

GLOUCESTERSHIRE CARE SERVICES

**QUALITY ACCOUNT
2011 /12**

Gloucestershire Care Services Quality Account 2011-2012

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1. Introduction

Welcome to the second Quality Account for Gloucestershire Care Services. Through this reporting period (1st April 2011 to 31st March 2012), we have continued our focus on quality improvement across all our services and this is reflected in this Quality Account.

We recognise the importance of providing assurance to our partners and users of our services that the care we deliver is of a high standard, as safe as possible and with good clinical outcomes.

Gloucestershire Care Services are proud that feedback from patients tells us that they are generally satisfied with the services we provide but of course, there is always learning from this feedback that we can use to develop and improve.

This Quality Account is set out in three parts, beginning with a statement from our Chief Executive Designate. Some parts of this Quality Account are included as a mandatory requirement which allows comparisons to be made with other organisations. A large amount of the content has been determined by Gloucestershire Care Services to demonstrate our commitment to develop and improve as we strive to achieve the national aims of “High Quality Care for All” (Dept. Health, 2009).

1.1 Quality Initiatives 2011-2012

Part Two of our Quality Account provides details of the challenging quality initiatives we set ourselves for 2011-12, together with a summary of the progress we have made and our plans for further development.

Also included in Part two are a series of mandatory statements of assurance from Gloucestershire Care Services Operational Board. This section of the document is presented in the standard format prescribed which aims to enable comparison with other organisations.

1.2 Quality Initiatives 2012-2013

As we continue to transform our community services, we have ambitious plans in place to improve the quality of our services and the care we provide. Throughout this Quality Account, we have used a traffic light coding system to highlight achievement against our targets and linked development work to the three domains of quality, safety, effectiveness and experience.

Illustrating a target met or exceeded	Green
good progress toward achievement	Amber
outside of planned progress	Red

2. Statement from our Chief Executive Designate



Gloucestershire Care Services (GCS) is the provider arm of NHS Gloucestershire Primary Care Trust (PCT) delivering a diverse range of community services for adults and children across the whole of Gloucestershire. In addition, Gloucestershire Care Services provides the management of Adult Social Care Services on behalf of Gloucestershire County Council.

Under Transforming Community Services (Department of Health), the plan for Gloucestershire Care Services was that it would become a Social Enterprise and be set-up as a Community Interest Company with effect from the 1st October 2011. Following a legal challenge, this plan has not been progressed and the outcome from the proceedings needs to be considered by the Primary Care Trust before determining the future options for Gloucestershire Care Services as an organisation.

Throughout this period of change and uncertainty for the future, staff have continued to work hard with a strong focus on quality and performance and they are to be congratulated on the high standards they achieve.

Continuously improving the quality of services remains the primary focus for our organisation and Gloucestershire Care Services has a growing portfolio of quality improvement initiatives aimed at enhancing the safety, experience and outcomes for all our patients. Our Board ensures that matters relating to care quality remain high on their agenda with a particular focus on:

- Culture and leadership
- A multi-professional approach to care
- Listening to and involving staff and communities

We are proud of the progress we have achieved and are committed to embedding a culture of continuous quality improvement and will work together with staff, patients, carers, other partners and stakeholders to ensure that addressing all aspects of quality remains a priority for us in the coming year.

To the best of our knowledge, the information presented to you in this Quality Account is accurate and provides a fair representation of the quality within our organisation.

A handwritten signature in black ink, appearing to read 'Penny Harris'.

Penny Harris
Chief Executive Designate

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

The directors of Gloucestershire Care Services are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

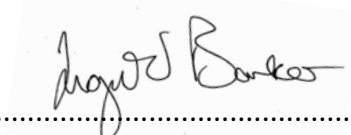
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

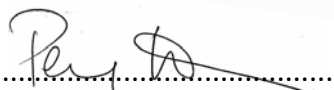
- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included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

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

NB: sign and date in any colour ink except black

.....Date..........Chair Designate

.....Date..........Chief Executive Designate

3. Our Services

During the reporting period, 2011-2012 Gloucestershire Care Services provided 62 NHS funded services. Gloucestershire Care Services has reviewed all the data available to us on the quality of care in all of these services. The income generated by the NHS services reviewed in 2011-2012 represents 78% of the income generated from the provision of NHS services by Gloucestershire Care Services for 2011-2012.

3.1 Gloucestershire Care Services (GCS) employs in excess of 2,600 staff (including bank staff) who together provide and support a diverse range of clinical services across the County which include:-

- Community Nursing and Therapy Services for adults
- Community Nursing, Public Health Nursing (Health Visitors and School Nurses) and Therapy services for children, young people and their families
- Community Hospitals
- A wide range of specialist services including Dentistry, Sexual Health and Podiatry
- Specialist nursing services
- Out of hours services
- Homeless Healthcare

Our vision for Gloucestershire Care Services is to ensure we are:

“Working with you to provide high quality, caring local health and social care services.”

The Board together with members of staff have developed a set of six strategic objectives that describes our long-term ambitions and approach to service development. These are as follows:-

- **To** secure, develop and deliver innovative high quality community-based services meeting the needs of users
- **To** integrate health and social care services
- **To** develop and strengthen partnerships with our communities
- **To** support, develop and involve our staff
- **To** strengthen our excellent reputation
- **To** deliver our contract commitments and provide value for money

4. Participation in Clinical Audit

4.1 Participation in National Clinical Audits and Confidential Enquiries

During the reporting period no national clinical audits or national confidential enquiries covered NHS services provided by Gloucestershire Care Services.

4.2 Gloucestershire Care Services Clinical Audit Programme

All clinical services are expected to have a programme of clinical audit which will provide them with information on the quality and outcomes of the service they provide. Gloucestershire Care Services revised its policy on record keeping in February 2011. Each service is expected to audit the quality of its records on an annual basis.

In 2011-2012 Gloucestershire Care Services introduced in the second half of the year a more holistic approach to clinical audit within its Community Hospitals and Community Nursing Services. These clinical practice audits provide on-going information on:

- CQUIN indicator attainment
- Attainment of best practice in South West SHA Patient Safety and Quality Improvement Programme areas including:
 - reduction of inpatient falls
 - pressure ulcer prevention and management
 - catheter-associated urinary tract infections
 - recognition of the deteriorating patient
- compliance with the organisation's record keeping policy

Their aim is to see more rapid improvement and to underline the importance of proactive risk assessment and personalised care planning.

In 2011-2012 Gloucestershire Care Services was an active participant in the Clinical Audit Review Group hosted by our commissioners. Details of some of the audit activity can be found in section 4.3 below. From April 2012 onwards an audit group has been established within Care Services with representation from all localities which will agree and monitor the clinical audit programme for 2012-2013.

4.3 Clinical Audit Project Outcomes

We reviewed the findings of our local audit programme and have detailed below some of the actions we have taken as a result of audit findings, to improve the quality of care provided:

- Developed comprehensive health care plans to support better outcomes for children in care.

- Staff supported to ask difficult questions and to improve analysis skills via training sessions and child protection supervision. Peer review audits of family health needs assessment (FNHA) records will be carried out four times a year to maintain scrutiny of record quality.
- In order to reduce the number of women presenting for termination of pregnancy without having sought emergency contraception or having offered post-coital contraception via an interuterine device, increase knowledge and use of contraception through:
 - Public education, working with other agencies and Further Education colleges
 - Maternity services planning and/or implementing contraception at time of delivery
 - Raising the awareness of emergency contraception amongst healthcare staff
 - Continuing provision of contraception at time of termination
- Ensure uniform information provision to patients undergoing nail surgery on potential post-operative problems. Continue to monitor nail regrowth rates, currently reported at fewer than 25%.
- Prevent dehydration inpatients in community hospitals through improved risk assessment and management, using hydration core care plans and fluid balance charts.
- Reduce the number of patients who fall while in a community hospital by assessing (and reassessing) patients more consistently and acting on the findings. Continue the introduction of care and comfort rounds where a nurse checks with the patient whether he or she is comfortable and if there is anything he or she needs.
- Improve support for patients nearing the end of their lives by providing guidance for district nurses on the completion of the Liverpool Care Pathway and training on prognostic skills and competencies on the rapidly deteriorating patient.

4.4 Participation in National Confidential Enquiries into Patient Outcome and Death Studies (NCEPOD)

Gloucestershire Care Services have not taken part in any studies within the reporting period as none were relevant to our services.

5. Participation in Clinical Research

The numbers of participants receiving NHS Services provided or sub-contracted by Gloucestershire Care Services in 2011-2012, that were recruited during that period to participate in research, approved by a research committee was 1815 across 21 studies. This figure is for participants recruited to National Institute for Health

Research (NIHR) Portfolio Adopted studies that the organisation is funded to recruit to.

6. Goals Agreed With Commissioners

A proportion of Gloucestershire Care Services income in 2011-2012 was conditional on achieving quality improvement and innovation goals agreed between Gloucestershire Care Services and NHS Gloucestershire through the Commissioning for Quality and Innovation (CQUIN) payment framework. The CQUIN payment framework is aimed at embedding quality at the heart of commissioner provider discussions. In 2011-2012, 1.5% of Gloucestershire Care Service's income was dependent on achieving the quality initiatives.

The total potential value of these schemes was £1.35 million of which £1.1 million has been achieved.

7. What Others Say About Gloucestershire Care Services

7.1 Gloucestershire Care Services are registered with the Care Quality Commission (CQC) and the organisation does not have any conditions on its registration.

The Care Quality Commission has not taken enforcement action against Gloucestershire Care Services as of the 31st March 2012.

Gloucestershire Care Services received two unannounced visits from the CQC in March 2012. The first was to Hope House as part of the national programme of inspections to those that provide termination of pregnancy services. The second visit was to the Dilke Hospital. This visit focused on our inpatient services and during the visit, the inspectors sort the views of patients as well as interviewing our staff.

Following each visit, we received very valuable verbal feedback and written reports will follow within the usual CQC timescales.

In February 2012, an Ofsted Inspection was conducted to evaluate the contribution made by relevant services towards ensuring children and young people are appropriately safeguarded. This followed a joint CQC and Ofsted inspection in December 2010 and an announced visit in August 2011. Our staff contributed to focus groups and interviews. The joint CQC and Ofsted inspection in 2010 identified safeguarding provision as inadequate however, the 2012 inspection by Ofsted confirmed considerable progress had been made with an overall rating of adequate with good capacity for improvement.

Gloucestershire Care Services will be working with our partners across the County to ensure the actions identified in the final report are implemented.

7.2 Inpatient Survey

The survey undertaken within our Community Hospitals sought to gain feedback from patients at the time of discharge on how they felt about our responsiveness to their needs.

We received 234 completed questionnaires which represent a 67% return rate. This was a significant increase on our 2010-2011 survey which had 108 responses received.

