NHS Shropshire Clinical Commissioning Group

NHS Telford and Wrekin Clinical Commissioning Group

Equality, Quality Impact Assessment Tool

Name of the proposed policy/service/function:

Further development of community stroke rehabilitation pathways specifically Pathway C – transfer of medically fit for transfer patients from the acute stroke unit within Shrewsbury and Telford Hospital NHS Trust to designated beds within the community namely Shropshire Community Health NHS Trust

Author(s) of the policy/service/function : Dianne Lloyd, Therapy Centre Manager and Mandy Taylor, Therapy Inpatient Manager
Team: Therapies
Date created: 13th September 2019, updated 18th December 2020 and 19th February 2021
Date for review: 1st April 2021

Equality Impact Assessment (EIA)

Does the proposal affect any of the groups of people below (patients, staff or visitors)? (Y or N)

Note:
Positive impact – There may be a positive impact on many of the groups below in relation to equal opportunities and equality. For example, a targeted programme for black and minority ethnic women would have a positive effect on that group compared to white women and all men.

Negative impact – There may be a negative impact on any of the groups that could disadvantage them in any way. For example, if an event was held in a building with no hearing loop facilities and this would affect attendees with a hearing impairment.

If a negative or adverse impact has been identified please proceed to Stage 2

Group	Positive impact	Negative impact	Why? (Please explain your reasons. This section must be completed)
Race			Due to the nature of the pathway change there should be no impact on any of these groups; post stroke care will continue to be provided but in a range of settings appropriate to the needs of the individual rather than solely in the acute hospital
Sex			
Disability			
Sexual orientation			
Age			
Religion, belief and non-belief			
Gender Reassignment			
Marriage and Civil Partnership			
Pregnancy and Maternity			

Description of change:

In 2018/19 the system recognised many patients are not able to return home when medically fit for transfer due to rehabilitation needs which cannot be managed in the patients' usual place of residence. Furthermore, there was a limited number of options for medically fit patients to access bed-based rehabilitation (known as Pathway C) outside of the Acute Stroke Unit / Rehabilitation Wards at PRH to a level recommended by the Royal College of Physicians and NICE Guidelines of up to 45 minutes per day for 5 of the 7 days of the week as required, or as they can tolerate.

At this time workshops were being held nationally and regionally to consider how this situation could be addressed as it was not unique to Shropshire, Telford & Wrekin. Learning from these workshops was developed by key stakeholders in order to adapt this to meet local requirements within the resources available across the system.

