



DBTH Quality Performance Impact Assessment (QPIA) Policy



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Executive Sponsor(s):	Chief Nurse Executive Medical Director
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed without change, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	New Procedural Document	Author
Version 1	13 September 2022	Creation of Document, for all staff to read in full	Chloe Jubb

Contents

1	Introduction	4
2	Purpose	5
3	Duties and Responsibilities.....	5
4	Quality Performance Impact Assessment Process	7
5	Equality Impact Assessment	9
6	Training & Support	9
7	Monitoring Compliance	9
8	Associated Trust Procedural Documents	10
9	Definitions	10
10	References	10

Appendices

Appendix A – QPIA Assessment Tool	12
Appendix B – Flowchart of QPIA Process	15
Appendix C – Health Inequalities HEAT Tool	16
Appendix D - Equality Impact Assessment.....	24

1 Introduction

The Quality Performance Impact Assessment (QPIA) Policy has been developed to ensure that the Trust has the appropriate steps in place to safeguard quality whilst transforming services and delivering critical changes to the way services are delivered.

This process should be applied to assess the quality impact that service changes, business cases and/ or cost improvement saving schemes could potentially have on the quality of care provided to patients at Doncaster and Bassetlaw Teaching Hospitals NHS Trust.

The QPIA process is a key pillar in assessing quality governance as it enables informed, appropriate and effective decision making.

There are currently eight key quality indicators that should be considered.

- Duty of Quality
- Patient/People safety & experience
- Productivity and innovation
- Clinical effectiveness
- Prevention

The impact of equality and diversity should also be assessed as to whether people could be treated differently in terms of race, religion, disability, gender, sexual orientation, pregnancy, gender reassignment, civil partnerships or age. This supports the Trust in meeting its obligations under the Equality Act 2010 to undertake Equality impact assessments (QPIA).

A QPIA should be carried out as per Trust policy. The impact on health inequalities should also be assessed to Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

2 Purpose

The QPIA looks at the type of impact (positive, negative and neutral), the level of impact and the likelihood of the impact, any risks and the plans for mitigating risks with mitigation impacts also assessed.

Projects, transformation programmes and cost improvement saving schemes are subject to an ongoing assessment of their impact on quality after they have been implemented through the monitoring of Key Performance Indicators (KPI's) as identified within the project charter.

Where this is not possible, key measures must be identified to ensure that the quality impact (positive, negative or neutral) is being monitored throughout the project lifecycle.

If there is a potential negative impact this should be evidenced and monitored through local risk management processes which is detailed in the Trust risk management policy.

Where there are positive quality impacts these should be identified as benefits and monitored throughout the projects lifecycle.

This policy outlines the specifications and governance around Quality Performance Impact Assessments (QPIA) equality and health inequalities which are required to be undertaken on service changes, business cases and cost improvement saving schemes across the Trust.

The process should provide guidance to people on the importance of QPIA's and provide guidance to people on completing the QPIA template on Monday.com.

The policy should also utilise and support annual budget settings and potential impacts on Quality and define the governance and decision making process in relation to QPIA.

3 Duties and Responsibilities

3.1 Clinical Governance Committee (CGC) will:

- Be assured that there is an appropriate QPIA process undertaken for projects, transformation programmes and cost improvement saving schemes divisionally and across corporate divisions
- Escalate in accordance with terms of reference to Quality Effectiveness Committee (QEC) via Clinical Governance Committee (CGC) minutes or by exception.

3.2 Corporate Divisions will:

- Provide updates by way of bi-monthly reports to the Trusts Quality Effectiveness Committee (QEC) on the QPIA process in relation to Trust portfolio programmes
- Provide a QPIA coordinator Project Manager (PMO) who will manage and support the Trusts QPIA Panel and procedure

3.3 Divisional Teams will:

- Are responsible for undertaking QPIAs, identifying risks and mitigating actions and submitted the QPIAs required following review and sign off, this should include evidence of key clinical stake holder engagement at the beginning of the process
- The Divisional Directors are responsible for reviewing and approving all QPIAs undertaken at the start of any planned service change, business case submission or cost improvement scheme. Those with a risk score of 8 and below can be signed off and submitted directly via Divisional Governance meetings. Any with a risk score of >8 should be submitted following Divisional Governance review to the PMO
- Once a QPIA is finalised they must be reviewed via Divisional Governance processes at least 6 monthly until completion of service change, business case and/or cost improvement plan.

