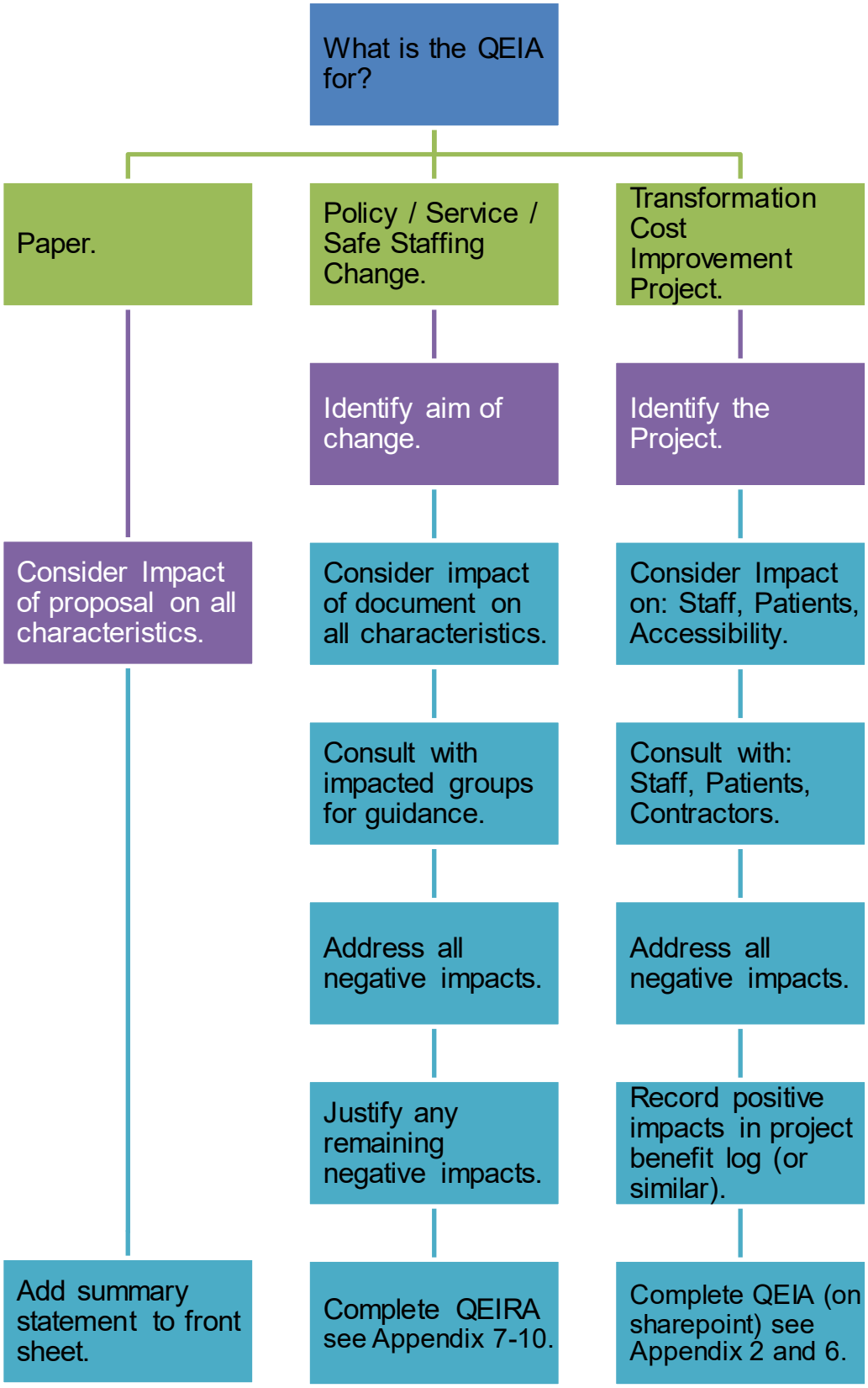
Royal Cornwall Hospitals NHS Trust

Quality and Equality Impact Assessment (QEIA) Policy

V1.1

April 2026

Summary


What is the QEIA for?
Paper.
Policy / Service / Safe Staffing Change.
Transformation Cost Improvement Project.
Identify aim of change.
Identify the Project.
Consider Impact of proposal on all characteristics.
Consider impact of document on all characteristics.
Consider Impact on: Staff, Patients, Accessibility.
Consult with impacted groups for guidance.
Consult with: Staff, Patients, Contractors.
Address all negative impacts.
Address all negative impacts.
Justify any remaining negative impacts.
Record positive impacts in project benefit log (or similar).
Add summary statement to front sheet.
Complete QEIRA see Appendix 7-10.
Complete QEIA (on sharepoint) see Appendix 2 and 6.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

