

Quality Impact Assessment Policy Brief



Version: 2.1

Date Approved:

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Approved By:

Review Due: 1 year - 2026

Aim

The purpose of this policy is to set out the overview, responsibilities, process, and format to be followed when undertaking a quality impact assessment (QIA) in line with the NHS England QIA Framework (2025).

Scope

This policy applies to all NHS Gloucestershire ICB staff, commissioned services, and partner organisations when undertaking quality impact assessments for proposed changes to health and care services.

Out of Scope - NHS Gloucestershire ICB maintains separate processes for Equality Impact Assessments to ensure compliance with the Equality Act (2010) and Public Sector Equality Duties. While QIAs and EIAs are closely linked and may inform each other, this policy focuses specifically on quality impact assessment. Staff must ensure appropriate EIA processes are followed in parallel where required.

Policy Overview

This policy details the process and steps to be undertaken to assess the impact of business cases, service changes and other major consultations on the quality of care we offer patients and consider any impact on our staff wellbeing.

QIAs ensure quality of care considerations, and not solely financial considerations, are central to decision-making for the design and delivery of health and care services.

This Policy illustrates the required reporting governance for sign off; providing assurance that all relevant stakeholders have been consulted and enabled to contribute to completing the QIA. That all benefits, risks, hazards and issues have been acknowledged and appropriate controls or actions have been identified to mitigate or remove potential impact.

Quality Impact Assessment Definition

The QIA is the process undertaken to assess the impact of proposed changes on key quality domains (as defined by the NQBs key quality domains (2021) and as per the NHS England QIA Framework (2025)) :

- Safe
- Effective
- Provides Personalised Experience
- Well-lead
- Sustainable

When a QIA should be undertaken?

A QIA is required for any significant change that may impact quality of care, including:

- Commissioning and procurement decisions
- Business Cases and investments
- Service redesign and major service changes
- Decommissioning of existing services
- Workforce redesign and new role implementation
- Pathway redesign or changes to access/eligibility criteria
- Cost improvement plans (CIPs) and efficiency programmes
- Temporary and urgent service changes (including EPRR situations)
- Organisational policy changes affecting staff
- Quality improvement pilots
- Mergers, acquisitions and leadership changes

Note: The list is not exhaustive - any significant change should be evaluated for quality impact.

QIA Process

The QIA form is to be completed as per the format in this QIA document (see tab titled 'QIA') covering:

- Proposal summary with stakeholder identification
- Evidence-based impact assessment against all quality domains
- Risk assessment and scoring (where negative impacts identified)
- SMART mitigations with named leads and deadlines (where negative impacts identified)
- Potential Key Performance Indicators (KPIs) identified for monitoring
- Stakeholder engagement summary

Impact Classification: Each quality domain must be assessed as:

- **Positive** - improves quality
- **Neutral** - no significant impact
- **Negative** - potential harm to quality (requires risk scoring for risk at an ICB level and mitigation)

Risk Scoring: Negative impacts must be risk assessed using the national risk scoring matrix with mitigated risk scores provided.

A checklist is provided to monitor progress and assisting notes provide guidance and suggestions for each section of the QIA.

Governance and Sign-Off Process

Stage 1: Quality Directorate Review

Completed QIAs go to the Quality Directorate for initial review and sign-off or feedback.

