



Meeting the Duty of Quality

**Quality Impact Assessments**  
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**Reporting Officer: Cathie Steele**

June 2024

# Situation



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NHS  
WALES

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The purpose of this presentation is to provide an overview of the Duty of Quality and further information regarding the Quality Impact Assessment process to enable the Health Board to demonstrate how it discharges its responsibilities under the Duty of Quality.

# Background: Duty of Quality



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The [Duty of Quality](#) is part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Act recognises the significant progress to improve the quality of health services in Wales that has already been achieved. It acknowledges that we face significant challenges. The challenges mean that it is more important than ever before to focus on the quality of our services so that we achieve better outcomes for people in Wales.

The Duty of Quality applies to everything we do in the NHS in Wales, whether we work in clinical roles or non-clinical services such as Estates, Human Resources or Finance. It also applies to Welsh Ministers in their health-related functions.

Quality should be at the 'heart' of all aspects of healthcare and putting quality and patient safety above all else is one of the core values underpinning Hywel Dda University Health Board.

The Duty of Quality encourages us to focus on making sure that our [Quality Management System](#) works well.

People in Wales expect us to have safe systems and processes in place. They expect to receive good quality care.

It is important for us to make sure that staff can give people the high-quality care they want to provide. Staff want to work in services that are well-led and managed.

To help us achieve this, we must check that strategic decisions we make are informed by the Health and Care Quality Standards.

## People

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services

## Services

4. The best health and wellbeing for our individuals, families and our communities
5. Safe, sustainable, accessible and kind care
6. Sustainable use of resources



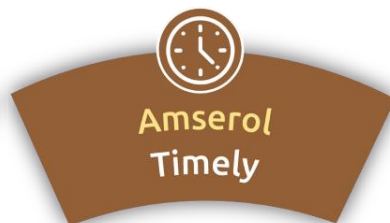
## The duty of quality requires NHS organisations to ensure that strategic decisions are made through a quality lens.

NHS organisations must take the Health and Care Quality Standards into account when making decisions about healthcare services.

A quality impact assessment (QIA) is a mechanism through which we can consider and record the impact of our decisions on the Quality of our healthcare system.

In summary, the purpose of a QIA is:

- To inform strategic quality-driven decision-making;
- To identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system, in line with the Health and Care Quality Standards;
- To ensure that we identify any actions needed to reduce risks where quality or safety could be negatively affected, and to ensure these risks and mitigations feed into existing corporate monitoring processes;
- To provide assurance of quality-driven decision-making, together with audit trail.



# Assessment: Quality Impact Assessment (QIA)



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A QIA toolkit and process has been developed. The Hywel Dda toolkit is based on the beta tool developed within Wales and on a tool in use within another NHS Trust.

The QIA tool and guidance is available on a dedicated [SharePoint page](#)

The initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing checklist, consideration should be given to the impact that the change will bring about in the long term and any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

|   |  |   |  |
|---|--|---|--|
| <p><b>Strategic Decision / Organisational Activity / Project Title:</b></p> <p><b>Name and role of lead:</b></p> <p><b>Executive sponsor:</b></p> |  | <p><b>Description of Strategic Decision / Project:</b></p> <p>Broadly outline what is being proposed and the decision that needs to be made</p> <p>Why is the proposal / decision needed</p> <p>What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)</p> <p>Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected</p> <p>How have you engaged with the people affected? If you have not yet engaged, what are your plans?</p> <p>How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?</p> <p>Is the proposal / decision planned to be temporary or permanent?</p> |  |
| <p><b>Has this Quality Impact Assessment been completed in collaboration with the clinical team(s) that the project will affect?</b></p>          | <p>Please list names &amp; role titles</p> |   |  |

# Quality Impact Assessment



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A check of the impact of the proposed strategic decision is undertaken.

Each quality standards must be considered also whether the change links to a quality enabler.

