Lancashire and South Cumbria Integrated Care Board

Quality Impact Assessment Policy

Ref:	LSCICB_Qual11
Version:	V3
Purpose	To describe the Quality Impact Assessment process to be followed, in support of the ICB's statutory duty for quality.
Supersedes:	V2
Author – amendments (including Job Title):	Alex Wells, Head of Recovery & Transformation PMO
Ratified by: (Name of responsible Committee)	Quality & Outcomes Committee
Cross reference to other Policies/Guidance	ICB Risk Management Strategy and Policy
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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
22nd October 2025	3	• Review of policy by Alex Wells (Head of PMO) and Claire Lewis (Associate Director of Quality)	Submitted to Quality and Outcomes Committee for approval on 5th November 2025

Contents

1. Introduction

1.1 NHS Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) is committed to ensuring that commissioning decisions, business cases, project and policies 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, business plans and policies. 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 mitigation

QIA is a continuous process to ensure that commissioning decisions, business cases, projects, business plans and policies 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 EHIIRA

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 through the link below where EHIIRA templates and guidance are available https://intranet.lancashireandsouthcumbria.nhs.uk/wp-content/uploads/2022/06/ICB-EHIIRA-Process-Flowchart.pdf

For further information and/or support around the completion of EHIIRAs, please contact the MLCSU Equality and Inclusion Team at equality.inclusion@nhs.net.

A key recommendation from NHSE published in June 2025 relating to Quality Impact Assessment Framework, outlines the importance of alignment of impacts assess in context of Equality & Diversity and Quality. It has been agreed by Quality & Outcomes Committee to provide oversight of EHIIRAs – as part of this it is desirable to move towards development of an integrated approach as stipulated.

4.5 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. Procedure for conducting a QIA

5.1 The ICB has a defined change delivery lifecycle, referenced in section 5, which has been developed to provide support and guidance on the development of change initiatives from the generation of an idea into delivery.

5.2 This process articulates the required steps and appropriate governance that should be undertaken to deliver change within healthcare in a safe, effective and clinically focussed manner. The full guidance is available on the ICB Intranet. In line with NHSE change governance there are five defined stages within the lifecycle:

- Idea
- Opportunity
- Plans in progress
- Fully developed
- Delivery of scheme or initiative

5.3 Revisions to the process for undertaking an impact assessment has been updated to incorporate recommended changes as part of published guidance within the NHSE Quality Impact Framework (published June 2025). Firstly this guidance specifically recommends an aligned process for conducting mandated assessments, these are:

- Quality Impact Assessment
- Equality, Health Inequalities Impact and Risk Assessment

5.4 Other impact assessments are also recommended Alongside the above-mentioned impact assessments sustainability and data impact The change delivery lifecycle outlines a series of impact assessments for consideration that should be conducted at the initial stage of developing an opportunity. The specific impact assessments that should be considered are:

- Data Protection Impact Assessment (guidance-based)
- Sustainability Impact Assessment (guidance-based)

5.5 At the stage of enacting a QIA, use of the standard QIA 1st stage screening should commence. This may be self-determined by a project lead or commissioning manager. Alongside this, the PMO team are on hand to instruct the requirement to initiate the QIA process for all change activity undertaken

5.6 The QIA must be commenced promptly and well in advance before a change to a process or system is implemented. An EHIIRA and 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.

5.7 In line with NHS guidance, a two-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 the positive neutral and negative impacts against the primary quality domains (patient safety, clinical effectiveness, patient experience, staff experience).

5.8 The first stage assessment is to determine the type of impact (positive, neutral or negative), description of how these impacts will be evidenced and monitored to demonstrate outcomes of the defined change.

5.9 For negative impacts and undertaking of the second stage of assessment is required. This requires a risk-based assessment to be undertaken on the as-is process and will be risk scored accordingly in line with the ICB's risk scoring approach. The impact assessment will assess identification of any mitigations which will also require a revised scoring based on the identified mitigating actions.

5.10 Where no negative impacts are identified the first stage assessment is only required and then be submitted for review and subsequent approval.

5.11 A process flow and supporting guidance for undertaking a QIA and wider impact assessments is attached for reference within Appendix A

6. QIA Review process

6.1 All QIAs are taken through a robust review process prior to being submitted for approval to authorised signatories. As a QIA is initiated PMO will provide support on the appropriate development of an initial draft to ensure that suitable detail is in place regarding scope of change, intended outcomes and potential quality impacts.

