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Scrutiny Health & Social Care Sub-Committee Agenda

To: Councillor Carole Bonner (Chair)
Councillor Andy Stranack (Vice-Chair)
Councillors Patsy Cummings, Sean Fitzsimons, Margaret Mead, Andrew Pelling and Gary Hickey

Reserve Members: Sue Bennett, Sherwan Chowdhury, Pat Clouder, Steve Hollands, Bernadette Khan and David Wood

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Monday, 23 April 2018** at **10.30 am** in **room F4 - Town Hall**

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
London Borough of Croydon
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8 Mint Walk, Croydon CR0 1EA

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www.croydon.gov.uk/meetings
Friday, 13 April 2018

Members of the public are welcome to attend this meeting.
If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at www.croydon.gov.uk/meetings

AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

3. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

4. Draft Annual Quality Account - Croydon Health Service NHS Trust (Pages 5 - 90)

To receive and comment on the draft report of the Croydon Health Service and NHS Trust

5. Draft Annual Quality Account - South London and Maudsley NHS Foundation Trust (Pages 91 - 132)

To receive and comment on the draft report of the South London and Maudsley NHS Foundation Trust

6. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

"That, under Section 100A(4) of the Local Government Act, 1972, the

press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

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DRAFT Quality Account 2017-18

Contents

PART 1

INFORMATION ABOUT THE QUALITY ACCOUNT

Statement on quality from the Chair and Chief

Croydon Health Services NHS Trust is at the heart of our community - in our hospitals, clinics and in people's homes - and every day we are busy caring for people.

Our new vision of *"Excellent Care for All and helping people in Croydon live healthier lives"* embodies this.

It highlights to our staff, patients, service users and wider community that we are always here for everyone who needs us and are consistently striving for excellence and high-quality care. We are also increasingly working with our partners to help promote healthy lifestyles to help keep people well for longer.

Working closely with staff across the organisation, the Trust also has a new set of values which represent the behaviours we should all be demonstrating every day

- Professional,
- Compassionate,
- Respectful
- Safe.

Taken together, we believe our new vision and values will give us all a shared purpose as we look after our community. They will shape everything we do, every single day and determine our behaviour and the experience of those we look after.

To truly care for people's health, we need to work closely with others, so we are already working with our partners to give families the Best Start in Life and through One Croydon, offering co-ordinated holistic care to older people.

This year, the CQC returned to inspect the Trust and we were pleased that ratings for three of out of four core services they inspected moved from 'Requires Improvement' to 'Good' and for the second time, the Trust was rated as 'Good' for caring.

The Trust was rated as 'Requires Improvement' overall – the same as its last inspection in June 2015 – as there are areas where more progress is needed. One of these is to improve our Critical Care Unit and we hope a £12m capital bid will allow us to make the enhancements needed in the coming months.

Across the Trust we have already seen many improvements in the estate including a major £1.2 million upgrade of our cardiology care through creating the Croydon

Heart Centre, a £750,000 refurbishment of our Dental unit, a new Clinical Decision, Unit, a larger Discharge Lounge, a new £1.1m radiology refurbishment and enhanced environments with new murals in our Lucina Birth Suite and a Willows outpatients clinic room used by children with cancer.

We also opened the first phase of our new Emergency Department – the Resuscitation Unit, and work is continuing apace on the rest of the building, which we are looking forward to opening fully in 2018.

Improving our estate however is only important if it translates into a better quality of care for our patients and service users. Our FTT scores show that 90% of respondents would recommend our services to their friends and family.

Like many trusts across the country, we continue to find it a challenge to meet the four-hour waiting time standard for A&E. However, despite the challenges of winter, our performance has regularly placed us in the top third of London's 18 acute trusts. This is a real achievement given the pressures that the NHS has been under in recent months.

This year has also brought wider recognition for some of our staff including those who have won national awards, headed up pioneering research and been featured on national media.

Within the trust we are also continuing to reap the benefits of Listening into Action, with the launch of the LiA Ambassadors initiative which saw 30 members of staff leading on specific improvement work within their services, all with the aim of improving our care.

Looking ahead to the next year, we know there will continue to be financial challenges and demand on our services will continue to grow. However, with the support of our excellent staff and increased partnership working, we are confident that we will continue to improve and ensure we consistently deliver high quality care for our community.

Mike Bell
Chair

John Goulston
Chief Executive

Executive summary

All Trusts are required to produce a Quality Account to describe past and future activities to improve the quality of services they provide. In this report (from page 11) we describe our main priorities for 2018/19. We are required to include specific data from 2017/18 that we have provided to National Bodies such as the Care Quality Commission and the Health and Social Care Informatics Centre.

In section 3 of this report we describe our achievements against the quality priorities we set in 2017/18. We have explained our acronyms and terms in the main text; there is also a full glossary at the end of the report.

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 [final figures to be added prior to publication] 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 provides more than 100 specialist services and performs 26,000 [awaiting final figures prior to publication] procedures every year. The hospital is also home to the borough's only Emergency Department and 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

Our Vision

“Excellent care for all and helping people in Croydon live healthier lives”

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

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 and shorter lives.

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.

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.

Professional

• 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

Compassionate

• 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

Respectful

• 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

Safe

• 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

PART 2

Priorities for improvement and statement of assurance from the Trust Board

Priorities for Improvement 2018/19

The safety of our patients is an important priority for the Trust. Our vision is for 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.

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 (including CQC targets post inspection) from the Royal Colleges, NICE and CQUIN. 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 a long list of objectives for our Quality Account from which key strands of intertwined work emerged.

Our priorities for 2018/19 were developed in discussion with our Clinical Directorates, Patient Safety and Mortality Committee, and our Quality and Clinical Governance Committee. We held a public survey on our priorities which was open to staff, patients, stakeholders and members of the public. Our Commissioners Croydon CCG (Croydon Clinical Commissioning Group), and Healthwatch. They reflect a review of themes from incidents and serious incidents (SI"s) and also feedback from patients and carers and staff. We also reviewed clinical audits, NICE guidance and peer reviews and took into account local and national changes including the 5 year forward view.

We have kept those priorities from 2017/18 which remain key or because we had not made as much progress as we had hoped and where we consider further improvement is required, such as creating a safety culture and listening to our patients, to continue to allow us to make sustained improvement and build on the good work that we have achieved in the previous year.

Priorities 2018/19

Our priorities are set out below and each makes reference to the five CQC domains and our specific objectives for these.

Priority	Safe	Effective	Caring	Responsive	Well Led
1.To improve our support and care of people with mental health conditions	X	X	X	X	
2.To create a culture of safety, shared learning and listening to our patients and service users	X	X	X	X	X
3. Reducing the number of incidents involving violence against staff	X		X	X	X
4. Improving the ways patients and service users access our care		X	X	X	X
5. Implement the CQC recommendations made in February 2018.	X	X	X	X	X

Priority One: To improve our support and care of people with mental health conditions	
Why is this priority?	We are continuing to focus quality improvements to achieve improved physical health and wellbeing of the people we support. People with mental ill health are three times more likely to present to A&E than the general population. More than 1 million presentations are currently recorded as being directly related to mental ill health. People with known mental ill health are five times more likely to be admitted to acute hospitals and 80% of these emergency admissions are recorded as being primarily for physical health reason. This highlights the need for acute hospitals to be equipped to detect and treat urgent mental health needs that are cited as the primary reason for presentation as well as improving identification of underlying mental health conditions where the primary presenting reason may be a physical health one. This was a priority that was identified in last year's Quality Account and the Trust would like to continue to embed and develop this area of work.
How will we deliver the improvement?	A multi-disciplinary team assessment will take place at the start of the patient's journey through the Trust.
Measures	• Mental Health triage of the Patient • Develop Internal Professional Standards that we all share across the trust regarding patient interaction
Targets	• Mental Health triage of the Patient within 15 minutes of arrival to ascertain clinical priority. • Development of Internal professional standards • 20% reduction in A&E attendances of the frequent attenders to A&E who would benefit from mental health and psychosocial interventions.
Reporting route	Quarterly report to Quality and Clinical Governance Committee
Responsible officer	Chief Operating Officer

Priority Two: To create a culture of safety, shared learning and listening to our patients and service users	
Why is this priority?	Promoting a culture of safety and listening to our patients and service users' views increases our patient care and experience. By sharing the learning from incidents and complaints the Trust can improve services. This was a priority that was identified in last year's Quality Account and the Trust would like to continue to embed and develop this area of work.
How will we deliver the improvement?	• Look at themes and trends of complaints received and see a reduction in the number of complaints • Develop a culture of improvement and safety – to develop a culture where employees are committed to safe, compassionate care by improving leadership • Increase the number of patient representatives and range of patient involvement activities • Improve escalation for deteriorating patients • Roll out the learning from excellence and share continue to share the learning
Measures	• Percentage reduction in the number of complaints received • Increase the number of patient safety champions • Sustained increase in the number of patient representatives and range of patient involvement activities • Reduction in the number of serious incidents under sub optimal care • Reduction in incidents of omitted medication for critical medicines • Sustained improvement of the learning from excellence • Sustained increase in the response rate for FFT
Targets	• Sustained improvement in complaint response • Increase in the number of patient safety champions • Increase in the learning from excellence submissions • Hold Bi-Monthly quality events to share the learning from complaints and incidents • Increase in the response for rates for FFT
Reporting route	Quarterly report to Quality and Clinical Governance Committee
Responsible officer	Director of Nursing, Midwifery and Allied Health Professionals/Medical Director

Priority Three: Reducing the number of incidents involving violence against staff	
Why is this priority?	The safety of our staff and people who use our services is one of highest priorities. We have a duty to minimise incidents of violence and aggression and ensure that the people using our services, and the staff providing them, are as safe as possible. Over the past two years we have seen an increase in the number of incidents reported involving violence and aggression towards staff.
How will we deliver the improvement?	• Develop and implement a communication campaign advising patients and visitors of expected behaviour and zero tolerance, including the use of mobile phones and cameras. • Look at themes and trends from where incidents are reported for lessons learnt.
Measures	• Reduction in the number of incidents involving violence against staff
Targets	• 10% reduction in the number of incidents involving violence against staff
Reporting route	Report to the Quality and Clinical Governance Committee
Responsible officer	Chief Operating Officer

Priority Four: Improving the ways patients and service users access our care	
Why is this priority?	Improving the way our patients and service users access our services and the information that is provided is key to ensuring good quality care and experience is maintained. Ensuring our patients and service users has access to the right information at the right time.
How will we deliver the improvement?	Improved information to service users and primary care about the services we provide including the development of a service directory
Measures	• Review of service leaflets and information provided to patients and service users • Increase in the number of leaflets available in other languages • Development of a service directory in place on the Trust internet
Targets	• 50% of service leaflets reviewed and updated • 33% increase in service information available in other languages • New service directory in place by 2018
Reporting route	Quality and Clinical Governance Committee
Responsible officer	Director of Nursing, Midwifery and Allied Health Professionals/ Medical Director

Priority Five: Implement the CQC recommendations made in February 2018.	
Why is this priority?	In October/November 2017 the CQC inspected 4 acute core services (Surgery, End of life care, Outpatients and Critical care). The Trust were given 8 'must do' actions in order to comply with the following regulations: • Regulation 12, 2 (d), (g) and (h), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment. • Regulation 13 (1) 13 (2) 13 (4) (b) 13 (4) (d), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding service users from abuse and improper treatment. • Regulation 17, 2 (b) and (c), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.
How will we deliver the improvement?	• CQC action plans have been developed and included in the Trust's Quality Improvement Plan. The progress will be monitored each month by the Quality Experience and Safety Programme Group.
Measures	• Delivery of the action plans within the agreed timescales.

Targets	• Ensure all patients with mental health needs receive care in line with national best practice – meeting requirements of the Mental Health Act • Ensure all staff are aware of their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). • Improved medicine management - storage and disposal in line with national guidance. • Review of fire safety risk and compliance in HDU. • Improved storage to increase safe access to bed bays. • Improved infection prevention and control compliance. • Implementation of effective nursing care records. • Improved clinical governance and leadership practices
Reporting route	Quality and Clinical Governance Committee
Responsible officer	Director of Nursing, Midwifery and Allied Health Professionals

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 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 **By order of the Board Chair**

Mike Bell

Statement of assurance from the Board of Directors

Review of Services

Throughout 2017-18 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 and Clinical Governance Committee, monthly Quality Boards and Clinical Governance meetings.

The Trust reviews quality indicators using a 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. The Trust organogram depicting the directorate services is on the following page.

During 2017-18 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 per cent of these services

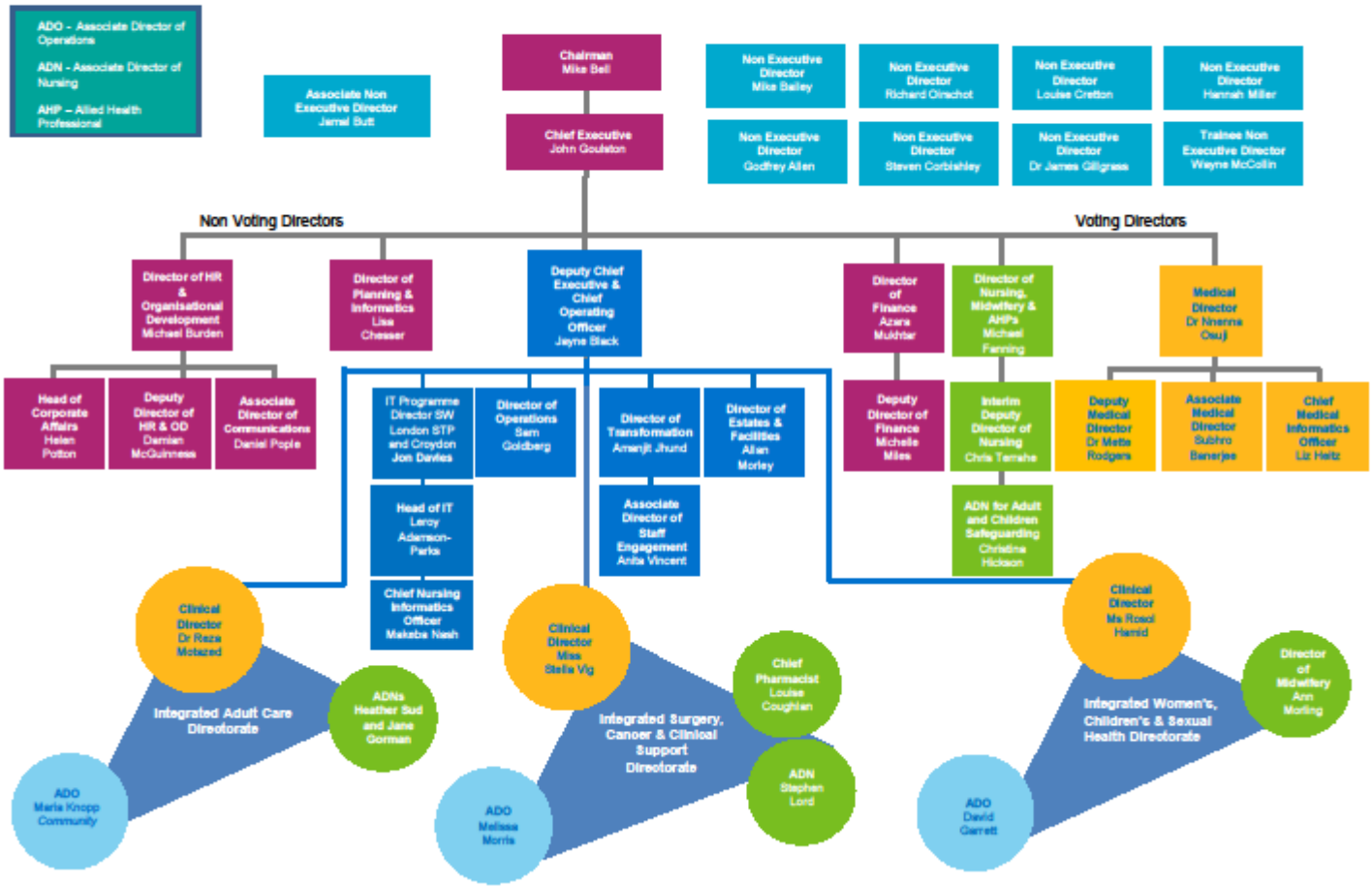
The income generated by the NHS services reviewed in 2017-18 represents 100% of the total income generated from the provision of NHS services by Croydon Health Services NHS Trust for 2017-18

Table of activity by quarter	Q1	Q2	Q3	Q4	Total
Total number of admissions	16,861	16,383	16,839	16,189	66,272
Total number of occupied bed days	40,878	41,634	43,514	44,026	170,052
Average number of occupied beds	452,21	452,54	472,98	489,18	465,896
Face-to-face contacts	85,487	84,045	81,845	83,152	334,529

- Data to be updated prior to publication

Managing Croydon Health Services

NHS
Croydon Health Services
NHS Trust



CHS Clinical Directorates

NHS Croydon Health Services NHS Trust

Integrated Adult Care Directorate	Integrated Surgery, Cancer & Clinical Support Directorate	Integrated Women's, Children's & Sexual Health Directorate
Acute Medical Unit	Anaesthetics	Breast-feeding support
Adult Therapies	Breast Surgery	Children's Hospital at Home
A&E Liaison Team	Cancer services	Children's medical services
Community Matrons	Day Surgery	Children's therapies
Community Nursing	Dentistry	Colposcopy
Cardiology services	Dermatology	Continence Service
Diabetes	ENT	Early Pregnancy Unit
Elderly Care	General Surgery	Gynaecology
Emergency Dept.	Haematology	Maternity Services
24/7 Team	Head and neck specialties	Out-patient Gynaecology, Fertility
Endocrine	Health records	Paediatrics (except A&E)
Endoscopy	ITU/HDU	Safeguarding children
Gastroenterology	Maxillo-facial	Sexual health
HV Older People	Neurophysiology	School nurses
Learning Disabilities	Neurosurgery	Special Care Baby Unit (SCBU)
		Homelsss Health
		Health Visiting
		Family Nurse Partnership
		HIV Services
		Audiology (children and adults)
		Just Live Well team

Service and quality accreditations

CHS was the first Trust to receive LiA accreditation and renewed this in September 2017. It has also achieved or is working towards external accreditations and external peer reviews.

Participation in national clinical audits and National Confidential Enquiries

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, and hence highlight best practice in providing high quality patient care and drive continuous improvement across our services. The Clinical Audit priorities are selected on the basis of national requirements, commissioning requirements and local evidence that has emerged from themes from incidents or complaints.

During 2017-18, the Trust participated in 54 national clinical audits and 9 National Confidential Enquiries. Out of the 54 national audits, 38 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 actions planned or undertaken are detailed in Appendix 1.

The Trust also completed 42 local clinical audits in 2017/18 as listed in Appendix 2.

The national clinical audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Some areas have been marked as in progress and this means that the data is currently being submitted which includes the data gathered during the period of 2017/18.

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, and hence highlight best practice in providing high quality patient care and drive continuous improvement across our services. The Clinical Audit priorities are selected on the basis of national requirements, commissioning requirements and local evidence that has emerged from themes from incidents or complaints.

