

Croydon Health Services NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Croydon Health Services NHS Trust provides services to over 380,000 people across the borough of Croydon either in patient's own homes or from clinics and specialist centres, including Croydon University Hospital and Purley War Memorial Hospital in Purley.

The trust has 670 beds including 589 general and acute, 66 maternity beds and 15 critical care beds. The Emergency Department is at Croydon University Hospital. There are 17 community locations including the Purley War Memorial Hospital which does not have any inpatient beds.

All core services are provided at Croydon University Hospital with outpatient, phlebotomy and imaging services provided at Purley War Memorial Hospital.

During 2014/2015 the trust received 67,159 emergency attendances, 3,047 inpatient admissions and 324,440 outpatient attendances.

The trust provides services to a population from the significantly deprived borough of Croydon

We carried out an announced inspection between 16 and 19 June 2015. We also undertook unannounced visits to the Croydon University Hospital on 23 June 2015 and community services on 30 June 2015.

This was the first inspection of Croydon Health Services NHS Trust under the new methodology, however we had previously inspected Croydon University Hospital in September 2013. At that inspection we found concerns with the care patients received in outpatients and on wards for older people including staffing levels and how their discharge was managed.

Since our last inspection, in September 2013, the trust has made significant improvements and this progress needs to continue. Overall, this trust requires improvement.

We found that Croydon University Hospital and community services for adults and children and young people and families require improvement.

Our key findings were as follows:

Safe

- The trust had an incident reporting process but not all staff were reporting incidents and the trust was reporting less incidents than trusts of a similar size. Feedback and learning from incidents was inconsistent.
- Effective infection prevention and control procedures were in place. Availability and replacement of equipment and the environment in some clinical areas potentially compromised patient care.
- Staff working inpatient and community services were using different IT systems to record patient care. Although many aspects of it were working well staff in some services were continuing to use paper records until the problems had been resolved or the systems could be integrated.
- Staff attendance at mandatory training including safeguarding vulnerable adults and children varied across services and needed to improve.
- Although staffing levels had improved, vacancies across all staff groups, nurses, doctors and allied health professionals remained an issue and recruitment was on-going. To maintain safe staffing levels the trust used locum and bank and agency staff.

Effective

- Patients received care that was informed by best practice policies and guidelines.
- National audits performance was largely positive.
- Adults and children had their pain assessed and effectively managed and their nutritional needs were met.
- The number of staff who had had an appraisal varied across the trust and attendance at mandatory was below the trust target in several services.
- Staff had attended training on consent, the Mental Capacity Act 2005 and Deprivation of Liberty Standards but information was not always recorded in patients' notes.

Summary of findings

Caring

- In the 2015 In patient survey some of the trust's results were worse than other trusts. However, the patients and families we spoke with told us they received compassionate care and were treated with dignity and respect.
- The majority of relatives and patients we spoke with said they were involved in decisions about their care and treatment.
- The trust had a multi-faith chaplaincy service available to support patients, relatives and carers.

Responsive

- The trust has made good progress in developing both its inpatient and community services to meet the needs of the local population, particularly for vulnerable people.
- It has improved its performance in some services in relation to patients being able to access care and treatment in line with national standards, but it continues to face challenges in others, including community services, surgery and critical care. In surgery operations were cancelled and day surgery was not always able to cope with the high level of activity and patients were delayed being discharged from critical care.
- Although the trust has not always met the 95% standard for all patients to be seen within four hours in the emergency department, its performance is better than the national average.
- The quality and timeliness of responses to complaints has improved.

Well-led

- The trust has a vision for how services can be further improved to meet the needs of the population but more work is required in how the vision can be translated into reality.
- Systems to monitor the quality and safety of services were still evolving and need to be strengthened.
- Public and staff engagement has improved and the majority of staff we spoke with were positive about working at the trust and acknowledged the improvements that had been made.

Areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

Trust wide

- Continue to improve and embed systems to monitor the quality and safety of care provided.

At Croydon University Hospital

- Improve clinical governance and risk management in the surgical directorate.
- Implement promptly plans to refurbish theatres and to put in place an equipment replacement programme.
- Ensure that 90% of staff receive up-to-date safeguarding and mandatory training.

In addition, the trust should:

Trust wide

Continue its programme of work to resolve the IT problems and consider how it can integrate systems across community and inpatient services.

