

# Clinical Governance Annual Report

2002-2003



“Learning, sharing and  
improving experiences”

"The Trust firmly believes that learning is key to improving service delivery. This can only be achieved if learning is undertaken by all to improve the way things are done within the Trust – we believe this is the essence of Clinical Governance"  
 (Key to Success - Learning Strategy,  
 South Staffordshire Healthcare NHS Trust 2002)

## Foreword

Our Clinical Governance achievements over the last year have been tremendous, with our systems and processes receiving a positive, independent assessment from the Commission for Health Improvement (CHI). We are proud and delighted that CHI recognised "The huge amount of effort that has been made to pursue the Clinical Governance agenda".

Fundamental to our success has been the effort of everyone who works for and with our organisation. Making Clinical Governance real is about all of us contributing, challenging, influencing and taking responsibility for developing systems, processes and culture that underpin excellent services for patients and staff.

This is an exciting time for NHS organisations with us being challenged to and having the opportunity to develop "more staff working differently" (NHS Plan), whilst valuing the knowledge, skills and expertise that already exist in our workforce, as we strive to improve and modernise the patient experience. Realising this agenda will mean staff at all levels of our organisation are empowered to act and make decisions



*Members of the National Specialist Older Persons Leadership Programme*

where they need to be made. This means really embracing the concept of Clinical Governance and keeping it real, which for us is about

*Knowing what a good service is*

*Being able to measure us against excellence*

*Joining up all the agendas*

*Being able to measure and act upon patient, service user and carer views*

*Knowing the gaps and closing them*

*Sustaining improvements made and sharing them with others*

*Developing clinically relevant measures*

*Being honest and open when we don't always get it right*

*Learning with and from others*

*Continuing to build a culture that enables us to develop, transform, challenge, support and encourage*

*Using language that everybody understands*

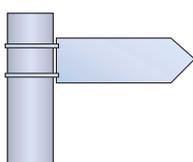
We remain committed to and passionate about continuing to make Clinical Governance very real in our organisation, as it is at the heart of our being seen as an organisation that really delivers for patients and staff. Clinical Governance really has to matter if it is to be for real and it does.

**Kim Jelphs**

Clinical Director Clinical Development

**Mike Cooke**

Chief Executive



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

"Creating learning organisations is an important part of both an open and fair culture and improving patient safety"  
(The NHS Confederation)

## Executive Summary

Learning, sharing and improving the experience of patients, our staff and partners is essential on our continuing journey to become a real learning organisation, noted for developing and delivering excellent services that people really want. Last year our Clinical Governance Annual Report promised to listen, learn and make a difference and this year we have pleasure in presenting the evidence of how we have realised those promises.

### Real Achievements

- A very successful CHI assessment that is a credit to **all** of us
- A CHI action plan developed with our partners that will further improve patient and staff experiences and that is integrated with the business plan
- Another very successful Clinical Governance for Real week 2003, with additional learning experiences, noted by CHI as good practice to share
- The Pocket Guide to Clinical Governance is liked by staff, was exhibited at the NICE (National Institute for Clinical Excellence) conference, shared with many other organisations and commended by CHI
- Our model of Clinical Governance continues to develop, integrating all elements
- The introduction of a Clinical Governance session on the induction programme
- The people choosing to work with us and the experiences they bring
- Influencing the development of a National Clinical Governance tool for Child Protection
- The ownership of diverse Clinical Governance systems in Directorates
- The development of strategies that matter e.g. Research, Clinical Effectiveness, Learning and User and Carer Involvement

- The support and facilitation of teams taking time out to be teams
- Benefiting from lead role in international recruitment
- Service users and carers doing things with us
- A database to track and report on team development
- The successful implementation of PALS (Patient Advice and Liaison Service)
- Hosting and taking part in national leadership initiatives
- Improving Working Lives accreditation
- Regional award to our Estates and Facilities team for work on their value management co-operative
- Recruitment in traditionally difficult to recruit areas

### Challenges Into The Future

- Implementing the CHI action plan to the satisfaction of everybody
- Finding more ways to really involve patients and carers
- Being confident about the quality of services we offer
- Developing lasting partnerships that benefit the whole health and social care economy
- Tracking and implementing national best practice initiatives and systems

BUT we cannot do this on our own. Clinical Governance is about engaging everybody as we **all** have a responsibility to develop and deliver quality services. We welcome your visions, thoughts, ideas and challenges to enable Clinical Governance to be very real in our organisation.

