Lancashire and South Cumbria Integrated Care Board

Quality Impact Assessment Policy

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Purpose	To describe the Quality Impact Assessment process to be followed, in support of the ICB's statutory duty for quality.
Supersedes:	V1
Author – amendments (including Job Title):	Alex Wells, Head of Recovery & Transformation PMO
Ratified by: (Name of responsible Committee)	Quality Committee
Cross reference to other Policies/Guidance	ICB Risk Management Strategy and Policy
Date Published and where (Intranet or Website):	25th July 2024 Website
Date Ratified:	24th July 2024
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Document Control

Policy Revisions and Amendments			
Date	Section: version number	Reason for Change	Approved By
5.07.2023	1	New policy	
12th July 2024	2	• Revision of policy to include first stage risk assessment process prior to conducting a full QIA. • Updated changes are reflected in sections 5, 6, 7 and 9 • Updated 1st and 2nd templates included within Appendices	Submitted to Quality Committee for approval on 24th July 2024

Contents

1 Introduction

1.1 NHS Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) is committed to ensuring that commissioning decisions, business cases and projects are evaluated for their impact on quality, in line with the statutory duty for quality.

1.2 This policy details the process to be undertaken to assess the quality impact of commissioning decisions, business cases, projects and other business plans.

2 Purpose

2.1 The purpose of this policy is to set out the responsibilities, process and format to be followed when undertaking a Quality Impact Assessment (QIA).

3 Scope

3.1 The policy relates to QIAs that are undertaken when developing commissioning decisions, business cases, projects and other business plans. It applies to staff that undertake QIAs, as well as those who scrutinise and approve QIAs.

4. Definitions

4.1 Quality

Quality in health and care services embraces three key components:

- Patient Safety: Care is delivered with an ethos of avoiding harm and any risks to individual's safety.
- Effectiveness of care: Care is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes.
- Patient Experience: Care is delivered to provide the individual with a positive experience of receiving and recovering from the care provided, including being treated according to what that individual wants or needs, with compassion, dignity and respect. The quality approach to patient experience is to minimise anxiety.

4.2 Quality Impact Assessment and Risk Mitigation

QIA is a continuous process to ensure that commissioning decisions, business cases, projects and other business plans are assessed for the potential consequences on quality, with any necessary mitigating actions outlined in a uniformed way. It ensures a consistent approach to assessing the impact of change.

A QIA highlights the impact that change may impose on the provision and for other provisions that may be affected.

This can be a positive move forward when there is a need to improve health outcomes and if resource is appropriately managed. Removing or diverting resource (levelling down) or introducing any measures that will have a negative impact on service provision requires full consideration and ICB approval.

Identifying the risk mitigations is fundamental within the QIA, as these inform the decision to be made. Unmitigated risks should be identified on the appropriate Risk Register.

4.3 Equality

Equality means ensuring individuals or groups of individuals are treated fairly and no less favourably, specific to their needs, including on the grounds of race, gender, gender reassignment, disability, marriage and civil partnership, pregnancy and maternity, religion or belief, sexual orientation, or age.

The ICB is committed to ensuring that Equality, Diversity and Inclusion is at the heart of everything we do – how we deliver health and care services for our population, how we commission such services, how we engage with the people we serve and how we manage our workforce.

4.4 Equality and Health Inequalities Impact and Risk Assessment

An Equality and Health Inequalities Impact and Risk Assessment (EHIIRA) is a key tool in ensuring that organisational decision-making is as inclusive as possible. EHIIRAs act as the key piece of evidence that the ICB's decision-making processes meet the requirements of the Equality Act (2010) and pay due regard to the three aims of the Public Sector Equality Duty (PSED):

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Many policies, plans, proposals or decisions have the potential to impact on health and potentially widen health inequalities. By completing an EHIIRA, any potential impacts can be identified and recorded, and actions can be taken to mitigate against and reduce those impacts.

