

Clinical Governance

Annual Report

2001/2002

*"Listening, learning and
making a difference"*



Large print copies available

"A well led organisation will know the vision, values and methods of clinical governance are being effectively communicated to all staff...good leadership empowers teamwork, creates an open and questioning culture, and ensures that both the ethos and the day to day delivery of clinical governance remain an integral part of every clinical service".

Aidan Halligan and Sir Liam Donaldson

Foreword

We are proud of all of our clinical governance achievements during the last year and this Report aims to give an honest account of our journey so far. We recognise that no single intervention can make clinical governance happen, but it is the contribution and collective power of people, culture, interventions, systems and processes that will make clinical governance the reality it should be.

This is an exciting and challenging time for South Staffordshire Healthcare NHS Trust, during which we are improving quality, to give users of our services a better experience. This can be measured in the changes to services themselves, in the quality and development of our staff and their involvement in designing and developing our services.

Making clinical governance real is the most crucial challenge facing us. Communicating our vision, providing strong visible leadership, supporting individuals and teams and developing a culture in which we can be open and honest together are fundamental, both to our success as an organisation and in meeting the challenge of continual levels of change.

The public expects better customer service and more customised service and we will work in partnership to meet those expectations.

The NHS is going through unprecedented change but what matters is what works and what matters to us is what works locally.

There is investment in NHS services but we need to be able to demonstrate that this is bringing about real change. Clinical Governance for Real in our organisation is therefore about:

- the way we do things around here
- learning and getting it right
- pride in your contribution
- our staff's attitude to patients
- reactions of patients to our staff
- all learning together
- learning from our mistakes
- recognising it is not an optional extra - it's the job
- celebrating and sharing successes.



MIKE COOKE, CHIEF EXECUTIVE

Clinical governance matters - it is for real.

Kim Jelphs
Clinical Director, Clinical Development

Mike Cooke
Chief Executive

"Becoming a learning organisation is more of a journey than a destination".

Mike Pedlar

Executive Summary

Listening, learning and making a difference are fundamental if we are to work in partnership with patients, users, carers, staff and partners to facilitate effective service and care delivery.

Our Clinical Governance Annual Report last year had a theme of learning; capturing our learning from the past, during our transition and development as a new organisation and our hopes and commitment to learning for the future. This Report aims to build upon this and demonstrate how South Staffordshire Healthcare NHS Trust has listened, learnt and made a difference to patients, staff and carers using clinical governance as the vehicle for our journey as a developing, learning organisation.

Achievements of which we are proud:

- developing a culture in which there is a commitment to and ownership of clinical governance throughout the organisation
- raising the profile of clinical governance through innovative learning and development opportunities for all staff and teams, for example our Clinical Governance for Real Week
- a clinical governance strategy which identifies milestones and targets
- a pocket guide to clinical governance which acts as an aide-memoire for all staff
- developing a new approach to induction, where clinical governance is the key theme
- a Commission For Health Improvement (CHI) Self-Assessment that helped us to identify our early successes and future challenges
- the real engagement of patients, users, carers and staff
- being awarded the Investor in People Award (IIP) for the next three years
- being accredited with Clinical Negligence Scheme for Trusts (CNST) Level One for risk management standards
- national recognition of some of our successes in relation to clinical governance and clinical practice

- the continued development of our clinical governance model which aims to integrate all the elements
- working in partnership across the health economy to share our learning and experiences
- our ambitious plans for developing learning and development opportunities in partnership with the whole health economy
- policies, procedures and strategies that are developing the infrastructure of our organisation.

Challenges for the future include:

- learning from and implementing recommendations following our visit from the Commission for Health Improvement (CHI)
- developing and sustaining an organisational culture that is just and in which people can really trust
- involving and utilising the expertise of patients and carers in everything we do
- demonstrating that we recognise, and are delivering targets in, the key priorities of care
- developing real shared learning across the health economy
- gaining recognition as an organisation which implements, but also leads on, research.

Helping us to involve you

This Report aims to demonstrate how we have listened, learnt and made a difference to patients, users, carers and staff during our first year as an organisation. But we cannot stand still. We need and welcome your ideas, thoughts and challenges about how we can move forward, so that clinical governance is very real in our organisation.

This is a companion document to the Trust Business Plan and the Annual Report and Accounts.

"Learning in organisations means the continuous testing of experience and the transformation of that experience into knowledge - accessible to the whole organisation and relevant to its core purpose".

Ross, Smith, Roberts and Kleiner

Clinical Governance - The Challenge

Clinical governance is a framework which demands that organisations learn about and develop the fundamental components required to deliver high quality and safe care for patients.

For South Staffordshire Healthcare NHS Trust, clinical governance is about putting the service user at the focus and developing quality services that ensure that what we do is right, timely and based on best evidence.

The challenge is for organisations to demonstrate that clinical governance is being successfully implemented, sustained and developed by showing that:

- patients, service users and carers believe that they are well cared for
- all staff feel included, listened to and empowered in their roles
- all staff understand and own clinical governance
- there is an integrated strategy for the implementation of clinical governance
- the Board has patient safety and service quality at the top of its agenda
- the Board identifies and acts upon the areas of most concern to the organisation
- there is clear evidence of significant improvement in organisational performance.

(NHS Modernisation Agency 2002)

We are continuing to develop a model reflecting a whole systems approach, in which all the strands of clinical governance are integrated, aiming to reflect the challenges of the statement above.

