

Quality Impact Assessment

Speciality: Diagnostics

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												Average Risk Score	Approved By	Comments
							Completed with Monitoring	Actively On-going			Impact on Patient Safety				Impact on Clinical Effectiveness				Impact on Patient Experience						
											Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score	Describe Risk	C	L	Risk Score			
DIAG001	Diagnostic capacity will not fully support clinical demand on both the Emergency and Planned Care sites without being reconfigured	Radiology Centre Manager	Radiology Centre Manager	02/11/18	01/03/19	02/11/18		<ul style="list-style-type: none"> Understand capacity requirements in terms of radiology equipment e.g. MRI, CT plain film and ultrasound. Technical team too consider co-located radiology rooms, along with IT infrastructure in or adjacent to new departments. Sufficient staffing to enable emergency rota cover for ED, UCCs and theatres. Six facet survey to highlight extent of investment for refurbishment of current location. Consider clinical adjacencies to ED, UCC, AEC, Theatres and Critical Care 	<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		
DIAG002	Radiology & Radiography team capacity to provide safe and effective service on both sites following reconfiguration isn't fully understood	Radiology Centre Manager	Radiology Centre Manager	02/11/18	01/03/19	02/11/18		<ul style="list-style-type: none"> Understand and redesign workforce to reflect service capacity cross site Ensure sufficient staffing to enable emergency rota cover to departments 7 days a week 	<ul style="list-style-type: none"> Adhere to national standards. Vacancy rate Sickness rates Pay expenditure Staff survey results 	Trust and care group governance structures.	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	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		
DIAG003	Retention of workforce during and after reconfiguration	Radiology Centre Manager	Radiology Centre Manager	02/11/18	01/03/19	02/11/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel 	<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		
DIAG004	Administration capacity requirements not yet scoped	Radiology Centre Manager	Radiology Centre Manager	02/11/18	01/03/19	02/11/18		<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 	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		

Completed by Lead manager/Clinician

Date:

Approved by Lead Clinician

Date:

Approval
(CMO or Chief Nurse)

Date:

Quality Impact Assessment

Speciality: Therapy

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 Ongoing			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			
THPY001	Understanding of inpatient and departmental therapy equipment storage capacity needs to be confirmed during design phase	Care group director	Care group director	01/11/18	01/03/19	01/11/18		<ul style="list-style-type: none"> Understand future capacity requirements in terms of main department, wards & departments by profession Understand rehabilitation availability on both sites and consider ward adjacencies Consider kit storage in ITU design Consider dieticians storage in new ward block design 	Compliance to national standards including Health & Safety	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		
THPY002	Therapy staff provision including future Emergency & Planned care site configuration requires further development to ensure effective capacity	Care group director	Care group director	01/11/18	01/03/19	01/11/18		<ul style="list-style-type: none"> Understand future capacity requirements in terms of wards & departments by profession Understand future strategy of therapy provision across both acute and primary care. Service redesign in Community may affect acute care model. 	<ul style="list-style-type: none"> Adhere to national treatment access 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		
THPY003	Retention of workforce during and after reconfiguration	Care group director	Care group director	01/11/18	01/03/19	01/11/18		<ul style="list-style-type: none"> Staff support sessions with HR and SSG teams. Comms & Engagement Strategy Highlighting non-redundancy policy Protected travel 	<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		
THPY004	Administration capacity requirements not yet scoped	Care group director	Care group director	01/11/18	01/03/19	01/11/18		<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 	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		

Completed by Lead manager/Clinician

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Approval (CMO or Chief Nurse)

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Quality Impact Assessment

Speciality: Pathology

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 Ongoing			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			
PATH001	Pathology capacity cross site will potentially need to be reconfigured to ensure rapid access to both Emergency & Elective services	Centre Manager (Pathology):	Centre Manager (Pathology):	25/10/18	01/03/19	25/10/18		<ul style="list-style-type: none"> Understand future capacity requirements in terms of main department, wards & other units. Understand solutions for blood bank services on both sites post reconfiguration Consider implications for environment & equipment by department and site Consider access from acute areas to Pathology for rapid turnaround of specimens e.g ED, UCC, AEC, ITU, Theatre, new ward blocks 	<ul style="list-style-type: none"> Adhere to national treatment access standards. 	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		
PATH002	Pathology staff provision including future Emergency & Planned care site configuration requires further development to ensure effective capacity	Centre Manager (Pathology):	Centre Manager (Pathology):	25/10/18	01/03/19	25/10/18		<ul style="list-style-type: none"> Understand future capacity requirements in terms of wards & departments by profession Understand future strategy of Pathology provision across the county / Powys 	<ul style="list-style-type: none"> Adhere to national treatment access 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		
PATH003	Retention of workforce during and after reconfiguration	Centre Manager (Pathology):	Centre Manager (Pathology):	25/10/18	01/03/19	25/10/18		<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		
PATH004	Administration capacity requirements not yet scoped	Centre Manager (Pathology):	Centre Manager (Pathology):	25/10/18	01/03/19	25/10/18		<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 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		

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Approval (CMO or Chief Nurse)

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Quality Impact Assessment

Speciality: Pharmacy

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							Completed with Monitoring	Actively Ongoing			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			
PHARMO 1	Pharmacy department provision including future Emergency & Planned care site configuration requires further development to ensure effective capacity and confirm design brief	Chief Pharmacist	Chief Pharmacist	01/09/18	01/03/19	01/09/18		<ul style="list-style-type: none"> Understand future capacity requirements in terms of main department, wards, units and pneumatic tube system Consider potential impact of Electronic Patient Medication Admin system on operational effectiveness Consider clinical adjacencies to Pharmacy to ensure patient flow is maximised 	<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		
PHARMO 2	Pharmacy team capacity to provide safe and effective service on both sites following reconfiguration isn't fully understood	Chief Pharmacist	Chief Pharmacist	01/09/18	01/03/19	01/09/18		<ul style="list-style-type: none"> Understand and redesign workforce to reflect service capacity cross site Ensure sufficient staffing to enable emergency rota cover to departments 7 days a week 	<ul style="list-style-type: none"> Adhere to national standards. Vacancy rate Sickness rates Pay expenditure Staff survey results 	Trust and care group governance structures.	Inadequate capacity to support the service, leading to less effective outcomes.	2	3	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		
PHARMO 3	Retention of workforce during and after reconfiguration	Chief Pharmacist	Chief Pharmacist	01/09/18	01/03/19	01/09/18		<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		
PHARMO 4	Administration capacity requirements not yet scoped	Chief Pharmacist	Chief Pharmacist	01/09/18	01/03/19	01/09/18		<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 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		

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<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

Compatibility Report for Support Services QIA SSP.xls

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