The results we received will be shared with our ward teams to both celebrate success and ensure we further seek to improve our responsiveness in the coming year.

Questions	Yes 2010/11	Yes 2011/12
Did the service meet your expectations	Not asked	97%
Were you involved as much as you wanted in planning your treatment and care?	82%	80%
Were hospital staff available to talk about worries and concerns?	91%	80%
How would you rate the privacy on the ward?	61% - very good 27%- good 12% average	60% - very good 32% - good 8% - average

7.3 Service Specific Surveys

28 service specific surveys were carried out during 2011/12

Generally, the surveys show that patients have a positive experience of the service they receive, and particularly feedback regarding staff behaviour and attitude and friendliness score highly in most surveys along with being listened to and able to ask questions. Most patients also feel they are being treated with dignity and respect.

Less positive results were seen regarding waiting times, not being able to make suitable appointments or getting through to the right people at the right time on the telephone. An area which continues to receive less favourable results is knowing how to offer a compliment or make a complaint about the service.

This feedback has been shared with staff and action plans are in place where applicable, to influence change and the learning shared across services. The actions plans are monitored by the Quality & Safety Group and the audit with monitor improvement.

8. Data Quality

Good quality information underpins the effective delivery of patient care and is essential to support improvements in care quality. In June 2011, Gloucestershire Care Services implemented a data collection system for the single point of clinical

access and will be developing a new community information system to improve data quality and build on the information we collect in 2012.

9. NHS Number and General Medical Practice Code Validity

Gloucestershire Care Services submitted records during 2011-2012 to the secondary uses services for inclusion in the hospital episode statistics which are included in the latest published data. The percentage of records in the published data which included the valid NHS number is detailed below and measured against the national average.

	GCS	National Average	Status
Admitted patient care	99.90%	98.70%	Green
Outpatient care	99.80%	99.00%	Green
Accident and Emergency care	97.60%	92.70%	Green

The percentage of records in the published data which included the patients' valid General Medical Practice Code is measured against the national average as detailed in the following table.

	GCS	National Average	Status
Admitted patient care	100%	99.80%	Green
Outpatient care	100%	99.70%	Green
Accident and Emergency care	100%	99.40%	Green

10. Information Governance

10.1 Information Governance Toolkit Attainment (IGTK) Levels

In 2010-2011, NHS Gloucestershire (including GCS) achieved 67% compliance against the annual IG Toolkit (version 8) Assessment. This was 4% more than the targeted level. In all of the 22 key requirements, level 2 has been achieved to enable a statement of compliance for Connecting for Health. This year in version 9 of the toolkit, the requirements have again been consolidated reducing the number but are more prescriptive. NHS Gloucestershire (including GCS) made a baseline submission as a PCT on 31st October 2011, which has once again recorded a 67% target rating. The potential risk of non achievement of all requirements at level 2 has subsequently been recorded on the NHS Gloucestershire Risk Register. This is a position reflected across the majority of PCT's in the South West region.

Significant progress is being made towards level 2 compliance in the remaining requirements through a robust Data Mapping programme linked to the development of an Information Asset Register. The Information Governance Steering Group which feeds into the Integrated Governance Committee monitors progress of the work.

10.2 Information Governance Training

In order to meet our mandatory requirements of the NHS Operating Framework and Connecting for Health, every member of staff is required to complete annual Information Governance training. The Integrated Governance Steering Committee approved a training programme for use across GCS.

The training programme focuses on the requirement for staff to complete 4 modules within the Connecting for Health (CfH) e-learning programme 'Information Governance Training Tool' namely:-

- Information Governance and Information Governance Management – Beginners Guide
- Introduction to Information Governance;
- Password Management
- Information Security Guidelines

The Information Governance Training Tool is internet based and therefore provides ready access from any computer. However, the training programme included a paper-based training tool for hospitality staff and HCAs including a series of test questions, taken from the on-line learning tool.

As at the 30th June 2011, the training completion rates are shown in the table below. These figures indicate huge efforts across the organisation; both in terms of administrative follow up processes and staff compliance with the newly introduced training requirements. Although not all areas achieved the 95% completion rates, anecdotal evidence, from other NHS organisations within the South West, suggests that these are very credible results.

2011	GCS
Staff Completions	2,351
Number of Staff	2,711
Percentage Completion Rate	87%

10.3 Information Governance Strategy Current Position

The driver for this strategy is the Information Governance Toolkit, which captures progress towards Information Governance objectives. Information Governance is about managing information for the benefit of patients' and service users. The quality of that information is important for their care and for the funding of that care which is dependent upon the accuracy of information.

Considerable progress made in relation to the following key areas of work, much of which provides evidence for the Information Governance Toolkit:

- **NHS Number** Implementation Plan
- **Data Quality** - audit programme and policy review

- **Information Security and Encryption** - programme for all mobile devices
- **Records management** - review including archiving process
- **Joint Strategic Needs Assessment** - review of IG requirements
- **Website development** - review of Freedom of Information Publication scheme
- **Pseudonymisation Implementation Project** for de-identification of information i.e., for secondary use
- **Information risk management** programme to include information asset registers
- **Subject Access to information** - review of process and training programme for Subject Access Champions
- **NHS Business classification** procedure and processes for version control
- **Corporate Knowledge Management System** which will include policies and procedures and Knowledge Capture functionality
- **Quality of leaflets** - fair notification of information sharing for patient and staff
- **Confidentiality/consent** guidance on sharing information for staff
- **Privacy Impact Assessments** for new services and projects
- **Monitoring and submission of the Information Governance Toolkit**
- **Patient Demographic Service (PDS)** - Appropriate access controls
- **Summary Care Record Implementation** – Privacy controls
- **Second level information sharing agreements** programme of review and development for all partner organisations
- **Commissioning Support** - review and development of IG clauses for inclusion in all commissioning and procurement documentation
- **Information Asset Management** mapping information flows for critical databases and functions
- **Caldicott Guardian** - function to oversee information sharing arrangements

11. Clinical Coding Error Rate

Gloucestershire Care Services will not be reporting on the clinical coding error rate as Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) undertakes this activity on our behalf. GHNHSFT monitor and report the clinical coding error rate as part of the national audit requirements.

12. Quality Improvement throughout 2011-2012

12.1 CQUIN Scheme 2011-2012

Throughout the reporting period, our staff have focus on both CQUIN targets and the commitment made in our first Quality Account. Progress towards those goals have been monitored on a monthly basis and reported to the Clinical teams, the Board and the Commissioners.

This section of the quality account outlines our achievements with reference to the three domains of quality, safety, effectiveness and experience.

DOMAIN	CQUIN	TARGET	ACHIEVED
Safety	VTE		
	Percentage of adults with completed risk assessment	90%	94.8%
	Prescribed prophylaxis	90%	90%
	Number of attributable VTE's	<5	0

DOMAIN	CQUIN	TARGET	ACHIEVED
Experience	RESPONSIVE TO PATIENT NEEDS		
	Inpatient survey sample size	200	234
	Aggregate score	90%	87.3%

DOMAIN	CQUIN	TARGET	ACHIEVED
Effectiveness & Experience	DEMENTIA		
	Community Nursing Care Plan support appropriate management	Audit	65%
	Community Hospitals Care Plan support appropriate management	71%	74%

DOMAIN	CQUIN	TARGET	ACHIEVED
Effectiveness	BREASTFEEDING		
	Improvement in breastfeeding rates at 6-8 wks in the 10 worst performing clusters	38.4%	43.6%
	Achieve local vital sign target of % of infants breast feeding at 6-8 wks from 50% by 0.5% per quarter to 52%	52%	52.3%
	Achieve 1% increase above the vital sign target by Q4	53%	52.3%
	To improve reporting coverage of breastfeeding status at 1-2 weeks	95%	100%

DOMAIN	CQUIN	TARGET	ACHIEVED
Effectiveness & Experience	CASE MANAGEMENT		
	Identification of Case Management patients apply a predictive tool to all patients identified as high intensity users to identify and triage new patients who may benefit from case management (% of new patients triaged)	100%	100%
	Personalisation of Care Plan – audit to show evidence of care plan use and self-management plans	90%	100%

	Quality of life – questionnaire to be undertaken with all new case management patients to determine improvement in quality of life due to case management	95%	95%
	Reduction in Acute admissions – demonstrate a reduction in admissions of between 2-4% at year end	2-4%	

DOMAIN	CQUIN	TARGET	ACHIEVED
Effectiveness	TELEHEALTH		
	Education of staff	100% of staff identified	Achieved
	Inclusion induction programme	Part of programme	Achieved
	Recommendation for use of Telehealth	>500	854

DOMAIN	CQUIN	TARGET	ACHIEVED
Experience & Effectiveness	THERAPIES		
	Adult Musculo-skeletal physiotherapy to assure that they have outcome focused patient centred goal plans	90%	95.6%
	Adult Musculo-skeletal physiotherapy to evidence goal plans utilise a patient specific functional scale (PSFS)	90%	94.2%
	Children’s Occupational Therapy to assure that they have outcome focused patient centred goal plans	90%	98%
	Children’s Occupational Therapy to evidence goal plans utilise a patient specific functional scale (PSFS)	90%	98%

13. Quality Commitments 2011-2012

13.1 Minor Injury Unit (Safety and Effectiveness)

Review of the initial assessment of patients attending our Minor Injury Units

With the objective of improving clinical outcomes and reducing risk by ensuring prompt and comprehensive assessment within the Minor Injury Unit the following quality improvements have been undertaken throughout 2011-2012.

- The percentage of patients seen and treated within 2 hours in Minor Injury Units in March was 97.0% (local target 98%). This represents the highest performance since May 2010.
- All patients of arrival attending the MIU are seen and assessed within 15 minutes using the Manchester Triage System which is a nationally validated tool.
- Patients attending the MIU have a baseline pain score recorded on the MIU electronic records system (MSS) with subsequent reviews documented.
- Patient demographic details such as name and address, GP name and address are recorded 100% as these are now mandatory fields.
- Recording of next of kin has improved to 95% and the recording of who accompanies the patient had improved.
- Since the MIU record system, MSS Patient First was introduced, all electronic entries of patient details has improved
- Clinical records of the patient attendance that are still handwritten are then scanned into the electronic system
- Recording of safeguarding risk assessment for children has increased to 74% from 23%
- Recording of adult risk assessment which includes dementia and falls is now recorded more consistently and includes all adults not just those over 65yrs.
- There is now evidence of written or verbal advice including safety netting in 86% of records (increased from 38%)

A policy regarding the recording of physical observations has been developed to support the early identification of a deteriorating patient. This includes a process of competency assessment and education is provided as part of the mandatory Resuscitation Training Programme and audited through pre-arrest evaluation forms. Effectiveness is measured through a reduction in cardiac arrest events by early alerting to risk of deterioration.

