

Sustainable Services - Quality Impact Assessment

Comms & Engagement

| SaTH Risk ID | Risk Identified  | Accountable Lead                 | Person completing QIA             | Date completed | Next Review Date | Date updated | Mitigating actions  |   | Quality Indicators   | KPI Assurance - Sources and Reporting to monitor quality indicators   | Risk Scoring After Mitigating Action put in place |     |     |            |   |     |     |            |                              |     |     |            | To Be Completed by Centre Chief (or Clinical Lead on behalf of CCJ/Senior Nurse/Centre or Service Manager/Finance Lead |             |          |  |
|--------------|--|----------------------------------|-----------------------------------|----------------|------------------|--------------|---|---|--|---|---|-----|-----|------------|---|-----|-----|------------|------------------------------|-----|-----|------------|--|-------------|----------|--|
|              |  |                                  |                                   |                |                  |              | Completed with Monitoring   | Actively On-going   |  |   | Impact on Patient Safety                          |     |     |            | Impact on Clinical Effectiveness  |     |     |            | Impact on Patient Experience |     |     |            | Average Risk Score   | Approved By | Comments |  |
|              |  |                                  |                                   |                |                  |              |   |   |  |   | Describe Risk                                     | C   | L   | Risk Score | Describe Risk   | C   | L   | Risk Score | Describe Risk                | C   | L   | Risk Score |  |             |          |  |
| 1            | Staff and public are not engaged in the process.   | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Critical Friends Group established to provide advice and guidance in communicating with the public. Development of a promotional video.   | Ensuring elements of each phase of the Communications Plan (available on request) are carried out and public and staff are kept informed at each stage, and any concerns addressed as soon as possible.                           | <ul style="list-style-type: none"> <li>Focus groups</li> <li>Critical Friends</li> <li>Feedback from Healthwatch and Community Health Council</li> <li>Media coverage monitoring</li> <li>Social media monitoring</li> <li>Monitoring letters in the media</li> </ul>            | NHS Future Fit communications risk monitoring - monthly updates to communications and engagement group. Communications also produces a monthly media monitoring report. | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 3   | 2          | 6  | 6           |          |  |
| 2            | The Programme continues to be misinterpreted and used to generate negative campaigning / media messages  | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Communications phases should help to mitigate this. Off the-record conversations and face-to-face conversations with media should address this  | Communications phases should help to mitigate this. Off the-record conversations and face-to-face conversations with media should address this  | <ul style="list-style-type: none"> <li>Positive press releases</li> <li>Critical Friends</li> <li>Feedback from Healthwatch and Community Health Council</li> <li>Media coverage monitoring</li> <li>Social media monitoring</li> <li>Monitoring letters in the media</li> </ul> | NHS Future Fit communications risk monitoring - monthly updates to communications and engagement group. Communications also produces a monthly media monitoring report. | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 3   | 3          | 9  | 9           |          |  |
| 3            | Proactive communications becomes catalyst for media to approach campaigners for negative follow-up news items  | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Need to ensure any communication released is robust (e.g. if statistics or case studies are used, ensuring the data is robust and does not have negative connotations)  | Need to ensure any communication released is robust (e.g. if statistics or case studies are used, ensuring the data is robust and does not have negative connotations)  | <ul style="list-style-type: none"> <li>Positive press releases cover all eventualities</li> <li>Reactive statement</li> </ul>  | NHS Future Fit communications risk monitoring - monthly updates to communications and engagement group. Communications also produces a monthly media monitoring report. | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 3   | 2          | 6  | 6           |          |  |
| 4            | Hard to reach groups are not communicated or engaged with.   | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | We have a large stakeholder engagement plan - which includes contacting hard to reach groups through local organisations and groups. Need to consider whether some communications need to be translated into different languages. | We have a large stakeholder engagement plan - which includes contacting hard to reach groups through local organisations and groups. Need to consider whether some communications need to be translated into different languages. | <ul style="list-style-type: none"> <li>Stakeholder management list can be reviewed regularly to update on communications that have been issued and can liaise with groups to see how well their members think we have communicated with them</li> </ul>                          | Monthly review of stakeholder management plan   | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 3   | 2          | 6  | 6           |          |  |
| 5            | Key updates are leaked to the media before staff are briefed.  | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Staff briefings need to be planned in for key milestones (e.g. ready for when CCGs announce proposed option for consultation) and well promoted.  | Staff briefings need to be planned in for key milestones (e.g. ready for when CCGs announce proposed option for consultation) and well promoted.  | <ul style="list-style-type: none"> <li>Well attended staff briefings at multiple sites</li> <li>No complaints from staff saying they read about the plans in the media</li> </ul>  | Reviews needed with Transformation Team and Communications Team once staff briefings have taken place to determine their success  | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 3   | 2          | 6  | 6           |          |  |
| 6            | Inadequate clinical engagement leads to lack of support for clinical model and delivery option.  | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Extensive clinical engagement in the delivery options of the model. Options approved by Future Fit CRG and Board. GPs engaged on development of plans. Staff engagement through sponsor organisations (including trade unions)    | Extensive clinical engagement in the delivery options of the model. Options approved by Future Fit CRG and Board. GPs engaged on development of plans. Staff engagement through sponsor organisations (including trade unions)    | <ul style="list-style-type: none"> <li>Attendance of PMO/SRO to Locality meetings, CRG and Clinical Reference Workstream to be refocused on new areas of work with collaboration between acute and primary care clinicians</li> </ul>  | NHS Future Fit communications risk monitoring - monthly updates to communications and engagement group.   | N/A   | N/A | N/A | N/A        | Inadequate clinical engagement leads to lack of support for clinical model and delivery option. | 3   | 2   | 6          | N/A                          | N/A | N/A | 6          |  |             |          |  |
| 7            | Inadequate patient/public engagement may lead to failure to meet assurance tests / Gunning principles therefore blue process, contributing to Independent Reconfiguration Panel referral or Judicial Review. | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Integrated engagement and communications plan being developed and implemented by Future Fit (supported by SaTH). Ongoing support from Consultation Institute.   | Integrated engagement and communications plan being developed and implemented by Future Fit (supported by SaTH). Ongoing support from Consultation Institute.   | <ul style="list-style-type: none"> <li>Activity log to be shared each quarter with Future Fit Communications and Engagement Workstream</li> </ul>  | Regular NHS Future Fit Communications meeting to review   | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 4   | 2          | 8  | 8           |          |  |
| 8            | Failure to secure stakeholder understanding for the clinical model and proposed delivery options which may lead to programme delay.  | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018     | 01/02/19         | 04/10/18     | Stakeholder engagement in development of plans. Working to STP Governance for key milestones.   | Stakeholder engagement in development of plans. Working to STP Governance for key milestones.   | <ul style="list-style-type: none"> <li>Risk register for Future Fit</li> </ul>   | Risk Register for Future Fit reviewed each month by Communications and Engagement Workstream  | N/A   | N/A | N/A | N/A        | N/A   | N/A | N/A | N/A        | N/A                          | N/A | 3   | 2          | 6  | 6           |          |  |

