

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

Quality Impact Assessment (QIA) Policy

Policy Number	
Version:	1.1
Ratified by:	ICB Board
Date ratified:	21 March 2024
Name of originator/author:	Associate Director of Quality Assurance and Improvement, Senior Quality Improvement and Assurance Manager.
Name of responsible committee/individual:	Quality and Safety Committee / Chief Nursing and Therapies Officer
Date issued:	March 2024
Review date:	February 2026
Date of first issue	February 2023
Target audience:	All ICB staff including non-executive directors, temporary staff, and contractors.

CONSULTATION SCHEDULE		
Name and Title of Individual	Groups consulted	Date Consulted
QIA Workshop 1	Various ICB, Internal	October 2022
QIA Workshop 2	Various ICB, Internal	November 2022
Engagement across ICB Leadership Team	Various ICB, Internal	January 2023
Engagement with ICB staff who fulfilled the role of QIA Author, Portfolio Director, Quality Buddy, and Safeguarding Lead since March 2023.	Various ICB, Internal	November 2023
Quality Buddy Workshop 1	Various ICB, Internal	December 2023
Quality Buddy Workshop 2	Various ICB, Internal	January 2024

RATIFICATION SCHEDULE	
Name of Committee approving Policy	Date
Quality and Safety Committee	08/02/2023
Quality and Safety Committee	14/02/2024

VERSION CONTROL			
Version	Version/Description of amendments	Date	Author/amended by
1.0	Launch of ICB QIA Policy	01/03/2023	Lee George
1.1	<ul style="list-style-type: none"> QIA Panel role, responsibilities and purpose updated to reflect intended strengthening of QIA and focus on National Quality Board shared single view of quality. Explanation of essential information (completeness) outlined explicitly within policy. System partnership working (health) principles outlined. 	14/02/2024	Lee George

IMPACT ASSESSMENTS – available upon request			
	Stage	Complete	Comments
Equality Impact Assessment	1	01/02/2023	Approved.
Equality Impact Assessment	1	23/01/2024	Approved.

Contents

Section	Section title	Page number
1.0	Introduction	4
2.0	Scope	4
3.0	Definitions	5
4.0	Roles and Responsibilities	5
5.0	QIA Procedure – Completing the QIA	6
6.0	QIA Procedure – Gateway Control	7
7.0	QIA Procedure – Gateway 1	8
8.0	QIA Procedure – Gateway 2	8
9.0	System Partnership Working	9
10.0	Equality Impact Assessment	9
11.0	Training	9
12.0	References	9
13.0	Monitoring and Evaluation	9
14.0	Review	10
15.0	Appendices	10
Appendix A	QIA Process Flow Chart	11
Appendix B	QIA Panel Terms of Reference	12

This policy applies to the Staffordshire and Stoke-on-Trent Integrated Care Board.

Where the term Staff is used this includes Non-executive Directors, Clinicians and contractors working on behalf of the ICB.

1.0 Introduction

- 1.1** Staffordshire and Stoke-on-Trent ICB is committed to ensuring that commissioning decisions, possible or actual business cases and any other significant plans and strategies are appropriately evaluated and the potential consequences (impacts) on the quality of services delivered to the residents of Staffordshire and Stoke-on-Trent are considered and any necessary mitigating actions are outlined.
- 1.2** The need for a formal quality impact assessment (QIA) process is essential in a system as complex and interdependent as the NHS, where decisions in one part of the system can impact upon another with many co-dependencies or unintended consequences that are not always easy to predict or assess. Throughout the NHS, QIA processes have been developed, learning from national reports such as Berwick (2013), Keogh (2013) and Francis (2013), to ensure that the appropriate steps are in place to safeguard the quality of services.
- 1.3** This policy outlines how Staffordshire and Stoke-on-Trent ICB will meet its statutory duty:

“In making a decision about the exercise of its functions, an ICB must have regard to all likely effects of the decision in relation to:

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.”

