

# QUALITY & EQUALITY IMPACT ASSESSMENT PROCESS DURING COVID-19

## 1. INTRODUCTION

In response to the global pandemic and following national NHS direction the provision and delivery of care across all CCS clinical services has changed significantly. Business continuity plans and incident management arrangements have been established in all services to ensure we are taking steps to limit the impact for our patients, service users and staff.

Whilst these changes have been implemented at pace, many of these changes have brought forward planned future transformation schemes including the increased use of technology. As we continue to adapt and improve on our new care delivery it is essential that we continue to offer equitable care, making adaptations or offering alternative options in recognition of the differing needs of our communities.

To support these efforts and to ensure we have robust safeguarding systems in place at a service level and collectively across the Trust this quality and equality impact assessment during the Covid19 period process has been created.

Together, with the Trust’s *Learning from Covid-19 Survey* which teams and services are completing to reflect on both the positives and the negatives of the changes in our working practices and services, these impact assessments will help inform future decisions on the effectiveness, efficiency and sustainability on the changes we will make as an organisation.

## 2. PROCESS

Assessing the impact of changes is a continuous process not only to ensure that mitigating actions are effective and being carried out but also the consequences or likelihood of occurrence can change over time. To provide assurance and to ensure a consistent approach across the Trust a governance framework and materials have been created.

**Please note – this process does not replace the need for colleagues to immediately report incidences or escalate concerns.**



### Stage 1: Assess, measure and record (Service level)

- Each service must carry out an assessment on changes that have been implemented or will be implemented during the pandemic.
- A new combined assessment template<sup>1</sup> has been developed to help structure the assessment, however, it is not a tick box exercise and colleagues are encouraged to use their own professional judgement and clinical experience to ensure assessments are comprehensive.
- Assessments should be co-produced with staff and patients/service users to ensure breadth of opinion, experience and knowledge is shared and included in any mitigation plans.
- Completion of the assessment template does not end the process. Repeated timely assessments are needed to ensure the scale and level of impacts or likelihood is not increasing and the mitigating actions are making a positive impact.

What do we impact assess?	The potential impact of the changes already made and those planned to the delivery of care – i.e. video calls instead of face to face appointments, reduction in the interaction with service users and increase in self-management.
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<sup>1</sup> Combined QIA and EIA template is still in development.

What does impact to quality cover?	the <b>safety</b> of care provided (avoidable harm, errors) to patients/service users and to staff the <b>effectiveness</b> of care (most appropriate treatments, interventions, support and services provided at the right time) and the <b>experience</b> of patient receiving care.
What does the impact to equality and diversity cover?	the potential consequences of changes on different social groups impacting on their opportunity to access and receive the healthcare provided.

**Stage 1 Output:** Service level comprehensive impact assessments completed, scale or impact measured, service and shared with Directorate SMT.

### **Stage 2: Analyse and report (Directorate level)**

- Each directorate SMT reviews assessments and analyses the totality of the impact risks across their services.
  - Enabling a robust peer review and scrutiny on the assessment and mitigation plans.
  - Providing direction and decisions within the remit of the directorate’s resources.
  - Identifying actions or support other services in the directorate can provide.
  - Identifying decisions/resources which require Executive decision.
- Each Service Director submits the assessments to the weekly executive meeting.

**Stage 2 Output:** Directorate impact assessments submitted to Executive Team

### **Stage 3: Executive oversight and direction**

- Executive team reviews the assessments weekly and analyses the impact risk across the organisation:
  - Identifying themes and potential solutions from other areas.
  - Identifying and quantifying the collective *ask* of all directorates for resources.
  - Confirming the level of oversight needed for implementation of mitigation plans – service level or directorate level.
  - Providing direction from system discussions and plans or escalating to the system for decision or investment.

