

NHS GLOUCESTERSHIRE CARE SERVICES

QUALITY ACCOUNT 2010 /11

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PART 1

1. Introduction

This is the first year Gloucestershire Care Services has been required to produce and publish a Quality Account. We recognise the need to assure our partners and users of our services that the care we provide is of a high standard, is 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.

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

1.1 Quality Initiatives 2010/2011

Part two of our Quality Account provides details of the challenging quality initiatives we set ourselves for 2010/11 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 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 2011/2012

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 our achievement towards target.

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

2. STATEMENT FROM OUR MANAGING DIRECTOR

Welcome to the first Quality Account for Gloucestershire Care Services. Throughout the reporting period from 1st April 2010 to 31st March 2011 we have continued our focus on improvement across all our services and this progress is reflected in our first Quality Account.

We would like to extend our appreciation to all the staff within Gloucestershire Care Services for all their hard work and commitment during the past year. They are to be congratulated on the high standard of care and performance they deliver.

Improving quality is the primary focus for our organisation and Gloucestershire Care Services has a growing portfolio of quality improvement initiatives that aim to enhance safety, experience and outcomes for all our patients. Our Board ensures that quality matters are high on their agenda with a strong focus on:

- Leadership and culture
- Reliable systems and processes
- Provision of safe, effective care in the right environment

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 and 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 account is accurate and provides a fair representation of the quality within our organisation.



Margaret Willcox

PART 2

3. Our Services

During the reporting period 2010/11 Gloucestershire Care Services provided 30 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 2010/11 represents 77% of the income generated from the provision of NHS services by Gloucestershire Care Services for 2010/11.

4. Gloucestershire Care Services employs in excess of 3,325 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
- Eight community hospitals providing inpatient, outpatient and emergency care; Stroud General, Dilke Memorial, Berkeley, Cirencester, Lydney and District, Moore Cottage, Moreton and Tewkesbury Hospitals
- Midwifery led care in Stroud Maternity Hospital and a full range of community maternity services across the Stroud and Forest of Dean areas
- A wide range of specialist services including dentistry, sexual health and podiatry
- Specialist nursing services
- Out of hours services
- Prison and homeless healthcare

Our vision for our clinical services is “Achieving excellence in health for the people of Gloucestershire.” We have described the values to which we work in order to achieve our vision:

- Work with our patients to promote and support healthy living and self care
- Promote innovation in patient care and celebrate success
- Provide sustainable services as close to the patient’s home as possible where this is consistent with safety, quality and cost effective care
- Pay proper attention to partnerships and involve service users, carers, staff, contractors, partners and the public in developing our services
- Listen to our local communities and learn from feedback
- Communicate clearly and be honest about what can be achieved and the challenges ahead
- Treat our services’ users, carers and staff fairly with respect and politeness
- Trust and support our staff
- Value the diversity of our staff and our population

5. Participation in Clinical Audit

- 5.1 During the reporting period one national clinical audit and one national confidential enquiry covered NHS services provided by Gloucestershire Care Services.

During 2010/11 Gloucestershire Care Services participated in the one national clinical audit and the one national confidential enquiry of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that we were eligible to participate in during the period 2010 -11 are as follows:

National clinical audit	Applicable to GCS	Participation by GCS
National Audit of Falls and Bone Health in older people	Yes	Yes
Confidential enquiry		
Confidential enquiry in Maternal and Child Health; perinatal mortality	Yes	Yes

The national clinical audit and national confidential enquiry that Gloucestershire Care Services has participated in, and for which data collection was completed during 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of cases required by the terms of that audit or enquiry.

National clinical audit	Number of cases submitted	% of required cases submitted
National Audit of Falls and Bone Health in Older People.	33	83%
Confidential enquiry		
Confidential Enquiry in Maternal and Child Health; perinatal mortality		
Maternal death	0	0
Neonatal death	1	100%

The national audit of Falls and Bone Health in Older People is due to report in 2011/12. Gloucestershire Care Services will review the audit report and take action where the quality of care needs to be improved.

Whilst Gloucestershire Care Services participates in the Confidential Enquiry in Maternal and Child Health perinatal mortality, all women and babies are transferred to an acute hospital setting able to provide the specialist care required in the eventuality of a life threatening situation for mother or child.

