



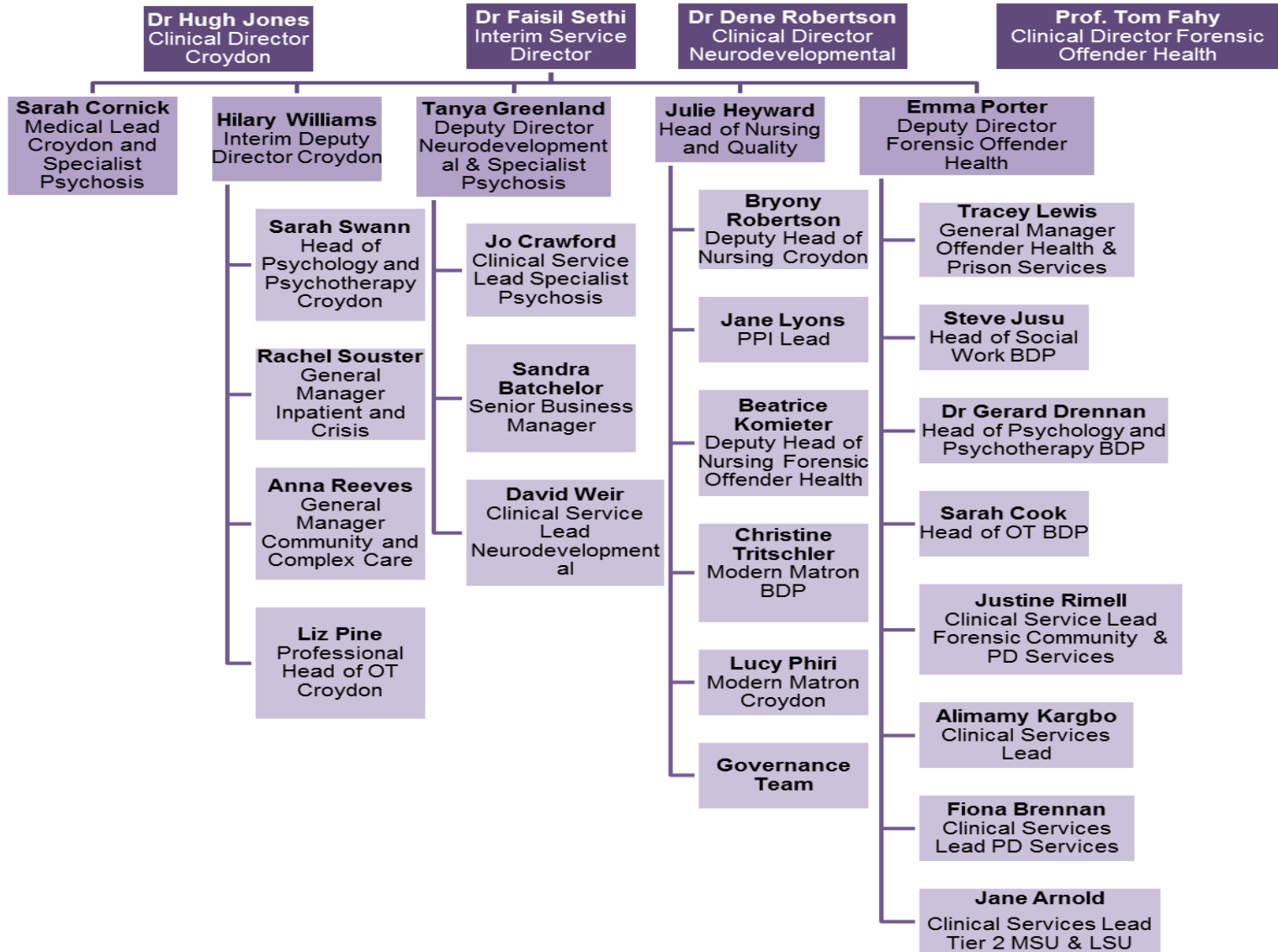
Croydon Operational Directorate Progress Report December 2018

