

Quality Impact Assessment

Speciality: Emergency & Urgent Care

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place														To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead	
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments	
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score				
ED001	Transfer of acutely ill patient from Planned Care Site Urgent Care Centre to the Emergency department on the Emergency Site	CGMD	Emergency Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> A Standard Operating Procedure for transfer of acutely ill patients to be written and followed by all staff and teams involved in emergency care. Ambulance transfer pathway discussions and practice runs to be carried out. Consult with the public to raise awareness of configuration of services in the future Clear signposting on and around both sites and also through Primary Care Workforce training will include Advanced Paediatric Life Support (APLS) Provision of dedicated facility within UCC to stabilise patients 	<ul style="list-style-type: none"> Audit of ambulance arrival and transfer times Quality patient walk around Complaints Datix incident monitoring 	<ul style="list-style-type: none"> Trust and Unscheduled Care (USC) Group governance structures 	Inter hospital transport for emergency patients to be developed and agreed.	3	2	6	Speed and efficiency and safety of the transfer may have clinical impact	3	2	6	General anxiety for patients and their relatives.	2	3	6	6				
ED002	Trust's ability to maintain safe Emergency Services on both sites is compromised whilst sustainability plan is implemented	CGMD	Emergency Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Contingency planning process on-going Active recruitment Business continuity plans in place Daily reviews of medical rotas by operational teams 	<ul style="list-style-type: none"> Vacancy rates Agency expenditure WLI rates Sickness rates Achievement of 4 hour A&E target SUI 	<ul style="list-style-type: none"> Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Centre Board 	Insufficient workforce and experience in ED to offer timely treatment to appropriate patients	3	2	6	Insufficient workforce and experience in ED to offer timely treatment to appropriate patients	3	2	6	Insufficient workforce and experience in ED to offer timely treatment to appropriate patients	3	2	6	6				
ED003	Capacity at Urgent Care Centre on the Emergency Site compromised due to insufficient take up of Urgent Care Centre services on planned care site.	CGMD	Emergency Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Pathway analysis of ED / UCC activity assumptions A&E patient attendance audit carried out confirming accuracy of retrospective analysis 	<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&Cs. Effective Communication and engagement with the public during and after consultation Clear signposting on and around both sites During FBC development further sensitivity analysis will be carried out to ascertain potential changes in patient behaviour in relation to how they access urgent care. 	<ul style="list-style-type: none"> ED / UCC activity Achievement of 4 hour A&E target 	<ul style="list-style-type: none"> Trust and Unscheduled Care (USC) Group governance structures 	Insufficient capacity in ED to offer timely treatment to appropriate patients	3	2	6	Insufficient capacity in ED to offer timely treatment to appropriate patients	3	2	6	Insufficient capacity in ED to offer timely treatment to appropriate patients	3	2	6	6			
