NHS
Croydon Health Services
NHS Trust

REPORT TO HEALTH & OVERSIGHT COMMITTEE (HOSC)	
Date:	Agenda No.
Date Paper produced: 9.11.18	Croydon Health Services NHS Trust – Care Quality Commission report – July 2018
Sponsoring Director: (responsible for signing off report)	Matthew Kershaw, Interim CEO, Croydon Health Services NHS Trust
Author:	Wendy Frost, Quality, Experience & Safety Programme Manager
Purpose/Decision required:	• To inform the HOSC of actions taken by Croydon Health Services (CHS) following the Care Quality Commission (CQC) inspection in July 2018. The CQC inspection report was published on 28th September 2018.
Impact on Patient Experience:	CQC inspections are an indicator of the quality of care provided by Croydon Health Services NHS Trust for the people of Croydon
Impact on Financial Improvement:	N/A
History: (which groups have previously considered this report)	N/A

Executive Summary:

This report provides an update of the actions taken by Croydon Health Services (CHS) NHS Trust following the CQC inspection of core services in July 2018. The core services inspected on this occasion had previously been rated as Requires Improvement in July 2015:

- Community Children & Young People
- Community Adults
- Medical Care i.e. inpatient wards (not including gynae, maternity or surgical wards)

The CQC published their inspection report on 29th September 2018.

The CQC highlighted 10 actions that the Trust must address in order to be compliant with the Health and Social Care Act 2008 (Regulated Activities). Two of the actions relate to the provision of information in other languages and have therefore been amalgamated into one Trust wide action. The CQC also recommended 11 actions which the Trust should complete to improve the quality of services that we provide. One action relates to Community Children & Young People audit which duplicates a 'must do' action and has been amalgamated into the 'must do' action. The Trust CQC action plan therefore includes 9 'must do' actions and 10 'should do' actions.

The CQC requires Trusts to complete a 'Report of Actions' to state the actions that will be carried out to address the 'must do' actions. The Trust submitted the report to the CQC following review and approval by the

Executive Management Board (EMB) and the Quality sub-Committee of the Trust Board.

The Integrated Adult Care (IAC) and Integrated Women's, Children and Sexual Health (IWCSH) Directorates have developed comprehensive action plans to respond to the 'must do' and 'should do' actions. The CQC action plans are being delivered and the progress is reported each month to the Executive Management Board, the Quality Committee and quarterly to the Trust Board.

The Trust is currently developing a range of quality improvement initiatives to drive quality in acute and community services and support the delivery of the quality priorities in the Quality Strategy and Quality Account. Further detail is included in the report.

Key Issues for Discussion:	CQC inspection report – July 2018 CHS quality improvement agenda

Related Strategic Objectives

Trust's Strategic Objectives 2016-17: Links to corporate objectives to improve quality and manage resources.

Please tick the objectives relevant to your report and explain how it is related.

Strategic Objective	**How is the objective related to the report?**
X ***Strategic Objective*** 1 **To deliver high quality, integrated, people-centred services that meets the needs of the people who use our service**	
X ***Strategic Objective 2*** **To ensure staff are able, empowered and responsible for the delivery of effective and compassionate care.**	
☐ ***Strategic Objective 3*** **To secure value for money and ensure the financial sustainability of the Trust**	
X ***Strategic Objective 4*** **To work with partners to improve the health and wellbeing of the people of Croydon.**	
Related CQC 5 Key Areas of Care:	X Safe; X Responsive; X Well-led; X Effective; X Caring

Has an equality impact assessment form been completed? **Yes / No**
If not applicable, please state why not
Has legal advice been taken? **Yes / No**

Does this report have any financial implications? **Yes / No**
If so, has the report been approved by the Financial Department **Yes / No**

1. Introduction

The Care Quality Commission (CQC) carried out a Trust wide inspection of all Croydon Health Services (CHS) NHS Trust core services in July 2015, resulting in an overall rating of 'requires improvement'. In 2017 the CQC moved from routine Trust wide inspections to focus on re-inspecting a Trust's core services that had been previously rated as 'requires improvement'. The CQC also added the additional domain of use of resources, to be included in inspections by 2019. The Trust has not yet been inspected for this domain and has not been given an indication of when this will be carried out.