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Agenda Item 4a

Croydon & BDP Operational Directorate



Croydon Executive Team

Dr Faisal Sethi
Interim Service Director

Dr Hugh Jones
Clinical Director

Dr Sarah Cornick
Medical Lead
Croydon

Julie Heyward
Head of Nursing
and Quality

Hilary Williams
Interim Deputy
Director

Anna Reeves
General
Manager
Community and
Complex Care

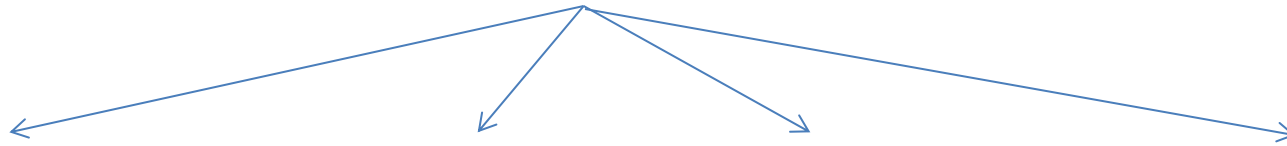
**Rachel
Souster**
General
Manager
Inpatient and
Crisis

Elizabeth Pine
Professional
Head of
Occupational
Therapy

Sarah Swann
Professional
Head of
Psychology and
Psychotherapy

**Bryony
Robertson**
Deputy Head of
Nursing

Croydon & BDP Operational Directorate



Neurodevelopmental

- * MHLd x4 (LSLC)
- * National Autism Unit
- * ASD/ADHD teams x4
- * Behavioural Genetics Clinic
- * National Adult ADHD
- * Autism Psychology Service
- * Female Hormone Clinic

Specialist Psychosis

- * National Psychosis Unit
- * Westways
- * PICUP

Inpatient and Crisis

- * Gresham 1
- * Gresham 2
- * Tyson West 1
- * Fitzmary 1
- * Gresham PICU
- * Home Treatment Team
- * A&E Liaison Psychiatry

Community Teams

- * East
- * Mayday
- * Thornton Heath
- * Medication Support Service
- * Primary Mental Health Support Service
- * Family Intervention Service
- * Community Opportunities Team
- * Assessment and Liaison Team
- * East Treatment Team
- * West Treatment Team
- * Reablement Team
- * Personality Disorder Service (Touchstone)
- * Integrated psychological therapies service (CIPTS)
- * COAST
- * Rehab and Recovery Team

Forensic Tier 1

- * Norbury MSU
- * Thames MSU
- * Spring MSU

Forensic Tier 2

- * Effra MSU
- * Brook MSU
- * Chaffinch LSU
- * Open Rehab - WiC

Forensic Community

- * Community Forensics x4 (LSLC)

Offender Personality Disorder

- * Waddon MSU
- * FIPTS

Offender Health

- * Prison ward - Addison
- * HMPW prison primary care
- * Criminal Justice
- * London Pathways Partnership

MUST DO's by Theme/Pathway

Pathway	Date	# Must Dos	Theme of MUST Do
Acute	2018	11	<ul style="list-style-type: none"> • Standards of care - consistency • Governance – ward to directorate • Access to drinking water • PH checks after rapid tranquilisation • Environmental risks–staff being aware & confident • Restraint – implementation of reduction plan • Discharge planning - proactive • Learning lessons from incidents • Bed availability & flow • Supervision • Emergency Equipment in date

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Flow and I Care

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Weekly meeting - CEO Chair

Members – Exec, Service Directors, Clinical Directors,
Medical leads, professional leads and QI

Purpose

Holding Operational Directorates to account for
implementation of flow plan

Review progress, challenge delays and monitor outcome
Share challenges and success