ED004	Risk to 4 hour standard and ambulance transfer times if the system isn't designed to deal with the throughput, or the department isn't designed to deal with the demand	CGMD	Emergency Centre CD	04/11/2018	01/03/19	24/07/18	<ul style="list-style-type: none"> Future design to include flexible areas creating capacity adaptability between ED & UCC. Clinical Model designed around transfer of recovering patients to the planned care site after 72 hours. Trust participating with CCG led neighbourhood schemes to provide alternative options to acute care pre and post acute admission. Co-located Ambulatory Emergency Care department will aid ED/UCC department patient flow. Sustainable Transformation Programme (STP) reviewing whole system provision for emergency services. Stabilised workforce to improve receipt of patients from ambulance crews Reduced occupancy rates amongst bed base to ensure patients are admitted without delay 	<ul style="list-style-type: none"> ED / UCC activity Achievement of 4 hour A&E target 	<ul style="list-style-type: none"> Trust and Unscheduled Care (USC) Group governance structures 	Insufficient capacity in ED to offer timely treatment to appropriate patients	3	2	6	Insufficient capacity in ED to offer timely treatment to appropriate patients	3	2	6	Insufficient capacity in ED to offer timely treatment to appropriate patients	3	2	6	6				
ED005	Access to single acute site Ambulatory Emergency Care is potentially compromised due to capacity constraints	CGMD	Emergency Centre CD	04/11/2018	01/03/19	24/07/18	<ul style="list-style-type: none"> Bed modelling analysis Audit of Unscheduled Care medical take Future proofed to take into account shift in activity from Inpatient to ambulatory Care through delivery BPT Future Demographic increase accounted for in model 	<ul style="list-style-type: none"> SUI Patient feedback Audit Clinical outcome measures Achievement of 4 hour A&E target 	<ul style="list-style-type: none"> Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Centre Board 	Insufficient capacity in AEC to offer timely treatment to appropriate patients	2	3	6	Insufficient capacity in AEC to offer timely treatment to appropriate patients	2	3	6	Insufficient capacity in AEC to offer timely treatment to appropriate patients	2	3	6	6				
ED006	Insufficient transfer of appropriate patients from Acute site to Planned Care site resulting in capacity constraints on the emergency site.	CGMD	Emergency Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Bed modelling analysis Audit of Unscheduled Care medical take 	<ul style="list-style-type: none"> Patient feedback Audit Clinical outcome measures Achievement of 4 hour A&E target 	<ul style="list-style-type: none"> Daily Capacity Management review Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Centre Board Patient information to manage expectations 	Insufficient capacity on the Acute site to offer timely treatment to appropriate patients and delays in elective treatments at planned site	2	3	6	Insufficient capacity on the Acute site to offer timely treatment to appropriate patients and delays in elective treatments at planned site	2	3	6	Insufficient capacity on the Acute site to offer timely treatment to appropriate patients and delays in elective treatments at planned site	2	3	6	6				
ED007	Retention of workforce during and after reconfiguration	CGMD & USC CG HoN	CGMD & USC CG HoN	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel Rota consolidation to attract medical workforce Rotation opportunities for staff across site to support them with skill retention the change 	<ul style="list-style-type: none"> Vacancy rate Agency expenditure Sickness rates Pay expenditure Compliance of national standards 	<ul style="list-style-type: none"> Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Care Group Board 	Insufficient staff to deliver clinical model	2	3	6	Insufficient staff to deliver clinical model effecting clinical outcomes	2	3	6	Insufficient staff to deliver clinical model	2	3	6	6				
ED008	Administration capacity requirements not yet scoped	USC CG Director & Governance Lead	USC CG Governance Lead	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Audit of current demand and capacity requirements Review future requirements during Task and Finish Group sessions Develop future administration areas with Technical team and SSG 	<ul style="list-style-type: none"> Compliance to national standards including Health & Safety 	<ul style="list-style-type: none"> Trust and USC governance structures 	Negative impact from poor administration on patient care and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6				