6.2 The next step of the review process is undertaken by representatives within the Quality Team who will conduct a thorough review to ensure that quality impacts are credible, scoring is consistent and realistic. For instances where negative impacts are identified, mitigating actions are a fundamental component of the exercise. Assurance that identified mitigations are appropriate and addressing the highlighted quality risks is also scrutinised.

6.3 Once both reviews have been undertaken and any feedback provided back to authors are in place, it is only at this point QIAs will be issued to Chief Nurse and Chief Medical Officers of the ICB for final review and outcome.

7. Executive Officer review and outcome of QIAs

7.1 Approval of QIAs is undertaken by the ICBs Chief Nurse and Chief Medical Officer. Appropriate deputies are also authorised to also review QIAs.

7.2 Final review and outcome of QIAs will determine if the outcomes of the QIA are accepted or rejected.

7.3 For accepted QIAs, it deems that the intended change can proceed forward through the defined change delivery lifecycle. This will enable an initiative to proceed from an opportunity to the development of plans and subsequent delivery (defined stages referenced in section 6.1)

7.4 If a QIA is rejected this will determine either two actions:

I. Further work is required before executive officers are comfortable to approve the QIA

II. The intended change will not proceed due to the specific risks posed through the exercise.

8. Management of QIAs and review outcomes

8.1 All QIAs undertaken are managed through the review and approval process by the PMO which is housed on the ICB's PMO tool, Verto. This houses all impact assessments that are worked on from draft stage through to completion and outcome of review.

8.2 The tool has workflow view that provides a live active view of assessments in progress, status and outcome. An example of this is provided within Appendix B.

8.3 The Verto platform is a web-based system that enables appropriate access to be set up across organisations offering flexibility to allow stakeholders across the system footprint to be able to have read-only access to assigned sources of information.

8.4 Through central management of the QIA process regular reporting is available to appropriate forums. Alongside this, live dashboard reports are in place to assure effective processes and timeframes are in place for management and approval of QIAs. (Example of dashboard report included within Appendix C)

9. Monitoring outcomes of QIAs

9.1 A fundamental component of the impact assessment process is the identification of mitigating actions and assurance of the monitoring and delivery arrangements of these. To ensure robust processes are in place for management of identified mitigating actions, it is a requirement to manage these actions in line with the ICB's standardised risk management processes.

9.2 Responsibility for the monitoring and delivery of identified mitigations is the responsibility of the change lead. This monitoring arrangement will be managed in accordance with how functional risks are handled within respective Commissioning functions.

9.3 Functional risks are managed and visible within the ICB's PMO tool, Verto. Appropriate reporting of how mitigations are progressed. This enables consistent reporting and visibility of change outcomes alongside corporate and functional risks.

9.4 Equality and Quality Interdependency

In line with revised NHS guidance through the Quality Improvement Framework an aligned process to amalgamate QIA and EHIIRA's is proposed. This will ensure that wider impacts are understand across all change activity within the ICB.

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

Oversight of EHIIRA process associated outcomes is provided to Quality & Outcomes Committee. This will report high risk initiatives, progress of completion whilst enabling a formal committee route for escalation of any associated issues with processes.

10. ICB Roles and Responsibilities for QIAs

Ref	Role	Responsibilities for QIAs
6.1	Chief Executive Officer	The Chief Executive Officer has ultimate responsibility for QIAs, EHIIRAs and DPIAs and commissioning decisions across the ICB.
6.2	Chief Nursing Officer	Responsible for signing off QIA jointly with the Chief Medical Officer.
6.3	Chief Medical Officer	Responsible for signing off QIA jointly with the Chief Nursing Officer.
6.4	Programme Lead/Executive	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.
6.5	Project Leads	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.
6.5	Quality Assurance Team	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.
6.6	PMO team	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.
6.7	Director of Quality Assurance and Safety	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.
6.8	Associate Director of Quality Assurance	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.
6.9	The Quality Impact Assessment Review Group	Responsible for reviewing all QIAs ensuring that assessments are appropriately completed ahead of being issued to the Chief Nursing Officer and the Medical Director for final sign off. Membership includes a representative from Quality function and from PMO.
6.10	Quality and Outcomes Committee	The Quality and Outcomes 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.

6.11	Commissioning Committees	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.
6.12	The Information Governance Team	Responsible for advice, support and review of Data Protection Impact Assessments.
6.13	The CSU Equality and Inclusion Business Partner	Responsible for advice, support, review and sign off of EHIIRAs.