In October/ November 2017 the CQC inspected the Trust's core services of surgery, end of life care, outpatients and critical care, previously rated as 'requires improvement'. Three of these services improved to a rating of 'good', although critical care remained as 'requires improvement'. The overall domains of safe, responsive and well led were rated as 'requires improvement' and caring and effective were rated as 'good'.

On 10th, 11th and 16th July 2018 the CQC inspected further core services previously rated as 'requires improvement':

- Community Children & Young People
- Community Adults
- Medical Care i.e. inpatient wards (not including gynae, maternity or surgical wards)

The CQC published its inspection report on 29th September 2018. The core services inspected remained as 'requires improvement' and the domains of safe, effective, responsive and well led were rated as 'requires improvement'. The domain of caring has consistently remained as 'good' since the 2015 full inspection.

The Trust was not given any enforcement notices following either of the inspections.

2. CQC 'must do' recommendations

The CQC have advised the Trust that it must address 10 actions within the following regulations to be compliant with the Health and Social Care Act 2008 (Regulated Activities):

- Regulation 9 – Person-centered care
- Regulation 17 – Good governance
- Regulation 12 – Safe care and treatment
- Regulation 18 – Staffing

Two of the actions relate to the provision of information in other languages and are therefore being treated as one Trust wide action for the purposes of the Trust's action plan. We will therefore report on 9 actions. The key themes and the actions that are being taken by the Trust are included below:

2.1 Access and flow of patients recommendation: The Trust must work to improve the access and flow of patients from admission to discharge. Further the patients should be cared for in the right ward for them from the beginning to avoid being moved, especially at night.

Actions: The Trust is currently carrying out a programme of work to improve access and flow through the hospital. This includes a 12 week turnaround plan which started in September to drive earlier discharges in the day, improve the number of patients who are in the right ward and improve Emergency Department waiting times. A Trust Integrated Discharge Team with social services has also been introduced to support timely discharge. These are important enablers to ensure sufficient Trust bed capacity and ensure patients are admitted in accordance with the Emergency Recovery Programme.

The new Emergency Department is due to be open and fully operational in December 2018. There will be improved emergency pathways to reduce waiting times and help to ensure that patients are admitted to the right wards through the effective use of assessment wards.

Trust wide Access and Flow Key Performance Indicators (KPIs) are being developed and will be implemented once they have been agreed and have passed through the governance process. These KPIs will include monitoring patient moves at night and the number of patients who are not in the 'right bed' to effectively monitor performance and evidence positive change. This action will be ongoing to monitor performance and trends.

2.2 Governance – risk and audit recommendation: The Trust must ensure that there are effective processes to identify and manage risk with actions taken to eradicate or mitigate risks.

Actions: The IAC Directorate has strengthened its established governance processes, including reviewing all risks at monthly Clinical Business Unit (CBU) and Directorate meetings. Risks will continue to be reviewed at the monthly Risk Assurance and Policy Group, with the minutes being scrutinised at the Trust monthly Quality Committee.

The IWSCH Directorate will develop a robust audit plan by December 2018 which will be monitored at both Directorate and Trust level to ensure actions are completed and re-audits carried out as required. The audits will also be included in the Trust annual national and local audit plan which is monitored at Directorate and Trust level and reported to the Trust Audit Committee for assurance purposes.

2.3 Speech and Language Therapists (SALT) - Community Adults recommendation: The Trust must ensure that there are sufficient numbers of speech and language therapists in the community to meet the needs of the population.

Actions: Recruitment of an additional speech and language therapist is ongoing and it is anticipated that the process will be concluded by December 2018, with the vacancies being filled by March 2019. A full review of the community SALT service is currently being carried out and will be completed by January 2019. This review will include assessing the demand, productivity and access criteria.