An annual audit of children presenting with feverish illness and head injury assessment, is undertaken to ensure that the MIU's follow best practice and quality markers and action plans are reviewed monthly in the MIU Clinical Quality meeting.

There is always room for improvement and we are working hard to further improve. The frequency of audit has been increased and we now undertake a monthly record keeping audit which allows for a better understanding of trends and action planning for improvement or the sharing of good practice.

Our risk assessment framework has been adapted to ensure all children and adults are assessed for safeguarding and vulnerability risk. This includes risk of falls, dementia assessment and domestic violence and supports appropriate onward referral.

13.2 Dementia Care Commitment (Experience and effectiveness)

Engagement with the Gloucestershire Primary Care Dementia Pathway (2010), to support the development of care provided to those with a diagnosis of dementia.

Dementia Education nurses have supported a range of training opportunities including basic dementia awareness, a more comprehensive 2 day dementia course and the first 9 month long dementia link worker education programme for those working in Community Hospitals. This course has been successfully completed by 17 of our staff including nurses, physiotherapists and health care assistants, and we were delighted to receive the Community Hospital Association Innovations and Best Practice in Community Hospitals Award (overall winner), for the development of the Dementia Link Worker role. This training is being rolled out throughout the county to include staff working within the community.

Building on this Work in 2012-2013

Dementia training for all clinical staff will become mandatory in 2012-2013, with a range of training tools including face to face sessions and e learning being used to meet the different needs of all staff groups.

13.3 Development of a Clinical Quality Dashboard (Effectiveness)

A clinical quality dashboard has been developed to develop monitoring and reporting on our key quality indicators. This document has been developed throughout the year and provides monthly information shared throughout the organisation. The number of indicators reported on continues to increase and further work is taking place to provide detail at team and service level.

13.4 Early Warning Trigger Tool (Safety)

The use of an early warning trigger tool has been implemented across all our inpatient areas. This tool enables us to do a “temperature check” and identify risk within teams early to enable action to prevent deteriorating standards.

Having been selected to trial this tool, previously developed for the acute sector, within our hospitals, this has been adapted to meet local

requirements and an escalation plan has been developed. From April 2012 the scores will be included on our monthly quality dashboard.

13.5 Reduction in the Incidence of Pressure Ulcers (Safety and Experience)

The aim for Gloucestershire Care Services (GCS) is to reduce pressure ulcers incidence across the health community (in line with the South West Quality Patient Safety Improvement Programme [SWQPSIP]) and we will be building on the work in the coming year. The focus is to reduce the total number of all pressure ulcers. GCS has adopted a zero tolerance approach to pressure ulcers and as of May 2011 all grade 4 pressure ulcers acquired (in our care) were reported as Serious Incidents (SI's), and root cause analysis undertaken for each incident. From August 2011 this was extended to include all grade 3 acquired. Data for pressure ulcers is reported as performance data on a monthly basis. Staff are also encouraged to report all pressure ulcers, both acquired and inherited at Grades 1, 2, 3 & 4 on the Datix incident reporting system to support early identification and enable analysis of treatment given and its effectiveness. The intention is to use this information to identify high risk patients and to reduce where possible further deterioration.

In adopting this proactive approach, it was further highlighted at the SWQPSIP with the SHA that this has the potential to greatly increase the number of SI's being reported and investigated by provider organisations and the SHA in the South West has been working with commissioners to define and agree a consistent and robust process to support the learning from, whilst assuring a pragmatic framework for the local health economy.

To evidence the effectiveness of our interventions monthly reporting has been established using 2010-2011 baseline figures as a benchmark. The table below shows the reduction in the number of grade 3 and 4 pressure ulcers expressed as a percentage of the total number of pressure ulcers grade 1-4

Reduction of Grade 3 & 4 Pressure Ulcers	Baseline	2011-2012
Pressure ulcer in a community setting	28%	24.3%
Pressure ulcer in a Community Hospital	25%	12.5%

Building on this Work in 2012-2013

- Evaluation of the Braden risk assessment as an alternative to Waterlow Risk assessment
- Early identification of skin damage by implementation of the skin bundle
- Monitoring data for all monthly newly acquired pressure ulcers to establish a baseline and measure a reduction
- Review of all pressure ulcer incidents reported on DATIX by the adult safeguarding lead at time of reporting
- Aggregation of findings from all SI Root Cause Analysis reports from grade 3's and 4's acquired pressure ulcers. Use the analysis to facilitate shared learning to reduce incidence
- Sustain reduction in incidence of hospital acquired pressure damage

- Work with partners in primary care to reduce damage across all care settings
- Reinforce the importance of basic nursing care – using comfort / safety rounds across ward areas
- Reporting is included in the Safety Thermometer (Use of Safety Thermometer is draft 2012-13 CQUIN)

13.6 Introduction and Implementation of the Nutrition and Fluid Management Hydration Toolkit (Safety and Experience)

There has been a national focus on nutrition and hydration within care settings. Gloucestershire Care Services has continued its focus on these issues.

- Inpatient areas continue to use a combined risk assessment, care and treatment plan for nutrition. Use has been audited on a monthly basis and further training on the Malnutrition Universal Screening Tool (MUST) has been provided to teams as part of wider clinical record training sessions.
- A hydration risk assessment tool, care and treatment plan has been developed and has just completed a successful pilot in one of our community hospitals. This will be rolled out to all inpatient areas and will form part of the core clinical assessment on hospital admission.
- A hydration workbook has been developed to support the above initiative, and this is available to all registered and non registered staff to complete
- Adult community nursing services also have nutrition risk assessment as part of their initial clinical assessment.
- Protected meal times are in operation in all inpatient areas

13.7 Safeguarding Education Strategy (Safety)

Gloucestershire Care Services has been an active participant in the Gloucestershire multi agency approach to both Adults and Children Safeguarding training. The range of training includes both e learning and face to face sessions, with a wide range of content. We have a combined foundation training day for those that work with both adults and children, recognising that the majority of people we come into contact with operate within a family unit which encompasses both adult and children's needs. This day forms part of mandatory training for all employees who have contact with the public. To date 814 employees have accessed this training from a variety of staff groups. Feedback from staff has led to the development of a joint Adult and Children training policy due for final release at the end of April 2012.

13.8 Prevention and Management of Falls

Engage with the Falls Specialist Service at GHNHSFT and Community Hospitals to promote a County-Wide Falls management programme with the aim to reduce avoidable admissions as a consequence of falls, and promote falls prevention in the home.

Prevention of available falls and identification of risk to reduce harm from falls, (in line with SWQPSIP), was a focus of activity during 2011-2012. Risk assessment and care plan tools were reviewed and use is monitored as part of the monthly clinical practice audit. The falls group was established and chaired by a Community Hospital Matron. Linked to this was the review and amendment of our Falls Prevention Policy (inpatient areas) and the introduction of intentional rounding.

Review of falls occurring within a 3 month period matched against the time of day – no peaks of falls activity highlighted.

Building on this work in 2012-2013

- Review of intentional rounding recording tool to improve functionality
- Reporting is included in the Safety Thermometer (Use of Safety Thermometer) in draft 2012-2013 CQUIN
- Monthly review of all inpatient falls matched against location, time of day and staffing levels

14. Priorities for Improvement throughout the Period 2012-2013

This section of the report outlines Gloucestershire Care Services priorities for quality improvements that will be our focus throughout 2012-2013.

14.1 Commissioning for Quality

Gloucestershire Care Services are working with our Commissioners to develop the CQUIN indicators for the coming year which will further enhance our quality development programme. The subject areas cover both national and locally agreed schemes:-

National Schemes

- Prevention of venous-thromboembolism (VTE) through risk assessment and appropriate prophylaxis.
- Responding to patient needs and learning from feedback by further developing our inpatient survey to ask “would you recommend us to your family and friends.”
- Introduction of the National Safety Thermometer to support the national collection of data for falls, pressure ulcers, catheter associated infections and VTE.
- Improving care for those with dementia through screening and appropriate referral.

Local Schemes

- Improve care to those with maternal mental ill health through education, assessment and referrals.
- Supporting patients to be cared for in their place of choice at end of life.
- Working in collaboration with others to support Community Hospital admission and discharge 7 days per week.

- Partnership working with Great Western Ambulance Service (GWAS) to support care and the provision of the “right care, right place, right time.”
- Collection of real time user views to maintain and build all the quality of care provided.

In planning our quality initiatives over and above our agreed CQUIN schemes, GCS reviewed complaints and incidents data, considered the views of stakeholders, clinicians and our Commissioner.

Gloucestershire Care Services Operational Board agreed the pieces of work detailed in section 14.2 to section 14.7 that will support our commitment to improve patient experience support and develop our staff. Action plans for each piece of work will be developed and progress monitored monthly with reporting to the Clinical team, Board and our Commissioners. Progress and outcomes of each project will be reported in our 2012-2013 Quality Account.

14.2 Clinical Quality Visits (Safety, Effectiveness and Experience)

We will be developing a programme of visits to clinical areas and teams focused on quality and safety. These visits may be scheduled or occur unannounced and will be undertaken by members of the Executive team, Non Executive Directors and senior managers. Each visit will include conversations with patients and carers focused around the Care Quality Commission dignity and nutrition standards. This work led by our Head of Nursing, will provide:

- ✓ immediate learning through feedback to the teams
- ✓ allow sharing of learning across other sites
- ✓ build confidence in staff to manage future inspections

Following each visit a written report will be shared with the service and themes reported on a quarterly basis to the Integrated Governance Committee.

14.3 Top 100 ideas (Effectiveness)

Aimed at supporting staff to develop and implement ideas in practice to support development of service quality Gloucestershire Care Services will launch the Top 100 ideas scheme. Championed by our staff forum, success will be measured by the number of ideas submitted and the implementation of the best of these ideas into practice.

14.4 Dignity in Care (Experience)

Implementation of a dignity in care observational audit within our hospitals will enable real time feedback to staff and other sharing of good practice across teams. This work led by our Clinical Quality Manager will have its progress reported as part of our quality dashboard.

14.5 Social Care Quality Dashboard (Effectiveness)

To compliment the clinical quality dashboard and provide a comprehensive picture of the quality in our multi-professional teams, our Head of Social

Care is leading the development of a social care quality dashboard. In the first year, this will be developed to provide benchmarking data at team locality and organisational level.

14.6 Real time User Feedback (Experience)

To enable us to better listen to and learn from those that use our service and use that implementation to make rapid improvement, we will be developing the use of real time collection of views from patients and their families. Across all services this will provide feedback to improve quality, influence service development and enable us to ensure policies and education programmes are appropriately targeted.

14.7 Infection Prevention and Control

Gloucestershire Care Services is committed to reducing or minimising the risk of cross infection and so limiting the spread of any infectious conditions within it's care facilities and the wider care community as well as ensuring people with an infection are managed effectively.