|                                     |  |                                  |                                   |            |          |               |  |   |   |     |     |     |     |     |     |     |     |  |   |   |   |   |
|-------------------------------------|--|----------------------------------|-----------------------------------|------------|----------|---------------|--|---|---|-----|-----|-----|-----|-----|-----|-----|-----|--|---|---|---|---|
| 9                                   | Compliance with Welsh and Cross Border Consultation Requirements. Increased risk of Judicial Review either because Welsh consultation requirements are not adequately addressed and/or because there is some lack of clarity in cross border consultation requirements meaning risk may not necessarily be fully identified or mitigated | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018 | 01/02/19 | 04/10/18      | Attendance at Powys engagement meetings. Keep Welsh and cross border requirements under review. Welsh language scheme being developed to clarify how Welsh language requirements will be met through continuous engagement, pre-consultation and formal consultation. Integrated Impact Assessment and engagement being designed to ensure that Welsh data and responses can be disaggregated to be shared with the Community Health Council and Health Board in accordance with Welsh statutory requirements. National principles for public engagement in Wales endorsed by NHS Future Fit | Risk register for Future Fit  | Risk Register for Future Fit reviewed each month by Communications and Engagement Workstream  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Compliance with Welsh and Cross Border Consultation Requirements.  | 3 | 2 | 6 | 6 |
| 10                                  | Failure to gain and sustain support from clinicians to be visibly leading the programme. Consequences may include dwindling clinical and public support and undue burden on small number of leaders.   | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018 | 01/02/19 | 04/10/18      | To implement the engagement and communications strategy and subsequent plans. Particular emphasis on: 1. working with CHC and CRW to identify key clinical spokespeople from each sponsoring organisation. 2. changing the message from 'no news' to 'we have achieved'. 3. training for clinical leaders on media messaging and presentation delivery.  | Risk register for Future Fit  | Risk Register for Future Fit reviewed each month by Communications and Engagement Workstream PLUS work with senior clinicians from sponsoring organisations to help identify and develop emerging spokespeople. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Failure to gain and sustain support from clinicians to be visibly leading the programme. Consequences may include dwindling clinical and public support and undue burden on small number of leaders. | 3 | 2 | 6 | 6 |
| 11                                  | Inability to adequately define urgent care offer leads to lack of support for single emergency centre and lack of understanding of service offer (not buildings)   | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018 | 01/02/19 | 04/10/18      | 1. Gain from the programme team on urgent care offer. 2. Once gained, develop communications and engagement plan on cascading details to local communities. 3. Report back to programme board the public feedback and possible improvements.   | Work with PMO to develop messages for the yet to be commissioned Community Fit.   | Risk Register for Future Fit reviewed each month by Communications and Engagement Workstream PLUS work with senior clinicians from sponsoring organisations to help identify and develop emerging spokespeople. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Inability to adequately define urgent care offer leads to lack of support for single emergency centre and lack of understanding of service offer (not buildings)                                     | 3 | 2 | 6 | 6 |
| 12                                  | Lack of political support for large scale service changes resulting in challenge to proposed options and process.  | Director of Corporate Governance | Senior Communications Specialist: | 04/10/2018 | 01/02/19 | 04/10/18      | Regular engagement with HOSC and MPs, presentations to Local Joint Committees and workshops with councils. Further evidence gathered to support case for change, especially RE workforce challenges  | Risk register for Future Fit. Regular briefings of key stakeholders to continue. New phase of engagement to focus on clarifying urgent care offer and clinical model. | Risk Register for Future Fit reviewed each month by Communications and Engagement Workstream plus work with senior clinicians from sponsoring organisations to help identify and develop emerging spokespeople. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Lack of political support for large scale service changes resulting in challenge to proposed options and process.  | 3 | 2 | 6 | 6 |
| Completed by Lead manager/Clinician |  |                                  |                                   |            |          | David Burrows |  | Date:   | 04-Oct-16   |     |     |     |     |     |     |     |     |  |   |   |   |   |
| Approved by Lead Clinician          |  |                                  |                                   |            |          |               |  | Date:   |   |     |     |     |     |     |     |     |     |  |   |   |   |   |
| Approval (CMO or Chief Nurse)       |  |                                  |                                   |            |          |               |  | Date:   |   |     |     |     |     |     |     |     |     |  |   |   |   |   |

