action.
- 1.3 This procedure outlines the method for evaluation of service change proposals in relation to the impact on quality. It also sets out the process for ongoing monitoring of agreed schemes and for escalation of any issues arising. A summary of the procedure is shown below.



1.4 This procedure applies to all service development proposals and Cost Improvement Programme (CIPs) business cases and forms a key part of the toolkit used by the CIP Group in its overall management of the programme.

## **2. DEVELOPMENT OF BUSINESS CASES**

2.1 Business cases for new developments must be produced using the agreed Trust template (Appendix 1), with further detail added as required for more substantial schemes. The business cases must provide sufficient information to facilitate an objective review of the quality implications.

2.2 In relation to the potential impact on quality, business cases are expected to include:

- Consideration of the potential impact on safety, clinical effectiveness and patient experience, as well as operational impact and the potential effect on the reputation of the Trust.
- Risks to quality & the proposed mitigating actions
- KPIs which will be used to track impact of implementation and provide early warning of unintended adverse impact. Such performance indicators might include: operational performance information, sickness levels, patient and staff incidents, complaints, Ambulance Clinical Quality Indicators (ACQI), Clinical Performance Indicators (CPI).

2.3 Advice and support on the development of business cases can be obtained from the Associate Director of Finance and the Associate Director of Quality.

### 3. ASSESSMENT PROCESS AND CRITERIA

3.1 Business cases will undergo an initial assessment led by the Associate Director for Quality, in liaison with other senior clinicians and managers as appropriate, using the documentation provided and the assessment tool below:

1 - Costs & Savings	Negative Impact	Minimum Impact	Positive Impact
<b>(a) Type of savings</b>	No savings or minimal anticipated	Minimal impact on savings, but has potential for improved levels of productivity.	Both cash savings and improved productivity is expected
<b>(b) Cost of change. Likelihood that costs will not be a barrier to implementation</b>	Change requires significant non-recurrent resources such as capital costs for adapting buildings. Change will incur significant extra costs.	Change requires additional resources, but resources are non recurrent resources that are less than one year's savings. Change will incur extra costs.	Change can be achieved with minimal or no additional resources. Change will create efficiency savings
2 - Quality			
<b>(a) Impact on clinical quality</b>	Significant reduction in clinical quality	Not anticipated to have any impact (favourable or adverse) on quality of care delivered to patients	Clinical quality will be improved resulting in better outcomes anticipated for patients
<b>(b) Impact on patient and staff safety</b>	Increased risk to patient safety	Not anticipated to have any impact on patient safety	Improved patient safety, such as reducing the risk of adverse events is anticipated
<b>(c) Impact on patient and carer experience</b>	Significant reduction in patient and carer experience	Not anticipated to have any impact on patient and carer experience	Improved patient and carer experience anticipated
<b>(d) Impact on operational effectiveness</b>	Significant adverse impact on operational performance	May have some adverse impact on operational performance	Improvements on operational performance expected
<b>(e) Impact on Trust reputation with patients, staff and other stakeholders</b>	Significant adverse impact on Trust reputation	May have some adverse impact on Trust reputation	An improved positive impact on Trust reputation is expected
3 - Ease of implementation			
<b>(a) Likely speed of implementation</b>	Will take longer than 3 years	Can be achieved between 1 - 3 years	Can be achieved within 1 year
<b>(b) Ease of organising the change</b>	Affects multiple organisations	Affects multiple departments within the Trust.	Affects a small number of directorates or a number of teams within the Trust
<b>(c) Degree and complexity of support and commitment required</b>	Likely to be significant resistance from most stakeholders	Likely to get some resistance from some stakeholders.	Likely to achieve good engagement from stakeholders

- 3.2 Feedback will be provided to the author of the business case, with further information requested from lead managers as necessary to address any initial queries. Issues relating to the quality impact assessment will also be reviewed as part of the Cost Improvement Programme Group agenda, to ensure that cross departmental concerns can be appropriately addressed.
- 3.3 The business cases will then be reviewed by the Executive Director of Standards & Compliance and the Executive Medical Director, prior to reporting to the Trust Executive Group for approval.
- 3.4 Recommendations from the quality impact assessment process will be reported to the Quality Committee and Board to enable Non Executive Director scrutiny of the recommendations and proposed mechanisms for ongoing monitoring of quality and safety before implementation. This will complement the financial scrutiny of the Cost Improvement Programme undertaken by the Finance and Investment Committee and the independent assurance role of the Audit Committee in relation to all aspects of Trust business.