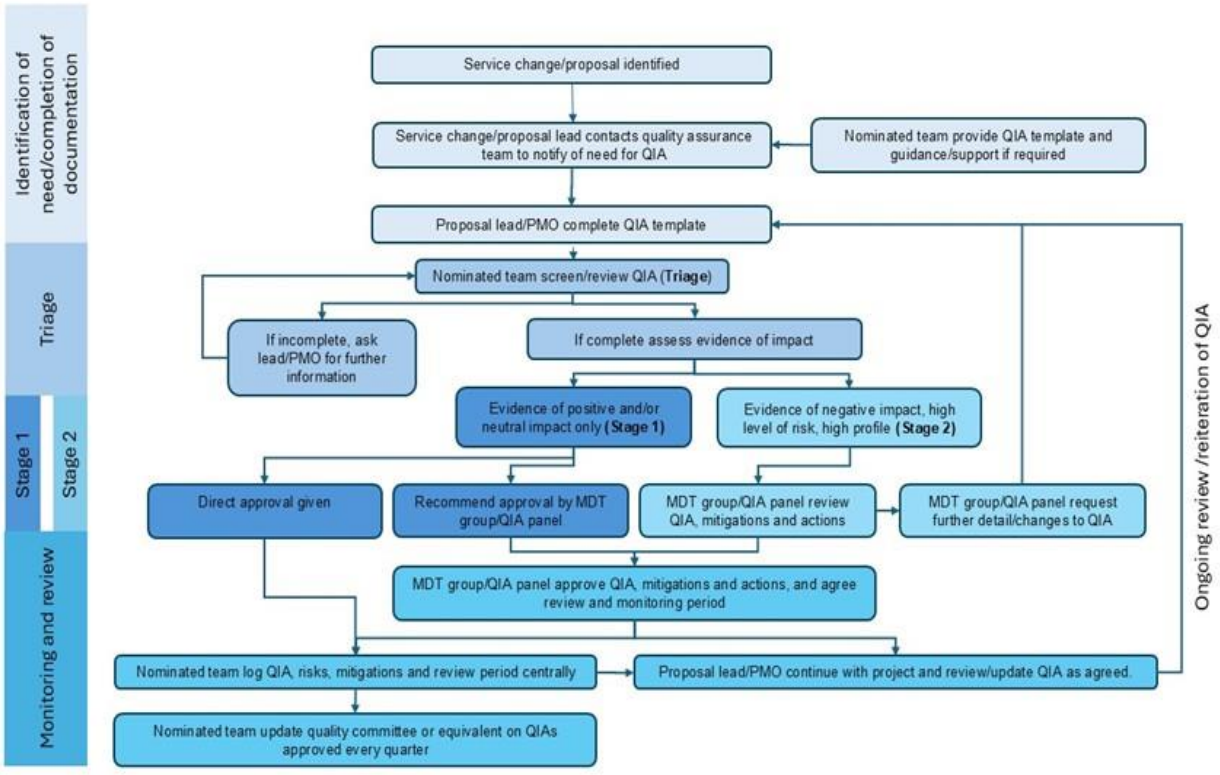
1.1. NHS England's Quality Impact Assessment framework provides good practice principles and guidance for conducting QIAs to inform **planning, approval, and implementation of health and care service changes, emphasising quality of care (safe, effective, personalised, well-led, sustainable, and equitable) alongside any financial considerations**.

1.2. The Quality and Equality Impact Assessment (QEIA) process is a cornerstone of inclusive and safe healthcare transformation. At Royal Cornwall Hospitals NHS Trust (RCHT), the QIA and EIA process has been embedded within service change governance for several years. The release of updated NHS guidelines in June 2025 necessitates a refinement of this process to ensure alignment with national expectations and to build upon local learning.

1.3. RCHT has developed a mature EIA and QIA process, shaped by practical experience and continuous improvement. Notably, the Trust has drawn valuable insights from recent initiatives involving the repatriation of services, where EQIA played a critical role in identifying and mitigating risks to patient access, equity, and outcomes. As a result, RCHT is committed to strengthening stakeholder engagement as a core component of future QEIA assessments, ensuring that all voices from across the community are heard and valued.

1.4. This policy version supersedes previous versions of this document, for example the previous separate EIA and QIA April 2022 Policies.

1.5. Example of QEIA (from NHSE Quality Impact Assessment Framework June 2025).



2. Purpose of this Policy/Procedure

The overall purpose of this document is to:

- Detail the process to follow when undertaking the QEIA process.
- Detail consideration of all three areas of quality, equality, health inequalities and the wider system or operational impacts.
- Explain the approval process, governance and level of scrutiny and oversight for all QEIAs.

3. Scope

The policy applies to all RCHT employees and must be followed by all colleagues and partners who work for the organisation. It applies to all colleagues that undertake impact assessments, **implement new pathways or service changes, commission new services, skill mix changes as a result of the Safe Care Nursing Tool process or cost improvement plans.**

- Where there is a significant change in the management of Cost Improvement Plans (CIPs) which is the formal separation between the generation of ideas and ensuring compliance with the mandatory QEIA assessment process. This ensures that proposals are not prematurely filtered or shaped by impact concerns before a full and objective QEIA is conducted.
- The new NHS guidance published on the 24 June 2025 introduces the RASCI model to clarify roles and responsibilities. RCHT has incorporated this into its QEIA tool and governance, ensuring that accountability for impact assessment is clearly assigned.
- RCHT's QEIA process now includes an enhanced digital screening tool to identify potential risks early. Monitoring and auditing mechanisms have been strengthened to ensure that mitigation actions are tracked and reviewed.
- The Trust has reinforced the requirement that QEIAs must be completed prior to any decision-making, particularly for service changes, decommissioning, or deviations from NICE guidance.
- Intersectionality and Inclusive Data Use: the revised process places greater emphasis on intersectionality, recognising that individuals may be affected by multiple overlapping characteristics. RCHT encourages the use of both quantitative and qualitative data.
- Consultation and Co-Production: QEIA at RCHT is increasingly shaped by co-production with service users and consultation with affected communities, especially considering past feedback on repatriation initiatives.