2.4 Electronic Patient Record (EPR) systems recommendation: The Trust must take steps to integrate their EPR systems to enable a shared care record, including social care and GP records.

Actions: A new Croydon Health Information Exchange (HIE) has been implemented at CHS which enables all clinical staff to access both the acute (CERNER) and community (EMIS) summary patient records when caring for patients. A South West London Interoperability Programme Board has been set up to deliver further advances in phases to connect all Croydon GPs with the Croydon HIE. The next phase is to deliver connectivity with Social Care by 2019. This longer term plan aims to join the HIEs of Croydon Health Services, Kingston and St Georges to enable easier access to patient record summaries to improve the delivery of integrated care across South West London.

2.5 Access to interpreters and information in other languages recommendation: The Trust must ensure patients have access to interpreters when required. It must also ensure service information on how to access services and other information leaflets are available in other languages.

Actions: The Trust currently provides comprehensive and professional language interpreting services - both face to face, including British Sign Language (BSL), and over the telephone - to patients registered to a Croydon GP with language needs in a healthcare setting. Face to face interpreters can be booked in advance through Croydon Translation and Interpreting Services (CTIS) or if a British Sign Language interpreter is required, via Sign Solutions (SS), while telephone interpreters can be accessed through Language Line (LL).

Patients can request information in a different language and this will be provided. The Trust internet webpage has a Google Translate function to allow the content to be automatically translated into the required language.

The Head of Nursing Patient, Experience and Quality has completed research of existing national guidelines from NHS England and the Department of Health, and has also met with the Head of Patient Experience (HOPE) network and NHS Improvement to discuss how other Trusts approach this issue. As a result of this research the Trust will take actions to ensure compliance with the

Accessible Information Standards issued by NHS England in August 2016 and updated in 2017. The intended actions to be completed by March 2019 will focus primarily on raising the awareness of patients and staff of the existing support and how it can be accessed. The information on the internet and intranet will be reviewed and updated and patient facing posters will be displayed in clinic areas. This will also be included in a planned Patient Engagement Listening Event in Quarter 4, which will include service users and external stakeholders, e.g. Healthwatch Croydon.

2.6 Lone working resources recommendation: The Trust must ensure all lone working community staff have phones provided in order to avoid risk of harm.

Actions: The Trust's Lone Working Policy provides a wide range of measures to keep all staff as safe as possible while carrying out their duties throughout the Trust in accordance with the Health and Safety Executive (HSE). These include clear and robust management procedures, control measures to address identified and potential risks, training, sharing of information, as well as the provision of personal safety technology, e.g. mobile phones and the Skyguard application.

The number of lone working staff requiring a mobile phone has been confirmed by the Trust Chief Nursing Informatics Officer and a business case approved to purchase 100 more phones and 25 laptops. The phones have been procured and will be rolled out to applicable lone working staff from 12th November 2018 by the IT team. A minimum of 20 new phones with the Skyguard application will be deployed each week and the anticipated completion date is 31.12.18. The Trust is awaiting delivery of the laptops and these will be distributed once received.

A Senior Administrator working within Community Nursing is proactively undertaking the administration of the Skyguard application. Skyguard software will be installed on all new lone worker phones prior to issue to staff. For lone workers who already have a mobile phone, the current usage of the Skyguard phone application is being reviewed to ensure that they are registered correctly on the system. There are currently 345 Skyguard licenses in use by staff in the Trust.

2.7 Health visitor high caseloads recommendation: The Trust must take steps to reduce the high caseload for health visitors.

Actions: The Trust is having ongoing meetings with the Commissioners to agree a plan around acceptable health visitor caseload numbers, taking into account the financial value of the current contract, recruitment and management of risk. A review of additional mitigations has been carried out and as a result of this a review of the safeguarding supervision model has been identified. The Director of Nursing, Midwifery and Allied Health Professionals has met with the Director of Public Health, Director of Children's Services, Chair of Croydon Safeguarding Children Board (CSCB), the Head of Commissioning and the Director of Quality CCG to review the controls that have been put in place and to discuss the ongoing governance process. It has been agreed to share the health visitor caseload and performance figures with the Chair of the CSCB each month.

