Gloucestershire Care Services NHS Trust

# Trust Board

## Date of Meeting: 25th January 2018

## Report Title: Quality and Performance Report

| | |
|---|---|
| Agenda reference Number | 13/0118 |
| Accountable Executive Director (AED) | Susan Field, Director of Nursing<br>Candace Plouffe, Chief Operating Officer |
| Presenter (if not AED) | |
| Author(s) | Susan Field, Director of Nursing<br>Candace Plouffe, Chief Operating Officer |
| Board action required | To receive |
| Previously considered by | Executive Team week commencing 15th January 2018 |
| Appendices | Appendix 1 - Quality and Performance Report (December 2017 data) |

### Executive Summary

This report provides an overview of the Trust's quality and performance activities as of December 2017.

The report has been redesigned as an exception report following board discussion about ensuring focus through targeted discussion. The following developments are planned to further develop this report:

- Development of assurance and contextual appendices in addition to this for more detailed discussion at Quality and Performance Committee
- Greater transparency of exception reporting criteria, particularly on local targets
- A review of the total quantum of the dashboard to establish it is comprehensive in relation to our services
- More focus on integrated and Place based reporting in line with the Board's strategic direction
- Development of thresholds and or exception reporting criteria for quality priorities (Falls and Pressures Ulcers included in this report)

The report also confirms progress made against those performance achievements where there are action plans in place for those services that require improvement. It is also intended to provide assurance that quality care is being maintained.

### Recommendations:

The Trust Board is asked to **Receive** this exception report

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| Related Trust Objectives | 1,2,3,4,5 |
| Risk Implications | Risk issues are clearly identifed within the report |
| Quality and Equalities Impact Assessment (QEIA) | No equality implications identified |
| Financial Implications | No finance implications identified |
| Legal/Regulatory Implications | Legal/Regulatory implications are clearly referenced in the report |

# Quality and Performance Report

## 1 Introduction and Purpose

This Quality and Performance report relates to the Trust's December 2017 quality and performance data.

## 2 Background

The Trust Board has a key role in ensuring oversight of the quality and performance of services provided by the Trust.

The performance report is structured to align to the CQC domains:

- Caring
- Safe
- Effective
- Responsive
- Well led

The attached report continues to indicate a shift towards more exception reporting both at Trust Board and Quality and Performance Committee level.

The report has been redesigned as an exception report following board discussion about ensuring focus through targeted discussion. The following developments are planned to further develop this report:

- Development of assurance and contextual appendices in addition to this for more detailed discussion at Quality and Performance Committee
- Greater transparency of exception reporting criteria, particularly on local targets
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## 3 Key Areas to Note

The December report confirms a number of sustained improvements in performance, which include:

- An improving picture with colleagues Personal Development Reviews (PDRs) - **85.7% (for all colleagues) 90% (colleagues on active assignments).**

- Mandatory training continues to improve in terms of compliance levels – **84.6%** with four areas of training achieving the 92% standard:

  - Equality and Diversity
  - Health and Safety
  - Resuscitation (Level 1)
  - Safeguarding Children (levels 1)

- **98.9%** of patients were seen and discharged which our MIIUs within 4 hours and; time to initial assessment for patients arriving by ambulance was fully achieved for December (2nd time this reporting year).

- Friends and Family Test rates continue to rise – **9.8%,** which reflects the actions within our improvement plan being implemented.

- 749 patient's episodes of care were surveyed in December out of which **709** patients were Harm Free. The Trust December Harm Free score was 94.7% and; based on New Harms only was **98.7%**

While the report confirms that the Trust continues to reflect strong performance across most services there are a number of areas which are receiving targeted action to drive improvements both from a performance and quality perspective. Of note:

- **Two** SIRIs were reported during December – both relating to pressure ulcers. The Trust continues to progress with its clinically led quality improvement plan.

- The MSKCAT service percentage treated within 8 weeks was **38.5%** compared to previous 35.7%. It should also be highlighted that although the service continues to prioritise urgent cases, the service needs to monitor any potential impact with regards to patient safety and quality care with the wait from referral for urgent patients to be seen, should not exceed two weeks – **84.6%** and RAG rated as Red for the first time this reporting period.

## 4 Conclusion and Recommendation

This report provides an overview of the Trust's quality and performance activities as of December 2017.

The report also confirms progress made against those performance achievements where there are action plans in place for those services that require improvement.

The Trust Board is asked to **Receive** this exception report.

Gloucestershire Care Services NHS
NHS Trust

# Quality and Performance Report

## Trust Board
## 25th January 2018

**Data for December 2017**

Understanding you

# Contents

Gloucestershire Care Services NHS Trust

**Report sections**


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# Executive Summary

NHS
Gloucestershire Care Services
NHS Trust

**Are Our Services Caring?**

- The percentage of respondents indicating 'Extremely likely' or 'Likely' to recommend services was 92.9% in December.

**Are Our Services Safe?**

- There is sustained good performance on national safety measures including C-Diff, MRSA and staffing fill rate.
- While the nationally reported Safety Thermometer 'Harm Free Care' score in December was 94.7% against a target of 95% based on new harms only 'Harm Free Care in December was 98.7% against our local 100% target.
- Reducing pressure ulcers, which is the cause of the highest number of new harms, is a key quality priority for 2017/18.

**Are our Services Effective?**

- Inpatient average length of stay for patients discharged in December was 24.6 days. For current inpatients not yet discharged, the average length of stay is 21.3 days (census date: 09 January 2018).
- 'Delayed Transfer of Care' (DToC) averaged 6 patients per day in December. We have made significant progress on tackling DTOCs, the number of bed days occupied by patients experiencing a delay was 171 (2.9%), of all community occupied bed days
- Sickness absence (rolling 12 months to December) was 4.7%, against a local target of 4%.
- The appraisal rate has been rising for four months now, and the use of the active assignments measure is enabling increased focus. 85.7% of Personal Development Reviews were completed by the 3rd January 2018. For active assignments, this rises to 91.3%.

**Are Our Services Responsive?**

- 98.9% of patients were seen and discharged from Minor Injuries and Illness Units (MIIU) within 4 hours in December (target 95%).
- The Onward referral rate from MIIU was 9.7% in December.
- The 'Abandoned call rate' in the Single Point of Clinical Access (SPCA) in December was 2.4% (within the target of 5%). SPCA received 3,361 calls in December compared to 3,462 calls received in November.
- 84.6% of urgent referrals to the MSKCAT service were seen within two weeks of referral. 100% of patients needing to be referred to secondary care were done within two days of decision to refer.
- MSKCAT service continues to find the local referral to treatment target of **8 weeks** challenging with performance at 38.5%.
- Newborn Hearing screening coverage was 100% and 99.4% of screens were completed within five weeks.

