

**Quality Impact Assessment Template**

Scheme number: **CSS-RAD02**  
 Date of QIA: \_\_\_\_\_

**Scheme Name**

**Scheme FYE value (£'000s)**

**Benefits for Patients**

**Project Lead**  Division

**Quality Indicator(s) - consider KPIs Context.**

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	● 1

**Overall Risk Score**  
 (highest from above quality domains)

**Comments on Above:**

	Name	Date
Decision by Division <i>DLW/SID/AM/MTT</i>	<i>BRUCE STEWART</i>	<i>10/4/14 APPROVE</i>
Decision by PMO	<i>[Signature]</i>	
Decision by Star Chamber	<i>[Signature]</i>	<i>14/04/14 Approve</i>

*[Large handwritten signature]*

**Quality Impact Assessment Template**

Scheme number: **CSS-PIA 03**  
 Date of QIA:

**Scheme Name**

**Scheme FYE value (£'000s)**

**Benefits for Patients**

**Project Lead**  **Division**

**Quality Indicator(s) - consider KPIs Context.**

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as contract in place for 18 months with good patient safety	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	● 1

**Overall Risk Score**  
 (highest from above quality domains)

**Comments on Above:**

	Name	Date
Decision by Division <i>DIVISIONAL MTR 02/09/14</i>	<i>BRUCE STEWART</i>	<i>18/4/14 APPROVE</i>
Decision by PMO	<i>[Signature]</i>	
Decision by Star Chamber	<i>[Signature]</i>	<i>18/04/14 APPROVE</i>

**Quality Impact Assessment Template**

Scheme number: **CSS - PAT 02**  
 Date of QIA:

Scheme Name: **Biochemistry send-away change of supplier**

Scheme FYE value (£'000s): **£36**

Benefits for Patients: **No impact**

Project Lead: **Michael Rayment**

Division: **CSS**

Quality Indicator(s) - consider KPIs Context: **No impact upon the level of service being provided**

Risks to Patient Safety

Details (include mitigation)	Consequence	Likelihood	Score
No risk associated as CIP achieved through better price review	1	1	○ 1

Risks to Clinical Effectiveness

Details (include mitigation)	Consequence	Likelihood	Score
As above	1	1	○ 1

Risks to Patient Experience

Details (include mitigation)	Consequence	Likelihood	Score
As above	1	1	○ 1

Overall Risk Score (highest from above quality domains): **○ 1**

Comments on Above:

**SASH changed supplier in 2013/14 from FPH to BSUH in line with proposed JV plans and getting a better price per item. CIP to recognise new contract**

	Name	Date
Decision by Division		
Decision by PMO		
Decision by Star Chamber	<i>[Signature]</i>	<i>14/04/14 Approve.</i>

*Used in Divisional Meeting minutes*

**Quality Impact Assessment Template**

Scheme number: **CSS-01102**  
 Date of QIA:

**Scheme Name** Nuclear Medicine: RSCH P2P activity capture

**Scheme FYE value (£'000s)** £15

**Benefits for Patients** Patients getting better patient experience as being scanned closer to home

**Project Lead** Kevin Fairclough **Division** CSS

**Quality Indicator(s) - consider KPIs Context.** No impact upon the level of service being provided

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as CIP achieved through better data capture	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	● 1

**Overall Risk Score**  
 (highest from above quality domains) ● 1

**Comments on Above:** Activity already being done by SASH to RSCH patients to suitable quality level. CIP is to recognise appropriate revenue in accounts

	Name	Date	
Decision by Division <i>DIVISIONAL MTG 02/04/14</i>	<b>BRUCE STEWART</b>	<b>15/04/14</b>	<b>APPROVE</b>
Decision by PMO	<i>[Signature]</i>		
Decision by Star Chamber	<i>[Signature]</i>	<b>14/04/14</b>	<b>APPROVE</b>

*[Handwritten signatures and lines]*

**Quality Impact Assessment Template**

Scheme number: CSS-OTH 03  
 Date of QIA: \_\_\_\_\_

Scheme Name	Mortuary Income: County Coroner post mortems		
Scheme FYE value (£'000s)	£22		
Benefits for Patients	No impact. P2P contract with County councils		
Project Lead	Liz Berry	Division	CSS

Quality Indicator(s) - consider KPIs Context. No impact upon the level of service being provided

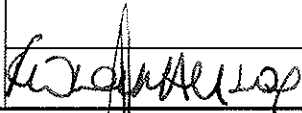
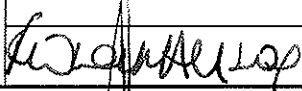
Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as CIP achieved through new contract with County Councils	1	1	● 1

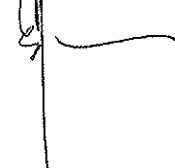
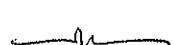
Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	● 1

Overall Risk Score (highest from above quality domains) ● 1

Comments on Above: New contract in place for West Sussex implemented 13-14 to improve business practices of Mortuary. Surrey targeted by division to follow suit. No impact on relatives experience

	Name	Date
Decision by Division <i>DIVISIONAL MTF 02/04/14</i>	<b>BRUCE STEWART</b>	10/04/14 APPROVE
Decision by PMO		
Decision by Star Chamber		14/04/14 APPROVE.