National Audits participation

National Clinical Audit for inclusion in quality report	Data collection completed in 2017/2018	Number of cases submitted	% submitted
Acute Coronary syndrome or Acute Myocardial Infarction (MINAP)	√	In progress	In progress
Bowel Cancer (NBOCAP)	√	153	In progress
Diabetes (Paediatric) (NPDA)	√	129	In progress
Endocrine and Thyroid National Audit	√	In progress	In progress
Falls and Fragility Fractures Audit programme (FFFAP) Fracture Liaison Service	√	243	100%
Falls and Fragility Fractures Audit programme (FFFAP)	√	31	100%
Inflammatory Bowel Disease (IBD) programme	√	In progress	In progress
Major Trauma Audit	√	70	100%
National Audit of Dementia	√	20	In progress
National Audit of Intermediate Care (NAIC)	√	112	
National Cardiac Arrest Audit (NCAA)	√	In progress	In progress
National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)	√	29	In progress
National Comparative Audit of Blood Transfusion programme: Blood transfusion: Re-audit of the 2016 audit of red cell and platelet transfusion in adult haematology patients	√	In progress	In progress

National Clinical Audit for inclusion in quality report	Data collection completed in 2017/2018	Number of cases submitted	% submitted
National Comparative Audit of Blood Transfusion programme Blood transfusion: 2017 National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)	√	In progress	
National Comparative Audit of Blood Transfusion programme Blood transfusion: Audit of Patient Blood Management in Scheduled Surgery - Re-audit September 2016	√	In progress	
National Diabetes Audit-Adults	√	30	100%
National Diabetes Audit – Adults National Diabetes Inpatient Audit (NaDia)	√	In progress	
National Diabetes Audit – Adults National Pregnancy in Diabetes Audit	√	21	
National Diabetes Audit – Adults National Diabetes Transition	√	In progress	
National Diabetes Audit – Adults National Core Diabetes Audit	√	In progress	
National Emergency Laparotomy Audit (NELA)	√	83	100%
National Heart Failure Audit	√	In progress	In progress
National Joint Registry (NJR)-	√	43	100%
National Lung Cancer Audit (NLCA)	√	In progress	In progress

National Clinical Audit for inclusion in quality report	Data collection completed in 2017/2018	Number of cases submitted	% submitted
National Maternity and Perinatal Audit (NMPA)	√	In progress	
National Prostate Cancer	√	In progress	In progress
Neonatal Intensive and Special Care (NNAP)	√	In progress	In progress
National Vascular Registry	√	In progress	
Oesopha-gastric Cancer (NAOGC)	√	44	100%
Pain in Children (care in emergency departments)	√	53	100%
Neck Of Femur	√	53	100%
Procedural Sedation in Adults (care in emergency departments)	√	52	100%
Sentinel Stroke National Audit Programme (SSNAP)	√	In progress	In progress
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	√	In Progress	
UK Parkinson's Audit: (incorporating Occupational Therapy Speech and Language Therapy, Physiotherapy Elderly care and neurology)	√	23	100%

Clinical Outcome Review Programme (Previously the National Confidential Enquiries and Centre for Maternal and Child Death Enquiries)

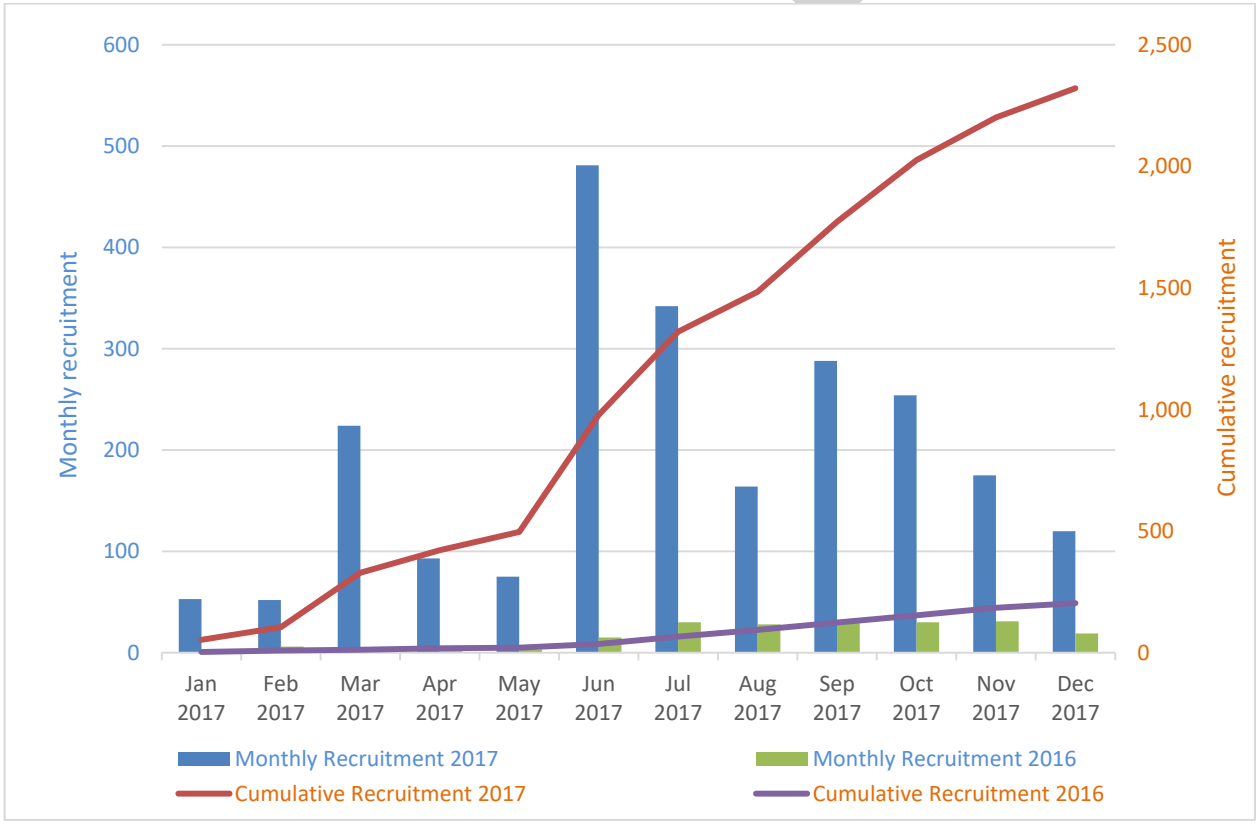
National Clinical Audit for inclusion in quality Report	Data completion Completed in 2017/18	Number of Cases Submitted	% Submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme Confidential enquiry into stillbirths, neonatal deaths and serious neonatal morbidity	√	In Progress	
Maternal, Newborn and Infant Clinical Outcome Review Programme National surveillance of perinatal deaths	√	In Progress	
Maternal, Newborn and Infant Clinical Outcome Review Programme Confidential enquiry into serious maternal morbidity	√	In Progress	
Maternal, Newborn and Infant Clinical Outcome Review Programme National surveillance and confidential enquiries into maternal deaths	√	In Progress	
Maternal, Newborn and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance	√	In Progress	
Maternal, Newborn and Infant Clinical Outcome Review Programme Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	√	In Progress	

National Clinical Audit for inclusion in quality Report	Data completion Completed in 2017/18	Number of Cases Submitted	% Submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)	√	In Progress	
Maternal, Newborn and Infant Clinical Outcome Review Programme Maternal mortality surveillance	√	In Progress	
Medical and Surgical Clinical Outcome Review Programme Selection for 2 additional topics will be carried out in 2017 Perioperative diabetes	√	3 In Progress (please note study is still open and figures have not been finalised)	
Medical and Surgical Clinical Outcome Review Programme Cancer in Children, Teens and Young Adults	√	1 (please note study is still open and figures have not been finalised)	
Medical and Surgical Clinical Outcome Review Programme Heart Failure	√	2	
Young Peoples Mental Health	√	4	
Chronic Neurodisability	√	12	

Research 2017 – 2018

Research is a core part of the NHS, enabling it to transform services and improve the current and future health outcomes of the people it serves. By fully integrating research into our organisation we aim to outperform organisations that do not, leading to better quality care and improved use of resources. 'Clinical research' refers to studies that have received a favourable opinion from a research ethics committee.

All patients receiving NHS services provided or sub-contracted by Croydon Health Services NHS Trust in Jan 2017 to Dec 2017 were eligible to be approached for research. A total of 2,321 patients were recruited to participate in research approved by a research ethics committee. This figure is based on the Clinical Research Network (CRN) registered file. Compared to last year this is a rise in recruitment of almost 360%. This far exceeded our predicted recruitment from the year before. With these numbers it opens the potential for the trust to secure a three year devolved budget for research staff, rather than an annual negotiated budget.



A comparison of recruitment over 2017 against that of 2016

This sharp rise in recruitment is due to two funded studies that were started at Croydon and adopted into the CRN portfolio. The first is the OPTIMAL study, a computer system that aids identification of at risk patients for admission, working in

conjunction with discharge advocates following up patients after discharge. It aims to support the patient immediately post-discharge by signposting the patient to other resources that may help them should their condition be a cause for concern. This may lead to earlier intervention and prevent a readmission. The aim of the study would be reduced readmission into hospital before the 30 day window. The study could have the potential to save the Trust money by reducing penalties incurred when patients are readmitted within the 30 day post discharge period. As well as improving quality of patient care by offering support to the needy patients within the community. This study has, at the time of the report, recruited 1,123 patients over the course of the year. The project is scheduled to conclude in April 2018; however a three month extension is being applied for. This extension is being applied for because of engagement with a second site (Sherwood Forest) to start recruitment, and a slowdown in patient recruitment over the winter period, culminating at a risk of failing to achieve 1700 patients needed for the study analysis.

The second study is the NICE FIT trial, which examines for the presence of blood in patient stool samples and comparing these results to colonoscopy results. This is with the view of having a non-invasive test for bowel cancer. The study has recruited 688 patients since March 2017 and is set to finish in September 2018, with a recruitment target across all participating sites of 6000 patients.

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

In 2017-2018, 66 clinical research studies were being conducted in the Trust; 54 of which were funded by the CRN. Twelve studies concluded by December 2016 of which 50% were completed as designed within the agreed time and to the agreed recruitment target.

In 2017-18 Croydon approved 22 studies of which 11 were supported by the CRN.

There were 117 clinical staff members participating in research approved by research ethics committee at Croydon Health Services during 2017 – 2018. 42% of these were Research Passport Personnel supporting the research studies. These staff participated in research covering 16 specialities.

In October 2017 the HOT clinic and Research and Development team completed the fourth year on the WELCOME study which is an EU-funded study run between seven different countries. Prototype vests were produced and the team and consortium partners have finished running the trial. At present the data is in the process of being analysed and being written up in reports for final review. Eleven COPD patients from Croydon took part in remotely monitoring their health and

disease progression. This study ran with an eventual goal of developing the vest and sensors into a commercial product. To date at least four patents have been produced from the project, and over 20 publications in peer-reviewed journals.

A second EU-funded project called AEGLE completed its third year in April 2017 and is set to finish in November 2018. This is a big data analytics programme that will analyse anonymised patient data to try to improve the treatment of diabetes. We have diabetes data from Croydon and Epsom and St Helier, plus data from Northern Ireland. Analysis and testing of the software is being carried out to visualise the data and create predictive models. It is hoped that developing a High Performance Computing (HPC) system into a usable web-based system, will empower clinical staff to not only work more collaboratively but also enable the harnessing of clinical databases at a local, regional, national and international level to further improve patient care and outcomes.

In the last three years, 51 publications have resulted from our involvement in Research. Of these 51 publications, 12 were directly from NIHR studies.

Use of the Commissioning for Quality and Innovation (CQUIN) framework

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 aim of the CQUIN goals is to achieve improvements in quality and innovation which will support health gains for patients and staff.

For 2017/18 the Trust achieved 87% (Q2 figures – *year -end figures to be confirmed prior to publication*) of our CQUIN income from the NHS England and Croydon Clinical Commissioning Group (CCG) and 100% of the specialist CQUINs from NHS England.

The current National CQUINS cover the 2 year period 2017/19 and are as follows:

- Improving the health and wellbeing of NHS Staff
- Health food for NHS staff, visitors and patients
- Improving the uptake of flu vaccinations for frontline clinical staff

- Timely identification of patients with sepsis in emergency departments and acute inpatient settings
- Timely treatment of sepsis in emergency departments and acute inpatient settings
- Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.
- Reduction in antibiotic consumption per 1,000 admissions
- Improving services for people with mental health needs who present to A&E
- Advice & Guidance
- E-referrals
- Supporting proactive and safe discharge
- Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening
- Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice
- Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication
- Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening
- Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral
- Improving the assessment of wounds
- Personalised Care and Support Planning

The NHS England CQUINS are:

- Dental dashboard
- Medicines optimisation
- Cancer dose banding

All CQUINS will be monitored by the Quality Experience and Safety Programme to link with other Quality Initiatives

Clinical standards for seven day hospital services

Since 2014, the Trust has been working with the clinical directorates to look at how to best implement a 7 Day Service (7DS). As part of the team job planning process, each clinical speciality had to review compliance with 7 day working and identify resource gaps. In 2015 the Trust developed internal standards for clinical teams to ensure compliance with some of the 7 day working clinical standards.

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 will focus on:

1. Improving clinical documentation and coding to ensure understanding of true compliance with early consultant review.

2. Deployment of internal professional standards and agreed clinical pathways, to facilitate early consultant review, and embed consultant-directed requesting for diagnostic interventions.

3. Service portfolio optimisation/Clinical service redesign review identifying and quantifying areas where investment is required to allow clinically safe provision of 24/7 care.

4. Collaborate with other SWL providers to formulate network solutions where appropriate and possible.

Results from Phase 4 of the 7 day service audit (reported in August 2017), which covered the number of Emergency Admissions in the Trust for a selected consecutive 7-day period showed that:

- the Trust was above both the national and London Commissioning Region means of patients assessed by a Consultant within 14 hours of admission to hospital, with a good result for assessments taking place on the weekend
- the overall proportion of patients made aware of diagnosis, management plan and prognosis within 48 hours of admission was 98%
- the number of patients requiring twice daily Consultant reviews and were reviewed twice by a Consultant was between 94% and 100% on weekdays.

Statements from the Care Quality Commission (CQC

Overall rating	Requires Improvement

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.

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 monitors the fundamental standards of care through inspections, patient feedback and other external sources of information. They inspect Trusts at a core service level and publish reports giving each service a rating which is then amalgamated into a Trust wide rating.

The whole Trust was inspected by the CQC in June 2015 and a report was published on 7th October 2015 stating the Trust was given an overall rating of "Requires Improvement."

In October/November 2017 the CQC re-inspected the following core services: surgery, critical care, end of life care and outpatients. Of these, all but critical care improved to a rating of "Good." Critical care remained as "Requires improvement".

The CQC also looked for the first time at mental health provision in an acute setting and carried out a separate in-depth review of the well led domain in conjunction with NHS Improvement.

The remaining core services of medical care, urgent and emergency services, maternity, gynaecology and community (children and adult) will be re-inspected before the Trust's overall rating of "Requires Improvement" is reviewed.

The Trust has been given a "Good" rating for the domains of Caring and Responsive, with the remaining domains of Safe, Effective and Well Led given the rating of "Requires Improvement."

The Trust was given two "must do" actions for the Trust overall and six relating to Critical Care and 19 "should do" actions and these have been included in the Trust priorities for 2018/19. A comprehensive action plan has been drawn up to address these areas of improvement and is being monitored and reported on by the Trust's Quality, Safety and Experience Programme (QESP).

The Trust continues to work towards achieving a "Good" or "Outstanding" rating throughout the CQC inspection process to build on our previous achievements.

Health and Safety Executive

During 2017/18 there were no incidents that were investigated by the Health and Safety Executive.

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. PLACE assessments provide a framework to review how the environment supports patient privacy and dignity, quality of food provided, cleanliness and general building maintenance. The inspectors are a mix of Trust members, external inspectors and patient representatives. The group is at liberty to visit any ward or department in which patient care is provided. The assessments take place every year, and results are reported publicly.

Last year's assessment was conducted in May 2017 and report issued in September 2017.

It shows that we scored an impressive 95.14% on food and hydration, placing us top among acute trusts in South West London and well above the national average of 89.7%.

Against the measure of how well we meet the needs of people with dementia, we scored 84.5% – 13% higher than any other acute hospital in South West London and almost eight percent above the average score in England.

We also achieved the highest score among South West London hospitals for how well we meet the needs of people with disabilities, with a score of 86.98, which was 11% more than others in our region and above the national average of 82.6%.

On cleanliness we scored 96.32, which place us below the national average but third within hospitals in the South West region.

We were rated as below the national average on privacy, dignity and wellbeing, however this was not the lowest in our region. On the condition, appearance and maintenance of our buildings we achieved the top score among South West London acute hospitals, however, this was still below the national average, perhaps reflecting the age of many NHS buildings within London.

This year's PLACE assessment is due to be completed in Spring 2018 and report produced in September 2018.

Data Quality

The Trust submitted records during 2017/18 to the Secondary Users Service (SUS) which is the single, comprehensive repository for healthcare data in England. In 17/18 the Trust achieved 98.7% against a national score of 96.5%. (Data to be updated prior to publication)

	NHS number,		postcode,		GP Practice Code	
	Trust %	National %	Trust %	National %	Trust %	National %
Percentage for inpatient care	98.8	99.4	99.7	99.8	100	99.9
Percentage for outpatient care	99.6	99.5	99.8	99.8	100	99.8
Percentage for A&E care	96.1	97.1	99.8	99.6	99.9	99.3

Awaiting data from the clinical coding audit due end of March 2018.

Activity by quarter – data due end of March 2018.

Information Governance

Level 2 Compliance achieved (69%)	**Compliant**

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 IG Toolkit (IGTK) is a performance tool produced by the Department of Health and now hosted by NHS Digital. It draws together the legal rules and central guidance and presents them in one place as a set of IG requirements.

All NHS bodies are required to carry out self-assessments of their compliance against the IG requirements, as indeed are all health and social care service providers. 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.

The ultimate aim is to demonstrate that the Trust can competently maintain the confidentiality and security of personal and corporate information. This, in turn, increases public confidence that the NHS and its partners can be trusted with personal data.

National guidance requires all organisations delivering NHS services, to achieve a level 2 or above compliance across all of the IGTK requirements. Croydon Health Services NHS Trust's expected score for the 2017/18 NHS Digital Information Governance Toolkit v14.1 on March 31 2018 is 69% with all requirements being level 2 compliant.

There were no reported Information Governance breaches to the Information Commissioners Officer for the 2017/18 period.

Reporting against core indicators (Department of Health mandatory indicators)

This section includes data on nationally specified indicators for the current and previous reporting periods as part of the statutory requirements

Information to be update prior to publication - not all data available as yet

Domain	Indicator	2015/16	2016/17	2017/18	Most Recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National Average	Comments
Preventing people from dying prematurely	The value and banding of the summary hospital-level mortality indicator (SHMI) for the trust.	1.0464	0.8913 Band 2 (as expected)		0.8913	Oct '15 - Sept '16 NHS Digital	0.6897	1.1638	1.034	**Information to be update prior to publication**
Enhancing quality of life for people with long-term conditions	% of admitted patient deaths with a palliative care coded at either diagnosis or specialty level for the trust.	34.63% A	34.71%		34.71%	Oct '15 - Sept '16 NHS Digital	0.39%	56.26%	1.6%	**Information to be update prior to publication**
Helping people recover form episodes of ill health following injury	Patient reported outcome measure score for groin hernia surgery	21.6%	21.6%		Apr'16-Dec'16NHS Digital		N/A	N/A	56.3%	**Information to be update prior to publication**
	Patient reported outcome measure score for varicose vein surgery	Part data submitted for this year	55.7%		Apr'16-Dec'16NHS Digital		N/A	N/A	34.1%	**Information to be update prior to publication**

	Patient reported outcome measure score for knee replacement surgery	The Trust did not submit data for this PROMS	The Trust did not submit data for this PROMS		Apr'16-Dec'16NHS Digital		N/A	N/A	85.3%	**Information to be update prior to publication**
Preventing people for dying prematurely	% of patients aged 0-15 re admitted to hospital within 28 days of being discharged from hospital	6.35%	HSCIC		N/A	N/A	N/A	N/A	N/A	**Information to be update prior to publication**
Enhancing quality of life for people with long term conditions	% of patients aged 16 and over readmitted to hospital within 28 days of being discharged from hospital				N/A	N/A	N/A	N/A	N/A	**Information to be update prior to publication**
Ensuring people have a positive experience of care	The Trust's responsiveness to the personal needs of its patients	TBA	75%		75%	May 2017	92%	74%		**Information to be update prior to publication**
	Percentage of staff employed who would recommend the Trust as a provider of care to their friends and family	57%	69.83%		70.20%	March 2017	84%	66.4%	74.2%	**Information to be update prior to publication**
	Friends and Family test - percentage of inpatients who would recommend the trust as a provider of care to	92.68%	93.47%		94.80%	March 2017	92.6%	54.9%	N/A	**Information to be update prior to publication**

	their friend and family									
	Friends and Family test - percentage of patients discharged form A &E (type 1 and 2) who would recommend the trust as a provider of care to their friend and family	92.6%	93.78%		93.84%	March 2017	94.4%	78%	N/A	**Information to be update prior to publication**
Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism	95.28%	96.85%		97.44%	March 2017	N/A	N/A	N/A	**Information to be update prior to publication**
Treating and caring for people in a safe environment and protecting them from avoidable harm	The rate per 100,000 bed days of C difficile infection amongst patients aged 2 or over.	13.22%	7.91		7.91	Public Health England	N/A	N/A	N/A	**Information to be update prior to publication**

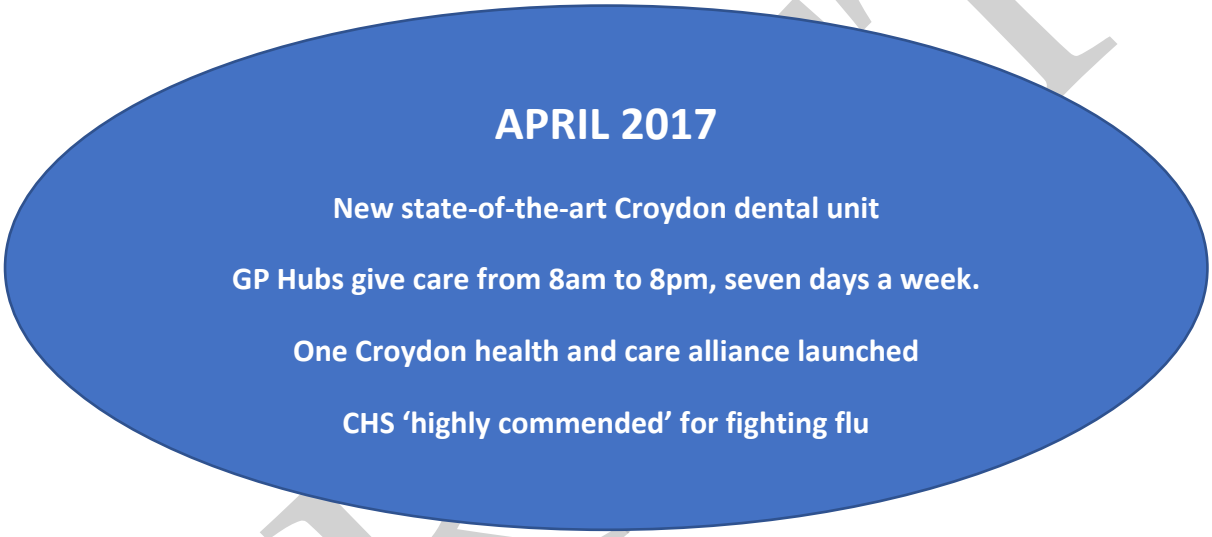
Treating and caring for people in a safe environment and protecting them from avoidable harm	The Number of patient safety incidents reported within the Trust	2319	2625		2625	01/04/2016 to 30/09/2016 (NRLS)	13485	1485	4,955	**Information to be update prior to publication**
Treating and caring for people in a safe environment and protecting them from avoidable harm	The rate of patient safety incidents reported per 1,00 bed days	27.45 (per 1000 bed days)	29.71 (per 1000 bed days		29.71 (per 1000 bed days)	01/04/2016 to 30/09/2016 (NRLS)	71.81	21.15	41.00	**Information to be update prior to publication**
Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of patient safety incidents reported that resulted in severe harm or death.	0.5%	0.64%		0.64%	01/04/2016 to 30/09/2016 (NRLS)	0.018%	1.73%	0.373%	**Information to be update prior to publication**

Part 3
Review of Quality Performance 2017-18

Review of Quality priorities 2017-18

This section demonstrates the Trust's achievements throughout 2017-18 in the areas of patient safety, clinical effectiveness and patient experience. Performance against the priorities in our 2017 -18 Quality Account is included in each section.