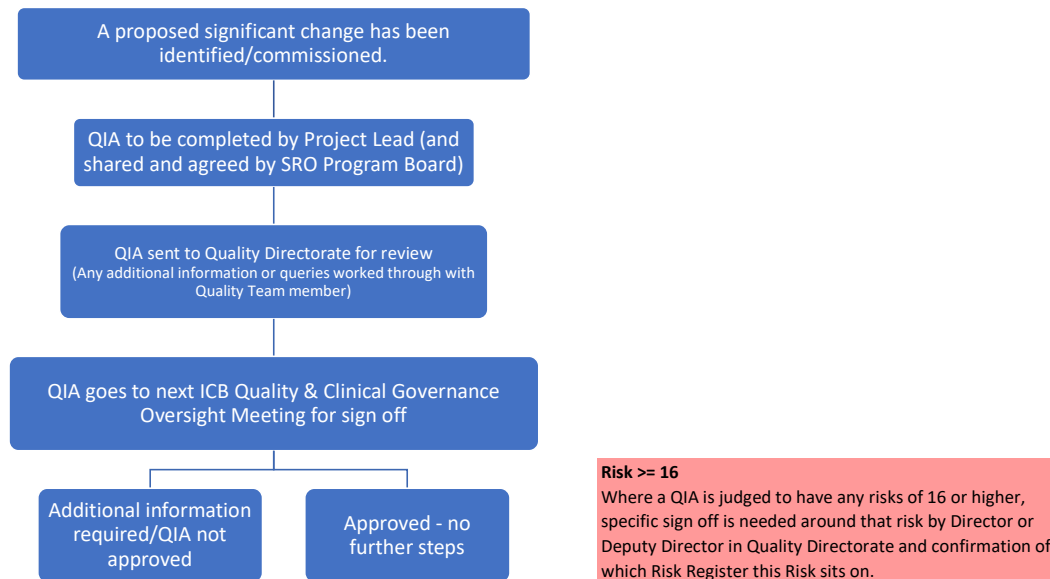
Stage 2: Final Sign-Off

QIAs then proceed to ICB Quality & Clinical Governance Oversight Meeting for final approval.

High Risk Escalation

Risk ≥ 16 : Where any risks are scored 16 or higher, specific sign-off is required from Director or Deputy Director in Quality Directorate, with confirmation of which Risk Register the risk will be recorded on.

QIA Process flow chart



Monitoring and Review

- Approved QIAs will be logged and stored in the central QIA repository (M Drive).
- QIAs reviewed at minimum every 6 months for large-scale changes
- QIAs must be reviewed if the scope of change evolves.
- Best practice would be for QIAs to be an iterative process and updated and reviewed at key milestones (e.g. at project initiation, mid-point and close-down or implementation).
- Outcomes and mitigations must be monitored through existing governance structures.

Healthier Together
Improving health and care in Bristol,
North Somerset and South Gloucestershire

Project/Scheme/Change Name:	BNSSG ICS Winter Plan
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Date: 01/09/2026

Project/Scheme/Change Lead:	System Wide Deputy Chief Operating Officers
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Project/Scheme Senior Sponsor:	Head of System Flow BNSSG, Keith Robertson
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As part of planning for additional winter activity, increase in patient demand for access to services and in line with the 26/27 NHSE winter planning asks, BNSSG is required to have a comprehensive system wide delivery plan to manage demand and capacity and to ensure the safety and quality of patient care and treatment through unscheduled care pathways is maintained. The Winter plan encompasses all aspects of system wide urgent/unscheduled care delivery including, SWAST, Acute, community, VCSE, social and primary care patient pathways. The plan has been designed in alignment with the ICB integrated care program with key schemes identified for delivery before or during winter. **NB This QIA should be read in conjunction with the winter plan, vaccination KLOE and System Escalation Policy for detailed evidence of mitigations at provider and service line level against defined risks.**

Are there any specific locations impacted?					
Bristol	x	North Somerset	x	South Gloucester	x

Stakeholders identified as affected by the proposal:	ICB, BFT, Sirona, Primary Care, AWP, SWAST, Severnside, VCSE, patients, carers and the public.	Engagement work completed or planned for the proposal (including engagement with stakeholders):	The winter plan has been developed in collaboration with all partners. Submissions have been received from all provider organisations including SWAST and BFT to form a collaborative plan.
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Risk Matrix			LIKELIHOOD				
Impact	Catastrophic	5	High	Very High	Very High	Very High	Very High
	Significant	4	Medium	High	Very High	Very High	Very High
	Moderate	3	Medium	Medium	High	High	High
	Minor	2	Low	Medium	Medium	Medium	Medium
	Limited	1	Low	Low	Low	Low	Low
			1	2	3	4	5
			Low	Medium Low	Medium	Medium High	High

