# National Quality Board quality impact assessment (QIA) tool

Please refer to the [Quality impact assessment framework](https://www.england.nhs.uk/publication/quality-impact-assessment-framework-tool/) for full guidance on the purpose and process of QIAs.

**Summary of proposal**

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| Directorate: |  | | | QIA ID: |  |
| Project lead completing QIA: |  | | | QIA version: |  |
| Executive lead and/or project sponsor: |  | Accountable clinical lead: |  | Date: |  |
|  | | | | | |
| Proposal name: |  | | | | |
| Proposal overview: |  | | | | |
| Proposal approved by: |  | | | | |
| Area(s) affected (for example, service, provider, system): |  | | Stakeholders identified as affected by the proposal: |  | |
| Engagement work completed for the proposal to date (including engagement with stakeholders): |  | | Engagement work planned for the proposal: |  | |
| Funding arrangements and  financial implications for proposal: |  | | | | |
| Any known gaps in available evidence and plans to address them: |  | | | | |

**Summary of assessment and screening tool**

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| **Summary**  **(completion by project proposal team)** | | | | | | | | | | **Screening**  **(if included in process)** | |
| **NQB domain** | **Impact** | | | **Initial assessment** | | | **Revised assessment** | | | **Sufficient evidence provided?**  **Y/N** | **Recommendation** |
| Positive | Neutral | Negative | Consequence | Likelihood | Risk score | Consequence | Likelihood | Risk score |
| Patient safety |  |  |  |  |  |  |  |  |  |  |  |
| Clinical effectiveness |  |  |  |  |  |  |  |  |  |  |  |
| Experience |  |  |  |  |  |  |  |  |  |  |  |
| Well led |  |  |  |  |  |  |  |  |  |  |  |
| Sustainable |  |  |  |  |  |  |  |  |  |  |  |
| Equitable |  |  |  |  |  |  |  |  |  |  |  |
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| **Protected characteristics (if using combined or integrated QIA and EHIA process)** | **Impact** | | | **Initial assessment** | | | **Revised assessment** | | | **Sufficient evidence provided?**  **Y/N** | **Recommendation** |
| Positive | Neutral | Negative | Consequence | Likelihood | Risk score | Consequence | Likelihood | Risk score |
| Age |  |  |  |  |  |  |  |  |  |  |  |
| Disability |  |  |  |  |  |  |  |  |  |  |  |
| Gender reassignment |  |  |  |  |  |  |  |  |  |  |  |
| Marriage or civil partnership |  |  |  |  |  |  |  |  |  |  |  |
| Pregnancy and maternity |  |  |  |  |  |  |  |  |  |  |  |
| Race |  |  |  |  |  |  |  |  |  |  |  |
| Religion and belief |  |  |  |  |  |  |  |  |  |  |  |
| Sex |  |  |  |  |  |  |  |  |  |  |  |
| Sexual Orientation |  |  |  |  |  |  |  |  |  |  |  |

**QIA review:**

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| **QIA review stage required following triage or screening (if screening step within process):** | Stage 1 – Recommend QIA panel, multidisciplinary team group or accountable clinical lead approve | | Stage 2 – Full QIA panel, multidisciplinary team group or accountable clinical lead review | |
| Yes/No:  Rationale: | | Yes/No:  Rationale: | |
| **Date of review:** |  | | | |
| **Membership of QIA panel or multidisciplinary**  **team group as applicable:** |  | | | |
|  | | | | |
| **Outcome of QIA review:** | Approved -mitigations and key performance indicators are appropriate | Requires further information and re-submission | Amendments to project or proposal required to reduce impact on care quality | Project or proposal not approved to proceed, for example, impact on care quality exceeds risk appetite |
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| **Requested review frequency:** |  | | **Date for next submission:** |  |
| **Date reported to quality committee or equivalent:** |  | | | |

