South Staffordshire and
Shropshire Healthcare

NHS

NHS Foundation Trust

2008-09
Clinical Governance
and Risk Management
Annual Report

going the extra mile

Foreword

Welcome to the second combined annual clinical governance and risk management report for South Staffordshire and Shropshire Healthcare NHS Foundation Trust. This report covers the two years since the integration of the Mental Health and Developmental Neurosciences and Learning Disability services of Shropshire County and Telford and Wrekin PCT's was completed.

Having continued to achieve 'Excellent' ratings for the use of resources and quality of care, the Trust was once again pleased to enter a fully compliant declaration against the Standards for Better Health, in accordance with the Healthcare Commission's annual health check process. During the year the Trust was also pleased to be awarded Level 2, following assessment by the NHS Litigation Authority, with a maximum score against each criterion of their Risk Management standard.

Furthermore, the National Patient Safety Agency (NPSA) reports, published last year, show that the Trust has the best incident reporting rate compared to other similar Trusts throughout the country. According to the NPSA this indicates a strong reporting and learning culture. It is also of note that the majority of reported patient safety incidents resulted in no or low harm.

Safety in general and patient safety in particular is our top priority and we are constantly assessing our performance in this important area. This includes a regular review of our pro-active risk management arrangements, benchmarking our performance, assessing our position against national targets and standards and an ongoing analysis of reported incidents. Learning and improving is our constant aim and this report is part of that overall process.

The most important aim for this Trust is to continually improve the quality of care it provides to its service users. The aforementioned processes, along with others, are designed to achieve that aim and are in line with the framework for quality as laid out in "High Quality Care For All – Next Stage Review" (DH,2008).

This report should be read in conjunction with the Trust's Business Plan and Annual Report and Accounts to obtain a comprehensive picture of services and activities within South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

We hope you find it interesting.

Non-Executive Director	Chief Executive	Risk Manager	Associate Director
Roger Evans	*Neil Carr*	*Tony Henshall*	*Joe Wall*

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1   Executive Summary

South Staffordshire and Shropshire Healthcare NHS Foundation Trust employs over 3400 people providing services to both the local populations of South Staffordshire, Shropshire and beyond. These services are not provided in isolation and the Trust works with a broad range of other agencies and partners. The safety and well being of our patients, clients, staff and others who come into contact with our organisation is of paramount importance. The Trust's clinical and non-clinical risk management strategies, and other related policies, are part of the overall governance arrangements designed to ensure that South Staffordshire and Shropshire Healthcare NHS Foundation Trust is a safe place to be.

With regard to statutory agencies the Trust did not receive any planned inspection visits by the Health and Safety Executive and did not receive any enforcement notices or convictions during the year.

The primary forum for consultation on health and safety matters, over the period 2008/09, was through the Health and Safety Committee, a sub-committee of the Joint Staff Panel (JSP). The Trust also consulted staff through a range of other methods that included staff road shows, conducted by the Chairman and Chief Executive, staff newsletters, team briefings, the Trust intranet and staff opinion surveys.

In November 2008 the Trust hosted a very successful visit by the NHS Litigation Authority (NHSLA) and achieved a Level 2 rating against their risk management standard. The NHSLA is a Special Health Authority (part of the NHS), responsible for handling negligence claims made against NHS bodies in England. In addition to dealing with claims when they arise, they have an active risk management programme to help raise standards of care in the NHS. Based on regular assessments against risk management standards, the NHSLA provides insurance for Trusts for any claims made against them.

The NHSLA has a rigorous process for examining the systems and processes that exist within Trusts that mitigate against risk. As part of our assessment we had to produce evidence against 50 criteria, across 5 standards, and for each criterion, around 5 issues were looked at in more detail – about 250 separate issues in total.

The visit was very intensive, with the assessor challenging us on all of our evidence. At the end of the process we were given the highest score possible, 50 out of 50, and the assessor commented that this was the first time in his career he had awarded such a result.

Overview of 2008/2009

Incidents

During 2008/2009 there were a total of 6,109 reported incidents.

Those affecting service users included:

- 283 acts of self harm
- 269 reports of absconding from site
- 413 slips, trips and falls
- 240 drug / medication related incidents

Those affecting staff included:

- 544 acts of physical assault resulting in injury
- 69 slips, trips and falls
- 23 manual handling incidents

Complaints

During the year there were a total of 114 formal complaints that were managed in accordance with national guidelines and local Trust policies.

Patient Advice and Liaison Service

During the year the PALS service dealt with a total of 789 cases raising 983 issues. In excess of 260 **formal compliments** were included in the 983 issues raised, regarding the service provided by the Trust.

Claims

The number of active civil litigation claims against the Trust on file at the end of the year was 19, with the majority of these relating to employer's liability for assaults by patients, manual handling incidents and slips, trips and falls.

Sickness Absence

The Trust's average sickness absence rate for the year was 5.27% compared to 5.3% the previous year.

Developments within the Trust

- Reviewed the Serious Untoward Incident Reporting and Investigation procedures and provided training for relevant managers in their use.

- Reviewed and harmonised a broad range of policies and procedures.

- Continued to develop the Trust's risk register and also registers at Directorate and Departmental level.

- Continued to develop the Assurance Framework to include Assurance Plans at both Directorate and Trust level.

- Provided regular risk assessment training days for staff.

- Provided regular Clinical Risk Management training days for staff.

- Continued to provide risk management sessions on the Trust's 'Going the Extra Mile' programme.

- Completed environmental audits within all inpatient wards to assess risks associated with ligature points and other related patient safety issues.
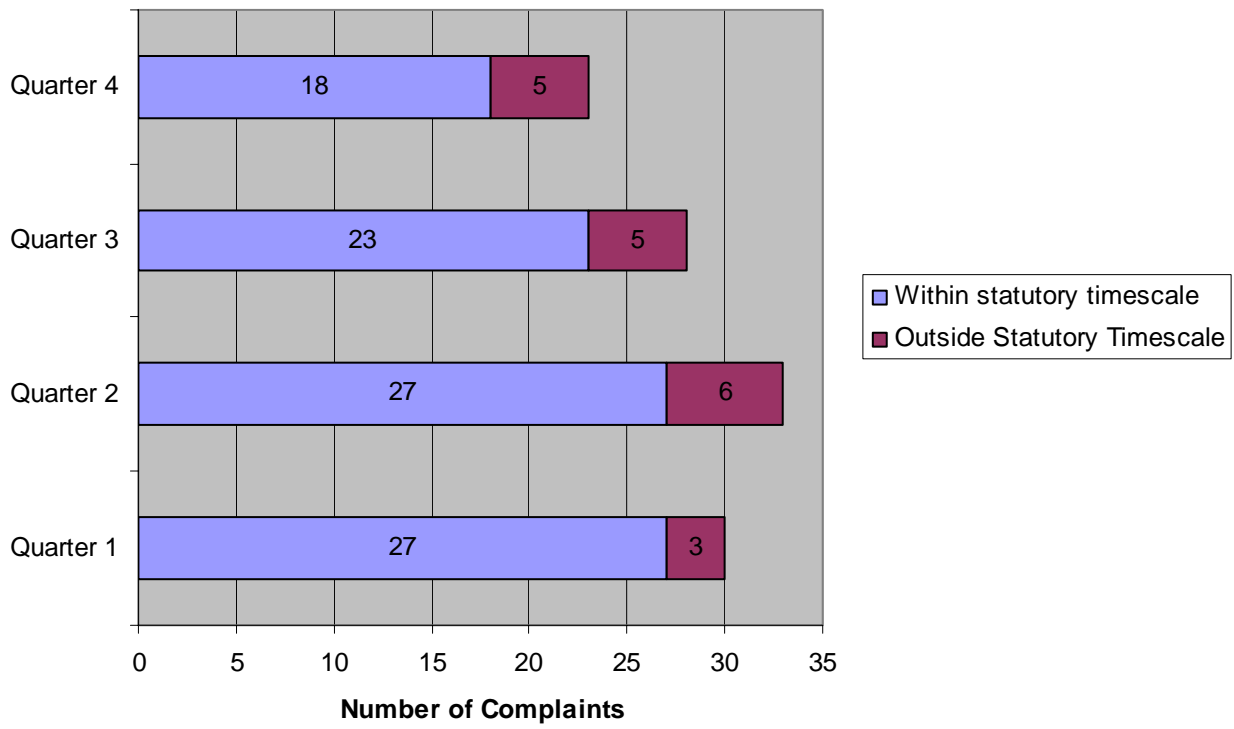
2 Complaints

All formal complaints relating to both South Staffordshire and Shropshire have been administered centrally by the Service Relations Department, based at Trust Headquarters in Stafford. This report contains details of all complaints relating to both Shropshire and South Staffordshire received for this period.

During the year, 114 formal complaints were received by the Trust, of which 4 are still being actively investigated. Of the 110 completed complaints, 94 were responded to within the statutory timeframe of twenty-five working days (84.21%). As a comparison, during 2007/2008, 135 formal complaints were received by the Trust, of which 122 were responded to within the statutory timeframe of 25 working days (90.37%).

The Service Relations Team recognizes the need to maintain a balance between ensuring a thorough investigation of all the issues whilst attempting to meet the 25 day statutory timeframe. This can present a real challenge, given that the complaints received are often complex. The Service Relations Department actively supports Investigating Officers and Clinical Directorates to meet the timeframe and in the event that the 25 days is exceeded, ensures complainants are kept informed of the reasons for any delay, with a view to agreeing an extension of time, in line with the Regulations.

It is pleasing to note that the number of formal complaints has decreased over the two year period. However, notwithstanding the reduction, the complexity of the complaints in general has increased significantly.

Quarterly Response Bands 2008/09

■	Within statutory timescale
■	Outside Statutory Timescale

Number of Complaints

- Quarter 4: 18 / 5
- Quarter 3: 23 / 5
- Quarter 2: 27 / 6
- Quarter 1: 27 / 3

Quarterly Response Bands 2007/08

■	Within Statutory Timescale
■	Outside Statutory Timescale

Number of Complaints

- Quarter 4: 28 / 5
- Quarter 3: 28 / 4
- Quarter 2: 29 / 2
- Quarter 1: 37 / 2
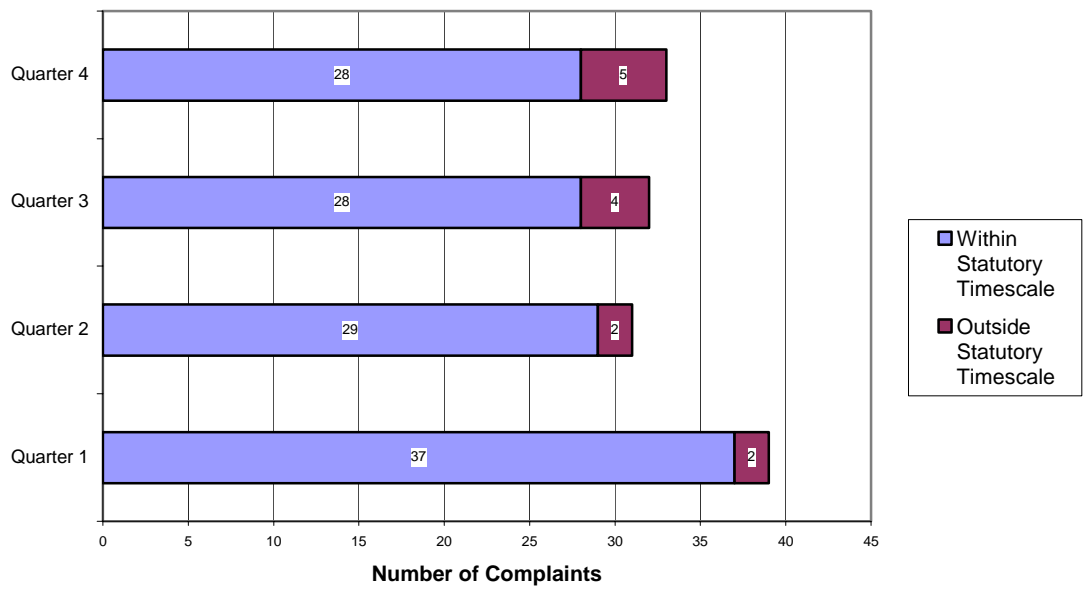
Percentage of Complaints Meeting the 25 day Response Standard (2007/08-2008/09)

Year	Percentage
2007/08	90.37%
2008/09	84.21%
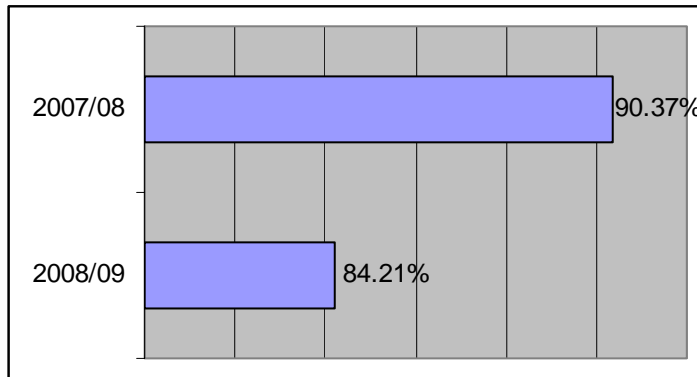
Outcome of Complaints Received 2008/09

Outcome	Number of Complaints
Withdrawn	10
Third Party Consent Not Received	6
Partially Upheld	34
Not Upheld	52
Upheld	12

