

W&C - Quality Impact Assessment

Specialty: Maternity

											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							
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)	Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience				Average Risk Score	Approved By	Comments				
							Completed with Monitoring	Actively On-going			Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score							
MY001	Familiarity of anaesthetic staff across both sites with obstetrics and paediatric anaesthesia	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<ul style="list-style-type: none"> Review current capacity and knowledge within departments. Identify training needs and implement rotation programme prior to reconfiguration of services Review and develop obstetric and paediatric anaesthetic rotas Recruit to identified rota gaps 	Clinical incidents	Trust and W&Cs governance structures					<ul style="list-style-type: none"> Anaesthetist attending a pregnant woman or child may not have up to date knowledge and experience 	3	2	6	<ul style="list-style-type: none"> Unexpected poor clinical outcome for patient 	3	2	6	<ul style="list-style-type: none"> Poor experience for patient and their family/carers and increased worry and anxiety 	3	2	6	6		
MY002	Transfer of pregnant mother from Planned Care Site Urgent Care Centre to Consultant Led Unit on the Emergency Site	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<ul style="list-style-type: none"> A Standard Operating Procedure for transfer of women to be written and followed by all staff and teams involved in woman's care. External transfer will be included in existing transfer policy and SOP and to include medical, midwifery and support staff. 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 	<ul style="list-style-type: none"> Audit of ambulance arrival and transfer times Quality patient walk around Complaints Datix incident monitoring 	Trust and W&Cs governance structures				<ul style="list-style-type: none"> Inter hospital transport for women in labour to be developed and agreed. 	3	2	6	<ul style="list-style-type: none"> Speed and efficiency and safety of the transfer may have clinical impact 	3	2	6	<ul style="list-style-type: none"> General anxiety for women and their relatives from the Planned Care Site locality regarding the relocation of the Consultant Led Unit 	2	3	6	6			
MY003	External transfer of mother and neonate from Planned Care Site MLU to Consultant Led Unit at Emergency Site.	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<ul style="list-style-type: none"> A Standard Operating Procedure for transfer of women to be written and followed by all staff and teams involved in woman's care. External transfer will be included in existing transfer policy and SOP and to include medical, midwifery and support staff. 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 	<ul style="list-style-type: none"> Audit of ambulance arrival and transfer times Quality patient walk around Complaints Datix incident monitoring 	Trust and W&Cs governance structures				<ul style="list-style-type: none"> Inter hospital transport for women in labour to be developed and agreed. 	3	2	6	<ul style="list-style-type: none"> Speed and efficiency and safety of the transfer may have clinical impact 	3	2	6	<ul style="list-style-type: none"> General anxiety for women and their relatives from the Planned Care Site locality regarding the relocation of the Consultant Led Unit 	2	3	6	6			
MY004	Internal transfer of mother from Emergency Care Site MLU to Consultant led unit.	Head of Midwifery	Head of Midwifery		01/09/18			<ul style="list-style-type: none"> A Standard Operating Procedure for transfer of women to be written and followed by all staff and teams involved in woman's care. Internal transfer will be included in existing transfer policy and SOP and to include medical, midwifery and support staff. Practice transfer runs with all clinical staff between MLU and consultant led unit 	<ul style="list-style-type: none"> Complaints Datix incident monitoring 	Trust and W&Cs governance structures				<ul style="list-style-type: none"> Lack of staff awareness of the agreed process for transfer 	2	3	6	<ul style="list-style-type: none"> Speed and efficiency and safety of the transfer may have clinical impact 	3	2	6	<ul style="list-style-type: none"> Privacy and Dignity of patient is not maintained during transfer 	3	3	9	7			
