Quality Impact Assessment - Initial Assessment

Scheme Name	Women's & Children's Models of Care proposals

NB: Option 1 contained within the models of care was not considered safe and therefore is not included in the QIA although it was considered as part of the original case.

	Brief description of Scheme	Accountable Lead	Clinician completing QIA	Impact on Quality (consider Patient Safety, Clinical Effectiveness and Patient Experience)				If Risk Score Above 9
				Describe Impact on Quality/Risk	C	L	Risk Score	Full Assessment Required
1	**Night closure of Bridgnorth, Ludlow & Oswestry MLU's 20.00hrs – 08.00hrs. Operate as an on-call birth centre during these hours**	Jo Banks/Sarah Jamieson	Sarah Jamieson/ Anthea Gregory-Page	No facility for ad hoc callers or precipitate births (however this would be managed by adequate comms)	4	1	4	**N**
				Withdrawal of postnatal stay service.	2	3	6	**N**
				Local community objection to reduction in choice.	4	4	16	**Y**
				Possibility of increased community work	2	3	6	**N**
				Staff morale in Oswestry, Bridgnorth, Ludlow Implications of changing working pattern and increased on calls.	3	5	15	**Y**
				Option appraisal includes financial costings for the removal of 8.2WTE midwives and 8.2 WTE WSA's. The risk is that this does not cover the on-call requirement and the activity overnight would continue and either those women would choose to deliver in the units (on-call activated) or another unit. The removal of 16.4 WTE does not reduce the workload, however, there is a potential cost saving in that the units would not be staffed full time overnight.	4	4	16	**Y**
				If units are covered only by on-call there would be less resource to pull on during escalation.	4	4	16	**Y**
2	**Remove all birthing and postnatal in-patient stays from Oswestry, Ludlow & Bridgnorth MLU's. Operate only as community base plus homebirths. (As Market Drayton/Whitchurch)**	Jo Banks/Sarah Jamieson	Sarah Jamieson/ Anthea Gregory-Page	Local community and political objection to reduction to a perceived loss of services. Challenge to gain CCG, HealthWatch, Monitor, Maternity Engagement Group approval.	4	5	20	**Y**
3				Limitation of choice for women (women will still have a full range of choice however, the perception will be a dramatic reduction in choice)	4	1	4	**N**
4				Increased community based visits possible = more RM WTE, cars, fuel, phones, kit.	2	4	8	**N**

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5				Possibility of increased requests for homebirths (however unlikely as not seen when model used short term in the past or at MD/ Whitchurch). 2 X RM's on-call for 5 weeks for 1 woman.	1	4	4	**N**
6				Increased calls/visits to other areas for e.g. SROM checks, breastfeeding advice, reduced FM. Etc	2	3	6	**N**
8				Increased travelling time for women in labour, and those requiring a postnatal stay around the county.	2	5	10	**Y**
10				No facility for ad hoc callers or precipitate births.	4	2	8	**N**
11				Potential for increase in BBA's - risk	3	3	9	**N**
12				Potential for increased activity in consultant unit	3	3	9	**N**

KEY	0	1	2	3	4	5
Consequence	No Consequence	Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Will Not Occur	Rare	Unlikely	Possible	Likely	Almost Certain

All proposed schemes must be assessed for their potential effect on patient care

The above form should be completed in conjunction with the clinical lead

The impacts section must be completed by a clinician

The form should be signed/dated by mgr/clinical lead

Person Completing Initial Assessment Sarah Jamieson/Anthea Gregory-Page

Lead Clinician for Initial Assessment Jo Banks/Sarah Jamieson