

## Sherwood Forest Hospitals NHS Foundation 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 cost improvement proposal. Where potential adverse impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score. A rationale for the impact scores should be provided.

Quality is described across the 5 CQC domains, each of which must be assessed at stage 1. Where a potentially adverse quality risk score is identified and is greater than 8, this indicates that a more detailed assessment is required *in this domain*. 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 rating to each. These ratings are multiplied to reach a total impact score.

The following tables define the impact and likelihood rating options and the resulting risk score. A description of impact scores can be found at appendix 1.

Risk scoring matrix						
Likelihood	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
	Impact					
Overall risk rating	Low (1-3)	Low Moderate (4-6)	Moderate (8-9)	High Moderate (10-12)	High (15-25)	

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

## Stage 1

- The following screening tool will require judgement against the 5 CQC Quality Domains
- Each scheme is assessed whether it will impact positively, adversely or have a neutral impact upon the defined areas of quality.
- Where an adverse impact scores greater than 8 in one area of quality, a more detailed Stage 2 Quality Impact Assessment is required for that quality domain only.
- The QIA is completed by the project team that will include the Clinical lead for the initiative.
- Where there are more than three areas of quality that have an adverse impact and the risk score for each is less than 8, a full stage 2 assessment is required to be completed for each area of quality that has an adverse impact risk score.

### **Title of the project being assessed:**

**Suspension of the offer of homebirth service**

### **Brief overview of the scheme:**

**Pregnant women are offered a choice of birthplace of which one of their options is to give birth at home. In order to ensure the safety of women and babies, two midwives are required for a home birth; and where a maternal or neonatal emergency arises, a Category 1 ambulance response is required (7 minute mean response time).**

With the challenges that COVID-19 is currently bringing to the Maternity service there is an impact on the ability to offer this service for the following reasons:

- ✓ The provision of a safe service for all women, babies and staff is paramount. Existing staffing gaps in the community midwifery service have been exacerbated by short term COVID related absence.
- ✓ EMAS is not currently able to confirm a response time for home birth emergencies and this could have an impact on the ability to transfer women and babies in a safe and timely manner into hospital
- ✓ Suspension of the home birth service is consistent with other maternity providers in the region.
- ✓ The team have considered national guidance from the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists; and position statements from NHS England, Midwifery Unit Network and Birthrights in preparation of this QIA

The home birth service will be suspended from 6 April 2020 with monthly review.

Answer **Positive, Neutral or Adverse** (P/N/A) against each area. If Adverse or Positive please score the impact, likelihood and total in the appropriate box, along with the supporting rationale. If score > 8 insert "Yes" to denote a full assessment is required?.

Quality Domain	Could the planned change impact in a positive, neutral or adverse way on:	P/N/A	Likelihood	Impact	Risk Score	Stage 2 QIA	Rationale for the Impact
<b>SAFE</b>	Exposure to harm	A	Rare	Moderate	3	No	There is a risk to women/babies of increased intervention during labour and birth in a hospital environment; and a potential for increased exposure to COVID19 during hospital attendance and admission.
	Delivery of safety management plans	P					
	Delivery of incident response or capacity to act on safety alerts	P					
	Ability to reduce the frequency of regular incidents, complaints or claims.	N					
	The safe environment of care	A	Possible	High	12	Yes	There is a risk that EMAS cannot provide emergency transfer support in a critical situation where private transport is not a suitable alternative. Obstetric emergencies are time critical events in which delays can cause escalating harm resulting in severe injury or death.
<b>EFFECTIVE</b>	Implementation of NICE guidelines or other evidence based standards of care	A	Likely	Low	8	No	NICE guidance CG190 states that women should be offered choice of birthplace including homebirth
	Patient outcomes e.g. extend LoS or increase readmissions	N					

	The quality of life for individual service users	N					
<b>CARING</b>	Patient satisfaction with the service received	A	Possible	Moderate	9	<b>Yes</b>	There is a risk of adverse publicity which may impact on women's perceived and expressed levels of satisfaction with the service
	Capacity to respond to complaints, claims or concerns about care	N					
	Privacy, dignity and respect	N					
<b>RESPONSIVE</b>	Ability to meet patient need	A	Possible	Minor	6	No	Women who wish to have a birth in their own home will not have this choice
	Implementation of care plans	A	Possible	Minor	6	No	Women who wish to have a birth in their own home will not have this choice
<b>WELL LED</b>	Ability to lead and manage care	P					Consolidation of staffing and resources to provide safe care to all women and babies
	Ability to govern and assure delivery of care	P					On a temporary basis, governance and delivery of care is safeguarded by the suspension of the home birth service

