

Looking Back, Moving Forward

July 2012

What's in this review?

Our hospitals serve a population of more than half a million people and over the course of an average year see around 100,000 patients in our Emergency Departments alone.

To give you an idea of the work which goes on in our hospitals we have put together this overview of the highlights and successes of the past year and our vision and priorities for the year ahead.

Both the Annual Report 2012 and the Forward Plan 2012/13 can be found on our website or by contacting Communications at 1 College Lawn, Tel: 08454 22 4735.

Table of contents

Part 1	Chair & Chief Executives Welcome	05
Part 2	About the Trust	07
Part 2A	Meet the Board	08
Part 2B	Being a Foundation Trust	10
Part 3	Our Mission, Vision and Values	13
Part 4	Our Patients 2011/12	17
Part 4A	Improving Communications	17
Part 4B	Improving Discharge Processes	19
Part 4C	Improving Carer Experience	19
Part 4D	Looking ahead to 2012/13	20
Part 5	Our Staff 2011/12	23
Part 5A	Our Staff Survey	23
Part 5B	Kindness and Respect	24
Part 5C	Looking ahead to 2012/13	26
Part 5D	Our Volunteers	27
Part 6	Our Services 2011/12	31
Part 6A	Focus on Emergency Department	31
Part 6B	Improving Safety	32
Part 6C	Looking ahead to 2012/13	34
Part 7	Our Business 2011/12	39
Part 7A	Engaging with stakeholders	43
Part 7B	Equality and Diversity	44
Part 7C	Sustainability	46
Part 7D	Looking ahead to 2012/13	47
Part 8	Glossary	49

Chair and Chief Executive's foreword



"Our commitment to outstanding quality of care for our patients and placing safety and experience at the heart of all we do continues to be our central priority"

DR FRANK HARSENT, CHIEF EXECUTIVE

Welcome to our overview of the year. Here we look back on the successes and challenges of 2011/12 and look ahead to the coming year.

This overview will highlight many examples of the ways in which we have improved care for the patients of Gloucestershire over the past year and how we aim to move ahead in the coming year.

Patients are at the heart of everything we do and we are proud of the standard of care we provide and the level of skill and experience demonstrated on our wards and by our support services every day.

We would like to take this opportunity to thank all our staff for their dedication during the year. An organisation is only as good as those who work within it and we could not have achieved all we have without their commitment to excellent patient care.

Without a doubt this has been a period of challenge and opportunity for Gloucestershire Hospitals NHS Foundation Trust and the coming year looks set to be equally so, but we are absolutely confident that we will achieve our objectives.

Our highest priority for 2012/13 is to consistently achieve a waiting time of no more than 4 hours in our Emergency Departments. This follows the intervention

of Monitor the independent regulator of Foundation Trusts. We have made good progress already and you can read more inside.

2010/11 brought the passage of the Health and Social Care Bill through Parliament and economic uncertainties have resulted in a tough financial climate. We have met financial targets without compromising patient safety and the experience of our patients and we hope you agree that our focus remains firmly on providing excellent specialist care.

We have been recognised for many of our successes over the past year, and we are particularly proud of the success of the Venous Thromboembolism Risk Assessment Programme which has greatly reduced rates of the potentially life threatening occurrence of blood clots and deep vein thrombosis.

Our work to improve Dementia Care over the last year has placed us in the top quarter of trusts and we have highlighted many of these successes in Part 6 'Our Services'.

Please do visit our website to read our Annual Report, Quality Account and Forward Plan Strategy Document for 2012/13.

Dr Frank Harsent

Chief Executive
Gloucestershire Hospitals NHS Foundation Trust
May 2012

Prof Clair Chilvers

Chair
Gloucestershire Hospitals NHS Foundation Trust
May 2012

About the Trust

Gloucestershire Hospitals NHS Foundation Trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital

Our staff also provide outpatient clinics and some surgery from community hospitals throughout Gloucestershire.

We are one of the largest employers in the county, with over 8,000 staff and a turnover of £420 million. We are a huge business and in order to achieve the best for our patients, their families, our staff and our communities we must stay focused on keeping patients at the centre of everything we do.

We submit a Forward Plan Strategic Document to Monitor and quarterly reports to confirm compliance with both our Financial and Governance targets as well as supplementary reports in Emergency Department performance, the delivery of our savings plan, our forecast outturn scenarios as well as our winter plans.

Our Board of Directors hold monthly public meetings which are advertised on the Trust's website.

Our Board

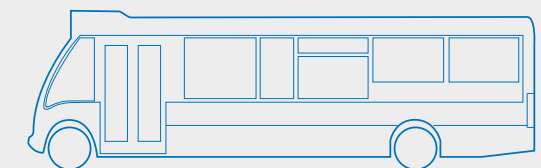
Our Board is made up of executive and non-executive directors and is required to comply with its Standing Orders, Standing Financial Instructions and the Terms of Authorisation as issued by Monitor, the Independent Regulator for Foundation Trusts.

Our Directors have a collective responsibility for setting the strategic direction of the Trust and providing leadership and governance within a framework of controls. The Board is accountable to our Council of Governors and responsible to our Foundation Trust Members and stakeholders.

Managing clinical, business and financial risk, the Board monitors the performance of the senior management team and the work undertaken by Board sub-committees.

"The Trust has a great research culture which encourages young scientists and senior clinicians to interact to create improvements to benefit patient care"

PROFESSOR HUGH BARR



In 2011/12 we travelled 52,038 journeys on the Stagecoach Route 99 bus service

Meet the Board



Professor Clair Chilvers
Chair



Dr Frank Harsent
Chief Executive

Executive Directors



Evelyn Barker
Deputy Chief Executive and
Chief Operating Officer
(left the Trust in April 2012)



Sarah Truelove
Director of Finance



Dave Smith
Director of Human
Resources and
Organisational Development



Sean Elyan
Medical Director



Maggie Arnold
Director of Nursing



Dr Sally Pearson
Director of Clinical Strategy

Non-Executive Directors



Wallace Dobbin
(left the Trust in April 2012)



Mike Evans
(appointed until 30th June 2014)



Maria Bond
(appointed until 30th April 2015)



Clive Lewis OBE
(appointed until 31st August 2013)



Gordon Mitchell
(appointed until 31st August 2012)



Helen Munro
(appointed until 31st October 2013)

PART TWO

Being a Foundation Trust

We became one of the UK's first NHS Foundation Trusts in 2004.

As one of the first Foundation Trusts, we pride ourselves on our engagement with our members and have an active and involved Council of Governors helping us be more responsive to the needs and wishes of our local community.

At the end of March 2012 the Trust had 12,263 patient and public members and over 8,000 staff members.

The Council of Governors is an active and a valued part of the Trust decision-making process. The Council has an agreed Code of Conduct, a programme of meetings and a programme of involvement in Trust affairs.

We have 23 Governors who represent our staff, public and patient constituencies and stakeholder governors who work with the Board of Directors, holding them to account for the performance of the Trust and representing the members' interests.

Over the last year our Governors have been represented on Board sub-committees and

involved in the recruitment of Foundation Trust members through a programme of Outpatient sessions. Our Governors have been engaged in the Patient Experience Group, the Inpatient and Outpatient Groups and have participated in discussions and decisions regarding carers, facilities and the patient experience.

Executive and Non-Executive members of the Board regularly attended Council meetings and membership events to understand the views of Governors and Members.

We held elections during the summer of 2011 to replace governors who had completed their terms of office.

Our Governors have worked with the Board to consider our Forward Plan Strategy Document for 2012/13 and have received briefings and information to provide context for the Forward Plan. We also held a half-day seminar for our Governors in January 2012 to provide them with an opportunity to propose priorities for the coming financial year and to influence our strategy.

Our Members

The majority of our members are aged 65 and older at 50.9% but over the past year we have seen an increase in the 35-49 and 50-64 year age groups.

We have significantly extended our membership over the past year with an additional 1,325 patient and public members recruited in 2011/12. Our Patient and Public Involvement Department has significantly developed the programme of engagement and involvement of members through a number of positively received activities.

Members were involved in a wide variety of

activities last year. The Quality, Innovation, Productivity and Prevention (QIPP) events held in June 2011, outlined development and change to services including Stroke, Trauma and Breast Care. We held member-orientated organ donation and research and development seminars; tours of our operating theatres, and events based on our Equality Delivery System contributed to the discussion of performance against the Equality Objectives, helping us set priorities for the coming year.

"As one of the first foundation trusts we pride ourselves on our engagement with our members"

Our member's newsletter 'Involve' continues to provide highlights and updates on the key activity of the Trust. This is sent to members three times per year and is also available on the Trust website.

Our focus for 2012 - 2013 is on the quality of the engagement with members and sustaining our current membership numbers.

PART TWO



Front covers of Involve, the quarterly members newsletter

Our Mission, Vision and Values 2011/12

"Our vision is one of consistency – to be able to guarantee for people using our services, the same quality of care irrespective of the location or timing."

DR. SALLY PEARSON, DIRECTOR OF CLINICAL STRATEGY

Each of our strategic objectives is equally important to our core business as described in our Mission: 'Improving health by putting patients at the centre of excellent specialist care'.

In achieving our objectives, we move closer towards our vision of the future: 'Safe, effective and personalised care - every patient, every time, all the time'.

Our Board agreed four strategic objectives for the Trust and these are central to everything we do.

They are delivered through annual management objectives which are reviewed and amended each year. The objectives for 2011/12 are outlined below and on page 15.

Our Patients

To improve year on year the experience of our patients

At the start of the 2011/12 financial year, we pledged we would deliver improvements to patient experience relating to communication, information, involvement in decisions about care and on improving privacy and dignity in our hospitals. We also said we would deliver improvements to the experience of carers of patients with learning disabilities and dementia. Read more about how we

achieved many of these aims on the 'Our Patients' section on pages 16 - 20.

Our Staff

To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance

This objective focused on improving internal communications, developing personal appraisals, improving staff engagement and involvement and ensuring all staff complete an annual programme of mandatory training. To find out more about the highlights of 2011/12, go to the 'Our Staff' section on pages 22 - 27.