TEAM= Together Everyone Achieves More  
 (Mark Johnson Turnaround Group - South Africa)

## Our Recipe to Keep it Real

Clinical Governance is the system of steps and procedures adopted by the NHS to ensure that patients receive the highest quality of care, ensuring high standards, safety and improvement in patient services (CHI 2002). To make and keep it real in organisations means ensuring that **all** the ingredients are in place, and are recognised as each being important. It really is a case of the sum of the whole being greater than its parts.

We have developed a unique and creative approach to Clinical Governance in our organisation and the following is our recipe and ingredients for success.

- C** *ulture – That’s Just and where people can Trust*
  - L** *earning – Network of opportunities and access*
  - I** *nformation – Knowledge to inform decisions*
  - N** *eeds – Of Patients, Carers and Staff*
  - I** *nvolve ment – Of staff, service users, carers and our partners*
  - C** *HI – External assessment of systems and processes*
  - A** *utonomy – For everyone to act as needed*
  - L** *eadership – At all levels*
- 
- G** *rowing – Individual/Team/Organisation*
  - O** *rganisational development – It’s Clinical Governance!!!*
  - V** *ernacular – Real language that makes sense*
  - E** *rrors – Learn from them*
  - R** *eflection – Time and opportunity to think*
  - N** *ICE – Use best practice advice*
  - A** *ll – the sum of whole is greater than its parts*
  - N** *urture – Each other*
  - C** *hallenge – Avoid complacency*
  - E** *vidence – Basis for our decisions*



# Continuing to Develop the Model

Our model of Clinical Governance reflects a whole systems approach linking the interdependent elements which make up the Clinical Governance Framework, used by CHI when evaluating organisations. Trust Board members chair the five sub groups to the Board, demonstrating Board level accountability, commitment, involvement and support.

Recognising that patients are at the heart of our services has meant that a new service user and carer partnership subcommittee to the Board, has been developed over the last year, facilitating a real voice and demonstrating how seriously we value working in partnership with service users, patients and carers. We know we have a lot more to do and the Service Improvement Team are working with Directorates, service users and carers to develop support that is meaningful for them. The Grassroots Group is an example of partnership working and this group will be the prime consultation group for the Mental Health Directorate.



Clinical Governance Support Group will facilitate sharing and learning around Clinical Governance issues across the Directorates

The five subgroups feed into the Clinical Governance Subcommittee, which feeds into and out of the Trust Board.

But to make the model work means that everybody needs to be aware of and take their individual responsibility.

## What did CHI say?

When CHI visited the Trust in October they looked at Mental Health Services in particular, in addition to the systems and processes we use across the whole organisation. The report was very positive and their overall impression was that *"a huge amount of effort had been made to pursue the Clinical Governance agenda"*.

Each of the 7 pillars of Clinical Governance; **patient, user and carer involvement; risk management; clinical audit; staffing and management; education and training; clinical effectiveness** and **use of information** was scored by the assessors on a scale of 1 – 4 (4 being absolutely perfect!) and the overall Trust score is a 2b. We received a 2c (top 2 score) in clinical audit and in staffing and management, and scored a 3 in education and training.

These scores were achieved when, as a developing organisation, we were only 18 months old at the time of the visit and compare favourably with other Mental Health Trusts. Only 3 Trusts (including ourselves) out of 11 Mental Health Trusts reviewed achieved a score of 3 or higher.

