Gloucestershire Care Services

NHS Trust



QUALITY ACCOUNT

2013-14


Understanding you

CONTENTS

PART ONE: INTRODUCTION

To be the service people rely on to understand them and organise their care around their lives.

Gloucestershire Care Services NHS Trust ("the Trust") provides a comprehensive range of coordinated health and social care services across the county. These services are delivered in community hospitals and in local communities, and include children's services, health visitors, community nursing, physiotherapy services, specialist services, and adult social care services that are provided on behalf of Gloucestershire County Council.

Our primary objective is to help people live independently and safely within their own home, or as close to their home as possible. Increasingly, we are seeing people with long-term conditions or complex care needs, some of whom may require more intensive short-term healthcare support either in a community hospital or in one of the acute hospitals in Gloucester or Cheltenham. However, as soon as practical, we aim to return people to their home, supported by appropriate packages of care delivered by our specialist nurses or Integrated Community Teams (which bring together social care workers, community nursing, physiotherapy, occupational therapy and reablement professionals).

As evidence of these services' activities and excellent performance in the last twelve months, the Trust is proud to publish this Quality Account, the first such document since the organisation's establishment as a standalone NHS provider in April 2013.

This document shares key information about the quality of the health and social care services provided across Gloucestershire in line with the Trust's commitment to openness and transparency. It casts both a critical view backwards to the successes and learning from 2013-14, and also looks forward to the coming year's priorities that seek to ensure continued quality development and improvement.

This document is intended to be read by all people who use our services, as well as wider members of the public, so that they may judge the level of quality provided. This Quality Account will also be used by colleagues across the Trust in order to provide focus upon those areas where improvements can be made and to aid better decision-making.

If you have any comments about this Quality Account, please email **liz.fenton@glos-care.nhs.uk.** Alternatively, you can write to:

Mrs E J Fenton
Director of Nursing and Quality
Gloucestershire Care Services NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucestershire Business Park
Brockworth
Gloucester GL3 4AW

1. Statement from the Chief Executive

On behalf of Gloucestershire Care Services NHS Trust, may I take this opportunity to say how exceptionally proud I am of the work that we have undertaken in this past year, in providing high quality integrated health and adult social care services to people across Gloucestershire.

This has been our first year as a standalone NHS community healthcare provider, yet this Quality Account demonstrates how much we have already achieved. In particular, I would point to the results of the Friends and Family Test, which is a survey conducted across a number of our sites, and which shows that 97% of our service users would be "likely" or "extremely likely" to recommend our services. In 2013-14, we also received three separate Innovations and Best Practice Awards from the Community Hospitals Association in respect of outstanding practice. Furthermore, this past year has seen further development of our excellent working relationship with Gloucestershire County Council, specifically in respect of our Integrated Community Teams. However, this is not to be complacent – we recognise that there is still much work to do to improve the quality, responsiveness and effectiveness of our services.

In helping to shape these future improvements, whilst working within current financial constraints, we have agreed to focus upon three quality priorities, which align to the aims of our recently published Clinical and Professional Care Strategy. These priorities are:

- to deliver compassionate and considerate care which ensures that service users remain safe from avoidable harm;
- to ensure that local health and social care services adopt a person-centred approach, and are wholly effective and efficient;

- to inform and involve service users, their carers and families so that they are confident and have the best possible experience during their care.

These priorities are set in context of our successes and learning from last year. Thus, this Quality Account also highlights our work from 1 April 2013 to 31 March 2014. This mirrors our financial reporting period, given that we believe it is absolutely crucial to demonstrate that quality of care is just as significant and important to the Board as financial sustainability.

To the best of my knowledge, the information presented in this Quality Account is accurate, and provides a fair representation of our services. As such, I trust that this document will give suitable assurances to our partners and users of our services, that the care we deliver is of a high standard and as safe as possible, and that it achieves good clinical outcomes. We appreciate the comments and interest we have already received from our partners and stakeholders and, wherever possible, have incorporated these into this document.

I also believe that this Quality Account serves to demonstrate the excellent contribution of our 3,400 staff, in leading our services across the county. Together, our workforce is our single biggest asset.

Our colleagues bring a real wealth of skills, perspectives and ideas that enable us to continue to develop our services in a way that is ever more focused on providing high quality care and supporting the independence of our service users.

Indeed, I am continually impressed by the capability and dedication of colleagues right across the Trust, who do their very best for each and every person in their care. This commitment will continue to be fundamental as we move forwards and seek to realise our aspiration of becoming an NHS Foundation Trust.

I hope that you will find this Quality Account useful and informative. If you would like to comment on any part of it, please do get in touch (you can find out how on page 3, or on the back page). We always welcome your feedback, and would be delighted to hear from you.

Paul Jennings

Paul Jennings
Chief Executive Officer

2. Statement from the Chair

The NHS Constitution reminds us that "The NHS belongs to the people…it touches our lives at times of basic human need, when care and compassion are what matter most".

This Quality Account shows the progress that we, as Gloucestershire Care Services NHS Trust, are making in realising this commitment for the people we serve. We are always striving to provide safe, effective services which are also caring and compassionate, and clearly rooted in an understanding of people's needs, often when they are at their most vulnerable. I am delighted to be able to share with you the work undertaken by the Trust over the last year, which aims to ensure that each and every service user will experience the quality of care that we all want and expect.

During this last year, we have worked with service users, a range of community groups, and colleagues across the Trust and partner organisations, in order to create a vision and set of values for this new organisation (see section 4 below). This work has been about fostering a culture that puts quality of care, and the experiences of service users, first and foremost. We also now ensure that matters relating to quality are top of the Board agenda, and that we set aside time at the start of every public Board meeting to hear the experiences of people who use our services. Additionally, Board members make regular visits to services, and we carry out thorough scrutiny of data regarding key quality measures.

More widely as a Trust, we continue to reflect upon the lessons learned both locally and elsewhere in the NHS, so as to incorporate best practice into our day-to-day activities. Specifically in this last year, we have been keenly aware of the impact caused by the final report of the Mid Staffordshire NHS Trust public inquiry chaired by Robert Francis QC. In light of the recommendations made by this inquiry, the organisation has fully reviewed its services, and undertaken some positive steps to strengthen quality processes and assurances. This has included, for example:

- agreeing additional investment so as to provide increased staffing in our community hospitals and thereby improve the quality of care;
- actively welcoming feedback from service users, carers and families so as to ensure that all appropriate actions to help improve the excellence of care provided by our health and social care colleagues, can be identified and introduced;
- robustly reviewing all incidents and complaints, with the most serious incidents being reported at our public Board meetings, so as to ensure that lessons are learnt, changes are made and that we seek to prevent incidents from reoccurring;

- promoting our whistleblowing policy and support systems, so that staff are encouraged and supported to confidentially raise any concerns that they may have;
- inviting representatives from Gloucestershire Healthwatch (the nationally mandated consumer champion for health and social care) to join our Quality and Safety Group;
- developing a plan to embed the principles of the 6Cs within all our health and social care teams (these being Compassion, Care, Communication, Courage, Competence and Commitment as advocated by Compassion in Practice, NHS Commissioning Board, 2012);
- launching the Listening into Action and Leading for Quality Care programmes so as to provide additional training, support and resources for staff (see section 11 below).

As you read through this Quality Account, you will see many of these actions reflected, and we aim to strengthen our commitment to quality improvement further in the coming year.

Finally in reviewing 2013-14, I would like to thank the community, service user and carers' groups who have generously given their time through their membership of the Your Care, Your Opinion Programme Board. This group, which I take great pleasure in chairing, has undertaken a thorough review of our approach to hearing and responding to the views of those we serve, proposing several innovations in how we do this. It also regularly scrutinises the feedback we receive through surveys, complaints, comments from Healthwatch and other sources, bringing an independent and often challenging eye to this data. This independent input is imperative to us, so that we can truly understand and reflect the needs of local people in the design and delivery of our services, an ethos which is fundamental to us as a Trust, and to the spirit of this Quality Account.

Ingrid Barker

Ingrid Barker
Chair

3. Quality of care - our priority

Quality can be defined in several ways. Traditionally, the NHS has thought of quality as excellence in service user safety, clinical effectiveness and the best service user experience: it is for this reason that these principles underpin the Trust's Clinical and Professional Care Strategy, and the quality priorities for 2014-15 as detailed in part 3 of this Quality Account.

A more recent definition however, uses the five dimensions that are Safe, Caring, Responsive, Effective and Well-Led: part 2 of this Quality Account uses these parameters to assess last year's effectiveness in ensuring quality of care.

But whichever of these definitions is used, one element is constant: that quality of care depends on satisfying the needs of service users, and ensuring that they have the most positive experience possible during their care.

This requires us to ensure that service users are the focus of everything that we do, and that therefore we always adopt a person-centred approach.

This is a philosophy which is most tangibly represented by our programme of integration with Gloucestershire County Council.

I am therefore gratified to note that the benefits to service users that can result from such an integrated health and social care delivery model, are now being recognised nationally: thus, the National Collaboration for Integrated Care and Support, whose members include the Department of Health, the Care Quality Commission, NHS England, the National Institute for Health and Care Excellence (NICE) have recently clarified the outcomes of integrated health and social care services as being that:

- service users will experience a package of care and support that is personalised, where they only have to tell their story once, and where they have a single point of contact;
- health and social care response will be coordinated between appropriate agencies: this means that someone's health and social care needs will be assessed together, and that all the professionals involved in that person's care will work as part of the same team, sharing knowledge and information;
- there will be a shift away from an over-reliance on acute care, towards a focus on primary and community care;

- the needs of carers and families will be recognised, and they will be given the necessary support to be able to most effectively help the service user;
- that there will be population-based public health and preventative healthcare strategies, meaning that service users may be identified and treated at an earlier point in their care journey;
- the information about a service user's condition, care and treatment, as well as the support to use this information, will be given to the service user so that they can make decisions and choices about the care and support that they will receive.

For our Trust, this approach to integrated care is best demonstrated by the Integrated Community Teams, about which you can discover more on pages 11 and 12 of this Quality Account.

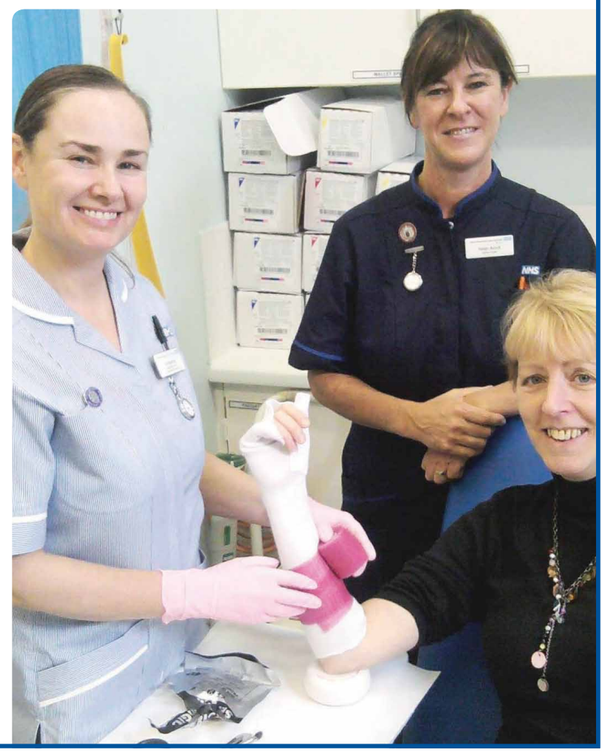
Thereafter, we need to ensure that the quality of care being delivered by all our teams, including our Integrated Community Teams, is carefully monitored and measured, so that it may be enhanced and improved where necessary. Therefore, the Trust will ensure that it:

- understands performance against a number of key health and social care quality indicators / metrics that are reported to Board: these include both national targets and quality metrics agreed locally with our commissioners;
- develops its reporting about the experience of services users, so that public perspectives inform service review;
- undertakes quality impact assessments for all service developments to ensure that no programme of change or transformation will create a negative impact upon the service user experience or the quality of provided care;
- maintains a programme of visits, walkabouts and peer reviews so that Board members can hear directly what is really important to service users, carers, families and colleagues;
- extends its engagement with service users, carers and stakeholders through the Your Care, Your Opinion Programme Board.

We are fully committed to delivering the highest quality of care possible, and I trust that this is adequately reflected in this Quality Account.

Liz Fenton

Liz Fenton
Director of Nursing and Quality



4. Our vision, values and strategic objectives

In 2013-14, we agreed the Trust's vision, values and strategic objectives in consultation with a range of stakeholders, including colleagues across health and social care services, as well as members of the public.

We believe that these aspirations now encompass what is important to all people who use our services and to our staff, and that they will reinforce the important lessons learnt as a result of the Mid Staffordshire inquiry.

Susan Mead

Susan Mead
Non-Executive Director / Quality Champion

a. Vision

Our vision is **"To be the service people rely on to understand them and organise their care around their lives"**. To fulfil this vision, the Trust provides a wide range of health and social care services for people of all ages - from school nursing to physiotherapy, podiatry to cardiac nursing, adult social care to telecare - as well as managing the county's seven community hospitals. Together, these services work hard to make sure that local service users receive the right support, from the right people, at the right time.

b. Values

Our CORE values are Caring, Open, Responsible and Effective, which are described as below:

- **Caring:** feeling and exhibiting compassion and empathy for others
- **Open:** being honest, candid and frank, free from prejudice, limitations and boundaries
- **Responsible:** making, and being accountable for, rational decisions based on sound judgement
- **Effective:** having the intended or expected effect

These values describe the behaviours and attitudes that service users can expect from everyone working within the Trust, whatever their role.

c. Strategic Objectives

Our strategic objectives describe the principle outcomes that colleagues aspire to achieve in all activities. These strategic objectives are to:

- achieve the best possible outcomes for our service users through high quality care;
- understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work;
- provide innovative community services that deliver health and social care together;
- work as a valued partner in local communities and across health and social care;
- support individuals and teams to develop the skills, confidence and ambition to deliver our vision;
- manage public resources wisely to ensure local services remain sustainable and accessible.

5. Our services

Gloucestershire is a geographically diverse county, covering an area of about 1,045 square miles, and with a total population of approximately 600,000 people. The county includes the large urban communities of Gloucester and Cheltenham, with smaller market towns and villages making up the rest of this mostly rural area.

To support the people of the county, the Trust employs more than 2,600 staff including nursing, medical and dental staff, allied healthcare professionals, as well as support service, administrative and clerical workers. The Trust also manages approximately 800 social workers and reablement workers from Gloucestershire County Council, who mostly work within the Trust's Integrated Community Teams.

Services are delivered in a variety of settings including people's homes, community clinics and community hospitals, working alongside GPs and other primary care colleagues. The Trust also provides some services in the acute hospitals in Gloucester and Cheltenham, as well as in nursing and residential homes, and social care settings.

Over the year 2013-14, we recorded 1,173,142 service user contacts across Gloucestershire.

1. Integrated Community Teams

The Trust's Integrated Community Teams bring together occupational therapists, social workers, physiotherapists, community nurses and reablement workers into single teams, who work closely with local GPs and provide care to service users at home or close to home. As such, these Integrated Community Teams help people to be in control of their choices, and to maintain their independence safely and appropriately. Teams are focused on:

- reducing unnecessary hospital admissions;
- caring for people where they recover best - at home, wherever possible;
- enabling people to receive care at a time to suit them.

A number of the Integrated Community Teams also provide access to:

- a rapid response service, which operates 24 hours a day, 7 days a week, in order to provide assessment in the home for people who require urgent care within an hour and therefore avoid the need for hospitalisation;
- a high intensity service which supports people who have been stabilised by the rapid response team, and which can then provide high levels of support and monitoring during a person's recovery.

CASE STUDY
Integrated Community Teams

Full independence through co-ordinated care

After a stay in hospital to recover from a fall, Mrs B was discharged home where she received four calls per day for homecare support. A social worker from the Integrated Community Team then visited Mrs B to complete a review and determine whether additional support was needed.

The social worker learnt that throughout her adult life, Mrs B had lived with a disability where paralysis affected one side of her body. An independent and resilient lady, Mrs B had raised her family and, in recent years, had nursed her first and her second husband through long illnesses until they died. It was therefore clear that Mrs B had developed good coping strategies to solve the challenges of daily living. However, Mrs B had not been out of her home since her fall, and she was fearful of driving again. Her family expressed concerned about her catheter and its possible removal, and Mrs B's need for exercise and ongoing support.

After the social worker had talked through the issues with Mrs B, it was agreed that the reablement team would support Mrs B for the morning and night calls, with the homecare agency continuing to support the lunchtime and evening calls. Advice and support were given to make sure that Mrs B could move safely around her home with adjustments to existing equipment.

Over a number of weeks, Mrs B was supported to become more independent and confident in daily tasks, such as washing, dressing, meal preparation and cooking. The lunch-time visit from the homecare agency was replaced with a reablement visit to support Mrs B in regaining these skills further.

To help Mrs B better manage her catheter - with a view to removing the need for a catheter altogether – the team's district nurses became more closely involved in her care. Different catheter equipment proved unsuccessful at home so, with the support of her social worker, Mrs B was admitted to Ashley Intermediate Care Unit in Cheltenham. After three weeks of close supervision by the Unit's district nurse and other support staff, Mrs B was finally able to have her catheter removed.

The impact on Mrs B's quality of life has been dramatic, and she no longer needs any help at home from carers.

Benefits to the service user:

- Faster recovery at home with support
- The service user is back in the community, with their local support network e.g. family, friends, carers, GPs, voluntary sector
- Increased independence and quality of life

Quality measures:

- Less duplication through integrated care
- Bringing care closer to home
- Make best use of hospital based services

2. Community Hospitals

The Trust manages seven community hospitals across the county, namely:

- Cirencester and Fairford Hospital;
- North Cotswolds Hospital;
- Stroud General Hospital;
- Vale Community Hospital, Dursley;
- Tewkesbury Community Hospital;
- Dilke Memorial Hospital;
- Lydney and District Hospital.

"It has been very nice to have my own single room. It has given me privacy and a sense of being an individual."

Service user, North Cotswolds Hospital

These community hospitals play a vital role in caring for service users of all ages, and provide high quality care that is centred on the needs of local people, delivered by the Trust's skilled and dedicated staff.

The community hospitals provide the following services:

- community inpatient rehabilitation and palliative care beds;
- outpatient services including a varied range of nurse led and therapy services and clinics;
- Minor Injuries Units which can save people from unnecessarily attending Emergency Departments, and which can treat a range of less serious conditions and ailments such as sprains, simple fractures that may need x-rays and plastering, simple wounds that may need stitches, minor burns etc;
- Out of Hours GP services including Primary Care Centres;
- X-ray facility managed by Gloucestershire Hospitals NHS Foundation Trust.

3. Specialist Services

Our specialist services provide care in community clinics and in people's own homes. They support service users who are managing long-term or complex conditions such as diabetes, enable people to be discharged from hospital with appropriate support, offer rehabilitation services, and provide palliative care to those managing life-limiting conditions. Our teams also provide education and hands-on training to care homes.

A summary of our specialist services is provided below: however, for more comprehensive information, please visit our website at **www.glos-care.nhs.uk.**

a. Specialist Nursing
The Trust's specialist nursing teams provide expert care for people needing support with, for example, bone health, heart failure, respiratory conditions, tissue viability, motor neurone disease, Parkinson's disease and homeless healthcare.

b. Therapy Services
Our specialist therapists provide services such as podiatry, occupational therapy, physiotherapy services, and speech and language therapy.

c. Community Dental Services
The dental service provides NHS dental care for people in Gloucestershire who are unable to access treatment from a general dental practitioner. The team provides routine dental healthcare check-ups, emergency appointments and out of hours emergency dental pain relief.

Most of the dental clinics are fully accessible. However, the Trust also provides special care dentistry for those who are unable to access routine dental care due to mobility issues or specific learning needs.

d. Sexual Health Services
The Trust's team provides free and confidential information to those looking for support and advice relating to sexual health. The highly trained and approachable staff can help with any issues regarding contraception and pregnancy, sexually transmitted infections, sexual assault, emergency contraception and routine testing such as chlamydia testing. Teams are also able to offer support and care to those either living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) or anyone caring for or supporting someone who is affected.

e. Independent Living Services
These services help people be cared for in their own homes whilst providing vital links to community-based services such as GPs and hospitals. They offer advice on equipment to promote safety and reduce risk if mobility is an issue, and also provide telecare and wheelchair services.

4. Children and Young People Services

The Trust offers a full range of NHS health services specifically tailored towards the needs of children and young people, and provides a coordinated approach for children's health. The Trust also delivers the universal services of health visiting, school nursing and the neonatal hearing screening service.

Wider services available include home safety checks, and children specific occupational therapy, physiotherapy and speech and language therapy. Children's health services are also available for children in care. The children's respite care team can additionally help children to be cared for in a familiar home environment where their illness is ongoing.

"Everything and everyone we came in contact with were excellent. Very professional, kind, so helpful! Couldn't be faulted. Gave aids for the home and treatment that have helped strengthen my mother's hands. She lives alone"

Service user

These clinical and care services are supported by a range of corporate functions such as human resources, finance, performance, governance and risk management. Additionally, the service user experience team provides a key point of contact for service users, their families and carers.

6. Statement of Directors' responsibilities

Under the terms of the Health Act 2009, the National Health Service (Quality Accounts) Regulations 2010, and the National Health Service (Quality Account) Amendment Regulation 2011, Trust Directors are responsible for ensuring the preparation of a Quality Account for each financial year. Equally, the Department of Health has issued guidance on the form and content of Quality Accounts (which incorporate the above legal requirements).

In preparing this Quality Account, the Trust's Directors have satisfied themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- 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 that they are working effectively in practice;
- the data underpinning the measures of performance reported in this Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Trust's Directors confirm that to the best of their knowledge and belief, they have complied with the above requirements in the preparation of this Quality Account.

By order of the Board

Paul Jennings
Paul Jennings, Chief Executive

Ingrid Barker
Ingrid Barker, Chair

Glyn Howells
Glyn Howells, Director of Finance

Liz Fenton
Liz Fenton, Director of Nursing

Dr Joanna Bayley
Dr Joanna Bayley, Medical Director

Susan Mead
Susan Mead, Non-Executive Director

Joanna Scott
Joanna Scott, Non-Executive Director

Robert Graves
Robert Graves, Non-Executive Director

Christopher Creswick
Christopher Creswick, Non-Executive Director

Nicola Strother Smith
Nicola Strother Smith, Non-Executive Director

PART TWO: REVIEW OF 2013-14

This part of the Quality Account provides a review of our first year as a Trust, and demonstrates our successes and learning during that time. Some of the highlights of the year have been:

First provided services as Gloucestershire Care Services NHS Trust

Led a Change4Life event in Gloucester City with partners including Gloucestershire County Council and Active Gloucestershire

Held the first Your Care, Your Opinion Information Event, giving the public opportunity to contribute to our vision, values and strategic objectives, Clinical and Professional Care Strategy, and Communications and Engagement Strategy

Won three Community Hospital Association awards including the overall winner

Opened the George Moore Community Clinic, Bourton-on-the-Water

Welcomed Chief Executive of the Royal College of Nursing to Vale Community Hospital and Stroud General Hospital as part of their development programme

Launched the Gloucestershire Respiratory Team, working in association with Gloucestershire Hospitals NHS Trust

Opened the new Tewkesbury Community Hospital

Hosted a multi-agency Learning Disabilities workshop

First service went "live" on the Trust's new clinical IT system

Completed the refurbishment at Windrush Ward, Cirencester Hospital

Launched the enhanced Integrated Community Team in Gloucester City

Commenced the Listening into Action programme

Completed refurbishment at Cirencester Minor Injuries Unit

APR MAY JUN JUL AUG SEPT OCT NOV DEC JAN FEB MAR

"The Trust is committed to a policy of zero tolerance of poor care, and thus will not condone any act of negligence or other failure or omission that results in service users suffering avoidable harm. This policy will therefore help ensure the delivery of safe and compassionate care services."

Clinical and Professional Care Strategy, Gloucestershire Care Services NHS Trust, 2014

7. SAFE

7.1. Falls Reduction

Why are falls a concern for service user safety?

Falls can be common for older people, and can often have significant consequences including longer stays in hospital, associated healthcare infections and complications, increased morbidity and, in extreme circumstances, increased risk of mortality

Guidelines issued by the National Institute for Health and Care Excellence (NICE) in June 2013, identified that people aged 65+ have the highest risk of falling, with 30% people aged 65+ and 50% people aged 80+ falling at least once a year.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- staff would undertake earlier assessment of a service user's risk of falling, enabling measures to be put in place to reduce the possibility of, or harm from, a fall;
- staff within community hospitals would provide a falls assessment, and put a falls care plan in place where appropriate, within 24 hours of a service user's admission;
- 50% eligible staff would have access to training to increase their knowledge relating to falls prevention and bone health.

"Treated as a human being. Very understanding. That's what care is all about"

Service user

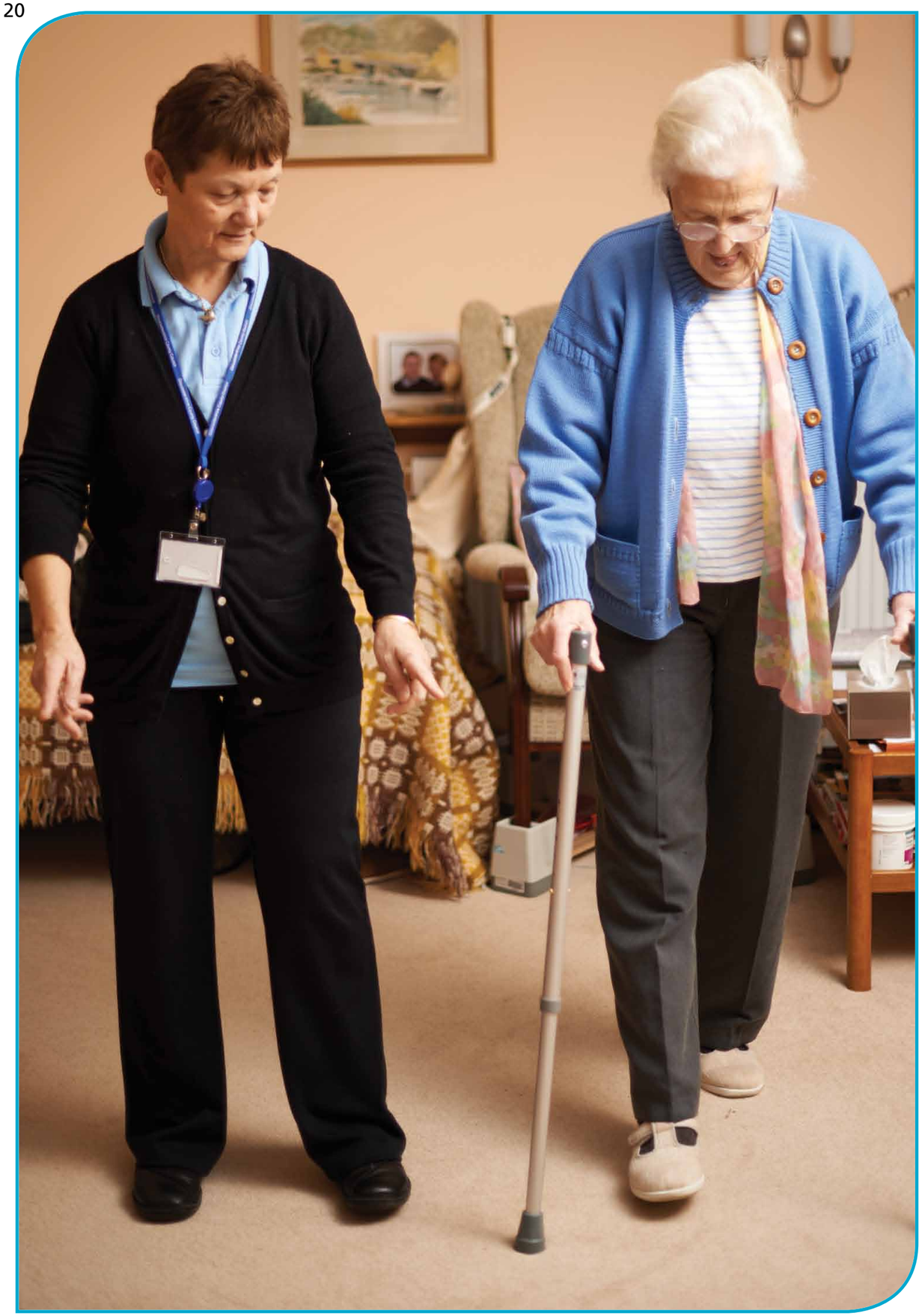
NHS Safety Thermometer

The NHS Safety Thermometer is a national tool that provides a way of us measuring and comparing our performance in four key areas of safety, namely falls, pressure ulcers, venous thromboembolism and urinary tract infections in service users with a catheter.

By March 2014, we achieved our goal of ensuring that all community hospital wards and community teams completed the monthly census, meaning that within the year, 13,003 service users have been assessed using the Safety Thermometer.

The results were as follows:

- we reported that 89.6% service users assessed by the Safety Thermometer were receiving harm-free care;
- levels of harm-free care increased throughout the year as staff improved practices: thus, 87.6% service users were reported to be receiving harm-free care in the first three months of the year, compared to 90.9% in the last three months;
- this compares favourably to other community Trusts which reported 89.1% harm-free care in the period April 2013 to January 2014 (source: The Aspirant Community Foundation Trust Benchmarking Group).



What quality improvements were made in 2013/14?

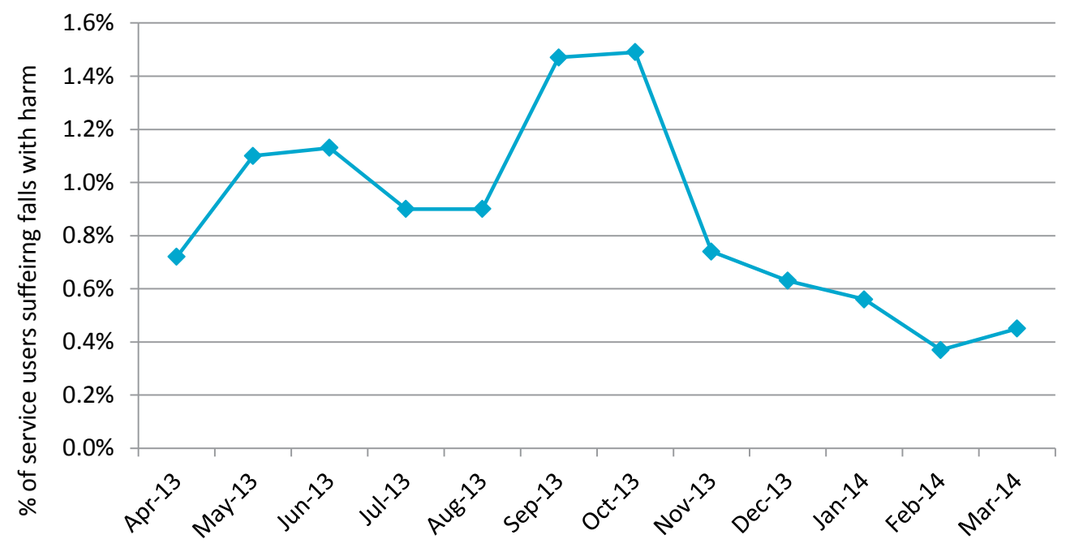
- By the end of the year, 98% service users received a risk assessment and if indicated, a care plan, within 24 hours of admission to a community hospital. Service users were also given use of appropriate equipment such as hi-low beds to help prevent falls. Telecare was also used to support service users - this includes equipment such as door sensors, fall pendants, and pressure mats for beds and chairs, all linked to a pager that can summon help. As a result, we have seen a reduction of 8% in the number of of falls in community hospitals, exceeding our in-year objective.

- Where risks were identified, staff discussed matters with the service user, as well as their family and carer, in order to enhance their understanding and to enable them to contribute to risk reduction measures as appropriate.

- 51% eligible staff completed the falls training programme.

- The number of falls that resulted in harm decreased significantly over 2013-14, despite a temporary increase in the middle of the year as new processes were developed and embedded into daily practice (illustrated below).

Falls with Harm



7.2. Pressure Ulcers

Why are pressure ulcers a concern for service user safety?

The development of avoidable pressure ulcers (also known as "bedsores" or "pressure sores") is widely recognised as an indicator of poor care. Pressure ulcers can lead to considerable pain and distress for service users. More importantly, complications from the most serious pressure ulcers (grade 3 or 4) can occasionally be life-threatening.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- by reviewing and enhancing our risk assessment processes, and by providing a range of further education and training resources for clinical teams, there would be a sustainable reduction in the number of pressure ulcers acquired by service users whilst under the care of the Trust;
- incident reporting of pressure damage would be improved, so that staff would be more aware of concerns and could intervene more quickly;
- there would be an increased number of joint investigations with other agencies involved in a service user's care when a pressure ulcer was identified.

"Staff looked after me extremely well, explained everything that was happening which helped me to relax and put me at ease"

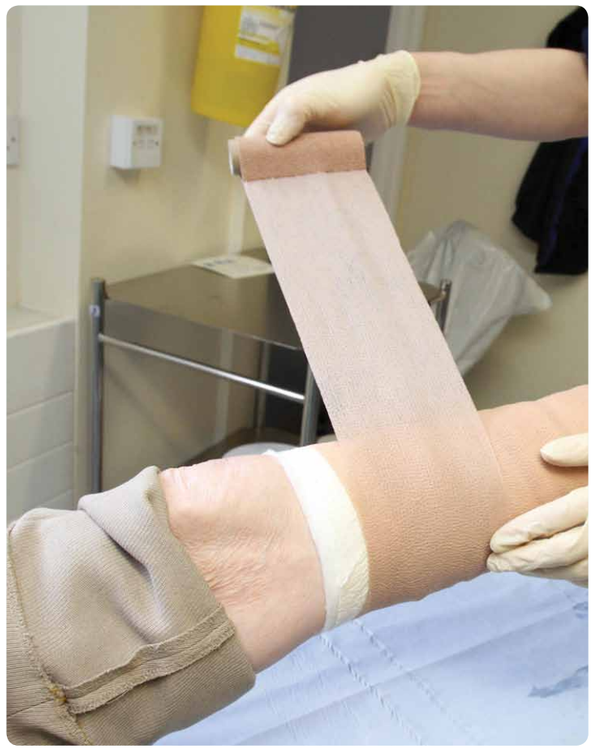
Service user

Staff Awards

In 2013-14, Sarah Warne, the Trust's Named Nurse for Adult Safeguarding, won a national Innovations and Best Practice Award from the Community Hospitals Association, in recognition of her outstanding work to improve the identification and early reporting of pressure ulcers.

