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Scrutiny Health & Social Care Sub-Committee Agenda

To: Councillor Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Robert Ward and Fatima Zaman

Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Service User Representative)

Reserve Members: Sue Bennett, Tony Pearson and Aladair Stewart

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 16 May 2023** at **6.30 pm** in the **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX.**

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
Senior Democratic Services & Governance
Officer - Scrutiny
simon.trevaskis@croydon.gov.uk
www.croydon.gov.uk/meetings
Friday, 5 May 2023

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AGENDA – PART A

1.   Apologies for Absence

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

2.   Minutes of the Previous Meeting

To approve the minutes of the meeting held on 4 April 2023 as an accurate record (to follow).

3.   Disclosure of Interests

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

4.   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.

5.   Croydon Health Services NHS Trust - Quality Account 2022/23
(Pages 3 - 110)

The Health & Social Care Sub-Committee is asked to review the draft Quality Account for 2022/23, and to provide any feedback they feel would be valuable to the Croydon Health Services NHS 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."

PART B

LONDON BOROUGH OF CROYDON

REPORT:	**Health & Social Care Scrutiny Sub-Committee**
DATE	**16 May 2023**
REPORT TITLE:	**Croydon Health Services NHS Trust - Quality Account 2022/23**
LEAD OFFICER:	**Matthew Kershaw** **Chief Executive & Place Based Leader, Croydon Health Services**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Matthew Kershaw** **Chief Executive & Place Based Leader, Croydon Health Services**
LEAD MEMBER:	**Councillor Yvette Hopley** **Cabinet Member for Health and Adult Social Care**
ORIGIN OF ITEM:	The Health & Social Care Sub-Committee's is regularly consulted on the Quality Account produced by Croydon Health Services NHS Trust as a key stakeholder.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to review the draft Quality Account for 2022/23, and to provide any feedback they feel would be valuable to the Croydon Health Services NHS Trust.
PUBLIC/EXEMPT:	Public

1   CROYDON HEALTH SERVICES NHS TRUST – QUALITY ACCOUNT 2022/23

1.1.   The Health & Social Care Scrutiny Sub-Committee has been provided with a draft version of the Croydon Health Services NHS Trust Quality Account for 2022/23. This is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. The report is designed to encourage NHS trusts to be completely open about service quality and as an aid to developing ways to improve. The Trust is statutorily required to publish an annual Quality Account.

1.2.   The report contains a large amount of information on the quality of Croydon Health Services within four areas defined by the Department of Health and Social Care; these are: Patient Safety, Clinical Effectiveness, Patient Experience, Quality Improvement and Well Led. The paper includes performance data for these areas to

show where performance has been good in 2022/23, and where improvements are needed.

1.3. The Health & Social Care Sub-Committee is asked to review the draft Quality Account and provide feedback on the content to inform the final version of the report.

2 APPENDICES

2.1 **Appendix A -** Croydon Health Services NHS Trust - Quality Account 2022/23

3 BACKGROUND DOCUMENTS

3.1 None

Croydon Health Services NHS Trust

Quality Account 2022/23

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PART 1 - Information about this Quality Report

1.1 What is a Quality Report?

It is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This is so you know more about our commitment to provide you with the best quality healthcare services. It also encourages us to focus on and to be completely open about service quality and helps us develop ways to continually improve. CHS is statutorily required to publish an annual Quality Account.

1.2 What does the CHS Quality Report include?

We collect a large amount of information on the quality of all our services within four areas defined by the Department of Health and Social Care: Patient Safety, Clinical Effectiveness, Patient Experience, Quality Improvement and Well Led. We have used this information to look at how well we have performed over the past year (2022/23) and to identify where we could improve next year.

1.3 Statement on quality from the Chairman and Chief Executive of Croydon Health Services NHS Trust (CHS)
To be completed once all stakeholder feedback is received

1.4 Trust Objectives

Well-led organisations have, among other attributes, a clear set of objectives that explain the priorities for the organisation to its staff, partners and other key stakeholders. Our objectives, detailed below, are the result of engagement with our workforce and ongoing planning with partner organisations.

Simply put, the strategic priorities for the Trust are to:

‣ Improve health and reduce inequalities

‣ Provide high quality care

- Support our staff
- Sustainable finances
- Develop our leadership

Setting this out means our staff can understand the priorities for the Trust and importantly the role they all play in working together to deliver excellent care for people in Croydon and help to improve the health and wellbeing of our population. Underpinning all of this are our Trust values that shape everything we do. Our values determine the behaviours our colleagues can expect of each other and importantly, what our patients and local population can expect of the Trust.

1.5 Our Vision and Values

1.5.1 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

1.6 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.

1.7 Achievements in Quality

For the past two years, Croydon Health Services (CHS) has had many challenges, much like the rest of NHS. Waiting lists continue to grow. Providing a consistent level of quality care whilst under significant pressures remains to be constant, as well as industrial action across England from our largest workforces; Nurses and Doctors still continues.

In this time we have still been able to deliver our ambitions and Trust objectives whilst focusing on core areas to keep delivering CHS programmes of work to improve quality, this can mostly be attributed to the dedicated of CHS staff and strong leadership driving change.

1.7.3 CQC rates Croydon's maternity services as 'Good'

We welcomed the Care Quality Commission (CQC) in December 2022, an inspection of our maternity services as part of a national review programme to assess the quality and safety of maternity services across the country and to identify areas of good practice and improvement.

The two-day inspection looked at our care of women throughout their maternity journey, as well as finding out more about the support in place for our staff.

The CQC team were able to see a number of fantastic examples of care here in Croydon, as well as initiatives, which seek to reduce health inequalities. This includes our HEARD

campaign, which launched last year, to tackle the issues which contribute to poorer health outcomes for Black, Asian and Minority Ethnic pregnant women.

After the visit, the CQC rated us a 'Good' rating for being safe and 'Good' for being well-led. The improved rating means that our maternity services are now good on every measure assessed by the independent inspectors of health and care services. We remain far from complacent and know there are still improvements to be made.

1.8 COVID-19 elective recovery

Croydon Health Services was one of the first NHS Trusts to return to more than 100% of pre-lockdown levels to safely care for people needing routine surgery despite the pressures of COVID-19.

By separating elective and non-elective care at the hospital, we are now able to care for 27% more patients compared to before the pandemic. Since opening the elective centre, we have safely cared for more than 32,000 people, including over 3,500 patients referred to Croydon from other London trusts and other parts of country, including Newcastle, as we continue to tackle the COVID backlogs.

We opened a COVID-secure "hospital within a hospital" at CUH in July 2020 so that we could safely restart planned care and surgery after the first wave of the pandemic. Within just six weeks, the Trust had returned to more than 100% of pre-lockdown levels for routine elective care, despite having to use two less theatres for enhanced infection control.

Croydon is now one of London's leading trusts helping to tackle the COVID-19 backlogs and is now also home to one of 50 new surgical hubs across the country to further reduce waits for people needing planned operations and procedures.

Housed at Purley War Memorial Hospital in the south of the borough, the expanded Purley Elective Centre will include new operating theatres, short-stay wards and diagnostic services for low complexity procedures, such as hand surgery and local anaesthetic procedures.

This will help us to see people more quickly and also free-up our Trust's main surgical theatres at Croydon University Hospital to undertake more complex operations.

1.9 Selected as a Frontrunner

We were selected as one of six national Croydon 'frontrunner' sites to strengthen ground-breaking partnerships to help improve the patient journey in and out of hospital, by providing people with care in the community. Our One Croydon Alliance was awarded £800,000 of government funding to triple the number of residents who can continue treatment at home once they are well enough to leave hospital. Allowing us to strengthen our partnerships in Croydon and the wider community.

1.10 Croydon's new stroke unit and therapeutic garden

We opened a brand new state of the art unit in December 2022. Described as being at the very "forefront of stroke therapy," the newly transformed hospital unit includes 26 beds, a bespoke gym, therapy room and an outpatient clinic to enable doctors, nurses and therapists to provide holistic care and recovery support for stroke survivors in one place.

In addition, a spacious roof-top garden doubles as an outdoor therapy space to aid patients in their recovery and treatment after a stroke. An excellent example of the many ways we have transformed services we have, for better quality care for our patients.

1.11 ITU: Multi-million pound boost for Croydon's sickest patients

The multi-million remodelling of a brand new critical care unit at Croydon University Hospital (CUH), started two years prior. It is the latest in a long line of transformation of our estate in the borough. This major development will see the size of our critical care unit at Croydon University Hospital increase by half, creating 22 intensive care and high dependency beds. The clinically-led designs include privacy and dignity for patients receiving life-dependent care, with en-suite facilities, quiet rooms and waiting areas to support families in their local hospital at some of the most difficult times in their lives.

1.12 New Rainbow Children's Unit

The Trust's new Rainbow Children's brings a children's surgical ward and a short stay unit under one roof.

The state-of-the-art facility also includes the addition of a brand new critical care unit and children's cancer unit, allowing the Trust to care for even more of the borough's sickest children much closer to home. This will provide care for almost 40 local children at any one time, with improved facilities for families, including relaxation rooms and play spaces, funded by the Trust's dedicated charity.

Funded through a combination of NHS capital and generous donations through our charitable funds.

The Lily Pad Appeal, which has raised £750,000 towards the new facility, transforming care for children, young people and their families who are dealing with cancer and the possibility of spending up to two years in treatment.

Our own Trust charity, Croydon Health Charity, also reached its target of £150,000 to fund fun, therapeutic play spaces, toys and activities for children and young people to make being in hospital less daunting whilst our clinical teams work to care for them.

1.13 Adult mental health

Croydon seeing significantly increased demand and high complexity and acuity levels of those presenting to adult mental health services. We have a number of initiatives to meet this need in a way that works best for local residents.

Utilising the feedback that people in Croydon, feel stigmatised in clinical spaces, we moved many of our services into community settings, we have many examples of this, but these are two of many:

The Health and Wellbeing Space opened in January 2022 in the Whitgift Centre, one of Croydon's shopping centres. The Space is run by Croydon BME Forum and Mind in Croydon.

We also opened the Recovery Space based at Mind's Fairfield House is an alternative Safe Space to the Emergency Department (ED) for people experiencing a MH crisis that do not need clinical interventions.

1.14 Celebrating the stars of Team Croydon

Croydon Health Services NHS Trust crowned its best and brightest NHS stars in November in a ceremony, which celebrated the thousands of healthcare workers caring for our patients across the borough. This was after a 2-year hiatus due to the pandemic, so extremely important for our staff.

The celebration, with over 250 attendees, showcased our colleagues who have gone over and above the Trust's expectation through their delivery of high-quality care to the residents of Croydon.

PART 2

Priorities for improvement and statement of assurance from the Trust Board

2.1 Progress against our 2022/23 Quality Priorities

This section demonstrates the Trust's achievement on the quality priorities identified for 2022/23.

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

2.1.1 Patient Safety

Priority 1: Continue to improve and grow our safety culture and develop a learning organisation.

Target to be met	Rag Rating	Progress in 2022/23
Reduce healthcare acquired infections including nosocomial COVID infection, MRSA, C. Diff		Internal targets for Infection control were not met. MSSA- 20 cases (Target of >29) C.difficile-36 (Target 20) MRSA-4 cases (Target 0) Covid-54 HOI Klebsiella-27cases (Target >41)

Similar rises in infection rates have been noted nationally, although the cause is unknown at present.

The Trust has implemented a number of responses in order to reduce the acquired infection rates including the use of enhanced surveillance in areas of high risk, specialist training sessions, antimicrobial stewardship ward rounds, increased audit cycles and the introduction of an app to support prescribing practice. For MRSA infection prevention, additional measure include screening on admission, decolonisation, contact precaution work and personal protective equipment audits.

Target to be met	Rag Rating	Progress in 2022/23
Improve the recording of demographic information for patient incidents reported	🟠	Demographic information is recorded for all complaints and serious incidents that occur within the Trust. It is more challenging to record this information for all incidents as this information is not available for all incidents recorded. However, the introduction of Radar, the replacement for the current Datix system for incident and complaint management will allow for more effective demographic data capture moving forward.
Reduce the total number of falls with harm	🟢	There have been no falls with moderate or above harm in 2022/23. Falls per 1000 bed days continue to reduce overall with a small decrease noted month on month.

Priority 2: **Delivery of the National Patient Safety Strategy.**

Target to be met	Rag Rating	Progress in 2022/23
To ensure that our Year to Date (YTD) internal reporting of harm free care remains at or above 95%.	🟢	The YTD 22/23 figure is 95.4 % which is an improvement against the previous year's of 78.58% 21/22.
Deliver the required elements of the national patient safety strategy-80% of all staff have completed	🟠	The national patient safety strategy implementation programme is progressing well, with a 'go-live' for the new framework in early summer 2023. Level 1 training is available via the Trust's electronic staff records systems, which enable us to monitor the number of staff completing the training. To date, small numbers of staff have accessed the course. There was an issue with IT system compatibility issues which meant that accessing this training via the trust's Electronic Staff Record (ESR) was problematic for most staff. As a result, some

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level 1 training		accessed training via the national website which made tracking
		Training compliance challenging. These issues have been addressed and work is underway to increase update.
100% of Patient safety partners have received Level 2 training		The Trust has two patient safety partners, one of whom is in the induction period and one is finalising the recruitment process. Both Patient Safety Partners will undertake patient safety level 2 training as part of their induction.

Priority 3: Clinical staff and teams receive regular and effective feedback and updates regarding quality and safety related to their service

Action	Rag Rating	Progress in 2022/23
Audit demonstrates that 90% of safety huddles include details of patient safety incidents and complaints when they occur within the service		Regular audits were undertaken in 2022/23, which demonstrated 94.4% compliance to safety huddle incidents and complaints discussions.

Priority 4: Ensure timely and effective reporting, investigation and closure of incidents.

Action	Rag Rating	Progress in 2022/23
95% of patient safety incidents are reported within 48 hours of occurring.		In 2021/22 85.61% of incidents were reported within the required 48 hours of an event occuring. This is compared to 85.75% in 2020/21. This small fall in compliance mirrors a reduction in reporting in quarter 2, 2022/23, which resulted from technical issues with the introduction of a new browswer Trustwide, which is now resolved. Work is underway to raise awareness of the need to report incidents as soon as they occur.

2.1.2 - Clinical Effectiveness

Priority 5: Ensure that patients receive the right care at the right time using evidence based clinical assessment models and treatment standards.

Action	Rag Rating	Progress in 2022/23
95% of clinical assessments are completed within the expected timeframes.		MUST 91.28% average PU 85.28% Falls Assessment 97.71% Treatment Escalation Plan 10.6% Although these figures reflect those of previous years, ongoing work is required in order to improve the timescales in which clinical assessments are completed.

Priority 6: Improve the patient's experience of effective and quality discharge.

Action	Rag Rating	Progress in 2022/23
80% of patients will be discharged before 18.00hrs and no patients will be discharged after 20.00hrs.		3.6% of patients are discharged before 11am and 11.6 % before 1pm. 13.3% are discharged after 8pm with 75.1% of patient being discharged between 1pm and 8pm. An discharge transformation project is currently underway to further reduce the number of patients discharged after 8pm.

Priority 7: Develop and deliver a system of accredited wards for internal benchmarking and improvement of services.

Action	Rag Rating	Progress in 2022/23
80% of paediatric and maternity areas will be accredited by March 2023, which builds upon the roll out the adult in-patient accreditation.		Ward data packs, produced for all adult inpatient ward areas on a monthly basis, supports the ward accreditation process. New metrics were agreed in quarter 4 2022/23 and all wards will have a baseline assessment in 2023/24.

2.1.3 Patient Experience

Priority 8: Achieve and sustain improvement inpatient as well as staff engagement and experience.

Target to be met	Rag Rating	Progress in 2022/23
Implementation of the Patient Experience, Engagement and Involvement (PEEIG) Strategy 2020-23 in line with the delivery plan.		Workforce and resource challenges hindered progress against this priority for most of 2022/23. However, the patient experience team was fully recruited to in quarter 3 and the PEEIG strategy was reviewed and refreshed for 2023/24.
Improve the recording of demographic information for complainants and the subject of complaints.		Demographic data has been captured since Q3 of 21/22 however there were ongoing challenges with Datix's functionality to report on this. This was resolved with the introduction of Radar, the Trust's Complaint and incident management system in 2023/24.
Improve FFT response rates toward the year to date (YTD) target of 95% with a minimum of 80% achieved.		12%- from text messaging. Hearing from patients and families helps us to identify where improvements are needed in order to deliver a better experience for our patients. FFT is one of the mechanism the

Target to be met	Rag Rating	Progress in 2022/23
(continued)		Trust uses to gather information from users. In order to improve the response rate, a new system for managing FFT has been commissioned. This went live in May 2023 and uses multiple methods to collect feedback including QR codes, text messaging, land-line access and internet pages. Where patient or family do not have access to a smart device, staff are able to facilitate this for inpatients, outpatients and community service users.
Improve Friends and Family Test (FFT) recommendation rates to achieve 90% recommendation by March 2023.		89.7% approval across all services. The Trust aspires to ensure all users have a positive experience of our services. We have invested in the patient experience and engagement team, with a view to ensuring we hear from patients and families and identify where improvements can be made. Moving forward, patient experience rounds on inpatient wards and outpatient department will help to gather real-time feedback and capture learning.

Priority 9: Understand the inequalities that may exist in our patient experience based on protected characteristics.

Action	Rag Rating	Progress in 2022/23
Analyse demographic information from complaints and serious incidents to understand what inequalities may be in place, and develop action/improvement plans to address them.		Demographic information was captured for all serious incidents declared in 2022/23. The data was analysed and presented to the Trust's clinical safety group. This data, along with themes and trends from other sources, will have been used to formulate the Trust's risk profile, which will support key areas of activity relating to the patient safety incident response framework, moving forward.

2.1.4 Quality Improvement

Priority 10: Deliver the NHS Improvement QSIR (Quality, Service Improvement & Redesign) modules through the development of Teaching Associates and the development of a Croydon Health Services QSIR Faculty.

Action	Rag Rating	Progress in 2022/23
Increase QSIR teaching faculty members from to four by March 2023		There were seven faculty members registered in 2022/23. This growth in our trainers has enabled us to increase the number of courses

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		we provide and increase the places available on each programme.

Priority 11: **Deliver Continuous Quality Improvements through the directorate Service Improvement Plans**

Action	Rag Rating	Progress in 2022/23
CQI Training programme-2022/23 level 1-78 staff to complete level 2 12 staff to complete level 3-4 2 staff to complete level 4- one staff to complete		Significant progress was made with QSIR training in 2022/23. L1-863 participants L2-323 participants L3-12 participants L4-35 participants With the increased number of courses we are providing, more quality improvement expertise will be available within the Trust.

2.1.5 – Well Led

Priority 12: **Ensure our wards are well led and effectively managed by compassionate leaders.**

Action	Rag Rating	Progress in 2022/23
80% of ward leaders have completed the ward leader development programme.		All ward leaders on inpatient adult wards have completed a programme of development in 2022/23.

Priority 13: **Develop, train and support our heath care assistants and registered nurses through programmes of training and development to increase knowledge, competency and specialist skills.**

Action	Rag Rating	Progress in 2022/23
50% of heath care assistants are enrolled on the HCA development programme		The HCA Care Certificate was commissioned to prepare staff for the HCA role. 100% of HCA's have completed the training.
40% of Band 5 staff nurses are enrolled on or have completed the aspiring Band 6 programme.		A successful development programme, Aspiring Band 6 has been delivered over the past 12 months and continues to evolve in order to prepare nurses for leadership and management roles. 40% of band 5 have completed or are booked onto the programme.

Priority 14: **Ensure the Trust has effective systems in place to maintain up to date risk registers which enable the stratification of risk and the Trusts management to make informed decisions.**

Action	Rag Rating	Progress in 2022/23
95% of risks have been reviewed within the required timeframe.	🔴	The management of risks continues to challenge. As at end April, 82% of risks are Overdue for review. The introduction of the new Datix replacement system, Radar, will ensure risks are not overdue for review and that all risks have associated controls embedded.

Priority 15: **Ensure that staff are supported by high quality Policies, Standard Operating Procedures and Clinical Guidelines, which are in date, reflect best practice and are easily accessible**

Action	Rag Rating	Progress in 2022/23
95% of clinical and non-clinical policies are in date and available on the intranet.	🔴	Further work is required to ensure timely update of policies.

2.2 Quality Priorities for Improvement 2023/24

A long list of 18 quality priorities was constructed following extensive engagement with clinical and non-clinical teams, in order to identify key areas for quality improvement work for the coming year.

The final list of six was reached following discussions with directorate management boards and corporate teams, this was agreed at the Trust's Integrated Quality Assurance Group (IQAG) held in March 2023 and ratified by the Trust's Quality Committee the same month.

Each priority has an associated action plan, which is monitored by IQAG and the Trust's Quality Committee.

The following priorities were recommended for 2023/24:

2.3 Patient Safety

Priority 1. Improve capacity assessment in all patients, where capacity is in question, ensuring it is documented and in line with the Mental Capacity Act 2005

Background	Rationale	Target Measure
The Mental Capacity Act provides the legal framework under which	Croydon PLACE submitted 400	90% of all patients who have a dementia

the Trust must manage patients who suffer from dementia, a learning difficulty, a brain injury, a mental illness or a stroke and who lack capacity to make decisions regarding their own care.	applications per 100,000 adults in 2021/22, compared to an average of 488/100,000 adults in similar London boroughs.	diagnosis have a documented mental capacity assessment in their record by March 2024.

The project to deliver this priority will focus on raising awareness amongst clinical teams of the purpose of the Mental Capacity Act 2005 and the regulatory framework that underpins this important piece of legislation. The Mental Capacity Act assumes capacity until it is established formally that a person lack the capacity to make the decision being asked of them. It cannot be assumed that a person lacks capacity just because they make an unwise decision.

The Trust's legal team in partnership with the quality and safeguarding teams have developed a training package, to be rolled out across the organisation, to raise awareness of the regulatory and legal responsibilities relating to mental capacity.

Audits of clinical records on Wandle 1, 2 and 3 will identify where capacity has been assessed and highlight gaps in recording. A baseline audit has been completed and a quarterly audit programme will monitor progress moving forward. Quality improvement methodology will underpin improvement work in these areas.

Priority 2: Improve the performance of Public Health Nursing Services in Croydon

Background	Rationale	Target Measure
Public health nursing incorporates health visiting and school nursing along with the schools immunisation service and the family nurse partnership. These teams work together to provide comprehensive services to	An external review of school nursing and health visiting was Commissioned in 2022. to look at recruitment, retention, performance and communication, which were impacting	Improved performance for New Birth Visits

children, young people and families from birth to 18 years.	on performance. A service improvement programme was commissioned to address these concerns.	

A transformation programme was established in 2022 to identify opportunities for improvement following an external review of public health nursing services. The programme has five areas of work underway:

2.4.1 Workforce

This area of work focuses on hard to recruit to posts that have hindered the services ability to grow and develop. A review of the workforce was undertaken and work continues on the development of new roles and skills mix to deliver key areas of practice moving forward, whilst managing the risks to vulnerable children and families. Future work includes six day working, exploration of retention premia, complex caseload management and smarter/agile working

2.4.2 Culture and organisational development

Modernising the service and delivering improved performance required cultural shift within wider team. Work is underway to listen to staff and users to develop the culture in order to deliver the changes required. Future aspirations include improved use of digital systems, staff and team development initiatives and professional development.

2.4.3 Leadership development

The focus of current work is on senior leadership visibility and improving access to leadership support for the current workforce. Future initiatives include leadership development for staff in public health nursing and the identification of a carer pathway for junior staff within the service.

Service redesign-A recent consultation introduced a six day working week for the first time in Croydon. Moving forward, services will be accessible on Saturdays, with greater flexibility for provision during the week. Moving forward complex case teams are in development to manage the high risk or most complex of cases and new models of provision for low risk children and families are in development.

2.4.4 Communication strategy and structures

A refresh of the communication around public health nursing is a core feature of the programme. The external internet page is under development and new digital methods are under consideration. Civica has been rolled out to community services including public health nursing to provide a digital collection of friends and family feedback to help

targeted improvement work moving forward. New digital platforms i.e. Accurix for school weight and heights measurement have been embedded to improve service efficiency and data collection.

Priority 3: Improve timely access to critical medications

Background	Rationale	Target Measure
Timely administration of critical medications is vital for improving patient outcomes i.e. antibiotic therapy in sepsis, and for maintaining control of patient's chronic conditions i.e. antiepileptic drugs in epilepsy.	Between April and December 2022, 4.6% of critical doses were omitted inappropriately or not signed for	Reduce overall Trust inappropriate omissions of critical medicines below 3% by 2024

2.5 The focus for this priority to reduce harm to the patient as a result of omission of critical dose medicines. Missed critical doses medicines are audited quarterly and the Trust identified 4.6% of critical missed doses on average in 2022/23. The Trust principle pharmacist for medicines safety and governance, alongside the quality team have developed a quality improvement initiative to raise awareness of harm events arising from critical missed doses. The programme focusses on identifying critical medicines and raising awareness of these medicines amongst staff who administer medications.

2.5.1 Further work in the coming year will focus on learning from the lived experiences of medicines administrators as to why medicines that are critical to patient safety are missed. This will help us to understand the blocs to administration and identify further improvement work, to enhance patient safety by reducing critical doses that are not administered.

2.6 Clinical Effectiveness

Priority 4: Baseline ward accreditation assessments for all adult inpatient wards.

Background	Rationale	Target Measure
The ward accreditation process is a tool to encourage ownership of continuous quality improvement at ward level, share good practice and improve teamwork. The programme allows for the development of a single set of standards on which a ward is judged and provides for the recognition and celebration of excellence	The data packs for all adult inpatient wards have been produced monthly for 12 months. However, no wards have been accredited as yet.	All adult inpatient wards will have a baseline assessment against the ward accreditation metrics by March 2024.

