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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:

Mrs. Susan Field, Director of Nursing
Gloucestershire Care Services NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucestershire Business Park
Brockworth
Gloucester GL3 4AW
PART ONE: INTRODUCTION

Welcome from the Chair and Chief Executive

Once again we are delighted to introduce our annual Quality Account for 2017-18. This report describes the work we have been undertaking to improve the quality of care and services we provide in order to achieve our vision “to be the service people rely on; to understand them and to organise their care around their lives”.

2017-18 has been a busy year across our community services and we continue to be challenged with increasing demands and pressures on our precious resources. Despite this we were pleased to have the Care Quality Commission (CQC) inspect our services during January and February 2018. Colleagues across the Trust are absolutely delighted that the Care Quality Commission confirmed our overall rating as GOOD. At our last inspection in 2015 we received a ‘Requires Improvement’ rating, so it is heartening that the efforts of all our colleagues to make improvements and deliver safe, effective care have been acknowledged.

We are particularly pleased that the CQC recognised improvements to our Minor Injury and Illness Units. They also acknowledged areas of outstanding practice. Colleagues have shown unstinting commitment and worked incredibly hard at a time of substantial pressure on our services. They are dedicated to improving the experience and outcomes for our patients and our CQC inspection results reflect their success in doing so. Inspectors highlighted the dignity and respect with which patients are treated, co-ordination of care between teams and effective communication with patients, as well as praising the leadership of the Trust from a strong team of executive and non-executive directors.

The Trust Board and all our colleagues continue to have a focus on delivering high quality safe care and in line with our CORE values – Caring, Open, Responsible and Effective. To that end we are delighted to welcome Paul Roberts, who took up position as Joint Chief Executive of both Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust on 16th April. Paul’s track record as a chief executive and in developing inter-relationships between the acute, community and mental health sectors will be invaluable as we move into this new chapter for our organisations.

On behalf of the Trust Board we can confirm that the information contained in this Quality Account represents what we have achieved during 2017-18 and our commitment to quality improvement. We hope that after reading this Quality Account you will be assured that we have continued to make progress with our quality activities during the past 12 months.

Ingrid Barker
Chair

Paul Roberts
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.

The Trust employs approximately 2,700 colleagues who are working in teams to deliver and support the delivery of care. During 2017-18 the Trust had over 1.3 million contacts with patients – which equates to an average of over 3,800 people every day.

**Trust Strategic Objectives**

The Trust’s strategic objectives describe the principle aims that the organisation aspires to achieve. In 2017-18 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.
April 2017
Camera donation by Stroud League of Friends enables dentists to give patients additional focus, to help make a decision over treatment or a referral so much easier and quicker.

June 2017
Repair work to flooring at Tewkesbury Community Hospital. Alternative capacity for the hospital theatre and inpatient beds were provided at Cirencester Community Hospital.

August 2017
The Trust launched a school nurse text service for young people – called Chat Health. The service is an easy way for young people to confidentially ask for help with a range of issues.

October 2017
Our seasonal flu campaign was well underway with numerous opportunities for colleagues to receive their free flu vaccination. Ongoing communications activity reached colleagues via multiple channels.

December 2017
The Trust launched a brand new website for the Gloucestershire Wheelchair Assessment Service (GWAS) - www.gloswheelchairservice.nhs.uk

February 2018
DI Gould is all smiles in new dental role – the Trust’s Clinical Director for community dental services was elected president of the British Dental Association Community Dental Services Group.

2017
May 2017
Understanding You Awards – Macmillan Next Steps Cancer Rehabilitation Team named Countywide Team of the Year.

July 2017
Hope House Sexual Health Service – You can now click-in or phone-in to book your sexual health appointment.

September 2017
Gloucestershire Clinical Commissioning Group and the Trust started a 12 week consultation on community hospital facilities in the Forest of Dean.

November 2017
End of life care should help you to live as well as possible until you die, and to die with dignity.
The Trust ran an End of Life care workshop, which included a key note address from Louise Corson, Programme Manager from NHS England.

January 2018
Trust colleagues given the prestigious title of Queen’s Nurse - indicating a commitment to high standards of patient care, learning and leadership.

March 2018
Gloucestershire Care Services NHS Trust apprentices best in the South West – three colleagues won accolades at Health Education England’s Star Awards.
PART TWO: REVIEW OF 2017-18 QUALITY PRIORITIES

Introduction

Trust colleagues continue to focus on delivery high quality safe care in line with our CORE values.

Our Vision

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

Core Values

Caring
Open
Responsible
Effective

Behaviours

1. Acting in the best interests of service users
2. Respecting and valuing others
3. Open in our communication
4. Connecting with others and working across boundaries
5. Owning our actions
6. Professional in attitude
7. Ensuring the best outcomes
8. Realising your full potential

In part two of our Quality Account we set out our progress against the six priorities identified for focused work during 2017–18.

1. Priority 1
   Falls Prevention and Management

2. Priority 2
   Health and Well-being of Colleagues

3. Priority 3
   Equality and Diversity

4. Priority 4
   End of Life Care

5. Priority 5
   Dementia Care

6. Priority 6
   Pressure Ulcers
During the year we have seen a reduction in the number of injurious falls, which is significant and has been achieved by progressing with a range of activities led by our Falls Prevention Quality Improvement Group.

**Our Results:**

The graph below indicates the number of falls with harm per 1000 bed days across all community hospital inpatient wards from April 2017 to the end of March 2018. It demonstrates that for the majority of the time, we have been below the target of 3.5 falls with harm per 1000 bed days and that overall there appears to be a downward trend which is good news.

As falls prevention and management is going to be a quality priority for 2018/19 we are looking to reduce the target further to ensure our drive for improvement continues.