- 5.2 The reports of 34 local clinical audits were reviewed by the provider in 2010/11. The following are a selection of the actions to improve the quality of healthcare provided:

- Improve and extend the use of the World Health Organisation safety checklist across the theatres in our community hospitals
- Improve in-patient care of people with dementia by the introduction of dementia-specific core care plans
- Reduce the number of patients who fall while in hospital by assessing (and reassessing) patients more consistently and acting on the findings. Learning from good practice in other hospitals through participation in the South West SHA, Quality and Patient Safety Improvement Programme
- Develop a suite of information for in-patients and their carers on admission and discharge, to include a leaflet on risk and prevention of venous thromboembolism
- Improve outcomes for patients receiving stroke rehabilitation in a community hospital setting by increased use of multi-disciplinary care planning and outcome measures
- Improve the management of medicines education through the introduction of a medicines management workbook to support staff, reinforce best practice and minimise risk
- Improve the multi-disciplinary approach to case-managed patients through integration of locality teams. Assisting teams in the identification of clients whose care would be optimised through case management with the use of the Cornwall predictive tool. This tool assists with risk prediction aimed at preventing unnecessary admission to hospital
- Improve the health and social care support given to children in care by appointing an appropriately trained doctor(s) to undertake all initial health assessments, and commissioning the Children in Care Health Team to undertake all review health assessments for children in care aged over five years for a trial period of six months

6. Participation in Clinical Research

The numbers of patients receiving NHS Services provided or sub-contracted by Gloucestershire Care Services in 2010/11 that were recruited during that period to participate in research approved by a research committee was 1036.

7. Goals agreed with Commissioners

A proportion of Gloucestershire Care Services income in 2010/11 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 2010/11 1.5% of Gloucestershire Care Service's income was dependent on achieving the quality initiatives.

The total potential value of these schemes was £1.25 million of which £1.24 has been achieved.

8. What Others Say About Gloucestershire Care Services

- 8.1 Gloucestershire Care Services is required to register with the Care Quality Commission and its current status is that it is registered as from 1st April 2010 across its services. Gloucestershire Care Services has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Gloucestershire Care Services as of the 31st March 2011.

- 8.2 Gloucestershire Care Services participated in a cleanliness and hygiene review by the Care Quality Commission in May 2010. The Care Quality Commission found no cause for concern across 12 of the 14 cleanliness and hygiene standards with minor concerns in two areas during unannounced visits to four of our community hospitals.

Gloucestershire Care Services committed to resolving the matters causing minor concern within forty-eight hours of the verbal feedback following the visit. The actions were completed within the agreed timescales and assurance of this supplied to the Care Quality Commission (CQC) with monitoring established to ensure standards are maintained.

- 8.3 In December 2010 a joint CQC and Ofsted inspection was conducted looking at all aspects of children's services across the county from both a health and County Council's perspective.

The report highlighted one action for health providers in relation to safeguarding and three actions regarding the health of looked after children. The report noted that the contribution made by health care providers to safeguard children was judged as good.

An action plan is in place and monitored to ensure all actions are achieved within the required timescales. This is being monitored from a health perspective by a cross organisational group ensuring all aspects are considered from a countywide perspective.

9. Data Quality

Good quality information underpins the effective delivery of patient care and is essential to support improvements in care quality. Gloucestershire Care Services will be taking the following actions to improve data quality and build on the information we collect at present:-

- Implement a data collection system for our single point of clinical access
- Develop and implement a new community information system

10. NHS Number and General Medical Practice Code Validity

Gloucestershire Care Services submitted records during 2010/11 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	99.8%	98.4%	Green
Outpatient care	99.6%	98.8%	Green
Accident and Emergency care	96.5%	91.5%	Green

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

	GCS	National Average	Status
Admitted patient care	100%	99.8%	Green
Outpatient care	100%	99.7%	Green
Accident and Emergency care	100%	99.7%	Green

11. Information Governance Toolkit attainment levels

The Information Governance Assessment Report score overall for 2010/11 was 67% and was graded red. This is for NHS Gloucestershire as a whole rather than just Gloucestershire Care Services.

The Level 2 compliance has been met in 62 of the 64 requirements with Level 2 attainment achieved in all 22 key requirements ensuring the Statement of Internal Control can be signed off for the year. An action plan is currently being developed to address the remaining two requirements. Progress is monitored by the Information Governance Steering Group which feeds into the Integrated Governance Committee.

12. Clinical Coding Error Rate

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

13. Priorities for Improvement 2010/11

Throughout the reporting period 2010/11 Gloucestershire Care Services had a strong focus on quality improvements and agreed priorities with the commissioners of our services. This section of the Quality Account outlines our achievements against those quality goals.

- 13.1 Reduction of avoidable deaths, disability and chronic ill health from venous thromboembolism (VTE) focusing on the application of guidance issued by the National Institute for Clinical Excellence (NICE) within our hospitals. This work, focussed on patient safety, involved the introduction of risk assessment for patients admitted to our sites and by the end of March 2011 we could

evidence that 94.8% of those patients had received a risk assessment. This work will continue throughout 2011/12 and will be monitored to ensure we maintain or improve on the area of risk assessment and focus on evidencing appropriate prescribing of prophylaxis where a risk is identified.