3.4 Senior Management Teams & Rapid Intervention Treatment Teams (RIT inclusive) will:

- Ensure that QPIA's are completed as per process for all new projects and will not move through project gateways until full approval has been sought from the QPIA panel

3.5 Executive Medical Director and Chief Nurse will:

- Review all QPIA's with a risk score of > 8 - <18
- Challenge project teams on plans/programmes of work to ensure robust quality standards are being adhered to
- Identify schemes through the QPIA process that require enhanced quality monitoring
- Sign off or reject proposals with QPIA's with a risk score of >8 - <18 according to the QPIA process on a monthly basis and hold overall accountability for the approval or not of this project gateway

Complex schemes risk rated <18 will be required to go through the relevant corporate governance structure i.e. TEG, CIG.

4 Quality Performance Impact Process

The Trust use a standard QPIA (See **Appendix A**). The Trust's project governance is monitored and measured through the use of Monday.com which is a project management system to help complete projects efficiently and to collaborate working effectively and achieving goals with each stage having a gateway of approval.

The QPIA process is completed within the 'scoping' stage and cannot progress onto the next gateway without the QPIA sign off/approval.

At this point, all new service changes, business cases and cost improvement saving schemes that are worked up in scoping that might have a potential impact on workforce and/or clinical services are required to undertake a quality performance impact assessment.

If there is a negative impact on quality identified, the relevant senior manager or Board must be made aware as soon as it occurs.

The QPIA process should also consider whether or not there are any adverse implications on equality and health inequalities. If an adverse impact is identified at the scoping stage a full Equality Impact Assessment (EIA) and Health Equity Assessment Tool (HEAT) form should be completed.

Divisional teams should refer to section 3.

4.1 QPIA Assessment

Each service change, business case or cost improvement saving scheme must have a completed QPIA form on Monday.com or the Trust QPIA template, Appendix A. This will detail whether there is a potential quality impact of the proposal.

- The Executive Medical Director and Chief Nurse are responsible for signing off the QPIA document for those schemes with a risk score of >8 - <18 for all Trust wide cost improvement saving schemes, transformation programmes and projects. In doing so the Executive Medical Director and Chief Nurse are responsible for ratifying that the paperwork has been completed correctly and full consideration has been given to potential impacts on quality as well as how ongoing monitoring will be managed within the scheme/project.

Where there are queries on schemes that are subject to approval from either the Executive Medical Director or the Chief Nurse, it is the responsibility of the PMO QPIA Coordinator to collate responses to queries for final sign off.

Following approval by the Executive Medical Director and Chief Nurse, the project, transformation programme or cost improvement saving scheme can be progressed through the project governance process on Monday.com. Quality/equality impacts should be monitored throughout their preparation and implementation to assess whether or not there are any changes to quality of service.

The following aspects are requirements as part of the completion of the QPIA process:

- The Executive Medical Director and Chief Nurse will meet monthly with the PMO QPIA Coordinator and Rapid Intervention Team (RIT) Representatives to approve/sign off QPIA schemes with a risk score of >8 - <18
- The PMO will inform responsible owners of whether or not the QPIA has been approved or further evidence has been requested to make a judgement.
- Each QPIA requires evidence of sign off from the Executive Medical Director and Chief Nurse, this will be done through Monday.com
- QPIA's that require enhanced monitoring will be reviewed on a regular basis determined by the QPIA panel or whenever there is a significant change to the project, transformation programme or cost improvement saving scheme
- Risks identified as part of the QPIA process must be recorded and managed according to the risk management process on Monday.com and managed via Datix Trust Risk Committee where appropriate (with high risks escalated to the Transformation Board).
- Following the closure of a project, transformation programme or cost improvement saving scheme a Post Implementation Review (PIR) should be completed which includes a detailed analysis of the impact on quality of implementation and provides assurance on the consequences of the initiative.

5. Equality Impact Assessment

Doncaster & Bassetlaw Trust Hospital (DBTH) is committed to ensuring that, as far as reasonably practicable, the way we provide services to the public and the way we treat our people reflects their individual needs and does not discriminate against individuals or groups.

The equality impact assessment should be considered jointly through the QPIA process. A full EIA tool must be completed and uploaded onto Monday.com (if applicable).

