# 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?* |
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| **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? | IncidentsAvoidable fallsIncreased ligature riskPressure ulcersEnvironment changes |[ ] [ ] [ ]   |
| Clinical Effectiveness | Could this project impact on clinical outcomes? | Quality standardsAvoidable admissionsPatients, carers & public engagementLength of stays |[ ] [ ] [ ]   |
| Caring | Could this project impact on patient care and experience? | Delayed dischargesOut of area placementsOther patient flow aspectsComplaints or compliments |[ ] [ ] [ ]   |
| Responsive | Could this project impact on timeliness of treatment or performance standards? | Access to treatmentsWaiting times for diagnosisWaiting times for treatmentAnnual 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 expenditureWorkforce turnover Staff working practicesTraining complianceWorkforce capability and skillsImpact 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)* |