4. Definitions / Glossary

- AD of QG: Associate Director of Quality Governance.
- CPO: Chief People Officer.

- EDI: Equality Diversity and Inclusion.
- QAC: Quality Assurance Committee.
- QEIA: Quality and Equality Impact Assessment.
- QEIRA: Quality Equality Impact Risk Assessment.
- RCHT: Royal Cornwall Hospitals Trust.
- SOP: Standing Operating Procedure.
- SRO: Senior Responsible Officer.

5. Ownership and Responsibilities

5.1. Trust Board

Ensure a shared understanding of the role and value of QEIAs to support strategic commissioning, drive high-quality experience and outcomes, and support sustainable, value-led care (including reducing waste). Align QEIA use with competency domains in the NHS leadership competency framework for board members to enable the setting of strategy and delivery of long-term transformation.

5.2. Deputy Chief Executive / Chief Nursing Officer

The Deputy Chief Executive / Chief Nursing Officer is the accountable officer and has ultimate responsibility for quality across the organisation. This is the executive person with overall responsibility for ensuring there are robust governance and risk management processes in place to assess quality and to mitigate and manage risk at both service and organisational level.

5.3. Chief People Officer (CPO)

The Chief People Officer (CPO) supported by the EDI Team the CPO is responsible for ensuring equality aspects of the QEIA process are met.

5.4. Director of Nursing Midwifery and AHPs

The Director of Nursing Midwifery and AHPs is responsible for the operational delivery of the QEIA process within the Trust.

5.5. Clinical Governance Department

The Clinical Governance Department are responsible for reviewing and commenting (where necessary) on quality equality impact assessments undertaken by service leads/ Care Group services prior to submission to the SRO/Executive Directors.

5.6. Divisional / Group Internal Business and Governance meetings

The Divisional / Group Internal Business and Governance meetings are responsible for:

- Ensuring compliance with the QEIA Policy.
- Overseeing the discharge of the QEIA panels responsibilities.

5.7. Quality Assurance Committee

The Quality Assurance Committee is responsible for:

- The approval of this policy document.
- Seeking assurance that RCHT is discharging its duties in relation to the QEIA policy through bi-monthly reporting of EQIA's completed including ongoing monitoring requirements.

5.8. All staff members

All staff members have a responsibility to be aware of this policy and adhere to it when initiating programmes, proposing service changes and developing policies and to support the delivery of the QEIA process.

6. Standards and Practice

Once potential risks to quality have been identified, an initial assessment using the screening tool should be undertaken by the Senior Responsible Officer (SRO) and the review panel. The review panel should include:

- The Deputy Chief Executive / Chief Nursing Officer or Director of Nursing, Midwifery and AHPs.
- A nominated member of the Inclusion (EDI) Team.
- Chief Medical Officer.
- Associate Director of Quality Governance (AD of QG).
- Nominated administrator (the AD of QG is responsible for the oversight of the administration function and governance of the platform for the digital QEIA forms).

7. Dissemination and Implementation

7.1. This policy will be published on the Trust Document Library following authorisation by the QAC. Immediately following publication, the Document Library Manager will ensure that its publication is highlighted across the Trust using various media including the records management newsletter. Implementation of this policy will be supported through a series of briefings, departmental visits and online training as required to highlight differences from the preceding policies and resolve records management issues as they arise.

7.2. Within the SharePoint platform where the digital QEIA form will be available for colleagues to complete there will be a short training module which will accompany the QEIA Policy, forms and aid memoire. The training module will include a short video to outline the steps to take when carrying out a QEIA. The QEIA process will also be incorporated into the digital toolkit template.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the Quality and Equality Impact Assessment (QEIA) Policy in accordance with this guideline (or other safe practice).
Lead	Jillian Tozer Associate Director of Quality Governance
Tool	Adherence will be monitored as part of the audit process within the department via the digital template specific to the topic.
Frequency	As required.
Reporting arrangements	Leads will act on directorate/governance recommendations
Acting on recommendations and Lead(s)	Shared via business and governance forum as appropriate.
Change in practice and lessons to be shared	Lessons learned and step change will be communicated through various learning and governance channels.

9. Updating and Review

The process will be reviewed on an on-going basis with required revisions being made. Trust Board will formally review it at least annually.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

10.3. This document complies with the June 2025 NHS England » Quality impact assessment framework

10.4. The QIA and EIA have been combined into a QEIA which will also include an impact assessment on the 9 protected characteristics.

