



Trust Board

Date of Meeting: 6th June 2019

Report Title: Quality Account

Agenda reference Number	12.1
Reason for Being Heard in Confidential Session	N/A
Accountable Executive Director (AED)	Susan Field – Director of Nursing
Presenter (if not AED)	
Author(s)	Susan Field – Director of Nursing
Board action required	To Note, Receive and Support
Previously considered by	Quality and Performance Committee, 25 th April 2019; Executive Team, May 2019
Appendices	Appendix 1 – Quality Account

Executive Summary:

Quality Accounts are published annually by NHS Trusts and is one of the mechanisms to report on quality and to demonstrate improvements in services the Trust delivers to local communities and stakeholders.

There is a national requirement to publish the annual Quality Accounts by 30th June 2019. In addition to this there is also a requirement to seek formal stakeholder feedback, namely about the Trusts Quality Account, to Gloucestershire Clinical Commissioning Group (GCCG), Heath and Care Overview and Scrutiny Committee (HCOSC) and Healthwatch Gloucestershire. Please note that the HCOSC response is provisional due to annual leave of the Chair.

This 2018-19 Quality Account meets national requirements outlined during January 2019 by NHS Improvement.

Recommendations:

The Trust Board is asked:

- **Note** and **Receive** the 2018-19 Quality Account
- **Support** its formal publication on the NHS Choices website by no later than 30th June 2019.

Related Trust Objectives	
Risk Implications	Risk issues are clearly identified within the report
Quality/Equality Impact Assessment (QEIA) Requirements/Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Caring

Open

Responsible

Effective



Gloucestershire
Care Services
NHS Trust

Quality Account 2018-19



Understanding You

Gloucestershire Care Services NHS Trust
Quality Account 2018-19

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

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Introduction

Welcome from the Chair and Chief Executive

We are delighted to welcome you to our Quality Account for 2018-19, which has been a year of great progress and exciting change.

We hope you find it both an interesting and informative summary of what we have achieved to improve safety, clinical effectiveness and the experiences for those people who use our services.



The Quality Account is one of the ways that we share with people the quality of services and care that are provided by Gloucestershire Care Services NHS Trust. Regular updates are available in the Trust's Board Papers (available online) and this year we have introduced displays in all our community hospitals and minor injury and illness units which provide regularly updated performance information.

This Quality Account provides us with the opportunity to confirm our commitment to progressing with evidence-based quality improvements and emerging innovations. It also allows us to detail how we continue to deliver safe clinical care with high levels of dignity and respect. 2018-19 has been an incredibly busy year and we reflect on how hard colleagues have worked to provide care and treatments that are safe, compassionate and responsive. We and our Trust Board colleagues recognise and appreciate the dedication of everybody within the Trust as we develop services and manage increasing demands.

We would also like to highlight our shared ambition with 2gether NHS Foundation Trust to create an outstanding integrated, physical, mental health and learning disability offer. We believe that the coming together of our two organisations presents the best way of removing any barriers to change so that we can transform the way we improve that physical health of those Gloucestershire people with mental health needs or learning disability needs, as well as the mental health of people with physical health problems. To this end it is our aim to be a single NHS Trust from 1st October 2019.

On behalf of the Trust Board we are confident that the information contained in this 2018-19 Quality Account represents what we have achieved over the past year and our commitment to continuous quality improvement. We hope that after reading this report that you will be assured that we have continued to make progress with our quality activities and that we will continue to do this during 2019-20.

Ingrid Barker
Chair

Paul Roberts
Chief Executive Officer

Introduction

Trust overview: Vision, Values and Strategic Objectives

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

Our Trust's Vision

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

Our Trust's Values and Behaviours

Caring

- 1 Acting in the best interests of service users
- 2 Respecting and valuing others

Open

- 3 Open in our communication
- 4 Connecting with others & working across boundaries

Responsible

- 5 Owning our actions
- 6 Professional in attitude

Effective

- 7 Ensuring the best outcomes
- 8 Realising your full potential

Trust Strategic objectives

The Trust's strategic objectives describe the principle aims that the organisation aspires to:

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

Introduction

Trust overview: Vision, Values and Strategic Objectives



The Trust employs approximately 2,700 colleagues who are working in teams to deliver and support the delivery of care. During 2018-19 the Trust had nearly 1.2 million contacts with patients – which equates to an average of over 3,200 people every day.

Our Community Nursing and Overnight Nursing teams had the largest number of patient contacts in 2018-19, totaling **354,693** throughout the year. This equates to 6,821 patients per week.

Introduction

Trust overview: Highlights of 2018-19

April 2018



We were delighted to announce that we had been rated 'Good' by the Care Quality Commission, which also acknowledged areas of outstanding practice.

June 2018



Colleagues from Macmillan Next Steps Cancer Rehabilitation met James Cracknell to showcase how the service supports people affected by breast, prostate and colorectal cancers.

August 2018



Cirencester Hospital League of Friends' generosity led to the installation of state-of-the-art endoscopy equipment in the theatre.

October 2018



We hosted National Guardian for the NHS Henrietta Hughes at the start of Freedom to Speak Up Month, which raised awareness across the Trust.

December 2018



Cosmo the Alapaca brought some festive cheer to patients at Tewkesbury Community Hospital.

February 2019



The opening of the new Stroke Rehabilitation Unit at Vale Community Hospital offered a dedicated community stroke rehabilitation service in the county for the first time.

May 2018

The Trust hosted HRH The Duchess of Cornwall at our Sexual Assault Referral Centre in Gloucester.



July 2018

Hospital wards took part in the national End PJ Paralysis campaign which lasted 70 days throughout the summer.



September 2018

The Trust was part of the relaunch of the multi-agency safeguarding hub (MASH), with co-located services stream-lining referrals and processes.



November 2018

Red dots ran riot across the Trust as teams used them to raise awareness of pressure ulcers during national Stop the Pressure Day.



January 2019

New displays showing performance data were installed in each ward and Minor Injury and Illness Unit across the Trust.



March 2019

Rob Booth, Self-Management Apprentice Administrator, was shortlisted in the Gloucestershire Apprenticeship Awards, Outstanding Apprentice of the Year category.



Review of 2018-19 Quality Priorities

Introduction

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

In part two of our Quality Account we set out our progress against the seven quality priorities identified for focused work during 2018–19.

Priority One	Falls Prevention and Management
Priority Two	Health and Well-being of Colleagues
Priority Three	End of Life Care
Priority Four	Nutrition and Hydration
Priority Five	Preventing Pressure Ulcers
Priority Six	Medication Errors
Priority Seven	Deteriorating Patient (Sepsis)

Quality has continued to run as the ‘golden thread’ throughout our plans to deliver care to patients.

As in previous years our priorities were agreed in the context of risks and quality improvement opportunities being identified.

All of our priorities have been well-led over the past 12 months and we are pleased that we’ve been able to evidence demonstrable improvements in our care, our processes, our education, our learning and patient, family and carer experiences.

