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

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PART ONE: INTRODUCTION

Welcome from the Chair and Chief Executive

We are delighted to introduce Gloucestershire Care Services NHS Trust 2016-17 Quality Account and to share with you our achievements over the past 12 months. It also provides an opportunity to reflect on our progress and confirm the priorities we will be progressing over the year ahead.

We hope, through reading this account of our progress over the last 12 months you will, as we do, appreciate the relentless focus the Trust Board, and all our colleagues are placing on delivering high quality, safe care in line with our CORE values – Caring, Open, Responsible and Effective. We are proud of what we have achieved and it is a great credit and testament to all our colleagues who continue to put patients at the very core of everything we do. We are equally clear that we must continue to support our colleagues’ commitment to ongoing improvement as we cannot do this alone, and much of our work requires us to work effectively across our organisation and with partners.

It is our intention that this document is as informative as possible, and we welcome receiving your feedback as this will assist us in improving the content and format of future Quality Accounts.

On behalf of the Trust Board, we can confirm that, to the best of our knowledge and belief, the information contained in the Quality Account is accurate and represents our performance in 2016-17 and our commitment to quality improvement.

Ingrid Barker
Chair

Katie Norton
Chief Executive Officer
An overview of the Trust – Our Vision, Values and Strategic Objectives

Gloucestershire Care Services NHS Trust (GCS) is privileged to be the main provider of NHS funded community health and care across Gloucestershire. Our teams deliver essential nursing, therapy and specialist care to adults, children and young people, many of whom are among the most vulnerable people within our communities.

Trust Strategic objectives
The Trust’s strategic objectives describe the principle aims that the organisation aspires to achieve. In 2016-17 the Trust’s Strategic Objectives were:

- To achieve the best possible outcomes for our service users through high quality care
- To understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work
- To actively engage in partnerships with other health and social care providers in order to deliver seamless services
- To value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision
- To manage public resources wisely to ensure local services remain sustainable and accessible

The Trust employs nearly 3,000 colleagues (substantive and bank) who are working in teams to deliver and support the delivery of care. During 2016-17 the Trust had over 1.4 million contacts with patients – which equates to an average of over 3,800 people every day.

Throughout the Trust our colleagues work to our CORE values and within this ensure behaviors are consistent and guide us in everything we do and clearly indicate what is expected of us to achieve our vision and meet our strategic objectives.
MAY
Celebrating you Staff Awards

JUL
Minor Injury and Illness (MIUs) review 7 week public engagement to 31st August

SEP
Screen showing of Getting it Right End of Life film about the importance of end of life care.

NOV
Minor Injury and Illness Units change their opening times

JAN
E-prescribing started in our Community Hospitals

MAR
Investors in People

2017

APR
Launched our services in 60 second films - started with Physiotherapy

JUN
JAG Accreditation for Stroud and Cirencester General Hospital

AUG
New Unit opened with our Complex Leg Wound Service at Stroud Hospital

OCT
Jenny Turner receives an accolade at the Nursing Times awards

DEC
Listening into Action (UA) Accreditation

FEB
Smartphone rollout for clinicians in the community
PART TWO: REVIEW OF 2016-17 QUALITY PRIORITIES

Introduction

In part two of our Quality Account we set out our progress against the six priorities identified for focused work in 2016–17.

1. Priority 1
   Learning Disabilities

2. Priority 2
   Continence Care

3. Priority 3
   Equality and Diversity

4. Priority 4
   Positive Risk Taking

5. Priority 5
   Clinical Records

6. Priority 6
   End of Life Care
What we have done…

In response to the legal requirement for all organisations providing NHS care or adult social care to provide accessible information we have developed a suite of materials to support colleagues working with people with a learning disability and their carers. This is available to all staff through our intranet, with additional information regarding legislation, safeguarding and advocacy. Our Specialist Nurse for Safeguarding Adults supports colleagues in understanding their role and responsibility to make reasonable adjustments and seek feedback from service users and carers, ensuring that learning disabilities and reasonable adjustment is a high priority across all services. We also have Learning Disabilities Champions across the Trust providing support to colleagues.

We have developed a toolkit to enable colleagues to reflect and learn from the outcomes of any Safeguarding Adult Reviews, both within the county and nationally. The toolkit is designed to be used as part of routine team meetings, and supports our nursing colleagues with their Nursing and Midwifery Council (NMC) Revalidation requirements, which was introduced in April 2016.

We have worked to improve the way we support younger people with a learning disability, and their carers, manage transition to adult services. We know from talking to service users and carers that when they are facing a change from a team of professionals they have been with for many years it can be scary. We believe that by getting involved in the transition process at the right time, they will feel more confident and have an active role in shaping the change. In 2016-17 colleagues have been implementing the Ready Steady Go transition programme. The programme was developed by University Hospital Southampton and the Trust is using it with their permission. A video, with input from Trust colleagues, service users and carers has been prepared to support this important programme of work.

Trust colleagues supported the 8th “Big Health Check Day” – a Gloucestershire-wide initiative which brings together service users, parents/carers, and providers from all areas of health and social care. It is a day which combines fun activities, alongside staff training opportunities. This has become an annual event in Gloucestershire and one we are proud to support.
The Trust has developed, in partnership with Inclusion Gloucestershire, new formats for our Friends and Family Test and the Comments, Compliments and Complaints form – called ‘How was your visit today?’ to enable clients with a learning disability, or who require other reasonable adjustments, to provide feedback on their experience of the care without having to rely on a third party to help them do this. This is enabling more accurate and timely feedback from our clients with learning disabilities.

We have worked with 2gether NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust (GHFT) to extend the ‘Traffic Light Hospital Assessment Tool’ across all our organisations to become the “Hospital and Community Assessment Tool”. This means that we have access to a client held record which is able to provide information that colleagues providing care and support will need to know to provide the best care for that person. It has three categories:

- “Things you must know about me” (red)
- “Things that are really important to me” (amber)
- “Things I would like to happen” (green)

We have continued to be active partners in Gloucestershire-wide forums that support the planning and delivery of services for people with learning disabilities and their carers. Our Specialist Nurse for Safeguarding Adults is the Chair for the Trust Learning Disabilities Quality Improvement Group, at which the Trust’s Learning Disabilities Champions raise any issues encountered or resources required. This group is represented at the Learning Disabilities Expert Reference Group which meets three times a year and includes representatives from partner agencies to ensure that care for clients with a learning disability is consistent across services. We recognise the role and value of our Experts by Experience, parents and carers in all aspects of this work.

**What next…**

Through our work in 2016-17 we have established firm foundations that will ensure that people with learning disabilities will benefit from enhanced community services, have a positive experience of care, and are supported within a safe environment. We are not complacent, and our focus moving forward will be to constantly review progress and continue to provide training and support to colleagues, as well as encouraging service users and carers to provide feedback on their experiences to help us continually improve.
What we have done…

A significant amount of work was undertaken with partners to review the current pathways of care for people experiencing continence problems. We also engaged with service users to better understand what they felt needed to change to help them manage their care, focusing on education, self-care and most importantly, prevention.

We haven’t progressed with this quality priority as much as we had hoped, mainly due to not being able to recruit the expert staff required to take forward the service developments and improvements we want to make. Despite this we have continued across the Trust our work with regards to other continence related activities that include implementation of Gloucestershire’s catheter care passport, education and training of colleagues and our Care Home Support team has continued to work with care homes across the county.

