

# Quality Account 2016/17



Croydon Council,  
Health & Social Care Scrutiny Sub Committee

16<sup>th</sup> May 2017

## Our vision: to provide excellent integrated community and hospital care for you and your family, when and where you need it.

- **An integrated care organisation** since 2010
- **Two** hospital sites
- **15** community health centres
- **3,900** dedicated staff – with more than a third caring for Croydon residents at home, in schools and clinics
- **350** fantastic volunteers
- **Working alongside** partners in primary care and social services to look after for people in- and out-of-hospital



# Overview

Complaints have  
**fallen by 15%**  
compared to 2014/15



**26,000**  
surgical operations

**66,272**  
Hospital  
Admissions

**117,497**  
people seen in A&E and  
the on-site urgent care centre

The number of  
painful pressure ulcers  
reduced by almost

**50%**

**75%**  
of our staff feel able  
to contribute to  
improvements at work









**334,529**  
Face to Face  
contacts

3,997  
babies  
born



**330,974**  
outpatients  
appointments

## Progress in 2016/17

Quality priorities			
1	Reduce the number of avoidable harm incidents		Made good progress
2	Participate in the implementation of the Maternity Ambition programme and focus on reducing the risk of intrauterine deaths and stillbirths		Met objectives for the year
3	Review paediatric pathways with a focus on the implementation of best start and a paediatric Assessment Unit		Met objectives for the year
4	Build robust systems to document and disseminate incidents and key learning to minimise patient harm and maximise staff and well being		Made good progress
5	Review the provision of London Quality Standards and compliance with seven day services		Made good progress
6	Implement the Perfect Patient Journey programme		Met objectives for the year
7	Improve how we capture and act on patient and carer feedback		Met objectives for the year
8	Implement the CQC recommendations made in September 2015		Met objectives for the year

1	Reduce the number of avoidable harm incidents		Made good progress
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**96%** of our patients had ‘Harm free Care’ – better than the national average of 94%

**50%**

reduction in acquired pressure ulcers

Sepsis Six and Acute Kidney Injury cards launched

**0.28%**

of patients developing a catheter associated infection compared to 0.73% nationally.

**Medication safety  
Omitted doses  
- Still work to do**


**90%**

**VTE risk assessments**




**20%**


reduction in nutrition and hydration incidents since 2015/16

2	Participate in the implementation of the Maternity Ambition programme and focus on reducing the risk of intrauterine deaths and stillbirths		Met objectives for the year
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- Reducing smoking in pregnancy
- Enhancing detection of fetal growth restriction
- Improving awareness of the importance of fetal movement
- Improving fetal monitoring during labour

3	Review paediatric pathways with a focus on the implementation of best start and a paediatric Assessment Unit		Met objectives for the year
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- Emergency Department have access to a consultant seven days a week
- New observation charts, PEWS (Paediatric Early Warning Score) and action planners were introduced to Rupert Bear and Dolphin wards in the first week of September 2016
- Best Start Programme has been rolled out

4	Build robust systems to document and disseminate incidents and key learning to minimise patient harm and maximise staff and well being		Made good progress
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**3 Key Messages**

following incidents and complaints produced each week


**Reviewed governance**

structures updated our clinical business units

**Developed a clinical dashboard**


**Improved clinical coding**

Continue to sustain improvement


5	Review the provision of London Quality Standards and compliance with seven day services		Made good progress
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- London Quality Standards Compliance stands at 85.3%
- Improvement of 5.9% from the assessment carried out in May 2016

Continue to achieve improved compliance

6	Implement the Perfect Patient Journey programme		Met objectives for the year
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- Introduction of a number of initiatives to reduce the length of stay have been on-going including SAFER.
- Reduction of the length of stay CQUIN has been met
- To Take Away (TTA) Training programme developed and built on CRS Millennium

7	Improve how we capture and act on patient and carer feedback		Met objectives for the year
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Patients have started to become involved in our committees and groups and some are already part of the following groups:

- Emergency Department rebuild
- Food and Nutrition task force
- Stakeholders Equality, Diversity and Inclusion Forum



8	Implement the CQC recommendations made in September 2015		Met objectives for the year
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**Reduction  
Complaints**



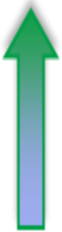
**Incidents  
resulting  
in  
moderate  
harm and  
above**



**90%**  
of staff compliant  
with safeguarding  
training



**91%**  
Of staff  
complaint wit  
core skills  
training



## Other quality achievements

**40%**

of all urgent referrals for suspected cancer within just 7 days



Level 2  
for information governance compliance

**HSMR is as expected**

Croydon is one of 4 Trusts whose Hospital Standardised Mortality Ratio (HSMR) is as expected within the London Peer group



Joint Advisory Group (JAG) accreditation.



**69.83%**

of staff recommend the Trust as a provider of care to their friends and family



**Top 5** Trusts in London for the 62 day target.

## Our quality priorities for 2017/18

**1 To improve our support and care of people with mental health conditions**

**2. To create a culture of safety, shared learning and listening to our patients and service users**

**3. Reducing unnecessary delays when discharging patients home after a hospital stay, and reducing avoidable hospital readmissions**

**4. Improving the ways patients and service users access our care**

**5. Keeping more people in our local community healthy - Make Every Contact Count (MECC)**

# Questions and discussion