10.5. The QEIA will be completed by:

- Either or both the project lead.
- Clinical service lead.

10.6. Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favorable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Quality and Equality Impact Assessment (QEIA) Policy V1.1
This document replaces (exact title of previous version):	Quality and Equality Impact Assessment (QEIA) Policy V1.0
Date Issued / Approved:	December 2025
Date Valid From:	April 2026
Date Valid To:	February 2029
Author / Owner:	Jillian Tozer, Associate Director of Quality Governance
Contact details:	07788 380533
Brief summary of contents:	This document provides guidance and advice to managers, clinical or service leads and policy developers. It provides staff with a standard approach and methodology for undertaking effective quality and equality impact assessments.
Suggested Keywords:	Equality, inclusion, protected characteristic, discrimination.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Dual Chief Nursing Officer / Deputy CEO RCHT
Approval route for consultation and ratification:	Executive Leadership Team (ELT). Quality Assurance Committee (QAC).
Manager confirming approval processes:	Bernadette George, Director Of Nursing, Midwifery and Allied Health Care Professionals
Name of Governance Lead confirming consultation and ratification:	Jillian Tozer, Associate Director of Quality Governance
Links to key external standards:	Equality Delivery System Outcomes 1, 2, 3.

Information Category	Detailed Information
Related Documents:	Equality, Diversity and Inclusion Policy Patient Experience Strategy Risk Management Strategy and Policy
Training Need Identified:	Yes – equality impact assessment training is required across the Trust.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Executive / Transformation

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2026	V1.0	Initial Version – New document. This supersedes the 'Quality Impact Assessment Policy' and 'Equality Impact Assessment Policy' which have both been archived.	Jillian Tozer, Associate Director of Quality Governance
April 2026	V1.1	Appendix 2. Updated to reflect new QEIA eForm. Removed paper format for QEIA forms as no longer required: Appendix 3 (QEIA Guidance (Papers)), Appendix 4 (QEIA Guidance (Policy), Appendix 5. (QEIA Guidance (Projects).	Jillian Tozer, Associate Director of Quality Governance

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

E11 QEIA Policy.

For guidance, please see the QEIA Essentials – Quick Reference Guide or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net.

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net

Appendix 3. Quality Equality Impact Risk Assessment (QEIRA) SOP

Quality Equality Impact Risk Assessment (QEIRA) provides a decision-making process for planning, approving and implementing changes in health and care services. The QEIRA asks the submitter to consider the impact on the 4 quadrants: Quality, Delivery, People and Cost, as well as the potential impact on other Divisions and Wider Health and Social Care in the Community.

QEIRAs ensure quality of care is considered in any decision process relating to change, development and / or cost improvement (p1-11, NHSE, Quality impact assessment framework).

NHSE guidance provides the following framework:

'When is a Quality Equality Impact Risk Assessment (QEIRA) needed?

- Service redesign or major change in eligibility/access.
- Commissioning new services or decommissioning existing ones.
- Temporary or urgent service changes (including emergency response).
- Policy or workforce changes that impact care quality.

When a QIRA is not normally needed:

- Minor administrative changes with no impact on quality domains.
- Internal process tweaks not affecting patient care, safety, or access'.

In relations to the WRP programme a QEIRA is always required to be created, this is to ensure a full audit trail of consideration to any risk. However, if the level of risk is deemed too low to require a full assessment, then it is agreed that in this instance the SRO can create a QEIRA form and identify one of the following options:

- Minor administrative changes with no impact on quality domains.
- Internal process tweaks not affecting patient care, safety, or access.

The UID is then added to the WRP scheme registration to ensure proper process and audit trail of decision making and rationale.

For any other reason, a QEIRA form must be completed in full.

Step1

Access the QEIRA SharePoint site: Quality Equality Impact Risk Assessment (QEIRA) - Home

Once you are on the QEIRA homepage click 'Add new QEIRA' – this will bring up the form to complete.

How to add a QEIRA (SharePoint submitter).

The following steps will take you through each section of the form and what needs to be populated:

1. WRP Scheme Name: the project title or scheme name (We recommend you use the same title as the scheme registration and PID).

2. Division: choose relevant Care Group from the drop down.

3. Directorate: type in Directorate.

4. Submitter Name: name of person completing QEIRA.

5. Date Submitted: will auto-populate with today's date.

6. Scheme Details: please add as much detail as possible about the scheme.

7. Reason for NOT requiring a full QEIRA: 'Minor administrative changes with *no* impact on quality domains', 'Internal process tweaks not affecting patient care, safety, or access'.

