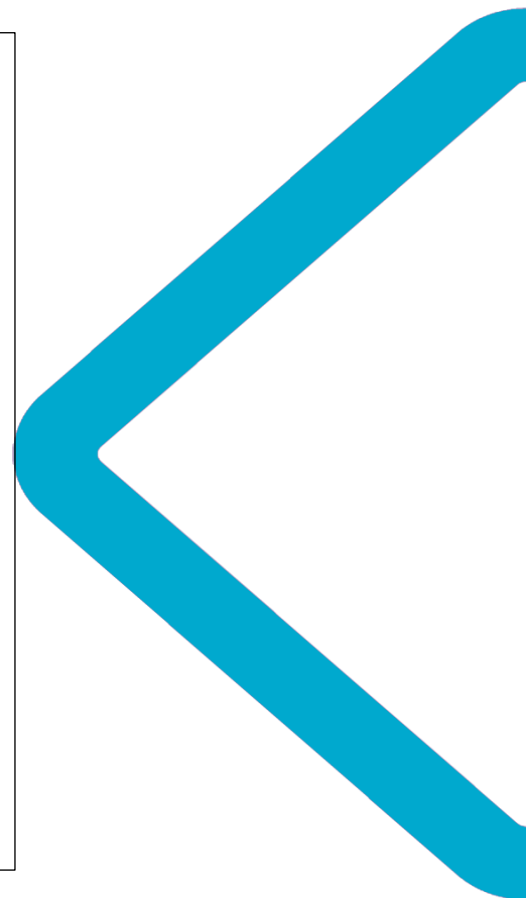


Quality Impact Assessment Policy

V3.0



Policy Revisions and Amendments			
Date	Section	Reason for Change	Approved By
17.03.2025 – v1.1	Removal of 5.3 & 5.6	Duplication of roles, incorporated in 5.2 and 5.4	Q&P Committee 10.04.25
	4.9	Amended to ensure consistency of wording with appendix A	
	Appendix C	Addition of return arrow in stage 2 to allow for risks and actions to return to QIA Assessment Panel and naming convention in stage 3, equality added	
	Addition of Appendix D	QIA Audit Checklist	
	5.2	Clarification of risk threshold	
	7	Addition of equality	
16.07.2025 – V2.1	Addition of 8.3		Q&P Committee 08.08.25
	7.4	Addition of published	
	4.8 & 4.11	Sections added to reflect Service Change policy	
	Appendix B	Addition of an extra domain and changes to risk score reporting	
	Appendix C	Realignment of flow chart with national guidance	
	Appendix D	Addition of an evidence requirement	

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1 Introduction

- 1.1 NHS Cheshire and Merseyside ICB is committed to ensuring that commissioning decisions, business cases and projects are evaluated for their impact on 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.

3 Scope

- 3.1 The policy relates to Quality Impact Assessments that are undertaken when making commissioning decisions (investment and disinvestment), developing business cases, projects and other business plans. It applies to all staff that undertake Quality Impact Assessments, as well as those who scrutinise and approve Quality Impact Assessments. This policy should be read in conjunction with the ICB Equality Impact Assessment and processes aligned where possible.

4 Definitions

- 4.1 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 and Carer Experience: Care is delivered to provide the individual with a positive experience of receiving and recovering from the care, including being treated according to what that individual wants or needs, with compassion, dignity and respect.
- 4.2 Quality Impact Assessment (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.
- 4.3 Equality means ensuring individuals or groups of individuals are treated fairly and equally and no less favourably, specific to their needs, including areas of race, gender, gender reassignment, disability, marriage and civil partnership, pregnancy and maternity, religion or belief, sexual orientation, or age.
- 4.4 Promoting equality should remove discrimination in all the aforementioned areas. Bullying harassment or victimization are also considered as equality and diversity issues.
- 4.5 Equality Impact Assessment (EIA) is a process designed to ensure that a policy, project

or scheme does not discriminate against any disadvantaged or vulnerable people. Ensuring that the ICB complies with its statutory responsibilities in this regard.