**Are Our Services Well Led?**

- Mandatory training compliance has been steadily rising over the last four months to 84.6% in December.
- National Staff survey results for Quarter 3 indicate that 73.0% of staff responding would recommend the Trust as a place to receive treatment. 51.0% of staff indicated that they would be 'Extremely Likely' or 'Likely' to recommend the Trust as a place of work.

**Report Review**

- The report has been redesigned as an exception report following board discussion about ensuring focus through targeted discussion. The following developments are planned to further develop this report:
    - Development of assurance and contextual appendices in addition to this for more detailed discussion and Quality and Performance Committee
    - Greater transparency of exception reporting criteria, particularly on local targets
    - A review of the total quantum of the dashboard to establish it is comprehensive in relation to our services
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## Quality and Performance Dashboard

| | |
|---|---|
| N | Reported Nationally |
| L | Reported Locally |

Gloucestershire Care Services NHS Trust

**CQC DOMAIN - ARE SERVICES CARING?**

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Friends and Family Test Response Rate | N | | | 3.4% | 3.8% | 4.2% | 6.4% | 4.6% | 4.5% | 6.7% | 7.8% | 9.8% | | | | 5.7% | |
| 2 | % of respondents indicating 'extremely likely' or 'likely' to recommend service | N | | | 94.5% | 95.4% | 94.8% | 93.2% | 95.6% | 94.7% | 95.2% | 94.4% | 92.9% | | | | 94.5% | |
| 3 | Number of Compliments | N | | | 33 | 102 | 84 | 81 | 49 | 70 | 92 | 99 | 78 | | | | 688 | |
| 4 | Number of Complaints | N | | | 3 | 4 | 4 | 3 | 2 | 5 | 4 | 4 | 4 | | | | 32 | |
| 5 | Number of Concerns | N | | | 21 | 36 | 23 | 45 | 40 | 28 | 37 | 32 | 36 | | | | 298 | |

**CQC DOMAIN - ARE SERVICES SAFE?**

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | Number of Never Events | N | Y | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | 1 | |
| 7 | Number of Serious Incidents Requiring Investigation (SIRI) | N | | | 0 | 2 | 0 | 5 | 3 | 1 | 1 | 2 | 2 | | | | 16 | |
| 8 | Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm | N | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| 9 | Total number of incidents reported | L | | | 308 | 303 | 352 | 347 | 318 | 295 | 370 | 310 | 330 | | | | 2,933 | |
| 10 | % incidents resulting in low or no harm | L | | | 94.8% | 97.7% | 96.0% | 94.2% | 94.0% | 97.3% | 95.7% | 93.5% | 94.8% | | | | 95.3% | |
| 11 | % incidents resulting in moderate harm, severe harm or death | L | | | 5.2% | 2.3% | 4.0% | 5.8% | 6.0% | 2.7% | 4.3% | 6.5% | 5.2% | | | | 4.7% | |
| 12 | % falls incidents resulting in moderate, severe harm or death | L | | | 1.6% | 0.0% | 6.4% | 0.0% | 1.5% | 0.0% | 0.0% | 1.6% | 1.4% | | | | 1.4% | |
| 13 | % medication errors resulting in moderate, severe harm or death | L | | | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | 0.0% | |
| 14 | Number of post 48 hour Clostridium Difficile Infections | N | Y | *13 | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 4 | 1 | | | | 11 | |
| 15 | Number of MRSA bacteraemias | N | Y | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| 16 | Number of MSSA Infections | N | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| 17 | Number of E.Coli Bloodstream Infections | N | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| 18 | Safer Staffing Fill Rate - Community Hospitals | N | (Local) | <80% or > 120% | 97.4% | 95.6% | 98.5% | 103.0 % | 104.6% | 102.0% | 100.4% | 100.6% | 98.8% | | | | 100.1% | |
| 19 | VTE Risk Assessment - % of inpatients with assessment completed | N | Y | 95% | 97.7% | 95.2% | 95.8% | 95.9% | 96.8% | 95.4% | 95.5% | 91.4% | 92.2% | | | | 95.0% | Y |
| 20 | Safety Thermometer - % Harm Free | N | Y | 95% | 93.3% | 93.2% | 94.6% | 94.6% | 95.7% | 93.9% | 93.8% | 94.2% | 94.7% | | | | 94.1% | Y |
| 21 | Safety Thermometer - % Harm Free (New Harms only) | L | | | 97.8% | 98.1% | 98.8% | 97.4% | 98.2% | 97.5% | 97.3% | 97.9% | 98.7% | | | | 98.0% | |
| 22 | Total number of Acquired pressure ulcers | L | | | 54 | 51 | 52 | 45 | 44 | 55 | 55 | 48 | 46 | | | | 450 | |
| 23 | Total number of grades 1 & 2 Acquired pressure ulcers | L | | | 50 | 50 | 46 | 40 | 39 | 49 | 46 | 39 | 42 | | | | 401 | |
| 24 | Number of grade 3 Acquired pressure ulcers | L | | | 4 | 0 | 5 | 4 | 5 | 6 | 9 | 6 | 2 | | | | 41 | |
| 25 | Number of grade 4 Acquired pressure ulcers | L | | | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 2 | | | | 8 | |

*Cumulative YTD target

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# Quality and Performance Dashboard

**CQC DOMAIN - ARE SERVICES EFFECTIVE?**

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Community Hospitals** | | | | | | | | | | | | | | | | | | |
| 26 | Re-admission within 30 days of discharge following a non-elective admission | N | Y | TBC | 12.8% | 9.5% | 9.1% | 14.6% | 14.0% | 11.2% | 7.1% | 7.2% | 10.6% | | | | 10.6% | |
| 27 | Inpatients - Average Length of Stay | L | | | 26.5 | 31.3 | 26.2 | 22.1 | 27.6 | 30.2 | 28.4 | 27.1 | 24.6 | | | | 27.1 | |
| 28 | Bed Occupancy - Community Hospitals | L | Y | 92% | 98.3% | 98.7% | 96.5% | 93.3% | 95.1% | 96.4% | 95.8% | 94.4% | 95.9% | | | | 96.0% | Y |
| 29 | % of direct admissions to community hospitals | L | | | 28.3% | 27.0% | 24.9% | 26.8% | 24.9% | 25.8% | 15.6% | 21.2% | 25.7% | | | | 24.4% | |
| 30 | Delayed Transfers of Care (average number of patients each month) | L | | | 17 | 15 | 8 | 23 | 17 | 20 | 11 | 5 | 6 | | | | 14 | |
| 31 | Bed days lost due to delayed discharge as percentage of total beddays | N | Y | <3.5% | 8.9% | 8.4% | 4.2% | 12.3% | 8.7% | 10.5% | 5.8% | 2.6% | 2.9% | | | | 7.1% | Y |
| 32 | Average of 4 discharges per day (weekends) - Inpatients | L | Y | 4 | 3.0 | 2.9 | 3.9 | 3.7 | 2.4 | 2.8 | 2.4 | 2.6 | 3.4 | | | | 3.0 | Y |
| 33 | Average of 11 discharges per day (weekdays) - Inpatients | L | Y | 11 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 8.8 | | | | 10.8 | Y |
| 34 | Percentage of patients waiting less than 6 weeks from referral for a diagnostic test | N | Y | >99% | 100.0% | 100.0% | 100.0% | 100.0 % | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |

**CQC DOMAIN - ARE SERVICES RESPONSIVE?**

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Minor Injuries and Illnesses Unit (MIIU)** | | | | | | | | | | | | | | | | | | |
| 35 | MIIU % seen and discharged within 4 Hours | N | Y | 95% | 99.6% | 99.5% | 99.1% | 99.5% | 99.1% | 99.3% | 99.3% | 99.2% | 98.9% | | | | 99.3% | |
| 36 | MIIU Number of breaches of 4 hour target | N | | | 28 | 33 | 62 | 33 | 56 | 42 | 42 | 44 | 59 | | | | 399 | |
| 37 | Total time spent in MIIU less than 4 hours (95th percentile) | N | Y | <4hrs | 02:39 | 02:50 | 02:59 | 02:41 | 02:55 | 02:54 | 02:58 | 02:55 | 02:57 | | | | 02:52 | |
| 38 | MIIU - Time to treatment in department (median) | N | Y | <60 m | 00:18 | 00:21 | 00:28 | 00:26 | 00:26 | 00:29 | 00:29 | 00:26 | 00:25 | | | | 00:26 | |
| 39 | MIIU - Unplanned re-attendance rate within 7 days | N | Y | <5% | 2.9% | 3.0% | 3.0% | 3.4% | 3.3% | 3.7% | 3.9% | 0.6% | 0.7% | | | | 2.8% | |
| 40 | MIIU - % of patients who left department without being seen | N | Y | <5% | 1.7% | 2.2% | 3.0% | 2.3% | 2.2% | 2.2% | 2.5% | 2.4% | 1.8% | | | | 2.3% | |
| **Referral to Treatment** | | | | | | | | | | | | | | | | | | |
| 41 | Speech and Language Therapy - % treated within 8 Weeks | L | Y | 95% | 100.0% | 98.6% | 85.7% | 94.9% | 79.5% | 96.7% | 95.9% | 75.8% | 75.0% | | | | 90.9% | Y |
| 42 | Podiatry - % treated within 8 Weeks | L | Y | 95% | 78.6% | 94.0% | 98.8% | 96.3% | 97.3% | 94.4% | 94.0% | 93.7% | 96.9% | | | | 93.6% | Y |
| 43 | MSKCAT Service - % treated within 8 Weeks | L | Y | 95% | 73.2% | 69.5% | 63.7% | 63.5% | 66.6% | 35.7% | 40.5% | 37.3% | 38.5% | | | | 58.4% | Y |
| 44 | Adult Physiotherapy - % treated within 8 Weeks | L | Y | 95% | 91.0% | 85.2% | 91.8% | 93.0% | 93.0% | 86.6% | 85.1% | 86.3% | 90.7% | | | | 89.2% | Y |
| 45 | MSK Physiotherapy | L | Y | 95% | 91.6% | 85.6% | 92.8% | 95.5% | 96.7% | 88.5% | 85.5% | 86.9% | 91.7% | | | | 90.4% | Y |
| 46 | ICT Physiotherapy | L | Y | 95% | 87.4% | 86.0% | 85.6% | 80.7% | 80.5% | 79.2% | 83.2% | 85.1% | 88.0% | | | | 83.7% | Y |
| 47 | Occupational Therapy Services - % treated within 8 Weeks | L | Y | 95% | 90.3% | 89.5% | 87.6% | 78.4% | 84.5% | 87.1% | 79.3% | 76.6% | 83.2% | | | | 82.7% | Y |
| 49 | Diabetes Nursing - % treated within 8 Weeks | L | Y | 95% | 100.0% | 93.5% | 96.2% | 98.0% | 97.1% | 97.7% | 97.4% | 95.0% | 95.8% | | | | 96.7% | |

# Quality and Performance Dashboard

NHS Gloucestershire Care Services NHS Trust

**CQC DOMAIN - ARE SERVICES RESPONSIVE?**

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50 | Bone Health Service - % treated within 8 Weeks | L | Y | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 51 | Contraception Service and Sexual Health- % treated within 8 Weeks | L | Y | 95% | 100.0% | 100.0% | 99.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 52 | HIV Service - % treated within 8 Weeks | L | Y | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 53 | Psychosexual Service - % treated within 8 Weeks | L | Y | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 54 | Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation | L | Y | 80% | 70.9% | 80.4% | 84.0% | 84.2% | 89.4% | 84.8% | 81.6% | 79.0% | 73.8% | | | | 82.3% | |
| 55 | Paediatric Speech and Language Therapy - % treated within 8 Weeks | L | Y | 95% | 97.1% | 94.6% | 98.8% | 97.5% | 100.0% | 99.0% | 98.1% | 98.5% | 98.2% | | | | 98.0% | |
| 56 | Paediatric Physiotherapy - % treated within 8 Weeks | L | Y | 95% | 98.3% | 98.6% | 99.7% | 100.0% | 99.4% | 98.8% | 100.0% | 99.8% | 100.0% | | | | 99.4% | |
| 57 | Paediatric Occupational Therapy - % treated within 8 Weeks | L | Y | 95% | 99.0% | 95.7% | 97.6% | 95.6% | 98.0% | 97.1% | 99.0% | 92.5% | 99.2% | | | | 97.1% | |
| 58 | MSKCAT Service - % of referrals referred on to secondary care | L | Y | 95% | 16.6% | 14.2% | 11.2% | 12.8% | 12.6% | 15.4% | 14.1% | 11.0% | 9.9% | | | | 13.3% | |
| 59 | MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards | L | Y | 100% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 60 | MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks | L | Y | 95% | 96.3% | 100.0% | 97.8% | 94.6% | 97.3% | 92.0% | 96.4% | 100.0% | 84.6% | | | | 96.8% | Y |
| 61 | Stroke ESD - Proportion of new patients assessed within 2 days of notification | L | Y | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 63.6% | | | | 93.7% | Y |
| 62 | Stroke ESD - Proportion of patients discharged within 6 weeks | L | Y | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 63 | Social Care ICT - % of Referrals resolved at Referral Centres and closed | L | | | 48.4% | 44.9% | 43.1% | 44.6% | 44.9% | 44.2% | 46.1% | 47.3% | 48.4% | | | | 45.8% | |
| 64 | Newborn Hearing Screening Coverage | N | Y | 97% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | 100.0% | |
| 65 | Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies | N | Y | 97% | 99.6% | 99.6% | 100.0% | 99.6% | 99.4% | 100.0% | 99.7% | 100.0% | 99.4% | | | | 99.7% | |
| 66 | Single Point of Clinical Access (SPCA) Calls Offered (received) | L | | | 2,933 | 3,412 | 3,427 | 3,252 | 3,301 | 3,039 | 3,278 | 3,462 | 3,361 | | | | 29,465 | |
| 67 | SPCA % of calls abandoned | L | Y | <5% | 3.0% | 2.8% | 3.4% | 2.3% | 2.4% | 4.6% | 3.1% | 1.2% | 2.4% | | | | 2.8% | |
| 68 | 95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing | L | Y | 95% | 90.3% | 91.8% | 88.5% | 92.5% | 90.7% | 85.1% | 90.2% | 94.8% | 91.2% | | | | 90.6% | Y |
| 69 | Rapid Response - Number of referrals | L | Y | 71 per week | 273 | 303 | 291 | 312 | 289 | 303 | 354 | 325 | 367 | | | | 2,817 | |