13.2 Responsiveness to the personal needs of patients as evidenced through composite responses from service users from five questions within our inpatient survey. Each question described a different element of the overall theme and asked patients to describe if they felt:

- Involved in decisions about treatment and care
- Staff were available to talk to them about worries and concerns
- Privacy was ensured when discussing treatment or condition
- Informed about their medication and potential side effects
- Informed about who to contact if worried about their condition after leaving hospital

Inpatients in all our community hospitals responded to the 2010 survey and we used the 2009 survey information as a baseline. The results in 2010 showed not only an increase in the number of responses but a general increase in satisfaction reported by patients.

13.3 Improvement in the quality of documentation and record keeping completed by clinicians working in the Minor Injury Units (MIUs). To achieve our quality improvement aims we have introduced a new recording keeping system in all our MIUs. This system (MSS) has now been installed and a full programme of education for all staff using the system has been completed. An audit of records was undertaken prior to the implementation and a further audit, following implementation, evidenced real improvement in the records. This was particularly notable in the area of recording of the information given to patients to advise on actions should they have further concerns.

13.4 Engagement with Gloucestershire Primary Care Dementia Pathway (2010) to support the development of care provided to those with a diagnosis of dementia. This has included the role out of an extensive staff training programme.

13.5 Case Management of patients with long-term conditions by community nurses delivering effective care planning to support the reduction of avoidable acute hospital admissions.

13.6 Improvement in the quality of care for patients with a stroke and receiving care from the Gloucestershire Stroke Co-ordination service and Community Hospitals – the approach to this work, which will inform further developmental work through 2011/12, was to address education and training needs and review care planning for patients with a stroke. We launched the STAR e-learning training package which provided accessible information and learning to a large group of staff. In addition we also ran a one day conference and invited outside speakers, which was very well evaluated by delegates.

In parallel to the educational programmes we also undertook an evaluation of record keeping and from this developed an action plan to develop our multi disciplinary approach to goal planning. Our audit evidences that over 92% of

our multi disciplinary teams met at least weekly to review care plans. Work in 2011/12 will focus on improving our goals planning and looking at how best to provide this information to patients, their families and carers.

- 13.7 Gain a better understanding of perceptions of service quality and user experience from children, young people and their families. This objective was considered from two aspects, firstly the seeking of views from children, young people and their carers and secondly to review all complaints, concerns, compliments and comments and consider service improvement from this feedback.

Concerns were raised by head teachers, GPs and parents that the weight conversion on the standard childhood weights and measurement programme letter were inaccurate and causing children to be incorrectly classified as obese. This template letter was removed from use and the Department of Health informed of the concerns. Locally we developed a template letter for use which parents and carers contributed to and this is now in use within the service.

14. Priorities for Improvement throughout the period 2011/12

This section of the report outlines Gloucestershire Care Services priorities for quality improvements that will be our focus throughout 2011/12.

For our first Quality Account we considered how we would establish our quality priorities for the coming year. A long list was drawn up which took into account user feedback, information from our performance scorecard and best practice guidance. This list was used to consult on and informed extensive discussions with clinicians, our Commissioners and was shared with LINK and HOSC to develop a shortlist.

Consideration to the key components of quality, which are safety, effectiveness and experience, were considered when agreeing our quality improvement plans as well as links to Care Quality Commission outcomes.

This shortlist was then taken to Gloucestershire Care Services Board where there was wide consensus that all items had equal priority and benefit and therefore all should be progressed.

Delivery strategies and action plans are being developed that will support the monitoring and reporting of progress at all levels from clinical service to Board.

14.1 Introduction of the Early Warning Trigger Tool for inpatient areas *(CQC outcome 4: Care and welfare of people who use services)*

Use of the Early Warning Trigger Tool (EWTT) will enable the early identification of the potential risk of deteriorating standards in the quality of care delivered by a ward team and enabling preventative action.

The tool is based on the principles of other early warning systems that have been developed to identify and act to prevent physiological deterioration of individual patients. The indicators measured are weighed and scored and together describe the conditions necessary for a well

functioning ward team. An overall score of more than 12 indicates that remedial action needs to be taken to prevent the potential impact on the quality of care provided within that area, enabling action to be taken before things go wrong.

The tool is informed by learning from recent failings in care reported at a national level and has been tested across a number of care environments in the acute care sector. We are fortunate to have been selected to trial this tool in a community setting.