11. The Quality Impact Assessment template

11.1 As part of the two-stage review process and in line with NHS guidance, a single template that encompasses the two-stage process is in place. The revised impact assessment templated is provided in appendix E.

11.2 This document is provided on the ICB Intranet pages as well as being part of the PMO's change delivery toolkit.

11.3 The template has been developed to accommodate a consolidated view of other impact assessments to enable the potential for an overall impact assessment tool to be in place within the ICB.

11.4 Gudiance for use of the template are available on the ICB intranet alongside FAQs to aid effective completion of all documents.

12. Monitoring and Review Arrangements

12.1 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.

12.2 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.

12.3 The Associate Director of Quality alongside PMO will monitor this policy and formally advise the Director of Quality Assurance and Safety and the Chief Nursing Officer of any changes required.

12.4 The policy will be reviewed every three years or as and when statute, regulations or NHS requirements change, whichever happens first.

13. 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	

14. References and Bibliography (provided as hyperlinks)

14.1 Quality In Public Health: A Shared Responsibility. Produced by Public Health System Group for England. Published March 2019

15. Associated Documents

15.1 How to Quality Impact Assess Provider Cost Improvement Plans. Produced by National Quality Board. Published March 2013

15.2 Quality Impact Assessment Framework. Produced by NHS England. Published 25th June 2025.

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

Appendix A: Process for undertaking impact assessments

Introduction

NHS Lancashire and South Cumbria Integrated Care Board

This document outlines how quality impact assessments are undertaken and managed within Lancashire & South Cumbria Integrated Care Board.

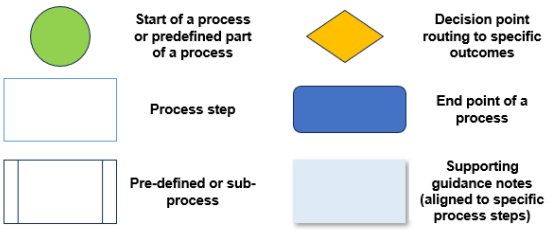
It outlines the key stages through the process whilst guiding on specific stages to ensure effective assessments are undertaken.

The five key steps of undertaking an impact assessment include:

1. Identification of the need for an impact assessment
2. Conducting an impact assessment
3. Cross functional review and scrutiny
4. Approval
5. Monitoring and management of identified mitigating actions

The impact assessment process has been defined and explained using standard process mapping methods – in doing so it is aimed to provide a consistent and simple step-by-step guide on how to navigate through the process.

Process mapping icon key:



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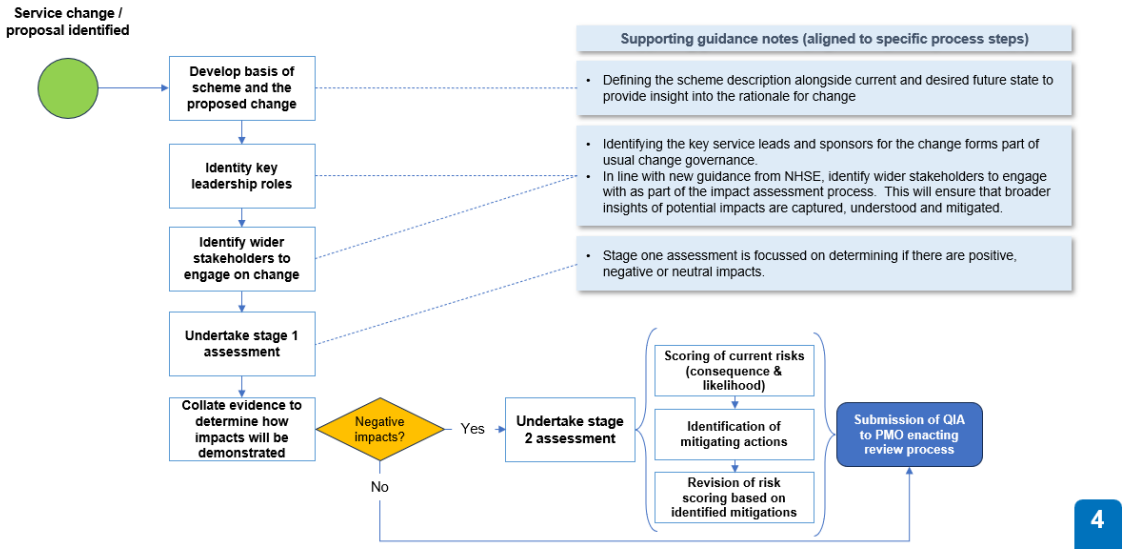
Conducting an impact assessment