Throughout 2012-2013, we will continue to build on the success of previous years and maintain a zero number of MRSA bacteraemia within Gloucestershire Care Services.

Additional infection prevention and control initiatives that will be implemented include reducing the number of catheter associated urinary tract infections (CA UTI's) by 50% between April 2012 and March 2014. This will primarily be achieved by reducing the number of catheters in use and educating staff to regularly review each individual need for a catheter. This is a countywide campaign and involves co-operative working with our secondary care and mental health care partners. Extensive work has already been undertaken that has established best practice for urinalysis, a means by which a CA UTI is often diagnosed and it is expected that patients who receive care across all service providers in Gloucestershire will benefit from this initiative.

In order to ensure that infection prevention and control practices and procedures are undertaken appropriately in the right care environment, an annual infection control audit is undertaken. Through 2012-2013 an audit will be undertaken using a tool developed in 2011 by the Infection Prevention Society providing Quality Improvement and Rapid Improvement Tools. The Infection Control Team will be employing these new audit tools that will provide a report identifying the key elements required for CQC compliance and will highlight issues that require improvement (or non compliance). It is expected that infection control audit scores will maintain the improvement witnessed in previous years with the opening of two new Community Hospitals providing the very highest standards of infection control in the care environment.

In order to strive for continual improvement in our management of infection and support prevention of all cases of Clostridium Difficile (C.diff) are

investigated to consider the root cause. The learning from such investigations is shared across the organisation and policy and practice reviewed to reduce the risk of reoccurrence. There will be a focus in 2012-2013 on antibiotic usage and we will work in partnership with colleagues across the county to further reduce the incidents of C.diff.

The performance of GCS against our infection prevention targets is detailed in Section 21.

15. Our Staff – The Key to our Success

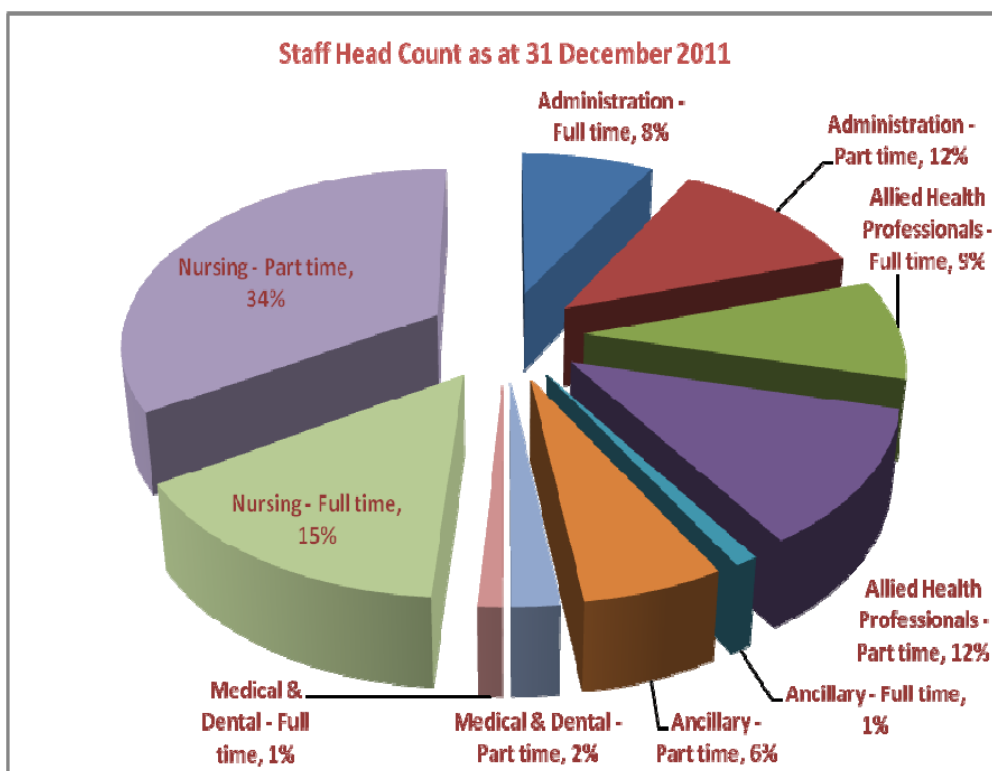
Gloucestershire Care Services appreciates that its success is built on its workforce and recognise how important it is for staff to feel valued and enjoy their work.

We believe that a highly performing, highly productive workforce will help us to develop our workforce, ensuring that our staff are happy and feel supported in their roles and can continue to provide the highest quality care to our patients.

We aim to support staff to achieve their greatest potential to develop their skills and have access to training and the most appropriate development opportunities.

15.1 Our Workforce

We have a diverse, highly skilled and experienced workforce that helps us provide the highest quality care to our patients. As of December 2011 we employed 2,632 staff members of whom 1,752 work on a part-time basis.



15.2 Supporting Our Staff

Gloucestershire Care Services has a comprehensive set of human resources policies which clearly set out equal opportunities for employment and promotion, based on abilities, qualification and suitability for the post.

We are registered as a Mindful Employer and have been accredited as a “two tick” employer. All those applying for positions within Gloucestershire

Care Services with a disability are guaranteed an interview if they meet the minimum requirements of the role.

Stress-management training is available for all staff through our 'Lighten Up' programme. This is a holistic approach to rebalancing life and work, with practical tools for managing pressure. We particularly encourage staff who have raised stress as an issue (or have been absent from work due to stress) to enrol on the programme.

In addition to the nationally recognised Lighten Up programme, Gloucestershire Care Services provides an employee assistance programme (EAP) and Occupational Health Service for all our staff. The EAP is provided by an external company and offers staff and their families a 24 hours helpline and counselling service. The Occupational Health Department provides a free confidential health advice service to staff including stress workshops.

15.3 Advancing Diversity

Gloucestershire Care Services is the lead organisation for co-ordinating the implementation of the new NHS Equality Delivery System (EDS) across Gloucestershire. We have led a highly successful partnership programme, comprising in-depth engagement with staff, key community stakeholders and local authorities, and the development of a robust evidence base to equality priorities for Gloucestershire Care Services.

Working on a series of peer reviews and internal assessments, the EDS provides a comprehensive method for meeting the requirements of the Equality Act. This truly participative approach has provided the basis for stronger links with our communities. We now have clear direction for how we can strengthen our performance to raise the quality of our services for all our service users, and particularly more disadvantaged and vulnerable people in Gloucestershire. Based on this, Gloucestershire Care Services is developing equality objectives, focused around four goals identified through our evidence base and engagement with stakeholders:

- Goal 1: To mainstream equality in business development processes
- Goal 2: To improve the quality of evidence on equality in the organisation
- Goal 3: To improve our dialogue with external stakeholders, especially those with protected characteristics or in vulnerable groups
- Goal 4: To ensure we have a diverse workforce who actively promote equality in their work and beyond

15.4 Age profile

The majority of our staff (65%) is aged between 40-60 years this is reflective of the age profile of the NHS as a whole. Generally, the age profile of our staff becomes older within the higher the pay bands.

15.5 Gender profile

By gender, 92% of our staff are female which reflects the traditionally female bias in caring roles. The proportion of men in the organisation is greater in higher pay bands.

15.6 Disability profile

0.8% of staff are listed on our Electronic Staff Record (ESR) as having a disability. However, 17% of staff disclosed a disability in the 2011 Staff Survey.

15.7 Engaging with Staff

We have recently introduced a new model of care, restructured to form five business units:

- Gloucester & Stroud Localities
- Cheltenham & Cotswolds Localities
- Tewkesbury and Forest of Dean Localities
- Countywide Services
- Children & Young People Services

There are nine staff forums developing across these business units, which are open for all staff to attend. Staff from each will be elected by their colleagues to sit on the organisation's staff council. The staff council chaired by a Non Executive Director (who was selected by a staff vote) will ensure strong links direct to the Board. The terms of reference for both the staff forum and staff counsel will be determined by staff in order to encourage as much participation as possible.

Gloucestershire Care Services has a Joint Negotiating & Consultative Forum that meets at least bi-monthly, where terms and conditions of employment and Human Resources policies are negotiated and discussed. The Chief Executive Designate, Joint Director for Adult Services along with the Head of Employee Excellence are active members of this forum. The following trade unions are represented at this forum: Unison, Unite, Chartered Society of Physiotherapy (CSP), Royal College of Nursing (RCN), British Dental Association (BDA), Society of Chiropodists and Podiatrists (SCP), and the British Medical Association (BMA).

15.8 Workforce Development

Building the skills and competencies of our workforce is key to unlocking potential and efficiencies, improving quality and efficiency for the future.

As an employer, we are committed to developing a flexible and productive workforce through effective skills utilisation of the existing workforce. In the coming year we plan to:-

- Further develop new roles at levels three to four of the NHS Career Framework
- Expand our apprenticeship schemes and work experience schemes

- Introduce back to work schemes
- Review our succession planning/ career pathways
- Develop the capacity and capability of the volunteer workforce.
- Develop management and leadership skills, competencies and behaviours
- Further develop the roles of Integrated Support Workers (e.g. Generic Rehabilitation Assistant)
- Develop a more flexible and responsive Contingent Workforce

15.9 Valuing our Employees

Gloucestershire Care Services participated in the 2011 NHS Staff Survey which was again focused around the four pledges to staff within the NHS Constitution. The survey, which included both Commissioning and Provider arms of the organisation, included a random sample of staff from within Care Services. Results show us:

- 80% of staff reported feeling valued by their colleagues (national average 78%)
- 89% of staff agree that their role makes a difference to patients (national average 86%)
- the percentage of staff reporting they have had an appraisal in the last 12 months is in line with the national average of 77%

Results from the staff survey will be shared with staff and their feedback will enable us to have a greater understanding of some of the issues raised and enable us to support improvement and build on the feedback for the coming year looking at:

- How we can enable staff to feel motivated and that they can contribute to improvements at work
- How we may support them in feeling they have a good work – life balance
- Review reports of errors, near misses or incidents to enable us to understand whether incidents are due to effective reporting or a real increase in such events
- Review reported incidents of harassment and bullying by staff, patients and relatives

We were disappointed in the responses to the survey where staff responses were less positive than last year or the score has deteriorated. Some of this change may well be attributable to the fact that staff were in the midst of an organisation change process at the time of the survey. To achieve our ambition of becoming an employer of choice, we must learn from this feedback and will be working with staff to understand the reasons for these responses. The staff forums and council will be developing action plans during 2012-2013 to assist with this. Progress against these action plans will be reported to our Board.