		Brief description and evidence of impact	Risk Rating						Quality Indicators/How will you measure this	
			Consequence e	Likelihood	Risk Score	Mitigation	Mitigated Consequence e	Mitigated Likelihood		Mitigated Risk Score
		Describe any potential Patient / Staff / System safety benefits or issues that may arise from the implementation of this overall programme.								
Potential Positive impacts/aims		The completion of a full winter plan that recognises the asks of the NHSE 26/7 UEC plan including detailed completion against all KLOE by all system partners with additional surge actions to improve patient safety during times of demand surge and our 26/27 vaccination uptake plan.								
		The progression of the Integrated Care Programme priority workstreams up to and during winter in order to achieve a revised model for discharge to assess pathway 1, additional community bedded capacity, released through estate and length of stay improvements								
		Fully embedded systemwide learning from the winter 25/26 which will underpin the additional asks of the system in order to maintain patient safety in times of OPEL 4 and CI								

Clinical Effectiveness	impacts/aims	All system plans have been produced with the aim of achieving national standards for UEC time to treatment, including reduction of CAT 2, mean , reduced handover delays, improved 4hr and 12hr breach performance reduction in LOS across all pathway P0-3, improved admission avoidance and community step offers, reduction in long term care admission and improved primary care oversight focussing on prevention.										
		Oversight of clinical governance via system wide clinical advisory group to ensure that clinical and patient safety risk is reviewed and mitigated at a system level -oversight by ICB CMO										
		Ongoing delivery of key milestones for the UEC system through UEC ODG, POM and Integrated Care programme including, SPOA, UCR, admission avoidance.										
	Potential Negative risks/impacts	The risk to clinical effectiveness due to a lack of physical or workforce related capacity resulting in the ability to provide core services				Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.						Daily review of bed occupancy, OL334 and XCAD ambulance reporting, review of FDP SCC indicators across all pathways. Daily review of bed occupancy, OL334 and XCAD ambulance reporting, review of shrewd indicators across all pathways. Weekly review of performance against plan via tactical forums, attendance at regional performance and oversight meetings. Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate. Use of Shrewd indicators demonstrating demand and capacity
		The risk of reduced clinical effectiveness and increase in service demand impacting on delivery of the 26/27 operational plan for UEC with potential adverse impact on the elective recovery plan due to unplanned cancellation and decreased surgical capacity	3	4	12	Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.	2	4	8			
		The risk to clinical effectiveness caused by increased demand and workforce dilution impacting on the ability to maintain core service provision across all aspects of the patient unscheduled care pathway resulting in delay to treatment and poorer quality service provision	4	4	16	Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.	3	4	12			
			3	5	15	Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.	3	3	9			
	Overall Assessment	Positive	x	Negative		Neutral						
		Any Additional Rationale:										

		Risk Rating							Quality Indicators/How will you measure this
Brief description and evidence of impact		Consequence	Likelihood	Risk Score	Mitigation	Mitigated Consequence	Mitigated Likelihood	Mitigated Risk Score	
How will the service development improve the patient experience? How will the patient experience of the new service be monitored?									
Potential Positive impacts/aims	Our winter communications scheme aims to support the public with service availability for health and social care and the voluntary and charitable sectors in order to improve and enhance patient experience								
	This years winter plan takes account of learning from previous winters. A winter wrap up exercise was completed between system partners in May 2026. HOSCs are scheduled through October and September 2026 and will receive the full winter plan.								
	We will continue to respond to patient complaints and concerns, key operational KPI and service KPI throughout the winter period to provide evidence based feedback to staff and the public regards our service offers.								
	Winter schemes are all aligned to delivery of national objectives within the NHSE Winter planning asks for 26/27 and the National OPEL escalation framework to ensure that safety, quality and experience remain our system priority through out winter.								

