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Scrutiny Health & Social Care Sub-Committee Supplementary Agenda

a) **Urgent Item: Croydon Health Service - Quality Accounts 2019-20** (Pages 3 - 98)

The Sub-Committee is asked to:-

1. Receive and note the Croydon Health Service Quality Accounts 2019-20.

2. Agree that any comments submitted with be agreed informally by the Chair in consultation with the Sub-Committee.

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Urgent Item

REPORT TO:	**HEALTH & SOCIAL CARE SUB-COMMITTEE 22 September 2020**
SUBJECT:	**CROYDON HEALTH SERVICE – QUALITY ACCOUNTS 2019-20**
PUBLIC/EXEMPT:	Public

POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Scrutinising the performance of Healthcare partners help to ensure that the priorities of the Council identified in the Corporate Plan which are delivered in partnership remain on track:

Corporate Plan for Croydon 2018-2022

ORIGIN OF ITEM:	An opportunity to review the Quality Accounts of local healthcare providers is included in the Scrutiny Work Programme on an annual basis
BRIEF FOR THE COMMITTEE:	The Sub-Committee is asked to:- 1. Receive and note the Croydon Health Service Quality Accounts 2019-20 2. Agree that any comments submitted with be agreed informally by the Chair in consultation with the Sub-Committee.

1. Croydon Health Service – Quality Accounts 2019-20

1.1. The Health and Social Care Sub-Committee is presented with a draft of the Quality Accounts 2019-20 for Croydon Health Service for its comments by 21 October 2020.

1.2. The Chair has agreed to include this item on the agenda to bring it to the attention of the Sub-Committee, but recognises that there is insufficient time for the Sub-Committee to digest the information provided in advance of the meeting.

1.3. Therefore it is proposed that the Sub-Committee receives and notes the Quality Accounts, but defers making any comments until Members have had the opportunity to read the report.

1.4. As the next scheduled meeting of the Sub-Committee is not until 10 November 2020, which is after the deadline for the submission of comments, it is proposed that any comments submitted will be agreed informally by the Chair in consultation with the Sub-Committee.

1.5. The Sub-Committee is asked to agree this approach.

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APPENDICES TO THIS REPORT

Appendix A: Croydon Health Service – Quality Accounts 2019-20

NHS

Croydon Health Services

NHS Trust

Quality Account 2019/20 DRAFT V1.3

Excellent care for all

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PART 1

Information about the Quality Account

Statement on Quality from the Chief Executive of Croydon Health Services NHS Trust (CHS)

As an integrated Trust responsible for the health of over 380,000 people living in the borough, high quality, safe care is one of the core pillars that shapes everything we do here in Croydon.

That has never been more important than this year, as we joined forces with NHS Trusts around the country to tackle the biggest health crisis in a generation.

The COVID-19 pandemic hit Croydon particularly hard and since the initial outbreak in February 2020, teams from infection prevention and control in the hospital and in the community, through to quality and audit, have played significant roles in ensuring we keep our patients, and our staff, safe.

The virus brought with it a number of challenges and a particularly difficult decision around the temporary limitation of visitors to our inpatients on site at Croydon University Hospital.

These decisions are not taken lightly – the impact on the quality of life for our patients and their overall experience cannot be underestimated – which is why we pulled out all of the stops to find a solution that supported our patient experience, kept loved ones informed and kept everyone as safe as possible.

Within days, we rolled out tablets and smartphones to every ward to allow patients to contact their family and friends by video or telephone call. We also set up a dedicated next of kin line to answer any questions or concerns from those who weren't able to come and visit their relatives.

Shortly after we launched the initiative, we received a heartfelt note from a family who had been unable to say goodbye to their loved one in person. They told us *"it brightened up his life – even in the last few days of his life, he looked forward to speaking to his friends and family. It was a lifeline for us all."*

It's important to realise that these small changes can make a significant difference in the face of unprecedented circumstances. Quality care is much more than just the treatment we provide when people are sick. It's the holistic way in which we provide care, support and empowerment for every patient, helping them to live their healthiest, most independent life.

To help us to demonstrate this, we've made great progress in how we use reporting and audits to monitor and continuously improve the care we provide. From the introduction of the Integrated Quality and Performance Report (IQPR), which provides a high level update on key indicators from ward to Board, through to the development of a robust Quality Improvement Programme (QIP) action plan to support the provision of the best possible care across all of our acute and community services.

As we look ahead to next year, we do so with a renewed focus on safe, zero harm care, demonstrating strong clinical outcomes and delivering an excellent patient experience, while supporting our ongoing recovery from COVID-19.

With this in mind, we are delighted to introduce the Quality Account for Croydon Health Services NHS Trust for 2019/20.

Matthew Kershaw, Trust Chief Executive and Place Based Leader for Health

Mike Bell, Chairman

Executive Summary

All NHS Trusts are required to produce and publish an annual Quality Account setting out the quality performance for the preceding financial year. In this report (from page 13) we describe our key quality priorities for 2020/21 and our progress against our quality priorities for 2019/20 (from page 37). We are required to include specific data that we have reported externally to National Bodies such as the Care Quality Commission (CQC) and the Health and Social Care Informatics Centre and these are set out at Appendix 5 (page 83).

The report has been shared with Croydon Clinical Commissioning Group (CCG), Croydon Health and Oversight Committee (HOSC) and Healthwatch Croydon; with statements from these groups included at Appendix 3 (page 71) . We have explained our acronyms and terms in the main text and there is also a full glossary at the end of the report.

This report has been reviewed and approved by the Trust's Quality Committee, Audit Committee and Trust Board prior to publication.

Croydon is a hugely diverse borough with a growing population and we play an important role in keeping our community well and healthy.

Croydon Health Services employs more than 3,800 staff and provides integrated NHS services to care for people at home, in schools, and health clinics across the borough, as well as at Croydon University Hospital and Purley War Memorial Hospital.

Croydon University Hospital, in the north of the borough, provides more than 100 specialist services and performs 350,000 outpatient appointments every year. We also perform more than 25,000 procedures annually. The hospital is also home to the borough's only Emergency Department, supported by three GP hubs, as well as 24/7 maternity services; including a labour ward, midwifery-led birth centre and the Crocus home birthing team.

Purley War Memorial Hospital (PWMH), in the south of the borough, offers outpatient care, including diagnostic services, physiotherapy and ophthalmology services run by Moorfields Eye Hospital, alongside an onsite GP surgery.

Our experienced district nursing teams, Allied Health Professionals and community matrons look after people of all ages across Croydon, and our Children's Hospital at Home cares for children with long-term conditions without them having to come to hospital.

Our emergency care doctors and nurses have also teamed up with local GPs to run a seamless network of urgent care services across the borough, including booked appointments with a GP available seven days a week.

For more information about our services visit www.croydonhealthservices.nhs.uk

What is a Quality Account?

A Quality Account is an annual report produced for the public by NHS healthcare providers about the quality of services that they deliver throughout the year.

What is the NHS website?

The NHS website is the UK's biggest health website. It provides a comprehensive health information service to patients and the public.

In 2019/20, we looked after…

Community

65834 children (under 18) cared for in schools, clinics and at home

36435 adults cared for at home and health clinics in Croydon

Planned Care

2444 inpatient operations

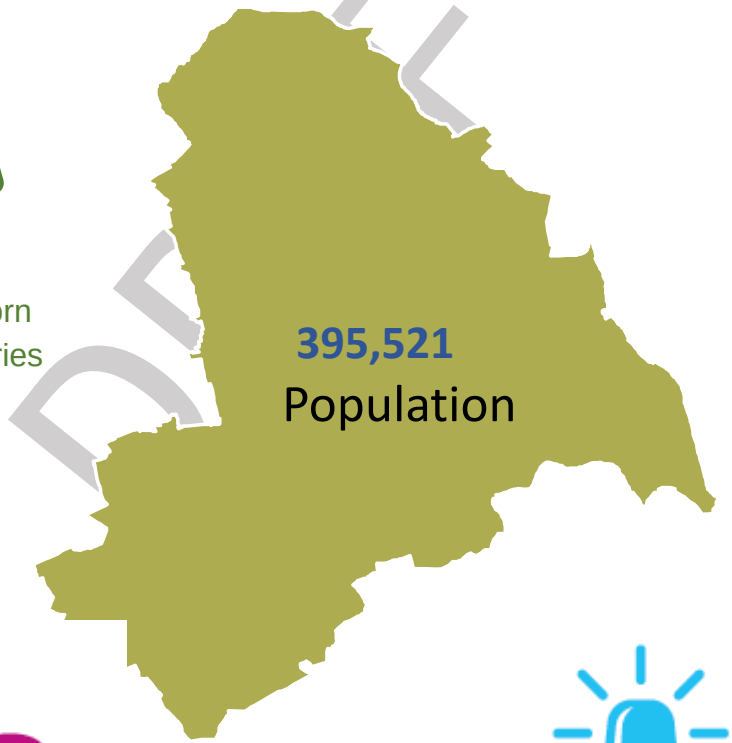
26121 day case procedures

403642 outpatient appointments

Maternity

3556 babies born

71 home deliveries



Workflow

4030 staff

399 volunteers

Income

£ 290.9 m clinical

£ 54.5 m non-clinical

(including education and training)

Emergency

138141 attendances (urgent & emergency care)

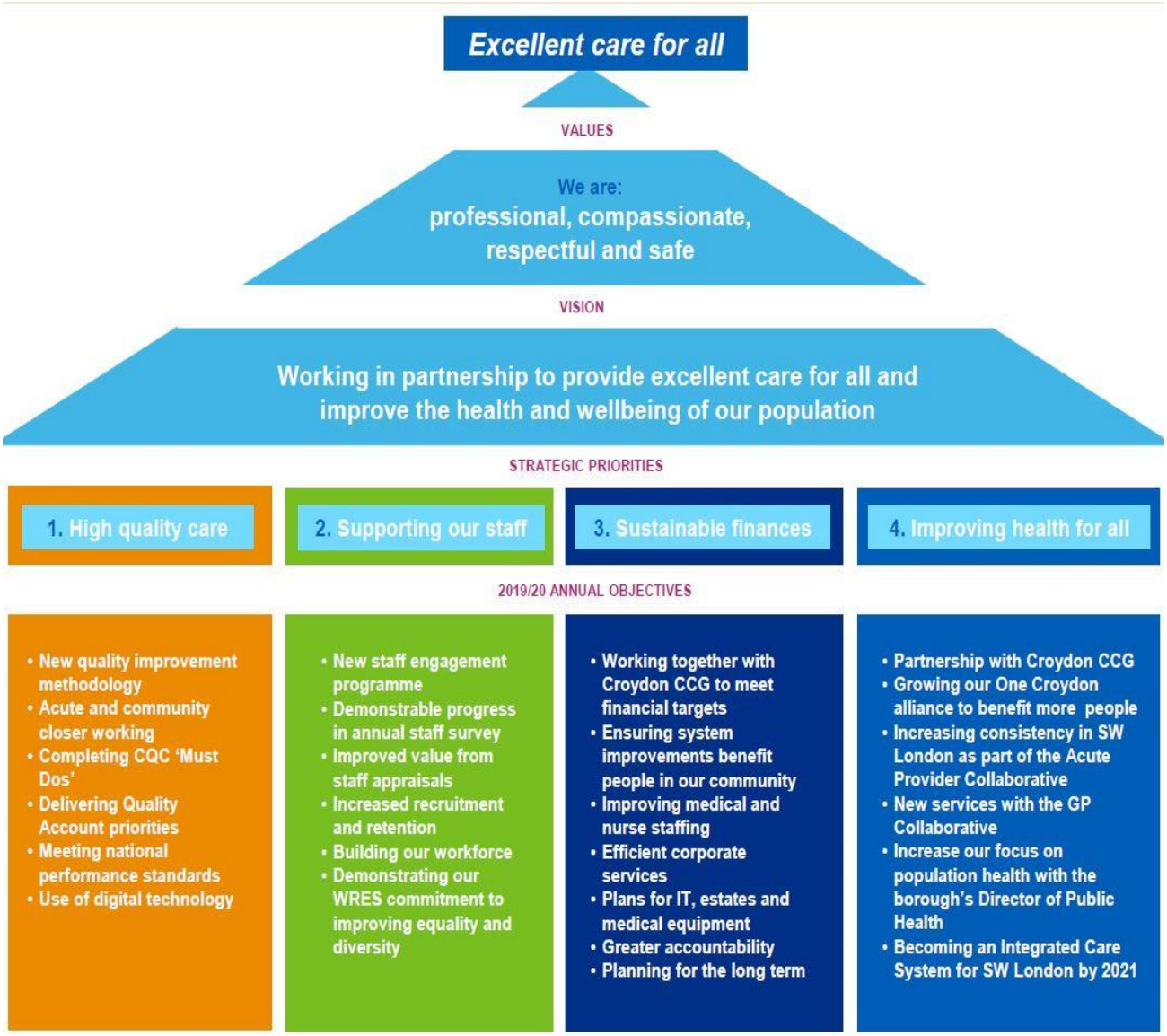
28271 emergency admissions

35794 blue-light ambulances

Trust Objectives

Well led organisations have, among other attributes, a clear set of objectives that explain the priorities for the organisation to its staff, partners and other key stakeholders.

Our objectives, detailed in the table below, are the result engagement with our workforce and ongoing planning with partner organisations.



Our Vision and Values

“Working in partnership to provide excellent care for all and improve the health and well-being of our population”

This is our renewed vision for the Trust.

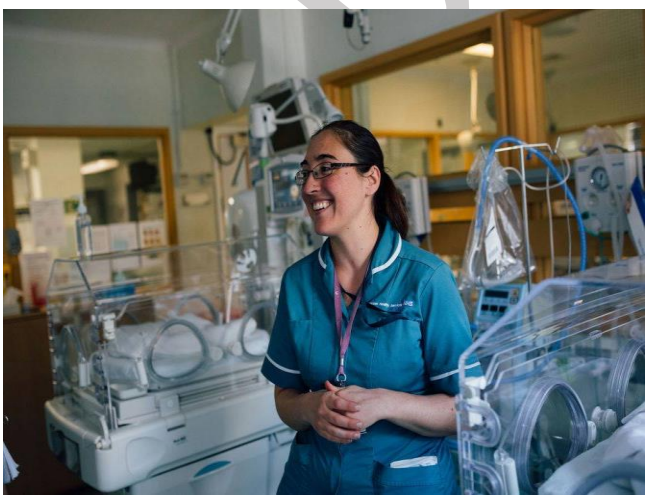
Rooted in our community through our hospitals and clinics across the borough, we always strive to provide excellent care for all.

Our local population is also growing rapidly in size. We have the youngest population of any London borough, with almost a third of our residents aged under 25 and, at the same time, people are living longer.

Croydon is a great place to live and work, but some people in our borough face the challenges of poverty, housing or other environmental factors that can contribute towards poorer health.

This means we have to do much more to prevent ill-health and help people in Croydon to stay well. We must do this at the same time as providing rapid access to diagnostic services and medical expertise when and where it is needed.

Collaboration is the key. Only by working well together with our partners in the borough, can we connect the services available to give people more coordinated and person-centred care which will deliver real benefits for our patients and service users in the years to come.



Our values

We want local people to feel confident in our care, and for our staff to feel proud to work here. Our values shape everything we do, every single day. They determine our behaviour and the experience of those we look after.

We will always be professional, compassionate, respectful and safe.

- Set ourselves very high standards and share best practice
- Keep our uniforms smart, and be professional and consistent in our approach
- Work in partnership to best support our community's needs
- Use resources wisely without compromising quality or safety

- Treat everyone as we would want to be treated ourselves
- Demonstrate kindness, dignity, empathy and compassion
- Make time for the people we are caring for, to understand their needs and wants
- Organise our services to give people the best possible experience of care

- Be courteous and welcoming, and introduce ourselves
- Value the diversity and needs of everyone
- Always involve people in decisions about their care, listening to and respecting their wishes
- Appreciate the contribution that staff from all backgrounds bring to our services

- Be open and honest in everything we do, sharing what we do well and admitting our mistakes, to constantly improve our care
- Protect the confidentiality of those in our care and show sensitivity to people around us
- Feel free to raise concerns so we are always learning
- Make time for training and development and support research so people always receive the highest standards of care

Croydon Health Services
NHS Trust

PART 2

Priorities for improvement and statement of assurance from the Trust Board

2.1 Priorities for improvement 2019-20

The quality of the care that we provide and the safety of our patients are very important priorities for the Trust. Our vision is to deliver continuous improvements in the quality of care and a safety culture that is fully embedded and integral to our everyday business; where we are leaders in the field for driving improvements in the safety of our patients, and where we have achieved a reduction in the number of patients who suffer avoidable harm.

In order to deliver this vision we have developed our Quality Strategy for 2019-21, which links directly to the Trust's strategic objectives, with an emphasis on enhancing safety, effectiveness and patient experience. The Quality Strategy sets out the quality objectives and ambitions of the Trust for the next 3 years, with clear steps to the delivery and progression of high quality healthcare in collaboration with system partners.

Our Quality Strategy key areas of focus are:

1. Achieve and sustain improvement in patient and staff engagement and experience.
2. Continue to improve our safety culture and develop as a learning organisation.
3. Continuously improve performance against mandatory NHS constitutional standards, including CQC regulations.
4. Improve how we provide and evidence delivery of high quality care in accordance with best practice and nationally recognised outcomes across our services.
5. Ensure the level of preventable harm remains below the 5% national average.
6. Deliver a programme of quality improvement within the Trust and wider health and care system.

In order to support the delivery of the Quality Strategy the Trust's Quality Team was restructured in early 2019 and a new Director of Quality was appointed in June 2019. The Trust Executive Sponsor for Quality is the Joint Chief Nurse, following an initial joint tenure with the Medical Director.

As a Trust we have developed our Integrated Quality and Performance Report (IQPR) which includes a wide range of qualitative and quantitative information to monitor our performance. It also supports the identification of themes and areas of both best practice and areas for improvement. The IQPR is produced each month and is presented to the Quality Committee and the Trust Board. A Directorate level IQPR is also produced and presented to the monthly Directorate Quality Boards. The IQPR provides 'ward to board' openness and transparency and is a key tool to improve quality and performance throughout the Trust .

A key challenge for the Trust continues to be to maintain and grow quality within a financially-challenged and workforce-constrained era. Our key areas of focus have been informed from national regulatory targets from the Royal Colleges, National Institute for Health and Care Excellence (NICE) guidelines, Commissioning for Quality and Innovation (CQUIN) and Care Quality Commission (CQC) post inspection recommendations. In addition, we have also used our local intelligence gained via triangulating data from serious incident (SI) investigations, complaints, and patient and staff feedback. This has helped inform the list of objectives for our Quality Account from which key themes emerged.

Quality Priorities 2020-21

Our priorities for 2020-21 were developed in discussion with our Clinical Directorates, the members of the Quality Improvement Programme, and our Quality Committee. Delivery will be monitored via our IQPR which is reported to the Board .

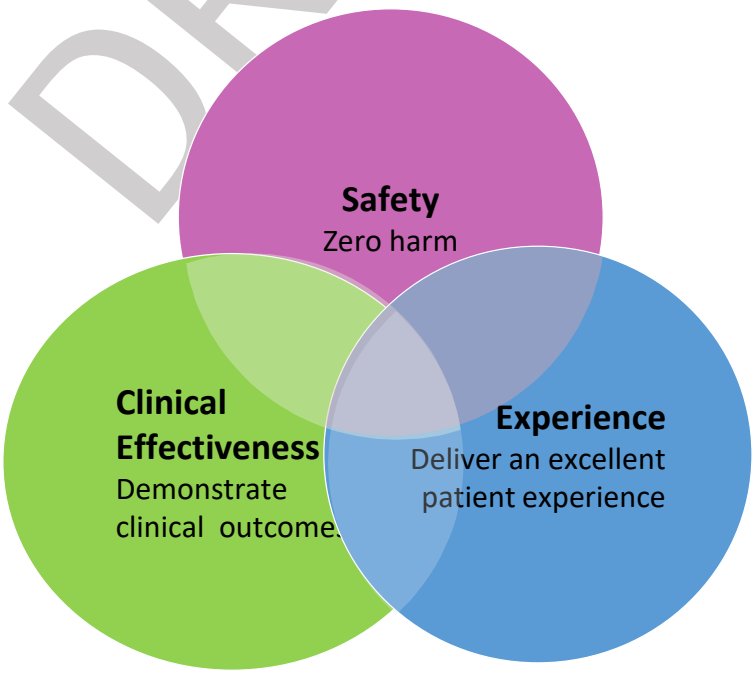
We are committed to reducing avoidable harm and improving patient safety as rapidly as possible. Our safety initiatives aim to ensure that each patient receives the correct treatment or action the first time, every time.

At Croydon Health Services, we seek to provide patient care that is amongst the best in the London. As an academic center, we work with our patients to improve the effectiveness of our care through research and innovation. We use national and international benchmarks to measure our effectiveness whenever possible, and we publish this outcomes data on our website.

