

Quality Impact Assessment (QIA)

1. DETAILS	
CIP No. (ref. CIP tracker)	
Scheme Title:	
Project Lead:	
Directorate:	
Project Overview and Objectives: <i>The overview should provide sufficient information without the need to refer to other documentation</i>	
Financial Benefits (savings in £000s) Recurring/Non-recurring:	

2. RAPID ASSESSMENT (to be completed for all CIPs):																																																
<p><i>If you answer YES to any of these questions a full impact assessment is required – please complete section 3 below</i></p>	<p>Is the scheme going to impact on workforce? Y/N</p> <p>Is the scheme going to impact on service delivery? Y/N</p> <p>Is the financial benefit over £50k? Y/N</p> <p>Does the initial risk review for the overall project score 4 or above (circle matrix below)? Y/N</p>																																															
<p style="text-align: center;">RISK ASSESSMENT MATRIX – LEVEL OF RISK</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2" rowspan="2">Likelihood</th> <th colspan="5">Consequence</th> </tr> <tr> <th>Negligible 1</th> <th>Minor 2</th> <th>Moderate 3</th> <th>Major 4</th> <th>Catastrophic 5</th> </tr> </thead> <tbody> <tr> <td>Rare 1</td> <td>1</td> <td style="background-color: #00ff00;">1</td> <td style="background-color: #00ff00;">2</td> <td style="background-color: #00ff00;">3</td> <td style="background-color: #00ffff;">4</td> <td style="background-color: #00ffff;">5</td> </tr> <tr> <td>Unlikely 2</td> <td>2</td> <td style="background-color: #00ff00;">2</td> <td style="background-color: #00ffff;">4</td> <td style="background-color: #00ffff;">6</td> <td style="background-color: #ffff00;">8</td> <td style="background-color: #ffff00;">10</td> </tr> <tr> <td>Possible 3</td> <td>3</td> <td style="background-color: #00ff00;">3</td> <td style="background-color: #00ffff;">6</td> <td style="background-color: #ffff00;">9</td> <td style="background-color: #ffff00;">12</td> <td style="background-color: #ff0000;">15</td> </tr> <tr> <td>Likely 4</td> <td>4</td> <td style="background-color: #00ffff;">4</td> <td style="background-color: #ffff00;">8</td> <td style="background-color: #ffff00;">12</td> <td style="background-color: #ff0000;">16</td> <td style="background-color: #ff0000;">20</td> </tr> <tr> <td>Certain 5</td> <td>5</td> <td style="background-color: #00ffff;">5</td> <td style="background-color: #ffff00;">10</td> <td style="background-color: #ff0000;">15</td> <td style="background-color: #ff0000;">20</td> <td style="background-color: #ff0000;">25</td> </tr> </tbody> </table> <p>Key: Low Risk 1-3 Moderate Risk 4-6 High Risk 8-12 Extreme Risk 15-25</p>		Likelihood		Consequence					Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	Rare 1	1	1	2	3	4	5	Unlikely 2	2	2	4	6	8	10	Possible 3	3	3	6	9	12	15	Likely 4	4	4	8	12	16	20	Certain 5	5	5	10	15	20	25
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<p>Is a full QIA required? Y/N <i>(If NO, please send a signed copy of this report to the PMO – if YES please complete section 3)</i></p>																																																
Print Name and Title:	Signature:																																															

3. FULL IMPACT ASSESSMENT:				
All sections must be complete	Impact Details (include mitigation / control – <i>do these measures address the risk?</i>) SCORE EACH RISK LISTED	Consequence	Likelihood	Score
<p>Risk to Patient Safety <i>Does the project have the potential to impact on the safety of patients, staff or any other person?</i></p>				
<p>Risk to Clinical Effectiveness <i>Have clinicians been involved in developing the project? Is there evidence to support the project (case studies, best practice, NICE guidelines etc.)?</i></p>				

Risk to Patient Experience – <i>Consider healthcare environment, dignity and respect of patients, families and carers etc. waiting times, access to services, equality and diversity</i>				
Overall risk score:				
Scores <u>over 12</u> must be added to the Directorate Risk Register			Datix reference:	
Benefit for patients:				
Quality Indicators:	<i>(detail any performance measures or KPIs that will be used to monitor the impact of this scheme)</i>			
Discussed at DMT meeting:			Date:	
Date of meeting at which QIA will be formally reviewed (see section 5) :			Date:	
SIGNATURES:				
Approved by CLINICAL DIRECTOR or EXECUTIVE LEAD for Facilities/Corporate Directorates:			Signature:	
Name:				
Date:				
Approved by DSN or HEAD OF DEPARTMENT for Facilities and Corporate Directorates:			Signature:	
Name:				
Date:				
PLEASE SEND TO PMO FOR FURTHER SIGNATURES				
FOR COMPLETION BY THE MEDICAL DIRECTOR AND DIRECTOR OR NURSING				
Does the QIA require escalation to the OETB? (please circle) Y N <i>(If NO, please sign below and return to the PMO – if YES please return to the PMO who will ask for the document to be added to the OETB agenda)</i>				
IF ESCALATION IS NOT REQUIRED:				
Approved by Medical Director:		Signature:	Date:	
Approved by Director of Nursing:		Signature:	Date:	
PLEASE RETURN TO PMO				
IF ESCALATION TO OETB IS REQUIRED				
Date of OETB meeting at which QIA was discussed:				
QIA approved by the Chair of OETB (Chief Executive):			Signature:	
			Date:	
PLEASE RETURN TO PMO				

6 MONTH POST IMPLEMENTATION REVIEW (TO BE COMPLETED up to 6 MONTHS POST IMPLEMENTATION):	
QIA was reviewed formally at the following meeting/s: <i>The purpose of the subsequent reviews is to ensure that proposed mitigating actions or other measures are put in place and are effective in managing risks to quality.</i>	
Have the risks identified in the QIA and been addressed? <i>What scheme amendments or other measures have you implemented to manage the risk? Do these measures adequately address the risk, what is the residual risk?</i>	
Have you identified any further risks or unintended adverse consequences of the implementation of this scheme? How will these be managed? <i>What scheme amendments or other measures will you implement to mitigate this risk?</i>	
What was the predicted impact on service quality of this scheme? (Reduces, Improves or Maintains Quality) <i>Please quantify what the actual impact has been.</i>	
Approved by CLINICAL DIRECTOR or EXECUTIVE LEAD for Facilities/Corporate Directorates: Name: Date:	Signature:
Approved by DSN or HEAD OF DEPARTMENT for Facilities/Corporate Directorates: Name: Date:	Signature:
PLEASE SEND TO PMO FOR FURTHER SIGNATURES	
FOR COMPLETION BY THE MEDICAL DIRECTOR AND DIRECTOR OR NURSING	
Does the QIA review require escalation to the OETB? (please circle) Y N <i>(If NO, please sign below and return to the PMO – if YES please return to the PMO who will ask for the document to be added to the OETB agenda)</i>	
IF ESCALATION IS NOT REQUIRED:	
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Date:	
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Date:	
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QIA approved by the Chair of OETB (Chief Executive):	Signature:
Date:	
PLEASE RETURN TO PMO	