- 4.6 Privacy and Data: patients have the expectation that their privacy, data and confidentiality will be respected at all times, 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 in regard to the individual's privacy.
- 4.7 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.
- 4.8 Service Change Proposal Impact Assessment forms part of the auditable document trail for a service change proposal and subsequent decision which may be legally challenged. The purpose of the Service Change policy is to describe the process to manage significant changes to the commissioning of services, in a safe, fair and transparent manner.
- 4.9 The QIA process must be undertaken as soon as possible and before the process/system is implemented or a system/access/process is procured or changed. A Data Protection Impact Assessment Checklist must be completed for all projects and submitted separately.

Equality and Quality interdependency to ensure that tackling unmet needs and health inequalities remain a fundamental principle of all work Cheshire and Merseyside ICS undertakes, the Quality Impact Assessment should also jointly consider a completed Equality Impact Assessments to support their review of the Quality Impact Assessment.

- 4.10 Review of Equality Impact Assessments and Data Protection Impact Assessments will be undertaken by the relevant teams with sign off completed by:
- The ICB Corporate Governance Team for Equality Impact Assessments
 - The Data Protection Officer and Caldicott Guardian before going to the Senior Information Risk Officer for final approval.
- 4.11 For external proposals where possible all assessments will be completed utilising the ICB's standardised template however, we appreciate providers may already have established processes for completing assessments. Evidence that the QIA has been completed will need to be submitted to qia@cheshireandmerseyside.nhs.uk ahead of any submission to the service change panel.

5 ICB Roles and Responsibilities for Quality, Equality and Privacy Impact Assessments

- 5.1 Chief Executive: The Chief Executive has accountability for Quality, Equality and Data Protection Impact Assessments across the organisation.

- 5.2 Commissioning / Programme Lead: Responsible for undertaking Quality, Equality and Data Protection Impact Assessments, identifying risks and mitigating actions and submitting Quality, Equality and Data Protection Impact Assessments to the QIA email address gia@cheshireandmerseyside.nhs.uk as part of the required project planning and implementation processes. Also responsible for attending and presenting any Quality Impact Assessment that require submission to senior corporate team for further review that have resulted in a risk score of 12 or above in any domain or overall, in line with the ICB Risk Management Strategy. Responsible for assurance on the risk assessment process and escalation of any identified risks and their ongoing review. Implementation of any mitigating actions and inclusion in the Corporate Risk Register via the Executive leadership team.
- 5.3 The Programme Management Office: Responsible for ensuring completeness of the Quality, Equality and Data Protection Impact Assessments. The Programme Management Office (PMO) should keep a record of all assessments undertaken for audit and assurance purposes.
- 5.4 Executive Director of Nursing and Care (and/or their nominated Deputy): Responsible for the ensuring the quality of NHS commissioned services and therefore the scrutiny and assurance of the robust process for Quality Impact Analysis.
- 5.5 Associate Director of Quality and Safety at Places: Responsible for scheduling Stage 1 Initial Quality Impact Assessment Review Panels as required to quality assure completed place based QIAs, as well as being available for advice and support to project leads when completing QIAs.
- 5.6 Quality and Performance Committee: The Quality and Performance Committee is responsible for providing assurance to the Integrated Care Board that the Quality Impact Assessment process is robust and effective.
- 5.7 The ICB Data Protection Officer: Responsible for review of Data Protection Impact Assessments.
- 5.8 The CSU Equality and Inclusion Business Partner: Responsible for review of Equality Impact Assessments in some Places

6 Frequency of undertaking Quality Impact Assessments

- 6.1 Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives (e.g., commissioning decisions, business cases, projects and other business plans). Impact Assessments must be undertaken as part of the proposal and initiation stage of developing business plans, commissioning intentions and financial recovery schemes. Assessments should also be reviewed on a regular basis by the project leads, as part of reviewing the actual impact throughout the implementation stage.