14.2 Reduction in incidence of pressure ulcers (CQC outcome 4: Care and welfare of people who use services)

The focus of this work throughout 2011/12 will aim to reduce the incidence of acquired, preventable pressure ulcers across our services. The Patient Safety Improvement Programme has set ambitious reduction targets over three years of an 80% reduction in hospital settings and 30% in the community. Gloucestershire Care Services now has two years data on the incidence and prevalence of pressure ulcers described by grade (severity) which will be used to benchmark improvements as a result of the following workstreams:-

- Risk identification
- Risk assessment using a research based tool (Braden)
- Reliable implementation of the SKIN bundle
- Identification of grading pressure ulcers
- Education

The S.K.I.N. bundle will be used to ensure that all components are addressed according to need to ensure reduction of risk and management of pressure ulcers:

S	=	S urface - mattress, bed, cushion, inspect skin
K	=	K eeP moving - regular re-positioning
I	=	I ncontinence - attention to areas of increasing moisture/dryness
N	=	N utrition, regularly offer fluids / check dietary intake, fill jug

It is anticipated that in focusing on risk identification, assessment and increased reporting we will show an initial increase in the reported number of ulcers at grade 1 and 2. This will have a positive impact on this work as the earlier identification of risk means that greater effort is placed on prevention and reduction of more severe grades of ulcer.

14.3 Reduction in catheter associated urinary tract infections (CQC outcome 4: Care and welfare of people who use services)

As part of an overall patient safety programme we will be aiming to reduce the incidence of catheter associated urinary tract infections by 50% over the next three years. This will be achieved in a staged approach and linked to individual care planning. The work will include:

- Revision of the catheterisation policy and care pathways

- Documentation and clinical processes that include the rationale for catheter insertion, aiming to reduce the number of urinary catheters used and, where used, a reduction in the length of time a urinary catheter is in situ.

14.4 Recognition of the deteriorating patient

(CQC outcome 4: Care and welfare of people who use services & outcome 21: Records)

Early warning physical observation tools for inpatients have traditionally been developed for use in the acute care setting. While in Gloucestershire Care Services we aim to increase our direct admissions to our community hospitals, we need to ensure appropriate assessment is in place that enables early awareness of the potential of a patient's condition to change, allowing clinical support for the management of the patient to be sought in a timely manner.

Evidence from our local audits show that the work undertaken to date has reduced the incidence, which indicates that developing this method of identifying observations outside of normal parameters will improve clinical outcomes.

14.5 Development of an 'in house' safeguarding education programme covering aspects of awareness of adults and children at risk

(CQC outcome 7: Safeguarding people who use services from abuse)

Within Gloucestershire Care Services we have recognised a need to consolidate the basic training relating to safeguarding of both adults and children. This will ensure that the training is both effective and efficient, targeting the right grades and levels of staff dependent on service need. This will compliment the enhanced level training provided at a multi agency level and delivered for key staff across the county.

- To ensure staff have access to training that is pertinent to the role they undertake within Care Services
- Providing Adult and Child Safeguarding plus Mental Capacity and Deprivation of Liberty awareness at induction
- Development of an 'in house' education programme for health care staff that will demonstrate an increase in the number of multi professional staff accessing this learning
- Demonstrate an initial increase in Safeguarding referrals as staff awareness increases, followed by consistent numbers of appropriate referrals

14.6 Introduction and implementation of the nutrition and fluid management hydration tool kit

(CQC outcome 5: Meeting nutritional needs)

Staff employed within clinical services need to ensure that all patients or service users have due consideration given to their nutrition and hydration needs at all times, whether they are in an inpatient environment or at home. This quality initiative will focus on:-

- The introduction of a combined Nutrition Risk Assessment, Care and Treatment plan. The document includes nationally recognised tools such as the Malnutrition Universal Screening Tool (MUST), and clear referral pathways for specialist input such as dietetics and speech and language therapy. The assessment will be completed on admission and then a minimum of weekly for inpatient areas and will form part of the second level assessment in adult community settings
- Roll out of meal mate scheme throughout 2011 in inpatient areas. This is a volunteer scheme enabling patients who need help with cutting up food or encouraging to have dedicated support at mealtimes
- Ongoing use of protected mealtimes and red tray alert for patients identified at risk on assessment
- Clear direction on the level of assessment and investigation required on admission regarding weight, condition of skin and mouth, routine blood screen and urinalysis
- Education and guidance on the daily management of patients identified as at risk of not maintaining appropriate hydration, including referral pathways
- Development of a patient and carer leaflet describing how they can help keep hydrated
- Research into a more suitable water jug for use in hospital (current model unstable and difficult for patients to use unaided). This also links to work with dementia patients and increasing their independence in hospital

14.7 Review of the initial assessment for patients using Minor Injury Units
(CQC Outcome 4: Care and welfare of people who use services. Outcome 21: Records)

With the objective of improving clinical outcome and reducing risk by ensuring prompt and comprehensive assessment within the Minor Injury Unit ensuring:

- Adults and children attending our Minor Injury Units have a base line recording of observations
- Adult patients attending the Minor Injury Units will have a completed risk assessment that will include falls assessment and appropriate referral
- Patients attending the Minor Injury Units will have a pain score recorded and appropriate pain management
- A graded response strategy for patients identified as being at risk of clinical deterioration will be developed
- A minimum requirement will be set for accepted intervals for observations to be recorded and documented within the patient record and reviewed according to clinical need

14.8 Development of a clinical quality dashboard
(CQC Outcome 16: Assessing and monitoring the quality of service provision)
A clinical quality dashboard will be developed in order to monitor and report progress on our quality improvements. This will enable reporting and

information to be available throughout the organisation from clinical team to board level.

14.9 Commissioning for Quality 2011/12

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 being developed are:-

- 1) Prevention and reduction of VTE in line with the NICE guidance, this further develops the work commenced in 2010/11 focussed on patient safety
- 2) Responding to patient needs and listening to feedback by further developing our inpatient survey
- 3) Increasing the rates of breastfeeding of babies at 6 – 8 weeks of age in specified geographical areas
- 4) Improving the care for those with a diagnosis of Dementia through the use of cognitive assessments and introduction of the Living Well handbook
- 5) Case management of those with long term conditions
- 6) Expansion of the use of technology (Telehealth) to support patients at home
- 7) Goal centred care planning with patients with our Children's Occupational Therapy Service and Adult Musculoskeletal Physiotherapy

PART 3

15. Our Staff

- 15.1 One of our key objectives throughout the year has been to develop a culture within the organisation where a high quality work force feels recognised and valued for their contribution and feels supported through training and supervision. In addition we wish to ensure that any poor performance is identified and supported or managed appropriately.

The Human Resources (HR) Team have worked closely with staff and managers on a variety of initiatives which have included the provision of monthly workforce dashboards, the development of a management toolkit, and training for middle managers on how to conduct investigations. In addition the HR team successfully led an application for the Investors in People Award.

We have had an increased focus on Workforce remodelling and national tools are now used to support clinical services to redesign their workforce profile using a competency based approach.

- 15.2 NHS Gloucestershire participated in the 2010 NHS staff survey which was focused for the third year around the four pledges to staff within the NHS Constitution. The survey, which includes both commissioning and provider arms of the organisation, included a random sample of staff from within Care Services. Results show us:

- the organisation is within the top 20% in the country for staff stating that hand washing materials are always available
- 86% of staff reported receiving health and safety training in 2010 against a national average of 78%
- 72% of staff said they felt satisfied with the quality of work and patient care they are able to give which is slightly below last year's figure of 74%
- 81% of staff reported feeling valued by colleagues against a national average of 80%
- 59% of staff have received equality and diversity training against a national average of 48%
- 82% of staff said they had received an appraisal in 2010, an increase from last year of 12%. The national average figure is 79%
- 94% of staff believed the organisation provides equal opportunities for career progression or promotion

- 15.3 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.

- 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. To achieve our ambition of becoming an employer of choice, we must learn from this feedback and will be working with staff to understand.

15.4 Through the year we have had some real success stories from our staff and services. These include:-

- ★ Our first British Lung Foundation Nurse
- ★ Our lead Tissue Viability Nurse – the only speaker from England at the International World Care Conference in South Africa
- ★ Two poster presentations from Gloucestershire Care Services accepted at the same conference
- ★ National recognition for our District Nursing Resource Allocation Model
- ★ Community Hospitals Association (CHA) Innovation Award presented to Berkeley Hospital Staff for their work on reducing handover time and in doing so releasing time to care
- ★ The Community Hospital Association Innovations Award to Tewkesbury Hospital for their volunteer scheme. This ‘sharing and caring’ project was also acknowledged as the overall award winner
- ★ Staff awarded the title Queen’s Nurse

16. Incident Reporting 2010 / 2011

Gloucestershire Care Services are consistently in the top quartile of all PCTs who provide inpatient care and who report to the National Reporting & Learning System (NRLS). 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. All our incidents are graded as to the actual level of harm sustained. Consistently the level of serious harm sustained as a result of an incident is approximately 1% of our total number of incidents reported.