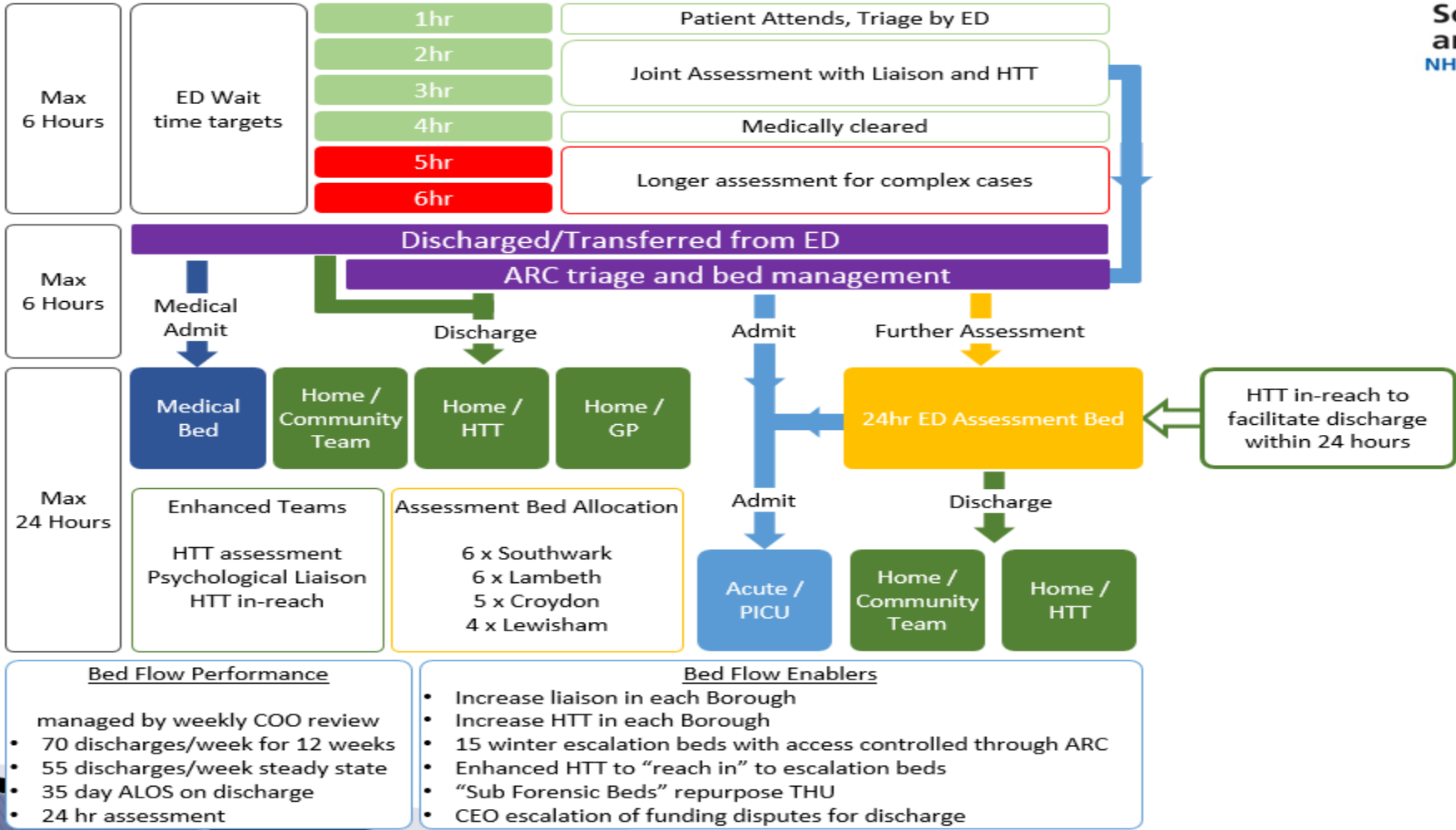
Patient flow

- **Buy-in where we need to, Design-in where we can** – Where we pay for necessary resources (e.g. HTT uplifts), but design in other processes via I Care and Community redesign (egg readmission pathways, and the inpatient care process model)
- The 23 initiatives are across 4 domains:
 - ❖ Improved Discharge
 - ❖ Keeping people well in the community
 - ❖ Improved inpatient flow
 - ❖ Winter Resilience
- The objectives of the plan are to:
 - ❖ Have zero ED 12-hour breaches
 - ❖ Have no cancelled Mental Health Assessments
 - ❖ Have no 136 Suite 24-hour breaches
 - ❖ Have no patients without an allocated bed (AWOL return)
- To do this the flow plan must:
 - ❖ Achieve 70 discharges a week for 12 weeks
 - ❖ Sustain 50-55 discharges a week thereafter
 - ❖ Reduce overspill to zero
 - ❖ Establish a safe bed capacity of 85%
- The flow plan is part of the Trust Improvement Plan but is governed under a weekly flow meeting chaired by the CEO.