Number of Complaints

7
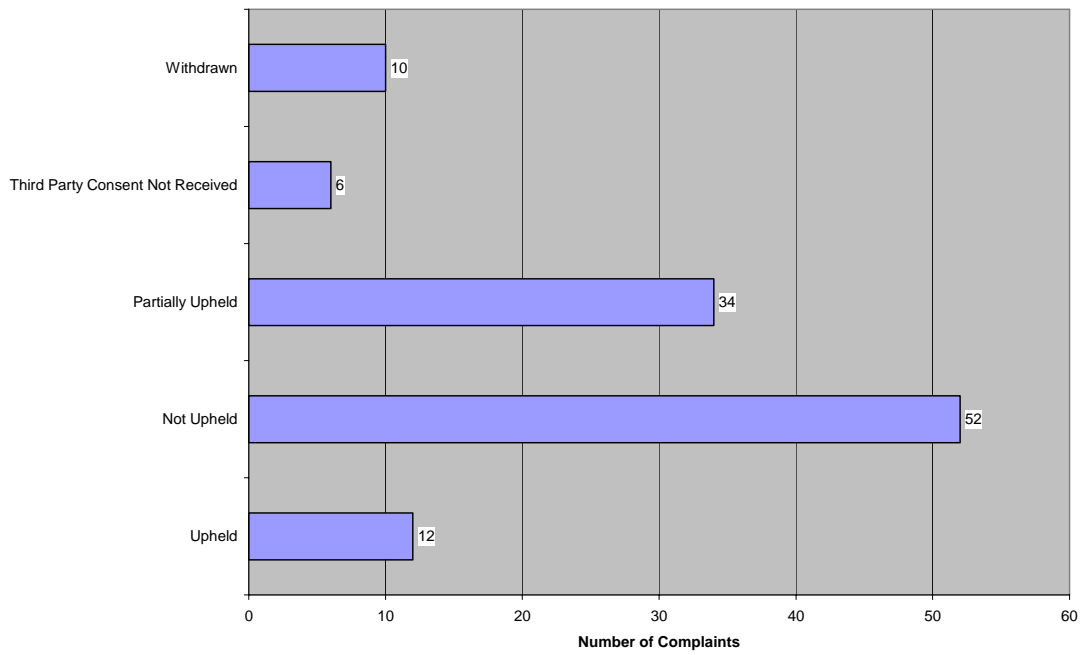
Number of Cases Received by Primary Care Trust Area 2008/09
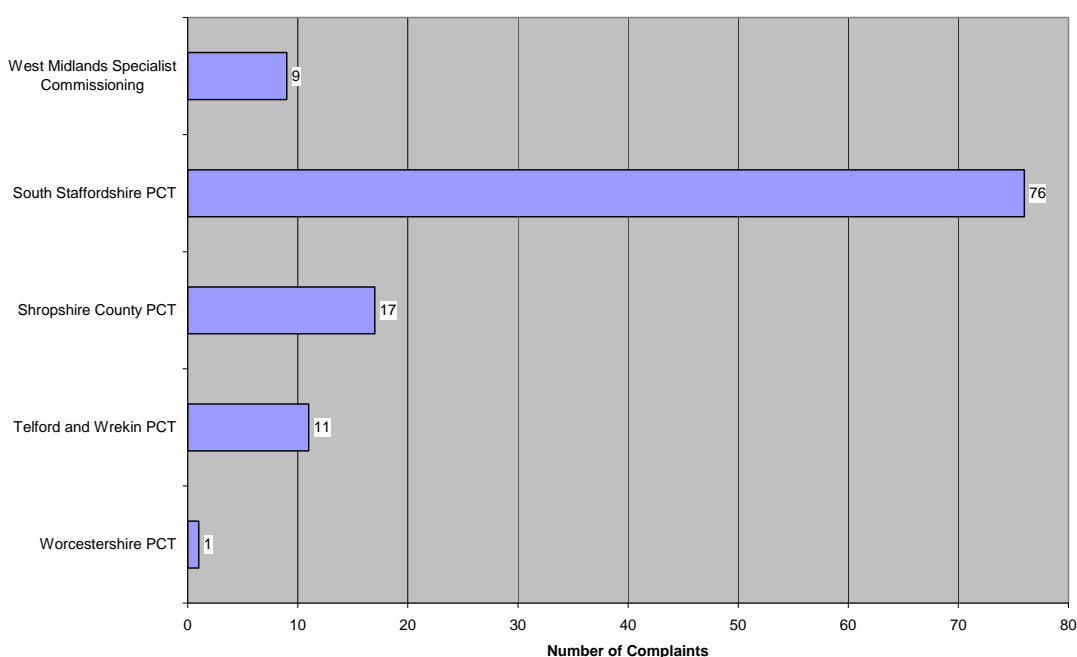
In order that Primary Care Trusts, who commission our services, can assess the type of complaints received, the final resolution and lessons learnt, the Trust reports this information on a monthly and quarterly basis. As a result of providing this information, the PCTs consider trends which may influence future commissioning requirements.

On further analysis of the PCT areas where complaints are made, it is interesting to note that South Staffordshire continues to receive the majority of the formal complaints made. Although the same information literature on the service is available throughout the Trust, there is no conclusive evidence as to why the numbers for the Shropshire County and Telford and Wrekin PCT areas are comparatively low.

Number of Cases by Directorate/Service that did not meet the Required Timeframe for Response

Directorate/Service	Quarter 1	Quarter 2	Quarter 3	Quarter 4 (based on 19 completed complaints)
Children's	0	1	0	1
Mental Health	1	5	3	4
Specialist Services	0	0	0	0
Forensic Mental Health Services	1	0	2	0
Developmental Neurosciences and Learning Disability Services	1	0	0	0
TOTAL	**3**	**6**	**5**	**5**

Complaints by Directorate/Service

Directorate/Service	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Children's	2	4	4	3	13
Forensic Mental Health	1	3	3	2	9
Developmental Neurosciences and Learning Disability Services	1	0	0	1	2
HIS	1	0	0	0	1
Specialist Services	2	3	1	2	8
Nursing, Research and Development	1	0	0	0	1
Mental Health	22	22	20	14	78
Corporate Administration	0	0	0	1	1
Facilities and Estates	0	1	0	0	1
TOTAL	**30**	**33**	**28**	**23**	**114**

Complaints by Staff Group

Staff Group	Number of Complaints
Medical including surgical	22
Professions Supplementary to Medicine	5
Nursing, Midwifery and Health Visiting	79
Maintenance and Ancillary Staff	1
Trust Administrative Staff	4
Other	3
Total	**114**

Main Issue of Complaint Raised by Quarter for 2008/09 and 2007/08

Category	Qtr 1 08-09	Qtr 2 08-09	Qtr 3 08-09	Qtr 4 08-09	Total	2007/08
Access to Services	1	4	2	0	**7**	**11**
Admission Arrangements	0	0	0	0	**0**	**4**
Appointment (Out Patient) Delay	0	1	0	0	**1**	**4**
Attitude of Staff (Administrative)	0	0	1	0	**1**	**1**
Attitude of Staff (Medical)	1	2	0	0	**3**	**2**
Attitude of Staff (Nursing)	5	8	4	2	**19**	**14**
Attitude of Staff (Therapy)	0	0	0	1	**1**	**0**
Appt – Staff Failed to Arrive	0	0	1	0	**1**	**1**
Appt – Cancellation	0	0	0	1	**1**	**0**
Bed Management	0	0	0	0	**0**	**1**
Change of Consultant Request	0	0	1	0	**1**	**1**
Clinical Treatment	7	7	5	7	**26**	**34**
Communication/Information to Patients	4	1	5	2	**12**	**23**
Complaints Handling	0	0	0	0	**0**	**1**
Confidentiality	1	2	1	1	**5**	**5**
Diagnosis Problems	0	0	1	0	**1**	**7**
Discharge Arrangements	2	2	0	0	**4**	**1**
Failure to Follow Procedure	1	0	0	0	**1**	**3**
Failure to Visit Patient	1	0	0	0	**1**	**0**
Primary Care Trust Commissioning (inc Waiting Lists	4	2	2	5	**13**	**3**
Medication – General	1	0	0	1	**2**	**2**
Other	0	0	0	0	**0**	**1**

Category	Qtr 1 08-09	Qtr 2 08-09	Qtr 3 08-09	Qtr 4 08-09	Total	2007/08
Patient's Privacy & Dignity	0	0	2	1	**3**	**4**
Patient's Property (Missing)	0	0	0	1	**1**	**1**
Policy Decisions	0	1	0	0	**1**	**0**
Personal Records (Health)	0	0	2	1	**3**	**3**
Premises – General	0	1	0	0	**1**	**3**
Security	1	0	0	0	**1**	**2**
Staffing Levels	1	1	0	0	**2**	**1**
Transfer Arrangements	0	1	1	0	**2**	**1**
Visiting Arrangements	0	0	0	0	**0**	**1**
Total	**30**	**33**	**28**	**23**	**114**	**135**

For the year 2008/09, the main areas of complaint have included staff attitude, general communication/information issues and clinical treatment. Following further analysis, there was no trend relating to any particular service, individual or area of care.

Taking into consideration the two years as a whole, it is pleasing to note that there have been reductions in complaints relating to, for example, access to services, admission arrangements, clinical treatment, communication or information to patients, diagnosis problems. However, an increase in complaints relating to PCT Commissioning were noted and raised issues such as the waiting list for ASD and a lack of an Asperger's Syndrome Service for Adults,

Healthcare Commission

During the year, one request for casework was received from the Healthcare Commission. Following an initial review of the case, it was considered that appropriate action had been taken in relation to the complaint and, therefore, the case was not upheld.

The Healthcare Commission reconsidered the outcome of a review of a complaint, which was dealt with by the Trust during 2005/06. The majority of the comments made by the Trust on the content of the original report were accepted by the Healthcare Commission. The recommendations and the Trust's response are as follows:

Recommendations:

- The Foundation Trust should conduct a case file audit within community services to assess the quality of records against established benchmarks, with particular attention to service user input in formulation and assessment.

- The Foundation Trust should undertake further action to improve the quality of clinical records/CPA forms generally.

Trust's Response:

There is a continuous programme, within the Trust, of audit of health records/CPA documentation against established benchmarks, which includes service user input. As a result of these audits, team leaders and service managers are informed of actions, which need to be taken forward and the Health Record Forum monitors the progress. Ward managers, service managers and team leaders through clinical

supervision, also monitor the standards of record keeping and take appropriate action accordingly.

Since the time of the original complaint, the format of the health record and CPA documentation have been revised and improved in line with national guidance. A new electronic health record system has also been introduced.

The Trust returned *a* further case to Healthcare Commission for reconsideration of its findings, in view of the factual inaccuracies and misunderstandings of procedures contained within the decision letter. Following the reconsideration process, the Healthcare Commission upheld the Trust's request and concluded that the Trust had indeed made an accurate and acceptable response in the first instance.

Working with the Patient Advice and Liaison Service

The Service Relations Department continues to work closely with the Patient Advice and Liaison Service, in order that the most appropriate route of resolving individual complaints is agreed, taking into account the sensitivity, urgency and complexity of the concern.

During the year, revised promotional material on how to access PALS or how to make a formal complaint was updated and distributed throughout the Trust.

Training

The Service Relations Department has participated in delivering training for Senior Managers undertaking Serious Untoward Incident investigations, concentrating on the importance of thorough investigations and the requirement for evidence based reporting.

Newly appointed members of staff, when attending the Trust Induction Day on commencement, continue to receive an overview of the formal complaints procedure adopted by the Trust.

On 19 November 2008, the Mental Health Directorate hosted a "Learning the Lessons" event at Shelton Hospital, which was well attended. This included a session on complaints and how actions highlighted as a result of an investigation are monitored. In addition, a particular case study was described and how this had resulted in service improvements.

NHS Choices – www.nhs.uk

July 2007 saw the official launch of the above website. The section, "Your Thoughts" allows hospital patients to provide feedback on their hospital experience. All feedback is pre-moderated by an independent company and the Trust is given an opportunity to provide a reply to each comment. Last year, the Trust received a total of 4 entries. These have been responded to, shared with relevant staff and are reported to the Trust Board on a quarterly basis.

Actions Taken to Improve Service Delivery

We are committed to seeking the views of service users and the public on what we do and recognise the importance of using this feedback to develop and improve our services. The following are examples of some of the actions taken to improve the quality of service delivery, as a result of complaints received this year:

- Dimmer switches have been installed at Brocton, Chebsey and Norbury Houses, to enhance dignity and privacy.

- The patient leaflet for the George Bryan Centre has been revised.

- A pathway for the management of Serious Untoward Incidents (SUIs) within Mental Health (South Staffordshire) has been developed.

- Communication and Customer Service Skills programme has been developed.

- As part of the Innovation for Health and Choice Agenda, a clinical team has revised how assessments are undertaken.

- Chargers for in-car use are now available for Crisis staff, to ensure they have access to their telephones at all times. This will improve communication with clients and the personal safety of staff.

- The admission checklist procedure has been revised.

- Individual funding was secured from the PCT for the testing of CDKL3 (West Syndrome) and MECP2 (Rett's Syndrome).

- Installation of a brush strip to a bathroom door, in order to provide patient privacy and dignity.

- As a standard of good practice, the Crisis Resolution/Home Treatment Team will contact service users following the initial referral to advise of the anticipated time of arrival and to inform them of who will be visiting. If there are any difficulties in locating home addresses, contact will (if at all possible) be maintained with the service user.

- Staff on elderly care ward have been reminded that where cot sides are being considered, a robust risk assessment should be completed by the Multidisciplinary Team, to evidence that the risk to a patient by falling out of bed outweighs the risk that accompanies the use of cot sides.

- The procedure for service users' correspondence not addressed accurately has been revised, to ensure that when forwarded, service users are aware that it has been necessary for the envelope has been opened by Corporate Services, in order that it can be redirected appropriately.

Reporting

The Service Relations and PALS Departments provide reports bi-monthly to the Clinical Effectiveness and Risk Subcommittee of the Board and quarterly reports are submitted to the Trust Board of Directors as part of the Integrated Performance

Report. Regular monthly reports are also made available to Divisions and Directorates, in order that they respond in a timely manner to emerging issues and trends.

Looking forward to 2009/2010

In line with new Regulations, which came into force on 1 April 2009, the Trust's Complaint Procedure will be amended this year.

We are committed to listening to our service users and their representatives and, as a result, will ensure that any actions highlighted, as a result of complaints, are completed and thus service improvements made.

During 2009/2010 Service Relations will:

- Review existing policies and procedures to take account of the new complaints regulations.
- Explore areas to enhance learning from complaints and ensure that where they exist, common themes arising from complaints and serious untoward incidents are highlighted and addressed.
- Ensure that the Board continues to receive high quality information on complaints analyses and trends in the right level of detail to provide assurance that action is taken, where required, and a high quality of care is maintained.
- Work closely with colleagues in social care and Trusts to ensure that complaints are handled promptly and effectively when they address complex multi-disciplinary and multi-agency issues.

3 Patient Advice and Liaison Service

During this financial year, the Patient Advice and Liaison Service (PALS) dealt with a total of **789** contacts raising **983** issues. As a comparison, in the previous financial year PALS received **837** contacts raising **971** issues. Please note that 2007-08 figures include 10 months activity in Shropshire following integration.

This year there has been a significant increase, 44.9%, in the number of concerns received**,** in comparison to the previous year. Some major factors for this are the roll out of the new cook/chill system for food, the national smoking ban, which came into place in July 2009 and an increase in the concerns raised at in-patient forums. Training and promotion of PALS has also been a factor for the increased number of concerns.

The **789** contacts include a combination of concerns, compliments, information requests and suggestions. A breakdown of contacts is expressed is in the graph below.

