

United Lincolnshire Hospitals NHS Trust: Quality Impact Assessment Tool

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive, neutral or adverse) on quality from any proposal to change the way services are delivered. Where potential adverse 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 adverse 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 at 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

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 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact positively, adversely or have a neutral impact on patients / staff / organisations. Where adverse impacts 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 team. **Where there are more than 3 negative impacts and all total scores are less than 8 the Chief Nurse following review will request a full assessment to be completed.**

Title of the scheme/project being assessed:

Temporary reconfiguration of the Children & Young Persons services at the Pilgrim Hospital site Boston, on the grounds of patient safety

Executive Director Leads: Dr Neill Hepburn, Medical Director and Mark Brassington, Chief Operating Officer

Brief overview of the scheme:

The proposal is to reconfigure Children's & Young Peoples services on the Pilgrim Hospital site on a temporary basis to address the imminent risk to children & young people brought about by the medical staffing crisis within the services. In summary, there will be from July 1st 2018, 1.0 wte substantive middle grade doctor within a rota of 8.0 wte, the Paediatric consultant body have advised that this will not be safe and will be untenable, as they do not have capacity to cover the significant middle grade rota gaps. The Paediatric Consultants have been consistently acting down as middle grades to cover the rota in addition to their own consultant substantive role. (Refer to section3 in the Trust Board paper).

Based on the proposed four options for consideration by the Trust Board, each of the options lead to a similar reconfiguration scenario but on a phased implementation. Therefore, this QIA is based on the temporary relocation of inpatient children's services with potential effect from June 4th 2018, and is based on the temporary relocation of consultant led obstetrics and neonatology services with effect from July 1st 2018.

The Medical Director has approved this QIA, and it will now go to the Quality Assurance Committee on xxx in line internal governance processes

Answer positive, neutral or adverse (P/N/A) against each area. If A score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N/A	Impact	Likelihood	Score	Full Assessment required
Duty of Quality	Could the proposal impact on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	A	3	4	12	Yes
Patient/Staff Experience	Could the proposal impact on any of the following - positive survey results from patients and staff, patient choice, personalised &	A	3	5	15	Yes

	compassionate care?					
Patient Safety	Could the proposal impact on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	N				
Clinical Effectiveness	Could the proposal impact on evidence based practice, clinical leadership, clinical engagement and high quality standards?	N				
Prevention	Could the proposal impact on promotion of self-care and improving health equality?	N				
Productivity and Innovation	Could the proposal impact on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	A	2	3	6	No

Please describe your rationale for any positive impacts here:

PMO Trust wide Projects

Signature:	Designation:	Date:
	Director of Nursing: Michelle Rhodes	
	Medical Director: Dr. Neill Hepburn	
	Director of Finance: Karen Brown	

Stage 2

Area of quality	Indicators	Description of impact (Positive, Neutral or Adverse)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides; in accordance with "Everyone Counts: Planning for Patients 2013-14"	N				

	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				
	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?	A	3	5	15	<p>This will impact on staff working in the Children's department at Pilgrim hospital who will be asked to work on a temporary basis at Lincoln County Hospital, and in the ED at Pilgrim Hospital</p> <p>Mitigation: Support will be offered to facilitate temporary movement of the staff. Robust recruitment processes will be maintained as a high priority for the organisation to try and mitigate the need to move staff.</p>
	What is the impact on strategic partnerships and shared risk?	A	4	5	20	<p>All partner organisations attended the risk summit held on 10th April with exception of Peterborough & Stamford NHS Trust who sent their apologies. The consensus agreed at the summit was that the status quo was not an option due to the risk posed to patient safety, which has been identified and evidenced.</p> <p>Mitigation: Work closely with all external partner organisations to support the solutions proposed within the four options</p>
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual access to services and experience of using the NHS (Refer to ULHT Equality Impact Assessment Tool)?	A	3	4	12	<p>The options proposed will impact on the maternity and neonatal services at Pilgrim as both women & babies will have to travel further for full services. This will have implications for the neonatal transport team in addition to EMAS</p> <p>Mitigation: Establish a service level agreement with a private provider to transfer patients to Lincoln County Hospital.</p>