MY005	Admission to treatment time for mothers transferred from all peripheral MLU to the consultant led unit on the Emergency Care Site.	Head of Midwifery	Head of Midwifery		01/09/18			<ul style="list-style-type: none"> Local maternity service review to feed into future MLU configuration of services. Ambulance transfer times to be finalised with dummy runs to new obstetric unit. Middle grade review times- and guidelines to be updated. NLS Training to be undertaken by all Midwives in peripheral units. Stabilization training of the neonate will be undertaken with cascade training planned. 	<ul style="list-style-type: none"> Audit of ambulance arrival and transfer times Datix incident monitoring Patient feedback 	Trust and W&Cs governance structures				<ul style="list-style-type: none"> Increased journey time may impact on maternal and foetal well being 	3	3	9	<ul style="list-style-type: none"> Increased journey time may impact on maternal and foetal well being 	3	3	9	<ul style="list-style-type: none"> Increased anxiety and discomfort of transfer for mothers, families and midwives 	3	3	9	9			
MY006	Service continuity whilst staff are receiving training for service delivery within the Consultant Led Unit at the Emergency Care Site.	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<ul style="list-style-type: none"> Develop training programme. Organise additional capacity to cover staffing requirements in clinical areas 	<ul style="list-style-type: none"> Complaints Datix incident monitoring 	Trust and W&Cs governance structures				<ul style="list-style-type: none"> Reduction in staffing levels 	3	2	6	<ul style="list-style-type: none"> Reduction in staffing levels, especially experienced and senior midwives 	4	2	8	<ul style="list-style-type: none"> Increased anxiety for women 	3	2	6	7			
MY007	Retention of workforce during and after reconfiguration	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel 	<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				<ul style="list-style-type: none"> Insufficient staff to deliver clinical model 	2	3	6	<ul style="list-style-type: none"> Insufficient staff to deliver clinical model effecting clinical outcomes 	2	3	6	<ul style="list-style-type: none"> Insufficient staff to deliver clinical model 	2	3	6	6			
MY008	Administration capacity requirements not yet scoped	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<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 	Compliance to national standards including Health & Safety	Trust and W&Cs governance structures				<ul style="list-style-type: none"> Negative impact from poor administration on patient care and clinical management 	2	3	6	<ul style="list-style-type: none"> Inadequate capacity and facilities to support the service, leading to less effective outcomes. 	2	3	6	<ul style="list-style-type: none"> Poor experience for patient and their family/carers and increased worry and anxiety 	2	3	6	6			
MY009	The reconfiguration of Hospital services may have a adverse impact on patients from certain sections of our communities	Head of Midwifery	Head of Midwifery	15/10/2018	01/09/18	15/10/2018		<ul style="list-style-type: none"> Care group and Trust participation in Future Fit led mitigation highlighted through Integrated Impact Assessment (IIA) Care group and Trust participation in Future Fit led mitigation highlighted through Equality Impact Assessment (EQIA) 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 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback 	<ul style="list-style-type: none"> Trust and W&Cs governance structures IIA & EQIA recommendations implementation Clinical strategy group governance structure 				<ul style="list-style-type: none"> Negative impact on patient care and clinical outcomes. 	2	2	4	<ul style="list-style-type: none"> Clinical staff of inappropriate skill performing procedures/making decisions 	3	2	6	<ul style="list-style-type: none"> Delayed access and inappropriate management of care 	3	2	6	5			

