# Appendix 1 – QSIA Checklist

**Part 1 - Quality & Safety Impact Assessment Toolkit**

**Overview & Guidance**

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project maybe to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QSIA should reflect both the short-term and long-term impacts.

**Project Overview**

|  |  |  |
| --- | --- | --- |
| **Project Title** | **Name of Project Lead** | **Executive Sponsor / Clinical Lead** |
|  |  |  |

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| --- |
| **Description of Project** |
| *Please provide a brief description of the project, what is its purpose, what is the problem you hope to solve, what is hoped to be achieved, what are the key actions, how will the benefit be seen?* |
|  |

|  |  |
| --- | --- |
| **Has this QSIA been completed in collaboration with the clinical team that the project will affect?** | |
| Yes | No |
| *List Names & Job Titles:* | |

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| --- |
| **Equality Impacts** |
| *Has an Equality Impact Assessment (EIA) been completed?*  **If Yes** – Please briefly describe any impacts that have been identified  **If No** – Please explain why an EIA was not applicable |
|  |

| **Area of Quality** | **Question** | **Examples** | ***Tick Impact*** | | | **Description of Impact** |
| --- | --- | --- | --- | --- | --- | --- |
| Positive | Neutral | Negative |
| Patient Safety | Could this project impact on patient safety? | Incidents  Avoidable falls  Increased ligature risk  Pressure ulcers  Environment changes |  |  |  |  |
| Clinical Effectiveness | Could this project impact on clinical outcomes? | Quality standards  Avoidable admissions  Patients, carers & public engagement  Length of stays |  |  |  |  |
| Caring | Could this project impact on patient care and experience? | Delayed discharges  Out of area placements  Other patient flow aspects  Complaints or compliments |  |  |  |  |
| Responsive | Could this project impact on timeliness of treatment or performance standards? | Access to treatments  Waiting times for diagnosis  Waiting times for treatment  Annual review compliance |  |  |  |  |
| Well Led | Could this project impact on the financial position of the Trust, staff experience, equality and diversity, or Trust reputation? | Income or expenditure  Workforce turnover  Staff working practices  Training compliance  Workforce capability and skills  Impact on other healthcare services |  |  |  |  |

To be completed by QSIA Panel:

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval Status** | **Name** | **Signature** | **Date** |
| QSIA Panel Chair: |  |  |  |
| Is a full QSIA required | *(Yes / No)* | | |