

## Council of Governors (in Public)

### Item 6.4

**Subject:** Quality Account Priorities 2021/2022  
**Date:** Tuesday 2<sup>nd</sup> March 2021  
**Prepared by:** Joan Mathews, Deputy Director of Nursing and Quality  
**Presented by:** Lucy Lavan on behalf of Sue Pemberton, Director of Nursing

#### 1. Background

Each year the Trust holds an engagement event with stakeholders that includes Governors, HealthWatch and Commissioners with the aim of identifying the quality priorities for the forthcoming year. The last engagement event occurred in February 2020 where the quality priorities agreed were:

- pre-habilitation booklet for patients
- sepsis risk assessment
- post discharge follow up telephone calls to patients
- pre- procedure fasting in medicine: *change to monitoring delirium risk assessment needed for inpatients*

In March 2020 as LHCH was structuring how to achieve these quality priorities, the NHS had to stop many of its normal activities to meet the challenges it faced due to the COVID 19 pandemic.

All Trusts were made aware that monitoring of the quality priorities would cease until further notice. This instruction remains in place, however as LHCH has now commenced its restart program we have refocused on how the quality priorities can be continued into 2021-2022 and have considered changes to pre- procedure fasting in medicine to the monitoring of the delirium risk assessment needed for inpatients. This is due to the number of patients experiencing delirium post operatively.

#### 2. Outline of Priorities for 2021-2022

##### **Priority One: Pre-habilitation booklet for patients**

Establish an enhanced recovery pathway which incorporates pre-op education to promote optimisation of patients undergoing cardiac (and potentially thoracic surgery).

##### **Category:**

Patient Experience

##### **Why:**

Our ambition is to create a culture of continuous improvement and empowerment that is both patient centered and safety focused. The first step of our Patient and Family Experience Vision focuses on pre care to ensure that the patient and their family understand the care they will receive and are in optimum condition to receive cardiac

surgery.

**What is measured**

The number of patients awaiting cardiac surgery who are provided with pre-operative information and offered interventions to improve wellbeing and outcomes.

**Priority Two: Sepsis risk assessment**

All patients who trigger for a Sepsis Screening tool will receive an assessment immediately following these criteria-

- critical care – if Sofa score rise of 2 or more compared to baseline.
- ward – if MEWS 3 or more after 2 consecutive hourly checks
- if single MEWS of 5

(Exclusions are End of Life and patient who are retriggered).

**Category:**

Patient safety

**Why:**

Our ambition is to create a culture of continuous improvement and empowerment that is both patient centered and safety focused. The fifth step of our Patient and Family Experience Vision focuses on Treatment, this quality priority would be to ensure that the patient receives safe, timely and effective treatment.

**What is measured**

From EPR flowsheets, both ward care and critical care assessments made will be measured

**Priority Three: Post discharge follow up telephone calls to patients**

All in-patients who have an overnight stay in the hospital will receive a follow up (Welfare) call within 7-10 post discharge for patients who have left the hospital following surgery.

**Category:**

Patient Experience

**Why:**

Our ambition is to create a culture of continuous improvement and empowerment that is both patient centered and safety focused. The sixth step of our Patient and Family Experience Vision focuses on Discharge and Aftercare, to ensure that the patient and their family receive on-going support.

**What is measured**

Number of patients who are contacted within 10 days of discharge to home (excludes hospital transfers and nursing homes and includes those with no response to the call).

**Priority Four: Delirium Risk Assessments for Inpatients**

All patients are screened for delirium within 8 hours of admission and have a risk assessment on every shift throughout their stay. (i.e. 3 times in 24 hours). Those patients who score positive on assessment will have a delirium assessment and management tool added and reviewed once per day.

**Category:**

Patient Experience and Patient Safety

**Why:**

Our ambition is to create a safe environment for patients with delirium and provide

interventions to resolve the delirium.

**What is measured**

From EPR flow sheets, evidence of completed risk assessment

**3. Recommendations**

It is recommended that the Council of Governors:

- Agree that the above quality priorities agreed in 2020 are carried forward for 2021-2022 with the changes from monitoring fasting in pre procedure patients in Medicine to monitoring the delirium risk assessment tool
- Acknowledge that as for 2020/21, the quality priorities will not be externally audited this year.