Flow plan on a page

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NHS



The delivery Board

Delivery Board Objectives

The Board aims to support operational delivery of a number of projects that are both already in train and that have arisen from the July – August 2018 CQC inspection. The Board will oversee the development and implementation of plans to address issues raised, and make recommendations as to which projects should be delivered.

Frequency of meetings :

The board is held every two weeks, usually in advance of the Portfolio Board. An extraordinary launch programme was set out to initiate the programme.

Status of the meetings :

First Delivery Board held on : 28th August

Total number of delivery Boards : 8

Number of times each plan scrutinised: 3

Programme Update

➤ CQC Improvement (October 2018 – March 2019)

- Full cycle of Delivery Boards (Phase 1) have taken place. Croydon Service Director has had the opportunity to present progress of their team delivery against plan.

CQC delivery plan actions for Croydon has been uploaded onto DATIX.

- Assurance Meetings have taken place (4th December 2018) to finalise original Design Group actions and these have added to the Croydon Improvement plan.
- Individualised action plans for wards requiring improvement.
- Service Directors are using Delivery Board to share best practice and review areas of joint concern to deliver improvements.

CQC delivery plan

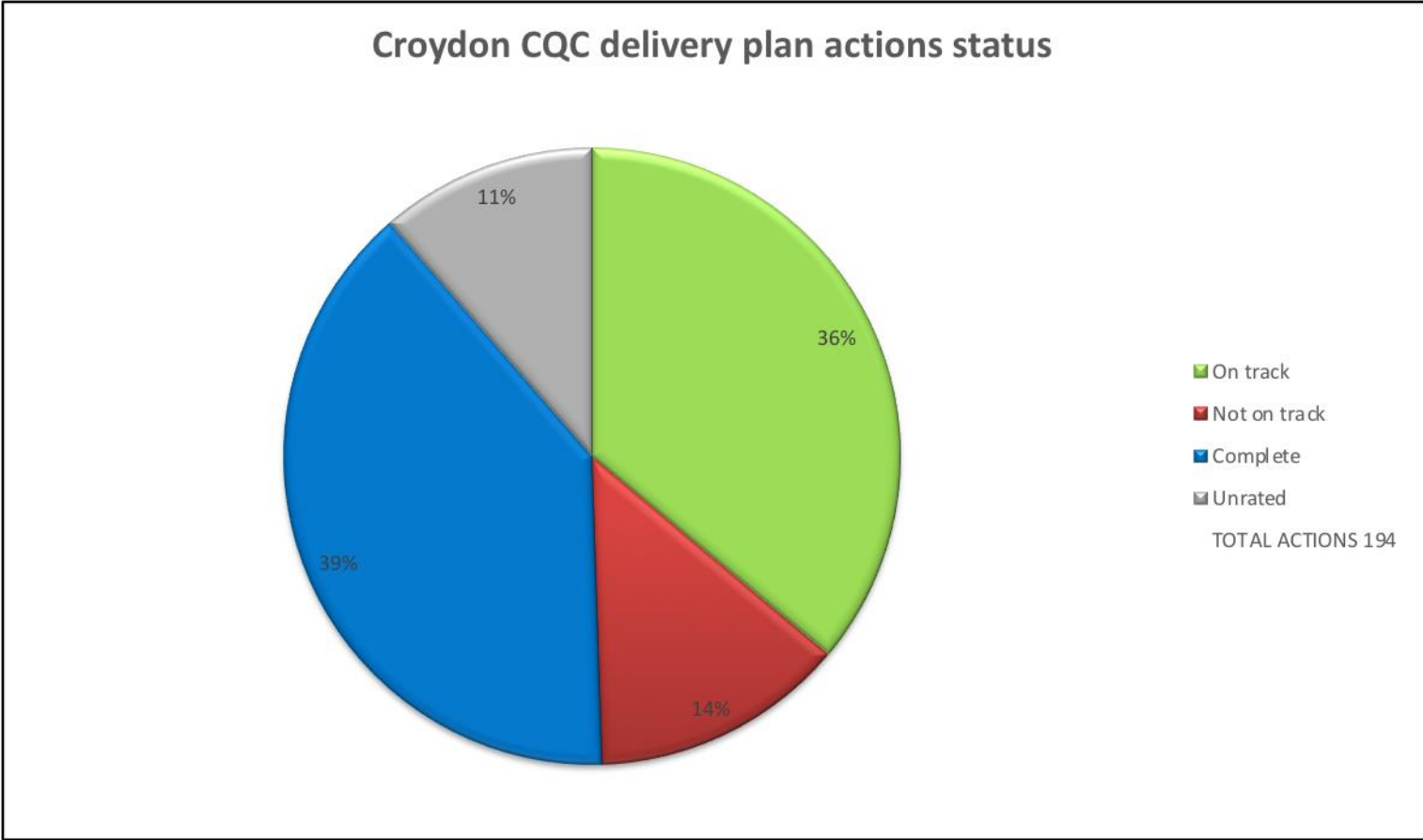
ODU's	Southwark	Lambeth	Croydon	Lewisham	PMOA	CAMHS
Total no of actions	98	193	194	154	100	26

