

# Croydon Health Services NHS Trust

## Quality Account 2018 – 2019



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# PART 1

## Information about the Quality Account

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# Introduction

**Croydon Health Services NHS Trust (CHS) had a remarkable year that included opening our major new Emergency Department and reshaping our local partnerships - creating new opportunities for seamless high-quality care across the borough.**

Our Emergency Department is already providing more urgent care than before, to an even higher standard of comfort and clinical efficiency. Huge credit is due to our clinical teams who invested so much thought into its design – including a new Urgent Treatment Centre, two mental health liaison rooms and dementia-friendly features.

Croydon Health Services NHS Trust is very well positioned to fulfil the new NHS Long Term Plan. We had already been making great progress with partner care organisations, who share our vision of helping people in Croydon lead longer and healthier lives.

In April 2017 we established an alliance called 'One Croydon' with Croydon Council and Age UK Croydon. In a very short space of time it has made services more seamless and created services like Living Independently for Everyone (LIFE), which helped 847 people avoid possible hospital admissions in its first year and helped many more to get home earlier after treatment. Other systems within One Croydon, such as our Integrated Care networks, are similarly successful. These successes were recognised when One Croydon won the Local Government Chronicle's prestigious annual Health & Social Care award in March this year.

Our partnership with Croydon Clinical Commissioning Group (CCG) is also about to become even stronger. Together we are already seeing considerable benefits from the shared roles and functions of, for example, our Joint Chief Pharmacist and our Integrated Safeguarding Team.

To further strengthen this CCG partnership, in May 2018 we started discussions with them about how we could work more closely together. I am very pleased to say that, by April 2019, we have already announced our first shared appointment at executive level – Elaine Clancy, who will work for both organisations as Joint Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals.

Through closer alignment, we will be able to improve the health of local people by providing better quality, more joined-up care and working more efficiently by reducing duplication.

The CQC held a routine inspection of our services in the community and at Croydon University Hospital, rating us 'good' for caring. When combined with the results of the Trust's previous inspection in 2017/18, this latest report shows seven out of the nine core

services inspected at Croydon University Hospital (CUH) are now rated as 'good'. We do however have much more to do as the Trust overall is rated as 'requires improvement' and we are committed to improving this going forward.

A survey by the Care Quality Commission (CQC) also rated our multi-award-winning maternity services the best in London for treating mothers with dignity and respect during labour and the birth of their babies.

The Trust is continuing on its improvement journey and we have made real progress to act on the findings of the CQC – but there are many other areas where more work is required – one example being our response to the findings of the NHS staff survey. To improve our services for the people we care for, we must improve our support for staff.

Like the majority of NHS trusts, we face the challenges of increasing demand and rising expectations. An area where this is particularly obvious is in our Emergency Department (ED). Our four hour performance in ED has been below the national target of 95%. This has begun to improve as a result of the decisive targeted actions we are taking and the hard work of our teams in the ED and across our acute and community services. We are also working closely with our health and social care partners right across Croydon.

Additionally, some of our teams are below their full permanent staffing complement and, whilst we ensure safe staffing levels through the use of our Bank staff, recruitment is an ongoing priority.

To help with this, we have set very clear objectives for the year alongside our longer term goals as well as our vision and values to ensure our progress continues at pace throughout the year ahead. All Trust projects will now be aligned to four objectives:

- High quality care
- Supporting our staff
- Sustainable finances
- Improving health for all

Beyond the partnerships mentioned above, we continue to perform well in many other areas. Some examples are:

- Throughout the year, our Trust was also better than the national average for our consultants seeing patients with 18 weeks.
- We have consistently performed within the capital's top five trusts for short waiting times to diagnose and treat patients with cancer.
- The annual national Inpatient Survey revealed a continuation of our positive trend, rating us as improved in the vast majority of areas.
- We have successfully delivered against the incomplete national performance target for referring patients to treatment (RTT) during 2018/19. Performance has continued to improve on an upward trend since April 2018, ending the year on 92.22%. The

Trust's performance has consistently been positioned around 11<sup>th</sup> out of the 24 London Trusts since November 2018.

- We were rated top in South West London for cleanliness and maintenance of buildings in the annual Patient-Led Assessments of the Care Environment (PLACE).
- Our Infection Control Team met the national C.Difficile target for the third year running, again reflecting the premium we put on cleanliness.
- No other acute Trust in England matches our percentage increase in participation in clinical trials, and we are bringing the latest treatment, techniques and thinking to benefit people in our community first in Croydon.

The developments in our Trust and the deepening of our partnerships mean we can focus more time, energy and expertise on transforming our services, and fulfilling our twin ambitions of excellent care for all and better public health in future.

Mike Bell  
Chair

Matthew Kershaw  
Interim Chief Executive

# Executive Summary

All Trusts are required to produce a Quality Account to describe past and future activities to improve the quality of services they provide. In this report (from page 11) we describe our main priorities for 2019/20. We are required to include specific data from 2018/19 that we have provided to National Bodies such as the Care Quality Commission and the Health and Social Care Informatics Centre.

In section 3 (page 42) of this report we describe our achievements against the quality priorities we set in 2018/19. We have explained our acronyms and terms in the main text; there is also a full glossary at the end of the report.

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

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

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

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

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

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

For more information about our services visit [www.croydonhealthservices.nhs.uk](http://www.croydonhealthservices.nhs.uk)

## Trust Objectives

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





## Vision and values

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

This is our renewed vision for the Trust.

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

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

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

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

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

### Our values

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

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

#### Professional:

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

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## **Compassionate:**

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

## **Respectful:**

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

## **Safe:**

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

# **PART 2**

## **Priorities for improvement and statement of assurance from the Trust Board**

## Priorities for Improvement 2019 - 2020

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

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

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

Our priorities for 2019/20 were developed in discussion with our Clinical Directorates, Patient Safety and Mortality Committee, and our Quality Committee. We held a public survey on our priorities which was open to staff, patients, stakeholders and members of the public, along with our Commissioners, Croydon CCG (Croydon Clinical Commissioning Group), and Healthwatch.

We have kept those priorities from 2018/19 which remain key, or where we consider further improvement is required, for example creating a safety culture and listening to our patients. This will allow us to continue to make sustained improvement and build on the good work that we have achieved in the previous year.

The delivery of this year's quality priorities will be monitored through our Integrated Quality and Performance Report.

Our quality priorities for this coming year are set out below and each makes reference to the key related CQC domain and our specific objectives for these.

**1. To continue to embed a culture of patient safety and shared learning (CQC safe domain)**

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

**2. To improve accessibility to our services (CQC effective domain)**

- Continue to roll out the NHS electronic Referral Service (eRS) Advice and Guidance provision – currently 75% of services providing 48 hour response to GPs – to 100% of services.
- Improve the signposting and provision of information in preferred languages.
- Be compliant with the Accessible Information Standards.
- Continue to improve the access & flow from ED to discharge in order to meet national targets.
- Continue to improve our support and care of people with mental health conditions, learning disabilities, autism and dementia who access our services by an improved position against 'Treat as one' and an increase in the number of these patients with a personalised care plan.

**3. To continue to listen to our patients and service users (CQC responsive domain)**

- Involve patients and service users in the co-design of services through the establishment of a Patient/Public Engagement Strategy and Forum.
- Review and respond constructively to patient feedback through a thematic review of the Friends and Family Test (FFT) free text responses to develop an improvement action plan and 'You said, we did' campaign.

- Respond to 95% of complaints within agreed timescales and reduce number of re-opened complaints.
- Review and improve upon our public engagement through the establishment of a Patient/Public Engagement Strategy and Forum.

**4. To embed the Trust’s vision and values throughout the Trust – “Excellent care for all and helping people in Croydon live healthier lives” by being professional, compassionate, respectful and safe (CQC well led domain)**

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

## Statement of Directors' responsibilities in respect of the Quality Account

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

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

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

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



**Chairman**

Mike Bell

**By order of the Board Chair**

Date xxxx

## Statement of assurance from the Board of Directors

### Review of Services

Throughout 2018-19 we have been privileged to continue to provide services to the people of Croydon whether in their own home, at one of our community facilities or at one of our hospitals.

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

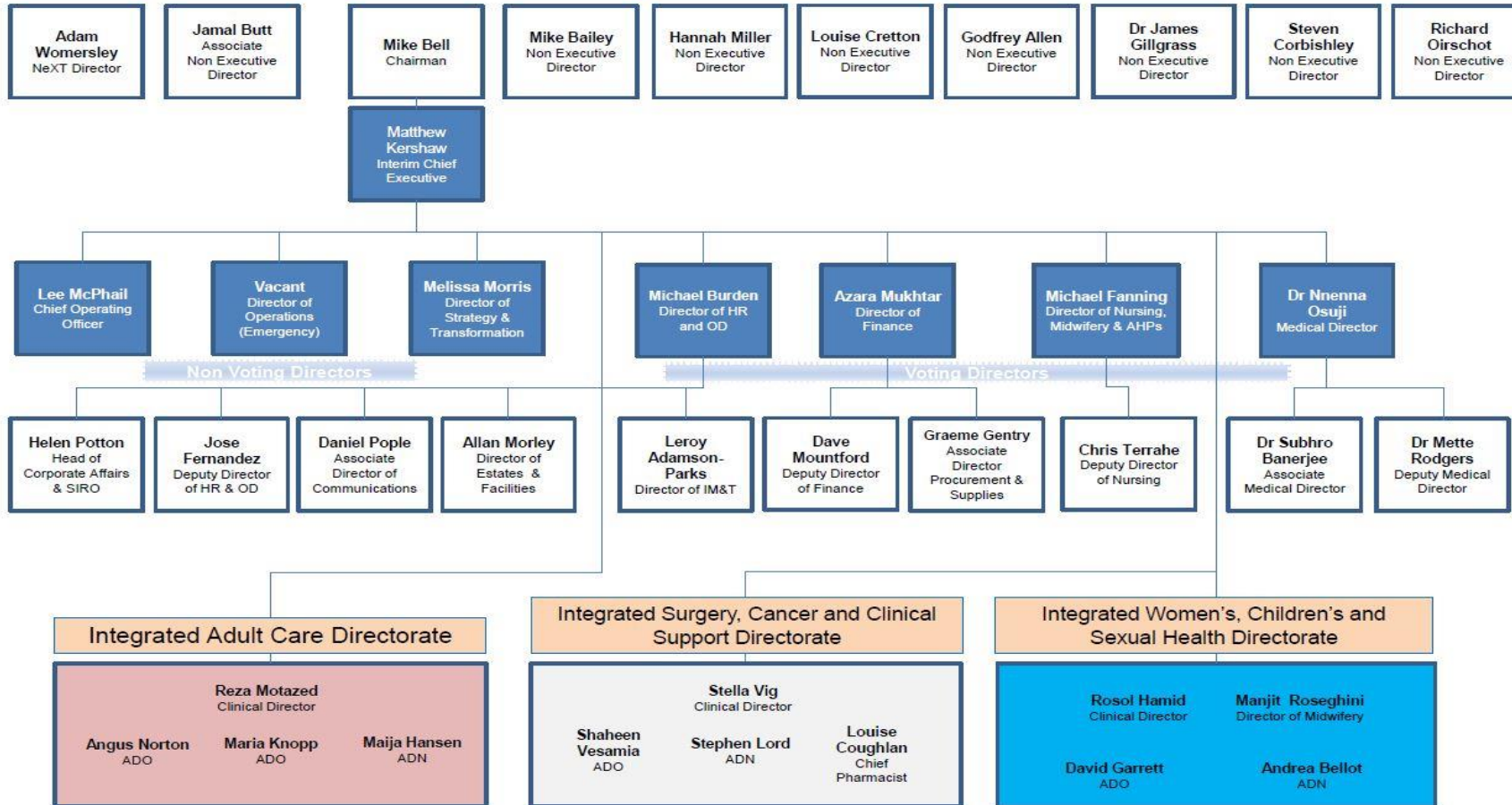
The Trust reviews quality indicators using an integrated quality & performance dashboard and reports so that performance can be analysed on a monthly basis. This enables services to identify priorities and actions needed to deliver improvements. The Trust organogram depicting the directorate services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

During 2018-19 Croydon Health Services provided and/or sub-contracted 53 NHS services. The Trust has reviewed all the data available on the quality of care of 100 per cent of these services. The income generated by the NHS services reviewed in 2018-19 represents 100% of the total income generated from the provision of NHS services by Croydon Health Services NHS Trust for 2018-19.

Activity for 2018/19	Q1	Q2	Q3	Q4	TOTAL
<b>Planned Care - Outpatient Appointments</b>	97,923	96,876	99,603	98,587	<b>392,989</b>
<b>Planned Care - Inpatients</b>	598	606	694	588	<b>2,486</b>
<b>Planned Care - Day cases</b>	6,715	6,090	6,776	6,411	<b>25,992</b>
<b>Maternity -Deliveries</b>	894	916	842	807	<b>3459</b>
<b>Maternity -Babies Born</b>	900	930	861	808	<b>3499</b>
<b>Maternity - Home Births</b>	23	23	17	18	<b>81</b>
<b>Emergency Attendances - Main ED &amp; UTC</b>	32,546	31,260	33,211	34,916	<b>131,933</b>
<b>Emergency Attendances - GP hubs</b>	19,559	18,331	21,278	23,354	<b>82,522</b>
<b>Emergency Admissions</b>	7,369	7,778	8,127	7,119	<b>30,393</b>
<b>Ambulance Arrivals</b>	8,226	8,130	9,081	9,373	<b>34,810</b>
<b>Occupied Bed days (General &amp; Acute)</b>	43,172	41,360	41,086	42,732	<b>168,350</b>
<b>Beds Open</b>	43,474	41,717	41,361	42,914	<b>169,466</b>
<b>Bed Occupancy</b>	99.31%	99.14%	99.34%	99.58%	<b>99.34%</b>



# Managing Croydon Health Services



## **Integrated Surgery, Cancer and Clinical Support Directorate**

Inpatient Pathways	<ul style="list-style-type: none"> <li>• General Surgery</li> <li>• Trauma &amp; Orthopaedics</li> <li>• Urology</li> <li>• Upper GI</li> <li>• Vascular</li> <li>• Breast</li> <li>• Surgical wards</li> </ul>
Ambulatory Pathways	<ul style="list-style-type: none"> <li>• Outpatients</li> <li>• Head &amp; Neck</li> <li>• Dentistry</li> <li>• Clinical Haematology</li> <li>• Dermatology</li> <li>• Pathology</li> <li>• Palliative Care</li> </ul>
Theatres & Anaesthetics	<ul style="list-style-type: none"> <li>• Main Theatres &amp; Recovery</li> <li>• Day Surgery &amp; Recovery</li> <li>• Pre-assessment – Coulsdon 1</li> <li>• Critical Care (ITU and HDU)</li> <li>• Surgical wards – Fairfield 1, Queens 1, Queens 2, Queens 3</li> </ul>
Diagnostics & Clinical Support Services	<ul style="list-style-type: none"> <li>• Diagnostic Imaging</li> <li>• Pharmacy</li> <li>• Neurophysiology</li> </ul>
Cancer, Access & Performance	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• RTT</li> <li>• Access</li> <li>• Macmillan Nursing</li> <li>• Medical Records</li> </ul>

## **Integrated Women's, Children's and Sexual Health Services Directorate**

Obstetrics and Gynaecology	<ul style="list-style-type: none"> <li>• Maternity Services – Labour ward, ante and post-natal wards (Hope and Mary)</li> <li>• Birthing Unit</li> <li>• SCBU</li> <li>• Community Midwifery Services</li> <li>• Crocus Homebirth Team</li> <li>• Gynae Outpatients</li> <li>• Colposcopy</li> <li>• Hysteroscopy Services</li> <li>• Endometriosis Services</li> <li>• Early Pregnancy Unit</li> <li>• Gynae Diagnostics</li> <li>• Fertility Services</li> <li>• IVF Unit</li> <li>• Continence Services</li> </ul>
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	<ul style="list-style-type: none"> <li>• FGM Service</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>• Sexual Health Services &amp; Genitourinary Medicine</li> <li>• Contraception Services</li> <li>• Domiciliary Contraception Service</li> <li>• Sexual Health Outreach Service</li> <li>• HIV Team</li> <li>• Homeless Health Team</li> <li>• Health Visiting</li> <li>• School Nursing</li> <li>• Family Nurse Partnership</li> <li>• Breast Feeding Service</li> <li>• Sexual Health Advisers</li> <li>• Smoking Cessation Team</li> <li>• Enuresis Team</li> <li>• Immunisation Team</li> </ul>
Children's Services	<ul style="list-style-type: none"> <li>• Paediatric Emergency Department</li> <li>• Paediatric Urgent Care</li> <li>• Rupert Bear &amp; Dolphin Wards</li> <li>• Paediatric Inpatients Paediatric Outpatients Service</li> <li>• Paediatric Surgery Paediatric Pre-assessment</li> <li>• Children's Community Nursing Service</li> <li>• Paediatric Asthma Nurse Specialist Service</li> <li>• Children's Therapies – Physio, Speech &amp; Language Therapy, Occupational Therapy</li> <li>• Audiology</li> <li>• Community Paediatricians</li> <li>• Special School Services</li> </ul>