As a result of this work, clear guidance is now provided to all Trust staff if they are concerned that a pressure ulcer is the result of poor practice or neglect.

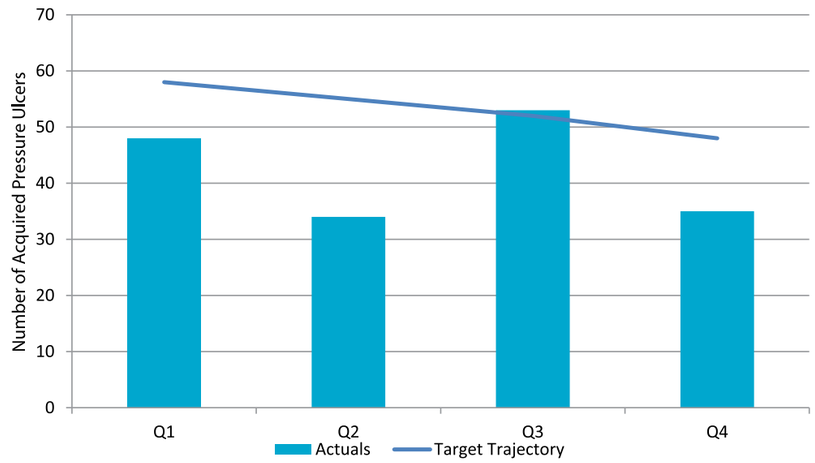
Sarah's project also successfully brought together colleagues from adult social care and local acute healthcare services so as to ensure the effective management of pressure ulcers for service users who move between services or organisations.



What quality improvements were made in 2013/14?

- We achieved a 17% reduction in acquired avoidable pressure ulcers (illustrated below).
- The Trust significantly decreased the number of pressure ulcers with a high degree of harm (grade 3 and 4) compared to the previous year: thus, there were five (two grade 3 and three grade 4) pressure ulcers in 2013-14, compared to eight (seven grade 3 and one grade 4) pressure ulcers in 2012-13.
- The number of grade 2, 3 and 4 avoidable pressure ulcers acquired whilst under the care of the Trust reduced to an average of 11.5 per month over the year, compared to 15.2 for other community Trusts over the reporting period April 2013 to January 2014 (source: The Aspirant Community Foundation Trust Benchmarking Group).
- Interventions were improved: this included more appropriate use of pressure relieving equipment, barrier creams and dressings.
- We significantly developed our partnership working with the other NHS providers in Gloucestershire, as well as with colleagues in the care home sector, and other agencies providing personal care in people's own homes.

Acquired Pressure Ulcers 2013-14



"Very satisfied with the care and attention given to me, staff were very good."

Service user, Tewkesbury Community Hospital

"Brilliant staff here, they are fun! They are also very attentive to us patients."

Service user, North Cotswolds Hospital

7.3. Infection Prevention and Control

Sam Lonnen
Lead Nurse, Infection Control

Why are infections a concern for service user safety?

Infection prevention and control is fundamental to safety. Without necessary precautions and measures, service users - and often those who are most vulnerable - are at increased risk of acquiring bloodstream infections, respiratory infections, urinary tract infections, gastrointestinal infections etc.

For this reason, colleagues across all our services have clear responsibility for maintaining the cleanliness and tidiness of the environments in which service users receive their care. I am satisfied that all my colleagues understand and acknowledge that responsibility, and that together as a Trust, we are making significant strides forward in hygiene standards. I am therefore particularly disappointed that we did not meet one of our key targets for last year (related to C. difficile), but I am confident that we now have robust plans in place so as to ensure absolute compliance in 2014/15.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

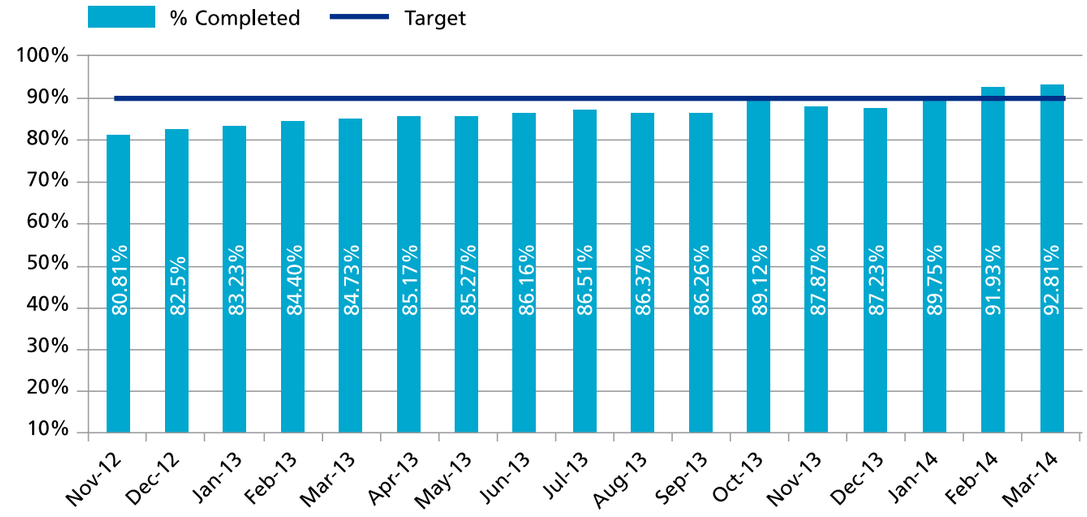
- across our community services, monthly audits of hand hygiene practice would be undertaken to ensure compliance with approved standards;
- staff would be educated and updated in the care of service users with C. difficile (a particular bacterial infection that can affect the digestive system), and also that staff would be made better aware of all contributory factors;
- we would undertake thorough testing of the cleanliness of all surfaces and clinical equipment, even after cleaning;
- we would instigate audits of infection control practice so as to identify where quality improvements could be made;
- we would reduce both the number and impact of outbreaks of diarrhoea and vomiting in the care environment, with consideration for those affected and the wider implications for the local health community through loss of capacity where colleagues are on sickness absence.

What quality improvements were made in 2013/14?

- The Trust's average compliance score for the reporting of handwashing was 94%.
- Unfortunately, we did not achieve our tolerance of no more than 18 cases of C. difficile during the year, as a total of 19 cases were identified by the end of March 2014. However, we did develop a comprehensive C. difficile action plan which was reviewed every 6-8 weeks and which was supported by further assessment. We also ensured that each case of C. difficile was subject to a detailed root cause analysis which supported learning and developments in practice.
- It is however noted that there were no cases of MRSA infection during the year.

- The number of staff completing the infection prevention and control training increased throughout the year as illustrated below:

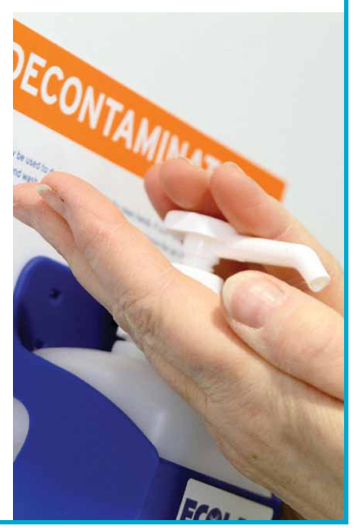
Mandatory Training: Infection Control



- The results from testing the cleanliness of surfaces and clinical equipment after cleaning were outstanding, and provided clear evidence of how the processes of cleaning and cleaning schedules are working.
- Infection control audit scores improved over the year. In particular, better scores were achieved in the Trust's controlled care environments such as our new and refurbished wards, units, outpatient departments and hospitals that have side rooms with en-suite facilities. The elements of the audits that focused on staff awareness of service user safety, and infection control processes and procedures, also performed well and showed improvements across the organisation, averaging 92% compliance for 2013-14 compared to 91% in the previous year.
- Outbreaks of community infections were also better controlled in 2013-14, as evidenced below.

	2012 - 2013	2013 - 2014
Total number of outbreaks	18	11
Those confirmed as norovirus	13	10
Number of services user affected	199	64
Number of lost bed days	497	220

A comprehensive Infection Prevention and Control Annual Report will be presented to the Trust Board in November 2014. This will also be made public through our website.



7.4. Medicines Optimisation

Laura Bucknell
Head of Medicines Management
Accountable Officer for Controlled Drugs

Why are medicines a concern for service user safety?

Medication is the most common healthcare intervention, and medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. However conversely, the wrong medication or dosage can have devastating consequences on a person's health, well-being and safety.

Medicines optimisation is a multidisciplinary, person-centred approach to ensuring that the right service user gets the right medicine at the right time. It can help encourage and support people to take ownership of their treatment by supporting them to take medicines correctly, avoiding unnecessary medicines, reducing wastage and improving medicine safety.

This is why we, as a Trust, are fully committed to medicines optimisation.

What quality actions were undertaken in 2013/14?

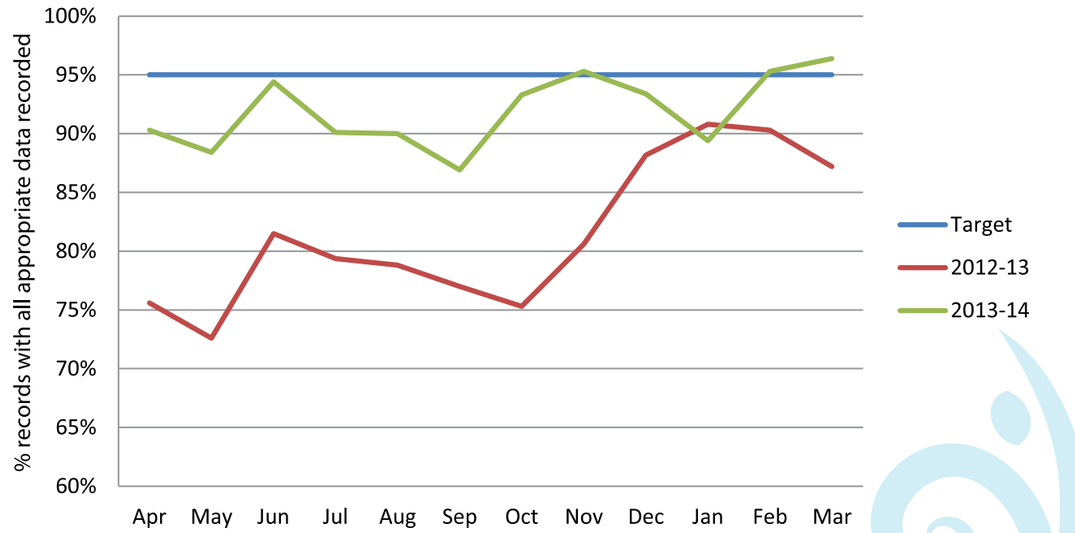
In 2013-14, we sought to ensure that:

- a local antibiotic formulary would be in place, in order to reduce inappropriate use of broad spectrum antibiotics, and ensure antibiotics are not prescribed for longer than required;
- monthly HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits would take place in the community hospital wards so as to monitor key factors associated with antibiotic prescribing: these factors include ensuring that on each service user's drug chart (i) the service user's allergy status is recorded, (ii) the prescribed antibiotic is documented, (iii) the review date or stop date is recorded, (iv) there is confirmation that the prescribed antibiotic is on the agreed formulary or had been prescribed on the advice of a microbiologist, and (v) the appropriate route for administration is shown.

What quality improvements were made in 2013/14?

- The Trust worked in partnership with the Gloucestershire Clinical Commissioning Group, as well as the local acute and mental health Trusts, to develop and implement a countywide medicines formulary to support evidence-based, cost-effective prescribing that makes best use of public money.
- The results for the HAPPI audits showed a marked improvement in the recording of all appropriate data as illustrated below.

HAPPI Audit Results



In 2014-15, we will be introducing a Medicines Safety Thermometer to raise awareness of service user safety and in doing so, will engage nurses, pharmacists and medical staff in reducing medication errors and understanding the burden of harm from such errors. The Medication Safety Thermometer will be primarily focused upon medicines reconciliation and delayed/omitted doses.

We will also be reviewing the training provided to staff to ensure that the Trust has a workforce that is trained and competent in all aspects of medicines management.

"I have visited this department numerous times with my three boys, all aged under 6! This time in visiting, the staff were particularly friendly and efficient. Also, I've noticed the facilities are improved and excellent."

Service user, Cirencester Minor Injuries Unit

7.5. Safeguarding

Why is safeguarding a concern for service user safety?

Safeguarding is defined by the Care Quality Commission as the means to **"protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care".** Those most in need of such protection are children, young people, and adults whose circumstances make them vulnerable. Safeguarding is therefore synonymous with safety.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- we would remain committed to playing a full and active role in the multi-agency safeguarding agenda, and would be suitably represented on the Gloucestershire Safeguarding Adults Board and the Gloucestershire Safeguarding Children Board;
- we would maintain the Trust's Safeguarding Operational Board for both adults and children in order to provide a forum for information sharing and learning, as well as coordinating the audit programme;
- staff could successfully address the challenge of balancing a busy workload with the requirement to attend necessary safeguarding training.

What quality improvements were made in 2013/14?

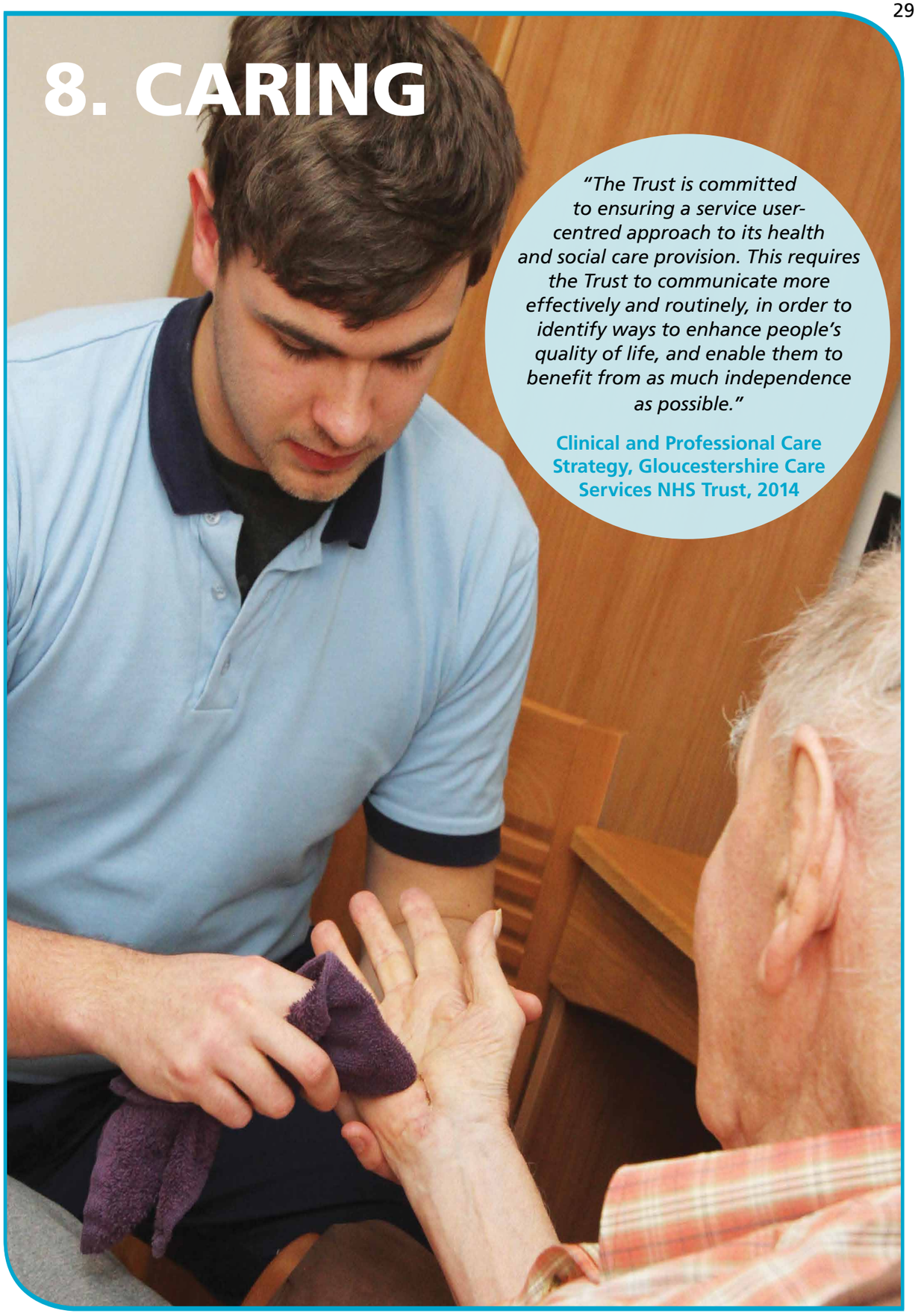
- The Trust took a lead role in the development of a Safeguarding and Pressure Ulcer policy for which it won an award from the Community Hospital Association.
- We participated in both the South West Safeguarding Team peer review process, and the Gloucestershire Self-Assessment audit programme.
- We supported the development of a Multi-Agency Safeguarding Hub (MASH) to help streamline the routes for referral and notifications of concern, and act as a centre for all new referrals regarding adults and children's safeguarding.
- Adult safeguarding alerts and referrals continued to rise in line with both the county and national picture. This is regarded as a positive development as it evidences that colleagues are thinking "safeguarding" as core in care.
- The corporate induction programme was updated to include safeguarding awareness training for all staff - this was delivered by the Named Nurse for Safeguarding Adults and the Named Nurse for Safeguarding Children.
- The safeguarding foundation training day for all service user-facing staff was aligned to induction so that all new employees received basic safeguarding training during their first month of employment.
- Subsequent training was delivered through a combination of e-learning and face-to-face opportunities.
- We provided regular multi-disciplinary group supervision sessions for all front line staff working directly with children including Allied Health Professionals.
- The Safeguarding Children team developed training packages and delivered a number of educational sessions in response to local and national recommendations on Neglect, Writing Reports and Court Statements, and provided a safeguarding package of training as part of the induction programme of newly-qualified Health Visitors.