We continue to be active participants in national quality audits. An audit was undertaken to assess our compliance with NICE guidance related to Falls prevention and management (CG161). This audit identified the need to change how we assessed patients with regard to their risk of falling. As a result of this we now have a multifactorial falls risk assessment which means that all patients have a full assessment of their individual risk factors which might contribute to their risk of falling. A patient’s individual risk factors and the actions required to reduce their individual risk are now recorded and reviewed on at least a weekly basis and following any falls.
In addition, our post falls “SWARM” is now used in all inpatient wards which allow colleagues to quickly review the patient and the environment to ascertain whether there were any contributory factors to the patient falling that can be easily and quickly remedied.

**Education and Training**

We have since progressed with all community hospital colleagues being trained on falls prevention and assessment, and the management of patients who have fallen using the “Fall-Safe” platform which is a nationally validated tool.

Our falls prevention quality improvement group have also identified a number of specific educational targets with the focus during 2017-18 was on Orthostatic hypotension

Orthostatic hypotension (sometimes known as ‘postural drop’) whereby a patient’s blood pressure can suddenly drop when they change position from lying to standing, can increase a patient’s risk of falling. Careful assessment is needed so that treatment and management strategies can be implemented. Our aim will be to continue training for all community hospital colleagues on the correct consistent techniques for taking lying and standing blood pressure.

**Positive Risk Taking**

In a study about the association between bed rest and functional decline, it was determined that 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over the age of 80 years. It is important to ensure that we take a positive risk taking approach to rehabilitation; making sure that patients are as active as they can be, to prevent functional decline and muscle wasting which leads to an increased risk of falling

In order to promote this message, and to enable patients, their relatives and visitors to be better informed in how they can reduce their risk of falls, we have developed a leaflet that is given to all patients on admission to our community hospitals

Trust colleagues will also be participating in the national 70 day #EndPJParalysis challenge as part of the celebrations of 70 years of the NHS. The idea is to measure every day for 70 days how many patients are up and dressed in their own clothes and have undertaken some sort of activity from here we plan to ensure that the ethos of #EndPJParalysis becomes embedded within our teams so that it becomes the way we do things rather than being an initiative.

**Safety Briefings**

A standard format for safety *briefings* has been agreed for all our community hospitals. This takes place at every handover and is mandatory.
In 2017-18 the Trust continued with its programme of activities as we continue to recognise that there is a direct correlation between colleague wellbeing and the quality of patient care delivered.

During August 2017 we were awarded The Workplace Wellbeing Charter, a National Award for England for its commitment to workplace health. We continue to work hard to support colleagues with absence management, health and safety, physical activity, smoking, healthy eating, alcohol and mental health.

One of our most successful programmes is our ‘Health and Hustle’ which encourages colleagues to participate in physical activity by recording movement and steps through the use of Fitbits. One of the many strengths of ‘Health and Hustle’ is that it caters for all levels of activity ranging from mid-week walks, through to running groups, encouraging colleagues to share and celebrate their experiences and successes. Participation continues to grow and we continue to expand our activities to include local partner organisations.

In April 2017 we launched a colleague physiotherapy service which “fast tracks” our colleagues into our Musculoskeletal Physiotherapy service, for conditions which are limiting their ability to work. The service is easily accessible; our physiotherapist works from locations across the Trust and provides the option of telephone consultations. In the last 6 months of 2017-18 there were 178 colleague referrals into the service and...
feedback from colleagues has been that it improves their ability to perform their job.

Our brilliant team of peer vaccinators from across the Trust helped us to achieve 73% of colleagues having their annual flu vaccination, which was a significant improvement compared to our previous year where we achieved 56%.
We have made considerable improvements against these commitments during 2017-18 with a range of activities that have intentions of embedding the accessible information standards; improving the recording of protected characteristics; continuing to take information and advice out to communities who do not currently access our services and to ensure that vulnerable older people, as well as carers and families, are directly involved with the development of our services across the County.

Our accessible Information Standard compliance within the Trust has improved from 2% in March 2017 to 82.7% in March 2018;

We have developed an intranet area with dedicated resources for colleagues in different formats, to support better communication with patients

We have worked with local communities to develop a cultural awareness app for colleagues, providing information about different religions and cultures of communities across Gloucestershire. We will continue this work.

We have raised confidence levels with our colleagues to enable them to have conversations with patients about their religion, ethnicity, and what matters to them

Colleagues continue to attend a number of events during 2017-18:

- Polish Family Days, in Kingsway and Cheltenham
- Oakley Resource Centre Easter Egg Hunt
- Barton & Tredworth Fayre
- Hartpury Wellfest – ChatHealth
- Brockworth GP Patient Participation Group Event
- Carers Rights Day

We also held a number of focussed events about developing frailty services. In addition to this we continue to understand and learn about what local assets and services are available – health (physical & mental), social, community, well-being groups or organisations; improving links and partnerships with service providers, so that we all keep up to date and know who to go to. Also it is important to understand how we could work differently to support better outcomes for people considered to be frail. We are delighted to have achieved Disability Confident accreditation, which works to the principles of Mindful Employer, with a number of initiatives focussed on colleague’s health and wellbeing.
We provide end of life care across various settings delivered by colleagues in our community hospitals and community based teams. The end of life care we provide is based upon the national “6 Ambitions for End of Life Care” and the One Gloucestershire End of Life strategy (2016-19).

Our CQC inspection of our end of life services during February 2018 rated end of life care as “Good” where they found that “staff were motivated and proud to be providing end of life care and support across the Trust…”

Our work with partner organisations across the County to help increase the proportion of people who are able to die in their preferred place continue and we have had mixed success about how we evidence this although we continue to receive wonderful comments from many of those families who have been witness to the great end of life care we provide.

We have continued to promote close working with partners through collective improvement meetings and work streams. This included our Trust hosting a countywide workshop in November 2017 where we shared good practice and agreed new ways forward for better ways of working. For example piloting the “Just in Case” boxes of medications in people’s homes in the Forest of Dean locality which demonstrates how this helps those individuals who want to die at home have medications ready in anticipation for when needed. We anticipate these being in people’s homes across the County by 2018-19.

