

hospital admission	community nurses / GPs and a ward manager to proactively identify and case manage the patient in their own home.	scheme, including PROMS/PREMS. The principle KPI is the reduction of non elective admissions by 1 patient per practice per week.		
By reducing unpredicted non-elective admissions it enables greater stability in care arrangements, which will also positively impact on the patient's family.	The scheme will mirror the current pilot project in Dovercourt practice by using community nurses / GPs and a ward manager to proactively identify and case manage the patient in their own home.	KPIs are being set to look at both quantifiable and qualitative benefits to this scheme, including PROMS/PREMS. The principle KPI is the reduction of non elective admissions by 1 patient per practice per week.	By October 2017	Nicki Doherty
Better care in their own home or a community based setting and continuation of their long term care arrangements will eliminate the need for specialist care within an acute environment.	The scheme will mirror the current pilot project in Dovercourt practice by using community nurses / GPs and a ward manager to proactively identify and case manage the patient in their own home.	KPIs are being set to look at both quantifiable and qualitative benefits to this scheme, including PROMS/PREMS. The principle KPI is the reduction of non elective admissions by 1 patient per practice per week.	By October 2017	Nicki Doherty

4. Monitoring, Review and Publication

When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Nicki Doherty	Date of next Review:	May 2017
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Once completed, this form **must** be emailed to Elaine Barnes, Equality Manager for sign off: elaine.barnes3@nhs.net.

Elaine Barnes signature:	
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Quality Indicator(s)				
KPI Assurance – Sources & Reporting to Monitor Quality Indicator(s)	Reduction in NEL admissions Reduction in emergency readmissions Care closer to home			
Patient Safety For example could the proposal/action impact positively or negatively on any of the following: safety, systems in place to safeguard patients to prevent harm, including infections, delivery of safe clinical standard of care?	Likely to have positive impact only – reducing emergency admissions will reduce HAI, and improve delivery of safe clinical care in a more appropriate environment to the patient’s needs.	Impact 1	Likelihood 1	Score

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Clinical Effectiveness For example could the proposal/action impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards or any other areas?	Likely to have positive impact only – treating patients in their own homes / usual place of residence will improve clinical effectiveness and quality standards by maintaining continuity of care and eliminating risks associated with hospital admission	Impact 1	Likelihood 1	Score

Patient Experience For example could the proposal/action impact positively or negatively on any of the following: positive survey results from patients, patient choice, personalised and compassionate care?	Likely to have positive impact only – patient experience will be much improved by offering proactive management / treatment in their own home / community based environment. To be measured through PROMS/PREMS.	Impact 1	Likelihood 1	Score
Prevention For example could the proposal/action impact positively or negatively on promotion of self-care and health inequality?	Likely to have positive impact only – the scheme is focussed around proactively identifying and case managing patients before their condition deteriorates to the extent that it requires hospital admission.	1	1	
Productivity and Innovation For example could the proposal/action impact positively or negatively on the best setting to deliver best clinical and cost effective care' eliminating any resource inefficiencies; improved care	Likely to have positive impact only – the scheme is aimed at reducing emergency admissions which will positively improve productivity and deliver more cost effective care in the most appropriate environment.	1	1	

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pathway?				
Vacancy Impact For example could the proposal/action impact positively or negatively as a result of staffing posts lost?	No.	1	1	
Mitigation	[]			
	Overall Risk Score			
Signed Clinical Director			Date	
Signed Medical Director			Date	
Signed Chief Nurse			Date	
Comments Medical Director Chief Nurse				

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Appendix 1

		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

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

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