2.6.1 This ward accreditation programme commenced baseline assessment against the metrics in April 2023. By the end of quarter four all wards will have received an assessment and have identified quality Improvement initiative designed to deliver an improved experience for patient, staff and visitors for each ward. The Quality

Improvement Team, support by the wider quality team and senior nurse leaders, will support improvement plans moving into 23/24. Accreditation will begin in April 2024.

2.7 Patient Experience

Priority 5: Improve patient experience of their environment across Trust services.

Background	Rationale	Target Measure
The physical environment experience by patients can have a significant impact on their mental and physical health and wellbeing. It is particularly important to patients with impaired cognition in helping to keep them safe and to provide an environment that reduces the risk of cross infection and is IPC compliant.	The Trust does not have a matron/ward leader, environment, improvement function currently. Although regular environmental audits are undertaken, including IPC audits, there is no over-arching governance or change management process.	In quarter one establish an environmental/facilities group to oversee patient environmental experience and develop a quality improvement project for ward and departmental environment management.

The physical environment in which patients and families are cared for has a significant impact on not only their well-being but on their care outcomes. Simple changes can have a big impact and it is often those who are cared for or work in areas that creates the best improvement ideas. The Trust's estate is also variable with some areas newly or recently refurbished and some areas dated and in need of attention.

The Trust's aspiration is for clinical and estates & facilities staff to work together with users to identify small-scale changes that can offer an improved experience. This will be the first initiative of its kind in the Trust, which will be support by the patient experience and engagement team.

A small working group has been established and a plan of improvements, audit and observational reviews will follow, informing the plan of works moving forward. The success of this priority will be in improved feedback from users and staff over the coming year.

2.8 Well Led

Priority 6: Ensure the Trust has effective systems in place to maintain up to date risk registers, which enable the stratification of risk and the Trusts management to make informed decisions

Background	Rationale	Target Measure
Further work is needed to effectively manage and maintain	The introduction of Radar for risk management will help risk managers to update and amend risks, as individual risks will appear on their personal	95% of risks have been reviewed within the required

the trust risk register	dashboards. Timescales and escalation is built into the dashboard, which will provide managers with oversight of the risks their direct reports are responsible for.	timeframe

The implementation of the Trust Radar Risk Register in May 2023, will give the organisation the opportunity to cleanse and renew the register moving forward. In introducing the Radar system, risk owners and risk managers from the clinical and corporate directorates undertook a period of training to support the effective articulation of risk, the development of improved scoring and identification and articulation of controls.

Radar is an intuitive system that enables detailed and timely reporting on risk. The system also support individual risk owners and managers to take responsibility for maintaining an up to date risk, by the use of an individual and unique dashboard for each user. This removes the reliance on email and the difficulties in reporting from the previous system.

The corporate risk team, supported by the quality team, will develop training in risk assessment techniques over the coming year as the implementation of the Radar Risk Assessment event goes live. This will bring together both the risk assessment function and the risk register, onto one platform, enabling the seamless management of the Trust risk register moving forward.

3.0 Statements of Assurance 2022/23

3.1 Review of Services

Throughout 2022/23 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.

Activity for 2022/23	Q1	Q2	Q3	Q4	TOTAL
Planned Care - Outpatient Appointments	131,116	131,674	133,931	137,587	**533,568**
Planned Care - Inpatients	627	689	708	625	**2649**
Planned Care - Day cases	6,429	6,943	7,048	7,196	**27,616**
Maternity - Deliveries	745	772	804	710	**3,031**
Maternity - Babies Born (includes multiple births)	755	784	811	727	**3,077**
Maternity - Home Births	19	19	19	5	**62**

Emergency Attendances - Main ED & UTC	38,073	36,268	39,202	35,896	**149,439**
Emergency Attendances - GP hubs	13,268	11,608	11,788	13,336	**50,000**
Emergency Admissions	5,955	5,706	5,785	6,149	**23,595**
Ambulance Arrivals	7,441	6,824	6,565	7,164	**27,994**
Occupied Bed days (General & Acute)	41,148	40,344	41.004	44,089	**166,585**
Beds Open	42,093	41,373	41,964	45,059	**170,489**
Bed Occupancy	97.75%	97.51%	97.71%	97.85%	**97.71%**

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

The Trust reviews quality indicators using a monthly Integrated Quality and Performance Report (IQPR) and reports so that performance can be analysed on a monthly basis. This enables services to identify priorities and actions needed to deliver improvements and highlight areas that are performing well.

NHS
Croydon Health Services
NHS Trust

4.0 - Executive Structure Chart

Yemisi Gibbons
Chair

| **Dawn Reid** Associate Non-Executive Director | **Steven Corbishley** Non Executive Director /SID | **Louise Cretton** Vice Chair Non Executive Director | **Philip Hogan** Non Executive Director | **Jamal Butt** Non Executive Director | **Paulette Lewis** Non Executive Director | **Andy Rhodes** Non Executive Director |

Matthew Kershaw
Chief Executive & Place Based Leader

| **Mike Sexton** Joint Chief Financial Officer | **Elaine Clancy** Joint Chief Nurse and Executive Director of Midwifery & AHPs | **Lee McPhail** Chief Operating Officer | **Dr Subhro Banerjee** Medical Director | **Rachel Flagg** Joint Director of Transformation & Commissioning | **Neil Goulbourne** Director of Strategy, Planning & Performance | **Patrician Grealish** Interim Director of HR & OD |

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5.0 Looking Back – Review of Quality Performance 2022/23

5.1 Patient Safety Incidents

There were a total of 9,062 incidents reported in 2022/23. Despite targeted work to increase reporting, this year has seen a decrease of 500 (5.2%) incidents reported compared to the previous year. Areas of challenge include staff reporting they have insufficient time to report and lack of feedback from reporting. This is being addressed as we design the new incident reporting module on Radar and provide structured training.

Of the 9,062 incidents reported, 7,875 (87%) were clinical incidents and 1,187 (13%) were non-clinical incidents. Clinical incidents are incidents that occur within the clinical service and where patients are directly affected. Non-clinical incidents are incidents where patients are not directly affected, for example, staff incidents or incidents involving estates and facilities or organisation such as IT related issues without direct impact on patients.

Of the total incidents reported, 7,229 (78%) resulted in no harm, a 15% increase from 2021/22 and 1535 (17%) resulted in low harm, a 3% increase from 2021/22. There has been a positive increase in no and low harm reporting over the last two years due to continued targeted work to highlight the importance of reporting and learning from these incidents.

In the higher severity of incidents 224 (2.4%) were of moderate harm, static from 2021/22. The highest reported category in this area was pressure ulcers at 63%. Incidents resulting in major harm were at 21 (0.23%), a 0.09% increase from 2021/22. The highest category in this area was also pressure ulcers at 43% of these incidents. Pressure ulcers management remains a high area of focus with the creation of an improvement plan focused on reducing avoidable harm in this area.

Catastrophic or death outcomes were at 36 (0.39%), a 0.19% decrease from 2021/22 due to a reduction in Covid-19 related deaths although continued to be the highest category in this area contributing to 47% of these incidents.

No Harm 7229 78%	Minor Harm 1535 17%	Moderate Harm 224 2.4%	Major Harm 21 0.23%	Catastrophic Harm 36 0.39%
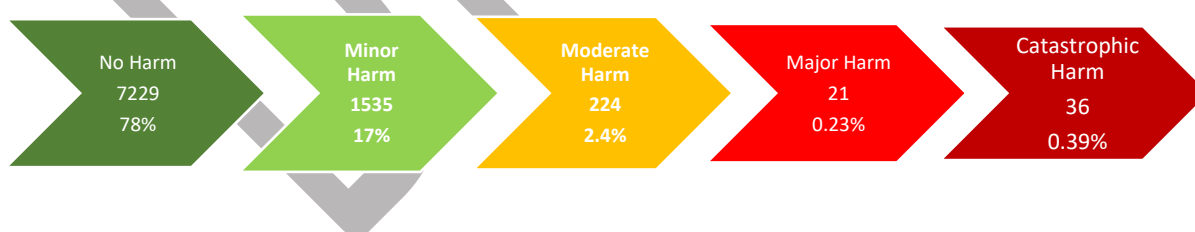
During 2022/23 there were 33 serious incidents declared, a decrease from 93 declared in 2021/22. This year has seen a decrease in the declaration of Covid-19 nosocomial deaths from 28% in 2021/22 to 15% in 2022/23. The highest reported category for 2022/23 was diagnostic incidents including delay at 30%, which was an 11% increase from 2021/22 and identified as a theme in our local risk profile for targeted investigation and improvement. The reduction in declarations has also been affected due to the change in the way we response to incidents as we transition away from the Serious Incident Framework (SIF) and transition to the Patient Safety Incident Response Framework (PSIRF). Following this transition planned in June 2023, there will no longer be declaration of serious incidents as incident reviews will not focus solely on harm but

instead consider proportionate response to all incidents to ensure system focused learning and targeted quality improvement plans.

5.1.1 Never Events

There were no never events in 2022/23.

5.1.2 Duty of Candour

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

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

Stage 1 (within 10 days)

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

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

- Share the findings and identified learning with the patient, or appropriate person, to prevent it happening again.
- There were 243 incidents reported in 2022/23, where Duty of Candour was applicable:
- Duty of Candour Stage 1 was completed for 37% of applicable incidents
- Duty of Candour Stage 2 was completed for 16% of applicable incidents

There have ongoing challenges with capturing data for Duty of Candour compliance on the current incident reporting system, which are being rectified as we transition over to the new incident reporting system. Progress has been made with duty of candour compliance for incidents that require an investigation as they are now monitored weekly at our incident review group. Further improvements to Duty of Candour for other types of incidents is expected through the recently commenced quality improvement project to improve our patient and family engagement in patient safety incidents.

5.2 Patient Experience: PALS and Complaints

The Patient Advice and Liaison Service (PALS) is run by the Patient Experience Team (PET). The focus is a first point of contact related to patient experience to provide a route for early resolution of problems as well as linking to other services for on-going healthcare matters. The trust is working to improve the PALs service to enable early resolution of concerns. During the pandemic, the focus of PALS changed as front door services were halted. The Trust is relocating the PALs service to the front door to enable easier access for patients and service users.

5.2.1 PALS Trends
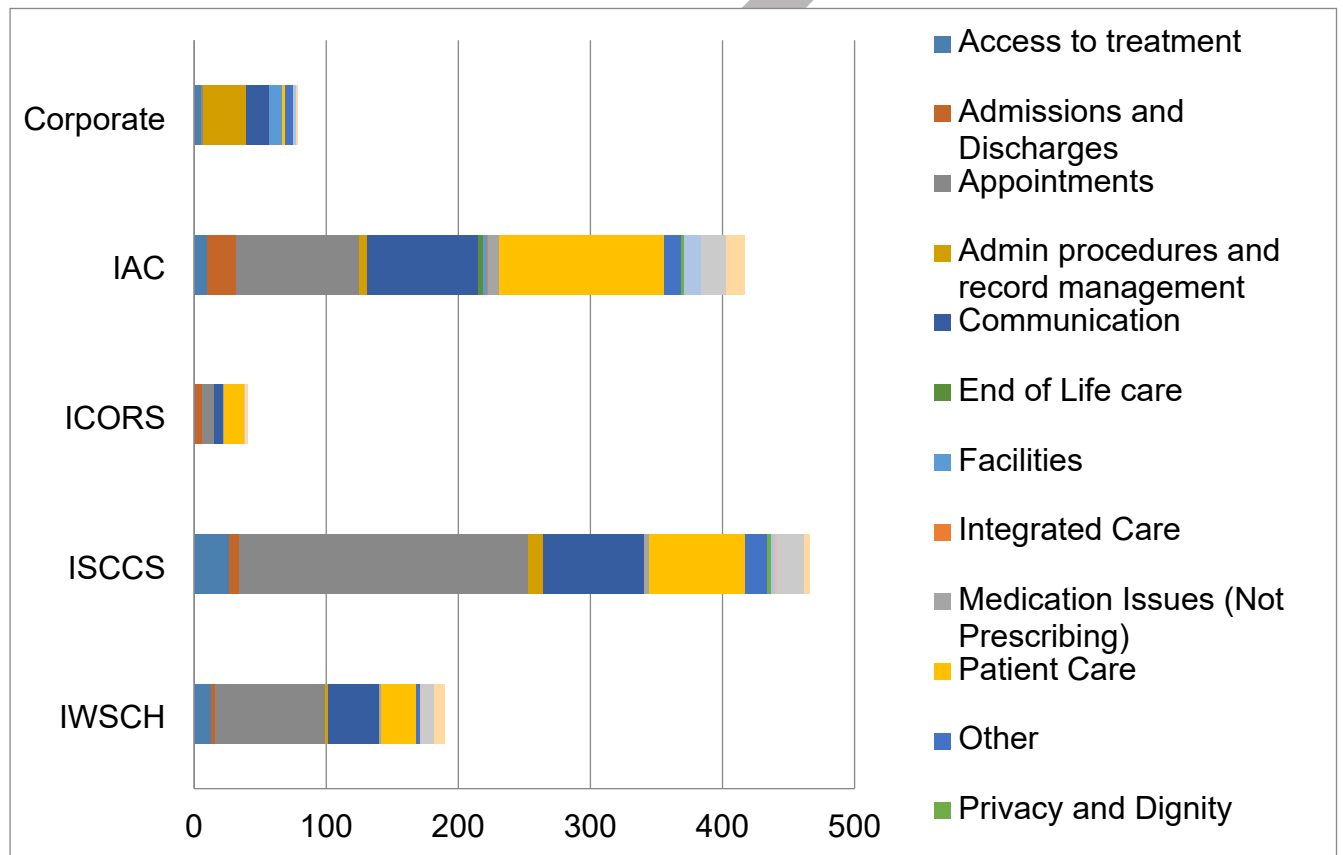
KEY

IWCSH-Integrated Women's, Children and Sexual Health

ISCCS-Integrated Surgery, Cancer, Clinical Support Services

ICORS-Integrated Community, Older People and Rehab Services

5.2.2 Formal Complaints

In 2022/23, the trust did not achieve expected performance for complaint response time scales. The national performance benchmark is traditionally that 95% of all complaints be closed within the timeline originally promised to the patient. Parliamentary and Health Service Ombudsman guidance instructs that it is best practice to engage in good communication with complainants to keep them updated. This can foster positive rapport with complainants; however, this does not excuse delays to original promised timelines.

In response to needed improvement in this area, the trust created a new post to attract expertise to support improvement in this area. Since then, the number of overdue complaints has reduced along the following trajectory – the focus on closure of overdue cases is one of the contributory factors to the poor performance figures. These are projected to improve starting in April 2023.

Patient Experience
YTD Complaints Received and Closed
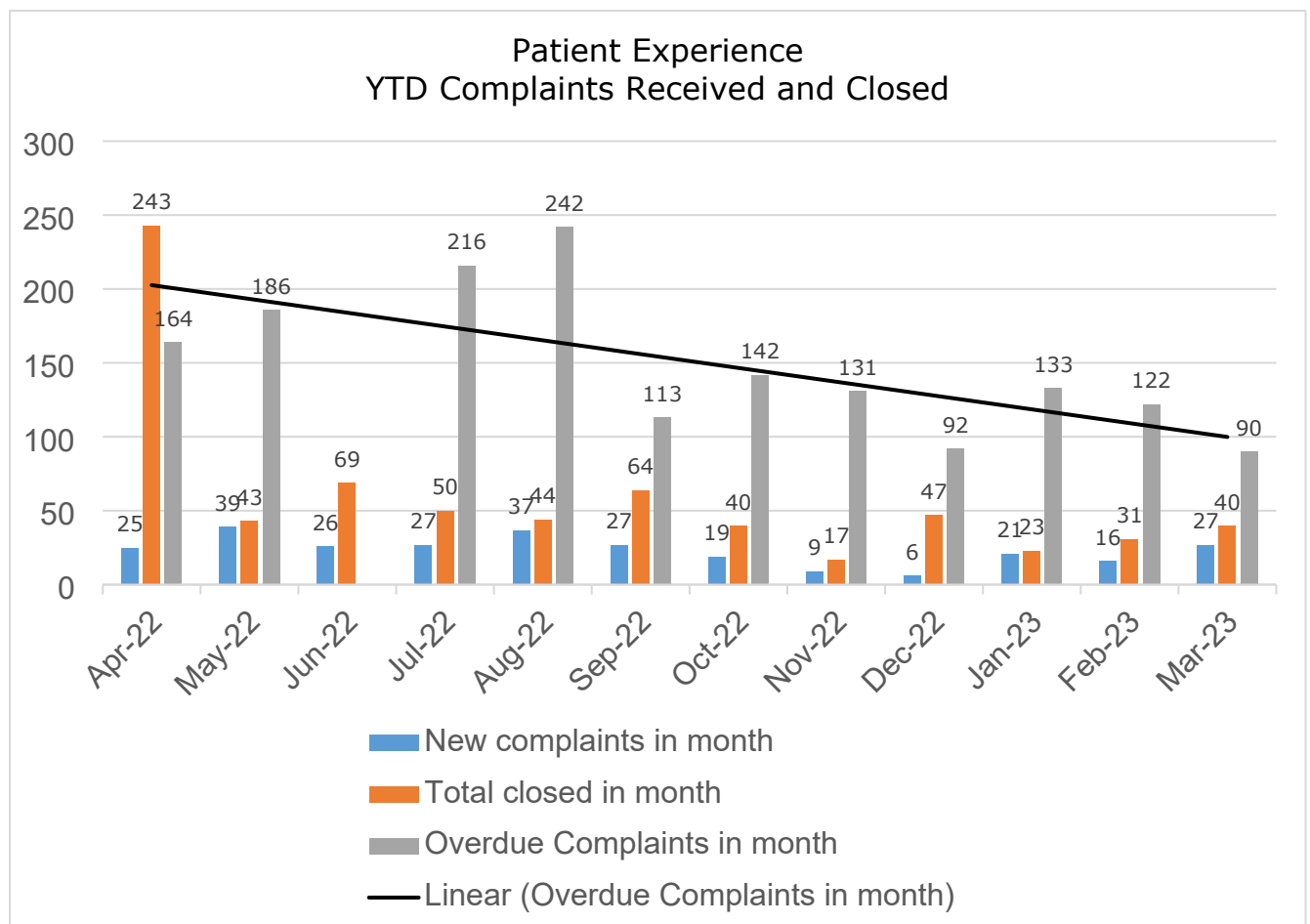
Additionally, a new standard operating procedure for the management of complaints was formally adopted in December 2022 in anticipation of the PHSO's updated guidance. This defined the trust's accepted investigation timelines. With clear definitions, it is hoped that the trust may make more realistic promises to its complainants as well as start to deliver more comprehensively against national expectations.

5.2.3 Friends and Family Test

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive	% Positive
A&E	78.2	78.3	76.2	77.5	78.5	79.1	76.7	77.4	73.4	85.2	82.6	83.0
Community	100.0	80.0	100.0	98.9	100.0	83.3	100.0	0.0	100.0	100.0	100.0	0.0
Inpatient – Day Case	96.1	92.2	91.7	93.3	92.3	92.7	94.1	93.7	93.2	94.0	93.7	95.9
Inpatients	81.7	90.2	81.4	86.2	85.5	85.8	86.0	87.2	88.9	87.4	89.6	85.4
Maternity Antenatal	88.1	77.5	84.4	80.9	84.6	77.4	83.1	91.2	92.3	78.7	92.7	90.2
Maternity Postnatal	94.1	91.9	100.0	90.0	84.6	89.3	92.6	96.3	85.7	95.7	96.9	95.5
Outpatients	93.5	93.3	93.1	93.3	93.1	93.6	92.7	93.1	92.9	93.8	93.9	93.7
UTC	82.3	80.7	78.2	80.2	75.5	84.8	76.3	75.0	72.9	89.1	86.5	85.1
Trust Overall	89.0	89.3	88.3	89.1	89.1	89.6	88.5	89.1	87.3	91.1	91.0	90.7

5.3 Patient Led Assessment in the Care Environment (PLACE) Audit

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

PLACE Patient-Lead Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered in the NHS. These assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments, which had been undertaken from 2000 to 2012 inclusive. Throughout the Covid-19 pandemic the PLACE programme was put on hold. NHS England relaunched the PLACE in autumn 2022 and Croydon Health Services resumed assessments over 6 days in October and November 2022. The assessment team comprised of patient representatives and hospital staff.

Every year the criteria becomes more detailed and there has been a greater focus on food service and disability in terms of strong buildings/environment aspects this year.

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

5.3.1 The Process

As part of the process all Trusts are required to include patient assessors as a fundamental part of the assessments. Following last year's inspection, Patient Assessors continued to show a keen interest to be part of any engagement sessions. As a result, the same PLACE inspectors were invited back in addition to recruiting some new ones. The inspections included representatives from Facilities services, Estates services, Senior Nurses and Infection Control. The teams were made up with a minimum of 50 per cent patient assessors

Each inspection group had to meet and agree the scores on the day and then the patient representatives were given time to complete the 'free text' form at the end of the day, this is where they have the opportunity to feedback about the process, their experience of engagement with the Trust and whether they felt that the scores were a true reflection of their perception on the day.

The table below shows the assessments dates and the number of staff and patient assessors.

Assessment Date	No. Patient Assessors	No. Staff Assessors
18/10/2022	5	2
19/10/2022	3	3
20/10/2022	3	3
15/11/2022	4	2
17/11/2022	2	2

This assessment information is used by a range of public bodies such as the Care Quality Commission, NHS England, the Department of Health, local clinical commissioning groups and local Healthwatch.

5.3.2 Aims and Assessments

PLACE assessments provide a snapshot of how an organisation is performing against a range of non-clinical activities, which impact on the patient experience of care:

- Cleanliness
- Food and Hydration
- Organisation Food
- Ward Food the extent to which the environment supports the delivery of care with Privacy and Dignity
- Condition, Appearance and Maintenance of healthcare premises
- Dementia
- Disability

5.3.3 Scores and Action Plans

The teams were asked to be rigorous in their assessment in line with the guidance and to ensure our scores are a true reflection of the sites on the day. Each PLACE visit generated a score in the separate domains. We have received the results of this year's inspection highlighted as below, which shows the scores in comparison with the last few year's results and also goes on to graphically show the scores in each domain against the previous national average at time of this report. The scores for the Trust from 2015 to 2022 are included below. The scores do very as whilst there are areas that must always be assessed (A & E, internally and external areas) all other assessment areas rotate.

Croydon has scored well for most domains when compared with the National average. The privacy and dignity scores are slightly below.

PLACE SITE COLECTIONS 2015 to 2022
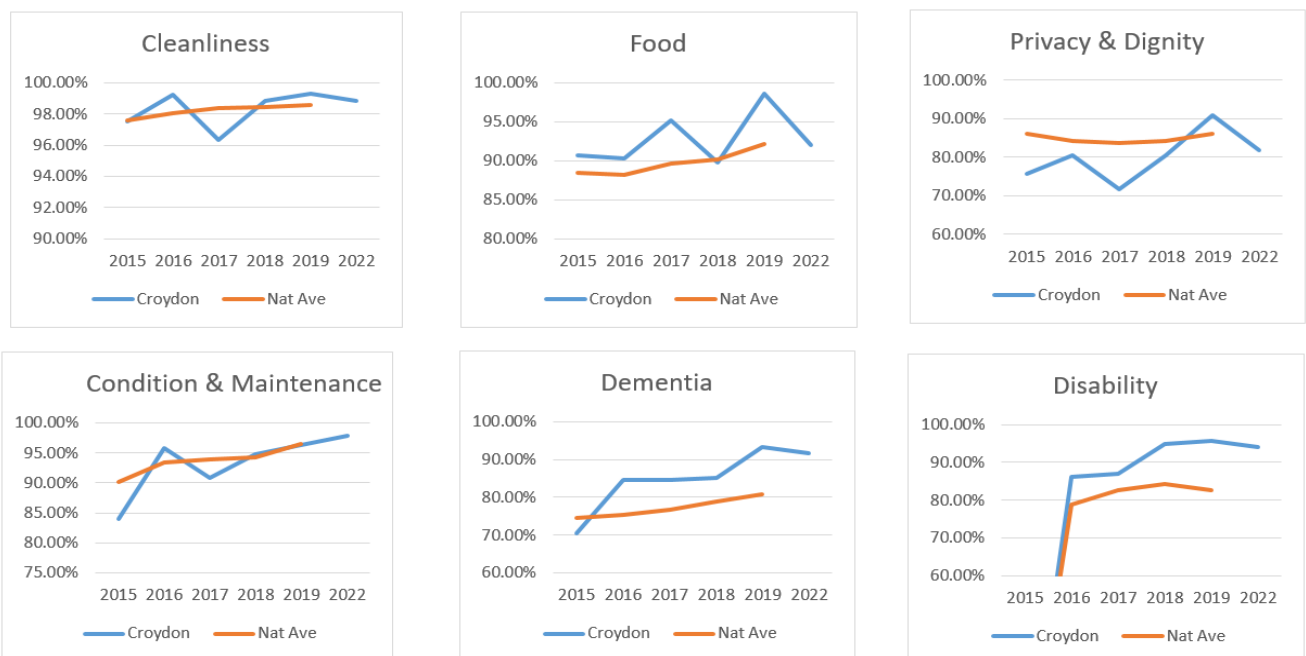
The patient representatives were impressed with the improvements that the Trust had made to the environments and felt that their involvement in the inspections and feedback was genuinely taken on board and was having a favourable impact on the facilities services offered to patients. It was clear from the inspections completed in 2019 action plans have been worked on and improvements made despite the pandemic. The new Paediatric Rainbow unit was highly regarded as the direction to take across departments within the Trust, with a few additions to the environment.