What next…

We have agreed with Gloucestershire Clinical Commissioning Group (GCCG) that we will work together to progress this during 2017-18.
In setting this priority we recognised that in times of growing demand and pressure on health services, there is increased risk that some groups of people might be inadvertently disadvantaged, especially those who are under-represented, or who do not have as loud a voice in the community as others.

What we have done...

We established an ambitious programme of work over the year, focusing on:

- Improving the experience of non-white British people in our community hospitals
- Improving end-of-life care services to ensure they are more responsive to people’s culture, religion, sexual orientation and gender identity
- Individuals who do not speak English as their primary language and who have limited ability to read, speak, write or understand English
- Increasing engagement and support to communities who do not currently or traditionally access our services
- Valuing diversity within our workforce to harness the proven benefits of diversity, such as better decision-making and improved quality of care

We facilitated a series of cultural awareness sessions in our community hospitals, so that colleagues were able to get a broader understanding of Islam, Sikhism and Hinduism, and ask questions about how care should be tailored to meet people’s different needs.

We worked with people from across the local community, to develop a series of cultural resources, including a mobile app, which provides colleagues with information about a range of spiritual and religious needs of service users and carers.

We implemented a comprehensive programme across our community hospital inpatient wards to provide them with resources to meet the needs of our diverse community. This has included for example, the purchase of appropriate cups and jugs so that ablutions can be made easier for people and the provision of Halal menus which are printed in a different colour to our standard menus.

With the support of our League of Friends partners and through our own discretionary funds, we have provided spiritual rooms in our community hospitals so that anyone who wants time for reflection and contemplation can find peace in a non-denominational setting.
We worked with end-of-life care services to consider people’s different needs in spiritual and pastoral care and will continue to focus on the needs of lesbian, gay, bisexual and transgender communities. We have developed additional guidance for colleagues with a series of end-of-life films produced to assist in training and across social media.

To better support people with sensory impairments, learning disabilities and those who have limited ability to read, speak, write or understand English well, we launched our compliance with the Accessible Information Standard on 1 December 2016.

Across the services provided by the Trust, we expect colleagues to be proactive in establishing whether information is needed in different formats. Systems have been developed to flag this across all our services, and with relevant health and care providers where we have consent to do so, to prevent the need for individuals to repeat these needs.

Core to all of our work on equality and diversity has been working with local communities and benefiting from people with lived experience. For example, we held two events for local black and minority ethnic communities in the Friendship Café, Gloucester. The first in July 2016 was specifically for women, and provided health and wellbeing information regarding health visitors, midwifery and children’s services, as well as mental health, healthy living, and Macmillan Cancer Survivorship. The event also attracted stands offering henna, cakes, pampering treatments, Asian clothing, scarfs and loungewear. Then in November 2016, we held a second event, this time for men, which provided guidance on diabetes, heart disease, cancer, and also offered access to a free health check.

In response to the findings of the national Workforce Race Equality Standard (WRES), we have sought to attract a more diverse workforce to the Trust. This has included advertising job opportunities not only upon the NHS Jobs website, but also within a range of targeted media and publications, such as the national website promoting Black History Month. We are also working with other NHS organisations across the county to encourage community peers within local black and minority ethnic populations, to join a leadership programme with the aim of becoming Non-Executive Directors.

We believe that this work is already yielding positive results. In 2016 BME colleagues represented 4.1% of the total workforce, which compares favourably to 2015, when BME colleagues represented just 3.6% of the workforce.

What next…

We have developed a new programme of work which will build on our progress in 2016-17. We will continue to focus on working with our local communities who are under-represented, as well as evidencing how we value diversity within our workforce.
In setting this priority with partners across the Gloucestershire health and care system, we recognised that professionals may be too risk averse in their decision making to the extent that this may undermine patient/service user wishes. We welcomed the opportunity to work on this with colleagues across the Trust, recognising the benefits that can be achieved through working with service users and carers to empower them to take an active role in their health and wellbeing, with greater control over the care they need.

**What we have done …**

During 2016-17 we focused initially on embedding a positive risk approach within our Integrated Community Teams (ICTs) and extended this way of working with other teams and services across the Trust.

A series of **training events** held within the ICTs using the facilitated training film “Risking Happiness” ([https://www.glos-care.nhs.uk/about-us/trust-videos](https://www.glos-care.nhs.uk/about-us/trust-videos)). 75% of respondents reported that the training had had an impact on their approach to working with patients/service users and 54% of people felt that their approach to positive risk taking was having a positive effect on the approach adopted by others they work with. 64% of people completing the training reported a change in their use of language (avoiding jargon and clinical terminology) and 67% felt they were able to use a positive risk taking approach in multi-disciplinary meetings.

We sponsored a number of Listening into Action (LiA) teams to inform the adoption of questionnaires or other tools to encourage a person led approach to care. One team undertook 36 patient conversations to find out what people thought and how best to find out what matters most to patients. As a direct result of this our ICTs have added a section to the Essential Information section on our Electronic Patient Record supported by guidance taken from the NHS England publication “The journey to person-centred
This creates a note of what matters most to the patient in a place visible to all members of the multi-disciplinary team.

This included some specific work to support positive risk taking in the development of the End of Life pathway. We produced a film that features services users, relatives and representatives from local groups talking first-hand about their experiences of end of life care. The success of the film is reflected in the following quote from our End of Life clinical lead who said “This is a powerful way to raise awareness of the importance of high quality care that is tailored to the individual as we only get one chance to get it right. The filming process has been a great collaboration between the trust, local communities and partner organisations.”

Promoting positive risk in our transition work with young people with disabilities and/or complex health needs. In children and young people services, decision making tools have been used for a number of years to support children, young people and carers making informed choices in relation to their on-going care.

We have been able to share our work with partners, including joint working with GHFT to promote positive risk taking in the Emergency Departments. This included our Rapid Response service working with the Gloucestershire Hospitals NHS Foundation Trust (GHFT) admission avoidance team to promote a positive risk taking approach for patients who attend the emergency department through Multi-Agency Discharge Events (MADE), and Home First activities.

Our Rapid Response service has also worked with nursing homes to enhance their confidence and ability to support residents who become acutely ill reducing the number admitted into hospital.

We have recognised that a positive risk taking culture requires organisational endorsement and systems to be in place which allow colleagues to make and take informed risks with patients. The Trust has therefore refreshed the supervision policy, revised and relaunched record keeping training and related audit programmes, and introduced a training programme to support incident reporting and a “no blame” learning culture.

What next…

In 2017-18 we will continue to support our teams in delivering patient led social care and will develop a positive risk taking policy to be used across the Trust.
In early 2016, the Trust identified that the quality of clinical record keeping was not to the standard we would expect in some service areas.

As a consequence of this it was agreed that improving record keeping was to be one of the Trust’s 2016-17 quality priorities.

What we have done...

A detailed programme of work has been progressed to improve clinical record keeping with a specific focus on ensuring clarity, accuracy and completeness of records in response to the findings of the 2015-16 clinical records audit.

The Trust has refreshed the Clinical Record Keeping Policy, ceasing the use of the abbreviations policy. An enhanced range of training has been delivered, including “myth busting” and “Keeping the Record Straight” through to legal / regulation awareness training.