Gloucestershire Care Services record all reported incidents and near misses using the Datix database. This information is analysed on a quarterly basis when it is reported to the Clinical Governance Committee and learning shared.

INCIDENTS	Q1	Q2	Q3	Q4
Non Patient Safety	611	421	444	533
Patient Safety	828	872	796	757
TOTALS	1439	1293	1240	1290

Incident Types for the last Four Quarters	Q1	Q2	Q3	Q4
Clinical incident	476	373	309	393
Communication	130	100	105	111
Records, Information, Confidentiality	69	57	66	54
Discharge, transfer, appointment	108	100	93	106
Estates, staffing, infrastructure	56	74	79	58
Fire incident	9	21	9	8
Personal Accident	444	445	440	427
Security incident	46	46	38	67
Violence, Abuse or Harassment	64	59	80	51
Vehicle incident	14	9	11	7
Waste Environmental Incident	23	9	10	8
TOTALS	1439	1293	1240	1290

Gloucestershire Care Service's analysis of incident types mirrors the national picture as reported by the NPSA. The category 'personal accident' includes 'slips, trips and falls' which are the organisation's highest number of reported incidents. This is not unexpected due to the patient group and nature of the care delivered and as with all incidents, level of harm is closely monitored.

16.1 Listening to those who use our Services

4Cs	Q1	Q2	Q3	Q4
Compliments	1268	751	850	761
Comments	49	41	35	35
Concerns	77	74	83	89
Complaints	15	15	17	21

The feedback we receive from those that use our services, their families and carers, evidence that theirs' is generally 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:-

"I was treated with respect, the therapist listened with interest it seemed and did her best to help; I was very impressed."

"I found that the staff were very pleasant and reassuring and quickly explained everything that I had worried about."

"Everyone at the Centre was most helpful, caring and most of all in my mind, extremely patient."

"She showed a professional attitude to my condition and problems, but with a sense of humour and a genuine friendliness. Used time efficiently."

"The doctor we saw that day was very knowledgeable and reassuring."

"Clear explanations, thorough, second opinion obtained, reassured/confidence with explanations and decisions."

- We have received feedback with regards to waiting times, not being able to make suitable appointments or getting through to the right people at the right time on the telephone. This information has enabled us to make some improvements with an aim to enhancing the patient experience
- The development of new service user information for the Out of Hours Services including information on pharmacy opening hours to improve communication and information available to patients and carers
- Development of comprehensive information to be given to all patients on admission to hospital detailing what they may expect during their inpatient stay
- Education and awareness training for staff regarding the importance of maintaining high quality records of patient care. This has included an audit of health records to assess compliance with Professional Standards and Care Services Policy
- Building on the learning from the clinical record keeping audits, incidents and complaints a working group has reviewed all the documentation used by nursing staff in inpatient areas. Outcomes have included linking risk assessments to care plans, and identification of a core record set required for all patients, designed to improve the quality of the written record, and facilitate communication with health and social care staff, patients and their families. The work supports other projects such as Essence of Care and the Productive Community Hospital
- The development of a staff training programme that focuses on excellent customer care
- Systems have been developed to ensure patients are informed and updated about waiting times to see the Doctor

17. Performance levels achieved within our Adult services in 2010/11

CRITERIA	TARGET	ACTUAL
Out of Hours		
GWAS calls answered within 60 seconds	95%	94%
Mobile Doctors response times	95%	96%
Adult Community Services - % treated within 8 weeks		
Adult speech and language	95%	96%
Podiatry treated	95%	95%
Adult physiotherapy treated	95%	99%
Adult occupational therapy	95%	98%
Specialist Nurses - % treated within 8 weeks		
Parkinson's nurse	95%	100%
Diabetes Nurses	95%	98%
Bone health service	95%	96%
Musculoskeletal service	95%	83%
CRITERIA	TARGET	ACTUAL
Cancelled operations for non clinical reasons not offered a binding date within 28 days		
Cancelled operations	0	0
Minor Injury Units		
% seen waiting < 4 hours	98%	99.80%
% seen waiting < 2 hours	98.55	95%
Bed Occupancy – all community hospital medical beds		
Occupancy	90%	93.4%

18. Performance levels achieved within our Children's services 2010/11

CRITERIA	Target	Actual
Community Services - % treated within 8 weeks		
Paediatric speech and language	95%	97%
Paediatric physiotherapy	95%	99%
Paediatric occupational therapy	95%	99%
Maternity		
% seen by midwife by 12 weeks and 6 days of pregnancy	90%	94.8%
Proportion of home births	no target	31.3%
Breastfeeding		
Prevalence at 6 – 8 weeks	50%	49%

19. Our Premises

- 19.1 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 99% 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 renewed 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.”