We wish our patients and their families to have the best possible experience of our treatment and care. Therefore, we measure patient experience across the hospital and seek feedback from our patients, their families, and the wider public to improve the service we offer. We do this via:

- Patient Surveys
- Focus groups and events
- Social media
- Asking patients and families about their experience within 48 hours of discharge

The quality priorities for 2020-21 are detailed below:



Safety

Continue to improve and grow our safety culture and develop a learning organisation.

- ❑ Implement effective systems for the monitoring, reporting and validation of pressure ulcer data to enable a reduction of pressure ulcers sustained (or deteriorating) due to a lapse in patient care delivered by Croydon Health Services.
- ❑ Develop ward based reporting metrics to drive continuous and quality improvement in relation to patient safety and care.

Ensure the level of preventable harm remains below the 5% national average.

- ❑ To ensure that our year to date (YTD) internal reporting of harm free care remains at or above 95%.

Clinical Effectiveness

Deliver a programme of quality improvement within the Trust and wider health and care system.

- ❑ Implement and deliver a programme of quality improvement using CQI methodology, ensuring all quality improvement projects are registered, monitored and reported in line with the Terms of Reference.
- ❑ Deliver quality improvement training to staff in the wider health and care system, utilising CQI methodology.

Improve how we provide and evidence delivery of high quality care in accordance with best practice and nationally recognised outcomes across our services.

- ❑ Implementation of applicable NICE guideline recommendations..
- ❑ National audit.

Experience

Achieve and sustain improvement in patient as well as staff engagement and experience.

- ❑ Implementation of the Patient Experience, Engagement and Involvement Strategy 2020-23 in line with the delivery plan.
- ❑ Development and implementation of the Trust Staff Engagement Plan.
- ❑ Develop and implement a complainant survey to understand and learn from the experience of our patients, their families and carers given cause to complaint.
- ❑ Improve Friends and Family Test (FFT) response and recommendation rates.

Continuously improve performance against mandatory NHS constitutional standards including CQC regulations.

- ❑ Deliver the actions within the Quality Improvement Plan in line with the agreed implementation timescales for CQC 'must do' and 'should do' actions.
- ❑ Ensure 95% of complaints receive a response within the agreed timescales
- ❑ Reduce the number of complainants who remain unsatisfied with their complaint response resulting in re-opened complaints.

2.2 Statements of assurance 2019-20

Review of Our Services

During 2019-20 Croydon Health Services provided and/or sub-contracted 53 NHS services.

The Trust has reviewed all the data available on the quality of care of 100% of these services.

The income generated by the NHS services reviewed in 2019-20 represents 100% of the total income generated from the provision of NHS services by Croydon Health Services NHS Trust for 2019-20.

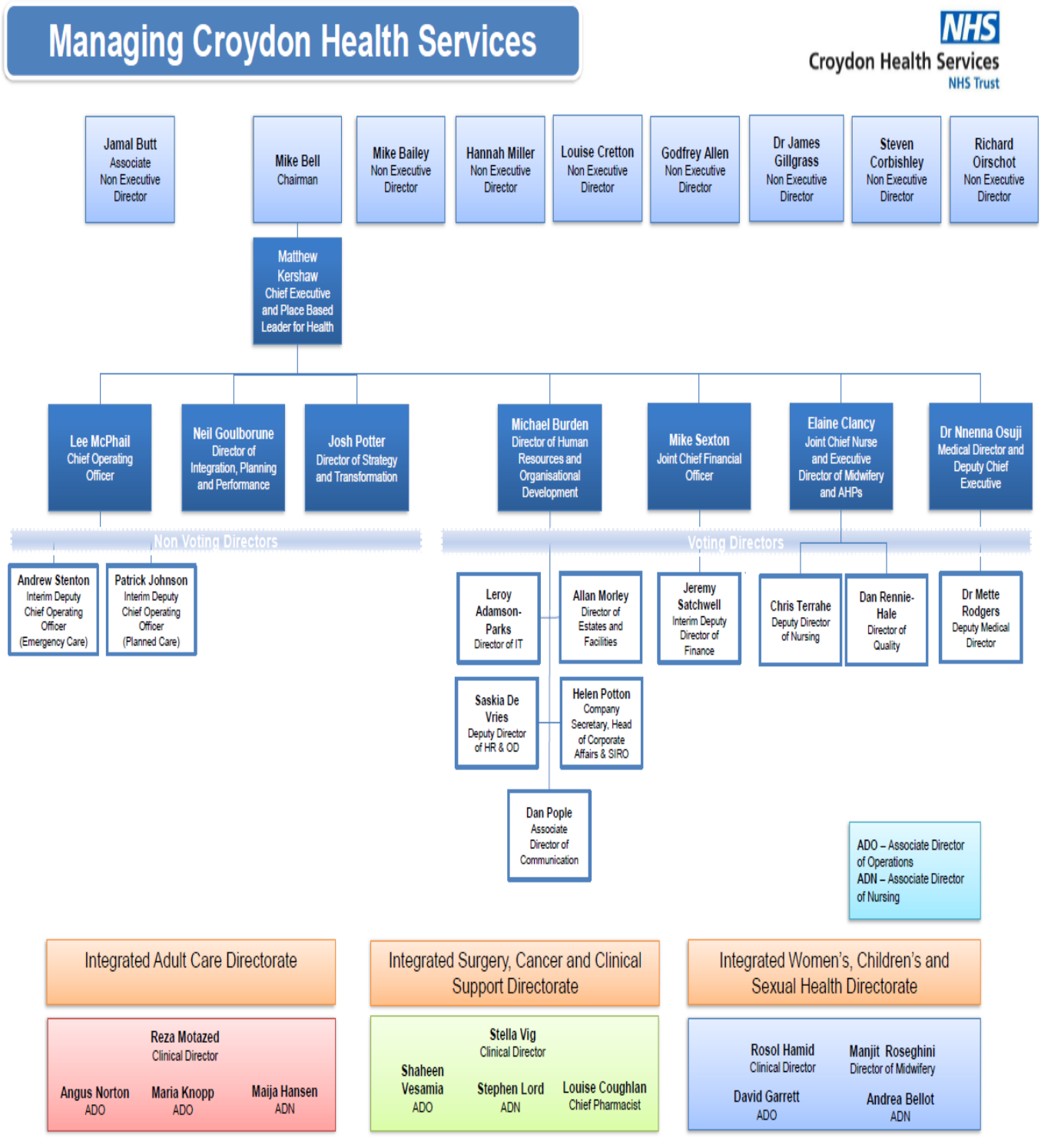
Activity for 2019/20	Q1	Q2	Q3	Q4	TOTAL
Planned Care - Outpatient Appointments	97783	101791	103264	100804	**403642**
Planned Care - Inpatients	614	616	644	570	**2444**
Planned Care - Day cases	6706	6672	6770	5973	**26121**
Maternity - Deliveries	844	916	922	937	**3619**
Maternity - Babies Born (includes multiple births)	835	903	907	911	**3556**
Maternity - Home Births	19	15	19	18	**71**
Emergency Attendances - Main ED & UTC	35146	34639	36083	32273	**138141**
Emergency Attendances - GP hubs	22812	23149	24748	20387	**91096**
Emergency Admissions	7288	7344	7111	6528	**28271**
Ambulance Arrivals	9309	8862	9179	8444	**35794**
Occupied Bed days (General & Acute)	40528	38986	41848	40006	**161368**
Beds Open	42914	41965	41848	41437	**168164**
Bed Occupancy	94.44%	92.90%	100%	96.55%	**95.96%**

Throughout 2019-20 we have been privileged to continue to provide services to the people of Croydon whether in their own home, at one of our community facilities or at one of our hospitals.

There are three Clinical Directorates within the Trust and each Directorate reviews service provision through Quarterly Quality and Performance meetings with the Chief Operating Officer and reporting to the Quality Committee, monthly Quality Boards and Clinical Governance meetings.

The Trust reviews quality indicators using an integrated quality & performance dashboard and reports so that performance can be analysed on a monthly basis. This enables services to identify priorities and actions needed to deliver improvements.

Executive Structure Chart



Participation in National Clinical Audits and National Confidential Enquiries

The Trust's participation in National Clinical Audits and National Confidential Enquiries enables us to benchmark the quality of the services that we provide against other NHS Trusts. It also highlights best practice in providing high quality patient care and drives continuous improvement across our services.

Local clinical audits are selected on the basis of national requirements, commissioning requirements and local evidence that has emerged from themes from incidents or complaints.

During 2019-20, the Trust participated in 59 national clinical audits and 4 National Confidential Enquiries. All of the national audits were in the NHS England Quality Account listed audits that the Trust was eligible to participate in, so representing 100% participation.

The list of national audit reports reviewed and a summary of some of the key actions planned or undertaken are detailed in Annex 4.

The Trust registered 84 local audits in 2019/20. Of these, 38 were completed, reports received and action plans developed to address any gaps. The remaining audits were temporarily put on hold due to COVID-19 pressures , however COVID-19 related audits were initiated during this time with the approval of Gold Command. All audits have been subsequently restarted and progressed.

The Compliance and Audit Team prepare a monthly Directorate report showing the progress of all National and local audits, as well as NICE guidelines, to support and promote the Directorate review and completion of reports and action plans within the required timeframes. Examples of some of the completed local audit findings and quality improvement actions are included at Annex 4.

The National Clinical Audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2019/20, are also listed in the table at Annex A. The number of cases submitted to each audit or enquiry are included as a percentage of the number of registered cases required by each audit or enquiry. Some areas have been marked as 'in progress' which means that the data is currently being submitted, including data gathered during the period of 2019/20.

Patient Led Assessment in the Care Environment Audit (PLACE)

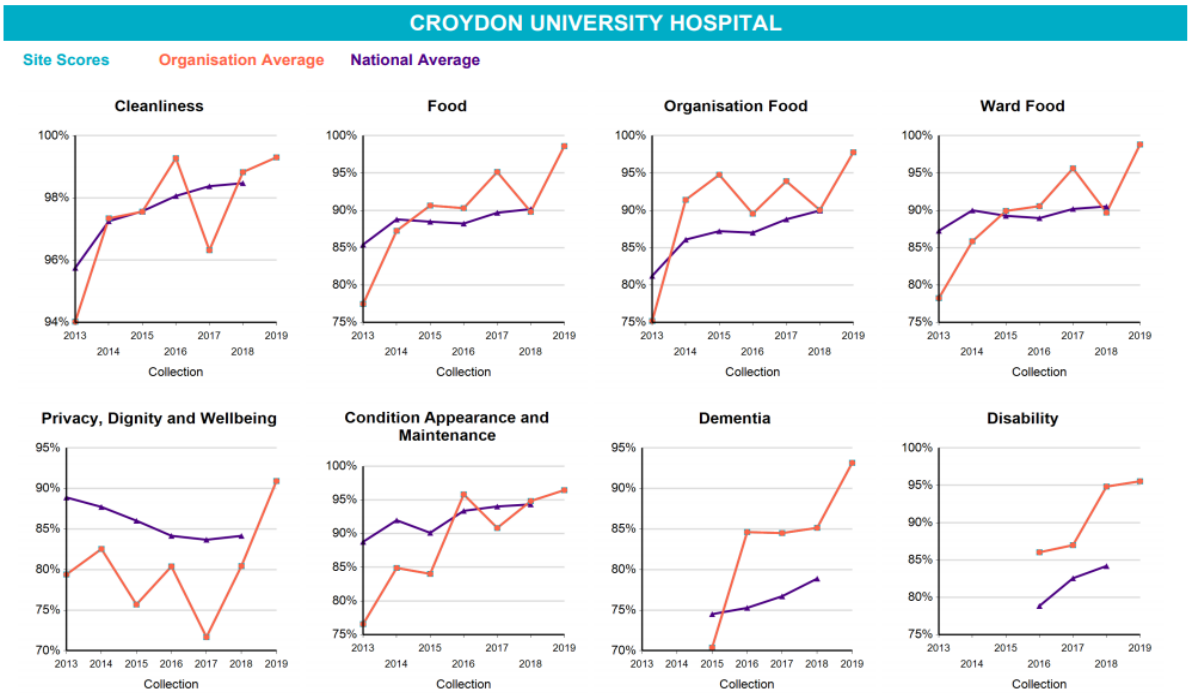
Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, a Trust should be held to account for this shortfall and put in place actions to improve.

Patient-Lead Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered in the NHS.. Every year the criteria becomes more detailed and now includes assessment of the following areas:

- Cleanliness
- Food and hydration
- Organisation food
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance of the general environment
- How the environment is able to support the care of those with dementia
- How the environment is able to support those with disabilities.

The PLACE programme aims to promote the above principles and values by ensuring that the assessment focuses on the areas which patients say matter, and by encouraging and facilitating the involvement of patients, the public and other bodies with an interest in healthcare, such as the Local Health watch.

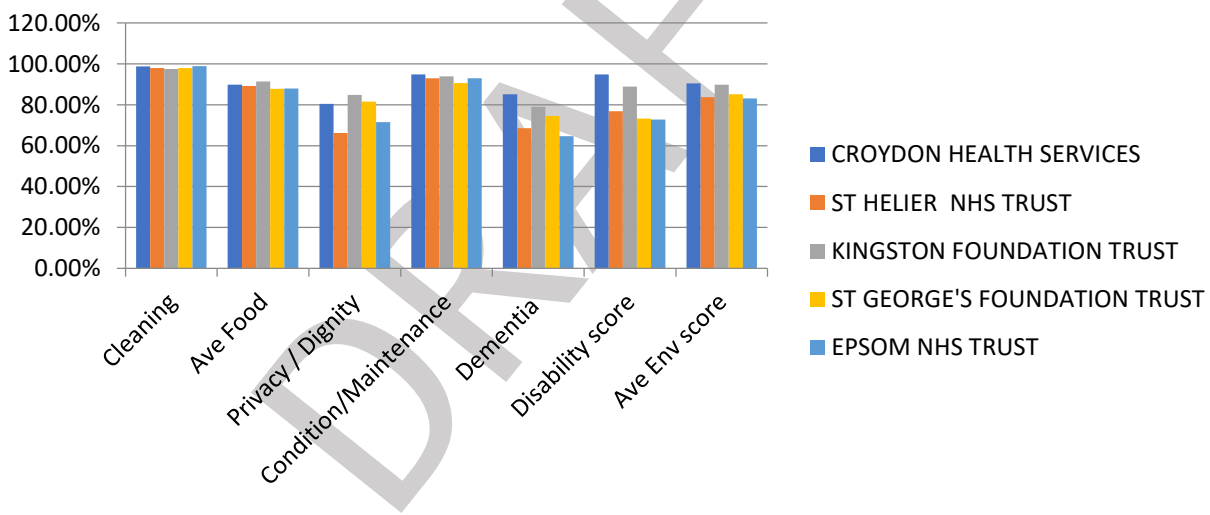
The inspection teams consist of a minimum of 50% patient assessors, along with staff from Estates and Facilities, Senior Nurses and Infection Control. The graphs below show the results of Croydon Health Services compared to the national average.



The table below compares the results of the PLACE audit for 2018 and 2019 and shows an improvement in every category:

Year	Cleaning	Food	Privacy/ Dignity	Condition/ Maintenance	Dementia	Disability	Site Average
2019	99.30%	98.43%	90.92%	96.32%	93.22%	95.54%	95.62%
2018	98.83%	89.85%	80.44%	94.83%	85.15%	94.83%	90.46%

The table below shows the comparison with our neighbouring Trusts:



The patient representatives felt that the Trust had improved on last year's positive PLACE audit results and that the Trust was responding to their involvement in the inspections and feedback, resulting in a favourable impact on the facilities and services offered to patients. In particular they noted that the ED unit and Dental Department were exemplars for the Trust to replicate across all departments.

In response to the results the Trust has developed an action plan to address any highlighted areas to further improve the environment and patient experience throughout the year. These include actions to sustain current performance and address minor decoration issues via the Cleanliness and Built Environment Audit. Additional works are being carried out to further improve privacy, dignity and wellbeing, and finally the Trust is working towards achieving full compliance against the Government Buying Standards for Food.

The audit results were shared with a range of public bodies, e.g. the Care Quality Commission, NHS England, the Department of Health and Social Care, local clinical commissioning groups and local Healthwatch.

Participation in Clinical Research 2019-20

Research is an essential element to support the improvement of patient outcomes, transformation of health services, provision of better quality care and improved use of resources. 'Clinical research' refers to studies that have received a favourable opinion from a Research Ethics Committee.

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment availabilities, and active participation in research can lead to successful patient outcomes.

All patients receiving NHS services, provided or sub-contracted by Croydon Health Services NHS Trust in Apr 2019 – Mar 2020, may be approached to participate in research projects. Of those eligible, 833 patients were recruited to participate in Research Ethics Committee approved studies. This figure is based on the Clinical Research Network (CRN) registered file. Compared to the last financial year, this is a fall in recruitment of 62%, due largely to the closure of one study that recruited a large number of patients during the 2018/19 year.

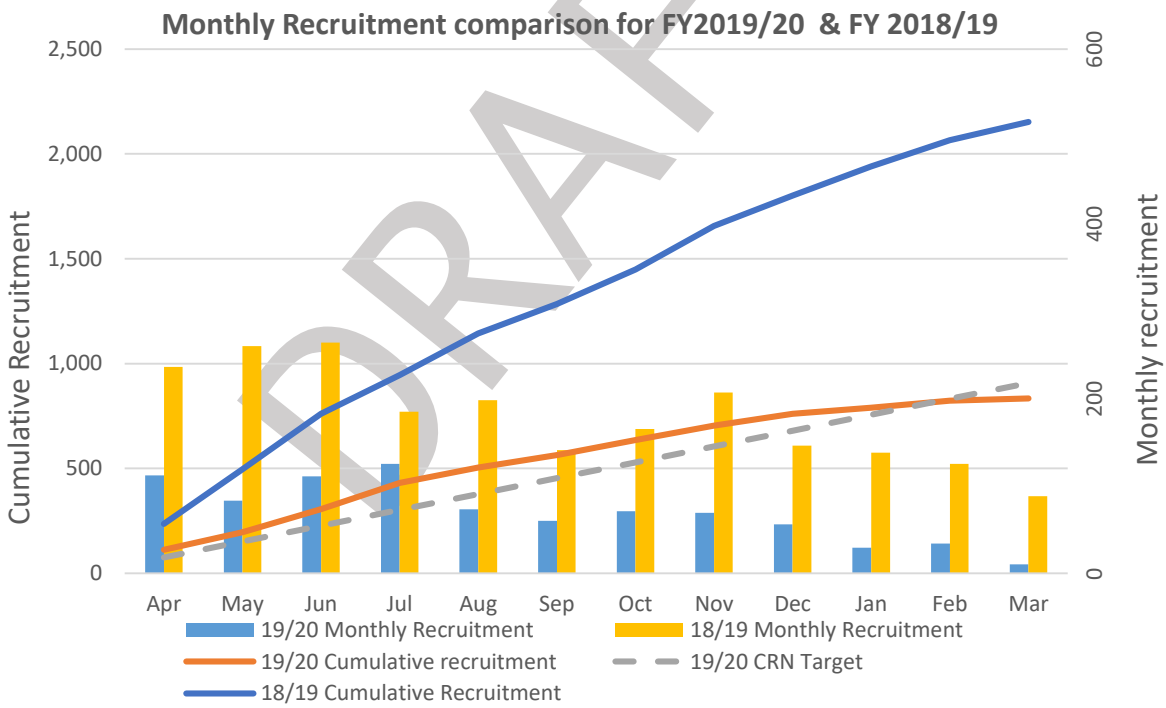


Figure: A comparison of recruitment over the 2018/19 financial year against that of 2017/18

The drop in recruitment was expected as there are limited large scale studies open to new sites. There was a significant delay in opening studies in the 2019/2020 year, due to a change in the approval process in the St George's Pathology Hub.

The Sexual Health service were a key recruitment contributor this year, recruiting 221 patients through the LUSTRUM trial, which looked at comparing an accelerated treatment and testing of partners with Chlamydia versus standard care.

The Cancer and Midwifery teams also continue to recruit well into their studies and they contributed 206 and 194 recruits respectively. Our Cardiology Department has also expanded the number of trials that they have taken part in; 6 studies this year compared to 4 in the last year. This reflects the increase in interest of the consultant body in taking part in research.

In 2019-2020, 74 clinical research studies were conducted in the Trust; 67 of which were funded by the CRN. Of these, 15 studies concluded by March 2020, with 80% completed as designed within the agreed time and to the agreed recruitment target.

In 2019-20 Croydon approved 26 studies of which 19 were supported by the CRN. 60% of eligible studies were approved within the 30-day time frame. The predominant reason for delays to the approvals has been due to contracting issues with sponsors and staffing issues.