**Quality Impact Assessment Template**

Scheme number: CSS-OTH 04  
 Date of QIA: \_\_\_\_\_

Scheme Name: EEG P2P

Scheme FYE value (£'000s): £25

Benefits for Patients: No impact. Service has historically being doing tests FOC to SCT + S+BP

Project Lead: Victoria Bailey Division: CSS

Quality Indicator(s) - consider KPIs Context: No impact upon the level of service being provided

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as CIP achieved through better data capture	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	● 1

Overall Risk Score (highest from above quality domains) ● 1

Comments on Above: Activity already being done by SASH to Surrey Community Trust & Surrey + Borders patients to suitable quality level. CIP is to bill activity to providers for first time

	Name	Date	
Decision by Division <i>DIVISIONAL MTR 02/04/14</i>	<i>BWLE STEWART</i>	<i>10/02/14</i>	<i>APPROVE</i>
Decision by PMO			
Decision by Star Chamber	<i>[Signature]</i>	<i>14/04/14</i>	<i>APPROVE</i>

*[Handwritten signatures and lines]*

**Quality Impact Assessment Template**

Scheme number: **LOS-01105**  
 Date of QIA:

**Scheme Name** Radiology P2P

**Scheme FYE value (£'000s)** £60

**Benefits for Patients** No impact. CIP is to improve data capture of activity in department

**Project Lead** Victoria Bailey **Division** CSS

**Quality Indicator(s) - consider KPIs Context.** No impact upon the level of service being provided

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as CIP achieved through better data capture	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	● 1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	● 1

**Overall Risk Score**  
 (highest from above quality domains) ● 1

**Comments on Above:** Activity already being done by SASH to various providers to suitable quality level. CIP is to ensure all data is captured on billing sheets. Billable activity previously missed

	Name	Date	
Decision by Division	<i>BRUCE STANLEY</i>	<i>10/4/14</i>	<i>APPROVE</i>
Decision by PMO			
Decision by Star Chamber	<i>[Signature]</i>	<i>14/04/14</i>	<i>APPROVE</i>

*[Handwritten signatures]*

**Quality Impact Assessment Template**

Scheme number:	WACH - 18
Date of QIA:	

Scheme Name	Procurement /Procedure Packs	
Scheme FYE value (£'000s)	TBA	
Benefits for Patients	No benefits for patients as the procedure packs will contain the necessary equipment for the procedures.	
Project Lead	Adaline Smith	Division WACH

**Quality Indicator(s)- consider KPIs**  
 David Burrows is investigating the possible savings or alternatives that could be used in our Delivery and Catheter packs, he is in the final stages of his investigations at present.

	Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Safety</b>	No risk	3	1	3
<b>Risks to Clinical Effectiveness</b>	None	3	1	3
<b>Risks to Patient Experience</b>	None	3	1	3
<b>Overall Risk Score</b> (highest from above quality domains)		3		

**Comments on Above:**

	Name	Date	
Decision by Division	Division senior team	08/04/2014	Approve
Decision by PMO			Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / Reject

*[Handwritten signatures and dates]*



**Quality Impact Assessment Template**

Scheme number:	WACH - 21
Date of QIA:	

Scheme Name	Relocating Community Midwives Horsham		
Scheme FYE value (£'000s)	TBC		
Benefits for Patients	No impact upon patient care as vacating a office at Horsham, moving into the clinic area		
Project Lead	Janice Blythman	Division	WACH

Quality Indicator(s)- consider KPIs	The office has been vacated and notice given to terminate charges from Oct 14		
-------------------------------------	---	--	--

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety	No risk	3	1	3

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness	None	3	1	3

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience	None	3	1	3

Overall Risk Score (highest from above quality domains)	3
--	---

Comments on Above:	Office already vacated and notice given
--------------------	---

	Name	Date	
Decision by Division	Senior team approved	08/04/2014	Approve
Decision by PMO			Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / Reject

*[Handwritten signature]*

**Quality Impact Assessment Template**

Scheme number: SURA-13  
 Date of QIA: \_\_\_\_\_

Scheme Name	Emergency Dental Contract		
Scheme FYE value (£'000s)	23,000		
Benefits for Patients	Patients will not be affected by the change - this is the full year effect savings generated through contract renegotiation and staff consultation agreed and effective from Jan 2014.		
Project Lead	Lead Clinician, Dental	Division	Surgery

Quality Indicator(s) - consider KPIs	Pay cost reduction			
Risks to Patient Safety	Details (include mitigation)	Consequence	Likelihood	Score
		1	1	1
Risks to Clinical Effectiveness	Details (include mitigation)	Consequence	Likelihood	Score
		1	1	1
Risks to Patient Experience	Details (include mitigation)	Consequence	Likelihood	Score
		1	1	1
Overall Risk Score (highest from above quality domains)	1			

Comments on Above: The savings are based on reduced payments to staff following a consultation in Q3 of 2013/14. The changes were agreed and implemented in Jan 2014.