**CQC DOMAIN - ARE SERVICES WELL LED?**

| | | Reporting Level | Target? | Threshold | Apr | May | 6666666 | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 70 | Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work | N | | | | | 56.0% | | | 53.0% | | | 51.0% | | | | 54.5% | |
| 71 | Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment | N | | | | | 88.0% | | | 88.0% | | | 73.0% | | | | 88.0% | |
| 72 | Mandatory Training | L | Y | c92% | 79.2% | 79.3% | 80.6% | 81.3% | 82.0% | 81.9% | 82.3% | 83.1% | 84.6% | | | | 81.6% | Y |
| 73 | % of Staff with completed Personal Development Reviews (Appraisal) | L | Y | 95% | 75.6% | 75.8% | 76.1% | 75.2% | 74.9% | 73.1% | 78.7% | 83.2% | 85.7% | | | | 77.6% | Y |
| 73a | % of Staff with completed Personal Development Reviews (Appraisal) Active assignments only | L | Y | 90% | | | | | | | | 87.9% | 91.3% | | | | N/A | |
| 74 | Sickness absence average % rolling rate - 12 months | L | Y | <4% | 4.5% | 4.5% | 4.5% | 4.6% | 4.6% | 4.7% | 4.7% | 4.7% | 4.7% | | | | 4.6% | Y |

# EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

## Safer Staffing

| | | Reporting Level | Target | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | VTE Risk Assessment - % of inpatients with assessment completed | N | Y | 95% | 97.7% | 95.2% | 95.8% | 95.9% | 96.8% | 95.4% | 95.5% | *91.4% | 92.2% | | | | 95.0% | Y |

*From November 2017, VTE assessment figures based on assessments done on admission to a community hospital

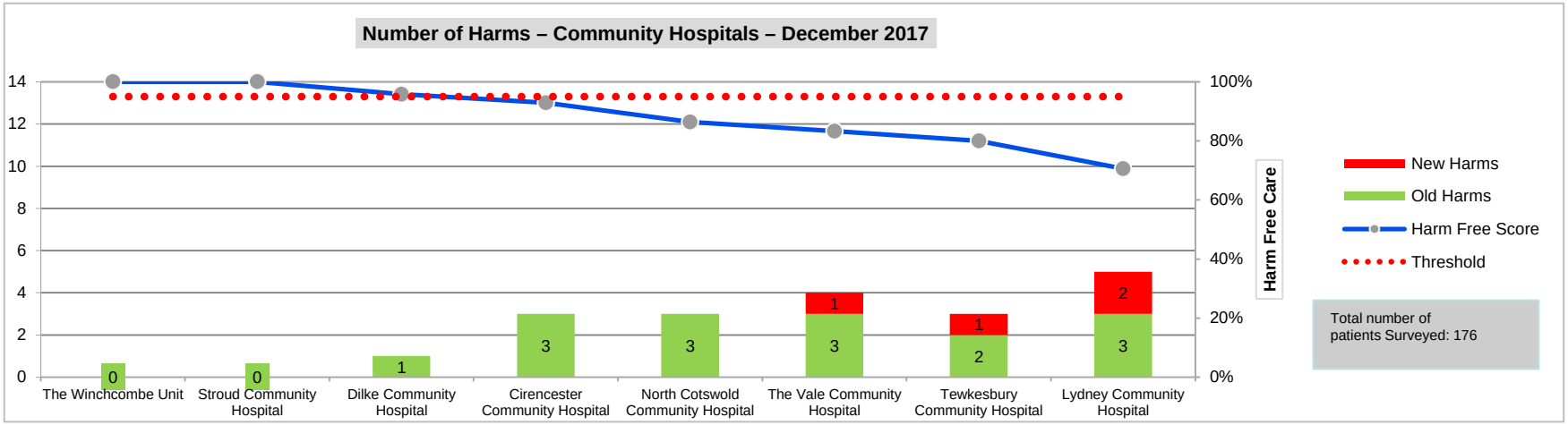
| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **VTE Assessments**<br><br>The rate of VTE Risk Assessment completion has dropped due to a change in reporting, to take account of assessments completed within 48 hours of admission. It was previously being calculated on discharge. | • Work is underway with the Clinical systems team to add a mandatory flag on SystmOne which will require a VTE assessment to be completed before the clinician can access the e-prescribing module for new patients. In the interim, clinicians are reminded of the requirement to complete VTE risk assessments on admission |

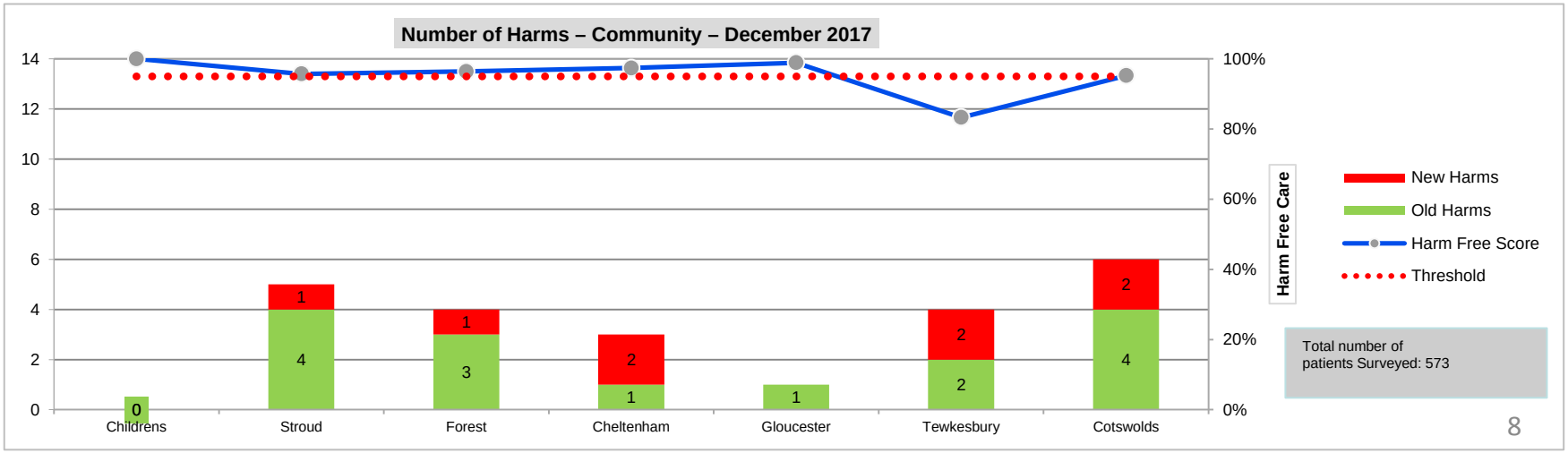
# EXCEPTION REPORT | ARE SERVICES SAFE?