Type of Enquiry Received
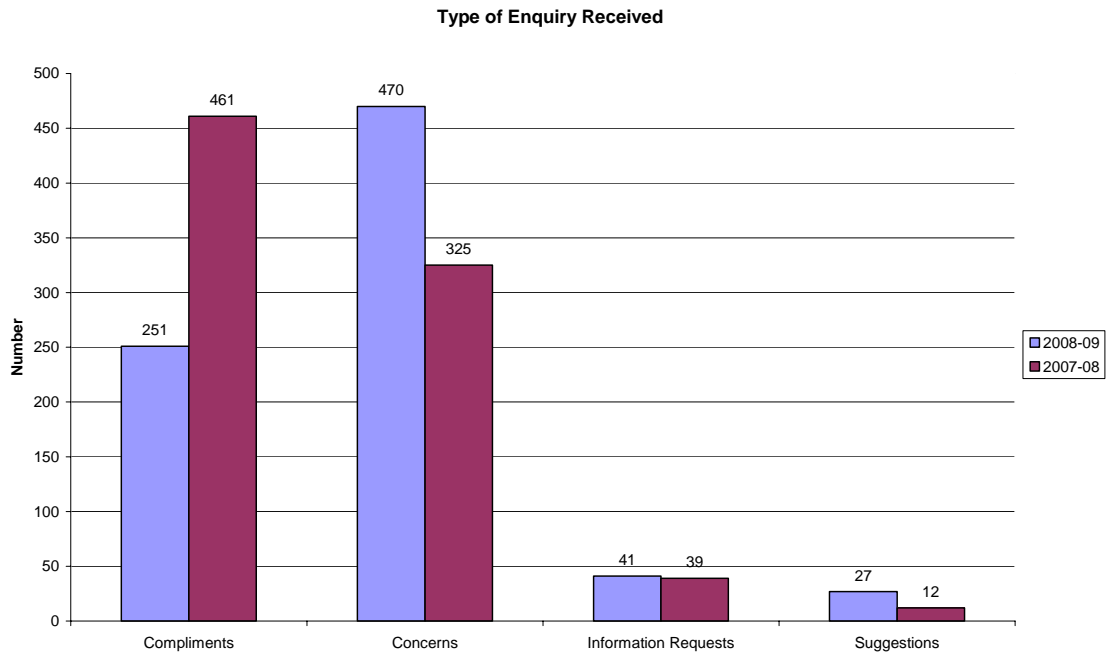
Key themes for the increase in the number of concerns received, which are now largely resolved, include:

- Introduction of new catering arrangements (Cook/Chill) teething problems
- Patients requesting smoking shelters following smoking ban
- Reimbursement of travel costs

During the last year, PALS resolved 97.34% of concerns within the 5 week local standard. Those completed outside the standard represented the more complex concerns which required liaison with various Teams.

The average response time for this financial year was **4.7days**.

	Within PALS Standards	Outside PALS Standards	Average Response Time
2008-09	**97.3%**	**2.7%**	**4.7 days**
2007-08	**93.2%**	**6.8%**	**2.1 days**

The diagram below shows the method of enquiry received by the PALS Department during this financial year. PALS has seen a significant increase in direct contacts and a decrease in issues being raised via post/email.

Method of Enquiry
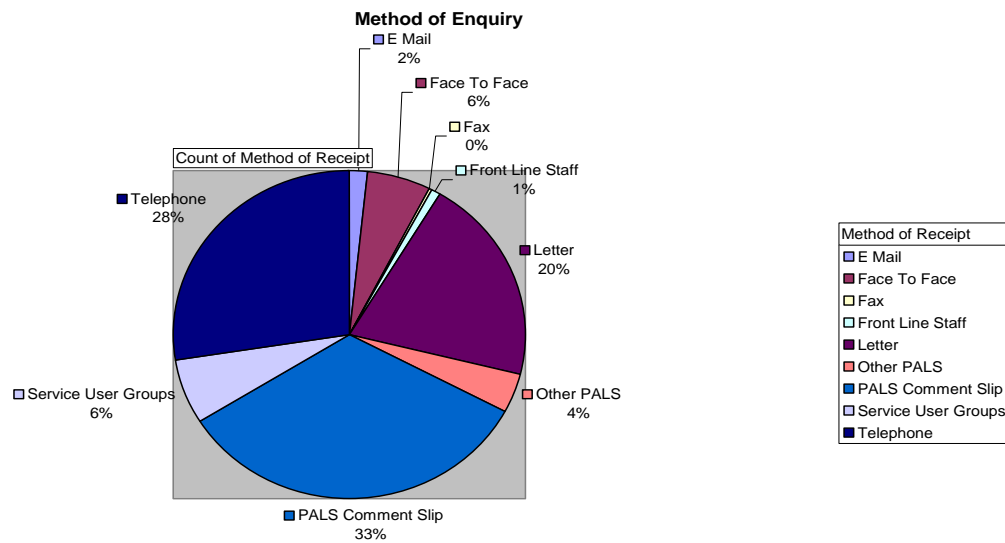
Number of issues by Category

Category Type	2008-09	2007-08
01 – Admission, Discharge & Transfer	43	31
02 – Aids, Appliances, Equipment & Premises	23	23
02 – Aids, Appliances, Equipment & Premises – Compliments	**3**	**1**
03 - Appointments Outpatient	17	14
04 - Appointments Inpatient	0	2
05 - Staffing Shortages	10	5
06 - Attitude Of Staff	71	59
06 – Attitude Of Staff - Compliments	**241**	**468**
07 – Some Aspects Of Clinical Treatment	176	118
07 – Some Aspects Of Clinical Treatment - Compliments	**8**	**1**
08 – Communication/Information For Patients	67	23
09 - Consent To Treatment	3	1
10 – Complaints Handling	0	1
11 - Patients Privacy & Dignity	34	4
12 - Patients Property & Expenses	12	10
13 – Environment	71	23
13 – Environment - Compliments	**3**	**0**
14 - Personal Records	11	3
15 - Failure To Follow Procedure	21	4
16 – Patients Status, Discrimination	4	0
17 – Transport	10	2
18 – Code of Openness	**4**	**0**
18 – Code of Openness – Compliment	**1**	**0**
19 - Hotel Services	85	86
19 - Hotel Services - Compliments	**3**	**5**
20 – Leave Arrangements (Mental Health Act)	2	8

Category Type	2008-09	2007-08
22 – Information Given – Voluntary Sector	**2**	**5**
22 – Information Given – Voluntary Sector - Compliment	**1**	**0**
23 - Information Given – Services	**25**	**13**
24 – Other	**16**	**47**
25 – Health Authority/PCT Commissioning	**12**	**12**
26 – Assault	**5**	**2**
Grand Total	**984**	**971**

Number of Compliments received by Directorate

Directorate	2008-09	2007-08
Chief Operating Officer	1	0
Children's	12	48
Facilities & Estates	4	0
Forensic	5	0
Learning Disability	7	23
Mental Health Shropshire	65	83
Mental Health Staffordshire	153	299
Nursing, Research & Development	0	8
Specialist Services	13	14
Total	**260**	**475**

Examples of Compliments received

- Patient commented that, "a staff member always makes me happy when I am sad and I like having a laugh with him."

- Carer thanked staff for their contribution in ensuring that her son had a wonderful birthday. The staff had hung up balloons and provided a beautiful display of food for visitors for his 40th birthday.

- Patients enjoyed helping staff laying meal tables, doing something useful towards their own recovery.

- Patients appreciated the garden at Shelton Hospital.

- Crisis Team complimented for being "brilliant in every way. Due care and attention was given appropriately and considerately."

- Thank you letter received by Bromley Ward, thanking the consultant and staff for their care in treating their "father with the utmost compassion, kindness, respect and dignity with meticulous regard to his comfort, medical and physical needs. The staff here have a special gift of never forgetting that the patient is a person first and foremost. The ward could be flagged as an exemplary for standards of care."

- In-patient complimented staff at the Margaret Stanhope Centre, "for being professional, helpful and friendly and commented on the high standards of cleanliness."

- In-patient complimented all the brilliant staff on Chebsey Ward and the fantastic food.

- Patient made a positive comment that, "the food served could not be faulted."

- Letter received from patient's mum thanking a staff member for her "patience, understanding, support and advice without being in any way pushy or inappropriate. You have made a big difference to our lives during those initial difficult first months with our daughter. Most of all thank you for your professionalism giving my little girl the huge help to enable her to become all that she can be."

Following service user concerns, PALS has highlighted the following issues with appropriate departments and changes have been made to improve services. A sample of these is shown below:

Concern	Good Practice
Parent contacted PALS requesting that her son see a male clinician.	Appointment arranged for patient to be seen by a male clinician.
Patients requested more variety at teatime.	Hotel Services have met with Ward Manager and arrangements have been made to provide hot snacks at tea time on Tuesday, Thursday and Saturday.
In-patient concerned that the light switch is noisy and disturbs her when she is checked by staff during the night.	Ward now has a dimmer switch outside the bedroom.
Staff member raised concern, on behalf of service users, regarding renovation of the Community Substance Misuse building in Burton.	The Facilities and Estates Department has made arrangements for the building to be renovated. Service users are extremely pleased with the outcome.

PALS Training

During the year, **213** staff attended the Trust's Induction Course, where PALS training was delivered. **84** staff attended the "Introduction to PALS" Training sessions across South Staffordshire and Shropshire. Where staff are unable to attend due to work commitments, PALS has delivered training to individual teams.

Feedback on the response to the training is shown below:

- "Will go back and make the Team more aware of PALS"
- "Will promote and signpost Service Users and carers to PALS"
- "I will know who to contact, as I was only aware of PALS being hospital based prior to training"
- "Very informative"

During 2009/2010 PALS will:

- Continue to train Ward and Community Staff
- Continue to promote PALS in Shropshire and South Staffordshire
- Introduce PALS training for Bank Staff
- PALS to liaise with the Facilities and Estates Department, regarding variety of food at tea-time and whether this can be rolled out across all wards.
- Any risks highlighted following a concern will be included on the risk register.
- Interpreting/Translation Policy currently under review.
- Promotional material to be made accessible on the Trust Website.

Network Attendance

- PALS Co-ordinator continues to attend Local & Regional PALS Network Meetings, where good practice is shared. This last year has seen key discussions around "Making Experiences Count and how each Trust will adopt the Regulations.

  A representative from the National Children's Bureau attended the PALS Network Meeting to advise on delivering the PALS to children and parents, following national research in 2003 to capture how many children and parents were accessing the PALS service. This has led to a specific children's poster and leaflet in Shropshire is currently being shared with Staffordshire.

  Department of Health allocated national funding for the development of PALS Network Groups. Some of this has been spent on promotional materials, i.e. bugs, pens and drinks mats. It was agreed that the remaining funding would be used for the Network Members to attend a basic Counselling Course.

  PALS Co-ordinators in Shropshire and Staffordshire have completed the Level 2 Counselling Course.

- PALS continue to attend Local Development Group meetings across South Staffordshire to promote the services. PALS are accessible for service users at these meetings and respond to any concerns raised.

- PALS attended an open day held in Lichfield, where local organisations promoted their services.

- Directorate Service User Group Meetings to promote PALS and receive service user comments.
- PALS regularly attend Carers Groups in the evenings to promote the service.

- Attendance at the Service User and Carer Subcommittee to the Board and the Operational Group, where issues are highlighted. These have included cook/chill and requests for smoking shelters following the smoking ban.

Quarterly Reports

Quarterly Reports continue to be provided to:

- Clinical Risk Co-ordinators Group
- Clinical Effectiveness and Risk Subcommittee.

Outcomes to Cases Received

Outcome	2008-09	2007-08
Case In Progress	0	1
Dissatisfied	0	3
Formal Complaint	26	17
Managers Taking Action	72	26
Not Satisfied With Response Or Outcome	3	3
Risk Identified	3	0
Satisfied With Response But Not Outcome	22	7
Satisfied	646	769
Transferred	17	11
Grand Total	**789**	**837**

NB:
- "Managers Taking Action" relates to concerns where Managers are working to an action plan for specific work to be undertaken requiring additional time outside the PALS Standard for completion; this may include structural work/funding issues etc.

  All action plans are emailed to the appropriate staff using the Ulysses Database and PALS closely monitor the progression of actions. On completion, PALS feedback to the enquirer.

- "Risk Identified", the 3 contacts logged under this outcome relate to the difficulties experienced by service users not able to access the disabled parking slots. Where risks are identified, the details of concern are sent to the appropriate Risk Co-ordinator and Facilities & Estates for action.

- "Transferred" category is used when contacts to other Primary Care Trusts / Hospitals are transferred.

4 Incidents

Appendix 1 provides a complete table of all incidents by specific cause for the year 2008 – 2009.

4.1 Trust Total Incidents

The following chart provides a monthly analysis of the total number of reported incidents since June 2007. The total number of incidents reported each month varies between 400 and 600 as shown, with no significant statistical variation being apparent.


Total reported incidents - June 2007 to March 2009
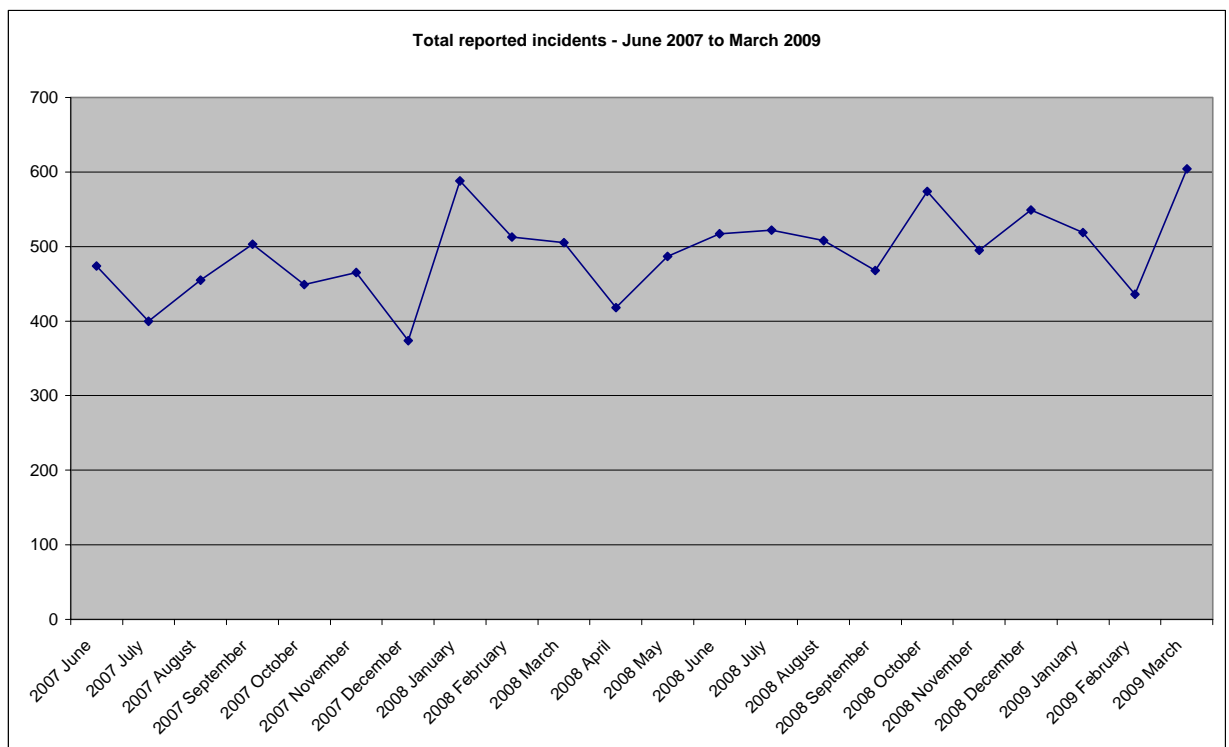
Cause Groups

The following chart provides a comparison of the total number of reported incidents by cause group. Those incidents involving assault or other aggressive behaviour continue to be the highest followed by other clinical incidents and slips, trips and falls. A more detailed breakdown of assault or other aggressive behaviour is provided in Section 5 on Security Management. Those incidents categorised as 'Other Clinical' include;

- ➢ Alcohol / Substance abuse,
- ➢ Found on Floor,
- ➢ Found with Injury – Cause Unknown,
- ➢ Medical Emergency,
- ➢ Staffing Levels,
- ➢ Unexpected Death.

