

Quality Impact Assessment (Full)

Date of completion: 11th January 2022

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Project or Service Issue/Concern (and where relevant, Workstream Title)	Service Issue/Concern: 1a. Inability to maintain safe staffing levels during the ongoing Covid-19 Pandemic.
Summary	<p>Peaks in infections due to emerging variants displaying varying levels of transmissibility and impact on public health, (including staff health) make the ability to forward plan and maintain safe staffing levels extremely challenging.</p> <p>Being unable to consistently maintain safe staffing levels increases the risk of harms and poor patient, carer and staff experience.</p> <p>Due to the unpredictable nature of the Covid-19 variants and impact on staff sickness/availability risk assessments need to be updated as soon as new variants are identified and the detail of how they may impact is known.</p> <p>In view of the above, the mitigations to manage emerging risks will need to flex as required where this is possible within available staffing numbers.</p>

Clinical Effectiveness Definition: Peoples care and treatment achieve good outcomes, promote a good quality of life and is based on the best available evidence.	1. Have clinicians been involved in developing this change/service redesign or the response to a service issue/concern?
	Yes. Adele Hartley-Spencer, Associate Director of Nursing of Planned Care and Sarah Freeman, Associate Director of Nursing of Unplanned Care. Trust Executives; Sajid Azeb, Chief Operating Officer, Dr Ray Smith, Chief Medical Officer and Karen Dawber, Chief Nurse. Clinical Leads and Matrons Command Centre Clinicians
	Review Period 1 Date: Position as at 07/01/2022
	Comments: Risk and safety huddles between planned and unplanned care have been implemented to review staffing and patient acuity which take place 3 times per day. Depending on the level of escalation Silver Calls are conducted up to 3 times per day and with senior nurse participation (Deputy ADN chairs).
	2. Has any appropriate evidence been used in the redesign or the response to a service issue/concern? (e.g. NICE guidance) Establishment reviews conducted using the Safer Nursing Care