Key to this work has been the ongoing development of SystmOne, the Trust’s clinical records system, to support staff in maintaining high quality clinical records. In 2016-17 this has involved the introduction of “titles” that direct clinical colleagues to a clinical record template with “one click”.

A re-audit at the end of 2016-17 has demonstrated a positive impact of the work undertaken. For example:

- 96% of records audited now indicate evidence of catheter management plans and 92% of why catheters are being inserted.
- With our Minor Injury and Illness Units (MIUs) 100% recording of patients reason for attending the units and 97% of patient care planning.
- Within our children’s physiotherapy service 99% of baseline assurances about patient care were recorded.

What next...

The Trust will continue to maintain its focus on clinical record keeping because of its importance on patient care and safety. This will include a “softer” review approach whilst undertaking Serious Incident Requiring Investigation (SIRIs) and responding to complaints received by the Trust.
Our emphasis was to support colleagues to work within the parameters of the national “6 Ambitions for End-of-life Care”, increasing our ability to work more closely with GPs, and ensuring that the wishes of people about their place of choice to die is met wherever possible.

The 6 ambitions:

01 Each person is seen as an individual
02 Each person gets fair access to care
03 Maximising comfort and wellbeing
04 Care is coordinated
05 All staff are prepared to care
06 Each community is prepared to help

What we have done...

We provided a range of training opportunities for colleagues during the year. This training was supported by the production of a 30 minute educational “Getting it Right” film exploring different aspects of care of the 6 ambitions. It included the voices of patients and their families who kindly gave their time to the project.

The film was premiered at a Gloucester cinema and has been well received by staff and service users, including requests from other providers to also use it as a training package. A link to an abridged version of the film can be found on YouTube [https://www.youtube.com/watch?v=BL0k002Dril](https://www.youtube.com/watch?v=BL0k002Dril)
We also introduced new induction training for colleagues new to the organisation, and have encouraged colleagues to attend monthly forums in partnership with our local hospices.

We have established a new record keeping process within our electronic patient record system which includes fully capturing people’s wishes and preferences for end-of-life care treatment. It also includes identifying the place where people would choose to die in order that staff can help ensure that wherever possible this can happen.

We have engaged with our partners in health – including GPs, voluntary providers, hospices, and in the community – by leading and hosting End-of-Life workshops to help drive and coordinate this important agenda. The most recent one was in November 2016 at Coleford, in the Forest of Dean, which was well attended. Joint agreement was reached to improve advanced care plans and patient choice forms, GP information packs and a countywide evaluation of families’ experiences to inform future improvements.

We now have a special interest group within the Trust for the many clinicians interested in championing improvements in end-of-life care. Work programmes within this group are aligned to the work plan and are driving forward the agenda. The enthusiasm from members is being taken back to our clinical areas in our community hospitals and community services and is creating a real sense of ownership of the need for continual improvement in delivering our care in this crucial area.

“What next….

We recognise that there is further work to do with our partners to improve end of life care. We will continue to play our full part in this work during 2017-18.
Introduction

Our Non-Executive Director (NED) and Chair of our Quality and Performance Committee is Sue Mead. This is a Sub-Committee of the Trust Board, responsible for providing assurance with regard to the quality and performance of services provided by the Trust. Susan Field is the Trust’s Director of Nursing and has executive responsibility for leading on quality across the Trust.

As the Quality and Performance Committee has focused its attention on the 2016-17 quality priorities and performance over the year, it has sought to be able to answer two key questions:

1. How do we know that we are delivering the best possible service to each and every person across the whole range of our services?
2. When on occasions, things do not go right, how do we learn and improve so that such eventualities never re-occur?

Spotlights

This part of our Quality Account outlines a “Spotlight” approach around our Care Quality Commission (CQC) domains and our CORE values:

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<th>Care Quality Commission</th>
<th>Trust Value</th>
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<td>Safe</td>
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Following the Care Quality Commission (CQC) inspection in 2015, the Trust developed a detailed improvement action plan to address the recommendations made. In 2016-17, the Trust Board completed actions, with key areas of progress as follows:

- A new clinical leadership role to support colleagues working in our seven Minor Injury and Illness Units (MIIUs);
- Remodelling of our MIIUs following a public engagement exercise during August 2016, including changes in opening hours and new staffing models;
- Our contribution to the development and implementation of the Gloucestershire End of Life strategy published in September 2016;
- A review of our incident reporting system to ensure that we learn from trends identified and that colleagues feel supported to report incidents;
- The development of a new system to enable colleagues across the Trust to monitor and report mandatory training compliance levels, which are reviewed by both the Trust’s Organisational Development and Workforce Committee and Trust Board.

The Trust has regular meetings with the CQC and looks forward to welcoming them back to demonstrate progress.

We recognise that our ability to provide assurance on quality and safety is reliant upon good data.

In 2016-17 we continued to work to triangulate data from the various systems used across the trust, including the Safe Reporting System (Datix); Concerns and Complaints; Family and Friends Test and the Patient Record System (SystmOne). In addition to this we now have every episode reported on the Safety Thermometer linked to a safe incident report (via Datix) which has ensured meaningful interpretation of data with an audit trail.

The Business Intelligence and Reporting Tool (BIRT) has been developed in 2016-17 as a single platform to bring together key sources of information across the Trust.
**Electronic Prescribing**
During 2016-17 we began the implementation of our electronic prescribing and medicines administration system across our community hospitals and MIIUs. The system is specifically designed to reduce the risks associated with traditional methods of prescribing and administering medicines, enabling the full record of all medicines prescribed and administered to be held within the electronic patient record.

**Non-medical prescribing**
During the year, 13 of our clinical colleagues have undertaken the Independent Non-Medical Prescribing (INMPs) qualification. This will bring the total number of our INMPs across the Trust to 113. Practitioners with the INMP qualification are competent to assess patients and prescribe any licensed or unlicensed medicines that is within their area of competency, which greatly enhances the service they can deliver and supports the care closer to home agenda.

**Antimicrobial Activities**
The Trust has continued to promote antimicrobial stewardship across all its services. A presentation on antimicrobial stewardship and resistance is delivered to all new colleagues at clinical induction and the Hospital Antimicrobial Prudent Prescribing Indicator (HAPPI) audit continues to be carried out every month in inpatient units. During 2016-17 The Trust secured the clinical support of a consultant microbiologist to work with the Head of Medicines Management to review its antimicrobial guideline and antimicrobial Patient Group Directions (PGDs).

**Seasonal Flu Vaccinations**
Our 2016-17 flu vaccination campaign was launched in early October and vaccinations were offered by our occupational health service as well as by 17 Trust colleagues who trained as peer vaccinators able to offer vaccinations to colleagues during their normal working day. There was a 20% increase in uptake among front line colleagues to 56.2%, still below our target of 70%.

Our children’s and adults’ safeguarding team have continued to work collaboratively in line with our ‘think family’ approach. This strengthens the team, provides resilience across our services as well as offering the opportunity to produce joint policies and develop and deliver joint training.