It should also be noted that those incidents reported during 2007 to 2008 only cover the 10 month period following integration with Shropshire on 1st June 2007.

Total Reported Incidents by Cause Group - (June 2007 to March 2008 & April 2008 to March 2009)
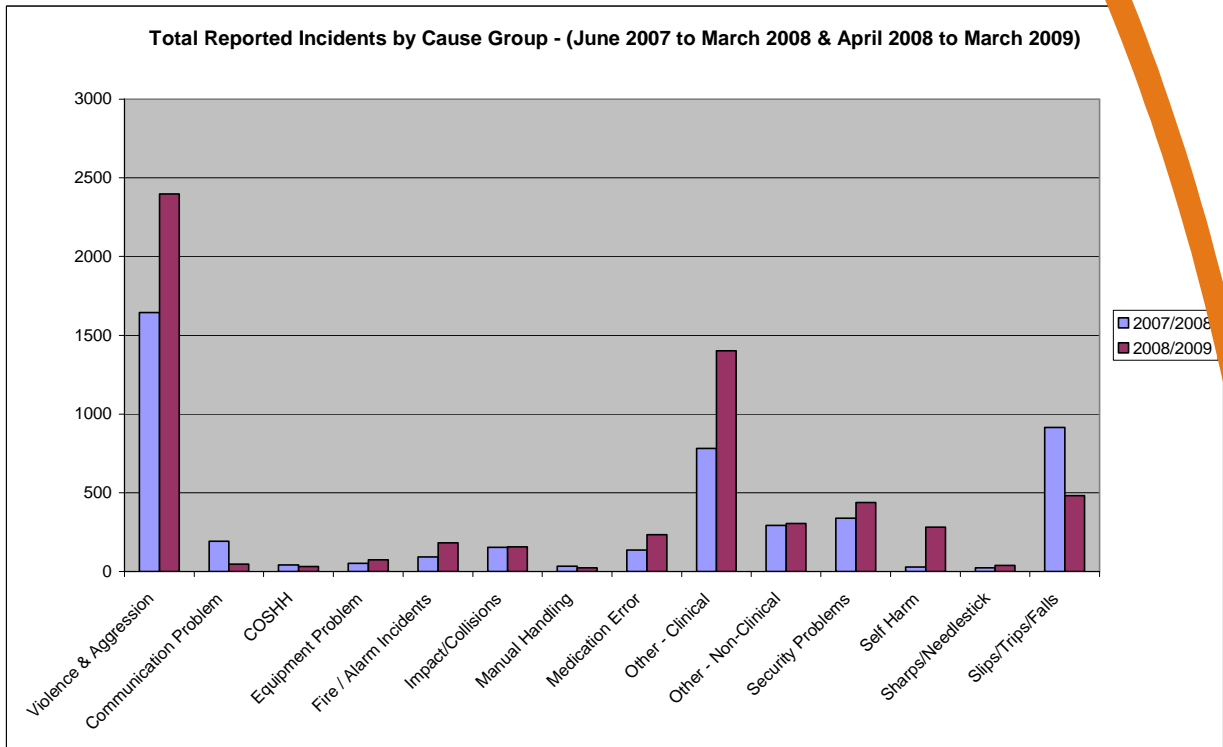

4.2   Slips, Trips & Falls

This category of incident continues to be the single largest cause of major injury nationally and the second highest category of reported incident within the Trust, after assault and aggression. The majority of these incidents during 2008 to 2009 (413) involved patients, with (69) involving staff. It should be noted that the reduction in this category of incident from April 2008 was due to the incident type 'found on floor' being removed from this cause group. A more detailed breakdown of the specific causes can be found in **Appendix 1**.


Slips, Trips & Falls (June 2007 to March 2009)
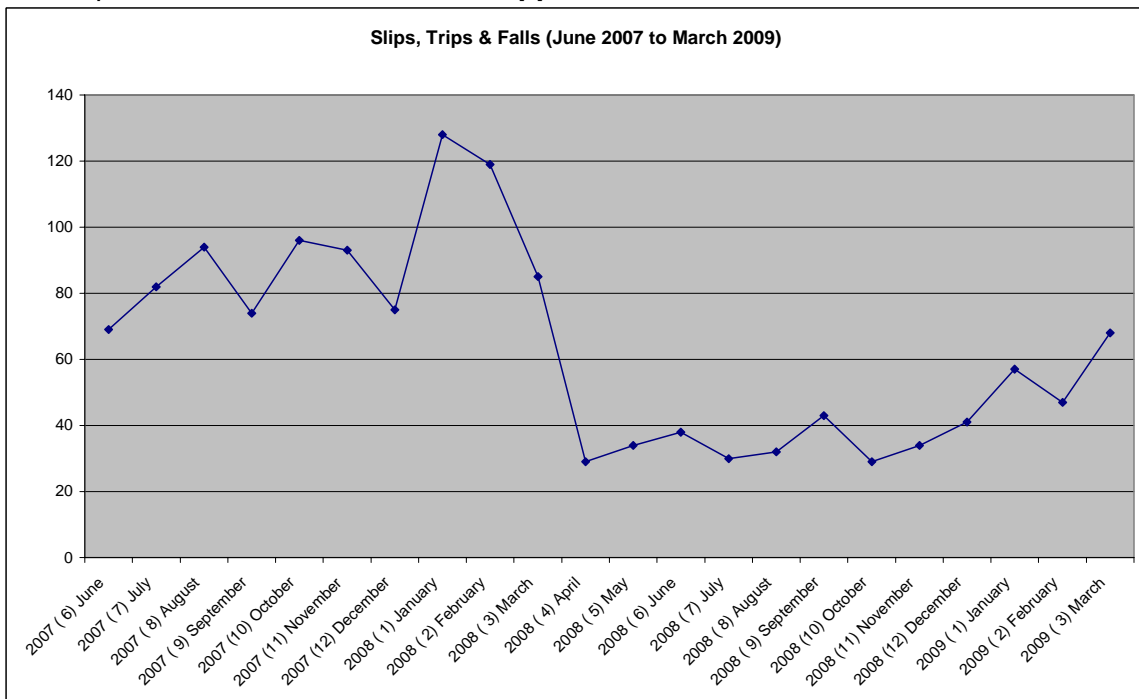
4.3   Manual Handling

The number of manual handling incidents remained relatively low during the year 2008 to 2009 with 23 incidents from a total of 3,420 staff. The type of incident varied between those involving patient handling to those involving the moving and handling of inanimate objects. The chart below shows that there has been no statistical variation in this type of incident since June 2007.

Manual Handling Incidents (June 2007 to March 2009)
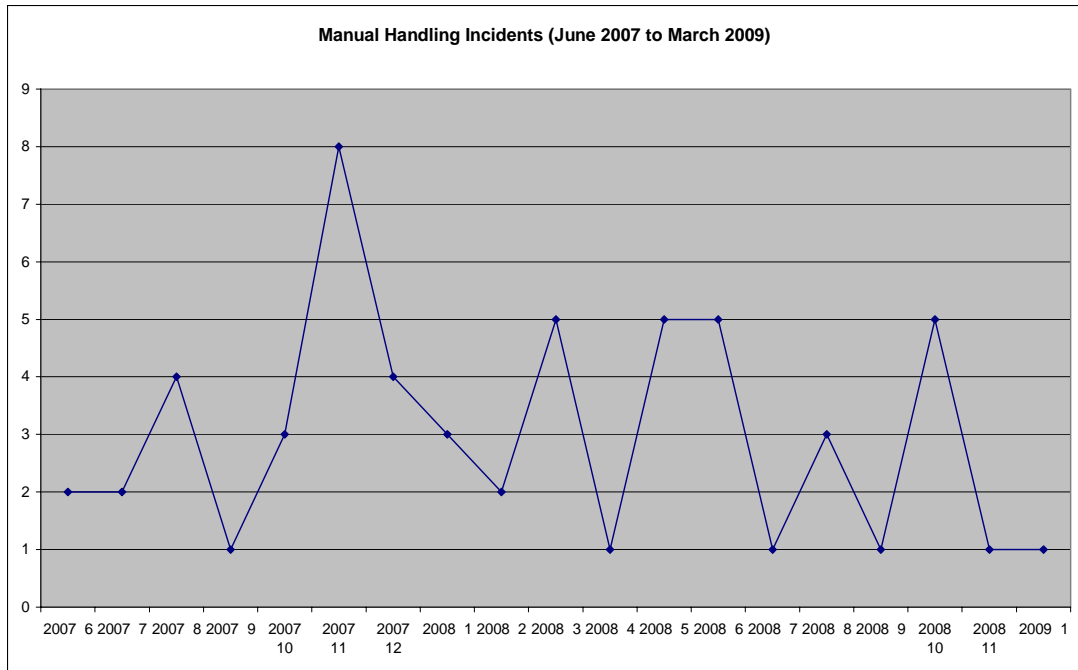
4.4   Sharps / Needle stick

The number of sharps incidents remained relatively low during the year with 39 incidents from a total of 3,420 staff. The type of incident varied between actual needle stick punctures, bites by patients, poor disposal of sharps and other related issues.

**Sharps & Needlestick Incidents (June 2007 to March 2009)**
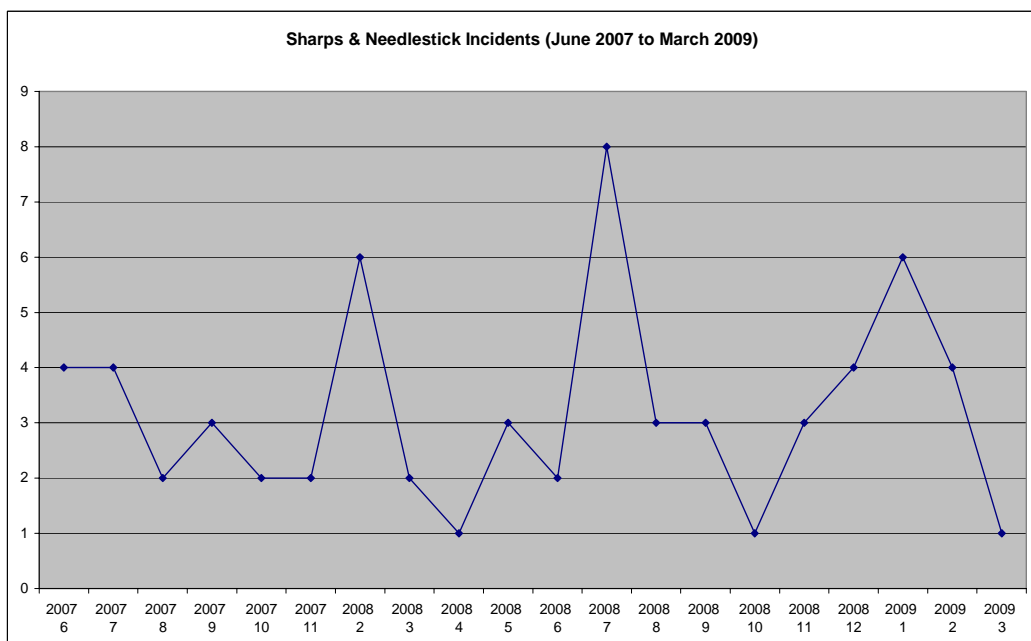
4.5   Medication Incidents

From the NPSA Patient Safety Incident Report, the Trust is shown to have a relatively strong reporting and learning culture, so any increase in reported incidents may be due to this increasing culture, due to increased medicines management training and awareness levels of staff and their subsequent confidence in reporting incidents. Medicines incidents represent approximately 5% of incidents reported. As with national statistics, most incidents are related to administration errors, but this is because most reporting is done by nursing staff.

Further details can be found in the comprehensive Medicines Management Annual report available on the Trust's website.

From the beginning of 2009, more detailed classification of medication incidents has occurred, so that medication incidents are classified to mirror that in NPSA reports, allowing better benchmarking against other Trusts. This will be available for the next Annual Report.

Medication Incidents (June 2007 to March 2009)
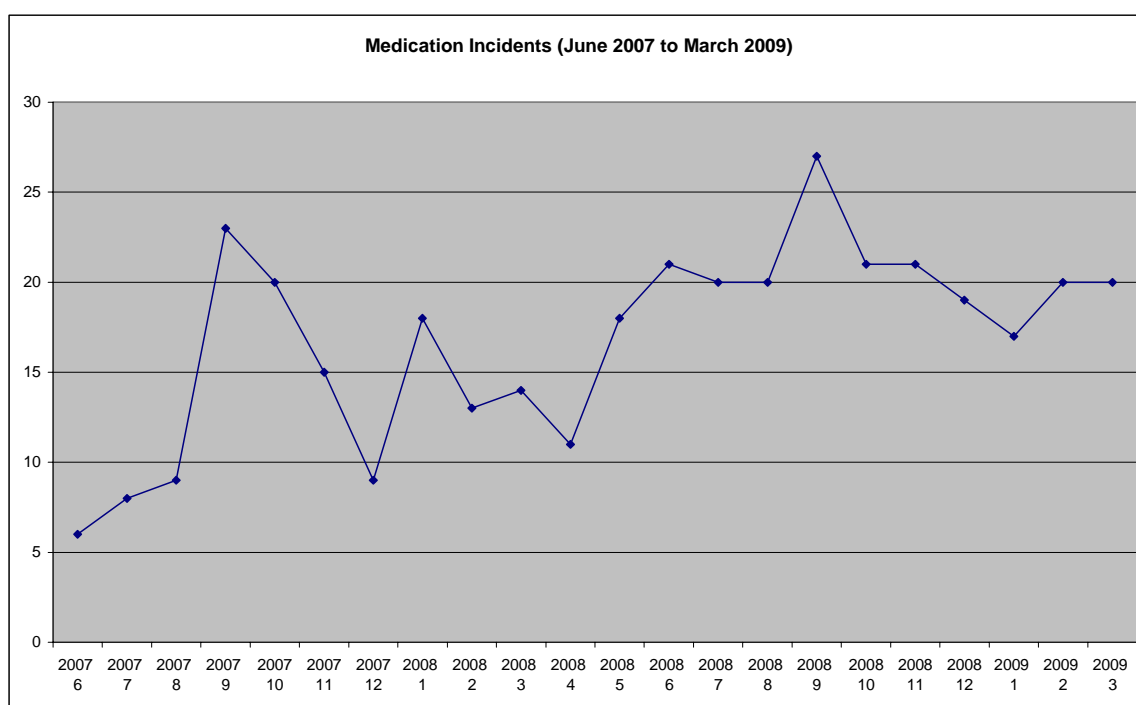
4.6   Serious Untoward Incidents (SUI's)

SUI's are those incidents scoring 4 or 5 on the Trust's 5-point 'seriousness' scale and during the financial year 2008-09 there were 124 such incidents reported that involved patients. These incidents were investigated in accordance with the Trust's SUI Reporting and Investigation procedures and Commissioners were notified accordingly.