Our 2018-19 Quality Priorities have again been underpinned by our Trust Vision, Values and Strategic Objectives. The following pages describe our progress with these.

Review of 2018-19 Quality Priorities

Quality Priority 1: Falls Prevention and Management

What did we intend to do?

Our aim was to continue focusing on preventing and managing falls particularly in areas where falls cause harm.

Why were we doing this?

Learning from our falls activities has been important to us. We wanted to make sure that:

- We expanded our education and training programme:
- We participated in national audit programmes
- We participated in the national #endPJparalysis programme
- We adopted a positive risk taking approach
- We consistently adopt a safety huddle approach
- We ensure that the highest quality of record keeping was maintained

How did we do?

The Trust has:

- A well-established Falls Quality Improvement Group
- Trained over 60% of our colleagues on the correct and consistent techniques for taking lying and standing blood pressure readings
- Participated in the national #endPJparalysis programme, which highlighted positive outcomes for patients including supporting our positive risk taking approaches
- Fully implemented safety huddles across all our community hospitals. These are:
 - Cirencester Hospital
 - Dilke Memorial Hospital
 - Lydney Hospital
 - North Cotswold Hospital
 - Stroud General Hospital
 - Tewkesbury Community Hospital
 - Vale Community Hospital
- Introduced patient and carer information leaflets on falls

The Trust is now planning to:

- Continue providing education and training on falls
- Embed the actions that we have progressed during 2018-19, especially with regards to safety huddles, use of technologies, positive risk taking and ensuring that preventing falls is "everyone's business"

Review of 2018-19 Quality Priorities

Quality Priority 2: Health and Wellbeing of Colleagues

What did we intend to do?

Our aim was to reduce colleague sickness absence and to continue our work that relates to health and well-being. We also had an ambition to achieve the national 75% uptake rate from the colleagues having their flu vaccinations.

Why were we doing this?

The wide body of evidence clearly demonstrates that having healthy and satisfied staff has a correlation with improved patient outcomes and improved care. In addition to this we wanted to respond to some of the key indications that emerged from our 2017 NHS Staff Survey and particularly with regards to supporting colleagues in both the recognition and management of stress, increasing the use by colleagues of our FastTrack Physiotherapy service and promoting the need to find time to become more physically active.

How did we do?

The Trust has:

- Established a health and well-being group that has also led the development of a stress management App in collaboration with East Anglia and Bath Spa Universities. This App was launched for testing February 2019.
- Achieved by the end of 2018 the 75% standard for colleagues having their flu vaccinations. This wouldn't have happened without our dedicated network of peer vaccinators.
- Broadened our membership of our Health and Hustle network to include One Gloucestershire partner organisations. Membership at the end of 2018-19 reached over 400 colleagues.
- Increased the use of FastTrack Physiotherapy service for colleagues from **279** in 2017-18 to **400** in 2018-19
- Our 2018 NHS Staff Survey results have indicated that our staff engagement and safety culture scores have significantly improved compared to previous years. We will continue to put more focus into the quality of our staff appraisals, which is aligned to colleagues 'feeling' that they have time to provide quality of care

Review of 2018-19 Quality Priorities

Quality Priority 3: End of Life Care

What did we intend to do?

Our ambition was to further consolidate developments in our End of Life care activities with the intention of increasing the proportion of people who are able to die in their preferred place of choice.

Why were we doing this?

We recognise that with regards to End of Life care we only have one chance to get it right. We also recognise that our quality improvement approach needed to respond to some of the recommendations made by the Care Quality Commission (CQC) following their inspection February 2018. We also wanted to do the following:

- Align our End of Life quality improvement plan with any learning outcomes from our mortality review activities
- Enhance further the education and training provided
- Participate in the National Audit of Care at End of Life (NACEL) audit for the first time
- Undertake effective End of Life care case reviews
- Develop and improve our clinical recording and use of End of Life care templates within our clinical record system (SystmOne)
- Be active participants and leaders with regards to the One Gloucestershire End of Life Care Strategy (2016-19)

How did we do?

The Trust has:

- A well-established End of Life Quality Improvement Group
- Colleagues have been participating with our first Masterclass End of Life care sessions where 125 colleagues have attended. We have also run our multi-agency End of Life care development programme with 20 colleagues enrolled from across system partners. The evaluation of this programme and service improvement projects will take place at a celebration event at the end of April 2019
- Now having the ability to evidence that our End of Life care template is being increasingly used. In May 2018 uptake was **19.4%** and by the end of March 2019 this had increased to over **55%** by Qtr. 4
- Continuously undertaken End of Life care case reviews by randomly selecting 10% of expected deaths that had occurred in our Community Hospitals
- Worked towards the implementation of the national Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) across One Gloucestershire

continues on next page

Review of 2018-19 Quality Priorities

End of Life Care (contd)

How did we do? (contd)

- Colleagues having access to the One Gloucestershire “Just in Case” boxes available with anticipatory medications that are with patients who are nearing End of Life
- Participated for the first time in the NACEL audit. Headlines from this included:
 - We were above the national average in hospital based end of life care for; looking after the needs of families and others, families and others experiences of care given and for our governance structure
 - 100% of the families that responded to the quality surveys said that they were confident that the healthcare staff looking after their relative had enough skill and experience to care for someone at the end of their life
 - 100% of the families that responded to the quality surveys said that on balance the hospital was the right place for their relative to die

Review of 2018-19 Quality Priorities

Quality Priority 4: Nutrition and Hydration

What did we intend to do?

Our ambition was to build on what we had achieved through Patient-Led Assessments of the Care Environment (PLACE) with regards to our Community Hospitals and to include a focus on nutrition and hydration across our wider community services.

Why were we doing this?

It has always been important that our clinical colleagues are able to capture and record relevant details about a patient assessment, care and treatment and with regards to nutrition and hydration we chose to improve the following:

- Plan and be ready for the new Standards for meals for those people living with Dysphagia (IDDDSI) requirements by April 2019
- Our use of the MUST assessment tool
- Participating in annual PLACE activities
- Provide educational and training to colleagues and especially those recently qualified clinicians

How did we do?

The Trust has:

- Prepared our services to be ready to implement, and therefore be compliant with the new national IDDDSI Standards. This has involved working with One Gloucestershire partners and product suppliers.
- Provided training about the importance of nutrition and hydration across the Trust although we have struggled to capture the data of how many colleagues have been trained.
- A well-established nutrition and hydration quality improvement group that is clinically and multi-profession led.
- The use of the MUST assessment tool has seen an increase during 2018-19, although we have found it challenging to retrieve this data from our clinical systems. To mitigate this risk we undertook observational audits and the outcomes from this have been encouraging and have provided assurance that improvements are being made. For example, our Integrated Community Teams were using the MUST tool for 66% of initial assessments and our hospitals have been achieving 80%. Targets for both areas include stretching ourselves to 95% by the end of 2019-20.