At the heart of our model are patients, service users and carers. The Trust Board and the Clinical Governance Sub Committee (comprising the Trust Management Board and two non executive members) are both accountable for clinical governance. This is dependent upon everyone in

the organisation taking and being aware of their individual responsibilities, by listening, learning and acting upon feedback and information.

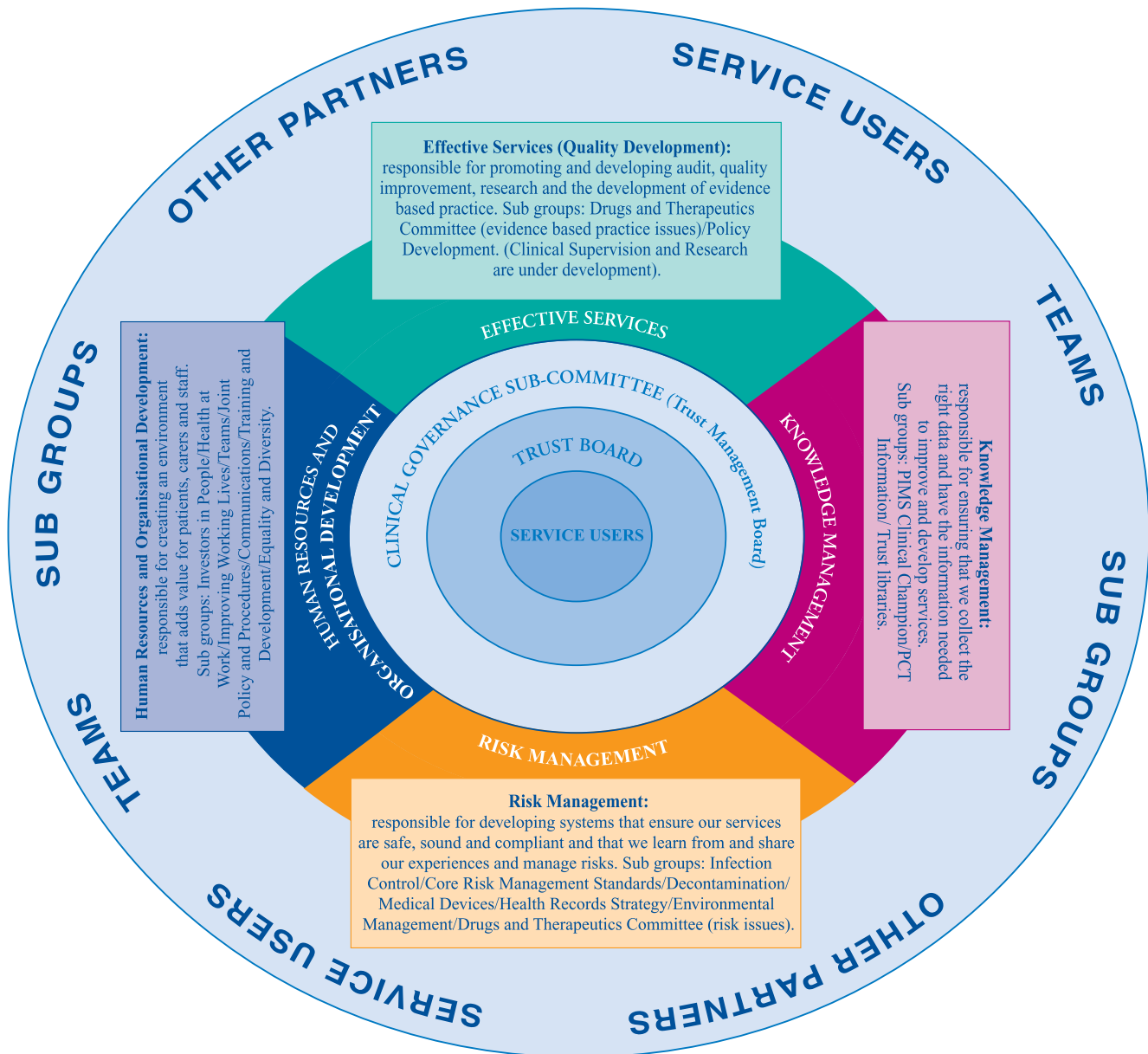
Four groups and associated sub groups (which focus on different strands of work) aim to link all the elements which contribute to the clinical governance framework and reflect the domains used by CHI when evaluating trusts. These groups feed into the Clinical Governance Sub Committee, which in turn feeds into and out of the Board. All groups are chaired by a Trust Board member.



LEARNING ABOUT SUPPORT SERVICES

Our Model - How it all Fits Together

Partnership working including Trust-wide, locality, directorate and special interest, multi-disciplinary and multi-agency groups, with service user and carer involvement across all levels and areas of activity.



Clinical Governance Support Group will facilitate sharing and learning around clinical governance issues across the directorates.

"Good teamwork makes a critical contribution to effectiveness and innovation in health care organisation and delivery and also contributes to team members' wellbeing".

Health Care Team Effectiveness Project



LET'S CELEBRATE, WE HAVE DONE WELL



FACILITATED GROUP WORK AT CLINICAL GOVERNANCE CONFERENCE. "WHAT CAN WE DO TO MAKE A DIFFERENCE?"