### Integrated Adult Care Directorate

Emergency Care	<ul style="list-style-type: none"> <li>• Emergency Department</li> <li>• Urgent Care Centre</li> <li>• Edgecombe Unit: <ul style="list-style-type: none"> <li>○ Rapid Assessment Medical Unit (RAMU)</li> <li>○ Acute Care of the Elderly Unit (ACE)</li> <li>○ Ambulatory Emergency Care Unit (AECU)</li> </ul> </li> <li>• Acute Medical Unit (AMU)</li> <li>• CUCA – Out of Hours GP</li> </ul>
Acute Specialist Medicine: Endoscopy, Gastroenterology, Diabetes & Renal Medicine	<ul style="list-style-type: none"> <li>• Inpatient &amp; Outpatient Services</li> <li>• Purley wards</li> <li>• Specialist Nurses</li> </ul>
Acute Specialist Medicine: Cardiac & Respiratory Medicine	<ul style="list-style-type: none"> <li>• Inpatient &amp; Outpatient Services</li> <li>• Cardiac Cath Lab</li> <li>• Coronary Care Unit</li> <li>• Duppas wards</li> <li>• Specialist Nurses</li> </ul>
Community & Therapies, Rheumatology & Musculoskeletal Services	<ul style="list-style-type: none"> <li>• District Nursing</li> <li>• CICs</li> <li>• Community Matrons</li> </ul>

	<ul style="list-style-type: none"> <li>• Community Cardiac Nurse Specialists</li> <li>• CITMS</li> <li>• BHF Heart Failure</li> <li>• Health Visiting for the Elderly</li> <li>• Long Term Conditions</li> </ul>
Learning Disability Team	<ul style="list-style-type: none"> <li>• Learning Disability</li> </ul>
Elderly Care, Neurology & Stroke	<ul style="list-style-type: none"> <li>• Inpatient &amp; Outpatient Services</li> <li>• Heathfield 1</li> <li>• Wandle Wards</li> <li>• Specialist Nurses</li> </ul>
Adult Therapy Services	<ul style="list-style-type: none"> <li>• Podiatry</li> <li>• Dietetics</li> <li>• Community Pulmonary Rehabilitation Service</li> <li>• Adult Speech &amp; Language Therapy (SALT)</li> </ul>
Rehabilitative & Independent Living Services	<ul style="list-style-type: none"> <li>• A&amp;E Liaison Team</li> <li>• Community Neuro-rehabilitation</li> <li>• Neuro-psychology Service</li> <li>• Rehab Consultant</li> <li>• Community Stroke Team</li> </ul>

## Service and quality accreditations

The Trust has achieved, or is working towards, a variety of external accreditations and also hosts external peer reviews. Some of those completed this year include:

- BSGE Endometriosis Centre for 2019 (British Society of Gynaecological Endoscopy) accreditation.
- British Society of Urogynaecology (5 year accreditation from May 2017).
- Sterile services department 93/42/EEC on medical devices and ISO 13485: 2016.
- JAG accreditation (valid until May 2021).
- Human Tissue Authority (HTA) in September 2018.
- ICNARC peer review of Critical Care.

## Participation in national clinical audits and National Confidential Enquiries

Participation in national clinical audits and National Confidential Enquiries enables us to benchmark the quality of the services that we provide against other NHS Trusts, and hence highlight best practice in providing high quality patient care and drive continuous improvement across our services. The Clinical Audit priorities are selected on the basis of national requirements, commissioning requirements and local evidence that has emerged from themes from incidents or complaints.

During 2018-19, the Trust participated in 60 national clinical audits and 3 National Confidential Enquiries. Out of the 60 national audits, 55 were in the NHS England Quality Account listed audits that the Trust was eligible to participate in, so representing 100% participation.

The list of national audit reports reviewed and actions planned or undertaken are detailed in Appendix 1.

The Trust also completed 29 local clinical audits in 2018/19. Examples of some of those completed are included at Appendix 1.

The national clinical audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2018/19, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Some areas have been marked as in progress and this means that the data is currently being submitted, which includes the data gathered during the period of 2018/19.

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## National Audits participation

National Clinical Audit for inclusion in quality report	Data collection completed in 2018/2019	Number of cases submitted	% submitted
Adult Community Acquired Pneumonia	√	57	100%
Breast and Cosmetic Implant Registry (BCIR)	Continuous data collection	In Progress	Continuous data collection
Cardiac Rhythm Management (CRM)		In Progress	In Progress
Case Mix Programme (CMP)	√	725	Continuous data collection
Elective Surgery (National PROMs Programme)	Continuous data collection	Stopped Participation	Stopped Participation

<b>National Clinical Audit for inclusion in quality report</b>	<b>Data collection completed in 2018/2019</b>	<b>Number of cases submitted</b>	<b>% submitted</b>
Endocrine and Thyroid National Audit	Continuous data collection 1 Jan to 31 Dec	In Progress	In Progress
Falls and Fragility Fractures Audit programme (FFFAP) Fracture Liaison service Database	Continuous data collection	226	100%
Falls and Fragility Fractures Audit programme (FFFAP) Inpatient Falls	Continuous data collection	In Progress	In Progress
Falls and Fragility Fractures Audit programme (FFFAP) National Hip Fracture Database	Continuous data collection	247	100%
Feverish Children (care in emergency departments)	√	51	100%
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit.	Continuous data collection	In Progress	In Progress
Learning Disability Mortality Review Programme (LeDeR)	√	16	100%
Major Trauma Audit	Continuous data collection	251	
Myocardial Ischaemia National Audit Project (MINAP)	Continuous data collection	In Progress	In Progress
National Audit of Breast Cancer in Older People (NABCOP)	Continuous data collection	Audit collecting data from existing data sources	100%
National Audit of Cardiac Rehabilitation	Continuous data collection	525	Continuous data collection
National Audit of Care at the End of Life (NACEL)	√	53	
National Audit of Dementia (in General Hospitals)	√	50	
National Audit of Intermediate Care (NAIC)	√	80 – Home Based Service 50 – Bed based Service	100%
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Continuous data collection	In Progress	In Progress
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Continuous data collection	71reg cases	Continuous data collection
National Bowel Cancer (NBOCA)	√	128	95%
National Cardiac Arrest Audit (NCAA)	√	79	100%

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<b>National Clinical Audit for inclusion in quality report</b>	<b>Data collection completed in 2018/2019</b>	<b>Number of cases submitted</b>	<b>% submitted</b>
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme Pulmonary Rehabilitation	Continuous data collection	In Progress	Continuous data collection
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme Secondary Care	√	130	Continuous data collection
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Continuous data collection	192	In Progress
National Comparative Audit of Blood Transfusion programme Re-audit of the 2016 audit of red cell and platelet transfusion in adult haematology patients	Awaiting feedback from National Audit Lead	In Progress	In Progress
National Comparative Audit of Blood Transfusion programme 2017 National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)	√	14	Awaiting feedback from National Audit Lead
National Comparative Audit of Blood Transfusion programme Audit of Patient Blood Management in Scheduled Surgery - Re-audit September 2016	Awaiting feedback from National Audit Lead	In Progress	In Progress
National Comparative Audit of Blood Transfusion programme Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	√	1	Awaiting feedback from National Audit Lead
National Comparative Audit of Blood Transfusion programme Management of massive haemorrhage	√	10	
National Diabetes Foot Care Audit - Adults	√	58	100%
National Diabetes Inpatient Audit (NaDia) - reporting data on services in England and Wales	Not running 2018/19	Not running 2018/19	Not running 2018/19
National Core Diabetes - Adults	√	916	100%
National Pregnancy in Diabetes Audit - Adults	√	16	100%
National Emergency Laparotomy Audit (NELA)	√	119	Continuous data collection
National Heart Failure Audit	Continuous data collection	In Progress	Continuous data collection



<b>National Clinical Audit for inclusion in quality report</b>	<b>Data collection completed in 2018/2019</b>	<b>Number of cases submitted</b>	<b>% submitted</b>
National Joint Registry (NJR)	In Progress	In progress	In Progress
National Lung Cancer Audit (NLCA)	√	In Progress	In Progress
National Maternity and Perinatal Audit (NMPA)	Continuous data collection	In Progress	In Progress
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Continuous data collection	465	Continuous data collection
National Oesophago-gastric Cancer (NAOGC)	√	76	
National Paediatric Diabetes Audit (NPDA)	Continuous data collection	142	In Progress
National Prostate Cancer Audit	√	248	100%
National Vascular Registry	Continuous data collection	In Progress	In Progress
Non-Invasive Ventilation - Adults	In Progress	In Progress	In Progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	In Progress	In Progress	In Progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	In Progress	In Progress	In Progress
Sentinel Stroke National Audit programme (SSNAP)	Continuous data collection	In Progress	In Progress
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Continuous data collection 1 Jan to 31 Dec.	In Progress	In Progress
Seven Day Hospital Services Self-Assessment Survey	In Progress	In Progress	In Progress
Surgical Site Infection Surveillance Service	In Progress	In Progress	In Progress
Vital Signs in Adults (care in emergency departments)	√	132	100%
VTE risk in lower limb immobilisation (care in emergency departments)	√	42	100%



## Clinical Outcome Review

(Previously the National Confidential Enquiries and Centre for Maternal and Child Death Enquiries)

National Clinical Audit for inclusion in Quality Report	Data completion completed in 2018/19	% Submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>Confidential enquiry into stillbirths, neonatal deaths and serious neonatal morbidity</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>National surveillance of perinatal deaths</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>Confidential enquiry into serious maternal morbidity</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>National surveillance and confidential enquiries into maternal deaths</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>Perinatal Mortality Surveillance</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)</li> </ul>	Continual data reporting cycle	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>Maternal mortality surveillance</li> </ul>	Continual data reporting cycle	100%

NCEPOD Study	Data completion completed in 2017/18	Number of Clinical Q Included	Number of Clinical Q Submitted	Number of Case notes Q submitted	Number of Organisational Q Submitted
Cancer In Children, Teens and Young Adults	√	0	0	0	1
Perioperative Diabetes	√	3	3	3	1
Pulmonary Embolism	In Progress	5	5	5	1

## Research 2018 – 2019

In order to improve patient outcomes and transform health services, research has to be at its core. The organisation will greatly benefit from the outcomes of research when compared to organisations that do not, leading to better quality care and improved use of resources. 'Clinical research' refers to studies that have received a favourable opinion from a Research Ethics Committee.

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

All patients receiving NHS services, provided or sub-contracted by Croydon Health Services NHS Trust in Apr 2018 – Mar 2019, may be approached for research. Of those eligible, 2,015 patients were recruited to participate in Research Ethics Committee approved studies. This figure is based on the Clinical Research Network (CRN) registered file. Compared to last financial year, this is a fall in recruitment of 22%. This drop in recruitment is in large part due to closure of one study that recruited a large number of patients during the 2017/18 year.

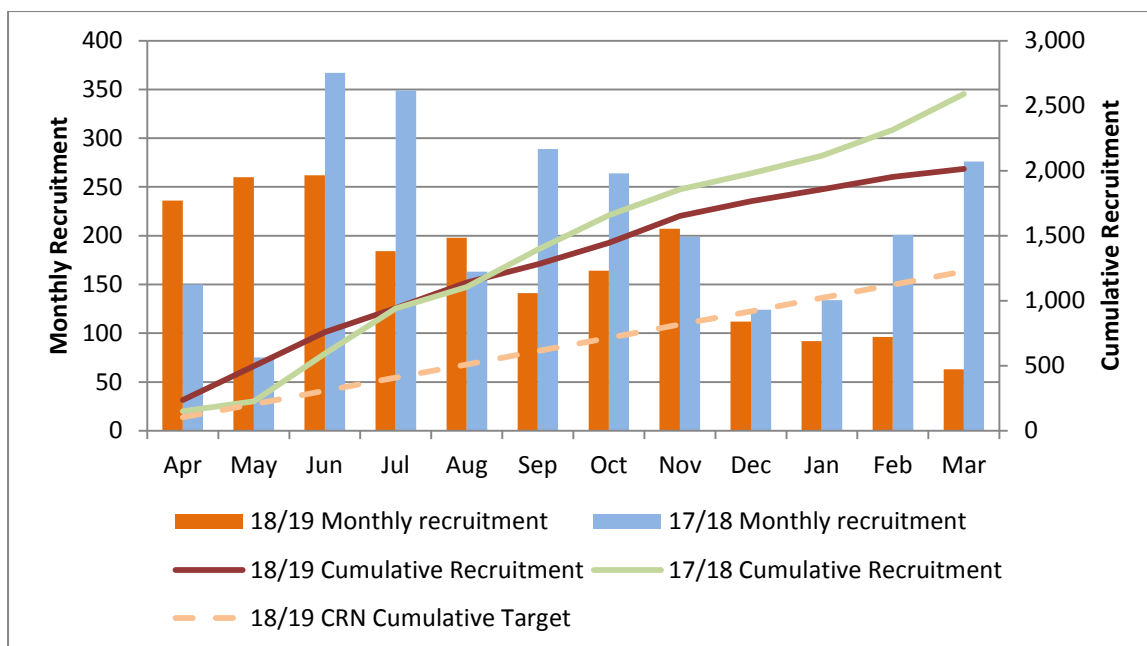


Figure: A comparison of recruitment over the 2018/19 financial year against that of 2017/18

The Trust continued to recruit over 2,000 patients into our research trials this financial year, following the last. This was due in part to several studies that were open at Croydon.

The first study is the NICE FIT trial, which examines for the presence of blood in patient stool samples and comparing these results to colonoscopy results. This is with the view of having a non-invasive test for cancer. The study recruited 705 patients over the 2018/19 year. With Croydon acting as the sponsor for this study we oversaw 12,522 patients recruited into the study from over 50 trusts across the UK. The study finished in March 2019, but there are 2 sub-studies that have extended their recruitment till December 2019.

The second was the OPTIMAL study that closed in June 2018. The study investigated a computer system working with discharge advocates following up patients after discharge. It aimed to streamline their discharge process and reduce readmission into hospital before the 30 day window. The study could have the potential to save the Trust money by reducing penalties incurred when patients are readmitted within 30 days, as well as improving quality of patient care. From the preliminary analysis, the project only achieved a 2-3% reduction to readmissions, not the 5% that was aimed for. This lower than expected reduction could be due to a fall in the number of readmissions compared to the previous year. The Trust also introduced a scheme with the aim to reduce the readmissions, this worked in parallel to the study. There were aims to create a further study that would have expanded it to further trusts across the UK. However, due to the competitive environment, the grants submitted did not unfortunately score high enough to get the funding.

The Obstetrics Department also contributed to the high recruitment number, through all the trials combined, recruiting 433 patients from 11 studies. This is testament to how close the research team works with clinicians to deliver recruitment to time and target.

In 2018-2019, 55 clinical research studies were being conducted in the Trust; 51 of which were funded by the CRN. Of these 12 studies concluded by March 2019 of which 83% were completed as designed within the agreed time and to the agreed recruitment target.

In 2018-19 Croydon approved 14 studies of which 12 were supported by the CRN. 40% of eligible studies were approved within the 30 day time frame. The predominant reason for delays to the approvals has been due to contracting issues with sponsors and staffing issues.

There were 86 clinical staff members participating in research approved by research ethics committee at Croydon Health Services during 2018 – 2019. 41% of these were Research Passport Personnel supporting the research studies. These staff participated in research covering 20 specialities.

An EU funded project called AEGLE completed its fourth year and finished in November 2018. This is a big data analytics programme that analysed anonymised patient data to try to improve the treatment of diabetes. We have diabetes data from Croydon and Epsom and St Helier, plus data from Northern Ireland. Analysis and testing of the software was carried out to visualise the data and create predictive models. From the models, we were able to make predictions on potential outcomes for patients suffering from diabetes. At present we have been approached by commercial companies to take this further forward.