Our Services

To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients

One of our highest priorities in the last year was the safety and quality of services

we provide. We pledged ‘To be the safest acute hospital in the South West with the best clinical outcomes for patients’. During the year this goal was revised in response to feedback from staff and stakeholders to ‘To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes of our patients’.

We said we would improve safety and deliver the best clinical outcomes for our patients by making improvements to the ways we prevent and manage falls, pressure sores, medication errors, infection and venous thromboembolism. We said we would implement all NICE Quality Standards, a set of specific, concise statements and associated measures which set out markers of high-quality, cost-effective patient care.

“Safe, effective and personalised care – every patient, every time, all the time”
OUR VISION

“Improving health by putting patients at the centre of excellent specialist care”
OUR MISSION

We said we would deliver health and safety improvements in areas such as physical violence, slips, trips and falls and other types of injuries. We said we would undertake work on our water system to minimise any risk of legionella and we also pledged to begin to develop and introduce our Clinical Information Strategy including the development of a new ‘SmartCare’ system to

digitalise patient records.
Read more about some of the achievements in this area in the ‘Our Services’ section on pages 30 - 36.

Our Business
To ensure our organisation is stable and viable with the resources to deliver its vision

This goal included plans to generate a financial surplus for reinvestment, to improve our financial risk rating, to roll out a new service line management system to improve the consistency of service delivery and to implement a capital plan to fund building works to support the delivery of our objectives. Read more about how we did on the ‘Our Business’ section on pages 38 - 45

For more detailed information read our Annual Report and Accounts 2011/12.

Looking ahead to 2012/13
Following the success of the safety programme and the progress made in patient communication, in the coming year we will be focused on improving the quality and the delivery of our services for our patients. Our objectives for the coming 12 months up to April 2013 are all directed towards this core aim.
We are particularly focused on improving emergency care and will be working to consistently meet our four hour wait target and to improve the way patients are discharged. Patient experience is a key priority and we have pledged to further improve communication as well as providing better access to our services. Read on for a summary of our objectives. For more detailed information, read our full Forward Plan Strategy Document 2012/13.

Our Framework for the Future

Our goals (or Strategic Objectives) for the future are part of a framework made up of our Mission, Vision and our Values.

Each of the objectives is equally important to our core business: *“Improving health by putting patients at the centre of excellent specialist care.”*
If we achieve our objectives, we will move closer towards our vision for the future: *“Safe, effective and personalised care - every patient, every time, all the time.”*

Our Vision

Safe, effective and personalised care - every patient, every time, all the time

Our Mission

Improving health by putting patients at the centre of excellent specialist care

Our Objectives for 2012 / 13

Our Business

To ensure our organisation is stable and viable with the resources to deliver its vision
→ Generate a surplus for re-investment
→ Move towards a financial risk rating of 4
→ Roll out Service Line Management to all services
→ Develop a plan for optimal distribution of services
→ Demonstrate the Commitment to carbon reduction by achieving carbon savings of 1.5% against the 2011/12 baseline

Our Staff

To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance
→ All staff to take part in an appraisal
→ All staff to complete mandatory training
→ Improve staff communication and engagement
→ Improve the level of sickness absence (EDS Objective)

Our Services

To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients
→ Improve the emergency care pathway to ensure sustainable delivery of the 4 hour wait in ED target
→ Deliver the in year safety objectives
→ Sepsis
→ NHS safety Thermometer
→ VTE → Pressure Sores,
→ Catheter induced UTIs → Falls
→ Implement all NICE Quality Standards published in year
→ Progress the Clinical Information Strategy through procurement of a Clinical Information System
→ Reduce Readmissions
→ Improve the diagnosis of dementia in hospital (EDS objective)
→ Reduce incidence of avoidable renal failure
→ To implement cardiac output monitoring during surgery for high risk patients
→ To implement reconfiguration of stroke services and prepare for the reconfiguration of vascular services

Our Patients

To improve year on year the experience of our patients
→ To deliver improvements in patient experience with particular emphasis on communication about treatment and care.
→ To improve communication and access to services for those with visual impairment and hearing impairment
→ To improve the experience of discharge for our patients
→ To ensure that the process of how to raise concerns, complaints, comments and compliments is easily accessible to all (EDS Objective)
→ To deliver national access targets

Our Divisions

- Women & Children's
- Corporate
- Estates and Facilities
- Surgery
- Medicine
- Diagnostics & Specialist

Our Patients

"I cannot praise too highly the care and attention my mother was shown in the hospital over the last fortnight"

LETTER FROM THE FAMILY OF A PATIENT

Because patients are at the heart of everything we do, we are working to ensure we listen and respond to the views of our patients and learn from our mistakes.

2011/12 saw unannounced visits by the independent health and social care regulator, the Care Quality Commission, to both Gloucestershire Royal and Cheltenham General Hospitals which generated positive reports.

These were followed by results of the national In-Patient Survey where 93% of patients rated their care as good, very good or excellent. Outpatients gave a similar rating.

Improving communications

Throughout the year we have worked to improve the effectiveness of our communication with and information provided to patients. We have made significant improvements in involving patients in decisions about their care and promoting the importance of privacy and dignity across our hospitals.

The focus for the coming year is to continue to improve communications and the provision of information to patients about their conditions, treatment and medication. We

will look at ways to make communication more effective and encourage patients to ask questions.

We proactively gather information from patients about their experience of care within our hospitals. Real time surveys are carried out by trained volunteers using hand held devices to gather peoples' views on communication and information, involvement in decisions made about care, dignity and respect. The results gathered in 2011/12 demonstrate that we provided a better experience for patients across the Trust and we will continue to gather this information over the coming year.

Patient leaflets

We have 782 patient information leaflets which relate to conditions, treatments, procedures, discharge information and general information on services. In response to demand, we have developed leaflets in an 'easy read' format advising patients on what to expect when coming to the Outpatient Department, what patients can expect from treatment and these are proving popular.

PART FOUR

Engaging with patients

Obtaining and taking into account the views of patients, carers and the public is central to informing changes and developments to services across the Trust.

Work continues through the Carers Strategy Group, the Learning Disability Group and the Dementia Strategy Group to improve the experience of carers. Working with support organisations such as Carers Gloucestershire and the Alzheimer's Society are integral to the process.

“To improve year on year the experience of our patients”

OUR PATIENTS STRATEGIC OBJECTIVE

Complaints

Over the year we improved our complaints system, encouraging patients to raise areas of concern and making it easier for patients to approach the Trust with feedback including complaints and compliments. We have reported a decrease in the number of complaints received by 15% on the previous year, with 709 in 2011/12. We have also improved our response rate for the number of complaints answered within the agreed timescales and this work will continue throughout the coming year. The Complaints and Patient Advice and Liaison Service (PALS) are part of the Patient Experience Team. Two Patient Experience Managers help drive further improvements in patient experience.

Interpreting and Translation services

Our interpreting and translation services are provided through contracts awarded to The Big Word and Gloucestershire Deaf Association. During the year 2011/2012 a total of 1,528 requests were made for interpreting and translation, 59 of which were translation requests. The most common requests for interpreters are from Polish communities and for British sign language services.

Communication with people who have visual and hearing impairment

Following on from the work started in 2011/12 and as a result of a review into the way people with visual impairment access and use our services which was undertaken by Gloucestershire LINK, we will continue working with patients with visual impairment to improve access to our services through signage, labelling of medicines and availability of letters in a larger font size.

Improving privacy and dignity

We welcomed feedback from the Care Quality Commission (CQC) following an unannounced review visit at Gloucestershire Royal Hospital early in 2011/12. The inspection team praised staff after observing the caring and supportive treatment of patients and acknowledged the dignity and respect shown to patients.

A team of CQC inspectors also made a visit to Cheltenham General Hospital in May 2011. The inspectors found that people using the services at CGH were safe but not experiencing some of the outcomes in the themes under review. An action plan has been developed in response to both visits.

Improving the patient discharge process

Safe and effective discharge of patients from hospital is a key priority for the Trust.

In October 2011, introduction of the new Leaving Hospital discharge process meant that patients on our wards should experience a more streamlined process. Within 24 hours of being admitted to a ward, patients receive an estimated date of discharge and the 'leaving hospital' leaflet explaining that unless their condition changes, they should be able to leave hospital on that date, by 10am.

We believe that good communication and the involvement of patients and carers is vital if we are to improve the discharge process in the future.

We will continue to help patients and their families understand the process for leaving hospital and to make sure they have the information they need to continue their recovery once they go home. This information will include what to look out for at home, who to call if they have any concerns and information on any medications they may have been prescribed.

Work will continue to provide patients with copies of letters that are shared between health professionals and GPs. The national annual survey results demonstrated a small improvement in this area this year and further work will continue in 2012/13.

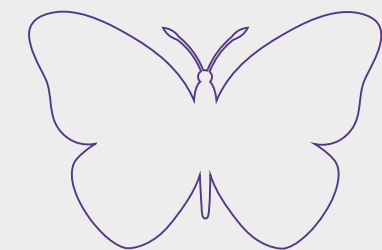
Improving the experience of Carers

Our Carers Policy was rewritten and launched this year after extensive consultation with carers and staff. It describes how carers will be supported and involved in planning and delivering care if they so wish, including

discharge planning. It also covers meeting the needs of carers when they are patients themselves and also addresses the needs of carers and employees. We supported Carers Week in June, using the event to highlight the incredible contribution that carers make. Carers Gloucestershire remains a firm partner in improving the support and experience of carers coming to our hospitals.

Dementia

Our Trust was highlighted for the work undertaken to improve care for patients with dementia following a peer review of our services last autumn. We scored in the top quarter of hospitals in the National Dementia Audit and were highlighted for our policy, our work with dementia champions, our internal training and for our communications. A volunteer role has been developed this year to support patients with dementia, helping to reduce fear and anxiety. We developed new signage for patients' bed heads featuring a new purple butterfly symbol. This is being used as a visual prompt so the patient's care team are aware the patient requires additional support or may have altered cognition.