Reflection on our Approach

No single process or intervention can make clinical governance really happen in an organisation. Our approach has been to recognise, build upon and share the expertise and excellent practice that exists among our clinicians, support staff and teams. We truly believe that clinical governance involves all of us working in this organisation together. We all have a common goal - the delivery of effective services to patients, service users and carers. This section aims to demonstrate some of the ways in which we have tried to enhance and build upon existing knowledge and skill in relation to clinical governance, while demonstrating our commitment to developing as a learning organisation.

Clinical Governance for Real Week was held between February 25 and March 1.

Recognising the need to create accessible and different styles of learning, **workshops, team visits and conferences** were organised. The event aimed to inform, share and encourage all staff to develop their knowledge and understanding about clinical governance. Throughout the week it was exciting to see so many people from diverse backgrounds all learning together.

1. A series of six half day workshops was held from Womborne to Tamworth. More than 135 staff attended the sessions which provided a practical, user-friendly approach to clinical governance.



ALL LEARNING TOGETHER.

We listened and learnt that we need to:

- improve communication
- continue to support and develop teams
- develop a network of mentors for all staff.

workshops, team visits and conferences were organised. The event aimed to inform, share and encourage all staff to develop their knowledge and understanding about clinical governance. Throughout the week it was exciting to see so many people from diverse backgrounds all learning together.

This resulted in a surgery type approach to aspects of practice which were presenting a challenge to participants. The sharing of day to day activities in which people attending felt they were doing well also provided an excellent focus to these events and enabled a balanced perspective to be reflected. Recommendations from staff at these sessions have been captured and are being used to shape the future learning and development of the organisation.

2. The second approach enabled teams from across the organisation to request a **team visit** from a clinical governance menu. There were 11 options on the menu and visits were tailored and timed to fit in with the needs of the teams. Each session lasted approximately one and a half hours and options included:

- discussion about the meaning of clinical governance
- communication
- patient involvement
- benchmarking and Essence of Care
- medication management
- team health checks
- clinical supervision
- clinical audit, effectiveness and care pathways
- mentoring.

There were 49 enquiries by the end of the week from across the organisation, with requests continuing afterwards.

Teams do make a difference and some teams identified that they needed to develop in certain areas. Work has continued in:

- improving communication
- clarifying team objectives
- reviewing team decision-making.

The Team Health Check proved very popular and is based on a tool developed to help teams identify how effectively they are working together (West and Borrill 2001). As an organisation, we are committed to supporting and facilitating team working, as we know that teams that work well together can improve patient care and staff satisfaction.

"I fully intend to ensure that everyone in the team has a mechanism for communicating with all colleagues in the Trust".

"Good hints and tips received; it's easier to learn when learning's fun".

3. Thirdly we held three conferences which proved to be memorable. All involved audience participation and humour which captured the importance of communication, teamwork, leadership, patient experience, quality and partnership working. A theatre group made us think about the patient experience in a non-threatening but highly effective way and it was a privilege to see porters, cooks, secretarial and administrative staff, the Trust Chair, Chief Executive, consultants, psychologists, nurses and therapists (to name a few) all learning and sharing together.

We listened to and learnt from colleagues from our own and other organisations about:

- the experience of a CHI Review
- how effective anonymous incident reporting can be
- how the Charley Centre gained national recognition for clinical governance through teamwork and meaningful changes to practice
- learning and development opportunities
- Patient Advice and Liaison Services
- effective complaints procedures.

Complete feedback from all the events is available from the Clinical Development Directorate.

We have developed **A Pocket Guide to Clinical Governance** for all members of staff.

This is intended to be an accessible aide-memoire to help individuals identify how to access the support and help they need, to deliver quality services.

The guide was sent to all existing members of staff in March and new members of our organisation are being given a copy at the induction day, in which clinical governance is a core theme.

The Strategy for Clinical Governance outlines the journey we have to make and the milestones we have to reach if we are to develop clinical governance successfully. It identifies support systems and defines roles, responsibilities and expectations. Developed following workshops with the clinical governance sub committee, the draft strategy was then shared with all directorates to consult with their teams to enable their thoughts, ideas and expertise to be reflected in the document. Copies of the Strategy are available in each directorate and in the Trust libraries.



We introduced a **CHI Self Assessment** for all directorates in early spring. The aim of the exercise was for directorates to examine their progress critically and celebrate their successes against the clinical governance indicators that will be used by the Commission for Health Improvement (CHI). This proved a very valuable learning experience and by directorates linking up with a partner we were able to learn from and challenge each other's approach. **But did it make a difference?**

"The CHI Self Assessment was a landmark process in establishing a baseline of our clinical governance arrangements this year. Most importantly, it highlighted areas which required progress, such as the application of research and information systems. Working in conjunction with the Mental Health Directorate also provided a platform to share and learn from each other's experiences. The resulting action plan will only improve the arrangements we have in place." **Directorate of Forensic Mental Health Services.**

Additionally, numerous **training, development, learning and sharing** opportunities have been instigated by both our clinical and support directorates, some of which will be highlighted in the following section, **Tales from the Directorates.**

"The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them".