At Croydon University Hospital

- Ensure that mental capacity assessments are completed and that consent is recorded in patient notes.
- Continue to recruit to vacancies across all staff groups in all areas and ensure staffing levels are reviewed in line with increased demand for services
- Ensure the environment in all clinical areas complies with national guidance and promotes privacy and dignity.
- Review with staff the results of the 2014 staff survey and develop an improvement plan.
- Ensure that Emergency Department patients are assessed and treated within the nationally agreed standards by an appropriately qualified member of staff.
- Ensure that all equipment used by patients in the Emergency Department is clean.
- Fully implement the Emergency Department computer system functionality to allow contemporaneous recording of accurate patient records and patient risk assessments.
- Improve the processes for recording mortality and morbidity meetings.

Summary of findings

- Involve all relevant staff in reviewing the scheduling of operations to maximise efficiency and improve the patient experience.
- Consider how it to make a trauma service available on Sundays.
- Ensure that all work streams in the outpatients transformation programme are completed.
- Ensure that medicines are correctly stored and are in date.
- Improve bed flow between the critical care unit and medical wards.
- Provide a specific risk register for end of life care.
- Review resources for end of life care to provide a seven day service.
- Review how it ensures patients and their families are kept informed about their care.
- Develop a range of health-related leaflets in child-friendly formats for Children's Services.
- Provide a fridge suitable for the storage of expressed breast milk on Rupert Bear ward.
- Ensure that the planned improvements to parent accommodation in children's services is completed on time.
- Ensure that the planned maintenance work and equipment replacement in maternity are completed in a timely fashion.
- Review midwifery staff's awareness of the action to take in the event of activity levels escalating outside normal working hours.
- Improve the experiences of women being cared for on the gynaecology ward after a pregnancy loss.
- Improve the level and range of information available to women following pregnancy loss regarding the disposal of the pregnancy remains.
- Consider how to meet its internal objectives to monitor compliance with guidelines on an annual basis.

In Community Services for adults

- There are insufficient numbers of speech and language therapists to meet the needs of the population.
- Medicines are stored, handled and administered appropriately and safely.
- Patients suffering from stroke should be seen within 48 hours of discharge from hospital along with patients receiving care from the community intermediate care team

- Considers how it can integrate the hospital and community IT system to enable a shared care record.

In Community services for children, young people and their families

- The provider should ensure that clinical governance processes are embedded across local community teams.
- An internal audit programme should be developed to ensure services formally evaluate and improve service provision.

We saw several areas of outstanding practice including:

At Croydon University Hospital

- The Specialist Palliative Care team had engaged with the public and staff to inform the development of the 'care of the dying person care plan.' This included new prescribing guidance for symptoms that occur at the end of life, as well as new medical guidance.
- The trust was involved in the LEGACY study for secondary breast cancer, in collaboration with the Royal Marsden and the Institute of Cancer Research. The objectives of the LEGACY study are to provide researchers with the best opportunity to understand secondary breast cancer, how it works and how to stop it.
- The diabetes team for children and young people was recognised for providing excellent care.
- The special care baby unit had level 2 UNICEF accredited baby-friendly status where breast feeding was actively encouraged and mothers were given every opportunity to breast feed their babies.
- The urogynaecology and pelvic floor reconstruction unit at Croydon Healthcare had an international profile in relation to research, provided courses to the obstetric community and had won many awards.
- The maternity service was currently developing and piloting a programme of antenatal courses designed to support women with limited English.

Community services for adults

- Patients received care and treatment in a personalised and holistic way. Staff followed guidelines from the National Institute for Health and Care Excellence (NICE) and other professional bodies, such as The British Association of Occupational Therapists and The Chartered Society of Physiotherapy.

Summary of findings

- There was 24 hour community nursing cover seven days a week. The community nurses were involved in the care of patients requiring palliative care. Patients were supported to alleviate their pain appropriately.

Community services for children, young people and their families.

- The community nursing service provided at St Giles special school was dynamic, organised and well led. There were good examples of multidisciplinary and multi-agency working, ensuring the child was at the centre of decision-making and involved in their care. The school was bright, positive and a fun environment to work and learn.
- The Children's Specialist Asthma Service took an innovative approach. For example, staff had developed social media networking to provide additional support to children with asthma aimed at maintaining good health and reducing admissions.
- Chatterbox is a language development service for pre-school children. Speech and language therapists and children's centre staff work together to deliver targeted care to address the speech, language and communication needs of pre-school children. They provide support and advice to families, and ensure timely referrals to speech and language therapists for more specialist assessment and treatment. They also signpost to other services.
- The children's specialist nurse diabetic service supports children and young people along with their carers to manage their disease and are part of a 24-hour helpline so parents and young people can access the advice and care they need at all times.
- The Willow bereavement service was set up to provide counselling for terminally ill children and their siblings.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Croydon Health Services NHS Trust

Croydon Health Services NHS Trust was formed on 1st August 2010 through the integration of Croydon Community Health Services and Mayday Healthcare NHS Trust.