8. Is consultation required: 'Yes – internal', 'Yes – public', 'No consultation required'.

9. Impact on Quality: choose 'Positive Impact', 'Negative Impact' or 'No Impact' from the drop down.

10. Quality Impact – Further Information: please provide further details on the impact on quality chosen above.

11. Impact on Delivery: choose 'Positive Impact', 'Negative Impact' or 'No Impact' from the drop down.

12. Delivery Impact – Further Information: please provide further details on the impact on delivery chosen above.

13. Impact on Workforce: choose 'Positive Impact', 'Negative Impact' or 'No Impact' from the drop down.

14. People Workforce – Further Information: please provide further details on the impact on people chosen above.

15. Impact on Cost: choose 'Positive Impact', 'Negative Impact' or 'No Impact' from the drop down.

16. Cost Impact – Further Information: please provide further details on the impact on cost chosen above.

17. Impact on Health Inequities: choose 'Positive Impact', 'Negative Impact' or 'No Impact' from the drop down.

18. Health Equity – Prompt to consider please provide further details on the impact on delivery chosen above.

19. Impact on Equality – Protected characteristic groups: choose ‘Positive Impact’, ‘Negative Impact’ or ‘No Impact’ from the drop down.

20. Equality – Protected characteristic groups – prompts to consider: Prompt to consider please provide further details on the impact on delivery chosen above

21. Impact on Other Care Group/Directorates: choose *Positive Impact *Negative Impact or *No Impact from the drop down.

22. Other Care Groups/Directorates Impact – Further Information: please provide further details on the impact on other divisions/directorates chosen above, including the Care Group(s)/directorate(s) impacted.

23. Impact on Wider Health and Social Care in the Community/ICS: choose ‘Positive Impact’, ‘Negative Impact’ or ‘No Impact’ from the drop down.

24. Wider Health and Social Care in the Community/ICS Impact – Further Information: please provide further details on the impact on wider health and social care in the community/ICS chosen above, including the areas impacted.

25. Other Potential Consequences – use this free text box to add any other potential consequences/impacts of the proposed scheme that haven’t been covered by the previous questions.

26. Current Risk Score – Frequency Likelihood: please enter the appropriate number between 1 and 5 based on the current risk state.

27. Current Risk Score – Severity Consequence: please enter the appropriate number between 1 and 5 based on the current risk state.

28. Scheme PYE Value (£’000): enter the part year effect of the proposed scheme and add the financial workings as an attachment to the form.

29. Scheme FYE Value (£’000): enter the full year effect of the proposed scheme and add the financial workings as an attachment to the form.

30. Risk Mitigation Action 1: please use this free text box to describe any actions planned to reduce or prevent risks previously identified by this project.

31. Risk Mitigation Action 1 Lead: please enter the name of the person responsible for this risk mitigation action.

32. Target Date for Completion of Action 1: please select target date for completion.

33. Risk Mitigation Action 2: please use this free text box to describe any actions planned to reduce or prevent risks previously identified by this project.

34. Risk Mitigation Action 2 Lead: please enter the name of the person responsible for this risk mitigation action.

35. Target Date for Completion of Action 2: please select target date for completion.

36. **Note:** if you have more than 2 risk mitigation actions then please add the rest as an attachment at the bottom of the form.

37. Revised Risk Score – Frequency Likelihood: this is the revised frequency likelihood score after any risk mitigation actions are completed. Please indicate the appropriate number between 1 and 5 based on the revised risk state.

38. Revised Risk Score – Severity Consequence: this is the revised severity consequence score after any risk mitigation actions are completed. Please indicate the appropriate number between 1 and 5 based on the revised risk state.

39. **Note:** Any scheme with an overall revised risk rating score of 15+ will go on the Corporate Risk Register.

40. Does the risk treatment plan impact on risk in other areas: please respond either yes or no.

41. If yes, please indicate are select 'Other Division', 'Strategic Objectives of Trust' or 'External Stakeholders' from the drop down.

42. How are these area(s) affected: please provide further information of these other area(s) are affected by the risk treatment plan for this scheme.

43. Is there a risk on the Risk Register - Please chose option *Yes *No.

44. Care Group Management Authoriser: please enter name(s) of Care Group Manager required to authorise the QEIRA.

45. QEIRA ready for submission to Divisional Manager for Sign Off: Please indicate whether the QEIRA is now ready to be submitted to the Divisional Manager authorising the scheme for sign-off. 'Yes' is automatically selected for this question.

46. Attachments: please add any attachments to be considered alongside the QEIRA. The following attachments are required:

    a. Financial workings.

    b. Any additional risk mitigation actions not already outlined in the form.

Once the QIRA has been saved it will create a Unique Identifier (UID). Please take note of this for reference. You can use the UID to search the QEIRA in further as well as the scheme title.

Step 2

Once you are happy for the QEIRA to be submitted for approval, press 'Save' at the bottom of the form. This will display a 'Thank You' page showing who to contact if you require any further information.

The form will be saved and go to the Divisional finance meetings with the Divisional triumvirate to be reviewed. The outcome options are:

- Care Group Management Approved.
- Care Group Management in Query.
- Care Group Management Declined.

The Divisional panel will occur fortnightly.

Step 3

Following Care Group sign off it will go to the Executive panel (which is led by the DoN, M and AHPs and CNO).

The outcome options are:

- Approved.
- In Query.
- Declined.

Once the QIRA has been signed off it will be added to the Finance WRP Tracker and given a Unique Identifier (UID).