For the care environment aspect of the assessment, 10 wards and 10 other clinical areas, including external and internal areas and the Emergency Department were assessed.

Food preparation and bedside delivery observations took place in several wards, with a separate tasting session held in the Oasis Restaurant. This was done as the meal setup

of individually regenerated meals negates the need to test temperature at end of service for bulk delivery.

All the assessment information was sent to the NHS Digital platform for scoring in November 2022.

The results for CHS are above the national average for:

- Cleanliness
- Food
- Ward Food
- Condition Appearance and Maintenance
- Dementia
- Disability

The Trust is below the national average for:

- Organisational Food
- Privacy, Dignity and Wellbeing

The relationship between PLACE audit, Estates & Facilities, Infection Control and all operation groups needs to have a refocus to help deliver a programme of improvements, resulting in an enhanced patient environment.

The sustained improvement in scores for 2019 highlights the hard work and commitment of Patient Assessors and Trust staff throughout the year to provide a high standard of facilities and an enhanced environment which supports the clinical care provided to our patients.

It is critical for the Trust to demonstrate that lessons are learnt from PLACE, and that all staff are involved in the implementation of the resultant improvement strategies in order to assure ownership.

Improvement work as a result of PLACE will contribute greatly to the Trust's performance during the Care Quality Commission (CQC) inspections where similar domains and criteria are being assessed, and where patient/ user feedback will be obtained through a Patient and Public Listening Event. A new group will be set up to oversee this and drive the improvements needed.

5.3.4 Ward Percentage Summary by domain

Ward Type: A&E/Minor Injuries Units

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Emergency Department	94.92%		100.00%	96.88%	100.00%	100.00%

Ward Type: Food

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Edgecombe 1		92.86%				100.00%
Edgecombe 2		97.14%				100.00%
Food 1		97.14%				100.00%
Hope and Labour ward		92.86%				83.33%

Ward Type: Out-Patient Areas

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
CT Scanning	100.00%		100.00%	100.00%	90.91%	87.50%
Diabetic Clinic	100.00%		75.00%	100.00%	75.00%	70.00%
Duppas 1	98.44%		100.00%	100.00%		100.00%
Endoscopy	99.22%		95.24%	100.00%	100.00%	100.00%
Hearing centre	94.64%		83.33%	87.50%	95.65%	94.12%
Main Outpatient Department	99.22%		100.00%	98.28%	100.00%	100.00%
Moorfields	99.21%		100.00%	98.28%	95.45%	93.75%
Orthopaedics	100.00%		100.00%	100.00%		100.00%
Phlebotomy	100.00%		100.00%	97.22%	92.31%	100.00%
Willows	100.00%		100.00%	100.00%		100.00%

Ward Type: The Ward Assessment - Acute and Community Hospitals

Ward Name	Cleanliness	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression	Comments
AMU	95.83%	60.00%	95.00%	91.67%	100.00%	Confident	Confident	
Birth Centre	98.61%	86.67%	95.00%		100.00%	Very Confident	Confident	
Duppas 2	100.00%	73.33%	96.88%		100.00%	Confident	Confident	
Edgecombe 1	98.03%	66.67%	98.44%		100.00%	Very Confident	Not Very Confident	Not very confident

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Ward Name	Cleanliness	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression	Comments
								response due to decor not clinical care.
Edgecombe 2	100.00%	66.67%	98.33%		100.00%	Confident	Confident	
Fairfield 1	99.32%	66.67%	100.00%	91.67%	100.00%	Confident	Confident	
Fairfield 2	100.00%	66.67%	100.00%		100.00%	Confident	Confident	
Ward Name	Cleanliness	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression	Comments
Purley 1	100.00%	73.33%	100.00%		100.00%	Very Confident	Confident	
Purley 3	99.34%	100.00%	100.00%		100.00%	Confident	Very Confident	
Rainbow Unit	100.00%	100.00%	100.00%		100.00%	Very Confident	Very Confident	Patient Reps would like more pictures in communal areas and single bedrooms. Bookcases needed for storage and more books or comics to be made available for patient use. Pat reps impressed with clinical team and knowledge.

5.4 Information on Participation in National Clinical Audits (NCA) and National Confidential Enquiries (NCE)

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

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

During 2022/23 the Trust participated in 62 national clinical audits. All of the national audits were in the NHS England Quality Report listed audits that the Trust was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2022/23, are listed in Annex 4. Also included are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by each audit or enquiry. Some areas have been marked as 'in progress' which means that the data is currently being submitted, including data gathered during the period of 2022/23.

5.5 Participation in Clinical Research and Development

5.5.1 Clinical Research Participation 2022/23

Over the financial year of 2022-23, the Trust has continued the process of recovery post-COVID as we adjust to the altered logistics and processes of recruitment of patients. As certain research specialities have changed has altered the ways we contact patients. Many studies moving to remote consent of patients, this has led to a reduction recruitments in some studies and a rise in others. We are working to try improving the processes to continue offering access to clinical research. This year we have linked with the community colleagues to survey minority and underserved communities to look at the current access to clinical research and potential reasons for not taking part in studies. The poster that was created from the data was entered into a competition with the Clinical Research Network in South London and got a highly commended award.

Our R&D day took place in June 2022 and was held as a hybrid event. We had a total of 62 entries, with 11 from Research, 4 from Audit, 13 from Quality Improvement and 34 from Clinical Service/Service Improvement. 32 of these gave live podium presentations.

Participation into research has come from 15 different departments, running 9 studies, supported by over 30 local research staff, plus a further 19 staff on research passports. This year the Trust has recruited 1,168 participants into NIHR supported studies, this has been a 35% increase in recruitment compared to 2021-22. 9 studies opened and 5 studies closed over this year 80% of these achieved their recruitment target.

Comparisons of Smaller Trust Recruitment from FY 2018-2023

Legend: ESTH, HRCH, KH, LGT, OFT, SWL&STG, CHS
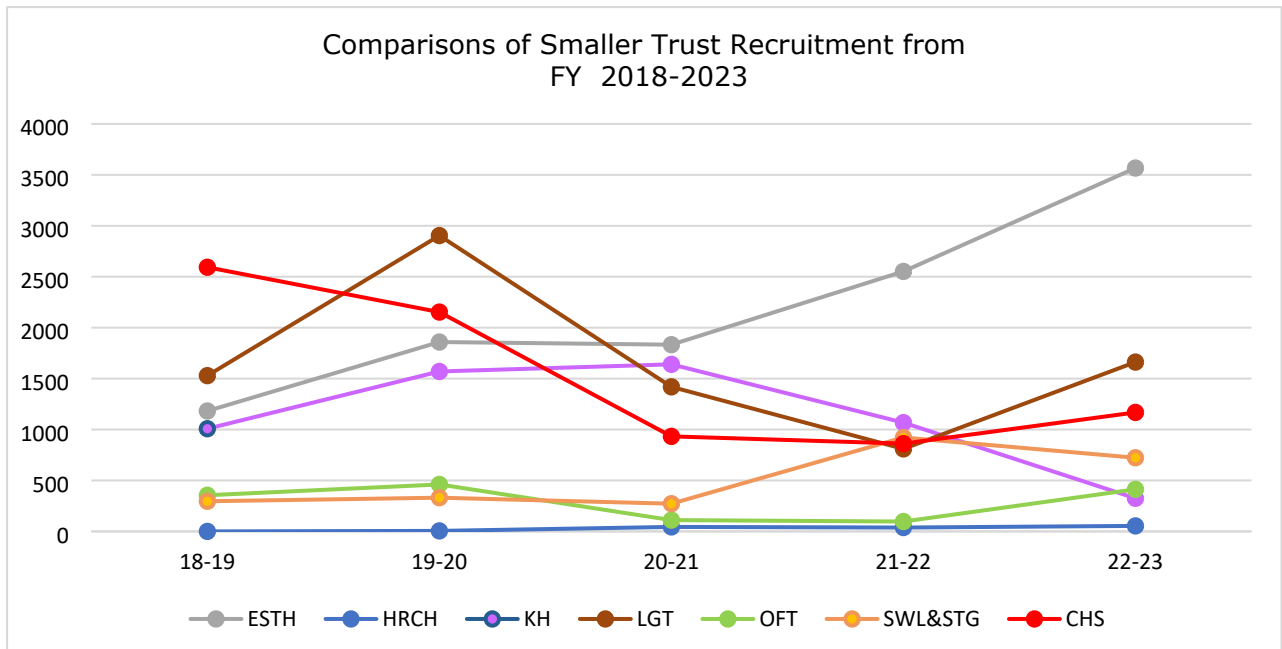
In the last 3 years, there have been 12 journals published from our involvement in NIHR supported studies. We have applied for 3 grant funded research studies, one of which was scored well, but failed due to the high numbers of competition for the funding.

We are currently in month 31 of 36 of the HEIR EU cybersecurity project. This looks at developing cybersecurity tools for health services. We are currently organising the testing of the environment to see if the tools that have been developed are able to be used.

5.5.2 CHS Learning and Organisational Development Program

To continue to deliver against the operational, financial, political and environmental challenges facing the NHS our people need support, now more than ever, to ensure they are listened to, prepared, and equipped to care for our patients with the quality of care they deserve. We ensure we continually put our staff's needs, and recognise potential impacts on them, at the heart of our business decisions, embracing any improvements that we can make centrally, to create more space for our staff to manage the operational challenges and provide care for our patients.

5.6 Shaping our Culture and Investing in our Workforce

5.6.1 Culture & Smarter Working

Resetting our cultural ambitions and investing in compassionate and inclusive leadership skills has underpinned the foundations we laid throughout 2022 ahead of our future People Strategy that we have planned from 2023 onwards. Embracing and adopting new ways of working at CHS are vital not to lose sight of, as they become the enablers to improvements in our staff experience and retention needed for our continued success and growth. We launched a Smarter Working programme with support from colleagues at NHS England that is allowing us to work with a small number of pilot sites to co-design new ways of working, ensuring we are able to provide the best care, in the right way, in the right place for our patients and our staff. This programme looks at how we can make changes to our processes, practices, place of work, as well as how and when we work, by embracing and maximising technology to work more flexibility and in an agile way. To enable us to achieve our ambitions for CHS, ensuring leaders are equipped with the skills to manage their services and teams to deliver a good days work is critical as this is likely to look very different in the future compared to current practices.

Adopting the principles of a just and learning culture across our HR practices has enabled us to support individuals to resolve concerns and issues informally, more quickly, in a way that has reduced the number of timely, often damaging, formal processes that we have supported. This has seen us identify earlier learning and changes to practices and processes that need to be made to ensure our staff are supported to provide the best possible care for our patients, in a way that enables us to support all individuals involved in the incident in a compassionate and fair way. To ensure we are maximising our ability to embed just and learning cultures across the Trust we have been through considerable changes to our HR Operating model as we move towards a people and culture directorate in readiness for the year ahead. This has included us embrace digital and process improvements modernising the way we work across a number of our administrative practices in readiness for the demands we will face in 2023.

5.6.2 Health and Wellbeing

The year 2022 has seen us expand the support we have available to staff as we have invested in the creation of a dedicated Staff Health and Wellbeing team. This team have developed a broad and varied mental, physical and financial wellbeing programme of support available to individuals when they most need it.

Recognising the impact of the cost of living crisis on our staff, we launched our **Winter Wellbeing Booklet**. This booklet offers a wide variety of information to support staff's financial, mental, physical and social wellbeing. It includes details of all the support services available, offering practical advice on how staff can help themselves to stay safe and well over the winter months. We distributed the booklet across our wards, many departments and community sites to ensure our staff were aware of the support available to them. At the beginning of the year, the team created a 2023 Health and Wellbeing Calendar to encourage staff to focus on their health and wellbeing and get involved with the national wellbeing campaigns, which are planned throughout the year.

Our Autumn 2022 Vaccination Programme, delivered by the Trust's Occupational Health team recognised the impact and personal feelings towards both the Covid-19 and Flu vaccines. Changing our approach to let people freely make the choice whether to have the vaccine at the Trust, elsewhere through another provider, or have confidence in telling us they are declining the offer of the vaccines has been crucial. Ensuring individuals have accurate, up to date information available to them via the team on the safety and benefits of both the flu and Covid-19 booster allows them to make an informed and balanced choice that is right for them. We balanced informed consent with the ability to support our staff appropriately. We provided both a walk in clinic and roving model where working with ward and team leaders we identified key times to visit teams in their work place to make the vaccines more accessible. This approach was well received seeing us finish 3rd out of 37 Trusts in London for our Flu vaccine take up and 10th out of 37 for Covid-19. We also achieved a record 93% of all staff engaging with the programme letting us know their preferences.

We have continued to invest and support our **Mental Health First Aider** programme where we have 40-trained individuals on hand to support staff as needed. Mental Health remains the number one concern for staff and managers seeing us promote and celebrate recognised national events across the Trust with a programme of events available to all.

We launched the **TRiM (Trauma Response Incident Management) Support Programme** to support staff and teams who have experienced a traumatic incident. We have 44 TRiM Practitioners and Managers across the Trust to support staff in the time after any serious incident. There is a clear process in place to support staff witnessing a serious incident that identifies how to access the practitioners and process they will take the team through to support them locally. This is supported by a dedicated page on the Health and Wellbeing Section on the Intranet, which includes all the processes, documentation and details of the practitioners across the Trust. We have a TRIM rota in place to ensure a practitioner is on call to support should an incident occur at any time recognising that TRiM is the most effective when used 48 hours after an incident.

Following from the huge successes and invaluable feedback shared during **Employee Appreciation Day** we are back in March 2023 to celebrate everything our people do by encouraging individuals to share notes of thanks from across the Trust. These are displayed on our gratitude trees and interactive digital boards on the 3rd March 2023 for all to see.
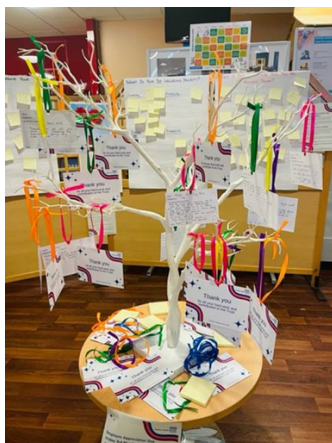
Employee Appreciation Day – Gratitude trees and thank you notes from across the Trust

5.7 Staff Training and Development

5.7.1 Staff Training

Ensuring we provide the right training and development for our staff remains a priority for us this year and we will see the completion of the first 2 cohorts of the **Compassionate Leaders Programme** with 55 delegates and will shortly launch a third cohort of 30 delegates. Delegates are completing modules including "Compassionate & Supportive Leadership", "Inclusive Leadership", "Understanding Self", "Driving Change and Improvement" and "Motivating Individuals and Developing Teams". On completion of the programme, delegates are accredited with 35 CPD points, which will support the majority of them with their revalidation.

The programme focuses on creating compassionate and inclusive leaders, who are self-aware and motivated to create positive team cultures. This will enable leaders to better support wellbeing and integration, as well as addressing feedback that has been received from our popular "Race in the Workplace Conversations" programme, staff survey feedback and exit data.

According to our ESR reports, 30.9% of the Programme participants are white, 61.8% from BAME and 7.3% from unknown background. 83.6% of the participants are female while 16.4% are male. Delegates have reported up to 26% more confident understanding and reflecting on their own compassionate leadership practice, and how that drives team and organisational results. Furthermore, over 95% of delegates reported they were satisfied with the programme.

The **Accelerated Development Programme** continues to be well-attended with delegates choosing to complete one or more of the following modules; "Careers Coaching", "Application skills", "Interview Skills" and "Leadership Fundamentals". Following the sessions, participants have reported more confidence in taking ownership of their career progression journey, applying for jobs and being better prepared for interviews. Participants who attended our Leadership Fundamentals sessions reported feeling more confident about understanding leadership concepts and theories, discussing leadership behaviours, managing their emotions, reflecting on their strengths and weaknesses and their ability to work with people with different learning styles.

We have invested in our **Senior Leaders Offer** to support our leaders with a variety of Trust-wide offerings across a range of managerial and leadership competencies, drawn from PDR Appraisal data and our previous learning needs analysis. These include "Negotiating and Influencing", "Difficult Conversations", "Coaching for Managers", "Systems Thinking and Complexity", and "Leading under stress and pressure", "Human Factors", "Leading Change" and "Constructive Conflict".

We continue to provide an internal values-based customer service programme, **"Be The Difference"**, as both a stand-alone bookable module and a monthly feature on the practice nurse development days. This is offered as a tailored team intervention when needed. The session focuses on civility, tools for tackling inappropriate behaviour, speaking up and making positive change in the interests of patient care and service improvement. It receives excellent feedback: "Be the Difference has prompted me to think about the reasons why I wanted to be a nurse. Reminding myself of the passion I have to provide safe effective care to my community."

We also provided bespoke **"Time Management and Delegation"** interventions to the Integrated Adult Care Directorate. Attendees found it "very related to the real-life challenges and helpful to improve efficiency".

In support of continuous improvement and response to our staff survey we launched our **"Meaningful Appraisal Conversations"** for managers and direct reports which enables everyone across the Trust to take ownership of their appraisal process and ensure high quality appraisals are held and completed in line with individual career ambitions, learning and wellbeing needs.

We continue to provide administrative support to sessions delivered by internal subject matter experts and external partners, including pre-retirement seminars, Mental Health First Aid, TRiM training (trauma response and incident management) and Quality Improvement.

This year has seen us steadily improving the range of standalone workshops for staff at all levels to develop the softer skills needed alongside their critical clinical knowledge. This will soon see us add "Time Management and Delegation", and "Communication Skills" to our existing offer which includes "Coaching for Managers" and the recently introduced (and very popular) "Meaningful Appraisals Training" and "Career Development Workshops".

Recognising feedback from staff we have also now launched our new coaching, mentoring and QI coaching platform, CHS Grow. CHS Grow is a new online matching platform, which facilitates the creation of mentoring and coaching partnerships to help colleagues tap into the richness of experience across the Trust. The platform will allow colleagues to sign up in the roles of mentor, coach, or QI coach, or sign up to receive support. After creating a profile, the platform will intelligently match partners across the organisation based on the skills they seek to develop. The platform can help to facilitate structured mentoring programmes as well as ad-hoc partnerships, and includes embedded resources to train and develop mentors.

A small number of the L&D team are trained coaches and 360 feedback facilitators and we offer these services both as an ad-hoc request and as part of a broader leadership and team development offering when deemed suitable tools.

Maximising all available talent pools remains on our agenda with apprenticeships being a key route to develop future talent as part of our succession plans. We have tripled the number of apprenticeships we are supporting across the Trust seeing over 80 apprentices due to undertake training in both clinical and non-clinical roles by the end of the financial year. The breadth of programmes we offer has also expanded as new opportunities continue to be added to the national apprenticeship offering on a regular basis with areas such as professional coaching, team leader, departmental leader, podiatry, clinical psychology and well-being practitioners being supported and explored to see the fit with our CHS workforce of the future. All of this critical work supports our aspiration to minimise the amount of our levy pot expiring each month as we continue to work in partnership with local organisations across Croydon and grow future talent for the sector. At National Apprenticeship Week in February we were able to celebrate the successes of our apprentices by sharing their experiences across the Trust, promoting opportunities we can offer and generating considerable interest for the future.

In March 2023, our first set of internally run Functional Skills Night Schools was launched with a view to supporting a greater number of staff gain eligibility onto apprenticeship programmes. 20 places have initially been offered and filled, with participants undertaking English and Maths Level 2 programmes to gain GCSE C grade

proficiency. Working in partnership with local colleges, these short courses will be eventually be eligible for government funding providing a revenue stream into

apprenticeships to offer backfill support as our offering continues to strategically align with organisation-wide development goals. This vital work will ensure that our staff, especially those speaking English as a second language, are fully supported in achieving their career development aspirations.

Core Skills compliance remains generally stable at 87% overall (91% for corporate staff). As would be expected, subjects with an e-learning module maintained and improved overall compliance as staff are able to access and complete this training easily and on-demand.

The two subject areas with poorest compliance are those with a physical attendance expectation, **Moving and Handling L2 and Resus** (all levels). Both subjects have suffered due to Covid-related restrictions on attendance (due to room capacity), availability of staff from the ward and challenges with our training providers. We will be focussing on improving the levels of compliance targeting issues around high levels of DNAs (people who do not attend).

Moving and Handling L2 and Resuscitation – BLS Level 2 are both now being delivered as blended learning utilising the National e-Learning in efforts to be more effective and streamline face to face time whilst supporting staff compliance.

Manual Handling: Following the change in management within the Occupational Health function in November 2021, manual handling training provision returned to the L&OD team and a new lead joined the team in March 2022. Additional improvements since the new Lead joined has been the review of specific clinical staff who had no physical patient moving and handling responsibilities re-assigned as Level 1 e-Learning only requirements.   We will be looking to review our future model of delivery to train up local champions for all ward and community areas, increasing capacity and flexibility of local training available to those teams.

Corporate Induction: Due to the increasing number of new starters recruited to the Trust, and venue capacity restrictions onsite because of social distancing, the Corporate Induction moved to virtual delivery as of January 2021. The move to an online environment permitted up to 50 new starters to attend each induction (held over Zoom) with an event running every second Monday of the month. The session runs for two hours and integrates with the nursing induction pathway once a month. The session is focused on key on-boarding messages and a welcome to the organisation highlighting key messages around incivility in the NHS as a topic of awareness and expected standards of behaviour, aligned with Trust Values.

Overall feedback is good to excellent, with emphasis on new starters enjoying and appreciating topics discussed around trust values, civility, development opportunities and staff benefits, whilst acknowledging additional comments that indicate room for further improvements. More work is needed to collaborate with stakeholders across the organisation to streamline the on-boarding process and centre the needs of our employees at the heart of our induction session and this will form part of our 2023/24 work plan.

As part of our streamlining and strengthening on boarding we are completing **an interactive virtual welcome e-book using Pagetiger** to be launched in 2023/24. This will provide pre-event access to relevant information for staff new to the

organisation, for example how to complete ID Checks with the recruitment team, get their Smartcards, ID and security access including uniforms, location maps including

parking and food and drink, whilst signposting key contacts. Providing this information ahead of the welcome session will reduce time spent managing logistics in that session, and allow for increased focus on orienting the new starter to the organisational culture.

Longer term, we hope to provide separate tailored resources for managers and staff to support thorough and effective **local inductions**. We recognise that new managers also require greater support and plan to provide a separate **manager induction** as we continue to expand

5.7.2 Recruitment & retention

Ensuring we have the right people in the right place at the right time to deliver the care our patients demand remains a top priority for us. Adopting new ways of providing care has seen us increase our recruitment activities to support the highly critical virtual wards work, whilst continuing to grow our workforce in those areas where knowledge and skills are often scarce like radiography, public health nursing and community teams.

Recognising the demands and changes across our surgical pathways, a multi-disciplinary workforce programme is being supported that sees us develop and expand our Operating Department Practitioners (OPD) workforce. This has involved a number of work streams where members of the team are providing some critical insight and ideas that we are adopting to help us to make CHS the best place to work within our Theatres directorate.

Recognising the importance of diversity in recruitment, in the autumn we relaunched our successful **Recruitment Inclusion Specialist (RIS) Scheme**. The scheme, originally started in 2020, has had a positive impact ensuring that the interview process for band 7 and above roles is fair and not biased. To ensure we are able to support the volume of recruitment that we are seeing across the Trust we have worked hard to train c80 RISs who support during the interview process and reduce unconscious bias and challenge any potential unequitable practices.

New routes for attracting apprentices have begun to be explored, with private training providers contributing to recruitment efforts accessing different pools of talent though the use of platforms such as TikTok and Instagram. Likewise, The Princes Trust has been engaged as a route to recruit local talent. The Princes Trust currently run programmes aimed at supporting young people between 16-30-years-old into entry level careers including facilities services and health and social care.   The Prince's Trust offer support to NHS Trusts who are planning recruitment days in a variety of ways including up to £2000 towards running a recruitment day, marketing the event locally, following up with all young people who attended and providing an employability programme to get all candidates ready before attending an interview.

5.8 Library & Knowledge Services (LKS)

5.8.1 Quality of library services - Quality Improvement Outcomes Framework (QIOF)

The **Quality Improvement Outcomes Framework** forms part of the requirement of Placement Provider organisations in receipt of funding through the NHS Education Contract to "ensure that there is a proactive, high-quality knowledge and library service that is available to all staff and learners" ('NHS Education Contract', 2021-24).

The Quality Outcomes Framework also enables NHS organisations to demonstrate their commitment to working with and enabling high-quality NHS knowledge and library services to equip the organisation, staff, learners and patients to make decisions informed by evidence from research and knowledge mobilised by knowledge and library specialists.

The quality assurance and service improvement dimensions of the Outcomes Framework underpin the strategic framework for NHS-funded knowledge and library services in England, 'Knowledge for Healthcare 2021-26'.

The Library and Knowledge Service was QIOF validated in 2022 and achieved Level 1 for all outcomes, in line with the majority of all services reviewed. We have a service development plan in place to help us continue to innovate and improve our services.