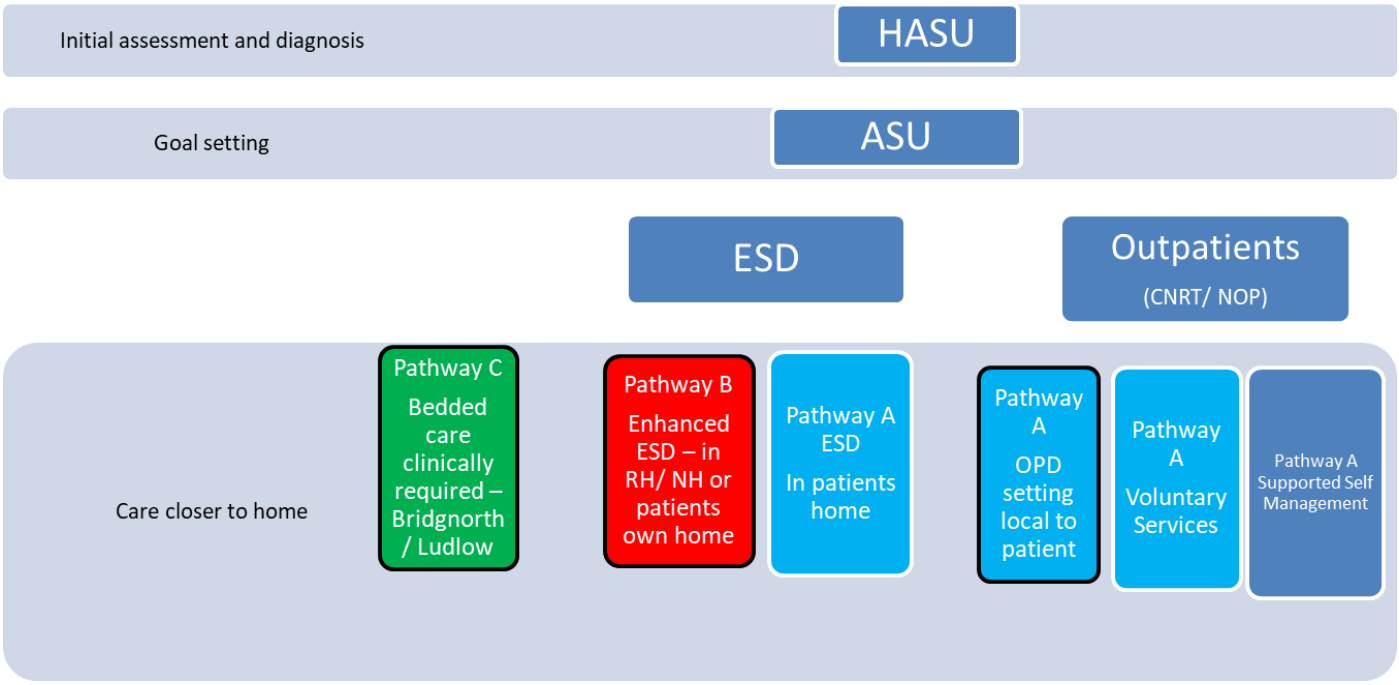
In September 2019 a proposal was approved by the STP to increase the number of potential locations for medically fit patients to access bed based rehabilitation at the required level for their needs. Initially this was focused on supporting 10 beds at Bridgnorth Hospital. This phase of bed based rehabilitation is aimed towards enabling the patient to return home as soon as possible with the continued support of rehabilitation services appropriate to their needs in their own home (known as Pathway A or B depending upon the intensity of the rehabilitation required in the patients' home). See model below.

Patients requiring pathway C beds should ideally have access to a bed close to their home, however, the required infrastructure for training for staff and support out to the community hospital to create Pathway C dictates that we only have the resources to implement this change incrementally. Therefore stroke patients who access a Pathway C bed are not necessarily in a bed that is close to home but they are in a community hospital where there are staff with the correct skills and staffing levels to meet their neurological needs. The ultimate aim is to have sufficient dedicated beds at sites in the community to manage stroke patients as close to home as possible with the required quality of care.

For winter 2020/21 additional therapy services are being provided to the community stroke bed base at Bridgnorth Hospital with the aim of increasing the number of patients who can access this service beyond the 10 beds currently available. This work is on-going.

What evidence has been used to develop the proposal? (e.g. monitoring data, consultation, focus groups, local population data):

NHSE/I and West Midlands Clinical Network Report: Stroke Care in the West Midlands – Early Supported Discharge and Rehabilitation Report (February 2019): This report recommended that a model developed in Manchester be adapted and adopted by Stroke Services within the West Midlands. This model has been adapted for application within Shropshire, Telford & Wrekin as follows:



Consultation with stakeholders has been through:

- Workshops in Spring 2019 supported by ECIST and NHSE/I consisting of representatives from across the system (SaTH, SCHT, Local Authority, CCG) including front line medical, nursing and therapy staff and from services involved within Shropshire Community Health Trust (SCHT): Community Neuro-Rehab Team (CNRT), Community Hospital, Integrated Care Service (ICS), Interdisciplinary Teams (IDT) and SaTH's Early Supported Discharge Team (ESD)
- Operational Development Group created consisting of representatives from all key stakeholders to support the pathway change processes, which continues to meet
- Stroke Improvement Programme monthly meetings during 2019 (suspended due to coronavirus)
- System ED Delivery Group – July 2019
- Patient Engagement Leads and Patient Groups – December 2020

What monitoring arrangements are in place for future monitoring of impact? (e.g. planned audit, dashboards):