6. Training and Support

There is training and support for Monday.com and this is sourced through the Project manager (PMO) Head of Performance, Medical Division.

7. Monitoring Compliance

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
QPIA Panel	Chief Nurse, Medical Director	Monthly	A review is carried out for all QPIA schemes that have gone through the risk stratification process and score between 8-18 The QPIA Co-ordinator monitors any schemes that are deemed fit to have enhanced monitoring (although few and far between) and flag to the QPIA panel when they are due for review All schemes following the QPIA process are reported into the Clinical Governance Quality Committee on a monthly basis for information and assurance.
QPIA Co-ordinator	Project Manager	When the schemes arise	
QPIA Schemes	Clinical Governance Committee	Monthly	

8. Associated Trust Procedural Documents

- Risk Management Policy (CORP/ICT 21 v4)

9. Definitions

EIA – Equality Impact Assessment
QPIA – Quality Performance Impact Assessment
HEAT – Health Equity Assessment Tool
PIR – Post Implementation Review
TEG – Trust Executive Group
CIG – Corporate Investment Group
RIT – Rapid Intervention Team
QEC – Quality Effectiveness Committee
Monday.com – Project management system
DBTH – Doncaster & Bassetlaw Trust Hospital

10. References

- Health Equity Assessment Tool

www.gov.uk/government/publications/health-equity-assessment-tool-heat

- Equality Act 2010

www.gov.uk/guidance/equality-act-2010-guidance

APPENDIX A – QPIA Guidance for people completing

The QPIA template

5. QUALITY IMPACT ASSESSMENT APPROVAL						
Answer positive, neutral or adverse (PINA) against each area. If Adverse score the impact, likelihood and total in the appropriate box.						
Area of Quality	Impact question	PINA	Impact	Likeli-hood	Rating	Rationale for Quality Impacts
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	Neutral	N/A	N/A		
Patient/People safety & experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients and staff, patient choice, personalised & compassionate care, safety, systems in place to safeguard patients to	Neutral	N/A	N/A		
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and high quality standards?	Neutral	N/A	N/A		
Prevention	Could the proposal impact positively or negatively on promotion of self-care and improving health equality?	Neutral	N/A	N/A		
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?	Neutral	N/A	N/A		



DBTH QPIA Template

For Monday.com users, please follow the standardised process/template on Monday.com as per project lifecycle.

A summary section is included to undertake the QPIA screening for the following impact areas:

- Complete the summary impact sections rating them positively affecting, negatively affecting or having a neutral impact.
- If an adverse/negative impact is identified then the impact and likelihood against each of the impact areas should then be scored based on the following assumptions:

Impact: * Rare ** Unlikely *** Possible **** Likely ***** Almost certain

Likelihood: * Rare ** Unlikely *** Possible **** Likely ***** Almost certain

- A rating and risk score will then automatically be generated through the Monday.com function.
- The Project Manager completing the QPIA must include a rationale for risk in the free text box and score the mitigated impact on the risk based on the following assumptions:

Mitigated Impact: * Rare ** Unlikely *** Possible **** Likely ***** Almost certain