Quality Impact Assessment

Speciality: Emergency & Urgent Care

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place												To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead		
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
ED009	The reconfiguration of hospital services may have a adverse impact on patients from certain sections of our communities	CGMD	USC CG Governance lead & HoN	04/11/2018	01/03/2019	04/11/2018	<ul style="list-style-type: none"> Clinical senate approval of proposed model Future Fit programme board and CCG board approval to proceed to public consultation 	<ul style="list-style-type: none"> Assess the impact of a policy or decision on those people belonging to one or more of the nine protected characteristics listed in the Equality Act 2010: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation Develop robust working process with patients & public during programme development 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback 	<ul style="list-style-type: none"> Trust and Care Group governance structures IA & EQIA recommendations implementation Clinical strategy group governance structure 	Negative impact on patient care and clinical outcomes.	2	2	4	Clinical staff of inappropriate skill performing procedures/making decisions	3	2	6	Delayed access and inappropriate management of care	3	2	6	5		
Approved by Lead Clinician _____ Approval (CMO or Chief Nurse) _____							Date: _____ Date: _____																		

Quality Impact Assessment

Speciality: Acute Medicine

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place												To Be Completed by Centre Chief (or Clinical Lead on behalf of CC/Senior Nurse/Centre or Service Manager/Finance lead		
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
AM001	Inpatient at the Planned Care Site requiring Emergency Care.	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&Cs. Effective Communication and engagement with the public during and after consultation Development of the model to ensure skilled staff available on Planned Care site to stabilise and transfer patients UCC and theatre recovery design to incorporate stabilisation/resuscitation area. Provision of telemedicine between the sites to support decision making at the PCS UCC. Task & Finish Group programme to address key elements. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5			
AM002	Future Ambulatory Emergency Care model requires on-going development prior to being operationalised.	CGMD	Emergency Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> AEC capacity established at 49 treatment spaces including 8 CDU beds. Ambulatory care model will run 8am- 8pm and include both medical and surgical patients. Key adjacencies to include diagnostics, ED, UCC & theatres. Task & Finish Group programme to address key elements of design. Frail and complex front door assessment facilities to be confirmed. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in prompt diagnosis and treatment resulting in increased LoS	3	2	6	5			
AM003	Future Medical Day Case care model requires on-going development prior to being operationalised.	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Scope demand and case mix for proposed facility e.g. renal, respiratory & hepatology patients. Establish emergency/elective split and procedure room locations Consider adjacencies potentially decontamination unit, outpatient department, day surgery unit and diagnostics. 	<ul style="list-style-type: none"> Patient LoS Clinical outcomes Compliance of national standards 	Trust and Care Group governance structures.	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in prompt diagnosis and treatment resulting in increased LoS	3	2	6				
AM004	Retention of workforce during and after reconfiguration	CGMD & USC CG HoN	CGMD & USC CG HoN	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. Physician's assistants, ACP, nursing associates, on call rotas Access to senior decision maker through 7 day working 	<ul style="list-style-type: none"> Vacancy rate Agency expenditure Sickness rates Pay expenditure Compliance of national standards 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Care Group Board	Insufficient staff to deliver clinical model	2	3	6	Insufficient staff to deliver clinical model effecting clinical outcomes	2	3	6	Insufficient staff to deliver clinical model	2	3	6	6			
AM005	Administration capacity requirements not yet scoped	USC CG Director & Governance Lead	USC CG Governance Lead	04/11/2018	01/03/2019	04/11/18	<ul style="list-style-type: none"> Audit of current demand and capacity requirements Review future requirements during Task and Finish Group sessions Develop future administration areas with Technical team and SSG Task & Finish Group programme to address key elements. 	Compliance to national standards including Health & Safety	Trust and W&Cs governance structures	Negative impact from poor administration on patient care and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6			
AM006	Identifying patients to transfer from the emergency site to the planned care site when medically appropriate	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Establish out of hours care model on the planned care site. Development of pathways in partnership with Anaesthetics, clinical leads for medical specialties and Ambulance Services. A Standard Operating Procedure for transfer of medical to be written and followed by all staff and teams involved in their care. non emergency ambulance transfer discussions and practice runs to be carried out. Consult with the public to raise awareness of configuration of services in the future Palliative care considerations to be included in transfer strategy 	<ul style="list-style-type: none"> Patient flow and 4 hour A&E target Complaints Ambulance turnaround targets 	Trust and Care Group governance structures.	Negative impact on patient safety and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6			

AM007	Increase in Interhospital transfers above expected modelling	CGMD	Medicine Centre CD's	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> • Bed modelling analysis • Audit of Unscheduled Care medical take and impact on transfers • WMAS engagement meeting 	<ul style="list-style-type: none"> • Agreement for WMAS to attend future pathway meetings • Agreement with commissioners to chair Task & Finish group to develop future contract. • Transfer policy development 	<ul style="list-style-type: none"> • Delays in patient transfer • Patient experience • Clinical outcomes 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Centre Board	Delays in transfer will impact on patient flow	2	3	6	Delays in transfer will impact on patient flow	2	3	6	Transfer will impact negatively on patient experience	2	3	6	6
AM008	The reconfiguration of hospital services may have a adverse impact on patients from certain sections of our communities	CGMD	USC CG Governance lead & HoN	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> • Clinical senate approval of proposed model • Future Fit programme board and CCG board approval to proceed to public consultation 	<ul style="list-style-type: none"> • Assess the impact of a policy or decision on those people belonging to one or more of the nine protected characteristics listed in the Equality Act 2010: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation • Develop robust working process with patients & public during programme development 	<ul style="list-style-type: none"> • Clinical governance outcome monitoring • Patient feedback 	<ul style="list-style-type: none"> • Trust and Care Group governance structures • IA & EQIA recommendations implementation • Clinical strategy group governance structure 	Negative impact on patient care and clinical outcomes.	2	2	4	Medical staff of inappropriate skill performing procedures/making decisions	3	2	6	Delayed access and inappropriate management of care	3	2	6	5

Completed by Lead manager/Clinician

Approved by Lead Clinician

Approval
(CMO or Chief Nurse)

Date:

Date:

Date:

Quality Impact Assessment

Speciality: Cardiology

SATH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place												To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead		
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
CARD001	Inpatient at the Planned Care Site requiring Emergency Care.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&Cs. Effective Communication and engagement with the public during and after consultation Development of the model to ensure skilled staff available on Planned Care site to stabilise and transfer patients UCC and theatre recovery design to incorporate stabilisation/resuscitation area. Provision of telemedicine between the sites to support decision making at the PCS UCC. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5		
CARD002	Future Cardiology/Coronary Care model requires on-going development prior to being operationalised.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Ambulatory care model to be developed Key adjacencies to include diagnostics, ED, cath labs Task & Finish Group programme to address key elements of design. Cardiorespiratory split across both sites. Inpatient care model on planned care site. Discuss direct admission pathways with ambulance services. Service development to include angioplasty within county. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in prompt diagnosis and treatment resulting in increased LoS	3	2	6			
CARD003	Administration capacity requirements not yet scoped	USC CG Director & Governance Lead	USC CG Governance Lead	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Audit of current demand and capacity requirements Review future requirements during Task and Finish Group sessions Develop future administration areas with Technical team and SSG Task & Finish Group programme to address key elements. 	<ul style="list-style-type: none"> Compliance to national standards including Health & Safety 	Trust and W&Cs governance structures	Negative impact from poor administration on patient care and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6		
CARD004	Retention of workforce during and after reconfiguration	CGMD & USC CG HoN	CGMD & USC CG HoN	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. Physician's assistants, ACP, nursing associates, on call rotas Access to senior decision maker through 7 day working 	<ul style="list-style-type: none"> Vacancy rate Agency expenditure Sickness rates Pay expenditure Compliance of national standards 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Care Group Board	Insufficient staff to deliver clinical model	2	3	6	Insufficient staff to deliver clinical model effecting clinical outcomes	2	3	6	Insufficient staff to deliver clinical model	2	3	6	6		
CARD005	Identifying patients to transfer from the emergency site to the planned care site when medically appropriate	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Establish out of hours care model on the planned care site. Development of pathways in partnership with Anaesthetics, clinical leads for medical specialties and Ambulance Services. A Standard Operating Procedure for transfer of medical to be written and followed by all staff and teams involved in their care. non emergency ambulance transfer discussions and practice runs to be carried out. Consult with the public to raise awareness of configuration of services in the future 	<ul style="list-style-type: none"> Patient flow and 4 hour A&E target Complaints Ambulance turnaround targets 	Trust and Care Group governance structures.	Negative impact on patient safety and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6		

Completed by Lead manager/Clinician

Approved by Lead Clinician

Approval (CMO or Chief Nurse)

Date:

Date:

Date:

Quality Impact Assessment

Speciality: Respiratory

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place												To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead		
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
RESP001	Inpatient at the Planned Care Site requiring Emergency Care.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&Cs. Effective Communication and engagement with the public during and after consultation Development of the model to ensure skilled staff available on Planned Care site to stabilise and transfer patients UCC and theatre recovery design to incorporate stabilisation/resuscitation area. Provision of telemedicine between the sites to support decision making at the PCS UCC. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5			
RESP002	Future Respiratory Care model requires on-going development prior to being operationalised.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Ambulatory care model to be developed Key adjacencies to include diagnostics, ED/A&E, Critical Care Task & Finish Group programme to address key elements of design. Respiratory split and level of acuity across both sites. Service development- Non-invasive ventilation facilities on acute ward Develop robust pathways between acute and community teams. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in access to prompt diagnosis and treatment enabling improved clinical outcomes.	4	1	4	Delays in prompt diagnosis and treatment resulting in increased LoS	3	2	6				
RESP003	Administration capacity requirements not yet scoped	USC CG Director & Governance Lead	USC CG Governance Lead	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Audit of current demand and capacity requirements Review future requirements during Task and Finish Group sessions Develop future administration areas with Technical team and SSG Task & Finish Group programme to address key elements. 	Compliance to national standards including Health & Safety	Trust and W&Cs governance structures	Negative impact from poor administration on patient care and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6			
RESP004	Retention of workforce during and after reconfiguration	CGMD & USC CG HoN	CGMD & USC CG HoN	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. Physician's assistants, ACP, nursing associates, on call rotas Access to senior decision maker through 7 day working 	<ul style="list-style-type: none"> Vacancy rate Agency expenditure Sickness rates Pay expenditure Compliance of national standards 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Care Group Board	Insufficient staff to deliver clinical model	2	3	6	Insufficient staff to deliver clinical model effecting clinical outcomes	2	3	6	Insufficient staff to deliver clinical model	2	3	6	6			
RESP005	Identifying patients to transfer from the emergency site to the planned care site when medically appropriate	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	04/11/18	<ul style="list-style-type: none"> Establish out of hours care model on the planned care site. Development of pathways in partnership with Anaesthetics, clinical leads for medical specialties and Ambulance Services. A Standard Operating Procedure for transfer of medical to be written and followed by all staff and teams involved in their care. non emergency ambulance transfer discussions and practice runs to be carried out. Consult with the public to raise awareness of configuration of services in the future Palliative care considerations to be included in transfer strategy 	<ul style="list-style-type: none"> Patient flow and 4 hour A&E target Complaints Ambulance turnaround targets 	Trust and Care Group governance structures.	Negative impact on patient safety and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6			