(Health and Care Act 2022)

2.0 Scope

- 2.1** This policy relates to QIAs that are to be undertaken during the course of decision making on any of the following aspects of ICB business:
- Changes to eligibility criteria / accessibility of services.
 - De-commissioning of services including non-renewal of contracts
 - Commissioning of services, service redesign and pathway development (including pilots).
 - Any other decisions where there are changes to service delivery that has an impact on the residents of Staffordshire and Stoke-on-Trent.
- 2.2** The above list is not exclusive or exhaustive and therefore when making any changes to services or associated policy a QIA should be undertaken. The remainder of this document will refer to this list collectively as ‘business decisions’.
- 2.3** QIA is intended to ensure that quality is the central principle in how health and care services are designed and delivered to enable appropriate decision making. The final decision-making, on progression of ‘business decisions’ with potential negative quality impacts and acceptance of any unmitigated risk/s, lies with the ICB through appropriate governance routes.
- 2.4** The policy applies to any staff either directly employed or working on behalf of the ICB during any business decisions.

3.0. Definitions

Quality	<p>The National Quality Board (NQB) defines a shared single view of quality as:</p> <p>Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur.</p> <p>Effective - informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.</p> <p>Positive experience</p> <p>Responsive and personalised - shaped by what matters to people, their preferences, and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.</p> <p>Caring - delivered with compassion, dignity, and mutual respect.</p> <p>Well-led - driven by collective and compassionate leadership, which champions a shared vision, values, and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.</p> <p>Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.</p> <p>Quality care is also equitable - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.</p>
Impact Assessment	<p>An impact assessment is a continuous process (see 5.2) to ensure that business decisions are evaluated and the potential consequences (impacts) on the quality of services delivered to patients or service users are considered and any necessary mitigating actions are outlined in a standardised way.</p> <p>Impacts can be positive, negative, or neutral or a combination.</p>

4.0 Roles & Responsibilities

Chief Executive Officer	The Chief Executive Officer has ultimate responsibility for quality across the organisation.
Board Members	The Board has collective responsibility for balancing necessary 'business decisions' with quality standards. Board Members are responsible for ensuring that QIAs are effectively considered and that the impact on the quality of services on an ongoing basis is monitored appropriately.
Quality and Safety Committee	The Quality and Safety Committee provides assurance to the Board that a robust QIA process is in place and implemented effectively.
Chairs of ICB Committees	The Chairs of decision-making committees/forums (ICB sub-committees or Boards) are responsible for ensuring that any business decisions presented have a complete QIA signed-off by the relevant Portfolio Director.
QIA Panel	The QIA Panel provides oversight through Gateway 2 to consider the QIA through the different professional/experiential perspectives of the membership with the intention, where possible, to strengthen the QIA and ensure that the QIA is a complete record (QIA Policy 6.2) that supports the ICBs' decision-making processes.
Portfolio Director	The Portfolio Director, or equivalent if the scheme is not aligned to a Portfolio, is responsible for ensuring that any schemes to be put forward

	as business decisions have been evaluated for impact on the quality of services and are being monitored appropriately on an on-going basis.
Portfolio Multidisciplinary Team (MDT)	Each Portfolio comprises of a multidisciplinary team providing subject matter expertise and driving forward transformational change. The Portfolio MDT includes Clinical, Quality, Business Intelligence, Planning, Finance, Programme and Project Leads.
QIA Author	The QIA Author is responsible for writing the QIA working collaboratively with the Portfolio MDT, Quality Buddy, and Safeguarding Lead.
Quality Assurance and Improvement Team	Members of the Quality Assurance and Improvement Team are responsible for managing the QIA process, maintaining records of QIAs undertaken, quality impacts, levels of risk and reporting to the ICB's Quality and Safety Committee.
Quality Lead	Each Portfolio will have a nominated Quality Lead who will provide advice, and insight to champion quality as a central principle. The Quality Lead will ensure that quality risks are recorded and escalated through the ICB's quality processes, quality impacts and learning are managed and shared, identify opportunities for and promote the use of quality improvement ideology and methodologies.
Quality Buddy	The Quality Buddy is a representative from the ICB's Nursing and Therapies Directorate, who will support the development of the QIA. The Quality Buddy may be the Portfolio Quality Lead or another nominated member of the Nursing & Therapies Directorate.
Safeguarding Lead	The Safeguarding Lead is a representative from the ICB's Nursing and Therapies Directorate, who will review and support the development of the QIA considering any safeguarding risks, mitigations, and escalation.
All Staff	All staff have a responsibility to be aware of this policy and complete quality impact assessments in accordance with the procedure outlined in this policy.