In the last three years, 30 publications have resulted from our involvement in Research. Of these 30 publications, 19 were directly from National Institute for Health Research (NIHR) studies.

With the success so far generated, Croydon has now achieved the minimum status to have a devolved budget from CRN. However, given current headwinds, we have continued to stay within the 'smaller Trusts' and work with a negotiated budget: in this regard we have seen an uplift to the CRN budget – the next three years budget has been set at almost £320,000 - 30% increase compared to previous years.

Furthermore, we are looking to the future – two Horizon 2020 grant proposals have now been submitted in April, as well as one NIHR grant proposal. There is also ongoing dialogue with our collaborators at Kingston University, South West London (SWL) Smaller Trusts and with Exus into developing more ideas for projects looking at telehealth medicine and long term conditions.

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

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

For 2018/19 the Trust achieved 94.8% (Q3 figures) of our CQUIN income from the NHS England and Croydon Clinical Commissioning Group (CCG) and 100% (Q3 figures) of the specialist CQUINs from NHS England.

### The National CQUINs covered the 2 year period 2017/19 and were as follows:

- Improving the health and wellbeing of NHS Staff
- Health food for NHS staff, visitors and patients
- Improving the uptake of flu vaccinations for frontline clinical staff
- Timely identification of patients with sepsis in emergency departments and acute inpatient settings
- Timely treatment of sepsis in emergency departments and acute inpatient settings
- Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.
- Reduction in antibiotic consumption per 1,000 admissions
- Improving services for people with mental health needs who present to A&E
- Advice & Guidance
- E-referrals
- Supporting proactive and safe discharge

- Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening
- Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice
- Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication
- Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening
- Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral
- Improving the assessment of wounds
- Personalised Care and Support Planning

### The NHS England CQUINS were:

- Dental dashboard
- Medicines optimisation
- Cancer dose banding

## Clinical standards for seven day hospital services

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

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

The Trust's strategy remains focussed on:

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

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

NHS England accepted that significant changes and considerable improvements had not always been reflected in the survey results due to the quality of source data and validation issues. The survey also places a significant administrative burden on providers as it involves reviewing many patient case notes. At the Trust we reviewed a total of 179 patient records (a sample selected from emergency admissions over a 7 day period in May 2018).

As a result of the above, the survey tool has been replaced by a board assurance framework for measuring 7DS delivery; this was introduced at the end of November 2018 with a trial submission taking place in February 2019. Feedback from the trial submission is expected in June 2019. This trial submission was based on previous submission data (reported in last year's Quality Account). Full implementation will be introduced with the next submission covering the period March to June 2019.

The process of 7DS board assurance emphasises provider boards giving evidence-based assurance of their organisation's delivery of 7DS, rather than relying on a national recording tool and will continue to be measured to existing timescales, i.e. provider boards must self-assess performance twice a year, once in spring and once in autumn.

The new system consists of a standard template that all trusts will complete with self-assessments of their performance against the 7DS clinical standards, supported by local evidence.

This self-assessment will then be formally assured by the Trust board. Boards can decide appropriate processes and details to include, based on local systems, governance structures and timetables.

As well as measuring progress against the four priority 7DS standards, the measurement template asks providers of acute services to summarise progress against the six standards collectively known as the 7DS standards for continuous improvement.

## Statements from the Care Quality Commission (CQC)

<b>Overall rating</b>	<b>Requires Improvement</b>
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The Care Quality Commission (CQC) is the independent regulator for health and social care services in England. The CQC's duty is to ensure that hospitals meet government standards of safe, effective, caring, responsive and well led care.

The Trust is required to register with the CQC and comply with their fundamental standards of quality care. Our current registration status is "registered without conditions" which means that CHS is not subject to any CQC enforcement actions.

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

The current CQC ratings for all core services:

Core service	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & emergency services	RI	Good	Good	Good	Good	<b>Good</b>
Medical care	RI	Good	Good	RI	RI	<b>RI</b>
Surgery	RI	Good	Good	Good	Good	<b>Good</b>
Critical care	RI	RI	RI	RI	Inadequate	<b>RI</b>
Maternity	RI	Good	Good	Good	Good	<b>Good</b>
Gynae	RI	Good	Good	Good	Good	<b>Good</b>
Services for CYP	RI	Good	Good	Good	Good	<b>Good</b>
End of life care	Good	RI	Good	Good	Good	<b>Good</b>
OPD & diagnostics	Good	n/a	Good	Good	RI	<b>Good</b>
Community adults	RI	Good	Good	RI	RI	<b>RI</b>
Community CYP	RI	RI	Good	RI	RI	<b>RI</b>
<b>Overall</b>	<b>RI</b>	<b>RI</b>	<b>Good</b>	<b>RI</b>	<b>RI</b>	<b>RI</b>



The CQC inspection schedule to date:

Core service	2015 All core services inspected	2017 Surgery, Critical Care, End of Life Care & Outpatients	2018 Community Adults, Children & Young People and Medical Care
Urgent & emergency services	Good	Good	Good
Medical care	RI	RI	RI
Surgery	RI	Good	Good
Critical care	RI	RI	RI
Maternity	Good	Good	Good
Gynae	Good	Good	Good
Services for CYP	Good	Good	Good
End of life care	RI	Good	Good
OPD & diagnostics	RI	Good	Good
Community adults	RI	RI	RI
Community CYP	RI	RI	RI
<b>Overall</b>	<b>RI</b>	<b>RI</b>	<b>RI</b>

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

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

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

In 2018 the CQC inspected our community services (adult and children & young people) along with the medical care core service. Of the Trust's nine acute core service, seven are now rated as 'Good'. The Trust has retained a 'Good' rating for the Caring domain, with the remaining domains of Safe, Effective, Responsive and Well Led given the rating of 'Requires Improvement'.

Following this inspection the Trust was given nine 'must do' actions to complete, with a further ten 'should do' recommendations. A comprehensive action plan has been drawn up to address these areas of improvement and is being monitored and reported on by the Trust's Quality Improvement Programme (QIP).

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

In August the CQC also inspected Croydon's reablement services, including one of our new services run in partnership in the borough. Publishing the results on 5 October, CQC inspectors rated the Croydon community reablement service as 'good' for all aspects of the service, including its safety, responsiveness and how well it was led.

The service is part of LIFE (Living Independently For Everyone) service. This was created by the One Croydon alliance in 2017, bringing together teams from health and social care as well as the voluntary sector. It provides coordinated short-term support to people and enable them to retain or regain their independence and continue living in their own home. It was set up to look after mainly over-65s with long-term conditions by tailoring their care to reduce the need for hospital stays.

## Health and Safety Executive

There were no health and safety incidents investigated by the Health and Safety Executive during 2018/19.

There were thirteen (13) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents during the financial year.

## Patient Led Assessment in the Care Environment audit (PLACE)

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

In April 2018 Croydon Health Services was been rated top in South West London for the condition, appearance and maintenance of its buildings and second for cleanliness.

The annual Patient-Led Assessments of the Care Environment (PLACE) looks at cleanliness, food, privacy, dignity, general building maintenance and how well the hospital environment is able to support the care of those with dementia or disabilities.

In 2018 assessments, published by NHS Digital on 16 August 2018, CHS achieved a score of 98.83 percent for cleanliness and 94.83 percent for the condition, Quality Account 2018-19 FINAL DRAFT Version 1.8

appearance and maintenance of its buildings – the highest scores among South West London acute hospitals.

Against the measure of how well the Trust meets the needs of people with dementia, CHS scored 85.15 percent which was the highest in the South West London region. The Trust also scored an impressive 94.83 percent for how well equipped it is to meet the needs of people with a disability which was the highest score among London’s 18 acute hospital trusts.

The assessments also showed areas where the Trust can improve further. On food, the Trust achieved 89.85 percent which was just below the national average of 90.2 percent. On privacy, dignity and wellbeing, CHS was rated at 80.44 percent which was below the average for England of 84.2 percent.

With a lot of older buildings it was an excellent result to have achieved the best scores in South West London for how well we maintain our estate and for the cleanliness of our hospital environment.

There is always room for improvement and so we will look closely at how we can enhance our scores on food, privacy, dignity and wellbeing in next year’s assessments.”

## Data Quality

(SP –waiting for a response from NHS Digital (10.6.19)

The Trust submitted records during 2018/19 to the Secondary Users Service (SUS) which is the single, comprehensive repository for healthcare data in England. In 18/19 the national average was 96.7% and the London average was 96.8% (Based on provisional April 2018 to February 2019 SUS + Data at the Month 11 Inclusion Date).

The Trust achieved an average of 98.5% which was higher than both the national and London average. The Trust is ranked 4th out of the 31 Acute NHS Trusts in London.

	NHS number		Postcode		GP Practice Code	
	Trust %	National %	Trust %	National %	Trust %	National %
Percentage for inpatient care	99.2	99.4	99.8	99.9	100	99.9
Percentage for outpatient care	99.5	99.6	99.6	99.9	100	99.8
Percentage for A&E care	96.7	97.6	99.7	99.8	100	99.3

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## Information Governance

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

The Data Security and Protection Toolkit (DSPT) is a mandatory self-assessment performance tool that enables health organisations to measure their performance against data security and information governance requirements. This is the first year organisations have completed the DSPT, which replaces the former IG toolkit. The Trust submitted mandatory evidence for the DSPT confirming compliance with the majority of requirements. The Trust took advantage of the opportunity to submit an action plan to further improve compliance against a small number of outstanding requirements. The Trust expects to reach a status of 'Standards Met' by autumn 2019.

All organisations with access to NHS patient information are expected to complete the DSPT and attain 'Standards Met'. The purpose of the assessment is to enable the Trust to measure compliance against the law and central guidance, and to ascertain whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. Compliance demonstrates that the Trust can competently maintain the confidentiality and security of personal and corporate information which, in turn, increases public confidence in the NHS and its partners.

Two information security breaches were reported to the Information Governance Information Commissioner's Office. Both incidents resulted in no further action from the ICO. The Trust continues to incorporate any advice or lessons learned from breaches to minimise and remove the risk of similar incidents.

Code	Description	No.
A	Corruption or inability to recover electronic data	0
B	Disclosed in Error	0
C	Lost in Transit	0
D	Lost or stolen hardware	2
E	Lost or stolen paperwork	0
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	0
K	Other	0

## Reporting against core indicators (Department of Health mandatory indicators)

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

Domain	Indicator	2016/17	2017/18	2018/19	Most Recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National Average	Comments
Preventing people from dying prematurely	The value and banding of the summary hospital-level mortality indicator (SHMI) for the trust.	0.8913 Band 2 (as expected)	0.8759 Band 3 (lower than expected)	0.97 Band 2 (as expected)	0.97	Oct '17 - Sept '18 NHS Digital	0.6917	1.2681	1.003	Data according to the most recent publication in Mar 19 for the period Oct 17 to Sept 18
Enhancing quality of life for people with long-term conditions	% of admitted patient deaths with a palliative care coded at either diagnosis or specialty level for the trust.	34.71%	34.5%	43.29%	43.29%	Oct '17 - Sept '18 NHS Digital	14.35%	59.5%	33.8%	Data according to the most recent publication in Mar 18 for the period Oct 16 to Sept 17
Helping people recover from episodes of ill health following injury	Patient reported outcome measure score for groin hernia surgery	21.6%	TBC	Data not available	NHS Digital	N/A	N/A	N/A		NHS Digital are not expected to provide this data until after this report
	Patient reported outcome measure score for varicose vein surgery	55.7%	TBC	Data not available	NHS Digital	N/A	N/A	N/A		NHS Digital are not expected to provide this data until after this report
	Patient reported outcome measure score for knee replacement surgery	The Trust did not submit data for this PROMS	SWLEOC provide this service for CHS patients	SWLEOC provide this service for CHS patients	NHS Digital	N/A	N/A	N/A		SWLEOC: South West London Elective Orthopaedic Centre

Domain	Indicator	2016/17	2017/18	2018/19	Most Recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National Average	Comments
Preventing people from dying prematurely	% of patients aged 0-15 re admitted to hospital within 28 days of being discharged from hospital	HSCIC	HSCIC	NHS Digital?	N/A	N/A	N/A	N/A	N/A	Waiting for email response from qualityaccounts@d hsc.gov.uk
Enhancing quality of life for people with long term conditions	% of patients aged 16 or over readmitted to hospital within 28 days of being discharged from hospital	N/A	N/A	NHS Digital?	N/A	N/A	N/A	N/A	N/A	Waiting for email response from qualityaccounts@d hsc.gov.uk
Ensuring people have a positive experience of care– Friends & Family Test (FFT)	The Trust's responsiveness to the personal needs of its patients	60%	62.8%	Not available	62.8%	2017/18	85%	60.5%	68.6%	2018/19 data due August 2019
	% of staff employed who would recommend the Trust as a provider of care to their friends and family	69.83%	71%	71%	71%	Q2 2018/19	94%	31%	65%	
	FFT - % of inpatients who would recommend the trust as a provider of care to their friends and family	93.47%	91.67%	83%	83%	Feb 2019	100%	76%	96%	

Domain	Indicator	2016/17	2017/18	2018/19	Most Recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National Average	Comments
Ensuring people have a positive experience of care – Friends & Family Test (FFT)	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	93.78%	90.38%	76%	76%	Feb 2019	100%	57%	86%	
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism	96.85%	96.1%	95.89%	95.51%	Q4 (18/19)	N/A	N/A	N/A	National target is 95%
Treating and caring for people in a safe environment and protecting them from avoidable harm	The rate per 100,000 bed days of C difficile infection amongst patients aged 2 or over.	7.91	7.20	7.72	7.72	Q4 (18/19)	N/A	N/A	N/A	2018/2019 figure based on 13/168350* 100000. March 2019 data not available on PHE website
Treating and caring for people in a safe environment and protecting them from avoidable harm	The number of patient safety incidents reported within the Trust	7,515	21,341	20,465	20,465	2018/19	15,228	1,133	5,226	Data from NRLS

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Domain	Indicator	2016/17	2017/18	2018/19	Most Recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National Average	Comments
Treating and caring for people in a safe environment and protecting them from avoidable harm	The rate of patient safety incidents reported per 1,000 bed days	29.71 (per 1000 bed days)	111.7 (per 1000 bed days)	120.40 (per 1000 bed days)	121.49 (per 1000 bed days)	2018/19	111.7	23.47	42.80	Data from NRLS
Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of patient safety incidents reported that resulted in severe harm or death.	0.64%	0.13%	0.95%	0.95%	2018/19	0.00%	2.00%	0.37%	Data from NRLS $(195/20,465)*100=0.95\%$



# Part 3

## Review of Quality Performance 2018-19

# Review of Quality priorities 2018-19

This section demonstrates the Trust's achievements throughout 2018-19 in the areas of patient safety, clinical effectiveness and patient experience. Performance against the priorities in our 2018-19 Quality Account is included in each section.

## The Trust: overview of the year 2018-19

### April 2018

- Croydon Stars staff awards
- Listening into Action
- Awards and recognition for CHS
- Ending PJ paralysis

### The Croydon Stars

We held our annual Croydon Stars Awards Ceremony on 25 April at Selhurst Park, to recognise the great work of our staff and volunteers. Crystal Palace footballing legend Mark Bright joined our Chief Executive John Goulston and Trust Chair Mike Bell to present the awards to the following winners:

- Amazing Achievement - Mortuary Team
- Tremendous teamwork - Living Independently for Everyone (LIFE) team
- Incredible customer service - Sharan Gray, Wandle 1 ward
- Landmark leadership - Dr Chris Bell
- Listening into Action individual champion - Celsa Soares
- Volunteer of the year - Breastfeeding Peer Support team

### Listening into Action - 2018 Pass it on Event

Our LiA Pass It On event showed just how dedicated and passionate our staff are about improving CHS. At the event on 25 April, the second cohort of LiA Ambassadors all picked different creative ways to showcase their achievements, including a quality street market place, video and presentations. The directorates also provided updates on their longer term improvement plans. Shagufta Ali from Pharmacy, Dianne Wilson from Estates & Facilities and Maria Johnson & Tara Terry from Cardiology won the prizes for best improvement showcases.