Completed by Lead manager/Clinician Date: _____

Approved by Lead Clinician Date: _____

Approval
(CMO or Chief Nurse)

Date: _____

W&C - Quality Impact Assessment

Specialty: Neonates

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			
NNU 001	The Principle of 'Scoop and Run' from the collocated MLU to neonates will need to be embedded if the Neonatology Unit is relocated.	CD for Neonatology	CD for Neonatology	15/10/2018	01/03/19	15/10/18		<ul style="list-style-type: none"> Adopt current pathways from peripheral MLUs The rotation of midwives that currently occurs will be enhanced to ensure knowledge transference. Trial runs of process will be undertaken prior to move. Discussion with WMAS will continue to develop robust process and guidance through the Transfer and Triage Group 	<ul style="list-style-type: none"> Discussion of all Term or unexpected admissions to NNU already forms part of Governance processes and Review meetings. Findings and recommendations of RCPCCH Report Patient feedback 	Minutes of NNU and Centre Governance Meetings	Delays in Neonates arriving at NNU may adversely affect outcome	5	2	10	Impact only likely on the rare occasions that any delay encountered	4	1	4	Parents may feel concern in relation to observation of any delay	4	1	4	6		
NNU 002	Improved access to neonatal trained staff by Trauma Team for babies born as a result of trauma presenting at the Emergency Care Site as a result of services being colocated in the future.	CD for Neonatology	CD for Neonatology	15/10/2018	01/03/19	15/10/18		<ul style="list-style-type: none"> Colocation of the Neonatal unit to the emergency take will reduce the risk of trained expertise not being available. Continue training for ED Doctors, midwives and others e.g.: NLS and stabilisation training, 	<ul style="list-style-type: none"> Discussion of all Term or unexpected admissions to NNU already forms part of Governance processes and Review meetings 	All unexpected and term admissions to NNU are discussed through Centre Governance Processes. Discussion will involve consideration of travel time if neonates presented to MLUs. Such cases will have a multi-disciplinary approach	Delays in obtaining formal neonatal care in trauma situations are likely to have an adverse effect on clinical outcome for children born under 35 weeks gestation	5	1	5	This is likely to be a very rare occurrence which is improved through the colocation of both services.	5	1	5	This is likely to be a very rare occurrence, and as such will have limited effect on patient experience, other than for those directly involved	4	1	4	5		
NNU 003	Safe Neonatal baby transfer to the Neonatal unit.	CD for Neonatology	CD for Neonatology	15/10/2018	01/03/19	15/10/18		<ul style="list-style-type: none"> Adopt existing agreed process for the transfer of a Neonate from an outlying MLU and apply it to the reconfigured service model. For example, Planned Care Site transfer from MLU or UCC. 	<ul style="list-style-type: none"> Clinical Incidents. Complaints. Serious untoward incident Patient outcome Patient feedback LMS outcome implementation 	Minutes of NNU & governance	Transferring potentially unstable neonates between sites.	4	3	12	LOS may deteriorate which may adversely affect capacity.	2	2	4	May cause distress and anxiety to patients and their families.	2	2	4	5		
NNU 004	Retention of workforce during and after reconfiguration	CD for Neonatology	CD for Neonatology	15/10/2018	01/03/19	15/10/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel 	<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		
NNU 005	Administration capacity requirements not yet scoped	CD for Neonatology	CD for Neonatology	15/10/2018	01/03/19	15/10/18		<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 	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		

Completed by Lead manager/Clinician _____ Date: _____
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 Approval (CMO or Chief Nurse) _____ Date: _____