5.0 QIA Procedure – Completing the QIA

- 5.1 The ICB uses a standardised format, QIA Template, to undertake QIAs which is available on the ICB's Information and News (IAN) QIA [webpage](#) and aligns to the National Quality Board's [Shared Commitment to Quality](#).
- 5.2 QIA is a continuous process to help decision makers think through and understand how 'business decisions' impact upon residents of Staffordshire and Stoke-on-Trent whether they are service users, patients, and/or carers.
- 5.3 QIA must be undertaken as part of the development and approval stages of schemes (project lifecycle roadmap stages 1 and 2) and should also be reviewed on a regular basis by the scheme leads. Part of reviewing the actual impact throughout the implementation stage and during the final review after the plan has been implemented will ensure mitigations are appropriate for any identified risks. Through continuous review any unintended consequences will also be monitored. The frequency of the review will be dependent upon the level of risk identified (but will be a minimum of 6 monthly) and will be documented within the QIA.
- 5.4 The ICB's Quality Lead assigned to a Portfolio or Place will act as or appoint a Quality Buddy to support the development of the QIA. Where there is no obvious Quality Lead the scheme lead should contact the Quality Assurance and Improvement team via the QIA inbox qia@staffsstoke.icb.nhs.uk at the earliest opportunity requesting that a Quality Buddy is assigned.

- 5.5** The Quality Assurance and Improvement Team will notify the ICB's Safeguarding Team via the safeguarding inboxes safeguardingadults@staffsstoke.icb.nhs.uk (adults) and safeguardingchildren@staffsstoke.icb.nhs.uk (children). A Safeguarding Lead will be determined by the ICB's Safeguarding Team based on the service under review. The Quality Buddy will engage with the Safeguarding Lead to support consideration of any safeguarding risks and mitigations. The Safeguarding Lead may identify the need to share the 'business decision' at the relevant Safeguarding Board if there is an unmitigated risk to adults with care and support needs or children who may be impacted by the 'business decision' and document this within the QIA.
- 5.6** As part of the QIA (completed by the QIA Author) each quality domain will be reviewed, and an evidence-based judgement made about the impact of the 'business decision' on service users, patients, or carers. Where a negative quality impact is identified this will need to be risk scored against the ICB's risk matrix ([ICB Risk Management Strategy](#)). Service changes remain dynamic in nature as they are introduced and therefore it is important that risk scoring accurately reflects any risks to the quality of services introduced by the scheme and that the quality assurance metrics are identified to act as an early warning indicator of deterioration in the quality of the service provided.
- 5.7** The relevant Portfolio Director, or equivalent if the scheme is not aligned to a Portfolio, is responsible for ensuring that any schemes to be put forward as 'business decisions' have been evaluated for their impact on the quality of services and are being monitored appropriately on an on-going basis.
- 5.8** To support timely and effective completion of the QIA. The Quality Buddy may contact the Quality Assurance and Improvement Team via the QIA inbox qia@staffsstoke.icb.nhs.uk for any advice, guidance, and support at any stage in the process.
- 5.9** Once a QIA has been completed, including the screening criteria, and signed off by the Quality Buddy, Safeguarding Lead and Portfolio Director, the QIA should be submitted to the QIA inbox qia@staffsstoke.icb.nhs.uk.
- 6.0 QIA Procedure – Gateway Control**
- 6.1** The ICB's Quality Assurance and Improvement team will review any QIAs received for completeness (6.2) and apply the screening criteria (6.4) to determine the appropriate governance sign-off level (Gateway Control).
- 6.2** The QIA is complete where the QIA:
- a) Comprehensively documents the potential consequences (impacts) of the 'business decision' on the quality of services delivered to the residents of Staffordshire and Stoke-on-Trent
 - b) Appropriate quality assurance metrics, and reporting frequency, have been identified to monitor the impact and act as an early warning indicator of deterioration in the quality of the service provided on an on-going basis.
 - c) Any negative impacts have been risk scored and mitigations (where possible) provided.
 - d) Sign-off comments are included from the Quality Buddy, Safeguarding Lead and Portfolio Director.
- 6.3** If upon review the Quality Assurance and Improvement Team need more information to confirm that the QIA is complete (6.2), then a discussion will take place between the