2010 / 2011	Target	Actual	Pts affected
Number of same sex breaches	0	1	6

19.2 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 is rated as good.

19.3 PEAT Scores 2010

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

19.4 Sustainability

Gloucestershire Care Services is committed to deliver Sustainable Health Care Services and recognises the link between the health and well being of people to the health of the environment. We will continue to work with NHS Gloucestershire in relation to the Sustainable Development strategy and develop our organisation statement and policy during 2011/2012.

20. Infection Prevention and Control 2010/11

	Target	Actual
Number of C. diff infections	<32	24
Number of MRSA infections	0	0
Hand hygiene	90%	95%

20.1 There have been 24 cases of Clostridium difficile (C.diff) infection reported within our Community Hospitals. For each new case that is diagnosed a rapid root cause analysis is undertaken to examine the case history to the point of diagnosis. This enables ongoing work with clinical and care teams to further reduce the risk of infection.

20.2 Polymerase Chain Reaction (PCR)

This is a technique in molecular biology to amplify a single or few copies of a piece of DNA across several orders of magnitude, generally thousands to millions of copies of a particular DNA sequence so identifying an organism and providing a diagnosis. Gloucester Care Services has identified funding in order to use PCR testing which will improve early detection and accurate diagnosis of C.diff as well as other infections. This is welcomed as a major improvement in diagnosis and supporting the correct and timely treatment of patients.

21 Medicines Management

21.1 In June 2010 we created and appointed to the role of Lead Pharmacist, the post holder to be responsible for the delivery of high quality and cost effective pharmaceutical, prescribing and medicines management across Gloucestershire Care Services.

21.2 A Medicines Management and Prescribing Group has been established to provide an overarching approach to prescribing and medicines management across the organisation. This group reports formally to Gloucestershire Care Services' Clinical Governance Group, with matters relating to medicines management being standing agenda items on all local governance groups.

21.3 Within our community hospitals the team of clinical pharmacists work as part of the multidisciplinary team to ensure prescribed medicines are clinically appropriate and cost effective for users of our service. They facilitate a number of medicines management audits as part of the community hospital clinical audit program. These include:-

- Audit of adherence to the community hospital antibiotic guidance. An initial audit was carried out in May 2010 with an action plan agreed following the audit outcomes. A follow up audit was carried out in February 2011 and annual re audits are schedule into our local programme supported by the Primary Care Clinical Audit Group
- Recording of allergy status on medication charts. A full medication chart audit was carried out in April 2010 and from this we developed an audit to look at the recording of patients' allergy status on their medication chart which was carried out in October 2011. The results of this audit have

been shared widely across the organisation as part of the supporting action plan and annual re audits are scheduled to be carried out

Medicines management audits are also carried out within unscheduled care, HMP Gloucester and across Community Nursing services. The programme of audit is constantly reviewed to ensure we encompass all areas and the reports support development of evidence to meet our regulation requirements.

- 22.4 Gloucestershire Care Services have joined the NHS South West Quality and Patient Safety Improvement Programme. The medicines management topic within this programme is concerned with medicines reconciliation and our lead pharmacist is now implementing medicines reconciliation on admission across all our community hospitals with the support of the clinical pharmacist working with the multidisciplinary teams.
- 22.5 Key to ensuring safe and effective medicines management is the support given to staff involved in this process. A medicines management training workbook has been written and is currently being ratified for use by all staff involved in the medicines management process. This is supported by organisational policies and in particular by POPAM (Policy for Ordering, Prescribing and Administering Medicines) which is regularly reviewed and updated.
- 22.6 We require all staff to report any incidents or near misses and the lead pharmacist is notified of any such events involving medicines and will review trends or themes to inform learning or identify where staff development may be required. All incidents relating to Controlled Drugs are reviewed and quarterly declaration to the PCT Accountable Officer for Controlled Drugs is made. There are robust procedures in place for management of Controlled Drugs (CD) across the organisation supported by POPAM and local operating procedures in line with Controlled Drug legislation.
- 22.7 Procedures are in place for the review and appropriate action relating to any National Patient Safety Agency or similar alerts which relate to medicines. These are led by the Lead Pharmacist and actioned through the appropriate governance group.
- 22.8 The systems in place for management of medicines across Care Services contribute to increasing quality and improve patient safety across the organisation.



Gloucestershire Health, Community & Care Overview and Scrutiny Committee
Comments on the Gloucestershire Care Services
Quality Account 2010/11

The Health, Community & Care Overview and Scrutiny Committee is grateful to Gloucestershire Care Services for giving Elected Members the opportunity to comment on its first Quality Account.

