

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 Termination of Pregnancy Service

Brief overview of the scheme:

SFH offers via the Choose and Book service fortnightly access for women who wish to consider a termination of their pregnancy. This is offered via an initial Outpatient appointment with appropriate counselling and discussion of available options. Following clinical assessment, the woman will be offered either a medical or surgical termination. Where a termination is required, a date is usually agreed with the woman at the Outpatient clinic.

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

- There is only one consultant available to offer the pre-assessment service in Outpatients
- The consultant team have temporarily moved onto a 24/7 resident on call rota and that consultant has now stepped away from their usual planned activity

In making this clinical decision, the following mitigation was considered:-

- Currently women from Derbyshire only are referred to the Unplanned Pregnancy Clinic at SFH, with BPAS being the preferred provider for Nottinghamshire women. Alternative locations that women can be referred to via Choose and Book for women from Derbyshire are Royal Derby

Hospital and Chesterfield Royal Hospital. These services continue to run as they are staffed by multiple clinicians due to the volume of referrals received.

- Women can also self-refer to BPAS who have clinics based in Mansfield and Newark, as well as 2 within Nottingham
- The Unplanned Pregnancy Clinic at SFH sees an average of 5 women per month (since October 2019, 31 women have been seen and treated to date)

The TOP service will be suspended from Tuesday 14 April for the period of 8 weeks but the situation will be reviewed fortnightly

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
SAFE	Exposure to harm	A	1	2	2	No	In not providing a TOP service, there is a low likelihood of harm as there are a number of other providers that are continuing to offer a TOP service in the region. We see an average of 5 women per month so a very low likelihood of harm overall
	Delivery of safety management plans	N	-	-	-		
	Delivery of incident response or capacity to act on safety alerts	N	-	-	-		
	Ability to reduce the frequency of regular incidents, complaints or claims.	N	-	-	-		

	The safe environment of care	A	2	2	4	No	Unable to offer surgical option due to lack of gynaecologist availability. Potential lack of appropriate room on gynaecology ward and gynaecology nursing staff to care for women requiring medical option due to the gynaecology ward being extended to manage general surgical patients which for a temporary period of time includes male patients.
EFFECTIVE	Implementation of NICE guidelines or other evidence based standards of care	A	4	1	4	No	It is likely that we would be unable to meet NICE guidance for time from referral to assessment and treatment options if we were to continue to try to run the Unplanned Pregnancy Clinic due to lack of clinicians to pre-assess and a limitation of timely treatment due to environment and clinician availability
	Patient outcomes e.g. extend LoS or increase readmissions	N	-	-	-		
	The quality of life for individual service users	N	-	-	-		
CARING	Patient satisfaction with the service received	A	4	1	4	No	It is likely that women who would wish to attend SFH will be dissatisfied with not being able to be referred here but the overall numbers will be very low
	Capacity to respond to complaints, claims or concerns about care	N	-	-	-		
	Privacy, dignity and respect	N	-	-	-		
RESPONSIVE	Ability to meet patient need	A	4	1	4	No	It is likely that women who would wish to attend SFH will be dissatisfied with not being able to be referred here but the overall numbers will be very low
	Implementation of care plans	N	-	-	-		
	Ability to lead and manage care	N	-	-	-		

WELL LED	Ability to govern and assure delivery of care	N	-	-	-		
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Stage 1 completed by:-

Name: Susie Al-Samarrai	Title: Service Director	Date:06/04/20

Approval Stage 1:

Signature:	Designation:	Date:
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					
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					
	Capacity to respond to complaints, claims or concerns about care					
	Privacy, dignity and respect					
RESPONSIVE	Ability to meet patient need					

	Implementation of care plans					
WELL LED	Ability to lead and manage care					
	Ability to govern and assure delivery of care					

Stage 2 completed by:-

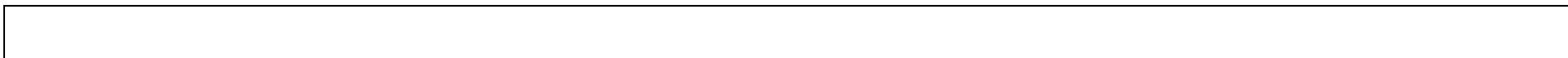
Name: Penny Cole	Title: Head of Midwifery	Date:08/04/20

Approval Stage 2:

Signature:	Designation:	Date:
Dave Selwyn	Medical Director	
Helena Clements	Clinical Chair	
Lisa Gowan	Divisional General Manager	

Comments:

Suspension of the TOP service was agreed clinically by the consultant team on 18 March and subsequently was noted at ICT on 7 April. The service change checklist was presented at ICT on 17 April and will be fed through to Trust Board for ratification on 7 May 2020.



Appendix 1.

	Likelihood score & descriptor				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Probable 5
Description	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
Likelihood	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
Probability	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
a. Patient harm or b. Staff harm or c. Public harm	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.
d. Patient experience	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.
e. Compliance	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.
f. Finances	Financial cost up to £10k	Financial cost between £10 —100k	Financial cost between £100k - £1m	Financial cost between £1 - 5m	Financial cost >£5m
g. Productivity	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
h. Reputation	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.
i. Environment	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