

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

Section A	Project Name	Black Country General Practice Nursing Strategy
	UI Number	
	Project Lead	Liz Corrigan
	Quality Lead	Sukhdip Parvez
	Programme Board	Primary Care Commissioning Committee
	Verifying Clinician	N/A
	Project Overview	<p>Aim The aim of this strategy and supporting documents is to provide a forward view for general practice nursing for the Black Country.</p> <p>Objectives ->Align the strategy content to reflect and support the actions within national and STP documents such as o:10 Point Action Plan for GPNs o:GP Forward View o:NHS Long Term Plan o:STP Clinical, Workforce and Primary Care strategies ->To provide an outline of good practice using the principles of compassionate care</p> <p>Strategy Overview The General Practice Nurse Strategy provides a framework for a STP-wide nursing plan through seven domains and partners within the STP have agreed to: ->Support excellence in care through learning in association with patients, their families and service users. ->Increase focus on quality and continually seek to improve the care provided. ->Encourage the best nurses to join practices within the Black Country STP footprint and embrace diversity through skilled appointments.</p> <p>Seven domains have been identified to support the implementation of the strategy and its companion documents: 1.>Having the right staff in the right place at the right time 2.>Team Structure 3.>Education and Development 4.>Excellence in care 5.>Digital Technology 6.>Research and Innovation 7.>Communication</p> <p>In addition to this the principles of Compassionate Care will also be applied to support the implementation of the strategy.</p>
Quality Indicators	Reducing Health Inequalities in Wolverhampton Improve and develop primary care in Wolverhampton	
KPI Assurance (sources & reporting)	The strategy will be shared with all primary care nursing staff and their managers and will be available across the Black Country. The strategy will provide best practice guidance for GP practices and all GPNs, Nursing Associates, Associate Practitioners and HCAs as supported by local nurse forums, CCG lead nurses, LMC and Practice Manager groups.	

ASSESSMENT		
	Positive Impact of the Project on:	Negative Impact of the Project on:
Patient Safety	Having a clear strategy for GPNs, Nursing Associates, Associate Practitioners and HCAs will provide practices, staff and patients with guidance around: Skills and education Support for new staff around induction and preceptorship Retention of staff and succession planning to ensure safe staffing levels Clinical supervision and resilience This will help to ensure that staff are working to scope of practice, are sighted on patient safety, best practice, research and innovation and can access CPD to ensure that they can deliver evidence-based care.	There is a risk that the strategy will not be adopted as it is guidance and cannot be enforced at this time.
Patient Experience	The strategy aims to provide guidance around skill-mix and new roles, CPD, and evidence-based practice and this will enhance the patient experience.	As above
Clinical Effectiveness	CPD, evidence-based practice, research and innovation and digital technology are part of the strategy, this all aims to improve skills and knowledge and to provide nurses with the tools to access and signpost to appropriate care in a timely manner.	As above
Mitigation	Pastoral and financial support is available for GPNs and HCAs throughout their career from a number of sources e.g. Training Hub, CCG, HEE, QNI, RCN Foundation and local funding. The Training Hub Nurse Facilitator is supporting the nurses from a mentorship point of view.	

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	2	2	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

GP / Clinical Review (Required)	
GP / Clinical Name	N/A
Date	
Comments	

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

Quality Leads Comments (Required)	
Quality Lead Name	Sukhdip Parvez
Date	22.03.2019
Comments	Quality team fully endorses this project as this strategy will assist GPN's recruitment and retention which will in turn ease GPs' workload as well as improving the experience of care for individuals, the outcomes of care and treatment, the use of NHS resources and staff experience. I agree with the risk grading for this project.

Likelihood		Likelihood score				
		1	2	3	4	5
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 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

APPROVAL - Business Case QIA		
Reviewer	Signature	Date
Project Lead	Liz Corrigan	19/03/2019
Patient Rep		
Quality Lead	Sukhi Parvez	22/02/2019
Programme Board Review	<Insert Board Name>	
Approval Board Approval		

Post Implementation Review

Benefits Realisation & Close Review			
Date of Project Implementation			
Date of Project Review			
Findings From Benefits Realisation Review	<i>include here feedback from patients, performance & activity information +/- and quality monitoring arrangements for the future.</i>		
Concerns identified as a result of this scheme			
What change has occurred as a result of the project implementation			
Date of Closure	<i>insert date</i>		
Summary of Achievements & Monitoring Arrangements	<i>insert bullet points providing a summary of achievements and how the project/ service will be monitored hereafter.</i>		
Reason for Closure	<i>i.e. project achieved, abandoned, delivered or suspend.</i>		
Final Risk Score			
APPROVAL			
Reviewer	Signature	Date	Agreed Yes/No Including Comments
Project Lead			
Patient Rep			
Quality Lead			
Head of Quality			
Programme Board Review			

Section G