In 2014-15, we will again publish a declaration to describe how the Board is assured that safeguarding arrangements are in place across the Trust.

8. CARING

"The Trust is committed to ensuring a service user-centred approach to its health and social care provision. This requires the Trust to communicate more effectively and routinely, in order to identify ways to enhance people's quality of life, and enable them to benefit from as much independence as possible."

Clinical and Professional Care Strategy, Gloucestershire Care Services NHS Trust, 2014



8.1. Dementia Care

Why is dementia a concern for care?

Dementia is a term used to describe a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. It is a progressive illness that places significant strain not only upon the individual service user, but also upon their families and carers. Dementia is a huge concern for the NHS, given the many complexities of care.

The number of people living with dementia in Gloucestershire is rising – thus, whilst it is estimated that there are currently 8,500 people living locally with dementia, this figure is expected to increase by at least a further 2,000 people in the next 6 years alone. Similarly, over 70% of our county's hospital beds are already used by people with some degree of cognitive impairment, but this too will rise over time.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- we would build on our 2012/13 progress in dementia care, focusing on screening for early signs of disease and ensuring appropriate referral, thereby aiding diagnosis and providing early intervention and support in line with the Prime Minister's Dementia Challenge;
- 90% people admitted to a community hospital or onto a community nursing caseload would be screened, and where appropriate, forwarded for initial memory testing;
- we would routinely refer onwards to a GP or to specialist Memory Assessment Services, all people whose initial memory testing raised concerns;
- we would document the details relating to screening and a service user's on-going treatment, within the individual's care plan;
- we would make more training available to staff.

What quality improvements were made in 2013/14?

- By the end 2013-14, we were able to evidence improvement in all areas: in particular, we achieved our target of ensuring 100% screenings in community hospitals, and exceeded the target of 80% service users having a plan of care in place.
- The Trust's education leads supported and delivered dementia training to all disciplines of staff across the organisation. The quality of the training was rated highly, with positive feedback from participants.
- Our dementia link workers undertook a nine month (one day a month) course, equipping them with the skills to cascade training, raise the profile of dementia care, review environments and processes, and support all users and carers across the Trust.
- Our recent refurbishment of the dental clinics at Redwood House, Stroud, created a dementia-friendly environment through, for example, colour contrast furnishings and fittings, as well as graphics-based signage.
- The refurbishment of wards at the Dilke Memorial Hospital also created a dementia-friendly environment including access control doors, a newly-laid out nurses' station with a seating area, colour contrast furnishings and fittings, and a reminiscence room to help encourage memories.
- The Head of Estates completed a dementia leadership course, providing the knowledge and awareness necessary to enable comprehensive review of the Trust's other environments, so that we can work towards becoming dementia-friendly across the county.

In 2014-15, we will continue to review where we can make quality improvements: this will include scoping the role of a dedicated dementia lead, promoting the role of the dementia link workers in both community and hospital settings, and extending the range of dementia training opportunities.

8.2. Care for People with Learning Disabilities

Why are learning disabilities a concern for care?

2012 estimates suggest that there are at least 11,079 adults in Gloucestershire with a learning disability, of whom 2,274 have a moderate or severe condition. Additionally, there are at least 1,491 children with a moderate learning disability, and 162 with a severe learning disability. The healthcare needs of this population group are particularly challenging given that:

- people with learning disabilities are 58 times more likely to die before the age of 50;
- respiratory diseases affect 46-52% people with learning disabilities, compared to 15-17% of the general population;
- epilepsy affects 22% people with learning disabilities, compared to 1% of the general population;
- dementia affects 21.6% people with learning disabilities aged 65+, compared to 5.7% of the general population aged 65+.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- a minimum 25% eligible employees would access training to ensure that they had an awareness of the specific needs of people with a learning disability, and that they would be able to provide reasonable adjustments in their services (a "reasonable adjustment" is where we may have a procedure which makes it unreasonably difficult for a person with a disability to use their service, and we therefore need to take reasonable steps to change that practice: for people with learning disabilities, this may include booking double-length appointments, allowing service users to be seen quickly and avoiding queuing, enabling a carer to support the service user during an investigation, providing written information about diagnosis, treatment and follow-up to the service user and carer on discharge etc);
- we would provide readily available and comprehensible information to service users with learning disabilities about the treatment options, complaints procedures and appointments;
- suitable support would be provided to family and carers who support service users with learning disabilities.

What quality improvements were made in 2013/14?

- 26% staff either completed a specially designed e-learning package or attended face-to-face training provided by the Learning Disabilities Training Team.
- 70 staff have now become champions for learning disabilities within their own areas of work.
- We hosted a multi-agency workshop in December 2013 in order to identify the range of actions that we need to undertake in order to offer a truly learning disability friendly service. The result of this workshop was the development of a robust quality implementation plan that seeks to:
  - embed working partnerships countywide to ensure effective care across all health and social care pathways;
  - establish a method to identify people with a learning disability on the Trust's main clinical IT system, so that staff can proactively recognise the need to make reasonable adjustments in their care delivery;
  - introduce the systematic use of a reasonable adjustment tool within all clinical areas;
  - update all relevant service user information leaflets into an easy-read format;
  - further develop training opportunities across the Trust;
  - facilitate improved service user and carer involvement.

An update on progress against this implementation plan will be available in next year's Quality Account.

8.3. End of Life Care

Why is end of life a concern for care?

National initiatives such as the End of Life Care Strategy (Department of Health, 2008) highlight the challenges that the NHS faces in providing end of life care: these include health and social care staff finding it difficult to initiate discussions with people about the fact that they are approaching the end of their life, a general lack of understanding about people's needs and preferences for care, inadequate support for family and carers both during a person's illness and into bereavement etc.

More specifically, in July 2013, there was national steer to phase out use of the Liverpool Care Pathway, which previously was the nationally advised approach for the support of service users in their dying days.

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- service users at the end of life would receive compassionate care that was thoroughly planned, implemented and evaluated to meet their individual needs;
- service users and carers would be involved with this care planning;
- there would be clearly evidenced discussions with all relevant care providers;
- we would identify all religious and spiritual needs, together with the service user and family;
- there would be effective symptom management at end of life and where death is expected, including effective management of pain, nausea and vomiting.

What quality improvements were made in 2013/14?

- We worked collaboratively with all our partners across Gloucestershire (including Gloucestershire Hospitals NHS Foundation Trust, local GPs, hospices, care homes, carers groups and Gloucestershire Healthwatch) in order to develop a robust process to replace the Liverpool Care Pathway: this is now in place and ensures the support of excellent end of life care across the county.
- We also worked with our partners to develop a complete care record which will better inform and measure coordinated care planning, service user and family involvement, and expression of care preferences: this care record observes the principles set out by both NHS England and also the Leadership Alliance for the Care of Dying People.
- We provided extensive training, information events and other resources and support for staff in all settings, so as to facilitate best standards of care: in particular, training sessions included information about spiritual and emotional care and support for service users, as well as their families and carers.
- By the end of the year, 90% service users who were at the end of their life had appropriate symptom management, compared to 86% at the start of the year, demonstrating an increase in the efficacy of care provided.

"I can't praise highly enough. The care and support given to my mother and me in my mother's last days was outstanding. Thank you so much"

Service user, Stroud General Hospital

Mortality Reviews

The recent Keogh Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England (Department of Health, 2013) explored the standards of care provided by hospitals with persistently high mortality rates, given that such rates can be associated with failures in safety. As a result, we are now required to maintain a robust understanding of all unexpected deaths in our community hospitals, so as to check thoroughly that they not do represent poor care.

We have therefore introduced an additional system for recording and reviewing all deaths in community hospitals, complementing existing evaluation processes.

This new system will assure us that we are providing the best possible care for service users on an end of life pathway, and that, on the rare occasions when an unexpected death does occur in one of our community hospitals, it is fully investigated and any lessons are learnt by the Trust as a whole.

Specifically as a result of this new system:

- all deaths in community hospitals are now reported to me as Medical Director, and scrutinised at a multidisciplinary meeting which reports to the Board. The members of the multidisciplinary meeting also collate the learning from the reviews, and disseminate guidance across the Trust in respect of end of life care and co-morbidities;
- staff recognise the need to introduce end of life planning at the appropriate time, and there is good documentation to support this process;
- staff engage in thorough discussions with service users (where possible) and families about wishes and expectations.

In reviewing our compliance with this new system, I am very pleased (although not surprised) to find evidence of excellent end-of-life care, reflecting the hard work and skill of our community hospital staff.

Dr Joanna Bayley

Dr Joanna Bayley
Medical Director

8.4. Same Sex Accommodation

Why is same sex accommodation a concern for care?

Across all care settings and services, the NHS has committed to ensuring service users' privacy and dignity. Specifically, the NHS Constitution states that all people should feel that their privacy and dignity is wholly respected while they are in hospital. To this end, the Chief Nursing Officer's report on privacy and dignity (2007) identifies same-sex accommodation as a 'visible affirmation' of the NHS's commitment to privacy and dignity, and therefore, to the highest standards of care quality.

The Trust is therefore required to eliminate mixed sex accommodation, except where it is in the service user's best interest or reflects personal choice (for example, when a married couple are admitted to hospital at the same time).

What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- the room/bay that contains each service user's bed, would only accommodate service users of the same sex;
- service users' toilets and bathrooms would be for a single gender only, and would be close to their bed area: however, it was recognised that service users who needed help to use the toilet or bathroom using a special hoist or bath, may be taken to a unisex bathroom, but a member of staff would accompany them, and other service users would not be able to use these facilities at the same time;
- there would be use of a robust reporting mechanism that ensured that any breaches would be reported and escalated immediately to the appropriate lead within the Trust;
- there would a review of compliance with this standard that formed part of our 2013-14 audit programme.

What quality improvements were made in 2013/14?

- The Trust reported no breaches of same sex accommodation in 2013-14.
- We maintained the necessary facilities, resources and culture to ensure that service users who were admitted to our hospitals, only shared rooms with members of the same sex, and that same sex toilet and bathroom facilities were close to their bed area.

"I can't ever remember being in a hospital as nice as this. It's unbelievably good and absolutely spotless"

Service user, North Cotswolds Hospital

9. RESPONSIVE

"An increased range of quality evaluations and assurances will be undertaken, so as to assess current practice within Trust settings, understand the experiences of service users and colleagues, and identify opportunities to improve care, safety and compassion."

Clinical and Professional Care Strategy, Gloucestershire Care Services NHS Trust, 2014

9.1. Compliance with Care Quality Commission standards

The Care Quality Commission ("CQC") regulates all care provided nationally within hospitals, care homes and people's own homes. Throughout 2013-14, the Trust remained fully registered with the CQC without any conditions, and no enforcement actions were taken against us.

During 2013-14, the CQC undertook two inspections of our services as detailed below:

- Stroud General Hospital was inspected on 27-28 November 2013. During the inspection, care was observed, staff were interviewed, and records were reviewed, all supported by conversations with service users and families. As a result, the hospital was considered fully compliant with essential standards of care as detailed below:

What the CQC said

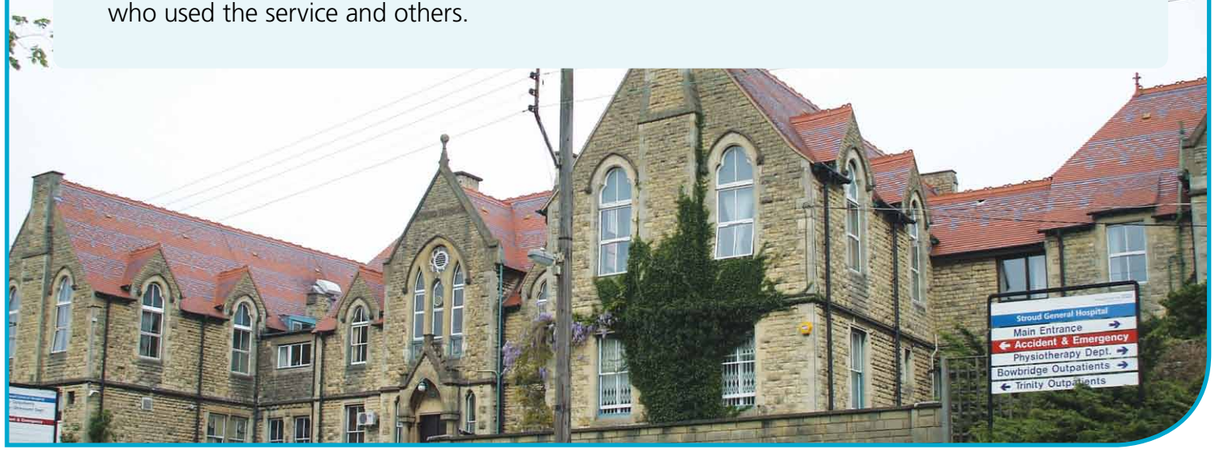
- **Care and welfare of people who use services:** We spoke with 19 people who were using the service. People told us the staff were all very kind and patient. Comments included **"I always say thank you"** and they say **"It's OK, it's our job"**, **"Nothing is too much trouble"**. One person told us about the physiotherapy they received daily, and they said **"I can see the physical improvement I have made in four weeks, that keeps me going"**. Another person told us they had requested to come to this hospital as they felt **"more comfortable here as it is smaller and not so intimidating"**.

- **Meeting nutritional needs:** People told us they were happy with the food provided, and we received the following comments; **"The meals have improved since my last stay as you now get a hot option at tea time"**, **"We always have drinks offered, there is plenty to drink"**, **"I can't complain as the food is very good really"**.

- **Cleanliness and infection control:** The hospital was clean and hygienic. Systems were in place to monitor infection prevention and control procedures.

- **Staffing:** There were enough qualified, skilled and experienced staff to meet people's needs. Bank and agency staff were being used to maintain the staffing levels. All the people we spoke with complimented the staff for the care they provided.

- **Assessing and monitoring the quality of service provision:** The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.



- Southgate Moorings Dental Services was inspected on 26 March 2014. During the inspection, care and treatment records were reviewed, staff were interviewed, and the inspectors talked to service users who accessed the dental service. As a result, the service was considered fully compliant with essential standards of care as detailed below:

What the CQC said

- **Consent to care and treatment:** Before patients received any care or treatment, they were asked for their consent, and the provider acted in accordance with their wishes. A leaflet was given to patients prior to them seeing a dentist, which explained to them about consent. It stated it was the patient's decision whether they received the treatment offered to them. Patients told us they had signed forms to give their consent to treatment.

- **Care and welfare of people who use services:** Patient's needs were assessed, and care and treatment was planned and delivered in line with their treatment plan. During our visit, we spoke with three patients about the care and treatment they had received at the practice. All those we spoke with gave us positive comments about the treatment they had received. Patients we spoke with also confirmed that they had their treatment explained to them.

- **Assessing and monitoring the quality of service provision:** Patients who used the service and their representatives were asked for their views about their care and treatment and they were acted on. During our visit we found that arrangements were in place to assess and monitor the quality of service provision. The dental clinic had sought the views of patients through a satisfaction survey. This had been completed in 2013. The results of the survey had been evaluated and any areas for improvement had been identified and an action plan produced. The survey asked for responses from patients for such areas as respect and dignity, awareness of complaints procedures and staff hand hygiene.

- **Complaints:** Patients were made aware of the complaints system. This was provided in a format that met their needs. We were shown a copy of their leaflet called the '4C's'. This related to compliments, comments, concerns and complaints. This leaflet was on display in the waiting area. The leaflet told patients how to make a complaint about the service they received. It also mentioned how patients could request the information in other languages and formats, for example braille.

9.2. Local and national audits

Local clinical audits

Local clinical audits have continued to be an integral part of the Trust's quality programme in 2013-14, enabling colleagues to review relevant aspects of their service and build upon good practice. The reports of 315 local clinical audits were reviewed in 2013-14 as detailed below:

Locality	Current/ underway	Completed in 2013-14
Gloucester and Stroud	2	78
Forest and Tewkesbury	4	117
Cheltenham and Cotswold	2	79
Urgent and capacity care	8	8
Countywide services	28	24
Children and young people	8	9
Total	**52**	**315**

National clinical audits and national confidential enquiries

During 2013-14, there were only two national clinical audits that related to NHS services provided by the Trust, and we actively participated with both. These national clinical audits were:

- the Sentinel Stroke National Audit Programme (SSNAP), which is a new programme of work which aims to include information from a service user's initial admission to their six month follow-up through all subsequent care settings (please note that reports are not expected to include results from non-inpatient teams until later in 2014);
- the National Chronic Obstructive Pulmonary Disease (COPD) audit, for which data collection began in February 2014 and which will continue into 2014-15.