16. Our Localities

16.1 Cheltenham and Cotswolds Localities

Services in the Locality

The Cheltenham and Cotswold locality teams provide a range of health and social care services to their local communities. These include those operating out of our community hospitals as well as our newly established integrated teams working across health and social care. These teams in reach into current services at Moreton Hospital, Bourton Intermediate Care Beds, the Ashley Intermediate Care Unit in Cheltenham and Cirencester Hospital. They provide Social Work, Occupational Therapy, Physiotherapy and District Nursing services and are working together with GP practices to develop their multi-disciplinary teams around the needs of local practices and patients. These teams deliver care on behalf of both NHS Gloucestershire and Gloucestershire County Council.

Achievements in 2011-2012

- In November 2011, our Physiotherapists, Social Workers, Occupational Therapists, District Nurses, Intermediate Care Staff and Community Steps workers came together in an ambitious integration programme with the aim of developing co-ordinated, efficient teams, working alongside GPs to help local people to stay healthy and independent.
- Across health and social care, all services continued to perform well against national and local quality and performance targets. All staff demonstrated their commitment to providing the best health and social care for local people and this has been a constant theme during the major changes over the past few months as staff have continued to deliver the highest quality services alongside a significant change programme.
- Our staff have also achieved great success in the national Innovation and Best Practice Scheme run by the Community Hospitals Association.
- The Bourton Intermediate Care Unit's innovative approach to reducing falls was shortlisted.
- The North Cotswolds team won an award for the model of care developed to support new ways of working with the opening of the new hospital.
- The development of the role of Dementia Care Link work across all our community hospitals achieved not only an innovation and best practice award but has been named the overall winner.

Objectives for 2012-2013

The locality teams are working to clear objectives in order to deliver integrated responsive services which meet outcomes specified by Commissioners (including GPs) which are provided in a range of settings, including GP Practices, Community Hospitals and other community settings. This will include specific hospital based services which also include minor

injuries care, diagnostics and outpatient facilities, inpatient beds and intermediate care beds.

Spring 2012 specifically will see the opening of the Bourton Intermediate Care Unit, housed within the new Order of St John Care Home and the new North Cotswolds Hospital at Moreton-in Marsh. At Bourton Hospital, work is underway on the new Outpatients Building and Cirencester Hospital will see the refurbishment of the Querns Outpatients Department completed, offering a wide range of outpatient services in modern facilities. A key objective for all our Community Hospitals is to develop the range of outpatient services offered, to maximise local services for local people.

Alongside this, we will continue to develop our locality hubs in order to best manage all our referrals both urgent and planned to be responsive, offering a range of services and planned case management, with the aim keeping our patients at home where it is safe to do so. We will be aiming to work closely with local community groups to enable the referral of those that will benefit from their support and enable these groups to alert us to local people who may need our help to regain confidence and ultimately have lives that are more independent. This will also be a theme within our Community Hospitals as we develop the role of volunteers to enhance the services we provide, such as helping patients at mealtimes and providing general befriending support, as they move back into the community.

16.2 Tewksbury and Forest Localities

Services in the Localities

The Tewksbury and Forest Localities providing a range of integrated Health and Social Care services, serving the adult population within the boundaries of Tewksbury Borough Council and Forest District Council. The services include the newly formed Multi-Disciplinary Teams (MDT's) in the Community and local Community Hospitals. Our MDTs provide an integrated approach to Physiotherapy, Occupational Therapy (OT), District Nursing, Social Work and Community Steps and are developing their services around natural clusters of local population and in relation to GP Surgeries.

The Community Hospitals of Tewksbury, The Dilke and Lydney provide inpatient services predominantly covering sub-acute, rehabilitation and end of life care. Each of these hospitals has a Minor Injury Unit and active Out Patient Services. Tewksbury and Lydney Hospitals also provide day case surgery.

Within the Tewksbury locality are the inpatient services at Winchcombe Unit which is a 6 bedded unit run by Gloucester Care Services staff but located within in a local nursing home. These services are under the leadership and management of Gloucestershire Care Services and are provided on behalf of NHS Gloucestershire and Gloucestershire County Council.

Achievements in 2011-2012

- The biggest achievement of the year has been formation of our integrated multi-disciplinary teams which has resulted from a very ambitious organisational change programme. The aim of the teams is to provide co-ordinated holistic approach to patient care, to improve effectiveness in order to enable local people to stay independent and healthy within their community.
- The hospitals have been involved in the wider work across our Community Hospitals and in 2011 won:
 - A National Award from the Community Hospitals Association for the Dementia Link Worker programmes.
 - In 2011 the Community Hospital Association also gave an award to Tewksbury Hospital for developing the Meal Mates Programme. This service provides volunteers working alongside ward teams, to prepare for and serve the meals to develop an environment that encourages our patients to eat and drink well to aide their recovery.

Objectives for 2012-2013

The main objectives for the locality is to provide efficient and effective services for the local population within the resources available and meeting national and local targets. This will be achieved through an integrated multi-disciplinary approach within a variety of local settings as described above. 2012 will see the development of local hubs as a referral centre for both professionals and the public for the locality services and will co-ordinate and provide an urgent response service as and when required. The aim of the hub is to support the delivery of care at home or as close to home as is possible.

The coming year will see the development of the new Tewksbury Hospital on an adjacent site to the current hospital. Demolition work has already begun and the full Business Case agreed and plans signed off. Building work is planned to commence at the beginning of the new financial year and be completed by early summer in 2013.

It is key as we develop and maintain services in the localities that stakeholders and public engagement is sought and listen to and this is a key objective for a year full of such exciting challenges.

16.3 Gloucester and Stroud Localities

Services in the Localities

Gloucester and Stroud Localities provide a range of integrated health and social care services to their local communities, which includes those operating out of Stroud General Hospital and the recently opened Vale Community Hospital. Newly integrated health and social care multi-disciplinary teams deliver a range of services including District Nursing, Intermediate Care, Social Work, Physiotherapy And Occupational Therapy with the aim to keep people as independent as possible, provide care closer

to home, prevent unnecessary admissions to hospital and/or residential care and support timely discharge from hospital.

Achievements in 2011-2012

The Community Hospitals have had a busy year.

- In November 2011 following an intense year of operational transition planning, Berkeley Hospital was closed and services smoothly transferred with no interruption to service delivery into the new, modern, purpose built Vale Community Hospital, which was formally opened by Princess Anne.
- Berkeley and Vale Community Hospitals have piloted a new Integrated Care and Assessment Service (ICATS) which won a Community Hospital Association award for Innovation and has now been formally commissioned by NHSG.
- Both Stroud General Hospital and the Vale Community Hospital have strong links with their Leagues of Friends (LoFs) and in partnership have improved greatly the hospital environments. LoF have funded extensive refurbishments to improve the environment for patients, visitors and staff, and are working with both community hospitals to introduce volunteers into the hospitals in order to commence the 'meal mates' initiative, to help ensure high standards of nutrition for patients.
- In Stroud, a training programme was developed for all the OT Assistants (OTAs) in the locality to enhance their knowledge, understanding and confidence of reablement. Following the training the OTAs are now able to carry out reablement programmes within a range of settings which has resulted in positive outcomes for the service user.
- The OTs in Stroud have implemented and clearly document a TILE assessment in the notes to provide a detailed and evidence based recording of the assessment. In some instances this has resulted in a reduction of a carer package, a change in routine and or equipment which has improved the situation for the service user.
- The District Nursing team in Gloucester introduced a single point of access and triage system which enabled visits to patients to be planned in a timely manner. They also developed an electronic caseload tool which is held on a shared computer drive. This helps to ensure that information about vulnerable people or those who are being case managed is shared in a confidential manner and is accessible to those professionals who need it in order to care for and safeguard the needs of frail or vulnerable patients. The majority of Health Care Assistants are now able to administer insulin to diabetic patients and contribute to their care, and some of our Health Care Assistants are undertaking training in order to become Assistant Practitioners via in house training and the Open University
- The District Nursing team in Stroud recently worked with the IV team to deliver IV antibiotics to a gentleman with cellulites. This prevented a hospital admission and facilitated keeping a 'very impressed' gentleman

at home. The plan is to extend and expand this partnership working with the IV team so that more patients are able to benefit from the service.

Objectives for 2012-2013

A clear objective for next year is the continued development of the integrated multi-disciplinary teams providing seamless and efficient health and social care services to our population. Key to the delivery of this is the development of locality hubs in both Gloucester and Stroud. The locality hubs will manage all referrals for our services both urgent and non-urgent, and will ensure that we are able to provide an urgent response by the most suitable clinician or worker where it is required. It is anticipated that some of the developments made in the district nursing service around the single point of access and triage (see 3.4.2 above), and in social care and occupational therapy through the Initial Response Team, will be integrated into the functionality of the locality hub.

The multi-disciplinary teams and the locality hubs will work to develop close links with local community and voluntary groups so that we are able to offer a range of options to help people to meet their needs and maintain their independence within their local community. We will also be closely involved in the Living Well pilot in Dursley/Cam and Stonehouse areas, following on from the Local Area Coordination pilot completed in 2011.

The ICATS service will be piloting a new pathway which will allow patients with suspected Deep Vein Thrombosis (DVT) to be assessed, diagnosed and treated closer to home at the Vale Community Hospital, thereby preventing an unnecessary journey to one of the acute hospitals.

Explore opportunities for health promotion through development of links with local community groups.

16.4 Countywide Services (Adults)

In 2011-2012, the countywide services teams have continued to focus on the delivery of a diverse range of high quality specialist services to the local population, primarily of Gloucestershire but also to some residents of neighbouring counties. The Countywide Services Business Unit came into being this year to bring together a wide range of specialist services that have many themes in common. In particular, the demographic of the population that they serve is different to the locality teams with services delivered across all age ranges and some services focussing on patients with particular needs such as special care patients with the Dental service, the Homeless Health Care team and younger people as the focus of Sexual Health services.

Positive patient feedback on our Out of Hours Service

In the recent National Quality Requirements report, Gloucestershire residents recognised that the service Gloucestershire Out of Hours provides is easy to access and use. This has resulted in the service being ranked 10th (out of 151 PCTs) for patients reporting the service as 'very easy' or 'fairly easy' to get through (87.7%). This is important as we make great efforts to

ensure that patients are able to access the service and will strive to continue to ensure patients can continue to access the services easily. Being ranked 12th (151 PCTs) on patient timeliness of service as 'about right' (75.6%), recognises the work that has been put in place by the GCS Out of Hours service to ensure that the service is responsive to the speed of care required by individuals.

Increased patient safety and efficiency within the Evening and District Nursing Team

In order to improve end of life care for patients, the Evening and Night District Nursing Service have developed a "rule" which is used for measuring syringe drivers accurately and consistently. The rule also includes a checklist of all the documentation that should be completed for each patient to prevent any errors occurring and has the number for the palliative care advice line should they need any advice or support.

The Evening and Night District Nursing Service has also used the methodology of the Productive Community Series (NHSII 2010), to introduce a standardised bag for all their nurses to use. This ensures that they have all the equipment they need and helps compliance with infection control standards.