Sustainable Services - Quality Impact Assessment

Service Continuity

| SaTH Risk ID | Risk Identified  | Accountable Lead                             | Person completing QIA | Date completed | Next Review Date | Date updated | Mitigating actions   |  | Quality Indicators   | KPI Assurance - Sources and Reporting to monitor quality indicators | Risk Scoring After Mitigating Action put in place         |   |   |            |  |   |   |            |   |   |   |            | To Be Completed by Centre Chief (or Clinical Lead on behalf of CC)/Senior Nurse/Centre or Service Manager/Finance lead |             |          |
|--------------|--|--|-----------------------|----------------|------------------|--------------|--|--|--|---|---|---|---|------------|--|---|---|------------|---|---|---|------------|--|-------------|----------|
|              |  |  |                       |                |                  |              | Completed with Monitoring  | Actively On-going  |  |   | Impact on Patient Safety                                  |   |   |            | Impact on Clinical Effectiveness   |   |   |            | Impact on Patient Experience  |   |   |            | Average Risk Score   | Approved By | Comments |
|              |  |  |                       |                |                  |              |  |  |  |   | Describe Risk   | C | L | Risk Score | Describe Risk  | C | L | Risk Score | Describe Risk   | C | L | Risk Score |  |             |          |
| 1            | Risk of service disruption for patients and staff during the construction phase.   | Associate Director of Service Transformation | Programme Manager     | 01/11/2018     | 01/02/19         | 01/11/18     |  | <ul style="list-style-type: none"> <li>Comprehensive phasing plan to be developed between technical and operational teams to minimise impact of construction</li> <li>Signposting &amp; communication plan</li> <li>Minimise noise pollution</li> </ul>  | Patient Feedback Staff Survey                              | Trust and Care Group governance structures.                         | Negative impact on patient safety and clinical management | 2 | 3 | 6          | Inadequate capacity and facilities to support the service, leading to less effective outcomes. | 2 | 3 | 6          | Poor experience for patient and their family/carers and increased worry and anxiety | 2 | 3 | 6          | 6  |             |          |
| 2            | Infection Prevention & Control measures are at risk of being compromised during the design and construction phase        | Associate Director of Service Transformation | Programme Manager     | 01/11/2018     | 01/02/19         | 01/11/18     |  | <ul style="list-style-type: none"> <li>Contractor compliance with Estates control measures to avoid environmental contamination</li> <li>Continuous updates between Facilities, Health &amp; Safety and Estates during phased construction to anticipate and mitigate potential issues.</li> <li>Include IPC Team in all aspects of the design and implementation phases of new facilities and refurbishments</li> <li>Comply with national standards &amp; legislation</li> </ul> | Cleanliness audit Monitor infection rates Patient Feedback | Trust and Care Group governance structures.                         | Negative impact on patient safety and clinical management | 2 | 3 | 6          | Inadequate and facilities to support the service, leading to less effective outcomes.          | 2 | 3 | 6          | Poor experience for patient and their family/carers and increased worry and anxiety | 2 | 3 | 6          | 6  |             |          |
| 3            | Risk to service continuity during the integration of an electronic patient record system with existing IT infrastructure | Associate Director of Service Transformation | Programme Manager     | 01/11/2018     | 01/02/19         | 01/11/18     | <ul style="list-style-type: none"> <li>Initial scoping exercise completed by Channel 3, report published in 2016 Outline Business Case appendices</li> </ul> | Detailed scoping of project is being developed by PA Consulting for the Trust  | IT integrity maintained                                    | Trust and Care Group governance structures.                         | Negative impact on patient safety and clinical management | 2 | 3 | 6          | Inadequate and facilities to support the service, leading to less effective outcomes.          | 2 | 3 | 6          | Poor experience for patient and their family/carers and increased worry and anxiety | 2 | 3 | 6          | 6  |             |          |