Ralph Nichols



Tales from the Directorates

Listening, learning and making a difference

A key principle of successful clinical governance is to develop a sense of ownership among all staff in organisations. Recognising that different directorates and their associated patients, carers and staff will have different needs demands that they are empowered to develop their own systems to enable clinical governance to become real. The following **Tales from the Directorates** are snapshots of activity which aim to demonstrate how directorates are listening, learning and making a difference to patients and staff, while linking those developments to the underlying building blocks of clinical governance.

Patient and public involvement

A joint working group, comprising staff and patient representatives, has been developed in the Forensic Mental Health Services Directorate and works through an agenda informed by patients. The approach adopted is joint problem solving and liaison with other directorates and agencies where appropriate, to help resolve issues. Patients have raised a number of issues regarding the hospital environment, eg the quality of furniture and outdoor lighting. The Department of Facilities has made a commitment to attend all meetings to discuss issues with patients and take relevant action.

Clinical effectiveness and audit

The Therapies Directorate has particularly identified research as a priority, so that new developments can be generated. This includes published papers on:

- Measuring Clinical Effectiveness in Mental Health

- Development of a Service for Older People with Challenging Behaviour
- The Link Between Post-Traumatic Stress Disorder and Early Onset Dementia.

Education, training and continuing professional development

We know that appraisal can make a difference to staff and patient care. Led by the Medical Director, a system for consultant appraisals was introduced, developed and evaluated.

Staffing and staff management

A support worker forum was launched in May by the Learning Disabilities Directorate, to facilitate staff engagement. Support workers work closely with patients and it is their opportunity to discuss any concerns or areas of good practice. It also gives them a chance to shape the delivery of their care to clients. Feedback has been positive and a user-friendly newsletter has been produced instead of minutes, to inform all staff about what was discussed.

Clinical effectiveness

The Nursing and Operational Management Directorate has worked in partnership with universities to develop a professorial unit. This will support front line staff of all disciplines to carry out relevant research concerned with ensuring that care provided is shaped around the convenience and concerns of patients.



LEARNING DISABILITY
DIRECTORATE SHARING
OUR SUCCESS

"In a learning organisation...

The organisation continually becomes aware of its underlying knowledge base - particularly the store of tacit, unarticulated knowledge in the hearts and minds of employees".

Roberts, Ross and Kleiner

Risk

The Directorate has also facilitated and implemented training around the implementation of a range of strategies on subjects such as nursing, risk management, the handling of complaints, safe keeping of health records and adverse event reporting.

Education, training and continuing professional development

The four directorate teams of the Clinical Development Directorate are working together, in partnership with other directorates, to develop leadership across the organisation. The Clinical Training Team is accessing training opportunities, the Professional Development Unit is facilitating leadership development (such as action learning sets and learning from patient stories), the Quality Development Team is auditing how individuals are using leadership development and the Libraries Team is providing literature and information.

Leadership

Strong, visible leadership from our Chief Executive means that the vision and importance of clinical governance are communicated at every opportunity.

Patient and public involvement

A real learning experience for the Trust was the involvement of 11 service users in developing the Trust Business Plan, which was co-ordinated by the Directorate of Development and Partnerships. They were asked for their views on the ease of reading, content and format and many alterations were suggested with regard to grammar, spelling and typographical errors. The report is enhanced by "real" quotations from a patient, user and carer perspective.

Use of information

The Finance and Information Directorate is working to develop the type of information and support available to clinical teams, to ensure they have the best possible financial as well as clinical information on which to base their decisions about services.

In addition, the HIS (Health Informatics Service) Team is developing structures and systems to improve the flow of electronic information across the health economy.

Clinical audit

A group of dentists - belonging to the Specialist Directorate - has adapted a Medical Defence Union tool designed for general dental practitioners. This has helped them to identify four areas of significant difference in the way in which they work as a team. As a result of this process they are now addressing messages and referral protocol letters. Ongoing work will continue to enhance team working and patient care as part of this review.

Patient involvement

Spring Meadow Day Hospital has taken time to review the service it provides. One small but significant change that clients were asking for was a greater choice of key workers. The unit has now organised itself into two care teams, giving patients more options.

Staffing and staff management

A change in working practice has been introduced within the Mental Health Directorate in response to the CHI Self Assessment. Colleagues have improved access to a manager for the purpose of supervision and general support, resulting in staff feeling more supported and valued.

Clinical effectiveness

Each of the Children's Services teams has identified a local lead, demonstrating ownership of the clinical governance agenda. Plans include joint working across teams in order to share good practice and develop standards.

Staffing and staff management

Work on the staff opinion survey was led by the Human Resources and Organisational Development Directorate. Really listening to, learning from and taking action to make a difference from what staff are saying and feeling about our organisation is key to us working together, further to developing an organisation in which staff are engaged and feel valued.

These diverse and real **Tales from the Directorates** are only a small sample of the work we are doing to make clinical governance real in our organisation.

We are doing all of these things and yet we must recognise that we do not always see clinical governance for what it is:

"Clinical governance is in the hearts and minds of staff working at every level of the directorate, however staff do not always recognise clinical governance in action. During the CHI Self Assessment one staff nurse stated that she had not got time for clinical governance as she was too busy trying to improve patient care".

Kath Chambers - Clinical Nurse Specialist.

"Many people like myself take the NHS for granted. This draft plan not only shows what goes on behind the scenes, but also the improvements - how training and staff are important so we get the best".

"Listening effectively to others can be the most fundamental and powerful communication tool of all. When someone is willing to stop talking and thinking and begin truly listening to others, all of their interactions become easier, and communication problems are all but eliminated".