## Safety Thermometer (Page 1 of 3)

CQC DOMAIN - ARE SERVICES SAFE?

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | Safety Thermometer - % Harm Free | N | | 95% | 93.3% | 93.2% | 94.6% | 94.6% | 95.7% | 93.9% | 93.8% | 94.2% | 94.7% | | | | 94.1% | Y |
| 21 | Safety Thermometer - % Harm Free (New Harms only) | L | | | 97.8% | 98.1% | 98.8% | 97.4% | 98.2% | 97.5% | 97.3% | 97.9% | 98.7% | | | | 98.0% | |

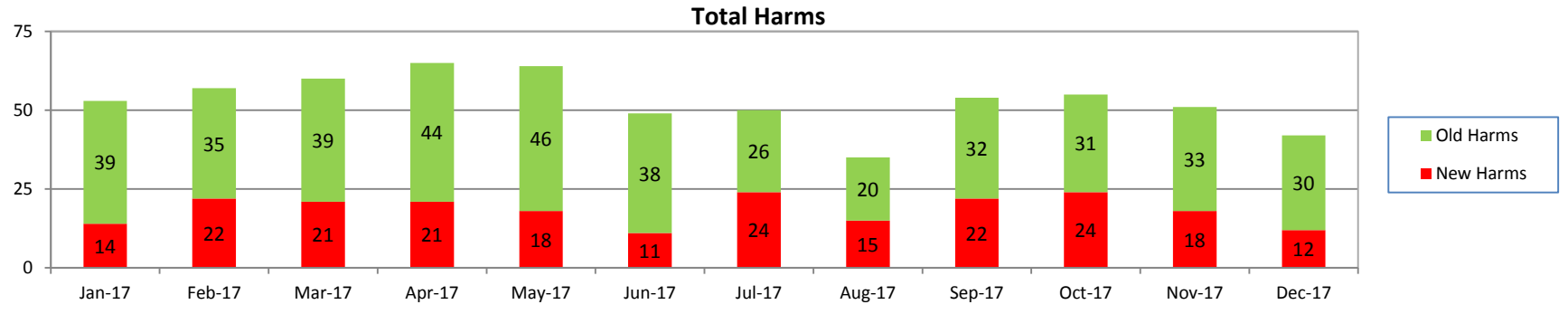


# EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

## Safety Thermometer (Page 2 of 3)




| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **Safety Thermometer**:<br>• 749 patient episodes of care were surveyed for the December Safety Thermometer census, out of which 709 patients' care was harm free. The Trust's Harm Free Care score was therefore 94.7% in December, below the target of 95%. Based on new harms only, Harm Free Care in December was 98.7% compared to 97.9% in November.<br>• The Community Hospital inpatient harm free care performance was 89.8% in December compared to 86.6% in November. Based on new harms only, the inpatient performance was 98.3% in December.<br>• Community Nursing harm free care performance was 96.1% in December compared to 96.0% in November. Based on new harms only, Community Nursing harm free care was 98.8% in December.<br>• 42 harms were reported, of which 12 were new harms. | • The Trust Pressure Ulcer Quality Improvement Plan continues to be implemented.<br>• It is promising to see that the prevalence of new harms is at its second lowest for the last 12 months. However further work is ongoing to align incident reporting with Quality Priorities report.<br><br>**Risks**<br>Reference – NQ19<br>Rating – 16<br><br>Risks:<br>Reference – SD50<br>Rating – 9 |

**Benchmarking:**

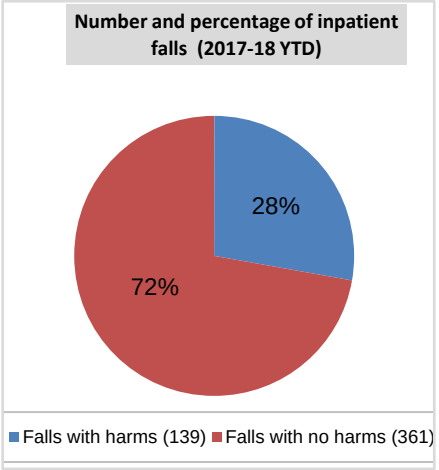
- The Trust reported 1.6% new harms which is below the national average of 2.1% (NHS Digital, December 2017).

# QUALITY PRIORITY | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

## Falls in an inpatient setting

| Hospital | Total Falls | | | | Falls with harm | | | |
|---|---|---|---|---|---|---|---|---|
| | 2017/18 (Cumulative Year to Date) | | 2016/17 Total | | 2017/18 (Cumulative Year to Date) | | 2016/17 Total | |
| | No of falls | Falls per 1,000 bed days | No of falls | Falls per 1,000 bed days | No of Falls with harm | Falls with harm per 1,000 bed days | No of Falls with harm | Falls with harm per 1,000 bed days |
| Dilke | 111 | 16.3 | 116 | 12.1 | 37 | 5.4 | 36 | 3.7 |
| North Cotswolds | 70 | 11.9 | 142 | 18.4 | 15 | 2.5 | 43 | 5.6 |
| Cirencester | 165 | 12.6 | 225 | 12.1 | 32 | 2.4 | 55 | 3.0 |
| Tewkesbury | 56 | 13.0 | 89 | 12.2 | 10 | 2.3 | 19 | 2.6 |
| Lydney | 58 | 11.3 | 75 | 10.3 | 37 | 5.4 | 20 | 2.7 |
| The Vale | 45 | 8.8 | 100 | 13.9 | 11 | 2.2 | 27 | 3.7 |
| Stroud General | 87 | 8.5 | 142 | 10.6 | 22 | 2.2 | 33 | 2.5 |
| TOTAL | 592 | 11.7 | 889 | 12.5 | 139 | 2.8 | 233 | 3.3 |
| FORECAST | 789 | | | | 185 | | | |