Completed by Lead manager/Clinician

Date:

Approved by Lead Clinician

Date:

Approval (CMO or Chief Nurse)

Date:

| <u>Likelihood</u>  | Consequence        |            |               |             |                   |
|--------------------|--------------------|------------|---------------|-------------|-------------------|
|                    | 1<br>Insignificant | 2<br>Minor | 3<br>Moderate | 4<br>Severe | 5<br>Catastrophic |
| 1 - Rare           | 1                  | 2          | 3             | 4           | 5                 |
| 2 - Unlikely       | Matrix             | 4          | 6             | 8           | 10                |
| 3 - Possible       | 3                  | 6          | 9             | 12          | 15                |
| 4 - Likely         | 4                  | 8          | 12            | 16          | 20                |
| 5 - Almost Certain | 5                  | 10         | 15            | 20          | 25                |

| Quality Impact Assessment (QIA) legend |   |
|--|---|
| <b>A&amp;E</b>                         | Accident and Emergency  |
| <b>ACP</b>                             | Advanced Clinical Practitioner  |
| <b>AEC</b>                             | Ambulatory Emergency Care   |
| <b>APLS</b>                            | Advanced Paediatric Life Support  |
| <b>CCG</b>                             | Clinical Commissioning Group  |
| <b>CSSD</b>                            | Central Sterile Services Department   |
| <b>CT</b>                              | Computed Tomography   |
| <b>ECS</b>                             | Emergency Care Site   |
| <b>ED</b>                              | Emergency Department  |
| <b>EQIA</b>                            | Equality Impact Assessment  |
| <b>HR</b>                              | Human Resources   |
| <b>ICNARC</b>                          | Intensive Care National Audit and Research Centre   |
| <b>IIA</b>                             | Integrated Impact Assessment  |
| <b>IPCC</b>                            | Infection Prevention and Control Committee  |
| <b>IT</b>                              | Information technology  |
| <b>LMS</b>                             | Local Maternity System  |
| <b>LOS</b>                             | Length of Stay  |
| <b>MDT</b>                             | Multidisciplinary Team  |
| <b>MLU</b>                             | Midwife Led Unit  |
| <b>MRI</b>                             | Magnetic resonance imaging  |
| <b>MSK</b>                             | Musculoskeletal   |
| <b>NCEPOD</b>                          | National Confidential Enquiry into Patient Outcome and Death                                |
| <b>NLS</b>                             | Neonatal Life Support or New-born Life Support  |
| <b>NNU</b>                             | Neonatal Unit   |
| <b>PCS</b>                             | Planned Care Site   |
| <b>QIA</b>                             | Quality Impact Assessment   |
| <b>RCPCH</b>                           | Royal College of Paediatrics and Child Health   |
| <b>RO</b>                              | Reverse osmosis water supply  |
| <b>SAFER</b>                           | Senior review. <u>A</u> ll patients. <u>F</u> low. <u>E</u> arly discharge. <u>R</u> eview. |
| <b>SAS</b>                             | Surgical Admission Suite  |
| <b>SOP</b>                             | Standard Operating Procedure  |
| <b>SSG</b>                             | Sustainable Services Group  |
| <b>SUI</b>                             | Serious Untoward Incident   |
| <b>UCC</b>                             | Urgent Care Centre  |
| <b>USC</b>                             | Unscheduled Care  |
| <b>W&amp;C</b>                         | Women and Children  |
| <b>WLI</b>                             | Waiting List Initiative   |
| <b>WMAS</b>                            | West Midlands Ambulance Service   |