Key achievements of the year



New state-of-the-art Croydon dental unit

Dental patients at CUH gained state-of-the-art facilities thanks to a £750,000 refurbishment. Now patients enjoy a spacious and comfortable environment with eight private treatment rooms, high quality equipment and improved facilities for dentistry while sedated.

GP Hubs give care from 8am to 8pm, seven days a week.

We launched new services as part of the Croydon Urgent Care Alliance. Together with our partners (Croydon GP Collaborative and AT Medics), we now provide a wide range of urgent care services including three GP 'Hubs' across the borough. Run by doctors and nurses from Croydon University Hospital alongside Croydon GPs, the hubs are here to make it easier for you to access urgent care and support, without a hospital visit or waits in A&E. The Hubs offer booked appointments with a

GP from 8am to 8pm, seven days a week. Walk in appointments are also available. The new services have been developed in response to local residents who called for longer opening hours and more GP appointments for urgent health needs.

One Croydon health and care alliance launched

From April 2017, the One Croydon health and care alliance for people over 65 was launched. It is a radically different approach to the funding and delivery of services and is designed to get the best value out of the health and care system over the next ten years. Their Personal Independence Coordinators would become a success throughout the year (see above). The Alliance members are our CHS, Croydon Council, Age UK Croydon, the Croydon GP Collaborative, South London and The Maudsley NHS Foundation Trust and Croydon CCG. Focusing first on the care of older people in our borough, One Croydon is to broaden its remit to all ages to provide more coordinated care and support at every stage of life.

CHS 'highly commended' for fighting flu

Despite their busy schedules, 77 per cent of our patient-facing staff found time to be vaccinated against flu over the flu season of 2016/17. This high rate was the second most successful among all of London's acute NHS trusts. As a result, we were recognised as Highly Commended at the national NHS Employers Flu Fighter Awards in April. More importantly, our high vaccination rates help ensure flu is kept away from our staff and patients.

CQC's annual Inpatient Survey showed trust improvements

The CQC published the results of the 2016 Inpatient survey in May for NHS Trusts across the country. The results for CHS showed continued improvements in a number of areas. In just three years the proportion of patients who always feel they are treated with respect and dignity increased from 68 to 75 per cent. In total, 77 per cent rated their overall experience of care as at least 7 out of 10, with more than a third rating the Trust 9 or 10. Also 98 per cent said hospital rooms and wards were clean – three percentage points better than the previous year.

Croydon Stars Awards

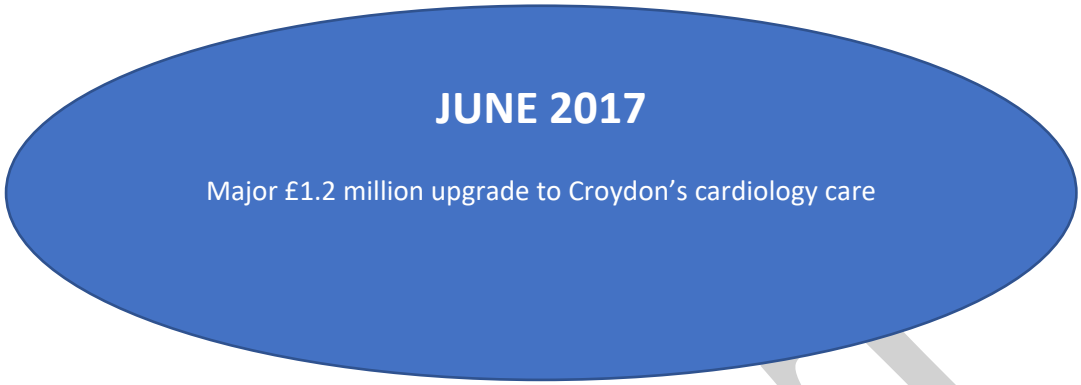
We staged an uplifting evening at Crystal Palace Football Club (CPFC) for our annual staff and volunteer awards. Among the many fantastic winners were Belphoebe Lundy, for her support of women who suffer the loss of a child in pregnancy, and Neville Baker for his tireless work as a volunteer.

Celebrating record breaking Croydon research

CHS celebrated its scientific and clinical research teams at its 16th Annual Research and Development Day. The focus of many teams is aligned with key health burdens affecting Croydon, such as children with asthma being more likely to attend A&E in Croydon than any other part of London. Our research has reduced our childbirth traumas to the UK's lowest levels, is helping babies and children fight sepsis using varied cannulas, and is handling children's asthma to reduce their need for A&E visits and much more.

Recognising our fantastic nurses

On International Nurses' Day our nursing staff Sashane Dean, Belphoebe Lundy and Ophelia Clemente each received awards from our Trust and from former Chief Nursing Officer of England Dame Christine Beasley, who is renowned as "the nurse's nurse". The awards celebrated the importance of nurses, midwives and healthcare assistants.



Major £1.2 million upgrade to Croydon's cardiology care

All of our cardiology care joined together in one location at CUH in a major £1.2 million upgrade. For the first time, Croydon patients now experience the full range of cardiology care without moving between two separate departments. The service is called the Croydon Heart Centre and its patients benefit from bigger, brighter, purpose-built rooms and £180,000 of upgraded technology. This was a major undertaking for such a busy cardiology department, which tests or scans 30,000 patients each year. Beloved television actress Lynda Baron, who was in shows including Open All Hours and EastEnders, officially launched this service later in the year.

CHS beat national average in latest Cancer Patient Experience Survey

CHS beat the national average in the latest Cancer Patient Experience Survey.

Cancer patients rated CHS highly in the National Cancer Patient Survey, commissioned by NHS England. We scored 8.8 out of 10 overall for care compared to the average for trusts across the country of 8.7. The survey also showed that 97 per cent of Croydon patients said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist. This compares to 93 per cent the previous year, while exceeding the national average of 86 per cent.

One year anniversary of our patient lunch club

We celebrated the one year anniversary of our patient lunch club, an initiative to create a social environment for patients to eat together with volunteers and staff. It is run by our hospital volunteers, dieticians and catering team two days a week and can help to rehabilitate patients and boost poor appetites.

CHS surged into nation's Top 10 list for Acute Trust research trials

Croydon's public are benefiting from one of the fastest local increases in access to research trials anywhere in England. The National Institute for Health Research's annual Research Activity League Table showed that CHS has increased its number of studies open for participation by 26 per cent – from 34 in 2015/16 to 43 in 2016/17. It places us tenth in the country among Acute Trusts. These trials can give hope and better results for patients who have tried every other type of available care. The number of public participants in our research has more than doubled in the same period.

Patients place CHS's environment top in SWL

Patients rated CHS best among acute hospitals in South West London for our food and the condition, appearance and maintenance of our buildings. The results were

published by NHS Digital in its annual Patient-Led Assessments of the Care Environment (PLACE).

A bigger, upgraded ward for critically unwell patients

CUH opened a new Resuscitation Unit to better help patients in 'life or death' emergencies. This major development is the first part of the hospital's new £21.25m Emergency Department to open to the public. It means this 'resus' unit now has eight beds, rather than five, and an array of improvements including new technology and better rooms that have doubled in size. The new Emergency Department will open in full in 2018. As well as being much bigger than the previous department, the new facility will offer greater privacy for all patients. It will also include a separate children's unit with its own waiting room and play area, and will be one of the first hospitals to include a dedicated Children and Adolescent Mental Health Service (CAHMS).

Discharge to Assess working well

From the moment a patient arrives at hospital, our clinical teams are working together to deliver consistently good care, and plan for their discharge home. We do this so that when doctors and therapists say a patient is ready to leave hospital, we can avoid unnecessary delays that can cause frustration our patients and their families. This is especially important during winter, when we need to free-up beds quickly – and safely – to help us admit other patients waiting to be seen. From September we implemented a new service called 'Discharge to Assess'. Croydon Clinical Commissioning Group, Croydon Council's Social Services, CHS and home care providers had looked at how a fully integrated and streamlined service could be delivered, which would both speed up hospital discharge times and improve outcomes for people.

Major bowel cancer study launched

CHS is leading a major study which initially sought 6,000 participants from West London but is now expanding even further across the country. The study, called NICE FIT, is exploring a diverse population to create detailed benchmarks for a bowel cancer faecal 'dipstick' test called FIT. FIT is highly accurate but, without these benchmarks, it cannot yet give excellent and cost-effective 'all clears' from bowel cancer. Evidence suggests our research can achieve at least a 40 per cent reduction in 'unnecessary' colonoscopies. We are very thankful to RM Partners, who helped us secure £550,000 funding and coordinated partners in West London to get NICE FIT started.

LiA accreditation renewed

CHS was awarded Listening Into Action (LiA) accreditation for the third year running. Our Trust first adopted LiA as a way of working in 2013. Since then, it continues to be the way we engage and empower our staff to make CHS a better place to work and to further improve our care. This fantastic achievement came one month after our improved results in the annual LiA Pulse Check, which is a Trust-wide survey of staff how staff feel. More than 2,100 staff responded and showed an improvement in 8 of the 15 questions asked, including 'would you recommend CHS to your friends and family' - which increased 4 percent above the previous year.

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Partnership LIFE team moves to our Lennard Road site

The local One Croydon partnership also runs LIFE (Living Independently for Everyone) and we are very pleased that the LIFE team has now relocated to our Lennard Road site. The team includes colleagues from our community services along with staff from Croydon Council Adult Social Care, Age UK Croydon and a private sector provider of domiciliary care, SureCare.

Their main focus is to provide person-centred care once they leave hospital, which means it is one of our Discharge to Assess pathways (see below) and a key service of our transformation of out of hospital services. What makes LIFE different is that goals are set around the person's desires, and not just around their personal needs. Both parties work together to enable a person to become as independent as possible as early as possible. This can be something as simple as being able to walk to the shops.

CHS achieves lowest rate of childbirth trauma in the country

The Health Innovation Network (South London Academic Health Science Centre) recognised the outstanding work of our researcher Ranee Thakar and her team in improving our maternity services. Thanks to the team's work, Croydon now has the lowest rate of childbirth trauma in the country. They have successfully reduced the rate of perineal tears from 4.6 percent to 0.4 percent between June 2016 to March 2017 – the lowest recorded in the UK and far lower than the national average of 2.9 percent. This care bundle, developed in Croydon with the Royal College of Obstetrics and Gynaecology is now being implemented across 16 hospitals in the UK.

Lucina Birth Suite

CUH's award-winning Maternity Department is better and brighter following a range of improvements. It now includes large, calming murals and also 'cold cots' which allow a parents to spend more days with their child in the tragic event that the child has passed away. We have also transformed the Garden Bereavement Suite courtyard. The Mayor of Croydon, former rugby star Craig Chalmers and Barclays helped its launch.

BBC TV News explored our operating theatre achievements

CUH was featured on BBC TV 's six o'clock and ten o'clock news in a report about how our hard work has improved productivity in our operating theatres. It described how we increased the number of operations we performed by 1,200 in one year and how we reduced on-the-day cancellations from 12 percent to 7 percent.

Our A&E achievements highlighted in two national reports

Achievements in our Trust's key services were reflected in two very encouraging reports. The Care Quality Commission published patient feedback from the survey undertaken in 2016 across England's Emergency Departments. Our scores for 2016 improved in 29 of the 33 questions that the survey had also asked in the previous survey (in 2014). In a separate report, the BBC's own investigations resulting in ranking for trusts across three key areas. Our Trust scores higher than the national average in all three areas, with were around the four-hour A&E target, the 62 day target for cancer treatment and the 18 week target for planned operations and care.

Gynaecology services accredited

Our Urogynaecology and also our Endometriosis services have been accredited by the British Society of Urogynaecologist and the British Society of Gynaecological Endoscopy respectively. This accreditation recognises our high standards and helps us ensure we maintain that level.

One Croydon partnership helping older people

By November our new local One Croydon alliance was showing proven benefits for caring for older people in our borough.

Bringing health professionals together from different organisations has already helped hundreds of older people across our borough stay well by taking into account all of the factors that can affect their health and well-being – such as housing, lifestyle, family and social connections, including tackling loneliness and mobility problems.

One Croydon is a partnership between local NHS services, GP practices, Croydon Council and Age UK Croydon. Together we have set up six Integrated Community Networks (ICNs) made up of GPs, community nurses, CCG pharmacists, social workers and eighteen Age UK Personal Independence Coordinators (PICs). In just three months this teamwork had reduced drop-in admissions by eight percent in pilot areas by helping older people become healthier and more independent at home. Areas that had not yet adopted ICNs as a way of working saw non-elective admissions increase by six percent across the same period.

Nearly 36,500 patients benefit as Edgecombe Unit reaches 2-year milestone

Our team in CUH's Edgecombe Unit celebrated its two-year anniversary. The pioneering unit was initially created to reduce pressure on our Emergency Department, providing an alternative option for specialist care and avoiding unnecessary patient waits.

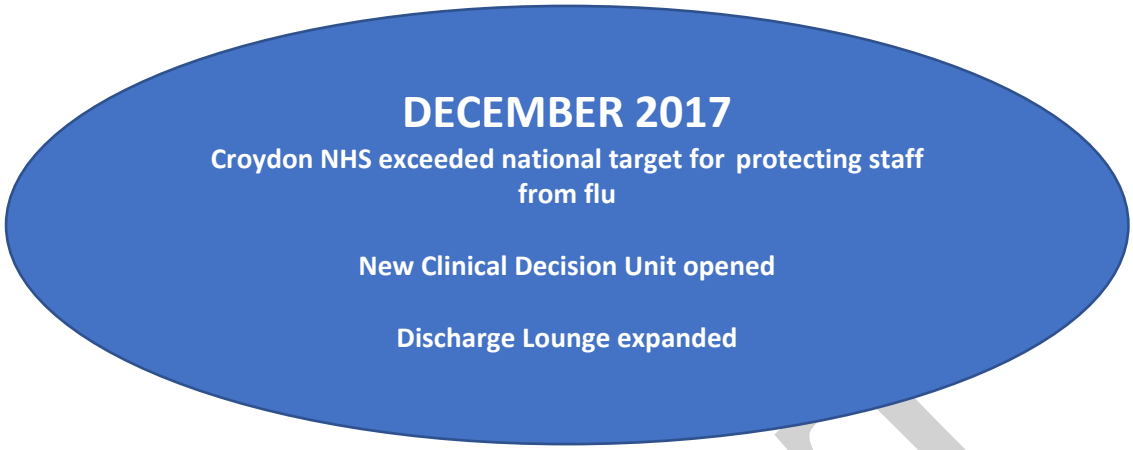
Every day the unit is helping prevent up to 25 patients being admitted unnecessarily. This is an enormous benefit to patients, especially the frail and elderly. Importantly, re-attendance rates have not risen since the unit opened.

A step forward in falls prevention

The excellent work of our Falls Improvement Collaborative was showcased at November's large Patient First 2017 event in London. 'Baywatch' cards are used to help staff-to-staff handovers, bedside arrangements are matched to the side of bed a patient prefers to get out of, and other adjustments are made. These all help to make the environment safe and comfortable for patients while reducing falls.

Health Education England applauds training at CHS

Health Education England (HEE) Chairman Sir Keith Pearson and Director of Nursing Lisa Bayliss-Pratt called quality of innovation and training at CHS a "triumph" following a visit to the Trust and a tour of our Edgecombe Unit. Sir Keith said "Iit is obvious that NHS Constitution values and behaviours (safe care, delivered with compassion, dignity and respect) are firmly at the heart of the ethos of CHS". HEE has also accepted CHS as one of only two pilot sites in London for its flagship Improving Surgical Training Programme.



Croydon NHS exceeded national target for protecting staff from flu

CHS exceeded the annual national target of 70 percent for its proportion of patient-facing staff who chose to get vaccinated against flu. By 31 December, 1,806 (71 percent) of our patient-facing staff were vaccinated, thanks to extensive work by our vaccinators and Occupational Health team. This is an important achievement which greatly helps protect staff and patients from the dangerous virus. Public Health England's estimate is that an average of 8,000 people die from flu in England each year and sometimes this reaches 14,000, which is why CHS takes it very seriously.

New Clinical Decision Unit opened

During December we opened a new Clinical Decision Unit (CDU) at CUH to help ease the pressure on our Emergency Department. The CDU is situated on the ground floor of the Woodcroft Wing and is open between 8am and midnight every day.

The CDU plays a critical role by providing a more appropriate setting for adult emergency patients who need emergency treatment but who do not require to be admitted to an acute inpatient bed. This has helped to give us additional capacity to care for those who require evaluation, testing, treatment and medical management.

Discharge Lounge expanded

We also increased the size of our Discharge Lounge. The new facility now offers more comfort and an improved environment for our patients. The improved lounge now has additional space for those waiting for transport or medication. We can also provide hot meals and refreshments.

CHS Chair reappointed

Mike Bell was reappointed as Chairman of CHS. Recently, Mike has been involved in a leading think tank report and championed ever-closer working with our partners in the borough, including the local authority, general practitioners and the voluntary sector. As a result, he has helped us to deliver many of our successes, including the Best Start programme for the under-fives and new GP hubs, which provide access to urgent care for all ages.

'Good' rating for three out of four services inspected at CHS by the CQC

The Care Quality Commission rated three of out of four core services at CHS as 'Good' following a routine inspection. The unannounced inspection, which was carried out during October and November 2017, focused on surgery, critical care, end of life care and outpatients at both CUH and Purley War Memorial Hospital.

The inspectors found there had been improvements in surgery, end of life care and outpatients, raising the rating from 'Requires Improvement' to 'Good' in all three services. The CQC rated critical care as "Requires Improvement."

For the second time, the Trust was rated as 'Good' for caring. The CQC also increased the Trust's rating to 'Good' for responsive services.

The Trust was rated as 'Requires Improvement' overall – the same as its last inspection in June 2015.

Among its feedback, the CQC said our staff showed compassion and said "patients could access services quicker because of the improvements the Trust had made."

Maternity awards

Our midwife Memuna Sowe was declared Midwife Of The Year at The British Journal of Midwifery Practice Awards, leading to many media interviews in prestigious outlets including ITV London News.

Memuna used the opportunity to highlight the life-changing work of our Homeless Health team and our outreach to vulnerable pregnant women, including those who live on the streets or who have experienced FGM. She was also determined to emphasise our team's strength and our close coordination with charities and other outside organisations.

Paulina Sporek, also a CHS midwife, won the Midwife Achievement Award at the London Maternity and Midwifery Festival. They recognised her remarkable work founding and carrying forward a project called Deaf Nest, which improves deaf parents' experience, equality of access, choice and control over maternity care. It is work we aim to support going forward.

Improving patient safety

Ten stories of staff-led changes across the NHS were published in February. The very first was from Croydon. We were one of the first trusts to adopt the Listening into Action as way of working to support staff to make the changes that they want to see. As one of our many LiA success stories, we have spearheaded a movement across the Trust to improve patient safety and spread learning from incidents and best practice. As a result, the reporting of incidents has tripled over a two year period, leaping CHS to the top quartile of Trust's nationally (11th out of 136 Trusts) according to the National Reporting and Learning System (NRLS), whereas previously we were ranked as 124th. This does not mean that more incidents are occurring – it means that we are reporting incidents correctly and also increasing the opportunities for learning through more detailed analysis – for example breaking down the causes of any one incident to share lessons learned across different teams.

MARCH 2018

Diagnostic Centre and CT scan suite

Crocus homebirth team shortlisted for national award

Diagnostic Centre and CT scan suite

A new £1.1m radiology refurbishment that was completed in March. It included new scanners, rooms and much more. It is part of a range of upgrades and improved integration at CUH in what is now called the Diagnostic Centre. A £1.5m refurbishment of our CT scan suite also concluded in March.