## Awards and recognition for CHS

Vascular surgeon and one of the Trust's Clinical Directors, Stella Vig, won the national '*Silver Scalpel*' award at The Association of Surgeons in Training (ASiT) awards on 7 April. The award was given in recognition of her fantastic leadership and support when training England's future surgeons and Stella was nominated by her surgical trainees.

Emmie Stewart-Parker who trained under Stella at Croydon in 2013/14, won the new '*Silver Suture*' award in recognition of the training courses she established which are now part of the annual induction programme for all new London surgical trainees.

Yvonne Battie, our Senior Emergency Services Clerk in the Emergency Department, won an ISTV (Information Sharing to Tackle Violence) Excellence award coordinated by the Mayor's Office for Policing and Crime (MOPAC). The two-year ISTV programme seeks to develop more effective data sharing between Community Safety Partnerships, health and other partners, using a new approach to collating and analysing anonymised Emergency Department data.

Our Macmillan Cancer Information and Support Service Manager, Benny Millier, also won a Volunteering Quality Standard award for her excellent work at the Macmillan Cancer Information and Support Centre at Croydon University Hospital.

The Trust was also shortlisted for the Quality of Care Award at the CHKS Top Hospitals Awards 2018. These awards are assessed entirely on public statistics about what hospitals have achieved including data such as lengths of stay, discharge rates, admissions and mortality.

## Ending PJ paralysis

The Trust signed up in April to the national End PJ Paralysis campaign 70 day challenge aimed at boosting people's recovery. All of our adult wards signed up to the initiative that encourages, where possible, our patients to get up, dressed in their own clothes and moving before midday.

Evidence shows that for patients over 80, staying in bed for a week can create 10 years of muscle ageing, which can lead to a loss of independence. Helping patients to stay mobile while in hospital can reduce length of stay and risk of falling, while also improving their independence.

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## May 2018

- Working together for a healthier Croydon
  - Celebrating the achievements of our midwives and nurses
  - Farewell to our lead chaplain Hilary Fife
  - New CT scanner for CUH
- 

### Working together for a healthier Croydon

On 23 May 2018, our board met with Croydon CCG to discuss how we could work more closely together to improve the health of people in the borough. We have a strong history of collaboration in Croydon, with partnerships already in place to improve our care and services for people aged over 65 years and children under five. Looking forward, we want to build on this to offer more coordinated care for people of all ages in the borough.

The two Boards discussed the priorities for the One Croydon alliance, including:

- How to build a proactive and preventative health and care system for people of all ages;
- Maintaining momentum the improvements already made to frail and elderly services; and
- Identifying new priorities to improve the health and mental wellbeing across all ages and communities in the borough.

We also discussed our quality improvements in many areas at CHS, including cancer waiting times that are consistently among the best in London. Further joint meetings have taken place throughout the year to look at opportunities for even closer working.

### Celebrating the achievements of our nurses and midwives

As part of this year's celebration of International Nurses Day, we held a special awards ceremony on 11 May to recognise the care, compassion and professionalism of our nursing and midwifery colleagues across the Trust.

Nakita Martin won Healthcare Assistant of the Year, Linda Litchfield was Nurse of the Year and Yvonne Tapping was Midwife of the Year. Their awards were presented by NHS England's National Head of Safeguarding, Dr Kenny Gibson.

## **Retirement of our Chaplain Hilary Fife**

On Wednesday 30 May, a service was held to mark the retirement of Hilary Fife. The service was led by the Bishop of Southwark and multi-faith leaders from across the borough who all spoke of Hilary's dedication, commitment and achievements during her career.

She was employed by the trust for 22 years but worked for five years prior to this as a volunteer chaplain. During this time the chaplaincy team increased its services to include Bereavement Support Services and she raised money to refurbish the chapel at CUH. She also provided support for many thousands of patients, their families and our staff. Her legacy is a chaplaincy team which is leading in its field and an example of how such departments should be developed and provided in other NHS hospitals.

## **New CT Scanner in our Diagnostic Centre is fastest type in the NHS**

Olympic gold medallist Tessa Sanderson came to the Trust on 24 May to open our new Aquilion ONE™ GENESIS Edition CT scanner which is part of our Diagnostic Centre upgrade this year.

It is the fastest type of CT scanner in the NHS and can produce high-resolution, accurate images of a heart in only 135 milliseconds – faster than a heartbeat. In particular it will help us manage NICE's requirement to do many more CT scans for people with Coronary Artery Disease (to reduce invasive coronary angiography).

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## **June 2018**

- **New pay deal for NHS staff**
- **Research and Development at CHS**

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### **New pay deal for NHS staff**

Following the Trade Union consultation, it was announced that the on 27 June 2018 the NHS Staff Council had accepted and ratified a proposed new pay deal for Agenda for Change staff. Pay was backdated pay from 1 April 2018.

### **Research and Development at CHS**

On 20 June the Trust held its Annual Research and Development Day. The 56 clinical research projects showed how staff at CHS are working to improve healthcare and are enabling local people to access innovative new treatments. Awards were given across a range of categories including research, clinical service/service improvement, and audits.

Also this month, the National Institute for Health Research (NIHR) published new figures covering April 2017 to March 2018 that showed the number of research participants at CHS jumped 191% to 2,544 from 873 the previous year. This was the largest percentage increase of any acute trust across England and meant that more patients at Croydon had the opportunity to take part in research.

### **Inpatients said we continued to get better - although we had more to do**

The annual national 2017 Inpatient Survey results, published on 13 June by the Care Quality Commission, revealed that care in our Trust continued to improve.

Our two areas of 'significant improvement' were in giving patients enough privacy when discussing conditions or treatments and also providing enough help for patients when they are eating meals. We also gradually improved across the vast majority of other areas, continuing a trend. Inpatients gave better scores in 80% (39 of 49) of the same questions now compared to 2013. By comparison, only 8% were lower - and only marginally. Overall, 78% of patients responding rated our care as seven or more out of 10 – an improvement from 69% in 2013.

However, we were below most trusts and the survey showed we were not improving as quickly as them. Relevant factors could be our especially large and diverse local population (considering the size of our Trust) and the fact that 83% of our 331 respondents were from A&E – a service where we were stretched and, at that time, in a temporary location.

A number of changes were introduced to help improve our patients' experience of care going forward, including work to improve discharges home, twice-monthly quality meetings, new electronic quality rounds, daily environmental checks and comfort packs for inpatients.

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## **July 2018**

- **NHS 70**
- **Trust's own pop up shop opened in Croydon**
- **CQC visit to community services**
- **Praise for ENT team**

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### **NHS 70**

On July 5, the NHS turned 70 and there were a whole range of activities across the Trust, in our hospitals and community clinics to mark the occasion.

Tea and cake were provided in the Post Graduate Medical Centre (PGMC) at Croydon University Hospital as well as cakes and strawberries out in the community, thanks to the generosity of our catering team, estates suppliers, Unison and charitable funds. Michael Fanning went to Lennard Road for the cake cutting, where staff had also organised their own cake sale and dressed up in their nursing uniforms from many years ago. Radiology created a fascinating photo exhibition and teams in Nightingale House came together for a celebratory lunch.

Members of our senior team also joined colleagues from Croydon CCG, Croydon Council, HealthWatch Croydon, Croydon Voluntary Action and South London and Maudsley NHS Foundation Trust (SLAM) for a 70<sup>th</sup> birthday celebration at our pop up shop in the Whitgift Centre.

### **Pop up shop**

Our first ever CHS pop up shop opened during July in the Whitgift Centre in central Croydon. We opened for three days a week for three weeks to showcase the services that we provide for the people across the borough.

Our recruitment team offered on the spot assessments and interviews to job applicants for a range of opportunities across the Trust. Our Patient Experience, Volunteering, Communications and Maternity teams were also regularly in the shop speaking with local people as were Croydon Works job brokerage team and SLAM. Our falls team even got out and about to give advice to people using walking aids in the shopping centre.

### **CQC visit to community services**

During July the CQC held an unannounced inspection of our community services for children and young people and for adults. They also inspected core medical services at Croydon University Hospital.

In their report, which was published in September, inspectors awarded our medical care and community services overall ratings of 'requires improvement'. All our services were rated as 'good' on caring and both medical services (including older people's care) and community health services for adults were also judged 'good' on being effective.

In total, combining the results of our previous inspection last year, this latest report meant seven out of the nine of the core services inspected at Croydon University Hospital were rated as 'good'. The Trust, however, remained on 'requires improvement' overall.

The inspectors said Trust staff treated people with dignity, respect and kindness, and patients spoke positively about the care they had received. They also highlighted

areas of outstanding practice including new research initiatives by our Speech and Language Therapy staff and community teams and the work of the Rainbow Health Centre which looks after homeless people and asylum seekers in the borough.

The CQC also set out a range of actions needed to address the issues raised and build upon work already underway. These included discharging patients earlier in the day when they are medically ready and not moving people late at night in the hospital because of capacity issues. They also highlighted how, like many trusts, we face challenges to recruit more clinical staff at a time when there is increased demand and limited supply.

### **Rupert Bear ward**

As part of renovation work Rupert Bear ward at CUH moved to a new temporary home on the first floor of the Orange zone. This allowed renovations to take place and created a more welcoming environment for our young patients. The ward was also lucky enough to receive a £1,000 donation from friends of our multi-faith chaplaincy, a Non-Governmental Organisation (NGO) called the Al Khair Foundation.

### **ENT praised for 'getting it right first time'**

We were visited by NHS England's 'Getting It Right First Time' (GIRFT) team in June. The initiative looked at Hospital Episode Statistics to compare each of 122 Ear Nose Throat (ENT) departments across England. They called our service "stellar" and their ENT lead for GIRFT (an ENT surgeon from Nottingham) commending our team highly. We ranked in the top 10 per cent in almost every aspect, both for raw numbers and when adjusted for population and size of department.

### **Croydon NHS spearheads change in England's surgery teams**

It was announced that clinicians who work alongside surgeons during operations could join the distinguished Royal College of Surgeons (RCS) as 'Associate Members'. The first ever person to join under this new arrangement was Matthew Smith who is Surgical First Assistant in the operating theatre for trauma and orthopaedic cases at Croydon University Hospital.

### **Launch of FFT by text**

From 20 July the Trust launched a new initiative as part of the Friends and Family Test (FFT) so patients and service users could share their views by mobile. Patients in our Emergency Department were the first to get this option which it was hoped would enable more people to give us vital feedback in a convenient way.



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## August 2018

- Reablement service rated good
  - Trust rated top in SW London on cleanliness and maintenance
  - Trust among the best in London on waiting times for treatment and suspected cancer
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### Reablement service rated good by the CQC

In August the CQC inspected Croydon's reablement services, including one of our new services run in partnership in the borough. Publishing the results on 5 October, CQC inspectors rated the Croydon community reablement service as 'good' for all aspects of the service, including its safety, responsiveness and how well it was led. Feedback to CQC inspectors during the visit included comments from a service user's relative, who said: "The service is very good, I'd rate it outstanding."

The service is part of LIFE (Living Independently For Everyone) service. This was created by the One Croydon alliance in 2017, bringing together teams from health and social care as well as the voluntary sector. It provides coordinated short-term support to people and enable them to retain or regain their independence and continue living in their own home. It was set up to look after mainly over-65s with long-term conditions by tailoring their care to reduce the need for hospital stays.

### Trust rated top in SW London for cleanliness and maintenance of buildings

In the annual Patient-Led Assessments of the Care Environment (PLACE), CHS achieved a score of 8.83 percent for cleanliness and 94.83 percent for the condition, appearance and maintenance of its buildings – the highest scores among South West London acute hospitals.

Against the measure of how well the Trust meets the needs of people with dementia, CHS scored 85.15 percent which was the highest in the South West London region. The Trust also scored an impressive 94.83 percent for how well equipped it is to meet the needs of people with a disability which was the highest score among London's 18 acute hospital trusts.

In the assessments, published by NHS Digital, also showed areas where the Trust could improve further. On food, the Trust achieved an average of 89.85 percent which was just below the national average of 90.2 percent. On privacy, dignity and wellbeing, CHS was rated at 80.44 percent which was below the average for England of 84.2 percent.

## **Trust among the best in London on waiting times for treatment and suspected cancer**

Data published by NHS England this month showed that in June 2018, 93.1 percent of patients who were referred to CHS for consultant-led elective (planned) care waited less than 18 weeks. This placed the Trust above the national average for the third month in a row and at third position among the capital's 18 acute trusts on Referral to Treatment Times (RTT).

The Trust was also at third position among London acute trusts on waiting times for people with suspected cancer with 98.32 percent of people seeing a specialist within two weeks. This was above the England average of 91.10 percent. CHS additionally performed well on the standard that all patients urgently referred by their GP should start cancer treatment within 62 days. During April, the CHS held the top position among London acute trusts for its 62 day performance, and was third in the capital during May and June.

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### **September 2018**

- **CHS support for national Organ Donation Week**

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#### **CHS support for national Organ Donation Week**

Croydon Health Services NHS Trust called on people to support Organ Donation Week (3-9 September) as figures revealed a fall the number of registered organ donors in the borough.

Over the past decade, 20 people at Croydon University Hospital have donated their organs, enabling 57 transplants. However figures from NHS Blood and Transplant showed that the number of people in the borough on the donor list had fallen from 103,798 in 2017 to 101,636 in 2018. In addition to urging more locals to register, the Trust highlighted the importance of people telling loved-ones if they wanted their organs to be donated.

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### **October 2018**

- **New Trust Chief Executive**
- **Innovative approach to stroke care**
- **New nurse recruitment campaign**
- **Red Bag scheme in Croydon**

## **New interim Chief Executive joins the Trust**

Matthew Kershaw took up the post of interim Chief Executive on 1 October. With more than 25 years of NHS experience, he had previously held a number of senior leadership roles, most recently as Chief Executive of East Kent Hospitals University Foundation Trust where he led the Trust out of Quality Special Measures.

Prior to this, Matthew was Chief Executive of Brighton and Sussex University Hospitals NHS Trust for three years, securing £500m capital to redevelop the Sussex County Hospital. He also worked nationally at the Department of Health, including developing the delivery plan for the 18-week waiting time target and being the first Trust Special Administrator. His career has also seen him work with the Care Quality Commission, Health Education England, and the Kent Cancer Alliance, where he chaired the Kent Surrey and Sussex Clinical Research Network.

Immediately prior to joining CHS, Matthew was a Senior Fellow at The King's Fund, a health think-tank, where he played a key role in its work with health and care organisations to develop integrated care that better meets the needs of patients and service-users.

## **Innovative approach to stroke care**

On 1 October 2018, ITV London News interviewed one of our stroke consultants, Dr Karen Kee, about a cutting-edge initiative we are trialling at Croydon University Hospital.

Dr Kee and her team are piloting the innovative use of virtual reality simulation to aid the recovery of their patients after a stroke. It is understood that CUH is the first Trust in London to use this technique and the only one in the country to be studying its benefits. ITV London spoke to one of our patients, Peter (aged 87), who experienced his stroke in July outside his home in Norbury. Using virtual reality is helping Peter regain his independence.

## **New 'Could You Be A Croydon Nurse?' campaign**

To help fill the 200+ nursing vacancies across the trust, we launched a nursing recruitment campaign to:

- Make potential employees aware of the nursing opportunities in our trust
- Attract the right candidates to apply for our vacancies
- Celebrate the Trust's support for staff
- Bust some 'Croydon' myths by promoting the area as a vibrant, exciting place to be

We hope the campaign will increase applications across all nursing specialities - positioning us as an employer of choice for nursing and encouraging people to #choosecroydon.

### **'Red bag' scheme rolled out across Croydon**

The Red Bag scheme which is designed to make emergency hospital visits safer and speed up discharge was launched in Croydon. The bags for care home residents contain key information including medical conditions and personal belongings. Ensuring people arriving from care homes have it with them when they arrive at hospital gives staff the information they need to speed up clinical decisions. Evidence shows that use of the bags saved an average of 2.4 bed days. Croydon Clinical Commissioning Group began rolling it out across the borough in November including in CUH.

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### **November 2018**

- **Croydon Health and Care event**
  - **New app to manage diabetes in pregnancy**
- 

#### **Croydon Health and Care event**

The Croydon Health and Care event on 20 November offered a chance for local residents to share their views with ourselves, our partners from across the NHS as well as the local authority, the voluntary sector and local schools. The Trust's medical director, Dr Nnenna Osuji spoke at the event to discuss the importance of working collaboratively with our partners across Croydon to improve how well we look after people in our borough. She also spoke about the importance of self-empowerment and community involvement to enhance health and well-being in Croydon.