Completed by Lead manager/Clinician _____

Approved by Lead Clinician _____

Approval (CMO or Chief Nurse) _____

Date: _____

Date: _____

Date: _____

Quality Impact Assessment

Speciality: Renal

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place												To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead		
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											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
REN001	Inpatient at the Planned Care Site requiring Emergency Care.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&Cs. Effective Communication and engagement with the public during and after consultation Development of the model to ensure skilled staff available on Planned Care site to stabilise and transfer patients UCC and theatre recovery design to incorporate stabilisation/resuscitation area. Provision of telemedicine between the sites to support decision making at the PCS UCC. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5		
REN002	Future Renal Service Care model requires on-going development prior to being operationalised.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Current day units location, capacity and age will need to be considered in relation to SSP envelope. Consider clinical adjacencies e.g. Renal dialysis day units, acute inpatient bed base, critical care shared Reverse osmosis (RO) water supply 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5		
RESP003	Administration capacity requirements not yet scoped	USC CG Director & Governance Lead	USC CG Governance Lead	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Audit of current demand and capacity requirements Review future requirements during Task and Finish Group sessions Develop future administration areas with Technical team and SSG Task & Finish Group programme to address key elements. 	Compliance to national standards including Health & Safety	Trust and W&Cs governance structures	Negative impact from poor administration on patient care and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6		
RESP004	Retention of workforce during and after reconfiguration	CGMD & USC CG HoN	CGMD & USC CG HoN	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. Physician's assistants, ACP, nursing associates, on call rotas Access to senior decision maker through 7 day working 	<ul style="list-style-type: none"> Vacancy rate Agency expenditure Sickness rates Pay expenditure Compliance of national standards 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Care Group Board	Insufficient staff to deliver clinical model	2	3	6	Insufficient staff to deliver clinical model effecting clinical outcomes	2	3	6	Insufficient staff to deliver clinical model	2	3	6	6		
RESP005	Identifying patients to transfer from the emergency site to the planned care site when medically appropriate	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Establish out of hours care model on the planned care site. Development of pathways in partnership with Anaesthetics, clinical leads for medical specialties and Ambulance Services. A Standard Operating Procedure for transfer of medical to be written and followed by all staff and teams involved in their care. non emergency ambulance transfer discussions and practice runs to be carried out. Consult with the public to raise awareness of configuration of services in the future Palliative care considerations to be included in transfer strategy 	<ul style="list-style-type: none"> Patient flow and 4 hour A&E target Complaints Ambulance turnaround targets 	Trust and Care Group governance structures.	Negative impact on patient safety and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6		

Completed by Lead manager/Clinician _____
 Approved by Lead Clinician _____
 Approval (GMO or Chief Nurse) _____

