Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	05 October 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Assessment of the impact of actions proposed to respond to risks associated with the Annual Recovery Plan Choices Framework
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Executive Director of Quality, Safety and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sharon Daniel, Deputy Director of Nursing Subhamay Ghosh, Associate Medical Director for Quality and Safety.

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This SBAR summarises the actions taken by the Health Board to identify the clinical risks associated with the Annual Recovery Plan Choices Framework.

Cefndir / Background

The Duty of Quality requires quality-driven decision-making for all strategic decisions. In discharging the Duty of Quality, NHS organisations are required to consider the Health and Care Quality Standards when making decisions about healthcare services.

In August 2023, NHS Wales published the quality-driven decision-making quality impact assessment which included a process for undertaking and agreeing the Quality Impact Assessment (QIA), and the beta QIA tool (Appendix 1 & 2). A QIA is a mechanism for considering and capturing the impact of proposals / decisions on the quality of our healthcare system, to inform strategic decision-making. This QIA must be proportionate, have clinical sign-off, and feed into existing corporate processes. Organisations must be able to evidence that their strategic decisions have been made through a quality lens.

In August 2023, as part of Phase 1 of this work, the Executive Team outlined actions via the Choices Framework for the Health Board to deliver against a £112.9M overspend. In addition, 3 further options were proposed; a 10% option to deliver £11.3M, a 20% option to deliver £22.6M and a 30% option to deliver £33.9M improvement on the predicted overspend. The Core Delivery Group (CDG) then tasked a leadership group to work with operational services to assess the likely risks and impacts associated with 3 illustrative workforce availability scenarios to be considered for the 7-month period from 1 Sept 2023 through to end March 2024.

The outcome of this assessment together with the likely risks and impacts was communicated to CDG and Operational Leadership Teams on the 9 August at a Recovery Workshop.

Following the presentation to in-committee Board, a decision was made to progress Phase 2 of the work and to take forward some of the scenarios based on the initial return. The request from Board was to consider the consequences of identified scenario for service areas for:

- Validation that the management action and associated impact is accurate.
- Explicit articulation of any potential impact on another part of the system
- An impact assessment and narrative of the impact on patient services

With the expected outcome of developing a realistic implementation plan to enact the changes identified. The implementation plan was required to understand what the impact of the changes would be, along with the additional support and controls required, in greater detail before a final decision is made.

Asesiad / Assessment

Under the Duty of Quality the detail required to populate the QIA tool should be **proportionate** to the scale, risk, impact on delivery of strategic objectives, drivers and financial implications of the proposal and decision to be made. The more significant a decision to be made is, the more detail required in the QIA.

If the decision makers agree that the proposal should proceed, then risks and benefits that are identified through the QIA process should feed into existing corporate monitoring processes.

Phase 1: Due to the tight timescales assigned and the volume of services required to consider the 3 illustrative workforce availability scenarios a decision was made to revise the beta QIA tool. Each service was requested to complete the following template for each of the 3 scenarios:

	Summary Description
To what extent would this scenario impact upon the current / normal range of services you deliver, if no mitigating actions were available to you?	
To what extent would this scenario compromise your ability to comply with the Essential Services Framework principles, if no mitigating actions were available to you? [Guidance Notes are part of this document]	
What are the key risks and/or issues which would need to be overcome in order to achieve the above mitigation actions? To what extent could you implement mitigating actions to limit the impact of this scenario on the normal / current range of services you deliver, and any identified gaps in compliance with the Essential Services Framework principles? Please indicate likely implementation dates for potential mitigations.	
What are the key risks and/or issues which would need to be overcome in order to achieve the above mitigation actions?	

Scenario 1 – Impact and Mitigation Scoping

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For those impacts you will be unable to mitigate during the period 1st Sept 2023 – 31st March 2024, what are the likely consequences for the following domains:

	PLEASE PROVIDE SUMMARY DESCRIPTION & QUANTIFY (where possible):
Quality / Safety / Outcomes / Patient Experience	
Reduced Capacity *(Services / beds / sessions / pathways / rotas etc)*	
Reduced Activity *(Appointments / admissions / treatments / assessments etc)*	
Achievement of Agreed Performance Trajectories	
Compliance with Statutory Responsibilities	

Scenario 1 – Impact and Mitigation Scoping

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For those impacts you will be unable to mitigate during the period 1st Sept 2023 – 31st March 2024, what are the likely consequences for the following domains:

	PLEASE PROVIDE SUMMARY DESCRIPTION & QUANTIFY (where possible):
Compliance with Professional Standards / guidance	
Compliance with National Programmes / Priorities	
Impacts on other parts of the health & social care system	
Pre-existing Commissioning Agreements with partner organisations	
Workforce *(Skills / education & development / training / well-being)*	

Findings:

1. **Emergency Department (ED) risks**: ED units are particularly at risk due to high patient influx and significant staffing fragility. Currently, two of the three EDs would not be viable under these illustrative scenarios (for combined nurse and medical staffing risks).
2. **Emergency medical and surgical pathways** are similarly at risk due to fragile staffing rotas and (in some cases) reliance on variable quality locum cover. Several emergency medical/surgical rotas would not be sustainable under these illustrative scenarios.
3. **Staffing Shortfalls and overreliance on temporary staff**: Despite recent improvements in some areas, most services operate below established/required levels. Consequently, the safe application of strict workforce controls reflected in the 3 illustrative scenarios would necessitate a significant reconfiguration of pathways /

services to mitigate increased harm and maintain Essential Services Framework (ESF) compliance.

4. **Risks for patient care:** although impacts vary between scenarios, each scenario would lead to delays in patient care, discharge planning, and increase the risk of reduced quality / increased harm due to the associated limitations on staffing availability.
5. **Burden on current staff**: the illustrative scenarios have the potential to further increase pressure on existing staff due to current deficits, further impacting on staff well-being and consequential absence rates.
6. **Service sustainability risks**: there are a number of concerns over the future sustainability of services due to the ongoing staffing challenges. This is reflected in the impact assessments from service teams, which reinforces the reliance on variable pay.
7. **Planned Care (and supporting services)**: a rise in patient waiting times and cancellations in elective care services will be a consequence in each scenario. Moreover, this affects supporting services such as theatres, radiology, and pathology.
8. **Effects on other services:** impact assessments suggest application of stringent workforce controls as reflected in the illustrative scenarios (without effective mitigation solutions) would lead to consequential impacts in other parts of the health and care sector.
9. **Inconsistent compliance with standards**: impact assessments suggest application of stringent workforce controls as reflected in the illustrative scenarios (without effective mitigation solutions) would affect compliance with standards across different departments and services to varying degrees under each scenario.
10. **Mitigation opportunities**: further work (outside of the scope of this impact assessment) would be required to fully scope possible mitigation opportunities in the event that any combination of the illustrative scenarios were to be applied. Impact assessments suggest this would necessitate significant reconfiguration of pathways / services to mitigate increased harm and maintain ESF compliance.

Services were also asked to agree a risk score based on their Impact Assessment using a RAG Rating as follows:

Phase 2: Services were requested to submit the required deliverables by Friday 18th August as follows:

- **Accurate Validation-** Ensuring precision in proposed actions and understanding their resulting impacts.
- **System-wide Analysis-** Evaluating potential consequences across the entirety of the health and care system.
- **Patient-Centric Impact-** A thorough assessment detailing implications for patient services.
- **Addressing Staffing Dynamics-** A primary focus on mitigating the challenges posed by high vacancy rates and the reliance on agency, locum, and variable pay.

All plans needed to describe how the service will be delivered within existing resource.

Again, due to the tight timescales assigned and the complexity of the required deliverables the beta QIA tool was revised again. Each service was requested to complete the following template:

SERVICE AREA	
Scenario	
What are the 3 key measures to assess the impact of the proposed change? (e.g. LOS / Discharge/ etc)	
Financial Impact	
Workforce Impact	
Service Impact	

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Annual Recovery Plan 2023/24 Choices Framework – Phase 2

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SERVICE AREA	
Patient Impact	
EQIA Considerations	By close of play on Friday 18th August it is our aim that for each specifically management action requested by Board, a EqIA Screening Template will have been completed to support decision making. The questions in the Screening Template will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed (full) EqIA is required. To assist you we have attached the following: • The EqIA Screening Template • A copy of a PowerPoint document which provides a summary of the recent 2021 Census information which might be needed when considering impacts. The Diversity and Inclusion team will be available to support you in this work and have set up drop in session over the next few days to provide an opportunity for you to drop in and ask questions or seek clarification. The drop in sessions, together with the Teams links are provided below: • **Tuesday 15th August 3-4pm** - https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzNiNGExYTMtOGNmZi00NDFmLTgyMGEtNmQ3ZGVmOWE2ZmZh%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-8328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%227142e9f7-047d-2-838b-61d064976506%22%7d • **Wednesday 16th August – 10-11am** - https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjNhYjVhZmMtNjdjYS00ODA5LThkMzgtOTJhMTFkYWM5YTBh%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-8328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%227142e9f7-047d-2-838b-61d064976506%22%7d In addition, teams can also request individual support to help with the completion of the screening template by emailing inclusion.hdd@wales.nhs.uk the generic inbox is monitored daily or you can ring the team office on 01554 899055.
Impacts on other parts of health system (Internal)	
Impacts on other parts of the wider system (External)	

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SERVICE AREA				
Are there any considerations?				
	September			
Milestones				
Actions				

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The Recovery Team presented the outcome of Phase 2 to CDG on the 13 September 2023.

Key Points:

- Services have provided their responses on the assumption that there would be a reduction within their fill rates. Furthermore, where fill rates would not be subject to a cap there are a number of one in and one out principles adopted thus maintaining the current cap
- The summaries may differ from the submissions in areas. Any deviation are a consequence of the quality assurance process and aligned to the number of agreed changes post Quality Assurance meeting on Wednesday 6 September.
- Control measures would be needed to either sustain or reduce the current run rate within Whole Time Equivalents (WTEs) to prevent an increase in temporary workforce spend
- A number of services are fragile, even with the use of a temporary workforce, if rotas are subject to the above; the Health Board will need to manage a level of risk. For example, where services become unsafe due to sickness/ leave, a consideration and risk mitigation plan will need to be developed in conjunction with the implementation plan to ensure all Business Continuity Plans are up to date.
- Control measures will be needed to allow for closure of beds/ wards to protect pathways and services in line with ESF.
- Whilst the submissions and the respective summaries contain risks and mitigations, not all risks will materialise in line with the submissions and subsequent approval decision. A case in point would be the risks around off contract agency and the likely impact on the acute sites if a decision was made to cease the use of off contract agency. In this example, a number of the risks did not materialise. Conversely, the inverse may in a number of circumstances be true. In that, despite the best efforts, not all risks are probable or known. Thus, in many of the examples the Health Board will need to manage risk and agree a risk appetite before proceeding with agreed proposals.

Again, services had been asked to agree a risk score based on their Impact Assessment using a the risk scoring Ratings as follows:

Risk Scoring				
Catastrophic	Major	Moderate	Minor	No Impact

In addition to the completion of the amended QIA templates, as the mechanism for considering and capturing the impact of proposals / decisions, as services had provided their responses on the assumption that there would be a reduction within their fill rates, the Executive Director of Nursing Quality and Patient Experience sought advice from Kings Council on the compliance with the legislation set out in the Nurse Staffing Levels (Wales) Act 2016 and the Statutory Guidance (Version 2). Specifically, whether cessation of the use of agency staff in 25B wards, as provision of temporary staffing is included within the 'reasonable steps' described within the statutory guidance. Proceeding with such a proposal is incongruent with the requirements of the Act.

The outcome of the Phase 2 assessment indicated an impact for therapies which would result in an impact on compliance with national 14 week waiting times targets. The services impacted would be the muscular skeletal physiotherapy service; dietetics services particularly in BGH; and occupational therapy in the short term, pending recruitment of staff planned for September 2023.

The impact of ceasing agency staff above NHS rates for Radiology is to both day time and on call rotas which will impact on Urgent Emergency Care (UEC) and Elective Services with the most affected areas being general X-ray, Computerised Tomography (CT), Ultrasound (US) and Magnetic Resonance Imaging (MRI). The reduction of radiographer locum usage is underway, however this is being done in line with substantive recruitment to ensure continuity of service. Removal of all locums above NHS pay rates at once, prior to recruitment and induction into substantive posts will disrupt essential service provision as explained above.

To this date none of the Annual Recovery Plan Choices Framework proposed changes have been implemented. Further direction for the next steps is anticipated following the Executive Team meeting on the 20 September. Future QIA's will need to consider the following:

- What is achievable with our existing substantive workforce? For example, what is the available bed capacity if managed solely by permanent/substantive staff?
- In accordance with legal advice received from Kings Council as noted above, there will be a need to consider patient grouping based on the severity and specific needs. Additionally, reflection is required on the broader framework and its viability in both short and mid-term namely, one of sustainability as the Essential Services Framework which the initial scenarios were based on were developed for the protection of services during Covid-19.
- Any considerations must be predicated on a holistic whole-system approach. Is there correct allocation of beds across different categories such as surgical, medical, critical care, and step-down? The availability of beds and operating theatres should align with the demands for unplanned care, planned care pathways, and cancer treatments.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee are asked to take assurance that the processes followed, actions taken, and recommendations proposed are appropriate and consistent with the requirements as set out in the Health and Social Care Quality and Engagement Act under the Duty of Quality. The Health and Social Care (Quality and Engagement) (Wales) Act: summary [HTML] | GOV.WALES

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However, following the publication, by NHS Wales in August 2023, of the quality-driven decision-making Quality Impact Assessment process, going forward the Recovery Team and Clinical Service Teams must follow the QIA Process documented in Appendix 1 and populate

the QIA Beta Tool Appendix 2 to ensure consideration is given to how decisions impact on each of the Health and Care Quality Standards/Domains of quality and the enablers of Quality, related to: • What specific risks have been identified? • What mitigation will be implemented to manage adverse impact? • What measures and evidence will they use to monitor the impact?

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 6. Contribute to global well-being through developing international networks and sharing of expertise

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	

Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Contained within the body of the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Contained within the body of the report.
Gweithlu: **Workforce:**	Contained within the body of the report.
Risg: **Risk:**	Contained within the body of the report.
Cyfreithiol: **Legal:**	Contained within the body of the report.
Enw Da: **Reputational:**	Contained within the body of the report.
Gyfrinachedd: **Privacy:**	Contained within the body of the report.

Quality-driven decision-making
Quality Impact Assessment

Supporting information

Introduction

The duty of quality requires quality-driven decision-making for all strategic decisions. In discharging the duty of quality, NHS organisations are required to take into account the Health and Care Quality Standards when making decisions about healthcare services.

A Quality Impact Assessment (QIA) is a mechanism for considering and capturing the impact of proposals / decisions on the Quality of our heathcare system, to inform strategic decision-making. Key to the success of the implementation of a Quality Impact Assessment across healthcare in Wales is that it must be proportionate, have clinical sign-off, and feed into existing corporate processes rather than creating new ones. Organisations must be able to evidence that their strategic decisions have been made through a Quality lens.

The purpose of the QIA can therefore be described as:

- To inform strategic quality-driven decision-making
- To identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system, in line with the Health and Care Quality Standards
- To ensure that we identify any actions needed to reduce risks where quality or safety could be negatively affected, and to ensure these risks and mitigations feed into existing corporate monitoring processes

- To provide assurance of quality-driven decision-making, together with audit trail.

This QIA tool is directly linked to the Duty of Quality and Health and Care Quality Standards that we have here in Wales. All strategic decisions should go through this process.

Using the tool

The suggested process for undertaking and agreeing the Quality Impact Assessment, and the beta QIA tool, are embedded below.

The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum.

As mentioned above, the detail required to populate the QIA tool should be **proportionate** to the scale, risk, impact on delivery of strategic objectives, drivers and financial implications of the proposal and decision to be made. The more significant the decision to be made, the more detail required in the QIA.

All QIAs **must** be reviewed and signed-off by a clinician. Again, the significance of the decision should determine the seniority of the clinician who would need to review and authorise the QIA before it is presented to the decision-making forum.

If the decision makers agree that the proposal should proceed, then risks and benefits that are identified through the QIA process should feed into existing corporate monitoring processes.

[A final version of the QIA tool and formal supporting guidance will be issued in the future.]

QIA Process	QIA beta tool
20230803 QIA swimlane v4.pdf	20230804 Quality Impact Assessment to

Quality-driven decision-making

Quality Impact Assessment

Part 1: Developing the QIA

Proposal / decision being assessed	
QIA completed by / on date	Insert name/s and designation and date
QIA agreed by / on date	Insert name/s and designation and date *<e.g. Directorate manager>*

Part 2a: Clinical review and sign off of QIA

Reflecting the **proportionate** nature of the QIA to the proposal, each QIA should be reviewed and agreed by clinician(s) at an appropriate level (i.e. a more significant proposal should be subject to more senior clinical review and sign-off)

QIA clinically agreed by / on date	Insert name/s and designation and date *<e.g. Head of nursing / head of midwifery / clinical director>*

Part 2b: Executive clinical review and sign off of QIA if required

Reflecting the **proportionate** nature of the QIA to the proposal, each QIA should be reviewed and agreed by clinician(s) at an appropriate level (i.e. a more significant proposal should be subject to more senior clinical review and sign-off)

Clinical Executive 1 sign off / date	Insert name/s and designation and date *<e.g. Executive director of nursing / executive director of therapies and health sciences / executive medical director>*
Clinical Executive 2 sign off / date	Insert name/s and designation and date *<e.g. Executive director of nursing / executive director of therapies and health sciences / executive medical director>*
Clinical Executive 3 sign off / date	Insert name/s and designation and date *<e.g. Executive director of nursing / executive director of therapies and health sciences / executive medical director>*

Part 3: Outline of the proposal / decision to be made

1. Broadly outline what is being proposed and the decision that needs to be made
2. Why is the proposal / decision needed?
3. What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities)
4. Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected
5. How have you engaged with the people affected? If you have not yet engaged, what are your plans?
6. What are the main benefits of this proposal / decision?
7. i) What are the main risks of implementing this proposal / decision? ii) What are the main risks of not implementing it?
8. How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?
9. Is the proposal / decision planned to be temporary or permanent?

Part 4: Quality Impact Assessment

- This assessment tool should be completed for all strategic decisions.
- The response should be **proportionate** to reflect the significance, scale, risk, impact on delivery of strategic objectives and drivers of the proposal being made.
- Consider how the proposal / decision impacts on each of the Health and Care Quality Standards.

Health and Care Quality Standards	Briefly outline how the proposal / decision impacts on each of the Health and Care Quality Standards What specific risks have been identified? What mitigation will you implement to manage adverse impact? What measures and evidence will you use to monitor the impact?	Identify if the overall impact of the proposal / decision is **positive, neutral or negative**
Safe		
Timely		
Effective		
Efficient		
Equitable		
Person-centred		
Leadership		
Workforce		
Culture		

Health and Care Quality Standards	Briefly outline how the proposal / decision impacts on each of the Health and Care Quality Standards What specific risks have been identified? What mitigation will you implement to manage adverse impact? What measures and evidence will you use to monitor the impact?	Identify if the overall impact of the proposal / decision is **positive, neutral or negative**
Information		
Learning, improvement and research		
Whole systems approach		

Part 5: Summary of the Quality Impact Assessment

Based on the assessment in Section 2, what are the key messages, risks and recommendations for the clinical review and sign-off process?
What are the proposed monitoring arrangements and frequency of QIA Review?