**Stage 1 completed by:-**

<b>Name: Penny Cole</b>	<b>Title: Head of Midwifery</b>	<b>Date:08/04/20</b>

**Approval Stage 1:**

<b>Signature:</b>	<b>Designation:</b>	<b>Date:</b>
Penny Cole	Head of Midwifery	08/04/20
Helena Clements	Clinical Chair, W&C Division	08/04/20
Lisa Gowan	Divisional General Manager, W&C Division	08/04/20

Stage 2 – Mitigation strategy and monitoring arrangements Adverse scores >8

Quality Domain	Impact question	Description of the impact (Positive, Neutral or Adverse)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Likelihood	Impact	Overall Score	
SAFE	Exposure to harm					
	Delivery of safety management plans					
	Delivery of incident response or capacity to act on safety alerts					
	Ability to reduce the frequency of regular incidents, complaints or claims.					
	The safe environment of care	There is a risk that EMAS cannot provide emergency transfer support in a critical situation where private transport is not a suitable alternative. Obstetric emergencies are time critical events in which delays can cause escalating harm resulting in severe injury or death.	3	4	12	EMAS have not provided a formal position statement regarding their response to home birth emergencies during the COVID-19 pandemic. This response is being co-ordinated at a regional level by Janet Driver (Regional Chief Midwifery Officer) as it affects all maternity units in the region. In the absence of ongoing assurance around this support which has always been an integral aspect of home birth safety and governance, the provision of intrapartum care within the hospital setting with 24hr access to midwifery, obstetric, anaesthetic and neonatal cover is considered to be the safest

						universal option. This mitigation negates the risk around the accessibility of emergency transport during labour.
EFFECTIVE	Implementation of NICE guidelines or other evidence based standards of care					
	Patient outcomes e.g. extend LoS or increase readmissions					
	The quality of life for individual service users					
CARING	Patient satisfaction with the service received	There is a risk of adverse publicity which may impact on women's perceived and expressed levels of satisfaction with the service	3	3	9	Midwifery Unit Network (MUNet) and Birthrights released position statements on 31 March 2020 which articulated concerns around the withdrawal of choice of place of birth and the potential resulting outcomes including an increase in the numbers of women choosing to birth at home without midwifery attendance ('freebirthing'). A gap analysis against these position statements demonstrates that SFH is providing a safe and responsive birth service in line with other national guidance during the COVID19 pandemic. There has been close working with the SFH communications team and the regional Maternity Voices Partnership in articulating the message around home birth provision. One woman is affected by the withdrawal of the service. HOM has met with her and her husband to explore birth plan and support alternative

						arrangements in partnership with the Sherwood Birthing Unit midwifery team. The adverse publicity risk remains on a national and political level; however with the mitigations described above the local risk is reduced to 4.
	Capacity to respond to complaints, claims or concerns about care					
	Privacy, dignity and respect					
<b>RESPONSIVE</b>	Ability to meet patient need					
	Implementation of care plans					
<b>WELL LED</b>	Ability to lead and manage care					
	Ability to govern and assure delivery of care					

**Stage 2 completed by:-**

<b>Name: Penny Cole</b>	<b>Title: Head of Midwifery</b>	<b>Date:08/04/20</b>

**Approval Stage 2:**

<b>Signature:</b>	<b>Designation:</b>	<b>Date:</b>
Julie Hogg	Chief Nurse / Board Level Maternity Safety Champion	10.04.20
Helena Clements	Medical Director	10.04.20
Lisa Gowan	Divisional General Manager	10.04.20

**Comments:**

**Suspension of homebirth service and relevant QIA shared with divisional triumvirate and Chief Nurse / Board Level Maternity Safety Champion 31/03/20; further discussed at Incident Control Team meeting on 03/04/20 and at Clinical Preparedness Group on 03/04/20.**

**Five women were booked for home birth, of these four had already given birth by 6 April (date of suspension). The remaining woman raised a concern via email which was followed up promptly. She received an email response within 24hrs and a meeting with the Head of Midwifery within 72hrs. An alternative individualised care plan was agreed with her during this meeting.**

**There are significant regional and national concerns expressed via social and online/printed media channels around the maternity safety and choice agenda and a co-ordinated response is under preparation. In view of these developments, the QIA was re-scoped and updated, for presentation with a supporting paper to the Trust's Incident Control Team on 14 April 2020.**

Appendix 1.