The new purple butterfly symbol introduced in 2012

PART FOUR

PART FOUR

Looking ahead to 2012/13

Improving the experience of patients in our hospitals is important to all professions and all aspects of our services.

It is important that we make sure that our methods of gathering information from patients are robust and that the lessons we learn are shared widely and result in real improvements.

Communication and Information

Clearer information and communication about treatment and care is essential and we plan to work with four wards to establish a model of best practice for communication between staff and patients, their carers or family members.

We will continue to support staff to hold discussions about conditions and treatment in private.

Kindness and Respect

Our behaviour standards 'Kindness and Respect', launched this year, are used as a tool to make sure that patients and staff are treated with courtesy. In 2012/13 we will focus on reinforcing these through appraisals, training and celebrating good examples.

Information after leaving hospital

Making sure we develop clear ways of working so that patients and families get the information they need at the right time is a theme for 2012/13. We are developing clearer processes so that:

- Patients receive copies of letters sent between our hospitals and their GP.
- The right information is given to those involved in care after leaving hospital.
- Patients know who to contact if they

are worried about their condition or treatment after leaving hospital.

- Patients know what to do after leaving hospital and about the side effects of their medication.

Using Complaints and Patient Advice and Liaison Service (PALS)

We will be carrying out a number of actions this year to review our Complaints and PALS service and make sure that concerns or complaints are being handled efficiently. We will identify which sections of our communities are using our Complaints and PALS services and work with voluntary sector organisations to identify those unlikely to raise concerns and find alternative ways to promote the service to them.

People with Visual and Hearing Impairment

We will continue embedding our specialist communication skills and the use of communication tools and devices to promote high quality communication, for example, care and use of hearing aids, large print leaflets, signage and medicine labelling.

Plans for 2012/13 include developing greater links with the Gloucestershire Deaf Association and Gloucestershire County Association for the Blink so that we can listen to their views and learn further from their experiences.

PART FOUR

"The best thing about my job is making a difference to people's lives and working with great people in the hospital"

MICHELE LUCAROTTI, CONSULTANT SURGEON



Our Staff

“One of the aspects of my role I most enjoy is being responsible for patient experience. I am helped to achieve this through two really dedicated teams of staff”

LIZ BRUCE, MODERN MATRON

With over 8,000 employees, the Trust is the one of the largest employers in the county.

Most of our employees live in the local area which means they and their families are also users of our services. We are proud of our workforce and believe there is a clear link between a skilled, committed and engaged workforce and the delivery of high quality patient care and this underpins the way we work.

Staff Survey 2011

64% of our staff took part in the 2011 NHS staff survey, the highest ever achieved by our Trust and 12% above the national average.

The 'Our Trust, Our Say' campaign resulted in positive feedback on areas of training and appraisal performance, but we scored less well on staff motivation and satisfaction. We are now focussing on engaging with staff throughout 2012/13, working with each of our six clinical and non-clinical divisions to develop meaningful actions based on the issues raised in the survey and the involvement of frontline staff.

The Trust Board has committed to take action on the proposals of the Divisional groups, recognising that a workforce which is motivated and sees changes based on real feedback will ultimately provide improved

quality of patient care and staff wellbeing. After achieving 64% in 2011, we are aiming to maintain this level of engagement and increase the response to 70%.

Staff Awards 2011

The Celebrating Success Staff Awards were held in November 2011 at The University of Gloucestershire. Nominations were made by managers or colleagues from across the Trust in six categories. The record number of nominations made the judging panel face some difficult decisions as they produced the final shortlist of 20 candidates.

In 2011 we recognised our Trust 'Heroes' - members of staff who had excelled in their work without necessarily fitting into a particular category.

At our awards evening, we celebrate learning and development at the Trust as well as awarding Long Service certificates to staff who have worked in the NHS for 25 years or more. We also take the time to celebrate other staff who have won national awards for their work throughout the year.

In 2012 for the first time we are introducing a Patient's Choice award, voted for by the public via our website.

Kindness and Respect

At Gloucestershire Hospitals NHS Foundation Trust, patients are at the centre of everything we do.

We recognise that caring for patients is about delivering high quality clinical care and treating patients, carers, visitors and each other with kindness and respect.

It is ‘how we are’ with people and ‘how we behave’ that shows the respect we hold for individuals.

‘Kindness and Respect: Our Standards of Behaviour’ is made up of 10 standards which were developed by staff, for staff, in response to what we heard from patients, carers, visitors and colleagues, about what matters to them. They are:

- Politely greet patients, visitors and colleagues
- Take the initiative and explain clearly what’s happening every step of the way
- Introduce themselves by name and role to patients, carers and colleagues
- Acknowledge patients, carers and colleagues as individuals, not talking ‘over’ people
- Ask patients, carers and colleagues how they wish to be addressed

- Encourage patients, carers and colleagues to ask questions and share concerns
- Answer phone calls positively with the ward/department, role, name and ask ‘How can I help?’
- Use my mobile phone for personal reasons on breaks only
- Not undermine confidence by speaking negatively about colleagues or services to patients
- Conduct personal chat with colleagues privately and not when patients or families may overhear

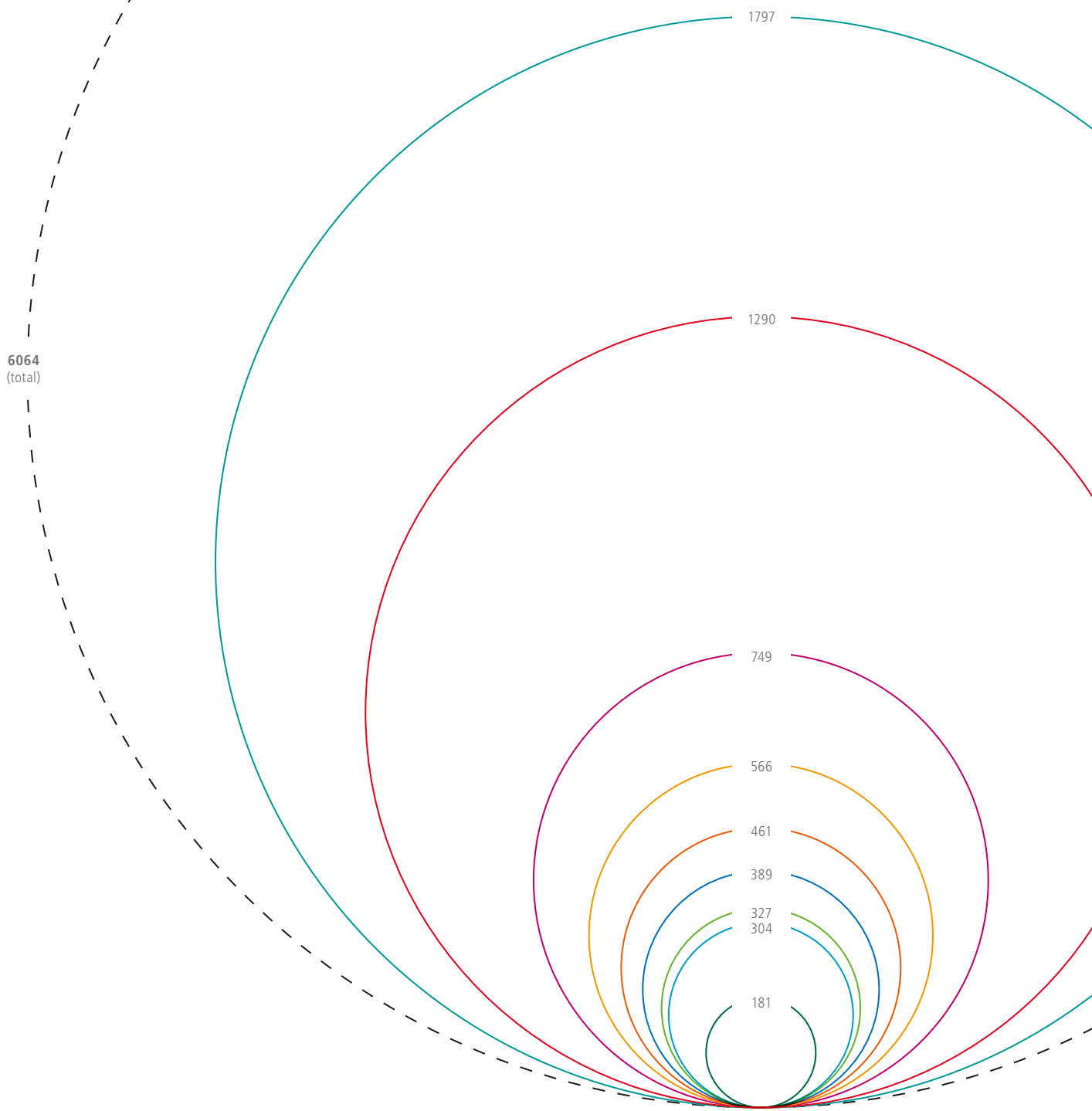
This ‘top 10’ defines how we should all behave at all times towards all patients, carers, visitors and colleagues. The standards will make it clear for all staff:

- What is acceptable behaviour
- That positive role models will be celebrated
- That unacceptable behaviour will bring consequences

We know that the majority of staff behave well towards others. We must take action when this does not happen to ensure that all are treated with kindness and respect.

These standards are a part of our recruitment process, our appraisals and our contracts of employment. They are relevant to all members of staff, regardless of seniority or role.

These Kindness and Respect standards, underpinned by our Trust Values and the NHS Constitution, are right for our patients and for us as NHS staff and will improve the experience of patients, carers, visitors and our colleagues.



Total staff by profession

- GHNHSFT Total staff (Full time equivalent)
- Nursing and Midwifery (Registered)
- Administrative and Clerical
- Medical and Dental
- Healthcare Assistant
- Estates and Ancillary
- Additional Clinical Services
- Allied Health Professionals
- Additional Professional Scientific and Technical
- Healthcare Scientists

Looking ahead to 2012/13

Leadership and management

We aim to continue to invest in clinical leadership at all levels. Two new Chiefs of Service have been appointed to lead the Medical and the Diagnostic and Specialties Divisions. The Chief of Service for Medicine will be appointing an Operations Director for the Medical Division.