On 1 August 2010 the Trust integrated with Croydon Community Health services to form a new integrated care organisation, providing both hospital based and community services. To recognise this new type of organisation it officially changed its name on Friday 1 October 2010 to Croydon Health Services NHS Trust. The name of the main hospital changed to become Croydon University Hospital to reflect its close identity with local people and its many links to nearby education and training establishments.

Croydon Health Services NHS Trust provides acute and community healthcare services across the borough of Croydon either in patient's own homes or from clinics and specialist centres, including Croydon University Hospital and Purley War Memorial Hospital in Croydon. We inspected Croydon University Hospital, Purley War Memorial Hospital and community health services for adults and children, young people and families

The trust has 670 beds including 589 general and acute, 66 maternity beds and 15 critical care beds. The Emergency Department is at Croydon University Hospital. Purley War Memorial Hospital does not have any inpatient beds. services provided include phlebotomy and outpatient clinics.

The trust as a whole employs around 3,640 staff and provides services for a population of over 380,000 people who are relatively young with a high level of ethnic diversity. During 2014/2015 it received 67,159 emergency attendances, 3,047 inpatient admissions and 324,440 outpatient attendances.

The trust has a revenue budget of £264 million in 2013/14 and attained an operating surplus of £19,684. However, the trust is currently predicting a deficit of approximately £25 million.

The trust was inspected as part of our planned comprehensive programme of inspections.

Our inspection team

Our inspection team was led by:

Chair: Jan Filowchowski

Team Leader: Margaret McGlynn, Care Quality Commission

The trust was visited by a team of 46 people including: CQC inspectors, analysts and a variety of specialists.

There were consultants in emergency medicine, medical care, surgery, cardiology and palliative care medicine and junior doctors. The team also included midwives, as well as nurses with backgrounds in surgery, medicine, paediatrics, critical care and palliative care, community services experience and board-level experience, a student nurse and two experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive to people's needs?

- Is it well-led?

Summary of findings

The inspection team always inspects the following core services at each inspection

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

The trust also provides community services and we inspected

- Community services for adults

- Community services for children, young people and their families

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, NHS Trust Development Authority, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We held focus groups with a range of staff in the hospital, including doctors, nurses, allied health professionals, administration and other staff. We also interviewed senior members of staff at the trust.

What people who use the trust's services say

Public Listening Event

- We held a public listening event within the catchment area for all services. The following summarises comments we received during the events.
- People told us care in the Emergency Department was good and people waited two to three hours to be seen and the phlebotomy service at Purley War Memorial Hospital was responsive. When people were discharged there was good follow up by community physiotherapists and availability of rehabilitation equipment.
- More generally we heard a few concerns about staff attitude and patients having to wait for their call bells to be answered. People also described staff as being caring and attentive and said they provided explanations about their treatment. They felt that Croydon University Hospital was improving and the trust was trying to engage with them through the Listening into Action Workshops.

Friends and Family Test

- The percentage of patients who indicated they would recommend the trust was slightly below the England average and was at its lowest in April 2014 at 89%. However, since then it has remained above 90% improving to 93% in October and November 2014.

Patient led assessments of the care environment (PLACE)

- The trust was slightly below the England average in all measures (food, cleanliness, privacy, dignity and well being) in 2014, though compared with the 2013 scores the trust had improved.

Clinical Commissioning Group

- Commissioners have worked closely with the trust to help bring about improvements in waiting times in the Emergency Department and waiting times for investigations. They told us unannounced visits by commissioners to clinical areas have been welcomed by the trust.

Summary of findings

Healthwatch

- Some concerns were raised regarding the discharge of patients including the timing of discharge, information provided to relatives about follow up care and treatment and the need for improved communication with other agencies.

Facts and data about this trust

Context

- Croydon Health Services NHS Trust is based in Croydon and serves a population of over 380,000 in the borough of Croydon.
- The trust offers a range of local services, including: a 24-hour emergency department, medicine, surgery, paediatrics, maternity, outpatient clinics and community services for adults and children.
- In the 2011 census the proportion of residents who classed themselves as white British was 47%. the second largest ethnic group in Croydon was Black Caribbeans who made up 8.6 per cent.
- Croydon ranks 8th out of 326 local authorities for deprivation (with the first being the most deprived). It has a large population of children and young people (26.9%) one of the highest proportions of black and minority ethnic groups in South London as well as some of the most deprived areas in London with a frail elderly population.
- Life expectancy for women in Croydon (83.2) is similar to the England average (83) and for men it is the same as the England average at 79.2.
- It is below the national average (worse) for a number of public health indicators including diabetes, incidents of TB and acute sexually transmitted infections. Homelessness, violent crime and obese children (year 6) and the number of children living in poverty (25.2%) are also worse than the England average.