CHI also identify areas they feel other parts of the NHS can learn from (notable practice), and in South Staffordshire Healthcare our Clinical Governance for Real Week, the Pocket Guide and Infection Control systems were seen as notable practice. Additionally, The Chairman and Chief Executive Roadshows were seen as something other organisations could learn from and the library service was particularly singled out for praise for its excellent services. CHI concluded that;

- "The Trust has structures in place to manage Clinical Governance. However, CHI has identified a number of areas where further, more concentrated work is required.
- The Trust is committed to ensuring that service users and carers are at the heart of service provision. However, the Trust must work harder to ensure that they are more systematically involved in the planning and decision making processes.
- CHI was impressed by the dedication of staff, who strive to provide comprehensive services. The Trust needs to review the skill mix of its staff resource. This work should be taken forward as part of an integrated workforce plan.
- The Trust should ensure that there is effective clinical leadership across all professional disciplines."

CHI are interested in the patient experience, and recommendations focus on improving systems and processes to improve that experience. The report is a learning tool and contains key suggestions for actions and improvements, many of which were already in the process of being implemented and developed in our organisation.



*Creative learning*

# What Does This Mean For Patients, Carers and Staff?

Working with partners from across the health and social care community, the Trust has developed an action plan to address and enhance recommendations in the report to improve Clinical Governance systems and to ensure that we take into account the needs of our community, including those with special needs or from minority groups. The plan will be monitored by CHI, as well as internally and by the Strategic Health Authority and actions include:

- Developing a strategy for user and carer involvement together with increasing opportunities to ensure that service users and carers are really involved and able to influence at all levels of our organisation.
- Ensuring that patient records are integrated, with consideration given to storage, access and electronic records.
- Strengthening clear clinical leadership for risk management at Trust Board level.
- Developing a more strategic approach to clinical audit and sharing the findings more widely ensuring greater clinical input and ownership.
- Improving the clarity of management structures so that individuals and teams are not vulnerable to a lack of leadership, clinical and line management supervision.
- Revising the risk assessment tool and implementing and using the incident reporting system more effectively
- Planning, with health commissioners, what mental health services will look like in 5 years time and reviewing the numbers of staff and skills required to meet this
- Reviewing and developing the way we work together as teams

- Involving more service users in training initiatives
- Improving access to clinical information

## So How Are We Doing?

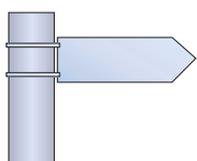
A huge amount of work has gone into making the recommendations from the report and action planning day happen, and many of the objectives have been achieved, with the remainder on target.

All Directorates have looked at the CHI report and identified actions and learning they can take to improve and influence services and support systems. We learnt a lot about the process of the CHI review and we are actively sharing that learning with other partners across the health economy.

"We viewed the CHI process as a tool that we could learn from" (Dr Abid Khan, Clinical Director Mental Health Services), and we were honest where we had improvements to make. We therefore fully recognise that as an organisation we are learning, developing and not always getting it right, but we are trying, as the following sections will illustrate.



*Learning about library services in the workplace*



The CHI report and action plans are public documents and can be accessed from the Trust and CHI websites, and from Trust Libraries.

"To deliver a modernised, patient centred service will demand, effective, creative visionary leadership"  
(Department of Health)

## Our Journey Over the Last Year

Making Clinical Governance real in our organisation means continually working to value, enhance and build upon the tremendous knowledge, skill and enthusiasm that exists across our organisation. The key to this is learning, reflection and support and this section aims to demonstrate some of the tools and opportunities we have developed on our journey to be recognised as a creative, learning organisation that makes a difference for patients and staff continues.

We held our second highly successful **Clinical Governance for Real Week** during March. Building upon our learning from last year, the week was made up of team visits, seminars, a conference, a competition, shadowing and back to the floor opportunities and the launch of the updated pocket guide, again with the aim of providing accessible learning and development opportunities for individuals and teams.

