

Wirral Clinical Commissioning Group: Quality Impact Assessment - Urgent Care Redesign

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found in the 'Risk Scoring Matrix' tab.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 8 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and overall lead for scheme: Urgent Care Transformation - Proposed Model of Care - Nesta Hawker, Director of Commissioning and Transformation

Brief description of scheme:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of an Urgent Treatment Centre (UTC) (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community.

An UTC will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led and will include access to diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

In addition to the UTC, this option proposes the delivery of urgent care in the community across the 3 defined Wirral localities (the locations of which will likely be Birkenhead, Wallasey and Eastham with West Wirral utilising the UTC). The local offer will consist of same day (within 24 hours) access to a GP or Nurse appointment and an all age walk-in service for up to 8 Hours per day, 7 days a week. The exact hours of operation for these services is yet to be determined.

The existing Walk-in Centres and Minor Injury Units have inconsistent opening hours and diagnostic services. This proposed model therefore seeks to address these issues, standardising the service offering for the Wirral population at a local level. This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week (in addition to the existing provision of appointments Monday to Friday 8am - 6pm).

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017. <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

The main aims and objectives of the proposed model:

- Ensure delivery of a high quality urgent care offer within Wirral
- Ensure efficient and effective urgent care system
- Streamline urgent care services across Wirral
- Standardise the urgent care pathway ensuring all services meet the required standards
- Provide better, joined up community services
- Provide an enhanced offer in the form of a UTC
- Consider the needs of the all with additional detailed focus on highest users of urgent care including paediatrics, young adults, older people
- Gain feedback from the public in context of our case for change which highlights areas of need in Wirral
- Ensuring fair and equal access to services
- Ensure sustainable workforce across Wirral's urgent care services

Answer positive/negative or not applicable (P/N or N/A) in each area.
If N, please score the impact and likelihood. If score greater than 8 a full stage 2 assessment will be required.

Area of Quality	Impact question	P/N or N/A	Impact	Likelihood	Score	Full Assessment - Stage 2 to be completed
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	N/A	N/A	N/A	Note: this model of care would provide a clear and standardised pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the A&E target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This option also better addresses the feedback from the Learning events held during 2016/17 providing a clearer pathway for patients accessing Urgent Care.

Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P	N/A	N/A	N/A	Note: this option would provide provide a clear and standardised pathway of care for patients within the community, patients have told us that the current service provision is confusing and difficult to navigate. The perception of service change may be seen positively or negatively by patients who are used to a particular service. A robust Communications strategy will be in place to address this. Patients will not need to be signposted to A&E as the UTC is 24/7 operation.
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P	N/A	N/A	N/A	Note: this option would provide a provide a clear and standardised pathway of care for patients within the community, It brings together agencies for closer MDT working, which should improve issues regarding information flow and safety of patients. This could lead to a more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. Clinical decision making support from A&E to the UTC and community offer supports patient safety.
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	N/A	N/A	N/A	Note: this model of care would provide a provide a clear and standardised pathway of care for patients within the community. The GP led MDT on the Urgent Treatment Centre Hospital site should provide improved clinical engagement between the GPs and A&E clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. The perception of service change may be seen positively or negatively by patients who are used to a particular service. A robust Communications strategy will be in place to address this. Clinical decision making support from A&E to the UTC and community offer supports patient safety and escalation in a 24/7 model.
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	N/A	N/A	N/A	Note: in terms of the current community offer, it isn't consistent across services in relation to self care. Also the current offer does not specifically address health inequalities and population need. This will be monitored by Public Health colleagues who will inform the developing model.
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	N/A	N/A	N/A	Note: this option would provide a clear pathway of care for patients within the community. The GP led MDT on the Urgent Treatment Centre Hospital site should provide for improved clinical engagement between the GPs and A&E clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. It should reduce the number of inappropriate admissions to A&E. The perception of service change may be seen positively or negatively by patients who are used to a particular service. *Note, this option is likely to have a minimal carbon footprint due to 24 hour opening at the UTC and it being co-located with A&E. It should maximize clinical effectiveness having the UTC co-located with the A&E site and enable clinical escalation on a 24/7 basis.
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	P and N	2	2	4	Note: The impact on staffing will need to be considered in more detail. Due to the number of providers and sites of delivery there may be more opportunity to enable flexible working across the workforce.

Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	P	N/A	N/A	N/A	Note: this proposal provides a comprehensive UTC offer open 24 hours, 7 days a week and provision of community services for up to 8 Hours, 7 days a week. As there are a number of providers and sites of delivery there is some opportunity to share the overhead costs between agencies.
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Please describe your rationale for any positive impacts here (this is in addition to the narrative within each assessed area):

Duty of Quality: The urgent care system will be supported by an integrated model of urgent care at the Arrowe Park site with integration across the urgent treatment centre and A&E. The model also includes urgent care services in the community delivering from locations within each locality.

Patient Experience
The proposed model will enhance patient experience through delivery of additional services within the urgent treatment centre, ensuring access to diagnostics to enable more patients to have their needs met without the need to go to A&E. We are also anticipating that less patients will require an admission. The integration with A&E will provide direct access to the A&E consultants to support decision making within the urgent treatment centre and patients will be seen and treated within a maximum of 2 hours compared to 4 hour A&E standard. The community Hubs will provide a wide range of services to proactively support patients care to avoid the need for urgent care services such as A&E and urgent treatment centre. It will also include access to same day (within 24 hours) GP and Nurse appointments for more urgent care needs and will be bookable by NHS 111. As the centres would include same day GP referral to X-Ray, along with additional services on site such as pharmacy and voluntary sector information and advice, this would provide a 'one stop shop' approach to delivery of care and reduce the need for multiple journeys. The proposed model will facilitate compassionate and personalised care, this is already an approach fostered by existing staff, however this will be enhanced through holistic support within the Healthcare and Advice Centres as well as enhanced care at urgent treatment centre. The centres will also have access to personalised care plans which they can use and add to. Also, a health coaching model would be implemented to enable staff to have a consistent, person centred approach to appointments. The service model simplifies and standardises the service offering for patients across Wirral.

Patient Safety : This will enhance patient safety through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care. This will reduce risk of harm across the urgent care system. As noted above, we will ensure that the services have robust safeguarding practice in place.

Clinical Effectiveness:
The proposal will provide consistent, standardised care for patients. It will also ensure patients are seen in the most appropriate place. The urgent treatment centre, as an integrated model with A&E, will undertake clinical streaming. Closer working between partners and consistency across community provision will also facilitate evidence based practice and demonstrate clinical leadership and engagement as well as delivery a high quality standard.

Productivity and Innovation: The proposal aims to deliver clinical and cost effective care as it better matches levels of clinical resource to the presenting needs. In addition to this, providing a clearer system will ensure patients access the most appropriate service first time, reducing the number of patients visiting more than one urgent care service for the same condition/incident. This will reduce the carbon footprint for patients previously traveling to numerous centres to get their needs met.

Prevention: The introduction of a new urgent care system provides the opportunity for our services to promote and enable self care. The clinical streaming models will also ensure prevention advice and signposting is also shared with patients.

Vacancy Impact: Existing staffing levels would be maintained. The proposal therefore does not involve reducing staff posts.

Resource Impact: Integrated working between sectors will have an enhanced impact on capacity within the system. Existing estates will be utilised under this option. The Urgent Care model will have enhanced IT access as specified within NHS England's standards referenced above. The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice.

Zoe Delaney	Senior Commissioning Lead	Sep-18
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Stage 2

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
TY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?	This model of care would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.	N/A	N/A	N/A	Additional work would need to be undertaken to enable effective partnership working across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement.
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?		N/A	N/A	N/A	Yes. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?		N/A	N/A	N/A	This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. The co-location of the UTC on the Arrow Park Hospital site should improve the strategic relationship between the secondary care provider and primary care.