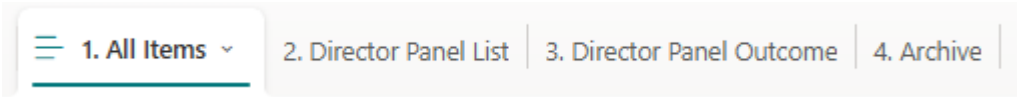
If you need to go back into the QEIRA to review or check the progress of the QEIRA, then you can do so through the QEIRA homepage. There are Divisional Views available that show the QEIRAs submitted for your division:

The Executive board will occur fortnightly (opposite fortnight to Divisional board).

In the event of a QEIRA required urgent review an extraordinary board can be formed in this instance.

Views

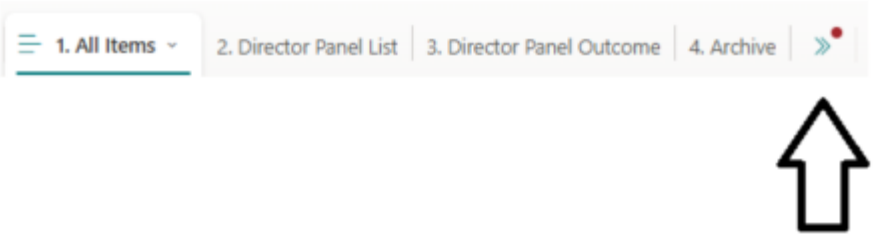
Four view finders have been created and pinned:



1. All Items: every QEIRA will show in here, this is the full list.
2. Director Panel list: This filtered so that QEIRAs that have been labelled as ‘Approved’ by the Care Group Management, will appear here to go to Director Panel.
3. Director Panel Outcome: This shows all QEIRAs that have an option completed by: Care Group Management, CD and Head of Nursing. The options can be: ‘Approved’, In Query, Declined’.
4. Archive: This is filtered so that all QEIRA’s that have the outcome ‘Archive’ in the ‘Status’ column appear here. Options to be archived are: ‘Live 2526’, ‘Live 2627’, ‘Archive’. If an QEIRA has been declined – It can be archived for the audit trail.

   Once a scheme is complete (it benefits realised / actuals taken) the QEIRA can then be archived. To do this we will select ‘Archive’ in status. The QEIRA will not be deleted. It is still available for view within the audit trail.
5. There are Care Group lists that you can access by clicking on the arrows at the right of the view.

6. will provide a drop down for you to choose from:



Appendix 4. Template for RASCI

Introduction

The downloadable template is to be used when undertaking a RASCI assessment to clarify roles and responsibilities in the delivery of quality care.

RASCI stands for: Responsible, Accountable, Support, Consulted, Informed.

The template can be used flexibly. It could be used to support care delivery to individuals, or across a team, service, organisation, or pathway.

How to use the RASCI tool

Those using the RASCI tool should take the following steps.

1. Undertake an initial diagnostic to understand what the issues are.
2. Agree which people and stakeholders need to be involved.
3. Agree key tasks and functions.
4. Collectively discuss and agree roles and responsibilities.
5. Agree any actions and mitigations.
6. Continue to monitor and review progress, re-doing the RASCI as required.

Those using RASCI should also draw on good practice, as set out in the tool, including:

- Focusing first-and-foremost on people using services and staff.
- Using the tool as a communication tool, to gather views and agree responsibilities across all key stakeholders.
- Ensuring that any actions and mitigations informed by using the RASCI are SMART (specific, measurable, actionable, realistic and time-bound).

Appendix 5. (QEIA 8) Prompts for QEIA - Guidance

Category	Information
Equalities	**Does the piece of work involve or have a negative impact on:** • Eliminating unlawful discrimination, victimisation and harassment. • Advancing quality of opportunity. • Fostering good relations between protected and non-protected groups. **Consider:** • Communication needs. • Information requirements. • Participation. • Access.
Health Inequalities	**Consider location and impact on:** • The most deprived 20% Of national population as identified by the index of Multiple Deprivation. • The most deprived 20% of the region's population as defined by the Income Deprivation Affecting Children Index (IDACI). • Other Vulnerable Groups e.g.: ▪ Carers o Socio Economic. ▪ Armed Forces. ▪ People with substance/alcohol abuse challenges. ▪ Sex Workers. ▪ Care experience people (Looked after children and young people). ▪ Carers of patients: unpaid, family members.

Category	Information
	▪ Homeless people rough sleepers; staying temporarily with friends /family; in hostels or Bed and Breakfasts. ▪ People involved in the criminal justice system: offenders in prison/on probation, ex-offenders. ▪ People with addictions and/or substance misuse issues. ▪ People or families on a low income. ▪ People with low literacy or health Literacy: (e.g., poor understanding of health services poor language skills). ▪ People living in deprived areas for example indexes of multiple deprivation. ▪ People living in remote, rural and island locations. ▪ People seeking Sanctuary seekers, Migrants, Refugees. ▪ People who have experienced human trafficking or modern slavery. ▪ Lone parents o Domestic and sexual violence. ▪ Ex-service personnel / veterans o Gypsies, Roma and Travellers. ▪ Other groups experiencing health inequalities specific to your policy (please describe).
Patient Safety	**What are the known patient safety issues/ Is there a potential impact on avoidable harms?** • What are the known patient safety issues/ Is there a potential impact on avoidable harms? • How will the planned changes to service provision provide evidence of improved or continued safe care? • Is there a potential impact on the ability to deliver fundamental standards of care as defined by the HSCA? • Is there an increased risk of regulatory breaches and enforcement action? • Will the plans impact on the ability to protect children, young people and adults? • Have staffing, skill mix, and workload issues been considered within the plans? • Is there a risk that patients with higher clinical need won't access the service/ Could waiting for care and treatment lead to harm?
Clinical Effectiveness	• Are the planned changes in line with the most up-to date guidance ensuring the provision is evidence based?