Quality Buddy and the Quality Assurance and Improvement Team to resolve the queries. This will take place prior to progression to either Gateway 1 or Gateway 2 sign off.

- 6.4** To ensure a consistent and proportionate approach the following screening criteria will be applied to all QIAs by the QIA Author and MDT:
- Does the QIA identify any level of risk (negative quality impact) that has been introduced by the 'business decision' and not mitigated?
 - Is the 'business decision' part of a formal (NHS England) service change proposal? E.g., national transformation work such as pre-consultation business case/decision making business case.
 - Does the 'business decision' increase the number of steps/handoffs within a single pathway and identify the potential for an associated increased risk?
 - Has the QIA author, or recommendation through ICB's governance processes, requested a QIA Panel discussion due to the level of perceived risk or other reasons e.g., potential media interest?
- 6.5** If a 'yes' has been recorded in any of the screening questions (6.4) then a multidisciplinary QIA Panel (Gateway 2) must be convened to consider the QIA. Otherwise, the QIA can be signed off without a Panel (Gateway 1). If upon review the Quality Assurance and Improvement Team need more information to understand the Gateway rationale then a conversation will take place between the QIA Author, Quality Buddy and the Quality Assurance and Improvement Team. This decision will be recorded by the ICB's Quality Assurance and Improvement Team.

7.0 QIA Procedure – Gateway 1

- 7.1** It is the collective responsibility of the Portfolio Director, Quality Buddy, and Safeguarding Lead to ensure that a full appraisal of the QIA is completed and recorded including and that arrangements are put in place, through the project lifecycle and overseen by the Portfolio MDT, to monitor the impacts of the proposed change.
- 7.2** The ICB's Quality Assurance and Improvement team will report the outcomes to the ICB's Quality and Safety Committee quarterly.

8.0 QIA Procedure – Gateway 2

- 8.1** The purpose of the QIA Panel is to provide oversight to ensure that the ICB has regard for all likely effects of the decision in relation to the quality of service provided to residents of Staffordshire and Stoke-on-Trent. The QIA Panel provides oversight through Gateway 2 to consider the QIA through the different professional/experiential perspectives of the membership with the intention, where possible, to strengthen the QIA and ensure that the QIA is a complete record (QIA Policy 6.2) that supports the ICBs' decision-making processes. It is the collective responsibility of the multidisciplinary QIA Panel to ensure that a full appraisal of the QIA is completed and recorded and that arrangements are put in place to monitor the impact of the associated 'business decisions'.
- 8.2** The full terms of reference for the QIA Panel are set out in Appendix B.
- 8.3** The QIA Panel may recommend that risks/issues are added onto Portfolio risk/issue logs. Any risk (quality impact) score of eight or above must be reported to the ICB's Quality and Safety Committee and any other meeting as appropriate to ensure that any possible mitigations can be identified and/or inform decision making processes. The QIA Panel may request that the updated QIA is presented to a future Panel.

- 8.4** The ICB's Quality Assurance and Improvement team will report the outcomes to the ICB's Quality and Safety Committee quarterly.

