

Quality Impact Assessment Stage 2 Assessment

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

| | Qu | iestion | Answer | Score | Stage 2 required? | What are the issues? | How will they be mitigated? | When can this be completed by? | Who will complete it? |
|---------------------|----|--|--|-------|-------------------|----------------------|-----------------------------|--------------------------------|-----------------------|
| ety | Q1 | . Is there an impact on avoidable harm / incidents? | Reduction of harm/incidents possible | +1 | NO | | | | |
| Patient Safety | Q2 | ! Is there an Impact on Health Care Associated Infection (HCAI)? | Reduction of HCAI likely | + 2 | NO | | | | |
| Pati | Q3 | How will the reporting of safeguarding incidents be affected? | No impact on safeguarding | +0 | NO | | | | |
| | Q4 | Is there an impact on patient experience (complaints / PALS)? | Improved patient experience likely (decrease in complaints) | + 2 | NO | | | | |
| | Q5 | Is there an impact on consent and confidentiality? | no impact on consent and confidentiality | +0 | NO | | | | |
| ience | Q6 | Is there an impact on informed choice and involvement in care planning? | No effect on choice and involvement in care planning | +0 | NO | | | | |
| Patient Experience | Q7 | Is there an impact on personalised care? | Increase in personalised care and involvement expected | +3 | NO | | | | |
| Patien | Q8 | Is there an impact on quality of the environment for patients? | Improved quality of patient environment expected | +3 | NO | | | | |
| | Q9 | Has there been involvement of patients / carers in project development? | There has been full patient / carer involvement | +3 | NO | | | | |
| | Q1 | Have lessons learned from patient experience been used to develop scheme? | Lessons learned from patient experience have been fully utilised | +3 | NO | | | | |
| | Q1 | .1 Has evidence based practice been utilised? | Project fully developed using EBP | +3 | NO | | | | |
| ess | Q1 | .2 Does the project have clinical leadership / engagement? | Clinical leader / engagement in place | + 3 | NO | | | | |
| Clinical Effectiven | Q1 | 3 How does the project reduce variations / improve consistency in care? | Reduction in variation / improvement in consistency expected | + 3 | NO | | | | |
| ical Eff | Q1 | 4 Will quality metrics that measure outcomes be used to measure success? | Quality metrics in place that will identify success | + 3 | NO | | | | |
| Ë | Q1 | .5 Does the project improve NICE compliant treatment? | Improvement in NICE compliant treatment expected | + 3 | NO | | | | |
| | Q1 | 6 How will the project impact on re-admission? | Decrease in re-admission rates possible | + 1 | NO | | | | |
| Innovation | Q1 | .7 Does the project help to eliminate inefficiency and waste? | Improved efficiency / reduction in wasted expected | + 3 | NO | | | | |
| & Inno | Q1 | 8 Does the project support low carbon pathways (i.e. Reduced emissions) | Not applicable | +0 | NO | | | | |
| Productivity & | Q1 | 9 Will the project help to improve provider performance? | Improvement in provider performance is expected | +3 | NO | | | | |
| Produ | Q2 | Will the project improve care pathways? | Improvement in care pathways expected | +3 | NO | | | | |
| | Q2 | Will the project promote people to stay well? | Promotion of wellness expected | +3 | NO | | | | |
| ntion | Q2 | 22 Will the project promote self care for long term conditions? | Promotion of self care for LTC expected | + 3 | NO | | | | |
| Prevention | Q2 | 3 Will the project help reduce health inequalities? | Reduced health inequalities expected | +3 | NO | | | | |
| | Q2 | Will the project prevent people dying prematurely? | Reduction in people dying prematurely likely | + 2 | NO | | | | |
| | Q2 | Will staff have relevant capability, knowledge and skills? | All staff will have the relevant capability and knowledge | + 3 | NO | | | | |
| | Q2 | Will this project impact upon the level of violence & aggression experienced by patients, service users and staff? | Not applicable | +0 | NO | | | | |

| OperationalImpact | | Positive impact on service reputation / media coverage expected | + 3 | NO | |
|-------------------|---|---|-----|----|--|
| | Q28 Does the project affect effective support in the community? | Improved effective support in the community expected | + 3 | NO | |
| | Q29 Does the project impact on waiting times? | Improved waiting times expected | + 3 | NO | |
| | Q30 Are staff engaged in the scheme? | All staff are engaged | + 3 | NO | |
| | Q31 Any impact on staff (e.g. terms and conditions, base change, role change etc.)? | Positive impact expected | + 2 | NO | |
| | Q32 Any impact on any other services or stakeholders? | Positive impact expected | + 2 | NO | |