Activity

- The trust has approximately 670 beds including 589 general and acute, 66 maternity beds and 15 critical care beds. The Emergency Department is at Croydon University Hospital.

- The trust employs 3209.65 staff that includes 453.34 Medical, 1056.13 Nursing and 1457.51 others. it also has 300 volunteers.
- There are approximately 3.047 inpatient admissions, 324,440 outpatient attendances and 67,000 attendances at the Emergency Department. It has above England average the attendance of young children (0-4 years) at the ED
- There were 3,833 births in 2014/2015.

Key Intelligence Indicators

Safety

- There were two Never Events across the Trust in 2014 (Never Events are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented.)
- The Strategic Executive Information System (STEIS) recorded 225 serious untoward incidents across the trust between March 2014 - February 2015 inclusive.
- Overall, there were four cases of Methicillin-resistant staphylococcus aureus (MRSA) and 24 cases of C. difficile between April 2015 - November 2014 inclusive.

Effective

- The Hospital Standardised Mortality Ratio indicator was produced at trust level only. The ratio was 78, which is lower (better) than the national average of 100.
- The Summary Hospital-level Mortality Indicator (SHMI) was produced at trust level only. The SHMI was 100, which is within the expected range.

Caring

- In the Cancer Patient Experience Survey 2013/14 18 out of 34 of the trust's scores were in the bottom 20%

Summary of findings

of all trusts within England. These included issues relating to patients being treated with dignity and respect, control of their pain and being involved in decisions about their care and treatment. However, compared with the 2012/13 survey there were some areas of improvement. The trust was in the top 20% of trusts in the country for patients being given written information about their operation and patients having confidence and trust in all of the doctors treating them

- Trust scores were amongst the worst performing for 5 of the 11 questions asked in the NHS Inpatient Survey published in May 2015.
- In the 2014 National Accident and Emergency Survey the trust scores were among the worst performing for 5 of the eight questions including care and treatment and overall experience. For waiting times (including first speaking with a nurse or doctor and length of time in the department) the scores were the same as the previous survey.
- The NHS Friends and Family Test for inpatients showed the percentage of patients who indicated they would recommend the trust was slightly below the England average; it was at its lowest in April 2014 at 89%. However, since then it has remained above 90% rising to 93% in October and November 2014.

Responsive

- Between April 2014 and March 2015 although the emergency department had not always met the four waiting time standard that 95% of patients were seen, treated, admitted or discharged in under four hours, it had achieved 93%.
- Between April 2014 and March 2015 the trust met the 18 week referral to treatment time for admitted patients for 92% of patients against a standard of 90%.
- The breast symptom two-week wait for April 2014 to March 2015 was met by the trust. The two-week standard was met for 97.9% of patients, against a target of 93%.
- The 31-day first treatment for tumours for April 2014 to March 2015 was met by the hospital. The 31-day standard was met for 98.5% of patients, against a target of 96%.

- The 31-day subsequent treatment (treatment group) drug treatments was met by the trust. This 31-day standard was met for 100% of patients, against a target of 98%.
- The 31-day subsequent treatment (treatment group) for surgery for April 2014 to March 2015 was met by the trust. This 31-day standard was met for 98.6% of patients against a target of 94%.
- The 62-day standard cancer plan for tumours for April 2014 to March 2015 was not met by the trust. The trust met this 62-day standard for 81% of patients, against a target of 85%.

Well-Led


- The response rate for the National NHS Staff Survey for 2014 (for the trust as a whole) was below the England average; 33% compared with 42%.
- The results of the survey demonstrated that responses for Croydon Health Services NHS Trust were below the national average for staff feeling secure about raising concerns about unsafe clinical practice, communication between management and staff and equal opportunities for career progress and promotion.
- The trust was above the national average for staff receiving equality and diversity training in the previous 12 months, but the percentage of staff who said they experienced discrimination in the previous 12 months was above the national average.