	<b>Likelihood score &amp; descriptor</b>				
	<b>Rare 1</b>	<b>Unlikely 2</b>	<b>Possible 3</b>	<b>Likely 4</b>	<b>Probable 5</b>
<b>Description</b>	Would be a shock if it did happen	Would be a surprise if it did happen	Not expected to happen, but would not be a surprise if it did	Significant chance of it happening	More likely to happen than not
<b>Likelihood</b>	Less than 1 chance in 1,000	Between 1 chance in 1,000 and 1 in 100	Greater than 1 chance in 100, less than 1 in 10	Between 1 chance in 10 and 1 in 2	Greater than 1 chance in 2
<b>Probability</b>	Statistical probability below 0.1%	Statistical probability between 0.1% - 1%	Statistical probability above 1% but below 10%	Statistical probability between 10 - 50%	Statistical probability above 50%

Risk type (a. - i.)	Impact & descriptor score				
	Very low 1	Low 2	Moderate 3	High 4	Very high 5
<b>a. Patient harm or b. Staff harm or c. Public harm</b>	No noticeable physical or psychological harm.  No clinical intervention or treatment required.  Resulting in no time off work or no increase in length of hospital stay.  No harm (NRLS).	Minor, short term injury or illness caused to one or more individuals.  Requiring non-urgent clinical intervention (e.g. extra observations, minor treatment or first aid).  Resulting in up to 3 days off work or increase in length of hospital stay by up to 3 days.  Low / minimal harm (NRLS).	Significant but not permanent injury or illness caused to one or more individuals.  Requiring urgent clinical intervention.  Resulting in 4-14 days off work or increase in length of hospital stay by 4-14 days.  RIDDOR / agency reportable incident.  Moderate harm (NRLS).	Permanent harm caused to one or more individuals. Fatal injury or terminal illness caused to an individual.  Requiring urgent and on-going clinical intervention.  Resulting in >14 days off work or increase in length of hospital stay by >14 days.  Severe harm or Death (NRLS).	Multiple fatal injuries or terminal illnesses caused by a single event.
<b>d. Patient experience</b>	Quality of peripheral element of treatment or service below expected standard.  Likely to result in informal complaint / concern.	Overall quality of treatment or service below expected standard.  Likely to result in formal complaint (stage 1) .  Requirement for local resolution.	Quality of treatment or service significantly below required standard.  Likely to result in formal complaint (stage 2).  Requirement for local resolution (with potential to go to independent review).	Quality of treatment or service significantly below required standard affecting multiple patients.  Likely to result in multiple complaints / independent review.	Totally unacceptable quality of treatment or service.  Requirement for formal inquest / ombudsman inquiry.
<b>e. Compliance</b>	Deviation from informal custom and practice or local department process.	Deviation from formally documented good practice guidelines.	Non-compliance with formal Trust policy or national code of practice.  Likely to lead to disciplinary action and / or improvement notice.	Non-compliance with statutory duty / regulation / legislation / NHS Constitution.  Breach of contract.  Likely to lead to enforcement action or substantial civil claim.	Criminal offence.  Likely to lead to criminal prosecution.
<b>f. Finances</b>	Financial cost up to £10k	Financial cost between £10 —100k	Financial cost between £100k - £1m	Financial cost between £1 - 5m	Financial cost >£5m
<b>g. Productivity</b>	Staff time equivalent to financial costs up to £10k	Staff time equivalent to financial costs between £10 —100k	Staff time equivalent to financial costs between £100k - £1m	Staff time equivalent to financial costs between £1 - 5m	Staff time equivalent to financial costs >£5m
<b>h. Reputation</b>	Short term effect on the perception of the organisation amongst a small group.  Local rumours.	Short term effect on the perception of the organisation amongst the local community.  Brief, low-key local media coverage.	Noticeable, medium term effect on the perception of the organisation amongst the local community.  Sustained local media coverage – noticeable reduction in public confidence.	Long term effect on the perception of the organisation amongst stakeholders and the local community.  Brief national media coverage – widespread reduction in public confidence.  Likely to attract regulator / stakeholder attention.	Widespread loss of public and stakeholder confidence in the organisation.  Sustained high profile national media coverage.  Likely to result in Parliamentary intervention.
<b>i. Environment</b>	Temporary, small amount of damage to the local environment.  Superficial damage to a single room / corridor / fixture.	Noticeable damage to the local environment requiring concerted action to rectify.  Superficial damage to several rooms / corridors / fixtures in a single building.	Significant damage to the local environment requiring concerted action and time to rectify.  Structural damage to a single room / corridor / fixture.	Long-term, widespread damage to the local environment requiring concerted multi-agency action to rectify.  Major structural damage to a substantial part of a single building, rendering it unsafe.	Permanent, widespread damage to the local environment.  Major structural damage to multiple buildings, rendering a substantial area of the site unsafe.

Version Control			
Issue No:	Issue Date:	Issue Author:	Reason for Issue:
2.0	August 2017	PMO	
2.1	November 2019	PMO	Branding updated