	<p>Tool (SNCT) https://shelfordgroup.org/safer-nursing-care-tool/</p> <p>Guidance for use of the tool during Covid -19 was reviewed and adopted by the Trust. As part of the review the Shelford Group reiterated the importance of applying professional judgement alongside the SNCT and produced additional tools to assist with staff planning:</p> <ul style="list-style-type: none"> • Professional judgement calculation tool • Instructions <p>Royal College of Nursing (RCN) guidance Nursing and Midwifery Council (NMC) guidance National NHS England/Improvement (NHSE/I) guidance Department of Health and Social Care (DHSC) guidance and Policy West Yorkshire Association of Acute Trusts (WYAAT)</p> <p>British Thoracic Society (BTS)/Intensive Care Society (ICS) Guidance: Respiratory care in patients with Acute Hypoxaemic Respiratory Failure associated with COVID-19 https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/covid-19/bts-respiratory-care-in-patients-with-acute-hypoxaemic-respiratory-failure-associated-with-covid19.pdf?la=en&hash=4F2C9FE05684E4E933646AB50AC05898</p> <p>The health and social care approach to winter (DHCS) published 3rd December 2021 https://www.gov.uk/government/publications/the-health-and-social-care-approach-to-winter/the-health-and-social-care-approach-to-winter</p> <p>National Quality Board (NQB) Supporting NHS providers: right skills, right staff, right place, right time – 23 May 2019: This updated set of expectations for nursing and midwifery care staff will help NHS provider boards make local decisions that support the delivery of high-quality care for patients.</p> <p>Review Period 1 Date: 07/01/2022</p> <p>Comments: External discussions are regularly taking place at Regional Chief Nurse meetings and regional and national cabinets to discuss local and national staffing issues and identify possible solutions/temporary actions to mitigate risk.</p> <p>The Trust is also in regular contact with the regulator and commissioners.</p> <p>3. Are relevant Clinical Outcome Measures already being monitored by the CBU/Chief Nurse Team? If no, specify additional outcome measures where appropriate. If yes, list.</p>
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	<p>In relation to the potential impacts of inadequate staffing levels and possible mitigations the Trust uses the following mechanisms to identify, monitor and respond to potential risk and harms:</p> <ul style="list-style-type: none"> • Monitoring and review of patient acuity and dependency • Trust completed quality and safety tool - weekly • Trust heat map • Risk and safety huddles (daily Monday-Friday) • Workforce and Quality Matron huddle/oversight (3 x daily, 7/7) • Oversight and management of comments, concerns, complaints, compliments, claims • Datix reported and investigated incidents • Staff sickness, absence and feedback • Safety Event Group (SEG) (weekly) • Quality of Care Panel (QuOC) (weekly) • Clinical Reference Group (2 x weekly) • Tactical silver Command call (3 x daily) with senior nurse participation to support decision making • Gold CRG (daily) • Exec Gold (daily) <p>Review Period 1 Date: 07/01/22</p> <p>Comments: Red Border Email issued on behalf of Mel Pickup, Chief Executive: All CBU and Corporate team leaders to free up staff, including admin and clerical and registered/clinical colleagues in non-patient facing roles, to volunteer and support our clinical front line during the week and at weekends.</p> <p>Temporary suspension of non-essential training, appraisals, and non-essential/routine meetings.</p> <p>4. Are there any risks to clinical effectiveness? If yes, list</p> <ul style="list-style-type: none"> • Patient care not fully optimised despite available staff working to full capacity • Patient care bundles incomplete • Increased harms, for example, pressure ulcers and falls • Delays in the administration of time critical medications and pain relief • Clinical reviews delayed impacting on the delivery of nursing care and treatment required • Delays in accessing diagnostics where escorts required • Delayed theatre start times • Incomplete and/or poor record keeping to evidence care and treatment provided <p>Additional risk: The Trust is aware that Datix incident reporting may not always be completed particularly if a near miss or low harm incident/risk due to time constraints; therefore, the number of incidents and any themes and trends identified maybe an unreliable indicator of outcomes and risk.</p> <p>Review Period 1 Date: 07/01/22</p> <p>Comments: Patient outcome measures continue to be reviewed; however, results are not immediate and often there is a time lag.</p>
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	We need to consider quick ways to capture incidents in real time and will consider this as part of the staffing options appraisal.
	5. Have the risks been mitigated?
	<p>Current mitigation:</p> <ul style="list-style-type: none"> • Standard Operating Procedures (SOPs) in place • Ongoing management and daily review of rotas and patient acuity and dependency • Agency and bank recruitment ongoing • International recruitment continues • Daily Matron Risk and Safety Huddles attend by planned and unplanned care Risk and Governance Managers to identify risk and possible mitigations • Risk assessment in place for pressure ulcers and falls within EPR • Early identification and sharing of learning following any patient or staff incidents reported to be discussed at daily meetings with care group risk and governance team, but maybe be reduced in current climate. • Senior quality oversight and support provided to the wards by members of the senior leadership team. Feedback to be provided to the Monday staffing meeting to identify additional risks and possible mitigation. • Additional admin support provided • All CBU and Corporate team leaders to free up non-patient facing staff to further support • Temporary suspension of non-essential training, appraisals, and non-essential/routine meetings to free up further staff to support
	Review Period 1 Date: 07/01/22
	Comments: Datix incident reports reviewed daily to identify, monitor and act upon any harms to patients or staff. Senior leadership team offering additional support and fresh eyes on to the wards to identify and act upon any further risks identified.
	6. Have the risks been added to the Care Group Risk Register and a review date set?
	<p>Yes, individual risk assessments are in place and an overarching risk assessment is in development to be presented as a final draft to QuOC on 17/01/22.</p> <p>A strategic risk has been added for safe staffing, Risk ID 271038, 3732</p> <p>Planned care safe staffing risk ID 3744</p> <p>Unplanned care safe staffing risk ID 3730</p>
	Review Period 1 Date:
	Comments: As at 7/1/22 risks reviewed 3 x daily
	7. List any specific clinical effectiveness benefits...
	Awareness of the current level of risk and potential impacts leads to prompt identification, escalation and implementation of any further actions that can