In light of these mixed improvement outcomes during 2018-19 we will continue to consolidate further this quality priority into a Year 2 programme of work.

Review of 2018-19 Quality Priorities

Quality Priority 5: Preventing Pressure Ulcers

What did we intend to do?

Our ambition was to continue preventing pressure ulcers, continue to respond to pressure ulcer related incidents and reduce the number of pressure ulcers reported.

Why were we doing this?

We are very aware about the importance of continuing our work to both reduce and prevent the number of pressure ulcers our patient's experience. We wanted to:

- Apply and be part of the NHS Improvement Pressure Ulcer Collaborative
- Continue our work to ensure that awareness levels about pressure ulcers continued to be high
- Review our dressings formulary
- Introduce quality dashboards across our Community Hospitals, which include reported pressure ulcers
- Continue with our training programme for colleagues

How did we do?

As a Trust we have:

- Continued to improve our safety culture and reporting of pressure ulcers
- A Pressure Ulcer Prevention Quality Improvement Group, which continues its commitment in raising awareness about preventing pressure ulcers as being everyone's business"
- Been an active participant in the national React to Red scheme
- Continued to deliver our education and training programme
- Been successful with our application to be part of the national pressure ulcer collaborative. This commenced October 2018 and already there has been further learning to be shared from this.
- Put clear reporting arrangements in place and aligning the majority of these to the national pressure ulcer recommendations published June 2018.
- Clear quality dashboards within our community hospitals and minor injuries and illness units

How did we do (contd)?

As a Trust we have seen a reduction in the number of Grade 3 and 4 pressure ulcers. During 2018-19 we reported 728 pressure ulcers, these can be broken down as:

	2017-18	2018-19
Grade 1 and 2 pressure ulcers	578	671
Grade 3 pressure ulcers	64	52
Grade 4 pressure ulcers	10	5

These improvements highlight for us two things:

- That we have continued to learn and testament to this is that during 2017-18 we reported 12 Serious Incidents Requiring Investigation (SIRI) associated with pressure ulcers. For 2018-19 the number of SIRIs for pressure ulcers was 1
- We still have significant quality improvement work to do which we will carry on into 2019-20

Review of 2018-19 Quality Priorities

Quality Priority 6: Medication Errors

What did we intend to do?

Our aim was to improve patient safety and to secure a more detailed understanding of our medication reporting arrangements so that this could inform us about how we can improve safer practice.

Why were we doing this?

As a Trust we had identified some medication risk themes with regards to insulin prescribing and administration regimes. With this risk we wanted to:

- Improve the safe administration of medication starting with insulin
- Promote more patient self-administration of medications
- Devise an educational programme to support our independent non-medical prescribers
- Raise awareness about the importance of "Right dose, Right time" and the importance that effective medicines management was everybody's business

How did we do?

The Trust has:

- Introduced a bespoke Trust insulin medication chart for our community nursing teams, which clearly distinguishes day and night dosages
- Introduced the Just in Case boxes to support End of Life care
- Commenced the implementation of a Trust medication administration and prescription form which will come into use April 2019
- Been planning to have a simulation e-learning package of education purely dedicated to the management of medicines
- Been involved in education programmes associated with End of Life medications, including a switch from diamorphine to morphine prescribing
- Increased the number of colleagues undertaking the non-medical prescribing programme University of the West of England (UWE) by 22
- Introduced bespoke Warfarin prescription checks across all our Community Hospital inpatient wards
- Produced regular medicine optimisation newsletters for our staff

Review of 2018-19 Quality Priorities

Quality Priority 7: Deteriorating Patients (Sepsis)

What did we intend to do?

Our aim was to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients, including Sepsis and other life threatening conditions.

Why were we doing this?

During 2017-18 we had a number of incidents and Serious Incidents Requiring Investigation (SIRI) associated with Sepsis and the management of the unwell patient. As a Trust we wanted to:

- Implement the National Early Warning Score (NEWS2).
- To continue our activities in providing a safe and quality focused culture.
- Develop a policy for managing patients that deteriorate quickly.
- Educate and train clinical colleagues in recognising early deterioration

How did we do?

The Trust has:

- Trained over 2,000 of our staff in the awareness and recognition of an unwell patient
- A refreshed policy for the Deteriorating Patient
- Started to see an increase in the use of NEWS2, although it has been challenging to evidence this from our electronic clinical record system
- Been using UK Sepsis Trust guidance information for carers

In light of these mixed improvement outcomes we will continue to consolidate further this quality priority into a Year 2 programme.

Spotlights on 2018-19

Introduction

Commission for Quality and Innovation (CQUIN) Framework

Our last Quality Account reflecting the year 2017-18 detailed some of our 2018-19 priorities based on the Commissioning for Quality and Innovation (CQUIN) Framework, which is designed to promote quality improvement by linking a proportion of the Trusts income to the delivery of agreed quality goals. The content of local schemes is agreed between the Trust and the Gloucestershire Clinical Commissioning Group (GCCG) and include nationally and locally defined CQUIN indicators and for 2018-19 these included:

1. Staff health and well-being

There were three elements to this CQUIN:

- i. Introduction of health and well-being initiatives
- ii. Healthy food for NHS staff, visitors and patients
- iii. Improving the uptake of flu vaccinations for frontline staff

How did we do?

From this particular CQUIN we expected a healthier, more active and more resilient workforce.

A. Health and well-being initiatives

A number of initiatives have been developed and promoted and these include:

- Promoting exercise and our Health and Hustle scheme. This has included lunchtime walks, gym discounts via our salary sacrifice scheme, after work running groups, yoga classes
- Promoting the Time to Talk service with our colleagues in the 2gether NHS Foundation Trust
- Undertaking monthly 'Pulse Check' surveys during periods of change and including our joining together of two Trusts' activities
- Supporting teams, offering team building or facilitated sessions
- Having a staff forum

However, despite this we have been unsuccessful in achieving a 5% increase in the national NHS Staff Survey in relation to the following questions as required by the CQUIN:

- Does the organisation take positive action on staff Health and Well-being?
- During the last 12 months have you felt unwell as a result of work related stress?

B. Healthy food for NHS Staff, visitors and patients

- We have updated all our vending machines supplied across all of our sites. The contents of these are regularly audited

Spotlights on 2018-19

Introduction

- Purchasing fruit and making this available to staff
- Eat well plate is promoted within our patient education and self-management programmes, i.e. our Macmillan Next Steps service

C. Improving the uptake of flu vaccinations for frontline staff

- We achieved 77% of our frontline staff being vaccinated against national standards of 75%. We will start planning further in order to achieve an 80% compliance rate for 2019-20

2. Preventing Ill Health

This involved our community hospital colleagues screening and recording patients for alcohol consumption

How did we do it?

Over 72% of people were screened whilst a patient in a community hospitals

3. Improving the Assessment of Wounds

This involved colleagues undertaking clinical audits that demonstrated improvements in the number of patients with chronic wounds having wound assessments.