“To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance”

OUR STAFF OBJECTIVE FOR 2012/13

Trust Coaches

In addition to the existing core leadership programmes in place, including long-standing programmes such as ‘100 Leaders’ and ILead, we are currently developing further programmes to promote and develop skills. Trust coaches are to provide ongoing support for individuals and training such as ‘solution-focussed leadership’ and ‘holding challenging conversations’ will be available throughout the coming year.

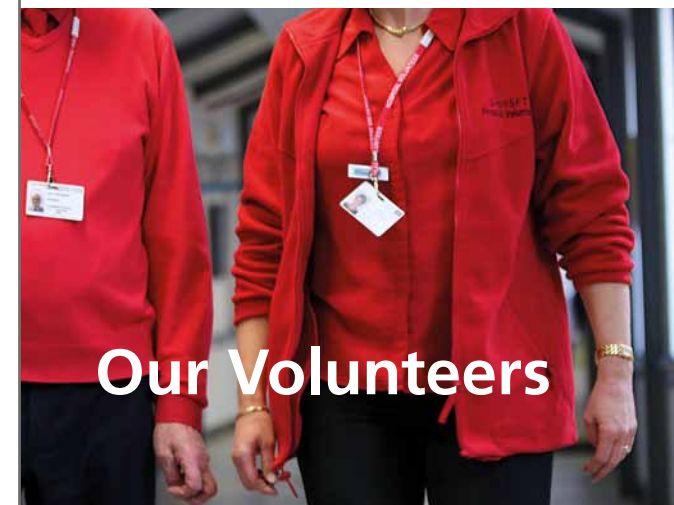
We recognise that strong leadership throughout the organisation will help the Trust to succeed in improving care for patients.

Appraisals and training

We are committed to developing, motivating and engaging our highly skilled workforce and we aim to deliver this by ensuring all staff take part in an appraisal process and complete mandatory training. A new approach to appraisals and training has been developed in line with our objectives for the coming year.

Sickness and absence

We are also committed to reducing the level of staff sickness absence by 3% in 2012/13 and in support of the introduction of a toolkit aimed at supporting managers to better manage staff sickness.



Our Volunteers

We are extremely grateful that the Trust attracts a volunteer workforce of over 500 people. The services offered by volunteers complement the health care provided by our staff and bring many benefits to patients, their families and visitors.

Our volunteers undertake a wide variety of activities including meeting and greeting patients and visitors as well as directing and escorting people around the hospital; helping with menu cards on wards; keeping information boards and racks tidy and up

to date; reading newspapers to patients; doing handicrafts, gardening, art activities and talking to patients. They also support patients who are waiting to leave hospital.

In 2011/12 our volunteers participated in a pilot project to support patients with dementia and we have developed our volunteers' role in supporting patients at meal times and this coming year our volunteers will work more directly with these patients.

Jan Barnard, Sister on Dixon and Montpellier wards explains “Before meals, the volunteers take the meal cards to patients, helping them make their choices for the day, and then they help take the meals out when they arrive – they’re brilliant!”

Patients really appreciate the work of the volunteers, saying that it makes a real difference to their stay in hospitals. One said “The volunteers are so nice and cheerful, they always have time for me and sometimes it’s nice just to pass the time of day with someone as the days can seem long.”

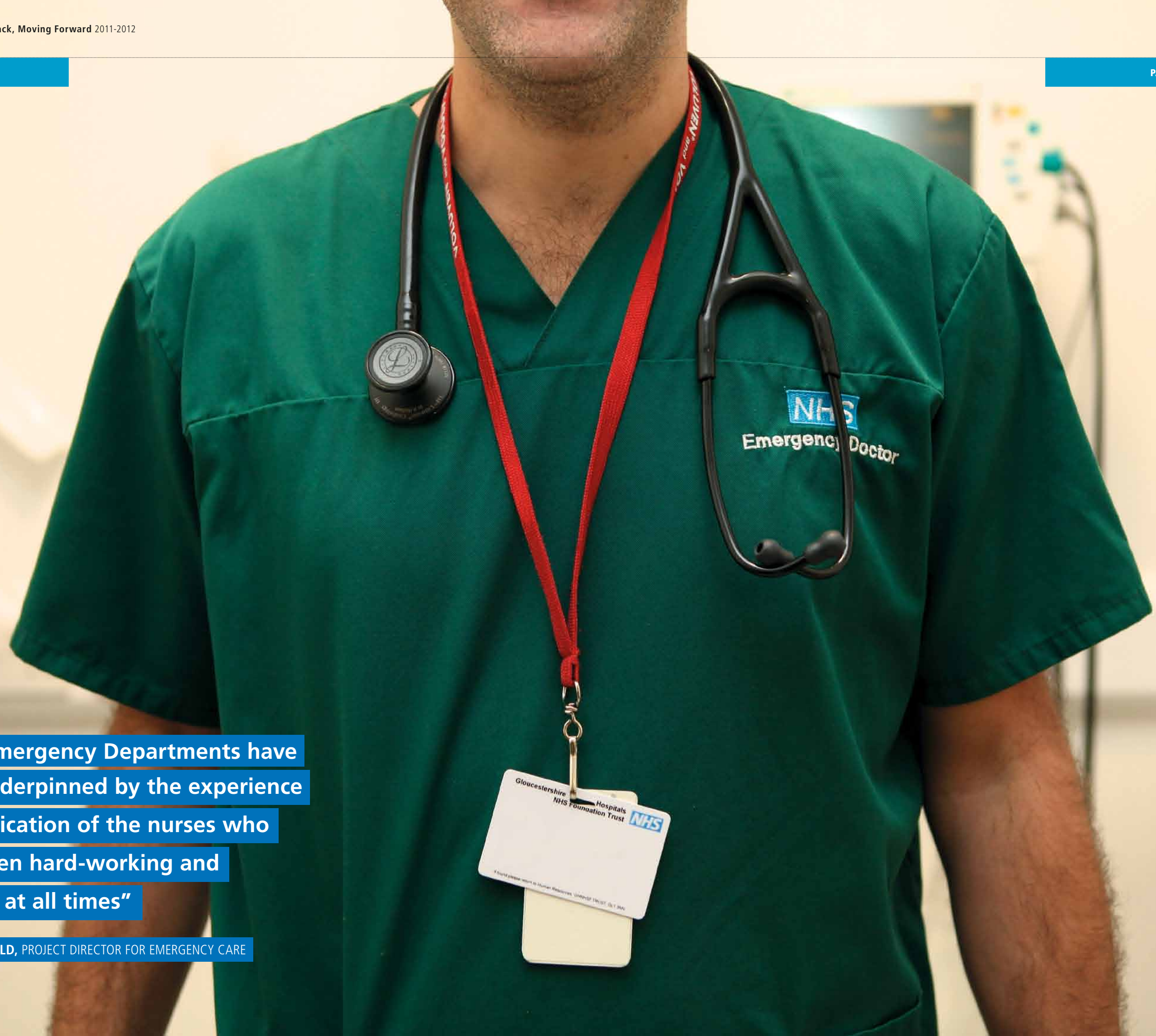
To find out how you can make a difference by volunteering in our hospitals go to the Contacts us section on page 54.

“Our volunteers love coming into the hospital knowing that they are making a real difference to people’s lives. We are proud of our volunteers and grateful for the enormous contribution they make”

TRACEY THOMAS, PATIENT EXPERIENCE MANAGER

“Both Emergency Departments have been underpinned by the experience and dedication of the nurses who have been hard-working and resilient at all times”

MAGGIE ARNOLD, PROJECT DIRECTOR FOR EMERGENCY CARE



Our Services

"I love the clinical interaction, the ability to make a difference to patients. We have an enviable reputation of maintaining an excellent learning environment and I am keen to make every educational moment matter"

ANANTHAKRISHNAN RAGHURAM, CONSULTANT PHYSICIAN

To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients

Our Clinical and Quality Strategy over the next three years is embodied in two of our four strategic objectives:

- to improve year on year the safety of our patients, visitors and staff and outcomes for patients
- to improve year on year the experience of our patients

To find out more about how we improved the experience of patients in 2011/12 and how we plan to further this work, go to the 'Our Patients' section (see page 16).

Our priorities for improving the services we offer are identified each year by the Trust's Quality Committee; a sub-committee of the Board which has clinical and managerial representation from across the Trust. It includes non-executive directors, directors, governor and representation from NHS Gloucestershire. During 2011/12 it has been chaired by Non-Executive Director Gordon Mitchell. Meeting quarterly, the Committee considers progress against our priorities for improvement.

Throughout 2011/12, we focussed on making significant improvements to our service to patients. Following on from the engagement process focused on redesigning aspects of specialist care in our large hospitals the previous year, the proposed changes to specialist services were presented to the

Health, Community and Care Overview and Scrutiny Committee (HCCOSC) in July 2011. These proposals were approved and the centralisation of Emergency Paediatric Assessment to Gloucestershire Royal Hospital took place in Autumn 2011.

The centralisation of first outpatient appointments for symptomatic breast care patients to Thirlestaine Court in Cheltenham took place in late 2011 and the creation of a single Trauma Unit for major trauma (multiple, severe injuries) took place at Gloucestershire Royal Hospital in April 2012.

Stroke and transient ischaemic attack (TIA) services were centralised at Gloucestershire Royal at the new specialist Stroke Unit in June 2012, to support an improved service for patients.

Inpatient Vascular Services are due to be centralised at Cheltenham General Hospital in 2013.

Focus on Emergency Department

Consistently meeting the Emergency four hour waiting times throughout 2011/12 proved challenging and in April monitor the independent regulator of Foundation Trusts, intervened, calling for action to improve our performance. Ensuring we provide the best possible service to patients by meeting this target continues to be a high priority for the

Trust. Considerable progress has already been made in implementing a detailed action plan and will continue into 2012/13.