The CCG Director of Quality, as a member of the Executive Safeguarding Board, will continue to work in collaboration across the system to support this work.

In the interim the Trust has confirmed and agreed the risk management of high health visitor caseloads. Actions that are already being taken include:

- Weekly review of clinical records for all children reported as not having had a mandated review (in place).
- Increased monitoring of caseload acuity and appropriate actions taken (due end of December 2018)
- Ensure all staff are aware of and engage with the escalation process (in place)
- Align Band 4 Community Development Advisors to named health visitor caseloads (in progress – due January 2019).
- Ensure all Health Visiting staff have access to remote working devices to increase productivity (in progress – due end March 2019).
- Increase frequency of safeguarding supervision – (in progress)
  Maintain or improve performance against the five mandated checks.

2.8 Community CYP audit recommendation: The Trust must develop a clear audit plan to ensure services are being delivered in line with local and national guidelines and that audit findings are acted on and re-audits are planned to monitor improvement. (This is also included as a 'should do' recommendation for Community CYP).

Actions: The Directorate is identifying a Clinical Lead for Community CYP audits to champion audit across all clinical practice. The audit plan will be developed by December 2018 and will be added to the Trust's audit plan of local and national audits. This will enable the Clinical Audit team to monitor the delivery of actions arising from audits and ensure that re-audits are completed in the required timeframes.

2.9 Electronic patient record systems recommendation: The Trust must take steps to integrate their electronic patient record systems to enable a shared care record, including social care and GP records.

Actions: A new Croydon Health Information Exchange (HIE) has been implemented at CHS which enables clinical staff to access both the acute (CERNER) and community (EMIS) summary patient records when caring for patients. This is available for use by all clinical staff working in community and acute services at Croydon Health Services. A South West London (SWL) Interoperability Programme Board has been set up to deliver further interoperability in phases.

Phase 1: This will deliver connectivity of all Croydon GPs with Croydon HIE. The rollout is planned to commence mid-January 2019. GPs will be connected in tranches.

Phase 2: Connectivity with Social Care is planned for December 2019.

The aim of this programme of work is to join the HIEs of Croydon Health Services, Kingston and St Georges in order that a summary of the patient record is available to enable better integrated care across South West London

3. CQC 'Should do' recommendations

The CQC also made 11 recommendations to improve the quality of the services the Trust provides, One of these duplicates the Community CYP audit 'must do' action as per 2.8 above and will be addressed within that action. The Trust's key actions are summarised below:

- Staff inductions – the Trust is reviewing the existing induction packs in clinical areas and will carry out an audit of completed Trust and local inductions for both substantive and Bank staff by 31st December 2018.
- Monitoring of community pressure ulcers – the Trust will carry out a benchmark audit and follow-up audit of community pressure ulcer assessment to monitor whether there is a reduction in acquired pressure ulcers as a result of new processes by 30th April 2018.
- Appraisal rates (Community CYP) – appraisal rates have improved since the inspection and the Directorate has committed to meeting the appraisal target of 90% by 1st December 2018.
- Community infection control compliance – the Dress Code Policy and the Infection Control Policy is being relaunched and compliance will be audited and reported to the CBU governance meetings and to the Directorate Board by 31st December 2018..
- Strengthening Community CYP governance - the IWCSH Directorate are developing their Directorate and Clinical Business Unit strategy and business plan to link with the overarching Trust Strategy for Q4 2018/19 and 2019/20. This will be completed by 31st December 2018 and will then be communicated throughout the Directorate. Included in this strengthening of Directorate governance is improving audit responses and continuing to support the embedding of a culture of incident reporting.
- Development of a transition policy for children and young people to adult services – a gap analysis is currently being carried out by the Planned Care Matron, looking at current service provision and identifying any divergence from NICE guidelines on transition of care NG43 (https://www.nice.org.uk/guidance/ng43. The resulting action plan will focus on addressing the gaps and creating seamless transition pathways by 30th April 2019.

