Instructions

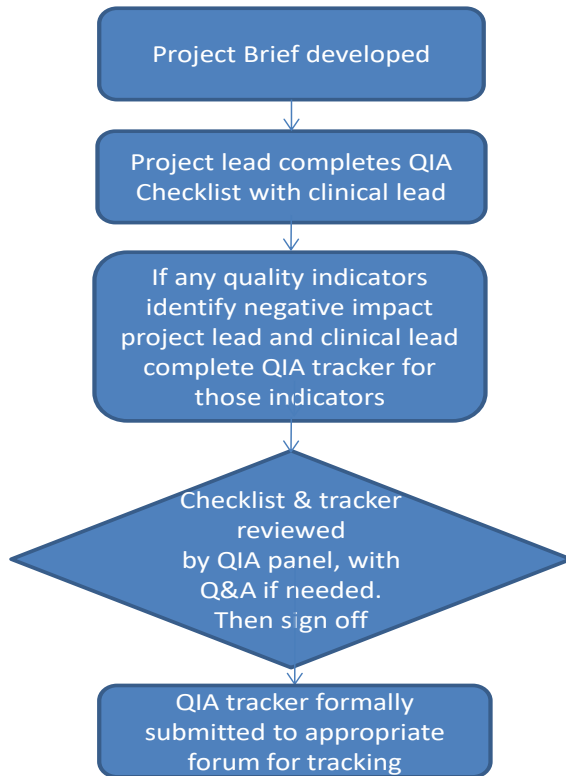This QIA process contains two stages:

1. QIA Checklist
2. QIA Tracker

The Checklist is to be completed first by the project lead and clinical teams, using information from the project brief, and/or business case. This is to screen out whether the full tracker is required.

If potential for a negative impact is identified, that quality indicator should be pulled through to the QIA Tracker and explored in detail.

If no negative impacts are expected then it is not necessary to complete the QIA Tracker section.

Once completed QIAs should be sent to the Quality Team, copying in the PMO Transformation Lead.

Ongoing management of KPIs and risks should be managed through existing mechanisms, (e.g. risk logs, KPI monitoring processes, financial tracking processes etc), this is not designed to replace regular monitoring.

Project Brief developed

Project lead completes QIA Checklist with clinical lead

If any quality indicators identify negative impact project lead and clinical lead complete QIA tracker for those indicators

Checklist & tracker reviewed by QIA panel, with Q&A if needed. Then sign off

QIA tracker formally submitted to appropriate forum for tracking

Quality Impact Assessment Checklist

Project Name	Transformation of Dementia Community Services
Portfolio (bucket)	Integrated Commissioning
People completing the QIA	Emily Francis, Jo Dickinson, Nancy Smith
Date	15/08/19

	RAG RATING	QIA Panel Comments
PATIENT SAFETY		
CLINICAL EFFECTIVENESS		
PATIENT EXPERIENCE		
INEQUALITIES OF CARE		
STAFF EXPERIENCE		
TARGETS / PERFORMANCE		
PROMOTING WELLBEING		

QIA Panel names:	

Quality Impact Assessment Checklist

To be completed by the Clinical Lead and Project Manager

Please complete this tracker for all projects, to identify whether there could be a potential impact on the quality indicators shown.

If no negative impacts are identified then it is not necessary to complete the next tab - QIA Tracker

Project Name	Transformation of Dementia Community Services	QIA APPROVED:	
Portfolio (bucket)	Integrated Commissioning	Signature: Quality Lead Nurse:	
Date	15th August 2019	Date:	

Quality indicators to be risk assessed

Risk to	Quality Indicator	Quality Impact Assessment Please 'X' ONE for each Chance of Impact on Indicator Positive Impact	No Impact	Negative Impact	Project Manager Comments Name: Emily Francis Date: 15/08/19 Comments (if required) from the person completing the QIA assessment	QIA Panel Comments Name: Date: Comments by the Quality Team or QIA panel approving the QIA
PATIENT SAFETY	Patient safety adverse events including avoidable harm and Patient Safety Alert Services (PSAS)	x			The model will work to prevent patients and their carers going into crisis.	
	Medicine management and safe administration	x			Increased capacity to the service will enable the team to continue this.	
	Mortality HSMR/SHMI		x			
	Any Infection control issues including MRSA/Cdiff		x			
	CQC: Visits and Registration		x			
	NHSLA / CNST		x			
	Essential training	x			The team will deliver bespoke dementia training courses which will significantly improve the existing dementia offer in South East Essex care homes, hospitals, domiciliary care agencies, etc.	
	Workforce (vacancy turnover absence and revalidation)	x			More capacity to the service will relieve existing pressures in the system	
	Safe, clean, comfortable and well maintained environments/equipment		x			
	NICE Guidance and Quality Standards, VTE, Stroke, Dementia	x			The model has been created according to several different guidance's and frameworks listed in the business case	
	Helping people recover from ill health/ injury and preventing people from dying prematurely	x			The service will support individuals pre, peri & post diagnosis and so identifying dementia earlier will achieve this.	
	Other Outcome Guidance e.g. PROMs		x			
	Other external accreditation e.g. RCN		x			
	National clinical audit/research and development		x			