#### **New app to help manage diabetes in pregnancy**

A new app was launched to help NHS clinicians closely support Croydon women each year who develop 'gestational diabetes' which occurs in about 1-in-10 pregnancies in the borough. The free-to-download (for patients) app can connect wirelessly to a blood glucose monitor and means staff at CUH can monitor women and communicate with them easily. In trials the app was found to help avoid unnecessary clinic visits, reduce administration time and improve care. It is believed that good management of the condition can help prevent long term development of Type 2 diabetes.

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## December 2018

- **Opening of the new Emergency Department**
  - **Gifts and visits from our community for the festive season**
  - **Complete hepatitis service at CHS**
  - **Dubai nurse recruitment success**
- 

### **New Emergency Department**

Our new Emergency Department, which offers modern, high-quality facilities for our community, was opened on 2 December. Designed by our doctors and nurses to create the best environment in which to care for patients, it is 30 percent bigger than our previous Emergency Department and has a dementia-friendly design. It has rooms with doors, rather than curtained cubicles, to increase privacy for patients. There are also separate paediatric areas for children and adolescents including an outdoor space and 14 paediatric patient rooms.

Two mental health liaison rooms offer private and appropriate spaces where nurses can assess people who need specialist care and there is a dedicated Children and Adolescent Mental Health Service (CAHMS). The department, which cost more than £21million to construct, also includes a new Urgent Treatment Centre with six consultation rooms and a treatment room.

Our local media reported on the opening and our social media posts about it reached more than 10,000 people and had 4,600 engagements. We have also able to show the new facility to our local MPs, councillors and Croydon's Mayor.

### **Festive visits and gifts from our community**

On 13 December, Crystal Palace footballers Patrick Van Aanholt and Scott Dann, alongside Palace Ladies Freya Holdaway and Ciara Watling visited CUH to hand out gifts to patients on Rupert Bear and the Acute Care of the Elderly wards. Children on our wards also received generous festive donations from the Sun on Sunday newspaper, London Ambulance, the Metropolitan Police and charities. Our older patients also benefited from a visit and gifts from the Lajna Women's Association, as well as carol singing organised by the Mayor of Croydon and our chaplaincy team.

### **Complete viral Hepatitis care opens in central Croydon for the first time**

Croydon University Hospital began providing complete viral Hepatitis treatment for the first time so that Croydon's residents no longer needed to go outside the borough for treatment.

About 4,000 Croydon Residents have viral Hepatitis, which is higher than the national average. Many need treatments to be as convenient as possible because of the complexities associated with their infections. It is hoped the new service and expects it to significantly improve treatment rates.

### **Dubai nurse recruitment success**

As part of our ongoing nurse recruitment drive, our Deputy Director of Nursing and Lead Matron - Nursing Workforce, visited Dubai to encourage nurses in the region to #choosecroydon. After a rigorous selection process, including interviews and tests, 50 applicants were offered roles in our nursing teams across the Trust.

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## **January 2019**

- **Positive results in the CQC Maternity Survey**
- **National award for CREATE project to enhance our stroke ward**
- **Director of Nursing steps down**

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### **Positive results in CQC maternity survey**

The CQC 2018 National Maternity Survey revealed that Croydon Health Services NHS Trust is the highest of any London Trust in treating new mums with dignity and respect during their labour and birth of their babies.

The Trust received a score of 9.7 out of 10, fourth highest in the country and a significant increase in the number of new mums responding positively compared to the 2017 survey.

Croydon Health Services also came fourth nationally when allowing women to choose a location for their antenatal appointments and scored higher than many other Trusts in advising mothers of the need for a personal postnatal check-up 6-8 weeks after their child's birth.

### **Prize for CREATE project**

The CREATE research project to enhance the Heathfield 1 ward at CUH to create a more stimulating environment for patients won a national UK Stroke Forum prize. Other innovations in the Croydon ward include patients getting more information and more opportunities to talk and even play together amid attractive wall murals.

The CREATE (Collaborative Rehabilitation Environments in Acute Stroke) project, which also has improved three other stroke wards in London and Yorkshire was for

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'Patient, Carer And Public Involvement' and was awarded at the Stroke Forum Conference in December, run by the Stroke Association and the British Association of Stroke Physicians.

### **Director of Nursing, Midwifery and Allied Health Professionals steps down after five years at the Trust**

Michael Fanning, the Trust's Director of Nursing, Midwifery and Allied Health Professionals announced at the end of January he would be leaving in April 2019 after five years at the Trust. During his time at CHS, Michael celebrated the professions of nursing, midwifery and therapists and introduced new roles to raise the profile of district nurses and therapists in providing holistic care for people in Croydon. He also championed dignity and compassion in care to improve people's experience of using services at the Trust.

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### **February 2019**

- **Home birth midwife wins regional Royal College of Midwives award**
  - **Chaplaincy welcomes Bishop from Zimbabwe**
  - **Stella Vig, Consultant Surgeon, shortlisted in Asian women of Achievement Awards**
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### **Homebirth midwife wins regional Royal College of Midwives award**

Kelly Sawyer, a midwife in the CHS homebirth team, was recognised as the Royal College of Midwives (RCM) London's region's 'Emma's Diary Mums' Midwife of the Year 2019'.

Kelly was nominated by local mum Kasia DiMaria, whom she provided care for throughout her pregnancy, labour and postnatal period. The prestigious award is one of the RCM's Annual Midwifery Awards, recognising the incredible work done by exceptional midwives across the country.

### **Zimbabwe Bishop visits CUH**

CHS welcomed Bishop Ignatius Makumbe from Zimbabwe to see the positive work done by the Trust to provide the pastoral, spiritual and religious care to patients, relatives and staff. The visit provided Bishop Makumbe and colleagues with some help and guidance as they prepared to open a hospital to support the local community in Central Zimbabwe, a project which the CHS Lead Chaplain has supported since its early development.



## **Consultant surgeon Stella Vig shortlisted for award**

Stella Vig, consultant surgeon at CHS, has been nominated for the Woman of the Year award at the 2019 Asian Women of Achievement awards. Highly respected by fellow clinicians at CHS and her vascular surgical colleagues across London and the UK, she has been recognised for being an inspirational leader, coach and mentor to many doctors in training each year at Croydon University Hospital, for being a fantastic clinical leader and an outstanding clinical professional. Stella will find out if she has been successful at the awards ceremony in April 2019.

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## **March 2019**

- **One Croydon alliance win HSJ award**
  - **Recruitment success in Brighton**
  - **Race equality workshop**
  - **Pharmacy department praised by Health Education England in inspection**
- 

## **One Croydon alliance win HSJ award**

The One Croydon Alliance was crowned winners of the Local Government Chronicle Health and Social Care award at the LGC Awards 2019. Shortlisted along with eight other Health and Social Care projects across the country, One Croydon were praised for their 'impressive scale and system-wide leadership' and quoted as having a 'real impact'.

The national recognition comes after an award win for the Rapid Response team as part of the Alliance last year and wide spread praise of the collaborative working across the borough.

## **Recruitment success in Brighton**

Nursing Times Careers Fair played host to our nursing team for their annual careers fair down on the South Coast. Our three-strong team attended and met student and qualified nurses looking for roles across the South East. Despite the presence of a number of London trusts, our team spoke to nearly 300 prospective employees and offered roles to 63 nurses on the day.



## **Workforce Race and Equality Standard workshop**

The trust welcomed Yvonne Coghill, Director of Workforce Race Equality Standard Implementation at NHS England, for an engaging conversation about race equality across CHS. Colleagues from all levels including senior executives and non-executive directors were invited to join the discussion about how CHS is performing in key areas.

Frank discussions were had and new ideas were suggested to make further improvements going forward which will benefit all staff in their understanding working well together around race equality issues in the Trust.

## **Pharmacy department praised by Health Education England in inspection**




Health Education England (HEE) visited the Pharmacy department to inspect the quality of its training and education and their feedback was overwhelmingly positive. During the inspection HEE were highly complimentary about the caring and supportive environment, the Pharmacy team's impressive record and the way they lead by example.






They interviewed all four pre-registration pharmacists, some year-one trainee technicians and other staff - and saw 'exemplary' work, some of which will be used by the HEE as examples of good practice.

## Review of Quality priorities 2018-19

This section demonstrates the Trust's achievement on the quality priorities identified for 2018-19.

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

-  : indicates that we met our objectives for the year
-  : made good progress but did not quite reach our objective
-  : means we did not meet the objective and further work is required and will be undertaken

Priority One		
To improve our support and care of people with mental health conditions		Partially met
Priority Two		
To create a culture of safety, shared learning and listening to our patients and service users		Partially met
Priority Three		
Reducing the number of incidents involving violence against staff		Further work required
Priority four		
Improving the ways patients and service users access our care		Partially met
Priority Five		
Implement the recommendations in the February 2018 CQC inspection report		Met objectives for the year

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

### The targets to be met:

- Mental health triage of the patient within 15 minutes of arrival to ascertain clinical priority
- Development of Internal Professional Standards
- 20% reduction in A&E attendances of the frequent attenders in ED who would benefit from mental health and psychosocial interventions (this was a 2017-19 CQUIN)

### Progress in 2018/19:

The Trust acknowledges that this continues to be a priority and will continue in 2019/20; expanding to include people with learning disabilities, autism and dementia to build upon the existing work and bring together existing specialists.

All patients who arrive at the Emergency Department are triaged by a member of our Trust's nursing team. This means that any physical and/or mental health issues are identified straight away and the appropriate care pathway initiated. In the case of a patient presenting with mental health needs a referral is made to our on-site mental health liaison team consisting of mental health professionals from South London and Maudsley NHS Trust.

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

The Trust has developed and implemented Internal Professional Standards for nurses, midwives and clinicians. These clearly set out the expected standards of behaviour and care from staff e.g. dress, responsibilities, medication protocols, observations, assessments and handovers.

Mental health has also been the subject of a national 2 year CQUIN for 2017-19. The aim of this CQUIN was to improve services for people with mental health needs who frequently present to the Emergency Department. The Trust has achieved partial compliance with this CQUIN, however the final confirmation from the CCG is not expected until July 2019. A regular multidisciplinary group meet to discuss frequent attendees and agree personalised care plans. This continues to be monitored each month and reported each month to the Executive Management Board

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

### The targets to be met:

- Sustained improvement in complaint response
- Increase in the number of patient safety champions
- Increase in the learning from excellence submissions
- Hold bi-monthly quality events to share the learning from complaints and incidents
- Increase in the response rates for FFT

### Progress in 2018/19:

The Trust's Complaints Management Policy requires complaints to be responded in a timely and open way which affords the complainant a high quality response. The policy is framed around a person centered approach with a strong focus on learning.

The Trust's policy includes the NHS Complaints target that all complaints should be acknowledged within 3 working days. Our average acknowledgement of complaints within 3 working days in 2018-19 was 95%.

The Trust has set an internal complaints response standard of 80% within 25 working days. This can be extended with the agreement of the complainant to 35 or 60 working days to acknowledge the complexity of some responses. The performance throughout 2017-18 started well, however dropped in the latter part of the year to achieve an overall year performance of 70%. As a result each Directorate was asked to carry out a review of their complaints response process and the Quality Experience and Safety Team restructure is providing targeted support to clear the backlog and regain compliance with the standard.

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

The Trust has a statutory requirement through NHS England to offer the Friends and Family Test (FFT) to all patients who use our services. It is important to note that there are no nationally set standards for response rates. The Trust FFT response rates compare well against the South West London sector, however the FFT recommendation rates are generally the lowest. The feedback is discussed at Directorate and Board level and is used to inform staff of positive patient care, and to highlight areas that require improvement.

During 2017-18 the Trust began a phased implementation of FFT text message methodology incorporating set questions and a free text section for comments. This began in quarter 2 and by the end of this reporting period had been rolled out to the Emergency Department, Urgent Care Centre, Inpatients and Maternity. Paper forms are still available; however the change in methodology is in line with national policy to move towards this type of data capture.

The change in methodology has meant that it is not possible to compare response rates throughout the year; however the text message FFT system has been well received by patients and carers. Our external provider is now carrying out a thematic review of the free text comments to highlight areas that the Trust can focus on improving.

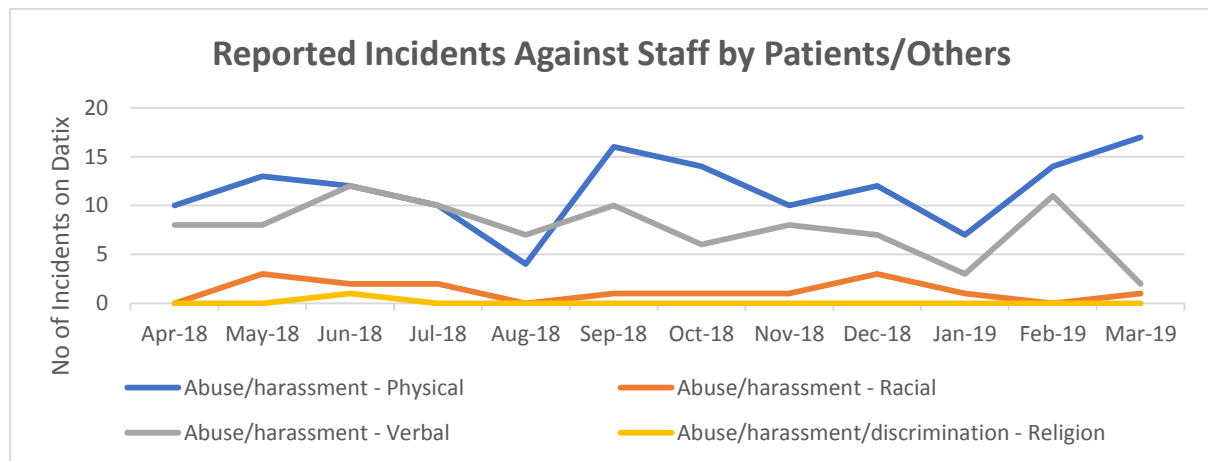
**Priority Three: Reducing the number of incidents involving violence against staff**

**Target to be met:**

- 10% reduction in the number of incidents involving violence against staff

**Progress in 2018/19:**

The following graph shows all physical, racial, sexual, verbal and religious abuse and harassment reported against staff from patients and others during the time period. These are captured on the Datix incident reporting system.



The Trust will continue to monitor incidents and support staff who have suffered from any form of abuse, harassment or discrimination.

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

### Target to be met:

- 50% of service leaflets reviewed and updated
- 33% increase in service information available in other languages
- New service directory in place by 2018

### Progress in 2018/19:

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

We have launched Croydon Health News – our quarterly newsletter for our local community and partners across the borough. This is sent to local community groups and to the thousands of people who have joined our mailing list to attend regular events.

The Trust's brand new public website was launched in March 2018. The new easy-to-use site has an improved search function and will work on mobile phones and tablets. As part of the new website, our directory of services has been refreshed to make it much easier for our patients and service users to find out information about our services, and for GPs to refer people to our care. This information is constantly being refreshed and updated. The website also has a Google Translate function which will automatically translate the web content into one of 104 different languages.

Patients have access to interpreters and can request information in their preferred language via Languageline, which is a service commissioned by the CCG. Interpreting services are provided over the telephone or face to face.

The Trust is currently working on meeting the Accessible Information Standards. This sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

All Trust leaflets continue to be audited in accordance with the Patient Information Production Policy as part of the Trust's strategy to go 'paper lite'. This resulted in over 100 leaflets being removed from the system. The library of leaflets has been

updated by Directorates through the Health Information Group (HIG); a robust and well established group including patients and staff. New leaflets about services are uploaded to the internet, however the Trust is increasingly encouraging patients and carers to go directly to national online information sources via provided links.

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

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

This continues to be a priority for the Trust and is included in our Quality Priorities for this coming year.

