Quality Impact Assessment : QIPP Project (Quality, Innovation, Productivity and Prevention) 2018/19

Section A

Project Name	Domestic Violence Project – addition of Read codes to clinical system
UI Number	N/A
Project Lead	Liz Corrigan
Quality Lead	Sukhi Parvez
Programme Board	Primary Care Commissioning Committee
Verifying Clinician	N/A
Project Overview	Wolverhampton Safer Partnership, Wolverhampton Domestic Violence Forum, alongside Wolverhampton CCG safeguarding team, have been working to improve the way domestic violence incidents are dealt with across primary care. Primary care support services have been introduced, and referral pathways have been refreshed so that it is easier for practice staff to report concerns and incidents. 1. A Multi Agency Risk Assessment Conference (MARAC) is a local, multi agency victim-focused meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies. Primary Care are often the first agency to have contact, or multiple contact, with an individual experiencing domestic violence, so it is important that risks and concerns are recorded within the patient notes so a true reflection of all risks are presented to MARAC. Part of the development work taking place improving reporting, and identifying incidents on patient notes is a vital part of this. It is known that if there is a repeat incident within a 12 month period, there is a high and serious risk of imminent death. Previous domestic homicide reviews have indicated that the majority of cases are known to MARAC and have been repeat incidents. In order to accurately track and identify any repeat incidents, patient records need updating with any incidents that have occurred over the last 12 months. These have already been identified, and need including on the patient records at the patients practice. By including this information on the patient records, safeguarding duty is being realised, and support to MARAC is being provided. This is a preparatory piece of work to enable all agencies concerned to have the information required over the next 12 months, while this work is embedded. It will be part of safeguarding duty that this practice of coding on patient records will occur as incidents occur as part of business as usual.
Quality Indicators	1. Improving the quality and safety of the services we commission - via improving intelligence around risks associated with DV, and taking proactive measures to prevent harm. 2. Reducing Health Inequalities in Wolverhampton - to ensure that people at risk of DV are referred and signposted to the appropriate services in a timely manner through the sensitive sharing of intelligence.
KPI Assurance (sources & reporting)	Practices will confirm that they have added the relevant codes to their clinical system, CCG team will be provided with numbers as a comparison for validation.

Section B

ASSESSMENT

	Positive Impact of the Project on:	Negative Impact of the Project on:
Patient Safety	By identifying DV survivors GP staff can be aware of risk and re-refer if necessary.	There is a risk that perpetrators may become aware of the referral if attending with the survivor and this may increase risk.
Patient Experience	DV survivors will have faster and more efficience access to MARAC and IDVA services.	DV survivors may not want the information around their referral to be known by their GP.
Clinical Effectiveness	Having information on referrals will allow clinical staff to make a judgement based on previous risk and patient clinical history.	DV survivors attending for non-DV related issues may be unfairly judged by staff to have DV related health problems and this may impact on referral onwards and clinical treatment.
Mitigation	Practices will be asked to enter a Read code to indentify that a DV survivor has been referred to MARAC in the previous 12 months, it is also recommended that they add a discreet alert on the notes that flags the referral but does not highlight it to a perpetrator who may attend the surgery with the survivor as part of a controlling relationship and increase that person's risk. Practices are receiving face to face training and support from WDVF to help with the indentification and risk assessment of DV survivors, and a pathway of management. The aim of this is to highlight risks, but also to ensure that survivors can access services in a safe and timely fashion.	

Section C

Risk Grading (What is the Risk of the Negative Impact occurring)

	Likelihood Score	Consequence Score	Overall Risk Score	
	1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost Certain	*1 Negligible; 2 Minor; 3 Moderate; 4 Major; 5 Catastrophic*	*Likelihood x Consequence (L x C) = R (Risk score)*	*Drop Down Selection*
Patient Safety	*1*	*2*	*2*	**1 to 3: Low Risk**
Patient Experience	*1*	*2*	*2*	**1 to 3: Low Risk**
Clinical Effectiveness	*1*	*1*	*1*	**1 to 3: Low Risk**

Risk Scoring Guide:

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode.

If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score

3 Determine the consequence score (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

4 Calculate the risk score the risk multiplying the likelihood by the consequence: L (likelihood) x C (consequence) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

	Likelihood				
Likelihood score	1	2	3	4	5
	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 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

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

- 1 - 3 Low risk
- 4 - 6 Moderate risk
- 8 - 12 High risk
- 15 - 25 Extreme risk

Section D

GP / Clinical Review (Required)

GP / Clinical Name	**Annette Lawrence**
Date	**16th May 2018**
Comments	***GP review undertaken via CRG, Comments from Dr A. Booshan "This looks fine but could we please add in the applicable NICE guidance by name at the end please. It's Quality Standard 116 Domestic Violence and Abuse - February 2016"*** ***Specification requires addition of Read codes only and not implementation of any clinical activity. Overview from safeguarding lead provided to cover content and activity meets safeguarding requirements.***

Section E

Quality Leads Comments (Required)

Quality Lead Name	**Sukhdip Parvez**
Date	**21/05/18**
Comments	*This project will help improve domestic violence incident reporting and will also help improving accurate record keeping by regularly updating patient records with any reoccurent DV incidents by the practice staff. This project will help multi agencies i.e. MARAC to identify and action any potential or immediate risks to the DV vicims and therefore will improve their safetyt and well being.*

Section F

APPROVAL - Business Case QIA

Reviewer	Signature	Date
Project Lead	**Liz Corrigan**	**21/05/18**
Patient Rep	**N/A**	
Quality Lead	**Sukhdip Parvez**	**21.05.2018**
Programme Board Review	**Primary Care Commissioning Committee**	**07/08/18**
Approval Board Approval		

Section G

Post Implementation Review

Benefits Realisation & Close Review

Date of Project Implementation	
Date of Project Review	
Findings From Benefits Realisation Review	*include here feedback from patients, performance & activity information +/- and quality monitoring arrangements for the future.*
Concerns identified as a result of this scheme	
What change has occurred as a result of the project implementation	
Date of Closure	*insert date*
Summary of Achievements & Monitoring Arrangements	*insert bullet points providing a summary of achievements and how the project/ service will be monitored hereafter.*
Reason for Closure	*i.e. project achieved, abandoned, delivered or suspend.*

Final Risk Score			
APPROVAL			
Reviewer	Signature	Date	Agreed Yes/No Including Comments
Project Lead			
Patient Rep			
Quality Lead			
Head of Quality			
Programme Board Review			