Well-lead	Potential Negative risks/impacts	The risk to staff resilience as a result of increased service demand pressure negatively impacting recruitment and retention in core urgent care services, increased sickness absence, fatigues and burn out					3	5	15	In conjunction with the winter plan National OPEL framework and system escalation policy, predictive staffing capacity against predicted demand will be ascertained from all key services throughout the winter period and reviewed weekly at tactical level with escalation to executive leads as required. Staff wellbeing and resilience to be monitored by leads and direction to well being support resources utilised as part of staff communications. Where required referrals to occupational health can be made to support staff with managing any impact of increased service demand pressure during winter or ensuring annual leave is well spread for breaks to reduce risk of staff burnout. Public communications featuring BNSSG executives regulary acknowledge and support staff, thanking staff and offerieng support.				3	4	12	Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate. Use of Shrewd indicators demonstrating demand and capacity	
		The risk of workforce instability due to potential changes relating to transformation which may require change in role/responsibility/location of work resulting in workforce uncertainty and potential risk to retention.					2	3	6	Workforce and OD requirements have been identified as a key enabler for transformation; the risk to workforce is subject to oversight by providers and will be assessed through each change baord.				2	2	4		
		The risk to leadership capacity as a result of the ICB merger and workforce reduction plan to meet the national mandate for all ICB's					3	5	15	Executive transition committee in place to manage and mitigate risk and ensure identification of emerging risk via the transition period				3	4	12	Oversight of Transition arrangements via core ICB governance structures including strategic executive and ICB board.	
		The risk to leadership capacity and capability as a result of increased demand and operational pressure resulting in compromised resilience, fatigue and burn out					3	5	15	Regular oversight of workforce and leadership resilience via Tactical escalation and aligned to risk registers in place. Proactive on call cover arrangements including buddy systems and shadow on call across providers-where required BCI plans to mitigate.				2	4	8	Regular review and support mechanisms via PEM and POM and via risk registers.	
	Overall Assessment	Positive	x	Negative		Neutral												
	Any Additional Rationale: Progression of the UEC transformation work via integrated care and POM, delivery of the winter plan and the impact of ICB transition is difficult to quantify in terms of risk and workforce impact at present -this risk will need to be reviewed continually as we progress through the remainder of 26/27																	

Sustainable	Potential Negative risks/impacts	The risk of system ability to maintain core urgent care services as per the national emergency care standards as a result of increased demand and reduction in bedded and non bedded capacity					4	3	12	Delivery of the Winter plan surge and KLOE actions adherence to the national OPEL framework and system escalation policy. Progression of surge schemes through POM to support bridging, F-Ace and UCR. Maintaining DRD reduction trajectory via improved pathway 1 offer, and maintaiing length of stay improvements in p2 and P3.	3	3	9	Daily review of system demand and capacity via operational oversight utilising FDP SCC tool, weekly review of interediate care flow via Tactical forums - APMs and POM.	
		The risk of financial impact as a result of additional surge actions instigated that will require either capital or revenue not currently identified in baseline budgets with impact on other system budgets.								Delivery of the Winter plan surge and KLOE actions adherence to the national OPEL framework and system escalation policy. Progression of surge schemes through POM to support bridging, F-Ace and UCR. Maintaining DRD reduction trajectory via improved pathway 1 offer, and maintaiing length of stay improvements in p2 and P3.					Monitoring via Financial governance structure across all partners. Oversight by executives
							4	5	20		3	4	12		
													0		
	Overall Assessment	Positive	x	Negative		Neutral									
		Any Additional Rationale:													

Quality Team sign off

Name		Title		Date	
ICB Quality & Clinical Governance Group sign off				Date	
CNO and/or CMO sign off				Date	

Recommendation	Approved		Not approved		Further information required	
Additional notes/rationale						

Risk of 16 or higher	Additional / specific sign off name or group		Date	
Additional notes/rationale/confirm which Risk Register this will sit on				