100% required cases were submitted to the SSNAP audit: data collection is on-going in respect of the COPD audit.

No national clinical audit reports were reviewed by the Trust in 2013-14, and none were published.

It is noted that there were no national confidential enquiries in 2013-14 that related to Trust services.

An example of quality improvements made following the recommendations of local audit is the Trust's response to the audit of its clinical record-keeping practices. These improvements included:

- we revised our record keeping policy to address our increasing use of electronic information systems and requirements relating to social care;
- we agreed that an action plan will be developed within three months of starting all record-keeping audits;
- where audits demonstrate poor adherence to the requirements of the Trust's record-keeping policy, services will be required to re-audit those criteria within the year.

9.3. Incident reporting

An incident is any event which has given rise to actual harm or injury to an individual, or which has resulted in damage to, or loss of, property. This therefore includes service user or staff injury, assault and accident, as well as fire, theft and vandalism. It also includes harm from negligent acts, whether deliberate or unforeseen.

In 2013-14, the Trust re-evaluated its approach to the identification and management of incidents, and described this within its Risk Management Strategy. In summary, this approach now ensures that we follow thorough risk management processes that minimise the impact of adverse incidents. Most importantly, this means that we will see a reduction in negative effects upon the quality of our health and social care services, which in turn, will help improve service user safety and experience. It also ensures that decisions of the Trust can be taken with full consideration and awareness of the risk environment.

In 2013-14, the following incidents were reported:

Incident by Type	Total 2013-14
Incident at Point of Care Delivery (Clinical Incident)	1,298
Communication	216
Confidentiality, data and information governance	164
Discharge, Transfer, Admission, Appointment	179
Estates, Staffing, Infrastructure	326
Fire Incident	28
Personal Accident (Service User/Staff)	1,469
Security Incident	230
Violence, Abuse or Harassment	189
Vehicle Incident	27
Waste Environmental Incident	53
Total	**4,179**

These incidents may be further categorised as follows:

Incident by Type	Top Three Categories	Total 2013-14
Incident at Point of Care Delivery (Clinical Incident)	Medication or drug error	360
	Pressure ulcers	173
	Treatment or procedure problem	176
Estates, Staffing, Infrastructure	Estates problem/issue	90
	Hotel / domestic services issue	39
	Staffing issues	147
Personal Accident	Hit by/against object	119
	Slip, Trip or Fall (Service User)	1,131
	Slip, Trip or Fall (Staff / visitor)	54

Slips, trips and falls represent the highest number of recorded incidents (28% of all incidents in 2013-14). As a result, we are committed to ensuring quality improvements in our falls risk assessments and prevention work (see section 7.1 above). It is also noted that the majority of medication or drug errors, related to medications not being administered at the due time. Again, we are seeking quality improvements in this area, as detailed in section 7.4 above.

Serious Incidents

A serious incident is principally described as an event by which a service user, member of staff, or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or serious injury) on either our premises, or whilst receiving our services. In 2013-14, we reported 10 serious incidents which are classified as below:

Serious Incident Type	Number
Pressure Ulcers	5
Unexpected Death	1
Attempted service user suicide	1
Dentistry ('never event')	1
Missed diagnosis at a Minor Injuries Unit	1
Staff Assault	1

Quality improvements made in relation to these serious incidents were as follows:

- as part of our quality drive to reduce pressure ulcers, we now automatically classify an acquired grade 3 or 4 pressure ulcer as a serious incident, which prompts an investigation (see also section 7.2 above);
- in respect of the unexpected death, a Modified Early Warning Score system was introduced so as to identify service users whose health may be deteriorating: the use of this system is reinforced with training and audit evaluation;
- in respect of the attempted suicide by a service user, new guidelines have now been developed to support Trust colleagues identify risk factors where there is a potential for self-harm;
- the 'Never Event' (i.e. a serious, largely preventable safety incident that should not have occurred if the available preventative measures had been implemented) related to wrong site surgery. As a result, a clinical protocol has been developed to reduce any possible future risk;
- in respect of the missed diagnosis, a root cause analysis and corresponding action plan is being undertaken at the time of writing;
- in respect of the staff assault, safe havens and escape routes have been identified, and a more robust process has been established to further support Trust colleagues.

We would note that the occurrence of serious incidents at the Trust is comparatively low: thus, NHS Trusts in the Aspirant Community Foundation Trust Benchmarking Group reported an average 3.1 serious incidents per month in 2013-14 (excluding all grades of pressure ulcers) compared to our average rate of 0.4 serious incidents per month (excluding pressure ulcers).

10. EFFECTIVE

"The Trust is committed to consistently undertaking comprehensive evaluation of its care services, in order to assess the relative quality and effectiveness of its operations, and recognise opportunities for sustainable improvement where appropriate. This will result in tangible and measureable advancements in service delivery and organisational processes, which will ultimately lead to better health and social care outcomes for service users, carers and families across Gloucestershire."

Audit and Effectiveness Strategy, Gloucestershire Care Services NHS Trust, 2014

10.1. Trust and staff accolades

In 2013-14, a number of the Trust's staff won highly prestigious awards and other accolades for their outstanding quality of care. These included the following:

- three separate Innovations and Best Practice Awards were won from the Community Hospitals Association, relating to projects that sought to:
  - improve the identification and early reporting of pressure ulcers (detailed in section 7.2 above);
  - ensure greater involvement of service users in their own care (see section 10.2 below);
  - increase the availability of beds so that GPs could refer service users directly to community hospitals: this project, which was led by Caroline Holmes, the Trust's locality manager for Cheltenham and Cotswolds, won the Overall Innovations and Best Practice Award in recognition of its success in bringing together colleagues from across our seven community hospitals in order to improve admission and discharge procedures;
- Julien Standing, a nurse in the outpatients' team at Stroud General Hospital, was awarded the Lois Barr Memorial Award for Outstanding Achievement. This award, from the Association of Orthopaedic Practitioners, is given at the end of each year to the student who has gained the highest overall marks in the British Casting Certificate examinations run by the British Orthopaedic Association;
- in May 2013, a paper entitled Telemonitoring for Heart Failure: Experience of the Gloucestershire Telehealth Programme was prepared in collaboration with Imperial College and published by the Primary Care Cardiovascular Journal. A poster based on the paper was accepted by British Cardiac Society, and presented at a meeting by one of the Trust's heart failure specialist nurses, Suzy Hughes;
- in summer 2013, an article entitled A Day in the Life - The Voice Clinic Cheltenham General Hospital was published in the British Voice Association magazine Communicating Voice, and featured the role of two specialist speech and language therapists from the Trust;

Paul Jennings, Chief Executive said: **"These awards are a testament to the work of everyone at the Trust to provide the highest quality care for the people of Gloucestershire. I believe that everyone working at the Trust should be given the opportunity to contribute their ideas, and that doing so, will allow us to continue to find creative solutions to the challenges we face."**

- five community nurses were given the acclaimed title of Queen's Nurse by the community nursing charity, The Queen's Nursing Institute. The title indicates a commitment to high standards of service user care, learning and leadership. Nurses who hold the title benefit from developmental workshops workshops, bursaries, networking opportunities, and a shared professional identity. This now brings the total number of Queen's Nurses working for the Trust to eleven;

- in July 2013, specialist nurse Adrian Strain was invited to give a 15 minute presentation on the Model of Mainstreaming Telehealth in a Rural Community as part of the 3rd Annual Telehealth and Telecare Conference at the King's Fund;
- in July 2013, our community-led work on dementia received national recognition, with a case study on the experiences of black, Asian and minority ethnic communities published in an All Party Parliamentary report entitled Dementia Does Not Discriminate. The case study, one of just seven, described how Asian, African and Chinese communities in Gloucestershire have become actively engaged and involved in sharing knowledge and understanding of dementia;
- in August 2013, Stephen Moore, tuberculosis nurse specialist, contributed to a submission for a paper to British Thoracic Society Winter Meeting 2013 on the identification of a cluster of TB cases over twenty years, and its possible effects on contact tracing;
- in January 2014, Gail Pasquall, the Trust's diabetes lead specialist nurse, was elected as chair for the Royal College of Nursing (RCN) National Diabetes Steering Group Committee. Gail's role is to highlight new developments in diabetes for nurses, working with the Department of Health and the RCN to develop policies, and shape the way diabetes services are delivered in the UK;
- also in January 2014, Karen Pudge, diabetes specialist nurse, was elected to the Patient Experience Diabetes Survey for Diabetes UK. Karen is the only community diabetes specialist nurse elected, and was specifically chosen for the project, part of the National Diabetes Audit commissioned by the Healthcare Quality Improvement Partnership and delivered by the Health and Social Care Information Centre in collaboration with Diabetes and Public Health England;
- in February 2014, Professor William Jeffcoate, a world-renowned expert in foot ulcers, visited our podiatry team based at Gloucester Royal Hospital, to hear about their work on a national diabetes clinical research trial. This project, which aims to establish whether there is a significant difference in the proportion of service users' ulcers which heal at six months, continues to help develop enhanced foot care services and improve the care of people with diabetes;

- in February 2014, Stephen Moore, tuberculosis nurse specialist, contributed to a submission to the European Respiratory Society Conference 2014;
- in March 2014, the Trust's heart failure service and its successful use of telehealth, was cited in a King's Fund research paper titled **Making our Health and Care Services fit for an Ageing Population**.

10.2. Service User Experience

As a publically accountable organisation, we are fully committed to increasing our communication and engagement with service users, as well as with their families and carers, in order to ensure that we truly understand and reflect their needs, and respond effectively and robustly to any concerns. This commitment is demonstrated by the Trust Board decision in November 2013, to make one of our core strategic objectives to "Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work" (see section 4 above).

Friends and Family Test

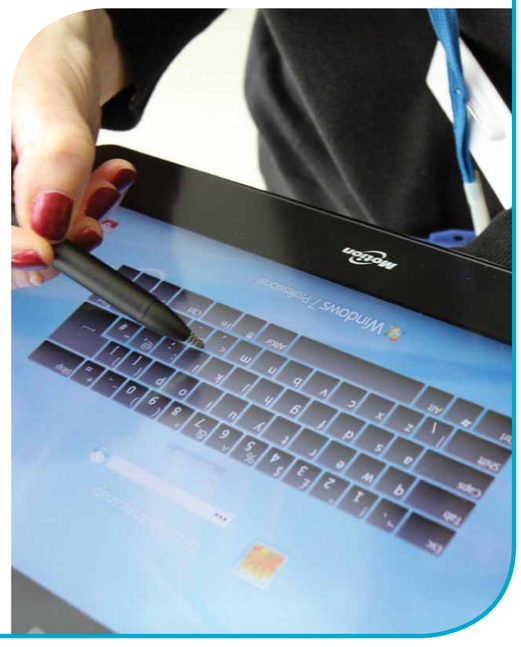
The NHS Friends and Family Test is an opportunity for service users to provide feedback on the care and treatment they receive, and therefore to provide critical information that can really help improve services. It was first introduced in April 2013 in inpatient wards and Minor Injuries Units, and asked people whether they would recommend us to their friends and family if they needed similar care or treatment. We felt that the scope of this survey was somewhat limited, and so with the input of service users, we designed a new questionnaire that included a number of additional quality monitoring questions. This was introduced in August 2013.

In 2013/14, the Friends and Family Test was completed by 10,246 service users on their discharge from an inpatient ward or Minor Injuries Unit across all of our seven community hospitals.

The results are shown in the table below. Most evident is that at any time, between 97% and 98% service users were extremely likely or likely to recommend our services. The table also shows the "Net Promoter Score". This is a score calculated by analysing responses and categorising them into people who would either (i) actively promote our services, (ii) actively not promote our services or (iii) remain neutral or passive. The net result of this calculation shows a swing either to the positive (maximum +100) or negative (-100). As can be seen below, in 2013-14, we achieved an average score of +83. This is a real success, and significantly higher than other Trusts against which we evaluate our services (thus, other organisations in the Aspirant Community Foundation Trust group reported an average Net Promoter Score of 79.5 in the period April 2013-January 2014).

In 2014/15, we will be extending the availability of the Friends and Family Test across all services.

2013-14	Overall Net Promoter score	Overall % people who are "extremely likely" or "likely" to recommend our services
April	+80	97%
May	+86	98%
June	+81	97%
July	+82	97%
August	+85	98%
September	+85	98%
October	+83	98%
November	+83	98%
December	+84	97%
January	+84	98%
February	+83	97%
March	+84	98%



Service user surveys

To complement the Friends and Family Test, we also undertook a range of other surveys in 2013-14. These included the following:

- on a rolling basis across the year, each service undertook an annual survey in order to gain a "snapshot" view of public opinions at that moment in time. Feedback from previous years showed that people who had moved between services had been frustrated by having to complete a number of surveys at different times. Learning from this, in 2013-14, we merged surveys as appropriate, and reviewed the questions to better focus on the key information needed to evaluate service user experience. As a result, 36 surveys were completed during the year, which were assessed by the individual services, which then developed and implemented quality improvement action plans;

- on a continuous basis throughout the year, real-time service user surveys were conducted using electronic devices in community hospital inpatient words. The results of these surveys were reported to the Trust monthly to ensure that teams were informed and could respond promptly. Questions in relation to safety, hand washing and cleanliness scored consistently high across all areas, as did questions relating to staff courtesy and sensitivity. Feedback was given in each community hospital, so that service users who had taken the time to complete the surveys, understood that we had recognised and valued their comments;

- comment cards were made available in all services: as a result, we received over 2,000 responses. Those replying not only shared their thoughts and opinions with us, but many also registered their details in order that they could receive further information from us, and get more directly involved with the Trust's work;

- a "mystery shopper" exercise was piloted in 2013-14 in order to provide an alternative form of survey. This initially targeted children's services and sexual health services. The results of this approach are under review and, based on the analysis, a decision will be taken later in 2014-15 as to whether to extend this exercise across other services.

- our website (**www.glos-care.nhs.uk**) provides links to both the Patient Opinion website (**www.patientopinion.org.uk**) and the NHS Choices website (**www.nhs.uk**) so that people can directly feed back their views and experiences.

In 2013/14, we surveyed 1,285 service users on inpatient wards: this represented 31% all people discharged from our seven community hospitals within the year.

Your Care, Your Opinion Programme Board

Throughout 2013-14, the Trust continued to develop its Your Care, Your Opinion Programme Board. This group, which is attended by Trust colleagues as well as members of the public, service users, and service user representatives including carers and support groups, currently meets quarterly in order to provide a forum for effective two-way communication between the Trust and local communities. To date, the group's work has been highly influential in helping to evaluate our communications materials, and provides a real insight into those elements of care delivery that service users tell us are important to them.

In 2013-14, and to complement the work of this group, we also held two Your Care, Your Opinion Information Events. Attended by a much broader group of public representatives, these two events both held at the Gloucester Rugby Club, focused on key aspects of the Trust's work, including our then emerging vision and values, Clinical and Professional Care Strategy, Communications and Engagement Strategy, five year business plans, and the content for this Quality Account. To encourage open and two-way conversation, these events were discussion-based rather than formal presentations, with staff facilitating groups to draw out a range of views and opinions. As a result, their challenges, contributions, compliments and concerns, have all helped to shape the Trust's thinking and direction.

Engagements and networking

Throughout 2013-14, we have continued to work with a number of key partners so as to truly understand the views of all our communities and service user representative groups. These include:

- Gloucestershire Healthwatch;
- Gloucestershire County Council's Health and Care Overview and Scrutiny Committee;
- local Leagues of Friends linked to our community hospitals;
- the community development team which works closely with "seldom heard, seldom seen" population groups primarily in the urban areas of Gloucester and Cheltenham.

"This was the best engagement event of its type that I have ever attended."

Service user representative after Your Care, Your Opinion Information Event

Other activities

So as to truly understand and improve service user experience, we also undertook a number of other key projects in 2013-14. These included the following:

- recognising that parents and carers, children and young people can find the need to make decisions about their health and social care quite overwhelming, we integrated the use of a Personal Decision Making Tool into children's occupational therapy services. This tool has helped people to become more involved in their care by making explicit the decisions that need to be made, providing information about the options and outcomes, clarifying personal values, helping plan next steps, and tracking progress in decision making. As such, the tool has proven to complement, rather than replace, support from a healthcare professional;
- the Community 15 Steps Challenge was trialled by our Integrated Community Teams, so as to enable better understanding of the experiences of new service users. Although in 2013-14, the number of participants in this Challenge was limited, having now listened to service users and colleagues, we are considering how this programme may be further developed;
- so as to ensure more robust support from the Trust, our Service Experience team, Patient Advisory and Liaison Service (PALS) and Complaints staff were all brought together to create a single Service Experience Team.

In 2014, one of the three Innovations and Best Practice Awards from the Community Hospitals Association was won by a team led by Michele Slater, senior sister at Dilke and Lydney Community Hospitals.