Crocus Homebirth team shortlisted for national award

Our Crocus homebirth team were finalists for the 'Team of the Year' at the annual Royal College of Midwifery Awards. The Crocus team supports more than 80 women a year to give birth in the comfort of their own home. The team is often praised on social media and in the feedback we get from Croydon families. It is fantastic to see them get the recognition they deserve.

Review of Quality priorities 2017-18

This section demonstrates the Trust's achievement on the quality priorities identified for 2017/18.

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 improve our support and care of people with mental health conditions		Made good progress
2	To create a culture of safety, shared learning and listening to our patients and service users		Made good progress
3	Reducing unnecessary delays when discharging patients home after a hospital stay, and reducing avoidable hospital readmissions		Met objectives for the year
4	Improving the ways patients and service users access our care		Made good progress
5	Keeping more people in our local community healthy - Make Every Contact Count (MECC)BAU		Made good progress

Priority One: To improve our support and care of people with mental health conditions

The Trust has made some progress in this area but will be carrying on this priority into 2018/19.

The Trust has employed a Head of Nursing for Mental Health to support the development of a robust pathway through the hospital and put in place a best practice policy for patients who also have mental health needs. The Head of Nursing will also be supporting the delivery of training for staff, including compliance with the Mental Health Act.

Mental health is also the subject of a national CQUIN for 2017/18 which will continue into 2018/19. The aim of this CQUIN is to improve services for people with mental health needs who present to the Emergency Department. This is monitored and reported each month and reported to the EMB.

Priority Two: To create a culture of safety, shared learning and listening to our patients and service users

The Trust will continue to build and sustain the work in this area. This year we have launched GREATix and started to see and embed the learning from excellence

In 2017/2018, the Trust reported 20,725 no harm or low level harm incidents, which is an increase in the figures from 2016/2017. We have seen incident reporting on no harm/ near miss incidents increase and our position within the NRLS reporting table change from the bottom quartile to the top quartile being placed 11th of 136 Trusts.

We have started to embed the culture of shared learning with events such as "Quality Street", Quality summits and safety newsletters.

The Trust will continue its work in this area and will have a focus of shared learning.

Priority Three: Reducing unnecessary delays when discharging patients home after a hospital stay, and reducing avoidable hospital readmissions

This priority is being delivered via the 'Right Person, Right Bed' initiative which focusses on proactively working together to provide high quality care in the right environment. Trauma patients are now seen on a dedicated unit, a safer model of care was launched and there is more focussed and structured board rounds for inpatients.

The Trust is also carrying out Discharge to Assess, SORT & SAFER initiatives which include:

- Identifying golden patients for discharge.
- Next day discharges identified the previous day.
- Weekend and nurse led discharges.
- Appropriate patients for escalation, ward based consultants to support continuity of management of patients, including matrons/senior sisters and AHPS.

Priority Four: Improving the ways patients and service users access our care

In the latest Care Quality Commission report (published February 2018), inspectors found that People could access services more quickly because of the improvements the Trust had made. Our staff strive to engage with our community to find out first-hand about peoples' experience of our care. The Trust also actively encourages staff to act on their ideas and suggestions for service improvements.

The Trust holds regular "Big Conversations" to engage with our local community to ask what we do well, and what we could do to improve. One of the actions from our Big Conversations, was to improve how we share information with the public about our services, achievements and developments. We have launched Croydon Health News – our quarterly newsletter for the local our community and partners across the borough. This is sent to local community groups and to the thousands of people who have joined our mailing list to attend regular events.

The Trust's brand new public website was also launched in March 2018 [date to be confirmed prior to publication]. The new easy-to-use site will have an improved search function and will work on mobile phones and tablets. As part of the new website, our directory of services has been refreshed to make it much easier for our patients and service users to find out information about our services, and for GPs to refer people to our care. This information is constantly being refreshed and updated.

All Trust leaflets have been audited in accordance with the Patient Information Production Policy as part of the Trust's strategy to go paper lite. This resulted in over 100 leaflets being removed from the system. The library of leaflets has been updated by Directorates through the Health Information Group (HIG); a robust and well established group including patients and staff. New leaflets about services are uploaded to the internet, however the Trust is increasingly encouraging patients and carers to go directly to national online information sources via provided links.

All outpatient letters have been reviewed and updated to ensure that they contain the correct information and enable patients to contact the right people if they require further help or support.

The Trust is also increasingly using social media, such as Twitter and Facebook, to support its outreach work to engage with its local community. During the year, Facebook groups have been set up for Croydon Best Start and Breastfeeding support, where Croydon families can to speak to their peers and our healthcare professionals for help and advice. Our Children's Hospital at Home are also very active on Twitter to reach their younger patients.

Priority Five : Keeping more people in our local community healthy - Make Every Contact Count (MECC) BAU

Community nurses have completed Health Coach training so that they are able to speak to patients about wider health issues while visiting them in their homes.

In 2017/18 the Trust was subject to a national CQUIN to prevent ill health by carrying out tobacco and alcohol screening, referrals and advice (if above the NICE recommended weekly unit consumption). This CQUIN has resulted in a positive increase in the number of inpatients being screened, given advice or referred for further support to make healthier choices.

The Trust has a dedicated Smoking Cessation Champion, Dr Aoife Fordham who is working directly for the Medical Director to deliver this project. She is currently updating the Trust's Smoking Policy and has been instrumental in the improvements in screening coverage by working with our Cerner team and our Just Live Well team (formerly the Smoking Cessation team) to make changes that capture recordable and reportable data.

CQUIN	Q3 - 2018	Q4 -12/03/2018
Smoking screening	89.69%	93.33%
Smoking - Brief advice	52.40%	59.65%
Smoking - Referral and medication	24.40%	69.01%
Alcohol screening	85.98%	91.39%
Alcohol referral/ Advice (Above lower risk limit)	33.33%	74.63%

The Trust also supports the Council run Live Well Team by providing smoking cessation advice and treatment for patients with certain long term health problems, e.g. diabetes or COPD.

Performance against national priorities

Standards	Target	2015/16	2016/17	2017/18
Meeting the MRSA objective	0	**1**	**1**	**0**
Clostridium Difficile	16	20	13	11
RTT Waiting Times for Admitted Pathways: Percentage within 18 Weeks	90.00%	80.10%*	65.03%*	N/A
RTT Waiting Times for Non-Admitted Pathways: Percentage within 18 Weeks	95.00%	92.8%*	89.68%*	N/A
RTT Waiting Times for Incomplete Pathways	92.00%	94.53%	92.81%	92.06%
Diagnostic Waiting Times for Patients Waiting Over 6 Weeks for a Diagnostic Test	1.00%	0.22%	1.83%	2.27%
0A&E 4 Hour Time in Department (All Types)	95.00%	92.33%	89.01%	90.45.%
Cancer Waits - Referral to First Appt for Urgent Suspected Cancer (14 Days) Proportion of patients seen within 14 days of urgent GP referral	93.00%	95.28%	96.94%	96.60%
Proportion of patients with breast symptoms seen within 14 days of GP referral	93.00%	95.08%	98.13%	99.17%
Cancer Waits - Diagnosis to First Treatment (31 Days)	96.00%	98.61%	98.74%	98.62%
Cancer Waits - Proportion of patients receiving subsequent treatment within 31 days (Drug)	98.00%	100.00%	100.00%	100.00%
Cancer Waits - Referral to First Appt for Urgent Suspected Cancer (31 Days) Proportion of patients receiving subsequent treatment within 31 days (Surgery)	94.00%	100.00%	100.00%	95.56%
Cancer Waits - Referral to Treatment for Urgent Suspected Cancer (62 Days)	85.00%	85.61%	89.26%	89.09%

***Not mandatory to report since 2015/16**
*** data as at Month 10**

Infection control

C. difficile target

Croydon Health Services has observed a reduction in the number of hospital associated infections (HAI) this year.

There were no HAI C.difficile infections for the last four months in 2017/18 i.e November 2017 – February 2018 which is encouraging.

Total HAI C. difficile cases for period 1st April 2017 to 31st March 2018 is 11 against the Department of Health annual trajectory of ≤ 16 (March 2018 figures not included – to be updated prior to publication).

There were several driving forces employed in achieving this target, including:

- Antimicrobial prescribing which stipulates that when prescribing Tazocin, Carbapenems e.g. Meropenem or Co-amoxiclav, staff should ensure shortest course possible is prescribed to reduce the risk of C. difficile.
- Introduction of diarrhoea poster which stipulates when to send stool specimen for C. difficile testing.
- RCA meetings on new C. difficile cases within 24hrs of the lab result.
- Weekly Infection Control Team (ICT) C.difficile case review meetings and follow up all inpatients with C.difficile infections/carrier.
- Enhanced Surveillance on wards with a period of increased incidence of C. difficile infection.
- Increased joint antibiotic ward rounds by the Consultant Microbiologist and Antimicrobial Pharmacist.
- Daily ITU ward rounds.
- Antibiotic guidelines have been updated in 2017.

Antibiotic stewardship activities which include antibiotic prescribing audits and targeted antibiotic ward rounds specific to Carbapenem Trust usage are also in place.

MRSA target

Total number of Hospital-acquired MRSA bacteraemia cases (April 2017 – March 2018) is 0 (Month 10 figures – to be updated prior to publication).

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.
- A database of patients with peripherally inserted central lines (PICC) has been devised by the infection control team, and the patient details are uploaded by the PICC line insertion team. The PDN will facilitate an appropriate care plan for inpatients with PICC lines.

Influenza

- The Trust treated a total of 324 laboratory confirmed influenza cases during the winter season beginning early December 2017 up to end of March 2018 (December 2017 and March 2018 figures – to be updated prior to publication). This is a much higher number of cases compared to 2016/17 winter season. The commonest circulating seasonal strains locally were Influenza A (non H1N1) and Influenza B. The number of inpatient admissions due to this infection did create increased demand for single rooms on the general wards and the critical care unit. An exceptional number of patients particularly in the high risk groups were admitted with secondary complications such as pneumonia. A few patients with pre-existing co-morbidities deceased. There were 27 hospital acquired infections. No wards were closed due to influenza. Affected bays practised restricted admissions and admitted only low risk group patients to the bays until the infectious period was over.

- The Staff uptake for the influenza vaccine was moderate. There were no confirmed hospital acquired influenza infections amongst staff.

Norovirus

- There were 15 lab confirmed Norovirus diagnoses at CUH April 2017 – March 2018 (March 2018 figures – to be updated prior to publication).

- There were 2 small outbreaks of Norovirus on the elderly care wards which were well contained.

GRE (Glycopeptide Resistant Enterococci)

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 has been no continuing increase in GRE numbers and typing results did not confirm an outbreak.

There has been continuing low levels (1 – 2 per month) of ITU/HDU associated GRE colonisation diagnosed on the unit. There was only one GRE blood stream infection since April 2017

The Infection Control Team has worked closely with ITU/HDU staff to identify risk factors for the increased numbers. Nursing practices, environmental cleaning standards and antibiotic prescribing have been reviewed. Changes are also being implemented to improve storage facilities and bed spaces to facilitate easy cleaning of the environment.

Gram Negative Bacteraemias

From April 2017 a government initiative extended the surveillance of bacteraemias caused by Gram-negative organisms to include Klebsiella species and Pseudomonas aeruginosa in addition to the existing E.coli 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.

DoH Mandatory reporting now includes Klebsiella and Pseudomonas bacteraemias with effect from 1/4/17.

Achieving the 50% reduction by 2020/21 will require close working with the community based healthcare providers, care homes and GPs as majority of these bacteraemias are community acquired/associated infections.

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

From 4th September 2017 – a more enhanced catheter care audit tool has been introduced. This is a monthly audit carried out by the clinical area staff and information is recorded on line on “RATE”.

A new internal quality improvement target has been set for 2017/18:
i.e. aim for ≤26 HAI E.coli bacteraemia for 2017/18

Total number of HAI E.coli bacteraemias from April 2017 up to date is: 22 (2017/18 target is ≤26 HAI)

The Infection Control Doctor (ICD) had been designated as the Trust lead for co-ordinating actions to achieve Gram negative Bacteraemia Target.

The ICD has convened multidisciplinary meetings at the Trust and also attended a meeting at the CCG to formulate an action plan which would be initially focusing on urinary catheter care as many of the bacteraemias are due to catheter associated urosepsis.

Mortality

The Trust has a robust process of retrospective case review of all in-hospital deaths and the results of the reviews are securely recorded within the Datix Incident Module.

According to the most recent Dr Foster report,

- Croydon is one of 7 Trusts whose HSMR is as expected within the London Peer group
- For the past 11 quarters, the trust has been within the expected range for HSMR
- For the rolling period Nov 16 to Oct 17, HSMR at the trust has been better than expected at 87.18
- HSMR for weekend is within the expected range and weekday is better than expected
- The two Mortality metrics within the patient safety Indicators – Deaths in low risk diagnosis group and deaths after surgery are as expected
- The three diagnosis group with the highest number of observed deaths at the Trust are within Pneumonia, Septicaemia and Aspiration Pneumonitis, food/vomitus.

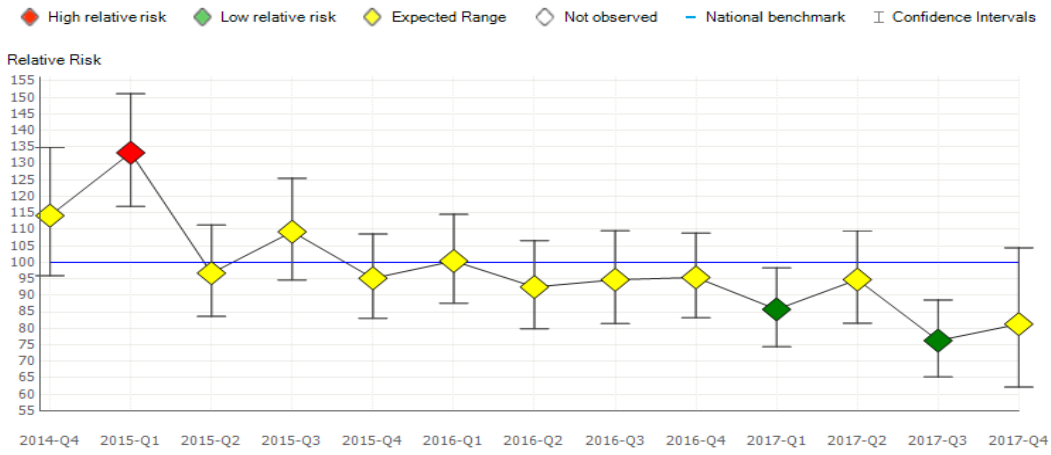


Fig 1 Quarterly Trend

CQC Mortality Outlier Alert

In 2017-18 financial year, the Trust received notification of a mortality alert from CQC for the diagnosis group Fractured neck of femur. A comprehensive retrospective note review from the Cerner electronic system was undertaken and an action plan is in place to address the issues identified.

Progress update on Mortality process

1. Electronic death summary documents have been introduced as part of the revamp of the current discharge summary process.
2 Reinforced the importance of recording provisional diagnosis on Post Take ward round. This has an impact on the data finalised by the coding team as all data is locked within 6 weeks of discharge/death of the patient. An observational audit will be undertaken in AMU to scrutinise adherence.
3 Policy incorporating Learning from deaths is in place.
4 Scrutiny of electronic referral to the Coroner.

1. The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.				Quarterly breakdown		
	Ward	**A/E**	**Total**	**Ward**	**A/E**	
Apr-17	78	7	85	209	23	Q1
May-17	71	12	83			
Jun-17	60	4	64			
Jul-17	73	5	78	191	10	Q2
Aug-17	52	1	53			
Sep-17	66	4	70			
Oct-17	72	5	77	261	22	Q3
Nov-17	88	6	94			
Dec-17	101	11	112			
Jan-18	113	13	126	Q4- Incomplete		
Feb-18	115	7	122			

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	Reviews completed of the total above	Quarterly breakdown

a quarterly breakdown of the annual figure			
Apr-17	83	223	Q1
May-17	77		
Jun-17	63		
Jul-17	76	196	Q2
Aug-17	53		
Sep-17	67		
Oct-17	74	234	Q3
Nov-17	81		
Dec-17	79		
Jan-18	76	Q4- Incomplete	
Feb-18	15		

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-17	7	15	Q1
May-17	0		
Jun-17	8		
Jul-17	5	18	Q2
Aug-17	3		
Sep-17	10		
Oct-17	8	18	Q3
Nov-17	7		
Dec-17	3		
Jan-18	7	Q4- Incomplete	
Feb-18	0		

4. A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified.	Learning points from Q1 preventable deaths
1. Education regarding the appropriate escalation and management of EWS scores as per Trust Deteriorating Patient policy. 2. Education program around the importance of regularly reviewing doses of anticoagulants via working party group developed by the Medicines Management Group 3. Development of chest drains management policy with reference to Royal Marsden manual. 4. Trust-wide training program for chest drain management for nurses and junior doctors. 5. Protected mealtime policy to be audited across ward areas and identification of areas for improvement. 6. Training and education to look for and recognise signs of choking.	

Patient Safety Incidents

The Trust is clear in its expectations that staff will report near miss and unexpected adverse events using the Trust's web-based incident reporting system (Datix). Use of this reporting system enables the Trust to use its data intelligently, interrogating the information that is recorded, investigating thoroughly, and carrying out trend analyses in order to impact positively on patient outcomes, quality of care and safety.

The Trust's Datix system is electronically linked to the National Reporting and Learning System (NRLS), and patient safety incidents are uploaded to this central reporting and analysis centre.

Local investigation of all adverse events is supported within the Trust to ensure that appropriate challenge to existing practice is encouraged and that any good practice identified is rewarded. Periods of reflective practice in supervision and learning from investigations through regular learning events are two ways in which learning is shared throughout the organisation.

The Datix incident form captures a range of information that drives the quality agenda and helps to facilitate efficiency when using such safety information. Areas where this is particularly useful include:

- When meeting our statutory requirements around Being Open with patients and their representatives, and fulfilling our Duty of Candour obligations;
- Flagging safeguarding concerns, including the rational for concerns being raised;

- Recording the root causes, lessons learned and required follow up actions from patient safety incidents, especially those which have been recorded as Serious Incidents;

The Trust has seen an increase in the number of incidents reported year on year and in particular the no harm/ near miss incidents. We have seen a reduction in the Moderate harm (Level 3) incidents which has reduced from 3.10% to 2.4% over the past three years. We have also seen 50% reduction incidents of incidents graded major and catastrophic.

During 2017/2018, 21,613 adverse events and near misses (19,268 clinical incidents and 2,345 non-clinical incidents) were reported by Trust staff using the Datix system. Of these, 84 were reported and investigated as Serious Incidents.

Of these 84 Serious Incidents, 16 were de-escalated, as after thorough investigation the Trust identified that the incident no longer met the Serious Incident criteria, or there were no care or service delivery issues identified.

During 2017/2018, the Trust recorded one Never Event; however, following a revision in January 2018 of the NHS Improvement framework listing the classifications of incidents, we are requesting that this is reclassified. This will mean that there have been no Never Events in the Trust in 2017/18.

Investigation panels are convened to bring together multidisciplinary senior colleagues to complete the investigation, including a colleague who has been trained in Root Cause Analysis (RCA) techniques. The Trust has a robust investigation process and all Serious Incident final reports are also subject to an internal quality assurance programme, with sign off by either the Medical Director or the Director of Nursing, Midwifery and Allied Health Professionals. This is prior to them being sent to the Clinical Commissioning Group for external scrutiny of the report and of the appropriateness of the actions before final closure of the Serious Incident.

In December 2017 we held our Patient Safety week for the third year. Throughout the week we highlighted a number of areas from Clinical Audit, Duty of Candour, falls, pressure ulcer and medication safety.

Internal Patient Safety Briefings on a variety of subjects are regularly produced for circulation throughout the Trust and are discussed within local departments as part of sharing the learning behind individual incidents, themes and trends.

Duty of Candour

All healthcare professionals have a responsibility to be open with service users, their next of kin, carers and advocates, when something goes wrong with their treatment or care causing moderate or severe harm. This is known as Duty of Candour and

means conversations between the health professional and the patient or next of kin comprising:

- A full and true account of what has happened and answering any questions.
- An apology and offer of appropriate support.
- Advice on investigation being conducted.
- Sharing the findings and learning.

Croydon Health Services continues to show an absolute commitment to the Duty of Candour principles with the Clinical Lead and a Family Liaison and Investigation Facilitator continuing to provide invaluable support to staff in enabling the Duty of Candour process. They also work with the hospital chaplaincy service in ensuring support is available to patients, next of kin and carers.

Awareness of the Duty of Candour process is being raised at the Trust Induction and also through provision of talks at ward staff handover meetings. The investigation findings are shared with patients or their next of kin through "family meetings" where these have been accepted. Although this is a difficult time for both families and staff, the meetings have identified further learning from the events and provided another perspective leading to improved safety and quality of service to users as well as families and carers.

The Trust Executive Incident Review Group has a monitoring role to ensure the Duty of Candour is complied with. This includes a weekly review of incidents that may have caused moderate or severe harm. The Directorate Quality Board meetings also support in monitoring the Duty of Candour process. This year we have planned the enhancement of the Duty of Candour training programme, with the production of a short video which we hope will further engage all those staff members undergoing Duty of Candour training.