The corresponding steps articulate the required elements for completion when undertaking an impact assessment

NHS Lancashire and South Cumbria Integrated Care Board



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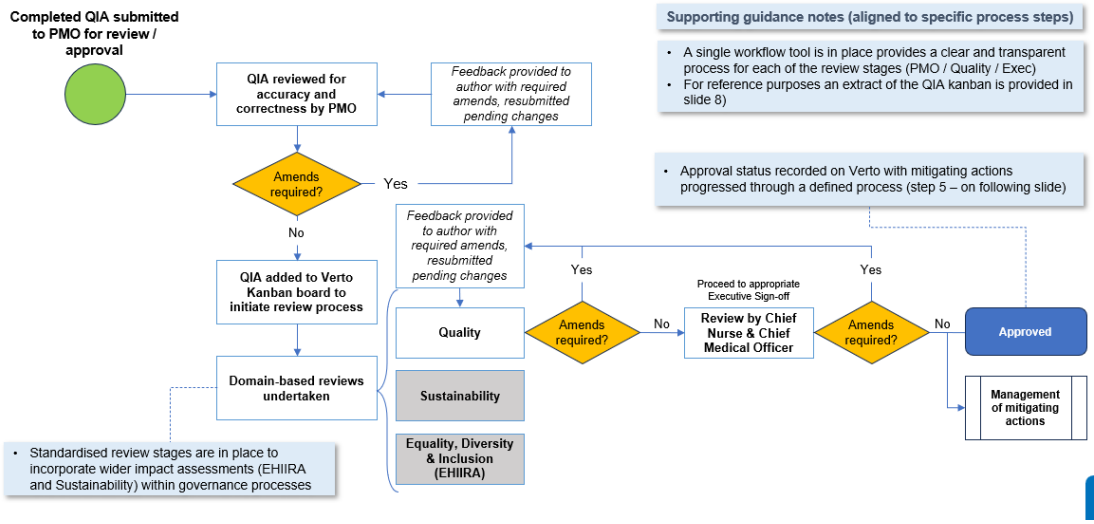
3. Cross functional review and scrutiny
4. Approval

NHS Lancashire and South Cumbria Integrated Care Board



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5. Monitoring and management of identified mitigating actions

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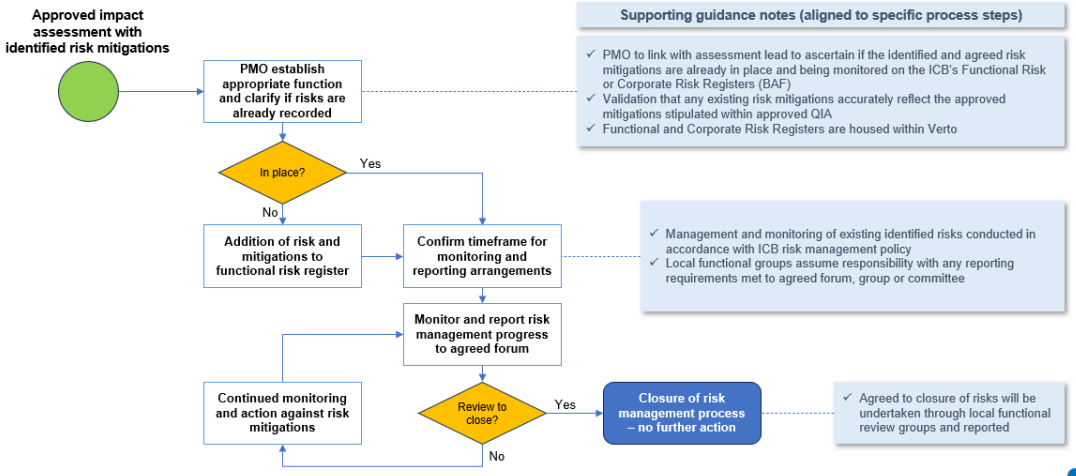

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Appendix B – 1st stage Quality Impact Assessment Template

Integrated Impact Assessment – screening and assessment tool

NHS Lancashire and South Cumbria Integrated Care Board

Scheme Overview:

Scheme Name	
Scheme Description *What is the scheme's purpose & how does it align to strategy of the ICB*	
Current State *Describe current strategy, policy, service or function that is in place*	
Future state: *Describe how the future situation will look whilst articulating the aims of the proposed change*	
Scheme Start Date *Specific date of when commencement of any change or revision will commence*	Click or tap to enter a date.
Scheme Completion Date *Targeted completion of when any new processes or changes are to take effect*	Click or tap to enter a date.