**The conference** was attended by over 130 staff from across the organisation, joined by some of our partners. It really was an event about all learning together in a fun but stimulating environment, and we were privileged to be challenged by and learn from a theatre group, a pilot, the Modernisation Agency, our own brilliant staff, our CHI Review Manager, our Chair



*All learning together at the Clinical Governance Conference.*

and Chief Executive. In addition, an excellent exhibition showcased the work of all clinical and support Directorates in facilitating Clinical Governance.

Feedback included:

- *"Clinical Governance is not 2 nasty words it is very real 4 me!"*
- *"The power of drama in getting the point across"*
- *"We should be proud of our achievements"*
- *"Today has been both informative and fun reaching folks at all levels"*
- *"Sharing of knowledge between different professionals (Airline) very good and shows that all professionals need to work as a team to learn basics"*

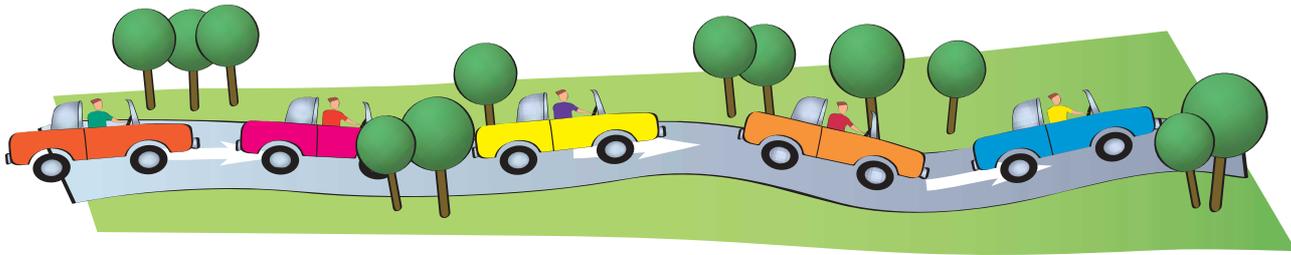
We should not underestimate the power of trying to understand someone else's perspective and role as demonstrated by colleagues who took advantage of **shadowing and back to the floor opportunities**.

*"When the opportunity of being shadowed by a member of the Management Board was initially offered I felt a little daunted by the prospect! However, I'm pleased to say that I found the experience both interesting and rewarding.....Your encouragement to focus on the positive aspects of the team prompted appreciation of the important interventions we carry out every day, but fail to often recognise"  
(Carol Joynson, Assertive Outreach Team)*

**The Pocket Guide to Clinical Governance** has proved to be a real winner with our own staff, and over 120 other organisations have contacted us for copies and information about it with a view to developing their own. Following consultation the guide has been updated and disseminated to all staff in our organisation.



See Pocket Guide in appendix 3.



**Strategies** are about visions and plans, with detail about how those visions will happen in reality. This year, strategies for **Clinical Effectiveness, Learning, Service User and Carer Partnership and Research and Development** have been developed. These strategies complement each other as their focus is about the development of excellence for patients and staff and our organisation.

Our partnership and learning approach to our CHI review led to an exciting opportunity to **work with CHI and develop a National Audit Tool to test performance in Child Protection** work as a response to The Victoria Climbié report by Lord Laming. "Having the Trust Board to devote a whole day to considering how we were performing in child protection was the highlight of my professional year. ....It was a lot of hard work by a number of people but to me it was what Clinical Governance is about".  
Dr Loretta Light Designated Doctor Child Protection.

**Nursing in Partnership** is an innovative approach to the national nursing strategy and aims to empower nurses across all nursing disciplines to meet national and local priorities, influences and innovations, in ways that are meaningful to their own practice. Real tangible examples of the strategy's success include the Forensic Directorate actively pursuing the development of clinical networks across the region and the Tamworth Community Mental Health Team developing links with a local housing project to provide information on relevant mental health issues.

We know that ownership of Clinical Governance is key to success as is positively using diversity. Reflecting these sentiments **all Directorates continue to develop their own approaches to meet the needs of their services**, often adapting corporate tools.

