Quality Impact Assessment

Stage 1

NHS

North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Domain	Criteria		Answer (select from picklist)	Score	Rationale
Patient Safety	Q1	Is there an impact on avoidable harm / incidents?	Reduction of harm/incidents possible	+ 1	** Summary Hospital-level Mortality Indicator (SHMI) data shows that the mortality rate for hyper-acute stroke patients at BHFT is above the level that would be expected based on
	Q2	Is there an Impact on Health Care Associated Infection (HCAI)?	Reduction of HCAI likely	+ 2	By reducing patient Length of Stay the assoicated risk of HCAI is reduced. Similar improvements observed elsewhere (London) - patient benefit: reduced time in hospital
	Q3	How will the reporting of safeguarding incidents be affected?	No impact on safeguarding	+ 0	UHDB has harmonised all safeguarding policies and electronic reporting tools
Patient Experience	Q4	Is there an impact on patient experience (complaints / PALS)?	Improved patient experience likely (decrease in complaints)	+ 2	** The redesign Stroke pathway will provide clinically effective care in line with national clinical guidelines and strategies. It needs to be acknowledged that relatives and carers of
	Q5	Is there an impact on consent and confidentiality?	no impact on consent and confidentiality	+ 0	All Trust employees undergo the same full training on consent and confidentiality. Changes to this service will not see a negative impact
	Q6	Is there an impact on informed choice and involvement in care planning?	No effect on choice and involvement in care planning	+ 0	** Patients will be admitted into a dedicated Hyperacute Stroke Units (HASU) under the new model as per national strategy. As per current care pathways patients will be involved in
	Q7	Is there an impact on personalised care?	Increase in personalised care and involvement expected	+ 3	Clinical care, and resultant patient outcomes, will be delivered for all patients (BHFT and DTHFT) thus maintaining the standards currently seen at DTHFT.
	Q8	Is there an impact on quality of the environment for patients?	Improved quality of patient environment expected	+ 3	Patients will be admitted onto a dedicated HASU which is resourced specifically for hyperacute stroke patients.
	Q9	Has there been involvement of patients / carers in project development?	There has been full patient / carer involvement	+ 3	A series of patient involvement events were held during the Trust merger processes. Patient representatives have attended the specific stroke workstream meetings and have
	Q10	Have lessons learned from patient experience been used to develop scheme?	Lessons learned from patient experience have been fully utilised	+ 3	Patient representatives are part of the core members of the monthly Stroke Operational Group (SOG)
Clinical Effectiveness	Q11	Has evidence based practice been utilised?	Project fully developed using EBP	+ 3	**In line with the national direction of travel to concentrate specialist services, the provision of high quality stroke care forms the basis of the Full Business Case (FBC) and Patient Benefit
	Q12	Does the project have clinical leadership / engagement?	Clinical leader / engagement in place	+ 3	Dr James Scott, Consultant Stroke Physician is the clinical lead, supported by Dr Magnus Harrison, Executive Medical Director UHDB
	Q13	How does the project reduce variations / improve consistency in care?	Reduction in variation / improvement in consistency expected	+ 3	Clinical care, and resultant patient outcomes, will be delivered for all patients (BHFT and DTHFT) thus maintaining the standards currently seen at DTHFT.
	Q14	Will quality metrics that measure outcomes be used to measure success?	Quality metrics in place that will identify success	+ 3	SSNAP 10 key indicators will be used as per nationally reported outcome measures
	Q15	Does the project improve NICE compliant treatment?	Improvement in NICE compliant treatment expected	+ 3	The changes represent a continuation in NICE compliant treatment
	Q16	How will the project impact on re-admission?	Decrease in re-admission rates possible	+ 1	Patients will experience more timely care in the hyperacute phase which will result in improved outcomes with associated possiblilty of reduced readmissions
Productivity & Innovation	Q17	Does the project help to eliminate inefficiency and waste?	Improved efficiency / reduction in wasted expected	+ 3	Centralised specialist dedicated service will create efficiencies on one site of the Trust providing hyperacute care
	Q18	Does the project support low carbon pathways (i.e. Reduced emissions)	Not applicable	+ 0	
	Q19	Will the project help to improve provider performance?	Improvement in provider performance is expected	+ 3	** BHFT also has a higher than expected mortality for confirmed strokes, with an SHMI of 1.21 which implies 20 per cent more deaths than expected. Fewer deaths among the
	Q20	Will the project improve care pathways?	Improvement in care pathways expected	+ 3	The reconfiguration of stroke services at UHDB will deliver a service that will be clinically sustainable with improved clinical outcomes.
Prevention	Q21	Will the project promote people to stay well?	Promotion of wellness expected	+ 3	Improved clinical outcomes
	Q22	Will the project promote self care for long term conditions?	Promotion of self care for LTC expected	+ 3	As above
	Q23	Will the project help reduce health inequalities?	Reduced health inequalities expected	+ 3	Equitable access to hyperacute stroke services for the communities served by UHDB

	Q24	Will the project prevent people dying prematurely?	Reduction in people dying prematurely likely	+ 2	The reduced likelihood of a subsequent stroke after TIA represents a significant benefit
Operational Impact	Q25	Will staff have relevant capability, knowledge and skills?	All staff will have the relevant capability and knowledge	+ 3	** As per training and professional roles, all staff delivering care will be trained and qualified appropriate to the role undertaken to ensure quality of care to stroke
	Q26	Will this project impact upon the level of violence & aggression experienced by patients, service users and staff?	Not applicable	+ 0	
	Q27	Could there be impact on service reputation / media coverage	Positive impact on service reputation / media coverage expected	+ 3	**Improved reputation evidenced by improved clinical outcomes and equitable access There may be a possible increase in complaints due to patients and carers potentially having
	Q28	Does the project affect effective support in the community?	Improved effective support in the community expected	+ 3	Patient supported to receive Right Care, Right time, Right place care
	Q29	Does the project impact on waiting times?	Improved waiting times expected	+ 3	Improved accessability to TIA weekend clinics will result in improvements in SSNAP outcome 9
	Q30	Are staff engaged in the scheme?	All staff are engaged	+ 3	** Multidisciplinary team are members of the Stroke workstream project group. Focus on Stroke integration throughout merger staff engagement highlighting improved patient
	Q31	Any impact on staff (e.g. terms and conditions, base change, role change etc.)?	Positive impact expected	+ 2	Development opportunites will be made available to staff
	Q32	Any impact on any other services or stakeholders including Primary Care?	Positive impact expected	+ 2	Improved patient outcomes should result in a healthier patient population across all CCG localities

RISK LEVEL

NO Risk

No negative scores for any of the criteria

No further action required