We have developed a comprehensive ongoing training programme for Trust colleagues ranging from basic awareness to advanced knowledge and skills.

We still have some improvements to make in standardising our record keeping through our electronic records processes and refining outcome and performance indicators (which was also recommended by the CQC) however we feel that great strides have been made hence our favourable CQC rating.

In addition to the above we are planning to participate in the NHS Benchmarking Network-National Audit of Care at the End of Life (NACEL). It is envisaged that many of these audit measures will be incorporated into the performance indicators for 2018-19.
We are delighted that our priorities for Dementia Care have all progressed as planned. Some of our highlights include our commitment to being a Dementia Friendly organisation and we have progressed this with the support from colleagues and raising awareness throughout the Trust. We now have over 350 colleagues in the organisation that are a Dementia Friend and over 500 clinical colleagues have received face to face dementia awareness training.

Our volunteers working with us are an amazing group of individuals with vast life experience and many having personal experience of supporting someone living with dementia. We continue to learn as much from them as they do from us and it is wonderful to see the difference they can bring to someone’s hospital stay.

The majority of our community hospital wards now have digital reminiscence technology and we also utilising other resources such as music, hand massage and activity events (afternoon tea a visiting lama, pet therapy dogs and weekend movie afternoons).

All our clinical colleagues now have access to delirium resources which includes; clinical guidance, patient information leaflets, educational videos, PINCH ME pocket guide and information from the ‘Don’t Discount Delirium’ campaign. During the year we have delivered face to face Delirium Awareness training to over 237 clinical staff from hospital wards and our Community Teams.

GCS PINCH ME pocket guide – THINK DELIRIUM

We identified that our clinical staff were often struggling to know the trigger points on a patient's journey with dementia that could indicate that they were entering the last stages of their life. To support our colleagues we have developed a

Dementia and End of Life Awareness training

<table>
<thead>
<tr>
<th>P</th>
<th>Pain – assess and manage pain, use the Abbey Pain Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Infection – monitor NEWS, minimise/monitor invasive devices</td>
</tr>
<tr>
<td>N</td>
<td>Nutrition – MUST, weight, food charts and care rounding</td>
</tr>
<tr>
<td>C</td>
<td>Constipation – monitor each shift, communicate and action</td>
</tr>
<tr>
<td>H</td>
<td>Hydration – drinks within reach, fluid chart, care rounding</td>
</tr>
<tr>
<td>M</td>
<td>Medication – review with doctor and pharmacist</td>
</tr>
<tr>
<td>E</td>
<td>Environment – involve family and carers, minimise bed moves</td>
</tr>
</tbody>
</table>
session. We tested this session out on a group of clinical experts (from the fields of dementia and end of life care) and have a final product that is now available; to date we have delivered this to 23 clinical colleagues with many more sessions booked up.
Much of our efforts during 2017-18 has been focused on raising the profile about pressure ulcers across the Trust. We now believe that we are in a much better position about pressure ulcers being “Everyone’s Business”. We also know that we have much more to do in order to reduce the incident of pressure ulcers across the health and care system across Gloucestershire. Raising awareness about pressure ulcers also meant that we now have improved reporting in place. During 2017-18 we reported 652 Acquired Pressure Ulcers, these were broken down as:

<table>
<thead>
<tr>
<th>Grade 1 &amp; 2 Acquired Pressure Ulcers</th>
<th>578</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3 Acquired Pressure Ulcers</td>
<td>64</td>
</tr>
<tr>
<td>Grade 4 Acquired Pressure Ulcers</td>
<td>10</td>
</tr>
</tbody>
</table>

These numbers continue to remind us about the focus on our activities and how we will continue to work with our One Gloucestershire patients during 2018-19.

Our multi-profession Pressure Ulcer Prevention Quality Improvement group is now well established and is starting to witness positive change in practice, with clear progress now being demonstrated.

There has been a consistent increase in pressure ulcer reporting and not all associated with nursing services – podiatrists, physiotherapists and occupational therapists are now reporting. This we believe is clear evidence that our ‘Everyone’s Business’ campaign is reaching many different colleagues and opportunities for education, encouraging and enabling skin reviews and pressure reduction approaches to be applied early and by anyone.

Our patient and public facing leaflet has been produced and to date 3000 have been issued across the organisation, to care homes and to the Voluntary Care Sector (VCS). This provides clear advice, information and education to people to enable early detection and to reach out to health care professionals as soon as possible. This has also been applied to our website for public download. In addition posers have been shared with care homes promoting effective seating and re-positioning.

We have provided simple, but effective assessment tools into practice, mirrors for skin inspection, measuring guides for accurate wound assessment and consistent grading guides to improve accuracy of wound assessment and recording.

Our incident reporting process for pressure ulcers has been overhauled with clearer reporting fields and a structured clinical validation process, which has enabled through our specialist Tissue Viability Nurses, to help reduce subjective interpretation and provide more timely clinical management advice to colleagues.
We are now seeing a reduction in the number of acquired and avoidable pressure ulcers reported in the organisation and an increase in the number of grade 1 pressure ulcers reported, demonstrates earlier detection and proactive clinical appraisal.
PART THREE: SPOTLIGHTS – 2017-18

Introduction

Sue Mead is our Non-Executive Director (NED) and Chair of our Quality and Performance Committee. This sub-committee of the Trust Board is responsible for providing assurance with regards 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 and patient safety across the Trust.

The Quality and Performance Committee has continued to focus its attention on the 2017-18 quality priorities and performance over the year, it also continues 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?

In addition to this we are both delighted to report that during 2017-18 we have strengthened our quality and capacity across the Trust with the appointment of clinical and quality lead roles that are intended to support and guide operational colleagues with quality improvement activities and that these are aligned to our overall priorities. This approach will continue during 2018-19.