Category	Information
	• Do the changes impact on ensuring that care is delivered in the most clinically and cost-effective setting? • Could the changes in the services result in an increased patient acuity that impacts on services in other ways? • Will there be gaps in pathways because of the changes? • Is there a potential impact on patient outcomes? • How is clinical evidence being used to monitor the impact on patients?
Experience	• Is there a potential impact on access to care and treatment? • Will patient choice be affected? • Will some people be more disadvantaged by the proposed changes e.g., further travel/ public transport? • Is there a potential impact on patient satisfaction and complaints/ What level of public support do you anticipate for the changes? • How will people be involved and informed of any changes to services? • How will people be involved in the decision making? • How will patients experience be monitored?
Systems / Operational Impacts	• What is the impact and is there a shared risk across providers or the system / Are there wider impacts on other services, organisations, stakeholders? • Is there clarity of accountability and responsibilities across organisations. • Will this impact on the delivery of the ICB's strategy or the operational plans? • Is there a potential impact on public perception and confidence? • Are there wider concerns about workforce and capacity in services? • Are services and organisations experiencing sustained and significant service pressure or disruption? • Will changes in service threshold result in an increase in acuity of patient needs that impact on services in other ways (i.e., longer length of stay, more intervention needed, reduce patient flow)?

Appendix 6. (QEIA 9) Outcome Threshold Key and Risk Assessment

For Initial Assessment- Outcome Threshold Key:

Outcome		
Impact	**Level**	**Description**
No Impact	**No Impact**	There is no impact on the group from the proposed change.
Positive	**Excellent**	Multiple enhanced benefits include excellent improvement in access, experience and/ or outcomes for patients. This leads to consistently improved standards of experience and an enhancement of public confidence, significant improvements to performance, and an improved and sustainable workforce. Outstanding reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
	Major	Major benefit leading to long term improvements and access, experience and/or outcomes for people. Benefits include improvements in the management of patients with long term conditions and compliance with national standards. Major reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
	Moderate	Moderate benefits requiring professional intervention with moderate improvement in access, experience and/or outcomes for people. Moderate reduction in health inequalities by narrowing gap in access, experience and/or outcomes between people with protected characteristics and general population.
	Minor	Minor improvement in access, experience and/ or outcomes for people. Minor reduction in health inequalities by narrowing gap in access, experience and/or outcomes between people with protected characteristics and general population.
	Negligible	Negligible improvement in access, experience and/ or outcomes for people. Negligible reduction in health inequalities by narrowing gap in access, experience and/or outcomes between people with protected characteristics and general population.
Neutral	**Neutral**	The impact is neither positive nor negative – overall the group is not advantaged or disadvantaged
Negative	**Negligible**	Negligible negative impact on access, experience and/or outcomes for people. Negligible increase in health inequalities by widening the gap in access, experience and/or outcomes between people with protected characteristics and general population. Potential to result in minimal injury or illness requiring no/minimal intervention or treatment, peripheral element of treatment or service suboptimal.

Outcome		
Impact	**Level**	**Description**
	Minor	Minor negative impact on access, experience and/ or outcomes for people. Minor increase in health inequalities by widening the gap in access, experience and/or outcomes between people with protected characteristics and general population. Potential to result in minor injury or illness requiring minor intervention or treatment, peripheral element of treatment or service suboptimal.
	Moderate	Moderate negative impact on access, experience and/ or outcomes for people. Moderate increase in health inequalities by widening the gap in access, experience and/or outcomes between people with protected characteristics and general population. Potential to result in moderate injury or illness requiring professional intervention.
	Major	Major negative impact on access, experience and/ or outcomes for people. Major increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in major injury or illness leading to impairment for over 28 days.
	Catastrophic	Catastrophic negative impact on access, experience and/ or outcomes for people. Major increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in incident leading to death, permanent injuries. Totally unacceptable level does not meet required standards.

Appendix 7. For Full QEIA- Risk Assessment

To manage risks effectively, it is crucial to ensure that both the initial (inherent) and residual risk is assessed. The initial (inherent) risk assessment gives an indication of the impact of the risk should controls fail. The residual risk assessment shows the current level of the risk remaining after mitigating controls are applied.

A standardised approach is taken across the ICB to analyse and measure risk, this is detailed below. Managers must ensure that, for their area, risk assessments are carried out and documented, and that the necessary control measures are implemented in order to reduce risks. The level of detail in the risk assessments and any subsequent action taken should be proportional to the risk.

Step 1 Determine the Consequence Score.