*"In Learning Disabilities we wanted to deliver Clinical Governance training to staff that meant something to them. Crib notes were re-written specifically for learning disabilities, informing staff "what it meant for them", how the service was developing the Clinical Governance agenda and what areas needed further development. Training was delivered at road shows and many staff expressed that it was the first time they understood how Clinical Governance related to them, especially in the social care service"*  
*Sandra Deaville Clinical Coordinator Learning Disabilities.*

We are delighted that there has been recognition and interest at a national level towards our creative approach to Clinical Governance. Invitations to speak at major **National Conferences** (Human Resources and Organisational Development/British Association of Medical Managers- BAMB) and the Welsh Assembly, are great opportunities for us to **share** our learning. In addition, Dental colleagues have contributed to a very successful National Conference for Dentists.

We have recognised the importance of **language** and have tried to use creative analogies that appeal. Having permission to use Bob the Builder is great as he represents our can do approach "Yes We Can" but focuses on the need to work together to achieve, as the following tales and stories illustrate.



"...I believe that giving frontline staff more opportunity to manage things in their own way can release talent and potential" (Harry Cayton- The First Patients Tsar)



## *Tales From the Directorates – Stories from Services*

*These stories and tales demonstrate the very real way in which diverse Directorates are learning, sharing and improving experiences for patients, carers and staff. These initiatives are complemented by a drive for devolvement in the organisation which aims to empower staff to make their own decisions to enhance practice, whilst ensuring that they have the support to do so.*

**Education and Training** - An independent paediatric nurse advisor was invited to join the community children's nurses' team away day. As a result of working and learning from someone with litigation experience, the team have made several changes to practice, including meeting more frequently to increase communication, recognising and using special skills, whilst ensuring appropriate training and implementing changes to documentation.

**Staffing and Staff Management** - The Occupational Therapy and Psychology services have made huge efforts and been successful in recruiting against national trends. Their success in attracting skilled colleagues will improve experiences for both patients and staff. But in true Clinical Governance style, they plan to research why they have been so successful and share their learning.

**Risk** - Patients in the Forensic Directorate were concerned that they were not aware of what to do in the event of a fire on the unit. In order to reduce risk a Fire Safety Awareness session was held where patients could raise their concerns with the Trust Fire Safety Officer.

**Staffing and Staff Management** - Through his work as the Department of Health lead for recruitment in India, the work of the Medical Director has led to the employment of more consultants, improving access to care for patients.

**Leadership** - Our CHI review said, "The Chief Executive provides clear and effective leadership within the organisation" and suggested that the NHS could learn from this, together with the roadshows,

undertaken with the Trust Chairman, where staff are given an opportunity to comment and have questions answered. This commitment is reflected in our enthusiasm to take advantage of and create leadership development initiatives. Jon Lloyd a Community Psychiatric Nurse in Womborne shares his experience of leadership development on the video produced by the National Leadership Centre.

**Clinical Effectiveness** - Driven by the Nursing Directorate, the Trust has been leading the way nationally to allow patients quicker access to medicines by extending supplementary prescribing powers to nurses. This initiative should certainly enhance the experiences of patients and of nurses.

**Education and Training** - Training in CBT (Cognitive Behavioural Therapy) has led to a staff nurse in Mental Health Services improving care for patients, feeling more confident and empowered in her role and sharing her learning with colleagues. " *This is Real Clinical Governance in action,*" *Kath Chambers Clinical Governance Lead Mental Health Directorate...and her experience has led her to move to a more senior role.*

**Clinical Effectiveness and Audit** - Audit is an ongoing process in the Psychology service, with regular activity around waiting lists, random clinical audit of practice and the effectiveness of certain interventions. Specific audits this year include an audit of practice and availability of psychological therapies and involvement of service users in monitoring quality of services (Learning Disabilities), the outcomes of which will enhance practice.