W&C - Quality Impact Assessment

Specialty: Paediatrics

											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			
SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date Completed	Next Review Date	Date Updated	Mitigating actions	Quality Indicators	RPI Assurance - Sources and Reporting to monitor quality indicators)	Impact on Patient Safety			Impact on Clinical Effectiveness			Impact on Patient Experience			Average Risk	Approved By	Comments			
PA001	Safe transfer arrangements for a child from the Planned Care Site Urgent Care Centre to the Emergency Department or Inpatient Unit at the Emergency Care Site.	CD Paediatrics	CD Paediatrics	17/10/2018	01/09/18	17/10/18	<ul style="list-style-type: none"> UCC design to include a resuscitation area to stabilise patients prior to transfer. Staff to be trained in Advanced Paediatric Life Support (APLS) and sufficient numbers to enable sufficient presence on each shift Implementation of effective triage and transfer protocols Ambulance service meetings on-going to discuss emergency pathways, also includes non-emergency transfer options. Transfer policy SOP to be updated. Consult with the public to raise awareness of configuration of services in the future 	<ul style="list-style-type: none"> Clinical incidents Serious untoward incidents. Complaints. Patient feedback 	Care Group process for monitoring of risks and incidents in line with Trusts Governance processes	Clinical Deterioration of Patient During Transfer	3	2	6	Delay in initiating required non urgent inpatient diagnostics and treatment may increase LOS	3	3	9	Raised Anxiety levels may become apparent when a transfer is part of a Clinical pathway	2	3	6	7		
PA002	Insufficient numbers of paediatric trained nurses on the Planned Care Site's Urgent Care Centre	CD Paediatrics	CD Paediatrics	17/10/2018	01/09/18	17/10/18	<ul style="list-style-type: none"> Paed Skills Training for sufficient nurses to ensure one to be on duty at any time (APLS, "Paediatric Awareness Modules") Opportunities for shared posts to be explored. 	<ul style="list-style-type: none"> Clinical incidents. %training completed. Rotations operationalised. Patient feedback 	Care Group process for monitoring of risks and incidents in line with Trusts Governance processes	There may be delays for Paediatric patients who require paediatric expertise getting that care.	3	3	9	Patient safety and wellbeing and impact on clinical outcome	3	3	12	Raised Anxiety levels may become apparent when delays apparent in receiving formal paediatric care	2	3	6	9		
PA003	Availability of appropriately skilled Pharmacy staff specialising in Paediatric Oncology	CD Paediatrics	CD Paediatrics	17/10/2018	01/09/18	17/10/18	<ul style="list-style-type: none"> Understand current pharmacy capacity with regards to paediatric oncology. Workforce recruitment and retention plan to maintain clinical effectiveness 	<ul style="list-style-type: none"> Clinical Incidents. Complaints. Serious untoward incident 	Care Group process for monitoring of risks and incidents in line with Trusts Governance processes	Delay in patients receiving treatment and reduction in pharmacy input into the MDT.	3	3	9	Patient safety and wellbeing and impact on clinical outcome	3	3	6	Any delays may cause distress to patients and their families	2	3	5	6		
PA004	Retention of workforce during and after reconfiguration	CD Paediatrics	CD Paediatrics	17/10/2018	01/09/18	17/10/18	<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel 	<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		
PA005	Administration capacity requirements not yet scoped	CD Paediatrics	CD Paediatrics	17/10/2018	01/09/18	17/10/18	<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 	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		
PA006	The reconfiguration of hospital services may have an adverse impact on patients from certain sections of our communities	CD Paediatrics	CD Paediatrics	17/10/2018	01/09/18	17/10/18	<ul style="list-style-type: none"> Clinical adjacencies determined, W&C need to be colocated with emergency services e.g. critical care and acute surgery 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"> Clinical governance outcome monitoring Patient feedback 	<ul style="list-style-type: none"> Trust and W&Cs governance structures IIA & 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 _____

Date: _____

Approved by Lead Clinician _____

Date: _____

Approval (CMO or Chief Nurse) _____

Date: _____

W&C - Quality Impact Assessment

Specialty: Gynaecology

SaTH Risk ID	Risk Identified	Accountable Lead	Clinician completing QIA	Date 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		
							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			
GY001	Reduced risk of not receiving prompt treatment in gynaecological cases that require acute surgery/ urological input as a result of being colocated.	CD for gynaecology	CD for gynaecology	17/10/2018	01/09/18	17/10/18		<ul style="list-style-type: none"> Current configuration of these service separates these specialities. Duplication of rotas to provide emergency cover Future configuration will allow closer clinical interaction to take place. Task & Finish Group programme to address key elements. 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback 	Monitor cases requiring surgical/urology input via dashboard.	Delayed and inappropriate management	4	2	8	Medical staff of inappropriate skill performing procedures/making decisions	4	1	4	Delayed and inappropriate management	4	1	4	5		
GY002	The reconfiguration of Women & Children services may have an adverse impact on patients from certain sections of our communities	CD for gynaecology	CD for gynaecology	17/10/2018	01/09/18	17/10/18	<ul style="list-style-type: none"> Clinical adjacencies determined, W&C need to be colocated with emergency services e.g. critical care and acute surgery 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"> Care group and Trust participation in Future Fit led mitigation highlighted through Integrated Impact Assessment (IIA) Care group and Trust participation in Future Fit led mitigation highlighted through Equality Impact Assessment (EQIA) 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback 	<ul style="list-style-type: none"> Trust and W&Cs governance structures IIA & 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		
GY003	Retention of workforce during and after reconfiguration	CD for gynaecology	CD for gynaecology	17/10/2018	01/09/18	17/10/18	<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 	<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			
GY004	Administration capacity requirements not yet scoped	CD for gynaecology	CD for gynaecology	17/10/2018	01/09/18	17/10/18	<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			

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

Date:
 Date:
 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. <u>A</u> ll patients. <u>F</u> low. <u>E</u> arly discharge. <u>R</u> eview.
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