	Name	Date	
Decision by Division	Associate Director; Chief Divisional Nurse Chief of Surgery	10 April 2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

*[Handwritten signature and lines]*

**Quality Impact Assessment Template**

Scheme number: SURG-14  
 Date of QIA: \_\_\_\_\_

Scheme Name: On-call room usage  
 Scheme FYE value (£'000s): 5,000  
 Benefits for Patients: Does not affect patients directly. Rooms will still be available for on-call staff that need them.  
 Project Lead: Associate Director Division: Surgery

Quality Indicator(s) - consider KPIs: KPI - reduced costs

Details (include mitigation)	Consequence	Likelihood	Score
	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
	1	1	1

Overall Risk Score (highest from above quality domains): 1

Comments on Above: This saving will be delivered after a detailed review of on-call room usage and allocation. A first glance assessment suggests that block bookings by specialty teams are not fully used. There is no SLA in place with A2 Dominion, just a one month notice period.

	Name	Date	
Decision by Division	Associate Director; Chief Divisional Nurse Chief of Surgery	10 April 2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

**Quality Impact Assessment Template**

Scheme number: SURG-22  
 Date of QIA:

**Scheme Name** Ophthalmology: Low Visual Aid Tender

**Scheme FYE value (£'000s)** 15,000

**Benefits for Patients** Patients should experience a better service as new providers will see patients in more timely manner and can offer follow up care in the community, closer to home, when they no longer need to attend the acute hospital.  
 This is draft QIA as the tender outcome process is not yet complete.

**Project Lead** Service Manager Division Surgery

**Quality Indicator(s) - consider KPIs**  
 Improved access - waiting times and location choice  
 Reduced costs  
 Free up some space in ESH clinics to relieve overcrowded eye clinics

**Risks to Patient Safety**

Details (include mitigation)	Consequence	Likelihood	Score
	1	1	1

**Risks to Clinical Effectiveness**

Details (include mitigation)	Consequence	Likelihood	Score
	3	2	6

**Risks to Patient Experience**

Details (include mitigation)	Consequence	Likelihood	Score
	3	2	6

**Overall Risk Score**  
 (highest from above quality domains)

6
---

**Comments on Above:**  
 QIA cannot be fully completed until tender process complete

	Name	Date	
<b>Decision by Division</b>	Associate Director; Chief Divisional Nurse Chief of Surgery	10 April 204	Approve
<b>Decision by Star Chamber</b>	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

*Review on award of contract*

## Quality Impact Assessment Template

Scheme number: SURG-29  
 Date of QIA: \_\_\_\_\_

<b>Scheme Name</b>	Theatres: identified non-pay savings		
<b>Scheme FYE value (£'000s)</b>	74,500		
<b>Benefits for Patients</b>	Patients will not be affected by the change - these are procurement changes where evidence suggests quality is not impacted adversely. Some items previously used or trialled.		
<b>Project Lead</b>	Theatre Manager	<b>Division</b>	Surgery

**Quality Indicator(s) - consider KPIs**

a) 29.5k laparoscopic consumables - new port only requires one part to be 'single-use'. Scissors and graspers also offer partial disposal. These schemes will be discussed at the next Laparoscopic Users Group.  
 b) 12.5k sutures - had moved to a more expensive product when supplier indicated previous type no longer available. Previous suture is available and being used again.  
 c) £20k using less expensive supply of Flowtron boots that have already been trialled.  
 d) 7.5k Drapes - changed to supplier with more absorbencies options that reduces cost and waste.  
 e) 5k Spinal prosthesis - simple price reduction of existing product

Details (include mitigation)	Consequence	Likelihood	Score
	3	2	6

Details (include mitigation)	Consequence	Likelihood	Score
	3	2	6

Details (include mitigation)	Consequence	Likelihood	Score
	3	2	6

**Overall Risk Score**  
 (highest from above quality domains)

6

**Comments on Above:**

	Name	Date	Approve / Reject
<b>Decision by Division</b>	Associate Director; Chief Divisional Nurse Chief of Surgery	10 April 2014	Approve
<b>Decision by Star Chamber</b>		14/04/14	Approve / <del>Reject</del>

**Quality Impact Assessment Template**

Scheme number:	CORP - HR 01
Date of QIA:	25-Feb-14

Scheme Name	Reduction in third party supplier contract - Firstcare		
Scheme FYE value (£'000s)	49		
Benefits for Patients	Reduction in price for supply of Absence Monitoring reporting tool to the Trust removes the need for cost improvements to be sourced from direct patient care areas.		
Project Lead	Janet Miller	Division	Human Resources

Quality Indicator(s) - consider PAF KPIs

No change to the reporting available to the Trust for absence notification and reporting

Details (include mitigation)	Consequence	Likelihood	Score
No risk to Patient Safety	0	0	0

Details (include mitigation)	Consequence	Likelihood	Score
No risk to Clinical Effectiveness	0	0	0

Details (include mitigation)	Consequence	Likelihood	Score
No risk to Patient Experience	0	0	0

Overall Risk Score  
(highest from above quality domains)

0

Comments on Above:

As indicated above this CIP involves a reduction in the contract price for an existing third party supplier

	Name	Date	
Decision by Division	Yvonne Parker Director of HR	25th Feb 2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

*[Handwritten signatures]*

**Quality Impact Assessment Template**

Scheme number:	CORP - CE 01
Date of QIA:	8th April 2014

Scheme Name	CEO - Non Pay efficiencies		
Scheme FYE value (£'000s)	25		
Benefits for Patients	N/A - this is a reduction to the non pay budget available for the CEO.		
Project Lead	Michael Wilson	Division	CEO

Quality Indicator(s) - consider KPIs  
 N/A - this is purely a non pay budget reduction - there will therefore be slightly less flexibility in what the CEO can fund.