Quality and Improvement Outcomes Framework 2021
Percentage of **National Validated Levels** by Outcome

Outcome	LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Outcome 6	15.6%	42.4%	31.3%	10.3%	0.4%
Outcome 5	16.5%	59.8%	18.3%		5.4%
Outcome 4	12.5%	64.7%	18.3%		4.5%
Outcome 3	7.1%	65.2%	25.4%		2.2%
Outcome 2	7.6%	58.5%	29.5%		4.5%
Outcome 1	14.3%	73.7%	10.3%		1.8%
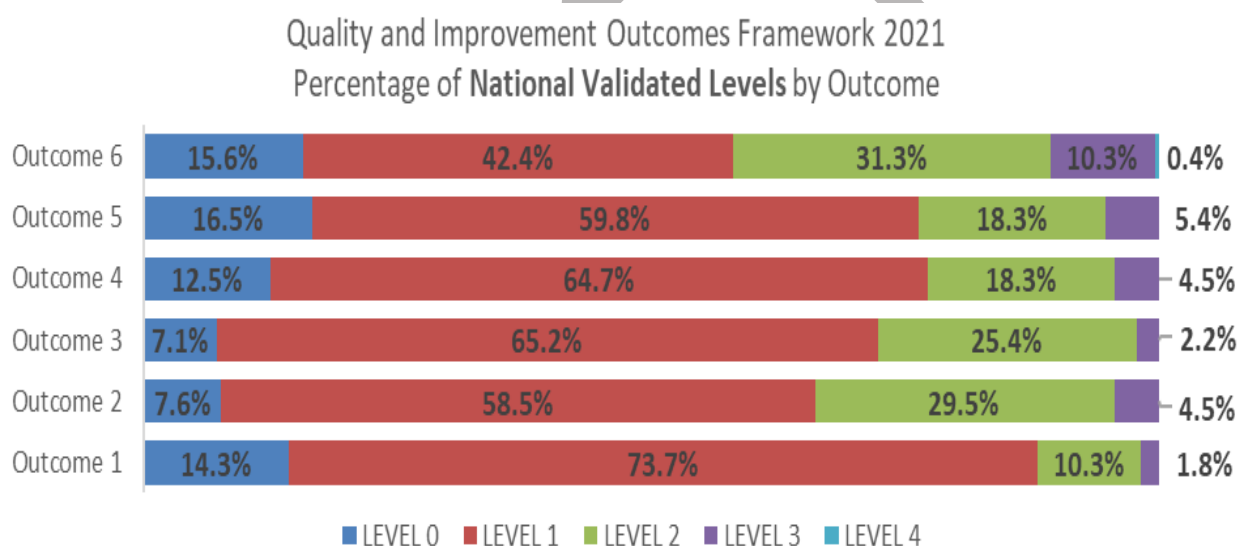
5.8.2 Library and Knowledge Service activities

In April, the library team supported our colleagues in the Wellbeing team by promoting knowledge resources for Stress Awareness Month, including the **NHS Uplifting Resources collection,** which includes ten books and digital resources, recommended by the NHS for NHS people for boosting your mood. We also promoted the **Your Health collection**, consisting of 10 books and 30 digital resources chosen by those working in healthcare, health information and knowledge and library specialists working in the NHS, in prisons, in public health and in Higher Education. The resources are accessible, inclusive and reflect the diversity of society. They complement our existing book collections supporting Race and Ethnicity, LGBTQ+, Women and Disability.

We celebrated World Book Night by giving away 160 free copies of The Kiss by Santa Montefiore to our colleagues and supported Learning At Work Week in May by encouraging staff to "play to learn" with our Educational Board games session. We ran "Shut Up and Write" sessions, enabling colleagues to have a focussed time to work.

We supported National Apprenticeship Week with a library Study Skills webinar and a promotion of learning resources.

As part of the Health and Wellbeing Group, library staff supported the mental health listening lounges and provided signposting to resources.

5.8.3 Resources

We went live with the national LibKey subscription in July. LibKey Web integrates with the NHS Knowledge and Library Hub to provide improved A-Z journal listings, journal cover images as well as enhanced direct linking to PDFs and DOI look-up functionality.

LibKey Nomad is a browser extension that channels users to the licenced content they are eligible for when they are searching other platforms.

We promote our resources at library inductions, information skills training sessions, awareness weeks and drop-ins. This year we have provided library inductions to nursing students and midwifery students from Greenwich University, London South Bank University, University of West London, Roehampton University, BPP and Kings College London. We have also provided in-depth literature searches, library inductions and critical appraisal skills for Junior Doctors and Pharmacists as well as ad-hoc information skills training to staff, face-to-face and online.

5.8.4 Impact of the contribution of library services to patient care

Our impact case studies help us to capture feedback from our users

"I am so impressed with what you have found. Please know that you have surpassed the skills and service on offer of at least two university libraries I have dealt with!"

Finding articles for my systematic review

Eva Loucaides, ST4 Paediatrics
Working with Emma and Devine
Croydon Health Services Library
Croydon Health Services NHS Trust

chs.libraryenquires@nhs.net

5.9 Service developments

5.9.1 Students and interns

We are keen to support our community of information professionals and our local community in Croydon.

This year we worked with our L&OD team to support two "Kickstarters" with work experience placements, followed by two supported interns with learning difficulties on placement from Croydon College. We recently welcomed two further interns from Croydon College as part of their placement.

5.9.2 Health Literacy

We provide accredited **health literacy training** and plan to continue to work with colleagues towards making our workplace a Health Literate Organisation. Health literacy is defined as 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health' (World Health Organization, 2015).

Library and knowledge specialists are ideally placed to increase colleagues' awareness of health literacy. Librarians support information assessment (or **information literacy**) as a core role. If people question information sources generally, they can apply these skills to health literacy.

5.9.3 ICS

We continue to grow our networks and have been delighted to work with the new SWL primary care knowledge specialist who is supporting the information needs of primary care colleagues.

5.9.4 CPD

15.4.1 Library staff engage with the rolling programme of education and training opportunities provided by HEE and CILIP for knowledge and library services staff to develop their workforce. These opportunities are based on a biannual development needs analysis and responses to national strategic priorities.

15.4.2 We have further developed our skill set and taught on the CQI cohort 2 as Faculty. We have facilitated at the September "Race In The Workplace" sessions and on the Compassionate Leaders Action learning Sets where we have additionally signposted to library resources and services.

- A snapshot of some of the support we have provided includes:
- Introduction to Knowledge Mobilisation
- Using the Health Education England Knowledge Mobilisation Self-Assessment Tool
- Supporting Researchers
- Evidence synthesis with limited studies
- Research Data Management for information professionals
- Applying Evidence and Resources to Address Health Disparities
- Social Media Workshop

- Providing Evidence and Knowledge at a System Level
- Practical Engagement & Marketing Tools and Techniques
- QSIR Teaching Faculty
- Health Literacy: from policy to practice
- #KNOWvember22-Knowledge Mobilisation – Learning Health Systems Update Workshop #KNOWvember22-Translating Research Evidence and Knowledge into Practice Workshop
- Engage your Stakeholders
- Information Flow Mapping

We are active members of the health library community and have contributed to many groups and communities of practice including:

Emerging technologies communities of practice; Corporate Librarians communities of practice; Evidence 4 QI; Green Libraries; Search and Training Forums.

Our Library and Knowledge Services team supports many groups in the Trust, including the Medical Education Committee, Research and Development Committee, Pharmacy Local Faculty Group.

5.10 Commissioning for Quality and Innovation (CQUIN)

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

Reporting requirements for CQUIN indicator specifications restarted from April 2022 following a period of no reporting due to the COVID pandemic. Income allocation for meeting CQUIN metrics was included as part of the block contract with commissioners

with 100% income being allocated to all Trusts. South West London (SWL) agreed to focus on 5 CQUINS in particular – CCG1, CCG2, CCG3, CCG4 and CCG8, although the Trust was required to submit audit data against all 10 CQUINS.

The National CQUINS for 2022/2023 are listed below:

- CCG1 - Staff flu vaccinations - Achieving an 90% uptake of flu vaccinations by frontline staff with patient contact
- CCG2 - Appropriate antibiotic prescribing for UTI in adults aged 16+ - Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment
- CCG3 - Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions - Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded
- CCG4 - Compliance with timed diagnostic pathways for cancer services - Achieving 65% of referrals for suspected prostate, colorectal, lung and Oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment
- CCG5 - Treatment of community acquired pneumonia in line with BTS care bundle - Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle
- CCG6 - Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery - Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE Guideline NG24
- CCG7 - Timely communication of changes to medicines to community pharmacists via the discharge Medicines Service - Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.
- CCG8 - Supporting patients to drink, eat and mobilise after surgery - Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.
- CCG9 - Cirrhosis and fibrosis tests for alcohol dependent patients - Achieving 35% of all unique inpatients (with at least one-night stay) with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis
- CCG14 - Assessment, diagnosis and treatment of lower leg wounds - Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.
- In 2022-23, the Trust has been challenged in submitting the quarterly data for some audits, whilst in others the submitted data shows that Croydon has not reached agreed SWL targets. Further work is required to ensure that operational teams and clinicians have the resource required to enable timely submissions and work towards achievement of targets. For CCG3 and CCG6 however, the Trust has successfully submitted and achieved above the agreed target as at quarter 3 figures.

5.11 Care Quality Commission (CQC) Inspection

A short notice announce inspection of maternity services was undertaken in in December 2022 as a part of the national maternity inspection programme.

The report, published in February 2023, found Maternity care in Croydon to be Good. The Trust demonstrated that-

The service had enough staff to care for women and keep them safe. Staff had training in key skills, worked well together for the benefit of women, understood how to protect women from abuse and managed safety well.

The service controlled infection risk well. Staff assessed risks to women, acted upon them and kept good care records. The service managed safety incidents well and learned lesson from them.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision & values and how to apply them in their work. Managers monitored the effectiveness of the service and made sure staff were competent. Staff felt, respected, supported and valued. Staff were focused on the needs of women receiving care and were clear about their roles and accountabilities.

The service engaged well with women and the community to plan and manage services. People could access the service when they needed to and did not have to wait too long for treatment, All staff were committed to continually improving services.

The CQC commented on the robust safeguarding processes in place and the knowledge of the staff regarding identifying those at risk and acting on this. Unconscious bias training was also highlighted by the CQC as an example of good practice in relation to safeguarding of highly complex women within Croydon.

The CQC highlighted the HEARD Campaign as an area of outstanding practice for maternity services in Croydon. The campaign, launched during the Covid pandemic, to raise awareness and have difficult conversations around health inequality and racial disparity within maternity services for the black, Asian or any other racial minority ethnic group with the aim to improving outcomes. Black, Asian and Minority Ethnic (BAME) pregnant women are up to five times more likely to experience poor outcomes during pregnancy, including a higher risk of maternal and neonatal death. The diverse population of Croydon makes this campaign vital to the improvement of health outcomes for women and babies across the borough. This was recognised as an area of outstanding practice for which Croydon's Maternity Services are very proud.

Following the inspection there were no Must Do actions recommended but some Should DO actions were identified to guide our maternity services in the improvement journey moving forward.

These include:

- Consistent completion of GAP and GROW charts
- Regular inspection and maintenance of equipment
- Medicines are stored and managed appropriately
- Address high vacancy and turnover rates
- Achieve PDR compliance
- Improve on the completion of student midwife competencies
- Ensure policies, procedures and guidelines follow national guidance
- Environmental risk assessments are completed in all maternity areas.

Maternity managers have engaged with the broader team and have formulated an action plan to address the should do actions, above. The plan will be monitored by the Quality Improvement and Compliance team over the coming year.

The last full inspection of CHS took place in February 2020, ratings in table below.

Core service inspected	Safe domain	Effective domain	Caring domain	Responsive domain	Well led domain	Overall core service rating
Urgent & emergency services	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Inadequate ↓↓ Feb 2020	Requires improvement ↓ Feb 2020
Medical care (Inc. older people's care	Requires improvement →← Feb 2020	Requires Improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Surgery	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Critical care	Requires improvement →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑↑ Feb 2020	Good ↑ Feb 2020
Maternity	Good Feb 2023	Good Feb 2023	Good Feb 2023	Good Feb 2023	Good Feb 2023	Good Feb 2023
Services for children & young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Outpatients	Good Feb 2018	N/A	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018
Diagnostics	Requires improvement Feb 2020	N/A	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Community - adults	Requires improvement Sep 2018	Good Sep 2018	Good Sep 2018	Requires improvement Sep 2018	Requires improvement Sep 2018	Requires improvement Sep 2018
Community – children & young people	Requires Improvement Sep 2018	Requires improvement Sep 2018	Good Sep 2018	Requires Improvement Sep 2018	Requires improvement Sep 2018	Requires improvement Sep 2018
Overall Trust rating	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020

5.11 Data Quality

High quality, timely data is essential to support decision-making within the organisation, whether that clinically or corporately. In 2022/23, the trust further developed the governance around data quality. Following the formation of the Data Quality Improvement Group in 2021/22, this meeting has evolved to a Data Quality Assurance Group (DQAG). This group will not only oversee the monitoring and improvement of data quality within the trust via the DQMI, but also ensures compliance with an Information Standard Notices, with the aim of improving data completeness. Furthermore, there is improved governance, with DQAG reporting into the executive-chaired Informatics Steering Group.

The below chart indicates the Trust's position of the Data Quality Maturity Index (DQMI). The DQMI is published by NHS Digital and provides healthcare data submitters with timely and transparent information about their data quality. It is a data quality value index based on the completeness, validity, default values and coverage of core data items. These include NHS number, date of birth, gender, postcode, speciality and consultant.
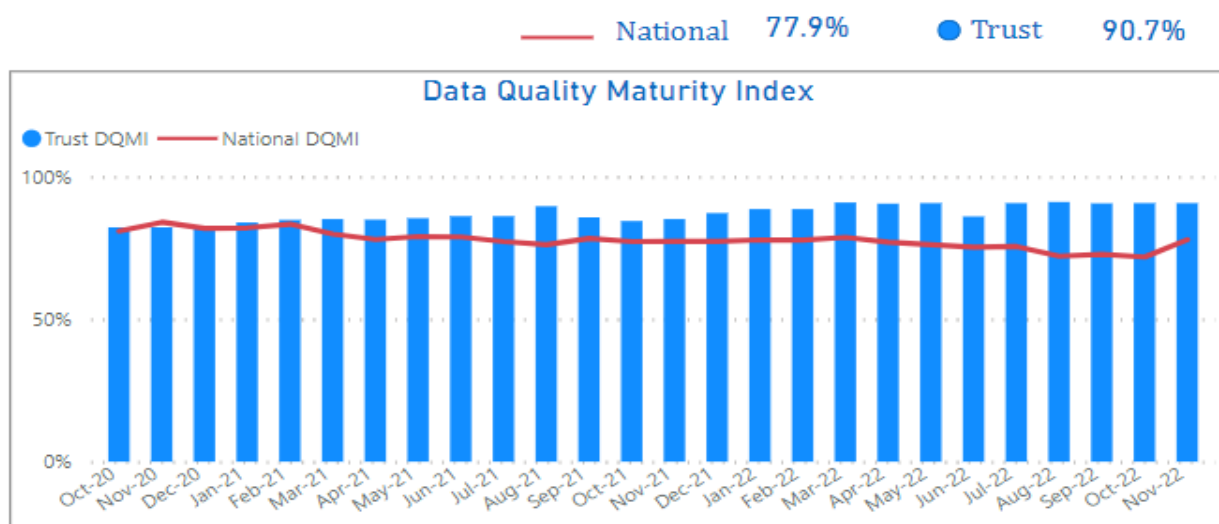
5.12 Information Governance Assessment Report

5.12.1 Data Security and Protection Toolkit (DSPT)

Annually the Trust completes and submits evidence in support of the Data Security and Protection toolkit, an online self-assessment of its performance against the national data security standards. Completion of the toolkit also supports the Trust to comply with legal and regulatory requirements including the Data Protection Act, UK GDPR and the Network and Information Systems (NIS) Directive. The Trust achieved 'Approaching Standards' for its 2022 toolkit submission, as forecast, demonstrating a marked improvement on the previous year's standard. In the previous year the Trust had x standards outstanding and reduced this to one (missing the training target by a narrow margin of 7%). The Trust aims to maintain its position or reach full compliance at 'Standards met' for the toolkit in June 2023. The Trust is committed to achieving high

standards of compliance with data security and protection (as measured by the toolkit) and will continue to focus its efforts on improving and achieving standards met.

5.12.2 Reported Data Protection and Security Incidents

The Trust continues to promote and encourage data protection incident reporting to support and build secure systems and processes. The Trust self-reports breaches categorised as potentially capable of causing harm (level 2 incidents) via the Data Security and Protection toolkit reporting facility. One incident was reported and notified to the Information Commissioner Office (ICO). The reported incident was due to a cyber-security incident on a third party supplier; Advanced, used by the NHS and previously used by the Trust to support the out of hours GP service. Subsequent analysis has shown that there was no impact to the Trust as a result of this cyber security incident. The Trust continues to monitor, improve and implement advice and lessons learned from reported breaches and incidents.

5.12.3 Freedom of Information Act Requests

The Trust's compliance rate measured by the percentage of requests completed within twenty calendar days (as required by the Freedom of Information Act) was <tbc> for the year (April 2022 to March 2023) representing a decline of <tbc %> on the previous year. The number of requests received increased slightly by <tbc>, totalling <tbc> requests received. Maintaining performance has been challenging due to the growth in requests, their complexity and resource challenges.

5.12.4 Subject Access Requests

The Trust continues to respond to individuals' requests for their health records. The compliance rate measured by the percentage of requests completed within the statutory time frame was <tbc%> for the year, representing a decline of <tbc> and on the previous year. There were 2495, requests received for the year which is 2% more than in the previous year. Despite resource challenges and an increase in requests the response rate has remained stable throughout the year.

5.13 Mortality Reviews and Learning from Deaths

Mortality review is a process in which the circumstances surrounding the care of a patient who died during hospitalisation are systematically examined. The previously set target of 85% of deaths should have a Level 1 review and 100% of deaths requiring a Level 2 review continues to be followed as targets.

According to the most recent Dr Foster report in Mar 23 for period Dec 21 to Nov 22, the Trust's HSMR is 96.1, which is below the NHS benchmark of 100 but within the expected range relative risk

There is no significant difference between the weekday and weekend HSMR for non-elective admissions; both weekday and weekend admissions are within the expected range

There was 1 CUSUM alert that breached twice in the financial year – Cardiac Arrest and Ventricular Fibrillation. All cases involved were reviewed by the Mortality review group with no concerns identified.

SHMI data for the time period October 21 to September 22 is 100.9, this is within band 2, as expected, using NHS Digital's control limits

Diagnoses - HSMR | Mortality (in-hospital) | Dec 2021 - Nov 2022 | Trend (month)
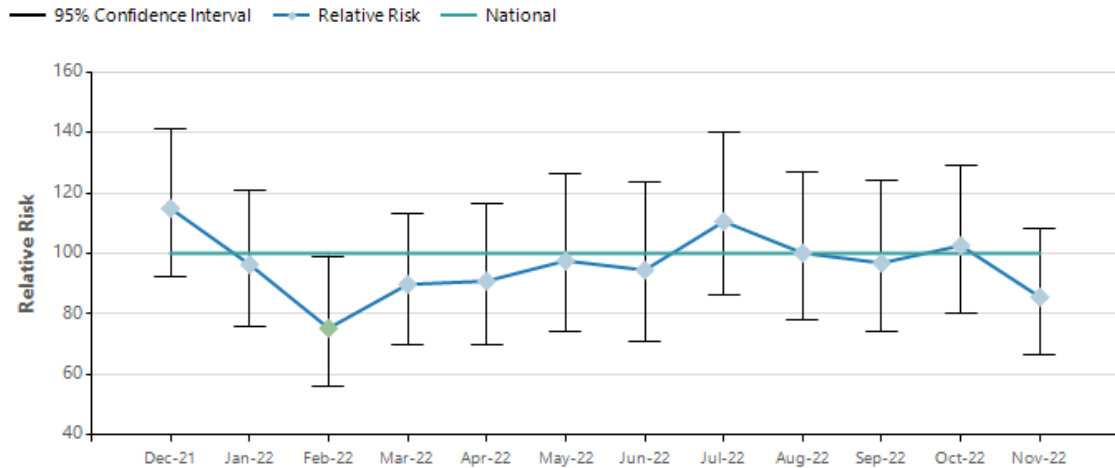
5.13.1 Mortality Outlier Alert

20.6.1 The Trust has not received any Mortality Outlier alerts from the CQC or Imperial's Dr Foster Intelligence Unit in this reporting period.

5.13.2 Learning from deaths data for Quality Accounts

1. The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure				Quarterly breakdown		
	Ward	**ED**	**Total**	**Ward**	**ED**	
Apr-22	74	8	82			
May-22	72	10	82	212	24	Q1
Jun-22	66	6	72			
Jul-22	83	6	89			
Aug-22	78	9	87	231	30	Q2
Sep-22	70	15	85			
Oct-22	89	15	104			
Nov-22	76	11	87	264	55	Q3
Dec-22	99	29	128			

Jan-23	95	9	106			
Feb-23	65	7	72	TBC	TBC	Q4
Mar -23	TBC	TBC	TBC			

2.The number of deaths included in item above which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure	Reviews completed of the total above	Quarterly breakdown	
Apr-22	74		
May-22	75	214	Q1
Jun-22	65		
Jul-22	84		
Aug-22	83	249	Q2
Sep-22	82		
Oct-22	98		
Nov-22	81	266	Q3
Dec-22	87		
Jan-23	72		
Feb-23	30	TBC	Q4
Mar -23	TBC		

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-22	2		
May-22	6	9	Q1
Jun-22	1		
Jul-22	4		
Aug-22	5	14	Q2
Sep-22	5		
Oct-22	6	7	Q3
Nov-22	0		

Dec-22	1		
Jan-23	2		
Feb-23	2	TBC	Q4
Mar -23	TBC		

*The Trust uses the Structured Judgement review methodology to assess problems in care provided to the patient

5.13.3 Learning Disability Deaths

A total of 14 deaths of Learning Disability Deaths have been reported from Apr 22 to Mar 22. All cases have been reported to LeDeR – Learning Disability Mortality Programme. A rapid review was undertaken on majority of the cases and outcome of reviews disclosed to external reviewers.

5.13.4 Learning points from deaths with preventability score of 3 and above

Learning Points from Mortality reviews are disseminated and discussed at Clinical Governance sessions.

20.9.2 The following learning points were identified from Structured Judgement reviews where problems in care have been identified.

- Utilise Critical Care Outreach team in transfer of unstable patients requiring emergency imaging on wards
- Undertake prompt assessment of X-rays. It is important to undertake a thorough post-falls risk assessment
- Staff must recognise deteriorating results and ensure observations are undertaken, documented and escalated in line with the deteriorating adult guidelines
- Junior medical staff must ask for help and support when unable to prioritise tasks
- It is importance to review whole drugs list when prescribing high-risk medications
- Improve documentation around risks involved when patients decline NGT.
- Avoid ward transfers for patients on end of life plan. Review personalised care plan
- Importance of adhering to infection control policies at all times
- Chase for blood and urine results previously ordered promptly
- Take cautious approach to fever in Covid-19 patients
- Importance of recording ECG findings on admission of all patients particularly those with a cardiac history
- It is important to care for patients in standard specialty wards to provide the accepted standard levels of treatment and medical/nursing care appropriate to the specialty

5.14 Clinical Standards for seven-day hospital services

TBC

5.15 Health and Safety Executive Incidents

There were no health and safety incidents investigated by the Health and Safety Executive during 2022/23.

5.15.1 RIDDOR reportable incidents

There were eleven (11) notifiable incidents to the Health and Safety Executive (HSE) in 2022/23, one more than in 2021/22.

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

Type of RIDDOR incident	Number of incidents in 2022/23 (Total 11)
Contractor – Struck by Object (Falling Fire Door)	1
Staff – Struck by Object (Falling Ceiling Tile)	1
Staff - Slip, trip or fall	3
Patient - Fall from height - Fatality	1
Patient – Fall on same level – Frontal bone fracture skull	1
Staff – Manual Handling - Object	1
Staff - Physically assaulted by Patient	3
Total	**11**

5.15.2 Key Themes/ Risks

Given the prevalence of both Behavioural verbal and Physical assault of CHS Staff and by reference to the RIDDOR Table above and the V&A charts below, the People Place Committee (PPC) were invited to consider and comment on the following extract taken from the Security, Violence Reduction (DRAFT v1) Strategy 2022 -25: -

"In order to reduce crime, it is necessary to take a multi-faceted approach that is both proactive and reactive. The Trust advocates the adoption of three key principles designed to minimise the incidence of crime, and to deal effectively with those who commit crimes against the NHS. These principles apply across the sector, at national, local and at strategic and operational levels.

The three key principles of our strategy are:

Inform and involve those who work for the NHS with a view to increasing understanding of the impact of crime against the NHS through awareness campaigns and media management. Working relationships with stakeholders will be strengthened and maintained through active engagement. Where necessary, the trust will work to change the culture and perceptions of crime so that it is not tolerated at any level. Through a network of specialists (National Association of Healthcare Security), information and intelligence will be shared in order to detect and investigate crime trends.

5.15.3 Our strategy for 2022-2024

- To establish a 'Security Management Operational Group' to engage with stakeholders around crime related topics including work related violence (Any incident where staff are abused, threatened or assaulted in circumstances relating to their work involving explicit or implicit challenge to their safety, well-being or health). This includes harassment and hate crimes motivated by a hostility or prejudice based on a person's actual or perceived disability, race, religion and belief, sexual orientation and transgender. The SMOG had its first meeting in February 2023 and was well attended by various stakeholders
- From Q3 2022, deliver a programme of training in 'Reducing Restraint and Improving Safe Practice in Acute Care' to staff to increase awareness and knowledge of a range of interpersonal skills in relation to de-escalation
- To further develop relationships with safer neighbourhood police teams across the CUH sites and services
- To assist the Capital team in delivering projects
- To deliver staff training/refresher programmes that meet the needs of ratified policies – breakaway training, self-defence, restraint etc.

Prevent and Deter crime in the NHS to take away the opportunity for crime to occur or to re-occur and discourage those individuals who may be tempted to commit crime. Successes will be publicised so that the risk and consequences of detection are clear to potential offenders. Those individuals who are not deterred should be prevented from committing crime by robust systems, which will be put in place in line with policy, standards and applicable guidance.