Ken Johnson

New Services and Systems to Make a Difference

Centrepoint and our Service User and Carer Action Plan

Centrepoint is a new resource to help service users, carers and staff work in partnership. Our main objective was to ensure that patients' and carers' needs had top priority. Most organisations start with a user and carer involvement strategy to give them a sense of direction, but when we asked people, they said they wanted actions, not more paper.



LIBRARY SERVICE SUPPORTING CLINICAL GOVERNANCE

In January 2002, we held five workshops called **Telling it Like it is** in four different locations, which were attended by over 120 people, mostly service users. They were billed as 'listening and learning' events and from these we drew up an action plan which has been the focus of our efforts. Our subsequent work has been directly related to what service users and carers said they wanted, such as changes in people's attitudes, not feeling rushed when they came for appointments, having better information about admission and discharge (especially for carers) and more seamless care.

We were asked to give feedback on progress in six months time, and we held an event at which directorates were able to say how far they have progressed with some of the actions. There is also a very detailed list of projects under way. Some suggestions - such as people wanting more help with filling in forms - were straightforward and we discovered 10 different examples of how this was being made easier, examples which will now be shared across the Trust. Service users and carers are also helping us to put the right people in the job by sitting on interview panels and contributing to staff selection. In several areas, for example the Eating Disorder Service, users are contributing their experience to shape new developments.

So has it made a difference?

Centrepoint and the Quality Development Team conducted a snapshot survey to answer this question. Of the 268 service users and carers who responded:

- 90% said they were pleased with the service they had received
- 80% felt they had a better understanding of their problem
- 72% had found the service helpful or very helpful
- and 75% said their problem was less severe after their contact with us.

What's more, we appreciated the detailed comments people made which have taught us a lot about their expectations and their ideas for improvements. These comments will help us to set the agenda for the year ahead.

Centrepoint's contribution to clinical governance is all about ensuring that we listen to the voices of those who receive our services, not only to respond appropriately to their needs, but also to ensure that worries and concerns are handled promptly. This is why the new Patient Advice and Liaison Service is part of our remit.



LEARNING FROM THE SHARED EXPERIENCES OF OTHER ORGANISATIONS

Patient Advice and Liaison Service (PALS)

In 2001, the Government published the NHS Plan. Contained within this document are recommendations that every Trust should have a Patient Advice and Liaison service (PALS) by 2002.

What is it?

The principal function of the PALS is to provide information and on the spot help to service users and their carers. PALS will be responsible for providing accurate information relating to service provision available within and outside the Trust.

How will it work?

On the spot help will be available to assist individuals who wish to raise concerns or suggestions relating to the care they have received. PALS will work to resolve any concerns promptly and will take measures to ensure that, where appropriate, policies and procedures will be amended to ensure that these issues do not arise again. By listening and acting on service user comments the aim is for PALS to be influential in improving standards of care.

How have we involved users and carers in the development of the service?

Service user and carer views have been identified through consultation workshops - **Telling it Like it is**. The workshops were very well attended and the general feeling from attendees was a positive one. Many stated that they saw the service as being an important step to having their views heard for the first time.

What about staff?

Staff will play an extremely important role in the success of PALS. All front line staff will have a responsibility for ensuring that patients and service users and their carers have access to accurate information and will be aiming to resolve any concerns promptly. Staff have shown real enthusiasm for the new service and appear to be committed to its principles.

We are delighted at the progress we have made so far and the service will be fully operational in August 2002, the team is already receiving referrals as a direct result of raising awareness among staff, service users and carers. The majority of enquiries has been resolved. Those remaining have an action plan and are being monitored closely. Most issues were resolved within three days and enquiries vary in complexity from issues related to service provision to transportation.

Here is how we are making a difference:

A number of service users approached PALS to express their dissatisfaction at the impending relocation of their day hospital. The new premises identified by the Trust and social services did not allow access to service users over the six week holiday period.

All agencies involved were managing the issues, however the communication process had broken down, resulting in service users feeling excluded and anxious. PALS worked to bring all the various agencies together and established that the transfer to the new premises was in fact being delayed until after the summer holiday period.

A service user contacted PALS to raise a concern about the treatment she had received from a neighbouring trust while living in that locality.

PALS liaised with the organisation and discussed the issues raised. We gained an agreement that it would contact our service user that afternoon.

As the service user appeared very distressed and anxious, we offered to make arrangements with our local advocacy service to provide support. This assistance was much appreciated.



LEARNING FROM THE FORUM THEATRE AT THE CLINICAL GOVERNANCE CONFERENCE - LEARNING CAN BE FUN

"It is the Trust policy that the most important thing is that a report is made, even if this is anonymously, so that we can prevent further similar adverse events and learning can take place".

Policy on Reporting and Managing Adverse Events, 2002.

New Reporting Systems to Help Us Learn and Make a Difference

Reporting and Managing Adverse Events



LEARNING FROM OUR COLLEAGUES FROM SOUTH STAFFORDSHIRE AMBULANCE SERVICE (ANONYMOUS INCIDENT REPORTING)

We do not always get things right and acknowledge that things sometimes go wrong. We have therefore been working to develop a **single** system across the Trust for the reporting of, reviewing and learning from all adverse incidents, including critical incidents. At the heart of this system will be one multi-purpose adverse event report form that will be used across the organisation.