EHIIRAs are required to be undertaken at the formative stage of any decision-making process or change process and will need to be reviewed and signed off by the MLCSU Equality and Inclusion Team. More information on the EHIIRA process can be found athttps://intranet.lancashireandsouthcumbria.nhs.uk/wp-content/uploads/2022/06/ICB-EHIIRA-Process-Flowchart.pdf and EHIIRA templates and guidance are available. For further information and/or support around the

completion of EHIIRAs, please contact the MLCSU Equality and Inclusion Team at equality.inclusion@nhs.net.

4.5 Privacy and Data

Patients have the expectation that their privacy, data and confidentiality will always be respected, during their care and beyond. It is essential therefore, when considering or implementing any new initiatives, that the impact of the collection, use and disclosure of any patient information is considered regarding the individual's privacy.

4.6 Data Protection Impact Assessment

A Data Protection Impact Assessment (DPIA) is a process that helps an organisation to identify privacy risks and ensure lawful practice when a new project is designed or changes are made to a service. The purpose of the Data Protection Impact Assessment is to ensure that privacy and data risks are minimised while allowing the aims of the project to be met whenever possible. The DPIA will be signed off by Information Governance Team at Midlands and Lancashire CSU.

5. Procedures

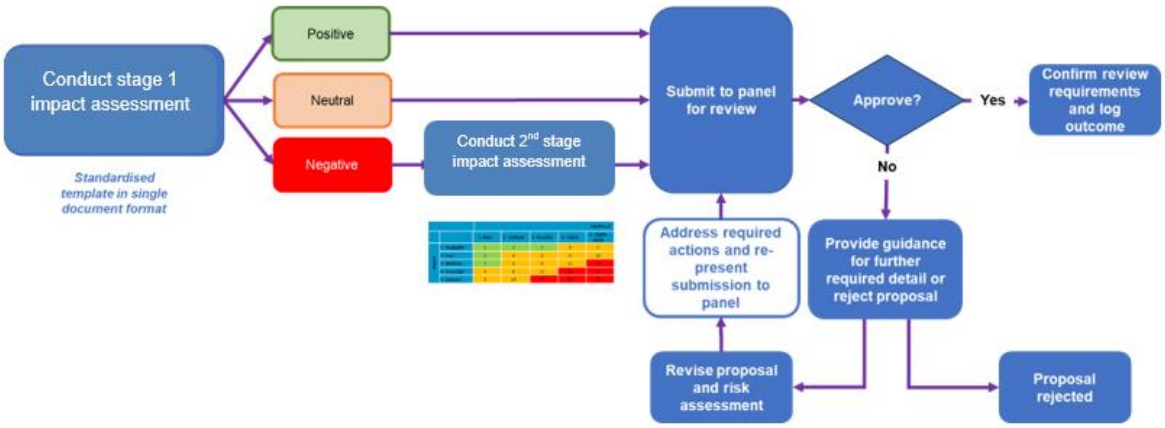
5.1 The QIA must be commenced promptly and before the process/system is implemented or a system/access/process is procured or changed. An EHIIRA and a DPIA Checklist must also be completed for all projects and submitted separately to the relevant business partner at Midlands and Lancashire CSU for approval (see below). This is summarised in Appendix A.

5.2 A 2-stage process is in place for all changes in scope as defined within this policy. The first stage of process is to assess and identify any potential negative impacts against the primary quality domains (patient safety, clinical effectiveness, patient experience, staff experience). These will be risk scored accordingly in line with the ICB's risk scoring approach.

5.3 Where no negative impacts are identified, pending approval at the QIA review group no further impact assessment is required.

5.4 Any changes that identify a negative impact will progress through to conducting a full impact assessment. In doing so this provides further guidance / granularity against the quality domains stipulated within section 5.1. additionally, the full QIA will assess identification of any mitigations which will also require to be scored based on mitigated risks.