Enhanced Services for Patients with Specialist Needs

Heart Failure/Cardiovascular Teams - The specialist Telehealth Service has expanded over the past year from providing 72 to 186 Telehealth units in the homes of people with heart failure and respiratory disease. This innovation in care is a successful adjunct to specialist case management for these patients and enables the patient to self manage their condition. When the team was transferred from the Acute Hospital, the Cardiovascular Service has undergone a service redesign which has seen the introduction of a rolling cardiac rehabilitation programme with very short waiting times for patients and the expansion of home based cardiac rehabilitation for house bound patients and the very elderly.

The Community Diabetes Service - The structured patient and primary care education programme (DESMOND) has been expanded over the past year, particularly to General Practitioners. The plan is to further expand this programme into an intermediate diabetes service to improve the timeliness and access for patients as part of a long term strategy for managing diabetes in the community. This service actively works with community groups and over the past year have put on two sessions for South Asian women to talk about diabetes within their community – this attracted 40 women to each session. One of the specialist nurses has also spoken on Radio Gloucestershire about diabetes and Ramadan

The Respiratory Service - This service has completed a complex project for our Commissioners on the use of oxygen inpatients with respiratory disease in primary care. This project identified patients requiring enhanced specialist management and rationalised the use of oxygen. Over the next year the

Respiratory Service plans to expand the pulmonary rehabilitation service to ensure equity of provision across the County.

The Motor Neurone Disease (MND) Specialist Service - This service, provided by one specialist practitioner, has over the past year supported 15 patients with MND at the end of life to die at home. Without her support these patients would probably have not been able to die at their place of choice.

The Intravenous Therapy (IV) Therapy Team – This service was successfully launched this year. This group of nurses enable care to be provided closer to home by supporting community teams to provide IV therapy within the home, or within our Community Hospitals.

Early Supported Discharge (ESD) for People following a Stroke - This service commenced in April 2011 for Gloucester and the Forest of Dean and in September 2011 for Cheltenham and Tewkesbury Localities. Patients following a stroke receive specialist rehabilitation at home which allows them to be discharged from hospital much sooner than they would otherwise have been. This improves the quality of care and outcomes for the patients and also contributes to a reduction in the use of hospital bed days.

'Memory Groups' were also introduced last year. These group sessions help patients and their carers to use different strategies to overcome any memory difficulties they may experience following a stroke. There are also individual psychological sessions for people with level 2 mood disorders following stroke.

The plan for next year for ESD is to extend the scheme to provide countywide coverage and to continue the development around robust pathways including the future development of the Life after Stroke programme and related memory groups and to improve access to psychological therapies.

Speech and Language Therapy (SLT) - This team have developed and run joint voice clinics with the Ear, Nose and Throat (ENT) consultants at Gloucestershire Hospitals NHS Foundation Trust and have written and delivered an in house dysphagia training programme for all newly qualified practitioners.

Improvements in Hotel Services across our community sites

Over the past year hotel services have been working hard to improve the cleanliness auditing process to ensure compliance against the National Standards of Cleanliness. The cleanliness scores are available on the hotel services page on the intranet for Matrons and infection control staff to access and review. Access to this information will be opened out to other staff groups in the future.

Podiatric Surgery

The podiatric surgery service provided from Lydney Hospital consistently achieves high levels of patient satisfaction. Extended scope MSK podiatrists triage all patients before being referred to podiatric surgery, following a jointly agreed care pathway. All patients have an agreed individual management plan for their specific episode of care. This service consistently meets the 18 week referral to surgery target and is provided within an agreed budgetary framework. As part of robust governance arrangements the Podiatric Surgery Service maintains a productive 'partnership arrangement' with the podiatric surgery service in Hereford.

Sexual Health

The service has developed throughout the year improving access to services for clients and developments in the reporting period include:

- Access for clients to the Sexual Assault Referral Centre (SARC) is now offered across the 24 hour period.
- Pregnancy advisor service within Hope House support those seeking abortion, now provides increased clinic times.
- Improved waiting times for Psychosexual Medicine.
- Development of a Clinical Audit Programme (appraisal, assessment and inspection), that will continue in 2012/13.

Dentistry

Dentistry provides the following services:

- Comprehensive Primary Care Dental Service to vulnerable groups and patients with special needs
- A daytime urgent pain relief service to patients who do not have a regular dentist and are unable to receive NHS treatment in the General Dental Service (High Street)
- An Out of Hours Service for urgent relief of pain. This service is available on weekday evenings, weekends and Bank Holidays and is currently under review
- Dental services to HM Prison (two sessions per week)
- We also host an Oral Health Promotion (OHP) Team which carries out countywide OHP to targeted groups.

Our staff also undertake general anaesthetic sessions at Gloucester and Cheltenham Hospital, for treatment of Special Care patients (Gloucester) and children's exodontias (Cheltenham).

Compliments have recently been received from HM Prison (patients & results of security audit) and from patients accessing general anaesthesia.

The service also carries out annual epidemiology surveys in accordance with national protocols and guidelines. This is a statutory requirement for Primary Care Trusts.

National/International recognition for our staff

Annie MacCallum (Head of Specialist Services) was asked to Chair a session at the European Heart Failure Conference in Belgrade this year. Annie is also an advisor to the British Heart Foundation as part of the cardiovascular coalition which lobbies parliament to ensure cardiovascular issues are high on the political agenda and she sits on the heart failure policy group for the National Council for Palliative Care

- ✿ Adrian Strain (Clinical Nurse Specialist Heart Failure/Telehealth) won a British Heart Foundation Innovation award for Specialist Telehealth in 2011.
- ✿ Lynn Davies (Clinical Nurse Specialist – Tissue Viability) had a joint article published in the International Journal of Wound Care in February 2012.
- ✿ The Speech and Language Service have received national recognition for their work in the Giving Voice campaign to highlight the role of speech and language therapists.

Objectives for 2012-2013

Key areas of focus during 2012-2013 will be to review the current teams and deliver further integration where that will deliver an increased quality of service to our patients. In particular, the teams will be focussing on delivering an integrated response in the out of hour's period both for patients within acute care settings and their own homes. The purpose will be to enable either early supported discharge from hospital or avoiding admission to hospital by providing an integrated assessment and intervention across the seven day period. This will be delivered in a manner that is consistent with the locality hub provision and returns the care of that individual back to their local MDT as soon as possible enabling users to be cared for at home where it is safe to do so.

We will also be reviewing our range of health promotion and patient education programmes to ensure that we are reaching as wide a range of the population as possible and sharing key messages across our health education and promotion programmes.

The specialist nursing teams will be providing additional support to the locality MDTs to share the experience of case management and the use of health technologies to support all our teams in embedding multi-disciplinary case management across all our teams.

16.5 Children and Young People's Services

In 2011-2012, the Children and Young People's services have continued to focus on quality; improving how we provide service as well as ensuring that the quality of service we deliver is of a high standard and meets the needs of the children, young people and families in Gloucestershire.

Successful attainment of the UNICEF Breast Feeding Initiative BFI Level 1 status

Increased breastfeeding is linked to better long term health outcomes and reduction in health inequalities, and does ensure a best start in life. Government policy and NICE guidance promotes the adoption and implementation of the UNICEF Baby friendly initiative as the best evidence based vehicle to raise levels of breast feeding prevalence. Gloucestershire Care services achieved BFI Status Level 1 in September 2011 and is working towards the achievement of BFI Level 2 status for 2012-2013.

Implementation of Outcome Measures in Therapy services

Children's Occupational Therapy and Physical Therapy have implemented an outcome measure system to be able to evidence and understand the impact of intervention. Pre and post intervention measures are taken, and this combined with patient satisfaction questionnaires, assists in understanding whether service users are happy with the service provided and if the service provided is making a difference in their development and ability to participate in activities important to them and their families.

Improvements in the Quality of Health Assessments for Children and Young People who are in Care

A training and audit programme has been in place in 2011-2012 to improve the quality of health assessments that children taken into care receive. A significant improvement has been noted and work is underway to implement a joint audit process in 2012-2013 with the Social Care teams in Gloucestershire Council, which will ensure that Social Workers are actively monitoring and addressing the health needs of children in care.

Innovative Service delivery – Partnership working between Speech Language and Therapy Services (SALT) and Gloucester Rugby Club

This year the Children's Speech and Language Service and Gloucester Rugby Club Community Team, ran a 5 week project jointly. Pupils from secondary schools with speech, language and communication needs, attended weekly sessions to build their confidence and self esteem in the student's communication skills. The successful evaluation has meant planning is underway for this to occur again in 2012-2013.

Enhanced service from Children's Community Nursing Service

From October 2011, the Children's community nursing team has expanded their service to see children on evenings and weekends. This has been a huge success in both ensuring children who are in hospital are able to be discharged sooner, and more importantly has prevented children from having to be admitted into the hospital for interventions that are safely able to be performed in their familiar home setting. Children, young people and their families, have welcomed this expanded service as it has decreased the levels of stress, in relation to caring for children who are ill or present with long term conditions.

For 2012-2013, plans are underway to explore how further children's community services can be offered in the community in the evenings and weekends.

17. Incident Reporting 2011-2012

17.1 Incident Reporting

It is Gloucestershire Care Services (GCS) policy that staff report all adverse incidents using our Datix database. An adverse incident is any event which affects a patient, member of staff, visitor or contractor which could have, or actually has caused harm while he or she is under our care or on GCS premises. The National Patient Safety Agency (NPSA) view a high reporting rate within an organisation as evidence of a positive reporting culture, especially when this is linked with a low level of serious harm incidents. The level of serious harm sustained as a result of an incident is approximately 1% of the total number of incidents reported.

Our incident reporting processes have enabled us to develop a comprehensive quarterly governance report which provides data on trends in relation to for example, patient and staff safety incidents. GCS has a duty to report all patient related safety events to the National Patient Safety. As each incident is investigated, the learning from such work may result in change of policies or work practice across the organisation as needed.

INCIDENTS	Q1	Q2	Q3	Q4	Total
Non Patient Safety	642	622	630	595	2,489
Patient Safety	650	518	587	659	2,414
TOTALS	1,292	1,140	1,217	1,254	4,903
Incident Types For The Last Four Quarters	Q1	Q2	Q3	Q4	Total
Clinical incident	322	320	314	336	1,292
Communication	129	94	85	102	410
Records, Information, Confidentiality	59	66	59	71	255
Discharge, transfer, appointment	114	90	114	99	417
Estates, staffing, infrastructure	59	59	84	81	283
Fire incident	13	15	21	11	60
Personal Accident	461	371	403	447	1,682
Security incident	52	61	65	39	217
Violence, Abuse or Harassment	76	53	64	49	242
Vehicle incident	5	7	3	8	23
Waste Environmental Incident	2	4	5	11	22
TOTALS	1,292	1,140	1,217	1,254	4,903

Gloucestershire Care Service's analysis of incident types mirrors the national picture as reported by the National Patient Safety Agency (NPSA). The category 'personal accident' includes 'slips, trips and falls' which are the organisation's highest number of reported incidents. This is not unexpected

which is due to the patient group and nature of the care delivered and as with all incidents, the level of harm is closely monitored.