Impact assessment development:

Service	Click or tap here to enter text.		
Impact Assessment 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.
Project Lead	Click or tap here to enter text.	**Job Title**	Click or tap here to enter text.

Stakeholder involvement:

Articulate the key stakeholder that have been or may need to be involved within the development of this impact assessment. In doing so, reference the specific areas or domains that stakeholders have contributed towards

Areas affect by the proposed change	
Stakeholders identified as affected by the proposal	
Engagement work completed	
Engagement work planned for the proposal	

Integrated Impact Assessment – summary of assessment and screening tool

Scheme detail summary	
Scheme name	
Service impacted	
Scheme lead	
Scheme SRO	

Key dates and approvals				
Submitted	Quality	ED&I	Sust'	Go-live

		Impact			Initial assessment			Revised assessment			Screening overview	
		Positive	Neutral	Negative	Consequence	Likelihood	Risk Score (C x L)	Consequence	Likelihood	Risk Score (C x L)	Sufficient evidence provided	Recommendations
Quality	Patient Safety											
	Clinical Effectiveness											
	Patient Experience											
	Staff Experience											
	Targets / Performance											
Equality, Diversity & Inclusion	Age											
	Disability											
	Gender reassignment											
	Marriage or civil partnership											
	Pregnancy or maternity											
	Race											
	Religion and belief											
	Sex											
	Sexual orientation											
Sustainability	Adaptation to climate change											
	Community engagement											
	Procurement											

	Travel and transport											
	Workforce											
	Infrastructure											

Quality Impact Assessment

	Part A – initial screening					Part B - Risk assessment and mitigating actions (for negative impacts only)							
	Impact			Scheme Impact		Initial scoring				Revised scoring			
	Positive	Neutral	Negative	Description of impacts • Summarise the main impacts of the change against each domain. • If neutral impacts, state N/A • If the impact is negative undertake risk scoring and mitigations planning (part b)	Evidence to demonstrate impacts • Provide insights that informs the decision to apply the stated impacts. This may be intelligence, KPI's or incidents related information. • Specifically detail which KPI's will be used to monitor impacts against each of the domains (positive and negative)	Consequence	Likelihood	Risk Score (CxL)	Mitigating Actions Proposed mitigating actions to reduce any negative impacts. These mitigations will form part of monitoring arrangements in line with ICB risk management policy	Consequence	Likelihood Score	Risk Score (CxL)
Patient Safety						1	1	1		1	1	1
Clinical Effectiveness						1	1	1		1	1	1
Patient Experience						1	1	1		1	1	1
Staff Experience						1	1	1		1	1	1
Targets / Performance						1	1	1		1	1	1
					Maximum Risk Score				**Revised maximum risk score**			