The quality standards are Safe, Timely, Effective, Efficient, Evidence Based, Timely and Person Centred

The quality enablers are Leadership, Workforce, Culture, Information, Learning improvement and research, and Whole-system perspective

| Health & Care Quality Standard | Possible considerations for this standard  | Risk Score (current risk before change) |            |               | Tick impact |         |          | Does this impact link with a Quality Enabler? If yes, which enabler? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective) | Risk Score (after proposed change) |            |               | Description of impact |
|--------------------------------|--|---|------------|---------------|-------------|---------|----------|---|------------------------------------|------------|---------------|-----------------------|
|                                |  | Likelihood 1-5                          | Impact 1-5 | Overall score | Positive    | Neutral | Negative |   | Likelihood 1-5                     | Impact 1-5 | Overall score |                       |
| Safe                           | Does this decision have a positive, neutral or negative impact on ensuring that:<br>a) our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again?<br>b) people's health, safety and welfare are actively promoted and protected?<br><br>Do the risks that have been identified have a positive, neutral or negative impact on safety? |   |            | 0             |             |         |          |   |                                    | 0          |               |                       |
| Timely                         | Does this decision have a positive, neutral or negative impact on ensuring that:<br>a) people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time?<br>b) we care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority?   |   |            | 0             |             |         |          |   |                                    | 0          |               |                       |
| Effective                      | Does this decision have a positive, neutral or negative impact on ensuring that:<br>a) care and treatment reflects evidence-based best practice, and<br>b) people receive the right care to achieve the optimal outcomes possible for them and that matter to them?  |   |            | 0             |             |         |          |   |                                    | 0          |               |                       |