9.0 System Partnership Working

- 9.1** The ICB are committed to collaborating with our stakeholder organisations to bring value and opportunities across current and future services, through system-wide partnerships. Health partners (ICB and NHS Trusts) within the Integrated Care System have similar values, a consistent approach to the scoring of shared risks and work collaboratively to maintain compliance with our statutory duties.
- 9.2** Health partners (ICB and NHS Trusts) within the Integrated Care System agree the principle that system transformation work, system plans, and associated engagement should not require duplicate QIAs. To support collaboration, reduce duplication, and retain individual statutory organisations QIA governance processes it is agreed that in these instances system partners will adopt the lead organisation's QIA template, or the ICB's template where multiple NHS organisations are involved, and support the development of one system QIA by progressing it through existing governance processes for those relevant organisations.

10.0 Equality Impact Assessment

- 10.1** This policy has been assessed in relation to having due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations", (2) The Health & Care Act 2022 re evidencing showing due regard to reducing health inequalities between the people of England.

11.0 Training

- 11.1** Appropriate training and awareness of the process and associated documentation will be provided to relevant staff responsible for completing QIAs.
- 11.2** Model examples, guidance on the scoring of associated risks, identification of appropriate quality assurance metrics and other frequently asked questions will also be available on the ICB's Information and News (IAN) QIA webpage. [https://c9online.sharepoint.com/sites/IAN/SitePages/Quality-Impact-Assessments-\(QIAs\)\(1\).aspx](https://c9online.sharepoint.com/sites/IAN/SitePages/Quality-Impact-Assessments-(QIAs)(1).aspx).
- 11.3** Support to complete QIAs will be provided by the assigned Quality Buddy as part of a multi-disciplinary team as required.

12.0 References

Health and Care Act 2022
[Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/25/contents/enacted)

National Quality Board: Shared Commitment to Quality (April 2021)
[NHS England » National Quality Board: Shared Commitment to Quality](https://www.nhs.uk/quality/safety/quality-improvement/national-quality-board/shared-commitment-to-quality)

13.0 Monitoring and Evaluation

- 13.1** The ICB will monitor the effectiveness of this policy through the Quality and Safety Committee with support from the Quality Assurance and Improvement Team.

13.2 The ICB's Quality Assurance and Improvement Team will maintain records of QIAs undertaken, quality impacts, levels of risk and mitigations including details of how are being monitoring. The information will be analysed regularly and reported to the ICB's Quality and Safety Committee in accordance with its business cycle.

13.3 Information shared by Health partners within the Integrated Care System regarding quality impacts aligned to system priority (portfolio) areas will be incorporated into reports within the intention of raising awareness of the potential for unintended impacts (consequences) of change where this is focused, across system partners, in one area/pathway.