In 2016-17 we published our first safeguarding annual report. This highlighted a number of quality improvements across the Trust as well as setting out the activities being undertaken by both our adult and children safeguarding teams. Of note during the year:
• We have increased the uptake of adult and children safeguarding training from 38.33% in June 2016 to 78% at the end of March 2017, with 86% compliance for Safeguarding children level 1 training.

• In partnership with Gloucestershire County Council (GCC) we have designed a Mental Capacity Act “Train-the-Trainer” programme. This has been made available to all partner agencies working with the Gloucestershire Safeguarding Adult Board.

• We have run local Mental Capacity Act sessions with our staff to ensure that this important legislation is understood and implemented, protecting the rights of our patients and giving assurance that practitioners are acting in the best interests of patients, where they lack the capacity to make specific decisions.

• We have also worked with partners to produce a range of training resources including a film to highlight issues around self-neglect and hoarding. These were showcased at the first Gloucestershire Safeguarding Adults Roadshows held in early 2017.

• We have refreshed our domestic abuse policy and have included additional information in our training to raise staff awareness.
During 2016-17 the Trust reported 17 SIRIs. The two main themes were pressure ulcers and treatment delay.

No “Never Events” (serious medical errors or adverse events that should never happen to a patient) were reported during 2016-17.

A non-blame approach and a culture of learning from incidents has contributed to a 6% increase in incident reporting over the year, reflecting the findings of the CQC inspection in 2015 which found that “Staff talked about a very open and very patient focussed organisation. Many staff felt that they were highly valued and that openness and honesty was encouraged and rewarded.”

An audit of our SIRI investigation process was included in the 2016-17 internal audit plan. The audit concluded that the Trust has created a "robust" incident and SIRI reporting framework which has been facilitated by professionals with clinical governance expertise. This is overseen by the Trust’s Clinical Reference Group and Operational Governance Forum.

During 2016-17 Trust colleagues have continued their work to develop an open culture where incident reporting is seen as a priority and learning is shared across the Trust in order to improve patient safety and outcomes. There has been a 17% increase in incident reporting using our Datix system.

In addition the Trust has developed a Learning Assurance Framework which is intended to promote wider learning and support a culture of continuous service improvement and or the development of new or improved clinical pathways.

The Trust has been working to promote the Duty of Candour in line with our commitment to work in an open and transparent way, acknowledging when things go wrong or when we make mistakes.

In 2016-17 we applied Duty of Candour in 18 cases, 11 relating to care provided by our integrated community teams and 7 relating to care provided in our community hospitals and Minor Injury and Illness Units. Each of these cases is investigated as a Serious Incident Requiring Investigation (SIRI) and all patients and or relatives receive both verbal and written apologies.
Between April 1st 2016 and March 31st 2017 we received 73 complaints. This is a decrease of 16% on the total received last year of 87 and an increase of 14% from the previous year 2014-15.

These have been broken down into the following service areas:

- Community Hospitals: 19
- Urgent Care: 13
- Countywide Services: 17
- Integrated Community Teams (ICTs): 14
- Children & Young People Services: 10

50.7% of our complaints related to clinical concerns, 10% to communication issues; and 13% to discharge plans. 65 of our 73 complaints were responded to within 25 days (89%), an improvement from 78% for the previous year.

We always consider whether or not Duty of Candour applies to each complaint and during 2016-17 Duty of Candour applied to 1 of the 73 complaints received and the SIRI approach was used to respond to this particular complaint.

During the last 12 months, three of our complaints have been referred to the Parliamentary Health Service Ombudsman (PHSO) for independent review, because the complainant remained unhappy with the outcome of our investigation into their complaint.
Our Director of Infection Prevention and Control (DIPC) also our Director of Nursing is required under the Health and Social Care Act 2008 (Part 3, 1.3) to produce an annual report and make this available to the public. This was published in May 2017.

The report confirms that prevention and control of Healthcare Associated Infection (HCAI) continues to be a key priority for the Trust and that we have maintained compliance during 2016-2017 in all areas including:

- Being fully compliant with the Hygiene Code (Outcome 8, CQC)
- 100% of eligible patients presenting for elective surgery being Methicillin Resistant Staphylococcus Aureus (MRSA) screened as part of the pre-assessment process
- Every confirmed Clostridium Difficile (C.Diff) diagnosis is investigated and a Root Cause Analysis (RCA) completed
- Our active contribution to the Public Health England directed Post Infection Review process for all MRSA bacteraemias as part of the countywide systems approach to healthcare
- Our annual programme of audit using the internationally recognised Infection Prevention Society audit tool of care facilities as required by the Hygiene Code - an overall average score of 93% was achieved which was an improvement compared to 91% during 2015-16. Meeting EPIC 3 (National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England) recommendations
- Using National Cleaning Specifications to determine cleaning frequencies and methodology within the healthcare environment
- Using the National Methodology for Monitoring of Cleaning Standards and report these to the Board on a monthly basis as per Hygiene Code requirements
- The completion of inspections of all in-patient areas in conjunction with the Patient Led Assessment of the Care Environment (PLACE)
- Improving the uptake of staff receiving infection prevention and control training during 2016-17

Of note...

During 2016-17 we reported one MRSA bacteraemia case, which is our first for many years. The case was considered a SIRI. The patient's family were involved in the investigation and the findings of our review were shared with them. The MRSA bacteraemia has been declared as being an unavoidable case.

The Trust’s tolerance figure for C.Diff cases, diagnosed after 48 hours of admission for 2016-2017 was agreed at a maximum of 18 toxin positive cases and we had 13 cases reported in 2016-17.
QUALITY ACCOUNT 2016-17

Period of Increased Incidence (PII) - a period of increased incidence is defined as 2 or more infections occurring on the same ward within a 28 day period that are both more than 48 hours post admission and not classified as relapses (a return of symptoms within 28 days). There have been no PII s identified in 2016-17.

As part of our quality assurance approach, each of our Trust Non-Executive Directors (NEDs) endeavours to undertake at least one Quality Visit per quarter to Trust services. These visits are scheduled across all services and localities and vary in approach. As well as gaining insight about the service through the interaction with frontline staff, the focus of the visits is to understand the patient perspective to ensure that the service delivers the best quality care.

Following the visit, each NED writes a report using the 6Cs framework (Care, Compassion, Competence, Communication, Courage, Commitment) highlighting their findings as well as any recommendations for consideration by the Executive Team. During 2016-17 a number of services were visited through the Quality Visit programme including: Care Home Support Team, Wheelchair Service, Immunisation Service, Stroud Endoscopy Unit, Community hospitals, Well-baby clinic, Physiotherapy service, Heart Failure service, Community Nursing Team and podiatry service, Children’s, Speech and Language Therapy.

The annual PLACE audit process commenced during April, May and June 2016. For this round of assessments we recruited additional hospital volunteers to support the process along with the local Healthwatch representatives.

The scores for 2016-17 are provided in Appendix 2. Almost all of the Trust’s scores were above the national average and the standard across our community hospitals remains high which is a credit to all our teams.

The Trust is aware that there are some clinical areas where decisions will need to be made, specifically on the provision of handrails in every corridor and menu options.

In 2016-17 the Trust participated in a number of national audits as well as progressing a programme of local audits.
National Audit Participation by the Trust

**National Chronic Obstructive Pulmonary Disease (COPD)** Audit Programme: Pulmonary Rehabilitation work stream, data collection started in January 2017 and is due to be completed in July 2017. A national report will be published in the winter of 2017-18.

