Surrey and Sussex Healthcare NHS Trust

Minutes of	Safety & Quality Committee (SQC) Minutes		
Date	Thursday 3rd December 2020	**Time**	12:00-14:00

Members Present		
Caroline Warner	CW	Non-Executive Director (Chair)
Pauline Lambert	PL	Non-Executive Director
Richard Shaw	RS	Chairman
Yasmin Khan	YK	Non-Executive Director
Ed Cetti	EC	Medical Director
Julian Webb	JW	Associate Medical Director
Ben Mearns	BM	Chief of Medicine
Vicky Abbott	VA	Nurse Consultant Safeguarding
Ian Maheswaran	IM	Chief of Surgery
Jane Dickson	JD	Chief Nurse
Sarah Rafferty	SR	Chief of Education
Katharine Horner	KH	Patient Safety & Risk lead
Alison Costain	AC	Haematology Matron (C&D)
Paul Simpson	PS	Finance Director
Richard Brown	RB	Director of Outcomes
Colin Pink	CP	Head of Corporate Governance
Jonathan Parr	JP	Clinical Governance Compliance Manager
David Heller	DH	Chief Pharmacist
Gemma Johns	GJ	Patient Safety & Risk Facilitator
Shuile Syeda	SS	Patient Experience Lead
Jackie Moody	JM	Head of Quality Surrey Heartlands CCG
Apologies		
Michael Wilson, Tony Newman-Sanders, Angela Stevenson, Paula Tucker, Karen Jermy, Paula Tooms		

	Actions

1	Welcome and apologies for absence as noted above. No declarations of interests noted. **Minutes** The minutes from the November Meeting were reviewed and agreed as accurate an accurate record. **Action log and matters arising** No Actions	
2	**Highlights from Executive Committee for Quality & Risk (ECQR)** Report presented by EC. Highlights from the 4th, 11th, 18th and 25th meetings: • Covid-19 Situation Report • ICS Diagnostics Strategy Review • Covid-19 Risk management plan for the return of volunteering service to Macmillan Centre • Review of the Baroness Cumberledge Report 2020 • Inpatient Survey action plan • Review of complaints (End of Life care and Elective Care) Quality Report • Repatriation of Comet Ward's Chemotherapy and Haematology OP Services from Spire Gatwick Park <u>Questions</u> PL thanked the committee for the comprehensive explanation on End of Life Care in the report. YK asked about medical examiners; what their role and process is. EC explained that the current Medical Examiners are consultants and come from a range of different specialities. There is a well imbedded process; when a death is certified the clinical team responsible for the care of the patient discusses with the medical examiner and patient's family the death of the patient to discuss cause of death. If there are causes for concern of uncertainty over the cause of death this is when cases are referred to the Coroner. If there are concerns over an incident contributing to the cause of death then Serious Incident conversations can arise from this process and can lead to Root Cause Analysis Investigations taking place and Serious Incidents being declared. Medical Examiners are substantive roles in the trust. EC commented that their role is to also reach out to community partners as all community deaths should also be reviewed by medical examiners. YK thanked EC for this explanation, identifying it as an assurance process pre-coroner involvement. RS asked about ITU in relation to current pressures. EC explained that in ITU the volume of positive Covid-19 patients continue to decline. There are currently 27 positive inpatients across the hospital; 5 ventilated in ITU. The 'cold' ITU (non-covid-19 patients) is very busy and challenging in terms of capacity and volume of patients. We have increasing number of patients that we are transferring out to other trusts. We have opened up another ITU bay on Newdigate Ward which adjoins ITU. One of the main challenges in the current situation is keeping all other services going. SASH is trying to address this and is continuously	