4. Action plan delivery and reporting governance

The IAC and IWSCH Directorates have developed their action plans to address both the CQC 'must do' and 'should do' actions and are delivering the actions within them. These plans are included in the Trust wide CQC action plan which is discussed each month at the Quality, Experience and Safety Programme Group meeting chaired by the Director of Nursing, Midwifery and Allied Health Professionals. Membership of this meeting include the Medical Director, Associate Directors of

Nursing for each of the directorates, along with representatives from community services, pharmacy, estates and facilities, learning development and patient experience.

The timescale for delivery of the actions is as follows:

	Dec 2018	Mar 2019	April 2019	Dec 2019
Must do	44.5% (4/9)	44.5% (4/9)	-	11% (1/9)
Should do	20% (2/10)	20% (2/10)	60% (6/10)	-
Total	31.5% (6/19)	31.5% (6/19)	31.5% (6/19)	5.5% (1/19)

The delivery of the Trust's CQC action plan is monitored each month at Directorate level Quality Boards and reported to the Executive Management Board which is chaired by the CEO. As part of the governance process the progress is also reported for assurance purposes to the monthly Quality Committee, chaired by a Non-Executive Director and attended by senior colleagues from the Croydon Clinical Commissioning Group (CCG). Progress is also reported quarterly to the Trust Board which is led by the Chairman.

5. Croydon Health Services' Quality Agenda – 'Requires improvement' to 'Good' and 'Outstanding'

Quality is one of the Trust's three key priorities that underpin the care that we provide, along with performance and finance. The Trust recognises the value of the CQC inspections to provide one of the key indicators of the quality of the care that we provide. We will continue to work closely with the CQC, NHS Improvement, commissioners and all our partners as part of our quality improvement journey to good and then outstanding. It is however important to emphasise that this is part of our wider quality agenda to ensure we consistently provide safe, caring, effective, responsive and well led care to the people of Croydon.

To support our quality improvement journey we are developing a range of quality initiatives to deliver the priorities outlined in our Quality Strategy and Quality Account, as well as responding to the actions within the CQC report.

The Trust is currently carrying out a restructure of our quality teams; bringing together quality, patient experience and patient safety to support the delivery of quality objectives within the Trust and to support closer working relationships with our partners. This will streamline existing teams, provide greater sustainability and cross-cover and strengthen the capability and capacity within the team to deliver local and national objectives. It will also improve quality performance data such as audits, quickly highlight areas that require additional support and improve the response to serious incidents and complaints.

The initiatives also include the development of our own quality improvement methodology to drive further quality advances in both our community and acute services. In order to learn from

other Trusts who have recently been rated as 'Good' or 'Outstanding' we will be carrying out a 'learning from peers' event to identify areas of best practice. We will be holding Quality Summits in the community and in the hospital to listen to our teams and encourage the sharing of quality improvement ideas and plans.

In order to further support our quality improvement journey the Trust is developing a robust communication strategy to help staff to understand how the CQC inspection reports and domains relate to 'real life', i.e. what the CQC domains mean and how we can showcase the good quality care that we are already providing every day. We will also hold quality focus groups, refresh our Quality Guides and ensure that we give staff the resources they need on the Trust intranet.

6. Conclusion

The Trust is committed to providing consistent, high quality care to all of our patients, however they access our services. The delivery of quality care is important at every stage of a patient's pathway throughout our integrated community and acute system; from maternity to end of life, first contact to discharge and supporting those patients who have short or long term conditions.

We will continue to prioritise the ongoing delivery of all of the CQC recommendations that followed the inspection in July 2018 and ensure that by April 2019 we are compliant with the Health and Social Care Act 2008 (Regulated Activities),

We will also concurrently be carrying out the other important elements of our quality improvement agenda to strengthen the quality of patient pathways across the Trust, working in partnership with our commissioners and other stakeholders, e.g. through the One Alliance, or SWL Partnership.