**Sentinel Stroke National Audit Programme (SSNAP)** The results for the period of August – November 2016 have been published. The audit demonstrated that, in Gloucestershire on-going care for stroke patients was good, with 42.9% of patients treated by a stroke skilled Early Supported Discharge team following discharge from hospital; this is higher than the national average of 34.5% of patients.

**Falls and Fragility Fractures Audit Programme (FFAP):** Fracture Liaison Service Database results from the patient-centred audit are due to be published in 2017.

The Trust also participated in the **National Diabetes Foot Care Audit** and the **National Audit of Cardiac Rehabilitation** during 2016-17.

As part of “Learning, Candour and Accountability - A review into the way NHS Trusts Review and Investigate Deaths of Patients in England”, the Trust was fortunate to be selected as one of the 12 Trusts to participate in the review process, led nationally by the CQC. During 2016-17 there were 246 deaths in our community hospitals. As a Trust we have during the year continued to develop our MIDAS reporting system, which is used by colleagues to report deaths.

Our Community Hospitals Multi-Disciplinary Teams (MDTs) review deaths and it is anticipated that the Medical Examiner service (currently, in a pilot stage within Gloucestershire) will work with the Trust in response to the recent “National Guidance on Learning from Death – A framework for NHS Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care (March 2017)”. It is also anticipated that closer links will be made with other NHS organisations, within the county and beyond, to improve learning from mortality information.

The Trust is a member of the Gloucestershire Research and Development Consortium. During 2016-17 we have been working to increase our work in this area in recognition of the benefits that are associated with an active research and development programme.

A Research and Development Group has been established, led by our Deputy Director of Nursing and Deputy Medical Director. It will be our intention to more actively participate in clinical research and already colleagues are involved in studies involving adult services such as palliative care.
We continue to work with our Clinical Reference Group colleagues to review, disseminate, implement and monitor applicable National Institute for Health and Excellence (NICE) guidance.

During 2016-17 there were 181 NICE guidelines and Quality Standards published. Of these 53 were applicable to the Trust and of these 19 of these have been fully implemented; 7 have been partially implemented; 1 has been partially implemented (this relates to a Stroke Quality Standard, whereby we are not fully compliant with 3 out of the 6 quality statements). 26 are awaiting an impact assessment by the clinical / service lead.

In 2016-17 the Trust agreed a programme with commissioners for quality and innovation (CQUINs).

Six themes were progressed, of which five were fully achieved and one partially achieved in year as summarised below.

<table>
<thead>
<tr>
<th></th>
<th>Purpose</th>
<th>Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NHS Staff and well-being</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>To introduce health and wellbeing initiatives for colleagues to include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• improved access to physical activity, mental health and physiotherapy for staff with musculoskeletal issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• availability of healthy food for NHS staff, visitors and service users</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• improved uptake of flu vaccinations for front-line staff</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Antimicrobial resistance and antimicrobial stewardship</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>To reduce antibiotic consumption per 1,000 admissions, and undertake an empiric review of antibiotic prescriptions</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>End of Life</td>
<td>Partially Achieved</td>
</tr>
<tr>
<td></td>
<td>To enhance the availability of evidence-based, safe, timely and person-led end-of-life care for people cared for by community nurses, and increase staff's access to corresponding training opportunities</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Frailty</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>To continue to develop safe, compassionate care for frail older people using an integrated care pathway, including improved screening, assessment and care planning</td>
<td></td>
</tr>
</tbody>
</table>
Our Complex Care team supports the equitable provision of high quality child centred, effective and compassionate care to enable family life at home. Through one of our LiA schemes this team reduced agency staff usage by 90% and there has been a 130% increase in the recruitment of bank and permanent staff. There is now a robust, transparent and equitable assessment framework, partnership working has improved and the service delivery is being achieved within financial balance. ‘I am really impressed with the approach that you have taken and the work you have achieved’, Helen Ford, Senior Commissioning Manager, Gloucestershire Clinical Commissioning Group (GCCG).

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Positive Risk Taking</td>
<td>To build upon the work undertaken in 2015-16 to empower and incentivise staff, service users and carers to better understand and manage risk and enable service users to live as independently as possible</td>
<td>Achieved</td>
</tr>
<tr>
<td>6</td>
<td>Transition</td>
<td>To continue to improve outcomes and experiences for young people transitioning into adult services</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

Children’s Complex Care
In 2016-17 the Trust sponsored a major programme to support the health and wellbeing of colleagues with the aim of providing a supportive and productive environment in which our staff can flourish. This is in recognition of the direct correlation between staff wellbeing and the quality of patient care delivered.

The programme included a number of activities that build on good practice, encourage innovative approaches to promoting and protecting the health and wellbeing of our colleagues as well as responding to the requirements of the NHS staff health and wellbeing national CQUIN. This has included a range of physical activity schemes for our colleagues, promoting an active lifestyle and building physical activity into working hours.

An extremely successful staff-led Fitbit scheme to encourage colleagues to increase their exercise, with, where wanted, a bit of competition. Participation increased with colleague’s trialling Fitbits across the Trust to encourage others to join in. From this ‘Health and Hustle’ was launched which is an on line forum for colleagues to share experiences and events. Participation continues to grow across the Trust.

What we have seen during 2016-17 is improved physical activity levels and our results continue to astound us. The graph shows the total steps covered in the first 3 challenges since June 2016.

“Health and Hustle” was one of the finalists in Gloucestershire Health and Social Care awards which recognised the innovation of the activity programme.

We also led ‘Global Challenge’ where colleagues logged their own physical activity miles and circumnavigated the world and promoted walking/standing meetings started; Midday Midweek walks; promoted ‘Bike week’ and the use of bikes for travelling to work or visiting patients. One of our health visitors uses one of our pool bikes to travel to her outpatient appointments and is inspiring other health visitors to join in; colleague led running groups for beginners and advanced have started as have pilates classes and discounts on corporate gym memberships.
QUALITY ACCOUNT 2016-17

We know that one of our most common causes of sickness absence is musculoskeletal related injuries and improving access to physiotherapy services is key to minimising work related absences. To address this we have implemented a fast track Physiotherapy Musculoskeletal Service for colleagues. This service will commence in April 2017, providing an early response and support service to colleagues.

We also recognise the importance of creating a culture where we can openly discuss, support and manage mental wellbeing. Over the last year we have been raising awareness internally and providing a range of training and support opportunities.

As part of promoting healthy eating options for our colleagues we have:

- Banned price promotions and advertisements on sugary drinks and foods high in fat, sugar and salt (HFSS) in our restaurants and checkouts
- A range of foods on our menu ensuring there are plenty of healthier options available including salads and sandwiches and fresh fruit on sale.

Making Every Contact Count (MECC) continues to be an important focus for our service delivery and is a requirement in many of our service specifications. Teams have been referring on to services to support people to stop smoking, reduce alcohol consumption, achieve recommended daily levels of physical activity and to help with weight management. Data is beginning to demonstrate a clearer pattern of referral into those services.

It is envisaged that further MECC training will be made available for colleagues during 2017-18 as this will continue to support the promotion of healthy lifestyles as a routine component of our clinical contacts.
Throughout 2016-17 the Trust Board has worked to maintain strong oversight of the strategic and operational performance of the Trust. This includes a process of review against the CQC Well-Led framework, which has been subject to consultation in 2016-17.