SSNAP (Sentinel Stroke National Audit Programme) standards monitored through SSNAP quarterly reports and internal SaTH monthly monitoring

In addition to the above metrics, ECIST and NHSI/E developed KPI's as follows:

- Length of stay in community hospital beds (Pathway C)
- Waiting times for non-stroke neurological conditions referred to CNRT
- Capacity pulled from CNRT / neuro outpatients / ESD to support Pathway C patients
- Outcomes – patient reported outcomes and rehabilitation complexity – for patients transferred on Pathway C
- Continued use of Datix to highlight areas of concern

Quality Impact Assessment

Overview
This tool involves an initial assessment (Stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative 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 negative 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 likelihood and the consequences of this occurring .The following tables define the likelihood and consequences scoring options and the resulting score: -
Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date. Appendix one provides guidelines of qualitative measures of Consequence.

	Consequences				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost certain	LOW 6	LOW 7	MODERATE 10	HIGH 13	HIGH 15
Likely	LOW 5	LOW 6	MODERATE 9	HIGH 12	HIGH 14
Possible	VERY LOW 4	LOW 5	MODERATE 8	HIGH 11	HIGH 13
Unlikely	VERY LOW 3	VERY LOW 4	LOW 6	MODERATE 9	HIGH 12
Rare	VERY LOW 2	VERY LOW 3	LOW 5	MODERATE 8	HIGH 11

Qualitative Measures of Likelihood:

Likelihood	Example
Almost certain	Will undoubtedly happen or recur, possibly frequently
Likely	Will probably happen or recur but it is not a persistent issue
Possible	Might happen or recur occasionally
Unlikely	Do not expect it to happen or recur
Rare	Will probably never / happen or recur

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 adversely on patients, public, staff or organisations. Where an adverse impact scores greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment and this will be supported by the CCG Quality Leads.

Answer positive/negative (P/N) in each area. If N 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	Impact	Likeli-hood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P				No
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	N			5	No
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	N			8	No
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	N			8	No
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health equality?	N			5	No
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P				No
Vacancy impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	P				No
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	N			8	No

Quality Impact Assessment (QIA) Stage 1 Checklist		
Issues to consider in relation to current service:	Relevance to proposal:	Actions required/taken:
Have you sought advice from Medicines Management?	Transfers to Community Hospital beds will not be altered from the current pathway/ processes	
Are there any Safeguarding issues to consider?	None currently identified – to remain aware of potential and report via policy routes	
Has there been any Serious Incidents/Never Events which need to be considered?	None	
Have you sought advice from Infection Prevention & Control?	Yes: Covid testing will be in place prior to transfer of patients to the community setting as per standard practice for all community hospital transfers from the acute setting.	
Is there any learning from Complaints, Pals or Soft Intelligence?	Feedback from patients transferred for continued rehabilitation at Bridgnorth Hospital supported by SaTH staff has so far been very positive	More work is needed regarding patient and carer engagement, including expectations regarding discharge planning.
Have you undertaken a service review against the 6 C's?	Process mapping with key stakeholders took place to analyse the current situation in the workshops held in Spring 2019 in order to inform the recommendations for change	
Have you considered Public Health evidence/prevention issues?	No impact anticipated	
Is there any clinical evidence to support the change?	NHSE/I and West Midlands Clinical Network Report: Stroke Care in the West Midlands – Early Supported Discharge and Rehabilitation Report (February 2019): West Midlands Clinical Network: Stroke Care in the West Midlands: ESD and Rehabilitation (ESD and Enhanced ESD), including recommendations for WTE staffing ratios Home First approach	Sustainability of winter funded STP scheme to expand ESD to support more moderately to severely disabled stroke patients in their own homes will support earlier discharges from all settings: the Acute Stroke Unit, Rehab Beds at PRH and Bridgnorth Hospital. Business Case in development.
Has a patient experience review been completed?	15 months' worth of evidence from patients and carers based on their experiences at Bridgnorth Hospital has provided a high level of positive feedback.	