17.2 Serious Incident Management (STEIS)

GCS has continued to develop its responsibility for monitoring Serious Incidents (SI's) reported via the STEIS (Strategic Executive Information System) database. Management of these incidents is monitored to ensure they are investigated in a timely manner to ensure learning is shared with the service as quickly as possible. All incidents classified as Serious Incidents have to be reported within 24 hours of being notified, require an interim report, which is submitted to the commissioner within three days and, depending on the grade of the incident, a final report and action plan should be submitted to the commissioner within either 45 or 60 working days. Monitoring of the action plan also occurs to ensure correction actions are undertaken and learning is embedded.

During 2011-2012 30 (0.6%) of the 4,903 reported incidents, were classified as serious. These required more detailed investigation and were reported on the STEIS database. The majority of these incidents relate to pressure ulcers. As part of our quality drive to reduce the incidence of pressure ulcers, all grade 3 and 4 sores are treated as serious incidents.

17.3 Listening to those who use our Services

Compliments, Comments, Concerns & Compliments Data – 2011-2012

4Cs	Q1	Q2	Q3	Q4
Compliments	389	734	530	437
Comments	16	31	29	34
Concerns	154	58	52	76
Complaints	12	18	20	25

The table above shows that the majority of the feedback we receive from those that use our services, their families and carers, generally denote a positive experience. Many patients express their gratitude for having staff to support them over a difficult period in their lives. These are a few examples of the positive feedback we have received:

Community Hospitals: *Staff were sympathetic and explained clearly. Treated me like a human being. Dealing with the reception staff on the phone was equally pleasant. Thank you for looking after my mum. For the time you took to care and reassure her. I can see how hard your jobs are but you are so kind and patient with everyone.*

Expert Patient Programme: *Brilliant course and Tutors. Really helped to build my confidence, not hiding anymore.*

Stroke ESD: *Service invaluable to the recovery of my husband from Stroke. Staff supportive and friendly. Wonderful Unit.*

Active Balance Clinic: Very good and enjoyable course. Will continue at home. Hope the changes in the organisation will not affect this class.

Adult Physio: Fantastic help, in particular the exercises. Treatment received was excellent. Warm, helpful receptionist .Friendly, helpful treatment and advice.

Adult OT/WAC: Clients Dad called to thank all staff involved with his care. His son now has 'a life'. Father so pleased cannot thank staff enough.

Falls Clinic: Excellent care and service.

Heart Failure Service: Support was greatly appreciated as I started to rebuild my confidence. My nurse explained things in layman's term what had happened to me. Extremely professional approach, everything explained, fears and anxieties reduced. Thank you.

Diabetes Specialist Nurses: Getting to grips with Diabetes. Excellent course. Well presented, helped me to deal with the problem.

Examples of some of the themes of concerns and complaints received and our actions taken to address these are as follows:

A review of the themes raised in concerns and complaints, have been developed into key themes with actions in place to address the issues raised to improve the service we provide.

THEME: Discharge
<ul style="list-style-type: none">• A discharge checklist has been developed including details of personal property.• Care plans have been reviewed to support effect communication.
THEME: Care and Communication
<ul style="list-style-type: none">• Review of communication with carers with the home setting.• Ensuring effective record keeping to support consistency in practice.• Options are being reviewed to text reminders about appointments.• Customer care skills training provided for reception staff.
THEME: Discharge
<ul style="list-style-type: none">• Review of environment and consideration given to wheelchair access.• Signage reviewed at new hospitals as a result of feedback.

18. Performance Levels Achieved within our Adult Services in 2011-2012

CRITERIA		
Out of hours	TARGET	ACTUAL
Primary Care Centre telephone triage within 20 minutes	95%	96%
Primary Care Centre emergency face to face consultation within 60 minutes	95%	100%
Adult Community Services - % treated within 8 weeks	TARGET	ACTUAL
Adult Speech And Language	95%	96%
Podiatry	95%	97%
Adult Physiotherapy	95%	97%
Adult Occupational Therapy	95%	96%
Special Nurses: Percentage treated within 8 weeks	TARGET	ACTUAL
Parkinson's nurses	95%	99%
Diabetes nurses	95%	100%
Bone Health Service	95%	99%
Musculoskeletal Service	95%	96%
Cancelled operations for non clinical reasons not offered a binding date within 28 days	TARGET	ACTUAL
Cancelled operations	0%	0%
Minor Injury Units (MIUs)	TARGET	ACTUAL
% seen waiting less than 4 hours	98%	99.9%
Bed Occupancy: All Community Hospital medical beds	TARGET	ACTUAL
Occupancy	90%	94.1%

LOCALLY AGREED TARGETS		
Average wait of for access to service	TARGET	ACTUAL
Adult Physiotherapy	2 weeks	2.2
Combined Specialist and Non Specialist Wheelchair Service	2 weeks	0.8
Podiatry	2 weeks	2.3
Minor Injury Units (MIUs) - % seen waiting less than 2 hours	98.55%	95%

19. Performance Levels Achieved Within Our Children's Services 2011-2012

CRITERIA		
Community Services - % treated within 8 weeks	TARGET	ACTUAL
Paediatric speech and language	95%	97%
Paediatric physiotherapy	95%	99%
Paediatric occupational therapy	95%	99%
Breastfeeding	TARGET	ACTUAL
Prevalence at 6 – 8 weeks	50%	53%
Neo-Natal Hearing Screen	TARGET	ACTUAL
Screens offered	99%	100%
Completed by 5 weeks	>95%	98.6%
Average wait for access to service	TARGET	ACTUAL
Occupational Therapy	2 weeks	2.2
Physiotherapy	2 weeks	0.8
Speech and Language Therapy	2 weeks	2.3

20. Our Premises

20.1 Ensuring the privacy and dignity of those that use our services is fundamental to the philosophy of care we are developing within the organisation. We were delighted that 100% of those that responded to our inpatient survey believed we had achieved that aim. In making the public declaration detailed below, in line with national requirements, we renew our commitment to our patients and to review each occasion when we may fall short of this standard and learn from that.

Gloucestershire Care Services is pleased to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary, for example, where patients need specialist equipment such as in the recovery unit attached to theatres and procedure rooms or when patients actively choose to share. If our care should fall short of the required standard then it will be reported. We will also set up an audit mechanism to make sure that we do not misclassify any of our reports. We will publish the results of that audit within our Quality Account.

2011-2012	Target	Actual	Patients Affected
Number of same sex breaches	0	0	0

20.2 The Patient Environment Action Team

The Patient Environment Action Team (PEAT), which includes a service user representative and a member of the Infection Control Team, undertake annual assessment of our hospitals and provide rating by site for the environment, food and privacy and dignity. We are very proud of the results which grade the hospitals as excellent in all areas with the exception of the environment within Berkeley Hospital which was rated as good. Since the reviews took place, Berkeley Hospital has closed and the new Vale Hospital opened with care now provided in a purpose built environment.

20.3 PEAT Scores 2011

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Berkeley Hospital	Good	Excellent	Excellent
Cirencester Hospital	Excellent	Excellent	Excellent
Dilke Memorial Hospital	Excellent	Excellent	Excellent
Lydney & District Hospital	Excellent	Excellent	Excellent
Moore Cottage Hospital	Excellent	Excellent	Excellent
Moreton In Marsh District Hospital	Excellent	Excellent	Excellent
Stroud General Hospital	Excellent	Excellent	Excellent
Tewkesbury Hospital	Excellent	Excellent	Excellent

20.4 Sustainability

The Corporate Social Responsibility Policy for Gloucestershire Care Services confirms the following aims:

- ✓ to manage our environmental impacts
- ✓ to promote sustainable development through our procurement practices
- ✓ to support the local community
- ✓ to encourage our staff to be active citizens, committed to high performance and continuous improvement
- ✓ to maintain strong business ethics

During 2012/3 we will focus on our environmental impact and supporting the local community.

In line with our contract with NHS Gloucestershire we will:

- ✓ reduce our greenhouse gas emissions from energy use on estate and business-related transport from our 2011/12 baseline
- ✓ reduce the amount of waste we generate and in particular we will:

- ✓ Cut our paper use by 10% in 2012/13
- ✓ Ensure that redundant ICT equipment is re-used (within the not for profit sector or wider society) or responsibly recycled
- ✓ we will report on water use against best practice benchmarks

Supporting our Local Community

As one of the largest employers in the County, we will support our local community by:

- ✓ introducing an apprenticeship scheme targeted at the 16 to 24 years age bracket. Our target is to have 25 new apprenticeships by 31st March 2013
- ✓ introducing a back to work scheme to help the long term unemployed gain experience in the workplace
- ✓ increasing the number of voluntary roles across the organisation
- ✓ introducing a Volunteering Policy for our staff

21. Infection Prevention and Control 2011-2012

	Tolerance	Actual
Number of C. diff infections	24	26
Number of MRSA bacteria	0	0
Hand hygiene	90%	98%
Percentage of staff completing Infection Control training	79.5%	84%

In the reporting period we have had 26 cases of Clostridium Difficile infections (C.diff) post 48 hours after admission to our community hospitals. Whilst it is disappointing that we have missed our target for the year, this has been influenced by the variation in testing during the year. The overall picture of our performance in reducing C.diff shows considerable progress.

Year	Post 48 Hour C.Diff Infections
2011-2012	26
2010-2011	27
2009-2010	36
2008-2009	44
2007-2008	113

The Department of Health issued updated guidance in March 2012 on the diagnosis and reporting of C.diff. Gloucestershire Care Services have reviewed our processes and can confirm that our current practice meets the requirements outlined.

During the year an additional to the national reporting programme, Gloucestershire Care Services has monitored numbers of MSSA and E. Coli bloodstream infections to gather baseline information to support our commitment to infection prevention and patient safety.

22. Medicines Management

Medicines Management and Prescribing Group has representation from across Gloucestershire Care Services and meets bi-monthly and provides an over arching approach to prescribing and medicines management.

Medicines Management audits are carried out across Gloucestershire Care Services and within our Community Hospitals, a monthly antibiotic and allergy status audit has been introduced, which provide rapid feedback to staff of the outcomes and actions required.

Storage and handling of medicines has been audited within Minor Injury Units (MIU) and Out of Hours (OOH) during this year. The Unscheduled Care Clinical Quality Group monitor progress against the action plans from these audits. Aspects of prescribing and administration of medicines are included in the regular monthly audit of 5 sets of clinical notes now happening within each Minor Injury Units.