## **Priority Five: Implement the recommendations in the February 2018 CQC inspection report**

### **Target to be met:**

Delivery of the CQC 'must do' action plans

- Mental health (Trust wide)
- MCA & DoLS (Trust wide)
- Improved medicine management (Critical Care core service)
- HDU – review of fire safety risk and compliance (Critical Care core service)
- Improved storage in ITU/HDU (Critical Care core service)
- Improved infection and control compliance (Critical Care core service)
- Implementation of effective nursing care records (Critical Care core service)
- Improved clinical governance and leadership practices (Critical Care core service)

### **Progress in 2018/19:**

All of the actions from this inspection report have been delivered. A new Head of Nursing for Mental Health has been appointed and a new policy, training plan and support is being delivered. A dedicated task force has been set up to drive forward greater staff awareness and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Within Critical Care, additional storage has been created, with a dedicated medicines area. The existing floorplan has been adapted to ensure the best possible use of available space between beds in the ITU and HDU. Fire safety reviews are carried out weekly, along with Matron Quality Rounds using the Perfect Ward app to monitor a wide range of areas, including infection control. This is in addition to the regular reviews carried out by the Infection Control team. Clinical governance has been strengthened and new Clinical Leadership put in place. The service intranet site has been revised and now contains key performance information, shared learning, audits, learning resources and information for staff. This is available to view by all staff within the Trust.

The CQC visited ITU and HDU to review the changes that had been made to the environment once they were completed and acknowledged the improvements that had been made.

## Performance against national priorities

Standards	Target	2016/17	2017/18	2018/19
Meeting the MRSA objective	0	1	0	1
<i>Clostridium Difficile</i>	≤15	13	13	13
RTT Waiting Times for <u>Incomplete</u> Pathways	92.00%	92.81%	92.74%	92.22%
Diagnostic Waiting Times for Patients Waiting Over 6 Weeks for a Diagnostic Test (% of breaches out of total number of referrals)	1.00%	1.83%	1.97%	1.08%
A&E 4 Hour Time in Department (All Types)	95.00%	89.01%	89.95%	85.25%
Cancer Waits - Referral to First Appointment for Urgent Suspected Cancer (14 Days) Proportion of patients seen within 14 days of urgent GP referral	93.00%	96.94%	96.63%	98.2%
Proportion of patients with breast symptoms seen within 14 days of GP referral	93.00%	98.13%	99.16%	96%
Cancer Waits - Diagnosis to First Treatment (31 Days)	96.00%	98.74%	98.54%	100%
Cancer Waits - Proportion of patients receiving subsequent treatment within 31 days (Drug)	98.00%	100.00%	100.00%	100%



Cancer Waits - Referral to First Appointment for Urgent Suspected Cancer (31 Days) Proportion of patients receiving subsequent treatment within 31 days (Surgery)	94.00%	100.00%	96.30%	100%
Cancer Waits - Referral to Treatment for Urgent Suspected Cancer (62 Days)	85.00%	89.26%	88.99%	85.1%

## Infection control

### Clostridium difficile (C.diff) target

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

Total number of HAI C.difficile cases for the time period 1st April 2018 to 31st March 2019 is 13 against the Department of Health annual trajectory of  $\leq 15$ .

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

- Antimicrobial prescribing which stipulates that when prescribing Tazocin, Co-amoxiclav Carbapenems e.g. Meropenem, staff should ensure shortest course possible is prescribed to reduce the risk of C.difficile.
- Introduction of diarrhoea poster which stipulates when to send stool specimen for C. difficile testing.
- Root Cause Analysis meetings on new C.difficile cases within 24hrs of the lab result.
- Weekly Infection Control Team (ICT) C.difficile case review meetings and follow up all inpatients with C.difficile infections/carrier.
- Enhanced Surveillance on wards with a period of increased incidence of C.difficile infection.
- Increased joint antibiotic ward rounds by the Consultant Microbiologist and Antimicrobial Pharmacist.
- Daily ITU ward rounds.
- Antibiotic guidelines have been updated in 2018, and submitted to the Medicine Management Committee for approval.

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

## MRSA target

Total number of Hospital onset MRSA bacteraemia cases for the time period (April 2018 – March 2019) is 1 (one), against the DoH annual trajectory of zero.

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

- Routine MRSA screening for all adult emergency admissions as well as pre-operative MRSA screening for all elective and emergency surgical patients.
- All patients found to be MRSA positive should be started on anti-MRSA topical treatment.
- If patients are found to be MRSA positive, the presence of MRSA should be stated in the discharge summary.
- Those patients who are MRSA negative at admission but are considered at high risk for MRSA acquisition i.e.: all patients on ITU/HDU, SCBU, vascular wards, elderly care wards and those with indwelling devices or wounds (e.g. chronic ulcers, pressure sores, and surgical wounds) should be screened weekly for MRSA
- There is also on-going training of staff in relation the intravascular device management.
- Close surveillance of IV line care through weekly multi-disciplinary IV ward rounds was also implemented in 2018. An IV line Task and Finish group was set up in 2018 by the DIPC to further address this issue and implement an action plan to improve IV line care.  
This includes training of staff on IV line care and documentation; improving education and training of HCAs inserting IV lines in ED; devising a wall poster on IV line care for clinical areas; re-introducing IV line training for junior doctors.

## Influenza

The Trust treated a total of 853 laboratory confirmed influenza cases during the winter season beginning early December 2018 up to end of March 2019. This is a much higher number of cases compared to 2017/18 winter season with 454 lab confirmed influenza cases. The commonest circulating seasonal strain locally was Influenza A. Some of the isolates were typed and were showing to be Influenza A (H1N1) strain which is in keeping with the national picture. A few infections were due to Influenza B.

The rapid influenza/RSV rapid test was implemented locally at CUH site on 19 December 2018. The test is carried out in CUH pathology reception with results available within 2 hours of sample collection. This has enabled early isolation of patients confirmed with flu and/or rapid discharge from A&E with a confirmed diagnosis.

Unlike last season, there have been a large number of young to middle aged adults in the non-high risk groups presenting to ED with severe flu symptoms (365 cases in the age group 14 – 50yrs) during this winter season. Persistent fever, chest pain, palpitations, blackouts, vomiting and severe headache have been the symptoms that have led to these patients presenting to ED or being referred by GPs to ED.

There were more hospital acquired infections than previous season. There were 43 hospital acquired infections. Secondary cases were also diagnosed in some instances where the index case was in a bay. In these situations the affected bay has to be restricted to only admit low risk patients. On occasions where it was not possible to move the index case straight away to a single room, the bay has had to be fully closed to admissions. The influx of flu cases has caused significant bed pressure. A few patients needed ITU/HDU care.

- The Staff uptake for the influenza vaccine was 72%. There were a few confirmed influenza infections amongst staff, but this may not reflect the true numbers. Samples for lab confirmation of Influenza diagnosis are not routinely performed on staff members with flu symptoms.

## Norovirus

There were 17 lab confirmed Norovirus diagnoses at CUH April 2018 – March 2019.

This was due to 2 small unrelated outbreaks of Norovirus; one outbreak on a general medical ward and the second outbreak on a Care of the Elderly ward which predominantly manages stroke patients. The outbreaks were well managed and contained within the affected area. Both outbreaks were resolved within a week of onset.

## GRE (Glycopeptide Resistant Enterococci)

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

There has been continuing low levels (0 – 2 per month) of ITU/HDU associated GRE colonisation diagnosed on the unit. There were no GRE blood stream infections since April 2018.

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

## Gram Negative Bacteraemias

From April 2018 a government initiative extended the surveillance of bacteraemias caused by Gram-negative organisms to include Klebsiella species and Pseudomonas aeruginosa in addition to the existing E.coli data collation with the intention of reducing gram negative bacteraemias by 50% by the financial year 2021. More detailed information has also been requested on the E. coli bacteraemias.

DoH Mandatory reporting of includes Klebsiella and Pseudomonas bacteraemias has been implemented by the Trust 1/4/17. Mandatory reporting of E.coli bacteraemias also continues.

Achieving the 50% reduction by 2020/21 requires close working with the community based healthcare providers, care homes and GPs as majority of these bacteraemias are community onset/associated infections. A urinary tract infection is the predominant cause for these bacteraemias.

An internal quality improvement target has been set for 2018/19: i.e. aim for  $\leq 27$  HAI E.coli bacteraemias.

Total number of HOI E.coli bacteraemias for 2018/19 up to date is: 26 and the Trust has successfully achieved the set target.

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

The ICD has convened multidisciplinary meetings at the Trust and also attended meetings at the CCG to formulate action plans. The group are initially focusing on urinary catheter care as many of the bacteraemias are due to catheter associated urosepsis. A catheter care pathway protocol has also been produced and awaiting ratification by the Trust.

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

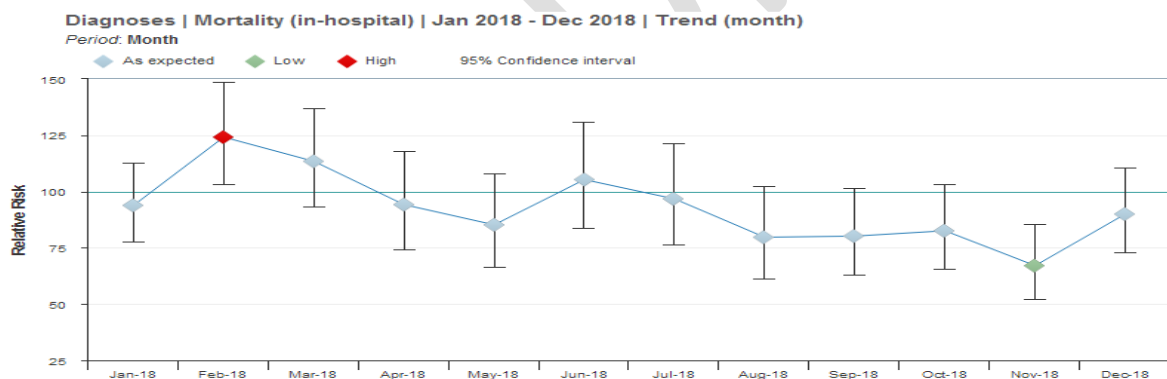
A more enhanced catheter care audit tool has been in place since 2017. The audit tool has been implemented on all adult wards excluding maternity. This is a monthly audit carried out by the clinical area staff and information is recorded on line on "RATE". The infection control nurses are also conducting independent monthly ad hoc catheter audits. The audit results have been reviewed to guide actions required to improve catheter care.

## Mortality Reviews and Learning from Deaths

The Trust has a robust process of retrospective case review of in-hospital deaths; the results of the reviews are securely recorded within the Datix Incident Module. The Mortality Review Group provides assurance to the Patient Safety & Mortality Committee that hospital deaths are subject to a mortality review by the development of a culture and practice of standard clinical audit of mortality.

According to the most recent Dr Foster report in Apr 2019 for the rolling period Jan 2018 to Dec 2018:

- Hospital Standardised Mortality Ratio (HSMR) is 91.1 and is lower than expected
- Standardised Mortality Ratio (SMR) is 92.7 and is lower than expected
- There are no cumulative sum control chart (CUSUM) alerts for the latest 3 month reporting period and there are no diagnosis groups within the Hospital Standardised Mortality Ratio (HSMR) bracket that are statistically significant
- Two of the patient safety indicators relating to Mortality are within the expected range - Death in low risk diagnosis groups- 61.4 and Deaths after surgery – 125.4



### Mortality Outlier Alert

In 2018-19 the Trust received a notification from the Dr Foster Unit at the Imperial College London University that analysis of mortality data indicated higher than average mortality rates for Fractured Neck of Femur (FNOF) within the Trust. A comprehensive retrospective note review from the Cerner electronic system was undertaken and an action plan was developed to address the issues identified.

## Progress on CHS Mortality review process

All mortality reviews that identify issues with standards of care are listed for discussion at Clinical Governance to ensure dissemination of learning points. Documentation and communication between teams remain an area of focus for improvement.

The Trust has piloted the Medical Examiners system and a proportion of deaths are now scrutinised by the Medical Examiner. This will include a conversation with the junior doctor completing the death certificate and a phone call to the bereaved relatives to explain/discuss this.

- Croydon Council Registry Office have a satellite office situated within the bereavement team
- The Trust Clinical Coding team receive regular reports on coding issues identified following mortality reviews
- Coders have been provided with a list of comorbidities that affect the mortality score and they have been reminded to be vigilant when coding and assigning these specific comorbidities and the palliative care code
- An automated dashboard has been created to enable auditing/validating of all deceased patients with potential use of palliative care codes

1. The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.				Quarterly breakdown		
	Ward	A/E	Total	Ward	A/E	
Apr-18	76	7	83	220	21	Q1
May-18	69	9	78			
Jun-18	75	5	80			
Jul-18	73	6	79	203	14	Q2
Aug-18	61	3	64			
Sep-18	69	5	74			
Oct-18	84	11	95	248	26	Q3
Nov-18	73	4	77			
Dec-18	91	11	102			
Jan-19	97	8	105	265	18	Q4
Feb-19	81	4	85			
Mar -19	87	6	93			

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-18	78	224	Q1
May-18	72		
Jun-18	74		
Jul-18	77	202	Q2
Aug-18	57		
Sep-18	68		
Oct-18	88	249	Q3
Nov-18	71		
Dec-18	90		
Jan-19	82	191	Q4
Feb-19	57		
Mar-19	52		
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-18	10	25	Q1
May-18	11		
Jun-18	4		
Jul-18	4	14	Q2
Aug-18	3		
Sep-18	7		
Oct-18	8	24	Q3
Nov-18	6		
Dec-18	10		
Jan-19	4	10	Q4
Feb-19	3		
Mar-19	3		

### Learning from deaths deemed preventable

- Education regarding the appropriate escalation and management of Early Warning Scores as per Trust Deteriorating Patient policy. The Trust is adopting NEWS2 from March 2019. Post deployment and clinical adoption will be monitored through the Deteriorating Patient Committee.



- Inter-hospital repatriation of patients - out of hours transfers with no accountable named consultant; this is currently being reviewed with the site practitioners.
- Safe sedation competencies to be developed and to make safe airway for non-anaesthetists training become mandatory.
- Staff meetings and handovers to include guidance on the enhanced care delivery.
- Implement BMDI (device integration) solution to allow rapid and frequent documentation of observations.
- Patients in side-rooms with the potential to deteriorate rapidly or with reduced communication or cognitive ability should be assessed for enhanced care need in line with policy.
- Importance of contemporaneous documentation.
- Clear signage in clinical areas as to location of nearest cardiac arrest trolley.
- Teaching sessions on post resuscitation care.
- Simulation/ anaphylaxis drills at Grand round and local governance meetings.
- Drug charts are best done during the clerking phase in the Emergency Department (ED). The inability to prescribe while in the ED was a contributory factor. However as of 14 June 2018 this facility is now available in the ED and this should reduce the lack of documentation when patients are transferred out of the ED.
- Increased awareness from medical and nursing staff on the recognition and treatment of delirium.

## Patient Safety Incidents

### Patient Safety

The Trust is committed to the reporting of all incidents to support the processes of learning and improving care across both acute and community services. To support this CHS has begun the process of upgrading the Trust's web-based incident reporting system (Datix) with the Datix Cloud IQ. This is currently in the early stage of the project, with an expected implementation during the coming year. This will enable incidents to be reported from multiple devices, including a mobile phone. This will support our community services to report incidents more easily. The current web-based incident reporting system continues to support intelligent incident, risk, mortality review and complaint data capture, interrogation, analysis and investigation to support the provision of quality patient care outcomes.

The Trust's Datix system is electronically linked to the National Reporting and Learning System (NRLS), and patient safety incidents are uploaded to this central reporting and analysis centre. The Trust actively encourages the reporting of all incidents or near miss incidents throughout the Trust in order to learn and foster a culture of being open and reporting. As a result incident reporting increased from



21,613 in 2017/2018 to 29,792 (27,482 clinical incidents and 2,310 non-clinical incidents) during 2018/19.

Approximately 90% of the incidents reported had resulted in no harm. Moderate harm continued to decrease year on year from 2.4% to 1.86%. Incidents with harm level above level 3 (moderate) constituted 0.3% of the total incidents for the year. In the year, a total of 75 serious incidents were declared for investigation following an initial review of the incidents and in accordance with NHS serious incident framework in the year. Of these, 12 were subsequently assessed as not meeting the criteria of the Serious Incident Framework and were downgraded. This number represents a reduction compared to the number of incidents declared in the previous year. The incidents were mainly related to diagnosis problems, causes for concern about suboptimal care, security and violence and patient access/admission/ appointment issues. All the incidents were reviewed and either investigated or de-escalated. The Trust continues to emphasise learning from incidents and closing the loop by auditing the effectiveness of the learning from the incidents.