Inspection history

- This is the first comprehensive inspection of Croydon Health Services NHS Trust. Croydon University Hospital was previously inspected in October 2013 but not rated. The inspection found concerns with the care patients received in outpatients, the care older people received on the wards, including arrangements for discharge and staffing levels. During this inspection we found action had been taken to bring about improvements in these areas.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust is rated as requires improvement for safety</p> <p>While many staff know when and how to report an incident the trust was reporting less incidents than other trusts of a similar size. Learning from incidents was inconsistent across the trust.</p> <p>Availability and replacement of equipment and the environment in some clinical areas potentially compromised patient care.</p> <p>The trust has is using different IT systems in inpatient and community services. to record patient care. In some inpatient and community services staff were continuing to use paper records until the problems were resolved or the systems can be integrated. Staff were unclear when the problems would be resolved.</p> <p>Vacancies across all staff groups, nurses, doctors and allied health professionals, remained an issue and recruitment was on-going. Attendance at mandatory training needed to improve.</p> <p>Incident reporting</p> <ul style="list-style-type: none">• The trust had a process for reporting incidents but reported less incidents than other trusts of a similar size. Staff in theatres were not always reporting incidents and some incidents were not always categorised as serious incidents until after the trust had received a complaint.• Feedback and learning from incidents was not consistent across the trust. Some staff reported that feedback was by word of mouth or when policies or procedures had changed and other staff told us they received information about incidents across the trust. <p>Cleanliness, Infection control, equipment and environment</p> <ul style="list-style-type: none">• The trust had an up to date infection prevention and control (IPC) policy that was adhered to across the trust. There was appropriate provision of protective equipment and we saw staff in inpatient and community services adhering to IPC procedures.• Availability and repair of equipment was an issue in surgical services. The day surgery unit did not have an X-ray machine and procedures were delayed while they waited to borrow one from main theatres. Laproscopic equipment had been problematic and although the trust had purchased some new equipment there were two incidents in May 2015 when	<p>Requires improvement</p> 

Summary of findings

patient's procedures had to be cancelled due to problems with the equipment. The lighting in main and obstetric theatres was insufficient. These were all long standing items on the risk register.

- Most of the areas we inspected were clean, but some trolleys and a commode in the Emergency Department were dirty and it was unclear who was responsible for cleaning them as they were not included on the cleaning schedule. In the cardiology department we found water leak marks in the ceiling and holes and cracks in the walls.
- As noted in our previous inspection report in 2013, the ED was poorly designed with limited space in some areas. The design of the major treatment area meant that it was not possible to observe all of the patients. Since our last inspection the trust's business case to build a new ED has been approved and work will commence in Autumn 2015.
- The previous inspection also raised concerns about the environment of the outpatients department. During this inspection we found that the main outpatients department and the fracture clinic had been upgraded and improved. However, some areas did not promote privacy and dignity and space was limited.
- Staff in community services saw patients in a variety of settings . Some community clinics were held in buildings with limited space and the layout and facilities were not as suitable as the more modern community health centres.

Duty of candour

- Duty of candour was in the process of being implemented. Staff had received training and were able to provide examples where they had followed the principles.

Records

- The trust had introduced the electronic patient record (EPR) and although many aspects of it were working well, it was still to be fully implemented and integrated across all services.
- Staff in some areas were confident and positive about using the the electronic patient record, while in others staff were still learning how to use the system effectively and felt they had not received sufficient training.
- On some wards staff told us they were experiencing difficulties accessing 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records as they had only recently been added to the system. Staff in children and young people's services felt the system had been designed primarily with adults in mind and

Summary of findings

did not accommodate information that specifically related to children. To overcome the problems, staff in some community and inpatient services were using a combination of paper records and the EPR.

Safeguarding

- Staff had access to training and named staff for protecting children and vulnerable adults but attendance at training varied across the services.

Mandatory training

- Attendance at mandatory training was variable against the trust target of 90%. Attendance by medical staff in surgery and services for children and young people was low across several of the safety modules including infection prevention and control and resuscitation.

Assessment of risk

- Early warning scores were utilised across the trust and escalation was supported by the nurse led critical care outreach team.

Staffing

- The trust had an overall shortage of just under 500 full time staff. The staff groups with the highest numbers of vacancies are Nursing and Midwifery band 7 and below, and non clinical staff band 6 and under.
- In medical services nursing vacancies were highest on care of the elderly wards. This was identified as an issue in the previous inspection.
- There was a shortage of allied health professionals with a 13% vacancy rate. The number of speech and language therapists working in community services was insufficient to cope with the activity.
- Although the trust had 158 full time consultants against an establishment of 160, surgical services had a lower number of consultants than the England average. Staffing in trauma and orthopaedics had been highlighted as an issue in the latest report by Health Education England and we were told the trust was recruiting more consultants for the speciality.
- The use of locum doctors had decreased over the last 18 (November 2013 - February 2015) months from 11.1% to between 2% and 6%.
- Between September 2013 - February 2015 use of bank staff was consistent at 6% per cent with some increase during holiday times in July and November - February.

Summary of findings

- The specialist palliative care team had one part time consultant who worked 2.5 days per week. For the remainder of the week the consultant provided telephone advice while working at a local hospice. The 'Commissioning Guidance for Specialist Palliative Care 2012'. recommends that there should be two full time consultants in End of Life Care per 250,000 population.