How did we do?

- We continued to undertake quarterly clinical audits citing some improvements
- We adopted a clinical practice improvement approach with colleagues
- Compliance levels for wounds assessments need to continue to improve. Wound management will remain as a quality priority in 2019-20

4. Personalised Care and Support Planning

This involved our colleagues reporting on the number of care and support planning conversations that had taken place and reviewing with patients whether their knowledge and confidence levels with regards to their health had improved using Patient Activation Measures (PAMs).

How did we do?

By the end of 2018-19 the services involved with this CQUIN reported:

	Care & Supported Planning Conversation	PAMS
Community Diabetes Specialist	100%	63.6%
Macmillan Next Steps Service	100%	58.6%
Complex Care at Home Service	100%	53%
Self-Management Service	100%	79.5%

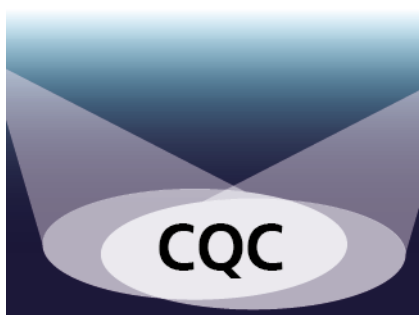
Spotlights on 2018-19

Quality Domains

This part of our Quality Account provides a 'Spotlight' on our Care Quality Commission (CQC) domains and CORE values. These are:

Care Quality Commission Domain	Trust Value
Safe	Caring
Effective	Open
Responsive	Responsible
Well-led	Effective
Caring	

Safe



As a Trust we are required to register with the Care Quality Commission (CQC) and following the CQC awarding the Trust a GOOD rating in Spring 2018 we have been working to deliver our Quality Improvement Plan, which consists of a number of 'Must do' recommendations:

Theme	Must Do
End of Life	Ensure processes are implemented that allow the Trust to monitor the effectiveness and outcomes of key end of life care indicators.
	Ensure all staff providing end of life care are suitably trained and skilled to do so.
Community Adults	Ensure all staff are up to date with all mandatory training, including all safeguarding modules.
Inpatients	Ensure nursing staff consistently follow systems to ensure that clinical equipment is regularly cleaned.

How have we done?

We have met all the 'Must Do' recommendations.

Spotlights on 2018-19

Safe



Our Safeguarding children and adult activities continue to be progressive and aligned to working with partner organisations. We published our Safeguarding Annual Reports June 2018 and remain committed to continuously auditing our activities internally, providing education and training and improving the quality of our systems. During 2018 we have identified that further improvements need to be made with regards to Mental Capacity Assessments (MCAs) and because of this will be a quality priority for 2019-20.



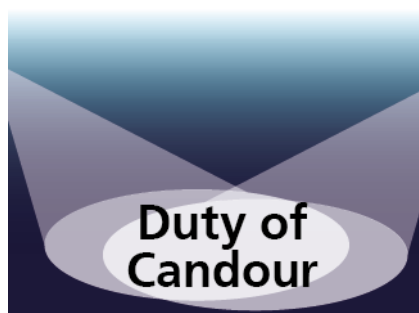
Alongside our quality improvement activities mentioned in the Review of Quality Priorities, we have continued to progress with other medicines optimisation activities, which has included identifying a new innovative pharmacy provider to work predominately with our community hospitals teams; publish our annual controlled drugs report; provide training to our clinical colleagues and; responding to NICE Quality Standards as appropriate.

Responsive



During 2018-19 the Trust reported 10 Serious Incidents Requiring Investigation (SIRIs), 3 of which were stood down at a later date. There have been **no** reported 'Never Events' (serious medical errors or adverse events that should never happen to a patient).

We continue to adopt a non-blame approach and a culture of learning and changing practice. This strategy is now beginning to show dividends, which has been reflected in our 2018 NHS Staff Survey Results.



We always consider whether or not Duty of Candour applies. During 2018-19 Duty of Candour was applied to 10 of our SIRI's and or complaints.

Between 1st April 2018 and 31st March 2019, the Trust received 42 complaints from patients and their families. This is a decrease compared to 45 complaints received 2017-18.

Spotlights on 2018-19

Responsive



These complaints were wide-ranging across our services:

Community Hospitals: 12
Urgent Care: 7
Integrated Community Teams (ICTs): 3
Countywide services: 13
Children & Young People Services: 7

45% of our complaints related to clinical concerns; 35% to communication issues; 10% related to waiting times, and 10% to attitude and behaviour.

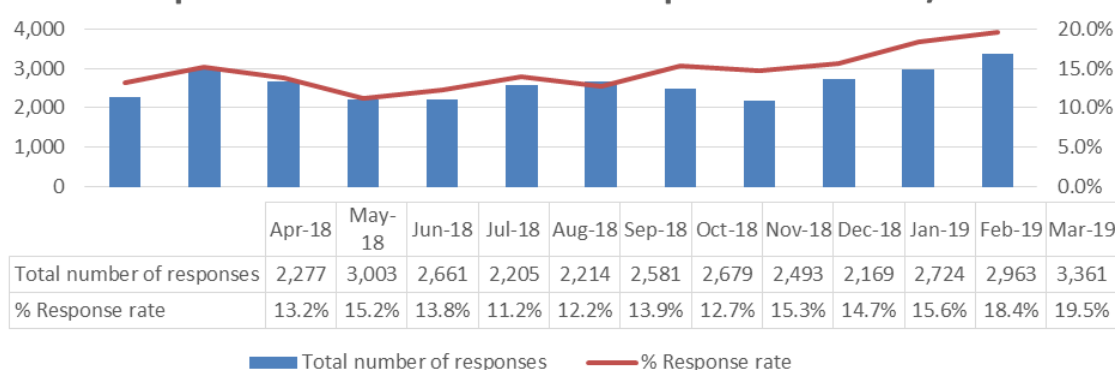
If complainants remain dissatisfied by the response from the Trust they can seek support from the Parliamentary and Health Service Ombudsman (PHSO) for review. During the last 12 months, two complaints have been referred for independent review by the PHSO and we are awaiting the outcomes of these reviews.



The Friends and Family Test (FFT) is a nationwide initiative to allow patients and their families to provide feedback about their experiences at the point of, or immediately after contact with the service. The FFT is used across all our services and helps services celebrate successes and identify areas for improvement. Results are reported monthly both locally and nationally.

During 2018-19, 92% of respondents were "extremely likely or likely to recommend our services to friends and family". In addition to this we have focused our attention on improving our FFT response rates as against the national standard of 15%. We continue to see the number of responses to the FFT increasing in most service areas and the overall response rate reached over the 15% target in February 2019. Our FFT process now also allows patients and their families to raise concerns and receive a response in a timely manner. This graph shows the increase in number of response and response rate during 2018/19.

FFT Response rate and number of responses for 2018/19



Spotlights on 2018-19

Responsive



For 2018-19 the total numbers of deaths we have had in our community hospitals were 195.