What patient engagement has been undertaken and what method was chosen?	Meeting with Healthwatch Shropshire and Telford & Wrekin and other patient groups on 18th December 2020 to explain change to date and also proposal to extend beyond 10 beds at Brignorth	
Has Quality Performance been considered? (e.g. CQUINs)	Yes in relation to impact upon SSNAP Standards, Length of stay, readmission rates and KPI's listed above. Outcome measures to be implemented to assess rehabilitation complexity – utilisation of aspects of UK ROC data set to match to patient cohort needs.	
Summary of outcome of Stage 1 QIA relating to CHANGE	The proposed change has the potential to be positive for more stroke patients, promoting a HomeFirst approach with the associated benefits, with access to bed based rehabilitation for patients that are unable to go directly home from the acute setting without having to remain in an acute hospital bed with all of the associated risks this brings. It should be recognised that system wide therapy resources are limited in their ability to conform to the SSNAP targets of 45 minutes per required therapy, 5 days out of 7 (as is common across England), and that rehab in a Pathway C bed will be offered to the best ability of the available combined resources of SaTH and SCHT therapy staff.	
Proceed to Stage 2 required?	No	

Stage 2 Quality Impact Assessment						
Area of quality	Indicators	Description of impact (positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
Resource Impact	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?					
	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?					
	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?					
	What is the impact on strategic partnerships and shared risk?					
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (refer to CCG Equality Impact Assessment Tool)?					
Duty of Quality	Are core clinical quality indicators and metrics in place to review impact on quality improvements?					
	Will this impact on the organisation's duty to protect children, young people and adults?					
Patient Experience	What impact is it likely to have on self-reported experience of patients and service users (response to national/local surveys, complaints, PALS, incidents)?					
	How will it impact on choice?					
	Does it support the compassionate and personalised care agenda?					

Patient Safety	How will it impact on patient safety?					
	How will it impact on preventable harm?					
	Will it maximise reliability of safety systems?					
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?					
	What is the impact on clinical workforce capability care and skills?					
Clinical Effectiveness	How does it impact on implementation of evidence based practice?					
	How will it impact on clinical leadership?					
	Does it support the full adoption of better care, better value metrics?					
	Does it reduce/impact on variations in care?					
	Are systems for monitoring clinical quality supported by good information?					
	Does it impact on clinical engagement?					
Prevention	Does it support people to stay well?					
	Does it promote self-care for people with long term conditions?					
	Does it tackle health inequalities, focusing resources where they are needed most?					
Product Innovative	Does it ensure care is delivered in the most clinically and cost effective way?					
	Does it eliminate inefficiency and waste?					
	Does it support low carbon pathways?					
	Will the service innovation achieve large gains in performance?					
	Does it lead to improvements in care pathways?					
Vacancy Impact	Does the proposal involve reducing staff posts? If so, describe the impact this will have?					
	Is the loss of posts likely to impact on remaining staff morale?					
	Can arrangements be made to prioritise and manage workload effectively?					
	Are vacancies likely to impact on patient experience?					
	Will services be negatively impacted by the loss of posts for a short, medium or longer term?					

Appendix 1 Quality Impact Assessment

Qualitative Measures of Consequence	
Consequence:	Example:
Negligible	• No or minimal injuries • No or minimal interruption to service • No or minimal damage to property or environment impact • Insignificant financial loss • Rumours
Minor	• Minor injury or illness • Little interruption to service, e.g. >8 hours • Little, easily remedied damage to property or environmental impact • Low financial loss • Local media coverage – short term reduction in public confidence
Moderate	• Moderate injury requiring professional intervention • Interruption to service is > 1 day • Some damage to property or environmental impact which can be remedied • Moderate financial loss • Local media coverage – long term reduction in public confidence
Major	• Major injury leading to long term incapacity • Significant loss of service, e.g. >1 Week • Significant damage to property or environmental impact • Major financial loss or failure to meet national financial targets • National media coverage
Catastrophic	• Death or permanent health effects • Permanent loss of service provision • Destruction of a very valuable property or catastrophic environmental impact • Huge financial loss or significant failure to meet national financial targets • Total loss of public confidence