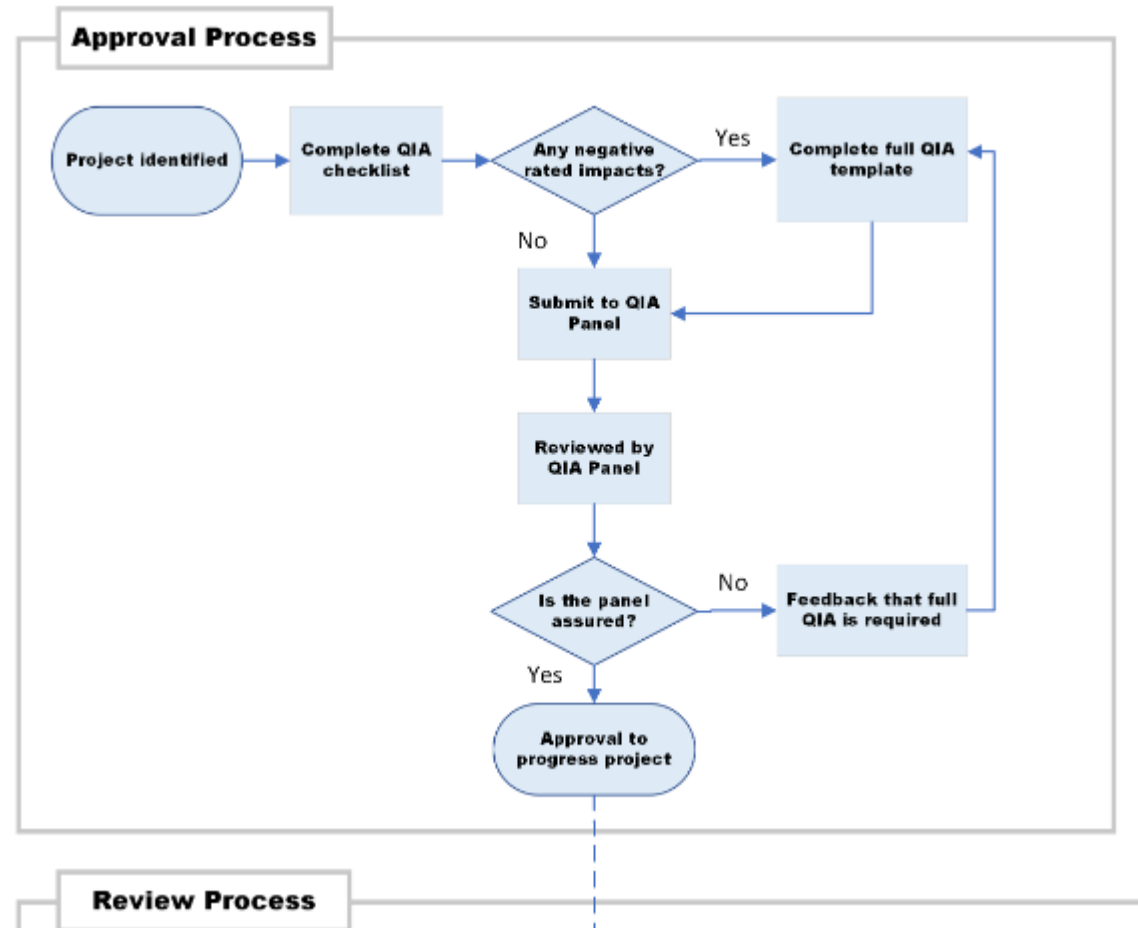


# QIA Approval Process



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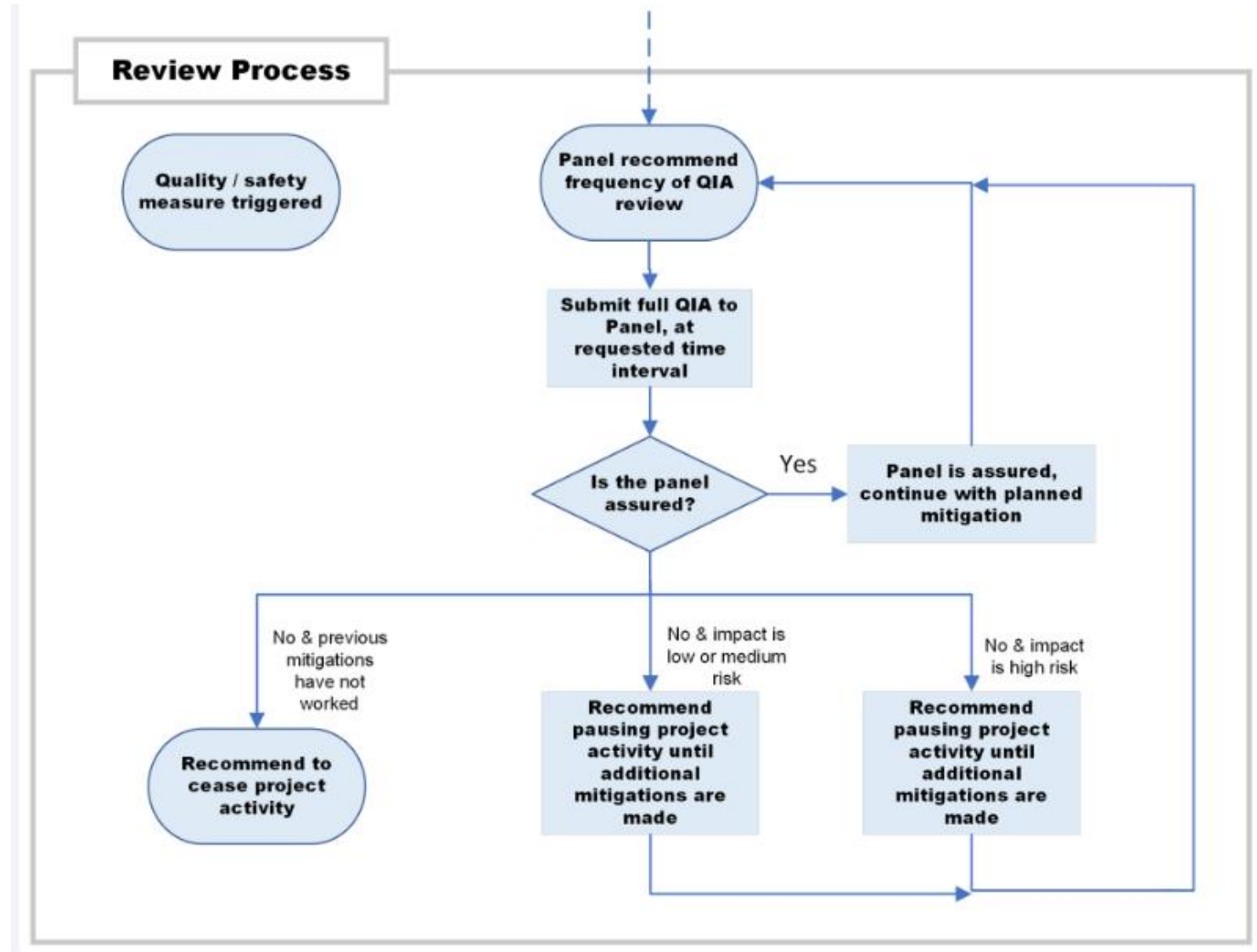


# QIA Review Process



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# QIA Panel-Terms of Reference



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The purpose of the QIA Panel is to provide oversight to ensure that quality is the central principle in how health and care services are designed and delivered within Hywel Dda University Health Board, in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The QIA Panel will, in respect of its provision of assurance to the Quality, Safety and Experience Committee, ensure that:

- quality impact assessments (QIA) on organisational activities are assessed and the potential consequences (impacts) on quality are considered, and any necessary mitigating actions are outlined in a uniformed way across Hywel Dda University Health Board. Activities may include, but will not be limited to, projects/schemes, opportunities, initiatives, plans, financial savings plans, risks over tolerance, and any other activity that may result in an impact in quality.
- any areas of high-risk, e.g., significant negative quality impact, will be reported to the Quality, Safety and Experience Committee and any other meeting as appropriate to ensure that any possible mitigations can be identified and/or inform decision making processes.
- there is a robust ongoing assessment of the identified quality impact metrics through the Directorate Improvement Together sessions, to ensure ongoing oversight of the impact on the quality of the services provided and mitigation.

| <b>Panel Membership</b>   |
|---|
| Executive Director of Nursing, Quality and Patient Experience (Chair) |
| Executive Director of Therapies and Health Sciences (Vice Chair)      |
| Executive Medical Director  |
| Associate Medical Director for Quality                                |
| Assistant Director of Therapies and Health Sciences                   |
| Assistant Director of Nursing and Quality Improvement and Assurance   |
| Consultant in Public Health Medicine                                  |
| Assistant Director Strategic Partnerships, Diversity & Inclusion      |
| <b>In attendance</b>  |
| Head of Quality and Governance  |
| Senior Officer(s) (to present their QIA to the QIA Panel)             |
|   |
|   |

[Link to QIA Panel terms of reference](#)

# Quality Impact Assessment



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The QIA tool and guidance is available on a dedicated [SharePoint page](#)

A library of QIAs will be available on the SharePoint page as assessments are approved by the Panel.



## Quality Impact Assessment

Patient Safety (Hywel Dda UHB - Assurance, Safety & Improvement)  
Generic Account

### Ensuring quality in all our strategic decisions

A quality impact assessment (QIA) is a process through which we can consider and record the quality impact of business cases, services changes and other major consultations.

The purpose of a QIA is:

- To inform strategic quality-driven decision-making;
- To identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system, in line with the Health and Care Quality Standards;
- To ensure that we identify any actions needed to reduce risks where quality or safety could be negatively affected, and to ensure these risks and mitigations feed into existing corporate monitoring processes;
- To provide assurance of quality-driven decision-making, together with audit trail.

An impact assessment is a continuous process to ensure that possible or actual business plans, changes to use of clinical areas, new information technology (IT) software for patient management or any other proposed business, change or implementation plans that impact on patient services are assessed and the potential consequences on quality of care for patients and any impact on staff are considered and any necessary mitigating actions are outlined in a uniformed way.

### Responsibilities

The Chief Executive, as Accountable Officer, has ultimate responsibility for quality across the Health Board.

Directorate Triumvirates are responsible for undertaking quality impact assessments (QIA), identifying risks and mitigating actions and submitting quality impact assessments for addition to the QIA process with review and sign-off. These staff are responsible for making any operational arrangements to facilitate key stakeholder engagement, at the beginning of the process, collate key issues arising and collect and monitor impact on quality of any quality measures as indicated

General Managers are accountable for reviewing and signing QIAs undertaken by their teams in their areas/services proposing service changes or introduction of new systems. They will also ensure that the impact on quality on an on-going basis is monitored appropriately. The General Manager is responsible for submitting the completed QIA to the Head of Quality and Assurance via the patient.safety@wales.nhs.uk mailbox, for consideration by the QIA Panel. The General Manager may delegate responsibility for this, but not accountability.

The Director of Nursing, Quality and Patient Experience (DoN), the Director of Therapies and Health Science (DOTHS) and the Medical Director (MD) are responsible for providing Executive approval for any change based on the QIA (above a risk score of 8). They may reject the proposals if the mitigations are not found to be effective in reducing the risks that become apparent in the QIA.

The Health Board's Management Executive is responsible for final approval of the projects based on the QIA sign-off by the DoN, DOTHS and MD. The records of completed quality impact assessments will be held by the Quality Assurance and Safety Team. All QIA with a score of 16

### When and how often a QIA should be undertaken?

QIA is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives, including those where improved quality is the primary driver of change.

QIA must be undertaken as part of the development and proposal stage of developing business plans and should also be reviewed on a regular basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented.

The frequency of review will be dependent on the level of risk identified (but will be a minimum of six monthly) and will be documented in the quality impact assessment document (see tool below). General Managers will maintain oversight of QIA review, reporting through the Directorate Management meetings.