Our strategy for 2022-2024 is to:

- To finalise plan for remedial works for CCTV
- To review legacy access control projects and update where installations continue to highlight faults
- To resolve issue with access control software that prevent it functioning correctly
- To meet the Trust's policy obligation to provide lone workers with the devices required to help them keep safe
- To review our manned guarding complement and service on a monthly basis
- To tender for and implement maintenance contracts for CCTV, access control, intruder alarms
- To review departments and requirements for CCTV, access control and intruder alarms
- To form an integrated platform for security to monitor and respond to incidents in Croydon University Hospital and community sites.

- Hold to Account those who have committed crime against the Trust, in particular where violence or the threat of violence is a factor. In relation to crimes against NHS staff, criminal damage or theft against NHS property, investigation and prosecution will be undertaken in liaison with the police and Crown Prosecution Service and redress sought where possible. Where recovery of monies lost to crime is viable, this will be pursued.

Our strategy for 2022–2024 is to:

- To deter incidents by publicising prosecutions and using technology to detect crime
- Have a fully trained security team with knowledge of key legislation to support the implementation of this strategy
- Utilise CCTV and body worn cameras to prosecute individuals disrupting service
- Use an integrated platform for security to monitor and respond to incidents in Croydon University Hospital and community sites

5.15.4 Process Chart
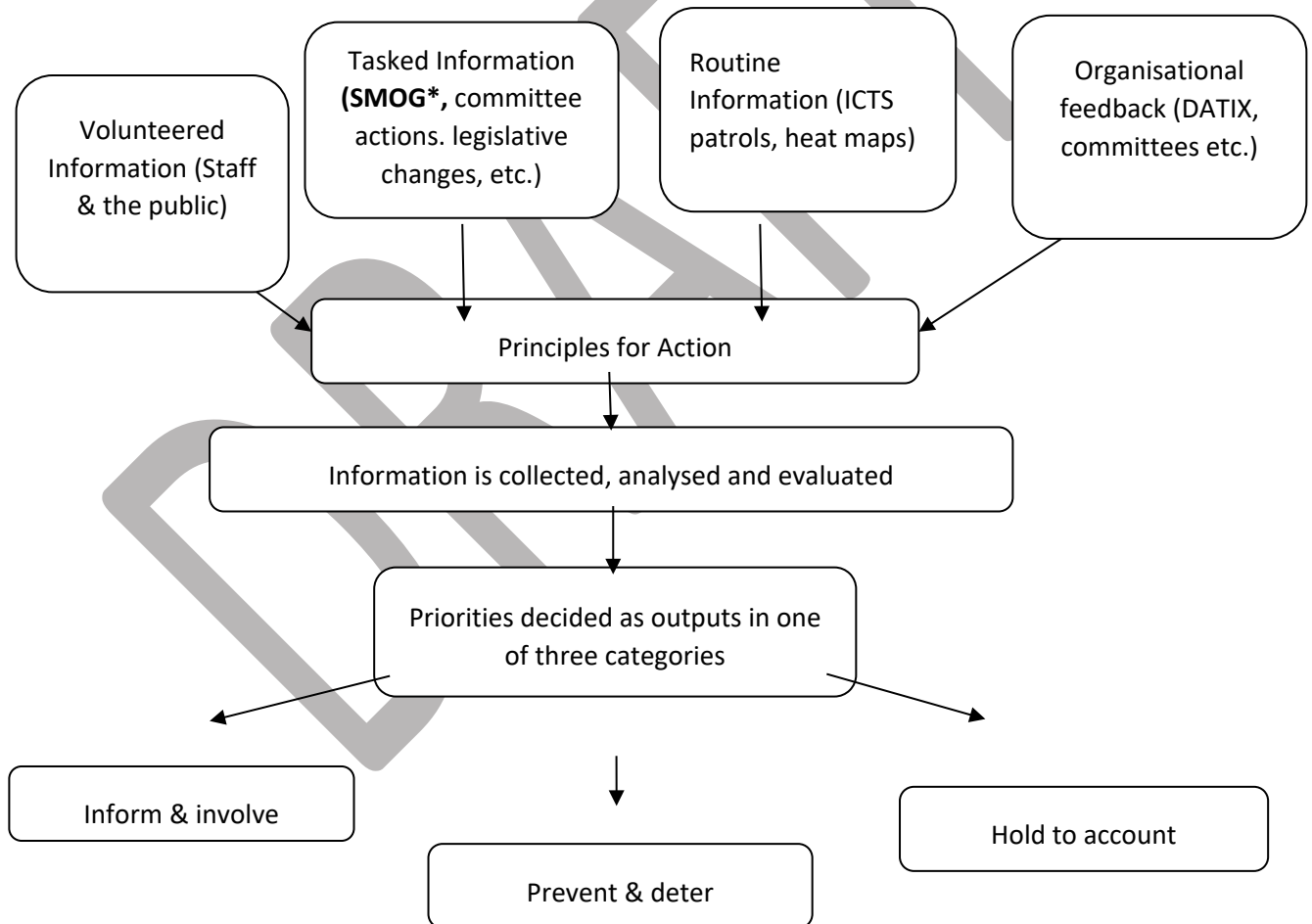
5.15.4 Estates & Facilities Risks

We have identified the need to transform the reporting of risk to a mitigation based approach, where the mitigations can be routinely reviewed and risk assurance derived. Supported by the interim Head of Corporate Governance (HoCG), the approach we adopted is set out in process chart below.

Identify Risk Areas	→	Record Mitigations & Controls	→	Review Incidences	→	Seek assurance risk mitigations are effective
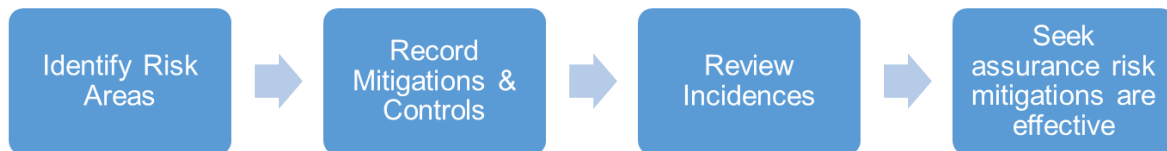
In November/ December 2022, working closely with the interim HoCG and the EFLT (Estates and Facilities Leadership Team, we completed the redesign of the risk register templates which will require EF risk owners to report a thematic risk and score, define the mitigations in place, and the risk score post mitigation. The revised and populated EF Risk Register has allowed us to better understand and critically reflect on the risk mitigations (control measures), enabling risk assurance-based discussions, with the newly established Risk Management Group (RMG) and the EFLT.

In summary, the new system outlined has enabled us to provide:

- Improved assurance - Through improved records and risk management
- Improved safety culture – Through consultation of staff
- Improved management of risk – The new system will provide assurance that risks within Estates & Facilities are being effectively managed

5.15.5 Reporting against Core Indicators

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

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

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

Mandatory Indicator	2021/22	2022/23
The value and banding of the summary hospital-level mortality indicator (SHMI) for the trust.	TBC	https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2022-04/shmi-data

% of admitted patient deaths with a palliative care coded at either diagnosis or specialty level for the trust.	TBC	TBC	

The Trust considers that this data is as described because the mortality data is reviewed each month by the Mortality Review Group and reported to the Integrated Quality Assurance group & Quality Committee. The Trust will continue to carry out monthly reviews into the mortality data and commissioning 'deep dives' to investigate any anomalies.

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

Indicator	2021/22	2022/23
The % of patients aged 0-16 re admitted to hospital within 30 days of being discharged from hospital	TBC	TBC
The % of patients aged 16 or over readmitted to hospital within 30 days of being discharged from hospital	TBC	TBC

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

Indicator	2021/22	2022/23
PROM (iii) Hip replacement surgery (National published data_– adjusted average health gain mapped by CCG)	Not published	TBC
PROM (iv) Knee replacement surgery (National published data – adjusted average health gain mapped by CCG)	Not published	TBC

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

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

Indicator	2021/22	2022/23
Responsiveness to the personal needs of patients	TBC	TBC
% of staff employed who would recommend the Trust as a provider of care to their friends and family	TBC	TBC
FFT - % of inpatients who would recommend the trust to their friends and family	90.25%	92%
FFT - % of patients discharged from A & E (type 1 and 2) who would recommend the trust as a provider of care to their friend and family	80.95%	89%

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

Indicator	2021/22	2022/23
The % of patients admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE)	94.06%	TBC

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

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

Indicator	2021/22	2022/23
The rate per 100,000 bed days of C difficile infection amongst patients aged 2 or over	*9.07 HOI-HA *88.06 COI-HA *2.83 COI-IA *8.50 COI-CA	TBC
The number of patient safety incidents reported within the Trust	9562	TBC
The rate of patient safety incidents reported per 1,000 bed days	Q1: 45 Q2: 46 Q3: 48.6 Q4: 50.9	TBC

Percentage of patient safety incidents reported that resulted in severe harm or death.	Sever: 14 Death: 48 Total: 62 Percentage total: 0.65%	TBC

C.difficile assignment definitions:

Hospital Onset Healthcare Associated (HOI-HA): cases that are detected in the hospital more than 2 days after admission. These will be assigned to the Trust.

Community Onset Healthcare Associated (COI-HA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks. These will be assigned to the Trust.

Community Onset Indeterminate Association (COI-IA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks

Community Onset Community Associated (COI-CA): cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

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

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

5.16 NHS Staff Survey

Results of the 2022 National Staff Survey saw us achieve a 48% response rate, up from our 44% last year. Compared to 2021 we showed improved progress in 24 questions compared to the national average, but a worsening position in 4 questions. The remaining 64 questions staying at a similar level to last year. CHS scored above national average on the recognised and rewarded (seeing an increase from 2021 results), we are a team (increasing from 2021 results) and engagement pillars of the people promise but are slightly below national average on compassionate and inclusive (but still an increase from 2021 results), always learning and morale (both of which maintained our 2021 results). Everyone having a voice that counts (a decrease compared to 2021 results), we are safe and healthy and we work flexibly (both of which saw increases compared to 2021 results) all achieved national average levels.

With the results in mind, a three phase parallel approach has been scoped and developed, underpinned with an overarching multiple year staff engagement plan, which links to both the organisational and emerging people strategies. Phase one happened in January and February 2023 with staff attending open space events to help us identify no more than five key "big-ticket" themes that will help to shape corporate initiatives. Our intention is for a multi-disciplinary Staff Engagement Working Group to be set up for Phase two to work on those themes in a more systematic and holistic way, building

separate action plans for each area. The group will report through the Trust's People and Place Committee with the aim to support information to flow easily between individuals and the Board encouraging the whole organisation to be involved in improvements we make. Phase three will focus on our planning for the 2023 Staff Survey. Our intention is that this approach will provide the opportunity for proactive joint working across the Trust, to maximise responses and start to embed our approach to reporting outcomes and responding to feedback.

5.17 Staff engagement

5.17.1 Supporting our Staff

Saying thank you on Employee Appreciation Day

Our Employee Appreciation Day was a huge. Celebrating everything our people do by encouraging individuals to share notes of thanks from across the Trust. These were displayed on our gratitude trees and interactive digital boards for staff to enjoy. It created such as sense of togetherness for staff with many heartfelt messages to one another.

5.17.2 Developing our staff

This year we launched the Compassionate Leaders programme as the second stage to our leadership development pathway suitable for any staff group at the equivalent of a band 5-7 level. The Compassionate Leaders Programme combines practical activities with management theories, models, concepts and techniques that are linked to Croydon Health Services NHS Trust's vision, values and strategic operational priorities.

The programme focuses on creating compassionate and inclusive leaders, who are self-aware and motivated to create positive team cultures. These changes will enable leaders to better support wellbeing and integration, as well as addressing feedback that has been received from our popular "Race in the Workplace Conversations" programme, staff survey feedback and exit data.

5.17.3 Making staff mental health a priority

We have continued to invest and support our Mental Health First Aider programme where we have nearly 40 trained individuals on hand to support staff as needed. Mental Health remains the number one concern for staff and managers seeing us promote and celebrate recognised national events across the Trust with a programme of events available to all.

5.17.4 Supporting staff after a traumatic incident

26.4.1 We launched the TRiM (Trauma Response Incident Management) Support Programme to support staff and teams who have experienced a traumatic incident. We have 44 TRiM Practitioners and Managers across the Trust to support staff in the time after any serious incident. TRiM is the most effective when used 48 hours after an incident.

5.18 Our Approach to Population Health Management, Prevent Ill-Health and Health Inequalities

5.18.1 Patient and Public Engagement

Our people and communities engagement assurance group for South West London works collaboratively with partners to review engagement plans and activities, with membership from across the partnership including the Integrated Care Board quality and medical directors, programme directors from acute, primary care and mental health collaboratives, Healthwatch, the voluntary and community sector and the ICS communications and engagement team as well as the Trust Communications.

5.18.2 Case study 1 - Addressing health inequalities

We have been awarded funding as part of a national NHS programme called Core20PLUS Connectors. The programme aims to improve outcomes for our children, young people and adults in the 20% most deprived communities for five areas of health. 340,000 people live in the areas in South West London where there are higher numbers of people and families with lower incomes than elsewhere in our boroughs.

These five areas of health the programme focuses on are maternity care, severe mental illness, respiratory disease, cancer and cardio-vascular disease. You can read about how these priority areas have been identified and the health inequalities associated with them, on the NHS England website.

A key element of the project is recruiting 'community connectors' to support individuals, families and communities to achieve better health and connect people with local services and support. The 'connectors' work with other community champions and are offered training.

5.18.3 Case study 2 - Transforming urgent and emergency care in Croydon

Croydon has seen a continued rise in demand for urgent care - Croydon University Hospital is seeing 17,300 more patients this year. To help manage demand for urgent care, we have been engaging with local people. We developed three GP hubs at Purley War Memorial Hospital, New Addington and East Croydon medical centers, offering same-day appointments booked via NHS 111. To help co-design the service, we set up a group in 2021 which includes patient representatives from the areas covered by the hubs. The group commissioned Healthwatch Croydon to survey 1,000 people, with insight used to shape the services in our new urgent care contract.

Since then, meetings every six weeks bring together our GP urgent care provider with active citizens and representatives of resident associations and practice participation groups. The group collates feedback for discussion around issues which affect patient experience, including access, clarity and equality of services.

We have used this rich insight to develop a fourth pilot hub in Croydon University Hospital. It means that people who arrive at A&E are triaged and directed to the GP

urgent care hub, if appropriate, avoiding long waits and allowing emergency teams to work with the patients who need them most.

Feedback revealed that people found the system confusing. In response we have produced a leaflet explaining local services, which we've translated into five languages and distributed to 3,000 residents via community representatives, food banks and our outreach programme.

Following the engagement, we have proposed a new model of care which includes promoting the urgent treatment center within A&E and offering more appointments at the existing GP hubs as well as x-rays and specialist referrals. We plan additional Healthwatch involvement in the next phase of implementation to test the model and ensure it is designed with residents in mind.

5.18.4 Working with Healthwatch

28.1 Our relationship with Healthwatch Croydon continues to be an essential and valued part of our engagement approach to listen to and care for residents in our borough.

28.2 Throughout the year, our work with Healthwatch Croydon has grown in strength and prominence. As a critical friend, they have helped us to stay focused on what our patients say and feel about our care. As an active member of our public Board meetings, they have also made sure the voice of our patients and local community is heard to guide the decisions we take and the plans we make to enhance our services for the borough.

28.3 With the establishment of Integrated Care Systems taking on new health and care statutory responsibilities from 1 July 2022, Healthwatch Croydon will be one of seven place based partners, that will include the Trust, the local authority, mental health services and voluntary services to work together to ensure local people can receive the best care possible.

5.19 Croydon Health Charity

5.19.1 Enhancing the patient and staff experience via charitable funds

Charitable expenditure enhances the quality of healthcare services via targeted funding to provide a level of patient care and support that cannot be delivered by NHS funding alone.

Charitable funds have also enhanced staff wellbeing by funding initiatives such as our employee assistance programme, summer activities, Thirst Responders, additional training and recognition events. Strengthening our support for staff means better care for patients.

29.1.3 In 2022/23 the charity proudly funded a range of projects which will benefit Croydon residents both now and for many more years to come. Here are just some of our highlights:

5.19.2 Improving health and reducing inequalities

Our charity funded a key event to improve health inequalities around maternity care for families from Black and Asian backgrounds. The 'Whose Shoes?' event in April brought

key stakeholders together to help to shape the future of maternity services by supporting a co-produced approach to address racial disparity in maternity care. Individuals and local voluntary sector organisations committed to support the work through the Health Equity and Racial Disparity (HEARD) campaign.

5.19.3 Enhancing holistic support for families

In May 2022 two therapeutic gardens opened at Croydon University Hospital because of generous donations. The 'Crocus Garden of Remembrance' within the Chaplaincy Gardens supports families affected by the loss of a child by providing a peaceful place for parents to walk, sit and reflect. The mortuary memorial garden features a paving area, stepping stones, green living wall and a seating area

5.19.4 Enhancing the hospital experience for children

Charitable funds created new children's play and therapeutic facilities for Croydon University Hospital's Rainbow Unit, which are enhancing the hospital experience for our younger patients who need and deserve access to play. Thanks to these new facilities, which include a sensory room and junior playground, we can now provide an even better hospital experience for local children when they need us most, now and in the future. Find out more at www.croydonhealthcharity.org.uk

PART 3 - Other Information

3.1 Infection Control

3.1.1 COVID-19

The Coronavirus disease 2019 (Covid-19) pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continued in 2022/23, driven mainly by the emergence on new variants of the SARS-CoV-2 including Omicron and its many sub variants. Between 1st April 2022 and 31st March 2023, 2832 people tested positive for SARS-CoV-2 at Croydon University Hospital using the polymerase chain reaction (PCR) test. This was lower than in 2021/22 period when 4615 people tested positive by PCR. This difference was mainly due to reduction in number of patients with Covid-19 requiring hospital attendance and also changes introduced in the testing methods during 2022/23.

Definitions (NHSE)

First positive specimen taken < 3 days after admission = Community onset case

First positive specimen taken 3-7 days after admission to trust = Hospital Onset **Indeterminate** healthcare associated infection (HOI-IHA)

First positive specimen taken 8-14 days after admission to trust = Hospital Onset **Probable** healthcare associated infection (HOI-PHA)

First positive specimen taken 15 or more days after admission to trust = Hospital Onset **Definite** healthcare associated infection (HOI-DHA)

There have been some hospital onset cases. Root cause analyses are undertaken for all hospital onset cases and all patients are informed in a timely manner. The Trust continues to follow national guidance in managing and control Covid-19. Some of the changes introduced in 2022/23 following updates in national guidance included:

April 2022: Stopped swabbing asymptomatic patient contacts of a Covid-19 confirmed cases. This aligned us with other regional Trusts' practice and also ensured patient movements were minimised. The asymptomatic contacts remain cohorted in the same bay monitored closely for symptoms. Symptomatic contacts continued to be swabbed.

The duration of cohorting/isolation of contacts was reduced from 10 days' post contact to 7 days to align with regional practice. This was to continue to reduce the impact on patient flow/movement and bed pressures.

May 2022: The duration of isolation of positive cases was reduced from 10 to 7 days. The above changes have helped improve patient flow and there were no increase in hospital onset cases

June 2022: Staff who test positive on Lateral flow no longer need PCR to confirm result. This is probably the reason the number of positive staff on the graph reduced from June 2022 onwards as the numbers reported here cover only those with results from PCR testing. Accurate information on staff absence due to Covid-19 is available from human resources and/or Covid-19 Gold team.

September 2022: Screening of all asymptomatic emergency and elective admission continued but done using Lateral Flow Tests instead of PCR. Symptomatic admission continued to be screened using PCR. Day 3 and Day 5 post-admission screening was discontinued.

Some of the actions we continued to follow in 2022/23 included:

- Swabbing all emergency admissions for SARS-CoV-2: All positive patients are isolated or cohorted in Covid-19 bays/wards
- Elective admission patients are swabbed 3 days prior to admission and if negative followed the green pathway
- Enhanced cleaning of areas occupied by Covid-19 patients
- Personal protective equipment including gloves, aprons/gowns +/- facial shield worn by all staff in clinical areas
- Visitors are encouraged to wear face covering when visiting
- Immunisation against SARS-CoV-2 drive continued for all staff and other people
- The infection prevention and control team continue to undertake fit-testing for staff using FFP3 masks
- Weekly staff Webinars led by the executive team informed staff of the evolving pandemic and any new guidance
- All staff continue to work very hard to manage patients and also follow infection prevention and control guidance. Below is a graph which highlights the rise and fall of Covid-19 numbers since the beginning of the pandemic

Community Onset and Hospital Onset for CUH

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Staff (all staff are COI)	36	262	14	0	0	0	8	16	43	140	127	13	0	0	0	9	13	34	27	19	9	297	135	106	104	99	15	2	6	5	0	0	1	0	0	0	0
15+ Days	24	23	1	0	0	0	0	0	25	36	36	11	1	0	0	0	1	4	6	10	0	40	20	52	22	8	3	53	9	3	37	12	28	11	28	21	
8-14 Days	17	34	6	0	0	0	0	1	20	28	42	16	1	0	0	0	0	4	8	0	15	8	37	14	8	4	1	17	2	1	23	11	11	9	11	19	
3-7 Days	26	54	3	0	0	0	1	1	33	31	37	3	2	0	0	1	9	6	14	9	2	37	24	51	18	45	9	19	63	14	5	21	3	9	4	7	14
0-2 Days	302	332	35	2	4	4	30	85	171	515	838	231	66	29	61	83	275	384	246	226	211	709	612	252	362	298	134	312	513	195	79	79	24	150	90	115	149

3.1.2 Mandatory surveillance reports for C.difficile and blood stream infections

Assigning cases to the Trust i.e. cases classed as healthcare associated. **C.difficile** healthcare associated definitions/assignment (since April 2019) and are as below:

- Hospital onset healthcare associated **(HO-HA):** cases that are detected in the hospital more than 2 days after admission. These will be assigned to the Trust
- Community onset healthcare associated **(CO-HA):** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks. These will be assigned to the Trust
- From April 2022, the new healthcare associated definitions now used for **MSSA, E.coli, Klebsiella and Pseudomonas bacteraemia (blood stream infections)** are:
  o Hospital-onset healthcare-associated (HOHA) – Specimen date is ≥3 days after the current admission date (where day of admission is day 1)
  o Community-onset healthcare-associated (COHA) – The patient was most recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date)
  o HOHA and COHA are now counted as hospital onset and included in the new Trust threshold targets for the above organisms

C.difficile and blood stream infections numbers; Hospital onset cases compared to threshold targets

Organism/ Infection	NHSE threshold target for 1st April 2022 to 31st March 2023	Number of Trust apportioned cases from April 2022 (Hospital onset)		Total Hospital onset cases **so far** between 1st April 2022 and 31st March 2023
		HOHA	**COHA**	
C.difficile	≤ 20	28	8	**36**
Blood stream infections due to				
		HOHA	**COHA**	
E.coli	≤ 42	32	16	**48**
Klebsiella	≤ 41	21	6	**27**
Pseudomonas	≤ 10	9	3	**12**
	Internal Threshold target 2022/23			
MSSA	≤ 29	14	6	**20**
	DoH expectation 2022/23			
MRSA	0 preventable cases	2	2	**4** (3 of these were unpreventable)

3.1.3 C.difficile

The 36 healthcare associated cases in 2022/23 is over the NHSE set threshold of ≤ 20 cases for 2022/23 and higher than the numbers seen in previous years. The increase in

cases has been seen in several other hospitals nationally and regionally (see Graph below).

The graph below show that many Trusts regionally have more hospital onset cases than their year to date plan (as of January 2023) based on the NHSE set thresholds for 2022/23.

C. difficile cases by Organisation in ICB (Apr-22 to Jan-23)
Total cases shown for SICBLs. HOHA and COHA cases shown for Acute Trusts.