5.5 The process for how first and second stage impact assessments are conducted and submitted through to QIA Review Group is provided below:



5.2 Equality and Quality Interdependency

To ensure that tackling unmet needs and health inequalities remain a fundamental principle of all work the ICB undertakes, the QIA Review Group will receive a completed EHIIRA to support their review of the QIA. The QIA Review Group will not however sign off the EHIIRA and Data Protection Impact Assessment.

Review of EHIIRAs and Data Protection Impact Assessments will be undertaken and approved by the relevant teams at Midlands and Lancashire CSU with final sign off completed by:

- The Equality and Inclusion Business Partner for Health Inequalities Impact and Risk Assessments
- The Data Protection Officer/Senior Information Risk Officer for Data Protection Impact Assessments

6. ICB Roles and Responsibilities for QIAs

Chief Executive Officer

6.1 The Chief Executive Officer has ultimate responsibility for QIAs, EHIIRAs and DPIAs and commissioning decisions across the ICB.

Project Leads

6.2 Responsible for undertaking QIAs, EHIIRAs and DPIAs, identifying risks, mitigating actions and submitting the assessment to any PMO in place as part of the required project planning and implementation processes, or to the Programme Lead/their executive lead. Project Leads will have regard for project assurance requirements and approval timescales, prior to the commencement of any project.

Responsible for submitting QIAs approved by the Programme Lead/executive lead, with the EHIIRA to the Associate Director of Quality Assurance, for consideration by the Quality Impact Assessment Review Group.

Responsible for attending and presenting their QIA submitted to the QIA Review Group, if required.

Programme Lead/Executive

6.3 Responsible for reviewing and approving QIAs, EHIIRAs and DPIAs undertaken by Project leads in their programmes, prior to submission to the Associate Director of Quality Assurance for Quality Impact Assessment Review Group scheduling.

Responsible for assurance on the risk assessment process and escalation of any identified risks and mitigating actions required, to the Operational Risk Register via the Senior Leadership Team Meeting.

The PMO team

6.4 For any programmes of work under the PMO, the PMO team is responsible for ensuring QIAs, EHIIRAs and DPIAs are completed; reviewing and making recommendations for actions and accountability for any identified risks prior to submission to the Quality Impact Assessment Review Group. Ensuring QIAs are submitted to the Quality Impact Assessment Review Group in a suitable period.

Representation from Recovery & Transformation PMO at the Quality Impact Assessment Review Group is required.

Chief Nursing Officer

6.5 Responsible for signing off QIA jointly with the Medical Director.

Director of Quality Assurance and Safety

6.7 Responsibility for ensuring there is a robust and effective process through the QIA Review Group for scrutiny and review of QIAs and for progression of the QIAs to the Chief Nursing Officer and the Medical Director for final sign off.

Associate Director of Quality Assurance

6.8 Responsible for provision of training for staff who need to complete QIAs and advice and support to Project Leads while completing QIAs, prior to submission to the QIA Review Group.

The Quality Impact Assessment Review Group

6.9 Responsible for reviewing all QIAs and forwarding to the Chief Nursing Officer and the Medical Director for final sign off. Membership will include senior representatives from the Quality and Patient Experience functions and where appropriate other personnel with relevant expertise, including safeguarding.

Quality Committee

6.10 The Quality Committee is responsible for providing assurance to the Board that the QIA process is robust and effective. The committee will receive a paper at least twice a year, outlining the QIAs received and reviewed by the QIA Review Group.

Commissioning Committees

6.11 Commissioning Committees have specific responsibilities for supporting the delivery of the ICB's strategic objectives. The QIA process forms part of larger project/programmes of work, therefore, a QIA must be referenced in any paper that would be received in a Commissioning Committee relating to a project or programme of work.

The Information Governance Team

6.12 Responsible for advice, support and review of Data Protection Impact Assessments.

The CSU Equality and Inclusion Business Partner

6.13 Responsible for advice, support, review and sign off of EHIIRAs.

7. When to Carry Out a Quality Impact Assessments

7.1 QIA is a process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives and changes (e.g. commissioning decisions, business cases, projects and other business plans).