Anyone, including patients and visitors, can report an adverse event - anonymously if they prefer. This process is about learning, not seeking to

blame. We are committed to developing a culture that is just and fair and in which we can make changes based upon reflection and learning after an incident, to ensure that our organisation is safe, sound and compliant.

"Anonymous incident reporting would be a powerful tool".
Nursing in Partnership Network

Anonymised Incident Reporting: a new system to make a difference

This system allows people to raise concerns about any incidents without disclosing their identity. Evidence shows that this is an effective tool and we heard about one such system during our Clinical Governance for Real Week. We learnt from our colleagues at South Staffordshire Ambulance Trust about their highly successful anonymous incident reporting system LIFELINE, through which many incidents had been raised anonymously, trends identified and action taken to improve services for both staff and patients.

For South Staffordshire Healthcare NHS Trust the most important thing is that we are aware of events and incidents, so we can prevent future incidents and learn from what is happening. We are committed to this new system which we believe will make a difference.

"Staffordshire Ambulance NHS Trust presentation on LIFELINE excellent."
Feedback from Clinical Governance for Real Week

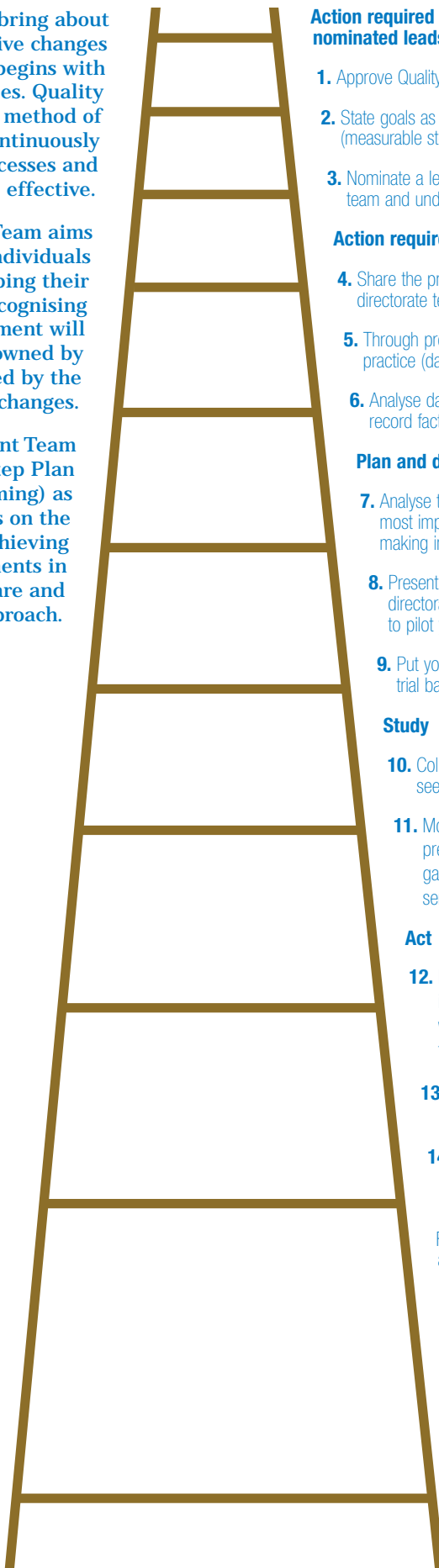
Quality by Design: Helping You to Make a Difference

14 Steps to Making a Difference

Quality development can bring about substantial, lasting, positive changes in our practice. It all begins with identifying opportunities. Quality Development is a method of developing services by continuously examining systems and processes and making them more effective.

The Quality Development Team aims to work with and involve individuals and teams in developing their practice and services, recognising that change and development will only become real if it is owned by those most closely affected by the changes.

The Quality Development Team has introduced a 14 Step Plan (based on the work of Deming) as a tool to help us focus on the importance of achieving demonstrable improvements in the quality of patient care and standardising our approach.



Action required by clinical/service directors and their nominated leads

1. Approve Quality Development projects and goals.
2. State goals as measurable quality indicators (measurable steps required to achieve goal).
3. Nominate a lead for each project and task them to form a team and undertake it.

Action required by project leads

4. Share the project work plans with other staff through the directorate team meetings etc.
5. Through project teams, measure current clinical practice (data collection) and compile results.
6. Analyse data, study variation and causation, then record factors for improvement.

Plan and do

7. Analyse the process, determine what changes would most improve the process and establish a plan for making improvement.
8. Present project results and improvement plan to directorate management team and obtain approval to pilot your plan.
9. Put your changes in motion on a small scale or trial basis.

Study

10. Collect post intervention data and analyse, to see whether the change is working.
11. Modify improvement plan if required, present results to management team and gain permission to roll out plan across the service/organisation.

Act

12. If the change is working, implement it on a larger scale. If the change is not working, refine it or reject it and begin the cycle again.
13. Implement improvement plan across the specialty.
14. Take action to hold the gains by repeating the cycle and sustain the benefits of your new way of working.

Further information and support for this approach is available from the Quality Development Team. Evidence of Quality Development projects during the year can be found in Appendices 1 and 2.

Feedback from clinicians has been positive. "This process is reflecting our needs and aspirations in order to deliver services".
Medical colleague

Into the Future - Next Steps 2002-2003

We are committed to continuing our development as a learning organisation, which is fundamental to our success in making clinical governance real.