This was in recognition of a project carried out by the multi-disciplinary ward teams to improve service user involvement in planning their care, and standardising the clinical records used by nurses, occupational therapists, physiotherapists and social care staff.

A follow-up survey found that the proportion of service users who had felt involved in their care had risen from 40% to 100%, while the improvement in record-keeping has freed up more time for clinical staff to spend with service users.

10.3. Complaints, concerns and compliments

In 2013-14, we had over one million contacts with service users across the whole of Gloucestershire. In this time, we received 78 formal complaints. This represents a 10.3% decrease since 2012-13 as illustrated below.

	2012-13		2013-14	
Service Area	**Number of complaints**	**Complaints per 10,000 contacts**	**Number of complaints**	**Complaints per 10,000 contacts**
Adults	55	3.36	52	2.80
Childrens	8	0.38	6	0.23
Countywide	24	0.38	20	0.29
Total	87	0.86	78	0.69

It is also noted that the number of complaints received, equates to one complaint per 1,000 budgeted staff. This compares very favourably to other community Trusts - thus, members of the Aspirant Community Foundation Trust group averaged a total of 4.6 complaints per 1,000 staff for the period April 2013-January 2014.

While we welcome the trend towards fewer complaints, we are not complacent. Any complaint is treated extremely seriously, and will receive a prompt and thorough response. Each complaint is investigated using a robust process, and all response letters are signed personally by the Chief Executive.

As a matter of course, the Complaints and Litigation Manager works closely with service leads across the Trust, to ensure that outcomes from investigations are shared, and that we are able to use this invaluable learning and insight into the experiences of our service users and their families, to directly help improve services. It is this aspect of our complaints management process that we intend to strengthen further in 2014-15, focusing specifically upon evidencing our remedial actions with a "You said, we did" approach, and reporting this to the Trust Board.

In summary, our quality improvements in 2013-14 that were instigated as a direct result of complaints were as follows:

- we strengthened our engagement with, and involvement of, families in decision making as a result of a communications review. This review included an audit of the training and communication skills of ward staff across all hospitals;
- as standard practice, we introduced a "first contact" meeting with service users and families within 48 hours of their admission to a community hospital in order to discuss their medical plans and identify discharge needs;
- we reviewed the use of observation charts used in inpatient wards, and standardised the frequency of observations;
- we developed a housing forum for families considering major adaptations to their property. The forum now provides key information including the specifics of the occupational therapy role whilst inviting guest speakers such as environmental housing officers to deliver presentations;
- we continued to develop the skill base of the complaints management team, ensuring efficiency and reducing key person dependency.

Concerns and compliments

The Trust recognises that complaints are not the only form of feedback to which we should respond. Concerns are also important and, to this end, all concerns that are registered by service users, carers and families via the Trust's comment cards, are captured and reported to relevant Trust leads, so that corresponding quality improvement actions can be taken as appropriate.

"Compliments and thanks to the Windrush Ward sister and all her staff for the care of our elderly, terminally ill mother prior to her death."

Service user, Cirencester Hospital

"I recently visited the new Tewkesbury Hospital and can I just say how pleasantly surprised I was. The care I received was fantastic and the Doctor who saw me was brilliant. Such a good experience. Thanks again!"

Service user, Tewkesbury MIU

Similarly, the Trust notes and appreciates all the compliments that we receive, which are again fed back to staff on a regular basis, so that they know that they are valued not only by us as an organisation, but also by the service users for whom they provide care on a daily basis.

Most of the compliments received in 2013-14 related to the caring, friendly nature of staff, and the good care received by service users.

Examples include:

"I used the out of hours service in Gloucester on Monday 7th October for the first time, and have nothing but praise for the efficiency of the service. I would like to express my thanks and appreciation for the way that I was treated. Having read so many things in the press, it was a very pleasant surprise."

Service user

"My partner was a patient on the Jubilee Ward for six weeks and we would like to take the opportunity to say a big thank you to all the staff for the excellent care they gave her and having a laugh and keeping her as happy as possible under the circumstances of her illness and working as hard as they did."

Service user, Stroud General Hospital

10.4. Information Quality

Good quality information underpins the safe and effective delivery of service user care, and is essential to support improvements in care quality. To enable us to capture and report the most accurate and complete data in a way that is timely and reliable, the Trust invested in 2013-14, in a new electronic clinical system, which was selected via a national procurement process.

The switch to this new system is continuing across the organisation, and will continue throughout 2014-15: it will then significantly help to improve both our data collection and quality.

To evaluate our current data quality performance however, and in line with national benchmarking, we assess the completeness of a number of key data items, and compare our results to those of other Trusts. For 2013-14, this showed our performance and information quality as excellent, as indicated below:

Information Governance is a framework used by the NHS to help manage all organisational information, but particularly personal and sensitive information about service users and employees. It allows us to ensure that personal information is dealt with legally, ethically, confidentially, securely, efficiently and effectively, in order to deliver the best possible care.

To assess our performance against national Information Governance standards, we look at 39 core requirements of good practice. In 2013-14, we achieved 59% compliance against these core requirements: our target is to achieve a minimum 66%.

To ensure the necessary improvement, we have developed an action plan for 2014-15. This will be supported by a data mapping programme, and the collation of a detailed information asset register.

Recording of service users' NHS Number	
Gloucestershire Care Services NHS Trust	99%
Aspirant Community Foundation Trust target	99%
Aspirant Community Foundation Trust average (April 2013-January 2014)	92%

Recording of the ethnicity of service users	
Gloucestershire Care Services NHS Trust	96%
Aspirant Community Foundation Trust target	90%
Aspirant Community Foundation Trust average (April 2013-January 2014)	73%

Recording of service users' GP Practice	
Gloucestershire Care Services NHS Trust	99%
Aspirant Community Foundation Trust target	99%
Aspirant Community Foundation Trust average (April 2013-January 2014)	90%

10.5. Quality and Performance

In 2013-14, the Trust reported as below against the national indicators required by the NHS Trust Development Authority who act as our regulators:

Metric		Trust Performance 2013-14	Target (where applicable)	RAG
CQC concerns	Warning notice	None	n/a	n/a
	Civil and/or criminal action	None	n/a	n/a
Access metrics	Referral to treatment within 18 weeks	n/a	n/a	n/a
	Delayed transfers of care	5 (average weekly census per month)	10 (average weekly census per month)	
Outcome metrics	Incidence of MRSA	0	0	
	Incidence of C. difficile	19	18	
	E Coli and MSSA cases	1	n/a	n/a
	Harm free care (falls, pressure ulcers, venous thromboembolism and urinary tract infections in service users with a catheter)	89.6% (Safety Thermometer): this figure rose throughout the year and was 90.9% for quarter 4	92% (TDA threshold)	
	Serious incidents	10 (including the 1 Never Event below)	n/a	n/a
	Never events	1	n/a	n/a
	Venous thromboembolism risk assessments	97%	90%	
Third party reports	Any relevant report including safeguarding alerts, serious case reviews, reports from MPs, General Medical Council, Ombudsman, Commissioners, litigation etc	None	n/a	n/a

continued overleaf...

Metric		Trust Performance 2013-14	Target (where applicable)	RAG
Quality governance	Patient satisfaction	83 (Friends and Family Test net promoter score)	No national target	n/a
	Mixed sex accommodation breaches	0	0	
	Staff sickness/absence rate	4.28%	3%	
	Proportion temporary staff (clinical and non-clinical)	1 temporary to 19 permanent	n/a	n/a
	Staff turnover	11.71%	n/a	n/a
	Nurse to bed ratio	1 nurse to 8 beds on day duty and 1 nurse to 10/11 beds at night	n/a	n/a
	Ratio of qualified to unqualified nurses	1 qualified nurse to 1 unqualified nurse (based on community hospital inpatient wards only)	n/a	n/a
	Complaints	78	n/a	n/a
	Percentage of staff appraised	80.45%	95%	
	Patient and carer voice	15% (Friends and Family Test response rate)	15%	

** Other performance measures include a readmission rate in 28 days of 9% against an internal target of 13.6%."*

Where there are red indicators, we have developed robust plans to ensure measured quality improvement in 2014-15.

We are also reviewing the ways in which we report information throughout the organisation, including up to Board, so as to provide suitable assurances at all levels of the Trust.

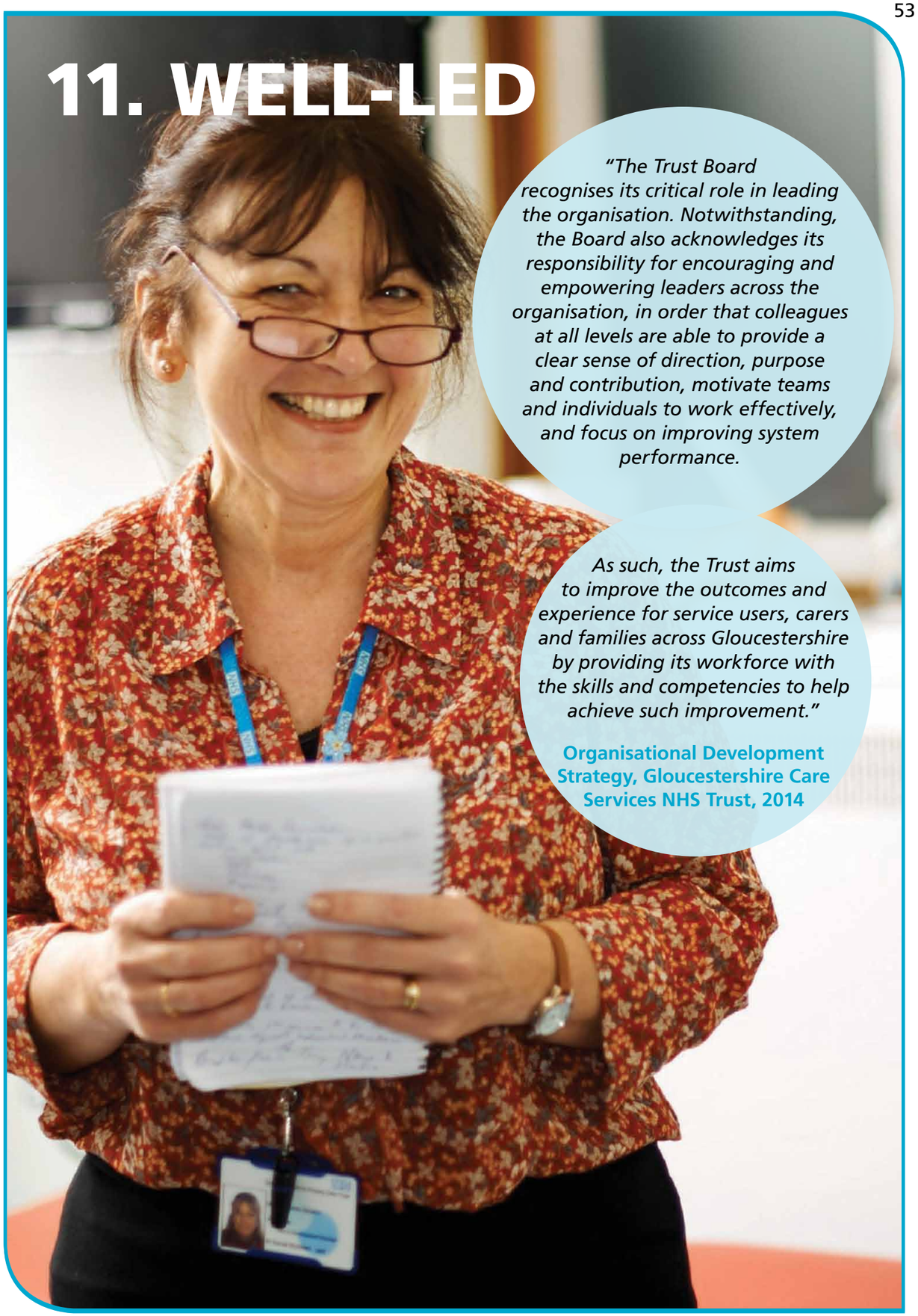
"It is a lifeline - you cannot always get to a doctor, and the Dilke not only provides great care, but reassurance too."

Service user, Dilke Minor Injuries Unit

"Can't fault the treatment, everyone was excellent. I felt more like a family member than a patient!"

Service user, Cirencester and Fairford Hospital

11. WELL-LED



"The Trust Board recognises its critical role in leading the organisation. Notwithstanding, the Board also acknowledges its responsibility for encouraging and empowering leaders across the organisation, in order that colleagues at all levels are able to provide a clear sense of direction, purpose and contribution, motivate teams and individuals to work effectively, and focus on improving system performance.

As such, the Trust aims to improve the outcomes and experience for service users, carers and families across Gloucestershire by providing its workforce with the skills and competencies to help achieve such improvement."

Organisational Development Strategy, Gloucestershire Care Services NHS Trust, 2014

11.1. Staff training

In 2013-14, the Trust continued to make both mandatory and local training available to all clinical and professional colleagues across the organisation, so that they may be equipped with the necessary knowledge and skills to provide the very highest standards of care quality. In doing so, the Trust's training programme observed the aims of the Workforce Skills and Development Strategy 2013-19 (Health Education South West, 2013), thereby ensuring that colleagues acquire a suitable balance of core and specialist training.

Of particular note in the last year, the Trust launched a nine month leadership and management development programme in association with the Royal College of Nursing (RCN). Leading for Quality Care provides the opportunity for health and social care practitioners to meet the challenges facing health and social services, and supports them in their implementation of the Health and Social Care Act (2012). As such, the programme helps staff to develop the skills and behaviours that are required of leaders and managers in the health and social care sector, both now and in the future.

Specifically, this leadership programme aims to:

- develop leadership and management capabilities to enable the provision of safe, quality person-centred care;
- equip leaders with the necessary knowledge and capabilities to:
  - effectively develop and manage individuals and the team in order to maximise the full potential of a diverse workforce;
  - understand commissioning and other financial processes that determine care delivery, and recognise their role within this process;
  - utilise the potential of information technology in care delivery and learning, including the use of metrics, data gathering and benchmarking to monitor and improve the quality of service provision;
- equip participants with the ability to influence and engage stakeholders in the processes of change, improvement and innovation;
- and ultimately, improve the experience and quality of care for those who use our services.

11.2. Advancing diversity

During 2013-14, we have reviewed how well we are advancing equality and embracing diversity, both as an employer and as a provider of community care services in Gloucestershire. This review concluded that:

- our services are used by people of all ages and walks of life. However, many services - such as community hospitals - are more likely to be used by people who experience health or social inequalities, such as older people and people with complex or long-term conditions;
- our integrated health and social care services are ideally suited to reducing inequalities and catering for people with extra or different needs;
- increasingly, we target some services (e.g. dental services, healthy living services) at people with greater need and those in vulnerable groups, such as people with learning disabilities, homeless people, and people from Black and Minority Ethnic (BME) groups;
- some local people have told us that they think we have excellent services which are effective at responding to their needs. However, they feel that this understanding and responsiveness responsiveness is not consistent across all services;
- our workforce is older, with higher proportions of women and 'White British' people than the national profile. This follows trends both in Gloucestershire and the NHS (especially community trusts). However, there are indications that these trends are reinforced by the people we are appointing, and those who are leaving the Trust.

The findings in this report suggest a number of priorities for the Trust:

- we need to improve our engagement with people in local communities, especially those who experience social and health inequalities. Some groups will need particular attention, as we do not have a full understanding of what they need from us. These groups include (i) children and young people, (ii) people with learning disabilities, physical disabilities and sensory disabilities, (iii) transgender people, (iv) people who are not 'White British' particularly those from Eastern Europe, and (v) people from the gypsy and traveller communities;
- we need more thorough understanding of who is using our services by disability, religion, and sexual orientation, in order to appreciate the experiences of specific groups in our communities, and recognise whether people experience the same high quality of care regardless of their personal characteristics;
- we should review the support mechanisms for staff who experience abuse or harassment on the front line, especially where this is largely unavoidable due to a clinical cause such as dementia;
- we need to ensure that in our workforce, we embrace diversity and see it as a positive opportunity to learn how to deliver a better service.

11.3. Staff survey

In 2013-14, the Trust participated in the National NHS Staff Survey, achieving a 56% response rate (compared to the 48% national average for community trusts). Possible scores ranged from 1 to 5 or a percentage, with a higher score in both cases indicating better performance. The table below shows how the Trust fared, and compared with other community trusts in respect of those questions which most closely related to quality of care:

	National 2013 average for Community Trusts	Trust results
Overall staff engagement	3.71	3.71
Staff motivation at work score	3.86	3.87
Staff job satisfaction	3.60	3.57
Percentage of staff able to contribute towards improvements at work	69%	68%
Percentage of staff feeling satisfied with the quality of work and service user care they are able to deliver	75%	76%
Percentage of staff agreeing that their role makes a difference to service users	91%	89%
Staff recommendation of the Trust as a place to work or receive treatment	3.59	3.61
Percentage of staff appraised in last 12 months	87%	82%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	92%	90%
Percentage of staff saying hand washing materials are always available	57%	59%

These findings will now be combined with the feedback from the Listening into Action Pulse Check survey and the Staff Conversation events (see section 11.4 below) so as to identify opportunities for quality improvement, and develop a comprehensive action plan for 2014-15.

From May 2014, the Trust will be rolling out the national NHS Staff Friends and Family Test which will provide an additional quarterly assessment of staff opinion.