There were 84 clinical staff members participating in research approved by the Research and Development Committee at Croydon Health Services NHS Trust during 2019-20. Of these clinical staff, 39% were Research Passport Personnel supporting the research studies over 20 specialities.

The Trust has been granted an EU research grant in relation to the HEIR project. This is an IT cybersecurity study which is working with 17 partners across 10 countries. The aim is to design tools to identify and combat cyber-attacks to the healthcare computer infrastructure.

In the last three years, 30 publications have resulted from our involvement in research. Of these, 12 were directly from National Institute for Health Research (NIHR) studies.

Given the current outbreak of COVID-19 at the start of this year the majority of research studies have been suspended pending reduction of numbers of patients attending due to concerns over potential cross infection. We have concentrated our efforts in opening studies looking at the progression and treatment of COVID-19 infections. These are with the expressed aim to increase our understanding of the disease and to explore the best methods of treatment of the disease .

Our research team

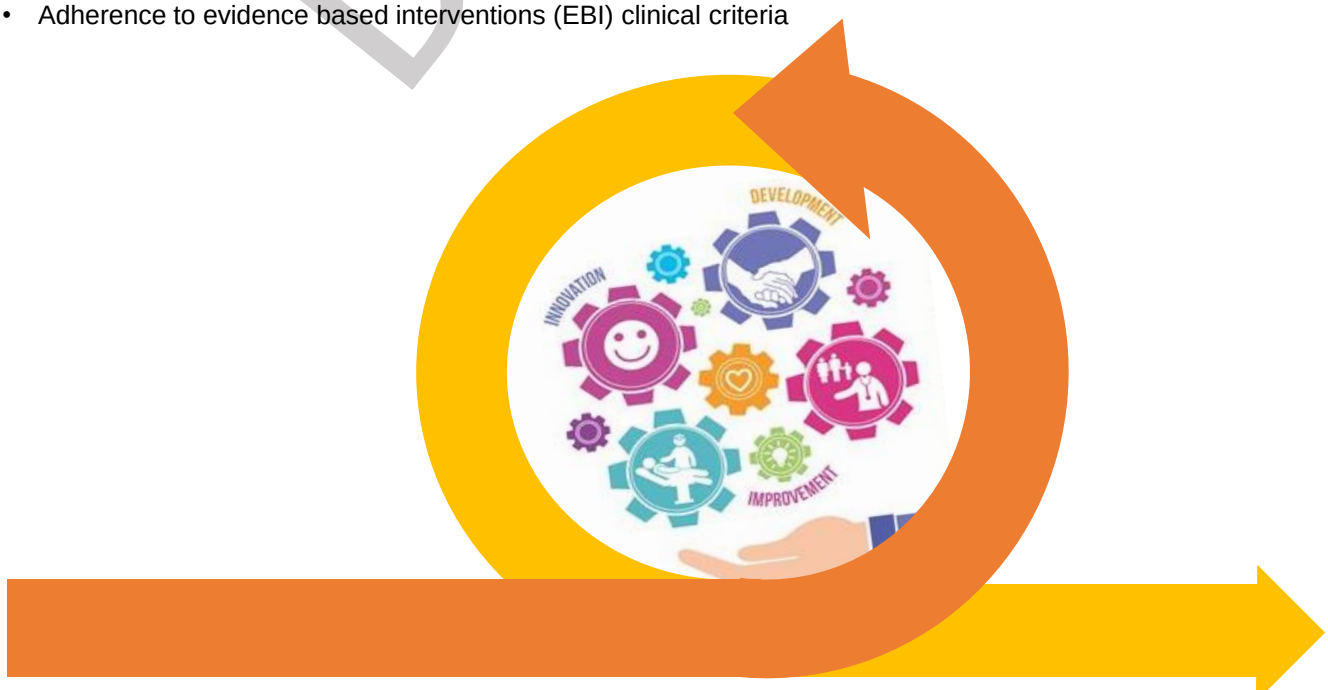
Commissioning for Quality and Innovation (CQUIN) payment framework

National Health Commissioners hold a budget for the Croydon population to spend on health care services in both the hospital and community setting, e.g. services provided by Croydon Health Services NHS Trust. A proportion of this budget each year is reliant on the Trust meeting annual improvement goals set by Croydon Clinical Commissioning Group and NHS England. This system is called the Commissioning for Quality and Innovation (CQUIN) payment framework. The aims of the CQUIN goals are to achieve improvements in quality and innovation which will support health gains for patients and staff.

For 2019-20 the Trust achieved 94.8% (Q3 figures) of our CQUIN income from the NHS England and Croydon Clinical Commissioning Group (CCG) and 100% (Q3 figures) of the specialist CQUINs from NHS England.

As a result of the Covid19 pandemic, Q4 reporting has been cancelled with 100% income being allocated to all Trusts. The National CQUINS for 2020/2021 are listed below but are suspended for the period April to July 2020:

- Appropriate antibiotic prescribing for UTI in adults aged 16+
- Cirrhosis and fibrosis tests for alcohol dependent patients
- Staff flu vaccinations
- Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery
- Treatment of community acquired pneumonia in line with BTS care bundle
- Rapid rule out protocol for ED patients with suspected acute myocardial infarction (excluding STEMI)
- Adherence to evidence based interventions (EBI) clinical criteria



Care Quality Commission (CQC) Performance

Overall rating	Requires Improvement

The Trust is required to register with the CQC and comply with their fundamental standards of quality care.

Our current registration status is "registered without conditions" which means that CHS is not subject to any CQC enforcement actions.

The CQC carried out an unannounced focused inspection of the Responsive Domain in August 2019 due to poor CQC Inpatient Survey and staff survey results, a deterioration in the Friends & Family Test (FFT) results, and concerns and complaints received by the CQC from patients and relatives about nursing care in medical and surgical services.

The subsequent CQC report did not give a rating but set out 1 'must do' action and 5 'should do' actions to complete.

These have been included in the Trust's Quality Improvement Plan (QIP) action plan, which is delivered and monitored via the Quality Improvement Programme.

Who are the Care Quality Commission (CQC)?

The Care Quality Commission (CQC) is the independent regulator for health and social care services in England. The CQC's duty is to ensure that hospitals meet government standards of safe, effective, caring, responsive and well led care, through inspections of core services, patient feedback and other external sources of information. They also look at how organisations use their resources in a new 'use of resources' domain. This is assessed by NHS Improvement at a Trust level, before passing through the CQC governance process and included in the final report which amalgamates all core service level reports. The organisation is then given an overall rating, as well as core service ratings.

The Trust was further inspected by the CQC in unannounced visit in October 2019. The core services reviewed were urgent and and diagnostic imaging (including radiology). The Trust was also reviewed by NHSI for the first time for the recently added CQC domain of 'Use of Resources'; and received a rating of 'Requires improvement'. The CQC published their inspection report in February 2020 stating the Trust had been given an overall rating of 'Requires improvement'.

As a result of the inspection of the Radiology Service, the Trust was issued with a CQC Improvement Notice in October 2019. The notice set out a number of actions to be completed in order to be compliant with the Ionising Radiation (Medical Exposure) Regulations 2017.

All actions were completed and evidence of completion reviewed and signed off by the Medical Director prior to being reported to the CQC within the required timeframe. A comprehensive Trust Quality Improvement Programme (QIP) action plan was developed to address the 15 'must do' and 32 'should do' actions within the report. The Trust has taken the opportunity to apply core service specific actions across all directorates where appropriate. This is to support the provision of quality care across all of our acute and community core services and highlight any further areas for improvement.

The action plan has been shared with the CQC to ensure that they are aware of the Trust's response to the inspection report. The delivery and progress of the actions is monitored via a fortnightly QIP Challenge Session, chaired by the Director of Quality. Once actions or milestones have been completed they are presented to the monthly QIP Review Group, chaired by the Joint Chief Nurse, to assess the evidence provided for assurance purposes.

The action or milestone is then formally signed off as complete. The CEO, Joint Chief Nurse and Director of Quality hold regular relationship meetings throughout the year with the CQC Inspection Manager to discuss the quality of services provided by the Trust; the progress of the action plan is also discussed at this forum.

The current CQC ratings for all core services are in the table below:

Core service inspected	Safe domain	Effective domain	Caring domain	Responsive domain	Well led domain	Overall core service rating
Urgent & emergency services	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Inadequate ↓↓ Feb 2020	Requires improvement ↓ Feb 2020
Medical care (inc. older people's care	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Surgery	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Critical care	Requires improvement →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑↑ Feb 2020	Good ↑ Feb 2020
Maternity	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Services for children & young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Outpatients	Good Feb 2018	N/A	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018
Diagnostics	Requires improvement Feb 2020	N/A	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Community - adults	Requires improvement Sep 2018	Good Sep 2018	Good Sep 2018	Requires improvement Sep 2018	Requires improvement Sep 2018	Requires improvement Sep 2018
Community – children & young people	Requires Improvement Sep 2018	Requires improvement Sep 2018	Good Sep 2018	Requires Improvement Sep 2018	Requires improvement Sep 2018	Requires improvement Sep 2018
Overall Trust rating	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020

Secondary Uses Service records for inclusion in the Hospital Episode Statistics (Data Quality)

The Trust submitted records during 2019/20 to the Secondary Users Service (SUS), which is the single, comprehensive repository for healthcare data in England.

The table below shows the percentage of the Trust and Nationally for each of the required categories.

	NHS number		Postcode		GP Practice Code	
	Trust %	National %	Trust %	National %	Trust %	National %
Percentage for inpatient care	99.3%	99.5%	98.8%	99.9%	99.9%	99.8%
Percentage for outpatient care	99.6%	99.7%	99.4%	99.9%	99.3%	99.8%
Percentage for A&E care	97.6%	97.8%	99.2%	99.5%	99.9%	98.2%

Information Governance Assessment Report

Information Governance (IG) encompasses a number of different elements such as data quality, records management, legislative compliance, technical information security and organisational information security. The objective of IG is to ensure the confidentiality, integrity and availability of information.

The Data Security and Protection Toolkit (DSPT) is a mandatory self-assessment performance tool that enables health organisations to measure their performance against the national data security standards. All organisations with access to NHS patient information are expected to complete the DSPT and attain 'Standards Met'. The purpose of the assessment is to enable the Trust to measure compliance against the law and central guidance, and to ascertain whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. Compliance demonstrates that the Trust can competently maintain the confidentiality and security of personal and corporate information which, in turn, increases public confidence in the NHS and its partners.

The Trust successfully achieved a status of 'Standards Met' in September 2019 after completing its action plan. Due to the Covid-19 outbreak, submission of this year's toolkit (originally scheduled for March 2020) has been delayed by NHS Digital to September 2020. The Trust is on track to achieve 'Standards Met' for the submission in September 2020.

The Trust continues to incorporate any advice or lessons identified from breaches to minimise and remove the risk of similar incidents occurring in the future.

Two information security breaches were reported to the Information Commissioner's Office (ICO) during 2019/20 and are detailed in the table below. Both incidents resulted in no further action from the ICO.

Code	Description	No.
A	Corruption or inability to recover electronic data	0
B	Disclosed in Error	0
C	Lost in Transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	1
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	1
K	Other	0

Learning from Deaths

All NHS Trust's are required to review the care leading up to, and surrounding, patients who pass away as an inpatient or within 30 days of leaving the hospital's care.

Mortality and learning from deaths at the Trust is monitored by the Mortality Review Group (MRG) chaired by the Trust's Clinical Mortality Lead. The MRG is a permanent sub-group of the Patient Safety and Mortality Committee, under the leadership of the Medical Director. The purpose of the Mortality Review Group is to provide assurance that all deaths are subject to a mortality review (level 1) and that a further multi-disciplinary review (level 2) is completed for identified groups, pathways or where learning will improve the Trust's existing or planned improvement work, e.g. sepsis.

All learning disability deaths (4 to 74 years old) are reported to the University Hospital Bristol's Learning Disability Mortality Review (LeDeR) programme for independent review. The Trust provides additional information as requested by the programme.

The Mortality Review Group also monitors national mortality indicators such as the Hospital Standard Mortality Ratio (HSMR), the Standard Mortality Ration (SMR) and the Summary Hospital Level Mortality Indicator (SHMI), weekend/ weekday mortality rates and alerts on diagnoses groups.

What is the SHMI (Summary Hospital Level Mortality Indicator)?

Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. This indicator is produced and published monthly as a National Statistic by NHS Digital and covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

The Trust uses the Dr Foster mortality comparator to compare the two leading indicators in England; the SHMI and HSMR. According to the most recent Dr Foster report in May 2020 for the rolling period February 2019 to January 2020;

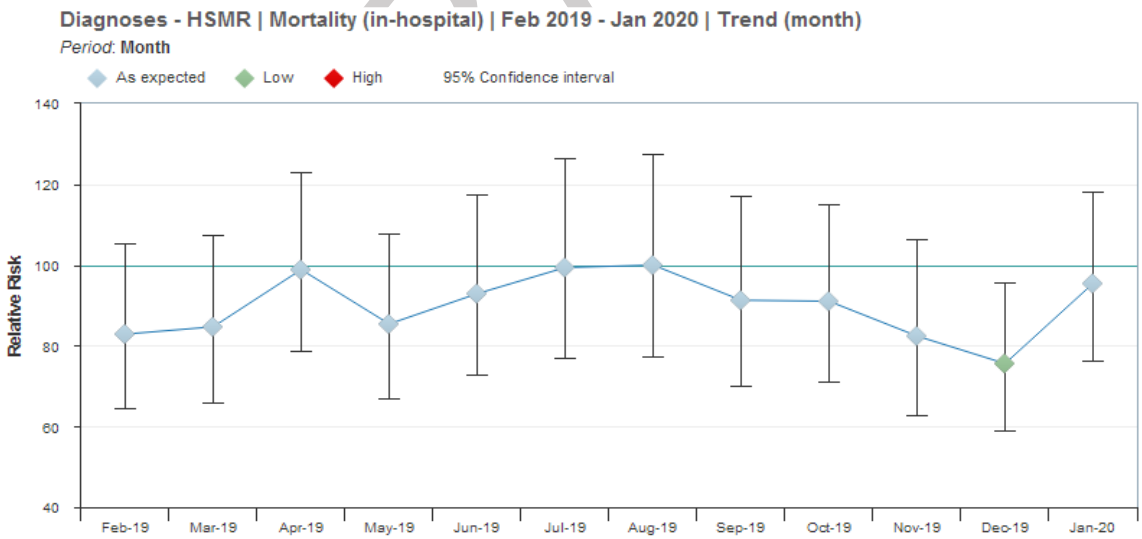
- The HSMR is 89.6 and SMR is 92.1. Both indicators are a marked improvement from the expected range.
- There are no *CUSUM alerts for the latest 3-month reporting period and no outliers within the 'All diagnosis' SMR.
- Two of the patient safety indicators relating to Mortality are within the expected range - Death in low risk diagnosis groups- 82, and Deaths after surgery – 94.7.
- HSMR for weekday emergency admissions is lower than expected. The weekend HSMR is within the expected range.

There have been no mortality outlier alerts from the CQC or Imperial Dr Foster Intelligence in this reporting period.

What is the HSMR (Hospital Standard Mortality Ratio) and SMR (Standard Mortality Ratio?

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a selection of 56 diagnosis groups, which represent approximately 80% of 'in hospital' deaths. Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. HSMRs are based on the routinely collected administrative data often known as Hospital Episode Statistics and/or Secondary User Services.

The Standardised Mortality rate is similar but includes all diagnosis groups.



**CUSUM - CuSum stands for Cumulative Sum and are statistical alerts designed to signal that a pattern of activity appears to have gone beyond a defined threshold. They indicate a series of events that have occurred that are sufficiently divergent from expectations as to suggest a systematic problem and warrant further investigation by the Trust.*

Mortality Outlier Alert

The Trust has not received any Mortality Outlier alerts for the 2019-20 financial year.

1. The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.				Quarterly breakdown		
	Ward	ED	Total	Ward	ED	
Apr-19	92	6	98	251	17	Q1
May-19	81	6	87			
Jun-19	78	5	83			
Jul-19	71	6	77	224	22	Q2
Aug-19	76	8	84			
Sep-19	77	8	85			
Oct-19	82	6	88	236	31	Q3
Nov-19	70	13	83			
Dec-19	84	12	96			
Jan-20	95	9	104	316	33	Q4
Feb-20	82	14	96			
Mar -20	139	10	149			

2. The number of deaths included in item above which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure	Reviews completed of the total above	Quarterly breakdown	
Apr-19	88	244	Q1
May-19	80		
Jun-19	76		
Jul-19	73	225	Q2
Aug-19	75		
Sep-19	77		
Oct-19	83	228	Q3
Nov-19	74		
Dec-19	71		
Jan-20	87	237	Q4
Feb-20	67		
Mar-20	83		

3. An estimate of the number of deaths during the reporting period included in above for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this	Number of cases identified as suboptimal care	Quarterly breakdown	
Apr-19	5	17	Q1
May-19	7		
Jun-19	5		
Jul-19	6	15	Q2
Aug-19	6		
Sep-19	3		
Oct-19	6	22	Q3
Nov-19	10		
Dec-19	6		
Jan-20	6	20	Q4
Feb-20	8		
Mar-20	6		

Learning points from deaths deemed 'preventable'

Following the mortality review a case may highlight serious issues with the delivery of care which will result in it being escalated as a potential incident for investigation through the Trust's Serious Incident process. The potential incident will be reviewed by the multi-disciplinary members of the Executive Review Group, who will decide the level of investigation to be completed and an investigation team will then be nominated. All actions from preventable deaths are monitored through the Serious Incident management process.

What is a 'preventable' death?

Preventable death means deaths deemed avoidable or preventable due to problems in care following a Mortality review.

Below are some of the learning points and areas of 'best practice' identified from mortality reviews or the incident investigations. These are disseminated at Clinical Governance or Clinical Departmental meetings for discussion and learning.

- Post thrombolysis CPR should be continued for 45-60 minutes. In this case it was for 30 minutes, however it is extremely unlikely this would have resulted in any different outcome.
- Patients with significant hypoxia and tachycardia with collapse being considered for PE when degree of hypoxia do not fit with cardiac x-ray changes or clinical features of severe asthma.
- Finding of cardiomegaly in a patient without a prior history of heart failure should prompt an urgent echocardiogram.

- Cardiology should be informed of any patient who has undergone an emergency pericardiocentesis in the context of a cardiac arrest.
- Daily check of digoxin levels in patients with renal impairment.
- Record Venous thromboembolism (VTE) decisions as per protocol, reinforce the importance of VTE assessment within 24 hours of admission.
- Patients presenting with hypothermia should have prompt re-warming measures initiated, which includes warm intravenous (IV) fluids and 'Bair Hugger'.
- Every post-renal transplant patient should be discussed with their transplant team within the first 24 hours of admission.
- Good Practice - early initiation of appropriate medical therapies, appropriate ceilings of care, full and repeated involvement of family in decisions around care plans.
- Inappropriate commencement of resuscitation given the DNACPR order in place, however the staff caring for the patient were not aware of the recent change in the CPR status and so correctly started resuscitation until the notes were available.

Clinical Standards for seven-day hospital services

The Trust has been working with the clinical directorates to implement a 7 Day Service (7DS) to ensure patients admitted as an emergency, receive high quality, consultant-led consistent care, whatever day they enter hospital. NHSI set out 4 priority clinical standards as priorities on the basis of their potential to positively affect patient outcomes.

These are:

- Clinical Standard 2 – Time to first consultant review of no longer than 14 hours.
- Clinical Standard 5 – Access to diagnostic tests within timescales (24 hour turnaround time for patients admitted to hospital in an emergency, or 12 hours for urgent requests, and 1 hour for critical patients).
- Clinical standard 6 – Access to specialist consultant-directed interventions.
- Clinical Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others who are admitted to hospital in an emergency.

As part of the team job planning process, each clinical speciality reviewed compliance with these 7 day working clinical standards and identified resource gaps. This resulted in the development of internal standards for clinical teams to ensure compliance with the 7 day working clinical standards. Self-assessment submissions were made in July 2019 and November 2019. These were reviewed and signed off by the Trust Board and submitted to NHS England.

The Trust met the 90% compliance for Clinical Standard 2 (Time to first consultant review) and Clinical Standard 8 (Ongoing review by consultant twice daily if high dependency patients, daily for others) in July 2018.

The compliance figure for Clinical Standard 2 slipped slightly in the November 2019 submission. As part of the ongoing review of 7-day service, Trust Board requested a further audit be carried out in February 2020, for presentation to the Trust Board in March 2020. The Board was postponed due to the operational response to Covid-19, however the audit showed an increase from the previous result with 82.8% compliance against a standard of 90%.

Whilst compliance to date has been supported, in part, through financial investment, a key challenge is the ability to progress compliance with 7DS in a financially constrained context.