A breakdown of the main cause groups amongst patients known to the Trust at the time can be seen in the following chart.

Type of Incident	%
Unexpected Death Community Or Out Pt	43.56%
Violence and Aggression	10.49%
Slips/Trips/Falls	8.06%
Self Harm	6.45%
Unexpected Death In-Patient	4.03%
Vulnerable Adult or Child Protection	4.03%
Found On Floor	3.23%
Medical Emergency (Inc Seizure/Fit Etc)	2.42%
Medication Error	2.42%
Found With Injury (Cause Unknown)	2.42%
Fire	1.61%
Faint/Dizziness/Collapse - Not Med Emergency	1.61%
Near Miss – Clinical	1.61%
Security Problems	1.61%
Weapon handed in	1.61%
Impact/Collisions	0.81%
Monitoring Of Patient Inappropriate	0.81%
Staffing Levels - Clinical	0.81%
Incorrect use of equipment	0.81%
Sexually inappropriate behaviour (patient)	0.81%
Workman's equipment left unsupervised	0.81%
Total	**100.00%**

Of the total SUI's reported, 57 were recorded as unexpected deaths of patients known to the Trust at the time or within a year of death, of which 20 were due to natural causes or accidents and 37 were suspected suicides.

Every death is distressing and we must continue to do everything possible to minimise the risk of further such incidents. However, it is relevant to note that the incidence of suicide as a cause of death is relatively low. For example, across Europe suicide accounts for 0.124 deaths per 1,000 population compared with 3.801 for heart disease and 1.541 for stroke[1]. Such low numbers will result in variation and could easily increase as well as decrease from one year to the next. For this reason the 3-year average suicide rate is a better indicator - the method used nationally[1]

When serious incidents do occur we ensure a thorough investigation is undertaken that utilises the National Patient Safety Agency's guidance on root cause analysis.
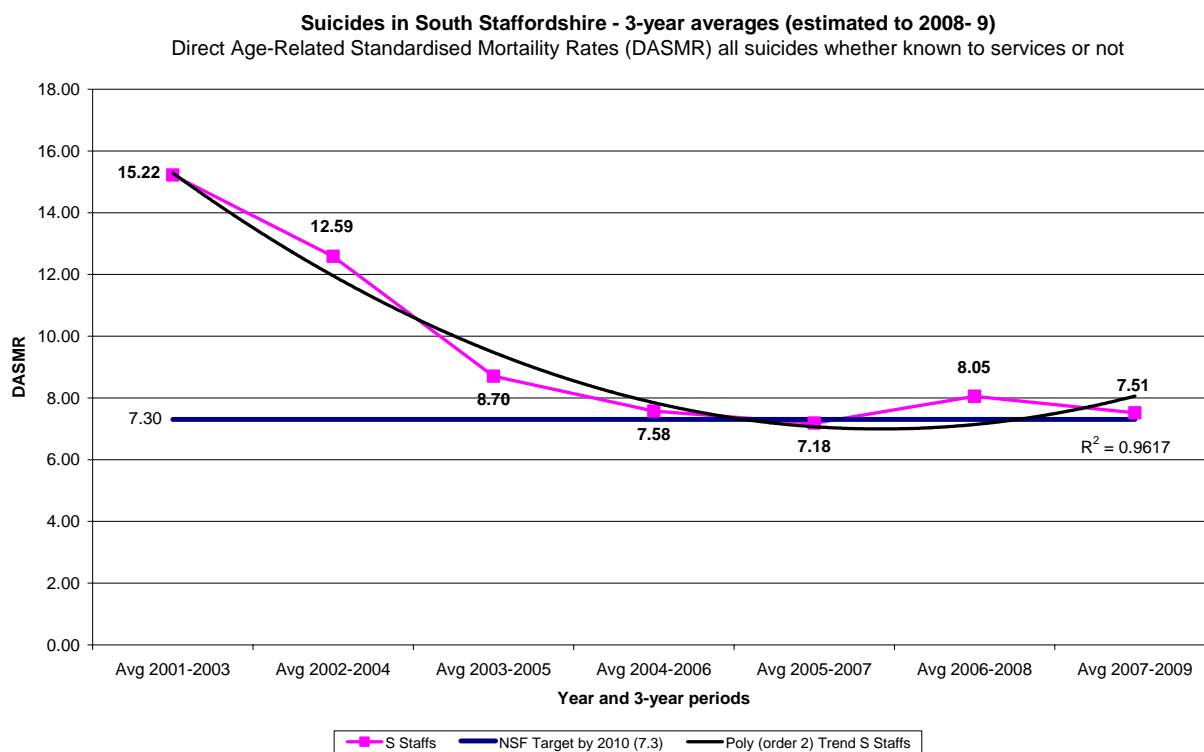
When considering the local suicide rate, it is important to be aware that it is nationally recognised that suicide rates will fluctuate year on year because of the relatively small numbers involved.

Due to our continuing partnership work with local HM Coroners we are able to estimate the three-year average suicide rates amongst the South Staffordshire general population up to the year ending March 2009, i.e. this includes but is **not** only people previously known to Trust services. Using the nationally recognised methods of measurement (DASMR) the three year average suicide rate in South Staffordshire for the 3 years ending 31 March 2009 is estimated to be 7.51 per

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[1] Mortality Statistics Series DH2 no.32, the Office of National Statistics, 2005

100,000 people in the general population down from 8.05 for the 3 years ending 31 March 2008. The final figure will depend on the verdicts of HM Coroners in those cases still under investigation. We are currently collecting more information from HM Coroners in Shropshire, Telford and Wrekin to enable us to undertake a similar analysis for those areas. For now what we can say is that the suicide rate for those areas appears to be similar to the rate we have estimated for South Staffordshire.

The rate in South Staffordshire has decreased in the last year and remains well below the latest figure for the national average of 8.6 (2004) and close to the national target for 2010 the year as is illustrated below.

Suicides in South Staffordshire - 3-year averages (estimated to 2008- 9)
Direct Age-Related Standardised Mortaility Rates (DASMR) all suicides whether known to services or not

Note:

The trend line in the chart above is a very good fit with the data [R^2 = 0.9617]

The general population rate of suicide within South Staffordshire is lower than the latest reported national rate. The proportion of those cases known to Trust services within a year of death at 33% (15 cases) is comparable to the national picture.

There is no significant clustering around month of death or team. In terms of age groups, over the last 2 years there were significantly more deaths amongst the 55 - 64 age group. However, the number of those cases known to services within a year before death has fallen from 4 cases in 2007-8 to 1 case in 2008-9 and there are corresponding lower numbers of deaths amongst some of the other age groups.

A count of themed issues or "Learning Topics" arising from SUI reviews indicates that there appear to have been improvements in the areas of meeting carers needs, clinical practice, access to services and application of the Care Program Approach (CPA) though aspects of communication appear to remain problematic and some training themes were identified for the first time. These are being addressed through:

➢ Ongoing training programs on Clinical Risk, CPA and Health Records (inc. electronic)

- ➢ Health Records Audit including a new CPA module
- ➢ Development of pathways and related training including the role of Trust teams and other agencies from referral to discharge and key communication points
- ➢ Addressing the concerns raised by HM Coroner through:
  - o Working with commissioners on service redesign and funding issues - additional funding recently received for Crisis Resolution & Home Treatment
  - o A review of Crisis Resolution and Home Treatment Team operational procedures to ensure a minimum standard for face to face contact
  - o A review of cases on acute in-patient wards with long-term care needs which led to agreement with commissioners on more appropriate placement for a number of such patients resulting in an approximate 10% improvement in bed availability

However, we recognise the vital importance of not being complacent and will continue to review all cases, look for the reasons for suicides and for ways to make further improvements. In keeping with this we are facilitating a review of the inter-agency Suicide Strategy will implement further action to minimise the risk of suicide. Using the NIMHE 'preventing suicide toolkit', we completed very detailed re-audits of all in-patient areas in South Staffordshire to check the safety of those and have taken action to minimise the suicide risk to in-patients. We are also undertaking similar work in Shropshire.

4.7   Reporting of injuries, Diseases & Dangerous Occurrences Regulations

The following table identifies the total number of reports submitted to the Health and Safety Executive (HSE) during the year under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.   There were no dangerous occurrences reported.

Category	* No. 07/08	No. 08/09	Injury Extent	Location	Details for 08/09
Fatality	0	1	Fatality	Oak House	**Patient** - choked on sweets. Resuscitation attempt unsuccessful.
Major Injury/ Condition	11	16	Major Injury/Condition	Shelton Hospital	**Patient** - fell and fractured hip.
			Major Injury/Condition	Shelton Hospital	**Patient** - slipped and fractured hip.
			Major Injury/Condition	George Bryan Centre	**Patient** - fell and fractured hip.
			Major Injury/Condition	St George's Hospital	**Patient** - fell and fractured hip.
			Major Injury/Condition	St George's Hospital	**Patient** - fell with pushchair whilst entering the unit, scaphoid fracture.
			Major Injury/Condition	Holly Lodge	**Staff** - slipped off step onto chair fracturing wrist
			Major Injury/Condition	Shelton Hospital	**Patient** - fell and fractured hip.

			Major Injury/Condition	St George's Hospital	**Patient** - previous medical treatment for seizure. Fell again and later had further seizure, fractured hip
			Major Injury/Condition	George Bryan Centre	**Patient** - fell outside. Fractured wrist.
			Major Injury/Condition	Whitchurch Hospital - MH	**Patient** - fall and fractured hip.
			Major Injury/Condition	New Burton House	**Staff** - Slipped whilst mopping floor
			Major Injury/Condition	Shelton Hospital	**Patient** - fell whilst being assisted into car, injury to knee & shoulder pain.
			Major Injury/Condition	Shelton Hospital	**Patient** - fall and fractured hip.
			Hospitalisation To Public	Whitchurch Hospital - MH	**Patient** - fall and fractured hip.
			Major Injury/Condition	St George's Hospital	**Staff** - member slipped on the ice on path. Fractured wrist
			Minor Injury/Condition	George Bryan Centre	**Patient** - after being changed patient slammed door, caught her foot and fell. Fractured wrist.
Accident causing absence over 3 days	25	8	Over 3 Days	St George's Hospital	**Staff** - fell on stairs.
			Over 3 Days	George Bryan Centre	**Staff** - assaulted by patient.
			Over 3 Days	George Bryan Centre	**Staff** - assaulted by patient.
			Over 3 Days	St George's Hospital	**Staff -** assaulted by patient.
			Over 3 Days	St George's Hospital	**Staff** - lifted and swung bag up into bin above shoulder height
			Over 3 Days	CMHT SE Shropshire	**Staff** - tripped over telephone wire after moving telephone
			Over 3 Days	Shelton Hospital	**Staff** - kicked in back by patient who also attempted to bite staff.
			Over 3 Days	Patient's Home	**Staff** - slipped on wet floor around shower area injuring knee and arm

* As a result of Shropshire services being integrated on 1st June 2007 the data for Shropshire only   covers 10 months

The Health and Safety Executive calculate incident rates per 100,000 workers for all workers and for industry specific sectors. The incident rates for major injuries and absences of over three days, following an accident, have been calculated for

South Staffordshire and Shropshire Healthcare NHS Foundation Trust staff on the same basis, taking an average number of staff for the year. The following table provides a comparison with the national statistics for the health and social care sector for 2007/2008: -

Category	National Rate (Health Service) 2007/2008	Rate for South Staffs & Shropshire Healthcare FT
Major Injury	74	88
Over 3 day absence	496	235

Although our Major Injury rate is marginally higher than the national rate this has reduced slightly from the previous year (90).

Over 3 day absences are now well below the national rate and have reduced significantly from the previous year (750).

5   Security Management

In April 2003 the NHS Security Management Service (NHS SMS) was given policy and operational responsibility for the management of security in the NHS. The primary remit of the NHS SMS is to provide the best protection for NHS patients, staff, professionals and property – particularly pertinent to violence and aggression against staff.

In line with statutory directions issued by the NHS SMS the Trust currently provides a full and comprehensive security management service with 2 x Accredited Security Management Specialists in post providing a 1.4 Whole Time Equivalent Service.

Both of the post holders are employed directly by the Trust but operate under the operational and managerial guidelines of the NHS SMS. The remit of the Security Management Specialist is broad, but priority areas of action were identified and applied within the annual work plan for 2008 - 2009.

The primary areas of responsibility of the Security Management Specialist are listed as follows: -

• Creating a Pro-security Culture
• Deterring Crime / Security Breaches
• Preventing Crime / Security Breaches
• Detecting Crime / Security Breaches
• Investigation
• Applying Sanctions
• Seeking Redress

Violence & Aggression and Security Incident Figures

For the purposes of this report the following definitions of violence, aggression and security related issues shall apply: -

1.   Violence and Aggression
1.1   Physical Assault

28

The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.

1.2 **Non-physical Assault**

The use of inappropriate words or behaviour causing distress and/or constituting harassment.