Friends and Family Test

The test records the percentage of respondents who would recommend a service to their friends and family. There are no nationally set standards for this score however the internal standard at Croydon Health Services is currently at 90%.

Recommendation scores are monitored monthly for each service and the standard was met consistently across services.

Each service is able to access comments made by respondents on a web based system to look for themes and to identify improvement actions. The Trust uses “You said, we did” visual displays in ward and departments to communicate improvements to patients and service users.

Examples include:

- “Did you forget anything?” and “Do you need ear plugs and an eye mask?” posters on nurses station on each ward
- ‘Fiddle’ hand muffs given out to dementia patients (where appropriate) on Wandle wards by the Dementia team
- Continuing weekly presence of Patient Experience volunteer on Wandle 3 with reminiscence books and boxes to interact with patients
- 1 x week patients activity club (bingo, craft and music)
- Admission Accomplished initiative (welcome and orientation to the ward)
- Edgecombe Unit patient information leaflet
- 3 x week Lunch Club supported by volunteers and used by rehabilitating patients who are nearing discharge
- MaPPs (Medicines: A Patient Profile Summary) MaPPs gives an electronic summary of each patient’s medication with a plain English explanation of each prescribed drug and what it is for

Services include A&E, Maternity, Outpatients, Day Cases and Community Services. As new services start FFT is immediately implemented and monitored. In April 2017 the trust took over adult and paediatric urgent care and the out of hours GP services. Recommendation scores are monitored and reported each month and overall the 90% standard for all services was met.

Some smaller specialist teams also offer FFT, including the Fertility Service, Croydon Respiratory Team and the Plaster Room.

Although the NHSE headline metric is the recommendation rate, throughout the year teams have focussed on improving response rates. There are no national standards but internally CHS have set the following internal targets:

Service	**Standard**
A&E (combined Adult and Paeds)	20%
Inpatients	30%
Maternity (aggregate)	20%
OPD	none
Day Cases	20%

The response rate results for this reporting period show variability across services. The results are monitored each month and management actions are initiated to improve the results. The Patient Experience Manager supports the departments to increase response and recommendation rates.

The current FFT system is predominantly paper based and is labour intensive. Cards are offered to patients at the end of their episode of care or discharge by front line staff or volunteers. The subsequent response rates can fluctuate due to clinical work pressures. The feedback data is manually uploaded and therefore there can be a delay of service review, however in spring 2018 the trust will switch to an automated system of SMS text messaging for patients using our services. With over 80% of our patients having a listed mobile phone number listed we anticipate an increase in response rates. This will be particularly important for A&E and OPD as meeting response rates has been challenging.

Staff Friends and Family Test (FFT)

The level of staff advocacy of an organisation is a key indicator of staff engagement and has been shown to have a direct impact on quality of patient care, the experience of patients, staff and services provided. Of the latest results available, 71% of staff indicated they would recommend the Trust as a place to work in Quarter 1, 2017/18 while 63% would recommend the Trust in Quarter 2. Staff recommendation of the Trust to friends and family as a place to receive care or treatment was 71% in Quarter 1 and 70% in Quarter 2. Staff FFT is not recorded in Q3 because this is when the annual Staff Survey is carried out. [Q4 to be added prior to publication]

Community Services FFT

Response rates cannot be calculated for community patients because depending on the service and the care plan for the patient, a patient can be seen by a community service for two weeks (A&E Liaison) or for the rest of their lives (Heart Failure team).

Community patients are not expected to complete an FFT form every time they visit the service therefore the response rates cannot be determined using the number of patients seen by the community each month. As a result the Trust data available relates to recommendation scores only.

The recommendation rates are consistently good across services.

Improvement Actions

The Patient Experience Team continues to support wards and departments to improve response rates and recommendation scores and has initiated and directly supported a number of improvement actions during the year.

PALS and Complaints

PALS

The Patient Advice and Liaison Service (PALS) 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 2017/8 the PALS team received 1965 cases. Of these 1545 (79 %) were resolved and closed within 2 working days. The PALS team is located and visible at the front entrance to CUH. The PALS team are visible in wards and departments as they try to resolve concerns and they use robust procedures to ensure that cases are resolved either at the time or within two working days.

Over the past year the profile of PALS has been raised and concerns are resolved much earlier. In 2017 the department attracted new volunteers to work within the team and to support PALS by helping to put the public at ease when they visit the department.

Complaints

During 2017/18 the complaints team received **479** formal complaints compared to **617** received during 2016/17. [Jan 2018 data – to be updated prior to publication]

The Trust has standards for *acknowledging* complaints (100% within 3 working days) and also that a *final response* is produced within the agreed timescale (target of 80%). The Trust is committed to achieving these targets and ensuring that all of our complainants receive an acknowledgement and a detailed response to their complaint within the timescale. The Trust achieved 98% compliance for *acknowledging* a complaint within 3 working days (an increase from 94% in 2016/17) and 98% compliance in the provision of a *final response* for 2017/18 (an increase from 80% in 2016/17).

In order to comply with these standards the Complaints Department and directorate leads work within clear standard operating procedures so that all complaints are investigated and progressed in a timely manner. Complaints Coordinators and directorate governance leads meet regularly to expedite serious complaints and escalate delays to make sure that the complainant is kept informed throughout the duration of the complaints process.

The proactive escalation of delays is agreed at the complaints department weekly operational meeting and weekly performance data is provided to execs and directorate leads. Performance has significantly improved since 2016/7 with the YTD compliance of 94% against the 80% standard.

The key themes for complaint were concerns about clinical care and treatment, access admission and discharge and the communication of staff.

During the period under review, there were 9 complaints which were escalated to the Ombudsman, which is a reduction from 44 in 2016/17.

Learning from complaints

During the year the Trust has reviewed the ways in which learning from complaints, incident 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
- Clinical Governance meetings
- Directorate Quality Boards
- Shift briefs
- Professional Forums

In December 2017 the Trust welcomed our local PHSO Liaison Manager to provide a training event for key complaint handlers from within the Complaints Department and the directorates. The training focussed on:

- getting it right first time
- carrying out good local investigations

- ensuring feedback and complaints are a part of every team meeting when discussing ‘how are we doing’
- learning from complaints

Volunteers

The Trust has almost 400 active volunteers giving their time in the hospital and community. Volunteers carry out many valuable roles from ward helpers, patient feeders, administrators, ‘welcomers’ to the Trust and to support the Chaplaincy,

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 SCBU.
- Volunteers that visit patients to sign post them to smoking cessation services,

We also have over 70 volunteer peer supporters helping in the Baby Cafe’s across the borough supporting new mums with breast feeding.

Staff Survey –

STAFF SURVEY SHOWS CHS STILL MOVING IN THE RIGHT DIRECTION

The 2017 NHS staff survey showed our staff our staff were more enthusiastic about their jobs and more able to provide the care they aspire to, compared to staff in other similar organisations across the NHS.

Published on 6 March 2018, the results showed our strength in important areas such as care quality and good management. Of those were our scores declined, this followed the national trend which reflects the current pressure on NHS services.

Overall our staff were more positive now about our line management and this might be helped by the attention they place on employees' training and skills, where we score much higher than the NHS average.

CHS recorded its highest ever response rate, with 1406 people completing the survey – an increase of 238 people (19.5%) on the number who participated in the previous year.

Here are some key findings:

- 75% said they are often/always enthusiastic about their job, compared to the 73% national average for similar organisations.

- 69% said they are able to provide the care they aspire to, compared to the 66% national average for similar organisations.

- 81% said they are satisfied with quality of care they give to patients/service users, compared to the 80% national average for similar organisations.

- The proportion of staff who know how to report unsafe clinical practice remains at 95%, having climbed steadily from 92% to 95% over the previous three years.

- 75% of our respondents said care of patients/service users is our organisation's top priority, compared to the 74% national average for similar organisations.

- 73% of our respondents said our organisation acts on concerns raised by patients/service users, compared to the 71% national average for similar organisations.

- We are performing notably better than other similar organisations across a wide range of questions about training and appraisals.

- There is an improving trend in questions about immediate line management and also about health & wellbeing.

We scored well on many of the most crucial questions and saw significant improvements in four of the 77 areas.

Our results worsened on seven of the 77 question, however six of those seven questions also worsened across the national average. These issues included career progression and lack of flexible working. Concerns also remained from previous years around resourcing and staff feeling discriminated at work. We have zero tolerance for discrimination and will work hard to resolve barriers to equality.

Freedom to speak up Guardian

At Croydon Health Services NHS Trust, we value staff opinion and feedback and are willing to listen and respond to concerns raised. This commitment is supported by the Trust policy and delivery of staff sessions on the Freedom to Speak Up process, ensuring the issues raised are listened to, properly investigated and that feedback is received on actions taken.

CHS continues to promote and encourage staff through 'Freedom to Speak Up' (FTSU) to enable an open culture of safety where staff feel safe and confident in raising any concerns they may have. FTSU Guardians continue to advise staff, provide any support required when raising concerns and ensuring actions take place on concerns raised. This has resulted in more staff raising concerns in 2017 than in previous years put together.

The collaborative approach between the Trust and Joint Staff Consultative Committee (JSCC) continues to be strengthened thus ensuring a joint approach in embedding a safety culture that takes staff concerns seriously.

Emergency Department

The national requirement was that by September 2017, all acute trusts should see and treat or discharge 90% of people attending A&E within four hours with the aim of improving further to achieve 95% by March.

Like other acute trusts across the country, we have found this to be a challenge, especially with the pressures of winter. However we did manage to achieve the required level of 90.87% for the month of September.

January figures show our performance in January 2018 was 86.8 percent which placed us 6th out of the 18 acute trusts in London. *[to be updated prior to publication]*

To help us cope with demand on our services throughout the year and especially over the winter period, our staff have been working extremely hard, assessing all of our patients thoroughly and as quickly as possible and ensuring priority is given to those with the most pressing health needs.

In September we opened our new Resuscitation Unit - the first phase of our new Emergency Department. It means this 'resus' unit now has eight beds, rather than five, and an array of improvements including new technology and better rooms that have doubled in size. For patients, it means a more efficient service and greater privacy.

During December we also opened a new Clinical Decision Unit (CDU) at CUH to help ease the pressure on our Emergency Department. The CDU is situated on the ground floor of the Woodcroft Wing and is open between 8am and midnight every day.

The CDU plays a critical role by providing a more appropriate setting for adult emergency patients who need emergency treatment but who do not require to be admitted to an acute inpatient bed. This has helped to give us additional capacity to care for those who require evaluation, testing, treatment and medical management.

Meanwhile, work is continuing on our brand new Emergency Department which is due to open in 2018. The £21.25 million department, which has been designed by our clinicians and nurses will offer the excellent high-quality environment which our community needs now and in the future.

Cancer Waits

The Trust has maintained a compliant RTT position for the whole of this financial year, with the exception of the September submission due to a referral management issue in surgery. This year's RTT compliance has been challenging with regards due to the loss of a number of highly trained staff at the start of the financial year followed by a number of capacity issues within the services. The recruitment to specialist posts has proven difficult and the appointment of locums has been hampered by the lack of appropriately trained people within these specialties, however there has been some progress on this front over the start of quarter 3 and the impact of this can be seen in our compliance rates;

Apr'17	May'17	June'17	July'17	August'17	Sept'17	Oct'17	Nov'17	Dec'17	Jan'18
92.01%	92.24%	92.24%	92.01%	92.05%	91.60%	92.03%	92.01%	92.01%	92.55%

In the last 6 months of 2016/17 and the first three months of 2017/18 the Trust submitted no 52+ week waiters. The 52+ week waiters that have arisen were largely due to incorrect clock stops being applied on the pathway. Once the pathways were validated and the incorrect clock stops removed, they were identified as 52+ week breaches.

Spec	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Total

Gynae							**1**	**1**	**2**	**2**	6
Gen Surgery											0
T&O				**1**							1
Urology											0
ENT							**1**			**1**	2
Max-Fax				**1**			**3**	**1**	**1**	**2**	9
Pain Mang				**1**	**1**						2
Total				**3**	**1**		**5**	**2**	**3**	**5**	**20**

Cancer

CUH has performed well against all the cancer targets for this financial year. We have consistently maintained a high position within SW London and have generally been within the top 5 performing Trusts in London for the Cancer Waiting Time targets. The Trust has implemented direct booking via eRS for the majority of its tumour sites and will have all of them on eRS by the start of the new financial year.

New developments for Macmillan cancer team include:

- LGI pathway pilot (started March 2018)
- Triage assessment pathway (started March 2018)

Listening into Action (LiA)

In 2017, the Trust received LiA accreditation for the third year in recognition of continued commitment to engaging and empowering staff to deliver quality and service improvements. The Trust launched the LiA Ambassadors initiative which saw 30 members of staff leading on specific improvement work within their services. Some of the outcomes from the LiA Ambassadors include;

- Improving transfer of care for care home residents which focussed on working with care homes to provide clear care plans for their residents. The team designed, developed and implemented standardised care plans for care home residents discharged from CUH. They also implemented new ways of working including collaborative clinical reviews, implementation of anticipatory care plans and Multi-agency safeguarding approach.

- Improving waiting times in Adult MSK services from 40 days to 26 days.This was made possible by implementing an e-roster system that allows better planning, greater visibility of staffing levels and increased productivity.

- Physiotherapy led initiative enabled 90% of able patients on Heathfield ward assisted to a chair before breakfast/ lunch time to maintain pre-admission functional level and to prevent deterioration.

- Introduction of a fast-track pre-assessment clinic improved the pathway for surgical patients and is enabling better management of high risk patients prior to surgery date, reduction in pre-assessment waiting time and improved patient experience.

- Patient care within community midwifery was improved by standardising and increasing visibility of antenatal and post natal appointments 100% of the time. This has increased access to the service and allows better planning of appointments.

- Staff developed a communication protocol on Purley 2 for all professionals and this has improved patients experience and communication with relatives on patient care and outcomes.

- Improving access and activity in GUM OPD by reducing patient 'Did Not Attend' (DNA) by 40% and improving clinic slot utilisation.

- Work to ensure every patient attending the Emergency Department has minimal interactions to gain maximum benefit through safe processes and reduced duplication, saw an increase of 23% of ambulance handovers within 15 minutes.

The Trust also had six LiA teams focussing on various improvement areas in 2017, some of which are listed below;

- To further improve the care and treatment of patients with cognitive impairment on our wards, there has been a cultural change effort to ensure continuity of care. All staff take ownership of improving communication and information sharing with patients and carers staff and supporting patients with cognitive impairment to effectively communicate their needs.

- Focusing on the national maternity ambition to reducing the Stillbirth rate in our community by at least 20% by 2020. The Trust purchased three new CO2 Monitors, reintroduced mandatory E-Learning and Smoking Cessation sessions for the Antenatal and Community Midwifery Teams. K2 CTG package has been launched at the Trust and all Midwives have now

been enrolled, compliance is monitored regularly by the Practice Development Midwife.

- The Right Person Right Bed work focusses on proactively working together to provide high quality care in the right environment. Trauma patients are now seen on a dedicated unit, a safer model of care was launched and there is more focussed and structured board rounds for inpatients.

- The 'world class documentation' team focussed efforts on leading the Trust into 'paperlite' ways of working to reduce carbon footprint and increase cost effectiveness. Three community and one acute service (CNRT, Podiatry, Continence and Breast Surgery) are now working in a 'paperlite' environment and there are several 'paperlite'/'paperless' meetings taking place across the Trust.

- The Trust continues to focus on embedding a culture of shared learning whereby practice is improved to benefit patient care and this is yielding positive results. The CHS shared learning team was recognised as one of the 10 top stories of inspiring staff-led changes achieved by Listening into Action (LiA) Teams in 2017. This was due to the improvement in the incident reporting culture which resulted in moving CHS from 124th to 11th ranked Trust in the national NRLS.

- As a community and acute service provider, ensuring an integrated approach to service delivery and that there is a team spirit that cuts across geographical locations is essential at CHS. In 2017, the Trust focused on further developing the team spirit through community and acute joint shared learning, increased visibility and knowledge of community services through the intranet, 'know our community services' week and Information Technology.

Croydon Stars

At our Annual Croydon Stars Awards, which took place in May last year, the Trust thanked members of staff and volunteers who go the extra mile.

The awards categories included outstanding leadership, achievement, teamwork, and volunteering. There were also two Listening into Action awards for the best team and individual who have ensured staff can make any changes to improve care.

Statement from Croydon Clinical Commissioning Group

INFORMATION FROM CCG – AFTER CONSULTATION PERIOD

Statement from Healthwatch Croydon

INFORMATION FROM HEALTHWATCH – AFTER CONSULTATION PERIOD

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

INFORMATION FROM HOSSC – AFTER CONSULTATION PERIOD

Changes to the Quality Account following statements received

Statement from External Auditors

INFORMATION FROM EXTERNAL AUDIT– AFTER CONSULTATION PERIOD

External Visits Summary Report for April 2017 – March 2018

INFORMATION to be added prior to publication

Details of specific actions undertaken from the national clinical Audit

INFORMATION to be added prior to publication

Local Clinical Audit

Specific actions being implemented from clinical audits

INFORMATION to be added prior to publication

Glossary ANNEX ii

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 Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission for Social Care Inspection in April 2009. 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 newly introduced IT system at Croydon Health Services. This is an electronic system that captures patient data.
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	During 2015/16 Croydon Health Services clinical services were organised into three directorates: Integrated Adult Care, Integrated Women and Children's, and Sexual

	Health and Integrated Surgery, Cancer and Clinical Support Services
Clostridium difficile or C. Difficile	Clostridium difficile also known as C.difficle 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. The host commissioner is Croydon Clinical Commissioning Group (CCG)
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. Visit: www.dh.gov.uk/en/ Publications and statistics/Publications/ PublicationsPolicyAndGuidance/DH_09 1443
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 authorized by NHS England
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
Datix	This is the name of the incident reporting system at Croydon Health Services
Department of Health	The Department of Health is a department of the UK government but 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 it is an opportunity for family and friends to give feedback to hospitals regarding their care and experience
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.
Global Trigger Tool (GTT audit)	The Global Trigger Tool is a recognised and validated audit tool developed by the Institute for Healthcare Improvement (IHI) In Boston USA. It can be used as part of an organisation's safety improvement programme to identify and so learn about harm and safety incidents which occur as part of the patient's treatment. Twenty records are reviewed each month using the GTT and the findings plotted over time on a run chart

	to establish a harm rate. Barts and The London NHS Trust has been undertaking GTT auditing since 2008.
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
Listening into Action (LiA)	LiA is about re-engaging with employees and unlocking their potential so they can get on and contribute to the success of your organisation, in a way that makes them feel proud. LiA has been trialed and proven over the past seven years in one of the most challenging contexts in the world – our National Health Service – and the impact speaks for itself. It is transferable to any industry sector where employee engagement is a top priority.
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 penicillin's 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	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

Patient Outcome and Death - NCEPOD	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 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 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 Litigation Authority (NHSLA)	The NHSLA 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) have 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 used to be called Patient and Public Involvement (PPI) but has recently been renamed. It highlights ways in which the public and patients are involved in a trusts patient care
Periodic reviews	Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. Visit: www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm
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 and Clinical Governance Committee	This 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).
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.
ViEWS	VitalPAC Early Warning System is a tool for bedside evaluation incorporated into VitalPAC. It is based on seven physiological parameters: pulse; temperature; systolic blood pressure; respiratory rate; AVPU (the level to which the patient responds), oxygen saturation, plus the patient's inspired oxygen requirements.
VitalPAC	An electronic track and trigger system that provides a recording mechanism for patient's vital signs and essential screening tools. The data entered generates an Early Warning Score (EWS) and when appropriate prompts the clinical practitioner to escalate the patient's condition appropriately.

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South London and Maudsley NHS Foundation Trust

REPORT TO THE Croydon Scrutiny Committee

23 April 2018

Title	**Draft Quality Accounts version 5**
Authors	**Mary O'Donovan, Head of Quality and Nazia Islam, Senior Audit Officer**
Responsible Director	**Beverley Murphy, Director of Nursing**

Purpose of the report

This report to the Quality Committee sets out:

The Fifth draft of the Quality Accounts 2017/2018 with information available at point of drafting- ***TO NOTE STILL AWAITING END OF YEAR DATA for Quality Indicators.***

- To note the NHSI mandated areas outlined in the report.
- To review and discuss proposed priorities for 2018/2019 (page 19) and subsequent quality measurement indicators based on the feedback through various consultation processes of which Service User and Carer feedback is outlined in separate report.
- Following 09 April Quality Committee in structure have been made, which include the following:

1. Agreed four quality priority domains as a result of wide consultation and quality committee agreement- see below

2. The key measurement indicators to be agreed at the Quality matters Committee

Performance against 17/18 priorities

We realise that last year we set some targets in line with our Quality Improvement strategy that were ambitious. Whilst we did not achieve the targets that we wanted in the first year, in most cases we are moving in the right direction of travel.

South London and Maudsley NHS
NHS Foundation Trust

DRAFT Quality Account for 2017/2018

CONTENTS PAGE

Part 1: Statement on quality from the Chief Executive of the NHS Foundation Trust

The annual quality account report is an important way for the Trust to report on quality and demonstrate improvements to the services we deliver to our service-users, their families, their carers and our local communities.