The Trust's strategy remains focussed on:

- Improving clinical documentation and coding to ensure understanding of true compliance with early consultant review.
- Deployment of internal professional standards and agreed clinical pathways, to facilitate early consultant review, and embed consultant-directed requesting for diagnostic interventions.
- Service portfolio optimisation/clinical service redesign review identifying and quantifying areas where investment is required to allow clinically safe provision of 24/7 care.
- Collaborate with other SWL providers to formulate network solutions where appropriate and possible.

Health and Safety Executive Incidents

There were no health and safety incidents investigated by the Health and Safety Executive during 2019/20.

There were 18 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents reported to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 during the financial year.

A RIDDOR reportable incident is one which results in a death or a specific type of injury which is reportable because of a work-related accident. The Trust must also make a RIDDOR report if a work-related injury has incapacitated a member of staff for over 7 consecutive days, or if there has been a specified injury to a member of the public on Trust grounds.

The RIDDOR incidents by type reported in 2019/20 are listed in the table below :

Type of RIDDOR incident	Number of incidents in 2019/20
Fall (Patient – witnessed ward area)	4
Fall (Patient – unwitnessed ward area)	3
Fall (Patient – unwitnessed Emergency Department - Majors)	2
Fall (Patient – unwitnessed Purley War Memorial Hospital Outpatients Clinic)	1
Slip/trip/fall (Staff member)	3
Manual handling (Staff member)	2
Security/violence to staff	1
Road Traffic Accident (Staff member traveling between community clinics)	1
Head injury (Staff member)	1

Staff Survey

The annual national NHS Staff Survey results were published in February 2020. They are the most complete picture of the opinions and concerns of NHS staff throughout the country.

A record number of Croydon Health Services staff completed the survey for 2019 – 51% in total. This is nearly double the response rate last year which means that the Trust now has a more representative view of what it's like to work in Team Croydon, including what is working well and where the Trust should focus to make further improvements.

When we are working so hard to cope with increasing demand, especially during the winter, changing how it feels for our staff to feel supported in the workplace can take time, but this survey shows we have made some significant progress in the last 12 months.

More staff now recommend CHS as a place to work – up 5% on last year. This is seismic when results have shown little change over the past few years and indicates that the actions being taken are starting to make a difference, despite the challenges faced.

Staff satisfaction

Reading the results, 92% said that they felt that their job makes a difference to patients and service users. More also said that they are happier with the quality of care given to patients and feel able to deliver the standards of care we aspire to. This is fantastic, and across these measures we are above the national average.

The working life of staff is improving and more staff are looking forward to coming to work, feel trusted to do their job, are clearer about their responsibilities and feel more involved in the decisions being made about the organisation:

- Our staff feel valued: 72% felt valued by their managers – up 5% from last year and just 1% below the 73% national average;
- Staff look forward to coming to work: 62% of respondents saying they look forward to coming to work – 3% above the national average
- Appraisals are helping: Our staff that said objectives were made clear during appraisals jumped 12% compared to 2018 - 5% above the national average
- More involved in decisions: 38% of staff said senior managers tried to involve them in important decisions – up 6% on the year before and just above the 35% national average.

The Trust has been recognised by NHS England as having one of the most diverse boards in the NHS and work is being carried out to mirror this at every level of the Trust, making CHS a more inclusive and fairer place to work.

A reverse mentoring scheme has been launched to encourage senior leaders to pair up Black, Asian and Minority Ethnic (BAME) staff in a variety of roles to understand some of the issues to be tackled. As a result of last year's staff survey results, we implemented a range of new initiatives to support and encourage staff, including:

- New staff networks, for LGBT and BAME staff, as well as those living with disabilities and those with religious beliefs
- 'Thirst Responders' refreshment rounds, delivered by senior leaders across the organisation and designed to help staff to get a break when it's busy
- Re-energising Croydon Stars for 2020 to recognise more achievements across the Trust

Our BAME Team, Chair of our LGBTQ+ staff network, Disability Staff Network meeting to empower our staff and our Chaplains providing support in celebrating Diwali

The survey also shows where the Trust needs to make further progress:

- Recommending family and friends: The number of staff who would recommend CHS for care of their loved ones did not change. We need to identify the improvements that will help us move this forward, alongside the findings from the inpatient survey.
- Sharing learning: The survey suggests we are missing opportunities to share the learning from incidents, in line with the feedback from the CQC. Only half of staff said they were given feedback after an incident, which puts the Trust 12 % below the national average.
- Health and wellbeing: Only a quarter of staff said the Trust took action on health and wellbeing – While this is an improvement on where we were last year, it is an area for further focus and improvement.

Staff and public engagement

In direct response to the opportunities highlighted in the NHS Staff Survey, we have refreshed our internal engagement strategy. Expanding on the work of our Listening into Action programme (which ended in 2018), staff now have even more opportunities to shape the workplace and share ideas.

A series of new engagement events have begun, attracting both staff and public, and a special mobile device application Ryalto is now in use by staff across the Trust. There will also be more local awards for staff so that excellence is recognised and shared, including a Croydon Star of the Month.

Public engagement is being increased and we ended the year with a detailed workshop evening, in which dozens of local community members explored how we can fulfil their expectations for future care, and how they can become more involved.

Our different public engagements, 2019 Croydon Star winners and our innovative experiment using post-it notes to help manage and relocate patients

PART 3

Other Information

3.1 An Overview of Quality Care Offered by CUH

Review of Quality priorities 2019-20

This section demonstrates the Trust's achievement on the quality priorities identified for 2019/20.

To provide an at a glance view of performance we are using, a colour coded system as set out below

: Indicates that we met our objectives for the year

: Made good progress but did not quite reach our objective

: Means we did not meet the objective and further work is required and will be undertaken

Priority			
1	To continue to embed a culture of patient safety and shared learning		Partially met

Priority			
2	To improve accessibility to our services		Partially met

Priority			
3	To continue to listen to our patients and service users		Partially met

Priority			
4	To embed the Trust's vision and values throughout the Trust – "Excellent care for all and helping people in Croydon live healthier lives" by being professional, compassionate, respectful and safe		Partially met

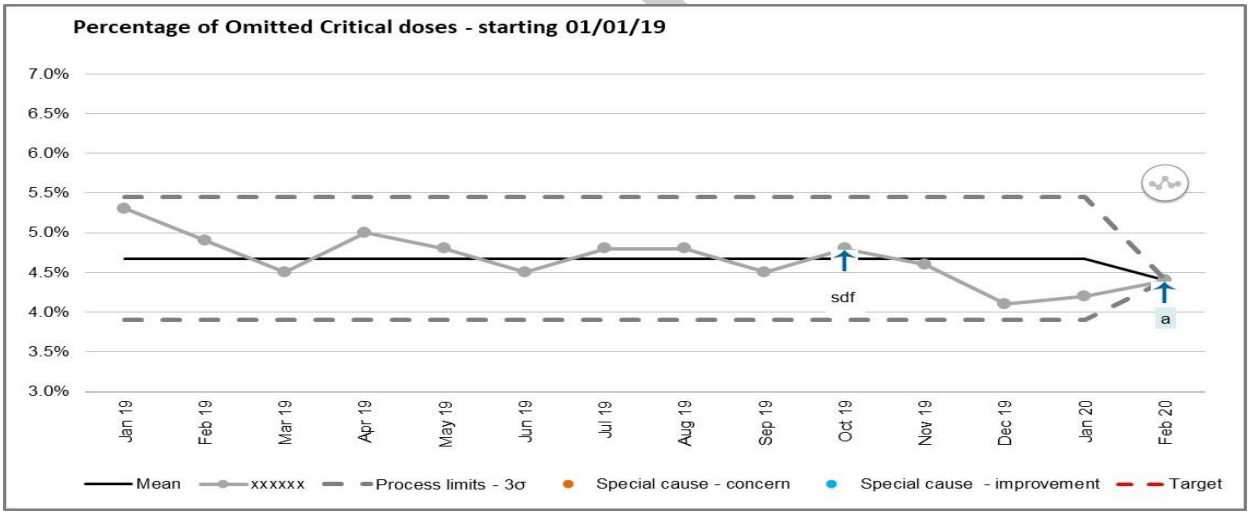
Priority One: To continue to embed a culture of Patient Safety and shared learning

Targets to be met:

- Medication management – ensuring patients are discharged with the correct medication first time and reducing the number of inpatient critical omitted doses from 5% to 3%.
- Continue to improve reporting of incidents and sharing learning throughout the Trust by an increase in reported incidents and a reduction in the percentage which have resulted in harm.
- Reduce laboratory confirmed catheter associated e-coli bloodstream infections by 5 %.

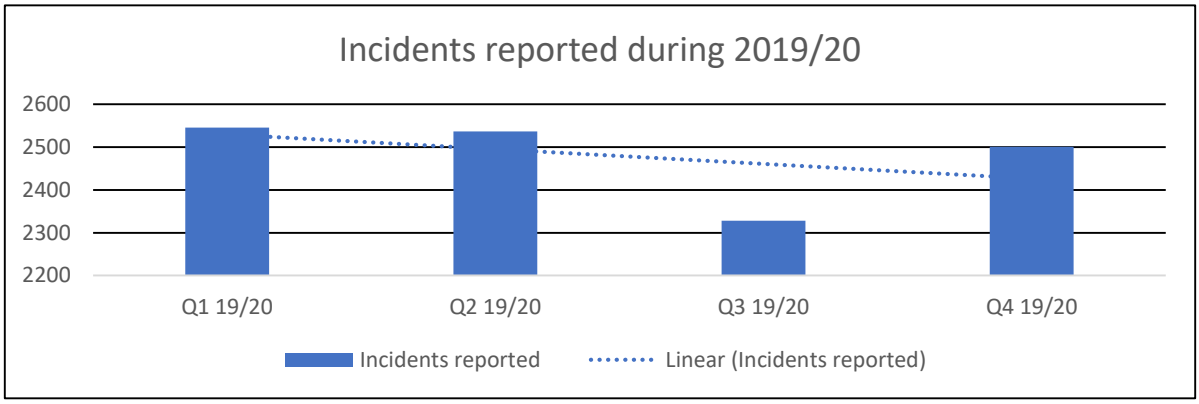
Progress in 2019/20:

Medication management: The number of critical omitted doses for inpatients is monitored each month by the Pharmacy Department and reported each quarter. The table below shows that there has been a downward trajectory throughout 2019/20. Work will continue to be carried out with nursing colleagues to further reduce the number of critical omitted doses and ensure that they are recorded correctly. The omitted doses audit will shortly be transferred to the Perfect Ward mobile phone/tablet application to enable monthly reporting.

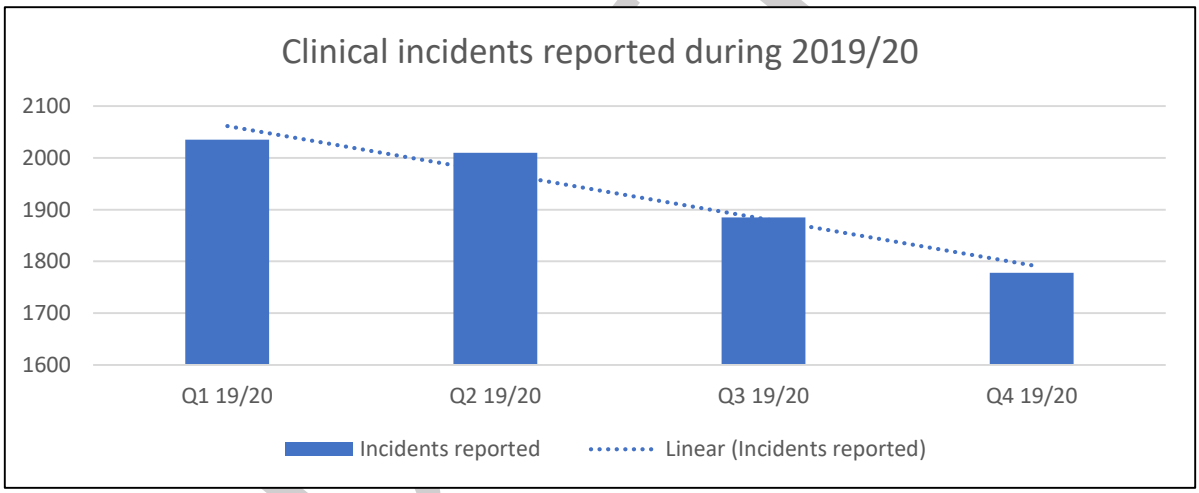


Reporting of incidents: There has been an overall decline throughout 2019/20 in the number of incidents reported. Ideally incident reporting ought to be a rising gradient, reflecting an open and transparent patient safety culture, but with levels of harm reducing as learning from incidents, and safety improvements, are introduced.

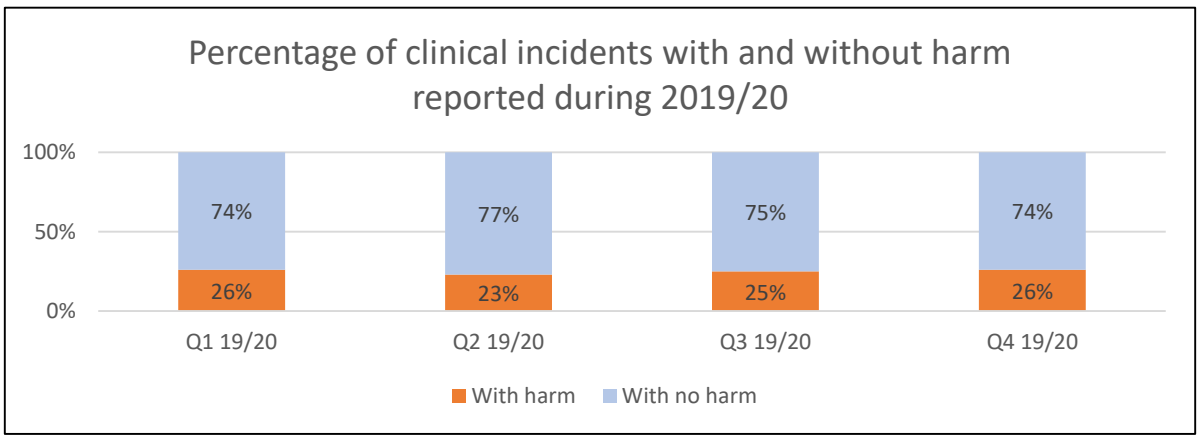
The Trust has undertaken a review and rebuild of the incident reporting system Datix, to enhance the usability of the system and the ease with which data and learning can be extracted, after an initial impact on reporting it is expected that incident reporting will rise as a result.



The percentage of clinical incidents that result in harm has stayed stable throughout the year. All incidents are reviewed and appropriate actions are taken to identify learning, in order to prevent further incidents that result in harm for patients. These can be service wide areas of improvement and system review, and more local and individual learning, including training and practice reflection. The Trust has been reviewing policies and protocols, and implementing Trust wide training programmes for staff .



Emergency Department breaches were reported as incidents from April to December 2019. These are no harm incidents, where the 4 hour waiting time target to be admitted, transferred or discharged has been breached. At the end of December, the reporting of these breaches as no harm incidents was ceased, and therefore none of the breaches reported from April to December have been included in the figures presented.



Priority Two: To improve accessibility to our services

Targets to be met:

- Continue to roll out the NHS electronic Referral Service (eRS) Advice and Guidance provision to all applicable services
- Improve the signposting and provision of information in preferred languages.
- Compliance with the Accessible Information Standards.
- Continue to improve the access and flow from ED to discharge in order to meet national targets.
- Continue to improve our support and care of people with mental health conditions, learning disabilities, autism and dementia who access our services by an improved position against 'Treat as one' and an increase in the number of these patients with a personalised care plan.

Progress in 2019/20:

NHS eRS Advice and Guidance provision: All qualifying Consultant led services in the Trust are now available for referring GPs within Croydon. This is in addition to those services that already use the 'blue button' referral system. This means that there are now 283 e-RS services which are now able to provide the Advice and Guidance service; this is 100% of the Consultant led services. Advice and Guidance allows a clinician to seek advice from another, provider of a service. The service supports the referral of patients to the most clinically appropriate service or pathway.

Signposting and provision of information in preferred languages: Croydon Health Services provide care and support to a diverse demographic population and it is therefore important to provide information in a patient or carer's preferred language where possible. Improved signage, posters and leaflets are now displayed throughout the Trust, including ED and our community sites, in multiple languages to inform patients and carers that they can request information in their preferred language.

Interpreters are available via phone or face to face and we are working to improve the recording of patient's preferred language from the first point of contact in the Emergency Department or via referral, and throughout their care pathway. Our outpatients are being surveyed to ask whether they have used the interpreting service. The Trust's internet site is enabled with a Google Translate facility which is able to translate webpages into over 100 different languages.

Compliance with the Accessible Information Standards (AIS): The AIS supports the provision of information and the communication needs of our patients and carers who may have a disability or sensory loss. The standards ensure that the Trust knows and consistently records if a person needs to be contacted in a certain way (e.g. via email instead of on the phone), requires information in a different format (e.g. large print or braille), if they require communication support (e.g. a British Sign Language (BSL) interpreter, or need additional support to communicate.

The Trust has set up a working group, led by the Chief Operating Officer, to progress this workstream and achieve compliance. The first step is to review each of the departments within the Trust against the 5 steps of implementation. This has been carried out for the majority of services, however the remainder was delayed due to COVID-19. The two main Electronic Patient Record systems in the Trust have been adapted in order to clearly record a patient's communication needs and a business case has been completed to acquire a braille printer.

Continue to improve the access and flow from ED to discharge in order to meet national targets: As for all Trusts across the country, patient flow is a challenge and is under constant review. For 2019/20 the Trust agreed an improvement performance trajectory for the All Type 4 hour emergency care standard; achieving 90.5% by the end of March 2020 against a National target of 95%. The Trust's performance from April to September 2019 improved as a result of the High Impact Improvement Programme for Emergency Pathways, which focused on emergency flow models of care, the discharge process and mental health in the Emergency Department. Throughout the Summer the number of patients who were in hospital for 21 days or longer also decreased.

The length of stay in ED increased throughout the year, however the longest waits were experienced by mental health patients who were waiting for specialist treatment or placements by mental health providers.

Overall attendances to the Emergency and Urgent Care department however increased by 8% (over 12,000) by December 2019. This corresponded with an increased number of patients who were in hospital for 21 days or longer. Following a concerted effort the Trust rapidly improved this number by February 2020, with the lowest number of beds occupied by patients with an extended stay for 24 months.

Due to COVID-19 there has been a reduction in ED attendances since February/March 2020. Further detail is included at pages 61-62 of this report.

Continue to improve our support and care of people with mental health conditions, learning disabilities, autism and dementia who access our services by an improved position against 'Treat as one' and an increase in the number of these patients with a personalised care plan: The NCEPOD Mental Health in General Hospitals: Treat as One (2017) sets out standards for the provision of mental health in an acute or community hospital environment.

The South London and Maudsley NHS Foundation Trust provides mental health care for the people of Croydon and therefore a joint audit of mental health was completed by the Trust and SLAM.

Actions for both organisations were identified and as a result a joint assessment protocol has been agreed and enhanced cross working and attendance at meetings has been put in place. Mental Health First Aid Training, bespoke mental health training to the Emergency Department, as well as adhoc ward level training is ongoing.

A Cerner self harm care plan and mental health care plan has been developed to complement the existing dementia care plan. Learning Disabilities (LD) healthcare passports are in place, and LD and Dementia Champions are being identified.

A Mental Health Board has been established, with a wide multidisciplinary membership. The Board will oversee the development of a Mental Health Strategy to further improve the care of those who attend the Trust with mental health needs. Further work to be carried out includes the strengthening of mental health assessment coding and record sharing between the Trust and SLAM to further support patients with additional needs.

Priority Three: To continue to listen to our patients and service users

Targets to be met:

- Review and improve our public engagement and involve patients and service users in the co-design of services through the establishment of a Patient/Public Engagement Strategy and Forum.
- Review and respond constructively to patient feedback through a thematic review of the Friends and Family Test (FFT) free text responses to develop an improvement action plan and 'You said, we did' campaign.
- Respond to 95% of complaints within agreed timescales and reduce number of re-opened complaints.

Progress in 2019/20:

Patient and Public Engagement Strategy and forum: As part of the continued integration with our healthcare partners the Trust hosted a Patient Experience and Engagement workshop in November 2019. The aim of this was to assess the Trust's current positon against the NHSI Patient Experience Improvement Framework to support the development of an integrated Trust and CCG strategy for the people of Croydon.

The strategy was drafted with our external stakeholders and includes patients and service users in the co-design of services via the Patient Voice Paediatric Village and Patient Voice CCU forums. The strategy was approved by the Trust's Quality Committee.