2. **Absconsion**

Patient/Client left Trust premises without authorisation

3. **Burglary**

A person(s) who enters a building (by use of force or otherwise) as a trespasser with intent to (or attempts to) steal anything within the building

4. **Intruder / Suspicious Person**

Any person who knowingly enters Trust premises or property that is not authorised to do so

5. **Loss or Missing**

Any property that is reported to be lost or missing where theft is not suspected

**6.** **Theft of Personal or Trust Property**

The dishonest appropriation of property (Trust or Personal) with the intention of permanently depriving the other of it

7. **Vandalism**

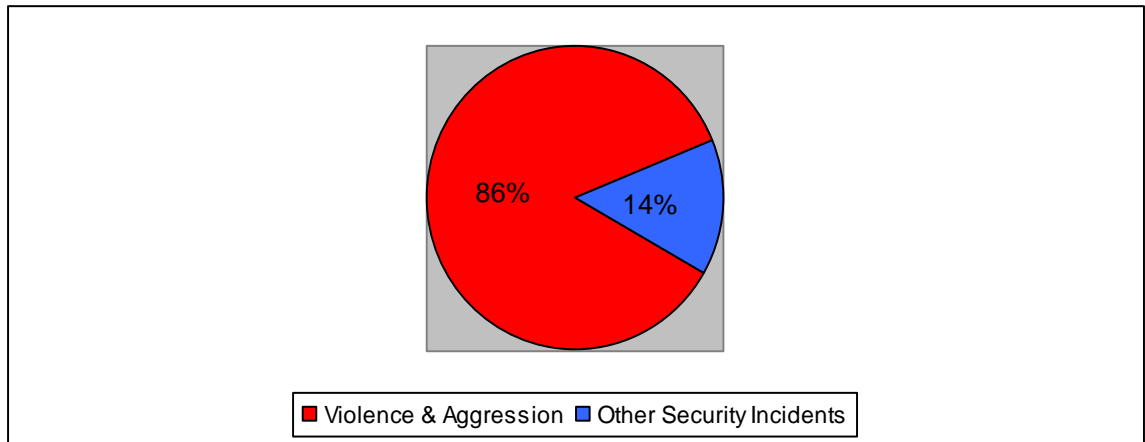To wilfully (with intent) damage or deface Trust property

Figure 1

Total number of security related incidents for period April 2008 to March 2009 by category and comparable figures for period April 2007 to March 2008
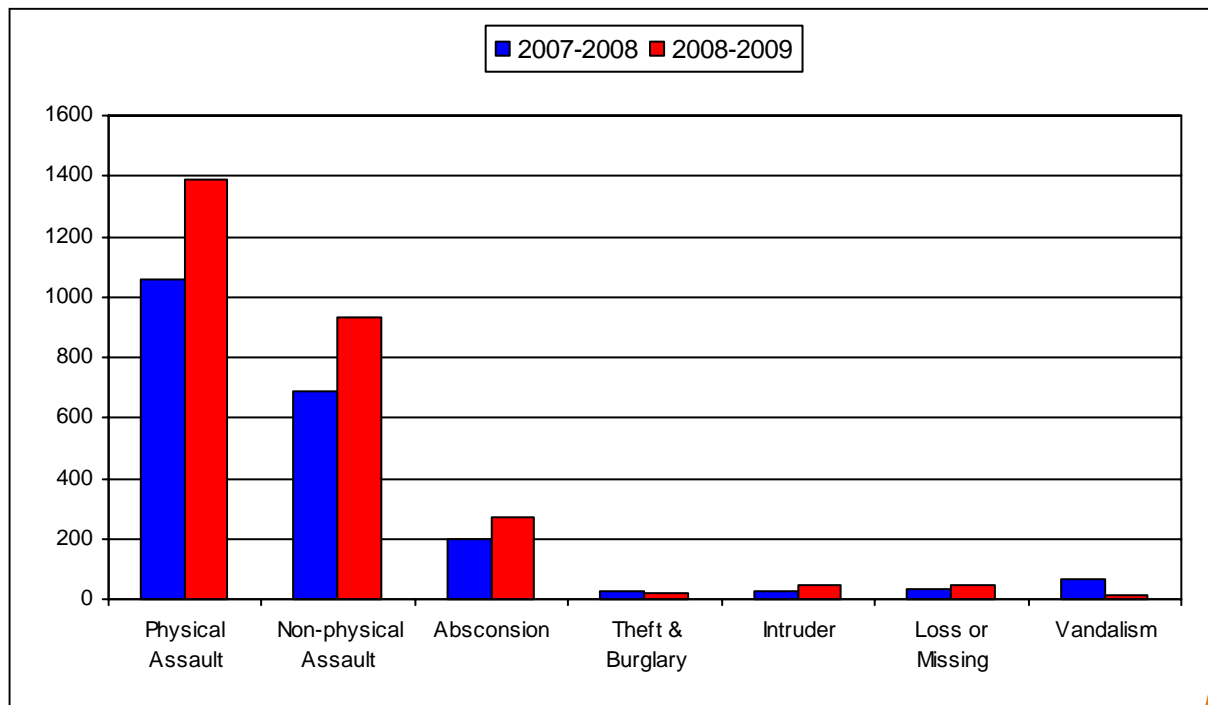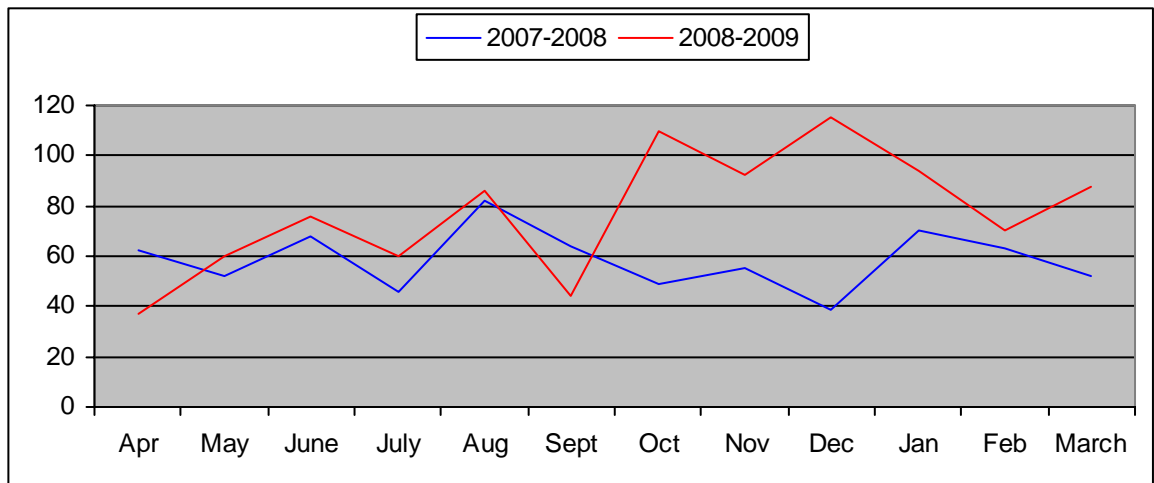
Figure 2

Number of reported incidents by category for period by percent (%)
(April 2008 to March 2009)

Figure 3

Number of reported physical assaults against staff by month for period April 2008 to March 2009 & comparable figures for period April 2007 to March 2008

Summary (Figure 3)

There were a total of 932 reported incidents of physical assault perpetrated against Trust staff for the period April 2008 – March 2009 of which 50.5% were in Older Adult Services, 33.8% in Adult Acute In-patient Settings, 13.0% in Learning Disability Services, 1.7% in Forensic Services and 1.0% in Specialist Services and other areas.

The figure of 932 incidents represents a significant increase of 32.76% on the previous year's figure of 702 incidents. It is accepted that that this increase has caused considerable concern but it should be recognised that it has been identified that the figures in real terms can be attributed to a marked increase of 127.82% in

reported incidents for services in Shropshire for the period 2008-2009 (524 incidents) compared to the corresponding period 2007-2008 (230 incidents). Of these reported incidents in Shropshire 159 incidents (30.34%) occurred on one individual Adult Acute Ward and 141 incidents (26.91%) occurred on one individual Older Adult Ward and it should be recognised that there has since been a significant decrease of reported incidents in both of these areas.

It should be further recognised that for the same period there has been an actual decrease of 14.83% on the number of reported incidents for services in South Staffordshire. The decrease in reported incidents for services in South Staffordshire is encouraging and can be attributed to a number of reasons but it should be accepted that the work undertaken by the Security Management Specialist and the Health and Safety Advisor relating to the review of incident forms in real time to identify trends as they are actually occurring has had a major impact on this reported decrease. This has enabled both persons in post to provide specialist advice and guidance to clinical leads and staff to be able to implement appropriate control measures to actively reduce/remove the risk of patients continuing to display assaultative behaviour. It should also be recognised that the work undertaken by the Violence and Aggression Advisor in the development and delivery of bespoke training packages and 'spot training' has also had a major impact on this reported decrease in incidents.

To ensure that this model of care can be implemented and delivered to services in Shropshire there has been a significant change in service provision for the Trust's Security Management Specialists. This has enabled a designated Security Management Specialist to allocate specific resource to implement the model in Shropshire to ensure there is a consistent approach and that real targets can be set to reduce the number of physical assaults against staff across all services in the Trust.

Figure 4

Number of reported non-physical assaults against staff by month for period April 2008 to March 2009 & comparable figures for period April 2007 to March 2008
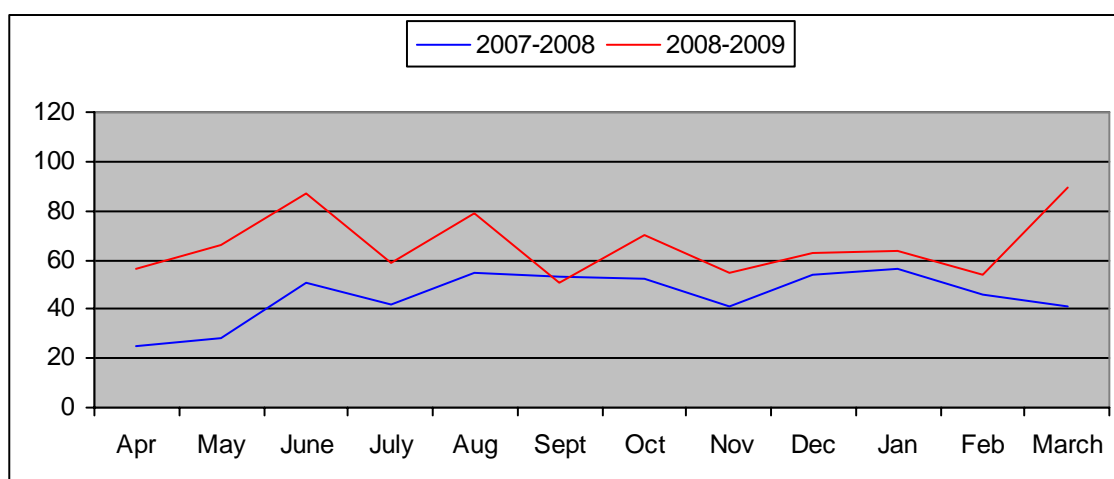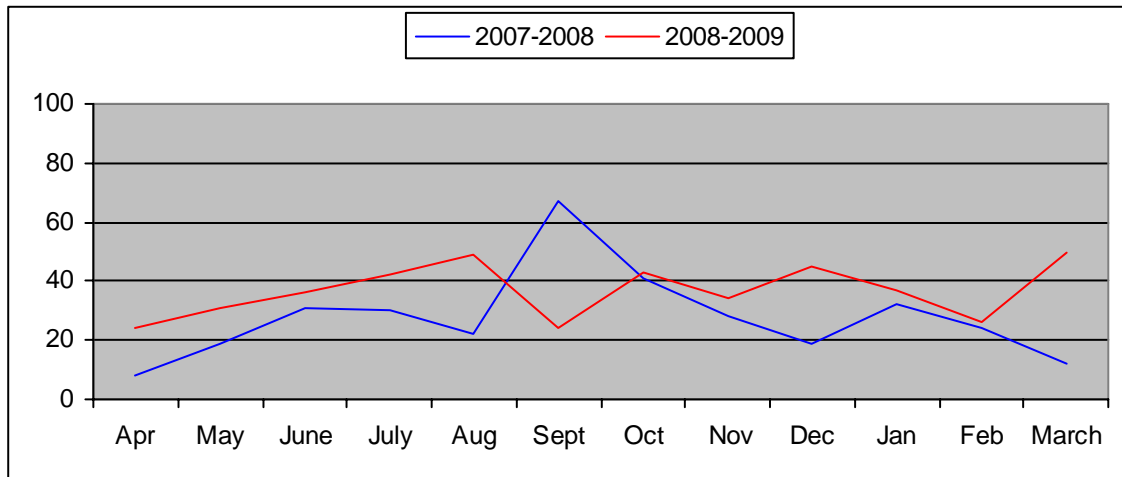
<u>Summary (Figure 4)</u>

There were a total of 793 reported incidents of non-physical assault perpetrated against Trust staff for the period April 2008 – March 2009. The figure of 793 incidents represents a significant increase of 45.77% on the previous year's figure of 544 incidents. It is accepted that that this increase may seem to be excessive and therefore cause for concern but it should be recognised that there has been a real drive by the Security Management Specialist to actively encourage staff to report this type of incident to ensure that challenging behaviour perpetrated by patients can be identified and addressed at an early stage to reduce the risk of such behaviour escalating into physical assault. It should therefore be accepted that the figures for the period 2008-2009 displays a more realistic representation of the actual issues related to the challenging behaviour of patients and subsequent incidents of non-physical assault.

Figure 5

Number of reported physical assaults (patient to patient) by month for period April 2008 to March 2009 & comparable figures for period April 2007 to March 2008

<u>Summary (Figure 5)</u>

There were a total of 441 reported incidents of patient to patient physical assault for the period April 2008 – March 2009. Of these reported incidents of 57.5% occurred in Older Adult Services, 25.0% in Adult Acute Services, 13.6% in Learning Disability Services and 3.9% in Forensic Services.

The figure of 441 incidents represents an increase of 32.43% on the previous year's figure of 333 incidents. It is accepted that that this increase has caused some concern but it should be recognised that it has been identified that the figures in real terms can be attributed to a marked increase in reported incidents of this nature on two Older Adult Wards and one Adult Acute Ward in Shropshire and it should be duly recognised that there has since been a decrease of reported incidents in all of these areas.

6   Clinical Effectiveness

Clinical Effectiveness is about "doing the right thing the right way" - health care based on sound evidence providing effective clinical outcomes. We use this approach to learn and achieve health care benefits that meet individual patient needs.

In the past year we have continued to develop the quality of our clinical care and treatment as a leading provider of health services. Our achievements have been further enhanced through integration with Shropshire adult Mental Health and Learning Disability services. As the first NHS Foundation Trust of our kind to expand in this way, we continue "Learning the Lessons" from each other to provide even more exciting and innovative New Ways of Working. This is a new era building on the solid foundations of Clinical Effectiveness within the Trust. Our Clinical Effectiveness achievements have enabled us to declare full compliance with Standards for Better Health including developmental standards but we will not stop there.

The Trust's emphasis is on providing the highest quality and range of services within the commissioned resources. We value our relationships with local partners and recognise their vital contribution to meeting the health and social care needs of Service Users and Carers. Working with partners to plan, deliver and evaluate our services are key components of our governance strategy. Members, Commissioners, Patient and Public Involvement Forums and Local Authority Overview and Scrutiny Committees have important roles in evaluating our performance and we look forward to further strengthening all our relationships.

When planning and delivering care we learn from nationally agreed best practice as defined in National Service Frameworks (NSFs), national plans and standards. We play an active role in local interagency planning groups responsible for developing services in line with NSFs.