■ YTD Cases ▬ YTD Plan

ALL SWL: 239
CHS: 28
Other Acute SWL Trusts: 32, 22, 52, 56
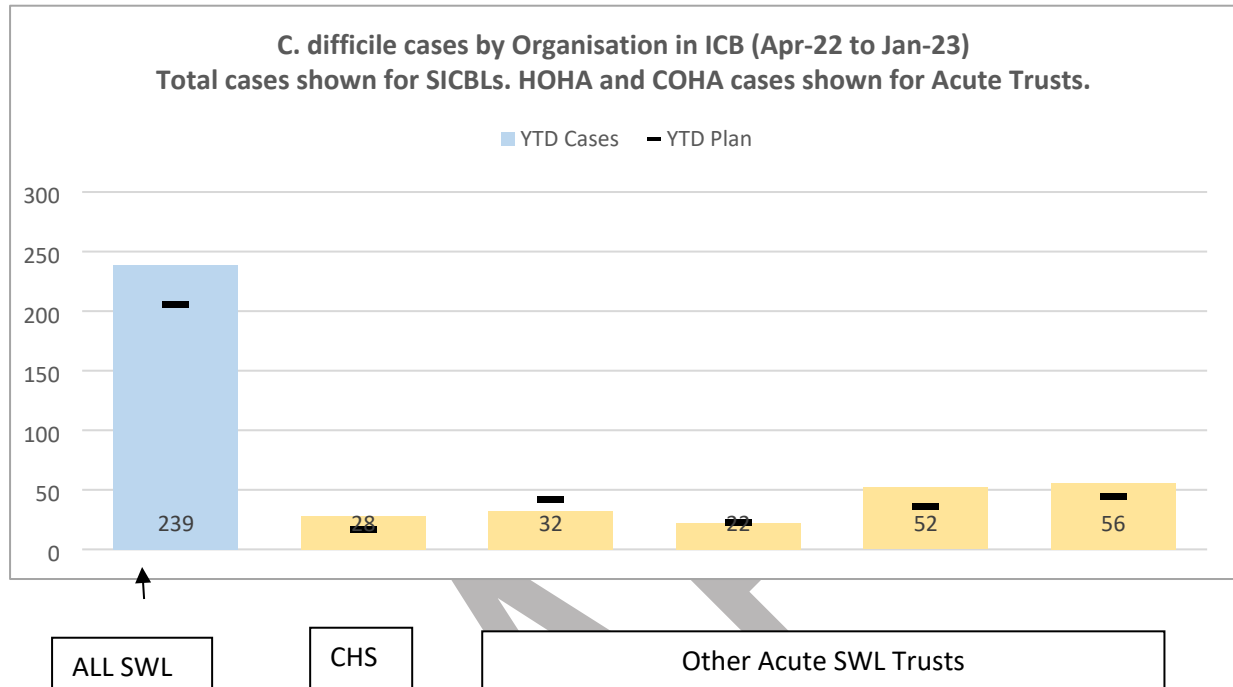
Graph adapted from NHSE report which was produced using government statistics accessible at: https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure

The factors behind this national increase are being investigated. Locally, typing has shown there are multiple C.difficile strains, which means it is not an outbreak. However, we are continuing to review as more typing results become available. We undertake route cause analysis of cases and some of the contributory factors identified locally include:

- High antibiotic consumption as a Trust
- Chronic infections requiring long courses of antibiotics
- Multiple courses and long duration of antibiotics especially Ceftriaxone and Co-amoxiclav
- Multiple hospital admissions
- Use of proton pump inhibitors
- Patient factors including old age, alcohol excess and immune suppression
- Other issues identified include:
- Stool samples are sent from patients on laxatives
- Delays in sending stool samples for testing once the patient develops diarrhoea
- Delays in isolating patients when they develop diarrhoea
- Equipment cleaning logs not kept up-to-date
- High level dusting needs improving

- Some commodes are not adequately cleaned

Some of the actions we are continuing to undertake to further reduce the risk:

- Enhanced Educational sessions and meetings have been undertaken for several staff members of all grades and specialities. These have been led by the infection control team, microbiologists, pharmacists and many more teams. The focus has been to highlight the above issues and preventative actions
- Antimicrobial stewardship ward rounds increased
- Antimicrobial audit results and recommended actions are now widely shared and discussed at clinical governance meetings
- Antimicrobial prescribing guidelines are being reviewed
- An antibiotic called Fidaxomicin is being used to treat C.difficile positive patient as first line in order to reduce C.difficile spores
- Infection app has been finalised and circulated to all doctors. This increase ongoing education for all prescribers
- Environmental and equipment cleanliness audits and feedback are continuing.

We continue to send sample for typing to help us detect any cross transmission early.

Indicator	2021/22	2022/23
The rate per 100,000 bed days of C difficile infection amongst patients aged 2 or over	9.34 HOI-HA 1.58 COI-HA 2.92 COI-IA 8.76 COI-CA	16.35* 4.23* 4.09* 11.68*

The rate per 100,000 for 2022/23 are interim, they are likely to change once UKHSA update the data probably after June 2023

3.1.4 Blood stream infections

3.1.5 E.coli

We exceeded the NHSE set threshold of ≤ 42 healthcare associated cases. The infections are mainly related to urinary tract infections. Urinary catheter audits are ongoing in the Trust, results appear good and feedback is given to staff. As with C.difficile, other Trusts have also seen a high number of E.coli blood stream infection. Please see graph below:

E. coli cases by Organisation in ICB (Apr-22 to Jan-23)
Total cases shown for SICBLs. HOHA and COHA cases shown for Acute Trusts.

■ YTD Cases — YTD Plan

| SWL all Trusts | CHS | Other Acute SWL Trusts |
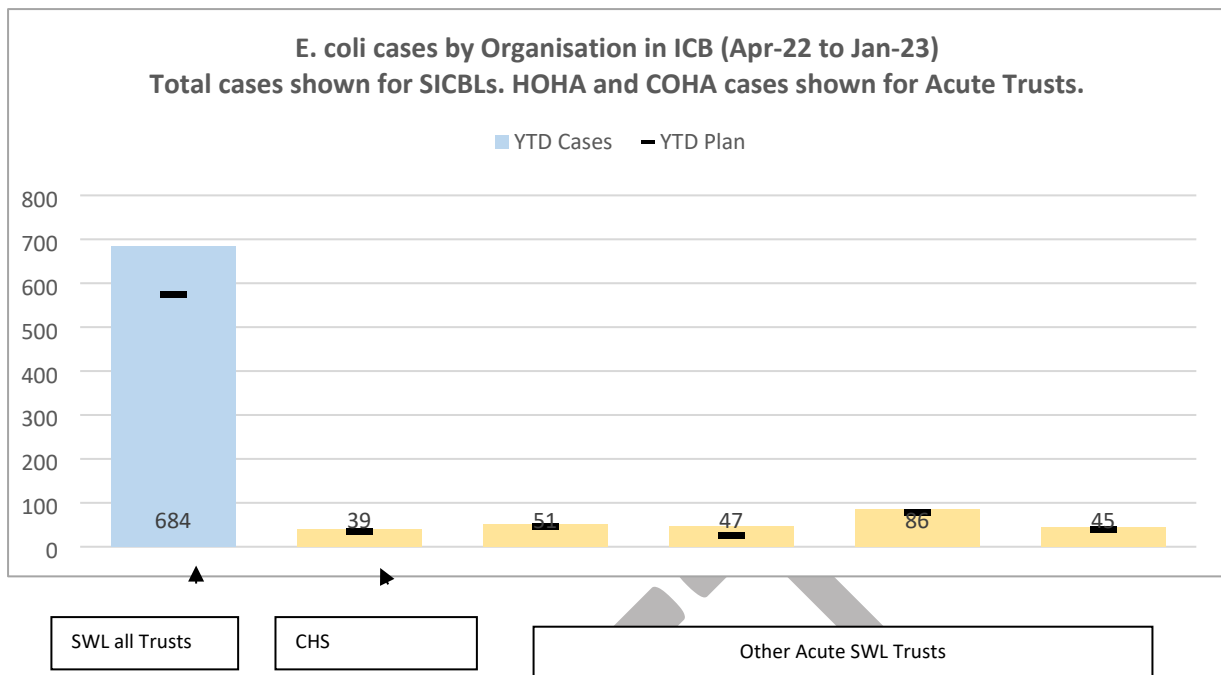
3.1.6 Klebsiella

The Trust has successfully achieved the NHSE set trajectory of ≤41 healthcare associated cases. We saw 27 healthcare associated cases for the period 2022/23. There has been a lot of improvements in the prevention of infections in Critical care. A reduction in the Covid-19 infection severity has also resulted in the reduction of critically ill Covid-19 cases requiring ventilation.

3.1.7 Pseudomonas

The high numbers we detected in September 2022 contributed to the Trust going over the set Trajectory of ≤10 cases healthcare associated cases. We saw a total of 12 healthcare associated cases. We have however, not observed more than one case per month since October 2022 and there has been no hospital-onset healthcare associated (HO-HA) cases since December 2022.

3.1.8 Meticillin sensitive Staphylococcus aureus (MSSA)

The Trust achieved the internally set trajectory of <29 cases, we say 20 cases. The majority are due to skin and soft tissue infection. Intravenous line audits are ongoing.

3.1.9 Meticillin resistant Staphylococcus aureus (MRSA)

For 2022/23, there has now been a total of 4 'healthcare associated' MRSA blood stream infections including two HO-HA and 2 CO-CA cases. Root cause analysis (RCA) is

undertaken for all cases. Apart from one HO-HA where MRSA screen laboratory processing was not followed, the rest of the cases were unpreventable.

All four have been sent to reference laboratory for typing: Results have shown that they are four different types so there was no cross-transmission.

MRSA preventative measures undertaken at Croydon Health Services include:

- All adult patients are screened on admission
- Those identified as being at high risk of MRSA infection (from previous RCAs) are screened weekly
- All those found positive on admission or afterwards are offered skin decolonisation, their notes are flagged so that if they develop signs and symptoms of infections, appropriate antibiotics are started taking into account the patient's MRSA status
- Contact precaution using gloves and aprons are re-emphasized
- When siderooms are available, MRSA positive patients are isolated
- MRSA status is included on discharge summary and/or transfer letter

This approach has worked successfully over the years and continues.

Standards	Target	2020/21	2021/22	2022/23
Meeting the MRSA objective	0	1	1	4
Clostridium Difficile **New case definition since 2019/20 for Trust assigned cases.	≤14	15	19	36

3.1.10 Influenza Cases

1,109 patients tested positive for influenza in 2022/23, with a peak in December 2022. The number as higher than in 2021/22 where 127 patients tested positive for influenza and much higher than in period 2020/21 when only 2 patients tested positive. The majority of cases in 2022/23 were influenza A although we saw a higher number of influenza B in the months of January to March 2023.

Influenza cases Mar 22 - Mar 23
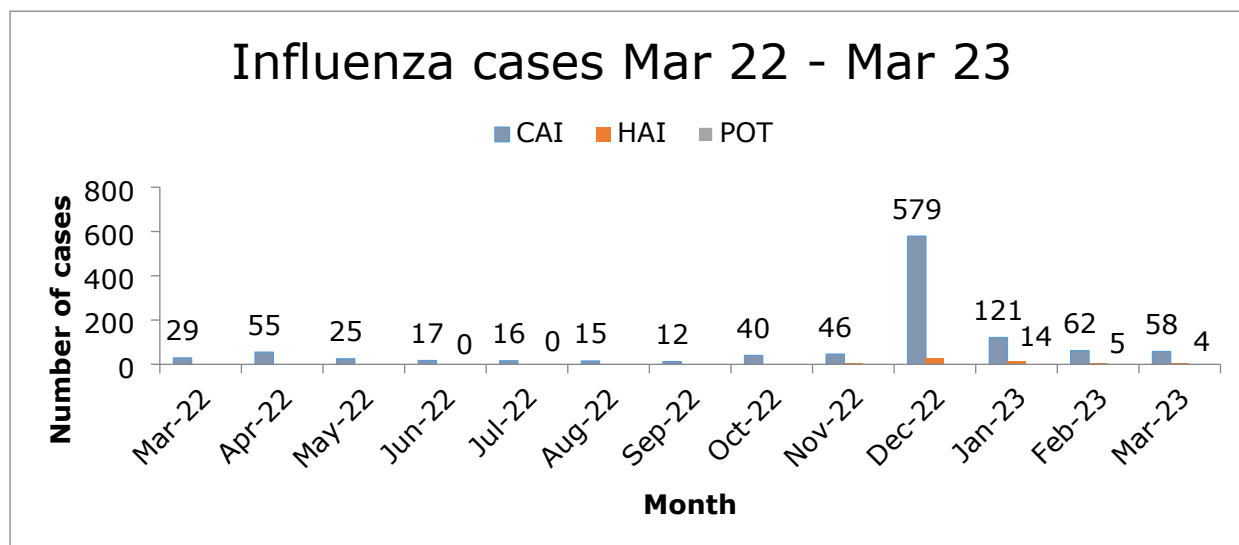
- *Staff follow the Trust influenza prevention and management guidelines*
- *Patients suspected or confirmed with influenza are isolated*
- *Staff immunisation against influenza continued before and throughout the winter*

3.2 CHS Performance against relevant indicators

Standards	Target	2020/21	2021/22	2022/23
Meeting the MRSA objective	0	1	1	TBC
Clostridium Difficile **New case definition since 2019/20 for Trust assigned cases	≤22	15	19	TBC
RTT Waiting Times for Incomplete Pathways	92.00%	84.32%	82.59	TBC
Diagnostic Waiting Times for Patients Waiting Over 6 Weeks for a Diagnostic Test (% of breaches out of total number of referrals)	1.00%	0.68%	1.04%	TBC
A&E 4 Hour Time in Department (All Types)	95.00%	85.9%	74.89%	TBC
Cancer Waits - Referral to First Appointment for Urgent Suspected Cancer (14 Days) Proportion of patients seen within 14 days of urgent GP referral	93.00%	98%	94.5%	TBC
Referral to First Appointment for Urgent Suspected Cancer (14 Days) Proportion of patients seen within 14 days of urgent GP referral	93.00%	98%	94.5%	TBC
Standards		**2020/21**	**2021/22**	**2022/23**
Proportion of patients with breast symptoms seen within 14 days of GP referral	93.00%	98.40%	98.8%	TBC
Cancer Waits - Diagnosis to First Treatment (31 Days)	96.00%	95.50%	96.0%	TBC
Cancer Waits - Proportion of patients receiving subsequent treatment within 31 days (Drug)	98.00%	96.30%	100%	TBC

Cancer Waits - Referral to First Appointment for Urgent Suspected Cancer (31 Days) Proportion of patients receiving subsequent treatment within 31 days (Surgery)	94.00%	87.50%	86.9%	TBC
Cancer Waits - Referral to Treatment for Urgent Suspected Cancer (62 Days)	85.00%	74.30%	77.6%	TBC

3.2.1- Referral to Treatment (RTT) Waiting Times Performance 2022/23

Standards	Target	2020/21	2021/22	2022/23
RTT Waiting Times for Incomplete Pathways	92.00%	84.32%	84.32%	80.23%
Diagnostic Waiting Times for Patients Waiting Over 6 Weeks for a Diagnostic Test (% of breaches out of total number of referrals)	1.00%	0.68%	0.68%	19.13%

Referral to Treatment (RTT) 18-week access standard of 92%* has been not been met during 22/23 due to post pandemic back log of activity. At the end of Month 12, the trust submitted 31,919 pathways* on RTT (waiting list which resulted in non-compliant positon). Incomplete pathways, often referred to as waiting list times, are the waiting times for patients waiting to start treatment, as at the end of each month.

NHS England introduced a zero tolerance of any RTT waits of more than 104weeks. At the end of Month 12, Croydon Health Services submitted zero patients waiting longer than 104+ weeks or 78+ weeks. The Trust has been working with individual specialties to clear their backlog, provide extensive validation & data quality programme for clinical & non-clinical staff.

The Trust has improved its approach to validating the Patient Transfer List (PTL) raising its ambition to further reduce the number of patients waiting over 18 weeks. There has been the opportunity for cross-speciality education through learning lessons from complex patient pathways and strengthening overall adherence to the Trusts

Access policy which sets out the criteria in managing patients waiting times to be seen or treated. Strategies were implemented by the Trust to better manage the waiting lists, ensuring that patients who were waiting over 18 weeks were identified much earlier in the system and were then given priority appointments.

The Trust improved and maintained pan London Performance throughout 22/23. At the end of Month 12, Croydon Health Services NHS Trust position was 2nd out of 22 reporting Trusts for incomplete performance in London.

In 2022/23, we have cared for 32,000 patients in our COVID-19- secure 'hospital within a hospital', including more than 3,500 referred to Croydon from other neighbouring trusts as part of a coordinated recovery plan across South West London. Our longest wait is no more than 52 weeks, with plans in place to reduce this further still. The Trust has been working with individual specialties to clear their backlog, provide extensive validation & data quality programme for clinical & non-clinical staff.

(92% of patients treated within 18 weeks)

pathways do not directly correlate to the number of patients as this relates to activity across all specialties, some patients have multiple pathways open at any one time

3.3 Adult Community Services

The Adult Community services currently sits within the Integrated Community, Older people; Rehabilitation and Specialist services (ICORS) Directorate following a re-organization of the clinical Directorates on the 1st April 2022 to support the delivery of the ambitions set out within the Health & Care Plan.

The Community services have risen to the challenge over the last year with the extension of the local Rapid Response clinical model to deliver the National 2hr Urgent Crisis response (UCR) target and implement both a local Virtual ward and hosting the 24 hour Remote monitoring Hub that will be 24/7 by mid-April 2023. These services are targeted at preventing avoidable admissions supporting people to remain in their own homes or to step down from the Acute Hospital ward earlier with Community care and support.

The UCR team deliver an average of 500-650 assessments per month with an admission rate of between 10-13% to an Acute Hospital bed. The team exceed the 70% of all referrals being seen within the timeframe by 10-15% each month.

The Local virtual ward is developing pathways in conditions such as order to support more Croydon residents such as Heart Failure, Acute Respiratory and other amenable infections not requiring Hospital treatment. This is an area, which will see much clinical focus and growth over the coming year.

3.4 Children Community Services – Public Health Nursing

The current landscape nationally around Public Health Nursing, especially Health Visiting is challenging, with smaller numbers of Qualified Health Visitors but increasing demand for services, driven by increase in local population, increase in deprivation and safeguarding, but also an increase in expected service delivery both locally and nationally.
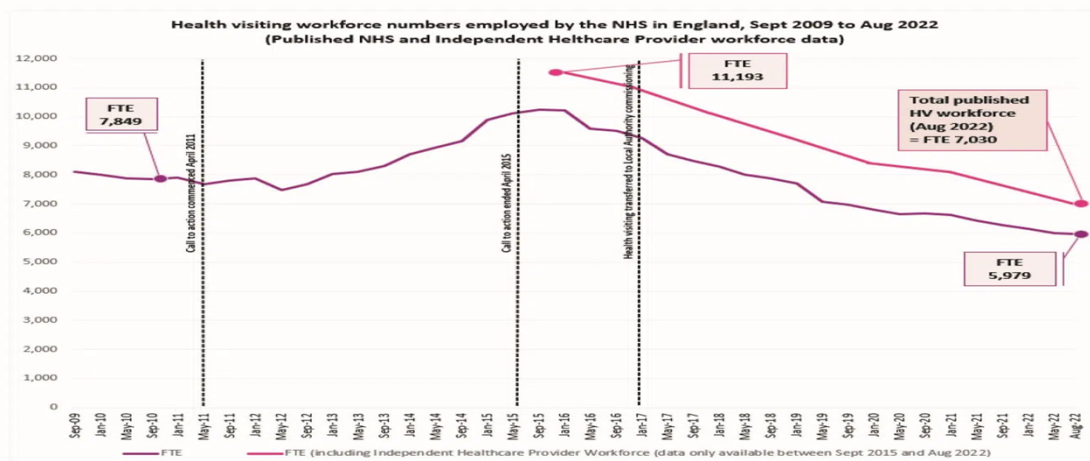
Credits: FTE information – NHS Workforce Statistics: https://bit.ly/3dWjSnq
and Independent Healthcare Provider Workforce numbers taken from NHS Digital: https://bit.ly/3QRTSYO

Following concerns raised by both staff and commissioners into the Health Visiting and School Nursing Services, Elaine Clancy as Chief Nurse commissioned two independent and external reviews of both services. These reviews were carried out over December to February 2022.

The similarity of findings across both services demonstrates some key themes impacting staff and the provision of services for both Health Visiting and School Nursing.

The key themes are:

- Culture and Organisational Development
- Structures
- Leadership

There continues to be a need to modernise the approach for Health Visiting and School Nursing in Croydon. Reducing the reliance on Qualified Health Visitors but also in the delivery of service, moving away from a traditional home visit based service to drop in clinics run by the wider team as well as the development of targeted approach to address to the highest risk and need groups within the borough including providing services across 6 days a week.

In order to support the service moving forwards, the team are working hard to deliver the necessary improvements in culture, leadership, process and workforce. Without these improvements, the vacancy factor of the service and ultimately the ability to deliver the service will not improve in a meaningful or sustainable way.

The single point of access has been successfully deployed, audited and reviewed, allowing members of the public and our partners within Croydon consistent and supported access to Health Visiting Services

The Service has held its first public engagement events, one in the Whitgift Centre one at the CUH site, and a smaller event at LSBU in Croydon, with great success and multiple contacts with members of the public in relation to the Health Visiting and School Nursing Services. The development of a Visibility plan for the service will support increase public engagement but also greater partnership working with all our health and social care partners.

Recruitment Open days have been held to support the recruitment challenge as part of the newly developed Public Health Nursing Recruitment and Retention Strategy. In order to compete within the local recruitment landscape, a Recruitment and Retention Premia has been agreed for the Health Visiting Team.

A large piece of Organisational Development work provided by external experts is in train, with phase 1 and the development and launch of phase 2 completed, there will be ongoing work into phase 3, specific elements to be identified out of the phase 2 work.

Changing the way that Children, Young People and their parent and their carers can feedback has been successfully launched with the use of QR codes leading to an improvement in the volume and timeliness of feedback.

To support the future workforce initiative there has been an increase in band 5 Health and School Nursing Student posts, this will support the long-term stability of the workforce, ensuring that the number of qualified Health Visitors and School Nurses Trained in Croydon increases.

3.13 The Trust recognises the importance of the continued work within this complex arena and has ensured that the delivery of improved Health Visiting services is a quality priority for 2023/24.

3.5 Volunteers

The Trust currently has 124 volunteers registered with us of which 75 are active. Our volunteers give their time to help in both the hospital and community.

Volunteers carry out many valuable roles throughout the Trust and are highly regarded. Some of the many roles they carry out include ward helpers, patient feeders, administrators, way finders, A&E, PALS and they also provide support to the Chaplaincy team.

Post pandemic many volunteers were unable to return to their roles.

We continue to welcome back volunteers gradually when they are ready to return.

We are continuing to work in partnership with St Johns Ambulance running our NHS Cadet Programme and we are nearing the end of our second cohort. Our first year was very successful and we are continuing to build on this each year. Giving an insight to local youngsters of careers in the NHS.

We are actively recruiting and are in the process of taking on 25 new volunteers at present from our January intake and they are just awaiting DBS and References. We are also in the middle of our March recruitment process at the moment.

We have 3 Pets as Therapy Dogs joining the Volunteer Team shortly. One of which will be used for staff engagement and the others for patients.

It is our intention to on-board as many volunteers over the next 12 months as possible to help re-build the programme. Prior to the Covid19 Pandemic we had over 400 volunteers. We have a way to go to get back to where we were. I am confident we will get there.

3.6 Freedom to Speak up Guardians (FTSU) and Whistleblowing

Financial year 2022–23 has been a year of the highest number of cases being raised by our staff. At present, we have had 83 new cases raised and expect this to raise at the current rate to around 87 by the end of this year (figure 1). This is in recognition of the continued work of our Guardian's working in and around all locations of the Trust promoting and supporting our staff to raise concerns.
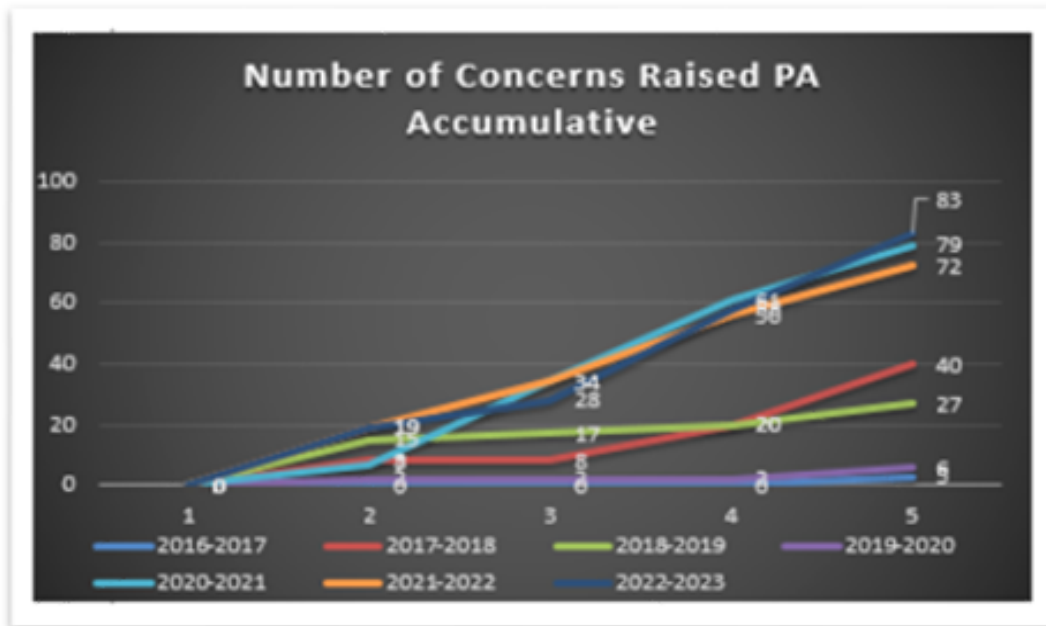
FTSU Number of cases raised

The key themes that have emerged this year from our cases are those relating to patient safety (representing 30% of concerns raised) (figure 2). A key area has been around movement of   patients and staffing levels. These concerns have been discussed and staff have been provided with information on how to escalate concerns at the time to ensure that movement of patients and   staffing levels are assessed and managed at the time for assurance and support of staff concerns.
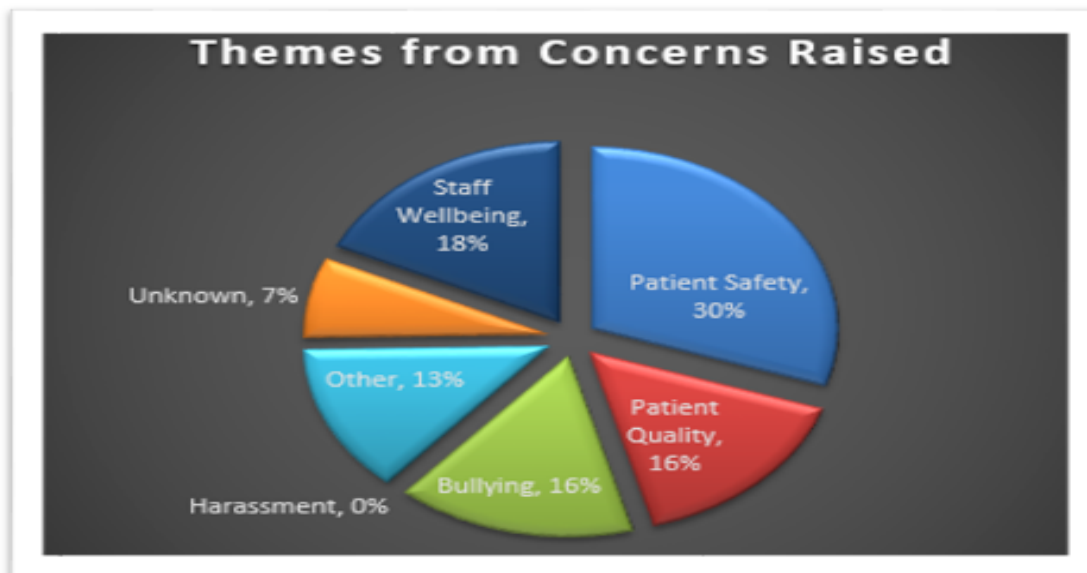
Themes of concerns

Staff Wellbeing has also been identified with 18% of cases raised. The Trust has taken significant action this year to ensure that staff support systems are in place. These have included employee   support services that staff can obtain support and information from, new Wellbeing staff joining HR and also the new Wellbeing   Chaplain joining the Chaplaincy & Spiritual Care Team.