**Risks**
Reference – SD50
Rating – 9

| Monthly figures | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Rolling 12 months total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Falls in Community Hospitals (inpatients only) | 64 | 67 | 73 | 64 | 65 | 78 | 71 | 67 | 72 | 63 | 63 | 69 | 816 |

### Additional information related to performance

**Falls in an inpatient setting**

- 72% of all falls reported year to date are **without harm.**

**Benchmarking**

- The Trust is reporting a rate of 12.4 falls per 1,000 occupied bed days (Jun-17 to Nov-17) compared to an average of 8.0 falls per 1,000 bed days based on the Trusts within the NHS Benchmarking Network monthly indicator report.
- Internal benchmarks have now been set in recognition that the NHS benchmark changes every month and to allow for more accurate reporting of variances across the different community hospitals. The internal benchmarks are 8 falls per 1000 bed days and 3.5 falls with harm per 1000 bed days. Please see next page for charts.

### What actions have been taken to improve performance?

- The improvement plan is reviewed by the community hospitals Falls Prevention Group on a monthly basis and reported to the Quality Steering Group, and Quality and Performance Committee quarterly. All Quarter 2 tasks on the improvement trajectory have either been achieved or have a plan to bring them on track by Quarter 3.

Gloucestershire Care Services NHS Trust

## Pressure Ulcers (Page 1 of 2)

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | Total number of Acquired pressure ulcers | L | | | 54 | 51 | 52 | 45 | 44 | 55 | 55 | 48 | 46 | | | | 450 | |
| 23 | Total number of grades 1 & 2 Acquired pressure ulcers | L | | | 50 | 50 | 46 | 40 | 39 | 49 | 46 | 39 | 42 | | | | 401 | |
| 24 | Number of grade 3 Acquired pressure ulcers | L | | | 4 | 0 | 5 | 4 | 5 | 6 | 9 | 6 | 2 | | | | 41 | |
| 25 | Number of grade 4 Acquired pressure ulcers | L | | | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 2 | | | | 8 | |

| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **Duty of Candour (DoC)**<br>• There were 17 incidents where Duty of Candour applied from 1 April 2017 to 31 December 2017 but 2 incidents from June 2017 were stepped down from a SIRI making a total of 15.<br>• Patients and relatives have received both verbal and written apologies as per DoC guidance. | • n/a |
| **Pressure Ulcers (Pressure Ulcers)**<br>• In December there were:<br>  • 46 acquired pressure ulcers<br>  • 10 were reported in Community Hospitals<br>  • 36 were reported in Community services | • Further analysis is underway as it has been determined that some of the Grade 3 & 4 acquired pressure ulcers may not have been avoidable due to other "outside" factors which is adding a different dimension to reporting these cases. This can be supported by triangulating our quality priorities performance data. Further detail will be provided in our next report<br>• The third print run of 1,000 pressure ulcer leaflets for distribution is underway.<br>• 750 leaflets sent to care homes across the county.<br>• All community hospitals and ICTs have received the leaflets to share with patients.<br>• 130 colleagues have attended the 'Everyone's Business' pressure ulcer awareness sessions.<br>• The incidence of reporting has risen<br>• In Qtr 3, 4.0% of all Pressure Ulcers reported came from Allied Health professional (AHP) colleagues, compared with 0% for Quarter 1. |

**Benchmarking**

- The Trust is reporting 1.3 grade 2,3,4 avoidable pressure ulcers in community hospitals setting per 1,000 occupied bed days (Jun-17 to Nov-17) compared to the average of 0.3 based on the Trusts within the NHS Benchmarking Network monthly indicator report.

# EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

NHS Gloucestershire Care Services NHS Trust

## Community Hospitals (Page 1 of 2)

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Community Hospitals** | | | | | | | | | | | | | | | | | | |
| 28 | Bed Occupancy - Community Hospitals | L | Y | 92% | 98.3% | 98.7% | 96.5% | 93.3% | 95.1% | 96.4% | 95.8% | 94.4% | 95.9% | | | | 96.0% | Y |
| 29 | % of direct admissions to community hospitals | L | | | 28.3% | 27.0% | 24.9% | 26.8% | 24.9% | 25.8% | 15.6% | 21.2% | 25.7% | | | | 24.4% | |
| 31 | Bed days lost due to delayed discharge as percentage of total beddays | N | Y | <3.5% | 8.9% | 8.4% | 4.2% | 12.3% | 8.7% | 10.5% | 5.8% | 2.6% | 2.9% | | | | 7.1% | Y |
| 32 | Average of 4 discharges per day (weekends) - Inpatients | L | Y | 4 | 3.0 | 2.9 | 3.9 | 3.7 | 2.4 | 2.8 | 2.4 | 2.6 | 3.4 | | | | 3.0 | Y |
| 33 | Average of 11 discharges per day (weekdays) - Inpatients | L | Y | 11 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 11.0 | 8.8 | | | | 10.8 | Y |

### Additional information related to performance

**Bed Occupancy**
92% to 94.9% green
95% to 96.9% amber
96.9% and above red

**Delayed Transfer of Care (DToC)**

- In December, on average, 6 patients each day were experiencing a delay in their transfer of care. The number of bed days occupied by patients experiencing a delay was 171 (2.9%) of all bed days occupied across community hospitals. Target is <3.5%.
- Out of the 171 bed days occupied by patients experiencing a delay in December, indications are that the NHS was responsible for 85 of the delay days (49.7%) and Social care for 86 delay days (50.3%).

**Discharges Per Weekday and Weekend Day**

- Following the bed modelling project underway, this metric will be reviewed to determine if the average discharge rate aligns with the expected AVLOS for each patient cohort.

### What actions have been taken to improve performance?

- The Trust has adopted a standardised reporting process with all hospitals recording on SystmOne.
- The Trust has confirmed an approach with Commissioners of applying current guidance, designed for acute use, to a community setting. This includes consideration of a DTOC period where the whole period is reviewed rather than delays to particular stages in the pathway.

**Benchmarking**

- The Trust is reporting an average of 26.9 days (Jun-17 to Nov-17) average length of stay compared to an average of 28.0 days in the NHS Benchmarking Network report.
- AVLOS: The NHS Benchmarking network average for 2015/16 was 27.6 days.
- Bed Occupancy: The NHS Benchmarking network average for 2015/16 was 91.36%.

# EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

## Referral to Treatment

| | | Target Type | | Performance Target | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Referral to Treatment** | | | | | | | | | | | | | | | | | | |
| 41 | Speech and Language Therapy - % treated within 8 Weeks | L | | 95% | 100.0% | 98.6% | 85.7% | 94.9% | 79.5% | 96.7% | 95.9% | 75.8% | 75.0% | | | | 90.9% | Y |
| 42 | Podiatry - % treated within 8 Weeks | L | | 95% | 78.6% | 94.0% | 98.8% | 96.3% | 97.3% | 94.4% | 94.0% | 93.7% | 96.9% | | | | 93.6% | Y |
| 43 | MSKCAT Service - % treated within 8 Weeks | L | | 95% | 73.2% | 69.5% | 63.7% | 63.5% | 66.6% | 35.7% | 40.5% | 37.3% | 38.5% | | | | 58.4% | Y |
| 44 | Adult Physiotherapy - % treated within 8 Weeks | L | | 95% | 91.0% | 85.2% | 91.8% | 93.0% | 93.0% | 86.6% | 85.1% | 86.3% | 90.7% | | | | 89.2% | Y |
| 45 | MSK Physiotherapy | L | | 95% | 91.6% | 85.6% | 92.8% | 95.5% | 96.7% | 88.5% | 85.5% | 86.9% | 91.7% | | | | 90.4% | Y |
| 46 | ICT Physiotherapy | L | | 95% | 87.4% | 86.0% | 85.6% | 80.7% | 80.5% | 79.2% | 83.2% | 85.1% | 88.0% | | | | 83.7% | Y |
| 47 | Occupational Therapy Services - % treated within 8 Weeks | L | | 95% | 90.3% | 89.5% | 87.6% | 78.4% | 84.5% | 87.1% | 79.3% | 76.6% | 83.2% | | | | 82.7% | Y |
| 60 | MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks | L | | 95% | 96.3% | 100.0% | 97.8% | 94.6% | 97.3% | 92.0% | 96.4% | 100.0% | 84.6% | | | | 96.8% | Y |
| 61 | Stroke ESD - Proportion of new patients assessed within 2 days of notification | L | | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 63.6% | | | | 93.7% | Y |

## Referral to Treatment – comparison between local 8 week standard and 18 week target (performance in previous month)

| Dec-17 | 8 week RTT target | % seen within 8 weeks | Number seen within 8 weeks | Number seen above 8 weeks | 18 week RTT target | % seen within 18 weeks | Number seen within 18 weeks | Number seen above 18 weeks | Median RTT in days |
|---|---|---|---|---|---|---|---|---|---|
| Adult Physiotherapy (MSKPHY + ICT PHY) | 95% | 90.7% | 1341 | 138 | 92% | 98.9% | | | |
| - ICT Physiotherapy | 95% | 88.0% | 375 | 51 | 92% | 97.9% | 422 | 9 | |
| - MSK Physiotherapy | 95% | 91.7% | 966 | 87 | 92% | 100.0% | 1053 | 0 | 31 |
| ICT Occupational Therapy | 95% | 83.2% | 396 | 80 | 92% | 99.6% | 474 | 2 | * |
| Speech and Language Therapy | 95% | 75.0% | 6 | 2 | 92% | 100.0% | 8 | 0 | |
| MSKCAT Service | 95% | 38.5% | 105 | 168 | 92% | 84.2% | 230 | 43 | 70 |

The comparison shows that the MSKCAT service is the outlier in terms of performance for both 8 weeks and 18 weeks.

The MSKCAT service is offering the current workforce additional hours as well as trying to bring in Agency staff to clear the backlog particularly for those patients waiting over 18 weeks.

# EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

## Referral to Treatment

Gloucestershire Care Services NHS Trust

| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **Adult Speech and Language Therapy (% treated within 8 weeks)**<br>• Performance was 75.0% in December compared to a target of 95%. 2 out of eight patients were seen outside the 8 week threshold.<br>• Service has highlighted staff shortages (combination of vacancies and leave) leading to reduced clinical contacts as acute patients have been prioritised to support patient flow. | • The Head of Adult Speech and Language therapy is trying to secure appropriately skilled locum staff to reduce waits for the Community service element of this service. |
| **MSKCAT Service (% treated within 8 weeks)**<br>• Performance was 38.5% in December compared to a target of 95%. 168 out of 273 patients were seen outside the 8 week threshold in December.<br>**MSKCAT Service (% treated within 2 weeks)**<br>• Performance was 84.6% in December compared to a target of 95%. 4 out of 26 patients were seen outside the 2 week threshold.<br>• 2-week performance target was missed by 4 patients who breached by one day each. Service has highlighted reduced capacity over the Christmas period as a factor. | • The service has a detailed action plan and trajectory to address the risks which is also focussed on those patients who have waited longest and anticipating recovery by year end.<br>• Performance level is within agreed trajectory plan |
| **Adult Occupational Therapy Services (% treated within 8 weeks)**<br>• Performance was 83.2% in December against a target of 95%. An improved performance compared to the previous two months, however still below target. | • There is an action plan for each locality to address actions appropriate to the locality, and January performance is within agreed trajectory plan. |

# EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

## Referral to Treatment

NHS Gloucestershire Care Services NHS Trust

| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **Adult Physiotherapy (% treated within 8 weeks)**<br>• Performance in December was 90.7% compared to a target of 95%. 138 out of 1,479 patients were seen outside the 8 week threshold.<br><br>**ICT Physiotherapy**<br>• Performance was 88.0% in December compared to a target of 95%. 51 out of 426 patients were seen outside the 8 weeks threshold in December.<br><br>**MSK Physiotherapy**<br>• Performance was 91.7% in December compared to a target of 95%. 87 out of 1,053 patients were seen outside the 8 weeks threshold in December.<br>• Retention of staff is a continuing risk for MSK Physio and a focus for the workforce retention group. | • A locum physiotherapist has been seeing the longer wait patients in the ICTs and a vacancy has been filled to improve capacity. |
| **Stroke ESD (% of new patients assessed within 2 days of notification )**<br><br>• Performance in December was 63.6% compared to a target of 95%. 8 out of 22 patients were seen outside the 2 weeks threshold. | • 5 out of 8 patients who breached the target had been given contacted by the service and triaged by telephone. |

# EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

## SPCA

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 68 | 95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing | L | Y | 95% | 90.3% | 91.8% | 88.5% | 92.5% | 90.7% | 85.1% | 90.2% | 94.8% | 91.2% | | | | 90.6% | Y |