Through our review of contracts in place with acute Trusts and other NHS providers we learned how to improve services and cost effectiveness of these.

We conform to the procedures for the adoption of National Institute for Health and Clinical Excellence (NICE) guidance. This work is guided by our Clinical Effectiveness Strategy and our learning is enhanced through clinical audit and local surveys of patient and carer views. We have learned how to engage a wide range of clinicians in this work; many more have reviewed and managed the introduction of new guidance, supported by senior staff and support teams such as clinical audit, effectiveness and performance teams

A crucial aspect of Clinical Effectiveness is Medicines Management which encompasses all aspects of the use of medicines in NHS hospitals. In South Staffordshire & Shropshire Healthcare NHS Foundation Trust, Medicines Management affairs are largely overseen by the Trust's Medicines Management Committee, and it is responsible for the development, maintenance and implementation of policies and procedures relating to medicines use; that are designed to promote a consistent and transparent approach to the use of psychotropic and adjuvant medication.

The Trust has an approved Medicines Management policy, which is fully deployed and audited in all clinical areas across the Trust, on an annual basis.

The Trust Chief Pharmacist has the status of a clinical director and is accountable through the Chief Operating Officer, to the Board. Her main remit is focussing on governance of medicines across the Trust, and providing strategic direction and leadership in medicines management and clinical pharmacy development. A Medicines Management Strategy and Action Plan, encompassing the delivery of recommendations within the Healthcare Commission report: Talking about medicines, and taking forward integration issues in relation to Shropshire services for mental health and learning disabilities, continues to be implemented. This formed the programme of work in 2008/09, and gave a clear, shared strategic direction.

The Pharmacy Departments at Sir Robert Peel, Queen's and St Georges Hospitals continue to experience increases in workload. Further growth is unlikely given the physical constraints of pharmacist capacity. These issues are being addressed in the Medicines Management Strategy, and there was a requirement to develop a business case for investment in the clinical pharmacy service. During 2008/09, four new posts were funded and appointments made to the Pharmacy service, following an earlier successful business case.

Prescribing trends and comparative data at a consultant team/locality/organisational level has been available to clinicians, the Trust and commissioners from the second quarter of 2008-9 and continues to be provided on a quarterly basis. Further information is available in the "Medicines Management and Pharmacy Annual Report".

6.1 Clinical Audit

To ensure we continue to learn and provide even better evidence based care last year staff audited practice against NICE guidance and other standards that are specific to our services. A total of 215 projects were being worked on through the year (a significant increase compared with 139 the previous year) and at 31st March 2009 progress with these was impressive:

Action plans fully Implemented	21
Action plans being implemented	32
Action plans in development	51
Audit reports being written	15
Data Analysis being undertaken	20
Data collection being undertaken	28
Projects at detailed planning stage	48
Total	*215*

A key feature of our approach to Clinical Audit is that project is not considered to be complete until any recommendations have been fully addressed through a completed action plan.

There are many examples of service improvements made through clinical audit projects – too numerous to mention here. However, detailed information on most of the projects can be obtained from the "Good Practice" section of the Trust web site at the following address:

http://www.southstaffshealthcare.nhs.uk/goodPractice/CAD/projects.asp

We have also expanded our involvement in research projects; 7 studies were recently completed and currently we have 23 active studies and a further 2 studies are proposed. The types of study include 10 portfolio studies (those funded by large national research funding bodies) and a further 19 undertaken as part of educational qualifications.

Topics included:

- Interagency working (Schools/CAMHS)
- Disorders (tokophobia, mood disorders, dementia)
- Treatments (medication, engagement in occupation, disulfiram, cognitive therapy, motor and sensory based treatment approaches with children and parent involvement in the care of children with complex needs)
- Service user experiences (Learning Disability/domestic abuse, discourses of distress, Aspersers Syndrome, ward climate, use of illicit drugs, First Episode Psychosis and direct payments)
- Staff issues (inpatient staff morale, professional identity, culture and climate in community teams, working with people with eating distress, stalking, staff attributions about challenging behaviour in psychosis, spirituality and student learning experiences)
- Safety issues (suicide amongst in-patient groups, the use of Community Treatment Orders and the management of violence and aggression)

6.2   Clinical Guidance

The patient's whole journey means they receive services from other agencies so we work extensively with partners to ensure that patients' individual needs are properly met across organisational boundaries. Integrated care is facilitated through, for example, joint NSF working groups leading to service and practice development and the development of shared guidance. Last year we focussed on improving care and treatment through:

Implementation of the care pathways we had developed. These bring together all of the standards, evidence and clinical experience on a given health topic into a single format. Some of these (known as Integrated Care Pathways) also provide a place to record how this is used in an individual patient's journey. Our pathways and important highlights include:

➢ Depression – information for patients and carers and medicines management

➢ Alzheimer's Disease – stimulating a review medicines management

➢ Attention Deficit Hyperactivity Disorder - pre and post treatment checklists and better information for parents and schools

➢ Electro Convulsive Therapy (ECT) – further improvements made to consent to treatment and physical health check arrangements

➢ Physical Health assessment and management – training more staff to deliver appropriate care and introducing this Integrated Care Pathway to Shropshire

➢ Epilepsy – ensuring the safety and review of people with this condition

➢ Person centred planning – maintaining this important process to help to meet the individual needs of people with learning difficulties

We have been training staff, clarifying the competencies needed for safe medicines practice including the use of new guidance including Patient Group Directions to enable nurses the flexibility to safely issue some types of medicines to patients without the need for medical intervention.

In addition to all the technical know-how related to treatments we also recognise the importance of Spirituality which is not limited to religion – Spirituality is seen as encompassing a much wider range of needs related to creativity, patience, perseverance, honesty, kindness, compassion, wisdom, equanimity, hope and joy, all of which support good health care practice. To assist with this the Trust is implementing a new Spirituality Strategy that brings this all together.

The Trust continued to embrace the "Star Wards" initiative which has resulted in many staff engaging in more meaningful ways with the human side of caring.

Launched in early 2007, the Star Wards document is the brainchild of a remarkable lady called Marion Janner. Marion has been an inpatient herself in the last few years, experiencing first hand the pressures of modern inpatient acute care. It's these experiences that have helped to kick start the initiative which seeks to throw a positive spotlight on acute care. Her '75 ideas for change' cover a range of topics and vary in the simplicity of their application. For South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Star Wards has harnessed imagination 'from ward to board' and seen some really positive experiences for staff, service users and services generally. With initiatives spanning internet provision, structured group programmes, spirituality and access to pets, inpatient care has never been such an exciting place to work.

6.3   National Standards

In addition to National Service Frameworks (NSFs) and National Institute for Health and Clinical Excellence (NICE) guidance the Trusts addresses other relevant national standards and initiatives. These include those related to Infection Control (see 8.2 below for further details on these) and Essence of Care.

6.4   Trust Approved Documents

We carried out further review, integration and implementation of strategy, policy and guidance to ensure all staff members are clear about the standards expected of them. All authorised documents can be accessed on our Trust web site at the following address:

http://www.southstaffshealthcare.nhs.uk/corporate/policies/clinical.asp

6.5   Clinical Training

The Trust recognises the vital importance of the adequate preparation of staff through training reflected in the sheer quantity delivered over the year – 23240 training places were provided (up from 10,141 in 2007-8) amounting to 34,709 hours spent training (up from 26,896 in 2007-8). The quality of the training provided is assured in a number of ways including:

- Trainers are qualified to teach in their field through experience and many hold specific qualifications

- Trust clinical risk management training initiatives take account of the findings of reports such the National Confidential Inquiries. The Safeguarding Adults, Safeguarding Children, Infection Control and Medicines Management Committees oversee training in these key topics and we have increased the amount of training in these areas

- Staff attending courses complete evaluation questionnaires that are reviewed and inform changes to training provision

- Our innovative approach to e-learning through which we provide training on over 50 topics includes computerised tests for trainees to complete that test their knowledge, reports outcomes to managers and overall improves access to training for staff.

- External training is undertaken by recognised training providers including local Universities - the Trust works closely with providers to ensure the service and patient needs are addressed as priorities

Our training prospectus provides advice to managers and staff on the minimum training standards for all types of staff working across the Trust as well as additional specialist training available to those who need it.

Further detailed information about the training available to our staff can be found on the following Trust web page:

http://www.southstaffshealthcare.nhs.uk/workingHere/training/training.asp

7   Claims

The following table shows the total number and type of liability claims on file at the end of the year.

Employers Liability	Public Liability	Clinical	Total
16	1	2	19

The estimated total reserve value of the employers and public liability claims managed during the year, should they all settle, is £228,225. A proportion of this cost is funded by the NHS Litigation Authority which also provides the estimate of potential cost. The amount of the claim funded by the NHSLA depends on the level of excess in force for each type of claim at the time it occurred. Based on these relevant excesses it is estimated that the Trust requires a reserve of £156,225 to meet its potential liabilities. It is important to note that not all of the above claims are likely to settle and a number have already been repudiated.

The clinical claims do not carry any excess and would be fully funded by the NHS Litigation Authority should they settle. One of these claims has already been repudiated and the other is currently under investigation.

Employers

These claims followed incidents involving slips, trips & falls, manual handling, and assault.

Public

This claim involved being struck by falling boxes from a delivery trolley.

Clinical

One claim, involving a patient fall, was successfully repudiated whilst the other, alleging misdiagnosis, is currently under investigation.

8   Risk Management

The Clinical Effectiveness and Risk Committee, along with the Audit Committee, continued to meet throughout the year to provide the Trust Board with relevant information and assurances on how risk was being managed within the Trust.

A range of other committees and groups also met throughout the year as part of the overall Assurance Framework. These included Finance and Performance, Human Resources and Organisational Development, Risk Co-ordinators, Clinical Effectiveness, Infection Control, Medical Devices, Information Governance, Records Management and Training and Development.

During the year the Trust's Internal Auditors undertook a thematic review on the level of risk maturity within the Trust. Risk maturity is defined as 'the extent to which a robust risk management approach has been adopted and applied as planned by management across the organisation to identify, assess, decide on responses to, and report on opportunities and threats that affect the achievement of the organisation's objectives'. The audit concluded that the Trust is 'Risk Managed'.

8.1   Health and Safety

Health and Safety Executive Inspection – March 2008 - Update

Background

The Health and Safety Executive (HSE) visited the Trust in March 2008. Their inspection focused on the hot topics of Manual Handling, Violence, Stress and Return to Work processes. Staff were advised of the inspection programme which covered numerous wards and departments on the main sites but were also asked to be aware that the inspection could extend to any relevant health and safety topic and might extend to include any community bases.

Feedback - Overview

At the feedback session the HSE reported that in their view health and safety was addressed in a very positive manner within the Trust and complimented managers and staff on their overall approach to health and safety and to the inspection process.

They commented particularly on the positive working relationships between Trust management and staff side representatives. They noted numerous locations where good camaraderie was evident and were impressed by evidence of a good safety culture. The HSE highlighted a number of areas of good practice and were particularly pleased to see evidence, including the use of photographs, to illustrate

the safe and correct use of slings relevant to the manual handling of each patient in the Learning Disability service.

However, as would be expected with an inspection of this nature they did note some areas for improvement, though it is very pleasing to be able to report that no enforcement action was taken and the HSE specifically stated that at no point during the inspection process was there ever any consideration given to the issuing of any improvement notice or other enforcement action.

Action points identified in HSE formal letter

In due course a formal report, in the form of a letter, was received by the Trust for which an action plan was developed to address the issues raised. Much of this work was completed during the financial year 2008-09. The remaining issues will be progressed during 2009-10 as follows;

Topic area	Suggested actions required	Progress
Return to Work Strategy	Trust to investigate the provision of a single telephone number reporting system	COMPLETED - one number adopted
	Trust to obtain HSG249 "Managing Sickness Absence & Return to Work" and refer to it as a best practice guide in forthcoming internal review	COMPLETED - reviewed and policy in place
Stress	Trust to review and update a stress policy	COMPLETED - policy approved & implemented
	Establish a steering group to raise profile & develop strategy to focus on hot spots	ON-GOING
	Trust to implement a stress reduction programme	ON-GOING
	Trust to proactively encourage and facilitate leadership and informal support networks to cope with daily demands of role	ON-GOING
Violence	Clear guidance on the form & nature of debriefing sessions to help managers provide a consistent approach	ON-GOING - Policy developed. Training of de-briefers expected 09/10
	To produce ward specific violence risk assessments	COMPLETED - and is an on-going process
	Produce specific rules for visitors (to wards)	COMPLETED - and implemented
	Trust to ensure that physical and environmental issues are considered	ON-GOING - through new build and re-furbishment schemes
	George Bryan Centre (GBC) – Investigations should be made as to ongoing security of the site & provision of secure fencing	ON-GOING - scheme put forward – order placed 09/10
	GBC – Night-time staffing levels – to be monitored closely and options investigated	COMPLETED - some changes to shift patterns
	Trust should develop a trust-wide alarm purchasing / use strategy	ON-GOING – audit / review undertaken. Draft policy now in use for purchase decisions & to monitor existing systems

	The trust should set out a formal audit system of ward compliance with Security & MAPA policies	COMPLETED - audit done Further audit late 2009
Manual Handling	Corporate recording of manual handling training was not accurate and needs attention	COMPLETED – historical data for whole Trust now on new database. Data being monitored for accuracy
	Audit reports should be targeted at a level where individual line manager compliance can be recorded. Audit reports should be discussed within corporate governance arrangements.	ON-GOING - audits of risk assessments by MH advisor and of training from above data checks

Conclusion

The Chief Executive, Directors, senior colleagues, staff side representatives and the Trust Board have been kept informed of progress with the action plan throughout the year and this will continue through 2009-10.

Health and Safety Committee

The committee has continued to develop as a separate sub-committee of the Joint Staff Partnership (JSP) rather than merely being an agenda item of the latter. We have endeavoured to foster the good working relationships between management and staff-side representatives as recognised by the HSE. Members of both the JSP and the Health & Safety committee have been kept fully involved and informed of the development and progress of the HSE action plan throughout the year.

During the year the Committee has also been involved with numerous reviews of existing policies and new developments arising from the HSE action plan.

8.2   Infection Control

The Trust's annual infection control programme and actions for 2007/8 have been met.

The programme incorporates the requirements in all relevant national documents including Standards for Better Health and the Health Act *Code of Practice* for the *Prevention and Control of Health Care Associated Infections* (2006).   The Duties in the Code have been changed slightly following changes that the Care Quality Commission have made and the programme is in the process of development and will incorporate these changes.

Management of Healthcare Associated Infections continues to be given a high priority, particularly in respect *of Clostridium Difficile and MRSA.* In accordance with recent DoH guidance for mental health trusts, the infection control team is developing policies and procedures to swab identified groups of service users for MRSA in order to minimise the risk of bacteraemia in at risk groups.