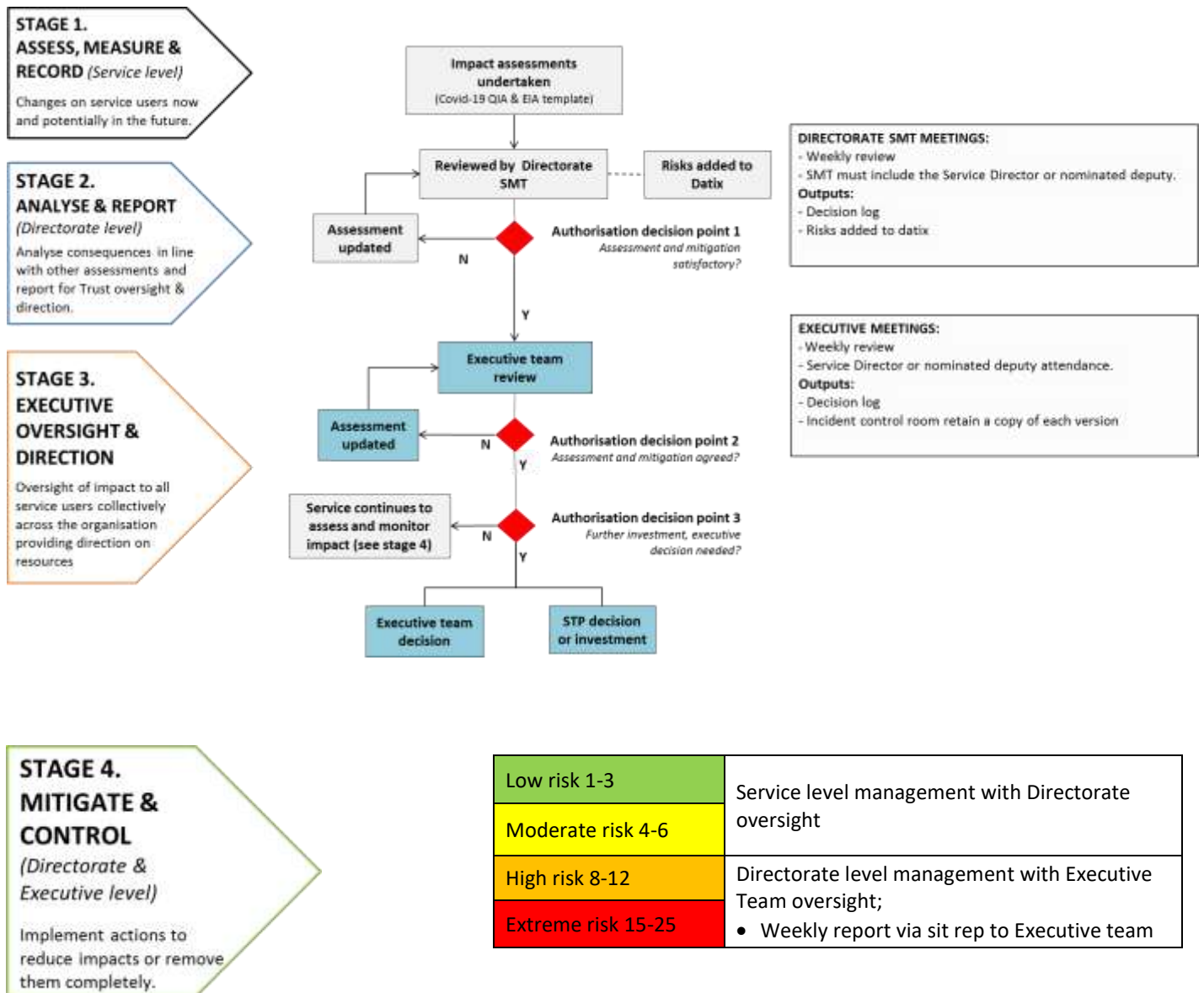
**Stage 3 Output:** Executive team decision/direction (including oversight level), escalation into the system where appropriate.