**Part 1: Assessment of impact**

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| **NQB domain** | **Impact** | | | **Description of impact**  Summarise the main impact (positive or negative) on the domain. State N/A if the impact is assessed as neutral.  If impact is negative undertake risk scoring and mitigations planning | **Evidence to demonstrate impact** | **Initial assessment** | | | **Mitigations**  Proposed mitigations to reduce any negative impacts.  Please re-score risk of impact once expected mitigation are accounted for. | **Revised assessment** | | | **KPIs**  Outline KPIs which will be used to monitor positive and negative impacts on domain. |
| Positive | Neutral | Negative | Consequence | Likelihood | Risk score | Consequence | Likelihood | Risk score |
| **Patient safety**  **For example:**   * What does safety intelligence currently show about the areas affected? * Will the change lead to a reduction or increase in the safety risks to patients and services user? * Will there be any impact of infection prevention and control as part of this change? * Could the change impact on likelihood of harm experienced by patients and services users? * Does the change impact on medicines safety or medical devices safety? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical effectiveness**  **For example:**   * Will the change impact on avoidable readmission rates? * Will the change impact on the timeliness of access to care? * Will the change impact on any reported effectiveness outcomes? * Will the change see an impact on the use of evidence-based standards? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Experience**  **For example:**   * Will there be a change in satisfaction levels reported by people using the service and their unpaid carers? * Will people using services and their unpaid carers experience longer or reduced waiting times for services? * Will people using services and their unpaid carers find it easier or harder to access services? * Will the change effect the opportunity for people’s choice within a pathway? * Will the change enable care to be provided closer to home? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Well led**  **For example:**   * Will there be an impact on the staff working within the setting or service areas? * Will there be a change in satisfaction levels reported by staff? * Will there be change to the way in which staff within the service are expected to work, such as number of hours or impact on workload? * Will there be an changes to the oversight and accountability requirements for the service, is it clear where these responsibilities will sit? * Will there be an impact on the recruitment and retention of staff working in the service area? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sustainable**  **For example:**   * Will there be a financial impact from the change? For example, will there be an impact on any elements of the supply chain? * What is the effect on the long-term sustainability of the service or care pathway? * Will changes to resources (such as staff, time, energy, buildings) be required? * Will changes affect the environmental impact of the service (such as energy demand, increased waste, refurbishment required)? * Will it impact on efficiency and waste? * Is there a likely impact on other contracts or system partners that provide associated services or elements of the pathway? * Will there be an impact on the travel requirements (increases or reductions) and needs for staff, patients and service users as part of the proposal? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Equitable**  **For example:**   * Has a related EQIA been completed? Are you aware of any groups of people who may be positively or negatively impacted by the proposed change? * How does the change support the reduction in variation experienced by different groups of people? * How does the change support a reduction in health inequalities for groups of people – at a provider and system level? * Does the change have an impact on the accessibility of the service for any identified groups of patients or service users? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Workforce**   * Will the change impact on the required skill mix of staff? * Will the proposal impact on training provision and availability of placements? * Will the change have an impact on the competencies of staff working within the service? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Performance**   * Will the change impact of the services or organisation’s ability to meet national and or local performance targets? * Will the change affect the performance of care pathways? |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Strategic Objectives**   * Does the proposal impact on the organisation’s strategic objectives? * Does the proposal align with the wider objective and ambitions of the NHS? * Does this proposal impact on the joint forward plan for the ICB, and partnership working across ICBs? |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part 2: Assessment of impact against Equality Duties if QEIA**

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|  | **Impact** | | | **Description of impact** | **Evidence to demonstrate impact** | **Initial assessment** | | | **Mitigations** | **Revised assessment post mitigations** | | | **KPIs** |
| Positive | Neutral | Negative | Consequence | Likelihood | Risk score | Consequence | Likelihood | Risk score |
| **Protected characteristics** | | | | | | | | | | | | | |
| **Age** – for example,older people, middle years, early years, children and young people |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disability** – for examplephysical, sensory and learning impairment; mental health condition; long-term conditions |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Gender reassignment** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Marriage and civil partnership:** people married or in a civil partnership. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pregnancy and maternity:** women before and after childbirth and who are breastfeeding |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Race** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Religion and belief:** people with different religions, faiths or beliefs, or none |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sex:** men, women |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sexual orientation:** Lesbian; Gay; Bisexual; Heterosexual. |  |  |  |  |  |  |  |  |  |  |  |  |  |