Equality, Diversity & Inclusion

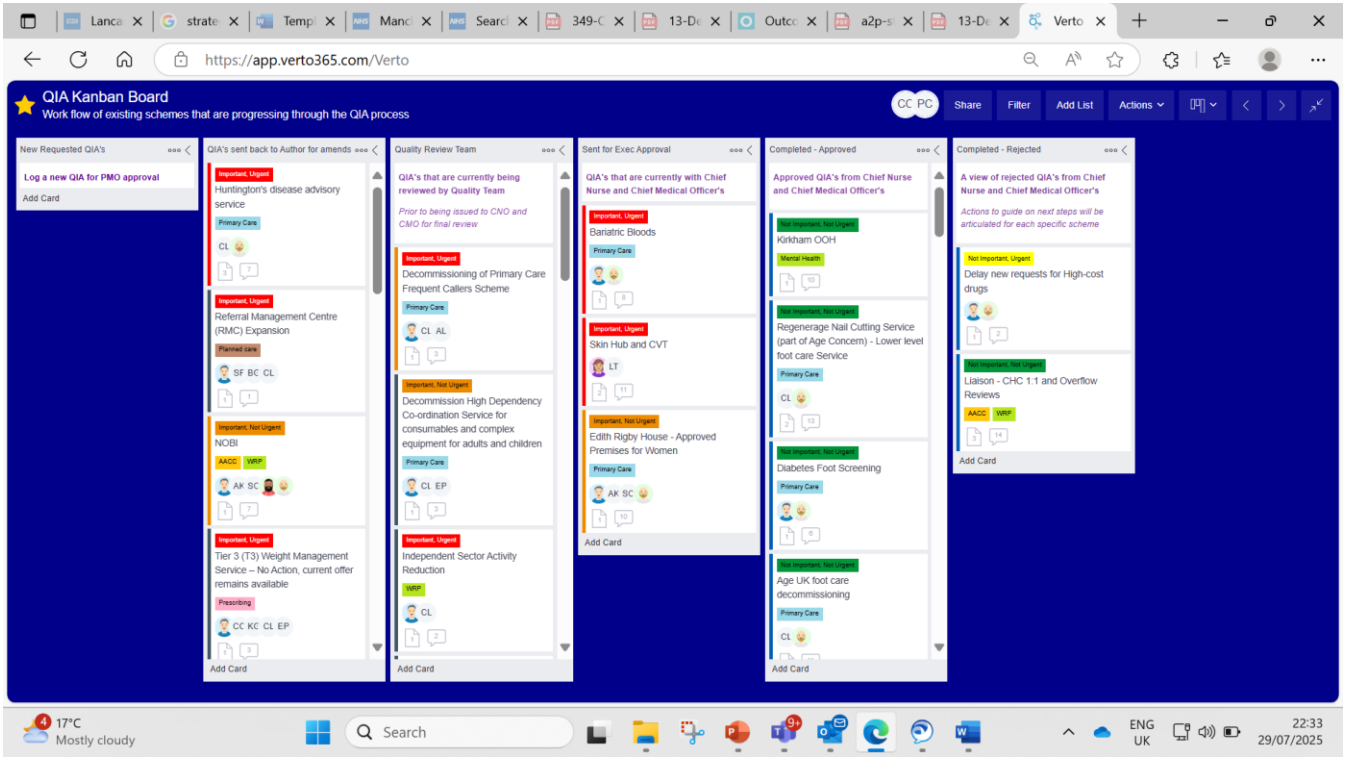
	Part A – initial screening					Part B - Risk assessment and mitigating actions (for negative impacts only)						
	Impact			Scheme Impact		Initial scoring				Revised scoring		
	Positive	Neutral	Negative	**Description of impacts** • Summarise the main impacts of the change against each domain. • If neutral impacts, state N/A • If the impact is negative undertake risk scoring and mitigations planning (part b)	**Evidence to demonstrate impacts** • Provide insights that informs the decision to apply the stated impacts. This may be intelligence, KPI's or incidents related information. • Specifically detail which KPI's will be used to monitor impacts against each of the domains (positive and negative)	Consequence	Likelihood	Risk Score (CxL)	**Mitigating Actions** Proposed mitigating actions to reduce any negative impacts. These mitigations will form part of monitoring arrangements in line with ICB risk management policy	Consequence	Likelihood Score	Risk Score (CxL)
Age						1	1	1		1	1	1
Disability						1	1	1		1	1	1
Gender reassignment						1	1	1		1	1	1
Marriage or civil partnership						1	1	1		1	1	1
Pregnancy or maternity						1	1	1		1	1	1
Race, religion and belief						1	1	1		1	1	1
Sex						1	1	1		1	1	1
Sexual orientation						1	1	1		1	1	1

Maximum Risk Score	**1**	**1**	**1**	**Revised maximum risk score**	**1**	**1**	**1**

Sustainability

	Part A – initial screening					Part B - Risk assessment and mitigating actions (for negative impacts only)							
	Impact			Scheme Impact		Initial scoring				Revised scoring			
	Positive	Neutral	Negative	**Description of impacts** • Summarise the main impacts of the change against each domain. • If neutral impacts, state N/A • If the impact is negative undertake risk scoring and mitigations planning (part b)	**Evidence to demonstrate impacts** • Provide insights that informs the decision to apply the stated impacts. This may be intelligence, KPI's or incidents related information. • Specifically detail which KPI's will be used to monitor impacts against each of the domains (positive and negative)	Consequence	Likelihood	Risk Score (CxL)	**Mitigating Actions** Proposed mitigating actions to reduce any negative impacts. These mitigations will form part of monitoring arrangements in line with ICB risk management policy	Consequence	Likelihood Score	Risk Score (CxL)
Adaptation to climate change						1	1	1		1	1	1
Community engagement						1	1	1		1	1	1
Procurement						1	1	1		1	1	1
Travel and transport						1	1	1		1	1	1
Workforce						1	1	1		1	1	1
Infrastructure												
					Maximum Risk Score	**1**	**1**	**1**	**Revised maximum risk score**	**1**	**1**	**1**

Appendix C – Verto QIA kanban board



Appendix D – Verto QIA dashboard