To date no cases of MRSA bacteraemia or *Clostridium difficile* have been reported in the Trust and robust infection control arrangements will continue to maintain this status.

The cleanyourhands campaign was commenced in April and staff in all ward areas are commencing the audit programme which is part of the campaign. Implementation of this campaign will contribute to the work plans that are underway in preparation for a possible flu pandemic and more recently with planning for swine flu. The infection control team is focussing on training that will ensure staff are prepared to look after service users if a pandemic situation occurs.

8.3   Fire Safety

It is pleasing to report that no serious fires have occurred in Trust properties within the past year.

Fire Safety Risk Assessments are currently being updated on all properties. There is also an ongoing programme to undertake an annual Fire Audit on all Trust premises that will ensure our compliance with the new fire order that applies to all non-domestic premises.

Fire Training

From the 1st January 2009 fire training was changed to ensure that mandatory fire training was in line with all other Trust mandatory training, i.e. booking of training via the intranet. This is now venue based with training dates being provided for 12 months in advance. The training has also being split into levels to take into account the different needs of staff and their respective workplaces, whilst still allowing a flexible approach to each department's needs. The Trust's Fire Safety Trainer provides the majority of training and all sessions have been well attended.

All Staff throughout the Trust have shown a very pro-active approach to fire safety and have shown a willingness to participate in both drills and lectures.

E-learning also provides staff with the option of Fire Training without having to leave the workplace but this type of training should only be used in circumstances when face to face training can not be achieved.

Staffordshire Fire & Rescue Service

The Trust continues to maintain an excellent relationship with the Staffordshire Fire & Rescue Service and have complied with, and actively been involved in, all audits undertaken by the service on our premises.

8.4   Central Alert System

During the year the Trust received and acted upon 118 safety alerts issued by the Medicines and Healthcare Products Regulatory Agency, National Patient Safety Agency and NHS Estates.

Those relevant to the Trust were distributed to appropriate managers for information or action as necessary. Feedback from managers was received and the system updated accordingly with regular reports being presented to the relevant risk management groups and the Clinical Effectiveness and Risk Committee.

8.5 Risk Management Training

The Trust provided a comprehensive package of training courses throughout the year to meet all of its relevant statutory and mandatory training obligations. Such training needs are identified through the Trusts Personal Development Review process to ensure staff not only receive initial training but also undertake refresher courses as required. A range of e-learning packages were also developed and promoted to staff as an alternative to classroom based courses.

The system to monitor attendance at induction and training courses was further developed during the year and managers are now provided with regular reports on attendance for any follow up action that may be required.

8.6 Information Governance

The Trust is complying with the increasing emphasis on the principles and practice of information governance demanded by the NHS. This covers the following areas:

- Management - ensuring the principles of good governance are embedded in the day to day processes of the Trust
- Confidentiality – ensuring that Caldicott principles on confidential information are observed
- Data protection – applying the 8 principles of the Data Protection Act 1998
- Freedom of information – providing public access to corporate information on request
- Records management – applying best practice on storage and retention of health and corporate records
- Information quality assurance – ensuring that data is accurate, timely and complete
- Information security – protecting data from loss, damage and inappropriate access

The annual assessment for 2008-2009 showed that the Trust position improved in all areas of governance and continues to achieve the Statement of Compliance allowing us to continue to use the NHS information networks and facilities. Particular emphasis is placed on maintaining confidentiality and protecting personal information and information systems from misuse or loss. The staff resource in this key area is being increased in 2009-2010 to address any areas of relative weakness.

8.7 Medical Devices

The Medical Devices Group met four times throughout the year in conjunction with colleagues from the South Staffordshire PCT as part of our shared service arrangements. The group covered a broad range of issues including the following :-

- ➤ Terms of reference updated
- ➤ Medical Devices Management policy reviewed and updated
- ➤ Safety alerts discussed
- ➤ Standards for Better Health
- ➤ NHS Litigation Authority standard
- ➤ Developed a list of preferred equipment
- ➤ Equipment maintenance contract reviewed
- ➤ Manager and staff training

- ➢ Equipment inventories
- ➢ Equipment pre-purchase questionnaires
- ➢ Equipment decontamination

9   Assurance Framework

The Trust operates an Assurance Framework at both Directorate and Trust level that consists of an Assurance Plan and a Risk Register. The Assurance Plan identifies the principal objectives of the Trust and is used to assess the risks, controls and assurances related to the achievement of those objectives. Where any significant gaps in control or assurance are identified an action plan is developed and transferred to the Risk Register.

Other risks within the organisation are identified using several different methods and are categorised between corporate, clinical and financial risks. Once identified, each risk is assessed and evaluated using the Australian New Zealand 4360 100 (5x5 Matrix) of likelihood and severity. The Trust's risk register contains those significant risks with a risk rating of 15 or more identified both at Trust level and by individual Directorates. The register is a dynamic document and is updated and presented to the Clinical Effectiveness and Risk Committee and Trust Board on a regular basis.

As a dynamic process risks are regularly being added to the register as others are removed following appropriate action. The following table indicates the total number of risks on the register at the end of each year; -

Year	Business	Strategic Corporate	Operational Clinical	Operational Non-Clinical	Financial	Total
2006/7	0	2	16	3	6	27
2007/8	0	10	19	8	9	46
2008/9	5	13	22	5	3	48

As a result of these high level risks being discussed at Board level, and actions and resources prioritised accordingly, a number of improvements have been made that include :-

- ➢ Further investment in the Child and Adolescent Mental Health Service agreed with Commissioners
- ➢ Completed skill mix review in the Allied Health Professional service
- ➢ Completed refurbishment of Older Peoples wards at Margaret Stanhope Centre
- ➢ Introduce the Supporting Attendance process across the Trust to further improve sickness absence levels
- ➢ Ratified the Information Security and Acceptable Use Policy
- ➢ Appointed a named nurse for 'Safeguarding Children'
- ➢ Reviewed the provision of Infection Control services
- ➢ Developed the strategy for the re-provision of Learning Disability services

10   Sickness Absence

The following tables provide an analysis of sickness absence for the year by medical condition and also an estimate of the sickness rate by Directorate.

Last year shows a marginal reduction in the overall level of sickness absence compared to the previous year (5.30%). The Trust's Supporting Attendance scheme was introduced in Shropshire during 2009 and it is envisaged that this will help reduce the overall sickness levels further.

Total Trust Sickness % 2008 - 2009	
Directorate	**Sick %**
Business Development	**4.98%**
Chief Executive Office	**0.24%**
Children Services	**3.14%**
Clinical Support Services	**2.34%**
Developmental Neurosciences and Learning Disabilities	**5.23%**
Facilities and Estates	**5.71%**
Finance and Performance	**1.73%**
Forensic Mental Health Services	**5.58%**
HIS Management Team	**3.59%**
Human Resources and Organisational Development	**1.01%**
Medical Management	**0.36%**
Membership Office Foundation	**14.00%**
Nursing Research and Development	**3.43%**
Psychological Therapies	**2.15%**
Shelton Project	**0.46%**
Shropshire Mental Health	**5.94%**
South Staffordshire Mental Health	**5.51%**
Specialist Services	**7.16%**
Trust Board	**0.39%**
Trust Board Team	**1.90%**
South Staffordshire and Shropshire Total	**5.27%**

Medical Condition	FTE Days lost	% of Total Sick
Blood Disorder	**339.9**	**0.6%**
Cancer	**1761.8**	**3.2%**
Cardiac / Coronary	**1064.3**	**1.9%**
Cold / Influenza	**4711.2**	**8.6%**
Dental Pain	**274.1**	**0.5%**
Dermatological	**337.1**	**0.6%**
Diarrhoea / Vomiting	**2741.9**	**5.0%**
Ears, Nose and Throat	**903.2**	**1.7%**
Eyes	**153.6**	**0.3%**
Gastro - intestinal	**1128.0**	**2.1%**
Genito - Urinary	**238.1**	**0.4%**
Gynaecological	**537.0**	**1.0%**
Headache / Migraine	**1069.6**	**2.0%**
Hypertension	**117.2**	**0.2%**

Infections	**1985.9**	**3.6%**
Musculo - skeletal Back	**3368.5**	**6.2%**
Musculo - skeletal Neck	**1002.4**	**1.8%**
Musculo - skeletal Other Joint, Lower Limb	**4969.1**	**9.1%**
Neurological	**881.4**	**1.6%**
Not Known	**2815.4**	**5.1%**
Other	**3991.5**	**7.3%**
Other Mental Disorders	**724.2**	**1.3%**
Pregnancy Related	**521.6**	**1.0%**
Psychological	**78.7**	**0.1%**
Respiratory	**792.0**	**1.4%**
Stress / Anxiety	**12668.9**	**23.2%**
Substance / Alcohol Misuse	**19.2**	**0.0%**
Surgery	**5502.4**	**10.1%**
Grand Total	**54698.2**	**100.0%**

APPENDIX 1

Comparison of Total Incidents by Cause

Note: A number of cause categories were changed and others deactivated at the start of the 2008/2009 financial year. The following table identifies those incidents reported during the year under the revised categories.

Cause	2008 / 2009
Absconded From / Late From Leave / Home	24
Absconded From Trust Property	269
Accidental Injury Patient to Patient	1
Accidental Injury Patient to Staff	5
Accidental Injury Staff To Patient	1
Aggression-Non Patient - Inappropriate Attitude	2
Aggression - Patient - Inappropriate Attitude & Property Damage	27
Aggression - Patient - Inappropriate Attitude & No Property Damage	52
Aggression - Staff – Inappropriate Attitude	1
Alcohol / Substance Abuse	98
Assault - Non-Physical - Other	70
Assault - Non-Physical - Patient To Patient	94
Assault - Non-Physical - Patient To Staff	648
Assault - Non-Physical – Visitor / Relative To Staff	39
Assault – Physical - Injury Other	11
Assault – Physical - Injury Patient To Patient	154
Assault – Physical - Injury Patient To Staff	543
Assault – Physical - Injury Visitor / Relative To Staff	1
Assault – Physical - No Injury Other	17
Assault – Physical - No Injury Patient To Patient	274
Assault – Physical - No Injury Patient To Staff	468
Assault – Physical - No Injury Visitor / Relative To Staff	1
Burglary / Break-In	3
Burns And Scalds - But NOT If Self-Harm	17
Care Or Treatment Apparently Correct	24
Collision With Moving Object - NOT Vehicle / RTA	25
Collision With Stationary Object - NOT Vehicle / RTA	73
Communication Problem – Clinical / Inadequate Info To Patient	24
Communication Problem - Non Clinical	21
Confidentiality Breach (Patient Information)	36
Confidentiality Breach (Staff Information)	6
Confidentiality Breach (Corporate Information)	1
Contact With Bodily Fluids	4
Contact With Harmful Subs / Spillages & Other	9
Contraband Breach	17
Cuts in general	20
Damage To Patients / Carers Property	3
Damage To Property (Non-Patient)	14
Door Injury (caught / trapped / shut on)	6
Equipment Failure – Clinical	23
Equipment Failure - Non-Clinical	21
Equipment Shortfall Or Inadequate	14
Facilities Lacking Or Inadequate	3

Faint / Dizziness / Collapse - Not Medical Emergency	36
Fall From Bed / Chair / Other Furniture Etc	100
Fall from Toilet / Commode	10
Fall Up / down / on / off Stairs / Steps / Ladders	13
Fire - Any Including. Arson But Not Smoking Related	11
Fire False Alarm Faulty System / Fire Not Found	20
Fire False Alarm Patient's Interfering With System	26
Fire-Smoking Related / Misuse Of Smoking Items	145
Found On Floor	397
Found With Injury (Cause Unknown)	144
Impact from falling object	8
Infection Control Problem (Clinical)	9
Intruder / Suspicious Person / s	47
IT Security - Loss Of Data & / or IT Equipment	2
IT Security - Unauthorised Access / Hacking	1
Lack Of Clinical Risk Assessment / Management	6
Lack Of Non-Clinical Risk Assessment / Management	6
Loss or Missing	43
Manual Handling - Non Patient	5
Manual Handling – Patient	18
Med. Adverse Reaction	4
Med. Error – Route	1
Med. Error - Wrong Dose	92
Med. Error - Wrong Drug	20
Med. Other	71
Med. Pharmacy Issuing Error	14
Med. Prescribing Error	38
Medical Emergency (Including Seizure / Fit etc)	60
Medication – Refused	71
Monitoring Of Care Absent / Inappropriate	2
Monitoring Of Patient Absent / Inappropriate	5
Near Miss – Clinical	52
Near Miss - Non-Clinical	147
Other Type Of Incident – Clinical	92
Other Type Of Incident - Non-Clinical	129
Placed Self On Floor	61
Problems With Health Records	8
Referral - In-Patient / Outpatient Poor Or No Response	21
Road Traffic Accident - On Trust Premises	9
Road Traffic Accident – Outside Trust Premises	16
Self Harm Any Ligature Round Neck / Bag Over Head	33
Self Harm Any Other Means Or Combined Means	32
Self Harm Biting / Impact / Hitting Self / Wall etc	35
Self Harm Burn / Scald - Cigs,Lighters,Water etc	3
Self Harm Cut - Blade,glass,plastic,ceramic etc	95
Self Harm-Ingestion (Tabs,Drugs,Alc etc) / Inhaling	85
Service Shortfall – Clinical	25
Service Shortfall – Non - Clinical	2
Sharps – Bite / Scratch Drawing Blood Human / Animal	6
Sharps – Disposing	22
Sharps – Injecting	7
Sharps – Re - sheathing	4

Slip on Wet Floor	47
Slip, Trip, Fall On Same Level	311
Staffing Levels – Clinical	103
Staffing Levels - Non-Clinical	2
Tests Failure To Do / Report – Clinical	2
Theft - Personal Property Including Vehicles	10
Theft - Trust Property Including Vehicles	6
Unexpected Death - Non-Patient	2
Unexpected Death Community Or Outpatient	70
Unexpected Death In-Patient	9
VACP – Vulnerable Adult / Child Protection	56
Vandalism / Graffiti / Property Damage NOT By Patients	14
Vehicle / Transport For Patient Use	4
Total	**6109**

For more information about this Clinical Governance and Risk report or to make a comment, please contact:

Neil Carr

Chief Executive
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Trust Headquarters
St George's Hospital
Corporation Street
Stafford
ST16 3SR

Telephone: 01785 257888 x 5501
E-mail: neil.carr@sssft.nhs.uk

Anthony Henshall

Risk Manager
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Trust Headquarters
St George's Hospital
Corporation Street
Stafford
ST16 3SR

Telephone: 01785 221454
E-mail: tony.henshall@sssft.nhs.uk

Joe Wall

Associate Director – Clinical Effectiveness
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Trust Headquarters
St George's Hospital
Corporation Street
Stafford
ST16 3SR

Telephone 01785 257888 x 5575
E-mail: joe.wall@sssft.nhs.uk