11.4. Listening into Action

Claire Powell
Listening into Action Lead

Launched by the Trust in January 2014, Listening into Action is a new way of listening to the views of staff, and using what they say to make our Trust a better place for our service users, and a better place to work.

It is a tried and tested approach within the NHS, that now uses the insight and learning from 100s of NHS Trusts and 100,000s of staff and leaders. Examples of the measurable impact of Listening into Action from other Trusts include improved clinical outcomes, reduced waiting times for service users, improvements to the environment, reduced mortality rates, improvements in staff morale, reduced staff sickness levels, and a positive shift in leadership style and culture.

Listening into Action is not an 'initiative' - it is a fundamental shift in the way we work and lead.

Led personally by the chief executive Paul Jennings and supported by a sponsor group of ten colleagues (mainly clinicians), Listening into Action began with a 'Pulse Check'. This was a short survey of 15 questions sent to all colleagues in February 2014, to which 1,339 responded. The results highlighted a range of issues, which were put forward for consideration and response.

Five Staff Conversations were then held involving more than 300 colleagues from across the Trust. These were lively, interactive events, that encouraged people to share their frustrations on the barriers to effective working, their ideas for 'Quick Wins' and ways we can improve multi-disciplinary working.

The next stage in the Listening into Action journey - planned for early summer 2014 - encourages colleagues to volunteer to join the first ten teams. These teams will be supported to deliver measurable results within 20 weeks to improve the quality and experience of care for service users. Colleagues will also start delivering some of the 'Quick Wins' that were identified as part of the Staff Conversations.

A 'Pass It On' event will be held in autumn 2014 to showcase stories and successes, and inspire others to adopt the Listening Into Action approach. In February 2015, the 'Pulse Check' survey will be repeated to find out how colleagues feel about the changes, both personally and in terms of the quality of care that they deliver.

Our progress in this journey will be reported in next year's Quality Account.

11.5. Volunteer Programme

Across the Trust, volunteers provide invaluable support, improving service users' experiences in hospitals, clinics and homes. These volunteers serve to build a stronger relationship between members of the local community and our services, help to tackle health inequalities, and promote healthy lifestyles. As a result, service user wellbeing is enhanced through the social interaction and the knowledge that the volunteers impart.

The Trust has a Volunteering Policy that in 2013-14, has effectively raised the profile of volunteering across the organisation. We now have a Volunteer Coordinator who ensures that recruitment checks and other processes are consistent across the county, and works with the Trust's services to provide new volunteering opportunities.

Activities at community hospitals are coordinated through Volunteer Supervisors to ensure that the roles provide the maximum benefit to both the volunteers and our service users.

In 2013-14, the number of people giving their time to volunteer across our services was:

Children's services	20
Cirencester Hospital	82
Expert Patient Programme	4
Forest Hospital	22
North Cotswold Hospital	18
Podiatry	1
Speech and Language Therapy	48
Stroud Hospital	28
Tewkesbury Community Hospital	41
Vale Hospital	14
Homeless Healthcare	2
Pulmonary Rehabilitation	1
Total	**281**

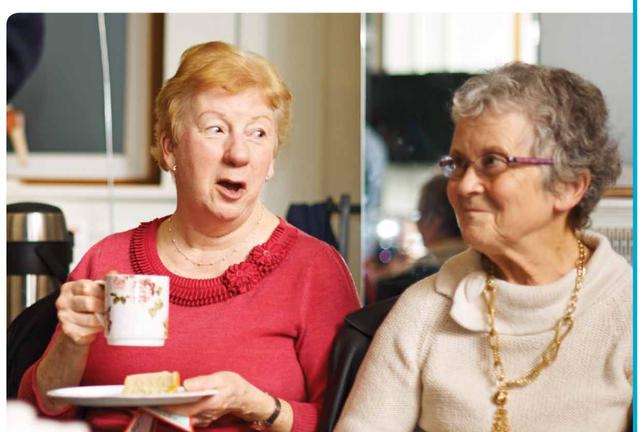
Expert Patient Programme

The Expert Patient Programme is a perfect example of volunteers at work. Here, volunteers who themselves have a long-term condition, can become a Volunteer Tutor, and help support other service users to better self-manage and improve the quality of their lives. The results of this programme is proven - 45% service users say that they feel more confident after attending the programme, and there is a 16% decrease in service user attendances at A&E, 10% reduction in outpatients visits and 7% reduction in GP appointments.

Taking on the guidance and advice given from volunteers who truly understand their pain, fatigue and other symptoms is a huge benefit to service users as evidenced below:

"I was always a lonely person, and when I was diagnosed with diabetes, I really just gave up. I thought this was my lot in life, and apart from my GP, I didn't really see anyone else. I felt that I was a bother. EPP has made me friendly, and helped me to improve my sleep which has had a huge impact. I also met other people on the course who had diabetes, and we now meet every month for a coffee. This has helped my confidence and self-esteem (I think I also got depressed), and I can now smile at people in the street, and sometimes they smile back."

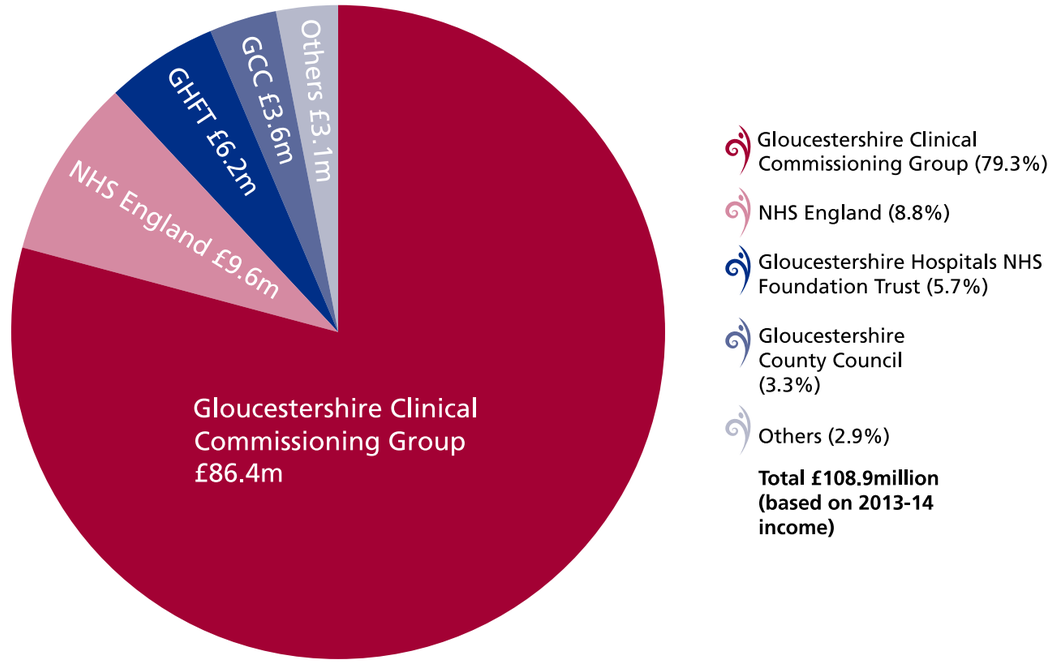
Miss C - Gloucester



11.6. Financial Statement

During 2013-14, the Trust provided and/or sub-contracted 54 NHS services. The Trust has reviewed all the data available on the quality of care in these services, and the findings have helped inform this Quality Account.

The income generated by the health and social care services provided by the Trust in 2013-14, represents 100% of its total income. This is illustrated below:



A proportion of the Trust's income in 2013-14 was conditional on achieving quality improvement goals agreed between the Trust and our commissioners through the Commissioning for Quality and Innovation (CQUIN) framework. As a result, the Trust received £2.05 million of a total potential payment of £2.08 million, given that £31,500 was retained as we did not fully achieve the dementia targets in quarter 3 of the year.

PART THREE: DEVELOPING QUALITY CARE IN 2014/15

This part of the Quality Account looks forward to 2014-15, and the specific priorities that we will be working on throughout the next twelve months in order to deliver continuous quality improvement to the people of Gloucestershire. In deciding these priorities, we have reflected upon:

- our understanding of the health and social care needs of the local population, as evidenced by health profiles and other statistical analysis, as well as by direct feedback provided to us by service users, families and carers;
- guidance and directives issued nationally by the Department of Health;
- changes and advances in health and social care best practice issued by the Care Quality Commission, the National Institute for Health and Care Excellence (NICE), and other leading experts;
- the requirements of our local commissioners - the Gloucestershire Clinical Commissioning Group - which is led by GPs and other clinicians;
- our own vision for our direction of travel which has been shaped over the past year, and which is exemplified by our newly-developed range of strategies, which have been quoted throughout this Quality Account.

We have also validated that these priorities are achievable in line with our current and future resources, and that they firmly put the focus on quality first and foremost - for this reason, we have aligned our priorities to the five domains of quality referenced throughout this document. Thus, our priorities for 2014-15 are:

Priority		Quality Domain
One	To reduce the number of service users who fall in our community hospitals or who acquire a pressure ulcer	Safe
Two	To improve the experiences of service users, carers and families within our community hospitals	Caring
Three	To further develop and enhance our Integrated Community Teams	Responsive
Four	To improve our active two-way engagement with service users, carers and families	Effective
Five	To ensure that we maintain staffing levels as appropriate to the needs of service users	Well-Led

12. Quality Priorities 2014/15

Priority One

To reduce the number of service users who fall in our community hospitals or who acquire a pressure ulcer

Why is this a priority?

In sections 7.1 and 7.2 above, we described some of the work undertaken in 2013-14 to help improve service user safety by reducing the number of people who experience a fall or who acquire a pressure ulcer, including whilst within our community hospitals.

Both falls and pressure ulcers remain a priority for us for 2014-15, as we recognise that further work is necessary to ensure all service users' stays in our facilities are as safe as possible.

This priority most directly aligns to the quality dimension of safe, as service users who suffer a fall can lose their confidence, become socially isolated, and suffer a number of further clinical complications or infections as a result. Falls are also recognised to be the main cause of death from injury in the over-75s in the UK. Similarly, pressure ulcers are proven to represent a major burden of sickness, and reduce the quality of life for service users and their carers.

What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- continue to conduct comprehensive risk assessments in respect of falls on all people admitted to a community hospital;
- routinely monitor our performance in minimising the harm from falls, whilst maintaining each service user's independence and supporting their rehabilitation;
- audit the effectiveness of our nutrition and hydration care planning in the support of service users who are at increased risk of falls;
- ensure that a specialist tissue viability nurse reviews and reports against all acquired grade 2, 3 or 4 pressure ulcers;
- reinforce to all staff that any grade 3 or 4 pressure ulcer that is acquired within our community hospitals is automatically classified as a serious incident which requires formal investigation (see also section 9.3 above);
- ensure consistent risk assessment, interventions and evaluation of service users at risk of developing a pressure ulcer using the national SSKIN tool. This tool seeks to assure that at-risk service users are always on the correct surface (whether a mattress or cushion), that skin inspections are regularly undertaken to quickly identify pressure damage, and that service users are encouraged to keep moving;
- increase the availability of training: this will include training in falls identification, assessment and management for staff who work within the community hospitals' Minor Injuries Units, and more face-to-face training in the prevention of pressure ulcers within clinical teams;
- increase the information about the prevention of falls and pressure ulcers that is available to service users, their families and carers.

How will these actions be measured?

Measurements of this priority will include the following:

- completion of the NHS Safety Thermometer (see box-out in section 7.1 above) for 100% eligible service users each month at the point of care, with consideration for both falls and pressure ulcers;
- routine monitoring of the levels of harm-free care by service and type of harm to inform our future planning and targeted quality improvements, with the aim of achieving at least 95% harm-free care across all our community hospitals;
- reporting of the number and type of serious incidents at the Trust Board.

We will also compare our performance to that of other comparable community Trusts to determine if there are any lessons or best practice that can learnt from elsewhere.

How will we monitor and report?

Reporting on falls and pressure ulcers will be made through the Trust's Quality and Safety Group, a sub-group of the Quality and Clinical Governance Committee, which in turn, reports to the Trust Board.

Additionally, we will produce quarterly reports and forward action plans on our progress against all elements of the NHS Safety Thermometer: these documents will be shared with the Gloucestershire Clinical Commissioning Group as part of the CQUIN framework (see section 13 below).

Progress will also be reported within next year's Quality Account.

Priority Two

To improve the experiences of service users, carers and families within our community hospitals

Why is this a priority?

In 2013-14, a new national service user-centred approach to assessing the quality of hospitals was launched. Thus, the new Patient-Led Assessments of the Care Environment (PLACE) did not scrutinise standards of clinical care, but instead, focused upon assessing service users' opinions of:

- how well hospitals are maintained;
- how hospitals enable and protect people's privacy and dignity;
- the quality of the food provided;
- the clarity of signage and ease of access;
- the general standards of cleanliness and hygiene.

Given that previous environmental assessments had always been extremely positive about our community hospitals, we were particularly disappointed to score below average in a number of areas, including:

- the quality of cleanliness at Cirencester Hospital, Stroud General Hospital and North Cotswolds Hospital;
- the standards of food and hydration at Cirencester Hospital;
- our ability to ensure people's privacy, dignity and well-being at Stroud General Hospital, Vale Community Hospital, Cirencester Hospital, Dilke Memorial Hospital, Lydney and District Hospital and North Cotswolds Hospital;
- the condition, appearance and maintenance at Lydney and District Hospital and Cirencester Hospital.

This priority most directly aligns to the quality dimension of care, as the community hospitals in which we see and treat our service users, represent a critical element of our care package.

Moreover, it is a key principle of the NHS Constitution that services should be "provided in a clean and safe environment that is fit for purpose, based on national best practice".

What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- use the 2013 PLACE results as a baseline from which to learn, build and improve: in particular, we will seek to develop and implement a number of high-profile action plans against which we can monitor and evaluate the successes of quality improvements;
- ensure that review of cleanliness and hygiene becomes a key consideration of the Matrons' walkabouts;
- use audit processes in order to provide additional scrutiny and assessment of the working environment;
- involve service users, families, carers and students as part of our internal review processes, so that we can get a clear understanding of any problems through their eyes.

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To deliver safe, compassionate and considerate care which ensures that service users remain safe from avoidable harm.

How will these actions be measured?

A series of measurements will be detailed within the quality improvement action plans. Together, these plans will seek to ensure that within 2014-15, we address all outstanding issues and concerns so that we come in the top 25% Trusts nationally in next year's PLACE assessments.

How will we monitor and report?

Improvements in estates will be monitored by the Performance and Resources Committee, which reports to the Trust Board. Improvements relating to cleanliness and infection control will be made through the Quality and Clinical Governance Committee, which also reports to the Trust Board.

The surveys that we conduct across the Trust (see section 10.2 above) will also seek to capture people's perceptions of our environments: the results of these surveys which will then be reported to either the Performance and Resources Committee or the Quality and Clinical Governance Committee as appropriate.

Progress will also be reported within next year's Quality Account.

To help support achievement of this, and other, quality priorities in 2014-15, we will be introducing Challenge and Support Visits. These will serve to assure that the Essential Standards of Quality and Safety as proposed by the Care Quality Commission (CQC) are being embedded in the day-to-day practice of our staff.

Thus, on a monthly basis, each community hospital will be subject to a Matron-led inspection. These inspections will look at staff's compliance with, and understanding of, a number of specific CQC standards in order to validate that the services provided are indeed effective, well led, safe, caring and responsive. Feedback will be provided to the host hospital which then be responsible for developing an action plan to address the learning. This action plan will be shared at the Quality and Safety Meeting and the Matrons' Meeting, with additional assurance or concerns being escalated to Quality and Clinical Governance Committee or the Trust Board as necessary.

Although the Challenge and Support Visits will focus initially upon the community hospitals, it is anticipated that they will also be rolled out to other community sites during 2014-15.

Priority Three

To further develop and enhance our Integrated Community Teams

This priority most directly aligns to the quality dimension of **responsive**, as the Integrated Community Teams react with all appropriate urgency to the health and social care needs of people in local communities, so as to keep them clinically safe and independent at home.

Why is this a priority?

As detailed in section 5 above, our Integrated Care Teams (which unite occupational therapists, social workers, physiotherapists, community nurses and reablement workers in single teams) are a key part of the Trust's business. These Teams aspire to offer truly joined-up health and social care services to people across Gloucestershire, representing best use of resources, and providing the highest quality care to local people.

In 2013-14, we built further on the success of these teams, adding rapid response and high intensity services. Thus, rapid response is available 24 hours a day, 7 days per week, to provide assessment at home for people who require urgent care within an hour, whilst the high intensity service delivers additional levels of support and monitoring during a person's recovery. These enhanced Integrated Community Teams with both rapid response and high intensity capabilities, were launched in Gloucester City from January 2014.

What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- further develop our excellent working relationship with Gloucestershire County Council so that we can continue to deliver excellent standards of joined-up health and social care across the county using our Integrated Community Teams;
- ensure that our Integrated Community Teams continue to work in close partnership with local GPs for the maximum benefit of the service user;
- meet the challenge of recruiting highly talented staff to support the Integrated Community Teams, despite the national context of skills shortages;
- launch the enhanced Integrated Community Team in Cheltenham in May 2014, and then following a period of monitoring, agree a further programme of rollout, commencing in Tewkesbury in the autumn (subject to review).