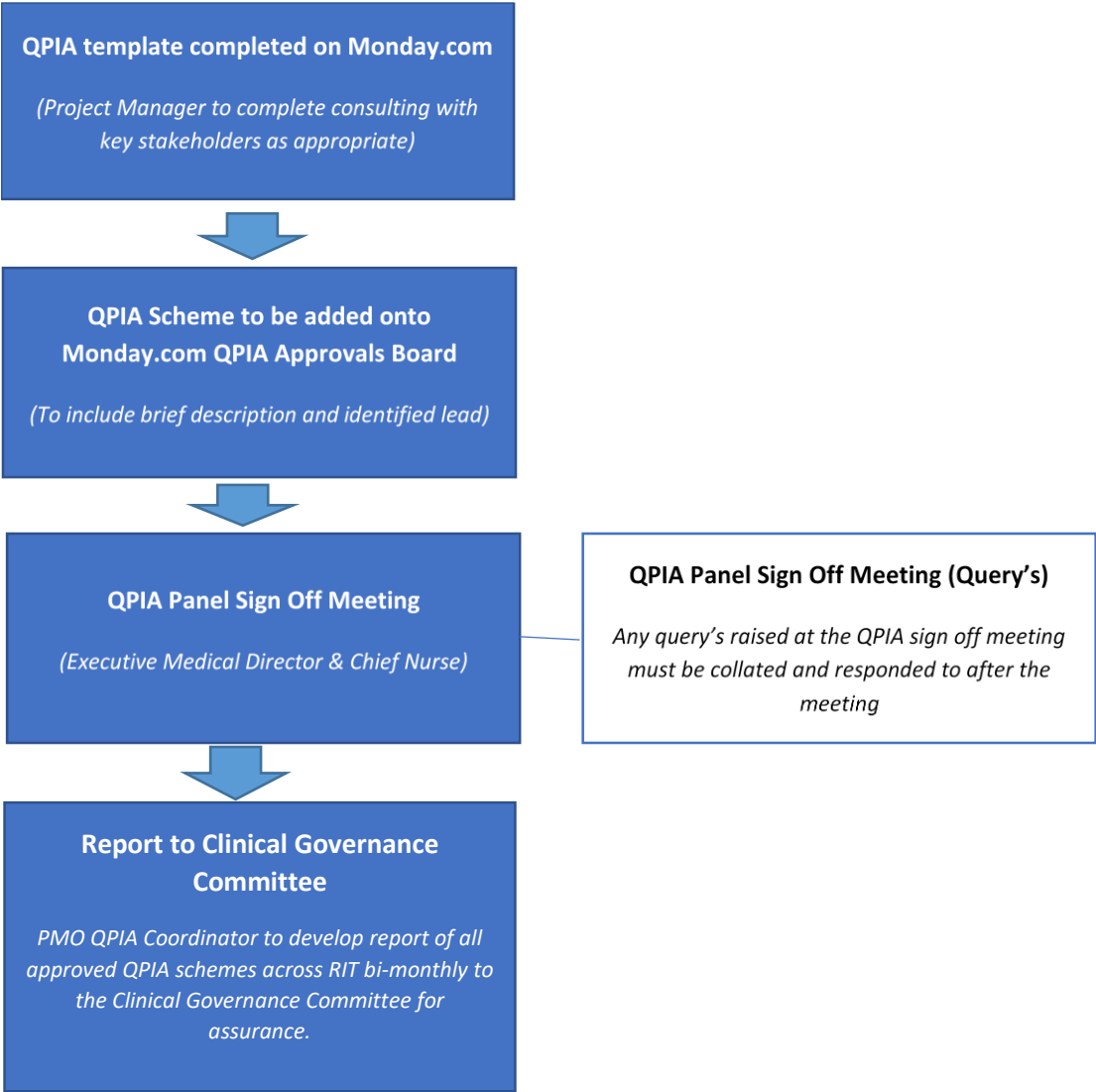
Mitigated Likelihood: * Rare ** Unlikely *** Possible **** Likely ***** Almost certain

- A rating for mitigation and mitigated risk will then be automatically generated through the Monday.com function.
- The Project Manager completing the QPIA must include a rationale for risk mitigation in the free text box.

All risk scoring is based on the Trust's corporate risk matrix approach.

	Consequence				
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	1	2	3	4	5
Low/Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
High/Likely	4	8	12	16	20
Almost Certain	5	10	15	20	25

APPENDIX B – Flowchart of QPIA Process





HEAT_simplified_versi
on-ODT.ODT

Health Equity Assessment Tool (HEAT)

Simplified version

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About HEAT

What is HEAT?

HEAT is a tool consisting of a series of questions and prompts, which are designed to help you systematically assess health inequalities related to your work programme and identify what you can do to help reduce inequalities. It will also help you to consider the requirements of the Equality Act 2010.

When and why should I use it?

HEAT has similarities to other health equity assessment tools, but is unique in providing a lightweight yet still systematic framework for assessing and driving action on health inequalities.

It provides an easy-to-follow template which can be applied flexibly to suit your work programme. Its specific prompts ensure consideration of multiple dimensions of health inequalities.

How is it structured?

The tool has 4 stages:

1. Prepare.
2. Assess.
3. Refine and apply.
4. Review.

It is designed to be completed at the start of a work plan to help you consider its potential effects, but it can be used retrospectively. In practice, your assessment is likely to be iterative and will help you continuously improve the contribution of your work to reducing health inequalities.