**Use of Information** - The Finance Directorate have led the implementation of a new risk management database (Ulysses) to record all types of adverse events, identified risks, litigation, complaints and Patient Advice and Liaison Service issues. This is now being used to produce meaningful information that will help us to identify themes, learn, decide what we need to do differently and take action designed to prevent similar incidents occurring in the future.

**Education and Training** - Recognising how hard it is sometimes to leave the work base, the Clinical Development Directorate teams are working to ensure access to development and learning. Literature searching, resuscitation sessions, facilitated team based development and learning, and training to improve awareness of quality development techniques are just some of the current favourites delivered in team bases.

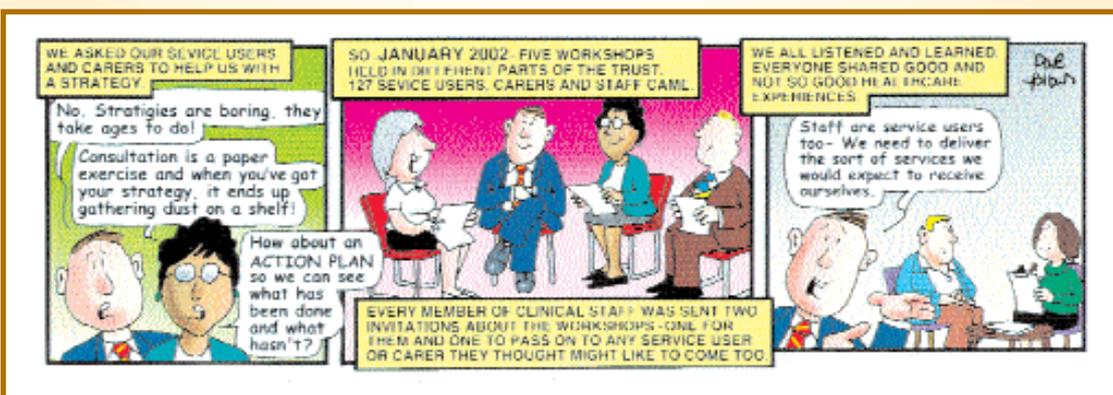
**Staffing and Staff Management** - The second staff opinion survey was led by the Human Resources and Organisational Development team. Having supported individual Directorates to come up with meaningful solutions to problems has led to a definite improvement in survey results this year

**Education and Training** - The Learning Disabilities Directorate have implemented training to enable staff to further understand service user experiences by them undergoing experiences in feeding, movement and wearing of continence supplies

**Patient and Public Involvement** - The Service Improvement Team have led the implementation of learning from the successful "Telling it like it is" workshops where service users talked about their experiences in such a powerful way. They have supported each Directorate to develop more ways of meaningful engagement and listening. A comic strip of the event was produced and exhibited at the NICE Conference to share learning. (An excerpt from the Comic Strip is below)

**Patient and Public Involvement** - Patients on the new Eating Disorders In Patient Unit have very special needs as far as their food is concerned. Specialist and Hotel Services have worked together and ward hostesses have been employed to work closely with the dieticians, nurses and patients themselves. Food is cooked on site and in this way the specific calorific requirement of each patient can be met.

**Clinical Effectiveness** - Physiotherapists are using a measuring technique pioneered in South Staffordshire in association with Action Research to record the success of local families in providing postural care 24 hours a day to help disabled children grow as straight as possible. The care pathway aims to provide children with the equipment to help them sit, stand and lie straight, along with a training and monitoring programme for the family. *"Tribute must be paid to Coleen, her family, Quince Tree School and Judith Ackers, Coleen's physio, for all their hard work. Without this Intervention, life can be unrewarding and painful for the children"* Liz Goldsmith Physiotherapist



"When something goes wrong patients or relatives are generally just looking for the three A's- Acknowledgement, Apology and Action"

(A Patient Organisation)

## PALS Improving the Experience of Patients and Staff

The prime function of PALS (Patient Advice and Liaison Service) is to provide information and on the spot help to service users and their carers (established in every NHS Trust in 2002).