### What should be considered as part of the impact assessment?

The quality impact assessment template can be found below and outlines the criteria to be considered:



# Recommendation



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The Quality Safety and Experience Committee is requested to:

- take assurance that the designed QIA process ensures that strategic decisions about healthcare services are made through a quality lens.
- take assurance that the QIA process provides a mechanism to consider and record the impact of our decisions on the Quality of our healthcare system.
- approve the terms of reference for the QIA panel.



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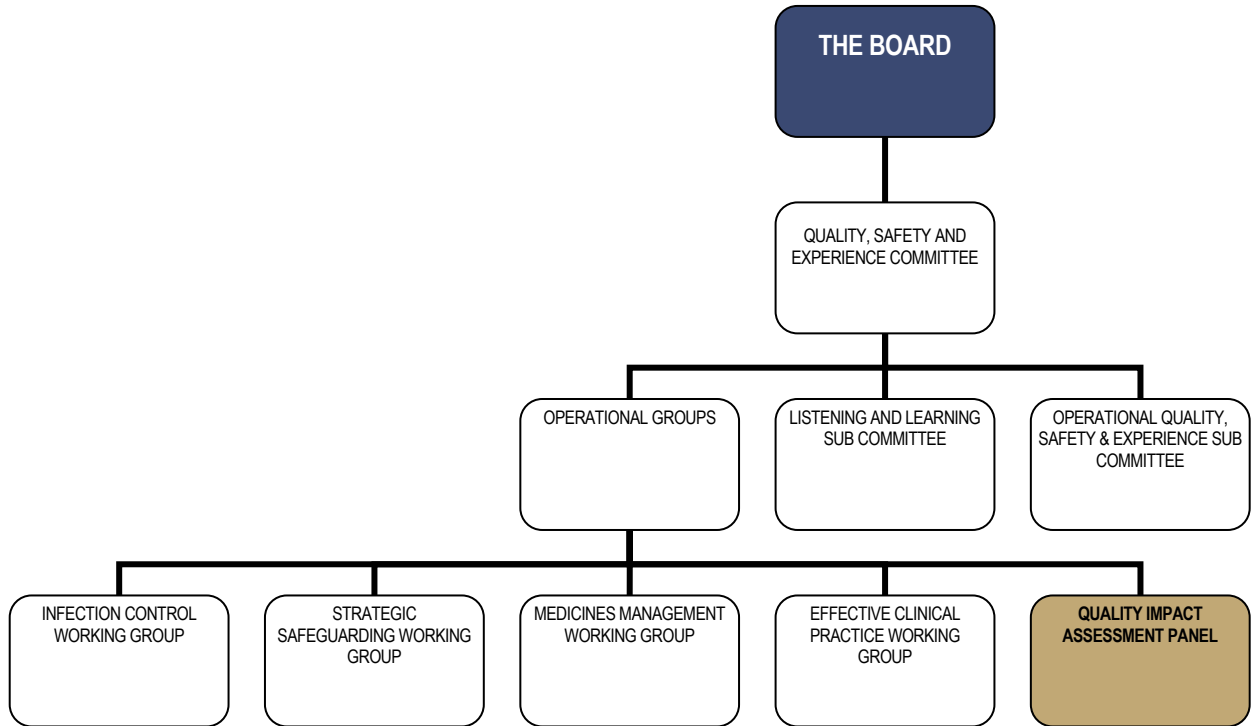


# The Duty of Candour

*Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.*



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



## TERMS OF REFERENCE

### QUALITY IMPACT ASSESSMENT PANEL

| Version | Issued to:  | Date              | Comments  |
|---------|---|-------------------|---|
| V1      | Executive Team meeting                                      | 22/02/2024        | Request from Public Health to include in membership                                 |
| V1.2    | Interim Director of Nursing, Quality and Patient Experience | 26/05/2024        | Request to include Assistant Director Strategic Partnerships, Diversity & Inclusion |
| V1.2    | <b>Quality, Safety and Experience Committee</b>             | <b>11/06/2024</b> | <b>For Approval</b>   |
|         |   |                   |   |
|         |   |                   |   |

## QUALITY IMPACT ASSESSMENT PANEL

### 1. Constitution

- 1.1 The Quality Impact Assessment Panel (the QIA Panel) has been established as a group of Quality, Safety and Experience Committee and constituted from 1 March 2024.