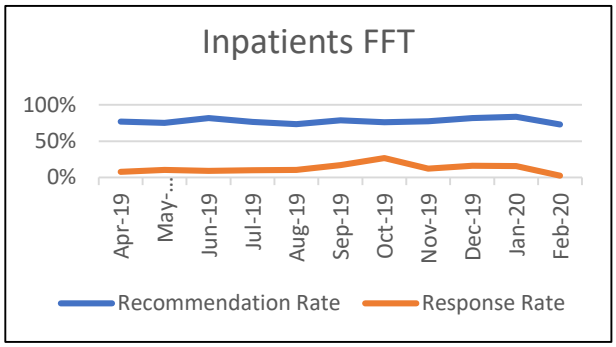
Friends and Family Test (FFT): The Friends and Family Test (FFT) is an indicator of the care provided to inpatients, outpatients and community patients following their treatment or appointment.

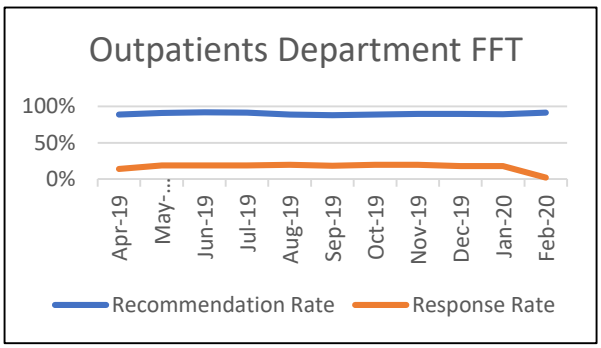
In 2019-20 the Trust rolled out text message (SMS) FFT to all of the acute services. The roll-out will continue in order to include community services throughout 2020-21. The SMS includes standard questions and a free text section for any additional comments or feedback that patients may wish to make about their experience whilst under the Trust's care.

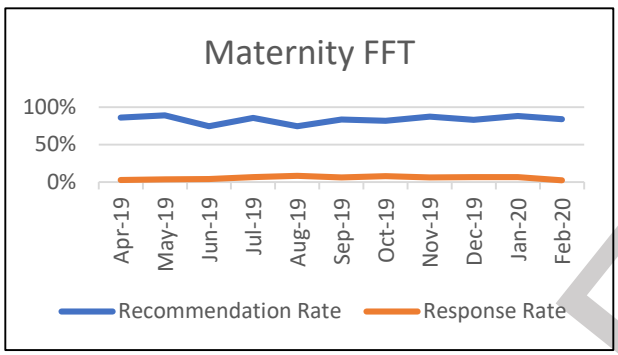
The results of the FFT can be accessed for each service, allowing real time response to comments or concerns. The Trust continues to advertise the availability of the Friends & Family Test in patient facing areas and importantly, continues to offer a paper option to ensure that all patients/carers have the opportunity to provide their feedback .

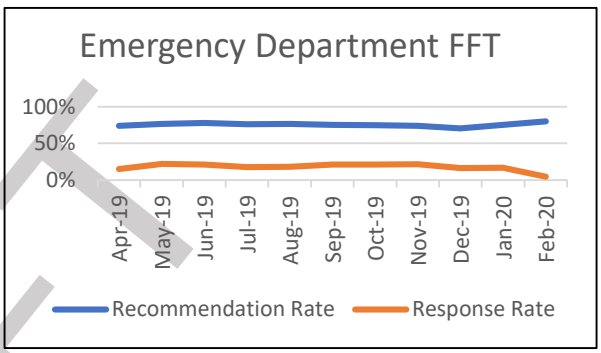
The Trust is currently working with our external provider to analyse this year's free text themes which will enable future quarterly qualitative as well as qualitative reports to be produced at both ward and service level.

The response and recommendation rates can be seen in the following graphs. FFT data reporting was suspended during February 2020 due to Covid-19, therefore there is a decline reported in February and no data available for March.









Complaints response: There were a total of 515 formal complaints received by the Trust during 2019/20. The Trust aims to acknowledge initial receipt of a complaint within 3 working days. The response timeframe for completion is discussed and agreed with the complainant at this point, taking into account the complexity and nature of the complaint. A total of 86% of the complaints were responded to within the agreed timeframe.

The table below shows the number of complaints reported each quarter, the percentage of initial complaints acknowledged within 3 working days, and the response rate for completion within the agreed response timeframe. The table includes data from the previous financial year for comparison.

	Reporting Period - 2018 - 2019				Reporting Period - 2019 - 2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Complaints Received	151	142	139	119	84	146	168	117
% Responded within agreed timescales	74	68	84	87	90	82	87	86
% 3 Day acknowledgement	-	-	-	-	-	72	98	98

Based on the data above, there was a reduction in complaints received compared to 551 in 2018-2019. The % response also increased from 78% and we have been able to accurately detail the 3-day acknowledgement rate for this reporting period which averaged 86%. However, for the month of March 2020, we achieved 100% and continue to do so to date.

Re-opened complaints: A complaint is re-opened if the complainant is not satisfied with the response received from the Trust within the agreed response timeframe and requires further information.

The table below shows the number of re-opened complaints each quarter.

Number of re-opened complaints 2019-2020	Q1	Q2	Q3	Q4
	9	10	24	17

There was a substantial increase in re-opened complaints in quarter 3 (October to December). In December 2019, the Trust also saw a large increase in complaints received (87 in total). On further analysis of both complaints received and re-opened for December 19, there were no set themes for these complaints. It is positive to see that the number of re-opened complaints (60) have reduced for this reporting period compared to 2018-19 (89) which is shown in the table below.

Number of re-opened complaints 18-19	Q1	Q2	Q3	Q4
	29	23	20	17

Priority Four: To embed the Trust's vision and values throughout the Trust – "Excellent care for all and helping people in Croydon live healthier lives" by being professional, compassionate, respectful and safe

Targets to be met:

- Continue to strengthen our governance systems and processes through a programme of improvement supported by review and internal audit.
- Develop and embed quality improvement methodology by launching the Croydon Quality Improvement (CQI) programme in association with the CCG.
- Deliver the Trust's Quality Improvement Strategy
- Deliver the Trust's Staff Engagement plan.

Progress in 2019/20:

Strengthened governance systems and processes: Following the establishment and successful appointment of a new Director of Quality for the Trust in February 2020, a full review is being carried out of our quality governance systems and processes to identify areas for improvement and to develop and embed a robust quality ethos throughout the Trust and in the wider Croydon place.

The Quality Team was restructured in early 2019 to support the provision of high quality care, including patient safety, compliance and audit, and patient experience throughout the year. This programme of work included the development of a 'Ward Accreditation' scheme to promote ward level, evidence based quality improvement and shared learning in order to improve the quality of care across the Trust. The scheme will be piloted on three wards before being rolled out across all adult inpatient areas.

Croydon Quality Improvement (CQI): The ambition is to provide "the way we work" methodology to facilitate and measure excellent care for all, at individual and population level, in the Croydon health and social care system. CQI is part of a strategic, consistent and accessible approach to quality improvement with a clear vision, purpose and effective methodology.

Since CQI launched in July 2019 the number of CQI registered projects has continued to grow, reflecting the commitment of staff to take forward improvement ideas in collaboration and deliver continuous quality improvement across the whole pathway of care.

The increased presence by the CQI service, coffee mornings and quality improvement training programme, has supported the continued growth of CQI projects and at the end of March 2020 there were 92 improvement projects registered , including:

- The development of assessment prompt cards for community clinicians working alone
- A multi-disciplinary approach to improving childhood immunization rates in the borough
- An innovative video project to inform and guide patients through the Emergency Department
- Providing new mothers for whom English is not their first language with additional translated materials to offer support and reassurance

To date seven of the improvement projects have been delivered through the high impact improvement programme and six via standalone projects. The completed projects include:

- Maxillofacial service patient experience survey, analysis and presentation pack to support the continued focus on learning and improvement.
- Improving clinical handover in promoting patient safety while incorporating staff wellbeing. Poster developed by project lead.
- Work experience placement - 'as is' and 'to be' processes. Supporting continuous development of the service with clear outline of process, timelines and responsibilities.

Quality improvement training is the second element of the CQI service with a range of training on offer for staff. A total of 159 staff have been trained since the launch of CQI.

- NHS Elect facilitated half day training session: *Introduction to quality improvement* 87 participants.
- CHS facilitated bite size one-hour training session: *Introduction to quality improvement* 66 participants.
- NHS QSIR programme – accredited teaching associates training for a group of CHS staff 6 participants.

CQI continues to promote quality improvement with the publication of the monthly CQI newsletter and with a social media presence.

The CQI intranet page is under development and will signpost training and provide access to a suite of documentation including quality improvement literature and articles.

Quality Improvement Strategy: The Trust's Quality Improvement Strategy set out key tasks to complete in order to support the Trust to improve the quality of care provided and prepare for the next CQC inspection. The Quality Guide was reviewed, updated and disseminated to all staff, CQC Peer Audits were carried out across inpatient areas and intranet guidance was updated. The Trust Quality Strategy has been reviewed and updated and disseminated to all staff across the Trust.

Staff Engagement Plan: The Trust has reviewed its Human Resources strategies and developed an overarching Human Resources and Organisational Development plan to focus on a wide range of themes to encourage staff engagement including:

- **Capacity.** This includes development of a workforce and succession plan and communicating the planning process to staff. A focus will be to develop Trust and Directorate level People Plans to support the recruitment to hard to fill posts. The Trust is also committed to meeting the Apprenticeship Public Sector target of 2.3% by 2021.

- **Capability.** This entails ensuring that the Trust has competent and capable individuals and teams with the right values and behaviours. Actions are in progress to improve core skills training, improve induction and onboarding of staff, and providing coaching and mentoring to develop staff skills and competencies.

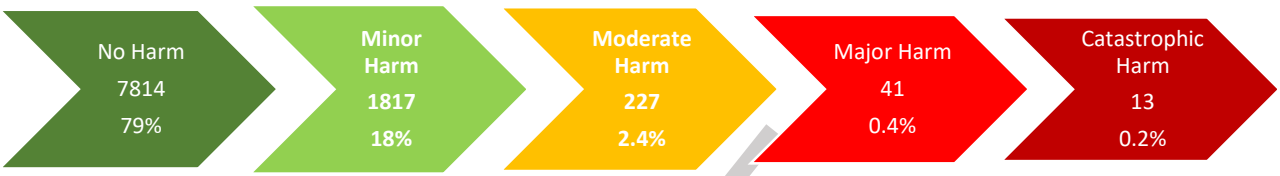
- **Culture and staff engagement.** This theme focuses on the Trust's response to the results of the annual Staff Survey, including a communications plan, staff focus groups to better understand the results, and the development of Trust and Directorate level action plans with staff. The Trust continues to strive towards becoming a 'learning organisation' and, along with other initiatives such as a Learning Needs Analysis, a staff suggestion scheme will be launched to involve staff in future learning and development decisions. Staff reward and recognition initiatives are already in place through the annual Croydon Stars scheme and Trust 'Thank you' cards are in place to acknowledge staff displaying the Trust's values of being professional, compassionate, respectful and safe.

- **Diversity and accessibility of all roles at all levels.** Diversity is being progressed and embedded throughout the Trust with a value based recruitment and selection approach and Recruit Inclusion Specialists being involved in all recruitment panels. Accessibility at different entry points into work are being actively considered, with work experience, non-graduate entry, apprenticeships, graduate programmes, alongside working with local organisations such as Croydon Works, Job Centre Plus and appropriate local charities and initiatives to target the long term unemployed, the migrant community and people with disabilities and special needs or other barriers to work.

Patient Safety Incidents

There were 9912 incidents reported in the year, of which 7708 (78%) were clinical and 2204 (22%) were non clinical. Clinical incidents are incidents that occur within clinical service and where patients are directly affected. Non-clinical incidents are incidents where patients are not directly affected, for example staff incidents or incidents involving estates and facilities.

Out of the total incidents, 79% resulted in no harm, 18% resulted in minor harm, 2.4% were of moderate harm, 0.4% resulted in major harm and 0.2% resulted in catastrophic outcome.



For clinical incidents, 75% resulted in no harm, 22% resulted in minor harm, 2.8% were of moderate harm, 0.5% resulted in major harm and 0.2% resulted in catastrophic harm.

For non-clinical incidents, 92% resulted in no harm, with 7% resulting in minor harm and 1% in moderate harm. There were no non-clinical incidents which resulted major or catastrophic harm.

In accordance with the National Serious Incident Framework (2015), and to support open and transparent patient safety cultures, it is actively encouraged to report all patient safety incidents where care and service delivery problems are suspected to have caused harm. Where the investigation reveals that the criteria for a Serious Incident is not met or if there were no acts or omissions in care which caused or contributed towards the outcome, the incident can be de-escalated.

During 2019/20, 76 Serious Incidents were declared following initial review. Of these, 11 (14%) were subsequently assessed as no longer meeting the criteria for a Serious Incident and were de-escalated.

The incidents were mainly related to diagnostic delays, treatment delays, medication diagnosis problems, causes for concern about suboptimal care, security and violence slips/trips/falls/ and maternity/obstetric-baby only issues. All the incidents were reviewed and either investigated or de-escalated. The Trust continues to emphasise learning from incidents and closing the loop by auditing the effectiveness of the learning from the incidents.

There were two Never Events declared during 2019/20. The first was declared in April 2019, under the category of Wrong Site Surgery. The incident occurred when a patient, scheduled for left shoulder surgery, was injected with local anaesthetic to the right side of the neck, numbing the wrong side. Learning identified by the investigation related to protocols to prevent wrong site nerve block not being followed, and additional safeguards being required for the Stop Before You Block check. An action plan was developed and all actions have been fully implemented.

The second Never Event was declared in March 2020, under the category of Administration of Medication by the Wrong Route. The incident involved a patient with an interim Peripherally Inserted Central Catheter (PICC) line, who had medication intended for an enteral route administered via the PICC line. The investigation into this incident is still being finalised, but learning relates to how insufficient individual knowledge and competencies are identified, communication at handovers, and nursing skill mix.

In addition to the incident reporting figures presented above, there were 18828 Emergency Department breaches reported as incidents from April to December 2019. These are no harm incidents, where the 4 hour waiting time target to be admitted, transferred or discharged has been breached. At the end of December, the reporting of these breaches as no harm incidents was ceased, and therefore none of the breaches reported from April to December have been included in the figures presented. Where ED breaches do result in harm to the patient, these are reported as incidents and are investigated accordingly.

Infection Control

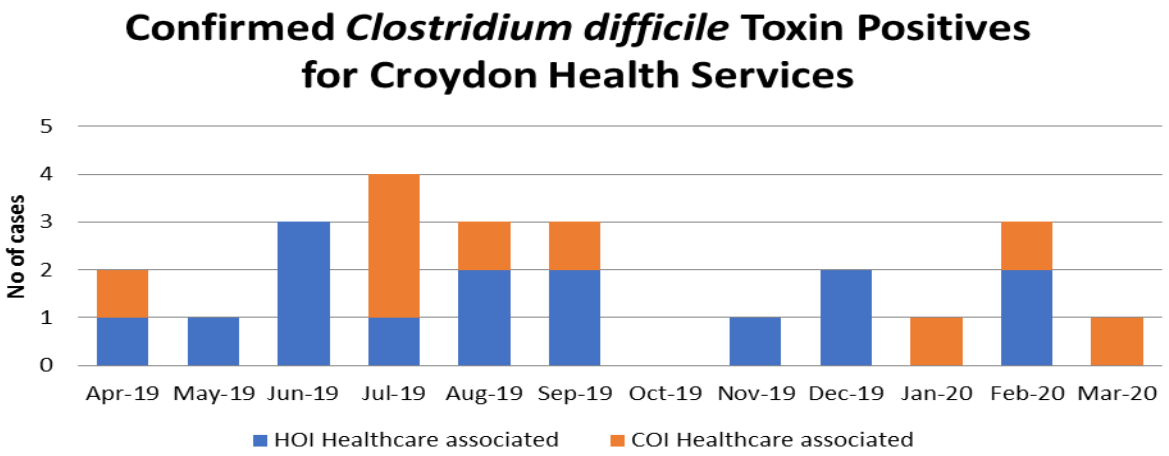
Clostridium difficile (C.difficile)

NHS Improvement have introduced revised CDI (C.difficile infections) objectives for 2019/20 which requires the Trust Assigned C.difficile infection target ceiling to also include community onset cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

For 2019/20, cases assigned to the Trust included the following two categories:

- Hospital onset healthcare associated (HOI-HA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COI-HA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks

The total number of Trust assigned C.difficile cases for the time period 1st April 2019 to 31st March 2020 is 24 against the Department of Health annual trajectory of ≤ 23 cases which exceeded the target ceiling . This was an increase from the previous year.



Whilst the Trust did exceed the target by one case due to a rise in the first half of the year, there were a number of additional measures employed in working towards this target ceiling in the second half. These were as well as the normal daily 'business as usual' infection control practices carried out through the Trust. The additional measures put in place throughout the year included:

- A C.difficile action plan implemented to address the increase in C.difficile cases observed in the first half of this year.
- Antimicrobial prescribing which stipulated that when prescribing Tazocin, Co-amoxiclav Carbapenems e.g. Meropenem, staff should ensure the shortest course possible was prescribed to reduce the risk of C.difficile.
- Introduction of diarrhoea poster which stipulated when to send a stool specimen for C. difficile testing.
- Active promotion of the timely isolation of patients with suspected infective diarrhoea and accurate documentation of bowel movements on the Bristol Stool chart.
- Root Cause Analysis (RCA) meetings with the clinical team within 24hrs of the lab result on all new hospital onset C.difficile infections.
- Virtual RCA by the Infection Control Team (ICT) on all community onset healthcare associated C.difficile infections.
- Weekly ICT C.difficile case review meetings and follow up of all inpatients with C.difficile infections/carrier.
- Enhanced Surveillance on wards showing a period of increased incidence of C.difficile infection.
- Increased joint antibiotic ward rounds by the Consultant Microbiologist and Antimicrobial Pharmacist.
- Daily ITU and ward rounds by the ICT.
- Antibiotic guidelines were partially revised to reduce use of cephalosporins/quinolones.
- Mandatory requirement to specify duration at the time of prescribing any antibiotics.

Antibiotic stewardship activities which include antibiotic prescribing audits and targeted antibiotic ward rounds are also in place, to reduce usage of the high risk agents in i.e. cephalosporins, co-amoxiclav and quinolones.

Methicillin-resistant Staphylococcus aureus (MRSA)

The total number of Hospital onset MRSA bacteraemia cases for the time period (April 2019 – March 2020) is 0 (zero) against the Department of Health and Social Care annual trajectory of zero.

To continue assurance of local effective prevention and control of MRSA and reduce MRSA transmission, the Trust MRSA guidelines advise the following:

- Routine MRSA screening for all adult emergency admissions as well as pre-operative MRSA screening for all elective and emergency surgical patients.
- All patients found to be MRSA positive should be started on anti-MRSA topical treatment.
- If patients are found to be MRSA positive, the presence of MRSA should be stated in the discharge summary.

- Those patients who are MRSA negative at admission but are considered at high risk for MRSA acquisition i.e. all patients on ITU/HDU, SCBU, vascular wards, elderly care wards and those with indwelling devices or wounds (e.g. chronic ulcers, pressure sores, and surgical wounds) should be screened weekly for MRSA.

- There is also on-going training of staff in relation the intravascular device management.

- Close surveillance of IV line care through weekly multi-disciplinary IV ward rounds was implemented in 2018 and continues. This includes training of staff on IV line care and documentation; improving education and training of HCAs inserting IV lines in ED; devising a wall poster on IV line care for clinical areas; re-introducing IV line training for junior doctors.

- IV line policy updated by the Practice educator and awaiting ratification.

- IV line audits are carried out by wards as well as ad hoc audits by the Infection Control Nurses.

Influenza

The Trust treated a total of 766 laboratory confirmed influenza cases during the winter season beginning early September 2019 up to end of March 2020. The influenza peak was observed earlier this season during the month of December rather than January. The total number of cases was slightly less compared to 2018/19 winter season with 853 lab confirmed influenza cases. The lower figure must be interpreted with caution as the flu lab diagnostic service was tapered off in the last weeks of March, in order to provide the COVID diagnostic service. The commonest circulating seasonal strain locally was Influenza A, with a few infections due to Influenza B.

The rapid influenza/respiratory syncytial virus (RSV) rapid testing service recommenced at the Croydon University Hospital (CUH) site on 30th November 2019. The test is carried out in CUH pathology reception with results available within 2 hours of sample collection. This has enabled early isolation of patients confirmed with flu and/or rapid discharge from the Emergency Department (ED) with a confirmed diagnosis.

Similar to last season, there have been a large number of young to middle aged adults in the non-high risk groups presenting to the Emergency Department) with severe flu symptoms (363 cases in the age group 14 - 50yrs) during this winter season. Persistent fever, chest pain, palpitations, blackouts, vomiting and severe headache have been the symptoms that have led to these patients presenting to ED or being referred by GPs to ED.