This year the Trust launched it's 'Changing Lives' strategy. Central to this is our ambition to deliver outstanding care and to support the achievement of outstanding outcomes and experience for the people who we work with and serve. This can only be achieved by working in close partnership with service users, carers, communities and with our own workforce. We are also moving to whole population contracts in all our boroughs so that we can deliver better outcomes for all.
A key feature in 'Changing Lives' is a relentless focus on quality of care through our Quality Improvement Programme (QI), now in its second year. This year has been an important year in embedding QI across the organisation. There are now well over a hundred Quality Improvement projects being taken forward across the length and breadth of the Trust, each helping us to drive improvements and share learning. More than 400 staff have now been trained in the approach, including around 70 of our leaders. These Quality Improvement projects directly empower our staff to suggest and test improvements to the way that they work and the services they provide.

We know that we will only get the development and delivery of our services right if we work in close partnership and co-production with our service users, their families and carers in the development and delivery of services. The importance we attach to this is reflected in our setting co-production and involvement as the very first of the aims of our Changing Lives strategy.

As part of our commitment to improving standards of quality and safety, members of the senior management team, often accompanied by Non-Executive Directors, are carrying out leadership and safety visits to every single team in SLaM by the end of 2018. Our aim is for these 'leadership walkarounds' to increase staff engagement and develop a culture of open communication, making it easier for staff to raise concerns and for us to hear first-hand about the safety concerns of front-line staff. We also want to be able to identify and celebrate areas of good practice and opportunities for embedding them more widely across the Trust. I have found it really helpful to hear from staff in person about how they felt quality and safety could be improved and to hear about some of the tremendous work already going on. What comes through very clearly is a hugely impressive commitment to quality. The themes and actions from each visit are captured and monitored so that quick progress can be made in relation to the issues that are identified.

We realise that last year we set some targets in line with our Quality Improvement strategy that were ambitious. Whilst we did not achieve the targets that we wanted in the first year, I was pleased to see that in most cases we were moving in the right direction and making progress. Our aim is for this to continue over the longer timeframe of improvement that we have set out in this report.

Finally, whilst we are still currently rated overall 'Good' with the Care Quality Commission (CQC), there are some areas we are aware still require continued improvement. This was made apparent during our Community Adult Pathway CQC inspection in July 2017. The improvement initiatives are part of the wider Quality Improvement programme.

The CQC's publication of its rating and full report can be found at the following website: http://www.cqc.org.uk/provider/RV5

To our best knowledge the information presented in this report is accurate and I hope you will find it informative and stimulating.

Dr Matthew Patrick
Chief Executive Officer

A summary of successes and developments in 2017/2018

Patient Experience

85% of patients would recommend SLAM services to friends and family.

96% of patients said they found staff to be kind and caring.

Quality Improvement

Quality Improvement has rolled out across the organisation. Four Steps to Safety has had a big impact on the incidence of violence and use of restraints on some of our wards. Some teams are seeing an 80% reduction in violent incidents.

Digital and Mobile Health Technology

NHS England declared SLaM as London's first mental health 'Global Digital Exemplar'. Funding has helped ensure care is more personalised and responsive to patient needs.

Awards/Accreditations

The new SLaM STAR programme has been launched to give recognition to the hard work and dedication of staff.

Two psychiatrists won prestigious Royal College of Psychiatrists Awards

The Eating Disorders Service (FREED) won a Positive Practice in Mental Health Award.

HSJ Awards – Maudsley Simulation (the UK's first centre for mental health simulation) was highly commended for 'improving outcomes through learning and development' having now trained more than 5,000 healthcare professionals.

The Psychology in Hostels project, which places psychologists in homeless hostels, was also highly commended for 'most effective adoption and diffusion of existing best practice'.

External Organisations

SLaM has worked closely to develop its relationships with Oxleas and South West London and St Georges with the formation of the South London Partnership. SLP's key achievement to date is the new model of care across forensic mental health services – taken on the total budget for forensic services for South London.

Other Successes

More than 50% of frontline staff have now been vaccinated against the flu, which is a significant increase from previous years, making SLaM the most improved NHS Trust.

…..and what we can do better.

- **We need to continue to embed a culture of continuous improvement across the organisation, ensure staff have the training and support they need, and patients and service users receive safe, quality care.**
- **Improve the experience of BME staff – 40% of the workforce. Trust objectives will be set out to ensure staff are represented at senior pay grades that reflect the proportion of BME staff in the workforce.**
- **Continue to embed new ways of working to reduce violence on Inpatient Wards.**
- **Improve on CQC Community pathway actions, including workforce (staff morale, recruitment, good supervision, caring staff, etc.); lone working; access to advocacy; medicine management; clear governance structures; interagency working (police and social services, etc.); innovative treatments; and flexible working with patients.**

All these have been translated into quality priorities for 2018/19.

Trust Activity

Awaiting annual report info

Part 2: Review of quality performance 2017/2018

Review of progress made against last year's priorities

Our 2017/2018 quality priorities were selected after consultations with stakeholders and staff from our services. The following summarises progress made against each priority over the year.

Patient Safety	**Services Applicable to**	**2016/17**	**2017/18**	**Data source**
Reducing Restrictive Interventions Reduction of 50% in prone restraint	Inpatient services	874	844 (↓3.4%)	DATIX
Violence & Aggression Reduction Violence and aggression reduction of 50%	Inpatient services	1763	1664 (↓5.6%)	DATIX
Staffing >50% wards reduction of average inpatient ward breaches per month	Inpatient services	20 wards	12 wards	Safer staffing monthly returns
Clinical Effectiveness	**Services Applicable to**	**2016/17**	**2017/18**	**Data source**
Digital Health Further develop electronic systems to improve delivery of care (eObs) across all Trust service areas (>50% of all Adult inpatient wards)	Inpatient services	2 wards started piloting digital health in their services	2 wards are using digital health in their services	
Physical Health Awareness Ensure clinical and non-clinical staff have received level 1 physical health awareness training across all Trust service areas (target 65%)	All service areas	N/A	77.74%	Education & Training
Physical Health Screening & Intervention Inpatients and early intervention patients will have 90% or greater rates for each metabolic screening parameter and, where indicated, interventions	All service areas	Inpatient: Screening: 77% Intervention: 60% Community: Screening: 41% Intervention: 51% Early Intervention: Screening: 52%	Inpatient: Screening: 84% Intervention: 65% Community: Screening: 41% Intervention: 46% Early Intervention: Screening: 52%	CRIS

		Intervention: 61%	Intervention: 38%	
Patient Experience	**Services Applicable to**	**2016/17**	**2017/18**	**Data source**
Family & Carer Engagement Ensure Family and Carer Engagement. 75% of identified carers in all Trust service areas will have been offered a Carers' Engagement and Support Plan	All service areas	N/A	9.2%	Carer's Engagement & Support Dashboard
Care Closer to Home: Inpatient Admission Reduction in overall admissions because patients are better managed in their illnesses at home as is appropriate: 10% reduction in admissions in Trust Inpatient Adult Services	Inpatient services	N/A	8.0% reduction (To be updated)	Performance and Contract
Care Closer to Home: Length of Stay Reduction in overall admissions because patients are better managed in their illnesses at home as is appropriate: 30% reduction in admissions in Length of Stay (LoS) in Trust Inpatient Adult Services	Inpatient services	N/A	2.2% Reduction (To be updated)	Performance and Contract
Staff Experience	**Services Applicable to**	**2015/16**	**2017/18**	**Data source**
Staff Health and Wellbeing Increase of 5% of staff reporting the organisation definitely takes positive action on health and wellbeing (CQUIN)	All service areas	25%	26% (↑1%)	Staff Survey
Management of work-related stress Decrease of 5% of staff saying that they have felt unwell in the last 12 months as a result of work-related stress (CQUIN)	All service areas	43%	41% (↓2%)	Staff Survey
Staff recommendation of the organisation as a place to work Achieve >70% on average across the year of staff reporting that they would recommend the organisation as a place to work	All service areas	2016/2017 63%	63% (Q1-3 results. To be updated with Q4)	Staff Survey
Key:	Target achieved	Positive Progression towards target	Regression from target	

National patient survey of people who use community mental health services: SLaM report 2017

SLaM scored 'about the same' as most other trusts that took part in the 2017 National Community Mental Health Survey. It is pleasing to note that two individual questions (getting help in a crisis and seeing services often enough) scored 'better' than most other trusts. The trust's highest scoring question was respondents knowing how to contact the person in charge of their care if they had concerns (9.6), and knowing who to contact out of hours if experiencing a crisis scored its highest result since the survey was redeveloped in 2014 (7.2). The three questions where the trust had the greatest increase in performance in 2017 compared to 2016 are being given information about peer support (+0.9), being given help or advice with finding support for financial advice or benefits (+0.9) and staff checking how the service user is getting on with their medication (+0.8).

Section	Highest performing questions	Number
Organising care	Do you know how to contact this person if you have a concern about your care?	9.6
Organising care	How well does this person organise the care and services you need?	8.3
Health and social care workers	Did the person or people you saw listen carefully to you?	8.2

Section	Greatest increase in performance from 2016	Number
Support and wellbeing	Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	+0.9
Support and wellbeing	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	+0.8
Treatments	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	+0.8

Table Five: national Community Mental Health Survey (2017) top performing questions

Unlike the National Community Mental Health Survey, the National Mental Health Inpatient Survey is entirely voluntary. A total of 18 mental health trusts opted to take part in the 2017 survey. The trust scored 'about the same' or 'worse' as most other trusts, apart from one which scored 'better' (knowing how to make a complaint). The three highest performing questions in 2017 were not sharing a sleeping area with patients of the opposite sex (94%), being contacted by staff since leaving hospital (84.9%) and feeling welcome upon arrival on a ward (78.9%).

To further improve experience of services, the trust continues to implement the Patient and Public Involvement (PPI) strategy and report to the Involvement Oversight Group, which in turn reports to the Quality Sub-Committee. The PEDIC Governance Committee continues to ensure that the trust's local survey programme provides a consistent approach to collecting feedback outside the national survey programme. As the response rate for the national surveys is relatively low, services should consider these results in conjunction with other feedback mechanisms and in light of any actions that

have taken place in the time following the data collection period. This will enable the findings to be incorporated into local improvement initiatives.

National Staff Survey 2017 – Results

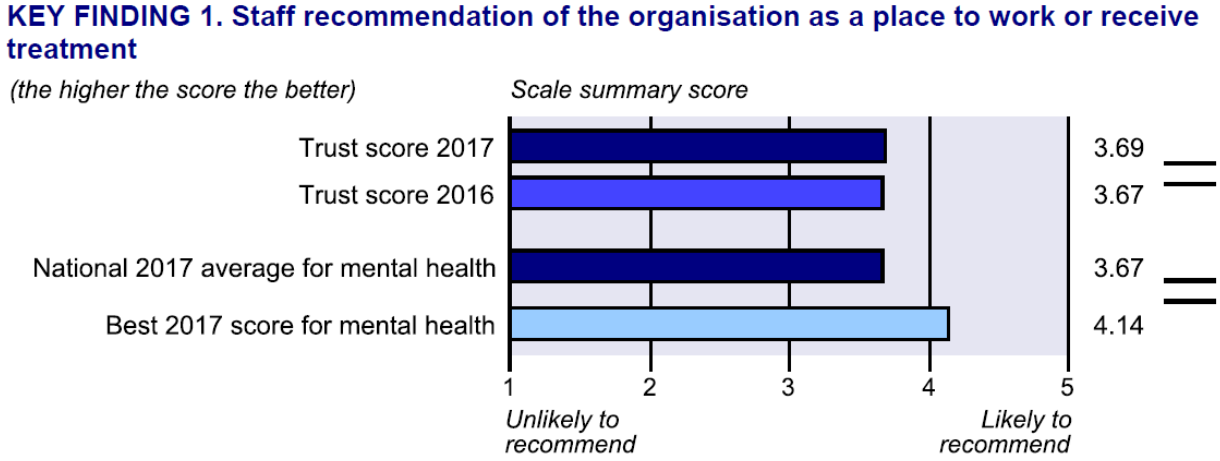
1883 staff at South London and Maudsley NHS Foundation Trust took part in this survey. This is a response rate of 44% which is below average for mental health/ learning disability trusts in England (52%), and compares with a response rate of 40% in this trust in the 2016 survey.

Number of Staff recommending the Trust

In the 2017 survey, SLaM performed slightly higher to the year before on the question 'would staff recommend the trust as a place to work or receive treatment?' SLaM performed slightly above the national average on this question. The SLAM Trust score for this question was 3.68 compared to the national average score of 3.67 for other mental health trusts.

		Your Trust in 2017	Average (median) for mental health	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	74%	73%	72%
Q21b	"My organisation acts on concerns raised by patients / service users"	73%	75%	74%
Q21c	"I would recommend my organisation as a place to work"	60%	57%	58%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	61%	61%	61%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.68	3.67	3.67

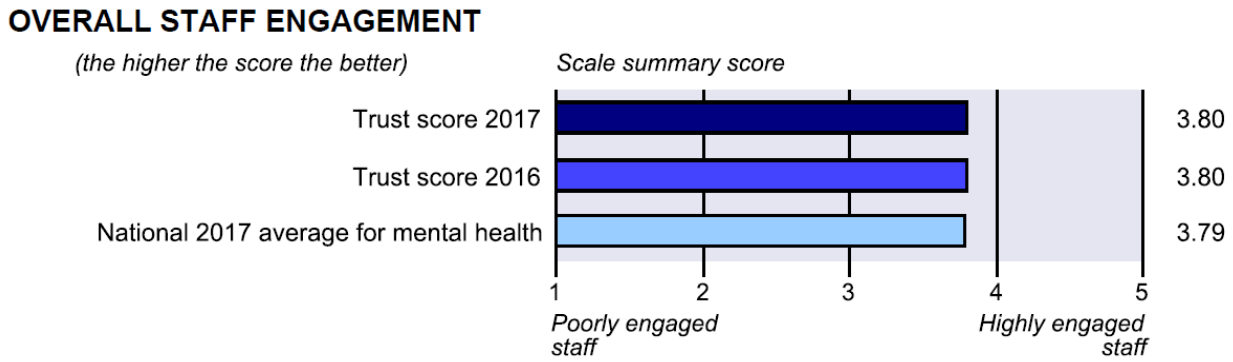
Table six: National staff survey results



Graph one: National staff survey results – key finding 1

Overall Staff Engagement

The Trust score for overall staff engagement has remained at **3.80** (3.80 in 2016). This is slightly higher than the national average for all mental health/learning disability Trusts which was 3.79.



Graph two: National staff survey results – overall staff engagement

Key Findings – overall Trust

The following are the top five ranking scores for the Trust compared to Mental Health Trusts in England:

- Percentage of staff appraised in last 12 months.
  Trust Score: 94% **National Average: 89%**

- Effective use of patient/ service user feedback (scale summary score).
  Trust Score: 3.84 **National Average: 3.72**

- Percentage of staff able to contribute towards improvements at work
  Trust Score: 76% **National Average: 73%**

- Staff recommendation of the organisation as a place to work or receive treatment
  Trust Score: 3.69 **National Average: 3.67**

- Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (the lower the score the better)
  Trust Score: 53% **National Average: 53%**

The following are the lowest five ranking scores for the Trust compared to Mental Trusts in England:

- Percentage of staff working extra hours (the lower the score the better)
  Trust Score: 77% **National Average: 72%**

- Percentage of staff satisfied with the opportunities for flexible working patterns
  Trust Score: 53% **National Average: 60%**

- Percentage of staff/ colleagues reporting most recent experience of harassment, bullying or abuse
  Trust Score: 57% **National Average: 61%**

- Percentage of staff experiencing physical violence from staff in last 12 months (the lower the score the better)
  Trust Score: 4% **National Average: 3%**

- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
  Trust Score: 76% **National Average: 85%**

The following is the area where the experience of staff has improved on the previous annual survey:

- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
  Trust Score 2016: 3.73 **Trust Score 2014: 3.65**

- Percentage of staff reporting good communication between senior management and staff
  Trust Score 2015: 34% **Trust Score 2014: 30%**

Workforce Race Equality Standard

- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
  White **Trust Score 2017: 33%** **Trust Score 2016: 34%**

  BME **Trust Score 2017: 34%** **Trust Score 2016: 35%**

Freedom to Speak up Guardian

This year has seen further activities to embed the Freedom to Speak Up ethos across the Trust. The first Freedom To Speak Up Guardian's Annual Report was made to the Board in March 2018 and a link is provided here to it:

http://www.slam.nhs.uk/media/490535/march_2018_board_papers.pdf.

In summary the report sets out the requirement for the function and how it is organised within the Trust. A detailed Communication Plan has been developed to ensure that the function becomes much more widely known across the Trust as well as promoting the availability of local Advocates who are organised on a Borough basis. FTSU is included in the ambit of the Equalities and Workforce Committee and there have been two reports to that committee about the function. One was to shape the content of the Annual Report and one was to approve the production of a Trust Statement on the Abuse of Power - a draft of this is included in the Annual Report as an Appendix. The Annual Report also sets out the approach that has been taken with people seeking to use its services and summarises the themes and issues emerging. Finally it also contains reference to the work at KHP, London Region and National level.

SLaM Equality Information and Objectives

The Trust published its annual equality information in January 2018. This includes 2017 Trust-wide equality information that provides information on the demographic profile of the Trust's service users and the experience of service users with different protected characteristics.

We also continue to publish local ethnicity reports for Croydon, Lambeth, Lewisham and Southwark. These provide information on the ethnicity of service users accessing 12 of the Trust's services and the experience of service users of different ethnicities in each borough. This year's report also includes outcome data for Improving Access to Psychological Therapies Services (IAPTs) and an increase in activity to provide effective and responsive services for Black and minority ethnic (BME) service users.

The Trust continues to deliver CAG equality objectives for 2017-20. A high-level summary of these is provided below:

- **Acute Care CAG:** To improve access and experiences for service users with learning disabilities in acute wards.
- **Addictions CAG:** To improve access to substance misuse services in Wandsworth for men who have sex with men.
- **Behavioural and Developmental Psychiatry CAG:** To improve the physical health of Black and Minority Ethnic service users in forensic inpatient services.
- **Child and Adolescent Mental Health CAG:** To improve access and experiences for Asian and Black girls in CAMHS community services.
- **Mental Health of Older Adults and Dementia CAG:** To achieve earlier access to memory services in Lambeth and Southwark for Black service users.
- **Psychological Medicine and Integrated Care CAG:** To improve communication with disabled service users in assessment and liaison teams.

- **Psychosis CAG:** To ensure equitable access to early intervention services for people aged 35 and over**.**

Trust-wide Equality objectives relating to service delivery are being developed. Evidence from a range of sources suggests that the priority areas for equality improvement in service delivery should be working to improve access, experience and outcomes for service users and carers who are from BME backgrounds, disabled, lesbian, gay, bisexual or transgender (LGBT).

The Trust's Board has also set clear ambitions in relation to the Trust's BME workforce. These are supported by a detailed action plan that was agreed by the Board in September as part of the paper on the Workforce Race Equality Standards. The Board set the Trust the challenge by spring 2021 to:

- Achieve representation of BME staff at pay bands 8C and above that reflects the proportion of BME staff in our workforce.
- Eliminate the over-representation of BME staff involved in disciplinary proceedings.
- Improve the Career Opportunities offered for BME staff.

Part 3: Priorities for Improvement and statements of assurance from the Board

Our priorities for improvement for 2018/2019

Over the last year we have listened to feedback from service users, their families, carers, staff, local Healthwatches, Council of Governors as well as commissioners and regulators. A Trust Quality priority setting event was held on the 21nd February 2018 with stakeholders. This feedback alongside feedback from CQC focused visits in in 2017 as well as Trust information from complaints, serious incidents and audits has helped us to identify our future priorities.

The Trust has invested in developing further the learning and improvement culture and will continue the work underway to ensure outcomes from both CQC Compliance and CQC Mental Health Act (MHA) inspections, incidents and complaints will all be used to improve the care we deliver.

This year has seen the launch of the Trust's five year strategy, 'Changing Lives'.

What is #Changing Lives?

Changing Lives is the name given to the Trust's five-year strategy 2017-2022

Changing Lives describes the Trust's strategy to improve patient care and the mental wellbeing of people in our wider communities

Changing Lives goes beyond our current focus on the most unwell people in our communities and our specialist services

It aims to contribute to improving the mental health and wellbeing of the whole population that we serve

Through #ChangingLives the Trust ambition is to…..

Deliver **outstanding care** and change the lives of people living with mental illness.

We will do this through our pioneering **research**, having a relentless focus on quality, working in **partnership** with our patients, staff and stakeholders and making sure our **workforce** is happy and supported.

We will do this while making sure our organisation maintains **financial sustainability.**

#ChangingLives has eight aims…

Move to whole-population contracts in all our boroughs, to deliver better population outcomes, starting with the Lambeth Alliance in April 2018

Work in partnership with our service-users, their families and carers in the development and delivery of services

Deliver outstanding care and services including achieving CQC 'Outstanding' by April 2021

Ensure we value, develop, involve and empower our staff

Develop profitable commercial ventures that will enable us to further support and invest in our local services

Work with our partners in Oxleas and South West London and St George's to improve the delivery and reach of our national and specialist services

Improve the translation of research into clinical practice and develop a successful, international fundraising campaign for the early detection of mental ill health, including a new institute for Children and Young People's Mental Health

Ensure we are financially sustainable and governed to the highest possible standards

What will be different?