### 2. Principal Duties

- 2.1 The purpose of the QIA Panel is to provide oversight to ensure that quality is the central principle in how health and care services are designed and delivered within Hywel Dda University Health Board, in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

### 3. Operational Responsibilities

- 3.1 The QIA Panel will, in respect of its provision of assurance to the Quality, Safety and Experience Committee, ensure that:
- 3.1.1 quality impact assessments (QIA) on organisational activities are assessed and the potential consequences (impacts) on quality are considered, and any necessary mitigating actions are outlined in a uniformed way across Hywel Dda University Health Board. Activities may include, but will not be limited to, projects/schemes, opportunities, initiatives, plans, financial savings plans, risks over tolerance, and any other activity that may result in an impact in quality.
  - 3.1.2 any areas of high-risk, e.g., significant negative quality impact, will be reported to the Quality, Safety and Experience Committee and any other meeting as appropriate to ensure that any possible mitigations can be identified and/or inform decision making processes.
  - 3.1.3 there is a robust ongoing assessment of the identified quality impact metrics through the Directorate Improvement Together sessions, to ensure ongoing oversight of the impact on the quality of the services provided and mitigation.

### 4. Membership

- 4.1 The core membership of the QIA Panel shall comprise:

| Title   |
|---|
| Executive Director of Nursing, Quality and Patient Experience (Chair) |
| Executive Director of Therapies and Health Sciences (Vice Chair)      |
| Executive Medical Director  |
| Associate Medical Director for Quality                                |
| Assistant Director of Therapies and Health Sciences                   |
| Assistant Director of Nursing and Quality Improvement and Assurance   |

|  |
|--|
| Consultant in Public Health Medicine                             |
| Assistant Director Strategic Partnerships, Diversity & Inclusion |
| <b>In attendance</b>   |
| Head of Quality and Governance                                   |
| Senior Officer(s) (to present their QIA to the QIA Panel)        |

4.2 The membership of the QIA Panel will be reviewed on an annual basis.

## 5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the QIA Panel, and at least two of the other core membership (listed in section 2.1).
- 5.2 Any senior officer and/or expert representatives, eg, clinical leads, safeguarding professionals, primary care professionals, etc, of the Hywel Dda University Health Board (HDdUHB) or from a partner organisation may, where appropriate, be invited to attend.
- 5.3 The QIA Panel may also co-opt additional independent external 'experts' from outside the organisation to provide specialist knowledge.
- 5.4 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.
- 5.5 The QIA Panel may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The agenda will be based around the completed quality impact assessments, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Panel members. Following approval, the agenda and timetable for receipt of papers will be circulated to all Panel members.
- 6.2 All papers should have relevant sign off before being submitted to the Panel Secretary.
- 6.3 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.4 The decision and action notes will be circulated to members within **seven** days to check the accuracy.
- 6.5 Members must forward amendments to the QIA Panel Secretary within the next **seven** days, who will then forward the final version to the QIA Panel Chair.

## 7. Frequency of Meetings

- 7.1 The QIA Panel will meet monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Panel in discussion with the Panel lead.
- 7.2 The Chair of the QIA Panel, in discussion with the Panel Secretary shall determine the time and the place of meetings of the Panel and procedures of such meetings.

## **8. Accountability, Responsibility and Authority**

- 8.1 The QIA Panel will be accountable to the Quality, Safety and Experience Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The QIA Panel shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in HDdUHB's Standing Orders are equally applicable to the operation of the QIA Panel.

## **9. Reporting**

- 9.1 The QIA Panel, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
  - 9.1.1 joint planning and co-ordination of Board and Committee business; and the
  - 9.1.2 sharing of information.
- 9.2 In doing so, the QIA Panel shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The QIA Panel may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Group business. The QIA Panel will receive an update following each sub-groups meetings detailing the business undertaken on its behalf.
- 9.4 The QIA Panel's Chair, supported by the Panel Secretary, shall:
  - 9.4.1 Report formally, regularly and on a timely basis to the Quality, Safety and Experience Committee on the Panel's activities through the Quality Assurance Report.
  - 9.4.2 Bring to the Quality, Safety and Experience Committee's specific attention any significant matters under consideration by the Panel.
  - 9.4.3 Bring to the Control Delivery Group's and other relevant group's attention any specific concerns in respect of the QIA associated with any plans, projects, business cases, etc, submitted for approval.

## **10. Secretarial Support**

- 10.1 The QIA Panel Secretary shall be determined by the Panel Chair.

## **11. Review Date**

- 11.1 These terms of reference shall be reviewed on at least an annual basis by the QIA Panel for approval by the Quality, Safety and Experience Committee.