	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	N				
	Will this impact on the organisation's duty to protect children, young people and adults?	N				
PATIENT EXPERIENCE	What impact is it likely to have on self-reported experience of patients and service users? (Response to local surveys/complaints/PALS/incidents)	A	3	4	12	It is likely there will be a surge of patient complaints, together with complaints from the Local Councillors protesting against the temporary closure of the children's, and potentially the temporary closure of maternity & neonatal services Mitigation A robust communications plan that includes highlighting to residents the clinical pathways to alternative places for care where appropriate for urgent care.
	How will it impact on patient choice? For example choice being influenced by wait times, access to services and clinical outcomes.	A	3	4	12	Due to children being taken by ambulance to alternative A&E departments and patients seeking out self-referral to alternative sources of care e.g. Urgent Care Centres in Sleaford and Newark. Some families may not be able to access their local hospital for care of their child. This will lead to a potential increase in waiting times for inpatient medical & nursing reviews, ward attenders and ambulances, resulting in a delay for transfer to other hospitals. There may be associated increased costs for families resulting in their inability to visit their sick child. Mitigation – Keep patients, CCG's and GP's and the public fully informed of future developments, and the key reason for the temporary change, which is to sustain safe and sustainable care for children, women and their babies. Consider funding of transport for families to visit their sick child or baby.

	Does it support the compassionate and personalised care agenda?	N				
PATIENT/STAFF SAFETY	How will it impact on patient safety?	P	3	3	9	The unstable middle grade rota on the PHB site from June 4th does not facilitate the appropriate medical workforce required for patient ratios in order to support a safe Children's service, thus the temporary co-location of inpatient children's services will keep the service sustainable and safe.
	How will it impact on preventable harm?	N				
	Will it maximise reliability of safety systems?	P	2	3	6	Reasons: It will maximise the use of the Medical resources to provide a safe children's service in Lincolnshire
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?	N				
	What is the impact on clinical workforce capability care and skills?	N				
	How will it impact staff safety incidents?	N				
	How will it impact staff satisfaction?	A	4	4	16	Children's Medical and Nursing staff at Pilgrim will feel vulnerable for their future employment position. Medical and Nursing staff at Lincoln and Pilgrim Hospitals may also feel unsettled in relation to the future service delivery. Mitigation – keep all staff informed of future service development; include them in discussions about any future changes. Ensure that all HR and employee relations systems and processes are enacted as per policy and guidelines

CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	N				
	How will it impact on clinical leadership?	P	2	2	4	Reasons: It will reduce the current pressures on Paediatric Consultants who have been covering the middle grade rota in addition to their own job plan. It will allow more time to be given to clinical leadership rather than covering gaps in the middle grade rota.
	Does it reduce/impact on variations in care?	N				
	Are systems for monitoring clinical quality supported by good information?	N				
	Does it impact on clinical engagement?	N				Reasons- Children's Medical and Nursing staff at Pilgrim Hospital will feel vulnerable, but this will be counteracted by the increase of engagement at the Lincoln Hospital site. Overall the Children's Medical and Nursing staff understand the current constraints and that we can no longer sustain the middle grade medical rota at the Pilgrim Hospital site.
PREVENTION	Does it support people to stay well?	N				
	Does it promote self-care for people with long term conditions?	N				
	Does it tackle health inequalities, focusing resources where they are needed most?	N				
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	P	2	3	6	Reason: Through maximising children's medical and nursing resources it ensures that patient safety is not compromised
	Does it eliminate inefficiency and waste?	P	2	3	6	Reason: It supports the utilisation of limited medical staff available most efficiently.

	Does it support low carbon pathways?	A	2	3	6	Reason: Patients will need to travel further. Mitigation Try to get the children to the right place first time. EMAS conveying to nearest site other than Pilgrim first time, GP's referring to alternative hospitals, Public advised to use UCC for non-life threatening conditions
	Does it lead to improvements in care pathway(s)?	N				

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 Reduced performance rating if unresolved	Single breach in statutory duty	Enforcement action	Multiple breeches in statutory duty	
		Challenging external recommendations/ improvement notice	Multiple breeches in statutory duty	Prosecution	
			Improvement notices	Complete systems change required	
			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	Elements of public expectation			Total loss of public confidence	

concern	not being met			
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
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