I believe that this report provides a fair representation of quality within the organisation. It is helpful to have a description of services and values at the beginning of the Quality Account, as knowing 'who provides what and how' can often be confusing to patients and stakeholders. The account is also a useful tool in comparing quality across the Gloucestershire health community.

Committee members are pleased to note that patients were generally satisfied with the services they received from Gloucestershire Care Services. It is encouraging that Gloucestershire Care Services have made a commitment to develop and improve services to achieve excellence in health. As part of the theme of patient experience seen across the entire health community in Gloucestershire in the last year, this will involve a commitment to partnership working and we encourage the organisation to embed this into everything it does.

The committee congratulates Gloucestershire Care Services on the results of the Care Quality Commission reviews and inspections last year and hopes that these standards will be maintained in the future. We support the priorities for improvement in 2011/12 and consider that the issues of particular interest to us as Elected Members have been included. We look forward to seeing the outcomes of work on these priorities in next year's Quality Account. Areas of particular interest include the introduction of the Early Warning Trigger Tool, further reduction in Patient Safety incidents and the work of the Patient Environment Action Team. We received a brief report about PEAT scores in 2010 and would like to see similarly excellent scores in 2011.

The committee looks forward to contributing to the quality improvement priorities through its role as 'critical friend' and by supporting stakeholder engagement where it can.

*Cllr Gordon Shurmer
Chairman*



**Gloucestershire Local Involvement Network (LINK) Comments on the
NHS Gloucestershire Care Services Quality Account 2011**

Gloucestershire LINK welcomes the opportunity to comment on NHS Gloucestershire Care Services first 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 a number of issues and also participated as patient representatives in the Patient Environment Action Team (PEAT) visits to community hospitals.

The language used in parts of the document is not easily understood by members of the public. NHS speak such as 'Cornwall predictive tool' without an explanation is difficult to interpret,

General Comments

Part 1

This section would be improved if it also had an indication of what was in the rest of the document. The toolkit seems to suggest that Part 2 should be in one complete section rather than divided into two.

Part 2

This section is supposed to look both forward as well as backward. The statements about the future are not very positive and could do with some strengthening.

Specific comments

Part 2, section 13 & 14 Priorities for Improvement would be better if placed after section 4.

In section 5 an explanation of why 17% of cases were not submitted to the National Audit of Falls and Bone Health in Older People would have been useful.

Section 7 The absence of the figure actually achieved through the CQUIN framework makes it difficult to comment on any outcomes.

Section 8 Details of the action plan and timescale following the CQC visit would be helpful.

We would like to make a similar comment about the safeguarding issue raised by the joint CQC and Ofsted inspection.

Section 9 As this section is written, it could be interpreted that there is no consistent data collection at present

Barbara Marshall
Chair of Gloucestershire LINK

Statement for Quality Account
NHS Gloucestershire Care Services 2010/11

NHS Gloucestershire (NHSG) has taken the opportunity to review this first Quality Account 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 bimonthly, with representation from senior clinicians and managers from both GCS and NHSG to review, monitor and provide assurance in relation to quality of care. This work has been valuable.

Through the quality framework for 2010/11 GCS have been seen to improve the safety, effectiveness and patient experience of their services across a wide range of specialties, 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 2011/12 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: 08/06/2011

Amendments and additions to the document following feedback from our Partners

This Quality Account has been shared with our partners. Responses from those who have made formal written responses are included in this section of the report.

Gloucestershire Care Services acknowledged the support of our partners in developing this document.

We have made the following amendments / additions to this document as a result of this feedback:

- Addition of a section on the management of medicines
- Expansion of the section of the document that refers to the 2010/11 quality developments
- Detail of the Cornwall predictive tool
- Further detail included as the CQUIN schemes for 2011/12 have developed
- Expansion of the section about user feedback

GLOSSARY OF TERMS

CQC	-	Care Quality Commission – the CQC regulate 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
GWAS	-	Great Western Ambulance Service
HOSC	-	Health Overview and Scrutiny Committee
LINK	-	Local improvement Networks
MUST	-	Malnutrition Universal Screening Tool
NHS	-	National Health Service
NPSA	-	National Patient Safety Agency. This NHS organisation works by helping to support and improve patient safety
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
SHA	-	Strategic Health Authority
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

HOW TO CONTACT US

If you have any questions or comments about the content of this report, please write to:-

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If you have any comments, concerns, complaints or compliments about the services we provide, your feedback is always welcomed by:

- ✓ Speaking directly to a member of our staff
- ✓ Contacting the Patient Advice & Liaison Services (PALS) on: 0800 151 1508
- ✓ Writing to the Service Manager