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on strategic partnerships and shared risk?		N/A	N/A	N/A	
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS	An Equality Impact Assessment has been undertaken separately	N/A	N/A	N/A	
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	This model of care would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of safeguarding policies and procedures. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	Will this impact on the organisation's duty to protect children, young people and adults?		N/A	N/A	N/A	
PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/ incidents)	This model of care provides a clear pathway of care for patients within the community, patients have told us that it is confusing and difficult to navigate at present. The perception of service change may be seen positively or negatively by patients who are used to a particular service.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies along with an engagement plan to ensure patients are aware of what services they can access. More GP appointments will be available for patients in Wirral from April 2018 - this will include appointments available from 8am to 8pm 7 days a week within each local area. Feedback from our patients has been that they use walk in centres/minor injuries services because they are unable to access a GP appointment. The extra appointments should mean easier access to a GP closer to home for patients. This could be monitored by patient surveys and utilisation of healthwatch reviews of services. A Transportation workstream has been set up to look at alternative parking facilities, given the constraints on the existing Arrowe Park Hospital site.
	How will it impact on choice?	There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies and to implement an engagement plan to ensure the public are aware of what additional services are available to them within the community such as smoking cessation. This could be monitored by patient surveys and utilisation of healthwatch reviews of services.
	Does it support the compassionate and personalised care agenda?	Due to the number of agencies involved, it is possible there may be an inconsistent approach to the compassionate and personalised care agenda. This could include potential difficulties accessing shared care records. Potential for inconsistencies across the pathway, which would require careful monitoring and evaluation.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies to enable a consistent approach to personalise and compassionate care. The roll out of the Wirral Care Record would enable shared care records to be utilised as appropriate. This could be monitored by patient surveys and utilisation of healthwatch reviews of services.
SAFETY	How will it impact on patient safety?	There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently. Clinical engagement should improve	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of high quality clinical care and safeguarding policies and procedures.
	How will it impact on preventable harm?		N/A	N/A	N/A	
	Will it maximise reliability of safety systems?		N/A	N/A	N/A	
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired		N/A	N/A	N/A	

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PATIENTS	What is the impact on clinical workforce capability care and skills?	More efficient. Clinical engagement should improve from the co-location of the UTC with A&E. There should be no adverse impact on preventable harm, risk of acquired infections. The community offer will promote self-care and a wider social offering for patients with LTCs which will help patients stay well.	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	Pathways for the treatment of urgent care should be better aligned with the co-location of the UTC and A&E	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	How will it impact on clinical leadership?	The development of the UTC brings together A&E Consultants and GPs in a closer collaboration delivering the urgent care pathway.	N/A	N/A	N/A	
	Does it support the full adoption of Better care, Better Value metrics?	This option supports the principles of better care, better value with the emphasis of reducing unnecessary hospital admissions and wider urgent care treatment options in the community.	N/A	N/A	N/A	
	Does it reduce/impact on variations in care?	As described above, the option should reduce the variation in care within the community with a standardisation of service offering within the community and a standardised offer at the UTC.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and high quality clinical care.
	Are systems for monitoring clinical quality supported by good information?	Yes - existing systems will continue to be utilised.	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
	Does it impact on clinical engagement?	Positive - yes - the benefits of co-locating the UTC on the same site as Arrowe Park A&E should bring about closer working between Primary Care and Secondary Care medical professionals	N/A	N/A	N/A	This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. There is a Digital Wirral Working Group reviewing IT across the board.
PREVENTION	Does it support people to stay well?	Positive - yes - the community offer supports individuals to stay well and provides an emphasis on self-care as part of the offer.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies to enable self care to be embedded in the patient pathway.
	Does it promote self-care for people with long term conditions?	Positive - The community offer currently does not provide a consistent offer across services in relation to self care. This option introduces a standardised approach.	N/A	N/A	N/A	Existing services would need to explore opportunities to tailor services to meet the health inequalities and population need. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	Does it tackle health inequalities, focusing resources where they are needed most?	The offer is not tailored to current health inequalities and population need. It provides multiple access points and a standardised care offering across the system. Further work will be needed to ensure that the service offering is meeting the identified local needs of patients	N/A	N/A	N/A	
	Does it ensure care is delivered in the most clinically and cost effective way?	This model provides for the greatest cover for Urgent Care at the UTC (24/7 access) with additional Community offer of 8 hours per day).	N/A	N/A	N/A	Clear marketing campaign to help patients navigate the system to ensure they are seen in most appropriate place at most appropriate time.