### We Have Made Great Progress

Consultation workshops were attended by staff, service users and carers to determine what people required from the service and how they wished the service to be delivered. The process was extremely valuable as PALS used the experience and expertise available locally to ensure that the service being developed met the needs of everyone. In order for PALS to be implemented effectively, over sixty training sessions aimed at frontline staff were arranged and over five hundred staff attended these sessions. This has ensured the effective implementation of PALS throughout the Trust. Since April 2003 PALS has been fully operational within every Directorate of the Trust.

### Improving and Learning Together

PALS acts as an early warning system for the Trust and uses all the information and patient experiences to ensure service improvement. Our approach is to identify trends, feed these into Directorates and then work together to improve the care we deliver. The range of individual issues and enquiries received is vast (519 to date- see **Appendix 1**), however here are a few example to illustrate the type of areas PALS has influenced:



#### Relaxation

A patient attending a Social Services Drop-In Centre requested that his CPN (Community Psychiatric Nurse) come to the Centre to provide the whole group with relaxation support. PALS liaised with the CPN and his team and the CPN trained the Social Services Staff running the Drop-In Centre, in relaxation techniques. The Centre staff are now able to provide relaxation sessions to everyone who attends the Centre.



#### Communications

Carers expressed disappointment at not having enough information about events and developments within a particular in-patient facility. PALS discussed this feedback with senior managers at the facility, who suggested that the issue may be resolved by establishing monthly community meetings, open to service users and carers. These are now implemented.



#### Missing Property

Relatives of patients residing within a Trust Assessment Unit raised concerns that clothing was being lost on the ward. PALS contacted the ward and discussed the issues raised. Senior nursing staff informed PALS that clothing was being lost at the central laundry. The ward have reviewed their processes and made significant changes to their ways of working resulting in an end to the problem.



"Essence of Care should not be seen as the solution but part of Clinical Governance arrangements within all NHS organisations" (Liz Fradd – CHI)

## Using Evidence and Quality to Improve Experiences

The Trust is using, implementing and learning from a whole range of initiatives and systems that all aim to improve the quality of services we offer. Here are a few examples

**NICE Guidelines** – NICE (National Institute for Clinical Excellence) guidelines and appraisals are national guidance which pull together the best evidence about treatment and equipment. The aim is to influence best practice across the NHS, and implementation is monitored by the Department of Health. We are currently reviewing guidance with our partners, and an audit is underway so we can identify how we have responded to guidance.

*"Some good news for clinicians and patients is that a detailed audit of the use of atypical antipsychotics has led to a £0.5 million investment within the NHS locally" Joe Wall Associate Director Clinical Effectiveness.*

**Essence of Care Implementation** - The past year has seen a constant stream of activity across the Trust in relation to The Essence of Care national benchmarking initiative. Significant areas of best practice have been identified and changes in practice to improve the experience of patients continue to be implemented, for example:

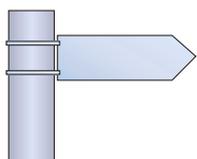
- Children's Community Nurses have developed a Nutritional Screening Tool and Care Pathway.
- Forensic In-patient Mental Health Services have utilised funding for the provision of a bathroom for female clients on Radford House to meet their privacy and dignity needs.

- Community Mental Health Nurses have developed standards in relation to record keeping in line with the Trust's Health Records Strategy.
- In-patient Mental Health Nurses have improved the orientation process for patients admitted to their services.
- Learning Disabilities Services are assessing their current performance in relation to meeting the privacy and dignity needs of their clients.

*"However the greatest achievement has been the networking and sharing opportunities realised by the process of benchmarking" Lisa Agell- Senior Nurse.*

**Quality by Design** - Whether we are improving working lives, or patient's lives, Quality by Design is the process that is used by the QDT (Quality Development Team) to help teams make quality development a reality within the organisation, and the Trust is committed to endorsing this process as the preferred method of improving healthcare services. 93 projects and the training and development of 342 colleagues have been supported across the economy over the last year.

