

## Board of Directors (in Public)

### Item 5.1

**Subject:** Quality Report 2019-2020  
**Date of Meeting:** Tuesday 24<sup>th</sup> November 2020  
**Prepared by:** Joan Matthews, Deputy Director of Nursing & Quality  
**Presented by:** Sue Pemberton, Director of Nursing & Quality  
**Purpose of Report:** For Approval

BAF Ref	Impact on BAF
WC1, WC2, WC3, WC4	Compliance with statutory reporting on quality account indicators. Note that Quality Reports 2019/20 have not been audited due to COVID 19.

#### 1. Executive Summary

A Quality Report is a statutory report about the quality of NHS services provided by an NHS healthcare provider. Under regulations each provider has a legal duty to publish reports annually and make these available to the public. This document is an account of the commitment the Trust has made to improve quality. The document details the significant progress which has been made during the year. Included is the end of year position on the quality priorities agreed by its Governors and Stakeholders for 2019/2020.

The CQC carried out a 'Well Led' inspection of the Trust between 5th-7th February 2019. This was preceded by an unannounced inspection on Wednesday 16th January – Friday 18th January 2019, with the inspection focus on the surgical divisional services. Following the final report approval in July 2019, the Trust retained its outstanding status for the second time. Healthwatch and our Senior Governor have provided their statements of close working and support for the quality work undertaken within the Trust.

#### 2. Background

This Quality Report is normally an integral part of the statutory Annual Report, this year it has not been included as the COVID 19 pandemic situation meant external audit of its quality priorities was placed on hold. The document has been produced in accordance with the revised national timetable which this year requires publication of the unaudited report by 1<sup>st</sup> December 2020. The Quality Report demonstrates to its readers that quality is of the utmost importance in LHCH ensuring its patients, staff and visitors are at the heart of a quality driven service. The Quality Report includes clinical audit, research, data quality, workforce and leadership. It draws upon the results from the Trust's survey work with patients and other quality improvement work supporting the different services and functions of the Trust.

The Quality Report articulates LHCH Freedom to Speak Up principles which underpin the commitment to continue supporting our staff to speak out safely to reduce avoidable harm. This message of commitment is delivered at each of our team brief meetings by the Chief Executive and communicated within different forums to ensure staff know they will always be protected and supported.

### **3. Quality Priorities 2019-2020**

Priority 1: Delirium to be risk assessed on admission

Outcome: 82.1% against a target of 85% for risk assessment to be completed - 94% of e-leaning completed.

Priority 2: Increase the numbers of discharges before 16.00hrs in Elm Ward and Cedar Ward:

Outcome: 21.9% of discharges to home from Cedar ward by after 16.00hrs - 31.0% of discharges to home from Elm ward by after 16.00hrs

Priority 3: Assessment of patients, who have been identified on admission as having a complex/enhanced health condition, particularly significant hearing or visual needs.

Outcome: 90.3% of patients had a risk assessment completed and care plan in place

Priority 4: Reduce medication incidents relation to the administration of insulin

Outcome: Total of 21 incidents recorded against a target of 29

The teams have continued to focus on achieving the targets set by staff and stakeholders (including governors) meaning patients have been risk assessed more robustly – individual planned care in place for them, and harm reduction by reduced medication errors.

### **Quality Priorities 2020-2021**

In March 2020 NHSE/I confirmed that the Quality Priorities approved should be placed on hold due to the Pandemic of Covid 19. The Quality Account for 2020/2021 contains the Quality Priorities agreed in February 2020 with monitoring of the priorities continuing.

Priority 1 – Pre- habilitation for patients awaiting surgery within the Trust – optimisation of information for these patients

Priority 2 - Sepsis risk assessment completion on a consecutive MEWS score of 3 or above

Priority 3 - Post discharge calls for patients who have left the hospital following surgery

Priority 4 - Fasting compliance for against the fasting policy – ensuring our patients remain hydrated before procedure.

Discussions will be held with NHSE/I regarding how these priorities will be presented going forward into 2021-2022.

### **4. Conclusion**

2020 has been a challenging year for LHCH and the NHS. The Trust has worked well across the healthcare system to support and provide the best care possible for patients during the pandemic. In phase one of covid 19 the Trust expanded its critical care capacity to respond to the unprecedented surge in numbers of Covid 19 patients requiring intensive care. The Trust has ensured that the communication and leadership of the organization has set out the expectation of standards required to meet the demands it has found itself exposed to with strong visible leadership and robust communications and involved its emergency planning protocols. Infection prevention has been the key in ensuring our patients and staff remain safe whilst ensuring our staff had all the equipment needed to provide safe care. The infection prevention team has provided the guidance to all staff through those rapidly changing times of protection and delivery of care. The focus on high quality and safe care has underpinned all of the actions undertaken during the pandemic; thus ensuring our patients and their families receive the very best in compassionate, quality driven safe care whilst in the Trust,

### **5. Recommendation**

The Board of Directors are asked to approve the Quality Report 2019-2020, for publication by 1<sup>st</sup> December 2020.