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience	0	0	● 0

Overall Risk Score  
 (highest from above quality domains)

● 0
-----

Comments on Above:

	Name	Date	Approve / Reject
Decision by Division	approved Paul Simpson - Acting CEO	08/04/2014	Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

*[Handwritten signatures and dates below the table]*

**Quality Impact Assessment Template**

Scheme number:	CORP - FI 01
Date of QIA:	06/03/2014

Scheme Name: Finance directorate - SBS contract price renegotiation

Scheme Value FYE (£'000s): £25

Benefits for Patients: N/A - this is purely a contract negotiation around the price we pay ( and the refunds we get) for the SBS finance system based on service delivery and performance.

Project Lead: Lorraine Clegg Division: Finance

Quality Indicator(s) - consider KPIs: n/a

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	● 0

Overall Risk Score (highest from above quality domains): ● 0

Comments on Above:

	Name	Date	Approve / Reject
Decision by Division	approved Paul Simpson	08/04/2014	Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

*[Handwritten signatures and initials below the table]*



**Quality Impact Assessment Template**

Scheme number:	CORP - FI 02
Date of QIA:	06/03/2014

Scheme Name: Finance directorate - agency usage reduction clinical coding

Scheme value FYE (£'000s): £16

Benefits for Patients: N/A - this is purely a reduction in agency costs incurred by the clinical coding department. The department is currently fully staffed ( bar the Head of Coding post which is being shortlisted) therefore long term need for agency use has reduced.

Project Lead: Lorraine Clegg Division: Finance

Quality Indicator(s) - consider KPIs: n/a

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	● 0

Overall Risk Score (highest from above quality domains): ● 0

Comments on Above:

	Name	Date	Approve / Reject
Decision by Division	approved Paul Simpson	08/04/2014	Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / Reject

**Quality Impact Assessment Template**

Scheme number:	CORP - FI 03
Date of QIA:	06/03/2014

Scheme Name: Finance directorate - various small non pay reductions across directorate

Scheme Value FYE (£'000s): £11

Benefits for Patients: N/A - this is purely a small non pay reduction across various cost centres.

Project Lead: Lorraine Clegg Division: Finance

Quality Indicator(s) - consider KPIs: n/a

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	0

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	0

Details (include mitigation)	Consequence	Likelihood	Score
none	0	0	0

Overall Risk Score (highest from above quality domains): 0

Comments on Above:

	Name	Date	Approve / Reject
Decision by Division	approved Paul Simpson	08/04/2014	Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / Reject

## Quality Impact Assessment Template

Scheme number:	CORP - NG 01
Date of QIA:	01/04/2014

Scheme Name	Disband 'Productive Ward' cost centre		
Scheme FYE value (£'000s)	18		
Benefits for Patients	Nil identified. This is a project which has not been running for last year. Activities can be developed and managed by ward sisters and matrons. An additional resources required will need to be supported by relevant service/team within divisions.		
Project Lead	Sally Brittain	Division	Nursing

Quality Indicator(s) - consider KPIs	None identified			
Risks to Patient Safety	Details (include mitigation)	Consequence	Likelihood	Score
	None identified	0	0	0
Risks to Clinical Effectiveness	Details (include mitigation)	Consequence	Likelihood	Score
	None identified	0	0	0
Risks to Patient Experience	Details (include mitigation)	Consequence	Likelihood	Score
	None identified	0	0	0
Overall Risk Score (highest from above quality domains)		0		

Comments on Above:

	Name	Date	
Decision by Division	Sally Brittain	01/04/2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / Reject

*[Handwritten signatures and marks]*

**Quality Impact Assessment Template**

Scheme number:	CORP - NG 02
Date of QIA:	01/04/2014

Scheme Name	Team skill mix back care team	
Scheme FYE value (£'000s)	20	
Benefits for Patients	Proposal to remove 0.65 WTE of B5 post from back care team. This will leave 1 WTE @ B7 and 1 WTE @B5 to deliver back care training for the team and £15,000 to provide admin and bank support to cover falls investigations currently being undertaken by B7.	
Project Lead	Sally Brittain	Division Nursing