Spotlights

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

<table>
<thead>
<tr>
<th>Care Quality Commission</th>
<th>Trust Value</th>
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<tbody>
<tr>
<td>Safe</td>
<td>Caring</td>
</tr>
<tr>
<td>Effective</td>
<td>Open</td>
</tr>
<tr>
<td>Responsive</td>
<td>Responsible</td>
</tr>
<tr>
<td>Well-Led</td>
<td>Effective</td>
</tr>
<tr>
<td>Caring</td>
<td></td>
</tr>
</tbody>
</table>
We are required to register with the Care Quality Commission (CQC) and we were inspected early 2018 and those services the CQC inspection team visited included:

- End of Life
- Community Adult Services
- Urgent Care – our Minor Injury and Illness Units (MIIUs)
- Inpatient units – SAFE domain
- Well-led

We were proud to receive an overall rating of GOOD, which demonstrated considerable improvements since our last comprehensive CQC inspection in June 2015. We believe this reflects the hard work and dedication Trust colleagues have to great quality care and to continuous service improvements. The CQC also highlighted areas of outstanding practice. Spotlights within the CQCs report included recognition of the Trusts leadership, safe reporting cultures, staff engagement and well established systems of governance that provides assurance that we have a culture of putting patients and quality care first. The table below highlights our CQC results by service and domain.
As part of our CQC inspection report we have a number of recommendations to progress during 2018-19, which include:

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Must Do’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Life</td>
<td>Ensure processes are implemented that allow the Trust to monitor the effectiveness and outcomes of key end of life care indicators.</td>
</tr>
<tr>
<td></td>
<td>Ensure all staff providing end of life care are suitably trained and skilled to do so.</td>
</tr>
<tr>
<td>Community Adults</td>
<td>Ensure all staff are up to date with all mandatory training, including all safeguarding modules.</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>None</td>
</tr>
<tr>
<td>Inpatients</td>
<td>Ensure nursing staff consistently follow systems to ensure that clinical equipment is regularly cleaned.</td>
</tr>
</tbody>
</table>
Our medicines management service is provided by a dedicated team of two, working with a range of partner organisations in order to provide distribution of medicines, clinical pharmacy support including medicines optimisation, safe prescribing, medicines advice and clinical audits.

Medication errors and near misses are an indication of patient safety incidents where there has been an error or near miss in the process of prescribing, preparing, dispensing, administering, destructing, monitoring or providing advice on medicines.

We recognise that medication errors have potentially significant implications on patient safety. Research indicates the following medication error rates include:

- Prescribing error rate in hospital: 7% of prescription items
- Prescribing error rate in General Practice: 5% of prescriptions of which 0.18% were severe errors.
- Dispensing error rate in hospitals: 0.02 – 2.7% of dispensed medicines
- Dispensing error rates in community pharmacies: 0.01 – 3.32% dispensed medicines
- Medicine administration errors in hospital: 3 – 8%

We will continue our work associated with medicines and will have a focus on medication errors during 2018-19.

Each year our children and adults safeguarding team continue to work collaboratively with colleagues and partner organisations. Our Childrens service is required to provide evidence that it is meeting its statutory compliance with regards to safeguarding children (Section 11, Childrens Act (2004)). We do this as a self-assessment exercise using markers of good practice which assess our performance across themed areas, which include:

- Ensuring the voice of the child is heard
- Safeguarding governance systems
- Learning from Serious Case Reviews
- Domestic abuse
- Neglect
- Child sexual exploitation
- Recruitment practical and training compliance

Of the 30 standards that we assessed ourselves against 27 of these were green and we have been able to embed these ratings accordingly. Our adult safeguarding team has continued its work on focused activities associated with the Mental Capacity Act, which provides a framework for achieving and making decisions on behalf of individuals who lack the mental capacity to do these themselves. Both our teams have continued to deliver training and safeguarding supervision for colleagues across the Trust.
During 2017-18, the Trust reported 25 Serious Incidents Requiring Investigation (SIRIs). Of these 25 incidents 11 were related to pressure ulcers and five related to missed fractures at our Minor Injury and Illness Units (MIIU).

One “Never Event” (serious medical errors or adverse events that should never happen to a patient) was reported by our community dental service during 2017-18.

A non-blame approach and a culture of learning from incidents has contributed to an increase in incident reporting of 5.7% compared to the previous year. Focused training and support has also improved the grading of incidents.

Our Learning Assurance Framework ensures all incidents have agreed action plans following a Root Cause Analysis (RCA) investigation to promote wider learning and a culture of continuous improvement. Our recent CQC inspection found that ‘The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and it enabled divisions to share learning across the trust.’

We always consider whether or not Duty of Candour applies to each complaint. During 2017-18 Duty of Candour applied to 2 of the 45 complaints received and the SIRI approach was used to respond to this particular complaint.

Between 1st April 2017 and 31st March 2018, the Trust received 45 complaints from patients and their families. This is a decrease compared to 73 complaints received 2016-17.

These complaints were wide-ranging across our services:

- Community Hospitals: 7
- Urgent Care: 10
- Integrated Community Teams (ICTs): 10
- Countywide services: 11
- Children & Young People Services 7

58% of our complaints related to clinical concerns; 20% to communication issues; 15% related to waiting times, and 7% to attitude and behaviour.
If complainants remain dissatisfied by the response from the Trust they can seek support from the Parliamentary and Health Service Ombudsman (PHSO) for review. During the last 12 months, three complaints have been referred to for independent review by the PHSO. None of these were upheld.

The Friends and Family Test (FFT) is a nationwide initiative to allow patients and their families to give feedback about their experiences at the point of, or immediately after contact with the service.

The FFT is used across all our services and helps services celebrate successes and identify areas for improvement. Results are reported monthly both locally and nationally.

During 2017-18 93.7% of respondents were “extremely likely or likely to recommend our services to friends and family”. In addition to this we have focused our attention on improving our FFT response rates as historically this has been low; typically at around 3.5-4.5% against a national standard of 15%.

During 2017-18 we have seen the number of responses to the FFT increasing in most service areas and the overall response rate has started to reach the 15% target. Our FFT process now also allows patients and their families to raise concerns and have these responded to in a timely manner.