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient.

How will these actions be measured?

Measurements of this priority will include the following:

- provision of a Integrated Community Team service across the county that:
  - responds to service user needs within agreed timescales;
  - reduces the numbers of inappropriate service user admissions to hospital;
  - enables people who do need to go into hospital, to leave as soon as possible and with appropriate support;
  - reduces the requirement for certain packages of care, including placements in care homes, by keeping people safe and independent at home;
  - protects and safeguards vulnerable people;
- implementation of the enhanced Integrated Community Team model in line with the timetable to be agreed with the Gloucestershire Clinical Commissioning Group following review;
- monitoring of the experiences and outcomes of all service users, families and carers who access the Integrated Community Teams, in order to use this learning as the service develops.

How will we monitor and report?

Regular reports on the development and progress of the Integrated Community Teams will be provided to the Trust's Quality and Clinical Governance Committee, which in turn, reports directly to the Trust Board.

We will also continue to report both to Gloucestershire County Council, and to the Gloucestershire Clinical Commissioning Group

Progress will additionally be reported within next year's Quality Account.

Priority Four

To improve our active two-way engagement with service users, carers and families

Why is this a priority?

In section 10.2 above, we described some of the ways in which we collected information about the experiences and views of service users, carers and families in 2013-14. However, we believe that we can do more, not only to speak to an increased diversity of people, but also to better interpret the findings of our surveys and other engagements so that real quality improvements can be made.

In 2014-15 therefore, we need to look at more innovative ways to engage with all communities across Gloucestershire. We then need to make sure that there are robust processes to listen to what people are telling us, and then translate this learning into practical service redesign. That way, we can truly deliver health and social care services that reflect the needs and wishes of our local populations.

This priority most directly aligns to the quality dimension of **effective**: thus, by improving our communications with service users, carers and families, we will gain a fuller understanding of public needs, which will help us to deliver better, more focused care.

What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- extend the Friends and Family Test, so that it is available within all services by December 2014;
- introduce new ways to gather service users' views, including focus groups and web-based questionnaires: these will complement our existing surveys, and will allow us to gather richer information;
- actively improve our dialogue with members of the Gloucestershire public who represent people with protected characteristics (namely, age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation), as well as with people who have extra or different needs, and people who traditionally experience social and health inequalities (this responds to the opportunities identified in section 11.2 above);
- ensure that the information gathered from all forms of questionnaire or survey is available in as timely a manner as possible, and that results are available to both staff and the public;
- clearly demonstrate that the learning from service user engagements is recognised and reflected in actions made within Trust services.

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient.

How will these actions be measured?

Measurements of this priority will include the following:

- the number of service users who complete the Friends and Family Test on a monthly basis, as well as the cumulative Net Promoter Score (see section 10.2 above), and the percentage of people who are reported as being "extremely likely" or "likely" to recommend our services;
- completion rates of our agreed programme of surveys, with the aim to complete 100%;
- reported evidence of focus groups and other methods of service user engagement;`
- maintenance of an up-to-date map identifying all population groups within Gloucestershire and, in particular those populations which comprise people with specific health and social care needs;
- annual improvement in engagement with minority groups as evidenced in the Trust's Annual Equality Report;
- the number of quality improvements that are made within services as a direct result of public suggestions or proposals.

How will we monitor and report?

The Trust has two committees at which this priority will be discussed in the first place: a Communications and Public Affairs Steering Group which reports directly to the Trust Board, and also the Your Care, Your Opinion Programme Board which comprises both staff and public members (see section 10.2 above for details of this committee).

Those elements that relate to the CQUIN framework (see section 13 below) will be reported to the Gloucestershire Clinical Commissioning Group.

Progress will also be reported within next year's Quality Account.

Priority Five

To ensure that we maintain staffing levels as appropriate to the needs of service users

This priority most directly aligns to the quality dimension of **well-led,** as it requires the Trust Board to take clear ownership and responsibility for staffing levels across the organisation.

Why is this a priority?

Following the Mid Staffordshire Public Inquiry, the Department of Health issued **Hard Truths: The Journey to Putting Patients First.** This key document clarified the requirement for all NHS organisations to ensure that every site and every shift has the staff needed to ensure that service users receive safe care.

The Hard Truths guidance was then complemented by further guidance from NHS England and the Care Quality Commission, which focused upon the need of Trusts to maintain a robust understanding of staff numbers, and make this information widely available (this is also in line with the National Quality Board guidance **How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time**).

As a result, this priority seeks to respond to these directives, together with the complementary research which shows that staffing levels are linked to the safety of care, and that staff shortfalls increase the risks of service user harm and poor quality care.

What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- continuously review the actual versus the planned staffing on a shift by shift basis within all care settings, responding to gaps or shortages where these are identified, and using robust systems to make the most of resources and to optimise care;
- openly display information about the number and grade of care staff, both present and planned, in each clinical setting on each shift: this information will be clearly visible to service users, families and carers;
- produce a monthly report that demonstrates comprehensive planning and risk assessment in respect of staffing in all community settings, supported by demonstrable contingency planning, and incident reporting: moreover, we will make this report available to the public via the Trust's website and also via NHS Choices;
- produce a six monthly report for the Trust Board and the public, that details our current staffing capacity and capability, and which reflects an expectation of the impact of staffing on services.

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient.

How will these actions be measured?

Measurements of this priority will be included within the monthly and half-yearly reports detailed above.

How will we monitor and report?

Reporting of this priority will be undertaken at Board level. We will also report routinely to the public, both through the production of the relevant formal reports, but also via the information boards to be displayed in Trust settings.

Progress will also be reported within next year's Quality Account.

13. Commissioning for Quality and Innovation (CQUINs)

CQUINs are a combination of nationally-mandated and locally-decided projects that are agreed between us and our commissioners each year. They focus upon areas where we are asked to achieve and demonstrate clear quality improvements.

A summary of the CQUINs for 2014-15 is shown in the table below, which also indicates where each of these projects either links to our own quality priorities as described in section 12 above.

	Goal name	Purpose of Goal	Quality domain	Local or national goal	Link to quality priority
1	NHS Safety Thermometer	To measure and reduce harm, and specifically to help understand the prevalence of pressure ulcers	Safe	National	One
2	Friends and Family Test	To make the Friends and Family Test available across all Trust settings	Effective	National	Four
3	Person-centered coordinated care	To enable our Integrated Community Teams to work closely with GPs to best identify and support people who are at risk of losing their independence	Responsive	Local	Three
4	Organisational development	To ensure that our Integrated Community Teams see themselves as part of a wider community network, and know when to refer service users to other care providers	Responsive	Local	Three
5	Service user discharge	To ensure that service users are appropriately supported upon discharge from hospital, enabling them to return home	Responsive	Local	Three
6	Staff skills and competencies	To ensure that staff have the knowledge and capability to support service users with more acute healthcare needs	Well-led	Local	Five
7	Service user records and documentation	To help improvements in record keeping practices	Safe	Local	One

Progress against these CQUIN projects will be reported in next year's Quality Account.

14. Response to Stakeholder feedback

As a result of the request from Healthwatch Gloucestershire to provide comparisons on serious incidents (reference page 73), we have added performance data on page 40.

PART FOUR: CONCLUSION

At Gloucestershire Care Services NHS Trust, we are fully committed to ensuring that we can deliver continuous quality improvement across all our health and social care services.

Not because we are measured and monitored, and have targets to meet.

Not because there are policies, procedures, guidelines and directives in place.

Not because we are compelled to act.

But because we care passionately about the health and well-being of all service users, families and carers across Gloucestershire.

We know that in this year, we will be facing some very real challenges given current financial constraints. However, this makes us even more determined to ensure that nothing will prevent us from providing the very highest quality of care, that is truly safe, compassionate, responsive and effective.

We hope that the priorities that we have outlined in this Quality Account for 2014-15, will give you assurance of our commitment - and I aim personally to be able to demonstrate our successes and achievements in next year's report.

Paul Jennings

Paul Jennings
Chief Executive

PART FIVE: STAKEHOLDER FEEDBACK

NHS
Gloucestershire
Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group's response to Gloucestershire Care Services NHS Trust's Quality Account 2013-14

This is the first year that Gloucestershire Care Services NHS Trust ("the Trust") has been a standalone NHS community health and social care provider, and therefore correspondingly, this is the Trust's first Annual Quality Account. NHS Gloucestershire Clinical Commissioning Group ("GCCG") is delighted to be given the opportunity to pass comment.

It is clear that in 2013-14, good progress has been made by the Trust in developing quality community services. This is reflected by the excellent results from the Friends and Family Test, which show that 97% service users would recommend the Trust as a care provider. It is reassuring to know that the Friends and Family Test will be extended so as to be available across all services in 2014-15, enabling even more service users to participate.

The Trust has clearly set out its vision to organise care around service users' lives, and this is mirrored in the organisation's values and strategic objectives. The Trust has been open and transparent regarding its challenges and concerns, and GCCG has welcomed the opportunity to be represented at the Trust's Quality and Safety Committee to be part of the discussions.

The Trust has developed several specialist services that provide care in community clinics and in people's homes. In particular, it is noted that the development of the Integrated Community Teams has been well received by service users: these Teams have helped to minimise duplication, bring care closer to home, and reduce admissions to hospital. There is still more work to be done, but the preliminary response is very positive.

The Trust has also demonstrated an improvement in the safety, effectiveness and experience of people using community services, in particular around falls and dementia. However, as is the nature of health care, there is further work to do, specifically to increase the early identification of service users at risk of harm, and to improve end of life care.

Serious incident reporting has improved in 2013-14, and there are robust processes in place to ensure that lessons are learnt and future risks are minimised.

The Trust should additionally be commended for encouraging staff to achieve awards and other accolades for providing outstanding quality of care, particularly in light of increasing demand for services.

The Trust has worked hard to engage with stakeholders, service users and key partners in shaping the development of future services. It has also commenced a programme of staff engagement which is to be commended. It is important to continue with this work as we move towards more integrated community care provision.

Staff training and workforce development continues to be a high priority, as the focus of care moves away from hospitals and towards the community. The Trust has committed further funding to ensure that clinical staff are able to develop enhanced skills that will allow them to receive a wider range of sub-acute admissions directly from the community into community hospitals, and to care for service users with a higher acuity at home.

The staff survey results compare well with other community trusts, and reflect the period of recent change in the NHS. However, the Trust needs to develop a plan to improve the percentage of staff who have had an annual appraisal.

GCCG would also like to see improved results from the PLACE audit in 2014-15.

As there is considerable work being undertaken in respect of infection control, it was unfortunate that the 2013-14 target related to C. difficile was breached. Nevertheless, it is recognised that the target was exceeded by one case only, and that for next year, the target has been raised from 18 to 21 (based upon revised Department of Health guidance). Moreover, GCCG is reassured that the Trust has put in place a comprehensive action plan that was developed following a detailed root cause analysis, and that will help reduce the incidence of C. difficile in 2014-15.

It is clear that the Trust has come a long way over the past year, and must now focus upon future service developments.

In summary, GCCG confirms that the information presented in this Quality Account for 2013-14 is accurate, and provides a fair representation of the Trust's services. Equally, GCCG is suitably assured that the care delivered by the Trust is not only safe, but also of good quality.

Marion Andrews-Evans

Marion Andrews-Evans
May 2014

Joined up care
CCG

Healthwatch Gloucestershire's response to Gloucestershire Care Services NHS Trust's Quality Account 2013-14

Healthwatch Gloucestershire (HWG) is pleased to have had the opportunity to comment on this Quality Account.

Healthwatch Gloucestershire is a new organisation, which has worked since April 2013 to gather and represent the views of people who live in Gloucestershire about their health and social care, and then to communicate them to those organisations that provide services, in this case Gloucestershire Care Services. Our contribution to this Quality Account is one of several ways in which we work with the Trust to provide independent, regular and continuous feedback from the public.

We have been encouraged during 2013/14 by the ways in which the Trust has welcomed the active involvement of our members in its 'Your Care, Your Opinion' initiative. We have visited the Trust and comments and themes from our public engagement work have been reported to the Trust's assurance committee. There have been regular meetings with the Trust Chair and senior managers where the public's feedback about services has been shared. We look forward to extending those connections during 2014/15 and beyond so that the Trust's performance continues to be genuinely informed by real patient experience.

At several points, the Quality Account explains the range of services that are provided by the Trust e.g. when it explains what care can be obtained in community hospitals and what the Trust means by the term Specialist Services. This is a valuable feature as we have encountered some confusion among users of services as to which organisation might be responsible for aspects of their care. The more clarity that can be provided, the better the public's understanding of their services will be. Generally, we were encouraged by the clear language that has been used, the question and answer format, and the effective use of illustrations and charts.

We congratulate the Trust for the high scores it has achieved in the Friends and Family Test and for the awards that have been received, acknowledging the high quality of care in Community Hospital settings.

We very much welcome the high priority that the Trust has given in this account to compassion, person-centred care and to the close involvement of people who use services, as well as their families and carers. At several points, the importance of the quality of each patient's experience is stressed. Phrases such as "This requires us to ensure that service users are the focus of everything that we do", and "...understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work" are unambiguous and very welcome. We at HWG have been one of the partner organisations asked to contribute to the Trust's vision and strategic objectives, and we have been encouraged by how the Trust has welcomed our independent role in the scrutiny of the quality of its services and responded to issues of concern when they have been raised. We are pleased to see that improvement of active engagement with service users remains as a high priority for 2014/15.

Integrated Community Teams: We look forward to continuing to work with the Trust to determine how the patient experience of care provided by these teams can best be obtained. The case studies within the Quality Account provide straightforward and readable information about how the services are organised and what people can expect when they use them. Such information is useful in building public knowledge and confidence and avoiding confusion.

Quality Improvements: We were pleased to see some of the achievements e.g. completion of risk assessments and of falls training for staff. In future, it will be valuable to see trends over time and levels of improvement compared to targets so that the levels and pace of improvement can be understood. (For example, what level of performance does 51% completion of falls training represent and what absolute number of falls would be a reasonable target for a Trust such as this one?) The data relating to pressure ulcers is more informative in this respect.

Serious Incidents: It is difficult to form an opinion about the Trust's performance here without reference to some comparisons with other similar organisations.

Claire Feehily

Claire Feehily
Chair, Healthwatch Gloucestershire
June 2014

Health and Care Overview and Scrutiny Committee's response to Gloucestershire Care Services NHS Trust's Quality Account 2013-14

On behalf of the Health and Care Overview and Scrutiny Committee I welcome the opportunity to comment on the Gloucestershire Care Services NHS Trust Quality Account 2013/14. As a newly elected county councillor and newly appointed Chairman of the (new) Health and Care Overview and Scrutiny Committee (HCOSC) I have valued the attendance of the Trust at committee meetings to contribute to debate and respond to members' questions. During the course of this year the committee has developed a constructive working relationship with the Trust and I hope that this will continue. I would particularly like to thank Ingrid Barker, Paul Jennings and Susan Field for attending meetings and responding to members' many questions.

The Trust is very clear in this Quality Account that it recognises that the patient must be at the centre of care; and that the patient voice must be listened to and acted upon. Within this context it is especially good to note that the Trust has recognised the limitations of the national Friends and Family Test and has included additional questions to better inform about the experience of the actual service received. The committee will want to see that the positive feedback already received from patients and service users is maintained.

I am concerned that the data is showing that the Trust is not performing as expected with regard to staff sickness and the percentage of staff appraised. The committee is aware through discussions at committee meetings that the Trust values its staff; and members will therefore expect to see this situation improve over the next twelve months.

I am also concerned with regard to the scores from the PLACE assessments but note the actions being put in place to redress this situation; and look forward to seeing improvement in this area.

I am pleased to note the work being undertaken to promote diversity across the Trust and look forward to seeing how this has progressed in the Trust's next Quality Account.

I am also looking forward to seeing how the Listening Into Action work progresses; and whether it does have the expected outcomes.

Cllr Steve Lydon

Cllr Steve Lydon
Chairman

PART SIX: GLOSSARY

The following is a list of helpful abbreviations:

BME: Black and Minority Ethnic Communities

C. diff: Clostridium difficile

CQC: Care Quality Commission

CQUIN: Commissioning for Quality and Innovation

GCC: Gloucestershire County Council

GCCG: Gloucestershire Clinical Commissioning Group

GHNHSFT: Gloucestershire Hospitals NHS Foundation Trust

GWAS: Great Western Ambulance Service

HSCOSC: Health and Social Care Overview and Scrutiny Committee

LCP: Liverpool Care Pathway for end of life care

MEWS: Modified Early Warning Score

MIU: Minor Injuries Unit

MRSA: Methicillin Resistant Staphylococcus Aureus

NICE: National Institute for Health and Care Excellence

NHS: National Health Service

OT: Occupational Therapy

PALS: Patient Advice and Liaison Service

PLACE: Patient-Led Assessments of the Care Environment

SIRI: Serious Incident Requiring Investigation

SLT: Speech and Language Therapy

SPCA: Single Point of Clinical Access

TDA: NHS Trust Development Authority

VTE: Venous-Thromboembolism (Deep vein thrombosis or pulmonary embolism)

If you have any comments about this Quality Account, please email **liz.fenton@glos-care.nhs.uk**. Alternatively, you can write to Mrs E J Fenton, Director of Nursing and Quality, at the address below.

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