Quality Indicator(s) - consider KPIs	Number of staff trained in back care trustwide. Number of back care related injuries sustained			
Risks to Patient Safety	Details (include mitigation)	Consequence	Likelihood	Score
	See clinical effectiveness	2	2	4
Risks to Clinical Effectiveness	Details (include mitigation)	Consequence	Likelihood	Score
	Potential that staff do not use relevant techniques and equipment related to manual handling increasing risk of injury, patient	2	2	4
Risks to Patient Experience	Details (include mitigation)	Consequence	Likelihood	Score
	See clinical effectiveness	2	2	4
Overall Risk Score (highest from above quality domains)		4		

Comments on Above:

	Name	Date	
Decision by Division	Sally Brittain	01/04/2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

**Quality Impact Assessment Template**

Scheme number:	CORP - CA 01
Date of QIA:	21.03 14

Scheme Name	Removal of Corporate Governance Officer Post		
Scheme FYE value (£'000s)	£24k		
Benefits for Patients	This was a new post in 13/14 supporting recruitment of FT membership, administration of policies & procedures and the corporate governance manager		
Project Lead	Gillian Francis-Musanu	Division	Corporate Affairs

Quality Indicator(s) - consider KPIs

The FT membership role will transfer to the communications team and considering is being being as to where the administration of policies & procedures will best fit within the corporate affairs function.

Details (include mitigation)	Consequence	Likelihood	Score
	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
	2	2	4

Details (include mitigation)	Consequence	Likelihood	Score
	2	2	4

Overall Risk Score  
(highest from above quality domains)

4

Comments on Above:

As long as the policy admin function is included in the corporate affairs team any risks will be reduced.

	Name	Date	
Decision by Division	Gillian Francis-Musanu	21.3.14	Approve
Decision by Star Chamber	<i>[Signature]</i>	14/04/14	Approve / <del>Reject</del>

**Quality Impact Assessment Template**

Scheme number:	OTHER - 08
Date of QIA:	8th April 2014

Scheme Name	CNST premium reduction for 14/15		
Scheme FYE value (£'000s)	434		
Benefits for Patients	n/a - the premium is set centrally by the NHSLA - based on our risk profile - this saving is a non pay reduction to a central budget to reflect the premium notified to us for 14/15		
Project Lead	Paul Simpson	Division	Central

Quality Indicator(s) - consider KPIs	n/a see above		
--------------------------------------	---------------	--	--

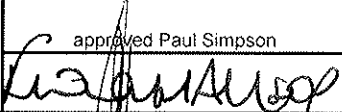
Details (include mitigation)	Consequence	Likelihood	Score
	0	0	● 0


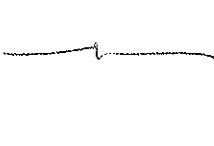
Details (include mitigation)	Consequence	Likelihood	Score
	0	0	● 0

Details (include mitigation)	Consequence	Likelihood	Score
	0	0	● 0

Overall Risk Score (highest from above quality domains)	● 0
--	-----

Comments on Above:	
--------------------	--

	Name	Date	Approve / Reject
Decision by Division	approved Paul Simpson	08/04/2014	Approve / Reject
Decision by Star Chamber		14/04/14	Approve / <del>Reject</del>

**Quality Impact Assessment Template**

Scheme number: SURG-3A  
 Date of QIA:

**Scheme Name**

**Scheme FYE value (£'000s)**

**Benefits for Patients**

**Project Lead**  Division

**Quality Indicator(s) - consider KPIs Context.**

Review of leadership within ophthalmology services undertaken, which demonstrates the need for effective leadership within current B6 team. A B7 Clinical Nurse Manager role will be created to address the current leadership and service development gap. Ophthalmology out patient services are one of the division significant risks relating to capacity and experience. This role is key to addressing these issues as part of the multi professional team. Whilst the budget is currently underspent due to recruitment slippage and effective budgetary controls it is anticipated that when fully recruited the department is able to relinquish 20,000 with minimal impact. The non pay budget is underspent and will continue to off set the Dorking income loss.

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as no planned services changes impacted by releasing underspend.	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	1

**Overall Risk Score**  
(highest from above quality domains)

**Comments on Above:**

This QIA has been undertaken by Natasha Hare, Jamie Moore and Lynda Filby. Approved by Divisional Board on 13 March 2014.

	Name	Date	
Decision by Division	Surgery	13-Mar-14	Approve
Decision by PMO	Surgical/PMO	14-Mar-14	Approve
Decision by Star Chamber	<i>[Signature]</i>	02/04/14	Approve / Reject

*[Handwritten signatures and lines]*

**Quality Impact Assessment Template**

Scheme number: **MED-03**  
 Date of QIA:

Scheme Name: **Introduce a Trust Temporary Medical Staff Agency Tracker Rate**

Benefits for Patients: **Increase in uptake of extra shifts by our own doctors and subsequent reduction in locum usage will improve continuity, safety and quality.**

Project Lead: **AS** Division: **Medicine**

Quality Indicator(s) - consider PAF KPIs: **Increased fill rate with internal Medical Staff  
 Spend reduction on temporary Medical Staff  
 Reduction of Clinical incidents from Agency Medical Staff  
 Reduction in the number of complaints regarding Agency Medical Staff**