A new pharmacist post has been introduced into the Sexual Health Service. This post will support the current HIV pharmacist in the team who is now a qualified non medical prescriber will also provide medicines management support to the wider Sexual Health Service, including undertaking audits.

Medicines management related policies and procedures continued to be developed and reviewed to provide support to staff and to minimise the risk associated with management of medicines. This year an updated Care Services Policy for Ordering, Prescribing and Administration of Medicines (POPAM) was introduced.

The Lead Pharmacist is a member of the Gloucestershire Controlled Drug Local Intelligence Network (CD LIN) and has delegated accountability for the management of controlled drugs (CDs) within Care Services from the NHS Gloucestershire Controlled Drug Accountable Officer (CDAO). Any controlled drug related incidents are investigated by the Lead Pharmacist and reported back to the NHS Gloucestershire Accountable Officer through a quarterly return. The lead pharmacist also carries out regular analysis of local prescribing of CDs using electronic prescribing analysis and audit.

A Medicines Management Workbook has been introduced to support all staff who manage medicines completion of. The workbook is mandatory for all new staff in clinical posts. Staff who have made medicines related errors are asked to complete the workbook as part of a supported action plan and it is also used by staff as part of continuing professional development.

Word based clinical pharmacist, review inpatient medicines on admission and regularly during the duration of the inpatient stay, providing evidence based and cost effective prescribing. They work as part of the MDT to ensure medicines related issues are identified and resolved to support timely discharge and link with community pharmacies, to ensure ongoing medicine management support is in place for patients requiring additional help with medicines e.g. medidose systems.

23. Conclusion

This second Quality Account provides Gloucestershire Care Services with the opportunity to provide assurance on the quality of the services we provide, by reflecting on the progress made throughout 2011-2012. It also sets out how we will maintain and build on the progress made with additional focus where we have not achieved the high standards we expect.

This Quality Account sets out our priorities for quality development for 2012-2013 and our achievement against those ambitions will be reported within our Quality Account in 2013.

**Health, Community and Care Overview and Scrutiny Committee
Comments on the Gloucestershire Care Services
Quality Account 2011/12**

The Health, Community and Care Overview and Scrutiny Committee (HCCOSC) welcomes the opportunity to comment on the Gloucestershire Care Service's Quality Account 2011/12.

For committee members, the overall patient experience is the most important issue. It is good to note from this account that the priorities for improvement include improving the patient experience, and a focus on improving feedback pathways for patients and their families. It is important to note, though, that for some patients it is their carer who may need to feedback issues on their behalf not a family member.

The committee welcomes the focus on developing and motivating staff, and particularly welcomes the initiative to encourage staff members to bring forward new ideas. An enthused and motivated work force will ultimately benefit the patient.

The committee welcomes the concept of the social care quality dashboard. The benchmarking data that can be developed through this tool could be of great benefit to Gloucestershire Care Services and service users.

The committee congratulates the achievements (section 16) of Gloucestershire Care Services over the past twelve months both at the organisational and individual level.

However, the structure of the report makes it difficult to offer anything other than general comments. A better alignment between priorities and performance data would have helped to give an understanding of whether priorities have been achieved.

The account would also benefit from a clear delineation between expected (and achieved) outcomes and what are in essence 'next steps'. This is not to say that the identification of these tasks is not useful, but it important to understand that they are not outcomes.

The committee would like to take this opportunity to thank Gloucestershire Care Services staff for engaging with the committee and answering member's questions.

Cllr Stephen McMillan
Chairman

APPENDIX B



Gloucestershire Local Involvement Network (LINK) Comments on the NHS Gloucestershire Care Services Quality Account 2012

Gloucestershire LINK welcomes the opportunity to comment on NHS Gloucestershire Care Services second Quality Account. The following comments have been compiled by a group of LINK members. During the year we have worked in partnership with the Trust on several issues and also participated as patient representatives in the Patient Environment Action Team (PEAT) visits to community hospitals.

Unfortunately we did not have the opportunity to discuss this Quality Account until receiving the final draft. It would appear that the comments we made on last year's Account have not been taken into consideration in the production of this account. Some of the language used in the Account is NHS speak such as 'Implementation of the skin bundle' and is difficult to interpret by nonprofessional people.

Surprisingly, there is very little mention of the involvement of carers or policies to support them.

Members felt strongly that matters relating to care quality should involve 'listening to people and communities' as well as 'community groups'.

On the whole, members felt that the report was well written but more could have been done to ensure that all the statements were supported by facts and figures. There is little or no analytical data throughout the report

Specific Comments

Part 2

3. Our Services

- There is no reference in this section to the actual number of staff who is managed by Care Services as distinct from those who are directly employed by them. The total number of staff involved in the care of the public is part of the integrated service provided and contributes to the quality of care

4. Participation in Clinical Audit

4.3 Clinical Audit Project Outcomes

- The lack of any numbers to support the conclusions presented on the clinical audits findings make it difficult to assess the quality of services provided

6. Goals agreed with Commissioners (CQUIN achievement)

- Details of the CQUINs would be helpful here. It may be only be 1.5% of the income but the potential value was £1.35 million

7. What Others Say About Gloucestershire Care Services

7.2 Inpatient Survey

- We assume that this survey is roughly based on the CQC National Inpatient Survey. If so, were questions asked about medication side effects and who to contact if you were worried on your discharge

7.3 Service Specific Surveys

- Details of the services which had the less positive results would make it easier to assess the quality of service provided to the public
- Difficulties in giving a compliment or making a complaint are borne out by an on-going Gloucestershire LINK survey

8. Data Quality

- It would appear that the 'implementation of the Community Information System' did not take place in 2011/12 even though it was mentioned in the 2010/11 Quality Account.

11. Clinical Coding Error Rate

- Our understanding of the Quality Toolkit is that these figures should be reported separately for Gloucestershire Care Services, even though the activity is subcontracted.

14. Priorities for Improvement throughout the Period 2012-2013

- Within this section, it is not easy to find the identified priorities and the absence of any facts and figures makes it difficult to be able to assess progress for next year. There is no description of how real time collection of views will be achieved.

Part 3

15.3 Advancing Diversity

- The nine protected characteristics are not mentioned in this section

15.9 Valuing our Employees

- While appreciating the staff were midst of an organisational change process at the time of the survey, it is disappointing that no details are given where the responses were worse than last year.

16. Our Localities

- Although we understand why the localities have been detailed separately, it makes it difficult to see what services are universally provided across the county
- There are a series of objectives in this section for 2012-2013. These appear to be separate from the priorities chosen for improvement

Barbara Marshall

Chair of Gloucestershire LINK

24th May 2012

**Statement for Quality Account
NHS Gloucestershire Care Services 2011/12**

NHS Gloucestershire (NHSG) has taken the opportunity to review the Quality Account 2011/12 prepared by NHS Gloucestershire Care Services (GCS)

In a shared vision to maintain and continually improve the quality of services, NHSG and GCS have worked in collaboration to establish a comprehensive quality framework that includes nationally mandated quality indicators alongside locally agreed quality improvement targets. The national NHS contract and Commissioning for Quality and Innovation (CQUIN) scheme provide further support for ensuring robust quality measures are in place.

There are robust arrangements in place with GCS to agree, monitor and review the quality of services, covering the key quality domains of safety, effectiveness and patient experience of care. This is managed through the Clinical Quality Review Group that meets bi monthly, with representation from senior clinicians and managers from GCS, NHSG and Clinical Commissioning Group colleagues to review monitor and provide assurance in relation to quality of care.

Through the quality framework for 2011/12 GCS have been seen to improve the safety, effectiveness and patient experience of their services across a wide range of specialities; a number of the key improvement areas are described in this Quality Account. NHSG have also received assurance throughout the year from GCS in relation to key quality issues, both where performance has improved and where it occasionally fell below expectations with remedial and action plans put in place and learning shared when necessary.

The priorities for 2012/13 have been developed in partnership and NHSG endorse the proposals set out in the Quality Account.

NHSG can confirm that we consider that the Quality Account contains accurate information in relation to the quality of services that GCS provides to the residents of Gloucestershire.

The accuracy of the data has been checked and concords with the data and information that has been supplied by them during the year.

Signed:



Name: Jill Crook, Director of Nursing

Date: 07/06/2012

APPENDIX D

Amendments and additions to the document following feedback from our Partners

- Further terms added to the glossary to aid understanding.
- The wording community groups has been amended to read communities.
- Following confirmation from NHS Gloucestershire Care Services the CQUIN achievement of £1.1million has been added.

APPENDIX E

GLOSSARY OF TERMS

CQC	Care Quality Commission - The CQC regulates care provided in Hospitals, Care Homes and people's own homes.
CQUIN	This is the National Commissioning for the Quality and Innovation Payment framework which links part of the organisation's income to quality improvement
EAP	Employee Assistance Programme
ESD	Early supported discharge
ESR	Electronic Staff Record
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GWAS	Great Western Ambulance Service
HOSC	Health Overview and Scrutiny Committee
ICATS	Integrated Community Assessment and Treatment Services
IV	Intravenous Therapy
LINK	Local Improvement Networks
MDT	Multi-Disciplinary Team
MIU	Minor Injuries Unit
MND	Motor Neurone Disease
MUST	Malnutrition Universal Screening Tool
NHS	National Health Service
NHSII	National Health Service Institute for Innovations Improvement
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NPSA	National Patient Safety Agency. This NHS organisation works by helping to support and improve patient safety
OT	Occupational Therapy
PALS	Patient Advice and Liaison Service helps the NHS to improve services by listening to what matters to our patients, their families and carers, answering questions and helping to resolve concerns as quickly as possible
QA	Quality Account
SLT	Speech and Language and Therapy
SHA	Strategic Health Authority
STEIS	Strategic Executive Information System which monitors serious incidents
SWQPSIP	South West Quality Patient Safety Improvement Programme
VTE	Venous-Thromboembolism (Deep vein thrombosis or pulmonary embolism)
Q1	Quarter 1 – 1 st April - 30 th June
Q2	Quarter 2 – 1 st July – 30 th September
Q3	Quarter 3 – 1 st October – 31 st December
Q4	Quarter 4 – 1 st January – 31 st March

APPENDIX F

HOW TO CONTACT US

We really value your feedback so if you have any questions or comments about the content of this report please write to:

Mrs E J Fenton
Head of Nursing
Gloucestershire Care Services
Edward Jenner Court
1010 Pioneer Avenue
Gloucestershire Business Park
Brockworth
Gloucester
GL3 4AW

Email liz.fenton@glos.nhs.uk

If you have any comments, concerns, complaints or compliments about the services we provide, please do not hesitate to contact the:

Patient Advice & Liaison Services (PALS) on: 0800 151 1508.