In March 2012, our Director of Nursing Maggie Arnold took on the role of Project Director for Emergency Care. This involves leading a programme of work to improve the flow of emergency patients throughout our hospitals. This work looks at all aspects of a patients 'journey' from the time they arrive in Emergency Department, going through diagnostics and inpatient treatment right through to making improvements to the way we discharge patients from hospital. The plan will be implemented throughout 2012 and includes the building of new consultation and treatment cubicles in the Emergency Department, employing more Emergency Department nursing staff and working with colleagues in the NHS community and care services to improve the way people are discharged from our care.

"To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients"

OUR SERVICES OBJECTIVE FOR 2012/13

In the Autumn of 2011, our work to redesign the emergency care pathway (UTOPIA) was recognised nationally after we received a Health Service Journal award. The Trust was recognised for being at the forefront of improving efficiency and the quality of care.

In 2011/12 we opened Surgical Admission Units to help improve the flow of surgical patients through the Emergency Departments. Wards were set up at both sites as part of a programme to see, treat, discharge or admit patients within four hours.

Improving Safety

The planned Safety Programme in 2011/12 had the aim of reducing the risk of falls, infection, pressure sores, medication errors, VTE and improving health & safety. The programme used an approach known as 'Plan, Do Study, Act' (PDSA) which accelerates improvement when used with front line staff. This approach was supported by a range of training methods, awareness campaigns, posters and screensavers. One of the most successful projects of the programme was indisputably that of the VTE Risk Assessment where we met the national standards, dramatically reducing the rate of Venous Thromboembolism (blood clots and deep vein thrombosis) events. This approach was well received and is being held up as an example of how change can be introduced effectively throughout the organisation using and how a simple risk assessment tool can dramatically improve patient safety when used reliably for every patient.

The Falls Reduction Programme was also successful and has reduced the amount of falls significantly across the Trust using a similar style. The focus on VTE and falls will continue into to this year and will be supported by the Safety Thermometer project which will support the identification of areas for improvement.

The improvement in health and safety has also been significant with an increase in trained staff to help the Trust manage risks.

There has been a significant reduction in injuries caused by needles following some improvement work.

Meanwhile, in June 2011 a project was set up to improve the management of sepsis in the Trust. Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs and can lead to shock, multiple organ failure and death if not recognised early and treated promptly. The Trust implemented a 'Sepsis Six' project to provide clinicians with a clear approach to monitor patients as they move through the hospital from admission and to use when a patient's condition deteriorates on the ward. The focus on sepsis will continue over the coming year and spread across all clinical areas.

Infection Control

In recent years the Trust has been successful in dramatically reducing the rates of hospital-acquired infections. In 2006/7 we reported 37 post-48 hour MRSA bacteraemia, but last year (2011/12) we reduced this to three cases. In 2007/8 we reported 426 post 48 hour C-difficile episodes, compared with 92 in 2011/12.

Moving forward we aim to meet the even greater challenge of cutting C-diff cases further, to 72 cases, and one case of MRSA. We will continue to highlight the importance of hand hygiene to staff, patients and visitors.

Developing our services

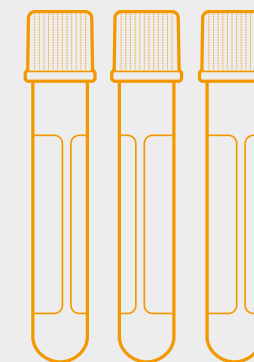
April 2011 saw the transfer of the community midwives covering Stroud and the Forest of Dean and the staff based at Stroud Maternity

Unit into the Trust. Similarly the Occupational Therapists who work at our two hospitals also became Trust employees.

An £0.5 million replacement of a catheterisation laboratory (Cath Lab) at Cheltenham General was officially opened in March 2012. The new equipment represents a significant improvement in technical performance and imaging capabilities.

New Cytology service

Our Trust received national approval to move forward and implement new tests from April 1, 2012. This will help reduce the rate of cervical cancer in Gloucestershire and Worcestershire. Working alongside NHS Gloucestershire and NHS Worcestershire screening programmes which have already introduced a vaccination programme, we are now rolling out testing for HPV (Human papillomavirus) infection in women with abnormal test results and a history of cervical disease. Discussions are also underway about making the new test available in neighbouring counties.



**In 2011/12
the Trust's
labs processed
2,087,176
samples**

Clinical information system

SmartCare is a programme to identify and procure a new clinical information system. The project aims to bring significant advances in care for patients and staff. Our vision for the future of healthcare technology is one where our information systems are innovative, safe, accessible and reliable, helping us improve patient care and efficiency.

New Radiotherapy Unit for Hereford

Our organisation is a centre of excellence for cancer services and we currently provide

launched a high-profile awareness campaign, and reduced the impact of this year's outbreak by encouraging people to follow good hygiene practice and avoid visiting or hospitals if they were feeling unwell.

The success of the 2011 staff Flu Vaccination Campaign was acknowledged by NHS Employers who presented the Trust and partners 2gether which provides the countywide Occupational Health Service with a Flu Fighters Award in November 2011. The award recognised the work carried out to dramatically improve the number of acute hospital staff taking up the flu vaccination.

Looking ahead to 2012/13

Our Clinical and Quality priorities for 2012/13 have been influenced by issues raised within and outside our organisation and take account of the input of key stakeholders including our Council of Governors, NHS Gloucestershire, NHS Health Community and Care Overview and Scrutiny Committee and Gloucestershire LINK. Our priorities fall within three core dimensions: safety, clinical effectiveness and patient experience.

One of our main areas of focus relates to our Emergency Care Programme and during the coming year, our priority will be to improve the service we give to patients by aiming to see and treat and either admit or discharge at least 95% patients within four hours.

Within this comprehensive programme of work we aim to improve the flow of emergency patients in a consistent, sustainable way. We have already made progress with a number of innovations, described below.

You can read more about the actions being taken to improve the quality of our services in the Quality Account 2012/13, available on our website.

Emergency Care

We have been working with support from the NHS Intensive Support Team (IST). Analysis identified four barriers to delivering

sustainable Emergency Department performance. The programme plan is structured around these four areas of work:

Staffing

Doctor and nurse rotas can be better matched to the different patterns in patient numbers coming to our Emergency Department.

Space

With increasing numbers of people coming into our Emergency Department we regularly see more people than the buildings were originally designed for, so we will continue with a programme of improving the physical space available to care for people in an emergency.

Flow

Hospital length of stay needs to further reduce and the way we work needs to change to improve bed availability across the day and week.

Demand

We are working with partners in the NHS and social care to reduce demand on Emergency Department by identifying alternative services.

Now that we are recording fewer people waiting for more than four hours, it is possible to do a more detailed analysis about each individual case. This will allow us to identify significant trends and causes and address them.

Safety

We will be working to improve the management of septicaemia within the organisation and will aim to ensure that most of our patients receive each element of the national 'Sepsis 6' care guidelines.

We aim to reduce patient harm by introducing the 'Safety Thermometer', a national scheme which allows the measurement of events relating to VTE, falls, pressure ulcers and urinary tract

infection (UTIs). In each of the areas of the Safety Thermometer we will establish safety implementation groups so we can start to use the information gathered to drive improvements next year and into the future.

We will continue to implement best practice guidelines to reduce the number of falls in our hospitals and the associated harm. We will continue to improve the reliability of falls care plan interventions, including the use of warning triangles for patients at risk of falling and medication reviews.

We are committed to implementing cardiac flow fluid management monitoring in major and high-risk surgery, reviewing the technology available and implementing the preferred solution alongside data monitoring techniques.

Clinical effectiveness

We are focussing on readmission rates, renal failure, diagnosis of dementia and to implement all NICE Quality Standards.

The Trust has developed partnership and alliances with several other agencies including NHS Innovation South West who are helping us to develop a culture of innovation so the Trust identifies and rapidly adopts new ideas.

Readmission rates

This year we aim to reduce the readmission rates within 30 days of discharge by setting up a specialist project group and determining the current level of avoidable admissions by using national criteria. We will also look in detail at the circumstances of people who are readmitted within this time frame, working with our commissioners and other providers.

Acute Kidney Injury (AKI)

We will improve care for patients with what we believe to be avoidable renal failure by identifying patients at risk of deterioration at an early stage. We will ensure there is a senior review, fluid balance assessment and medication review within 24 hours.

Baby Friendly Trust

The Trust was awarded the prestigious Baby Friendly Award, winning international recognition from UNICEF (United Nation's Children's Fund) for our achievements in encouraging breast feeding in our maternity units.

oncology services to Gloucestershire, Herefordshire and South Worcestershire. It has been the Trust's aim for some time to provide a satellite radiotherapy facility at Hereford County Hospital to reduce the long journeys for patients in the surrounding area. The £7.7million radiotherapy building work is now underway and the unit is due to open in mid 2013.

Getting ready for winter

In the winter of 2011, learning from the previous year we developed a clearer winter plan with explicit plans to address heavy snow and unforeseen pressures.

We significantly revised our approach to tackling Norovirus – the winter vomiting bug. Working alongside NHS Gloucestershire we

Diagnosis of dementia

We will implement the screening of 90% of people over 75 years who are admitted as an emergency patient and introduce risk assessments within 72 hours of an individual being admitted. We will also refer at least 90% of all patients at risk for specialist diagnosis.

NICE Quality Standards

We are aiming to implement all NICE Quality Standards published in the year and we will review our current practice against these standards, reporting back to the Quality Committee.

Research and Innovation

Research and Innovation is now a key part of NHS core business.

95% of NHS Trusts are research active and the Gloucestershire Health Community has a long history of working together as the Gloucestershire R&D Consortium to promote and manage local research activity.

During 2011/12 697 people were recruited to participate in nationally recognised trials. During the same period the Trust was involved in hosting, conducting and recruiting to over 207 studies.