7. Quality & Equality Impact Assessment Process (Flow Chart – Appendix C)

Stage 1 Initial Review - Gateway

- 7.1 Place based and corporate project/programme officers to undertake the QIA and finalise impact score. Upon completion, Associate Director of Quality / Head of Quality & Safety Improvement at Place or Corporately as appropriate to scheme, reviews the QIA and moderates score within 28 days. Any QIA that has a score of 12 or more in any domain or overall will progress to stage 2 for more panel review.

Stage 2 Panel Review

- 7.2 When a QIA scores 12 or above in any domain or overall, a panel will be established. The panel will be Chaired by the Director of Nursing & Care (or deputy) and will be constituted from representatives from the Nursing and Care Directorate, Medical Directorate, and an equality and diversity lead along with a representative from Performance and Planning. The project lead/programme lead will be responsible for presenting the QIA to the panel. These panels will be established on a regular basis, QIAs will be triaged and prioritised for consideration. A programme of periodic audit will be established to ensure the quality of all assessments and ensure that robust and consistent scoring is being applied.
- 7.3 Any risks and actions identified through review of the Quality Impact Assessment must also be reflected in the monthly project status report from the project lead.
- 7.4 Once quality assured, they will be stored for audit purposes and published to enable openness, transparency and further learning.

Stage 3 – A quarterly exception report will be presented to the Quality and Performance Committee outlining QIAs completed which require panel consideration.

- 7.5 A graphic of this process is attached in Appendix C, additionally an overview process for Quality, Equality and Data Protection Impact Assessment is attached in Appendix A.

8. Quality, Equality and Data Protection Impact Assessment Tools

- 8.1 The tool for project leads to complete assessments of the impact on Quality, Equality and Data Protection are part of the suite of project documentation held within the PMO and available on SharePoint. Completed Quality, Equality and Data Protection Impact Assessments should be submitted via the QIA inbox qia@cheshireandmerseyside.nhs.uk within the evidence library of individual projects within the PMO system. The Quality, Equality and Data Protection Impact Assessment Tools should also reflect / link closely with the Equality Impact Assessment and the Communications and Engagement Plan.
- 8.2 The current version of the Quality Impact Assessment that has been adopted by NHS Cheshire and Merseyside ICB is available in Appendix B. A standardised training programme has been prepared to support project leads and programme leads in completing the revised documentation.

8.3 A Quality Impact Assessment Audit Checklist (Appendix D) has been developed to support completeness of documentation before submission of documentation to the QIA inbox gia@cheshireandmerseyside.nhs.uk.

9. Appendix A – Quality, Equality and Data Protection Impact Assessment Process Flow

QIA Pathway

Project Lead completes the Quality Impact Assessment (QIA) and a QIA audit checklist

Project lead submits the QIA and QIA audit checklist, with the EIA enclosed for reference

The project lead will receive an invitation to join the panel to present the QIA if the risk score for any domain or overall is 12 or above

The panel will review the QIA with a focus on risks and actions detailed in the QIA

EIA Pathway

Project Lead completes the Equality and Inclusion impact Assessment (EIA)

Project lead submits the completed EIA to the CSU E&I team

The E&I team will review and support the project lead until the EIA is ready for approval

The EIA is submitted to the QIA inbox (address to be added) for consideration by panel

DPIA Pathway

Project Lead completes the Data Protection Impact Assessment (DPIA)

Project lead submits the completed DPIA to the IG team

The IG team will review and support the project lead until the DPIA is ready for approval

The DPIA will be sent to the Data Protection Officer and Caldicott Guardian before going to the Senior Information Risk Officer for final approval. A data sharing agreement is then drafted and signed

10. Appendix B – Current Quality Impact Assessment Tool



Quality Impact
Assessment Tool v3.0.

11. Appendix C – QIA Flowchart



Quality Impact
Assessment Flowchar

12. Appendix D – QIA Audit Checklist



QIA Audit checklist
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