Category	Metric				Description	
CLINICAL EFFECTIVENESS	**Clinical outcomes**	x			**The service will improve clinical outcomes for patients.**	
	Breastfeeding rates		x			
	Emergency bed days	x			**The service will work on admission avoidance and so will be reducing the risk of crisis and therefore emergency bed days, length of stay and readmission.**	
	Length of stay	x			**As above**	
	Emergency re-admissions (30 day)	x			**As above**	
	Minor Injuries Standards		x			
	Day case rates		x			
PATIENT EXPERIENCE	**Patient feedback (e.g. FFT, NHS Choices, comments, compliments concerns, complaints, national and local surveys)**	x			**Extensive public consultation has taken place and this feed into the creation of the new model.**	
	Patients, Carers and Public engagement	x			**As above**	
	Waits for admission / Treatment	x			**Increased capacity to the service will enable this.**	
	Mixed Sex breaches		x			
	Delayed Discharge	x			**The team will work with care homes & care providers**	
	End of Life pathway	x				
	Cancelled day case operations		x			
	Waiting times for therapy services	x			**Increased capacity**	
	Making every contact count	X			**This always has to be considered. he service we are moving to will have much fewer hand offs.**	
INEQUALITIES OF CARE	**Access to services - equality impact**	x			**This always has to be considered. he service we are moving to will have much fewer hand offs.**	
	Variation in care provision	x			**Increased capacity and range of different staffing**	
STAFF EXPERIENCE	**Workforce capability care and skills**	x			**Bespoke dementia training. The transformation model uses team members in support worker, associate practitioner and qualified roles, in bands 3, 4, 5, 6 and 7, allowing a carer pathway and personal development within the service, while still gaining a broad range of experience, across the service functions and will allow support staff to train in service to become registered nurses over time. This 'grow your own' model also increases staff retention and job satisfaction.**	
	Working practice	x				
	Staff satisfaction (e.g. FFT, annual staff survey / local surveys)	x			**Increased capacity to the service will relieve existing pressures.**	
	Mandatory Training compliance	x				
TARGETS / PERFORMANCE	**Performance**	x			**increased capacity will allow more efficient diagnoses**	
	Achievement of local, regional, national targets	x			**Increase in dementia diagnosis rates in Southend, Castle Point & Rochford**	

PROMOTING WELLBEING (in the provision of care and support)	Persons sense of personal dignity (including treatment of the individual with respect)	x			The service offers bespoke support to each individual i.e. will see them in a place of their own choosing.	
	Persons physical and mental health and emotional wellbeing	x			The service will also support the carers of individuals with dementia. The new service will also link in with IAPT and so will better support older people with depression.	
	Abuse and neglect (safeguarding)	x			robust safeguarding policy	
	Personal control over day-to-day life (including over care and support provided and the way it is provided)	x			Service will support person with dementia and their carers to access Adult social care if required	
	Opportunities for participation in work, education, training or recreation	x				
	Social and economic wellbeing	x				
	Domestic, family and personal relationships	x				
	Suitability of living accommodation	x			The service will assess this and make recommendations.	
	Personal contribution to society including sustainability		x			

pact Assessment - Tracker

ed by the Clinical Lead and the Project Manager.   Please complete this tracker for all quality indicators that have identified a negative impact, just for that line.
impact has been identified it is not necessary to complete this tracker.

ed the risks from this section should be included in the individual project risk log to ensure they are monitored and mitigated appropriately. In addition they
ied and pasted into the overall QIA risk tracker to ensure they are reported and tracked by the Transformation PMO Team.

sment Matrix

Risk matrix		Severity / Impact / Consequence				
		None/Near Miss	Low	Moderate	Severe	Catastrophic
	SCORES	1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Certain	5	5	10	15	20	25

(Row label on left axis: Likelihood of recurrence)

	Risk Scores
Very Low Risk	1-3
Low Risk	4-6
Moderate Risk	8-12
High Risk	15-25

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Negative Impact area	Description of negative impact and or risk	Likelihood	Impact	Risk Rating	Mitigating actions/controls	Residual Risk Rating	Escalation & risk tracking	Corresponding metric(s)	Tracking / monitoring forum	Risk owner