A review of the year is set out in our 2016-17 Annual Report, which includes a full governance statement. This is available on our website: https://www.glos-care.nhs.uk/about-us/publications

In 2016-17, the Trust participated in the National NHS Staff Survey. We continue to monitor these results as we believe they provide valuable information to inform our workforce and organisational development.

The table below provides a summary of performance for the Trust, looking back over the last three years and compared to other community trusts in respect of those questions which most closely related to quality of care.

<table>
<thead>
<tr>
<th>Gloucestershire Care Services NHS Trust</th>
<th>National average for Community Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Percentage of staff who feel that their role makes a difference to service users</td>
<td>94%</td>
</tr>
<tr>
<td>Percentage of staff who are satisfied with the quality of care they are able to deliver</td>
<td>66%</td>
</tr>
<tr>
<td>Percentage of staff who believe that the care of service users is the Trust's top priority</td>
<td>64%</td>
</tr>
<tr>
<td>Percentage of staff who believe that the Trust acts on concerns raised by service users</td>
<td>67%</td>
</tr>
<tr>
<td>Percentage of staff who would recommend the Trust as a place to work</td>
<td>52%</td>
</tr>
<tr>
<td>Percentage of staff who would recommend the Trust as a place to receive care</td>
<td>68%</td>
</tr>
<tr>
<td>Percentage of staff reporting errors, near misses and incidents in the last month that could have harmed service users</td>
<td>89%</td>
</tr>
</tbody>
</table>
LiA has continued to provide a framework to support colleagues to get involved with service change innovation. It has supported a fundamental shift in how we work and lead, mobilising and leveraging the workforce to improve outcomes for patients, colleagues and the Trust. Since 2013 more than 800 colleagues and 70+ teams, have participated in our LiA approach and in October 2016 the Trust was the first Community Services Trust in the country to be awarded the LiA Accreditation Kite Mark. This formal accreditation is a reflection of our commitment to creativity and innovations towards improving patient care.

Our LiA approach during 2016-17 has allowed colleagues to identify “quick wins”, some of which include a review of our Personal Development Review paperwork, coloured Halal meal cards in our community hospitals, ‘Services in 60 Seconds’ film clips, new uniforms for reablement colleagues, positive patient feedback posters for teams and new sensory kits for children with complex needs, to name but a few.

Of particular note we have seen tangible improvements on how colleagues are feeling engaged and valued, which has led to a wealth of improvements to patient care led by the teams themselves. Results include:

- 19% increase in staff feeling that the organisation communicates clearly with staff about its priorities and goals
- 17% increase in the organisation supporting people to develop and grow in their role
- 14% increase in staff feeling valued for the contribution they make and the work they do
- 16% increase in the organisational culture encouraging staff to contribute to changes that affect them.

| Percentage of staff who feel confident and secure in reporting unsafe clinical practice | 64% | 68% | 71% | 75% |
| Percentage of staff who experienced harassment, bullying or abuse from staff in the last 12 months | 19% | 23% | 21% | 20% |
| Percentage of staff who believe that the Trust provides equal opportunities for career progression or promotion | 92% | 91% | 89% | 90% |
An Ambassador for Cultural Change has been in post since February 2016, and we were one of the first Trusts to introduce a Freedom to Speak Up Guardian. This reflects the organisation’s commitment to promote openness and transparency with this independent, impartial and vital role.

Colleagues can now approach our Freedom to Speak Up Guardian as an additional route to raising concerns and/or seeking advice. To date, 37 concerns have been raised and the themes that have emerged are:

<table>
<thead>
<tr>
<th>Quality and Patient Safety</th>
<th>Colleague Values &amp; Behaviours</th>
<th>Policies, Procedures &amp; Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>
PART FOUR: LOOKING FORWARD TO 2017–18

Introduction

Part four of our Quality Account looks forward to our 2017-18 priorities. In deciding these priorities, the Trust Board took into consideration the One Gloucestershire Sustainability and Transformation Programme (STP), risks and issues identified through our own performance and quality information.

<table>
<thead>
<tr>
<th>2017/18 Quality Priorities</th>
<th>Quality Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Falls Prevention and Management</td>
<td>SAFE</td>
</tr>
<tr>
<td>To reduce the number of people falling or at risk of falling through an effective falls prevention and education programme to reduce the number of incidences of falls across the Community Hospitals.</td>
<td></td>
</tr>
<tr>
<td>2 Colleague Health and Well-being</td>
<td>CARING</td>
</tr>
<tr>
<td>To improve the health and well-being of colleagues and increase the number actively involved in health and wellbeing activity.</td>
<td></td>
</tr>
<tr>
<td>3 Equality and Diversity</td>
<td>RESPONSIVE</td>
</tr>
<tr>
<td>Improve the quality, accuracy and completeness of information about service users and our workforce.</td>
<td></td>
</tr>
<tr>
<td>4 End of Life Care</td>
<td>WELL-LED</td>
</tr>
<tr>
<td>To continue to improve our end of life care activities, building on what we did during 2016-17.</td>
<td></td>
</tr>
<tr>
<td>5 Dementia</td>
<td>EFFECTIVE</td>
</tr>
<tr>
<td>To raise the profile of dementia care across the Trust and beyond and ensuring it becomes “everyone’s business”.</td>
<td></td>
</tr>
<tr>
<td>6 Pressure Ulcers</td>
<td>SAFE</td>
</tr>
<tr>
<td>To reduce the number of avoidable acquired pressure ulcers, focusing on preventing pressure ulcers developing, providing education and training for colleagues.</td>
<td></td>
</tr>
<tr>
<td>7 National Commissioning for Quality &amp; Innovation</td>
<td>EFFECTIVE</td>
</tr>
<tr>
<td>To achieve national CQUIN programme.</td>
<td></td>
</tr>
</tbody>
</table>

These priorities are described in more detail in the following pages.
**Target:** The incidence of falls in community hospital inpatient setting to be at or below the benchmark of 3.5 per 1000 bed days.

**Our plan:**

1. **Falls prevention group**
2. **Post fall “SWARMS”**
3. **Ward dashboards**
4. **Safety huddles**
5. **Participation in national audit**
6. **Education and training**
7. **Positive risk taking**
Target: To maintain or reduce staff sickness and absence and improve scores in our staff survey relating to health and wellbeing.

Our plan:

- Workforce wellbeing charter
- Disability confident employer
- Supporting mental wellbeing
- Fast track MSK roll out
- Increase participation in Health and Hustle
- Timewise accreditation
**Target:** To be able to evidence progress through Workplace Race Equality Scheme returns, staff survey and other key indicators.

**Our plan:**

- **Disability Confident accreditation**
- **Mindful employer accreditation**
- **Health awareness events**
- **Improve recording of protected characteristics**
- **Place based working sensitive to local needs**
- **Embed accessible information standards**
Target: To increase the proportion of people who are able to die in their preferred place.

Our plan:

- Work with partners to agree clinical pathway
- Expand training
- Agree key performance indicators
- Apply learning from mortality reviews
- Effective record keeping
Target: To increase the number of colleagues who are dementia friends and to improve joint working with partners to improve outcomes for people living with dementia and their carers.