Are services at this trust effective?

The trust was rated as good for effectiveness.

Care and treatment was informed by national and policies and guidelines.

The trust participated in national audits which were largely positive. Where non compliance with best practice was found the trust had taken action to bring about improvements.

Appraisal rates were variable and although some consultants were concerned about the level of support they were able to provide to doctors in training they were positive about the support they received.

Staff had attended training, but understanding and application of consent, the Mental Capacity Act 2005 and Deprivation of Liberty standards was inconsistent.

Evidence based care and treatment

- The services we inspected were working within national policies and guidelines. Services participated in national and local audits and action plans were developed to address any issues found.
- The trust had an acute pain management team and patients across the trust had their pain assessed and access to pain relief.
- In the NHS Inpatient Survey published in May 2015 the trust scored the same score as other trusts for managing people's pain.

Patient outcomes

- There was no evidence of risk identified in the composite indicator of in-hospital mortality, the hospital standardised mortality ratio (HSMR) or the Summary Hospital Level Mortality Indicator (SHMI).
- The trust performed well in a number of national audits; the National Bowel Audit published in 2014 indicated that the trust

Good



Summary of findings

performed better than the English average in adhering to best practice measures and the National Emergency Laparotomy Audit, published in 2014, indicated that the trust followed best practice.

- The trust was able to demonstrate where it had taken action in response to audits showing poor compliance with some standards. Examples included results from the 2013 College of Emergency Medicine clinical audit relating to renal colic which showed poor compliance with the administration of pain relief and an audit of the treatment of fractured necks of femur (broken hips) in 2014 demonstrated similar problems. The introduction of the rapid assessment and treatment area had improved the speed of pain relief and the results of internal audits confirmed this.
- Qualitative outcome measures were not well established across community services particularly in services for children, young people and their families.

Competent staff

- Appraisal rates varied across inpatient and community services with the trust achieving an average of 65% between April 2014 - February 2015. Staff were positive about the induction programme and the preceptor programme.
- Some consultants in surgery felt they were unable to give doctors in training the support they needed during induction weeks as the elective operating lists were not adjusted to accommodate this. However, the doctors in training we spoke with were positive about the level of support they received during their rotation in surgical specialities.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards (DoLS)

- Staff had attended training and most of them were aware of their responsibilities in relation to consent, capacity and DoLS, but information wasn't always recorded in patient records.

Are services at this trust caring?

The trust was rated good overall for caring.

Patients and their families received compassionate care and were treated with dignity and respect. The majority of relatives and patients we spoke with said they were involved in decisions about their care and treatment.

Good



Summary of findings

Although responses in the Inpatient NHS Patient Survey (May 2015) were worse than for other trusts, overall the majority of patients and families we spoke with spoke positively about the care they or their relative received.

Compassionate care

- In the NHS Inpatient Survey, May 2015, the trust's score was amongst the worst performing for nurses and doctors not talking in front of patients as though they weren't there.
- Patients and relatives were positive about the care they received from all staff and we observed many positive interactions between staff and patients in both inpatient and community services.
- Comment cards received during the inspection were mainly positive about staff and care they provided. Staff were described as "caring" and friendly". People felt staff were welcoming and listened to them. People who had previous experience of the trust thought this was one area that had improved. Areas of concern were about waiting times and the environment.

Understanding and involvement in patients and those

- In the NHS Inpatient Survey, May 2015, the trust's score was amongst the worst performing for patients being involved as much as they wanted in decisions about their care and treatment.
- During the inspection many patients and families told us they were involved in discussions about their care and treatment, but a few patients and families in medical services told us they did not always feel involved in their care.
- Since the last inspection the trust had introduced Listening in action workshops (LiA) to get people's views on how to improve the service. LiA is a national accredited scheme promoting engagement with staff and people who use NHS services so that they can contribute to improvements in patient care. Some people we spoke with had attended the workshops.
- The trust is a beacon site for the implementation of information prescriptions (IPs) in cancer services. This is an online tool that is available to patients and professionals to help patients understand and manage their condition more effectively by ensuring they are appropriately informed. The specialist palliative care team were developing a training programme for all staff with direct patient contact to be trained to use the IPs.

Summary of findings

Emotional support

- In the NHS Inpatient Survey, May 2015, the trust's score was amongst the worst performing for patients receiving enough emotional support from hospital staff.
- During the inspection we observed many Emotional support was provided by staff, including clinical nurse specialists, and the chaplaincy services.
- In services for children and young people support was available from the child and adolescent mental health service, education staff and play therapists.

Are services at this trust responsive?

Are services at this trust responsive?