In order to meet the growing demands on the NHS, increasingly, solutions must lie in doing things differently. The Trust continues to encourage staff to think creatively and to identify ways of improving the delivery of healthcare. There are two main facets to innovation within the Trust – service re-design, and product or device innovation. Service redesign focuses on streamlining and improving patient pathways and ways of working.

It most frequently involves teams and is facilitated by Project Managers, skilled in service re-design techniques. Ideas for novel products or devices may emerge through service re-design but are much more frequently brought forward by individuals. The majority of projects are associated with

longer-term, clinical scientific research, but they also emerge from the day to day working experience of staff within the Trust. From time to time an idea may emerge with wider potential for the NHS. In such cases the Trust is able to draw on the expertise of NHS Innovations South West (the South West Region's Innovations Hub) for advice and support on seeking potential commercial partners, prototype development or safeguarding potentially valuable intellectual property.

Our Research and Innovation Strategy has four key aims which collectively will help us to develop the infrastructure to support our current researchers, help us to develop novice researchers into experts and to provide the choice of participation in a research study as a realistic option for our patients.

- Aim 1: to develop our capacity to conduct research
- Aim 2: Increase high quality research and innovation activity by improving and developing new opportunities for research
- Aim 3: Increase income arising from research and innovation and use that income in support of our strategic aims
- Aim 4: Develop a research and innovation infrastructure by providing access to protected space and facilities



"What I love about my job is being in a position to support, reassure and make the experience of child birth as enjoyable as I can"

ASHA DHANY, MIDWIFE

Our Business

"The best thing about my job is the people I work with. I enjoy working for our Trust as I believe that we are generally ahead of the game and working as one we can achieve even more"

EMMA DEMPSEY, LEADERSHIP & ORGANISATIONAL DEVELOPMENT

The Trust achieved savings of £18 million in 2011/12 by changing the way we provide services and implementing a programme of efficiency savings.

The last financial year was as challenging as ever against the backdrop of national economic restraint.

Staff responded extremely well and the Trust had a successful year when all the demands and challenges are considered which meant that we entered 2012/13 with a sense of optimism for the future.

A summary of the key financial results is shown in the table overleaf (see Table 2, P41). This highlights the issues against which Monitor, the Independent Regulator of Foundation Trusts, assesses the Trust. This set of results gives the Trust a financial risk rating of 3, which is in line with most other Foundation Trusts.

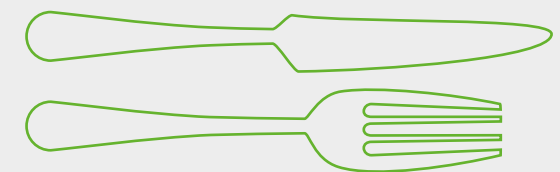
The Trust was able to invest £10m in its buildings and equipment last year. This included £4m on medical equipment, £2m on improving pipework within the hospitals to reduce the risks associated with water borne infections. We also upgraded one of our operating theatres in Cheltenham.

Our programme of savings included a series workforce review projects, introducing simple changes to working practices and making

better use of the skills of our workforce.

By taking this approach we were able to maintain the quality of services for our patients without compromising patient care.

As part of our savings plan for the year the organisation needed to reduce the number of staff employed. By the end of the year a reduction of the equivalent of 180 posts had been made with one redundancy. We introduced a new electronic rostering system for nursing staff which we anticipate will improve efficiency and reduce the amount of time frontline staff need to spend on planning shifts.



**In 2011/12 we served
1,128,608 patient meals**

Projects that improved the quality of services and contributed to our overall savings including a review of administration and clerical services across the Trust which looked at the way we work and resulted in a new, consistent way of providing administrative support for our services. Other projects include reviews into Human Resources, Estates and Facilities and Corporate Services. The Estates and Facilities Division conducted a transport review in early 2012, installing trackers in vehicles to better understand the flow of transport between sites and around the County. The results will help us to determine how best to use this service in the future.

“To ensure our organisation is stable and viable with the resources to deliver it’s vision”

OUR BUSINESS OBJECTIVE FOR 2012/13

Service Line Management

Integral to the further development of clinical leadership and development, and to improving patient experience as a whole, is the development of Service Line Management (SLM). This programme is aimed at reducing variation in the way services are provided and identifies ‘service lines’ with delegated layers of authority, linked to performance and will enable service leads to make autonomous decisions on the development of their service. Clinical specialties are grouped together and managed as distinct units, like mini-businesses, led by Specialty Directors who are accountable for clinical, operational and financial performance.

Service Line Management was developed in the United States in the 1980’s and is built around clinical leaders using timely, relevant and accurate information to improve the quality, experience and efficiency of care. Monitor now encourages all Foundation Trusts to implement SLM.

Over the last year a small number of pilot specialities developed our approach. We believe this will improve our services significantly, reinforcing the message that every staff member is providing either direct or indirect support to patients.

Looking ahead to 2012/13

The profile of Gloucestershire is changing; the ageing population is increasing at a significant rate and by 2021 it is predicted the overall population of the county will increase from 597,200 to 636,400. At the same time the age range of those aged 65 or over is projected to increase by at least 50%.

Since 2006, admission rates to hospitals have increased, especially emergency admissions for people aged 85 years and older who often have more complex needs and are likely require admission. We are working with our partners in Gloucestershire to understand and plan for this trend.

There are however a range of factors that will in the same time period reduce the demand for hospital beds. New technologies and innovations constantly offer opportunities for less invasive interventions.

The introduction of new healthcare providers looks likely to reduce demand on our specialist acute services in the future.

The county wide strategy for healthcare in Gloucestershire is focussed on reducing the reliance on hospital-based care by altering

Table 1: Overview of Performance against the 2011/12 National Priorities and Core Standards

National Priority	2008-9	2009-10	2010-11	2011-12	National Target for 2011-12
Clostridium difficile year on year reduction ²					
→ Total	363	196	175	160	73
→ Post 48 hrs	251	126	116	92	
MRSA bacteraemia ¹ at less than half the 2003/4 level					
→ Total	26	17	7	7	
→ Post 48hrs	8	6	2	3	5
18 week maximum wait from point of referral to treatment (admitted patients)	90.1%	91.0%	88.9%	89.4%	90%
18 week maximum wait from point of referral to treatment (non-admitted patients)	92.5%	96.3%	97.2%	98.4%	95%
Maximum waiting time of four hours in Emergency Department from arrival to admission, transfer or discharge (GHNHSFT only) ³	97.1%	96.2%	94.97%	92.8%	95%
Maximum waiting time of 31 days from decision to treat to first treatment for all cancers ⁴	99.9%	99%	99.7%	99.4%	96%
Maximum waiting time of 31 days from decision to treat to subsequent treatment: surgery ⁴	N/A	99.4%	99.8%	100%	94%
Maximum waiting time of 31 days from decision to treat to subsequent treatment: drugs ⁴	N/A	99.7%	100%	100%	98%
Maximum waiting time of 31 days from decision to treat to subsequent treatment: radiotherapy ⁴	N/A	N/A	100%	100%	94%
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers ⁴	Q1-Q3 96.3% Q4 77.0%	84.1%	85.4%	85%	85%
Maximum waiting time of 62 days from urgent referral from national screening programme to first treatment ⁴	N/A	99.4%	98%	95.5%	90%
Maximum waiting time of 62 days from urgent referral from consultant upgrade suspected cancer referrals ⁴	N/A	91.7%	92.7%	88.6%	90%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals ⁴	100%	93.3%	93.6%	92.2%	93%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for patients referred with non cancer breast symptoms ⁴	N/A	91.9%	90.6%	89%	93%

1. MRSA bacteraemia target: total is for the Health Community, post 48 hours relates to the number of cases for Gloucestershire Hospitals NHS Foundation Trust
2. Reporting the in first seven months of the year was based on a more sensitive test, which increased the number of C.diff cases detected in the first half of the year, until previous reporting reintroduced.
3. Please note change of measure from countywide to GHNHSFT only, as required by Department of Health
4. For all cancers data is taken from April 2011 — March 2012

Table 2: Key Financial Targets

Key Financial Target	Target for the Year	Performance Achieved
Income and Expenditure Surplus (deficit) before exceptional items	£2.0m	£0.8m
Income and Expenditure Surplus (deficit) after asset impairment	(£0.5m)	£2.6m
EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation)	£28.7m	£26.6m
EBITDA Margin	6.8%	6.2%
Return on Assets	4.4%	3.9%
Income and Expenditure Margin	0.4%	0.2%
Liquidity Ratio	21.2	24.8

PART SEVEN

the way care is provided and providing care closer to home where safe and feasible to do so.

This financial year we are working to make savings of £22 million through a comprehensive and achievable savings plan. The budget takes account of the contract arrangement reached within our commissioners NHS Gloucestershire and the budgets of our Divisions. We aim to deliver a £4 million surplus to enable us to reinvest in our Capital Programme. The capital programme includes major building work on the lifts in the Tower Block at Gloucestershire Royal Hospital as well as ongoing investment in the clinical information system 'SmartCare' which is expected to revolutionise the way we store and utilise patient records.



We treated 769,793 patients plus 59,187 combined chemotherapy and radiotherapy treatments

Projects that will help us achieve our savings this year include:

- Length of stay
- Examining our prescribing costs
- Maximising the implementation of best practice and achieving our CQUIN targets

- Looking at our overheads and managerial processes
- Continuing to review our workforce.

Workforce Planning

In April 2012, the Trust invited expressions of interest in a scheme where an individual employee, in agreement with their employer, chooses to leave employment in return for a severance payment. The Mutually Agreed Resignation Scheme (MARs) was available to specific parts of the workforce. We did not open this up to all staff as there are no plans to reduce the frontline workforce.

Other workforce planning areas to be investigated in 2012/13 include a Management and Back Office Review, Medical Staffing Review and a Junior Doctor Productivity Review. Income Generation opportunities are also being investigated throughout 2012/13.

E-rostering

In 2012, the E-rostering project moves on to its second phase and we have been collecting information on the potential benefits of Rosterpro Central to deliver efficiencies and savings in other clinical and non-clinical areas.