7.2 QIAs must be completed in parallel with any scheme or project development at the initiation stage and as standard protocol when developing business plans, commissioning intentions and financial recovery schemes.

7.3 QIA must not to be documented and signed off retrospectively.

7.4 A QIA is required for all new, changing or paused commissioned schemes, or for

those that are going to stop for any reason, earlier than the original commissioning intention.

7.5 QIAs should be reviewed on a regular basis by the Project Lead, as part of reviewing the actual impact throughout the implementation stage. A review period should be specified and documented on the initial Quality Impact Assessment template.

8. Quality Impact Assessment Review Group

8.1 The QIA Review Group will meet at least monthly to review all submitted QIAs with the associated EHIIRAs. As owner of the QIA, the Project Lead will complete and submit the QIA once their Programme Lead/Executive has approved it. The Quality Impact Assessment Review Group will receive new QIAs and those where changes are identified to the impact on quality, through the life of the project.

8.2 The QIA Review Group will determine the assurance required to recommend sign off to the Chief Nursing Officer and the Medical Director.

9. The Quality Impact Assessment template

9.1 As part of the two stage review process. The first template is required for all changes in scope as outlined in previous sections. Any initiatives that outline a negative impact as part of first stage will then proceed to a full impact assessment. Both stages of the impact assessment are available in appendices B and C.

10. Monitoring and Review Arrangements

10.1 All QIA in development, implementation and adaptations are intended to be monitored with full consideration of patient experience, patient safety and clinical quality. Individuals completing the assessments in conjunction with respective departments or directorates, will determine the key performance indicators, risk ratings and risk mitigations. This includes risks associated with finances and existing or potential Cost Improvement Plans. These should be clearly identified on the QIA template along with monitoring review dates.

10.2 At every stage in the development of the project or procurement the QIA can be challenged or escalated. In such cases, all views will be formally recorded for transparency and agreed decision making will be documented and retained with the relevant QIA.

10.3 The Associate Director of Quality will monitor this policy and formally advise the Director of Quality Assurance and Safety and the Chief Nursing Officer, initially

at 6 month intervals of any revisions required to optimise the effectiveness of the QIA process.

11. List of Stakeholders Consulted

Date	Name of Individual or Group	Designation	Were comments received, considered and incorporated Yes/no	If not incorporated record reason why
22.06.2023	Claire Lewis	Associate Director of Quality	Yes	
22.06.2023	Travis Peters	Equality & Inclusion Business Partner (supporting NHS Lancashire and South Cumbria ICB)	Yes	

12. References and Bibliography

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf

13. Associated Documents

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212819/How-to-Quality-Impact-Assess-Provider-Cost-Improvement-Plans-.pdf

https://nhsproviders.org/media/1160/prepprog-good-practice-qias-2.pdf

Appendix A QIAs, EHIIRAs and DPIAs Process Flow

EHIIRA process document

https://intranet.lancashireandsouthcumbria.nhs.uk/wp-content/uploads/2022/06/ICB-EHIIRA-Process-Flowchart.pdf

QIA Pathway	EHIIRA Pathway	DPIA Pathway
Project Lead completes the quality impact assessment (QIA) with support from the Associate Director Quality Assurance, as required and submits to Programme Lead/Executive for approval.	Project Lead completes the equality and inclusion impact assessment (EHIIRA)	Project Lead completes the Data Protection Impact Assessment (DPIA)
Project Lead submits the QIA for discussion at the next QIA Review Group, with the EHIIRA enclosed for reference.	Project Lead submits the completed EHIIRA to the CSU E&I team	Project Lead submits the completed DPIA to the CSU IG team
The Project Lead will receive an invitation to join the panel to present the QIA if required.	The E&I team will review and support the Project Lead until the EHIIRA is ready for approval	The IG team will review and support the Project Lead until the DPIA is ready for approval
The QIA Review Group will determine whether there is adequate assurance to progress the QIA for Chief Nursing Officer and Medical Director sign off		The DPIA will be sent to the Data Protection Officer/Senior Information Risk Officer for Data Protection Impact Assessments