The trust is rated as requires improvement for its responsiveness

The trust has made progress in developing both its inpatient and community services to meet the needs of the local population.

It has improved its performance in relation to access and patient flow in some services, but more work is required in others, including community services, the ED and discharge from medical services.

The trust has improved its system for responding and learning from complaints.

Service planning and delivery to meet the needs of local people

- The trust was working with commissioners and other providers including GPs to develop services to meet the needs of local people. It was part of the South Wes (SW) London Cancer Network and joint surgery was carried out at the SW London Elective Orthopaedic Centre.
- Community services had been developed to reduce emergency admissions and meet the needs of vulnerable people. The Homeless Health Team was a designated service to assist vulnerable and homeless people and asylum-seekers. Health visitors service had an open door policy which meant children could attend any clinic.
- The majority of surgery carried out at Croydon University Hospital was done as day cases. While the trust was coping with the increase, the environment of day surgery unit had not been designed to cope with the level of activity.
- Plans were well advanced for a new and larger emergency department designed to meet the increasing population of the Croydon area.

Requires improvement



Summary of findings

- Additional outpatient clinics had been introduced in the evenings and Saturday and patients told us they had seen an improvement in the how the outpatients service was delivered.

Meeting individual needs

- Specialist services were available to meet the needs of children in both community and inpatient services.
- Many services had developed processes to meet the needs of vulnerable people. These included a health care passport for people living with a learning disability and two wards had been specifically adapted to meet the needs of people living with dementia. Both the birth centre and delivery suite had facilities for women with a disability.
- In the community, health visitors and the family nurse team worked closely with the specialist adult team to provide child focussed assessments for asylum children.
- Interpreter services were available via phone and face to face and parents were able to stay overnight.

Access and flow

- Although the trust did not always meet the emergency department four hour standard to treat, discharge or admit 95% of patients within four hours, its performance had improved and the waiting times for patients to be transferred to a ward were also better than the England average.
- Patient flow across services was compromised due to delays with discharges and a lack of available beds in some services.
- For inpatient services the trust had improved the referral to treatment time (RTT) and most surgical specialties were meeting the RTT waiting time target (within 18 weeks) for admitted and non-admitted pathways. Performance in relation to treatment times for patient with cancer was variable.
- Referral to treatment times for children in community services were all within the 18 week standard, but there were issues in community services for adults. The trust did not always meet the standards for seeing patients following discharge from hospital or referral.
- In surgery operations were cancelled and day surgery was not always able to cope with the high level of activity. Patients were delayed being discharged from critical care due to capacity issues on the medical wards.
- The trust had reduced the percentage of cancelled outpatient clinics from 11% to 2%.

Summary of findings

Learning from complaints

- Information about complaints was available in all services and the majority of complaints the trust received were related to inpatient services.
- The trust introduced a revised complaints policy in May 2015 and had improved how it managed and responded to complaints. Staff were involved in the process and we saw examples where contact had been made with the affected individual and learning shared with staff.

Are services at this trust well-led?

The trust is rated as requires improvement for well-led.

The trust has a strategic vision but more work is required in terms of local service development and improved integration of community services.

Governance structures at trust and service level are still evolving and need to be strengthened.

The trust has made good progress with public and staff engagement and most staff were positive about working at the trust and acknowledged the improvements that had been made.

Vision and strategy

- The trust's vision was to provide 'excellent integrated health services for all Croydon residents'. It had a five year strategic plan which focused on improving patient experience, recruitment of skilled staff, improving productivity and achieving financial balance and delivering more joined up care out of hospital.
- The strategic plan had been developed in June 2014 but the detail for implementation needs to be developed.
- There was no clinical strategy which meant some services were unclear about their strategic direction in relation to the vision
- Executive staff talked about moving to outcome based commissioning but this was still in the early stages of discussion. .

Governance, risk management and quality measurement

- The majority of inpatient and community services had effective local governance arrangements. However, the structures in surgical services were weak and in community services for children and young people governance was not embedded and staff were not aware of the governance structure.

Requires improvement



Summary of findings

- At trust level there was a clinical governance structure with separate leads for clinical (shared between the medical director and director of nursing) and corporate governance. The general view among the executives and non executives was that it was still a work in progress..
- The trust Quality and Clinical Governance Committee was chaired by a non executive director. The committee was attended by all the executive directors. While progress has been made the ownership and management of risk was not embedded in the organisation. Progress had been hampered by changes at board level, changes in leadership and the restructuring of clinical directorates.