	be taken to mitigate against any potential for harm.
Patient Safety Definition: People are protected from abuse and avoidable harm.	Has the impact of the proposed change or the response to a service issue/concern been considered in relation to patient safety risks:
	Yes.
	The current staffing situation has the potential to lead to both patient and staff harm.
	Review Period 1 Date: 07/01/22
	Comments: The Trusts Quality and Safety audit tool and completion of the Safer Nursing Care Tool (SNCT) identify patient acuity and staff allocation along with any gap in nursing hours to be addressed.
	1. Are there any risks to patient safety? If yes, list
	<ul style="list-style-type: none"> • Receipt of sub-optimal or delayed care and treatment including nutrition and hydration • Poor patient experience • Care and treatment delays leading to an increased risk of deterioration and increased harms. For example, human errors, falls and pressure ulcers • Increased risk of delays in the prompt recognition and escalation of deterioration • Delays or omissions in the administration of medications, including time critical medication and pain relief. • Increased length of stay due to delays in enacting discharge related tasks increasing the risk of complications impacting on effective patient flow • Risk of delays in referral to treatment times (RTT)
	Review Period 1 Date: 07/01/22
	Comments: Risk assessments completed
	2. Have the risks been mitigated?
	Partially: due to the ongoing Covid-19 pandemic and new variants emerging it is extremely difficult to forward plan staffing and cover via the usual routes (bank and agency). Non-patient facing staff have been asked to come forward and help via the redeployment hub.
	Review Period 1 Date: 17.9.19
	Comments:
	3. Have the risks or the response to a service issue/concern been added to the Care Group Risk Register and a review date set?
	Yes
	Review Period 1 Date: Risk assessments completed
	Comments:
	4. List any specific patient safety benefits...
	Having mechanisms in place to review staffing levels and act on potential risks and patient harm in a timely manner is the overarching patient and staff benefit.
	Review Period 1 Date: 07/01/22

	Comments:
Patient Experience Definition: The sum of interactions with the patient that shape their customer/patient experience and view of the organisation/care they receive.	1. Has the impact of the redesign or the response to a service issue/concern on patients/carers/members of the public been assessed? How will these changes impact on patients' experience (if appropriate)? Current staffing issues and Covid-19 are impacting on: <ul style="list-style-type: none"> • Patient experience • Visiting (SOP in place) • Waiting times • Timeliness of treatment provided • Optimum care delivery • Timeliness of discharges • Reablement potential Review Period 1 Date: 07/01/22 Comments: Risk assessments in place
	2. Are there any risks to the patient experience? Yes, as above Review Period 1 Date: 07/01/22 Comments: Risk assessments in place
	3. Have the risks been mitigated? The risks identified have been mitigated; however, increasing levels of staff sickness and absence will impact on their effectiveness. Review Period 1 Date: 07/01/22 Comments: Ongoing review of mitigations via routes documented at section 3.
	4. Have the risks been added to the Care Group Risk Register and a review date set? Yes - Risk assessments in place updated in line with strategic risk Review Period 1 Date: 07/01/22 Comments: Ongoing review of linked risks
Service Impact Definition: Services are organised so that they meet people's needs.	What is the overall impact on service quality – please tick one box <ul style="list-style-type: none"> • Improved quality and safety • Maintained service quality • Reduced service quality • Significantly reduced service quality and negative impact on patient, carer and staff experience. Review Period 1 Date: 17.9.19 Comments:
Equality and Diversity	When/will the Equality Impact Assessment (EIA) be completed? National Coronavirus Act 2020: equality impact assessment https://www.gov.uk/government/publications/coronavirus-act-2020-equality-impact-assessment Review Period 1 Date: 07/01/22 Comments: The Trust is complying with the national EIA
Privacy Impact	If a Privacy Impact Assessment is required, when will this be completed? National Data Protection Impact Assessments (DPIA) in place. Review Period 1 Date: 07/01/22 Comments: The Trust is complying with the national DPIAs.

Clinical Sponsor SIGN OFF:
Project Lead:
Contributors:
Chief Medical Officer/Chief Nurse Comments:
Date of sign off:
Date Risks added to Care Group Risk Registers:

Chief Medical Officer
Name: Dr Ray Smith
Signature:
Date:

Chief Nurse
Name: Karen Dawber
Signature:
Date:

Review period if applicable: <i>Review at QuOC 17th January 2022 and Formal review in 3 months</i>