Date: _____
 Date: _____
 Date: _____

Quality Impact Assessment

Speciality: Stroke

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Form Completed	Next Review Date	Date updated	Mitigating actions		Quality Indicators	KPI Assurance - Sources and Reporting to monitor quality indicators)	Risk Scoring After Mitigating Action put in place												To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead		
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
STRK001	Inpatient at the Planned Care Site requiring Emergency Care.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&Cs. Effective Communication and engagement with the public during and after consultation Development of the model to ensure skilled staff available on Planned Care site to stabilise and transfer patients UCC and theatre recovery design to incorporate stabilisation/resuscitation area. Provision of telemedicine between the sites to support decision making at the PCS UCC. 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5		
STRK002	Future Stroke Care model requires on-going development prior to being operationalised.	CGMD	Medicine Centre CD	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Current configuration of stroke services has been consolidated on one site. New model will be adapted from existing service. Therapy and rehabilitation provision to be considered on both Emergency and Planned Care sites. Discuss rapid admission pathways with ambulance services and clinical teams Consider ward layout including thrombolysis 	<ul style="list-style-type: none"> SUI (Serious Untoward Incident) Patient feedback Audit Clinical outcome measures 	Trust and Care Group governance structures.	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition.	2	3	6	Staff may not have the available skills, equipment, facilities or experience to effectively manage the patients condition causing a delay in treatment.	2	3	6	Patients will experience a delay in treatment causing anxiety and lack of confidence in the provision of care.	2	2	4	5		
STRK003	Administration capacity requirements not yet scoped	USC CG Director & Governance Lead	USC CG Governance Lead	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Audit of current demand and capacity requirements Review future requirements during Task and Finish Group sessions Develop future administration areas with Technical team and SSG Task & Finish Group programme to address key elements. 	Compliance to national standards including Health & Safety	Trust and W&Cs governance structures	Negative impact from poor administration on patient care and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6		
STRK004	Retention of workforce during and after reconfiguration	CGMD & USC CG HoN	CGMD & USC CG HoN	04/11/2018	01/03/19	04/11/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. Physician's assistants, ACP, nursing associates, on call rotas Access to senior decision maker through 7 day working 	<ul style="list-style-type: none"> Vacancy rate Agency expenditure Sickness rates Pay expenditure Compliance of national standards 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Care Group Board	Insufficient staff to deliver clinical model	2	3	6	Insufficient staff to deliver clinical model effecting clinical outcomes	2	3	6	Insufficient staff to deliver clinical model	2	3	6	6		
STRK005	Identifying patients to transfer from the emergency site to the planned care site when medically appropriate	CGMD	Medicine Centre CD s	04/11/2018	01/03/19	24/07/18		<ul style="list-style-type: none"> Establish out of hours care model on the planned care site. Development of pathways in partnership with Anaesthetics, clinical leads for medical specialties and Ambulance Services. A Standard Operating Procedure for transfer of medical to be written and followed by all staff and teams involved in their care. non emergency ambulance transfer discussions and practice runs to be carried out. Consult with the public to raise awareness of configuration of services in the future Palliative care considerations to be included in transfer strategy 	<ul style="list-style-type: none"> Patient flow and 4 hour A&E target Complaints Ambulance turnaround targets 	Trust and Care Group governance structures.	Negative impact on patient safety and clinical management	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Poor experience for patient and their family/carers and increased worry and anxiety	2	3	6	6		

Completed by Lead manager/Clinician _____

Date: _____

Approved by Lead Clinician _____

Date: _____

Approval (CMO or Chief Nurse) _____

Date: _____

<u>Likelihood</u>	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Catastrophic
1 - Rare	1	2	3	4	5
2 - Unlikely	2	4	6	8	10
3 - Possible	3	6	9	12	15
4 - Likely	4	8	12	16	20
5 - Almost Certain	5	10	15	20	25

Quality Impact Assessment (QIA) legend

A&E	Accident and Emergency
ACP	Advanced Clinical Practitioner
AEC	Ambulatory Emergency Care
APLS	Advanced Paediatric Life Support
CCG	Clinical Commissioning Group
CSSD	Central Sterile Services Department
CT	Computed Tomography
ECS	Emergency Care Site
ED	Emergency Department
EQIA	Equality Impact Assessment
HR	Human Resources
ICNARC	Intensive Care National Audit and Research Centre
IIA	Integrated Impact Assessment
IPCC	Infection Prevention and Control Committee
IT	Information technology
LMS	Local Maternity System
LOS	Length of Stay
MDT	Multidisciplinary Team
MLU	Midwife Led Unit
MRI	Magnetic resonance imaging
MSK	Musculoskeletal
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NLS	Neonatal Life Support or New-born Life Support
NNU	Neonatal Unit
PCS	Planned Care Site
QIA	Quality Impact Assessment
RCPCH	Royal College of Paediatrics and Child Health
RO	Reverse osmosis water supply
SAFER	Senior review. All patients. Flow. Early discharge. Review.
SAS	Surgical Admission Suite
SOP	Standard Operating Procedure
SSG	Sustainable Services Group
SUI	Serious Untoward Incident
UCC	Urgent Care Centre
USC	Unscheduled Care
W&C	Women and Children
WLI	Waiting List Initiative
WMAS	West Midlands Ambulance Service

Compatibility Report for Unscheduled Care QIA - SSP v.2.xls

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