Because tackling health inequalities at scale is likely to require 'buy-in' from senior leaders in your organisation or the system you work in, we recommend that the use of the HEAT process is sponsored by a senior leader.

This document provides a simplified version of the tool.

What should be considered when completing it?

There are a number of different dimensions or characteristics to consider when completing HEAT.

1. The protected characteristics outlined in the Equality Act 2010 are as follows:
 - age
 - sex
 - race
 - religion or belief
 - disability
 - sexual orientation
 - gender reassignment
 - pregnancy and maternity
 - marriage and civil partnership
2. Socio-economic differences by individual socio-economic position e.g. National Statistics Socio-economic Classification, employment status, income, area deprivation.
3. Area variations by deprivation level (Index of Multiple Deprivation), service provision, urban/rural or in general.
4. Vulnerable and Inclusion Health groups, for example people experiencing homelessness, people in prison, or young people leaving care.

What should be considered when completing it?

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

Health inequalities may be driven by:

- 1 Different experiences and distribution of the wider determinants of health or structural factors. For example, the environment, community life, income or housing. In other words, the social economic and environmental conditions in which people live, work and play.
- 2 Different exposure to social, economic and environmental stressors and adversities. These affect states of mind from an early age and throughout life. Stress and psychological wellbeing directly affect resilience, health conditions and health behaviours.

- 3 Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.
- 4 Unequal access to or experience of health and other services between social groups.

People who share protected characteristics, as defined in the Equality Act 2010, may experience poorer health outcomes as a direct result of discrimination or due to different experiences of the factors described above.

The tool

Programme or project being assessed:		
Date completed:		
Contact person:		
Name of strategic leader:		
Question	Issues to consider	Response
1. What health inequalities (HI) exist in relation to your work?	<ul style="list-style-type: none"> • Explore existing data sources (see resources section – not exhaustive) on the distribution of health across different population groups • Consider protected characteristics and different dimensions of HI e.g. socioeconomic status or geographic deprivation 	
2. How might your work affect HI (positively or negatively)? How might your work address the needs of different groups that share protected characteristics?	<ul style="list-style-type: none"> • Consider the causes of these inequalities. What are the wider determinants? • Think about whether outcomes vary across groups, and who benefits most and least • Consider what the unintended consequences of your work might be 	
	a) Protected characteristics	

	b) Socio-economic status or geographic deprivation	
	c) Specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care	
3. What are the next steps?	<ul style="list-style-type: none"> • What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics? • Is there anything that can be done to shift your work 'upstream' to make it more likely to reduce health inequalities? 	
4. How will you monitor and evaluate the effect of your work?	<ul style="list-style-type: none"> • What quantitative and/or qualitative evaluation will be established to check you have achieved the actions you set? • What output or process measures will you use? 	
5. Review (To be completed 6 to 12 months after first completion)	<ul style="list-style-type: none"> • Consider lessons learnt – what will you do differently? Identify actions and changes to your programme to drive improvement 	

APPENDIX D – EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate/ Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
QPIA – Quality Performance Impact Assessment	Trust Wide	Chloe Jubb	New	May 2023
1) Who is responsible for this policy? Name of Care Group/Directorate: <i>Executive Medical Director</i>				
2) Describe the purpose of the service/function/policy/project/strategy? <i>To support corporate and divisional teams in the development and procedure of carrying out a QPIA review for any service changes/projects</i>				
3) Are there any associated objectives? Legislation, targets national expectation, standards: <i>Trust Standard</i>				
4) What factors contribute or detract from achieving intended outcomes? – noncompliance within services				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] <i>No</i>				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] <i>No</i>				
7) Are any of the following groups adversely affected by the policy? <i>No</i>				
Protected Characteristics	Affected?	Impact		
a) Age	<i>No</i>			
b) Disability	<i>No</i>			
c) Gender	<i>No</i>			
d) Gender Reassignment	<i>No</i>			
e) Marriage/Civil Partnership	<i>No</i>			
f) Maternity/Pregnancy	<i>No</i>			
g) Race	<i>No</i>			
h) Religion/Belief	<i>No</i>			
i) Sexual Orientation	<i>No</i>			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓)outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27</i>				
Date for next review:				
Checked by: Karen Jessop, Chief Nurse		Date: May 2025		