There were 28 hospital onset infections compared to 43 in the previous year (a reduction of 34%). Overall the management of flu cases in 2019-20 was effective and there were no ward closures throughout the influenza season. Some bays were temporarily closed until infected patients were moved to single rooms. There were a few instances when a case of influenza was identified on an open bay, the bay was then restricted to only admitting non-high risk patients for 72 hours after moving the index case to a single room.

The staff uptake for the influenza vaccine was 78% against 72.4% in the previous year (an increase of 5.6%). There were a few confirmed influenza infections amongst staff, but this may not reflect the true numbers. Samples for lab confirmation of Influenza diagnosis are not routinely performed on staff members with flu symptoms.

GRE Glycopeptide

Routine pre-admission and weekly screening of ITU/HDU patients has been in place for some years. Routine screening of this group of patients has enabled ITU/HDU to provide timely single room nursing or implement enhanced infection control precautions on the main ward.

There were 13 cases of ITU/HDU associated GRE colonisation in 2019-20 which was a decrease compared to the previous year of 15 cases.

There were no ITU/HDU associated GRE blood stream infections during 2019/20.
The Infection Control Team has worked closely with ITU/HDU staff to identify risk factors for GRE acquisition. Nursing practices, environmental cleaning standards and antibiotic prescribing are kept under review. Changes have been implemented to improve storage facilities and bed spaces to facilitate easy cleaning of the environment.

Norovirus

There were 7 lab confirmed sporadic cases of norovirus at CUH in 2019/2020.

Gram Negative Bacteraemias

From April 2017, a government initiative extended the surveillance of bacteraemia caused by Gram-negative organisms to include Klebsiella species and Pseudomonas aeruginosa in addition to the existing E.coli data collation with the intention of reducing gram negative bacteraemias by 50% by the financial year 2021. More detailed information has also been requested on the E. coli bacteraemias. Achieving the 50% reduction by 2020/21 requires close working with the community based healthcare providers, care homes and GPs as majority of these bacteraemias are community onset/associated infections.

An internal quality improvement target ceiling of <24 HOI E.coli bacteraemias had been set for 2019/20. The total number for 2019-20 was 35 and the Trust therefore exceeded the set internal quality improvement target ceiling . UTIs remain the most common cause for gram negative bacteraemias.

The Infection Control Doctor (ICD) is the designated Trust lead for co-ordinating actions to achieve the Gram negative Bacteraemia Target. An Associate Director of Nursing (ADN) has also been designated to lead on catheter care in the Trust.

Urinary catheter care has been reviewed and arrangements are being implemented for more ongoing education and audits, in order to monitor practice as well as improve catheter care.

The catheter care pathway protocol (SOP) has been produced and piloted on selected wards. The designated ADN lead is working on implementing it across the hospital and community interface. This would enable the Trust to improve catheter care on wards as well as facilitate district nurse monitoring once they are discharged.

A South London wide group has been established to address gram negative blood stream infections and share good practices. The designated ADN lead for catheter care and the Nurse Consultant dealing with catheter care represent CHS, on this group.

A more enhanced catheter care audit tool has been in place since 2017 . The audit tool has been implemented on all adult wards excluding maternity. This is a monthly audit carried out by the clinical area staff and information is recorded on line using the Perfect Ward audit app or the RATE system. The infection control nurses also conduct independent monthly ad hoc catheter audits and have developed further infection control audits that they will carry out using the Perfect Ward app. The audit results have been reviewed to guide actions required to improve catheter care.

Duty of Candour

The Duty of Candour (CQC Regulation 20) requires the Trust to be open and honest with patients or an appropriate person, where any aspect of their treatment or care has gone wrong, resulting in moderate or severe harm, or with the potential to cause long term harm.

The Duty of Candour is a two stage process consisting of:

Stage 1 (within 10 days)

- Have a full conversation with a patient (or, where appropriate, the patient's family, carer or advocate) and to give a true account of what has happened and answer any questions they may have about the care provided.
- Give an apology and an offer of appropriate remedy or support to put matters right (if possible).
- Explain fully the short and long term effects of what has happened.
- Advise on the investigation being conducted throughout the process.

Stage 2 (within 20 days of the conclusion of the investigation)

- Share the findings and identified learning with the patient, or appropriate person, to prevent it happening again.

There were 163 incidents reported between April 2019 and March 2020, where Duty of Candour was applicable.

Duty of Candour Stage 1 was completed within 10 days for 87% of applicable incidents, with 98% completed overall.

Duty of Candour Stage 2 was completed within 20 days for 80% of applicable incidents, with 100% completed overall.

The Duty of Candour compliance is monitored each week by the Executive Review Group, and reported to the Patient Safety and Mortality Committee.

Croydon Health Service continues to offer the Trust's multi-denominational Chaplaincy Service to provide support to patients, next of kin and carers in situations where appropriate.

PALS

The Patient Advice and Liaison Service (PALS), which is managed within the Patient Experience Team, provides impartial advice and assistance in answering questions and resolving concerns that patients, their relatives, friends and carers might have. The Trust encourages concerns to be raised at ward and department level, but in line with CQC best practice the Trust widely advertises the PALS office through its web page, literature and public facing posters.

It is expected that each PALS contact has the potential to resolve the specific concern, preventing escalation to a formal complaint.

During 2019-20 the Patient Experience Team received 2090 PALS contacts, which was a decrease from the previous financial year of 2550 (18%) cases. Of these, 1831 (88%) were resolved and closed within 2 working days which was a slight decrease of 2% from the previous year.

The top five PALS themes are featured below:

PALS theme	Number
Assistance or patient information	1095
Access, admission, administration, appointments, discharge or transfer	397
Cause for concern – clinical or midwifery care	260
Communication, consent or information	102
Staffing or clinic related incidents	24

The Patient Experience Team are located on the first floor, blue zone, opposite the Edgecombe Unit. The Patient Experience Team are visible on the wards and in departments as they aim to resolve concerns. Robust procedures are in place to ensure that cases are resolved at the time they are raised wherever possible, or within two working days.

In March 2020, during the management of the Covid-19 pandemic, the Patient Experience Team, along with many other services in the Trust, adapted their service by reducing PALS contacts to telephone and email and implementing a new telephone service to support the Trust Covid-19 response team.

During 2019-20 the profile of the Patient Experience Team has been raised and concerns are being resolved much more quickly. The Patient Experience Team have been directed by new senior management, including the Director of Quality and Head of service. There has been a corresponding shift in the prioritising and streamlining of governance systems and processes.

Complaints

For the year, there were a total of 515 formal complaints for the Trust. Of these complaints, 84% were responded to within an agreed timeframe. There were 60 complaints that were re-opened for the year.

After further analysis, 36% (150 cases), relate to 'cause for concern – midwifery care'. Of the 150 cases 67% (100) relate to 'patient dissatisfied with treatment/outcome'

Learning from complaints

The Parliamentary and Health Service Ombudsman (PHSO) makes final decision on unresolved complaints about the NHS in England. Reporting from April 2020 to February 2020 shows that there were 9 cases reported as 'open', with 4 cases closed. *(NB: No further data available from the PHSO due to Covid-19).* Of these 4 cases, 2 were upheld, and 2 were partially upheld. Below is a breakdown of the cases closed.

Both 'upheld' cases received the following recommendations: The Trust to offer apologies to the complainant and make financial remedy payments as a form of compensation for the distress caused.

Partially upheld case number: 1. Following a joint review for both Croydon Health Services and Croydon Council, the PHSO decided to partially uphold this case. Regarding Croydon Health Services, it was identified that there were communication issues between the Trust and the patient's family. Furthermore, there were concerns regarding staff responsibilities when completing falls risks assessments. In light of this, the recommendations were to offer the patient an apology for the lack of communication and for the Trust to ensure staff are aware of responsibilities in line with Trust policies and national guidelines.

Partially upheld case number: 2. The review highlighted that there were concerns with the discharging planning of the patient. The recommendation was to implement an action plan to address the concerns.

During the year the Trust has reviewed the ways in which learning from complaints, incidents or PHSO outcomes can be shared across the organisation.

There are systems in place to highlight key changes to practice or process via the following methods :

- The '3 Key Messages' initiative. This is continuing throughout the Trust in which we are sharing information which is updated regularly and disseminated to staff via email, communication department weekly updates, local staff group meetings and desktop displays. These key messages originate from a wide range of sources, including complaints and compliments, e.g. reminding staff of the need to include a patient's family and carers (where appropriate) in all discussions and decisions relating to discharge.

- Complaint Tool Kit – This new toolkit was introduced in Q3 and it is to assist when investigating formal complaints. The toolkit is a template which provides a structured format to address concerns raised and a section which indicates lessons identified and action log. This remains as work in progress and the introduction of the new Datix cloud in July 2020 will make monitoring of lessons learned/actions easier.

- Patient Stories. Patients or patient advocates attend forums such as the Grand Round or the Trust Board to share their experiences of their care.

- Clinical Governance meetings. These are held regularly throughout the Trust at specialty level to support learning throughout the Directorate and across different staff groups.

- Croydon Cares initiative – front line nursing staff sharing learning from incidents and complaints.

- Directorate Quality Boards. These are held each month in the Clinical Directorates to discuss a wide range of quality related areas, including complaints and compliments received. This allows a wide discussion across a variety of staff groups within the Directorate, e.g. to familiarise teams with policies and local practices specific to areas.

- Shift huddles. These are held at the beginning of each shift to update staff on all relevant matters and are also used to highlight learning from complaints to support reflection and learning.

- Professional Forums. These are staff group meetings e.g. Sisters and Matrons, which are used to highlight learning from complaints to support reflection and learning.

- The new People's Experience, Engagement and Involvement Strategy (PEEIS) has been developed by the Director of Quality and ratified by the Quality Committee. This strategy seeks to provide and streamline processes whereby patient experience and feedback links directly into qualitative change for treatment and service improvement.

- The People's Experience, Engagement and Involvement Delivery Plan is being developed with identified key actions linked to Croydon's Joint Strategic Needs Assessment (JSNA) to ensure that the delivery of the PEEIS takes a whole system approach.

3.2 CUH Performance against Relevant Indicators

Standards	Target	2017/18	2018/19	2019/20
Meeting the MRSA objective	0	0	1	0
Clostridium Difficile **New case definition since 2019/20 for Trust assigned cases.	≤23	13	13	24 ** (15-HOI-HA 9-COI-HA)
RTT Waiting Times for Incomplete Pathways	92.00%	92.74%	92.22%	91.62%
Diagnostic Waiting Times for Patients Waiting Over 6 Weeks for a Diagnostic Test (% of breaches out of total number of referrals)	1.00%	1.97%	1.08%	1.95%
A&E 4 Hour Time in Department (All Types)	95.00%	89.95.%	85.25%	90.3%
Cancer Waits - Referral to First Appointment for Urgent Suspected Cancer (14 Days) Proportion of patients seen within 14 days of urgent GP referral	93.00%	96.63%	98.2%	95.58%
Proportion of patients with breast symptoms seen within 14 days of GP referral	93.00%	99.16%	96%	97.48%
Cancer Waits - Diagnosis to First Treatment (31 Days)	96.00%	98.54%	100%	92.15%
Cancer Waits - Proportion of patients receiving subsequent treatment within 31 days (Drug)	98.00%	100.00%	100%	92.85%
Cancer Waits - Referral to First Appointment for Urgent Suspected Cancer (31 Days) Proportion of patients receiving subsequent treatment within 31 days (Surgery)	94.00%	96.30%	100%	92.30%
Cancer Waits - Referral to Treatment for Urgent Suspected Cancer (62 Days)	85.00%	88.99%	85.1%	82.41%

Referral to Treatment (RTT) performance

The Trust met or exceeded the 92% target for 10 of the 12 months in this financial year. The Trust reported a slight dip to 91.55% in September 2019, however in March the Trust submitted 22,526 pathways on the RTT waiting list, which resulted in a non-complaint position of 86.23%, with 0 x 52+ week breaches.

This was due to reduced / cancelled activity in Theatres, Diagnostics & OPA's due to the COVID-19 pandemic pressures from 13 March 2020.

Reduced Activity included:

- Theatre activity - reduced by 392 cases
- OPA activity - reduced by 2015 appointments
- Diagnostic - reduced by 1000 appointments
- 657 unvalidated pathways of patients waiting over 18 weeks.

The performance throughout 2019/20 is shown in the table below:

RTT Type	Apr 2019 %	May 2019 %	Jun 2019 %	Jul 2019 %	Aug 2019 %	Sep 2019 %	Oct 2019 %	Nov 2019 %	Dec 2019 %	Jan 2020 %	Feb 2020 %	Mar 2020 %
Open pathways (92% target)	92.33	92.51	92.27	92.09	92.00	91.55	92.10	92.03	92.19	92.08	92.00	86.23

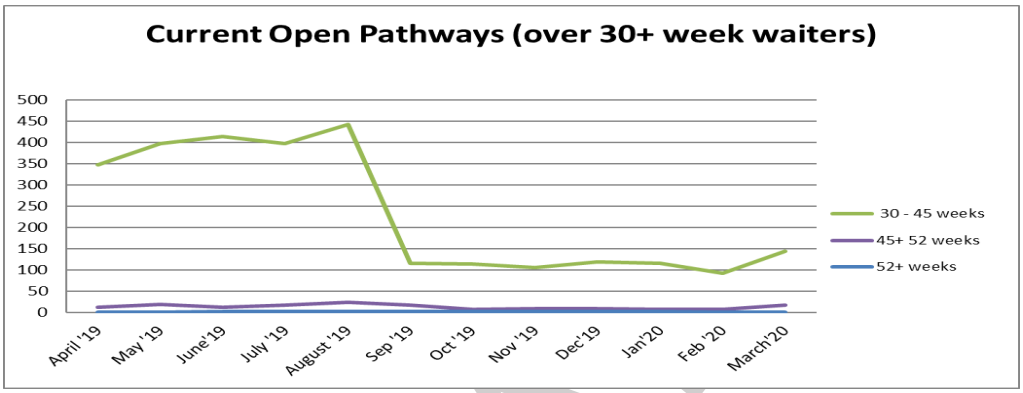
Long Waiters

The NHS Constitution standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral. The standard leaves an operational tolerance to allow for patients to wait longer than 18 weeks as treatment earlier may be inconvenient to the patient or clinically inappropriate. These circumstances can be categorised as:

- **Patient choice** – patients choose not to accept the earliest offered appointments along their pathway or choose to delay treatments for personal or social reasons.
- **Co-operation** – patients who do not attend appointments along their pathways.
- **Clinical exceptions** – where it is not clinically appropriate to start a patient's treatment within 18 weeks.

The Trust and Central RTT team have been supporting surgical specialities to reduce the long waiters / pathways waiting longer than 30 weeks as the Trust had seen the biggest backlog within 30+ week waiters. The Trust has seen a 51.62% reduction in 30+ week waiters since April'19. This was due to Trust improved approach to validating the Patient Transfer List (PTL) which has removed a large proportion of long waiting patients. There has been the opportunity for cross-speciality education through learning lessons from complex patient pathways and strengthening overall adherence to the access policy. Strategies are also being led to better manage waiting lists to ensure long waiters are flagged earlier and processes put in place to prioritise these patients.

The Trust is also ensuring that all services are both planning ahead for patients who are under 18 weeks on the PTL and validating patients waiting within their 18 weeks RTT to prevent patients 'tipping over' into the backlog.

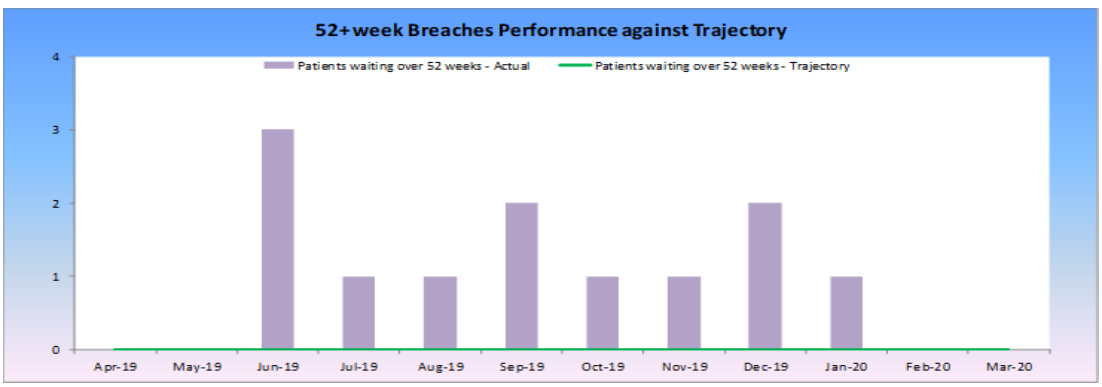


52+ week waits

The Trust has reported a total of 12 patients waiting more than 52 weeks from referral to treatment in total for 2019 - 20. Six patients under Pain management; three in Gastroenterology; one in ENT; one in Maxillofacial Surgery and one in Plastic Surgery.

In all cases there was capacity to treat ahead of the 52-week breach date, however pathways were stopped incorrectly which was identified via the validation process in the previous month. Three of the 12 patients have requested their surgery between September and December and therefore, continued to breach in subsequent month's reports.

Root cause analyses have been completed for all patients, confirming that delay of treatment did not cause any patient harm. The Central RTT Team has worked with individual specialties to ensure the Trust had no avoidable breaches, focusing on validation and data quality to ensure no further clock stop errors were identified.



Volunteers

Volunteers continue to play a crucial role in enhancing the experience of our patients and carry out many valuable roles throughout the Trust and are highly valued.

The Trust currently has **399** active volunteers who give their time to help in both the hospital and community.

There are also over **70** volunteer peer supporters helping in the Baby Cafes across Croydon borough, supporting new mums with breast feeding.

Volunteers carry out many valuable roles throughout the Trust. Some of the many roles they carry out include ward helpers, patient feeders, administrators, 'welcomers' to the Trust and also provide support to the Chaplaincy team.

The Volunteer team run various volunteer initiatives to support patients:

- 'Lunch Club', which is an innovative programme enabling patients recovering from long-term conditions to eat lunch in the Oasis Restaurant as part of their rehabilitation
- Activity Arts & Crafts Clubs in both the elderly care and stroke wards,
- Poetry club for the elderly
- Knitting clubs that provide sensory items for the elderly and baby items for the Special Care Baby Unit (SCBU)
- Volunteers that visit inpatients to sign post them to smoking cessation services
- Volunteers who call patients to support them to attend appointments
- Stroke Exercise group on Saturdays
- Assistance with feeding patients
- Volunteers in the community

Funding has been received from NHS England to support a new role for 'Bleep volunteers' in order for them to be mobile and respond to requests for additional help quickly.

Freedom to Speak Up Guardians and Whistleblowing

In November 2019 Freedom to Speak Up (FTSU) was moved to the leadership of Revd Andy Dovey who has actively promoted awareness within the organisation. This has included a 'reaching out' across the Trust to seek additional FTSU Guardians to promote and take on new concerns as they are raised.

During Nov 2019 and March 2020, work commenced on updating the policy, redesigning the intranet links, obtaining business cards and banners and identifying potential additional guardians to represent the diversity of the staff that work in the organisation and to work with the Trust Board on existing and new concerns raised.

The focus has been to make everyone aware that they have a voice and that FTSU Guardians will discuss their concerns and provide them with signposting to bring them to the attention of those that need to work with them on the issues that they have, and if this fails our Guardians will raise the issues anonymously.

As we draw to the end of this year the following key objectives have been put in place by our lead to ensure that FTSU in the coming year will provide our staff with a voice and the Trust the opportunity to hear our staff and take action to support where this is required:

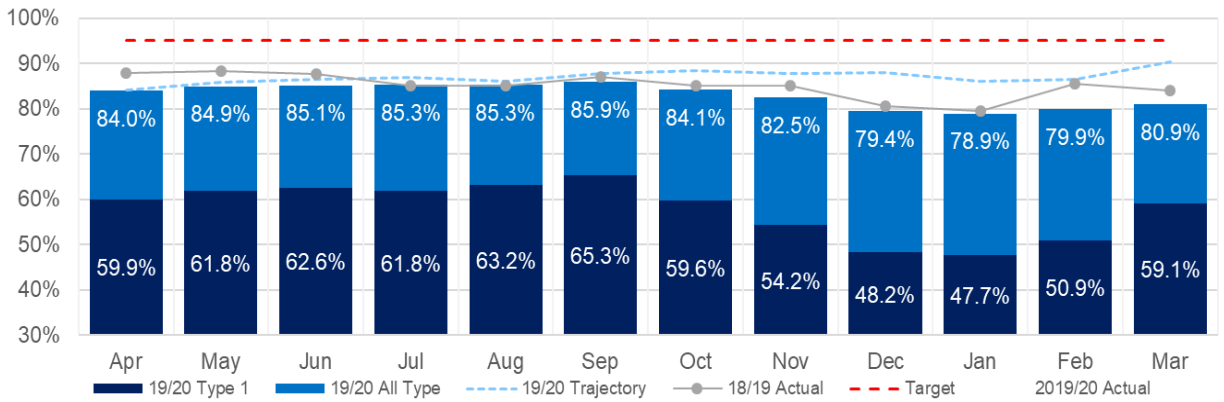
- Completion and issue of the new policy
- Recruitment of new FTSU Guardians to represent the diversity of the staff in the Trust
- Recruitment of new FTSU Guardians in the community, to provide a visible presence in the community to promote FTSU and engage directly with the staff
- Restructure the concerns log so that we are able to triangulate information to identify key reoccurring themes and provide critical data to our EDI team and the NGO
- Ensure that training for all FTSU Guardians is completed and kept up to date.