Details (include mitigation)	Consequence	Likelihood	Score
Patient safety will be enhanced by this model as it relies upon using medical staff who are already familiar with the Trust's Standard operating procedures, guidelines and practices. There is a risk that that patient safety would be compromised if Medical staffing are working excessive hours leading to fatigue. However, this is also a risk with the current system of using external agency staff as we have no knowledge of their other activities. The risk can be better managed with internal staff, with the flexibility to alter rates and if need be limit the number of hours worked.	2	2	4

Details (include mitigation)	Consequence	Likelihood	Score
This model will enhance clinical effectiveness by using substantive medical staff who do not require induction or orientation to the Trust. This will eliminate induction/orientation time and ultimately should assist with the patient's journey through the care pathway.	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
This will enable the Trust to ensure that it is using medical personnel who are able to demonstrate the Trust Values and manage any poor performance more effectively. It will also provide greater continuity of care and enhance the patient experience.	1	1	1

Overall Risk Score (highest from above quality domains): **4**

Comments on Above: **Cost savings on Agency fee. Options for additional work tracked to the external rate will aide recruitment and retention of medical staff. This scheme would not only allow for greater continuity of care but also enable the Trust to have greater control of performance, ensuring that we have colleagues displaying excellent skills, competences and values**

	Name	Date	
Approved by Divisional Director/AD	<i>[Signature]</i>	27/3/14	<i>Accept</i>
Approved by Medical Director	<i>[Signature]</i>	28.3.14	
Approved by Nursing Director	<i>[Signature]</i>	02/04/14	

*2/4/14*



**Quality Impact Assessment Template**

Scheme number: **MED-4A**  
 Date of QIA:

**Scheme Name**

Change prescribing practice: Eplerenone to Spironolactone

**Benefits for Patients**

Eplerenone 25mg tablets x 28 cost £47.42, spironolactone 25mg x28 cost 74p - saving of £46.68 per pack of 28.  
 Eplerenone licensed after acute MI with Left ventricular dysfunction <40% and clinical evidence of heart failure + NYHA class 2 CHF and LVEF < 30%  
 Hospital formulary says restricted to post-MI patients with cardiac failure.  
  
 Prescribing practice in trust: used as first line aldosterone antagonist instead of spironolactone in male patients with CHF NYHA II-IV (without recent MI) and LVEF < 40% clinicians say due to reduced incidence of gynaecomastia (benign increase in breast tissue in men).  
 Cardiology team have been resistant to changing their practice in the past.

**Project Lead**

NG

Division **Medicine**

**Quality Indicator(s) - consider PAF KPIs**

Patient experience  
 HF symptoms  
 LVEF on imaging studies

**Risks to Patient Safety**

Details (include mitigation)	Consequence	Likelihood	Score
Pt will be monitored regularly for HF symptoms and renal parameters.	2	2	4

**Risks to Clinical Effectiveness**

Details (include mitigation)	Consequence	Likelihood	Score
Eplerenone has more evidence in post MI acute HF patients.	3	3	9

**Risks to Patient Experience**

Details (include mitigation)	Consequence	Likelihood	Score
Some increase in gynaecomastia with spironolactone compared to eplerenone.	3	4	12

Overall Risk Score  
 (highest from above quality domains)

12

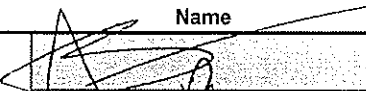

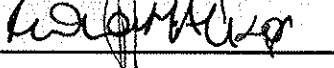
**Comments on Above:**

Given the significant price difference the division has reviewed the option to change practice to prescribe Spironolactone rather than Eplerenone. There is likelihood of gynaecomastia in some patients however this is not considered to be a significant clinical risk and indeed if symptoms are marked and the patient is concerned the prescription could be altered at that point. Recommendation is to proceed with this scheme.

Approved by Divisional Director/AD

Approved by Medical Director

Approved by Nursing Director

Name	Date
	27/3/14
	28.3.14
	20/04/14

*Accept*

21/4/14

**Quality Impact Assessment Template**

Scheme number: MED-4B  
 Date of QIA:

**Scheme Name**

Stop inhaler prescription on AMU

**Benefits for Patients**

Patients on AMU are often started on brand new inhalers for a diagnosis of suspected COPD by the AMU team. COPD can only be properly diagnosed with spirometry which is not done at the point this medication is prescribed in AMU. Spirometry should be done in primary care when the acute exacerbation has passed. The inhalers prescribed (Serelide and Symbicort) cost between £70 and £100, whilst patients could be prescribed a cheaper generic inhaler Becotide and Salbutamol) to treat the crisis until they had been assessed in Primary Care.

**Project Lead**

B Mearns

Division Medicine

**Quality Indicator(s) - consider PAF KPIs**

Readmission rates  
LOS

**Risks to Patient Safety**

Details (Include mitigation)	Consequence	Likelihood	Score
The generic inhalers are entirely appropriate and indeed are recommended as first line treatment so there is no significant patient safety risk.	2	2	4

**Risks to Clinical Effectiveness**

Details (Include mitigation)	Consequence	Likelihood	Score
The generic inhalers are slightly more difficult to use as they deliver a metered dose they are not self actuated. This can be alleviated by use of a spacer and so the risk is minimal.	3	3	9

**Risks to Patient Experience**

Details (Include mitigation)	Consequence	Likelihood	Score
As above the generic inhalers are less user friendly and so patient experience could be affected although most patients will not be able to compare.	3	3	9

Overall Risk Score  
(highest from above quality domains)

9

**Comments on Above:**

Recommendation is that this scheme should be accepted however there must be clear guidance for prescribing practice on AMU approved by the Respiratory Lead Clinician.

