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

Section A

Project Name	Document Management
UI Number	
Project Lead	Jo Reynolds
Quality Lead	
Programme Board	Primary Care Commissioning/ Milestone Review Board
Verifying Clinician	
Project Overview	The three areas covered by this specification are all part of the national QOF scheme. the specification features a series of enhancements to support patients identified as requiring a healthcheck or diagnosis, and targets the quantity and quality of those diagnosis rates and health checks, enabling better outcomes for patients.
Quality Indicators	• Improved diagnosis rates for Dementia • Improved follow up support for diagnosis of dementia • Improved take up of SMI and LD healthchecks • Improved completion of SMI and LD healthchecks • Improved support following a health check
KPI Assurance (sources & reporting)	Activity will form part of the quarterly assurance report to MRB/ PCCCC detailing the progress made by practices within the quarter.

Section B

ASSESSMENT

	Positive Impact of the Project on:	Negative Impact of the Project on:
Patient Safety	improved knowledge of conditions by patients improved care planning Improved monitoring and management of conditions	patients may not wish to participate, therfore issues may not be identified
Patient Experience	emerging health issues are identified sooner and are treated appropriately	patients may not wish to attend
Clinical Effectiveness	Improved detail in patient records	increased demand on capacity
Mitigation	Protocols and processes will need to be developed in conjunction with practices, to ensure quality and consistent auditable activity is taking place. The practice will be provided with or supported to produce standard protocols for the handling of clinical correspondence utilising accurate recording of high quality data.	

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

Risk Quantification Matrix
Table 1 Likelihood score (L)
What is the likelihood of the consequence occurring?

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

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	2	2	4	4 to 6: Moderate Risk
Patient Experience	2	1	2	1 to 3: Low Risk
Clinical Effectiveness	3	1	3	1 to 3: Low Risk

Risk System

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

Risk scoring = consequence x likelihood (L x C)

1 to 3	Low Risk	8 to 12	High Risk
4 to 6	Moderate Risk	15 to 25	Extreme Risk

Section D

APPROVAL - Initial QIA

Reviewer	Signature	Date	Agreed Yes/No Including Comments
Project Lead	Jo Reynolds	12/11/18	n/a
Quality Lead	Liz Corrigan	13/11/18	Agreed - risks are clearly identified and mitigations presented. Is there clarification over who will develop the policies and protocols to support the programme? JR- protocols are already contained within EMIS system. Any additional need will be developed in conjunction with Clinical Lead
Patient Rep			
Head of Quality			
Programme Board Review			

Section E

GP / Clinical Review (required at Business Case QIA)

GP / Clinical Name	
Date	
Comments	*If a GP review is not required please confirm why*

Section F

APPROVAL - Business Case QIA

Reviewer	Signature	Date	Agreed Yes/No Including Comments
Project Lead			
Patient Rep			
Quality Lead			
Head of Quality			
Programme Board Review			
Approval Board Approval			

Post Implementation Review
Benefits Realisation & Close Review

Date of Project Implementation	
Date of Project Review	

Section G	**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				