Our focus in the past → **Our focus now**

Our focus in the past	Our focus now
• Providing 'good' care • A focus on the 'most unwell' in our communities • An 'assumption' of quality care • The Trust has most of the answers and can solve issues independently • Recognising the importance of staff and patient engagement • Research excellence	• Outstanding care • A focus on the whole population • QI at the heart of the Trust's culture and strategy • The Trust works in partnership with others to solve issues • Actively engaging with staff and patients and focus on working in true partnership • Research excellence embedded in organisation, supporting population health and care.

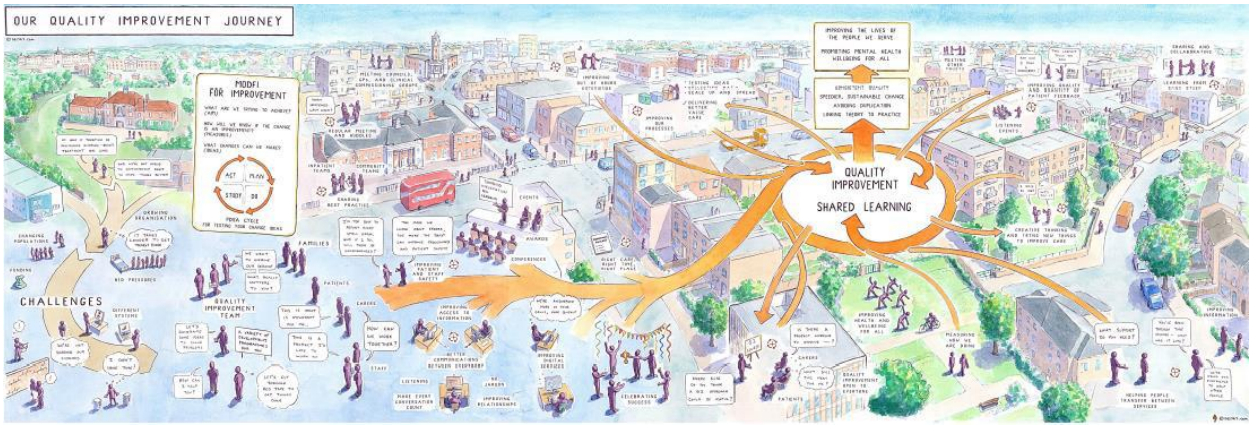
Staff are a key part of changing lives……

Priscilla, helping to change lives by manning the phones for our 24 hour mental health support line

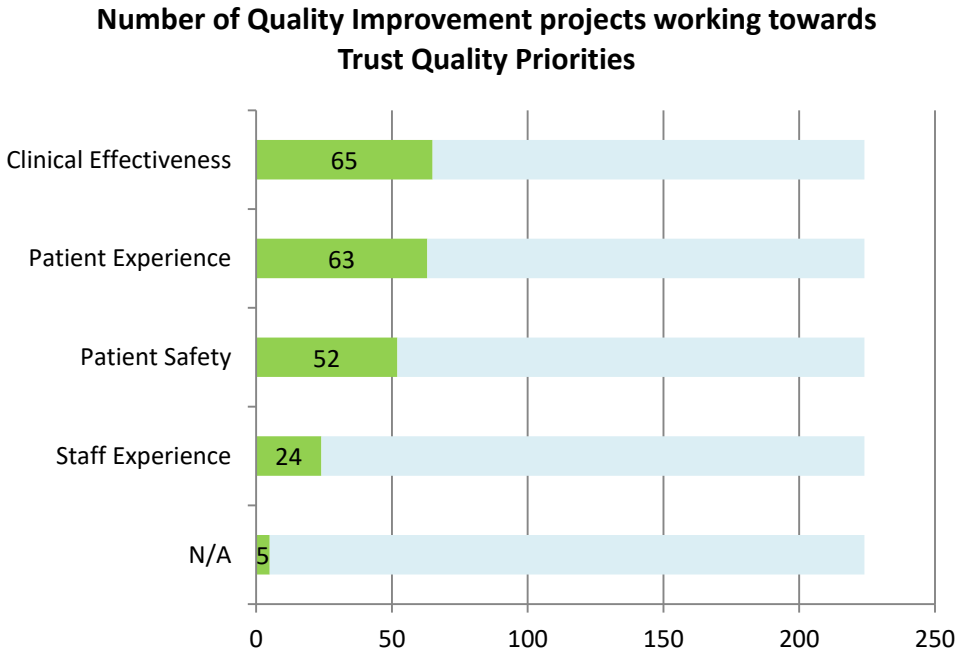

The Crisis Assessment Team are changing lives by getting mental health services to service users as soon as possible

Quality Improvement

The Quality Improvement programme now in its second year and is now seeing a real culture change in the principles of QI being embedded across the Trust. This is has resulted in approximately 350 trained staff in QI methodology across the trust. Service user and carer engagement in QI initiative started in May 2017 to improve care and outcomes for adults in acute care (I-care). There is now greater QI awareness and Foundation QI Training with staff, services users, carers & partner organisations which has resulted in jointly doing QI projects. The Trust is developing an improved method for co-production to be in place by April 2018



There are a total of 224 quality improvement projects underway in the Trust, with 219 working towards to the Trust Quality Priorities. 53 of the projects cover more than one priority.



Graph three: QI projects working towards Trust Quality Priorities

Quality Priorities 2018/19

The priorities for 2018/2019 have been arranged under four areas outlined below which incorporate the broader domains of patient safety, clinical effectiveness, patient experience and staff experience. This year has fewer priorities, each with a number of measurement indicators as outlined below. Progress on achievement of these priorities will be reported on in next year's Quality Accounts.

The metric indicators TO BE AGREED AND CONFIRMED At the Quality Matters Committee dated 17/04/18 to measure performance in the key priorities are outlined below:

Patient Safety	Reducing Violence	Services Applicable to	2016/17	2017/18	Data source

Clinical Effectiveness	**Right Care, Right time in appropriate setting**	Services Applicable to	2016/17	2017/18	Data source
Patient Experience	**Service User and Carers Involvement**	Services Applicable to	2016/17	2017/18	Data source
Staff Experience	**Staff Experience**	Services Applicable to	2016/17	2017/18	Data source

Table seven: Quality Priorities 2018/2019

Care Quality Commission (CQC); Inspection July 2017 Results and Actions

SLaM is required to be registered with the CQC and its current registration status is registered, without condition. In 2017/2018 SLaM has participated in special reviews or investigations by the Care Quality Commission relating to the following areas; Community Pathway. Following the re-inspection, the overall rating for the Trust remains at 'Good'. The overall rating for the Adult Community Pathway was assessed as 'requires improvement' whilst the specific domains of caring and Well Led were assessed as 'Good'. The current CQC Trust grid rating is outlined below.

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆	Outstanding ☆
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for older people	Requires improvement	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆	Outstanding ☆

Table Eight: Care Quality Commission Inspection Results

Key improvements and good practice identified since 2015 – Community

The table below outlines some of the quality improvement work currently being undertaken as a result of the CQC live action plans from both 2015 and 2017 inspections.

Area of Improvement	Actions undertaken
Risk Assessments	New Risk assessment audit tool disseminated across the teams with guidance. To be used as a learning tool within supervision with staff.
Care Plans	Development of a new community care plan using QI methodology. Pilot of the new tool currently underway.
MHA Assessments	A MHA escalation protocol and staff guidance has been developed and circulated to staff. Regular Police liaison meetings and AMHP service.
Croydon	Review and clarification of referral criteria

Assessment and Liaison targets	Increase in staffing levels Development of a Croydon Assessment and Liaison Duty system screening tool. Quality Improvement programme currently underway with aim of reducing waiting times for assessment.
Training	Training completion is being regularly monitored and rates are improving. Scrutiny at operational management meetings will ensure consistent accurate completion.

Table Nine: CQC Actions

Managing Clinical Risk

Managing clinical risk is central to all the work that we do, to manage risk all clinical staff receive clinical risk management training commensurate with their grade and experience.

Audit

Participation in National Quality Improvement Programmes

National quality accreditation schemes, and national clinical audit programmes are important for a number of reasons. They provide a way of comparing our services and practice with other Trusts across the country, they provide assurances that our services are meeting the highest standards set by the professional bodies, and they also provide a framework for quality improvement for participating services.

The National Clinical Audits and National Confidential Inquires that SLaM participated in, and for which data collection was completed during 2017/2018, are listed below. During that period SLaM participated in 100% of national clinical audits 7/7 and 100% of National Confidential Inquiries 1/1 which it was eligible to participate in.

The National Clinical Audits and National Confidential Inquiries that SLaM participated in, and was eligible to participate in during 2016/17 are listed below:

- The 5 national, Prescribing Observatory for Mental Health - POMH-UK audits:
  - Use of sodium valproate
  - Prescribing for substance misuse: alcohol detoxification
  - Prescribing antipsychotic medication for people with dementia
  - Monitoring of patients prescribed lithium
  - Rapid tranquilisation
- The Commissioning for Quality and Innovation (CQUIN) 2017/18 Indicator 4a: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI)
- The national confidential inquiry into suicide and homicide by people with mental illness
- National Clinical Audit of Psychosis

The reports of five national clinical audits were reviewed by the provider in 2017/2018 and SLaM intends to take the following actions to improve the quality of healthcare provided

National Clinical Audit of Psychosis and CQUIN Indicator 4a: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) 2017/18

The Trust participated in data collection and entry onto the NHSE online Webform Portal. In 2017/18 data collected for the National Clinical Audit of Psychosis informed the results for the Trust's CQUIN Target.

The full results from the National Clinical Audit of Psychosis are pending.

CQUIN Results received in 2017/18

National CQUIN Indicator 4a: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) 2017/18

During September to November 2017, the Trust collected and entered (onto the NHSE online Webform Portal) data for the National CQUIN audit. The Trust was assessed against the following parameters:

1. Smoking status
2. Lifestyle (including exercise, diet, alcohol and drugs)
3. Body Mass Index
4. Blood pressure
5. Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
6. Blood lipids

Performance against the CQUIN is presented as a single percentage figure for each provider, calculated on the basis of the following:

a) The denominator will be the total number of inpatients in the sample.

b) The numerator will be the total number of patients in the sample for whom there was documented evidence that:

- they were screened for all six measures listed in the CQUIN guidance during their inpatient stay; and

  where clinically indicated, they were directly provided with, or referred onwards to other services for interventions for each identified problem (with thresholds for intervention being as set out in NICE guidelines).

The data submitted to NHSE is outlined below:

Standard/ Indicator	CQUIN SLAM I/P Target = 90%	
	15/16	16/17
Monitoring of physical health risk		
Monitoring of smoking	100%	100%
Monitoring of BMI	100%	89%
Monitoring of glucose control	75%	78%
Monitoring of lipids	75%	78%
Monitoring of blood pressure	100%	89%
Assessment of substance misuse	100%	67%
Monitoring of alcohol consumption	100%	78%
Intervention offered for identified physical health risks		
Intervention for smoking	100%	78%
Intervention for BMI >/= 25kg/m2	100%	75%
Intervention for abnormal glucose control	67%	86%
Intervention for elevated blood pressure	100%	88%
Intervention for substance misuse	100%	100%
Intervention for alcohol misuse	100%	100%

Table Ten: CQUIN Indicator 4a results

POMH-UK audits

Participation in the five Prescribing Observatory Audits (POMH-UK) managed by the Royal College of Psychiatrist's Centre for Quality Improvement

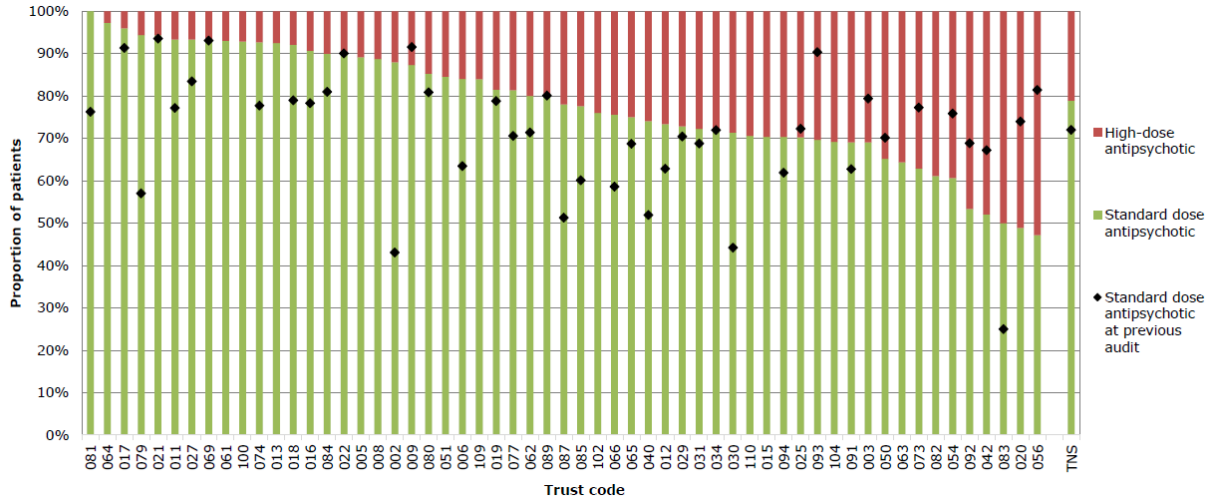
SLAM pharmacy submitted data for the 2017 POMH-UK audits, as required. Below is a summary of the findings from those audits.

Below is a summary of the findings from those audits:

i) Antipsychotic high dose and polypharmacy on in-patient units

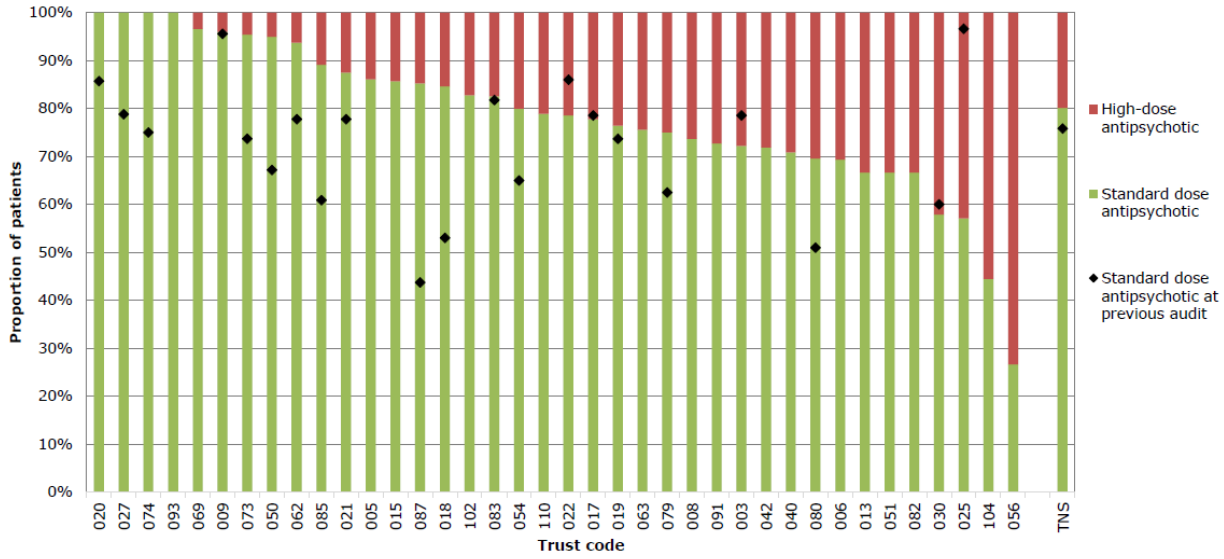
Results of this audit showed that rates of prescribing of high doses and combinations of antipsychotics in SLAM were broadly similar to those reported in the 2012 national audit and lower than in the average national sample.

The graph below shows the proportion of patients in acute and PICU services in SLAM and the national sample who were prescribed a standard and high dose antipsychotic. SLAM is trust T022 and TNS is the average national sample.



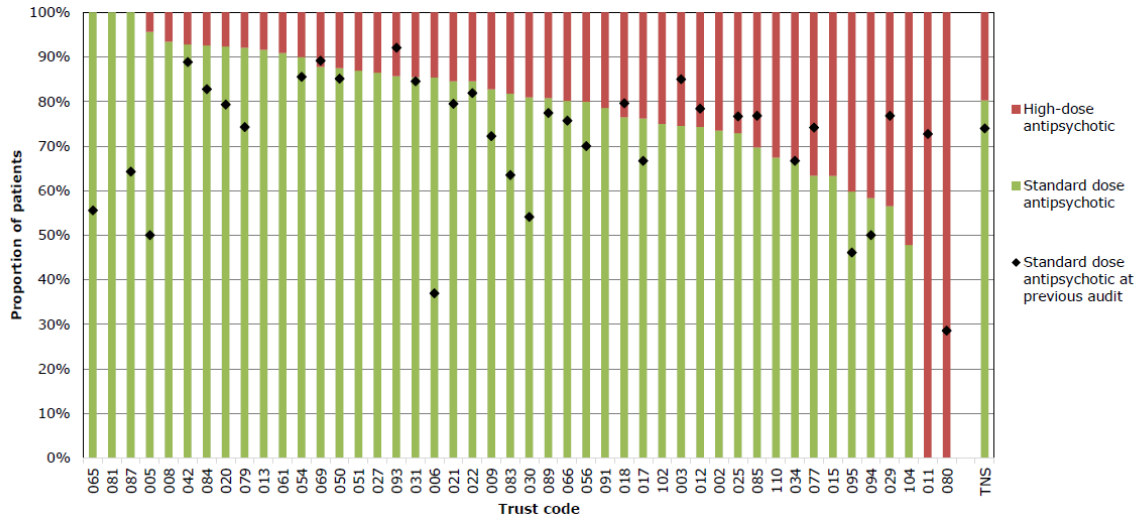
Graph Four: Antipsychotic dose on in-patient units

The graph below shows the proportion of patients in rehabilitation and complex care services in SLAM and the national sample who were prescribed a standard and high dose antipsychotic. SLAM is trust T022 and TNS is the average national sample.



Graph Five: Antipsychotic dose in rehabilitation and complex care services

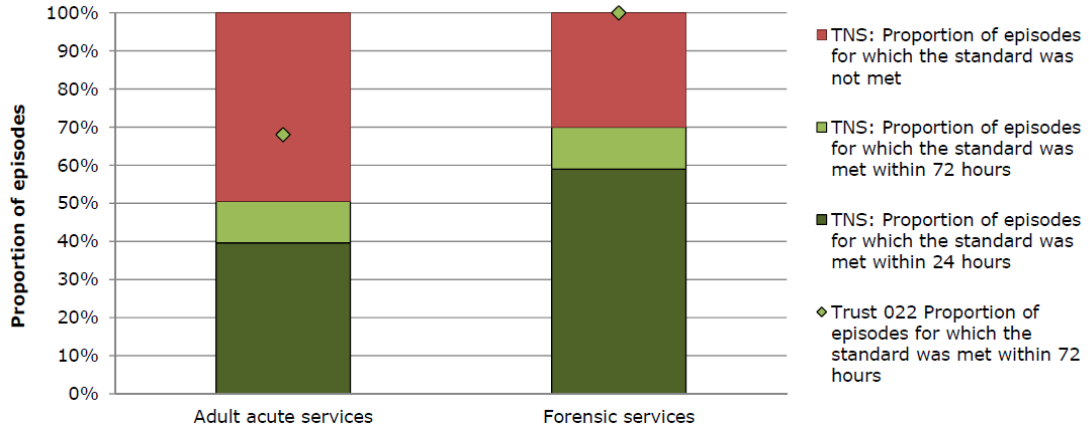
The graph below shows the proportion of patients in forensic services in SLAM and the national sample who were prescribed a standard and high dose antipsychotic. SLAM is trust T022 and TNS is the average national sample



Graph Six: Antipsychotic dose in forensic services

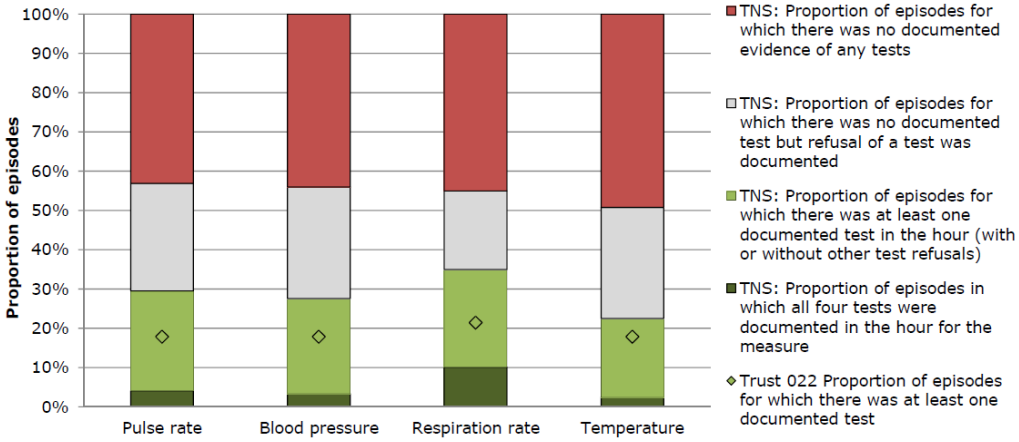
ii) Rapid tranquilisation - pharmacological management of acutely-disturbed behaviour

Results of this national survey showed that a higher proportion of patients in SLAM than in the average national sample received a prompt debrief following parenteral administration of medication, as shown below.



