

Quality Impact Assessment

Speciality: Emergency Surgery

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			
EMS001	Relocation of all emergency surgical admissions to one site requires further planning prior to being operationalised.	CD for Emergency Medicine	CD for Emergency Medicine	14/10/2018	01/03/19	14/10/18		<ul style="list-style-type: none"> review demand and capacity requirements for each specialty. Determine bed base capacity per specialty and ward configuration. Link analysis with theatre NCEPOD and trauma provision, including access to ultraclean theatres. Consider equipment required and decontamination processes. Critical care capacity and pathways pre & post surgery Consider diagnostic provision throughout patient pathways. 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6		
EMS002	Rotas to ensure sufficient workforce to provide safe and effective care 7 days a week will require development	CD for Emergency Medicine	CD for Emergency Medicine	14/10/2018	01/03/19	14/10/18		<ul style="list-style-type: none"> Surgical specialties, anaesthetics, diagnostics and theatres to further develop their workforce models to ensure 7 day cover at the emergency site. 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6		
EMS003	Workforce, skill mix and training programmes require review and finalising	CD for Emergency Medicine	CD for Emergency Medicine	14/10/2018	01/03/19	14/10/18		<ul style="list-style-type: none"> Theatre workforce redesign and development Workforce to support pathway development to be confirmed e.g. fractured neck of femur pathway or emergency surgery co-ordinator. 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6		
EMS004	Retention of workforce during and after reconfiguration	CD for Emergency Medicine	CD for Emergency Medicine	14/10/2018	01/03/19	14/10/18		<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. 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		

Completed by Lead manager/Clinician

Date:

Approved by Lead Clinician

Date:

Approval
(CMO or Chief Nurse)

Date:

Quality Impact Assessment

Speciality: Elective Surgery

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			
ELS001	Inpatient at the Planned Care Site requiring Emergency Care.	Care group medical director	Care group medical director	15/10/2018	01/03/19	15/10/18	<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			
ELS002	Insufficient theatre capacity to deliver clinical model.	Care group medical director	Care group medical director	15/10/2018	01/03/19	15/10/18	<ul style="list-style-type: none"> Following outcome of consultation further development of theatre configuration on the planned care site with technical team. Consider clinical adjacencies to theatres e.g. Surgical Admission Suite (SAS), Day Surgery and inpatient wards. Understand size of opportunity by specialty to migrate activity from inpatient/day case to outpatient procedure when designing future facilities 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6			
ELS003	Workforce, skill mix and training programmes require review and finalising	Care group medical director	Care group medical director	15/10/2018	01/03/19	15/10/18	<ul style="list-style-type: none"> Theatre workforce redesign and development Workforce to support pathway development to be confirmed e.g. Theatre staff and anaesthetics will need to consider knowledge gap with exposure to new specialties 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6			
ELS004	Patients being listed for surgery at an inappropriate site.	Care group medical director	Care group medical director	15/10/2018	01/03/19	15/10/18	<ul style="list-style-type: none"> Anaesthetic led criteria to establish acuity threshold of appropriate patients on the planned care site. Review current pre-op assessment tool to help with this.HRG procedure review to signpost appropriate pathway by specialty. Ward design and workforce skill mix to facilitate enhanced recovery on MSK and surgical wards Recovery design/resus and stabilisation area for patients requiring transfer to the emergency site. 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6			
ELS005	Retention of workforce during and after reconfiguration	Care group medical director	Care group medical director	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 Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. 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			
PA006	The reconfiguration of hospital services may have a adverse impact on patients from certain sections of our communities	Care group medical director	Care group medical director	15/10/2018	01/03/19	15/10/18	<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"> Clinical governance outcome monitoring Patient feedback 	<ul style="list-style-type: none"> Trust and Care Group governance structures IA & EQJA 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			

Completed by Lead manager/Clinician

Date:

Approved by Lead Clinician

Date:

Approval (CMO or Chief Nurse)

Date:

Quality Impact Assessment

Speciality: Theatres

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												Approved By	Comments	
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience						Average Risk Score
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
TH001	Preferred option- planned care site theatre configuration will currently perpetuate inefficiencies due to split locations.	Care group medical director	Care group medical director	14/10/18	01/03/19	14/10/18		<ul style="list-style-type: none"> Technical team considering co-locating all theatres on the planned care site. Further consideration to be given to the follow: <ul style="list-style-type: none"> Recovery Wards Day Surgery Ultra clean theatres Location of equipment Theatre refurbishment Diagnostic colocation Robotic theatre CSSD/decontamination Theatre data management system to aid theatre efficiency and productivity. Develop new theatre plan and list allocation by speciality. Review procurement and storage of theatre supplies to ensure efficient stock management 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6		
TH002	Emergency care site has insufficient theatre capacity to meet clinical model	Care group medical director	Care group medical director	14/10/18	01/03/19	14/10/18		<ul style="list-style-type: none"> Technical team to consider 6 facet survey and theatre refurbishment e.g. <ul style="list-style-type: none"> robotic theatre diagnostic capacity and clinical adjacencies Hybrid theatre review demand and capacity requirements for each speciality. Link analysis with theatre NCEPOD and Trauma provision, including access to ultraclean theatres. Consider equipment required and decontamination processes. Review procurement and storage of theatre supplies to ensure efficient stock management 	<ul style="list-style-type: none"> Clinical governance outcome monitoring Patient feedback Compliance to national quality indicators 	Trust and care group governance structures.	Patients not operated on in a timely manner	3	2	6	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6		
TH003	Theatre capacity assumptions do not meet demand	Care group medical director	Care group medical director	14/10/18	01/03/19	14/10/18	<ul style="list-style-type: none"> Demand and Capacity Modelling applied to new care model 	<ul style="list-style-type: none"> Development of pathways in partnership with ED, Ambulance Services, Critical Care, Surgery, Medicine and W&ECs. Task & Finish Groups for redesign and facilities. 	<ul style="list-style-type: none"> LOS analysis NOF COJIN Theatre Utilisation 18 RTT performance 	Centre process for monitoring of risks and incidents - monthly report to Risk Management Group and Centre Board	Insufficient capacity in Theatres to offer timely treatment to appropriate patients	2	3	6	Insufficient capacity in Theatres to offer timely treatment to appropriate patients	2	3	6	Insufficient capacity in Theatres to offer timely treatment to appropriate patients	2	3	6	6		
TH004	Administration capacity requirements not yet scoped	Care group medical director	Care group medical director	14/10/18	01/03/19	14/10/18		<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. 	<ul style="list-style-type: none"> Compliance to national standards including Health & Safety 	Trust and care groups 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		
TH005	Retention of workforce during and after reconfiguration	Care group medical director	Care group medical director	14/10/18	01/03/19	14/10/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. AP, 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		

Completed by Lead manager/Clinician _____ Date: _____
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Quality Impact Assessment

Speciality: Critical 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		
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CC001	Future critical care design solution does not support efficient working practice.	Care group medical director	Clinical lead for critical care	08/11/18	01/03/19	08/11/18		<ul style="list-style-type: none"> Clinical design workshops (including all critical care staff groups) to capture workforces requirements for new unit in conjunction with Technical team. Arrange visits to recently opened ITUs to understand what works well and lessons learnt. Demand and capacity to incorporate 60% occupancy rates. Link with renal services, potential for shared RO water source. 	<ul style="list-style-type: none"> Adhere to national standards. Patient and relative's feedback 	Trust and care group governance structures.	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Inadequate capacity and facilities to support the service, leading to less effective outcomes.	2	3	6	Delayed access and inappropriate management of care	3	2	6	6		
CC002	Inpatient at the Planned Care Site requiring Critical Care.	Care group medical director	Clinical lead for critical care	08/11/18	01/03/19	08/11/18		<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 from intensivists. 	<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		
CC003	Administration capacity requirements not yet scoped	Care group medical director	Clinical lead for critical care	08/11/18	01/03/19	08/11/18		<ul style="list-style-type: none"> Audit of current demand and capacity requirements e.g. ICNARC clerks 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 care group 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		
CC004	Inadequate medical, nursing and AHP workforce to safely care for patients over a larger departmental area.	Care group medical director	Clinical lead for critical care	08/11/18	01/03/19	08/11/18		<ul style="list-style-type: none"> Design solution will consider and involve the workforce to maximise efficiencies whilst meeting the privacy and dignity requirements of our patients. Intensivist rota compliance will be improved once the current units are combined 	Adhere to National Critical care standards on staffing and	Trust and care group governance structures	Negative impact from poor administration of 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		
CC005	Retention of workforce during and after reconfiguration	Care group medical director	Clinical lead for critical care	08/11/18	01/03/19	08/11/18		<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. 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		

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|Approval (CMO or Chief Nurse)

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Quality Impact Assessment

Speciality: Oncology & Haematology

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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HOC001	Insufficient capacity to meet future demand within speciality bed base	Clinical Director	Clinical Director	06/11/18	01/03/19	06/11/18		<ul style="list-style-type: none"> Acute ward design, capacity and reverse barrier nursing provision. Links with day unit and pharmacy to be considered 	<ul style="list-style-type: none"> National cancer access targets Clinical outcome measures Patient feedback 	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		
HOC002	Insufficient charity funds to offer daycase chemotherapy at PRH or Newtown	Clinical Director	Clinical Director	06/11/18	01/03/19	06/11/18		<ul style="list-style-type: none"> Business case developed capturing staff and estate requirements for proposed satellite units. Ongoing discussions with charitable organisations to explore opportunities to support the programme 	<ul style="list-style-type: none"> National cancer access targets Clinical outcome measures Patient feedback 		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		
HOC003	Administration capacity requirements not yet scoped	Clinical Director	Clinical Director	06/11/18	01/03/19	06/11/18		<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 care group 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		
HOC004	Retention of workforce during and after reconfiguration	Clinical Director	Clinical Director	06/11/18	01/03/19	06/11/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Task & Finish Group programme to address key elements. Develop new roles and new ways of working e.g. 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		

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Approval

(CMO or Chief Nurse)

Date:

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