14.0 Review

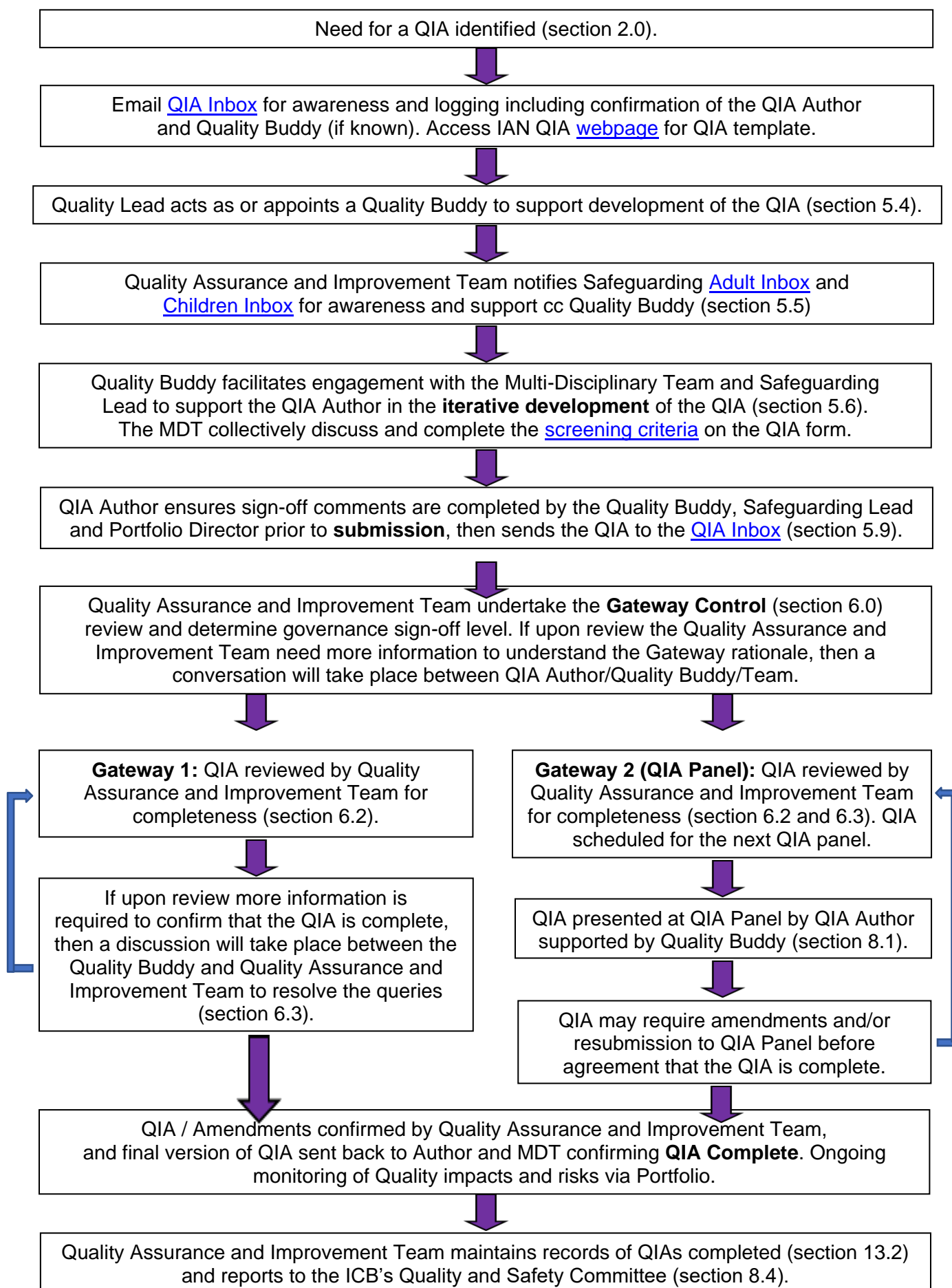
14.1 This policy will be reviewed within 12 months of first issue and every 2 years thereafter unless changes in legislation, national policy or guidance require a change to be considered earlier.

15.0 Appendices

Appendix A: QIA Process Flow Chart

Appendix B: QIA Panel Terms of Reference

Appendix A: QIA Process Flow Chart



Appendix B

Quality Impact Assessment Panel **Terms of Reference**

1. Purpose and Core Duties

- 1.1** The Quality Impact Assessment Panel is established by the ICB as a subgroup of the ICB's Quality and Safety Committee in accordance with its Constitution. Its members, including those who are not members of the Board or ICB staff, are bound by the ICB's Constitution Standing Orders and other key policies of the ICB.
- 1.2** The purpose of the Quality Impact Assessment (QIA) Panel (hereafter known as 'the QIA Panel') is to provide oversight to ensure that the ICB has regard for all likely effects of the decision in relation to the quality of service provided to residents of Staffordshire and Stoke-on-Trent (statutory duty).
- 1.3** When the application of the screening criteria (QIA Policy 6.4) determines that a Gateway 2 sign off is required, then the QIA Panel will receive the QIA associated with the business decision.
- 1.4** The focus of the QIA Panel is to consider the QIA through the different professional/experiential perspectives of the membership with the intention, where possible, to strengthen the QIA and ensure that the QIA is a complete record (QIA Policy 6.2) that supports the ICBs' decision-making processes.
- 1.5** When discharging its duties the QIA Panel will have full regard of the National Quality Board's [Shared Commitment to Quality](#) and the shared single view of quality (e.g. systems deliver care that is safe, effective, positive experience, well-led, sustainably resourced and equitable).
- 1.6** Any areas of high-risk, e.g., significant negative quality impact, will be reported to the Quality and Safety Committee and any other meeting as appropriate to ensure that any possible mitigations can be identified and/or inform decision making processes.