With respect to Learning from Deaths, we have continued to report deaths in each community hospital using the

MIDAS process.

The Countywide Medical Examiner service is involved in this process, and the Trust's Mortality Review Group continue to discuss, review and share learning from deaths that have occurred in our community hospitals. We have dedicated leadership for our learning from deaths activities, which includes a clinical lead, a non-executive and medical director. Relatives are invited to complete a sensitively worded questionnaire to elicit their views and experiences (see right). In addition to this, the Trust proactively undertook a gap analysis in response to the nationally published report about Gosport War Memorial Hospital.



The national publication of the findings of the Gosport Independent Panel Summer 2018 highlighted a number of shortcomings in processes and safeguards, which included:

- That the lives of 465 patients were shortened because they were given opioid drugs without medical justification.
- That a further 200 patients may have had their lives shortened, but their records were missing.
- That here was "a disregard for human life and a culture of shortening the lives of a large number of patients".
- That the GP who worked as a clinical assistant at the hospital for 12 years, and was responsible for prescribing on the wards, routinely overprescribed drugs for her patients.
- That nursing staff had raised concerns about prescribing practice as far back as 1988 (with RCN involved).
- That when relatives complained about the safety of patients and the appropriateness of their care, they were "consistently let down by those in authority".

In response to this report the Trust undertook a detailed gap analysis which was seen by the Trust Board, several sub-committees and forums including the Quality and Performance

End of life surveys: Family feedback

"I was shown kindness, understanding. Welcomed and offered tea. I was checked on and given hugs and tissues. The compassion was wonderful and much needed. The staff were very kind to me."

"The treatment and care given to my mother (and the rest of the family) could not be faulted. You have a wonderful team on the ward who were sensitive, caring and positive at all times it meant so much to us. Thank you all."

"The care and attention my husband received at the Hospital was wonderful. All the staff were very caring and made the last week of his life as kind and comfortable as possible. I would like to thank everyone concerned, and feel very grateful that he was moved to this hospital. Thank you again."

Spotlights on 2018-19

Responsive

Committee and the Trusts Clinical Reference Group.

We were assured that we had adequate processes, including having an established Freedom to Speak Up Guardian, for colleagues to raise concerns about clinical care or other matters; that there was a rooted and comprehensive formal mortality review process for all our community hospital patients; that we had adequate processes in place for patients or relatives to raise concerns about care; and that we had satisfactory prescribing and administering practices for end of life medications, including syringe drivers and anticipatory prescribing.

For the wider Gloucestershire system we were also satisfied that our commissioned educational support to Care Homes was of a high standard particularly in ensuring correct syringe drivers were used and set up correctly. The analysis highlighted that there was a lack of a mortality review process in the community specifically for Primary Care deaths. We also continue to work with Countywide Partners and will be leading on a mortality review pilot with a GP surgery to establish if such a process could be scalable and add value to community services mortality reviews.

Effective



Reducing the risk of infection and prevention continues to be an important aspect of our daily work across all our services. There have been a total of 3 viral gastro enteritis outbreaks with 2 of these with Norovirus as the confirmed causative agent. The total number of bed days lost due to viral gastroenteritis was **37** (down from 284 for 2017-18) with a total number of 20 patients affected (100 for 2017-18) and the total number of staff affected was **8** (59 for 2017-18). The

total number of bed days lost was more than seven times lower, patients affected were five times lower and colleagues affected more than seven times lower.

Between January and March 2019 we experienced 3 influenza outbreaks. In total 39 bed days were lost compared to 95 for 2017-18.

We have reported 16 cases of C.Difficile against a threshold figure of 18. We have had no MRSA bacteraemia cases.

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

Good hand hygiene remains the single most effective way to prevent the spread of infection. Our average compliance hand hygiene rates remain high at **94%**.

Spotlights on 2018-19

Effective



We continue to undertake a schedule of quality assurance visits, which are broadly based on risk, service developments and patient focused. In addition to this we have progressed with Meet the Executive sessions across our localities and members of our executive, non-executive directors and management teams undertake visits with clinical teams. These also focus on the Trust's quality priorities as well as to understand the day to day issues colleagues are experiencing.

These visits continue to be valued by Trust colleagues and feedback from our 2018 NHS Staff Survey support this.



We continue to ensure that we achieve meaningful outcomes for patients, families and carers and one mechanism of doing this is by undertaking clinical audits. Our focus is to ensure that all clinical audit activities results in learning and in improvement to care. We strongly believe that participation in clinical audit enables us to provide effective, responsive and safe care. We participated in a range of national audits which included:

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



The Trust has made great strides with its research activities. We remain partners of the "Research 4 Gloucestershire" collaborative and West of England Clinical Research Network. Key developments have included:

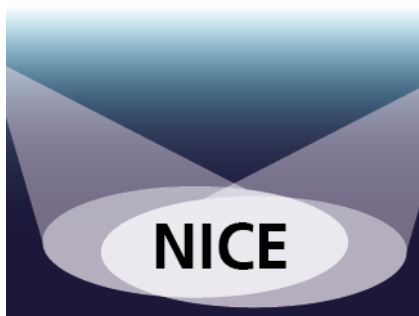
- Seeing a **1,200%** increase in research activity during 2018-19
- Working with Bath Spa University on two projects; researching how to increase health and wellbeing in NHS staff and recruiting patients in to a prostate cancer study
- Working with Gloucestershire Hospitals NHS Foundation Trust and Sue Ryder Care to replicate a successful Australian study that showed that family carers can be involved in providing breakthrough pain relief to patients who are nearing the end of their lives.
- A public survey of mobile mental health technologies
- A medical trial in sexual health services

Spotlights on 2018-19

Effective

- A study to evaluate the effects of musculoskeletal disorder therapies
- A colleague being awarded a scholarship to study alternative communication interventions for speech and language therapy

The Trust also hosted a joint workshop in early 2019 with 2gether NHS Foundation Trust, and the local clinical research network to work up an ambitious vision and action plan for research and development going forward into 2019-20 and beyond.