Appendix B – 1st stage Quality Impact Assessment Template

	Scheme Impact		As-Is Risk Rating			Addressing the Risks		To-Be Risk Rating		
	What will the positive impact of this scheme be in this area? *Summarise the positive impacts of the project on the five areas below.*	**What will the negative impact of this scheme be in this area?** *Summarise the positive impacts of the project on the five areas below.*	**Consequence**	**Likelihood**	**Risk Score (C x L)**	**Mitigating Actions** *Where there is a negative impact what actions are you taking to negate / reduce / address this?*	**Date of Action**	**Residual Consequence**	**Residual Likelihood Score**	**Residual Risk Score (C x L)**
Patient Safety	Click or tap here to enter text.	Click or tap here to enter text.	1	1	1	Click or tap here to enter text.		1	1	1
Clinical Effectiveness	Click or tap here to enter text.	Click or tap here to enter text.	1	1	1	Click or tap here to enter text.		1	1	1
Patient Experience	Click or tap here to enter text.	Click or tap here to enter text.	1	1	1	Click or tap here to enter text.		1	1	1
Staff Experience	Click or tap here to enter text.	Click or tap here to enter text.	1	1	1	Click or tap here to enter text.		1	1	1
Targets / Performance	Click or tap here to enter text.	Click or tap here to enter text.	1	1	1	Click or tap here to enter text.		1	1	1
	Average Risk Score					**Average Risk Score**				

Appendix C – Current 2nd stage / full Quality Impact Assessment Template

2nd stage – Full Quality Impact Assessment (QIA)
Supporting guidance is provided at the end of this document.

NHS Lancashire and South Cumbria Integrated Care Board

Scheme Name:			
Date:			
Division:	Click or tap here to enter text.		
Directorate:	Click or tap here to enter text.		
Author:	Click or tap here to enter text.	**Job Title**	Click or tap here to enter text.
Senior Responsible Officer	Click or tap here to enter text.	**Job Title**	Click or tap here to enter text.

Approvals – responsible leads for final approval			
QIA Review Group:	**Name**	**Role**	**Date**
Director approval:			
Executive approvals		Chief Nursing Officer	
		Chief Medical Officer	

Current State *Note: Describe current strategy, policy, service or function that is in place*	Click or tap here to enter text.
Future State *Note: Describe how the future situation will look whilst articulating the aims of the proposed change*	Click or tap here to enter text.

Patient Experience	Firstly, are there any levelling up or down impacts that need to be considered for patient and carer experience. If so, please use the first section to capture these and score accordingly. Secondly, using the identified negative risks from first stage assessment, specifically score these risks and outline the mitigating actions that are identified to address the highlighted risks. To assist, further prompts / lines of enquiry relating to patient experience are provided below: • Will patients/public see a change in the service they currently receive? • Is there a potential that patient satisfaction will decrease? • Will there be an extended wait or extended stay (if applicable or necessary)? • Will there be an impact on who is entitled to access the service Example: a change to referral conditions? • Will the proposal impact on patients, carers or other stakeholders?
Levelling up impacts:	**Yes / No / Don't know** — Please describe potential impacts
Levelling down impacts:	**Yes / No / Don't know** — Please describe potential impacts

Negative impacts	**As-is rating**			**Addressing the risks – mitigating actions**		**To-be risk rating**		
As captured during the first stage impact assessment, please articulate and risk score each of the negative impacts	**Consequence**	**Likelihood**	**Risk Score (C x L)**	*Specify the actions are you taking to negate / reduce / address this?*	**Date of Action**	**Residual Consequence**	**Residual Likelihood Score**	**Residual Risk Score (C x L)**
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Average risk score				**Mitigated average risk score**				

