

Trust Board Meeting in Public: Wednesday 13 May 2020

TB2020.40

Title	Summary of Quality Impact Assessments as part of COVID-19 Response
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Status	For noting
History	None

Board Lead	Professor Meghana Pandit and Sam Foster			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. Report summary

- 1.1 The report outlines the process for undertaking Quality Impact Assessments (QIAs) within the Trust's Command and Control System during the COVID-19 period.
- 1.2 Within the COVID-19 Response, QIAs are used to inform decision making relating to changes to clinical services by considering the effects on patient safety and outcomes, and ensuring that risks and benefits are documented.
- 1.3 The report provides a summary of QIAs undertaken by the COVID Response Steering Group to date.
- 1.4 New QIAs will continue to be considered within the COVID Response Steering Group.

2. Recommendations:

The Board is asked to:

- 2.1 Note that QIAs are used to inform all decisions made by the COVID Response Steering Group relating to changes to clinical services.
- 2.2 Take assurance from the documented list of QIAs provided in this paper.
- 2.3 Note that QIAs will continue to be developed as appropriate and existing QIAs will be reviewed at set intervals.
- 2.4 Note that, as a separate process, QIAs will also be aligned as part of the business planning function.

1. Introduction

- 1.1 The Trust has implemented a Command and Control System during the COVID-19 pandemic period to ensure that decision making is clear and responsive.
- 1.2 The Command and Control system continues to oversee the implementation of national guidance for the care of patients (both COVID-19 and non COVID-19), the safety and welfare of all staff during the outbreak, and the governance and reporting mechanism to the Trust Board.
- 1.3 The Trust has implemented a phased plan to manage the early, evolving and peak phases of the epidemic and to oversee the implementation of National directives, and the continuing updates to clinical and operational guidance. This work is being led by the COVID Response Steering Group and supported by the Clinical and Operational COVID 19 Response & Recovery Group.

2. Quality Impact Assessments

- 2.1 A Quality Impact Assessment (QIA) is an essential process step for ensuring that risks and benefits of changes are considered and documented so that, where necessary, risks can be mitigated and changes do not have a negative effect on quality. The Trust has a consistent approach to undertaking QIAs, underpinned by a template used for each assessment. The QIA process will also be required for budget setting within the Trust and to form part of the business planning process.
- 2.2 All decisions made by the COVID Response Steering Group relating to changes to clinical services consider the effects on patient safety and outcomes. QIAs are therefore completed for elements of the COVID response and are risk assessed using the following dimensions relating to:
 1. Patient safety
 2. Clinical effectiveness
 3. Patient experience
 4. Staff experience
 5. Equality and diversity.

2.3 A summary of the QIAs from the COVID Response Steering Group are listed in table 1.0, below. The QIA process for approval has been led by the Chief Medical Officer, Chief Nursing Officer and Chief Operating Officer. A copy of each QIA has been made available to Board members as supplementary information. The QIA process is dynamic and the summary below represents the current position as at 30 April 2020. New QIAs are considered within the COVID Response Steering Group and existing QIAs are reviewed at set intervals.

Table 1.0 Quality Impact Assessments

Date	Title and overview
30/03/2020	<p>Transfer of Horton General Hospital Trauma to Ramsey Building <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Identification of services not provided at facility, re-direction of paediatric patients to John Radcliffe site, training for Ramsey staff, recording information on EPR, provision of child protection, operating equipment and stock, policies and procedures to govern processes, clinical governance, patient experience, additional journey time from Banbury and surrounding areas to access the John Radcliffe site, Practising Privileges.</p>
01/04/2020	<p>Paediatric Critical Care - Move to Robins Ward <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Physical environment, infection control specification, pharmacy storage, ventilation system, accommodating COVID surge, reduced capacity for elective surgery, patient experience, parent access to ward, staff experience of new environment.</p>
02/04/2020	<p>Medium to Long Term use of Multiple Areas for COVID positive Critical Care Patients <i>Quality Impacts assessed, documented and mitigated with interventions:</i> nursing care, ICU qualified staff, administration of drugs and infusions, daily patient review in theatres, patient experience, and access to rehabilitation, staff experience and requirement to spend longer periods in PPE.</p>
02/04/2020	<p>Closure of West Wing level 0 to support COVID 19 Response <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Access to theatres for emergency cases due to smaller area, increase in number of level 3 patients into level 0 requiring anaesthetic practitioners to support care and reduction in support for other lists, returns to theatre, casemix management, staff experience of moving between areas to access extra stock and equipment.</p>
06/04/2020	<p>Relocation of Gastroenterology day case activity from the Horton Hospital and Ward 5E at the John Radcliffe to Blenheim ward at the Churchill Hospital <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Reduction in infection risk, co-location of medical cross-cover of inpatient and outpatient services for care for Gastroenterology and Hepatology patients, increase in availability of beds at the John Radcliffe and Horton Hospitals to support COVID positive patients.</p>
09/04/2020	<p>Introduction of Covid Model of Nursing care <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Provision of specialised care, delivery of safe and effective care, risk of higher care areas maintaining appropriate nurse to patient levels, ward environment, patient experience, psychological support, staff experience.</p>
14/04/2020	<p>Movement of Churchill Overnight Recovery Unit (CORU) beds into vacated spaces on Churchill Intensive Care Unit (CICU) <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Admission criteria and protocols, nurse patient staffing ratios, patient experience, location of the Anaesthetic and Recovery Practitioner teams across two clinical areas on the Churchill site enabling other services to provide cancer surgery, patient experience, and staff experience working in an unfamiliar environment.</p>
14/04/2020	<p>Transfer of selected Cardiac activity to the Manor Hospital <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Equipment required in the event of patient complications post procedure, protocols for managing access to cardiac or vascular surgery in the event of complications, specialised training, clinical governance, patient experience, communication with patients, and staff experience.</p>
15/04/2020	<p>Vascular Access at the New Foscote <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Reduction in risk in pre-dialysis patients requiring emergency line insertions, process for deteriorating patients while at the Foscote Hospital, specialist theatre nursing experience, information sharing and EPR access, clinical governance, patient experience of additional journey to Banbury, staff training and induction and travel to the Foscote Hospital.</p>
20/04/2020	<p>Thoracic Move from Day Unit to Cardiology <i>Quality Impacts assessed, documented and mitigated with interventions:</i> Separation of COVID positive and negative patients, separate staffing teams, infection prevention control processes, and separation of access to and administration of drugs, staff experience, patient experience, and catering services for the area.</p>

3. Recommendations

The Board is asked to:

- 3.1 Note that that QIAs are used to inform all decisions made by the COVID Response Steering Group relating to changes to clinical services
- 3.2 Take assurance from the documented list of QIAs provided in this paper.
- 3.3 Note that QIAs will continue to be developed as appropriate and existing QIAs will be reviewed at set intervals.
- 3.4 Note that, as a separate process, QIAs will also be aligned as part of the business planning function.

Professor Meghana Pandit, Chief Medical Officer

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April 2020