The graph below shows the increase in number of response and response rate during 2017/18.
With respect to Learning from Deaths, we have continued to report deaths in each community hospital using the MIDAS process. The Countywide Medical Examiner service is involved in this process, and the Trust’s Mortality Review Group has visited five of the seven community hospitals to discuss and share learning from deaths that have occurred in that hospital, as well as across the other hospitals and also any regional and national learning. The Trust is also represented in the recently established One Gloucestershire group who are reviewing how we can integrate the Learning from Deaths across the County.

*Applied effective learning from mortality reviews:* we have improved our processes whereby all people who die in our community hospitals have their clinical care reviewed. Relatives are invited to complete a sensitively worded questionnaire to elicit their views and experiences. Learning from these reviews now takes place at monthly meetings which sometimes include joint meetings with our partner organisations.

The total numbers of deaths we have had in our community hospitals were 221.
Reducing the risk of infection and prevention continues to be an important aspect of our daily work and across all our services. In addition to this we have had a challenging year with an increase in the number of influenza and Norovirus outbreaks compared to previous years. There have been a total of 11 viral gastroenteritis outbreaks with 9 of these with Norovirus as the confirmed causative agent. The total number of bed days lost due to viral gastroenteritis was 284 with a total number of 100 patients affected (67 in 2016-2017) and the total number of staff affected was 59 (34 in 2016-2017).

We have in the past 12 months instigated a series of additional actions to prepare inpatient facilities for the potential of an influenza outbreak. These actions have included training in the use of personal protective equipment (PPE) including the use (and fit test training) of respirators, the increase in the correct stock of PPE so that staff were properly protected, peer vaccination, a review of the influenza policy etc.

Between January and March 2018 we experienced six influenza outbreaks, 4 type A and two type B with many other single cases cared for in the inpatient units across the county. In total 95 bed days were lost (55 in 2016-2017 with three outbreaks) reflecting the increase in flu cases across the South West region.

We have reported 16 cases of C.Difficile against a set tolerance figure of 18 and no MRSA bacteraemia cases.

Whilst there is no agreed tolerance figure for the number of Gram negative blood stream infections, these have been reduced to one case that was confirmed when a patient was transferred from a different provider.

Good hand hygiene remains the single most effective way to prevent the spread of infection. Our compliance hand hygiene rates remain high at 93%.

We continue to undertake a schedule of quality assurance visits, which are broadly based on risk, service developments and patient focused. In addition to this we have introduced Time for Tea, meet the executive team across our localities and members of our executive, non-executive directors and management teams undertake visits with clinical teams, which also focus on the Trusts quality priorities as well as to then understand the day to day issues colleagues are experiencing. These visits continue to be valued by Trust colleagues and feedback from our 2018 CQC inspection included “had experienced executive and non-executive directors…who worked hard to ensure staff at all levels understood them in relation to their day roles and a commitment to lead the delivery of high quality services”. 
We continue to ensure that we achieve meaningful outcomes for patients, families and carers and one mechanism of doing this is by undertaking clinical audits. Our focus is to ensure that all clinical audit activities result in learning and improvement to care. We strongly believe that participation in clinical audit enables us to provide effective, responsive and safe care. We have participated in a range of national audits which included:

- National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary Rehabilitation work stream
- Sentinel Stroke National Audit Programme (SSNAP)
- National Diabetes Foot Care Audit
- National Audit of Intermediate Care (NAIC)
- National Audit of Cardiac Rehabilitation
- National UK Parkinson’s Audit

The Trust has, over the past 12 months, increased its research activities. We remain partners of the “Research 4 Gloucestershire” consortium and West of England Clinical Research Network, and key developments have included:

- Participating in a national research trial to understand more fully the experiences of people living with HIV
- Launching a study to measure the effectiveness of medication creams for sexual health problems
- Working with Bath Spa University on two projects; researching how to increase health and wellbeing in NHS staff and recruiting patients in to a prostate cancer study
- Measuring how well a new physiotherapy programme works for patients with bone problems in partnership with the COBALT Health Imaging Centre
- Progressing with a doctoral research study that will measure how well special types of equipment work for people with speech and language difficulties
- Recruiting patients to a national trial to understand how people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected
- Working with Gloucestershire Hospitals NHS Foundation Trust and Sue Ryder Care to replicate a successful Australian study that showed that family carers can be involved in providing breakthrough pain relief to patients who are nearing the end of their lives.

In addition, we are in early exploratory talks with 2gether NHS Foundation Trust to assess if a joint research strategy for the two organisations would bring greater benefits to healthcare research both locally and nationally.
During 2017-18 there were a total of 187 NICE guidelines and Quality Standards published and reviewed by the Trusts Clinical Reference Group. Of these 71 were applicable to our community services.
There have been 955 Compliments recorded 1 April 2017 – 31 March 2018! There will be many more that have gone unrecorded. Some notable spotlights include:

Elmbury Suite at our Tewksbury Community Hospital where many compliments are received describing our colleagues as kind and compassionate, the environment is clean and that we put the patient at ease.

Our Community Hospitals receive grateful compliments from patients and their families. This includes our colleagues being cheerful, kind, keeping the families informed when the patients themselves may not have full capacity and not rushing the families to leave.

Our Rapid Response service continues to receive many heartfelt compliments from families especially with regards to the End of Life care they provide and; our MIIUs have received many compliments from younger people with mental health issues where they feel they were treated very kindly and without judgement.

In addition to this our Children and Young People’s Service received feedback about the care they provide in supporting child’s mobility and confidence. Not to mention our adult services who have received compliments for transforming people’s lives by initiating and organising support services.

In summary, of our recorded 955 compliments key words from patients, families and carers about the care we provide include:
Our Children in Care (CIC) team continue to be amazing and have been enhanced further during 2017-18 with the support of commissioner funding. We believe it is important to never underestimate the difference that can be made to a child or a young person’s life by spending time to get to know them. This is not just through direct work, it can be through ensuring all important information and support is communicated to the relevant people and so that the child or young person gets the right support at the right time.