Patient Safety	Firstly, are there any levelling up or down impacts that need to be considered for patient safety. If so, please use the first section to capture these and score accordingly. Secondly, using the identified negative risks from first stage assessment, specifically score these risks and outline the mitigating actions that are identified to address the highlighted risks. To assist, further prompts / lines of enquiry relating to patient safety are provided below: • Is there a Health and Safety risk to patients, for example are there any identified environmental hazards, that can affect patients? • Are there any Infection prevention & control risks? • Is there any unintended risk of harm for the patient Example: psychological, social, or emotional? • Is there a likelihood that incidents will increase?	
Levelling up impacts:	**Yes / No / Don't know**	Please describe potential impacts
Levelling down impacts:	**Yes / No / Don't know**	Please describe potential impacts

Negative impacts	**As-is rating**			**Addressing the risks – mitigating actions**		**To-be risk rating**		
As captured during the first stage impact assessment, please articulate and risk score each of the negative impacts	**Consequence**	**Likelihood**	**Risk Score (C x L)**	*Specify the actions are you taking to negate / reduce / address this?*	**Date of Action**	**Residual Consequence**	**Residual Likelihood Score**	**Residual Risk Score (C x L)**
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Average risk score				**Mitigated average risk score**				

Clinical Effectiveness	Firstly, are there any levelling up or down impacts that need to be considered for clinical effectiveness. If so, please use the first section to capture these and score accordingly. Secondly, using the identified negative risks from first stage assessment, specifically score these risks and outline the mitigating actions that are identified to address the highlighted risks. To assist, further prompts / lines of enquiry relating to clinical effectiveness are provided below: • Is there a risk of escalation of care, e.g., admission to an acute setting or risk of readmission?	
Levelling up impacts:	**Yes / No / Don't know**	Please describe potential impacts
Levelling down impacts:	**Yes / No / Don't know**	Please describe potential impacts

Negative impacts	**As-is rating**			**Addressing the risks – mitigating actions**		**To-be risk rating**		
As captured during the first stage impact assessment, please articulate and risk score each of the negative impacts	**Consequence**	**Likelihood**	**Risk Score (C x L)**	*Specify the actions are you taking to negate / reduce / address this?*	**Date of Action**	**Residual Consequence**	**Residual Likelihood Score**	**Residual Risk Score (C x L)**
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Average risk score				**Mitigated average risk score**				

Staff impact	Firstly, are there any levelling up or down impacts that need to be considered for staff impact. If so, please use the first section to capture these and score accordingly. Secondly, using the identified negative risks from first stage assessment, specifically score these risks and outline the mitigating actions that are identified to address the highlighted risks. To assist, further prompts / lines of enquiry relating to workforce/staff impacts are provided below: • Will staff workload be affected? • Has the plan been discussed with staff and have they been involved in decision making or provided their perspective? • How will 'change' impact upon staff morale? • How will changes for staff be monitored? • Are there any identified hazards, including Health & Safety and environmental risks, for staff and others?
Levelling up impacts:	**Yes / No / Don't know** — Please describe potential impacts
Levelling down impacts:	**Yes / No / Don't know** — Please describe potential impacts

Negative impacts	**As-is rating**			**Addressing the risks – mitigating actions**		**To-be risk rating**		
As captured during the first stage impact assessment, please articulate and risk score each of the negative impacts	**Consequence**	**Likelihood**	**Risk Score (C x L)**	*Specify the actions are you taking to negate / reduce / address this?*	**Date of Action**	**Residual Consequence**	**Residual Likelihood Score**	**Residual Risk Score (C x L)**
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Average risk score				**Mitigated average risk score**				