Our plan:

- Become a designated dementia friend organisation
- Extend work of companion volunteers
- Develop education resources for delirium
- Introduce reminiscence technology
- Improve end of life care for people living with dementia
Target: Reduce the incidence of acquired and avoidable pressure ulcers across all service areas.

Our plan:

- Education and training
- Review dressings formulary
- Improve recording of risk
- Introduce ward dashboards
- Learning from SIRIs
We will work with a range of colleagues in order to deliver a nationally led CQUIN programme which includes:

Our plan:

- Improving health and wellbeing of colleagues
- Supporting proactive and safe discharge
- Preventing ill health by risk behaviours
- Improving the assessment of wounds
- Personalised care and support planning
NHS Gloucestershire Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group’s (GCCG) response to Gloucestershire Care Services NHS Trust’s Quality Accounts 2016-17.

GCCG is pleased to have the opportunity to pass comment on Gloucestershire Care Services NHS Trust Annual Quality Account.

The 2016-17 Quality Account is easy to read and understandable given that it has to be considered by a range of stakeholders with varying levels of understanding. The report clearly identifies how the Trust performed against the agreed quality priorities for improvement for 2016/17 and also outlines their priorities for improvement in 2017/18. The CCG endorses the quality priorities included in the report whilst acknowledging the difficult financial challenges GCS have to address in the future, particularly in the implementation and delivery of the Gloucestershire STP.

The CCG note the predominantly successful delivery of the previous year’s quality priorities, in particular the work undertaken within clinical record keeping has demonstrated real improvements within a number of clinical areas and the robust action plan for future work is noted.

The End of Life area of work has enabled GCS to begin to embed the county’s strategic priorities for those who are at the end of their lives. In relation to End of Life, it is noted by the CCG that full achievement within the CQUIN was not achieved; the CCG will work closely with GCS in the coming year to ensure that the progress to date is maintained and are pleased to see that End of Life is a quality priority for 2017/18. However, the CCG acknowledge that there have been some real achievements within End of Life Care and there is a palpable sense of energy and passion for this area felt across the Trust. The CCG are pleased to see that specific effort has been made when considering the end of life needs and wishes from those who are often under-represented such as LGBT communities. GCS were one of 12 sites to be selected by the CQC as part of “Learning, Candour and Accountability - A review into the way NHS Trusts Review and Investigate Deaths of Patients in England. The CCG are delighted to see that the bereavement survey work led by the community hospitals was identified as an example of good practice.

It is noted that GCS have embraced positive risk taking and are pleased to see that the learning to date is now being embedded across other service delivery areas having first been adopted by the Integrated Care Teams. Staff within these teams have actively participated in system-wide events to share the positive risk taking approach that firmly places the service user at the heart of everything that is done and supports staff to think in different ways to enable better outcomes for people.

The considerable progress made by GCS when caring for those with a learning disability is recognised by the CCG and it is encouraging to see the level of co-production with
service users that is taking place. Of particular note is the Hospital and Community assessment tool for people who have a learning disability that places individuals at the centre of any care episode, encouraging person-led care.

Following the CQC inspection in 2015, GCS NHS Trust developed a comprehensive quality improvement plan to address areas that required improvement, the CCG notes the timely implementation of the plan. In particular, the significant improvements made within safeguarding training and the uptake of staff undertaking this training is acknowledged. The CCG are pleased to see the development of a toolkit that enables staff to reflect and learn from the outcomes of any Safeguarding Adult Reviews, both within the county and nationally.

Delivering harm free care remains a priority for the Trust. The CCG is pleased to see the continued efforts to improve data quality in order to provide assurance of safe service delivery. The Business Intelligence and Reporting Tool (BIRT) which acts as the single platform triangulating data from a number of sources, demonstrates the Trusts ongoing commitment to ensuring that safe and effective care is both measured and delivered. The incidence of both acquired and inherited pressure ulcers continues to remain a significant concern for both GCS and CCG. The CCG are fully supportive of Pressure Ulcers being one of the Quality Priorities within 17/18 and acknowledge the robust approach being adopted to addressing the multi-faceted issues that can result in pressure ulceration.

The CCG were pleased to see that GCS were the first community trust to receive LIA accreditation and welcome the continued commitment from the trust to support their staff to become involved with innovative service change which has led to a wealth of improvements to patient care led by the teams themselves. The CCG note the tangible improvements on how colleagues feel engaged and valued as demonstrated by the staff survey results.

The CCG are pleased to see that GCS remain above the national average (within the majority of scores) in the ‘patient led assessments of care environment’. The CCG note the significance and importance that GCS place on this audit and commitment shown to undertaking it each year and acting on the audit findings.

Gloucestershire CCG wishes to confirm that to the best of our knowledge we consider that the Quality Account contains accurate information in relation to the quality of services provided by GCS NHS Trust. During 2017/8 the CCG wish to work with GCS NHS Trust, all stakeholders and the population of Gloucestershire to further develop ways of receiving the most comprehensive reassurance we can regarding the quality of services that our citizens receive.

Dr Marion Andrews-Evans 
Executive Nurse and Quality Lead 
NHS Gloucestershire CCG
Health and Care Overview and Security Committee (HCOSC)

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 2016/17.

This Quality Account clearly describes the Trust’s strategic objectives and vision. It also clearly describes the work undertaken to improve the skillset and resilience of its workforce. It also gives some information on the feedback received from the workforce.

A strategic objective for the Trust in this period was ‘to achieve the best possible outcomes for our service users through high quality care’. As commented above this Account shows what has been undertaken to develop the workforce, but it does not demonstrate whether this work has improved health outcomes for patients and service users, or the overall patient experience.

During this time period the changes to the opening times of the Trust’s Minor Injuries and Illness Units (MIIUs) were implemented. These changes had not been identified as a substantial variation/reconfiguration by the Trust. There was not full support for these changes across the committee. Some committee members continue to receive concerns from the general public regarding access to MIIUs, particularly in the Stroud area. The committee has requested a briefing on this issue and will consider its response in due course.

The committee is disappointed that it has not yet received the outcome of the review into community services in the Forest of Dean area. This is now much overdue and local communities need some clarity and assurance on the way forward.

Cllr Carole Allaway Martin
Chairman
Healthwatch Gloucestershire welcomes the opportunity to comment on Gloucestershire Care Services NHS Trust’s quality account for 2016/17. Healthwatch Gloucestershire exists to promote the voice of patients and the wider public with respect to health and social care services. As of April 1st 2017 Healthwatch Gloucestershire came under new management and therefore is unable to comment on the previous year’s activity as it relates to work carried out under the previous Healthwatch Gloucestershire contract. However, we look forward to developing relationships with the Trust over the coming year and working with them to ensure the patient voice is heard.

We are pleased to see that the Trust has carried out work that aims to support younger people with a learning disability, and their unpaid carers, manage transition to adult services. In particular, we welcome the increased involvement of patients in this process and the introduction of more accessible feedback mechanisms.

It is disappointing to see that the priority to deliver more care and support to adults with continence problems has not been fully achieved. However, we are pleased to see that this remains a priority for the coming year.