One of our team members say that “**We are already seeing that being a constant within these young people’s lives is bringing positive outcomes**”. We are able to get to know the adults in their lives and build excellent working relationships, all with the child or young person’s best interests at the heart of what our team do.

One of our stories:
“I went to visit a 15 year old young person for his review health assessment. He was already under the care of the School Nursing Continence Clinic but was not engaging. I was able to spend time getting to know him, and empower him around his own health and well-being. He engaged really well and began to talk about his emotions. We were able to identify what interests him, and highlight the barriers that prevented him from accessing support. Despite this he initially denied any issues, but then as I was leaving he asked if I could be the person to work with him. This was agreed and we have been working together for 3 months. He has been to the GP for review, is now following the recommended continence guidelines, taking medication as prescribed and has been dry at night for longer than ever before. As this relationship has developed, the CiC Nurse was best placed to deliver other care as well. As a result, this young person is now engaged and informed about healthy relationships, sex education, healthy living and emotional health. This is hugely rewarding as each visit reflects on the last and the young person is able to talk about how we have influenced his lifestyle, including being dry at night, reducing drug use and joining a gym! I feel really proud of him and his progress, which makes me smile every time I think of it.”
Throughout 2017-18 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 was subject to a CQC inspection during February 2018. We were assessed around the overall management of our Trust, the quality of our service, the quality of our leadership and our governance arrangements. We received a well-led Good rating with comments made that included:

“The Board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation…”

“The Trust strategy was directly linked to the vision and values of… the Trust involved clinicians, patients and groups from the local community…”

We remain committed to encouraging colleagues to speak openly about any issues that may be of concern to them. We have a number of mechanisms that allow colleagues to do this including our Ambassador for Cultural Change who continues to champion the Freedom to Speak Up agenda, providing independent and confidential support to colleagues. This year colleagues have raised 62 concerns through the Guardian, 1/3 relating to patient quality and safety and 2/3 inappropriate behaviours respectfully.

Our Guardian continues to network nationally and chairs the South West Freedom to Speak Up Guardian Network, sharing best practice, challenges and as a region a collective commitment to making the South West a leading region for Speaking Up.

Moving forward and in response to the NHS Staff Survey 2017, Workforce Race Equality and Disability Standards, and the National Guardian recommendations 2017 we will be;

- Introducing across the Trust a network of ‘Freedom to Speak Up Advocates’ to further promote a culture of inclusion, challenge inappropriate behaviours and further support colleagues to speak up
- Delivering bespoke training to support managers to receive concerns well, investigate appropriately and share learning

The National Guardian, Dr Henrietta Hughes will also be visiting the Trust later in the year and we look forward to welcoming her and sharing our commitment to the Freedom to Speak Up agenda.
The NHS Staff Survey gives our staff a chance to have their say about our working life in the NHS. It seeks views on areas such as job satisfaction, colleague wellbeing, training and development and health and safety.

The results of the survey, which took place between October and December 2017, were published nationally on 6th March 2018.

Disappointingly the key findings of engagement within the Trust for this survey reflect a reverse in the steady improvements which had been achieved over the last few years, albeit is subject to significant variations between professions, locations and service areas.

The overall staff engagement score for the Trust fell from 3.78 to 3.71 against a continuing average of 3.78 for trusts of a similar type.

Key scores from the survey were:

<table>
<thead>
<tr>
<th>Staff Engagement</th>
<th>Trust 2017</th>
<th>2017 National Average</th>
<th>Trust 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Staff Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KF1 Staff recommendation of the trust as a place to work or receive treatment</td>
<td>3.71</td>
<td>3.78</td>
<td>3.78</td>
</tr>
<tr>
<td>KF4 Staff motivation at work</td>
<td>3.68</td>
<td>3.76</td>
<td>3.72</td>
</tr>
<tr>
<td>KF7 Staff ability to contribute towards improvements at work</td>
<td>65%</td>
<td>71%</td>
<td>69%</td>
</tr>
</tbody>
</table>

There are a number of areas where we are doing well in comparison to colleagues nationally. There is undoubtedly an improvement in our reporting culture with colleagues being prepared to report violence, harassment, bullying or abuse. This is important and reflective of efforts to promote an open culture, whether through the ‘Freedom to Speak Up Guardian’ role or ‘Katie’s Open Door’ (now morphed into ‘Paul’s open Door’). We also compare relatively well in terms of colleagues experiencing work related stress and in terms of working extra hours.

It is also pleasing to see that on the whole, staff believe that our Trust does provide equal opportunities for career progression and promotion.

Turning to those areas where we do less well, the scores reflected in the raw data related to ‘job’ are clearly reflected in these key findings in terms of effective team working, contribution to improvements as well as support and recognition from managers.

Clearly, it is disappointing to see the steady progress of previous years arrested in the last survey, particularly as there are and have been a number of positive indicators in the year. The CQC gave praise for the welcome they received from colleagues across the Trust and their professionalism and dedication to patient care. Most recently, the efforts of so many colleagues to maintain services in very challenging weather conditions, demonstrated a
willingness to go ‘over and above’ the expected norms and this would typically be the behaviours of a highly engaged workforce.