2. Membership and Attendance

- 2.1** The core membership of the QIA Panel is:
 - Director of Nursing – Quality Assurance and Improvement (chair)
 - Deputy Chief Medical Officer
 - Associate Director – Quality Assurance and Improvement
 - Associate Director – Medicines Optimisation
 - QIA Lead
- 2.2** If a core member cannot attend a meeting, then they can appoint a nominated deputy to represent them at the meeting. Nominated deputies will be invited to shadow meetings to ensure resilience, familiarity, and consistency of approach.
- 2.3** Expert representatives, e.g., clinical leads, safeguarding professionals, primary care professionals, etc., will be invited to attend all or part of any meeting as and when appropriate to bring specific knowledge, skills, and experience to assist with a particular matter.
- 2.4** The QIA Panel will also be supported by:
 - A secretariat function who will ensure that agendas and papers are prepared and distributed, attendance is monitored, maintenance of the Conflicts of Interest Register (with the ICB Governance Lead), good quality minutes are taken and distributed, and actions are taken forward between meetings and progress against those actions is monitored.
 - QIA Authors and assigned Quality Leads will only be required to attend to discuss QIAs that they are presenting.

3. Frequency, Quoracy and Decisions

- 3.1** The QIA Panel will meet monthly.
- 3.2** For a meeting to be quorate the Chair must be present and a minimum of two other core member as listed in section 2.1.
- 3.3** Members will be asked to declare any potential Conflicts of Interest resulting from the agenda at the start of each meeting. Any members who have such a conflict will be required to not participate in the discussion or leave the meeting when that item is discussed, as decided by the Chair.
- 3.4** If any member has been disqualified from participating in an item on the agenda, by declaration of a Conflict of Interest, then that individual shall no longer count towards the quorum. If a quorum has not been reached, the meeting may still proceed if those present agree. However, no binding agreements may be deemed as fully taken by the meeting until confirmed by all members via offline 'virtual' methods outside of the meeting.

4. Etiquette, Behaviours and Conduct

- 4.1** All members and attendees will be expected to conduct business in line with the ICB's stated values and objectives and ICS Partnership Leadership Compact.
- 4.2** Committee members and those attending shall always behave in accordance with the ICB's Constitution, Standing Orders and Standards of Business Conduct Policy.
- 4.3** All members must demonstrably consider the Equality and Diversity implications of any or all decisions they make. Attendees will also be required to uphold the Equality Act and Public Sector Equality Duty in any of their engagements with the Committee.
- 4.4** All members and attendees will be expected to adhere to the separate Integrated Care System (ICS) Partnership Leadership Compact key principles of 'Trust', 'Courage', 'Openness & Honesty', 'Leading by Example', 'Respect', 'Kindness & Compassion', 'System First' and 'Looking Forward'.
- 4.5** Similarly, all will be required to respect and apply the ICB Meetings Charter, which shall codify all the above and help with the logistics / practicalities of running an ICB meeting in line with the Constitution and Standing Orders.

5. Accountability and Reporting

- 5.1** The QIA Panel is accountable to the ICB Quality and Safety Committee and shall report to the Committee on how it has discharged its responsibilities.
- 5.2** The Associate Director – Quality Assurance and Improvement will provide assurance summary reports to the ICB Quality and Safety Committee, in accordance with its business cycle, and shall draw to the attention of the Committee any issues that require disclosure or further action.

6. Review

- 6.1** The QIA Panel will review its terms of reference annually.

Date of Approval: 22/01/2024