Engaging with stakeholders

We developed an engagement strategy to coordinate the way we engaged with patients and partner organisations in 2011/12 and this proved to be an effective way to talk to interested parties from the community when considering changes to some areas of services.

Over the year we have introduced a series of initiatives to ensure full engagement with patients, including the implementation of hand held survey devices and we have agreed a 'patient experience escalator' as one of our Commissioning for Quality and Innovation (CQUIN) schemes for 2012/13. This approach means that we must more actively listen to patients' feedback, act upon it and improve staff behaviour.

We participate in an NHS Reference Group which shares ideas for service changes and development through an informal meeting and gives the group an opportunity to listen and learn from members which include NHS partners, the Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC) and LINK. This has proved to be successful and continues to build trust and confidence between organisations.

As with previous years, our relationship with commissioners is clearly critical to our business success and the implementation of the Health Act in 2012 means that the changes to the commissioning landscape is likely to contribute to the challenges in the year ahead.

The relationship between the new Gloucestershire Clinical Commissioning Group and the Trust is at an early stage and the policy of promoting increased care closer to home continues to be a key theme for 2012/13. This is reflected in commitments to transfer significant levels of outpatient work to local settings. A major building programme to enhance several community hospitals in Gloucestershire is now nearing completion.

We have developed excellent relationships with NHS Gloucestershire Care Services (GCS), especially for the provision of services in local settings and from community hospitals. We are leading a major project, as a part of the 2012/13 quality and innovation programme, to improve the efficiency and effectiveness of orthopaedic interface services.

Our Member Involvement Forum contributes significantly to the work of the Trust, providing a valuable patient and carer perspective, ensuring that their experiences influence the work of the Trust.

The Trust has a strong record of partnering voluntary organisations in the delivery and improvement of services. These include Gloucestershire Deaf Association, Gloucestershire Blind Association and Cheltenham Open Studios.

The engagement strategy and specific progress made can be seen in more detail in our Engagement Strategy on the 'Publications' pages of our website.

PART SEVEN

PART SEVEN

Equality & Diversity

We take equality and diversity issues seriously because it is important to treat people as individuals and to value what makes them unique. This applies to patients and staff equally and accords with our values and behaviour standards.

Equality and diversity in our hospitals is about valuing everyone as a unique individual. It means recognising that some people will need different treatment to achieve a fair outcome. This is why we're committed to designing our services around the needs of individual patients and those around them.

We know that involving our diverse and varied communities when designing our services for the future is essential if we are to make sure the right care and support is available when and where it is needed. We provide care for all sections of the community, regardless of race, ethnicity, creed, gender, age, physical or sensory impairment, sexual orientation or cultural background (the 'protected characteristics').

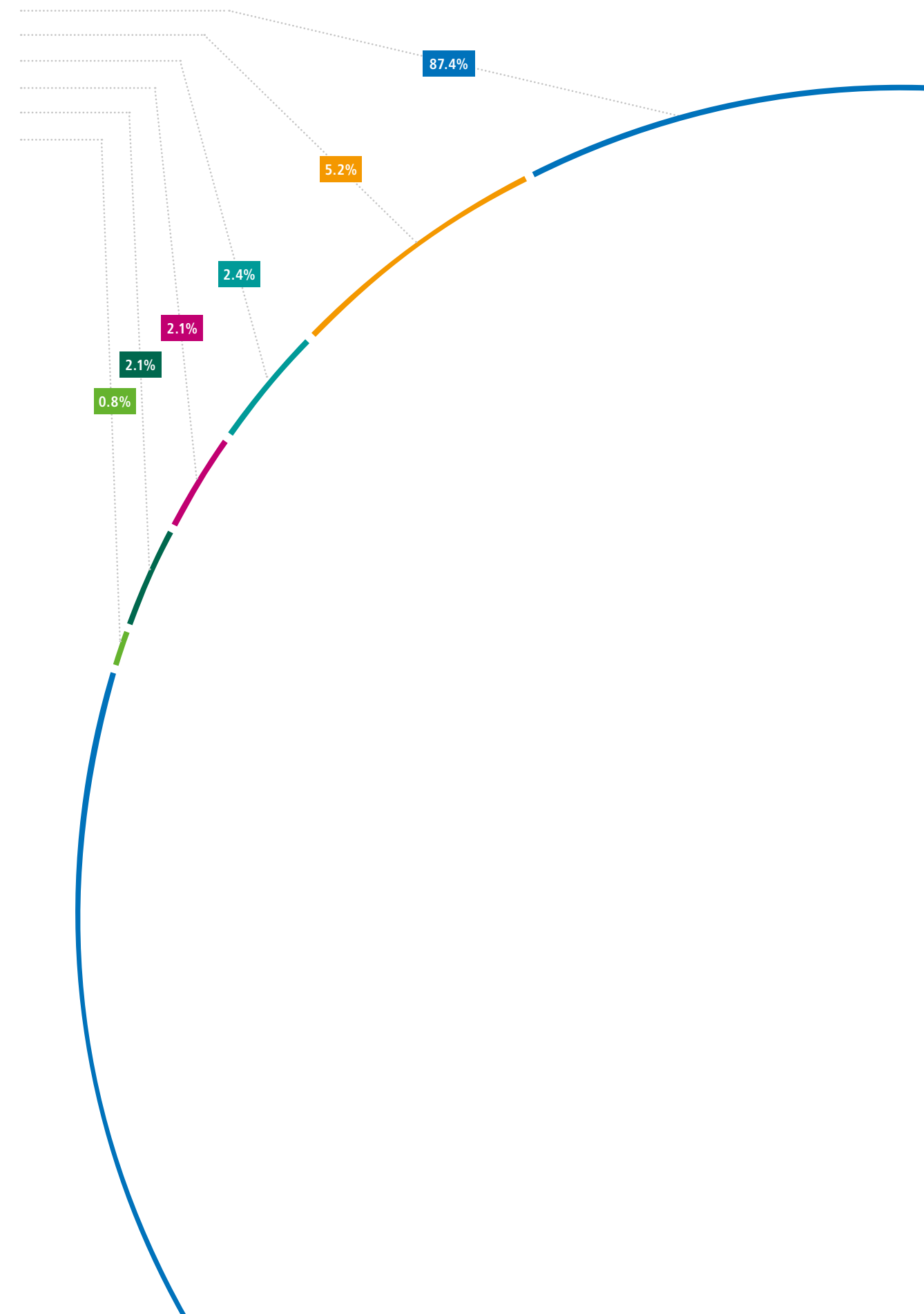
The Equality Act 2010 and the NHS Equality Delivery System [EDS] provide us with a challenge and opportunity to look again at the design and delivery of our services to make sure they are equal and appropriate to the people we serve. We have set objectives for the year to come which comprise:

- Better monitoring of the way we provide accessible services and commitment to better information gathering about the protected characteristics
- Introducing impact assessments for people with protected characteristics for any service changes
- Improving services for people with dementia through a variety of measures
- Continuing our work supporting Carers
- Ensuring that those in protected groups are involved and informed about in their care and treatment
- Improving the experience of patients in the 'transition' of leaving hospital
- Improving the accessibility of the complaints process
- Supporting the health and wellbeing of members of staff in a number of ways including:
 - Supporting staff who are disabled
 - Reviewing recruitment processes to ensure there are no inequalities

For more on the EDS and the full Equality Compliance Report, go to the 'About the Trust' pages of our website.

Staff by ethnicity

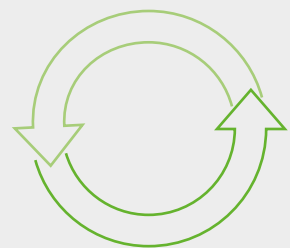
White
Asian
Black
Other
Not stated
Mixed



Sustainability

We have the potential to make a significant contribution to the sustainable development agenda of Gloucestershire.

A Corporate Citizenship Committee was established some years ago to provide a focus for these activities. In 2010, reflecting the greater focus in the NHS on carbon reduction and wider aspects of sustainability this became the Sustainability Committee – a sub-committee of the Board, Chaired by a Non-Executive Director. This Committee includes Governor representation and a membership drawn from the key departments which contribute to this area of the Trust's activities, including the Estates and Facilities Division, Procurement, Finance, Human



The Trust recycled 411 tonnes of waste in 2011/12

Resources and Clinical Strategy.

In 2009/10 the Trust took part in the Carbon Trust's NHS Carbon Management Programme. This provided technical and change management support to assist the Trust in producing a 3-year Carbon Management Plan (CMP) as a basis for achieving reductions in energy and carbon emissions. The CMP forms a substantial element of the Trust's wider Sustainability Action Plan. Subject to securing external funding to finance carbon management activities, and with a proactive approach to carbon management, the Trust has set a challenging target to reduce emissions, in line with Government direction, by 10% by 2015 from the 2007/08 baseline.

In 2011/12 the Trust reaffirmed its commitment to carbon management with the inclusion of a new Strategic Objective.

We supported the first NHS Sustainability Day of Action on 28th March 2012 through information stands where we provided visitors with information on sustainability and handed out low energy light bulbs and cloth bags which had been donated to the Trust. Stagecoach Bus gave advice and timetables to encourage people to use the bus.

We have gained recognition from the Soil Association for sourcing 30% of our food locally (within 25 miles) with a further 30% sourced from within 50 miles of the Trust. We will be working to further reduce food waste from patient meals and restaurant facilities over this coming year and will consider more sustainable disposal methods.

We have increased the volume of cardboard sent for recycling and reduced the volume of waste sent for incineration from theatres by diverting some clinical waste treatment methods and recycling packaging and paper.

As well as helping to protect the local environment, we take steps to contribute to the local social and economic well-being of the area. We also understand our responsibility to work towards sustainable healthcare when the demand for care

continues to rise every year. Our staff are involved in a number of local and countywide projects to explore how we can deliver care and work in different ways, for example through e-referrals and increased use of telemedicine or other means.