We acknowledge all of the work that has been carried out by the Trust to ensure that the needs and voices of those from under-represented groups were taken into consideration. In particular, we are pleased to see that the Trust has engaged with local communities and has benefited from their lived experiences. Healthwatch Gloucestershire is happy to support this work by ensuring that anonymised feedback gathered from those who use the Trust’s services, is shared with the Trust.

It is reassuring to see that staff take-up of adults and children safeguarding training has increased from 38% to 78%. It is hoped that this continues to improve over the coming year.

It is concerning to see that only 74% (down from 76%) of staff believe that the care of service users is the Trust’s top priority. Although we acknowledge that there are a number of constraints on staff, we would expect that care of service users would always remain a top priority.

Healthwatch Gloucestershire is pleased to see that the priorities for the coming year include a commitment to increasing the proportion of people who are able to die in their preferred place and to improve outcomes for people living with dementia and their unpaid carers.

It is reassuring to see that the Trust remain committed to listening to service users and their unpaid carers and to using their insight and experience to improve quality and safety.
Healthwatch Gloucestershire look forward to developing the relationship with The Trust over the coming year and working with them to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

Sara Nelson
Head of Research and Insight
PART SIX: CONCLUSION

We are immensely proud to publish our 2016-17 Quality Account.

Our quality improvements would not have been achieved without the dedication, leadership and support demonstrated by colleagues throughout the Trust. We would like to take this opportunity to thank all those colleagues who work for the Trust and for the people of Gloucestershire.

We will continue to focus on quality improvement during 2017-18, reflecting our ongoing commitment to safe and high quality care for service users and carers, and to providing a safe and caring environment for colleagues.

We remain determined to continue to listen to our service users and carers, and to our colleagues, to use their insight and experience to improve quality and safety. Our ambition is to ensure that when we are visited again by the CQC we can collectively be confident that our services will be recognised as being good or outstanding.
PART SEVEN: GLOSSARY

The following is a list of helpful abbreviations:

ACC: Alternative Augmentative Communication
AHP: Allied Health Professionals
BIRT: Business Intelligence Reporting Tool
BME: Black and Minority Ethnic Communities
C.Diff: Clostridium Difficile
CPE: Carbapenemase-Producing Enterobacteriaceae
CQC: Care Quality Commission
CQUIN: Commissioning for Quality and Innovation
DNAR: Do Not Actively Resuscitate
EoL: End of Life
GCC: Gloucestershire County Council
GCCG: Gloucestershire Clinical Commissioning Group
GHFT: Gloucestershire Hospitals NHS Foundation Trust
HCAI: Healthcare Associated Infection
HCOSC: Health and Care Overview and Scrutiny Committee
ICT: Integrated Community Team
INMP: Independent Non-Medical Prescribing
LiA: Listening into Action
MADE: Multi-Agency Discharge Events
MECC: Making Every Contact Count
MIDAS: Mortality Information Data Analysis System
MIIU: Minor Injuries and Illness Unit
QUALITY ACCOUNT 2016-17

MRSA: Methicillin Resistant Staphylococcus Aureus

MSK: Musculoskeletal

MSKCAT: Musculoskeletal Clinical Assessment and Treatment

NED: Non-Executive Director

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

NMC: Nursing and Midwifery Council

OT: Occupational Therapy

PGD: Patient Group Direction

PII: Period of Increased Incidence

PLACE: Patient-Led Assessments of the Care Environment

QIP: Quality Improvement Plan

R&D: Research and Development

RCA: Root Cause Analysis

SIRI: Serious Incident Requiring Investigation

SLT: Speech and Language Therapy

STP: Sustainability and Transformation Programme

WRES: Workforce Race Equality Standard
Appendix 1

Statement of Directors’ responsibilities

Under the terms of the Health Act 2009, amendments made in the Health and Social Care Act 2012, 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 incorporates 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 quality performance over the period covered
- The 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 national 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. The Trust’s Board membership, as at 31st March 2017, is as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingrid Barker</td>
<td>Chair</td>
</tr>
<tr>
<td>Susan Mead</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td></td>
<td>Senior Independent Director</td>
</tr>
<tr>
<td>Katie Norton</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Glyn Howells</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Richard Cryer</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Susan Field</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Jan Marriott</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Dr Michael Roberts</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Graham Russell</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Nicola Strother Smith</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Candace Plouffe</td>
<td>Chief Operating Officer (non-voting)</td>
</tr>
<tr>
<td>Tina Ricketts</td>
<td>Director of Human Resources (non-voting)</td>
</tr>
</tbody>
</table>
Changes in Board Composition

There were changes in the composition of the Trust Board during 2016-17 which included:

Joanna Scott and Robert Graves resigned as Non-Executive Directors and we welcomed our new Non-Executive Director, Graham Russell.

Paul Jennings, Chief Executive, retired in December 2016 and Katie Norton, Chief Executive arrived in January 2017.

Glyn Howells, Director of Finance and Deputy Chief Executive, resigned in March 2017 and Sandra Betney took on this role from April 2017.

We thank Joanna Scott, Robert Graves, Paul Jennings and Glyn Howells for their contributions during their time with the Trust.
Appendix 2: PLACE scores for 2016/17

<table>
<thead>
<tr>
<th>2016 Results%</th>
<th>Cleanliness</th>
<th>Food</th>
<th>Privacy, Dignity &amp; Wellbeing</th>
<th>Condition &amp; Appearance &amp; Maintenance</th>
<th>Dementia</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Cotswold Hospital</td>
<td>100</td>
<td>90.11</td>
<td>95.31</td>
<td>97.49</td>
<td>94.71</td>
<td>89.96</td>
</tr>
<tr>
<td>Vale Hospital</td>
<td>99.90</td>
<td>91.13</td>
<td>95.77</td>
<td>97.65</td>
<td>94.97</td>
<td>89.69</td>
</tr>
<tr>
<td>Cirencester Hospital</td>
<td>99.84</td>
<td>92.13</td>
<td>95.75</td>
<td>99.11</td>
<td>97.52</td>
<td>93.23</td>
</tr>
<tr>
<td>Stroud Hospital</td>
<td>100</td>
<td>90.52</td>
<td>92.86</td>
<td>98.88</td>
<td>95.21</td>
<td>90.02</td>
</tr>
<tr>
<td>Lydney Hospital</td>
<td>99.82</td>
<td>91.76</td>
<td>94.90</td>
<td>99.42</td>
<td>97.91</td>
<td>94.04</td>
</tr>
<tr>
<td>Dilke Hospital</td>
<td>100</td>
<td><strong>87.95</strong></td>
<td>91.67</td>
<td>98.55</td>
<td>94.27</td>
<td>89.48</td>
</tr>
<tr>
<td>Tewkesbury Hospital</td>
<td>100</td>
<td>91.23</td>
<td>95.31</td>
<td>98.28</td>
<td>94.49</td>
<td>91.30</td>
</tr>
<tr>
<td>National Average</td>
<td><strong>98.10</strong></td>
<td><strong>88.20</strong></td>
<td><strong>84.20</strong></td>
<td><strong>93.40</strong></td>
<td><strong>75.30</strong></td>
<td><strong>78.80</strong></td>
</tr>
</tbody>
</table>

The criteria did change again and so a direct comparison with previous results is not possible. The domain relating to disability was an addition to the PLACE schedule for 2016-17, along with a number of wording changes.
QUALITY ACCOUNT 2016-17