Format of Gantt chart

Ref:	Activity or Milestone Title	Responsible	Planned Start Date	Planned End Date	Evidence	OCTOBER 2018				NOVEMBER 2018				DECEMBER 2018					
						1	8	15	22	29	5	12	19	26	3	10	17		
						W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12		
1. MUST Dos : Wards for older people with mental health problems (from inspection in March 2017)																			
The provider must ensure that all relevant staff complete training in mandatory areas including intermediate life support, basic life support, and fire safety																			
1.1.1	Ward Managers will be provided with information on how to book staff into training on LEAP.	Service Director and Clinical Director	01/10/18	31/10/2017 & ongoing	Actions ongoing - Evidence on datix .														
1.1.2	All staff will receive an automated email from the LEAP system within 12 weeks of their training expiring.		01/10/18																
1.1.3	Supervisors will review staff mandatory training completion during supervision		01/10/18																
1.1.4	Deputy Director of Nursing will monitor ILS, BLS, Fire training completion rates for 85% compliance in the CAG operational		01/10/18																
1.1.5	The service manager will review Mandatory training compliance in the ward managers supervision.		01/10/18																
2. SHOULD Dos : Community-based mental health services for older people																			
2.1 The trust should enable more effective mobile working in all teams through the provision of appropriate technology.																			
2.1.1	ICT to review the needs of the CMHTs; CHIT; Memory Services; HTT	Chief Information Officer	01/10/18	TBC by ICT Revised date	Refer to email from VS 02/11- All ICT needs have been														
2.1.2	Agree timeline for delivery of required devices	Chief Information Officer	01/10/18	TBC by ICT Revised date															
2.2 The trust should ensure that systems for capturing the completion of staff supervision are effective and accurately record the supervision taking place																			
2.2.1	Team Managers will plan supervision sessions a minimum of one month ahead and the dates will be available to staff.	Associate Director of Human Resources, OD, Education & Development, Clinical Service	01/11/18	Ongoing	Update 15/11/18 (Shastee) Supervision template shared and to be rolled out pan PMOA w/c														
2.2.2	All staff will who provide or receive supervision will record each session on LEAP	Associate Director of Human Resources OD	01/10/18	TBC by HR	Dependant on LEAP upgrade														

Delivery plan status

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Croydon Highlights

- Croydon Directorate Senior Management team in place.
- Continued delivery on 194 actions on CQC improvement plan.
- Continuous improvement around recruitment and retention of high quality and skilled workforce (improvement in staff vacancy rates in past 3 months (ward managers)).
- Continued improvement programme to address issues with bed pressures (flow) and gaps in placements (MADE events).
- Continued improvement in Mental Health Transfers from Emergency Department.



Questions?