Although hospitals are generally seen as the places where people are diagnosed, cured or cared for when they are ill, we also recognise the opportunity that we have to promote health and well-being amongst our patients, our staff and our visitors. Our Trust Health and Well-being Group oversees a range of activities in this area, including promoting smoking cessation, and other healthy lifestyle themes, contributing to the wider countywide health and well-being programmes.

As one of the largest employers in the county we recognise our responsibilities to be a good employer. For our staff we run and offer a range of activities – smoking cessation support, open access physiotherapy, Workout@Work Day activities run by our physiotherapy staff and the well-established annual sun awareness sessions.

We also contribute to the multi-agency Gloucestershire Health, Work and Well-being Group. Through our apprenticeship and work experience schemes we help local people to develop their future employment potential. The Trust is also now a regular and popular contributor to the Cheltenham Science Festival and a range of career fairs.

The Trust benefits significantly through the contribution of our volunteers, and many of our own staff devote their own time to a range of health and non-health related charities and voluntary organisations – locally, nationally.

The Trust also has links with health services elsewhere in the world – for example with the Kambia Government Hospital in Sierra Leone. Once again this year, these links have offered staff a unique opportunity to share their skills more widely, but also give the chance for staff to learn and develop from their contacts and experiences with different health systems.

Looking forward to 2012/13

Our current target is to reduce target emissions by 10% by 2015. We aim to reduce our carbon utilisation by 1.5% of 2011/12 levels by fully implementing the actions from our 'Salix Scheme'.

Salix Finance Ltd is an independent, not for profit company, funded by the Department for Energy and Climate Change and its purpose is to accelerate investment by public sector bodies in energy efficiency technologies through invest to save schemes.

As an integral part of our involvement in the Carbon Trust's carbon management programme, we have developed a plan to identify a range of energy efficiency and other schemes to work towards reducing the Trust's carbon footprint and natural resource usage.

"We have increased the volume of cardboard sent for recycling and reduced the volume of waste sent for incineration from theatres"

A priority for the year ahead will be to identify and develop business cases for further schemes and to identify the necessary funding to take these forward. We will also work closely with the new countywide Health and Well-being Board to explore how we can contribute to the forthcoming Health and Well-being Strategy.

To find out more about our Sustainability Action Plan and our wider contribution to sustainable development, go to our Environment and Sustainability and Corporate Social Responsibility pages on our website.

Glossary



Annual Plan	A forward plan detailing the Trust’s future intentions.
Annual Report (and Accounts)	A statutory document produced by the Trust and which is laid before Parliament.
ACU	Acute Care Unit
Adverse Event Rate	This is calculated on a monthly basis, auditing a random sample of 20 notes against the Global Trigger Tool.
Care Quality Commission (CQC)	The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.
CEMACH	Confidential Enquiry Maternal and Child Health
CGH	Cheltenham General Hospital
Clinical Commissioning Groups	Emerging groups led by GPs which will be responsible for planning and buying of healthcare for the local area. These will replace PCTs in April 2013.
Commissioning/ Commissioners	Commissioning is the process of assessing the needs of a local population and putting in place services to meet those needs. Commissioners may include PCTs or increasingly groups of GP practices.
Co-production and experience-based design methodologies	Ways of working/activities which involve patients and staff or other stakeholders in re-designing services or improving care, and which draw on their experiences.
CQC	Care Quality Commission
CQUINS	Commissioning for Quality Improvement goals. These are targets for quality improvement agreed between commissioners and providers and included in contracts with financial incentives if they are achieved.
Customer proxies	In this document this term refers to specific groups with a particularly close and informed interest (from a public/patient perspective) in the service provided to patients at the Trust.
DAHNO	Data for Head and Neck Oncology
DCC	Department of Critical Care
DVT	Deep Vein Thrombosis. A blood clot in the veins, usually in the leg. Causes the leg to swell but more significant risk is that bits of the clot can break off (an embolus) and block blood supply to the lungs.
ED	Emergency Department
Foundation Trust	NHS providers who achieve trust status have greater freedoms and are subject to less central control. Foundation Trusts are part of the NHS and have to meet the same national targets and standards.
Foundation Trust Governors	The Board of Governors are elected by Foundation Trust members. Governors advise a Foundation Trust on how it carries out its work so that this is consistent with the needs of members and the wider community.

PART EIGHT

GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
Gloucestershire Patient Profile	Nursing assessment documentation for each inpatient
Global Trigger Tool	This is a case note review tool that enables us to better understand the main causes of harm in our hospitals. It also allows us to calculate an adverse event rate.
GRH	Gloucestershire Royal Hospital
GWAS	Great Western Ambulance Services. Provides ambulance services for Gloucestershire and the region
Health Community and Care Overview and Scrutiny Committee (HCCOSC)	Overview and Scrutiny Committees are made up of local government councillors and offer a view on local and social care matters. The HCCOSC is responsible for overview and scrutiny of health related issues and the Council's Community and Adult Care Directorate. It focuses on health issues from a public perspective and works in partnership with other agencies to improve local health services.
HES	Hospital Episode Statistic
HSJ	The Health Service Journal is a health industry magazine published on a monthly basis by Emap.
HSMR	Hospital Standardised Mortality Ratio
Internal stakeholders	Our staff are the Trust's internal stakeholders
Local health community	The local health community includes commissioners and providers of healthcare in the local area.
Local health and social care community	The local health community includes commissioners and providers of healthcare in the local area. The local health and social care community will also include commissioners and providers of social care.
Local Involvement Networks (LINK)	Local organisations in each local authority area, set up to represent the views of local people on health and social care services. These may become local Health Watch in the future.
Local Strategic Partnerships (LSPs)	These bring together representatives of all the different sectors - public, private, voluntary and community. They have responsibility for developing and delivering the local sustainable Community Strategy and the Local Area Agreement.
LOS	Length of Stay. Refers to the amount of time a patient stays in a hospital bed
Monitor	Monitor is the independent regulator of NHS Foundation Trusts. It is independent of central government and directly accountable to Parliament.
MRSA	MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections. The full name of MRSA is methicillin-resistant staphylococcus aureus
MUST	Malnutrition Universal Screening Tool. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers.

PART EIGHT

Never events	Nationally defined list of serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
NHS Constitution	A national document which describes the principles and values of the NHS in England, and the rights and responsibilities of patients, the public and staff.
NHSBT	National Health Service Blood and Transplant. Co-ordinates all blood and transplant services nationally
NICE	National Institute for Health and Clinical Excellence
PAS	Patient Administration System used with Gloucestershire Hospitals NHS Foundation Trust
PE	Pulmonary Embolus.
Primary Care Trust (PCT)	The NHS body currently responsible for commissioning healthcare services for a local area. NHS Gloucestershire is the PCT for Gloucestershire.
Provider	Organisations which provide services directly to patients, including hospitals, mental health services and ambulances.
RCP	The Royal College of Physicians is an independent professional membership organisation and registered charity, representing over 26,000 physicians in the UK and internationally.
Reference panel	A group of people who can be approached for advice or guidance.
Regulators	External bodies which regulate and monitor the Trust – these include Monitor, the Care Quality Commission (CQC), Health and Safety Executive (HSE), the Strategic Health Authority, the Department of Health.
Representatives	People who are in a position to speak on behalf of other service users. People are representatives when the views they share are the opinions of the people they are representing, which may not be the same as their own.
Service users	Those who use services or those who may use them. Service user involvement can be directly or through representatives.
Strategic Health Authority (SHA)	The public bodies which currently oversee commissioning and provision of NHS services at a regional level.
Stakeholder engagement	A process by which an organisation learns about perceptions, issues and expectations of its stakeholders and uses these views to assist in managing and influencing any planned changes/improvements in service delivery.
Stakeholders	Any person or group of people who have a significant interest in services provided, or will be affected by, any planned changes in an organisation or Local Health Community. They may be internal or external to that Local Health Community, and they can comprise staff, patients, trade unions, MPs and members of the public and community groups.
TARN	Trauma Audit and Research Network
Thrombolysis	Administration of drugs to patients with stroke and heart attacks to reduce further blockages in vessels

PART EIGHT

PART EIGHT

TIA	Transient Ischaemic Attack - a mini stroke
T&O	Trauma and Orthopaedics
UTOPIA	An internal Gloucestershire Hospitals NHS Foundation Trust project which took place during 2010/11 to refine and improve the emergency patient pathway
VTE	VTE (venous thromboembolism) is a general term to describe the blocking of a blood vessel by a blood clot. This term includes both deep vein thrombosis (DVT) and pulmonary embolism (PE). DVT occurs when a blood clot blocks a deep vein, usually in the leg. PE is a potentially life-threatening complication and occurs when the blood clot escapes into the circulation and becomes lodged in the lungs.
WHO	World Health Organisation
3CCN	3 Counties Cancer Network. Co-ordinates the provision of cancer care for Gloucestershire, Herefordshire and South Worcestershire

Contact us

General Inquiries

Call us on 08454 222 222 or 01242 222 222. Calls to 0845 numbers are charged at BT Standard Local Call Retail Price for BT customers. The price charged by other telephone companies may vary and be charged at higher rate.

Visit our website at
www.gloshospitals.nhs.uk

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Trust Headquarters

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Patient advice and liaison service

0800 019 3282
pals.gloucestershirehospitals@glos.nhs.uk

Complaints and compliments

08454 225777
complaints.team@glos.nhs.uk

Join our Foundation Trust

There are many ways you can get involved as a member. Join us today by applying online on the 'Getting Involved' pages of our website.

Interested in volunteering?

Call Liz Waller at Cheltenham General Hospital on 08454 223 451

Call Gay Limbrick or Sally Lacey on 08454 226 648

Would you like to find out more?

The Annual Report and Forward Plan Strategy Document can be found on the publications pages of our website or by contacting Communications at 1 College Lawn, Tel: 08454 22 4735.

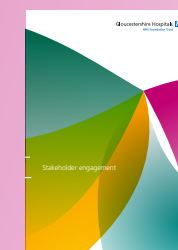
This document forms part of a larger range of Trust documents for 2012:



Quality Account



Equality Compliance Report



Stakeholder engagement



Annual Report