SHARING OUR EXPERIENCES

Our next steps include:

- learning from our Commission for Health Improvement Review - and demonstrating our learning
- continuing to facilitate innovative learning and development opportunities in relation to clinical governance for all individuals and teams, eg our next Clinical Governance for Real week will be held during February 2003

- developing improved systems and processes for sharing and learning about changes to practice which make a difference
- championing the development of information technology, to enable learning and sharing across the health economy
- facilitating time to reflect upon and evaluate our systems, processes and approaches
- the development of a Learning Centre Network with the flexibility and capacity to respond to a wide range of learning opportunities, which reaches out to all
- keeping the Clinical Governance Pocket Guide and Strategy updated in response to changing needs and demands
- sharing our learning with our partners in the health economy and the wider NHS and social care networks
- a greater focus on quality development programmes reflecting the needs of different directorates in our diverse organisation, while standardising quality development processes so that they are embedded in the organisation
- communicating, communicating and communicating.....

Last year we promised that we would listen and learn, in order to reflect the hallmark of the learning organisation we wished to become. We believe that this report honestly demonstrates some of the huge achievements and challenges in keeping our promise alive. Our commitment and vision have been enhanced by our staff, patients, service users, carers and partners. Reflecting the ideals of a learning organisation, our journey continues and will change, to ensure we continue to make clinical governance real in our organisation.

Appendix 1. Summaries of Quality Improvement/Audit Projects 2001/2002

The following information represents a selection of projects undertaken within each directorate over the past year. A full list of projects along with more detailed information can be obtained from the Quality Development Team. Telephone: 01785 257 888, extension 5587.

<i>Primary Care</i>	<i>Outcomes/Benefits</i>
Community Intervention Team Survey	The survey was very positive, with patients saying they were happy being cared for at home, rather than having a hospital admission. Results are to be shared locally, with organisations including East Staffordshire PCT, to discuss future service provision. Any future developments and changes will be measured through further surveys.
Back Pain Rehabilitation Programme To evaluate the effectiveness of the programme and appropriateness of referrals	This small pilot showed improvements in pain levels and anxiety and depression scores. A review of the Programme coincided with the pilot taking place. Although results will inform further discussions, the project has been put on hold until discussions around how the Programme is going to be progressed have taken place.
Breast Feeding Policy Audit To ensure the support and information provided to pregnant women and mothers by health visitors is in accordance with the Trust's Breastfeeding Policy	Results of surveys of staff and mothers have been compiled, but not yet interpreted and presented for discussion. Following discussion of the results, an action plan will be drawn up. It is hoped that improvements will be made to the quality, relevance and timeliness of information and support given to mothers. Issues around staff access to the Trust's Breastfeeding Policy also need to be addressed.

<i>Children's Services</i>	<i>Outcomes/Benefits</i>
Child and Adolescent Mental Health Services (CAMHS) Outcome Survey (West)	This outcome/satisfaction survey of patients is being used as a pilot for the proposed Trust-wide outcome survey. A draft report has been written up, with the action plan and abstract outstanding.
In-patient Usage Audit (Tier Four)	This project aims to identify children having received mental health in-patient care and the pathways of care used. It will also enable assessment of the appropriateness of these referrals and develop/modify protocols/pathways. Currently referral pathways are being audited, following completion of the first stage of the project.
Health Visitor Training/Supervision - Evaluation	This evaluation of the 10-session CAMH training course and monthly supervision groups measured confidence levels and referrals to CAMHS and looked at how the course was rated.

<i>Mental Health</i>	<i>Outcomes/Benefits</i>
Risk assessments for in-patient waiting lists	There have been no critical incidents since the implementation of risk assessment, which took place when no beds were available within the Trust.
Introducing the WHO Guide to Mental Health in Primary Care	The report is to be disseminated. Recommendations have implications for educators, community mental health teams, collaborative working arrangements between primary and secondary care mental health and the non-statutory sector and the provision of self-help printed materials.
Drug misuse awareness teaching sessions in local schools	An information pack was produced on drug awareness. Sessions created a lot of discussion within the school setting. The involvement of an ex-drug user and his personal account were particularly effective and welcomed.

<i>Forensic Mental Health</i>	<i>Outcomes/Benefits</i>
Introduction of Section 17 Leave Form	There was inconsistency in the completion of the form. Only a small proportion was fully completed. People using the form found it to be useful. Guidelines have been written for use of the form. Ease of access to this information will also encourage people to use the form.
Re-Audit: Snapshot of Recording Errors on Drug Treatment Sheets	There were many cases where information was not correctly recorded. Policy was not being adhered to and patient details not recorded. All wards were given individual feedback, to highlight local concerns and facilitate ownership of the problem. Wards will self-assess in any subsequent audit. The Head of Nursing wrote to all staff referring them to the policy.

<i>Learning Disabilities</i>	<i>Outcomes/Benefits</i>
International Standards Organisation (ISO)	Following external auditors' visits, the ISO status in supported living (ordinary housing) will be maintained and the standard updated in all areas to ISO 9000 2000 series. The ISO standard will be implemented in all identified areas within the Directorate.
Waiting lists	An audit of waiting lists, together with restructuring of the referral process, criteria and service delivery will result in improved services to clients and reduced waiting times.