	requesting to increase ITU capacity. The aim is to increase the number of ITU beds to 18 and then to 20. RS asked about the diagnostic strategy and the thinking behind the diagnostic hub, and why this is being proposed. EC explained the intention and wish to have rapid diagnostic access to patients especially on cancer pathways and endoscopy patients. The current pressures on diagnostics focus on acute inpatient needs, and there needs to be ring fenced diagnostic capacity for non-acute patients who are not inpatients. The challenges with this are staffing and funding. CW asked about the use of SASH+ in work/projects like this. EC agreed.	
3	**Highlights from CQRM** RB presented this item on the agenda. Meeting was held on Monday 30th November with a standard agenda. Items discussed: • Covid-19 update, • Quality report. • Regional response to DNAR CPR audit. • Hospital acquired infections and our response. No particular items were escalated. The meeting discussed the future agenda items: #NOF, sepsis, mental health, and thematic areas. CW asked about the process for reporting this back and JM on the governance processes across the ICS ad ICP.	
4	**Quality Report** <u>Questions</u> PL asked about: #NOF performance alerts, radiology staffing levels, skin damage and rapid tranquilisation (*answers to questions stepped out below*). *#NOF*- JW has been looking into #NOF in relation to the increased mortality and has identified 2 main areas for improvement: getting patients to the ward within 4 hours and improving the timeframe of getting patients to theatre. JW has met with Emergency Department team and has suggested changing the boundary/timeframe from to 3 hours to move patients to the ward. JW met with the surgical team and discussed how to improve the time it takes to take patients to theatre, this potentially requires extra theatre capacity. JW discussed his findings that the longer it takes to operate on a #NOF the greater the risk and poorer outcome for the patient. RB commented that the crude mortality does not articulate other factors going on with the patient, it is a blunt metric and that we should bear in mind that HSMR and other metrics for #NOF indicate more positive results. BM commented that we have had Covid-19 outbreaks in some areas and some of these #NOF patients did contract Covid-19. *Radiology*- page 18- PL asked if there was a previous issue with staffing in radiology? JD explained that there has been difficulty with recruiting sonographers, radiology intervention suite staff, and that there has been different staffing hotspots over time. *Pressure damage*- JD agreed that it was right to raise this as a question. Pressure damage	

	is an area of concern and that there is a number of reasons as to why this is an issue. There is more moderate harm and more pressure damage overall. We are seeing a higher level of frailty on admission, and more malnourished and dehydrated patients. We are also seeing more numbers of readmissions. The main issue for us is the whole patient pathway, and MDT process which is currently being looked into. CW asked how this will be reported back. JD explained that PTu is leading on this work, and we can get PTu to come and report back to the committee. JD continued to explain that in the peak of the pandemic we saw an increase in the device related pressure damage with Covid-19 patients and that patients are coming in to hospital sicker than they used to. Discussion held around when to bring this report back to the committee, it was agreed that this will be bought back in February. *Rapid Tranquilisation*- KH explained that the reason why it is highlighted as a hotspot is that we have only been recording Rapid Tranquilisation incidents since may 2020, therefore we can't compare it at this stage. These incidents are mostly reported in the Emergency Department, with other areas being Godstone and WACH. PL commented that this is helpful information to understand. JD commented that we have new Rapid Tranquilisation policy. JM asked about risk registers and how this committee oversees the risks that sit below it. CP explained that the all risks are overseen at board and exec committee. All sub-committees review their own risks and any significant risks get fed up to this committee. CP assured the committee that we have a good risk management structure. YK asked about NHSI guidance regarding Healthcare Acquired Covid-19 infection and whether we have any particular challenges in meeting those guidelines. EC discussed the 2 outbreaks that we have had on orthopaedic wards, he explained that these have happened when we have admitted asymptomatic patients through a 'cold' pathway into bays where their routine swabs don't come back for a couple of days and these swabs turn out to be positive. We have worked hard and have minimised Hospital Acquired Covid in the past 16 days by following guidelines about infection control, PPE, and cleaning. The trust has been focusing on spacing between beds but this is challenging especially with older wards where there is less space beds, this is under constant review and we are mitigating as much as we can. RS asked for an update on Cancer and Diagnostic waits. EC stated that this is improving significantly. There has been a huge amount of work gone in to endoscopy and radiology waiting lists. PS agreed and also said that this has been an area of huge improvement, we have some of the best and improving numbers in the country. We do continue to have an issue with 52 week waits.	Report Pressure damage- Feb
5	**Covid-19 Update** EC presented this item on the agenda. Lateral flow testing is being rolled out this week to all patient facing staff. Staff are being given boxes of tests to take home and test twice a week. There is a portal for staff to report	