Our new Freedom to Speak Up (FTSU) banners and card

Emergency Care Standard Performance

For the year 2019/20 the Trust agreed an improvement performance trajectory for the All Type Four-hour emergency care standard which achieved 90.3% by March 2020.

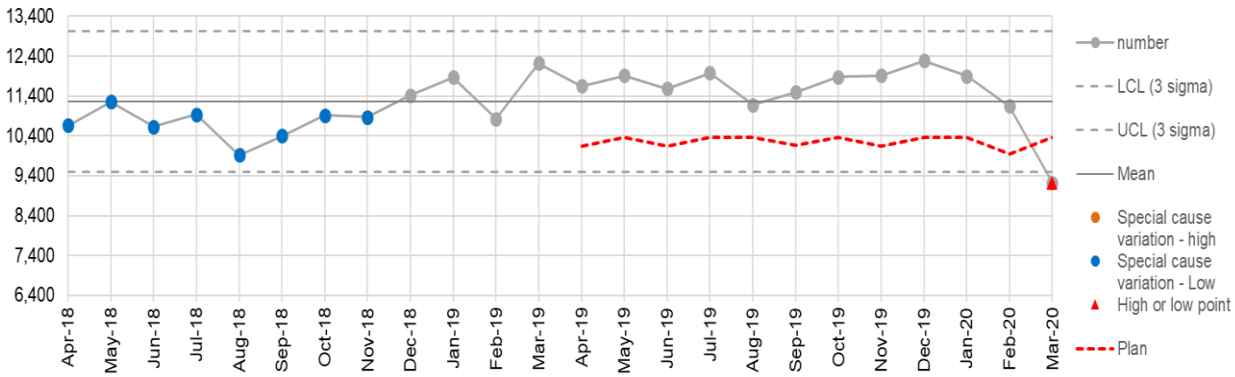
2019/20 Performance against Four-hour trajectory



Emergency care standard performance has been deteriorating over a number of years across London and the country. The Trust's improving performance in the first six months of the year, albeit below trajectory, was in contrast to continued deterioration elsewhere. This was the result of improvement work delivered via the High Impact Improvement Programme for Emergency Pathways at CHS, which encompasses emergency flow, models of care, discharge process, and mental health in ED.

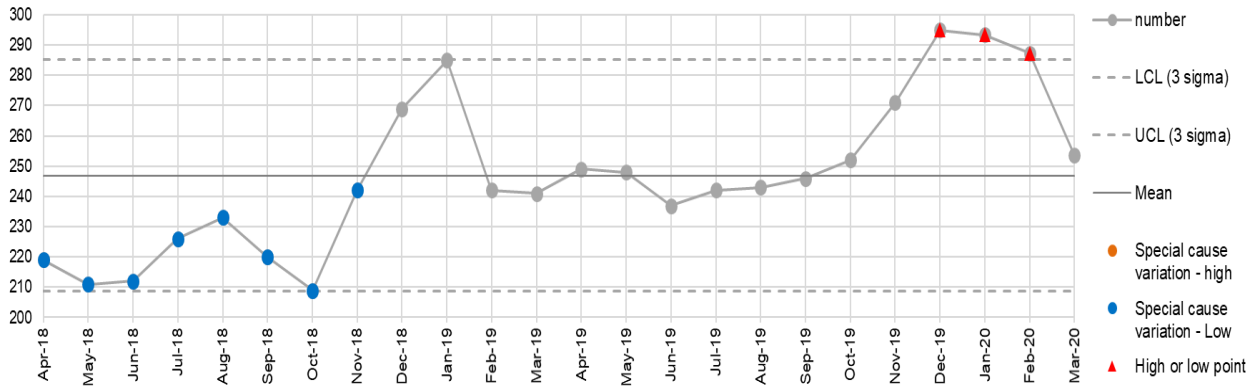
Continued demand pressure

Overall attendances to emergency and urgent care at Croydon University Hospital grew by 8% (compared to a planned reduction of 7%), peaking at above 12,000 in December 2019. In the Trust's main ED, where performance was most challenged, growth was 11%. March 2020 saw a sharp drop in attendances as a result of the Covid-19 lock-down measures.



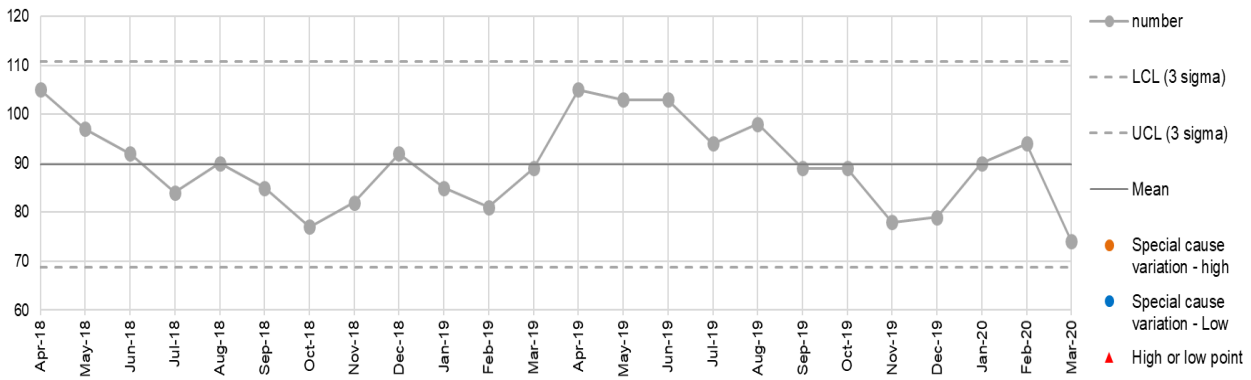
Length of stay in ED

As well as increased attendances, challenged performance in the Trust's emergency department was also closely linked to very high occupancy within ED. The total time patients spent in the emergency department increased in 2019/20, with very long waits experienced over the winter months. This meant that at times patients had to wait for space to become available before they could be seen. The longest waits were experienced by mental health patients, but the majority of long waits in ED were for admitted patients awaiting a bed to become available.



Extended Length of Stay

2019/20 saw an increased number of patients experiencing extended hospital stays of 21 days or longer. This in turn meant the Trust did not always have beds available to admit patients from ED in a timely way. The Trust made progress with reducing the number of extended stays over the summer months through the High Impact Improvement Programme, but this improvement was not sustained over the winter months. Rapid improvement has been made since February 2020, and the Trust ended the Year the lowest number beds occupied by patients with an extended hospital stay for 24 months.



Cancer

Croydon Health Services NHS Trust has faced key challenges this financial year which has resulted in variable performance against all the cancer targets. Performance against the 62-day performance standard target was met in only 4 out of 12 months during 2019/20.

The main reasons for non-compliance were, insufficient diagnostic capacity to meet demand, a higher than usual number of complex multi-tumour site pathways and administrative delays.

In addition, there was major changes to the formula for breach allocation following the publication of the Cancer Waits Guidance v.10 in April 2019. With the reasons above Trust was not always able to optimise on 38-day Inter-Trust Transfer performance to achieve compliance.

To address these issues the Trust developed a recovery plan which was presented to the South West London Alliance. The plan provided the foundation to achieve compliant and sustainable performance from 2020 and was actively monitored and progressed by the Trust. Work commenced to fully validate the Cancer Patient Tracking List (PTL) and there has been enhanced working with clinical teams. There has been investment in additional surgical, nursing and administrative (patient navigators) workforce to enable more patients to be informed of their diagnosis within 28 days of GP referral. There were concerns about the age and reliability of the video conferencing equipment which had impacted on the quality of discussion and histopathology results. The Trust has committed to an investment in the capital to enable an upgrade in current systems due in Summer 2020. This will have a positive impact on patient experience.

The Covid-19 pandemic lockdown resulted in a decrease in the number of patients referred on the USC pathway. A number of patient diagnostic and treatments were on hold due to clinical risk, limiting capacity as well as patients shielding or self-isolating. All patients remained on the PTL and were regularly clinically reviewed and assessed.

The Trust has had a successful year working in partnership with Royal Marsden Partners to deliver the RAPID Prostate, Optimal Lung and OG pathways, and proudly led the pilot for the Faecal Immunochemical Test (FIT) for symptomatic patients with suspected cancer. We have recruited additional senior nursing and navigator roles to improve co-ordination and delivery of diagnostic pathways, to prioritise high risk patients and to ultimately work to enable faster diagnosis for patients referred to us by their GPs.

Macmillan

The Macmillan team are an incredibly valuable support for patients and carers going through the cancer pathways. Electronic Health Needs Assessments (HNAs) are being completed across all tumour sites. Lung have reported a lower completion rate due to the age and comorbidity of the patients.

Macmillan Support Officers are in place for Lower GI, Gynaecology, Breast, Urology, Prostate and Lung specialities to provide support for patients and Cancer Nurse Specialists.

The Trust currently has two Cancer Nurse Specialist vacancies in Upper GI and Breast, however these are being actively recruited to.

Fundraising for Macmillan Cancer Support

ANNEX 1

Statements of assurance

Statement of Directors' responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care has issued guidance on the form and content of the Annual Quality Account (in line with the requirements set out in Quality Accounts legislation).

In preparing the Quality Account, Directors are required to take steps to assure themselves that:

- The Quality Account presents a balanced picture of the Trust's Performance over the reporting period;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice;
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Chairman
Mike Bell

By order of the Board Chair
Date:

Croydon Health Services
NHS Trust

ANNEX 2

Impact of the COVID-19 Pandemic on Activity

Impact of the COVID-19 Pandemic on Activity

Throughout the Covid19 pandemic NHS England and NHS Improvement (NHSE/I), along with other regulatory, advisory and statutory bodies, released national guidance to pause, stop or reduce business as usual activities across the NHS.

This included the statutory requirement to produce and publish an annual Quality Account by 30th June 2020. On 25th March 2020 the Trust was informed by the Head of Quality Governance, NHSI/E, that there was no expectation that the Quality Report should be included in the annual accounts, and that internal and external audit validation of the reports was suspended. The Trust subsequently received confirmation from the External Auditor, Grant Thornton, that the Quality Account would not undergo external audit testing this year.

Whilst no formal date has since been received for the publication of the Quality Account, it has been advised that it should be published by October 2020. The Trust has continued to produce the Quality Account with available data, however where national reporting has not yet resumed this has been highlighted within the report. The 2020/21 Quality Account will include all data.

Croydon Health Services has responded to all of the national guidance and as such the following activities have been impacted. These activities have been risk assessed by the Trust and were agreed and the impact monitored by COVID Gold Command.

Quality Account

National data reporting was suspended or delayed for the following:

- SUS – End of year data not available from NHS Digital at the time of this report
- FFT – Monthly national submissions suspended February 2020
- VTE – Monthly national submissions suspended February 2020 (local reporting continued)

Clinical Audit

- National Audits (HQIP). All national clinical audits, confidential enquiries and national joint registry data collection, including for national VTE risk assessments, were suspended. Data collection of the child death database (MBRRACE-UK-Perinatal surveillance data) continued.
- Published national audit reports continued to be reviewed to identify the outcomes where action was required by the Trust, without impacting front line clinical capacity.
- Ongoing monitoring and closure of action plans relating to national clinical audits was suspended, however all outstanding actions were reviewed to assess any risk to patients and staff of pausing implementation.
- Local clinical audits were paused unless directly related to COVID-19 data collection. All outstanding actions were reviewed to assess the risk to patients and staff of pausing implementation.

Complaints and the Public Health Service Ombudsman (PHSO)

- Following NHSE/I guidance all national complaints processes were put on hold. Reporting of complaints to NHS England via the KO41 report was placed on hold for Q4 of 2019/20 and Q1 of 2020/21, however these continue to be submitted via Datix due to a minimal impact to capacity.
- New complaints continued to be acknowledged within three working days and logged on the Datix system. Complainants were informed that they would not be able to be given a timeframe for conclusion of their complaint and response at that time due to the ongoing pandemic. The Patient Experience Team carried out triage of all complaints and responded where no input was required from front line clinical services. Any serious complaint was raised to the Medical Director and Joint Chief Nurse for review, action and escalation to COVID-19 Gold Command as required. All ongoing complainants were contacted by the Patient Experience Team explaining their would be a delay in the original timeframe given, however any existing complaint that could be investigated and responded to by the Patient Experience Team, or with minimal input from front line services continued to be completed.
- No new cases were accepted by the PHSO.

Friends and Family Test (FFT)

- NHSE/I guidance suspended the national requirement to submit FFT data, with no penalties for failure to comply with any part of the FFT guidance until further notice. All collection of data through methods which may pose an increased infection risk (e.g. paper feedback cards and mobile devices) ceased with immediate effect. The Trust continued to collect and monitor FFT data through non-direct methods (e.g. SMS and web link).

Health Safety Investigation Bureau (HSIB) Cases

- HSIB notified the Trust that they would no longer routinely investigate maternity events involving cooled babies where there is no apparent neurological injury confirmed following therapy. The Trust continued to report all incidents meeting the criteria of the HSIB Directions 2018 and continue to support investigations through the collation of clinical records and the availability of key front line staff.

Incident Reporting and Duty of Candour

- No guidance was received from NHSE/I with regard to incident reporting and management and therefore all clinical staff have continued to report incidents via the Trust's Datix system.
- All new Serious Incidents were reported via STEIS (the national reporting database) and 72 hour reports completed to identify immediate actions taken and any further preventative or corrective actions required. The Patient Safety Team continued to support the completion of serious incident timelines and data collection. A 'Stop the clock' was then applied to the serious incident and placed on hold. All existing serious incidents reported via STEIS have had a 'Stop the Clock' applied and placed on hold.

Croydon Health Services
NHS Trust

ANNEX 3

Statements from external stakeholders

Statements from external stakeholders

On 21st September 2020 we sent a draft version of the Quality Account to a number of local stakeholders for their scrutiny, input and comment:

- Croydon Clinical Commissioning Group
- Healthwatch Croydon
- Croydon Council's Health, Social Care and Housing Scrutiny Sub Committee

Formal written responses were received and are included below.

Statement from Croydon Clinical Commissioning Group

To be added following consultation.

Statement from Healthwatch Croydon

To be added following consultation.

Statement from Croydon Council's Health, Social Care and Housing Scrutiny Sub Committee

To be added following consultation.

Response from the Trust to stakeholder comments received

To be added following receipt of comments from stakeholders.

Statement from External Auditors

Following direction from NHS England and NHS Improvement and confirmation by Grant Thornton, as a result of the COVID-19 pandemic the Quality Account did not go through the external audit process this year.

Croydon Health Services
NHS Trust

ANNEX 4

National and Local Clinical Audit Participation

National Audits participation

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	Royal College of Emergency Medicine (RCEM)	√	136 100%
Care of Children (Care in Emergency Departments)	Royal College of Emergency Medicine (RCEM)	√	50 100%
Case Mix Programme (CMP)	Intensive Care National Audit and Research	√	In progress
Elective Surgery (National PROMs Programme)	NHS Digital	X Decision made with Medical Director to no longer participate	x
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons (BAETS)	√	In progress 100%
Falls and Fragility Fractures Audit programme (FFFAP) Fracture Liaison Service Database	Royal College of Physicians (RCP)	√	226 100%
Falls and Fragility Fractures Audit programme (FFFAP) National Audit Inpatient Falls	Royal College of Physicians (RCP)	√	7 100%
Falls and Fragility Fractures Audit programme (FFFAP) National Hip Fracture Database	Royal College of Physicians (RCP)	√	342 In progress
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit.		√	In progress
Major Trauma Audit	Trauma Audit Research	√	In progress
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Public Health England (PHE)	√	In progress

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
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Care of Children (Care in Emergency Departments)	Royal College of Emergency Medicine (RCEM)	√	50 100%
Case Mix Programme (CMP)	Intensive Care National Audit and Research	√	In progress
Elective Surgery (National PROMs Programme)	NHS Digital	X Decision made by Medical Director to no longer participate	x
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Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit.	Royal College of Physicians (RCP)	√	In progress
Major Trauma Audit	Trauma Audit Research	√	In progress
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Public Health England (PHE)	√	In progress

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	√	In progress
Maternal, Newborn and Infant Clinical Outcome Review Programme Perinatal morbidity and mortality confidential enquiries (reports alternate years)	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	√	In progress
Maternal, Newborn and Infant Clinical Outcome Review Programme Maternal Mortality surveillance and mortality confidential enquiries (reports annually)	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	√	In progress
Maternal, Newborn and Infant Clinical Outcome Review Programme Maternal morbidity confidential enquiries (reports annually)	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	√	In progress
Mental Health (Care in Emergency Departments)	Royal College of Emergency Medicine	√	51 100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) Paediatric Asthma Secondary Care	Royal College of Physicians (RCP)	√	40 100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) Asthma (Adult and paediatric) and COPD Primary care	Royal College of Physicians (RCP)	√	36 100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) Adult Asthma Secondary Care	Royal College of Physicians (RCP)	√	209 100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Royal College of Physicians (RCP)	√	279 100%

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) Pulmonary rehabilitation	Royal College of Physicians (RCP)	√	110 100%
National Audit of Breast Cancer in Older People (NABCOP)	Royal College of Surgeons	√	In progress
National Audit of Cardiac Rehabilitation	University of York	√	577 100%
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	√	In progress
National Audit of Dementia (care in general hospitals)	NHS Digital	√	In progress
National Audit of Intermediate Care (NAIC)	NHS England	√	In progress
National Audit of Seizure management in Hospitals (NASH) round 3	University of Liverpool	√	30 100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health	√	In progress
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)/ Resuscitation Council UK	√	49 (more data to come) 100%
National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (CRM)	Barts Health NHS Trust	√	219 100%
National Cardiac Audit Programme (NCAP) Myocardial Ischaemia National Audit Project (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)	√	135 100%
National Cardiac Audit Programme (NCAP) National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Barts Health NHS Trust	√	In progress

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
National Cardiac Audit Programme (NCAP) National Heart Failure Audit	Barts Health NHS Trust	√	135 100%
National Diabetes Audit - Adults National Diabetes Foot Care Audit	NHS Digital	√	53 100%
National Diabetes Audit – Adults National Diabetes Inpatient Audit (NaDIA) -reporting data on services in England and Wales	NHS Digital	√	In progress
National Diabetes Audit - Adults NaDIA-Harms - reporting on diabetic inpatient harms in England	NHS Digital	√	In progress
National Diabetes Audit - Adults National Core Diabetes Audit	NHS Digital	√	916 100%
National Diabetes Audit – Adults National Diabetes Transition	NHS Digital	√	In progress
National Diabetes Audit - Adults National Pregnancy in Diabetes Audit	NHS Digital	√	22 100%
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology (BSR)	√	127 100%
National Emergency Laparotomy Audit (NELA).	Royal College of Anaesthetists (RCOA)	√	97 100%
National GastroIntestinal Cancer Programme National Oesophago-gastric Cancer (NOGCA)	NHS Digital	√	22 100%
National GastroIntestinal Cancer Programme National Bowel Cancer Audit (NBOCA)	NHS Digital	√	132 100%

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
National Joint Registry (NJR)	Healthcare Quality Improvement	√	46 In progress
National Lung Cancer Audit (NLCA)	Royal College of	√	In progress
National Maternity and Perinatal Audit (NMPA)	Royal College of Paediatrics and Child Health (RCPCH)	√	In progress
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health (RCPCH)	√	In progress
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health (RCPCH)	√	In Progress
National Prostate Cancer Audit	Royal College of Surgeons (RCS)	√	356 100%
National Smoking Cessation Audit	British Thoracic Society (BTS)	√	230 100%
National Vascular Registry	Royal College of Surgeons (RCS)	√	In progress
Perioperative Quality Improvement Programme	Royal College of Anaesthetists	√	In progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	√	In progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	√	In progress
Sentinel Stroke National Audit programme (SSNAP)	King's College London	√	In progress
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Serious Hazards of Transfusion (SHOT)	√	In progress
Surgical Site Infection Surveillance Service	Public Health England (PHE)	√	In progress

National Audit for inclusion in quality report	Host Organisation	Data Collection Completed in 2019/2020	Number of Cases submitted
UK Parkinson's Audit: (incorporating Occupational Therapy Speech and Language Therapy, Physiotherapy Elderly care and neurology)	Parkinson's UK	√	In progress

Summary of key actions planned or undertaken as a result of national and local clinical audits in 2019-20

National Audit	Action to Improve Quality
National Early Inflammatory Arthritis Audit	CUH is currently evaluating their workforce needs and will be working on expanding where needed to ensure access to multidisciplinary teams. CUH have early arthritis pathways in place and easily accessible to provide guidance for referrers. CUH also have systems and processes in place that support rapid initiation of conventional disease – modifying anti-rheumatic drugs. CUH also have a helpline in place to ensure that emergency access (within 24 hours) to advice is available for people with Ra
National Audit of care at End of Life	CUH are currently working on putting in place systems and processes to support people in approaching the end of life to receive care that is personalised to their needs and preferences. CUH ensures adequate access to specialist palliative care in hospitals for holistic assessment, advice and active management. As part of a strong government framework for end of life care, CUH report annually to the board with a performance report and action plan.
National Diabetes Footcare Audit	Where patients with peripheral artery disease or ischaemia or neuropathy will need or like to seek advice about to how to prevent foot ulcers CUH has ensured that education and training is being provided to GP's and diabetes carers to ensure this can be delivered. CUH also have a quick referral from healthcare to a local specialist diabetes footcare service for patients with new Foot ulcers CUH plans to continue to reiterate the pathway to service users.