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PRODUCTIVITY AND INNOVATION	Does it eliminate inefficiency and waste?	It doesn't eliminate inefficiency and waste however the aspiration behind having an urgent care offer in the community and the UTC is that it will divert patients away from A&E and therefore create efficiencies within the A&E system through reducing inappropriate attendances/ admissions.	N/A	N/A	N/A	As above, plus assurance that the community centres are diverting as much activity from A&E as appropriate
	Does it support low carbon pathways?	Yes - the centralisation of the UTC means that patients across Wirral have equitable access to urgent care (within a c. 20m drive time). Public transportation routes are available and the locality provision across the 4 Wirral localities supports a low carbon pathway	N/A	N/A	N/A	
	Will the service innovation achieve large gains in performance?	The commencement of an urgent treatment centre will enhance performance as will support integrated decision making at ED site and should reduce activity flowing into A&E and ultimately aims to reduce avoidable admissions. The greatest improvement in performance is anticipated to be against 4 hour standard	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. It is hoped that the establishment of the UTC under this option will help prevent unnecessary admissions/ attendances at A&E which are costly to the health system financially but also in terms of clinical time and patients journeys. There are benefits of consistency of operation of the existing A&E and the UTC on the same 24/7 basis.
	Does it lead to improvements in care pathway(s)?	As noted above, the integration on the Arrowe Park site of the urgent treatment centre and A&E will improve care pathways and provides consistency of operation with A&E (24/7) The standardisation of the community offer should have a positive impact although this option provides for less hours (8 hours/ 7 days) in each locality within the community.	N/A	N/A	N/A	
VACANCY IMPACT	Does the proposal involve reducing staff posts? If so describe the impact this will have	Positive; There is no foreseen impact on the number of posts.	N/A	N/A	N/A	There are no current plans to reduce the staffing levels as a result of this option. As part of the Workforce workstream, we will be addressing issues of recruitment and retention to ensure we effectively guide and support staff through this process.
	Is the loss of posts likely to impact on remaining staff morale?	Positive There is no foreseen impact on the number of posts.	N/A	N/A	N/A	
	Can arrangements be made to prioritise and manage workload effectively?	Due to the number of providers and sites of delivery there is less opportunity to enable flexible working across the workforce and therefore there is concerns over the sustainability of this workforce model.	N/A	N/A	N/A	
	Are vacancies likely to impact on patient experience?	There are no current plans to reduce the staffing levels as a result of this option. A Workforce working group will consider the impact of recruitment and retention issues throughout the implementation of service change	N/A	N/A	N/A	
	Will services be negatively impacted by the loss of posts for a short term, medium term or longer term?	There are no current plans to reduce the staffing levels as a result of this option.	N/A	N/A	N/A	
Describe how this proposal may/will have a resource impact with regard to:						

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
RESOURCE IMPACT	Estates	Positive (see above description) and negative: due to the number of providers and sites of delivery there is less opportunity to share the overhead costs.	N/A	N/A	N/A	Minimal mitigation options are available. An estates workstream will need to inform the delivery of the option in the most cost effective way.
	IT Resource	Positive (see above description) and negative: IT systems would need to link with services described in mandated elements of the model.	N/A	N/A	N/A	Further work would need to be undertaken to ensure appropriate IT systems are in place within existing services that link with the Urgent Treatment Centre and the new Integrated Urgent Care Clinical Advice Service prior to implementation of the new model. There is a Digital Wirral working group which is considering IT implementation/ systems across the local health system
	Funding streams/income	Option 1 Provides a 24/7 UTC and reduced community model of 8 hours/ 7 days a week offer. The funding arrangements would be implemented within funding available.	N/A	N/A	N/A	Minimal mitigation options are available. The funding arrangements would be implemented within contractual arrangements within funding available.
	Other providers (specify how/what)	Unkown at this stage	N/A	N/A	N/A	This is unknown until after the consultation and a decision has been made in relation to which option will be implemented. Therefore this will be revisited once a decision has been made.
	Social care/voluntary/third sector	Positive (see description above) and Negative: The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice. However this offer would not be embedded into existing services in the community as it is in options 2 and 3.	N/A	N/A	N/A	Further work would be required to provide patients access to the social, voluntary and third sector support, information and advice within existing services.

Signature: Zoe Delaney	Designation: Senior Commissioning Lead	Date: May 2019
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Appendix 1.

Impact / Consequence score (severity levels) and examples of descriptors				
1	2	3	4	5
Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/ independent review	Gross failure of patient safety if findings not acted on
	Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry
	Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards
	Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on		
	Reduced performance rating if unresolved			
Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
		Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence
		Low staff morale	Loss of key staff	Loss of several key staff
		Poor staff attendance for mandatory/key training	Very low staff morale No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
No or minimal impact on breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory
	Reduced performance rating if unresolved	Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution
			Improvement notices	Complete systems change
		Low performance rating	Zero performance rating	
Critical report	Severely critical report			
Rumours	Local media coverage –	Local media coverage –	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
	short-term reduction in public confidence	long-term reduction in public confidence		
Potential for public concern	Elements of public expectation not being met			Total loss of public confidence
Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget
	Schedule slippage	Schedule slippage	Schedule slippage Key objectives not met	Schedule slippage Key objectives not met

Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget	
	Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million	
Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility	
Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment	
Likelihood score					
	1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently	