

SQC Report to the Board

Trust Board – in public

Date: January 28th 2021

Agenda item:

Non-Executive sponsor	Caroline Warner Non-Executive Director
Report author(s)	Caroline Warner Non-Executive Director
Report discussed previously: (name of sub-committee/group and date)	n/a

Action required:		
Approval ()	Discussion ()	Assurance (✓)

Purpose of report:
To provide an update of the activities of the Safety and Quality Committee.

Summary of key issues
Due to the urgent situation arising from the recent surge of Covid-19 infections members agreed to focus entirely on emergency matters.

Recommendation:
The Board is asked to note the report.

Relationship to Trust strategic objectives and assurance framework:

SO1: Safe – Deliver safe, high quality care and *improving* services which pursue perfection and be in the top 25% of our peers

SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy

SO3: Caring – Work *with compassion* in partnership with patients, staff, families, carers *and community partners*

Corporate impact assessment

Legal and regulatory impact	Compliance with best practice, CQC and Audit Commission
Financial impact	Appropriate use of resources
Patient experience/engagement	Committee role in scrutiny and review of safety, patient experience and engagement to gain assurance
Risk and performance management	Committee role in scrutiny and review of risk and performance management to gain assurance
NHS Constitution/equality and diversity/communication	Committee role in monitoring assurance

Attachments

N/A

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The Safety and Quality Committee met on Thursday 7th January 2021.

Overview

- The Medical Director led the briefing. He explained that numbers had surged over the past 2 weeks from approximately 80 Covid + patients before Christmas to approximately 230 Covid + patients by January 7th. This latter number represents roughly half the adult bed base.
- It is becoming much more difficult to separate the Covid + and Covid – patients. In an increasing number of instances, patients are admitted to cold areas for non-Covid treatment and without symptoms but then test positive. These patients then need to be moved to hot areas and any contacts (including patients from the same bay) isolated. At some point a tipping point could be reached where it may be impossible to do retain hot and cold areas. Duty of Candour leaflets are going to be distributed to patients alerting them of the risk of infection.
- Criteria for admissions is necessarily higher than usual. Patients are only admitted if the risk not doing so outweighs the risk of contracting Covid-19 in hospital. Amongst those admitted will be patients who have avoided seeking help sooner due to the pandemic and are, therefore, more acutely unwell upon presenting at ED.
- Criteria for discharge is lower. The Trust is working with community partners to continually improve discharge processes.

Critical Care

- Critical care demand is stretching capacity. This stood at 30 patients on Jan 6th. In order to accommodate these extra critical care beds, Newdigate ward has been repurposed for critical care. This reduces the adult bed base overall. It is anticipated that 45 beds will be required next week and plans are to repurpose Abinger ward to accommodate these.
- Mutual aid is operating as well as possible. The local system holds 9am mutual aid calls daily which is appreciated.
- Just as SaSH took patients from Kent before Christmas, other Trusts have answered our calls in January. Local Trusts in Surrey are also stretched and this means inter-system working has been vital. One patient was taken as far as Torbay, where the nearest ITU bed was available that day.
- Most critical care patients are being treated at level 3 and are ventilated.
- Extra capacity for oxygen has been secured. Supplies are adequate for the next week or so. After this, it may be necessary to find additional capacity.

Mortality

- Early data does not seem to indicate any significant differences between now and the first wave in terms of those affected.
- However, strong anecdotal evidence indicates that patients are more likely to be younger with co-morbidities vs the first wave. Socio-economic and other demographic factors may be significant.

Staffing

- Nursing staff capacity is the single biggest concern. The Trust entered this second emergency phase of the pandemic with a higher number of nurse vacancies than for the first phase.
- Staff absences are high due to Covid positive infections or isolations. Often staff are testing positive at the beginning of a shift and being sent home. This makes planning difficult.

- Brockham ward (gynaecology) has been closed in order to redeploy staff elsewhere. Staff have also been redeployed from Crawley where appropriate.
- Staff ratios for ITU are operating at 1:3 vs the usual 1:1.
- The Trust are seeking additional staff in every way they can including local advertising, use of student nurses, pleas for recently retired staff to return.
- All leave has been cancelled where possible and non-clinical staff are helping out on the wards where appropriate.
- Other wards, medical and surgery, are often left very stretched especially during night shifts.
- The accumulated stresses of now long-term day to day emergency working is taking a severe toll on staff. The mental, physical and emotional health of our staff are at risk. The Trust will continue to seek ways to mitigate this. Increased numbers of rest break spaces (particularly vital for those staff members from overseas who may not have any family or friends close by), psychological counselling, spiritual support are all available.

Recovery

- Cancer treatments for are continuing at Gatwick Park.
- Diagnostic services are keeping going as far as is possible during this period. This is vital in order that we have identified those patients in need of cancer treatments so that they can get on with these as soon as it is safe to go ahead.
- Only urgent surgery is considered appropriate for now as for many the risk of contracting Covid-19 in hospital is too great. In some instances, surgery also requires an available ITU bed post-operation. There are also constraints on staff numbers for surgical wards.

Vaccinations

- Staff vaccinations started on 4th January and all staff are expected to have received their first vaccination by the end of the month.

The next meeting of SQC is planned for Thursday 4th February 2021.

Caroline Warner

Non-Executive Director
Chair of Safety and Quality Committee
January 2021