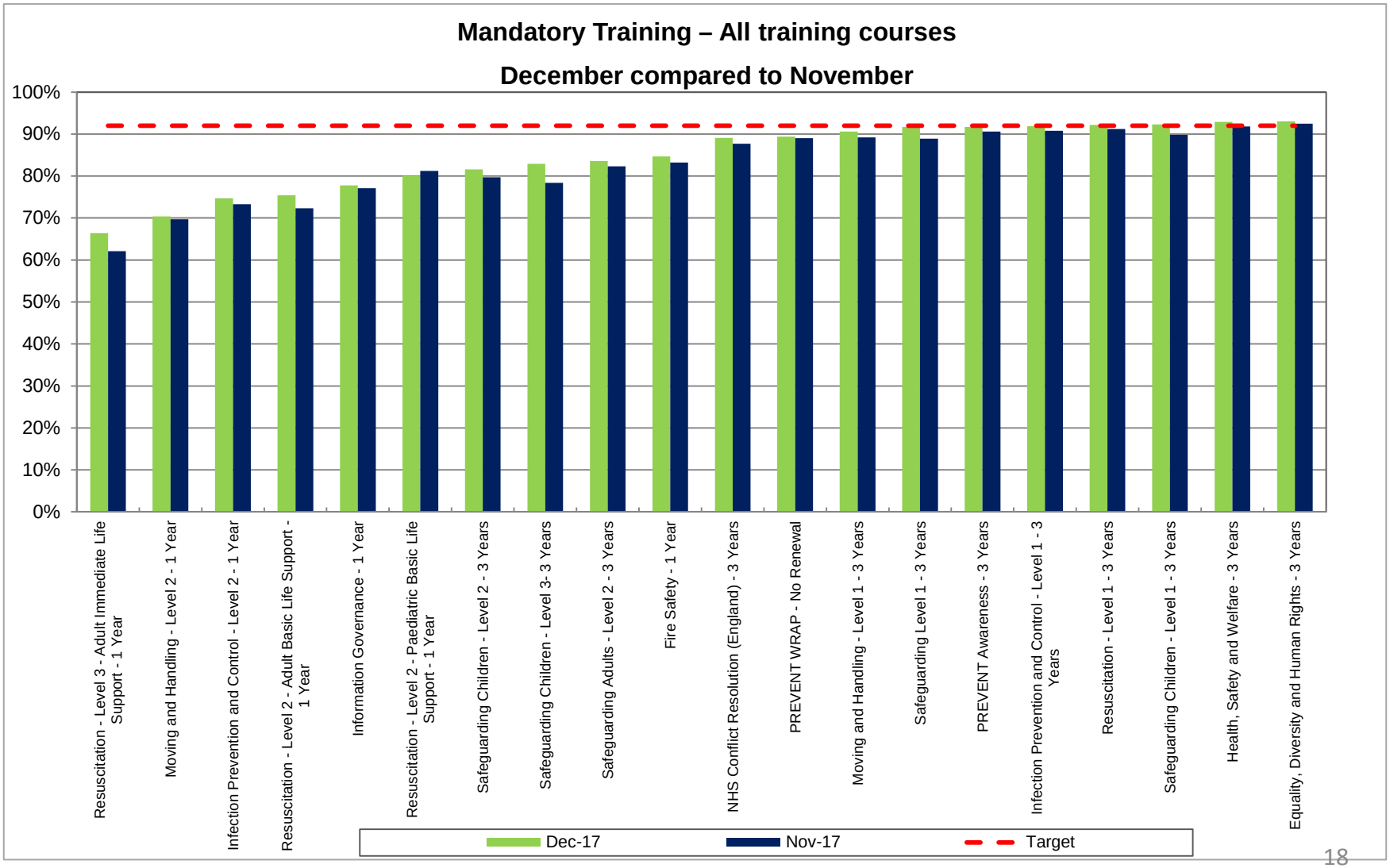
| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing.**<br>In December 2017, 91.2% of priority 1&2 calls were answered within 60 seconds. Target is 95%. | • Shift times have been reviewed against skill mix to ensure resources are allocated more effectively and performance is maintained above target.<br>• Staff working environment has been remodelled to facilitate improved working practices. |

# EXCEPTION REPORT | ARE SERVICES WELL LED?

## Workforce / HR (Page 1 of 2)

| | | Reporting Level | Target? | Threshold | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2017/18 YTD | Exception Report? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 72 | Mandatory Training | L | Y | 92% | 79.2% | 79.3% | 80.6% | 81.3% | 82.0% | 81.9% | 82.3% | 83.1% | 84.6% | | | | 81.6% | Y |
| 73 | % of Staff with completed Personal Development Reviews (Appraisal) | L | Y | 95% | 75.6% | 75.8% | 76.1% | 75.2% | 74.9% | 73.1% | 78.7% | 83.2% | 85.7% | | | | 77.6% | Y |
| 73a | % of Staff with completed Personal Development Reviews (Appraisal) Active assignments only | L | Y | 90% | | | | | | | | 87.9% | 91.3% | | | | N/A | |
| 74 | Sickness absence average % rolling rate - 12 months | L | Y | <4% | 4.5% | 4.5% | 4.5% | 4.6% | 4.6% | 4.7% | 4.7% | 4.7% | 4.7% | | | | 4.6% | Y |

| Additional information related to performance | What actions have been taken to improve performance? |
|---|---|
| **Staff with completed Personal Development Reviews (Appraisal)**<br><br>A new local measure 73a has been included for appraisals measuring only active assignments. Data is only available from November 2017<br><br>85.7% of Personal Development Reviews were completed by the 3rd January 2018. For active assignments, this rises to 91.3%.<br><br>**Risks**<br>Reference – 622<br>Rating – 12 | • The Trust is working with colleagues to proactively monitor both their own training and PDR compliance levels with the provision of self service Electronic Staff Record (ESR). Self-service functionality launched in June to allow managers to submit details of completed appraisals via ESR.<br><br>• This is a recognised priority for the executive team. A variety of initiatives are being explored to assist teams with improving PDR completion rates. This includes a weekly executive-led review of outstanding PDRs. |
| **Sickness absence**<br><br>• The rolling 12 months performance was 4.7% to December, above target of 4.0%.<br><br>**Risks**<br>Reference – 633<br>Rating – 12 | • Continued oversight and management of sickness absence in line with Trust policies.<br><br>• This is a recognised priority for the executive team. A variety of initiatives are being explored to assist teams with reducing sickness absence rates. |
| **Mandatory Training**<br><br>• Average December performance was 84.6% 4 measures meet 92% target:<br>  • Equality, Diversity and Human Rights<br>  • Health, Safety and Welfare<br>  • Resuscitation – Level 1<br>  • Safeguarding Children – Level 1<br><br>• Only 1 out of 20 measures has reduced in performance in December: Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year | • There has been a detailed review of the performance and actions are being progressed (reported to Workforce and Organisational Development Committee).<br>• Request has been made to provide training review dates by month for each service to support release of necessary capacity to allow colleagues to undertake training.<br>• Every subject area below 92% has detailed action plan<br>• Executive oversight has increased for Resuscitation, Moving and handling and Information Governance |

NHS Gloucestershire Care Services NHS Trust

## Workforce / HR – Mandatory Training