This is offered as guidance when completing a risk assessment, either when an incident has occurred or if the consequence of potential risks is being considered. Choose the most appropriate domain for the identified risk from the left-hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column. Note consequence will either be negligible, minor, moderate, major or catastrophic.

Appendix 8. Table 1: Consequence Score

Impact score (consequence levels) and examples of descriptors

1	2	3	4	5
Very Low	**Low**	**Moderate**	**High**	**Very High**
• Minimal injury requiring no/ minimal intervention or treatment. • Peripheral element of treatment or service suboptimal. • No impact across services or providers reducing patient flow. • Unsatisfactory patient experience, Informal complaint/ concern • Minimal loss or interruption to the service. • A partner	• Minor illness or injury first aid or minor intervention/ treatment needed. • Minor implications for patient safety if unresolved. • Reduced performance if unresolved. • Limited impact across services or providers reducing patient flow. • Partner organisations will experience short term and service pressure or disruption. • Unsatisfactory patient experience which is readily resolvable.	• Moderate illness or injury requiring treatment or intervention. • An event which impacts on a small number of patients. • Moderate impact across services in one provider reducing patient flow. • Partner organisations will experience time limited and moderate service pressure or disruption. • Treatment or service has reduced effectiveness and has moderate implications for	• Major illness or injury resulting in sensory, motor, or intellectual impairment that has lasted, or is likely to last for a continuous period of at least 28 days. • Major impact across services and providers in a place or the whole system reducing patient flow. • Partner organisations will experience sustained and major service pressure or disruption. • Treatment or service has significantly reduced	• An issue which impacts on a large number of patients, increased probability of death or irreversible permanent health effects. • Major impacts across services and providers in in a place or the whole system with a significant reduction in patient flow. • A large number of partner organisations will experience sustained and critical service pressure or disruption. • Totally unacceptable level or quality of treatment/ service

1	2	3	4	5
Very Low	**Low**	**Moderate**	**High**	**Very High**
organisation may experience brief service pressure or disruption. • Short term low staffing levels temporarily reducing service quality. • Minor noncompliance with standards and/ or policies • No or little impact on fundamental standards of care and regulatory standards.	• Short term reduction in public confidence • Short term loss or service interruption over 8 hours • Ongoing low staffing level reducing service quality. • Noncompliance national and local standards and/ or policies and procedures. • Minor impact on fundamental standards of care and regulatory standards.	patient safety if unresolved or not acted on. • Mismanagement of patient care • Late delivery of key objectives/ service requirements. • Longer term reduction in public confidence. • Service loss or service interruption over 1 day. Ongoing safe staffing concerns impacting on patient safety and ability to attend mandatory or key training. • Noncompliance national and local standards and/ or policies and procedures with risks to patients if unresolved.	effectiveness and has major implications for patient safety if unresolved or not acted on. • Serious mismanagement of patient care with long term impact. • Uncertain delivery of key objectives/ service requirements. • Major reduction in public confidence. • Unsafe staffing levels significantly impacting on patient safety and limited ability to attend mandatory or key training. • Major non-compliance with national and local standards and/ or policies and procedures with	with significant impacts on patients. • Totally unsatisfactory patient outcome or experience. • Serious mismanagement of patient care with long term impact. • Total loss of public confidence. • Non-delivery of key objectives/ service requirements. • Ongoing unsafe staffing levels significantly impacting on patient safety and no ability to attend mandatory or key training.

1	2	3	4	5
Very Low	**Low**	**Moderate**	**High**	**Very High**
		• Moderate impact on fundamental standards of care with regulatory breaches identified and enforcement action.	significant risks to patients if unresolved. • Some fundamental standards of care are not being delivered with regulatory breaches identified and more significant enforcement action.	• Total non-compliance with national and local standards and/ or policies and procedures with significant risks to patients if unresolved. • Complete system change required. • Permanent loss of service or pathway • Significant risk that all fundamental standards of care are not being delivered with regulatory breaches identified and more significant enforcement action.

Step 2. Determine the Likelihood Score.

Now determine what is the likelihood of the impact occurring. The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency. The frequency-based score will either be classed as rare, unlikely, possible, likely or almost certain.

Table 2: Likelihood score:

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency- How often might it/ does it happen	Only occurs in exceptional circumstances. No impact on service user	Could occur at sometime within 1 to 5 years. Minimal impact on service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing.	Could occur in the next 12 months. Moderate impact on service user which will directly affect their experience and will require amendment to their current care. This may affect health and well-being.	Will probably occur in the next 6 months. Major impact on service user which will directly affect their experience and will require major changes to their current care delivery model. This is likely to affect the health and wellbeing of the individual and support network.	Expected to occur in the next 3 – 6 months. Significant impact on service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This will affect a number of service users, partner agencies and support systems.

Step 3. Assigning a Risk Rating

Now apply the consequence and likelihood ratings to give you a risk rating for each of the risks you have identified. Calculate the risk rating by multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score).

Table 3: Risk rating = consequence x likelihood (C x L).

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Low	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1-6	Low risk
	8-10	Moderate risk
	12-16	High risk
	20-25	Extreme risk