All serious incidents are investigated by a panel comprising of multidisciplinary senior colleagues using the RCA methodology. The Trust ensures that the patient and/or carers are involved in the investigations and receive regular updates as well as a copy of the final report. All incident reports are discussed at the Trust Serious Incident Review Group (SIRG) before being formally approved and signed off by the Medical Director or the Joint Chief Nurse. The reports are then shared with the Clinical Commissioning Group for external scrutiny of the report and of the appropriateness of the actions before final closure of the incident.

## Never events

There were no 'never events' in the Trust during 2018/19.

## Duty of Candour

In accordance with CQC Regulation 20 the Trust has a Duty of Candour responsibility to patients and their families if patient care results in moderate or severe harm. The process requires that healthcare professionals are open with service users, their next of kin, carers and advocates, when something goes wrong with their treatment or care. This ensures that we are open and honest about care and treatment and provides the opportunity for continuous improvement.

The Duty of Candour process involves a health professional:

- having a full conversation with patient or next of kin and giving true account of what has happened and answering any questions.
- giving an apology and offer of appropriate support.

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- advising on the investigation being conducted.
- sharing the findings and learning to prevent it happening again.

Croydon Health Services continues to demonstrate its commitment to the Duty of Candour principles through an established process. The Trust has a dedicated Senior Quality Facilitator within the Quality Experience and Safety Team (QES) who has a specific responsibility for ensuring Duty of Candour is completed in a timely manner by the Directorates.

The QES team reviews every reported incident that is graded moderate harm and above on either the day that the incident is reported, or the next working day and works with the responsible Directorate or staff to confirm the assigned harm level.

The QES team works with the relevant clinical staff to ensure the patient or family is told about the incident, and that an appropriate apology with a letter is given within 10 days of the incident being reported. CHS continues to offer the hospital's Chaplaincy Service to provide support to patients, next of kin and carers in situations where appropriate. Regular group and individual training sessions are delivered by the QES team to ensure that staff have the requisite knowledge and confidence to perform Duty of Candour effectively and in a timely manner.

The Duty of Candour process is continually monitored and reports weekly to the Executive Review Group to ensure compliance. An annual Duty of Candour audit is also carried out to provide assurance that the Trust is meeting all aspects of CQC Regulation 20. Duty of Candour also forms part of the monthly Trust Integrated Quality and Performance Report (IQPR).

## **Friends and Family Test (FFT)**

In 2018/19 the Trust rolled out text message (SMS) FFT to all of the acute services. The roll-out will continue in order to include community services throughout 2019/20. The SMS includes standard questions and a free text section for any comments.

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

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

## Patient Advice and Liaison Service (PALS) and Complaints

### PALS

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

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

During 2018/19 the PALS team received 2714 cases. Of these 2439 (90%) were resolved and closed within 2 working days.

The PALS team is located and visible at the front entrance to CUH and posters informing patients and visitors are displayed throughout the Trust. The PALS team are visible in wards and departments as they try to resolve concerns and they use robust procedures to ensure that cases are resolved either at the time or within two working days.

Over the past year the profile of PALS has been raised and concerns are resolved much earlier. The PALS team is supported by volunteers who help to put the public at ease when they visit the department.

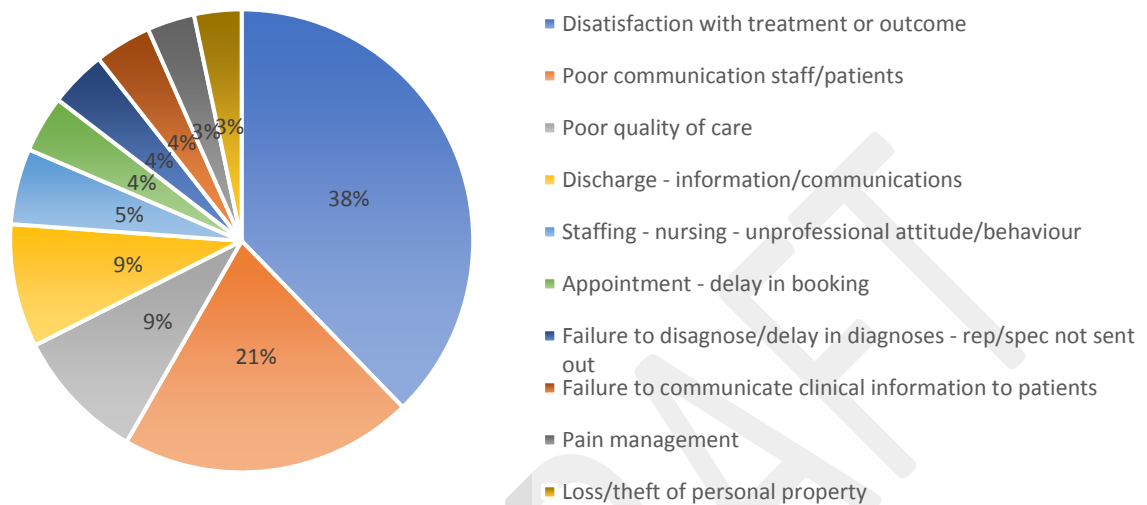
### Complaints

During 2018/19 the complaints team received 622 formal complaints compared to 585 received during 2017/18.

The Trust has internal standards for acknowledging complaints (100% within 3 working days) and also that a final response is produced within the agreed timescale (target of 80%). The Trust is committed to achieving these targets and ensuring that all of our complainants receive an acknowledgement and a detailed response to their complaint within the timescale. The Trust achieved 95% compliance for acknowledging a complaint within 3 working days and 72% compliance in the provision of a final response.

In order to support the compliance with these standards the Trust introduced a new Quality, Experience and Safety Team in March 2019.

The following chart shows the breakdown of incidents recorded by theme on the Datix recording system during 2018/19:



### Learning from complaints

During the year the Trust has reviewed the ways in which learning from complaints, incidents or Parliamentary and Health Service Ombudsman (PHSO) outcomes can be shared across the organisation. In 2018-19 one complaint was recorded as being referred to the PHSO. This complaint was not upheld by the PHSO.

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

- The '3 Key Messages' initiative. This is a Trust wide sharing of information which is updated regularly and disseminated throughout the Trust via email, communication department weekly updates and at local staff group meetings. These key messages originate from a wide range of sources, including complaints and compliments, e.g. reminding staff of the need to include a patient's family and carers (where appropriate) in all discussions and decisions relating to discharge.
- Patient Stories. Patients or patient advocates attend forums such as the Grand Round or the Trust Board to share their experiences of their care.
- Clinical Governance meetings. These are held regularly throughout the Trust at specialty level to support learning throughout the Directorate and across different staff groups.

- Croydon Cares initiative – front line nursing staff sharing learning from incidents and complaints.
- Directorate Quality Boards. These are held each month in the Clinical Directorates to discuss a wide range of quality related areas, including complaints and compliments received. This allows a wide discussion across a variety of staff groups within the Directorate, e.g. to familiarise teams with policies and local practices specific to areas.
- Shift briefs. These are held at the beginning of each shift to update staff on all relevant matters and are also used to highlight learning from complaints to support reflection and learning.
- Professional Forums. These are staff group meetings e.g. Sisters and Matrons, which are used to highlight learning from complaints to support reflection and learning.

Each year the Trust welcomes our local PHSO Liaison Manager to provide a training event for key complaint handlers from within the Complaints Team and the directorates. In February 2019 the training focussed on:

- Getting it right first time
- Carrying out good local investigations
- Ensuring feedback and complaints are a part of every team meeting when discussing 'how are we doing'
- Learning from complaints

## Volunteers

The Trust currently has 420 active volunteers who give their time to help in both the hospital and community. Volunteers carry out many valuable roles throughout the Trust and are highly valued. Some of the many roles they carry out include ward helpers, patient feeders, administrators, 'welcomers' to the Trust and also provide support to the Chaplaincy team.

The Volunteer team run various volunteer initiatives to support patients:

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

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

## Staff Survey

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

This year it revealed progress across England in areas including developing and training staff, while also reflecting the additional pressure caused by growing demand on NHS and other services. This is also reflected in the findings for Croydon.

Our Trust did 'significantly better' than the national average in two areas, which were identifying training needs and providing the right development. This is a big step forward and reflects our emphasis on finding the right opportunities for staff at our Trust. However our staff gave lower scores regarding career progression, highlighting that more work is needed to help staff with their development needs.

We equalled the national average on the vital question about being 'able to give the care I aspire to'. It was a good score (67%) although 2% lower than our strong result last the previous year.

It is very encouraging to see that more of our staff look forward to coming into work than the national average, 61% compared to 58% across all NHS Trusts. This is an improvement on last year too.

The number of staff that said the Trust had made adequate adjustments to help them carry out their work rose to 70% compared to 66% the previous year. Similarly, fewer staff said they had experienced discrimination at work, both from colleagues (89% positive) and public (90% positive) although both are 2-3 percentage points lower than the national average.

A total of 94% of our staff said they know how to report unsafe clinical practice, however our overall score for our trust's 'safety culture' was below the national average. In particular only two-thirds of our staff feel confident to raise concerns about unsafe clinical practice and only half feel confident that doing so would be acted upon. A fundamental part of our duty of care is that staff must be fully supported when they raise concerns about anything safety-related. Our Guardian of Safe Working (for junior doctors) and Local Freedom To Speak Up Guardians are available for staff to raise any concerns about care and we are reiterating our guarantees to staff that they can raise any concerns about care without fear of recrimination.

Out of 90 questions, we scored 'significantly worse' than other trusts in 31 and 'significantly better' in two. This means we ranked 15th out of the 16 Combined Acute Community Trusts.

As a result we have begun a new and engaging campaign with our 3,800 staff to ensure they are listened-to, informed, reassured and supported. It includes a strong emphasis on finding solutions to issues raised by the NHS Staff Survey, which include:

- 56% of staff said they would recommend our care to a friend or relative. This is 1% more than last year but still lower than the 69% national average.
- 76% of staff were satisfied with support from colleagues – almost 6% below the national average and 2% below last year.
- 21% of staff felt their health and wellbeing is supported, which is lower than the 27% national average and lower than our 32% score last year.
- Several indicators suggest staff sometimes experience discrimination from colleagues, from the public or even in their career progression.

All of these areas are very important to us. Behaviours like discrimination are not acceptable and will receive rigorous appropriate intervention. Other issues such as workplace pressure have an NHS-wide aspect, yet can still be improved locally, and we will work hard to do so.

The NHS Staff Survey was undertaken before our new Emergency Department was opened, which is now giving many staff an excellently equipped and 30% more spacious environment to work in.



## Staff and public engagement

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

A series of new engagement events have begun, attracting both staff and public, and a special mobile device App is under development. There will also be more local awards for staff so that excellence is recognised and shared, including a Croydon Star of the Month.

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

## Freedom to Speak Up Guardian and Whistleblowing

At Croydon Health Services NHS Trust, we are ready and willing to listen and respond to concerns raised.

The Trust has a team of Freedom to Speak Up Guardians (FTSUs) to encourage and support all employees, students, contractors, bank/agency workers and volunteers to raise and discuss genuine concerns about possible wrongdoing, corruption, malpractice and danger that is either currently happening, has taken place in the past or may be likely to happen in the future.

We are currently reviewing our Dignity at Work and ABC policies in partnership with our Respect at Work Advisors, Equality & Inclusion Manager, Human Resources and FTSU Guardians. Once the revised policy is agreed by the People and Organisational Development Committee (POD) and ratified by the Risk Assurance & Policy Group we will carry out a series of workshops for managers and staff so they are aware of what they can do to raise concerns. This will help to build a culture where our staff can raise concerns confidentially or anonymously, either through our FTSU Guardians or Respect at Work Advisors.

## Emergency Department

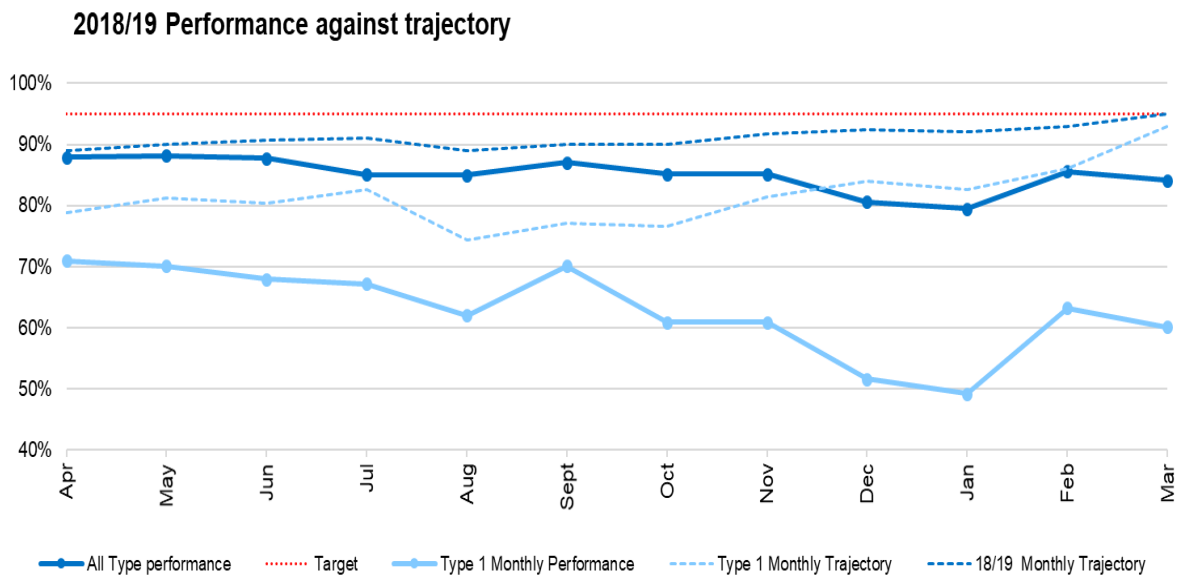
### Emergency Care Standard Performance

For the year 2018-19 the Trust agreed to work towards a performance trajectory of improvement towards achieving the 'all types emergency care standard' performance of 95% by March 2019. Throughout the year this trajectory has not

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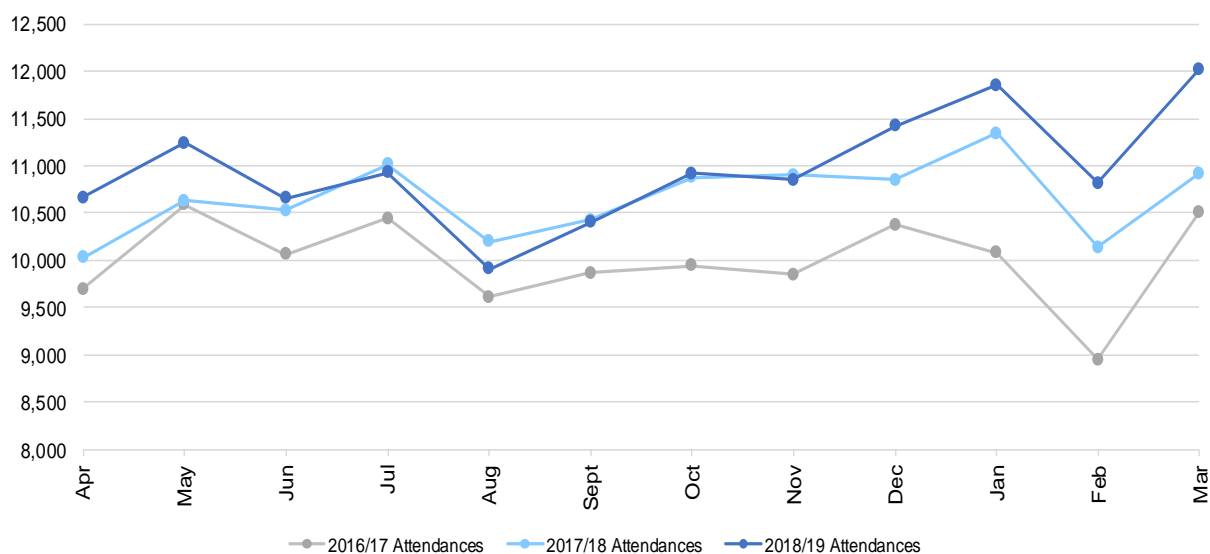
been achieved despite considerable hard work across the emergency care pathways.



Similar to many other London trusts we have underperformed against the emergency care standard. Although starting the year well in April 2018, the Trust endured a very challenging winter in 2018-19, with type 1 care performance falling to 49% in January 2019. To support improvement four workstreams were established under the High Impact Improvement Programme for Emergency Pathways at CHS, encompassing emergency flow, medical model review, discharge process and operational management. At the year-end we are midway through the High Impact Improvement Programme.