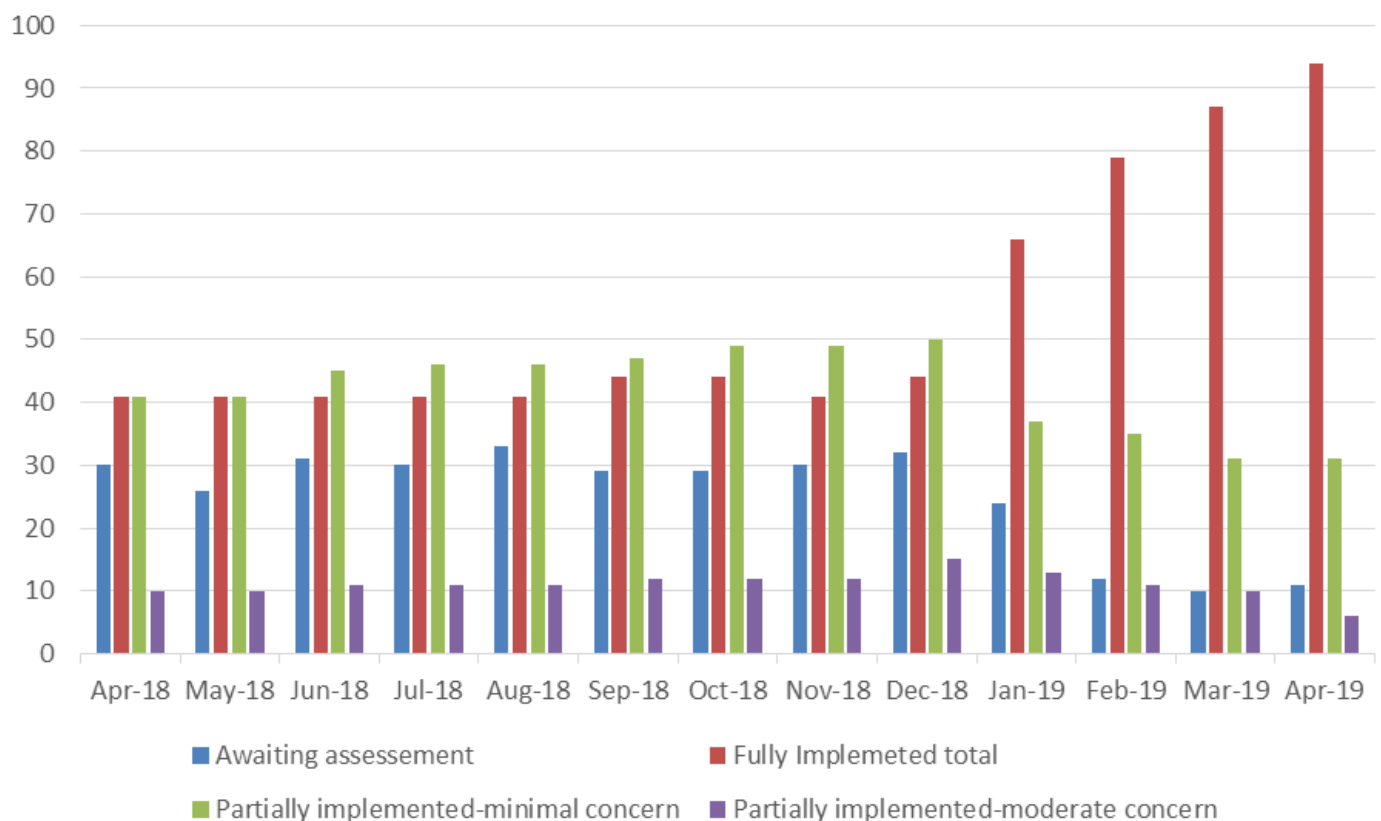


During 2018-19 we have been in a fortunate position of having some dedicated expertise supporting our NICE guidance review processes and from this we have seen a significant improvement in our compliance level.

We now have documented processes in place for the effective management of NICE guidance which include an assurance tracker, regular reviews by the Trust's Clinical Reference

Group and proactive support for our clinical and operational colleagues. It will be our intention to ensure that this increased resilience will continue during 2019-20.

Year on Year



Spotlights on 2018-19

Caring



Trust colleagues continue to appreciate positive feedback from those patients and families we provide care and treatments to. During 2018-19 we received 1,364 compliments. We believe this underestimates the compliments our services receive and will continue to encourage colleagues to share feedback from our patient experience team.

A summary of our recorded compliments key words from patients, families and carers about the care we provide is shown in the word cloud below.



Well-Led



Throughout 2018-19 the Trust Board has worked to maintain strong oversight of the strategic and operational performance of the Trust.

As part of its ongoing review and focus on continuous improvement the remit and role of a number of Committees were revised to increase the opportunity for triangulation and more in depth reviews. This led to the creation of a Resources

Committee which drew together the remit of the previous Workforce and OD Committee and Finance Committee to ensure that decision making was more joined up, considered impacts from a breadth of lenses and keeps improving performance at its centre. The Audit and Assurance Committee remit was revised to Audit and Risk Assurance and now supports the Board through an in depth review of the Board Assurance Framework at each routine meeting.

Spotlights on 2018-19

Well-Led

The Board's Committee structure now consists of: Audit and Risk Assurance Committee, Remuneration and Terms of Service Committee, Quality and Performance Committee, Resources Committee, Charitable Funds Committee. This ensures an in-depth review of all areas of Trust performance, supporting comprehensive oversight.

The Board undertakes regular development sessions and review of good practice recommendations. During the year it has held a number of joint development sessions with the Board of 2gether NHS Foundation Trust as part of its work progressing the proposed merger. Board Directors attend national events to ensure their practice reflects national good practice, for example attending the NHS Providers conference and then cascading the exemplar work on place based working to the Board and the wider organisation.



We strongly believe that effective Freedom to Speak Up (FTSU) arrangements do help to protect patients and improve the experiences of our colleagues. Having a health speaking up culture embedded in a culture of continuous improvement is also an indication of a well-led (CQC domain) Trust.

We remain committed to encouraging colleagues to speak openly about any issues that may be of concern to them. We have a number of mechanisms that allow colleagues to do this including our Ambassador for Cultural Change who continues to champion the Freedom to Speak Up agenda, providing independent and confidential support to colleagues. During 2018-19 colleagues have raised 81 concerns through the Guardian, 20 relating to patient quality and safety and 43 to bullying and harassment and inappropriate behaviour.

Our Guardian continues to network nationally and chairs the South West Freedom to Speak Up Guardian Network, sharing best practice, challenges and as a region a collective commitment to making the South West a leading region for Speaking Up. In addition to this we undertook a detailed Freedom to Speak Up self-assessment utilising the national format. The outcomes of the Trusts FTSU self-assessment which included 69 criteria were:

- 43 Green rating
- 26 Amber
- There were no red ratings

This self-assessment process is indicative of a robust approach that has been adopted by the executive lead (Director of Nursing) and FTSU Guardian. It has also highlighted that the Trust has worked hard to raise the profile of FTSU; that is has a well-established FTSU Guardian in place with clear plans in place e.g. Freedom to speak Up Advocates, and high level Freedom To Speak Up plans all of which are aligned and integral to other Trust strategies, such as Workforce and OD.

Spotlights on 2018-19

Well-Led

The Trust has experienced a significant cultural change journey over recent years and continues to strive for continuous improvement and increased confidence. Our Freedom to Speak Up Guardian is also supported by mechanisms such as colleagues having direct access to the Chief Executive, Paul Roberts – ‘Paul’s Open Door’. During 2018-19 there were a total of 53 issues raised by colleagues, 25 of which were related to the Trust’s merger plans, estates and IT related matters, 7 providing direct feedback and 19 suggestion or ideas. Any contact with ‘Paul’s Open Door’ remains confidential and responses are made within 48 hours.