	their results. If negative they come in to work and if positive they require a full PCR test. The trusts is trying secure more capacity for patient testing and we are an early adopter for a new piece of technology which will allow us to test all patients at the front door in the Emergency Department with a result in 10 minutes. The current situation with vaccines is moving very rapidly. The MHRA has approved the Pfizer vaccine and the first regulatory body to do so. We will summarise and share with staff very soon. There is some uncertainty on the roll out of the vaccine but we as a trust are ready to go with a plan as soon as we have the vaccines.	
6	**GIRFT quarterly update** RB presented this report. Summary of key issues: • National GIRFT programmes have re-started but with still no 'face to face' visits • There have been a number of national reports published which are currently under review • Model Hospital GIRFT data has been updated across a number of clinical services lines • Divisional Performance meetings have re-started with GIRFT and Model Hospital data discussed • Model Hospital data covering clinical services lines, clinical support services and corporate services has updated and is reviewed as part of divisional performance and the Well Led Committee. • The ICS system are now beginning to look at system wide data which is a new aspect to model hospital. <u>Questions</u> No questions	
7	**Cumberledge Report: response and action plan** RB presented this report and associated action plan. Our next steps in relation to the report and action plan is to assess and reflect our current performance against these actions; to understand where we are and recognise any remaining gaps and action accordingly. There is no requirement for a formalised response. The trust will report on these actions via a number of ways that will filter up to SQC in the future. DH wanted to comment on the valproate section in the report, he discussed the work being done to identify patients in the community who are prescribed this. YK asked about recommendations, risk register and audit. She commented the level of granularity of the recommendations, specifically in relation to new procedures. RB explained the next steps of looking through the actions will help identify what gaps and what level of action and assurance is required. In regards to new procedures there is an	

	internal policy with a specific format that we follow which includes the training required. New procedures are trackable and the level of granularity will be available. YK also asked about informed consent and whether there is an active piece of work already being undertaken. RB explained that there is a lot of work already going on in patient information groups. PL also commented on informed consent saying that GMC guidance is very useful and asked if this will be incorporated? PL continued by asking about the complaints process, MDT cultures and taking actions forward from this report. There was a discussion about the role of the NED in this; RS agreed to discuss this outside of the meeting and agree on a specific NED who will take this on and work with JD. This will be reported back to SQC. RS asked how we follow up the actions up from this report. JD commented that this will come back quarterly to ECQR which will be fed up to SQC. RB explained that we need some initial time to work on the actions.	
8	**SQC Cycle of Business** KH presented this item. <u>Questions</u> PL thanked KH for the overview and plan going forward, found it very helpful. YK agreed with PL. Asked about staffing, training, competencies and staff education. KH explained that this would go to finance and workforce committee. There was a discussion about the next meeting being at the beginning of January and it was agreed that this would take a shorter format and agenda.	
9	**In-Patient Action plan** KH presented this item on the agenda. DH aware of the actions regarding pharmacy. JD discussed communication, information, and contact details and explained that the discharge unit is a good opportunity to get these issues right. And to improve this aspect of care and patient experience.	
10	**Proposed agenda for next meeting**	

Date of next meeting	Thursday 7th January 2020	**Time**	12.00-14.00	**Room**	AD77

Date first raised	Agenda Item	Action	Lead	Review Date	Status
03/12/20	4	Report- pressure damage	PTu	Feb 2021	Open