Graph Seven: Proportion of patients receiving prompt debrief against standard

However it is noted that improvements need around the evidence available in ePJS of physical health monitoring in the hour immediately after parenteral medication administration, as shown below.



Graph Eight: Proportion of patients receiving physical health tests against standard

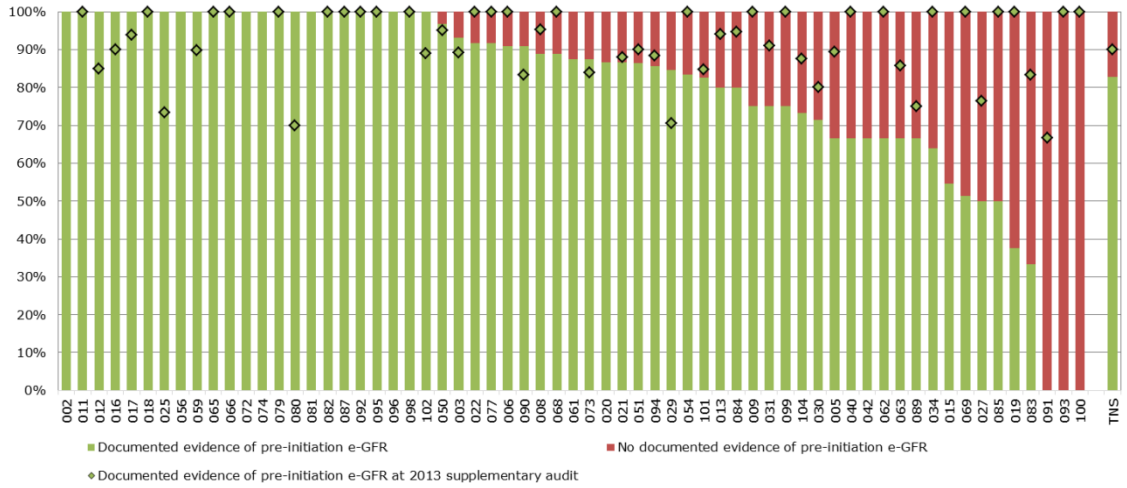
Actions: The recommendations for physical health monitoring following RT (including documentation) were included in the medicines bulletin. A link to the trust physical health monitoring guidance was included in the bulletin. The physical health monitoring audit is due to repeated on wards using eOBS.

iii) Monitoring of patients prescribed lithium

NICE recommends that patients should have their renal and thyroid function assessed before starting lithium. Patients on maintenance treatment should have their plasma lithium level checked every 3 months and their renal and thyroid function tested at least every 6 months.

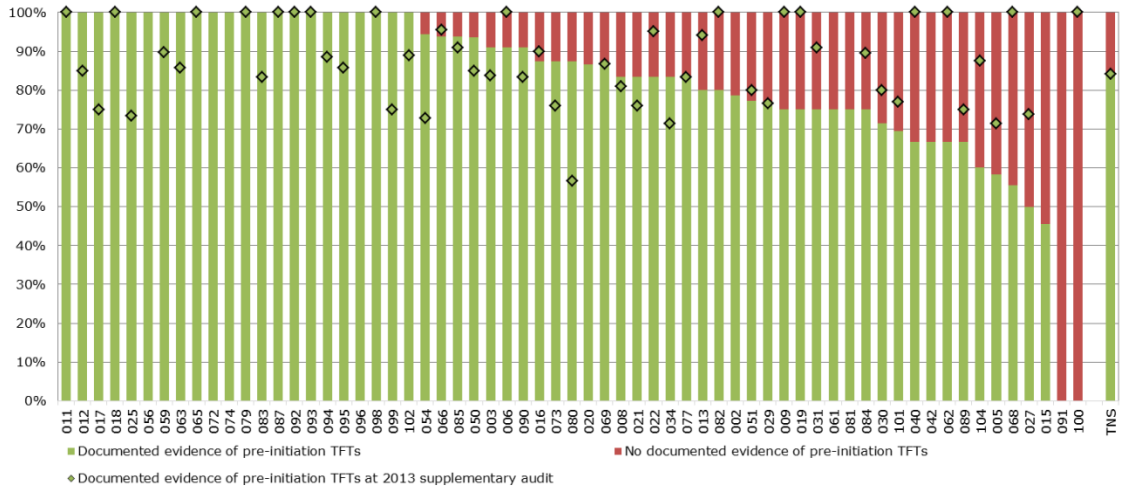
Results of the 2017 national audit of physical health and plasma level monitoring for patients prescribed lithium showed that renal and thyroid function tests were completed before lithium initiation for more patients in SLAM than in the national average, as shown below. SLAM is trust T022 and TNS is the average national sample.

Proportion of patients in SLAM and national sample with evidence of renal function testing before initiating lithium.



Graph Nine: Proportion of patients with evidence of renal function testing before initiating lithium

Proportion of patients in SLAM and national sample with evidence of renal function testing before initiating lithium



Graph Ten: Proportion of patients with evidence of thyroid function testing before initiating lithium

However, physical health and plasma level monitoring were less evident for patients maintained on lithium in SLAM than in the national average. Lithium plasma level monitoring in SLAM (trust 22) and the national sample (TNS) is shown below.

This re-audit included both in-patients and community patients. The previous audit in 2013 included only in-patients. Physical health monitoring for community patients is undertaken either by their GP or the CMHT. One explanation for poor monitoring in this re-audit may be that results of tests completed by GPs were not readily available on ePJS.

Actions: The results and guidance for patient monitoring have been included in the medicines bulletin. For patients who receive lithium from SLAM pharmacy ePJS is checked to determine whether the physical health tests and plasma level monitoring has been completed. Prescribers are reminded of patients with outstanding tests.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

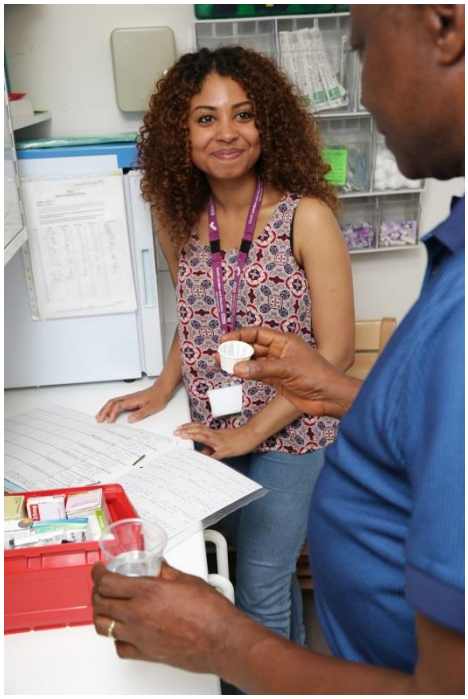
Awaiting information from Michael Holland

Trust Clinical Audit Programme

The reports of 11 local Trust wide clinical audits have been completed in 2017/18 and where relevant, have been reviewed by the appropriate Trust committees for the development of actions to improve the quality of health care provided. A summary of some of the key audits are outlined below.

Safeguarding Adults

The audit assessed compliance with the Safeguarding Adults Trust policy regarding good safeguarding practices and the extent of recording within Datix and Trust clinical record systems. A separate audit was completed to assess staff understanding of their safeguarding responsibilities. There was evidence of good documentation compliance and high compliance with staff completion of the Safeguarding Adults training. However, some evidence was not always documented and safeguarding alerts were not always added to the front page of EPJS when there was a current concern. Not all staff members who took part in the survey knew who their CAG safeguarding lead was. Very few also reported that adults at risk had been involved in the safeguarding process when a concern was raised. The audit was presented and discussed at the Trust Safeguarding Adults Committee where recommendations were agreed to address the gaps highlighted.



Section 132 – Information to Patients detained under the Mental Health Act

The audit assessed whether patients detained under the Mental Health Act (MHA) or subject to a Community Treatment Order (S17A/CTO) are informed of their statutory rights via the S132/132A and whether rights are repeated as required by policy. There was evidence of good compliance. Most service users were aware of their sections and rights, although many had used services and been sectioned previously. The knowledge and distribution of the Department of Health 'Rights Leaflet' was very low. The audit was presented at the Mental Health Act and Law committee. It was agreed the MH Law management team would conduct random monthly audits of S132 compliance and a Quality Improvement project will also be developed to improve MHA compliance at ward level.

Service User Involvement

A service evaluation reviewed the service user and carer involvement governance structures at SLaM (Service level and Operational levels). Many staff members and service users reported clarity around why people had been involved in activities and that service users were actively supported to participate and feedback. However the majority of service users felt there could be improvements made to future activities, co-production, and ensuring their views contributed to change. The report was discussed at the Patient and Public Involvement Leads meeting and Service User Involvement Committee where recommendations were agreed to improve service user involvement in future activities.

Mental Capacity Act – Documentation and Staff Awareness

Two audits were carried out to assess the Trust's compliance with the Mental Capacity Act Policy, to review documentation and to assess staff awareness of MCA. Just over two thirds of the sample had capacity assessments completed on admission, with the majority completed for medication and treatment. There was little documented evidence of Best Interest meetings and how service users were helped to make decisions as independently as possible. Staff knowledge of the MCA and DoLS and how to record/assess capacity requires improvement, as does staff training. Following discussions at the Mental Health Act and Law Committee, it was agreed that the revised ward round template should be rolled out in 2018, as well as the development of an MCA recording form on EPJS.

Patients participating in research

The number of patients receiving NHS services provided or sub-contracted by SLaM for the reporting period, 1 April 2017 – 31 March 2018, that were recruited during that period to participate in research approved by a research ethics committee was **To be included…**

Commissioning for Quality and Innovation (CQUIN)

As last year, TBC of SLaM income in 2017/2018 is conditional on achieving quality improvement and innovation goals agreed between SLaM and any person they entered into an agreement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The value of these payments for 207/18 was TBC.

Further details of the agreed goals for 2016/2017 and for the following 12 month period are available electronically at http://intranet.slam.nhs.uk/cquins/default.aspx.

Hospital Episode Statistics Data – HES

To be included once end of year results available

	In-Patients – SUS data Apr 2017/ Feb 2018	Out-patients and Community –MHMDS Apr 2017/ Feb 2018 (provisional)
NHS No		
GP Practice code		

Table Eleven: HES

Information Governance

The trust's submission for the annual NHS Digital Information Governance Toolkit for 2016-17 demonstrated 91% compliance with national health and social care information governance standards (all Level 2 or above), which is satisfactory compliance. SLaM's annual submission was independently assessed by internal audit with a reasonable assurance outcome.

The Trust Digital Services are continuing to lead the digital transformation programme. The Information Governance Operating Model has been implemented to further improvements around information governance compliance with national standards and key legislation. The GDPR preparedness action plan overseen by the Information Security Committee is well underway for completion before the data protection legislation changes in May 2018. The Information Security Committee is also overseeing the Cyber Security Programme with close engagement and independent reviews by NHS Digital's careCERT and careCERT Assure Programmes. The information governance team updated privacy impact assessment and clearance house processes to improve risk management.

SLaM completed NHS Digital's SCCI1596 Secure Email Standard conformance successfully and @slam.nhs.uk was accredited as a secure email system on 30 September 2017.

Following-on from the CoBIT governance framework training for the Digital Services (IT) staff, the department has gone on to review IT processes in line with this framework.

Following the launch of the Local Care Record in Southwark and Lambeth with trust's partnership, it has expanded to cover Bromley health and care providers. The LCR provides timely and secure sharing of relevant patient information between care professionals to support direct provision of care between primary, secondary and community care services.

The Trust continues to provide clear, concise and up-to-date notification material to service users to ensure they are sufficiently informed about the way their personal data is utilised with opportunities to opt-out of any scheme if they wish to do so.

Assurance around Information Governance is regularly presented to relevant IG Committees chaired by the Caldicott Guardian, the CCIO and the Chief Information Officer. The Board receives annual updates on levels of assurance.

Payment by Results Clinical Coding

To be included once end of year results available

Improving Data Quality

SLaM will be taking the following actions to improve data quality:

A new programme was launched which aims to connect the many information systems we use across the Trust. The programme, called Operation SOS: Solving our Systems and thereby a project Team has been set up which will be dedicated to resolving issues such:

- Multiple log-ins and access to business and vital clinical information
- Systems joined- up and linked to enable effective and streamlined working practices.
- Improving access to the right information

The Trust intends to use data to improve the lives of our service users, be a community leader organisation, empower our clinical leaders, service users and management to make informed decisions. Our latest Public Sector Equalities Duty Report can be found here: http://www.slam.nhs.uk/about-us/equality/public-sector-equality-duty

National indicators 2017/2018

To be included once end of year results available

Single Oversight Framework

To be included once available

Care Programme Approach (CPA) 7 Day follow-up

To be included once end of year results available

National Target	SLaM 2015/16	SLaM 2016/17	SLaM 2017/18	National Average 2017/18	Highest Trust % or Score 2017/18	Lowest Trust % Score 2017/18
	96.99%	97.1%				

Table Twelve: CPA, 7 day follow up

Access to Crisis Resolution Home Treatment (Home Treatment Team)

To be included once end of year results available

	National Target	SLaM 2015/16	SLaM 2016/17	SLaM 2017/18	National Average 2017/18	Highest Trust % or Score 2017/18	Lowest Trust % Score 2017/18
Number of admissions to acute wards that were gate kept by the CRHT teams		95.9%	96.5%				

Table Thirteen: Crisis Resolution HTT

Readmissions to hospital within 28 days of discharge

To be included once end of year results available

	SLaM 2015/16	SLaM 2016/17	SLaM 2017/18
Patients readmitted to hospital within 28 days of being discharged	2.7%	2.6%	

Table Fourteen: Readmissions to Hospital

Service Users Experience of Health and Social Care Staff

	SLaM 2016/2017	SLaM 2017/2018	Highest Trust % or Score 16/17	Lowest Trust % or Score 16/17
Service users experience of Health and Social Care Staff *Scores out of 10*	7.5	7.6	8.1	6.4

Table Fifteen; Ser CPA, 7 day follow up Table ten: Service Users Experience of Health and Social care Staff

SLaM considers that this data is described for the following reasons:

The patient survey responses to the question of how users of services found the health and social care staff of the Trust show that in 2017, overall SLaM scores for this section were about the same as other mental health Trusts. The average Health and Social Care Worker section score for SLaM patients was 7.6 with other Trusts performing in a range of 6.4 to 8.1. Two out of three questions had an increase in their scores since 2016 (Q4 and Q5), whilst for Q6 there was a slight decrease from 7.1 to 7.0.

		SLaM 2017 score	Lowest score trust	Highest score trust	SLaM (n)	SLaM 2016	SLaM 2015	SLaM 2014
	Health and social care workers							
S1	Section score	7.6	6.4	8.1				
Q4	Did the person or people you saw listen carefully to you?	8.2	7.3	8.6	198	7.9	7.9	8.5
Q5	Were you given enough time to discuss your needs and treatment?	7.5	6.8	8.2	199	7.3	7.6	8.0
Q6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.0	6.2	7.8	190	7.1	7.1	7.8

Table Sixteen: Survey of people who use community mental health services 2017

Following a Board Development Session on how the Trust can be an exemplar in terms of service user and carer involvement, it has been agreed that one of the first priorities will be a focus on involvement in own care and this will sit with this work stream. This will be taken forward as part of a review on the Trust's Care Plan Approach (CPA).

Core Indicators

To be included once end of year results available

Indicator	SLaM 2017/18	National Target	National Target Met
1. Improving access to psychological therapies (IAPT): people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral			
2. Improving access to psychological therapies (IAPT): people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral			

3. Care Programme Approach (CPA) 7 Day follow- up			
4. Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards			
5. People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral			
6. Data Completeness, Mental Health: identifiers – NHS Number, Date of Birth, Post Code, Gender, GP code, Commissioner code			
7. Data Completeness, Mental Health: outcomes (for patients on CPA) – accommodation and employment status			

Table Seventeen: Core Indicators

Patient safety incidents resulting in severe harm or death

The Trust records all reported incidents on a database, in order to support the management of, monitoring and learning from all types of untoward incident. In addition patient safety incidents are uploaded to the National Reporting and Learning Service (NRLS) for further monitoring and inter-Trust comparisons. The NRLS system enables patient safety incident reports to be submitted to a national database which is designed to promote understanding and learning.

The process of reporting Trust data to the NRLS and NRLS publication of national data is retrospective by nature. For the latest benchmarked data, SLaM reported:

NRLS Data Q3-Q4 16/17	SLAM 16/17	Average for Mental Health Trusts	Highest Trust % or Score 15/16	Lowest Trust % or Score 15/16
Reported Incidents per 1000 bed days	19.69	46.04%	88.21	11.17
Percentage of incidents resulting in severe harm	0.5%	0.4%	1.8%	0.0%
Percentage of incidents reported as deaths	0.2%	1.0%	3.8%	0.0%

NRLS Data Q1-Q2 17/18	SLAM 16/17	Average for Mental	Highest Trust % or	Lowest Trust % or

		Health Trusts	Score 16/17	Score 16/17
Reported Incidents per 1000 bed days		51.5	126.47	16
Percentage of incidents resulting in severe harm	0.5%	0.3%	2.0%	0.0%
Percentage of incidents reported as deaths	0.2%	0.9%	3.4%	0.0%

Table eighteen: NRLS (National Reporting and Learning Service) Data

Learning from Deaths

The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.

During 2017/18 565 of SLaM patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 149 in the first quarter; 100 in the second quarter; 140 in the third quarter; 176 in the fourth quarter.

354 case record reviews and 60 investigations have been carried out in relation to 565 of the deaths.

In 37 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

Number of deaths where case record review or investigation was carried out	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
	113	84	102	78

18 representing 3.19% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
5 representing 3.36%	# representing 7%	2 representing 1.42%	4 representing 2.27%

These numbers have been estimated using adapted versions, used with permission, of two frameworks the Mazars framework with an adapted version of the grading system for case reviewers from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Reviewers assess and grade the care provided to a patient using the two systems to assess and identify learning or a requirement for further review. The deaths considered in this section are those assessed using the NCEPOD Classification as Several aspects of clinical and/or

organisational care that were well below satisfactory requires reporting as Serious Incident or SI.

SLaM have identified a number of learning points from case record reviews and investigations conducted in relation to the deaths identified above.

The quality of risk assessments and care plans in some cases has been variable with limited details on the physical health needs. Where care plans and risk management plans were completed these were not always individualised or specific enough.

The Trust identified communication as a key learning point with GPs including the communication of physical health care plans and coordinated care between services.

Several reviews identified that the service users did not engage well with services for both their physical and psychiatric care.

It was highlighted that a number of the reviews demonstrated the provision of good quality care with compassionate and caring staff.

Actions taken

The Trust has taken the following actions during 2017/18. Inpatient services have physical health care plans are part of the core care plan for patients. Services have been reminded of the support available to them in compiling these including clinical nurse specialists, modern matrons and the Trust's Nurse Consultant for Physical Health and Wellbeing.

The Trust completed a mortality audit in 2017/18 and will be repeating this in 2018/19. This identified improvements in the interface between mortality and the physical health strategy.

The Trust's Medical Director and Quality Improvement Team are reviewing the Mortality Review Driver Diagram to align with the Trust's physical health strategy and committee. Learning from mortality reviews is shared through the Trust's Medical Director.

The Trust continues to assess the impact of the actions highlighted above.

Duty of Candour 2016/2017

In October 2017, the Trust's Clinical Audit and Effectiveness team undertook a Duty of Candour audit identifying several learning points. The audit was taken to the Trust's Quality Committee and presented to the four borough clinical quality review group to share learning and identify any further recommendations. The following key learning points were identified in the audit updates to Trust SI report template, QI project to be undertaken with CAGs to strengthen understanding, revision of the Duty of Candour policy including – guidance for staff, template letters and external website reference, a communication campaign, training and updates to the incident reporting system to capture Duty of Candour more consistently. The Director of Nursing commenced the Serious Incident Review Group which has increased the scrutiny and oversight of Duty of Candour for serious incident investigations.

Annex 1

NHS Croydon CCG, NHS Lambeth CCG, NHS Lewisham CCG and NHS Southwark CCG Joint Statement on South London and Maudsley NHS Foundation Trust's Quality Account 2016/17

Comments from Overview and Scrutiny Committee, London Borough of Lambeth

Governors' reply to Quality Accounts 2017/18- Once Complete

South London and Maudsley NHS Foundation Trust (SLaM) Quality Accounts 2017/18 Response from local Healthwatch- Once received

Annex 2

Statement of Directors' Responsibilities In Respect of the Quality Report- Once Complete- May 2018

Glossary

TO ADD- once report complete

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