There have been a number of cases logged which have involved formal investigations through the HR process and one which has been outsourced for an independent investigation. The results of these investigations are awaited so that lessons learnt can be logged.

The data collected has indicated that although 69% of reporters have not completed the equality questionnaires, of those that have 25% of them have been female with only 6% being male.

Finally, the statistics identify that 53% of concerns being raised are from Integrated Adult Care, 19% from the Integrated Women, Children and Sexual Health and 12% from the Integrated Surgery, Cancer and Clinical Support Directorates. These three areas represent 84% of all concerns raised.

Directorates with most concerns

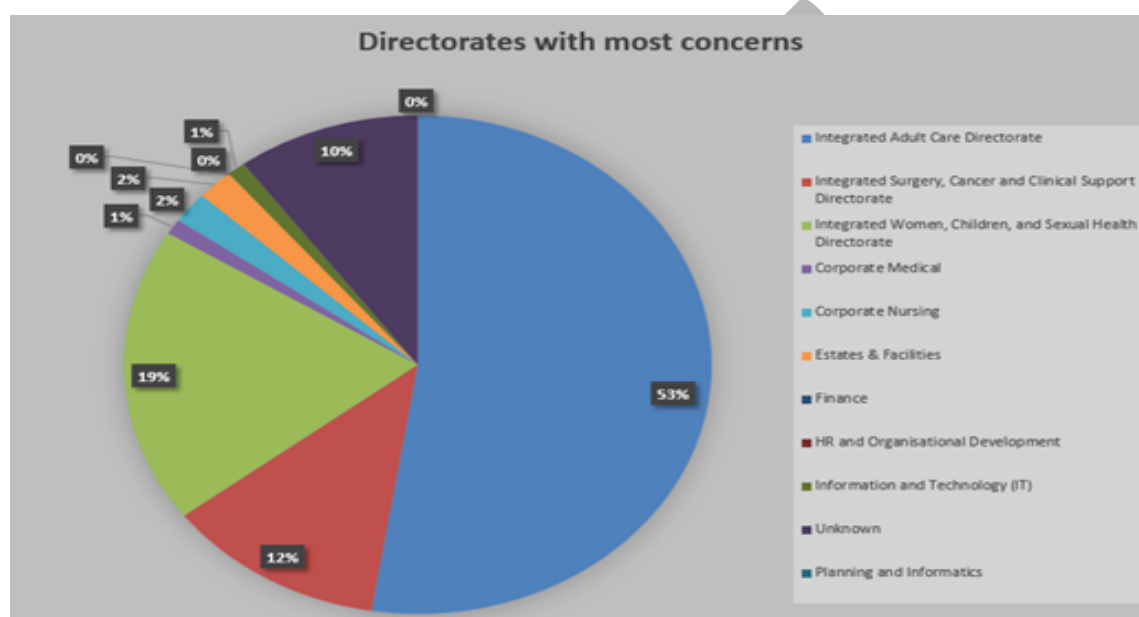In November the draft external FTSU Audit report was represented to the trust for review. Although the information contained in the report focused on responses to a questionnaire which staff were requested to complete only 33 questionnaires were completed from 4,500 staff, which meant that the responses were unusable as they were not representative of the staff. However, we are working on some key themes from the report, which will enhance FTSU at the trust. These include:

Development of a FTSU Strategy, which will help to deliver the principles and practice of FTSU in the organisation from the top down.

Update of the FTSU Trust Policy. This was due to be updated by September 2023, but with changes implemented by the National Guardians Office in 2022, an update is now due.

During 2022, the National Guardians Office introduced changes to the requirements for Guardians which included annual training for Guardians to continue to practice. At the present time, not all our Guardians are fully trained and we are aiming for all of those that wish to continue to complete there training by end of April 2023.

Additionally, a new Freedom to Speak Up policy for the NHS was issued in 2022, which identifies the minimum standard for NHS healthcare services to adopt. The requirements of this policy is being incorporated into the update of our the Trust policy.

Looking forward to the New Year for FTSU the following are planned activities:

- Formal issue of a document "An internal review of requirements by the NGO & NHS England which will look at steps the Trust needs to take to comply
- Implementation of a FTSU Strategy & update of the FTSU policy
- Proposal for training of all staff on FTSU
- Completion of NGO Documents "Policy Review Framework", FTSU Gap Analysis Tool" and "A Reflection and Planning Tool" which will ensure that FTSU at the Trust will be optimised to support out staff in raising concerns

3.7 Chaplaincy & Spiritual Care

The Chaplaincy & Spiritual Care Team this year has managed to commence its recovery after the major effects of Covid19, which impacted the service that it was able to provide to the Trust. During the Pandemic, the service was left with only two full time chaplains that were able to minister to our patients on the wards. The main reason for this was that our 84 volunteer chaplains had to stand down during this time for a number of reasons, which included lock down and the fact that they were of senior age, were high risk or were living with people at high risk.

Revd Andy Dovey
Head of Chaplaincy & Spiritual Care

3.7.1 Our Interfaith work

During the year, we worked with our main faith communities and celebrated with them the major festivals, which provides the substance in their faith along with spiritual support, which sustains them during their working hours at the trust. Celebrations included the Christian events of Ash Wednesday, Holy Week, Easter, Harvest and the Christmas festivals. For our Muslim staff all that joined us enjoyed the recognition of Ramadan and the celebrations with food in the worship centre for Eid. For our Hindu, Sikh and Buddhist staff we celebrated Diwali in the worship centre with hot food, displays about Diwali and a film show.

Our Sikh Day of Prayer

In December, we reintroduced our singing on the wards, which we were honoured to have Alisa Flemming the Civic Mayor join, us. On Christmas day, we were pleased to welcome back the Salvation Army brass band to sing carols on our wards, which brought much joy to our staff and patients.

3.7.2 Care to our Patients

Our main activities of providing pastoral, spiritual and religious care to our patients and relatives have seen an increase this year. Providing pastoral care at the bedside has been vital for our patients along with last rites, Holy Communion and anointing prior to or following the death of a patient. These sacraments provide us an opportunity in the

Trust to provide the highest care and support to those at the end of life and the relatives that struggle with the loss of their loved ones.

During the last year, we have conducted over 123 funerals for people of all faiths, using the Imam for Muslim deaths. These include adults who have no next of kin or friends, miscarried, neo natal or stillborn babies. In all cases, this provides the Chaplains and the Trust to provide the utmost care and support at their time of greatest need.

Additionally, we have supported our staff in this last year, especially those families that have lost a close member of their family or a member of our own staff. We have provided pastoral care and where appropriate and granted by families memorial services for our staff to pay their last respects.

3.7.3 Introduction of our new Wellbeing Chaplain

On the 1st September 2022, we were lucky to employee for the first time a third chaplain, Revd Deborah Premraj as our new Staff Wellbeing Chaplain. Revd Deborah, ordained and licenced as an Anglican and who is Asian Indian and speaks five Indian languages and has proved to be such an asset to the Chaplaincy team. Providing pastoral and spiritual care to our staff in their native language along with the knowledge of their cultures, we have been able to enhance the care that we have provided. She was installed in a special service in January 2023 by The Rt Revd Rosemarie Mallet Bishop of Croydon. Revd Deborah has now established her work at CUH, Purley Hospital, and Lennard Road and is expanding her visiting to Broad Green and Parkway New Addington. As these become established, she will be expanding her visiting to other community bases where staff are and located.

In October, we held our annual Butterfly Service in remembrance of all the babies who died or were miscarried. Over 100 people with the Alisa Flemming the Civic Mayor and Cllr Maddie Hansen taking part in the service attended this. This was our chance to open our new Crocus Garden, which we had planned and fund raised for 3 years. It is a special garden that families who have suffered a loss can plant a crocus bulb as a sign of new life for the one that they have lost. Since its opening, we have had parents return and used the theme for children to come along and plant a crocus bulb for a parent that they have lost.

3.7.4 Volunteers

In May 2022, we finally completed risk assessments on our volunteers and invited them back. To our surprise, only 4 people decided to retire from volunteering with us and we are now back up to full strength with visits being completed on all active wards. In January, we held our annual volunteers renewal of promises service, where volunteers renew their commitment to the chaplaincy volunteering service. This was attended by The Rt Revd Rosemarie Mallett Bishop of Croydon, Alisa Flemming the Civic Mayor and also Elaine Clancy the Chief Nurse.

3.7.5 Chaplaincy as Profession

As a University hospital, we are pleased to actively take part in helping others to become professional chaplains. We are a major player in taking on university placement from St Augustus, St Mellitus, Spurgeon's, Roehampton and the Dioceses of Southwark. The placements provide a basis for those training for ministry to explore what healthcare chaplaincy is. However, additionally, our lead Chaplain is also a lecturer at St Padarn's Institute in Cardiff and Spurgeon's College at South Norwood, teaching about healthcare chaplaincy. The chaplaincy team continue to lead in the education and promotion of chaplaincy and spiritual care in health

We also have a significant influence as our Head of Chaplaincy is an active member of Faiths together in Croydon, Bishops Advisor for Health, on the board of Network for Pastoral, Spiritual and Religious Care in Health, Ambassador for the College of Healthcare Chaplains and leads the Pan Southwark Head of Chaplains meetings. This provides opportunities for Croydon Health Services to be at the forefront of healthcare chaplaincy influencing future practice, sharing best practice, and developing how we care for those we serve.

3.7.6 Alternative therapies

Working with Quality Improvement (QI) team, we have now started work with our weekly therapy dog coming in to see or staff. Working with Samantha Conran, we have two different PAT dogs that visit the hospital for staff wellbeing. We are taking part in a QI study that will be published at the end of the trial period to look at the benefits to staff and a plan to continue long term.

We are about to commence our new Chaplaincy Music Therapy sessions for our elderly mental health patients with Revd Mark Pybus taking the lead at the keys. Pictured here with our Lead for mental health we hope to provide accepted therapies through the use of music to help patients spiritual wellbeing.

3.8 Emergency Department Performance

3.8.1 Four-Hour Performance Standard

We have cared for more than 199,000 people who needed urgent and emergency care in 2022/2023 – 5% less than the previous year. Despite this reduction, the level of acuity that has presented to the Emergency Department, combined to the challenges regarding flow and bed occupancy has led to significant pressures within the UEC pathway.

With continued demand across the board, including in primary care and the ambulance service, the number of patients has placed incredible strain on our healthcare staff and the wider system.

This year, we have also seen an increase the number of critically unwell patients, including those brought to hospital by blue-light ambulance, or who require life-dependent care and resuscitation. This was 10.9% higher in 2022/2023. Despite the increased demand, we improved our responsiveness for these patients, with 91% starting essential treatment within an hour of arrival.

With increased demand, our four-hour performance remained below the NHS standard to treat and either admit, transfer or discharge 95% of the patients within four hours of visiting the Emergency Department. However, despite these pressures, our performance remained comparable to other London trusts, even during the winter months'.

3.9 Extended length of stay

Patients with an extended length of stay of 7 days or more increased from an average of 233 in 2021/2022 to 253 in 2022/2023. These delays are indicative of the challenges that social care face regarding social care in general, particularly placement. These delays resulted in longer length of stays in our Emergency Department for those waiting to be admitted to our wards and longer than expected ambulance handover times.

To mitigate the increase in long stays, our clinical and operational teams have focused on improving internal efficiencies when patients need diagnostic tests or assessment from specialist teams, and reducing delays when patients no longer require hospital treatment and are able to be discharged. This ongoing work includes a detailed operational review and follow up of all patients on every ward, with daily escalation meetings with social care and other borough health partners to expedite discharge or transfer into continuing care at home or in the community.

Croydon is now also part of the national 'Hospital-only Discharge Programme', working with the Emergency Care Intensive Support Team and partners to shape and deliver a plan to support the safe and timely discharge of patients who no longer need to stay in hospital.

3.10 Patient flow and bed occupancy

In order to maintain the safe and effective flow of patients through the emergency care pathway and ensure that national performance standards are delivered, the Trust aims to maintain below 92% bed occupancy.

This means that at any given time, up to 8% of the Trust's inpatient beds are available for new patients, for as we know, some of the patients who wait longest in the Trust's Emergency Department are those waiting for admission to hospital for further treatment.

Increased attendance in our Emergency Department, particularly over the winter months put substantial pressure on the urgent and emergency care pathway as well as the flow of patients throughout the hospital. As well as more patients attending the Trust's Emergency Department than during the pandemic, those presenting were much sicker and many more required hospital admission. Bed occupancy remained steady at around 98.78% throughout the busy period and as a result the Trust introduced an Admissions & Discharge Unit, which created additional flow capacity. This opened in December 2022 and has supported 1477 discharges for 2022/0233 which have positively supported wider trust flow and reduction in pressure on our Emergency Department.

3.11 Ambulance handovers

In 2021, NHS England & Improvement highlighted the need to ensure timely ambulance handovers, reducing the length of time that ambulance crews remain on site at the hospital awaiting a patient's admission to the Emergency Department. For 2022/2023 we have seen a 9.3 % reduction in the total number of ambulances conveyed to the Emergency Department in comparison to 2021/2022. However, the overall number of urgent blue light calls being conveyed to the Emergency Department has increased by 10.9% in comparison to 2021/2022. This increase clearly indicates a growth the level of acuity reaching the Emergency Department at CHS.

To care for patients and support our frontline teams, we have further expanded our Same Day Emergency Care (SDEC) service to receive ambulances for patients requiring assessment, investigation and treatment without an overnight stay, via the Trusted Assessor Model, which has removed the need for the LAS to call ahead.

With Croydon GPs, we also provide an Integrated See, Triage and Treat (ISTAT) service within the Emergency Department to reduce waits where possible.

The majority of ambulance patients conveyed to Croydon continue to be handed over in a timely way, with waits of more than one hour equating to on average five patients a day (less during the summer months), with patients remaining in the care of paramedic teams during this time. During 2022/2023, alongside the LAS, we employed two HALO paramedics (HALO, standing for 'Hospital Ambulance Liaison Officer') both deployed in A&E and take the handovers from the ambulance crews, helping to release them back into circulation faster enabling them to go out to the next emergency call.

3.12 Improve the responsiveness of Urgent and Emergency Care (UEC) and build Community Care Capacity (CCC)
Liz Wells

3.13 Deliver significantly more Elective Care to tackle Elective Backlog

As part of our Recovery Programme, Croydon Elective Centre (CEC) are operating 6 days per week in order to increase activity. We have also developed the Purley Elective Centre (PEC) to support local anaesthetic surgery in the low risk category as a way of increasing our capacity and improving the experience of patients who attend for minor surgical procedures. This includes orthopaedic, vascular and general local cases. The chart below shows the surgical activity and demonstrates the increase as part of recovery. In 2023/24, in order to maintain our increased activity and to deliver 115%, the Trust is increasing its activity in PEC with gynaecology procedures as well as increasing MOS and Dermatology Procedures.

Total Elective Activity

Directorate: (Multiple Items)
CBU: (All)
Treatment Function: (Multiple Items)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2019/20	1,460	1,731	1,721	1,839	1,502	1,610	1,772	1,828	1,408	1,759	1,575	1,126	19,331
2020/21	100	165	491	816	1,320	1,771	1,878	1,760	1,431	1,237	1,309	1,720	13,998
2021/22	1,625	1,680	1,874	1,692	1,546	1,905	1,891	1,827	1,470	1,579	1,829	1,976	20,894
2022/23	1,543	1,679	1,675	1,657	1,837	1,898	1,892	1,999	1,428	1,770	1,769	1,961	21,108
Adjusted % of 19/20	111.2%	97.0%	97.3%	98.7%	116.7%	117.9%	116.9%	104.4%	101.4%	105.4%	112.3%	166.6%	110.5%
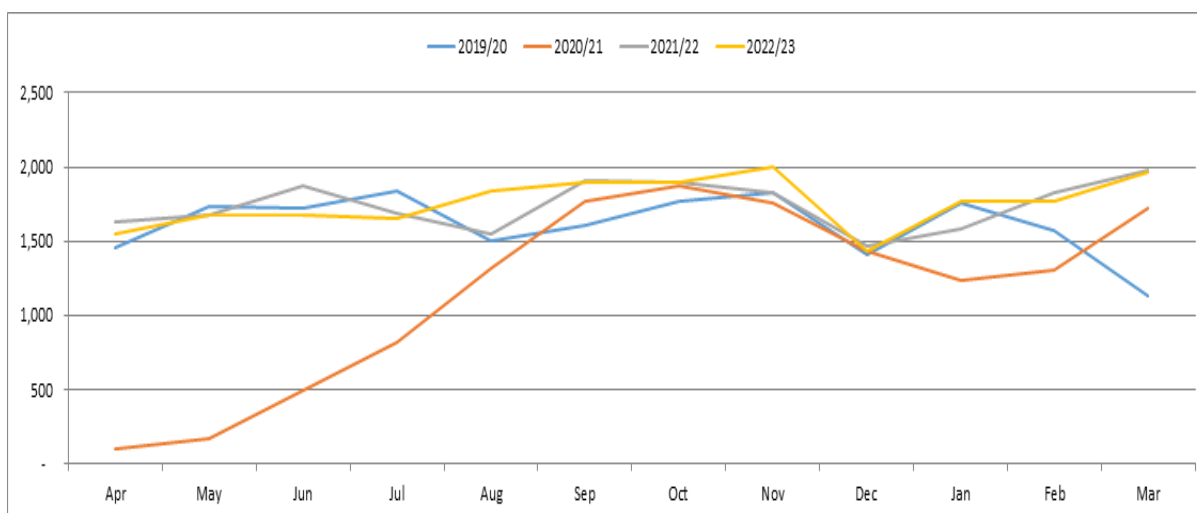
3.14 Cancer and Macmillan

3.14.1 Cancer and Macmillan Quality Response

2022 saw another year on year increase on the number of patients referred under the 2WW referral, on the Urgent suspected Cancer pathway (USC), this was a projected increase. With over four thousand patients more this year than in 2019. Services including dermatology urology and Upper GI teams' adjusted pathway to ensure diagnostic capacity meets demand. Nurse Led clinics have been pivotal in ensuring quality and timely appointments for patients.

3.14.2 Early Diagnostics and 2 Week Wait Referral

Referrals to Cancer services 2022/2023

| Cancer Referrals Jan 2022-Dec 2022 | Month | | | | | | | | | | | | |
Tumour Site	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
01 - Suspected breast cancer	293	269	280	249	303	286	267	259	253	290	308	198	3255
02 - Suspected children's cancer	12	9	7	5	8	7	10	6	10	13	6	8	101
03 - Suspected lung cancer	26	39	32	30	31	26	36	26	24	22	38	29	359
04 - Suspected haematological malignancies excluding acute leukaemia	7	15	11	9	16	17	14	22	16	12	15	19	173
05 - Suspected acute leukaemia	1			1									2
06 - Suspected upper gastrointestinal cancers	130	119	119	92	120	123	107	139	138	117	117	82	1403
07 - Suspected lower gastrointestinal cancers	214	244	282	218	300	262	291	340	307	301	303	222	3284
08 - Suspected skin cancers	247	248	285	272	314	292	316	380	330	283	287	221	3475
09 - Suspected gynaecological cancers	131	119	180	163	189	157	153	180	173	140	164	129	1878
10 - Suspected brain or central nervous system tumours	8	7	3	10	8	7	9	8	8	11	6	3	88
11 - Suspected urological cancers (excluding testicular)	139	135	207	179	187	173	163	145	205	219	189	131	2072
12 - Suspected testicular cancer	4	9	8	8	5	6	9	7	4	3	2	9	74
13 - Suspected head & neck cancers	112	122	128	101	118	110	118	124	132	128	141	114	1448
14 - Suspected sarcomas	10	13	11	9	13	15	13	19	18	22	34	38	215
16 - Exhibited (non-cancer) breast symptoms - cancer not initially suspected	131	126	169	103	109	80	81	91	109	130	82	98	1309
17 - Suspected cancer - non-specific symptoms							4	4	7	7	10	1	33
18 - Other suspected cancer (not listed)									1				1
Grand Total	1465	1474	1722	1449	1721	1561	1591	1750	1735	1698	1702	1302	19170

3.14.3 Faster Diagnostics Standard

Reflecting the national picture, Croydon has struggled to meet the Faster Diagnostics Standard (FDS) over the last year, with various reviews of services and action plans being set to help support services to meet a diagnosis within 28 days. Challenges such as pathology and endoscopy capacity have contributed to not meeting the FDS target. Plans for one stop clinics in Breast/Gynae/Dermatology will help to address and improve the FDS over the coming year.
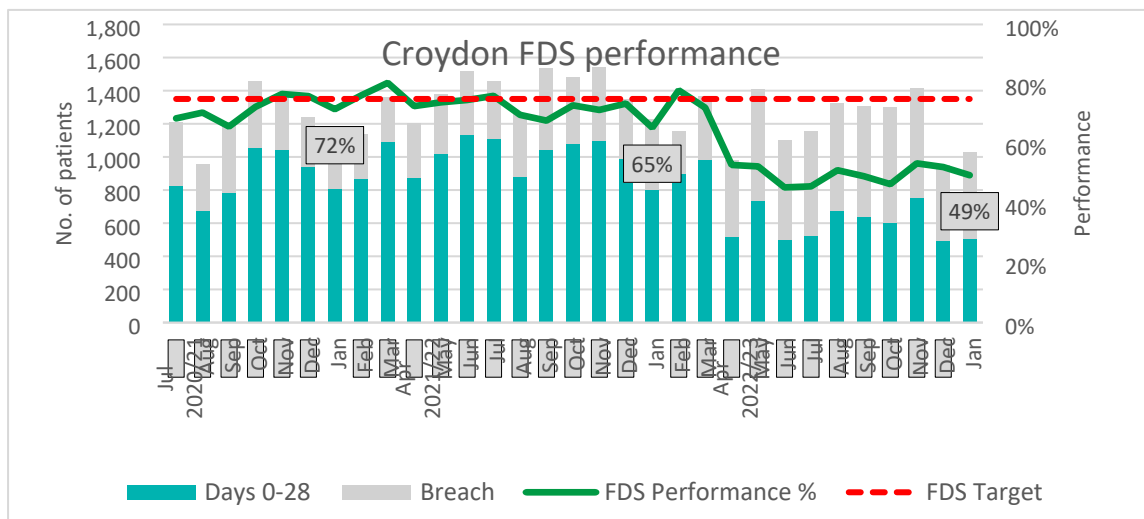
3.14.4 Holistic Needs Assessment

Cancer Nursing and Support Team come under the Macmillan Services. Working in partnership with Macmillan, supporting patients from early referral from the GP through to diagnostics, treatment, living with and beyond cancer and supporting those approaching the end of life. Throughout the patients Cancer journey a holistic needs assessment is offered to patients. Electronic Holistic Needs Assessments (e-HNA) are offered to patients to be completed on a Macmillan platform, although offered many patients do not complete the assessments. Some patients are offered these over the telephone during follow up clinics while other services have not been following up on these assessments. Documentation of these assessments are inconsistent across all tumour sites. A standard approach across Macmillan and Cancer is needed, this has been introduced with an action tracker put in place to ensure equitable services and support for all cancer patients, with the opportunity to complete a HNA. Telephone clinics and face-to-face clinics just for HNA's will be set up.

Graph below demonstrates patients offered e-HNA's.
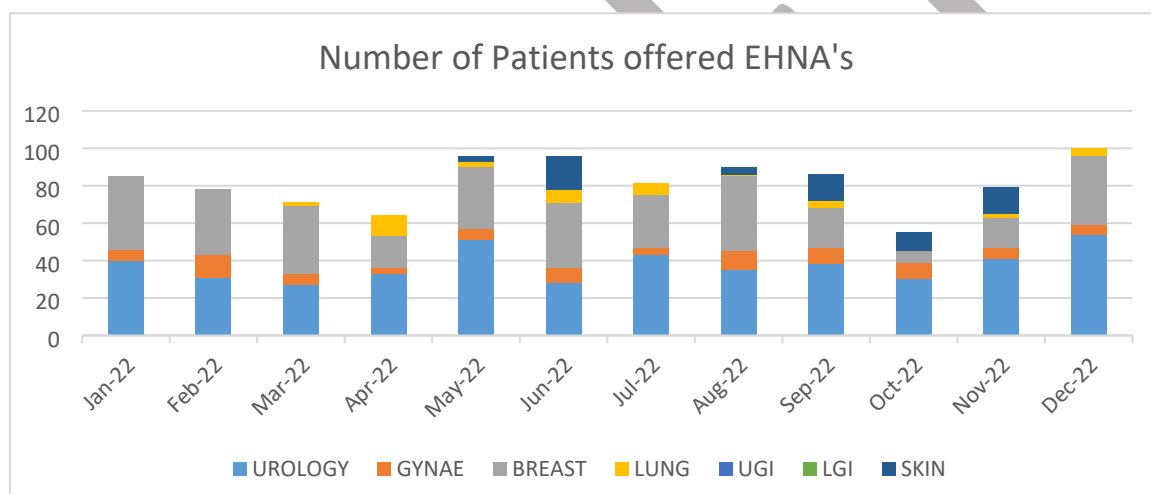
3.14.5 Acute Oncology Team

Acute Oncology Service (AOS) support Cancer patients admitted as emergencies or on an ad hoc basis, these patients often present unwell as a result:

- Side effects of anti-cancer treatments
- Symptoms of untreated cancer
- A presentation of a new cancer
- Existing spreading and growing

The AOS team ensures that cancer patients have a smooth hospital admission or community support, patients are appropriately monitored and supported, liaising with tertiary/specialist centres to ensure that the cancer treatments continue even when unexpectedly admitted to hospital. The AOS team specialise in Oncological emergencies supporting medical teams and palliative care teams in expediting a plan of care for the acute unwell patients.