#### **4. MONITORING & ESCALATION**

- 4.1 The designated lead manager and other managers whose departments are directly affected by the proposed service change, are responsible for tracking relevant KPIs as the change progresses.
- 4.2 Key risks identified through the quality impact assessment process will be included in the Trust risk register and will be subject to monitoring via the Trust risk management processes set out in the Risk Reporting and Escalation Procedure.
- 4.3 Ongoing tracking of key Trust projects, including the achievement of milestones, delivery of identified benefits and management of key risks will be reviewed in the Service Transformation Group.
- 4.4 The Cost Improvement Programme is recognised as a key element of the overall change programme within the Trust, and a separate Cost Improvement Programme Group with Executive Director membership is therefore also in place under the auspices of the wider service transformation programme, to maintain a more detailed monitoring of the CIP schemes in particular.
- 4.5 The KPIs relevant to each service change and specific early warning indicators identified as part of the quality impact assessment process will be tracked through the CIP Group, and will also be monitored in the Trust Executive Group and Board as part of the Integrated Performance Report. Where concerns are identified via this monitoring process, the risks will be reviewed to ensure that prompt, appropriate action can be taken to mitigate any risks.

4.6 A full review of the quality impact assessments will be undertaken at month 6 of the implementation plan and reported to the Quality Committee and Board.

## **5. REPORTING**

5.1 The template for reporting monthly to the CIP Management Group is shown in Appendix 2.

5.2 All designated lead managers are expected to complete this template for their respective schemes on a monthly basis, to support effective monitoring of implementation, identification and management of any associated risks.

# Recording Quality Impact Assessment template



Yorkshire Ambulance Service **NHS**  
NHS Trust

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Yorkshire Ambulance Service NHS Trust  
Efficiency and Productivity 2012/13  
Assessment of impact on quality

Scheme:	
Scheme Number:	
Description of scheme:	
Anticipated annual recurrent financial benefits of scheme (£000s):	
Project Lead:	

Approved by	
Alison Walker Medical Director	Steve Page Director of Standards & Compliance
Date	

Overall Quality RAG rating	
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Risk	Description of Risk	Mitigation
1	Impact on clinical quality	
2	Impact on patient safety	
3	Impact on patient & carer experience	
4	Impact on operational performance	
5	Impact on Trust reputation	

Quality Domain	Key Considerations	RAG Rating	Comment
1 Clinical Quality	How will / have clinical staff be / been engaged in the development of the scheme?		
2 Patient Safety	Does the scheme maintain or improve patient safety? If so how? <i>Has the potential impact of the scheme been considered on:</i> Patient Safety / Avoidable harm?		
	Infection control and prevention?		
	Safeguarding vulnerable children and adults?		
	Have risks been identified and mitigated?		
	3 Patient Experience	Have patients or carers been involved in the development of the scheme? If not please explain Has an Equality and Diversity Impact assessment been carried out on the scheme? If not please explain <i>Has the potential impact of the scheme been considered on:</i> Whether patients are treated professionally? Whether patients are treated by suitably qualified and experienced staff? Whether patients have the right to make choices about the healthcare they receive? Whether patients are treated with dignity, respect and compassion?	
4 Impact on Operational Effectiveness	The continual improvement in the standards of care and quality of services provided to individuals.		
	Has appropriate evidence been used in assessing the potential impact on operational effectiveness? Are clinical outcomes measured clearly identified? Are KPIs focused on outcomes rather than process?		
	5 Impact on Trust reputation	Has any impact on Trust reputation been suggested/mitigated?	



**Tracker reporting template for CIP 2012/13**

<b>Implementation Plan for:</b>												
<b>Owner - Responsible &amp; Accountable:</b>												
<b>Actions &amp; financial impact by month</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Financial impact by month - Planned												
Financial impact by month - Actual												
<b>Actions</b>												