Local Audit	Actions to improve quality
2019/173 Avert your eyes! Audit of lens exclusion on CT head scans	Audit results: Partial compliance. Potential technical inconsistencies in the application of lens dose reduction techniques during CTH scanning. Actions: Develop a lens dose reduction strategy and improve the compliance of the lens exclusions on CT head scans. This will be re-audited in May 2020.
2019/172 - an audit to assess the effectiveness of radiology alerts	Audit results: Partial compliance. The current alert system used in the radiology department is effective and safe as measured against the 'gold standard' by the Royal College of Radiologists, however is partially compliant for the measure that 100% of radiology reports with alerts should be acted upon in an appropriate and timely manner. Actions: Alerts to be more specific, ideally utilising one of the pre-text shortcut codes within the radiology reporting system. Radiologists to avoid triggering an alert for long-standing or stable findings where possible.
2019/167 - Termination of pregnancy	Audit results: Partial compliance. This was a re-audit following previous non-compliance with the Royal College of Gynaecologist 'Termination of Pregnancy for fetal abnormality' and 'The Care of Women Requesting Induced Abortion Guidelines 2011'. 100% of patients audited receive timely referrals and TOP procedures. However, the audit highlighted a gap in the completion of the TOP database, this was particularly common with patients having a TOP on gynaecology ward <16/40. Another issue raised was the gaps around discussions for contraception offering Chlamydia screening despite it appearing in the audit standards and in internal guidelines. Actions: The TOP database to be completed for all patients undergoing termination of pregnancy at CUH. Both gynaecology and obstetrics department to nominate a lead responsible for inputting this information and ensure HSA1/4 documentation is completed and follow-up arranged. Chlamydia screening and contraception advice to be removed from CUH guidelines as an audible standard as it is mostly inappropriate and insensitive for this subgroup of patients. However, if a discussion around Chlamydia screening is appropriate and occurs this should be documented on the patient's record.

Local Audit	Actions to improve quality
2019/164 - Stillbirth audit	Audit results: Partial compliance. The audit explored the stillbirth cases that occurred between 2018 and 2019. There were 11 stillbirths in total at Croydon University Hospital. For the purposes of this audit one case was excluded making the sample size 10 patients. Clinically, the management of stupors was appropriate, and as per protocol. It is clear that the psychological aspect of stillbirth has been considered, with a good degree of focus on memory making. However, improvements need to be made regarding the provision and management of antenatal care. I UGO was identified as the leading cause of death amongst those that consented to a post mortem. Actions: The maternity antenatal risk assessment guidelines and the reduced fetal movement guidelines to be updated to reflect the latest evidence. All women should be provided with the Tommy's reduced fetal movement leaflets in language that can be understood, along with fetal movement routinely discussed at each appointment. Trust should continue to implement all five elements of the Saving Babies Life Care Bundle. All of these actions have been discussed with the MDT at the gynaecology and obstetrics clinical governance meeting with the actions agreed and approved with a re-audit date set for December 2020.
2019/162 Mycoplasma Gentialium	Audit results: Not compliant. The aim of this audit was to measure Croydon Sexual Health Centre's compliance with the BASHH guidelines on the management of Mycoplasma Gentialium. Actions: Improve awareness for both patients and staff members by presenting the findings at the monthly clinical governance meetings and to ensure that written information about Mycoplasma Gentialium is available in each clinical room. Predictive text on Mill Care will prompt clinicians to ensure correct treatment and documentation have been noted. Encouraging clinicians to emphasise to patients the importance of test for cure if patients are not attending follow-up appointments with our health advisors.
2019/155 UNICEF UK Baby Friendly Initiative Mother's audit	Audit results: Partial compliance. Croydon Health Services are committed to the implementation UNICEF UK Baby Friendly Initiative. The CUH maternity and neonatal service have already been assessed at stage two and need to complete Stage 3 to be accredited as a 'baby friendly'. Actions: Initiate appropriate training programs. Review the current Parent Craft Classes in order to better meet the BFI standards. A review and re-audit of this will take place November 2020 to ensure the quality improvements identified have been actioned.

Local Audit	Actions to improve quality
2019/154 Podiatry Care Homes Audit	Audit results: Partial compliance. Croydon has the highest number of care homes in London, with 131 care homes and approximately 2700 beds. The aim of this audit was to improve the clinical care and the reduction of inappropriate A&E attendances, assurance for relatives and carers and the reduction of avoidable hospital admissions. The results of the questionnaire revealed positive experiences of communication with a podiatrist, regular use of the podiatry referral form and 74% satisfaction with the podiatry service. Positive feedback was given regarding the clinical governance executed by the podiatrist during care home visits. Overall the audit results indicate that health, safety and cooperation are effective, however, there were some deficits in the information exchange which resulted in poverty of knowledge about the referral criteria and process. The questionnaire highlighted that the biggest frustration for patients and carers were the lead times for appointments. Actions: Reduce the time between appointments this has been shared with the podiatry team and will be fed through into their core values and weekly huddle meetings. Re-audit January 2021.
2019/142 Local induction of temporary nursing workforce	The induction for temporary staff resources was developed to provide assurance that temporary staff had been orientated to the clinical area that they have been allocated to. Audit findings showed that whilst the majority of the ward areas with familiar with the toll it was not in bedded into the everyday practice of the induction of temporary staff. The consensus from staff was that, was it was a good idea they did not have the time to complete the paperwork. The resources have not been embedded in practice and before, despite staff stating they carry out a local induction with all temporary staff the first time they are deployed to the clinical area the trust is unable to evidence this. Thoughts of this audit showed that the trust is non-compliant with evidence in the introduction of temporary staff to a new ward areas improvement actions have been taken to award leaders forum to discuss the implementation of introduction paperwork. The more another quality improvement action would be to involve the IT department in order to create an electronic booking resource for temporary staff, this will be due for re-audit in February 2021.

Croydon Health Services
NHS Trust

ANNEX 5

Core Indicators

Reporting against Core Indicators

The following performance information gives comparative information on a core set of quality indicators set by the Department of Health and Social Care. The information is taken from nationally published sources, according to the guidance within the Quality Accounts Data Dictionary.

Where available, the data shown is for the last 2 reporting periods.

NHS Outcomes Framework Domain 1 and 2: Preventing people from dying prematurely, Enhancing quality of life for people with long-term conditions

Mandatory Indicator	2018/19	2019/20	National Average	National Best	National Lowest
The value and banding of the summary hospital-level mortality indicator (SHMI) for the trust.	0.97 As expected	0.99 As expected	1.00 As expected	1.19	0.70
% of admitted patient deaths with a palliative care coded at either diagnosis or specialty level for the trust.	43.29%	45%	35%	10%	59%

Notes:
SHMI updated every month.
The palliative care indicator is a contextual indicator. Data published 01.03.19 to 29.02.20.
The Trust considers that this data is as described because the mortality data is reviewed each month by the Mortality Review Group and reported to the Patient Safety and Mortality Committee which is chaired by the Medical Director.

The Trust will continue to carry out monthly reviews into the mortality data and commissioning 'deep dives' to investigate any anomalies.

NHS Outcomes Framework Domain 3: Helping people to recover from episodes of ill health or following injury

Indicator	2018/19	2019/20	National Average	Highest Trust	Lowest Trust
The % of patients aged 0-15 re admitted to hospital within 30 days of being discharged from hospital	9.1 (Band 1)	Not published at the time of this report	N/A	N/A	N/A
The % of patients aged 16 or over readmitted to hospital within 30 days of being discharged from hospital	13.3 (Band 1)	Not published at the time of this report	N/A	N/A	N/A

Notes: Band 1 = Significantly lower than the national average at the 99.8% level.

The Trust considers that this data is as described because it is obtained directly from NHS Digital.

Indicator	2018/19	2019/20	National Average	National Highest	National Lowest
PROM (iii) Hip replacement surgery **(National published data – adjusted average health gain mapped by CCG)**	15.74	22.8	10.4	24.4	19.8
PROM (iv) Knee replacement surgery **(National published data – adjusted average health gain mapped by CCG)**	9.2	14.7	10.4	19.8	13.1

Notes: PROM collections for varicose vein and groin hernia surgery ended on 1st October 2017. Croydon Hip and Knee replacement surgery is commissioned by Croydon CCG and carried out by the South West London Elective Orthopaedic Centre (SWLEOC).
PROMS data is published in arrears. February 2020 publication of April 2018-March 2019 data.

The Trust considers that this data is as described because it is obtained directly from NHS Digital.

NHS Outcomes Framework Domain 4: Ensuring people have a positive experience of care

Indicator	2018/19	2019/20	National Average	National Highest	National Lowest
Responsiveness to the personal needs of patients	58.9%	Not published at the time of the report	Not available. National reporting was suspended Feb 2020 due to Covid 19		
% of staff employed who would recommend the Trust as a provider of care to their friends and family	55.5%	56.8%	70.8%	90.5%	48.8%
FFT - % of inpatients who would recommend the trust to their friends and family	83%	75.63% (*Apr 19 – Feb 20)	Not available. National reporting was suspended Feb 2020 due to Covid 19		
FFT - % of patients discharged from A & E (type 1 and 2) who would recommend the trust as a provider of care to their friend and family	76%	74.49% (*Apr 19 – Feb 20)	Not available. National reporting was suspended Feb 2020 due to Covid 19		

The Trust considers that this data is as described because it is extracted from National Survey data. The FFT data is locally collated, however has not been submitted nationally due to the suspension of national reporting in February 2020.

NHS Outcomes Framework Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Indicator	2018/19	2019/20	National Average (Q3)	Highest NHS Acute Provider Region (Q3)	Lowest NHS Acute Provider Region (Q3)
The % of patients admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE)	95.89%	95.14%	95%	96.0%	92.9%

Note: National reporting of VTE was suspended prior to Q4 due to Covid-19

The Trust considers that this data is as described because the VTE data is monitored on a daily basis and compliance is reported to the Patient Safety & Mortality Committee, chaired by the Medical Director. Data is validated internally prior to national submission.

The Trust will continue to improve compliance by carrying out any deep dives on anomalies and inclusion in the Medical Director's Quality Dashboard which is shared with the Clinical Directors, Associate Directors of Operations, Associate Directors of Nursing and Heads of Nursing.

Indicator	2018/19	2019/20	National Average	National Highest	National Lowest
The rate per 100,000 bed days of C difficile infection amongst patients aged 2 or over	7.72	6.8 (Hospital Onset) 6.3 (Community Onset)	13.2	91.0	0.0
The number of patient safety incidents reported within the Trust	20,465	Next publication 21 May	Not available	Data not published	
The rate of patient safety incidents reported per 1,000 bed days	120.40 (per 1000 bed days)	PS team providing	49.8	103.8	26.3
Percentage of patient safety incidents reported that resulted in severe harm or death.	0.95% (195/20,465)*100=0.95%	PS team providing		Data not published	

The Trust considers that the C Difficile data is as described as it is extracted from Public Health England National Statistics. The patient safety data is supplied by the National Reporting and Learning System (NRLS) and is consistent with internal data which is monitored and reviewed on a weekly and monthly basis and reported to the Trust Board.

The Trust will continue to drive improved rates of reporting as part of its drive to promote a robust safety culture, including identifying areas for improvement and shared learning.

Croydon Health Services
NHS Trust

ANNEX 6

Glossary

Glossary

Acute Trust	A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust).
Audit Commission	The Audit Commission regulates the proper control of public finances by local authorities and the NHS in England and Wales. The Commission audits NHS trusts, primary care trusts and strategic health authorities to review the quality of their financial systems. It also publishes independent reports which highlight risks and good practice to improve the quality of financial management in the health service, and, working with the Care Quality Commission, undertakes national value-for-money studies. Visit: www.audit-commission.gov.uk
Board (of Trust)	The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community.
Care Quality Commission	The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk
Cerner millennium system (CRS)	Cerner millennium is the Electronic Patient Record system used at Croydon Health Services.
Clinical Audit	Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.
Clinical Coding	Clinical Coding Officers are responsible for assigning 'codes' to all inpatient and day case episodes They use special classifications which are assigned to and reflect the full range of diagnosis (diagnostic coding) and procedures (procedural coding) carried out by providers and enter these codes onto the Patient Administration System. The coding process enables patient information to be easily sorted for statistical analysis. When complete, codes represent an accurate translation of the statements or terminology used by the clinician and provides a complete picture of the patient's care.
Clinical Directorate	Croydon Health Services clinical services are organised into three directorates: Integrated Adult Care (IAC), Integrated Women, Children and Sexual Health (IWSCH), and Integrated Surgery, Cancer and Clinical Support Services (ISCCS).
Clostridium difficile or C. Difficile	Clostridium difficile also known as C.difficile or C. diff, is a gram positive bacteria that causes diarrhea and other intestinal disease when competing bacteria in a patient or persons gut are wiped out by antibiotics. C. difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly. People are most often nosocomially infected in hospitals, nursing homes, or other institutions, although C. difficile infection in the community and outpatient setting is increasing.
Commissioners of services	Organisations that buy services on behalf of the people living in the area that they cover. This may be for a population as a whole, or for individuals who need specific care, treatment and support. For the NHS, this is done by primary care trusts and for social care by local authorities.
Commissioning for Quality and Innovation	High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.
Community Trust	A trust is an NHS organisation responsible for providing a group of healthcare services. A community trust provides services within the community, working closely with other health organisations, e.g. social care and public health.
Complaint	An expression of dissatisfaction with something. This can relate to any aspect of a person's care, treatment or support and can be expressed orally, in gesture or in writing.

Croydon Clinical Commissioning Group (CCG)	The CCG became legally responsible for commissioning/buying healthcare services for Croydon residents from 1st April 2013 as authorised by NHS England
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
Datix	This is the name of the electronic incident reporting system at Croydon Health Services. It is also used to capture complaints and compliments.
Department of Health & Social Care	The Department of Health & Social Care is a department of the UK government with responsibility for government policy for England alone on health, social care and the NHS.
Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs.
Discharge	The point at which a patient leaves hospital to return home or be transferred to another service, or the formal conclusion of a service provided to a person who uses services.
EWS	This is the Early Warning System is based on vital signs such as blood pressure, heart and breathing rates
Family and Friends Test	Introduced in 2013 this is an opportunity for family and friends to give feedback to hospitals regarding their care and experience. At Croydon Health Services this is a blend of paper feedback and mobile SMT messaging.
Foundation trust	A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS foundation trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS foundation trusts have members drawn from patients, the public and staff, and are governed by a board of governors comprising people elected from and by the membership base.
HealthWatch	HealthWatch is made of individuals and community groups which work together to improve local services. Their role is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. HealthWatch also have powers to help with the tasks and to make sure changes happen.
Healthcare	Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.
Healthcare-associated infection	An avoidable infection that occurs as a result of the healthcare that a person receives.
Hospital Episode Statistics	Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Indicators for Quality Improvement	The Indicators for Quality Improvement (IQI) are a resource for local clinical teams providing a set of robust indicators which could be used for local quality improvement and as a source of indicators for local benchmarking. The IQI can be found on the NHS Information Centre website at: www.ic.nhs.uk/services/ measuring-for-quality improvement
Information Governance	The structures, policies and practice to ensure the confidentiality and security of health and social care service records, especially clinical records which enable the ethical use for the benefit of the individual to whom they relate and for the public good.
Joint Advisory Group (JAG) accreditation	The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) was established in 1994 under the auspices of the Academy of Medical Royal Colleges. It aspires to: • set standards for individual endoscopists • set standards for training in endoscopy • quality assure endoscopy units • quality assure endoscopy training courses
MRSA	Methicillin-Resistant Staphylococcus Aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is, by definition, any strain of Staphylococcus aureus bacteria that has developed resistance to antibiotics including the penicillins and the cephalosporins. MRSA is especially troublesome in hospitals, where patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.
Malnutrition Universal Screening Tool (MUST)	'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
National Confidential Enquiry into Patient Outcome and Death - NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are then published. Clinicians at Croydon Health Services NHS Trust participate in national enquiries and review the published reports to make sure any recommendations are put in place.
National Institute for Health and Clinical Excellence	The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk
National Patient Safety Agency	The National Patient Safety Agency (NPSA) is an arms-length body of the Department of Health, responsible or promoting patient safety wherever the NHS provides care. Visit: www.npsa.nhs.uk
NHS Number	This is the national unique patient identifier that makes it possible to share patient information across the whole of the NHS safely, efficiently and accurately. The NHS Number is fundamental to the development of the National Programme for IT.

NHS Resolution	NHS Resolution is a special health authority in the NHS responsible for handling negligence claims made against NHS bodies in England. In addition, it has developed an active risk management programme to raise NHS safety standards and reduce the incidence of negligence. It also monitors human rights case law on behalf of the NHS, co-ordinates claims for equal pay in the NHS and handles Family Health Service appeals (i.e. disputes between doctors, dentists, opticians and pharmacists and NHS Primary Care Trusts).
Overview and Scrutiny Committees	Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and Scrutiny Committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.
Patient	A person who receives services provided in the carrying on of a regulated activity. This is the definition of "service user" provided in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Patient and Public Voice	This highlights ways in which the public and patients are involved in a trusts patient care
Picker Institute UK	The Picker Institute Europe is a not-for-profit organisation that supports the healthcare sector to help make patients' views count in healthcare. It works to build and use evidence to champion the best possible patient-centered care working with patients, professionals and policy makers to achieve the highest standards of patient experience. In Europe and the UK, Picker research and gather patient's views of healthcare using surveys, focus groups and other methods as for example by supporting the national survey programme in the NHS for the Care Quality Commission.
Privacy and dignity	To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and protected from others looking at them or overhearing conversations that they might be having. It also means respecting their confidentiality and personal information. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual beliefs
Providers	Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.
Quality monitoring	A continuous system of monitoring to ensure that local quality measures are effective. Quality monitoring is part of quality assurance.
Quality Committee	The Quality Committee monitors, reviews and reports on the quality of services provided by the Trust. This includes the review of governance, risk management and internal control systems to ensure that the Trust's services deliver safe, high quality, patient-centered care. Performance against internal and external quality improvement targets and follow-up whenever required. Progress in implementing action plans to address shortcomings in the quality of services – if any have been identified.
Registration	From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). Croydon Health Services is registered with the CQC to provide a variety of acute and community health services: https://www.cqc.org.uk/provider/RJ6/registration-info.
Research	Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Safeguarding	Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on independence and choice.
Secondary Uses Service (SUS)	A single repository of person and care event level data relating to the NHS care of patients, which is used for management and clinical purposes other than direct patient care. These secondary uses include healthcare planning, commissioning, public health, clinical audit, benchmarking, performance improvement, research and clinical governance. Visit: www.ic.nhs.uk/services/the-secondary-uses-service-sus/using-this-service/ data-quality-dashboards
Adult social care	Social care includes all forms of personal care and other practical assistance provided for people who by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances, are in need of such care or other assistance. For the purposes of the Care Quality Commission, it only includes care provided for, or mainly for, people over 18 years old in England. This is sometimes referred to as adult social care.
National Early Warning Score (NEWS2)	A weighted algorithm in which physiological observations are used to produce a single score. Increasing NEWS2 score reflect the severity of illness/physiological derangement. The NEWS2 score informs the escalation process
VitalsLink®	VitalsLink® electronically captures patient's vital signs using a Welch Allyn monitor, then puts them directly into patients' CRS Millennium records. VitalsLink®, which is a Cerner integrated solution, no longer requiring separate devices to upload Vital Signs onto Patient Records

Excellent care for all

Home | Community | Hospital

Professional
Compassionate
Respectful
Safe

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