Route of referral	Numbers
Electronic referrals (internal teams)	563
Telephone referrals	190
Referrals from RMH (other hospital)	79
Urgent suspected likely cancer (Usually radiology)	319
Total	1151

3.14.6 Cancer Psychological Support (Caps)

Psychological support for cancer is a vital service offered to patients who need this service, 6 therapy sessions are offered initially, and followed by a further 6 if needed. A year ago the service capacity was depleted with only one therapist 2 days a week. Over the last year 4 people (2 WTE) have been recruited, 2 clinical psychologists, a movement therapist and a psycho-therapist. The team allocate patients using the different skills within the team to ensure the patient's psychological needs are met. New groups are set up for support for patients and carers within Croydon. The challenges within the service currently are with the room availability, there is insufficient processes in place to book consultation space for confidential safe space, which puts the service at risk, and staff do not feel they have easily bookable accessible spaces for patients.

3.14.7 Macmillan Cancer Information Centre

The Macmillan Information Centre re-opened after the pandemic in April 2022, footfall has been low during the first 2 quarters, change in management and relaunch since November 2022 has seen an increase in activity and support offered to patients. The centre has been able to offer patient welfare and benefits advice through Citizens advice bureau to cancer patients, the weekly art group is running with patients supporting each other sharing experiences , patients are mainly post cancer treatment. Massage service is also available, a therapist has attended weekly, with the service being over subscribed.

Macmillan information team currently consists of a band 7 lead who was a Cancer nurse for over 25 years and a Macmillan support officer funded by Macmillan Cancer Charity.

Plans are afoot to increase the number of support groups on offer to patients and carers. Due to limited space on site at Croydon Hospital, collaborative work with BME charity (Black, minority ethnic group) means bookable spaces are available to run groups in a central hub in the Whitgift centre. The support groups planned for Spring 2023 are:

- Carers Support Group
- Movement Therapies
- Women's Health Groups
- Support groups for Lung cancer patients

3.14.8 NCPES (National Cancer Patient Experience Survey)

NCPES results in 2022 was the first survey since 2019, the results for Croydon have been positive, with higher than the national average in many of the areas. With the second best results overall within the Royal Marsden Partners cancer alliance. Just above 50% of patients responding to the survey were from the BAME population, reflecting the community we serve in Croydon, this is a proud position to be in.

Executive Summary

Questions Above Expected Range

	Case Mix Adjusted Scores			National Score
	2021 Score	Lower Expected Range	Upper Expected Range	
Q18. Patient found it very or quite easy to contact their main contact person	92%	78%	92%	85%
Q58. Cancer research opportunities were discussed with patient	71%	30%	58%	44%

" In 2021 - Trust and confidence in the ward staff has increased from 51% to 79% "

91

Areas for improvement

Questions Below Expected Range

	Case Mix Adjusted Scores			National Score
	2021 Score	Lower Expected Range	Upper Expected Range	
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	78%	79%	93%	86%

SUPPORT FROM HOSPITAL STAFF   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Q27. Staff provided the patient with relevant information on available support — 93%

Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff — 76%

Q29. Patient was offered information about how to get financial help or benefits — 61%

Excellent care for all — Home | Community | Hospital   Professional Compassionate Respectful Safe

MACMILLAN CANCER SUPPORT

Areas to Learn from included patients felt they did not have enough support with finance and welfare.

As a result of the NCPES the following changes made were:

- Patients were referred to Welfare and support via the Macmillan Information Centre in partnership with Citizens Advice Bureau and Macmillan, we referred over 100 patients
- Increasing the number of Holistic needs assessment offered to patients with more Macmillan support officers trained in carrying out assessments
- Increased Psychological support training available to all Cancer teams
- Palliative care teams have developed a new pathway in supporting patients coming via accident and emergency department

3.15 Improve mental health services and services for people with a learning disability and/or autistic people

The Trust continues to improve services for those experiencing mental health challenges or those with mental illness. In September 2021, the Trust launched the Mental Health Strategy, which sets out a series of aims designed to improve the services we provide to people using our services. This summary will look at the progress towards achieving those aims within 2022-2023 and any other work that has taken place to support service improvement.

Croydon Health Services Sexual Health HIV team, in collaboration with South London and Maudsley NHS Foundation Trust have successfully integrated a HIV Mental Health team. The team was fully recruited to by 2022 and is now fully imbedded within the service. They offer assessment and ongoing specialist input for people living with HIV and presenting with mental health needs. This offer a significant improvement in how we deliver complex, holistic care to people living with HIV who are disproportionately

affected by poor mental health. Execution of this project is the first fully completed aim of the Mental Health Strategy

The Drug and Alcohol Support Service (DASS) was launched in September 2021 with an agenda to deliver care to those using our services who are experiencing addiction to substances. The aim was to reduce health inequalities by improving pathways and access into physical health clinics for those living with long term conditions or into a community addiction service. The team was fully recruited too by July 2022 and now provide a referral service to those who present to our services outside of hours to offer a telephone assessment, if agreed, and referral to a community addictions provider.

Since February 2022, DASS are also engaged with the HIV team and offer in reach to outpatient clinics for those presenting with mental health needs, addiction and living with HIV.

DASS have delivered education and training in relation to addiction and withdrawal across the trust. They have focused on area's which have high levels of activity relating to addiction or those in which incidents had occurred as the result of poorly managed withdrawal or addiction. In tandem with is training offer, they have imbedded a series of assessment tools on Cerner, that allow a seamless referral to the service. As part of the training offer, staff are shown how to access and complete these tools. As a result, this team is now fully embedded across the highest priority areas. This step forward in care delivery to those experiencing addiction offers not only improvement in quality of care but demonstrates significant progress in completing the aim set out in the Mental Health Strategy.

In late 2022, the Trust employed a Perinatal Mental Health Midwife to work within our maternity services. In collaboration with colleagues in South London and Maudsley NHS Foundation Trust (SLaM), the Trust have developed a perinatal mental health caseload, jointly worked between the perinatal mental health midwife and the SLaM Perinatal Mental Health team. The midwife is also supporting the Lotus Clinic, our vulnerable women's clinic. This clinic supports the maternal health of women booked to deliver their babies with Croydon Health Services who have mental health needs and well as other vulnerabilities. This signifies a step towards achieving our aims as set out in the mental health strategy of delivering joint care to one of our most complex patient groups.

Since September 2022, in collaboration with SLaM, the Trust have successfully located a Crisis Child and Adolescent Mental Health (CAMHS) team on site, within the Paediatric Emergency Department. The trust have benefited from a Crisis CAMHs team for several years. However, the service was a core hours service based off site at a SLaM community location. The new onsite service covers 0800-2000 Mon to Fri with core hours services available on Saturday and Sunday. Service outside these hours continues to be covered by on call junior Doctor working under the supervision of the CAMHs registrar on call. This onsite service supports our children and young people in mental health crisis receiving a similar service to adults and demonstrates parity of esteem between adult and child services. It has reduced waiting times for initial assessment and has improved responsiveness to referral and requests for further review.

In May 2022, The Royal College of Psychiatrists released Medical Emergencies in Eating Disorders guidelines (MEED). The guidance expertly sets out how to support the safe management of people using our service who present with risk of death in relation to starvation and malnutrition brought about by suspected or confirmed eating disorder. The Trust has accepted these guidelines and has developed a MEED group, who meet to ensure care is expertly delivered on a patient by patient basis. Since the release of the guidance the Trust has cared for 4 patients with critically low body weights utilising

MEED as a care approach. Teaching in relation to the guidelines has been delivered to the Emergency Department junior Doctor cohort to ensure early identification of patients requiring MEED. Training and education offers for nursing staff are ongoing. This is offered as a both brief summary bite size sessions or as a half-day session within mental health study days.

Activity across these areas is monitored by the Mental Health Group. The group has undergone several changes over the year and as it experienced challenges in relation to consistent engagement. The group now has a streamlined membership in order to achieve more consistent attendance and an improved focus in providing governance and oversight in relation to mental health activity across the Trust.

3.16 Information Technology

"Exploit the potential of digital technologies to transform the delivery of care and patient outcomes"

The Trust has engaged heavily and invested significantly in the past year on a range of clinical digital projects to improve how and where care is provided to patients, carers and their families. Sharing data safely and effectively with our partners across London and in south west London, the Trust contributes to a richer patient record. These records are viewable by a range of health and care partners from GPs, to adult social care services, and where relevant, the voluntary sector, allowing clinicians, carers and others to provide improved care using the most up-to-date information.

The Trust led the implementation of Virtual Wards over the autumn, supported by a central hub based at the local authority offices at Bernard Wetherill House. This service enables patients to receive better treatment at a place and time of their convenience, reducing unnecessary visits to the Trust's Emergency Department. Through the introduction of remote monitoring solutions, care can be prioritised for those in crisis, allowing improved prioritisation and provision of care.

The Trust has implemented the first phase of a patient portal, an online portal for patients who prefer to communicate digitally with the NHS. Patients can now receive test results digitally, and in further phases will be able to book, cancel and reschedule appointments, and be connected to disease-specific support providers, targeted to their specific health and care needs.

Alongside this, a significant proportion of outpatient appointments continue to be provided virtually, saving not just travel time for our patients, but supporting them to receive care without the worry of facing potentially impactful travel costs and delays.

On a final note, the Trust has introduced the London Care Record for patients at end of life, ensuring that the care preferences for patients is available to care professionals, enabling more sensitive discussions and not requiring carers and family members from repeatedly sharing information in what can be upsetting circumstances.

Annex 1- Statement of Assurance

Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 to prepare a Quality Report for each financial year. The Department of Health and Social Care has issued guidance on the form and content of the Annual Quality Report (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 Report presents a balanced picture of the Trust's Performance over the reporting period

The performance information reported in the Quality Report 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

The Quality Report 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

Date:

Annex 2 – Statement from External Stakeholders

Annex 2 - Statements from External Stakeholders

Statements from External Stakeholders

On <mark>DATE</mark> the Trust sent a draft version of the Quality Report to a number of local stakeholders for their scrutiny, input and comment:

South West London Clinical Commissioning Group, Croydon Place

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

Formal written responses were received and are included below.

Statement of Croydon Place as part of South West London CCG

Statement of NHS South West London Clinical Commissioning Group Croydon Place (SWL ICS) on Croydon Health Services NHS Trust 2021/22

Statement from Croydon Council's Scrutiny Health & Social Care Sub-Committee

Response from the Trust to stakeholder comments received

Annex 3 - National and Local Clinical Audit Participation

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

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

During 2022/23 the Trust participated in 62 national clinical audits. All of the national audits were in the NHS England Quality Report listed audits that the Trust was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2022/23, are listed in table below. Also included are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by each audit or enquiry. Some areas have been marked as 'in progress' which means that the data is currently being submitted, including data gathered during the period of 2022/23.

Programme / work stream (A-Z)	Data Collection Completed 2022/23	Number of Cases Submitted	%Submitted
Breast and Cosmetic Implant Registry	√	*41*	*In Progress*
Case Mix Programme	√	*In Progress*	*In Progress*
Child Health Clinical Outcome Review Programme			
Cleft Registry and Audit Network Database	x		
Elective Surgery (National PROMs Programme)	x		
Emergency Medicine QIPs			
a. Pain in Children (care in Emergency Departments)		*In Progress*	*In Progress*
b. Assessing for cognitive impairment in older people		*In Progress*	*In Progress*
C. Mental health self harm		*In Progress*	*In Progress*
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	x		
Falls and Fragility Fracture Audit Programme_1, 2, 3			
a. Fracture Liaison Service Database	√	*In Progress*	*In Progress*
b. National Audit of Inpatient Falls	√	*In Progress*	*In Progress*
c. National Hip Fracture Database	√	*In Progress*	*In Progress*
Gastro-intestinal Cancer Audit Programme [1]			

Programme / work stream (A-Z)	Data Collection Completed 2022/23	Number of Cases Submitted	%Submitted
a. National Bowel Cancer Audit			
b. National Oesophago-gastric Cancer	√	*68*	*100%*
Inflammatory Bowel Disease Audit	√	*In Progress*	*In Progress*
LeDeR - learning from lives and deaths of people with a learning disability and autistic people *(previously known as Learning Disability Mortality Review Programme)*	√	*In Progress*	*In Progress*
Maternal and Newborn Infant Clinical Outcome Review Programme [1, 4]		*In Progress*	*In Progress*
Medical and Surgical Clinical Outcome Review Programme [1]		*In Progress*	*In Progress*
Mental Health Clinical Outcome Review Programme [1, 4]		*In Progress*	*In Progress*
Muscle Invasive Bladder Cancer Audit			
National Adult Diabetes Audit [1, 2, 3, 4]			
a. National Diabetes Core Audit	√	*In Progress*	*In Progress*
b. National Pregnancy in Diabetes Audit	√	*In Progress*	*In Progress*
c. National Diabetes Foot Care Audit	√	*In Progress*	*In Progress*
d. National Diabetes Inpatient Safety Audit	√	*In Progress*	*In Progress*
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme			
a. Paediatric Asthma Secondary Care	√	*In Progress*	*In Progress*
b. Adult Asthma Secondary Care	√	*In Progress*	*In Progress*
c. Chronic Obstructive Pulmonary Disease Secondary Care	√	*In Progress*	*In Progress*
d. Pulmonary Rehabilitation-Organisational and Clinical Audit	√	*In Progress*	*In Progress*
National Audit of Breast Cancer in Older Patients	√	*In Progress*	*In Progress*
National Audit of Cardiac Rehabilitation	√	*In Progress*	*In Progress*
National Audit of Cardiovascular Disease Prevention			
National Audit of Care at the End of Life	√	*In Progress*	*In Progress*
National Audit of Dementia	√	*In Progress*	*In Progress*

Programme / work stream (A-Z)	Data Collection Completed 2022/23	Number of Cases Submitted	%Submitted
National Audit of Pulmonary Hypertension			
National Bariatric Surgery Registry			
National Cardiac Arrest Audit	√		
National Cardiac Audit Programme [1]			
a. National Congenital Heart Disease Audit	x		
b. Myocardial Ischaemia National Audit Project	√	*In Progress*	*In Progress*
c. National Adult Cardiac Surgery Audit	x		
d. National Audit of Cardiac Rhythm Management	x		
e. National Audit of Percutaneous Coronary Interventions	√	*In Progress*	*In Progress*
f. National Heart Failure Audit	√	*In Progress*	*In Progress*
National Child Mortality Database [1]	√	*In Progress*	*In Progress*
National Clinical Audit of Psychosis [1]	x		
National Early Inflammatory Arthritis Audit [1]	√	*In Progress*	*In Progress*
National Emergency Laparotomy Audit [1]	√	*In Progress*	*In Progress*
National Joint Registry	√	*150*	*100%*
National Lung Cancer Audit [1]	√	*In Progress*	*In Progress*
National Maternity and Perinatal Audit [1]	√	*In Progress*	*In Progress*
National Neonatal Audit Programme [1]	√	*In Progress*	*In Progress*
National Obesity Audit [1]	x		
National Ophthalmology Database Audit	x		
National Paediatric Diabetes Audit [1]	√	*In Progress*	*In Progress*
National Perinatal Mortality Review Tool [1]	√	*In Progress*	*In Progress*
National Prostate Cancer Audit [1]	√	*In Progress*	*In Progress*
National Vascular Registry [1]	√	*In Progress*	*In Progress*
Neurosurgical National Audit Programme	x		
Out-of-Hospital Cardiac Arrest Outcomes	x		
Paediatric Intensive Care Audit [1]	x		

Programme / work stream (A-Z)	Data Collection Completed 2022/23	Number of Cases Submitted	%Submitted
Perioperative Quality Improvement Programme	x		
Prescribing Observatory for Mental Health			
a. Improving the quality of valproate prescribing in adult mental health services	x		
b. The use of melatonin	x		
Renal Audits			
a. National Acute Kidney Injury Audit	x		
b. UK Renal Registry Chronic Kidney Disease Audit	x		
Respiratory Audits			
a. Adult Respiratory Support Audit	x		
b. Smoking Cessation Audit- Maternity and Mental Health Services	x		
Sentinel Stroke National Audit Programme [1]			
Serious Hazards of Transfusion UK National Haemovigilance Scheme			
Society for Acute Medicine Benchmarking Audit	x		
Trauma Audit and Research Network	√	*In Progress*	*In Progress*
UK Cystic Fibrosis Registry	x		
UK Parkinson's Audit	√	*In Progress*	*In Progress*

Annex 4 - Glossary

Acute Trust	A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust).
Audit Commission	The Audit Commission regulates the proper control of public finances by local authorities and the NHS in England and Wales. The Commission audits NHS trusts, primary care trusts and strategic health authorities to review the quality of their financial systems. It also publishes independent reports which highlight risks and good practice to improve the quality of financial management in the health service, and, working with the Care Quality Commission, undertakes national value-for-money studies. Visit: www.audit-commission.gov.uk
Board (of Trust)	The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community.
Care Quality Commission	The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk
Cerner millennium system (CRS)	Cerner millennium is the Electronic Patient Record system used at Croydon Health Services.
Clinical Audit	Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.
Clinical Coding	Clinical Coding Officers are responsible for assigning 'codes' to all inpatient and day case episodes They use special classifications which are assigned to and reflect the full range of diagnosis (diagnostic coding) and procedures (procedural coding) carried out by providers and enter these codes onto the Patient Administration System. The coding process enables patient information to be easily sorted for statistical analysis. When complete, codes represent an accurate translation of the statements or terminology used by the clinician and provides a complete picture of the patient's care.
Clinical Directorate	Croydon Health Services clinical services are organised into three directorates: Integrated Adult Care (IAC), Integrated Women, Children and Sexual Health (IWSCH), and Integrated Surgery, Cancer and Clinical Support Services (ISCCS).
Clostridium difficile or C. Difficile	Clostridium difficile also known as C.difficile or C. diff, is a gram positive bacteria that causes diarrhea and other intestinal disease when competing bacteria in a patient or persons gut are wiped out by antibiotics.

C. difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly. People are most often |

	nosocomially infected in hospitals, nursing homes, or other institutions, although C. difficile infection in the community and outpatient setting is increasing.
Commissioners of services	Organisations that buy services on behalf of the people living in the area that they cover. This may be for a population as a whole, or for individuals who need specific care, treatment and support. For the NHS, this is done by primary care trusts and for social care by local authorities.
Commissioning for Quality and Innovation	High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.
Community Trust	A trust is an NHS organisation responsible for providing a group of healthcare services. A community trust provides services within the community, working closely with other health organisations, e.g. social care and public health.
Complaint	An expression of dissatisfaction with something. This can relate to any aspect of a person's care, treatment or support and can be expressed orally, in gesture or in writing.
Croydon Clinical Commissioning Group (CCG)	The CCG became legally responsible for commissioning/buying healthcare services for Croydon residents from 1st April 2013 as authorised by NHS England
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
CUSUM - Cumulative Sum	Alerts designed to signal that a pattern of activity appears to have gone beyond a defined threshold. They indicate a series of events that have occurred that are sufficiently divergent from expectations as to suggest a systematic problem.
Datix	This is the name of the electronic incident reporting system at Croydon Health Services. It is also used to capture complaints and compliments.
Department of Health & Social Care	The Department of Health & Social Care is a department of the UK government with responsibility for government policy for England alone on health, social care and the NHS.
Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs.
Discharge	The point at which a patient leaves hospital to return home or be transferred to another service, or the formal conclusion of a service provided to a person who uses services.
EWS	This is the Early Warning System is based on vital signs such as blood pressure, heart and breathing rates
Family and Friends Test	Introduced in 2013 this is an opportunity for family and friends to give feedback to hospitals regarding their care and experience. At Croydon Health Services this is a blend of paper feedback and mobile SMT messaging.

CRITICAL

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.
HSMR (Hospital Standardised Mortality Ratio)	Hospital standardised mortality ratio (HSMR) is an indicator that measures whether the number of deaths in hospital is higher or lower than expected, reported per thousand admissions per year on a month by month basis, 3 months in arrears, by Dr Foster with benchmark performance against peers. Our peers are currently considered within the region and therefore include a number of similar sized as well as larger organisations with acute inpatients beds
Indicators for Quality Improvement	The Indicators for Quality Improvement (IQI) are a resource for local clinical teams providing a set of robust indicators which could be used for local quality improvement and as a source of indicators for local benchmarking. The IQI can be found on the NHS Information Centre website at: www.ic.nhs.uk/services/ measuring-for-quality improvement
Information Governance	The structures, policies and practice to ensure the confidentiality and security of health and social care service records, especially clinical records which enable the ethical use for the benefit of the individual to whom they relate and for the public good.
Joint Advisory Group (JAG) accreditation	The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) was established in 1994 under the auspices of the Academy of Medical Royal Colleges. It aspires to: set standards for individual endoscopists set standards for training in endoscopy quality assure endoscopy units quality assure endoscopy training courses
MRSA	Methicillin-Resistant Staphylococcus Aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is, by definition, any strain of Staphylococcus aureus bacteria that has developed resistance to antibiotics including the penicillins and the cephalosporins. MRSA is especially troublesome in hospitals, where patients with open

	wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.
Malnutrition Universal Screening Tool (MUST)	'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
National Confidential Enquiry into Patient Outcome and Death - NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are then published. Clinicians at Croydon Health Services NHS Trust participate in national enquiries and review the published reports to make sure any recommendations are put in place.
National Institute for Health and Clinical Excellence	The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk
National Patient Safety Agency	The National Patient Safety Agency (NPSA) is an arms-length body of the Department of Health, responsible or promoting patient safety wherever the NHS provides care. Visit: www.npsa.nhs.uk
NHS Number	This is the national unique patient identifier that makes it possible to share patient information across the whole of the NHS safely, efficiently and accurately. The NHS Number is fundamental to the development of the National Programme for IT.
NHS Resolution	NHS Resolution is a special health authority in the NHS responsible for handling negligence claims made against NHS bodies in England. In addition, it has developed an active risk management programme to raise NHS safety standards and reduce the incidence of negligence. It also monitors human rights case law on behalf of the NHS, co-ordinates claims for equal pay in the NHS and handles Family Health Service appeals (i.e. disputes between doctors, dentists, opticians and pharmacists and NHS Primary Care Trusts).
Overview and Scrutiny Committees	Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and Scrutiny Committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.
Patient	A person who receives services provided in the carrying on of a regulated activity. This is the definition of "service user" provided in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Patient and Public Voice	This highlights ways in which the public and patients are involved in a trusts patient care
Picker Institute UK	The Picker Institute Europe is a not-for-profit organisation that supports the healthcare sector to help make patients' views count in healthcare. It works to build and use evidence to champion the best possible patient-centered care working with patients, professionals and policy makers to achieve the highest standards of patient experience. In Europe and the UK, Picker research and gather patient's views of healthcare using surveys, focus groups and other methods as for example by supporting the national survey programme in the NHS for the Care Quality Commission.
Privacy and dignity	To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and protected from others looking at them or overhearing conversations that they might be having. It also means respecting their confidentiality and personal information. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual beliefs
Providers	Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.
Quality monitoring	A continuous system of monitoring to ensure that local quality measures are effective. Quality monitoring is part of quality assurance.
Quality Committee	The Quality Committee monitors, reviews and reports on the quality of services provided by the Trust. This includes the review of governance, risk management and internal control systems to ensure that the Trust's services deliver safe, high quality, patient-centered care. Performance against internal and external quality improvement targets and follow-up whenever required. Progress in implementing action plans to address shortcomings in the quality of services – if any have been identified.
Registration	From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). Croydon Health Services is registered with the CQC to provide a variety of acute and community health services: https://www.cqc.org.uk/provider/RJ6/registration-info.
Research	Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.
Safeguarding	Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on independence and choice.
Secondary Uses Service (SUS)	A single repository of person and care event level data relating to the NHS care of patients, which is used for management and clinical purposes other than direct patient care. These secondary uses include healthcare planning, commissioning, public health, clinical audit, benchmarking, performance improvement, research and clinical governance. Visit:

	www.ic.nhs.uk/services/the-secondary-uses-service-sus/using-this-service/ data-quality-dashboards
SHMI (Summary Hospital Level Mortality Indicator)	Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. This indicator is produced and published monthly as a National Statistic by NHS Digital and covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
Adult social care	Social care includes all forms of personal care and other practical assistance provided for people who by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances, are in need of such care or other assistance. For the purposes of the Care Quality Commission, it only includes care provided for, or mainly for, people over 18 years old in England. This is sometimes referred to as adult social care.
National Early Warning Score (NEWS2)	A weighted algorithm in which physiological observations are used to produce a single score. Increasing NEWS2 score reflect the severity of illness/physiological derangement. The NEWS2 score informs the escalation process
VitalsLink®	VitalsLink® electronically captures patient's vital signs using a Welch Allyn monitor, then puts them directly into patients' CRS Millennium records.

VitalsLink®, which is a Cerner integrated solution, no longer requiring separate devices to upload Vital Signs onto Patient Records |