There have been a number of contextual national and local issues, which have undoubtedly contributed to these results and need to be understood. Notwithstanding these however, we believe it will be important to focus on the actions we can take forward and we will do this by having more emphasis on highly detailed action plans and more on fewer high impact actions as it is likely that our colleagues and their managers will have the solutions and we need to listen and respond to these once received.
PART FOUR: LOOKING FORWARD TO 2018–19

Introduction

Part four of our Quality Account looks forward to our 2018-19 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><strong>1</strong> Falls Prevention and Management</td>
<td>SAFE</td>
</tr>
<tr>
<td>Our aim will be to continue focussing on preventing and managing falls and particularly in areas where falls cause harm.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Health and Well-being of Colleagues</td>
<td>CARING</td>
</tr>
<tr>
<td>Our aim is to maintain or reduce colleague sickness and absence and to continue our work relating to health and wellbeing. We will also aim to achieve a 75% uptake rate of colleagues having their flu vaccinations.</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> End of Life Care</td>
<td>EFFECTIVE</td>
</tr>
<tr>
<td>Our aim will be to consolidate further our End of Life care developments with the intention of being able to increase the proportion of people who are able to die in their preferred place of choice.</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Nutrition and Hydration</td>
<td>WELL-LED</td>
</tr>
<tr>
<td>Our aim is to build on what we have achieved through PLACE with regards to our community hospitals and to include a focus on nutrition and hydration with our wider community services.</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Preventing Pressure Ulcers</td>
<td>SAFE</td>
</tr>
<tr>
<td>The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Our aim will be to continue to monitor the number and incidences of pressure ulcers and to continue to drive our reduction plans forward.</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Medication Errors</td>
<td>WELL-LED</td>
</tr>
<tr>
<td>Our aim is to improve patient safety and to get a more detailed understanding of our medication errors by improved reporting which will enable further learning to support safer practice.</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Deteriorating Patient (SEPSIS)</td>
<td>RESPONSIVE</td>
</tr>
<tr>
<td>Our aim is to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients to include sepsis and other life threatening conditions.</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> CQUIN</td>
<td>WELL-LED</td>
</tr>
<tr>
<td>National Commissioning for Quality and Innovation (CQUIN)</td>
<td></td>
</tr>
</tbody>
</table>

These priorities are described in more detail in the following pages.
Our aim will be to continue focusing on preventing and managing falls particularly in areas where falls cause harm.

Our plan:

1. Falls Prevention and Management

- Continue #endPJparalysis
- Participation in national audit
- Education and training
- Safety huddles
- Positive risk taking
- Focus on falls that cause harm
- Information and record keeping
Our aim is to reduce colleague sickness absence and to continue our scores in our work relating to health and wellbeing. We will also aim to achieve a 75% uptake rate of colleagues having their flu vaccinations.

Our plan:

- Stress management interventions
- Peer flu vaccinators
- Fast track physio service
- Increase participation in Health and Hustle
- Promote health and wellbeing
- Improved reporting
Our aim will be to consolidate further our End of Life care developments with the intention of being able to increase the proportion of people who are able to die in their preferred place of choice.

**Our plan:**

- Effective record keeping and recording
- Education and Training
- National Audit Activity
- Develop carer reported evidence measures
- Case reviews
Our aim is to build on what we have achieved through PLACE with regards to our community hospitals and to include a focus on nutrition and hydration with our wider community services.

Our plan:
Our aim of preventing pressure ulcers will remain one of our top priorities. We will continue to respond to pressure ulcers' incidences and progress with our drive to reduce the number of pressure ulcers reported.

**Our plan:**

1. **Education and training**
2. **Review dressings formulary**
3. **Introduce ward dashboards**
4. **Improve recording of risk**
5. **Improved Safety Thermometer**
Our aim is to improve patient safety and to get a more detailed understanding of our medication errors by improved reporting which will enable further learning to support safer practice.

Our plan:

- Well trained colleagues
- Right dose, Right time
- Insulin safe administration
- Improved reporting
- Patient self-administration
- Everybody’s business
Our aim is to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients to include sepsis and other life threatening conditions.

Our plan:

- Implement NEWS2
- Safe reporting
- Improved awareness raising and training
- Clinical risk assessments
- Education and training
- Policy Development and Implementation
Our aim will be to 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
- Personalised care and support planning
- Healthy food
- Improving the assessment of wounds
- Preventing ill health by risk behaviours

CQUIN 2018-19
PART FIVE: STAKEHOLDER FEEDBACK

NHS Gloucestershire Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group’s (GCCG) response to Gloucestershire Care Services NHS Trust’s Quality Account 2017-18:

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

The past year has continued to present major challenges across both Health and Social care in Gloucestershire and we are pleased that GCSNHST have worked jointly with partner organisations, including the CCG and colleagues within the local authority during 2017/18 to deliver a system wide approach to maintain, further develop and improve the quality of commissioned services and outcomes for service users and carers. We wish to acknowledge the Trust’s continued contribution and ongoing commitment to the development of the Sustainability and Transformation Plan for Gloucestershire (STP).

Following the CQC inspection in January 2018 GCSNHST have been awarded an overall rating of ‘Good’ which is an improved rating from their previous inspection. The CCG would like to congratulate the Trust on this and note that 9 areas of outstanding practice were identified by the CQC.

The 2017/18 Quality Report is clear, easy to read and identifies how the Trust performed against the agreed quality priorities for improvement for 2017/18 and also outlines their priorities for improvement in 2018/19. The report is open and transparent and it is noted that the Trust have acknowledged the areas where the achievements have not been realised as quickly as they had aimed for. The CCG endorses the quality priorities that have been selected for 2018/19, whilst acknowledging the very difficult financial challenges GCSNHST have to address in the coming year.

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 CCG are particularly pleased to see that ‘Pressure Ulcers’ and ‘Falls reduction’ have been prioritised for continued improvement in 2018/19, building upon the previous years’ work. Of particular note is the promotion of preventing pressure ulcers being ‘everyone’s business’ and the associated learning programmes for all front line staff. The CCG fully support GCS in prioritising a reduction in medication errors during 2018-19 as we recognise the potentially significant implications on patient safety, experience and overall outcomes.

The CCG note the predominantly successful delivery of the previous year’s quality priorities, in particular the CCG were pleased to see that GCS NHS Trust was awarded The Workplace Wellbeing Charter, a National Award in England for its commitment to workplace health. We note the continued focus on supporting staff with absence management, health and safety, physical activity, smoking cessation, healthy eating, alcohol and mental health. The CCG were pleased to see a significant improvement in the
number of staff having their annual flu vaccination, the figure rose in 2017/18 to 72% from 56% the previous year.