Trust colleagues welcomed the National Guardian, Dr Henrietta Hughes and Yvonne Coghill, National Equality and Diversity Lead and it was reassuring that our quality activities reflect a national improving picture with regards to our move towards a culture of openness.



The NHS Staff Survey provided our staff a chance to have their say about our working life in the NHS. It seeks views on areas such as job satisfaction, colleague wellbeing, training and development and health and safety.

The results of the survey, which took place between October and December 2018, were published early March 2019.

Our response rate to the 2018 Staff Survey was 40.6%, a 4.2% decrease on the previous year and equates to 973 staff responding out of 2,421 invitations. This is well below the average response rate for similar community trusts which was 53%. We had anticipated that there would be a lower response rate due to the Culture Survey and monthly Pulse Checks we had been doing as part of cultural activities associated with our merger work with 2gether NHS Foundation Trust. The outcomes are summarised as follows:

Of the survey questions that were asked in 2017 and again in 2018:

- **59% had improved over 2017**
- **16% stayed the same as 2017**
- **24% worsened**

Spotlights on 2018-19

Well-Led

Our results have been presented in 10 themes, which are:

- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – Bullying and harassment
- Safe environment – Violence
- Safety Culture
- Staff engagement

Key results from our 2018 NHS Staff Survey include

- Compared to last year, two of the themes have shown significant statistical improvements - 'Safety culture' and 'Staff engagement'
- Encouragingly the other 8 themes have remained stable
- Equality, diversity and inclusion comes close to the best.
- Overall the Trust is the same as the benchmarking group average in five out of the ten themes. The other five are only slightly worse
- 'Immediate managers', 'Morale', 'Quality of appraisals', 'Quality of care' and 'Safe environment – Bullying and harassment' are in need of improvement

It is also worth noting that:

- Recommending the Trust as a place to work has increased from 51% in 2017 to 55.8% in 2018. (Below the average benchmarking score of 59.4%)
- If a friend or relative needed treatment, respondents being happy with the standard of care provided by the Trust has increased from 73% in 2017 to 76% in 2018. (Above the average score of 74.8%)

Looking forward to 2019-20

Quality Priorities for the next year

This part of our Quality Account looks forward to our 2019-20 priorities. In deciding these national CQUINs and priorities we considered the One Gloucestershire activities, as well as identifying risks and issues through our own performance and quality information.

		Outcome	Quality Domain
1	Preventing Pressure Ulcers	Outcome: Build on our success of reducing acquired avoidable pressure ulcers by working within the NHS Improvement Collaborative Framework. This will focus on specific community programmes to reduce pressure ulcers	Safe
2	Medications	Outcome: Improve the learning from “no-harm” and “low-harm” medication incidents in order to enhance patient safety and quality care	Caring
3	Nutrition and Hydration	Outcome: Increase the use of nutrition and hydration assessments in all appropriate settings in order for patients to be optimally nourished and hydrated	Effective
4	Health Coaching	Outcome: Develop a programme of personalised care planning to enable patients to manage their long term conditions more effectively	Well-Led
5	Deteriorating Patient (Sepsis)	Outcome: Continue to train and support front line colleagues to recognise and manage deteriorating patients, to ensure they are cared for quickly and effectively	Safe
6	Mental Capacity Assessment	Outcome: Improve the usage of mental capacity assessments in our hospital and community settings to ensure that individuals who lack the ability to make specific decisions are the focus of any decisions made, or actions taken, on their behalf	Well-Led
7	Wound Care	Outcome: Increase the quality of wound assessments and management in order to reduce clinical variation and improve wound healing rates	Effective
8	Catheter Care	Outcome: To commence a Quality Improvement programme to improve the management of catheters in community settings.	Safe
9	CQUIN	<ol style="list-style-type: none"> 1. Falls 2. Influenza vaccination for colleagues (achieving 80% uptake rate) 	Effective

Stakeholder Feedback

NHS Gloucestershire Clinical Commissioning Group

GCCG is pleased to have the opportunity to comment on Gloucestershire Care Services NHS Trust (GCSNHST) Annual Quality Account 2018/19.

The past year has continued to present major challenges across both Health and Social Care in Gloucestershire and we are pleased that GCSNHST has worked jointly with partner organisations, including GCCG and colleagues within the local authority during 2018/19 to deliver a system wide approach to maintain, further develop and improve the quality of commissioned services and outcomes for service users and carers in Gloucestershire. We wish to acknowledge the Trust's continued contribution and ongoing commitment to the Gloucestershire Integrated Care System.

Following the CQC inspection in January 2018 GCSNHST was awarded an overall rating of 'Good' which was an improved rating from their previous inspection. However, there were a number of 'Must Do' actions identified by the CQC and the CCG is pleased to confirm that the Trust has now completed all of the 'Must Do' actions.

The 2018-19 GCSNHST Quality Report is clear, easy to read and identifies how the Trust has performed against the agreed quality priorities for improvement for 2018/19 and outlines their priorities for improvement in 2019-20. The report is open and transparent and it is noted that the Trust have acknowledged the areas where the achievements have not been realised as quickly as planned.

The CCG endorses the quality priorities that have been identified for 2019-20, whilst acknowledging the very difficult financial challenges GCSNHST has been required to address in the coming year and the ongoing work required within the Trust, to complete a successful merger with 2Gether NHS Trust in 2019-20.

Delivering harm free care remains a priority for the Trust. The CCG is pleased to see that the 'Pressure Ulcer' work has achieved significant improvements across all areas of the Trust. The focused Pressure Ulcer work has demonstrated some real improvements in patient care and has been embraced by staff across all levels of the organisation.

The CCG welcomes the improvements made within staff Health and Wellbeing, in particular the GCSNHST 'Health and Hustle' network which has now widened its membership to include wider 'One Gloucestershire' partners. The CCG congratulates GCSNHST on achieving the national target of 75% of all staff receiving their annual flu vaccination and notes the innovative approaches that were adopted to achieve this target.

The CCG notes the work that has been undertaken in relation to 'Falls reduction' and 'Managing the deteriorating patient' and acknowledges that there have been mixed improvement outcomes within both of these areas. The CCG welcomes the ongoing prioritisation of these two areas in the coming year via the CQUIN and Quality Priorities

Stakeholder Feedback

NHS Gloucestershire Clinical Commissioning Group

processes. The CCG fully supports the full list of quality priorities that GCSNHST has identified for 2019/20 and acknowledges that these have been identified following the understanding of risks through their own quality and performance data in addition to being aligned with the 'One Gloucestershire' strategic aims.

The CCG was particularly pleased to see the ongoing commitment by GCSNHST in relation to improving Services in Gloucestershire for those people who have experienced a Stroke. This culminated in the opening of the county's first ever dedicated community Stroke rehabilitation unit at the Vale Community Hospital in February 2019.