Approved by Divisional Director/AD

Approved by Medical Director

Approved by Nursing Director

Name

Date

*[Handwritten signatures]*

27/3/14

28.3.14

02/04/14

*[Handwritten initials]*

**Quality Impact Assessment Template**

Scheme number:	WACH - 08
Date of QIA:	

<b>Scheme Name</b>	Withdrawal of Paediatric Outpatient clinics from Moatfield East Grinstead		
<b>Scheme FYE value (£'000s)</b>	3		
<b>Benefits for Patients</b>	The patient benefits from the withdrawal of the Moatfield Clinics are improved because MDT diabetes clinics could not be provided on that site. The clinics have been re-provided at Crawley as MDT clinics		
<b>Project Lead</b>	Cynthia Quainoo	Division	WACH

<b>Quality Indicator(s) - consider KPIs</b>	No impact upon the level of service being provided		
---	--	--	--

	Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Safety</b>	No risk to patient safety: Clinics moved to East Surrey and Crawley Hospitals.	1	5	5

	Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Clinical Effectiveness</b>	No risk to clinical effectiveness: Patient treatment pathway enhance as MDT clinics can now be provided.	1	5	5

	Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Experience</b>	No risk to patient experience: Full outpatient services provided at Crawley for patients unable to travel to East Surrey.	1	5	5

<b>Overall Risk Score (highest from above quality domains)</b>	5
--	---

<b>Comments on Above:</b>	Saving derived from the cessation of payment for clinic room and services. Clinics were twice per month and are now being provided at Crawley Hospital
---------------------------	--

	Name	Date	
<b>Decision by Division</b>	Division Board	20/03/2014	Approve
<b>Decision by PMO</b>		26/03/2014	Approve
<b>Decision by Star Chamber</b>	<i>[Signature]</i>	02/04/14	Approve / Reject

*[Signature]* 2/4/14

**Quality Impact Assessment Template**

Scheme number:	Wach - 09
Date of QIA:	

Scheme Name	Neonatal Unit - Maintenance Contract Review	
Scheme FYE value (£'000s)	15	
Benefits for Patients	No impact upon patients. Cash released from excess budget for service contracts for Neonatal equipment. The review ensured that the appropriate service contracts are in place for the essential medical equipment.	
Project Lead	Ingrid Marsden	Division WACH

Quality Indicator(s) - consider KPIs  
 All essential medical equipment is covered by appropriate maintenance contracts

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk. Appropriate service contracts are in place	1	4	4

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness No risk - as above	1	4	4

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience No risk - as above	1	4	4

Overall Risk Score  
 (highest from above quality domains)

4
---

Comments on Above:  
 Removal of excess budget, without consequence to equipment servicing

	Name	Date	
Decision by Division	Division Board	20/03/2014	Approve
Decision by PMO		26/03/2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	02/04/14	Approve / Reject

*[Signature]* 2/4/14

**Quality Impact Assessment Template**

Scheme number:	WACH - 11
Date of QIA:	

Scheme Name	St. Georges Paed Medical Staff SLA		
Scheme FYE value (£'000s)	2		
Benefits for Patients	No impact, 'tidying up' budget v cost and no changes to service		
Project Lead	Bill Kilvington	Division	WACH

Quality Indicator(s) - consider KPIs	No impact upon the level of service being provided		
--------------------------------------	--	--	--

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety	Non, same level of service	1	5	5

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness	Non, same level of service	1	5	5

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience	Non, same level of service	1	5	5

Overall Risk Score (highest from above quality domains)	5
--	---

Comments on Above:	Matching budget to actual cost of the contract
--------------------	--

	Name	Date	
Decision by Division	Division Board	20/03/2014	Approved
Decision by PMO		26/03/2014	Approved
Decision by Star Chamber	<i>[Signature]</i>	02/04/14	<i>[Signature]</i>

*[Large handwritten signature]*

2/4/14

**Quality Impact Assessment Template**

Scheme number:	WACH - 14
Date of QIA:	

Scheme Name	Review of HCA Supplement	
Scheme FYE value (£'000s)	£3.660 max	
Benefits for Patients	No impact, correcting errors in pay.	
Project Lead	Wendy Johnson	Division: WaCH

Quality Indicator(s) - consider KPIs

No impact on quality of service provided

Details (include mitigation)	Consequence	Likelihood	Score
None	1	4	<input checked="" type="radio"/> 4

Details (include mitigation)	Consequence	Likelihood	Score
none	1	4	<input checked="" type="radio"/> 4

Details (include mitigation)	Consequence	Likelihood	Score
none	1	4	<input checked="" type="radio"/> 4

Overall Risk Score  
(highest from above quality domains)

4

Comments on Above:

Correcting errors in pay. Will not impact on the service provided.