Involvement, engagement, communication and controversy	Firstly, are there any levelling up or down impacts that need to be considered in relation to involvement of public, engagement, communication or controversy. If so, please use the first section to capture these and score accordingly. Secondly, using the identified negative risks from first stage assessment, specifically score these risks and outline the mitigating actions that are identified to address the highlighted risks. To assist, further prompts / lines of enquiry relating to this section are provided below: • Have the public been consulted If so, describe the type of engagement that has taken place, level of involvement and the views, opinions or concerns for the proposal? • Does the proposal signify potential controversy for the service, patients, carers, stakeholders and public? • Have there been previous complaints about the service? • Have there been previous contentious issues, media coverage or reputational damage?	
Levelling up impacts:	**Yes / No / Don't know**	Please describe potential impacts
Levelling down impacts:	**Yes / No / Don't know**	Please describe potential impacts

Negative impacts	**As-is rating**			**Addressing the risks – mitigating actions**		**To-be risk rating**		
As captured during the first stage impact assessment, please articulate and risk score each of the negative impacts	**Consequence**	**Likelihood**	**Risk Score (C x L)**	*Specify the actions are you taking to negate / reduce / address this?*	**Date of Action**	**Residual Consequence**	**Residual Likelihood Score**	**Residual Risk Score (C x L)**
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Click or tap here to enter text.	1	1	1	Click or tap here to enter text.	30/10/2022	1	1	1
Average risk score				**Mitigated average risk score**				

Guidance Purpose of the Quality Impact Assessment

This Quality Impact Assessment will be used to assess and document the quality impact of commissioning decisions, business cases, projects and other business plans and to assess a change. For example, a change may be made to a strategy, policy, procedure, service, or function.

Please read the Quality Impact Assessment policy. This provides guidance on how to proceed with other essential impact assessments linked to this policy.

In addition to taking account of the quality impact for patients, carers staff and others, this tool will measure the potential for any controversy or reputational risks and subsequent impact for the ICB and public confidence.

Please identify if this is a new QIA or a review of an existing QIA.

Completing a 2nd stage Quality Impact Assessment

The 2nd stage impact assessment is required upon completion of first stage assessment having identified potential negative impacts. In doing so, the identified impacts require further assessment of the potential risks associated to the desired change.

This template is consistent with first stage tool and requires further assessment based on the identified negative risks under the following domains:

- Impact of Patient Safety
- Impact on Clinical Effectiveness
- Impact on Patient Experience, carers and other stakeholders
- Impact on staff / workforce
- Involvement, Engagement and Controversy

The document requests you to simultaneously consider and identify each of the specified negative risks that have been identified through the first stage assessment. To aid a thorough review, further granularity is provided against each domain to support appropriate risk management and identification of required mitigations.

Highlighted negative impacts and identified mitigations should be scored using standardised risk framework scoring, provided below:

Using the appropriate score for Consequence, and the appropriate score for Likelihood, follow the table below to obtain the overall Incident / Risk severity rating.

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Consequence	5 Catastrophic	5 (low)	10 (medium)	15 (high)	20 (high)	25 (Extreme)
	4 Major	4 (low)	8 (medium)	12 (medium)	16 (high)	20 (high)
	3 Moderate	3 (very Low)	6 (Low)	9(medium)	12 (medium)	15 (medium)
	2 Minor	2 (very Low)	4 (very low)	6 (Low)	8 (low)	10 (low)
	1 Negligible	1 (very Low)	2 (very Low)	3 (very Low)	4(very low)	5 (very low)

Levelling up – levelling down

Prior to scoring specific negative impacts that are identified, it is important to consider if the suggested proposal will mean a levelling up. This is targeting one area and allocating additional resources, service provisions, finances and so on. This can be a positive move forward when there is a need to improve health outcomes and if resource is appropriately managed.

If the proposal indicates a levelling down, by removing or diverting resource from other areas where a) they are still needed, b) will be needed in future or c) by introducing any measures that will impact other service provision, please describe.

Identification of mitigations

By assessing the intended change and subsequent outcomes an understanding of the potential risks will be highlighted. Against these risks it is important ascertain what mitigating actions can be put in place to effectively manage these in the future. In doing so, repeating the risk scoring exercise will help determine if there is a reduced level of risk with future actions you intend to put in place.