The CCG welcome the continued focus that GCS NHS Trust have had on improving Dementia Care and acknowledge that all of the planned objectives in year have been met. In particular, the commitment demonstrated at all levels across the organisation to become a ‘Dementia Friendly organisation’. It is pleasing to see over 500 clinical staff have received face to face dementia awareness training.

The CCG recognise the improvements that GCS NHS Trust have made in relation to their Friends and Family test response rate and are pleased to see that the trust are nearly achieving the target of 15%. It is noted that changes have been made that enables patients and their families to raise concerns and have these responded to in a timely manner.

The CCG note that the yearly NHS staff survey results for GCS NHS Trust were disappointing when compared to previous years. The CCG have sight of the approaches that the Trust are deploying in order to improve and acknowledge that in some areas there was an improvement in results, in particular; reporting culture with staff being prepared to report violence, harassment, bullying or abuse.

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 2018/19 the CCG wish to continue working 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 Scrutiny Committee (HCOSC)

Health and Care Overview and Scrutiny Committee response to Gloucestershire Care Services NHS Trust’s Quality Account 2017-18:

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 2017/18.

This has been a challenging year for the Trust with not only the consultation on the future of community hospitals in the Forest of Dean, but also the decision to merge with the 2Gether NHS Foundation Trust, all while continuing business as usual.

The committee welcomed the start of the consultation on Community Hospitals in the Forest of Dean and received the outcome report in January 2018. The committee agreed that the consultation process was appropriate and proportionate, but did identify concerns particularly relating to bed numbers and transport. The committee also supported future stages of this work being developed and tested through a citizen’s jury approach. The committee continues to monitor progress.

In the longer term the merger of the two Trusts has the opportunity to make a real difference to how community and mental health services are delivered in the community. The committee looks forward to meeting with the Trusts to look at this matter in more detail and develop a timeline through which the committee can be regularly updated on this matter.

The committee was pleased to hear that the CQC has improved its overall rating for the Trust to ‘Good’. This is a reflection on the dedication and commitment of all members of staff at the Trust.

I would like to thank the Trust for its willingness to work with the committee.

Cllr Carole Allaway Martin
Chairman
Healthwatch Gloucestershire’s Response to Gloucestershire Care Services NHS Trust’s Quality Account 2017-18 is…

This statement is provided on behalf of Healthwatch Gloucestershire. The role of Healthwatch is to promote the voice of patients and the wider public in respect to health and social care services and we are pleased to have had the opportunity to review the Quality Accounts for 2017/18 for the Gloucestershire Care Services.

Healthwatch Gloucestershire is pleased to note the progress made in translating objectives into actual quality of care. We are particularly pleased with the improvements noted in falls prevention - and the obvious intent to continue with that improvement in 2018/19. Across the local health system, it is clear that efforts that have been taken in preventing falls has a positive impact over many areas. The vast improvement in accessible Information Standard compliance (2% to 87%) is also noted, along with pleasing performance improvements in end-of-life and dementia care. HWG will continue to support all efforts in these fields that translate to an improved patient experience.

Healthwatch Gloucestershire endorses the quality priorities listed for 2018/19 and looks to see evidence of further improvement in these fields. We note the comments relating to complaints and would encourage the development of a blame free culture where the number of complaints is not the primary metric for year-on-year comparison. We would be pleased to see more evidence of an embedded learning culture being developed.

Healthwatch Gloucestershire is aware of the intention to integrate community with mental health care in Gloucestershire and fully supports the intent where it will lead to an improved patient experience.

Healthwatch Gloucestershire look forward to developing the relationship with GCS over the coming year and supporting them to ensure that the experience of patients, their families and carers are heard in order to inform service improvement.
PART SIX: CONCLUSION

We are immensely proud to publish our 2017-18 Quality Account.

Our quality improvements would not have been achieved without the dedication, leadership and support demonstrated by colleagues throughout the Trust. Our colleagues are our greatest asset and we recognise that to provide great care we need to look after them well hence one of our priorities being that we will continue to work with our teams to build on our vision of the Trust and Gloucestershire being a great place to work. We would also like to take this opportunity to thank all those colleagues who work for the Trust and for the people of Gloucestershire.

We recognise that there are some areas of service and care we still need to improve and because of this we will continue to focus on quality improvements 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:

**AHP:** Allied Health Professionals

**C.Diff:** Clostridium Difficile

**CPE:** Carbapenemase-Producing Enterobacteriaceae

**CQC:** Care Quality Commission

**CQUIN:** Commissioning for Quality and Innovation

**EoL:** End of Life

**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

**MIDAS:** Mortality Information Data Analysis System

**MIIU:** Minor Injuries and Illness Unit

**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
QUALITY ACCOUNT 2017-18

PII: Period of Increased Incidence

PLACE: Patient-Led Assessments of the Care Environment

R&D: Research and Development

RCA: Root Cause Analysis

SIRI: Serious Incident Requiring Investigation

VCS: Voluntary Care Sector

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 2018, 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>Sandra Betney</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>Nick Relph</td>
<td>Non-Executive Director</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</td>
</tr>
<tr>
<td>David Smith</td>
<td>Interim Director of Human Resources (non-voting)</td>
</tr>
</tbody>
</table>
Changes in Board Composition

There were the following changes in the composition of the board in the year:

Nick Relph joined the Board as a Non-Executive Director in June 2017 (replacing Robert Graves who left the Board in January 2017).

Katie Norton, Chief Executive led the management team through the year, stepping down in April 2018 with the appointment of Paul Roberts.

Tina Ricketts, Director of Human Resources left the Trust in January 2018 and has been replaced by David Smith who takes on the role of Interim Director of Human Resources.

The Trust would like to thank Robert Graves, Katie Norton and Tina Ricketts for their contribution to the development of Gloucestershire Care Services NHS Trust.
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.