The CCG would like to acknowledge the swift and proportionate response that GCSNHST took in relation to the findings contained within the Gosport Independent Panel review, 2018. GCS undertook a comprehensive gap analysis which was shared widely across the Trust and the GCCG.

GCCG recognises the improvements that GCSNHST has made in relation to their Friends and Family test response rate and is pleased to see that the Trust has now achieved the national standard of 15% response rate with 92% of respondents stating they were 'extremely likely or likely' to recommend services to friends and family.

GCCG notes that the annual NHS staff survey results for GCSNHST were mixed and acknowledge that the results indicated that staff engagement and safety culture scores have significantly improved. GCCG has sight of the approaches that the Trust are deploying in order to improve the quality of staff appraisals which is aligned to staff feeling that they have more time to provide quality of care.

Gloucestershire CCG wishes to confirm that to our knowledge we consider that the Quality Account contains accurate information in relation to the quality of services provided by GCS NHS Trust. GCCG wishes to continue working with GCSNHST, all stakeholders and the population of Gloucestershire to further develop methods of receiving comprehensive reassurance regarding the quality of services that our citizens receive.

Dr Marion Andrews-Evans

Executive Nurse and Quality Lead

Gloucestershire Clinical Commissioning Group

Stakeholder Feedback

Health and Care Overview and Scrutiny Committee

On behalf of the Health and Care Overview and Scrutiny Committee I welcome the opportunity to comment on the Gloucestershire Care Services NHS Trust Quality Account 2018-19.

This has been a significant and challenging year for the Trust which is on its journey to merge with the 2Gether NHS Foundation Trust. The Committee support the aim of the merger to improve patient outcomes and look forward to examining the detail in future meetings.

Following the award of a GOOD rating in Spring 2018 the Trust has been working on delivering its Quality Improvement Plan which consisted of a number of 'Must do' recommendations. I am pleased to see that those recommendations have been met.

The Committee has received presentations and updates on the opening of the new Stroke Rehabilitation Unit at Vale Community Hospital and has heard about the good work being carried out in this area. In response to members' questions, the Committee were informed that transport availability was being monitored and the Committee welcome the opportunity to be updated further once the service has been reviewed.

The committee will continue to monitor progress in relation to Community Hospitals in the Forest of Dean; Members had previously raised concerns relating to bed numbers and transport issues.

The Committee will act as a critical friend in helping the Trust in its commitment to safe and high quality care for service users and carers.

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

Cllr Carole Allaway Martin
Chairman

DRAFT

Stakeholder Feedback

Healthwatch Gloucestershire

Healthwatch Gloucestershire welcomes the opportunity to comment on Gloucestershire Care Services NHS Trust's quality account for 2018-19. The role of Healthwatch is to promote the voice of patients and the wider public in respect to health and social care services and we welcome the opportunity to comment. Over the past year we have continued to work with Gloucestershire Care Services NHS Trust to ensure that patients and the wider community are appropriately involved in providing feedback and that this feedback is taken seriously.

We are pleased to see that the work around End of Life Care has increased and that the template for End of Life Care is being more widely used, and the case reviews continue for expected deaths in the Community Hospitals.

We note that the Trust highlights areas of nutrition and hydration outcomes that have not been met this year, and that this continues to be a focus for 2019-20, with an increased target of 95% set for using MUST tools in Community Teams and hospitals being set.

The Trust has continued to actively engage with and build on its existing relationship with local Healthwatch in 2018-19.

We acknowledge the Trust's continued commitment to patient and public engagement and their efforts to build on relationships with local Healthwatch and look forward to working with the Trust over the coming year.

Conclusion

In Conclusion

We are immensely proud to publish our 2018-19 Quality Account.

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

We recognise that there are some areas of service and care we still need to improve and because of this we will continue to focus on quality improvements during 2019-20, reflecting our ongoing commitment to safe and high quality care for service users and carers, and to providing a safe and caring environment for colleagues.

We remain determined to continue to listen to our service users and carers, and to our colleagues, to use their insight and experience to improve quality and safety.

Glossary

Abbreviations used in this document

AHP: Allied Health Professionals

C.Diff: Clostridium Difficile

CPE: Carbapenemase-Producing Enterobacteriaceae

CQC: Care Quality Commission

CQUIN: Commissioning for Quality and Innovation

EoL: End of Life

GCCG: Gloucestershire Clinical Commissioning Group

GHFT: Gloucestershire Hospitals NHS Foundation Trust

HCAI: Healthcare Associated Infection

HCOSC: Health and Care Overview and Scrutiny Committee

ICT: Integrated Community Team

INMP: Independent Non-Medical Prescribing

MIDAS: Mortality Information Data Analysis System

MIU: Minor Injuries and Illness Unit

MRSA: Methicillin Resistant Staphylococcus Aureus

MSK: Musculoskeletal

MSKCAT: Musculoskeletal Clinical Assessment and Treatment

NED: Non-Executive Director

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

NMC: Nursing and Midwifery Council

Glossary

Abbreviations (contd)

OT: Occupational Therapy

PII: Period of Increased Incidence

PLACE: Patient-Led Assessments of the Care Environment

R&D: Research and Development

RCA: Root Cause Analysis

SIRI: Serious Incident Requiring Investigation

VCS: Voluntary Care Sector

WRES: Workforce Race Equality Standard

Appendix 1

Statement of Directors' Responsibilities

Under the terms of the Health Act 2009, amendments made in the Health and Social Care Act 2012, the National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Account) Amendment Regulation 2011, Trust Directors are responsible for ensuring the preparation of a Quality Account for each financial year. Equally, the Department of Health has issued guidance on the form and content of Quality Accounts (which incorporates the above legal requirements).

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

- The Quality Account presents a balanced picture of the Trust's quality performance over the period covered
- The information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in this Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with national guidance published January 2019.

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

Ingrid Barker	Chair
Paul Roberts	Chief Executive
Susan Mead	Non-Executive Director. Senior Independent Director until Nov 2018
Sandra Betney	Director of Finance
Richard Cryer	Non-Executive Director
Susan Field	Director of Nursing
Nick Relph	Non-Executive Director
Jan Marriott	Non-Executive Director. Senior Independent Director from Nov 2018

continues on next page

Appendix 1

Statement of Directors' Responsibilities

Dr Amjad Uppal	Medical Director (from Jan 31, 2019)
Graham Russell	Non-Executive Director
Nicola Strother Smith	Non-Executive Director and Vice Chair
Candace Plouffe	Chief Operating Officer
Neil Savage	Director of Human Resources and Organisational Development (non-voting)
David Smith	Director of Transition (non-voting)

Changes in Board Composition

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

Dr Mike Roberts, Medical Director, left the Trust 31 January 2019.

Neil Savage, Joint Director of Human Resources & Organisational Development joined the Trust 1 July 2018.

Caring

Open

Responsible

Effective



**Gloucestershire
Care Services**
NHS Trust

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