Overall attendances to emergency and urgent care at Croydon University Hospital has continued to grow, reaching a peak in March 2019 above 12,000 attendances. Despite the summer and autumn months being relatively flat, activity has stepped up year on year over the winter. Average daily attendances in February 2019 was 405 per day compared to 366 in January 2018; which was the month with the highest average daily attendances in 2017-18.

## Croydon University Hospital site attendances



## ED Patient Experience

Patient experience feedback has been a consistent challenge within the emergency department, with response rates for the Friends and Family test often falling below the required 10% of patients using the emergency department. In September 2018 the Trust commenced using a text message based test for Friends and Family. The response rate improved significantly from a mean of 9.2% to a mean of 22.8%. This is important as the confidence in the validity of the comments improves with the volume of responses. As a consequence of the increase in response rate, and in combination with the increase in waiting times over the winter period, the proportion of responders willing to recommend our emergency department to friends and family has fallen. This is an important metric to monitor as part of our improvement work to improve the speed of care provided to patients throughout the emergency pathway.

## New Emergency Department Opens

In September 2017 the Trust opened the new Resuscitation Unit, the first phase of our new emergency Department. This increased the number of beds and delivered a range of improvements including new technology and rooms that were almost twice the previous size. In December 2018 the Trust opened phase 2 with the opening of our new Emergency Department encompassing the new expanded adult majors area increasing cubicle capacity from 16 to 28. Also included is a new children's Emergency Department with dedicated young child and adolescent areas.

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The new ED also contains a new Urgent Treatment Centre and dedicated Mental Health assessment suites for adults and the first dedicated assessment suite for children and adolescents in the country.

The new footprint has provided a quieter care environment across the busy areas, particularly in Adult Majors which is now enabling private, confidential assessments to be carried out without neighbouring patients from overhearing.

## Referral to Treatment (RTT) Waits

### RTT performance

The Trust has successfully delivered against the incomplete performance target for RTT during 2018/19. Performance has continued to improve on an upward trend since April 2018 ending the year on 92.22%. The Trust's performance has consistently been positioned around 11th out of the 24 London Trusts since November 2018. This continued improvement is representative of the significant work being delivered across the specialties to drive productivity and performance is expected to continue on this sustained and upward trend in 2019/20.

Type	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
Open pathways	92.76%	92.9%	93.12%	93.19%	93.30%	93.01%	93.24%	93.31%	92.01%	92.02%	92.15%	92.22%

In 2018/19 there has been a strong focus on administrative and clinical education, root cause analysis, demand and capacity modelling and clinic and theatre utilisation. This has contributed to the reduction of long waiters and continued RTT compliance.

### Long Waiters

The Trust has improved its approach to validating the Patient Transfer List (PTL) which has removed a large proportion of long waiting patients. There has been the opportunity for cross-speciality education through learning lessons from complex patient pathways and strengthening overall adherence to the access policy. Strategies are also being led to better manage waiting lists to ensure long waiters are flagged earlier and processes put in place to prioritise these patients. A live PTL has also been in use in since November 2018 which has greatly improved data quality in the system.

## 52+ week waiters

Zero 52+ week waiters have been reported in March 2019. The Trust has reported 36 breaches in total for 2018/19.

Specialty	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	TOTAL
Vascular	0	0	0	0	0	0	0	0	0	1	1	0	2
Gynaecology	0	0	0	0	0	0	0	0	0	0	0	0	0
ENT	0	0	0	0	0	1	0	0	0	0	0	0	1
Max Facs	2	2	2	4	2	0	2	4	5	2	1	0	26
Pain Management	0	0	1	0	0	1	0	0	0	0	0	0	1
Orthodontics	0	0	0	0	0	1	0	0	0	0	0	0	2
Dermatology	0	0	0	1	0	0	0	0	3	0	0	0	4
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>36</b>

## Cancer

Croydon Health Services NHS Trust has performed well against all the cancer targets for this financial year. We have consistently performed within the top Trusts in London during 2018/19 and met the 62 day performance standard target 10 out of 12 months in 2018. This is exceptional performance by the teams at CHS who have worked tirelessly to drive the 28 Day Faster Diagnosis standard and 38 Day Inter Provider Transfer targets in advance of the official go live dates.

We have consistently maintained a high position within South West London and have generally been within the top 5 performing Trusts in London for the Cancer Waiting Time targets. The Trust was one of the first in London to implement direct booking via eRS for the majority of its tumour sites, with the exception of those pathways that go straight to test in 2018. The Trust has also implemented the RM Partners Telephone Assessment Pathways for Lower GI and Upper GI tumour sites.

## Macmillan

The Trust has recruited Macmillan Support Officers for Lower GI, Gynaecology, Breast and Lung to support patients and Cancer Nurse Specialists and be a direct point of contact for patients with a confirmed cancer diagnosis, as well as those on the Stratified Follow Up and Open Access Follow Up. The Trust will be going live in 2019 with electronic Health Needs Assessments via Macmillan.

## Appendix A

In May 2019 we sent a draft version of the Quality Account to a number of local stakeholders for their scrutiny, input and comment:

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

Formal written responses were received and are included below.

### Statement from Croydon Clinical Commissioning Group

Croydon CCG has welcomed the opportunity to review CHS Quality Account for 2018–19. We are able to confirm that it complies with the requirements as set out by the Department of Health. This draft Quality Account provides an open and transparent declaration of the status of the quality of the services the Trust provides which is well written and generally easy to navigate.

We would like to congratulate the Trust on a very successful year, which included the opening of their new Emergency Department which includes a new Urgent Treatment Centre and successfully delivering against the targets for RTT incomplete pathways and cancer.

We have been grateful to the Trust for the way that colleagues have worked openly with us – supporting our assurance processes – taking our concerns seriously and responding to questions helpfully and in a timely way.

We acknowledge the ongoing challenge with the ED performance, and the Trust has prioritised work to address this. We welcome the action plan and the work to improve this.

We also welcome the Trust's engagement and commitment to working in partnership and their open and honest approach to quality. The strengthened partnership with CHS working as an ICS is already seeing considerable benefits at the monthly Integrated Quality Committee, enabling transparent productive discussions.

Croydon CCG is pleased to see that the 2018-19 priorities continue to be a priority in 2019-20. We would like further assurance in how the Trust is learning from the incidents reported and how the Trust is responding to patient feedback.

In reviewing this Quality Account, Croydon CCG was disappointed that the CQC inspection outcome was still "requiring improvement". We look forward to receiving further assurance regarding the improvement work, particularly in the area of safety.

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It was disappointing to see that there was no reference made in this Trust Quality Account to safeguarding children and adults and how the Trust has met its responsibility in this area. The CCG expect this information to be included in future Quality Accounts.

We are pleased to see feedback about the work of the Freedom to Speak up Guardians and a clear plan for how the Trust intends to learn from this.

Croydon CCG is looking forward to continuing to work collaboratively with the Trust on the key priorities over the coming year. This will include building on success, and further developing and monitoring the quality of services it provides to the populations it serves. This will include several quality assurance visits in 2019-20.

### **Statement from Healthwatch Croydon**

It is good to see the improvements that have been made towards measuring and delivering quality of services. It is clear to see that patient experience has been applied in monitoring quality, but it would be beneficial to see specific examples of where policies or processes have changed in response to patient feedback. We suggest that this is presented publicly and actively promoted, so that patients can see the impact that their experiences are contributing to service improvement.

We look forward to further strengthening our relationship with Croydon Health Services NHS Trust in the coming year and contributing to their quality agenda through analysis of patient experience.

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

12.6.19 - No comments received from Croydon Council

### **Changes to the Quality Account following statements received**

## Appendix B

### Statement from External Auditors

12.6.19 - Grant Thornton are completing their report which is expected 17<sup>th</sup> June 2019.

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## Annex C

### Details of specific actions undertaken from the National Clinical Audit and Local Clinical Audits

National Audit	Action to Improve Quality
<p><b>National Audit of Dementia</b></p>	<p>The Trust ensures all patients are assessed on admission, but reassessment remains an issue. Individuals do not always recognise the difference between dementia and delirium. New training programme has been devised which is open to all staff, including the junior medical and surgical team.</p>
<p><b>National COPD audit</b></p>	<p>The Trust worked with the Live Well team and Junior Doctors to create a clerking document that automatically refers to the Smoking Cessation Team for appropriate patients. The Trust implemented a number of solutions to reduce bed occupancy (facilitated discharge work and therapy ward) to enable respiratory patients to be repatriated to the respiratory ward as soon as possible.</p>
<p><b>The Learning disabilities Mortality Review (LeDeR) Programme</b></p>	<p>Learning disability awareness training at the Trust has recently been reviewed and updated for CHS staff. The training is being delivered by members of the CLDT, in conjunction with people with Learning Disabilities and carers. Two sessions are scheduled for this year.</p>
<p><b>National Oesophago Cancer Audit</b></p>	<p>The Trust needs to explore ways to improve rates of early diagnosis and, in particular, investigate the reasons for high rates of emergency diagnoses.</p>
<p><b>National Diabetes Transition Audit</b></p>	<p>It has been recommended that the Trust should specifically contract Paediatric and Adult Multi-disciplinary team's services to deliver appropriate, joined-up services during this period, so essential key healthcare checks are not missed, and DKA admissions do not increase. The trust has paediatric MDT in place and our adult diabetes service is actively expanding numbers of staff.</p> <p>The Trust has a transition pathway designed to make the process user-friendly but focussed on sustaining stable HbA1c and minimising DKA. This transition is outlined in our Transition Policy section of the Paediatric Diabetes Operational Policy</p>



Local Audit	Actions to improve quality
<b>Management of acute asthma in ED</b>	The audit demonstrated that the Trust is good at prescribing salbutamol; sometimes ipratropium was omitted and are prescribing correct dose steroids, promptly, in accordance with guidelines, and met targets for prescribing TTO steroids, generally good at recording Peak expiratory flow rate at admission but requires improvement for recording after treatment.
<b>Traumatic Injury : Foot and Ankle Imaging</b>	The audit compared local guidelines and practices for images obtained from foot and ankle trauma to the American College of Radiology Appropriateness Criteria. The Trust was partially compliant to the standards audited.
<b>Protected Mealtime audit (PMT)</b>	The recommendations are make all wards aware of their own results and target lowest performing wards, review of ten steps of meal distribution to make it more clear and reduce the risk of error, to display a PMT poster or stand at the ward entrance of: RAMU, Wandle 1, 2, 3, Queens 2, Purley 3, ACE, make all patients aware of the hand wipes on receiving the meal.
<b>Evaluating current practice regarding C-reactive protein concentration and performance of lumbar puncture</b>	The audit was compliant to NICE guidelines for neonatal infection (early onset): antibiotics for prevention and treatment. The audit found that majority of LPs were being carried out where CRP result was >10mg/L, however there were no truly positive CSF results, thus recommend that CRP threshold for performing LPs be increased to 20mg/L unless clear clinical indication to do so at a lower concentration.
<b>Audit of Shared Care process from Rheumatology to Primary Care for Disease Modifying Anti Rheumatic Drugs</b>	The audit aimed to Improve process of transfer / shared care for DMARDs to primary care. Actions following audit include - Rheumatology nursing team to create a live dashboard of DMARD shared care to review when acceptance, rejection and no response occurs and to then more easily liaise with GP practices to complete shared care agreements in a timely manner, Liaise with CPC to discuss results and inform Primary care.
<b>Audit of women with preterm pre-eclampsia against NICE Quality Statement</b>	The audit demonstrated partial compliance to the standards audited. The Trust predominantly managed women in outpatient care. The average frequency of outpatient visits in our trust was once every 4 days and in the other two trusts was once every 3 days A re-audit is planned as the limitation of this audit was that there was only a small cohort of patient eligible for the audit
<b>Follow-up care on Post-natal Ward</b>	The audit monitored whether the follow up plan made by Clinicians attending Paediatric and Neonatal Outpatient Department is being followed. Consultants/ Registrars will ensure that the outcome form is filled after their clinics and document telephone follow-ups in preformatted sheet where the plan is clear.

## Appendix D

### 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: <a href="http://www.audit-commission.gov.uk">www.audit-commission.gov.uk</a>
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: <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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	During 2015/16 Croydon Health Services clinical services were 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. The host commissioner is Croydon Clinical Commissioning Group (CCG)
Commissioning for Quality and Innovation	High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Visit: <a href="http://www.dh.gov.uk/en/">www.dh.gov.uk/en/</a>

	Publications and statistics/Publications/ PublicationsPolicyAndGuidance/DH_09 1443
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 1 <sup>st</sup> April 2013 as authorised by NHS England
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
Datix	This is the name of the electronic incident reporting system at Croydon Health Services. It is also used to capture complaints and compliments.
Department of Health & Social Care	The Department of Health & Social Care is a department of the UK government with responsibility for government policy for England alone on health, social care and the NHS.
Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs.
Discharge	The point at which a patient leaves hospital to return home or be transferred to another service, or the formal conclusion of a service provided to a person who uses services.
EWS	This is the Early Warning System is based on vital signs such as blood pressure, heart and breathing rates
Family and Friends Test	Introduced in 2013 this is an opportunity for family and friends to give feedback to hospitals regarding their care and experience. At Croydon Health Services this is a blend of paper feedback and mobile SMT messaging.
Foundation trust	A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS foundation trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS foundation trusts have members drawn from patients, the public and staff, and are governed by a board of governors comprising people elected from and by the membership base.
Global Trigger Tool (GTT audit)	The Global Trigger Tool is a recognised and validated audit tool developed by the Institute for Healthcare Improvement (IHI) In Boston USA. It can be used as part of an organisation's safety improvement programme to identify and so learn about harm and safety incidents which occur as part of the patient's treatment. Twenty records are reviewed each month using the GTT and the findings plotted over time on a run chart to establish a harm rate. Barts and The London NHS Trust has been undertaking GTT auditing since 2008.
HealthWatch	HealthWatch is made of individuals and community groups which work together to improve local services. Their role is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. HealthWatch also have powers to help with the tasks and to make sure changes happen.
Healthcare	Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

Healthcare-associated infection	An avoidable infection that occurs as a result of the healthcare that a person receives.
Hospital Episode Statistics	Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.
Indicators for Quality Improvement	The Indicators for Quality Improvement (IQI) are a resource for local clinical teams providing a set of robust indicators which could be used for local quality improvement and as a source of indicators for local benchmarking. The IQI can be found on the NHS Information Centre website at: <a href="http://www.ic.nhs.uk/services/measuring-for-quality-improvement">www.ic.nhs.uk/services/measuring-for-quality-improvement</a>
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: <ul style="list-style-type: none"> <li>• set standards for individual endoscopists</li> <li>• set standards for training in endoscopy</li> <li>• quality assure endoscopy units</li> <li>• quality assure endoscopy training courses</li> </ul>
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: <a href="http://www.nice.org.uk">www.nice.org.uk</a>
National Patient Safety Agency	The National Patient Safety Agency (NPSA) is an arms-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care. Visit: <a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a>
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 used to be called Patient and Public Involvement (PPI) but has recently been renamed. It highlights ways in which the public and patients are involved in a trusts patient care
Periodic reviews	Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term ‘review’ refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. Visit: <a href="http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm">www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm</a>
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: <a href="https://www.cqc.org.uk/provider/RJ6/registration-info">https://www.cqc.org.uk/provider/RJ6/registration-info</a> .
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: <a href="http://www.ic.nhs.uk/services/the-secondary-uses-service-sus/using-this-service/">www.ic.nhs.uk/services/the-secondary-uses-service-sus/using-this-service/</a> data-quality-dashboards
Adult social care	Social care includes all forms of personal care and other practical assistance provided for people who by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances, are in need of such care or other assistance. For the purposes of the Care Quality Commission, it only includes care provided for, or mainly for, people over 18 years old in England. This is sometimes referred to as adult social care.
National Early Warning Score (NEWS2)	A weighted algorithm in which physiological observations are used to produce a single score. Increasing NEWS2 score reflect the severity of illness/physiological derangement. The NEWS2 score informs the escalation process
VitalsLink®	VitalsLink® electronically captures patient's vital signs using a Welch Allyn monitor, then puts them directly into patients' CRS Millennium records. VitalsLink®, which is a Cerner integrated solution, no longer requiring separate devices to upload Vital Signs onto Patient Records



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