	Name	Date	
Decision by Division		26/03/2014	Approve
Decision by PMO		26/03/2014	Approve
Decision by Star Chamber	<i>[Signature]</i>	2/4/14	Approve / Reject

*[Handwritten signature]*  
2/4/14

**Quality Impact Assessment Template**

Scheme number: SURG-10  
 Date of QIA:

Scheme Name	Disestablish the Overseas and PP Manger Post		
Scheme FYE value (£'000s)	50,000		
Benefits for Patients	NA		
Project Lead	Associate Director	Division	Surgery

Quality Indicator(s) - consider KPIs Context. Review of post carried out when post became vacant in Q3 13/14. Duties have already been allocated to other posts with minimal disruption. Amenity bed administration is being managed by the Admitted Pathway booking team and other duties have been taken on by the Finance team.

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety No risk associated as no planned services changes impacted by disestablishing post.	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness As above	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience As above	1	1	1

Overall Risk Score (highest from above quality domains) 1

Comments on Above: This QIA has been undertaken by Natasha Hare.

	Name	Date	Approve / Reject
Decision by Division			Approve / Reject
Decision by PMO	Approved	28/03/2014	Approve / Reject
Decision by Star Chamber	<i>[Signature]</i>	02/04/14	Approve / <del>Reject</del>

*[Signature]* 2/4/14

**Quality Impact Assessment Template**

Scheme number: SURG-11  
 Date of QIA: \_\_\_\_\_

**Scheme Name** Reduce ENT Consultant Spend - Retirements

**Scheme FYE value (£'000s)** 35,000

**Benefits for Patients** NA

**Project Lead** Associate Director Division Surgery

**Quality Indicator(s) - consider KPIs Context.** Two senior consultants retiring - one has already retired and the 2nd has formally notified the trust of his intention to retire by Q4.

Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Safety</b> No risk associated as no significant planned services changes due to staff changes. One of the new roles will be taking over thyroid work from the Breast team and handover / interim arrangements have been made to ensure service continuity. A locum is already in post - no adverse impact.	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Clinical Effectiveness</b> As above	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Experience</b> None - greater efficiencies expected from new roles, such as reduced waiting times due to increased productivity	1	1	1

**Overall Risk Score (highest from above quality domains)** 1

**Comments on Above:** This QIA has been undertaken by Natasha Hare.

	Name	Date	Approve / Reject
<b>Decision by Division</b>	Natasha Hare and Jamie Moore	27/03/2014	Approve / Reject
<b>Decision by PMO</b>	Approved	27/03/2014	Approve / Reject
<b>Decision by Star Chamber</b>		22/04/14	Approve / Reject

2/4/14



**Quality Impact Assessment Template**

Scheme number: **SURG-12**  
 Date of QIA:

**Scheme Name**

**Scheme FYE value (£'000s)**

**Benefits for Patients**

**Project Lead**  **Division**

**Quality Indicator(s) - consider KPIs Context.**


Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Safety</b> No risk associated with the cost saving. Their could be risks associated with new SLA arrangements with BSUH but not directly related to the Savings scheme.	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Clinical Effectiveness</b> As above .	1	1	1

Details (include mitigation)	Consequence	Likelihood	Score
<b>Risks to Patient Experience</b> As above .	1	1	1

**Overall Risk Score**  
(highest from above quality domains)

**Comments on Above:**

	Name	Date	Approve / Reject
<b>Decision by Division</b>	Natasha Hare and Jamie Moore	27/03/2014	Approve / Reject
<b>Decision by PMO</b>	Approved	27/03/2014	Approve / Reject
<b>Decision by Star Chamber</b>		22/04/14	Approve / Reject

 2/4/14

**Quality Impact Assessment Template**

Scheme number:	<b>SURG-33</b>
Date of QIA:	

Scheme Name	Reduce Interim Management Spend		
Scheme FYE value (£'000s)	16,000		
Benefits for Patients	NA		
Project Lead	Associate Director	Division	Surgery

Quality Indicator(s) - consider KPIs Context. Interim in in post to assist with JAG accreditation and now the Bowel Screening Project implementation. Implementation of new management restructure will enable resource to cease after Q2.

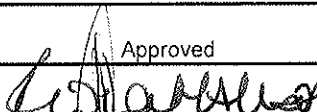
	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Safety	No risk associated as no planned services changes impacted by change. On-going duties will be assigned to Service Manager (currently vacant) and Service delivery coordinator (new post).	1	1	1


	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Clinical Effectiveness	As above	1	1	1

	Details (include mitigation)	Consequence	Likelihood	Score
Risks to Patient Experience	As above	1	1	1

Overall Risk Score (highest from above quality domains) 1

Comments on Above: This QIA has been undertaken by Natasha Hare.

	Name	Date	Approve / Reject
Decision by Division	Natasha Hare and Jamie Moore	27/03/2014	Approve / Reject
Decision by PMO	Approved	27/03/2014	Approve / Reject
Decision by Star Chamber		22/04/14	Approve / Reject

 2/4/14