<i>Nursing and Operational Management</i>	<i>Outcomes/Benefits</i>
Health Records Strategy	By developing and implementing this across the Trust, there will be consistency (and reduced risk) in record keeping and more effective delivery of patient care.
Delivery of 2001/2002 Capital Programme	<p>New buildings and clinical areas (including a new hospital in Lichfield) are being developed to meet NHS Plan targets.</p> <p>Targets are established for the rationalisation of community hospitals.</p> <p>All targets agreed for 2001/2002 Capital Programme were being delivered.</p>
CHI Self Assessment	CHI Self Assessment helped prepare for CHI's Clinical Governance Review. The Self Assessment Tool for all directorates to complete has been developed and circulated, with guidelines for its use. Findings will be collated and cascaded to inform action plans.

<i>Therapies</i>	<i>Outcomes/Benefits</i>
Case Notes Audit	<p>Although the basics of note taking were always present, none had a Care Plan Approach (CPA) keyworker or consent to treatment recorded.</p> <p>Recommendations included:</p> <ul style="list-style-type: none"> • use of front sheets • use of the care plan and goal setting/outcome measure form. <p>As a result, 100% of notes listed name, address and CPA Keyworker and had an Occupational Therapy care plan.</p> <p>A greater number of notes now have a recognised outcome measure.</p>
Effectiveness of eight week relaxation course	<p>Clients were satisfied with the length and content of the course, but experienced some difficulty in filling out the questionnaire. This was revised after first and second audit and now also includes therapeutic gain and measured outcomes. Two additional questionnaires were given to participants pre and post course and their knowledge and use of relaxation have improved.</p> <p>There has been a reduced risk factor for this group and a drop in all other clinical domains measured by CORE outcome. Questionnaires for the next set of courses currently running have been made more 'user friendly'.</p>
Benefits gained from clinical supervision	<p>Overall, clinical supervision has been seen as an effective prospect.</p> <p>A separate clinical and managerial supervision process for delivering a session within the Chartley Centre will be shared with other therapies in the Directorate.</p>

Appendix 2. Looking Back on Quality Development

A Further Sample of Projects Undertaken During the Last Year

- Audit of Learning Disability waiting lists. Restructuring of referral process, criteria and service delivery
- School Nurse Training – Pilot
- Evaluation of Tamworth Community Child Development Team
- Organisation and Effectiveness of Multi-disciplinary Paediatric Teams
- Audit of Paediatric Clinical Documentation
- Audit of parental views after one year of support from Tamworth Child Community Development Team
- Audit of parental views after five years' support from Tamworth Child Community Development Team for those with long term disability
- CAMHS Outcome Survey (East)
- Evaluation of Child Protection Training
- Parenting groups – evaluation
- Use of hip protectors in patients with mental health problems
- Driving while on anti-dementia drugs
- Podiatry Service Survey
- Survey of Physiological Physical Health Survey
- Occupational Therapy available on the wards
- Risk assessments for Mental Health in-patient waiting lists
- Discharge/leave medication provided in clear bags
- Mental Health Promotion in Primary Care
- Observations of care in mental health wards
- To assess risk assessment practice
- Appropriate use of anxiolytics and sedatives in mental health patients
- Multi-disciplinary Case Note Audit
- Cholinesterase Inhibitor Prescribing Audit
- Integrated case notes
- Mental health CHI Self Assessment
- Audit of Age Related Policies
- Dementia Care Mapping
- Implementation of Trust-wide complaints system entitled *Are You Satisfied?*
- Bed Occupancy – Community Hospitals
- Essence of Care - implementation of benchmarking
- Community Mental Health Team service evaluation

This information represents a selection of projects undertaken within each directorate over the past year. A full list of projects along with more detailed information can be obtained from the Quality Development Team. Telephone: 01785 257 888, extension 5587.

Key to Useful Publications

A First Class Service: Quality in the New NHS available from:
The Department of Health, PO Box 777, London SE1 6XH
website www.doh.gov.uk

A Guide to Clinical Governance in NHS Acute Trusts available from:
Commission for Health Improvement
PO Box 276, London SW8 5DT
website www.chi.nhs.uk

Business Plan 2002
South Staffordshire Healthcare NHS Trust

Clinical Governance Annual Report 2001
South Staffordshire Healthcare NHS Trust

Clinical Governance Strategy 2002
South Staffordshire Healthcare NHS Trust

Delivering the NHS Plan Next Steps on Investment Next Steps on Reform
available from: The Department of Health, PO Box 777, London SE1 6XH
website www.doh.gov.uk/deliveringthenhsplan/index.htm

Shifting the Balance of Power Within the NHS available from:
The Department of Health, PO Box 777, London SE1 6XH
website www.doh.gov.uk/shiftingthebalance

The NHS Plan summary version available from:
The Department of Health, PO Box 777, London SE1 6XH
Or full copy at £15.00 from:
The Stationery Office, PO Box 29, Norwich NR3 1GN
website www.nhs.uk/nhsplan

Copies of all Trust strategies and publications can be found in the Trust libraries at Lichfield and Stafford.



For further information, please contact
Kim Jelphs
Clinical Director, Clinical Development
c/o South Staffordshire Healthcare NHS Trust
Trust Headquarters
Corporation Street
Stafford
ST16 3AG
Telephone: 01785 257888