### **Stage 4: Mitigate and control**

- Each service implements their mitigation plans and puts in place weekly monitoring and review process.
- Oversight for impact assessments based on the risk scoring:
  - 1-6 (low to moderate risk) the directorate will maintain the oversight and continue to manage locally.
  - 8-25 (high to extreme risk) a weekly update will be provided via the weekly sit rep return covering the following questions:
    - Are the mitigating actions happening and working?
    - Has the consequence (impact) changed since the last review?
    - Has the likelihood of the impact changed since the last review?
    - Does the service require any further support or resources to manage the risk or complete the actions?

**Stage 4 Output:** Services carry out mitigation actions and implementation of a robust oversight process.

### 3. GOVERNANCE STRUCTURE



If a risk previously scored a 6 or lower increases to an 8 or higher the directorate will notify the Executive team via the daily/weekly sit rep report.

**Update provided to Trust Board via the Integrated Care Report**

#### 4. ROLES AND RESPONSIBILITIES

ROLE OR FUNCTION:	RESPONSIBILITIES
Executive Lead (Chief Nurse)	<ul style="list-style-type: none"> <li>Design and implementation of an impact assessment process which safeguards the quality of care and promotes equality of services.</li> </ul>
Executive Team	<ul style="list-style-type: none"> <li>Robust review and evaluation of all impact assessments, ensuring that the mitigating actions are comprehensive and in align with the Trust and System plans.</li> <li>Seeks assurance from directorates that local review processes are well defined, are being followed and are inclusive and transparent.</li> <li>Provides decisions and directions outside of the directorate's remit.</li> <li>Escalates and leads conversations with system partners on issues the Trust is unable to resolve.</li> <li>Provides oversight on impact assessments scored high or extremely high.</li> <li>Systematically analyses the impacts of changes across the organisation to identify interdependencies, limit the combined impacts and encourage cross directorate working where appropriate to improve outcomes.</li> </ul>
Service Directors	<ul style="list-style-type: none"> <li>Application and adherence to this process within their service includes ensuring a robust review process.</li> <li>Service level decisions are recorded and a log maintained.</li> <li>Implement a service level review and assessment process which enables peer review and open and constructive challenge.</li> <li>Establish robust directorate level oversight process to support services with mitigations and to early identify where further action is needed.</li> <li>Responsible for timely submission of comprehensive assessments and updates to Executive Team.</li> </ul>
Service Leads	<ul style="list-style-type: none"> <li>Proactively undertake assessments of changes and reassess previous changes for impacts to patients and service users.</li> <li>Development and implementation of mitigation plans including establishing effective measurements to evidence the impact and trajectory over time.</li> <li>Co-producing impact assessments with staff and service users.</li> <li>Completion, submission and updating QIA and EIAs templates for their service and maintaining a contemporary record on datix.</li> </ul>
Control Room	<ul style="list-style-type: none"> <li>Maintain a central repository of QIA, EIAs for the whole Trust with a robust cataloguing system in place including version control management.</li> </ul>

**APPENDIX A - IMPACT ASSESSMENT SCORING MATRIX – TO BE FINALISED.**

National Patient Safety Agency (NPSA) Risk Matrix.

1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness requiring minor intervention. Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Short term effect <need to define> Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable event Impacts on a small number <need to define> or small percentage of caseload? <need to define>	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects Impacts on a large number <need to define> or high percentage of caseload? <need to define>	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Peripheral element of treatment or service sub-optimal Informal complaint/inquiry	Overall treatment or service sub-optimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on Late delivery of	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Incident leading to totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Short-term low staffing level that temporarily reduces service quality (	Low staffing level that reduces service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attendance for mandatory/key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training/key training on an ongoing basis
No or minimal impact	Breach of statutory	Single breach in	Enforcement action	Multiple breaches in

or breach of guidance/ statutory duty	legislation Reduced performance rating if unresolved	statutory duty Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood scores (broad descriptors of frequency)

1. Rare	2. Unlikely	3. Possible	4. Likely	5. 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/ circumstances	Will undoubtedly happen/recur, possibly frequently