

Quality Impact Assessment (QIA) Guidance

All services are now required to complete a QIA for each of their CIP schemes. The guidance and risk calculator on this slide should be used to complete the following Quality Impact Assessment Detail slide(s).

Patient Safety	<ul style="list-style-type: none"> • Clinical risk to patient • Health and safety risk to patient • Hazards which may impact upon patient safety • Environmental hazards for patients • Potential distress to patient • Infection Prevention and Control 	Clinical Effectiveness	<ul style="list-style-type: none"> • Risk to outcomes for patient • Impact on pathway of care and best practice treatment • Readmission rates to acute provider • Mortality rate
Patient Experience	<ul style="list-style-type: none"> • Access (equality and diversity) • Communication • Impact of location or service change on experience as perceived by service user • Staff experience impacting on patient experience • Perceived reputation of trust from service users (public) • Length of stay for patient 	Mitigations	<ul style="list-style-type: none"> • Actions to address staff and patient experience • Actions to ensure business objectives are met • Estates actions and communications required • Support services impact and actions to mitigate impact • Patient/public engagement required • Governance changes required • Equality and diversity adjustments required

Quality Indicator(s): Consider Key Performance Indicators (KPIs) and metrics such as incidents, complaints, clinical outcomes, staff satisfaction, patient satisfaction surveys, temporary staffing levels, bed utilisation, waiting lists, typing turnaround, staff sickness and absence.

Double click on the QIA calculator (right) to enter your scores. The calculator will automatically tell you your overall QIA score. Transfer your scoring on to the following Quality Impact Assessment Detail slide(s) for the relevant year

	Enter Consequence	Enter Likelihood	Automatic Score
Patient Safety	1	1	2
Clinical Effectiveness	2	2	4
Patient Experience	2	2	4
Overall Risk Score	5		

Quality Impact Assessment Detail

Scheme No.	Scheme Name	Patient Safety Score and Detail	Clinical Effectiveness Score and Detail	Patient Experience Score and Detail	Overall Score	Outline your key Mitigations	Quality Indicators (KPIs, metrics etc)	Comments from Director of Nursing and Medical Director
	Transfer of Activity from DUHFT	<p>Consequence = 1 Likelihood = 1 Total risk = 1</p> <p>Detail: No identifiable risk to patient safety. Actions are likely to improve the situation by ensuring increased support service from on site facilities at DCH</p>	<p>Consequence = 2 Likelihood = 2 Total risk = 2</p> <p>Detail: Small identifiable risk to recruit further theatre staff. Service on this site will improve Medical clinician cover</p>	<p>Consequence = 2 Likelihood = 2 Total risk = 4</p> <p>Detail: The current service provision is inequitable as Bridport patients the only group or patients outside of the DT2 area who have access to a service in their town.</p> <p>The change in the service would result in further travel for Bridport patients but will provide a service equitable with all other Non DT2 patients. Increase provision at DCH may also decrease travel for other patient groups who are currently</p>	5 – using risk calculator	<ul style="list-style-type: none"> all communications be undertaken with support from DUHFT and Dorset CCG to ensure clear and agreed communications. Full disclosure and inclusion in the process enabling them to manage behaviors and communications. Recruitment of staff in a timely fashion – Start recruitment process early and use bank staff where appropriate. Explore recruitment of Bridport theatre staff where appropriate. Sweatina 	Good patient experience via complaint monitoring and FERVs	

Quality Impact Assessment Detail

Scheme No.	Scheme Name	Patient Safety Score and Detail	Clinical Effectiveness Score and Detail	Patient Experience Score and Detail	Overall Score	Outline your key Mitigations	Quality Indicators (KPIs, metrics etc)	Comments from Director of Nursing and Medical Director
						<ul style="list-style-type: none"> • <i>Local primary care providers to be informed of new pathway with dissemination of referral flow chart.</i> • <i>Move would be a pilot to be reviewed after initial 6 month period.</i> • <i>Discussions needed with RBCH over best care of patients requiring Medical ophthalmic inpatient intervention during daytime hours.</i> • <i>Paediatrics will be unaffected as these OOH surgical emergencies are already transferred to SUH.</i> 		