Leadership of the trust

- The trust had a full executive team but some were still relatively new to the trust including the director of nursing, midwifery and allied health professionals and the medical director was due to retire in August 2015. The chair and non executive directors joined the trust during 2013.
- The chair and chief executive are highly experienced and have an effective working relationship. They were clear about the trust's strengths and areas for improvement and that the board was still maturing and becoming confident in its role.
- Improving leadership visibility has been a key action and all senior staff including executives, senior clinicians, managers spend time with their teams and meeting patients.
- Staff in community services commented that they knew who the chief executive was, but were less familiar with other senior staff, describing them as invisible. They felt there was a 'gap' between community teams and senior managers based in the hospital.

Culture within the trust

- Many staff we spoke with were positive about working at the trust and recognised the improvements the trust had made since the last inspection. They described the culture as open and most said they felt able to raise concerns.
- In surgical services some of the medical staff raised concerns about leadership at trust level and felt they hadn't received appropriate support when they had tried to raise concerns which had created a culture of fear. However, they were optimistic about the changes in leadership within the service and at trust level.

Summary of findings

Fit and proper persons

- The trust had an appropriate recruitment process was in place to ensure board members met fit and proper persons regulation.

Public and staff engagement

- Since the last inspection the trust has improved how it engages with the public and staff. The chief executive has a planned programme of visits to inpatient and community services. There are monthly meetings with medical staff in individual services, these can be as a group and time is allowed for individual meetings.
- Staff working in inpatient services were positive about the level of engagement, but some staff in community services felt engagement with them and more awareness of their specific issues could be improved.

Innovation, improvement and sustainability

- The Trust is aware that in order to sustain and improve services it needs to reduce the financial deficit, without compromising the quality and safety of care, and develop new models of care with other providers. It has already started discussions with other providers in SW London to look at the provision of services to meet the known quality and financial challenges across the sector.

Overview of ratings

Our ratings for Croydon Health Services NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Requires improvement	Good	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Inadequate	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Community services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community services for children, young people and their families	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community services for adults	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Croydon Health Services NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

Outstanding practice and areas for improvement

Outstanding practice

At Croydon University Hospital

- The Specialist Palliative Care team had engaged with the public and staff to inform the development of the 'care of the dying person care plan.' This included new prescribing guidance for symptoms that occur at the end of life, as well as new medical guidance.
- The trust was involved in the LEGACY study for secondary breast cancer, in collaboration with the Royal Marsden and the Institute of Cancer Research. The objectives of the LEGACY study are to provide researchers with the best opportunity to understand secondary breast cancer, how it works and how to stop it.
- The diabetes team for children and young people was recognised for providing excellent care.
- The special care baby unit had level 2 UNICEF accredited baby-friendly status where breast feeding was actively encouraged and mothers were given every opportunity to breast feed their babies.
- The urogynaecology and pelvic floor reconstruction unit at Croydon Healthcare had an international profile in relation to research, provided courses to the obstetric community and had won many awards.
- The maternity service was currently developing and piloting a programme of antenatal courses designed to support women with limited English.

Community services for adults

- Patients received care and treatment in a personalised and holistic way. Staff followed guidelines from the National Institute for Health and Care Excellence (NICE) and other professional bodies, such as The British Association of Occupational Therapists and The Chartered Society of Physiotherapy.

- There was 24 hour community nursing cover seven days a week. The community nurses were involved in the care of patients requiring palliative care. Patients were supported to alleviate their pain appropriately.

Community services for children, young people and their families.

- The community nursing service provided at St Giles special school was dynamic, organised and well led. There were good examples of multidisciplinary and multi-agency working, ensuring the child was at the centre of decision-making and involved in their care. The school was bright, positive and a fun environment to work and learn.
- The Children's Specialist Asthma Service took- an innovative approach. For example, staff had developed social media networking to provide additional support to children with asthma aimed at maintaining good health and reducing admissions.
- Chatterbox is a language development service for pre-school children. Speech and language therapists and children's centre staff work together to deliver targeted care to address the speech, language and communication needs of pre-school children. They provide support and advice to families, and ensure timely referrals to speech and language therapists for more specialist assessment and treatment. They also signpost to other services.
- The children's specialist nurse diabetic service supports children and young people along with their carers to manage their disease and are part of a 24-hour helpline so parents and young people can access the advice and care they need at all times.
- The Willow Bereavement Service was set up to provide counselling for terminally ill children and their siblings.

Areas for improvement

Action the trust MUST take to improve

Importantly, the trust must:

Trust wide

- Continue to improve and embed systems to monitor the quality and safety of care provided.

In addition, the trust should

Outstanding practice and areas for improvement

Continue its programme of work to resolve the IT problems.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not complying with Regulation 17(2)(a) as the provider did not have effective systems across the trust to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>The systems at trust level and in some services require further development to ensure all concerns about safety and quality in acute and community services are identified and acted on.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.