*"The introduction of automated data capture and processing system (Quasar) allows front line teams to undertake work-based surveys with the minimum of effort, no manual data input and an extremely rapid turn round of results, saving significant amounts of time. Quasar is currently successfully being used to undertake health records assessments across the Trust" Paul Devlin QDT Team Leader*



Information on quality improvement initiatives and forward audit plans can be found in Appendix 4 and 5

"In order to improve patient safety it is essential to analyse and learn from adverse incidents that do occur" (The NHS Confederation 2002)

## Managing Risk

Based upon our experiences over the past year, including advice from external organisations, we are currently reviewing and updating our major policies and procedures that guide staff on how to assess and manage risk, report things when they go wrong and manage the information we need to provide quality health services and improve experiences. So here are some of the things we are doing and what we have learnt:



*Learning about risk from an airline pilot*

There were 68 serious events reported last year, and this mirrors the number reported in organisations with similar services **see appendix 2a** – A serious event is one scoring 4 or 5 on a 5-point "seriousness scale" and these are reviewed and reported in depth. Across Trust services for 2002/3 there were 30 total adverse events involving medicines **see appendix 2b** but no patient suffered lasting harm, and evidence suggests this is many times lower than Health Services elsewhere. We invested in audit and training, and learnt that our local practice compares well. The errors sometimes relate to human error, being distracted by the behaviour of others and lack of supervision, and reflect our learning from an Airline Pilot of experiences of risk and human error at our Clinical Governance Conference.

In light of feedback we are simplifying the system we use for reporting incidents.

To ensure systems are deployed, understood and used throughout the organisation we have introduced Risk Co-ordinators and Investigating Officers within each Directorate. Training is underway to ensure they have the skills and confidence to co-ordinate incidents, advise and supervise as needed.

To ensure people feel able to report their concerns and work in an open and honest manner we have a culture that supports people when things go wrong and encourages them to raise their concerns and forward anonymous reports if necessary. **But this system is not being well used and we are looking at why and what we need to do.**

We are re-looking at training needs, being creative as to how we deliver training against best evidence and ensuring we have systems that capture attendance so we have accurate information about training needs and what was provided for individuals and the organisation.

We are proud to be working with colleagues across Staffordshire and Stoke to develop the Clinical Risk Management Training Initiative (CRMTI), which is an interagency, multidisciplinary training approach for the delivery of skills and understanding on the subject of clinical risk management. *"It is very rare in my work to have the opportunity to learn of projects such as the ... CRMTI and to feel the commitment and passion such as that demonstrated by the CRMTI planning group. I look forward to working with the group in future". Jayne Zito, OBE Patron of The Zito Trust.*

Risk is everywhere, and we are taking steps to ensure we learn and share that learning. Fundamental to this is ensuring we identify why things have happened as we need to remember and demonstrate that *"Patient Safety is about asking WHY and not WHO"* (NHS National Patient Safety Agency).



## Way Forward / Next Steps

Our progress so far as an organisation demonstrates our very real commitment to making and keeping Clinical Governance a priority in South Staffordshire Healthcare NHS Trust. Over the next year we must:

- Deliver our CHI action plan to the satisfaction of ourselves and all partners
- Demonstrate how we have further involved and engaged service users and staff
- Further develop our partnership and learning with and from the Strategic Health Authority
- Make real progress with our Learning Centre and Network
- Audit and keep the Pocket Guide updated
- Achieve re-accreditation for our Library Services
- Achieve CNST Level II (Clinical Negligence Schemes for Trusts)
- Make real progress on centralising electronic records
- Deliver an exciting Clinical Governance For Real Week in March 2004
- Ensure that we are compliant with new Research Governance standards
- Further develop our performance management sessions and demonstrate improved performance
- Deliver our quality improvement projects and demonstrate real outcomes
- Continue to learn and share
- Celebrate our successes

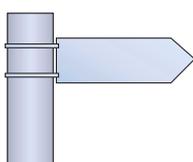
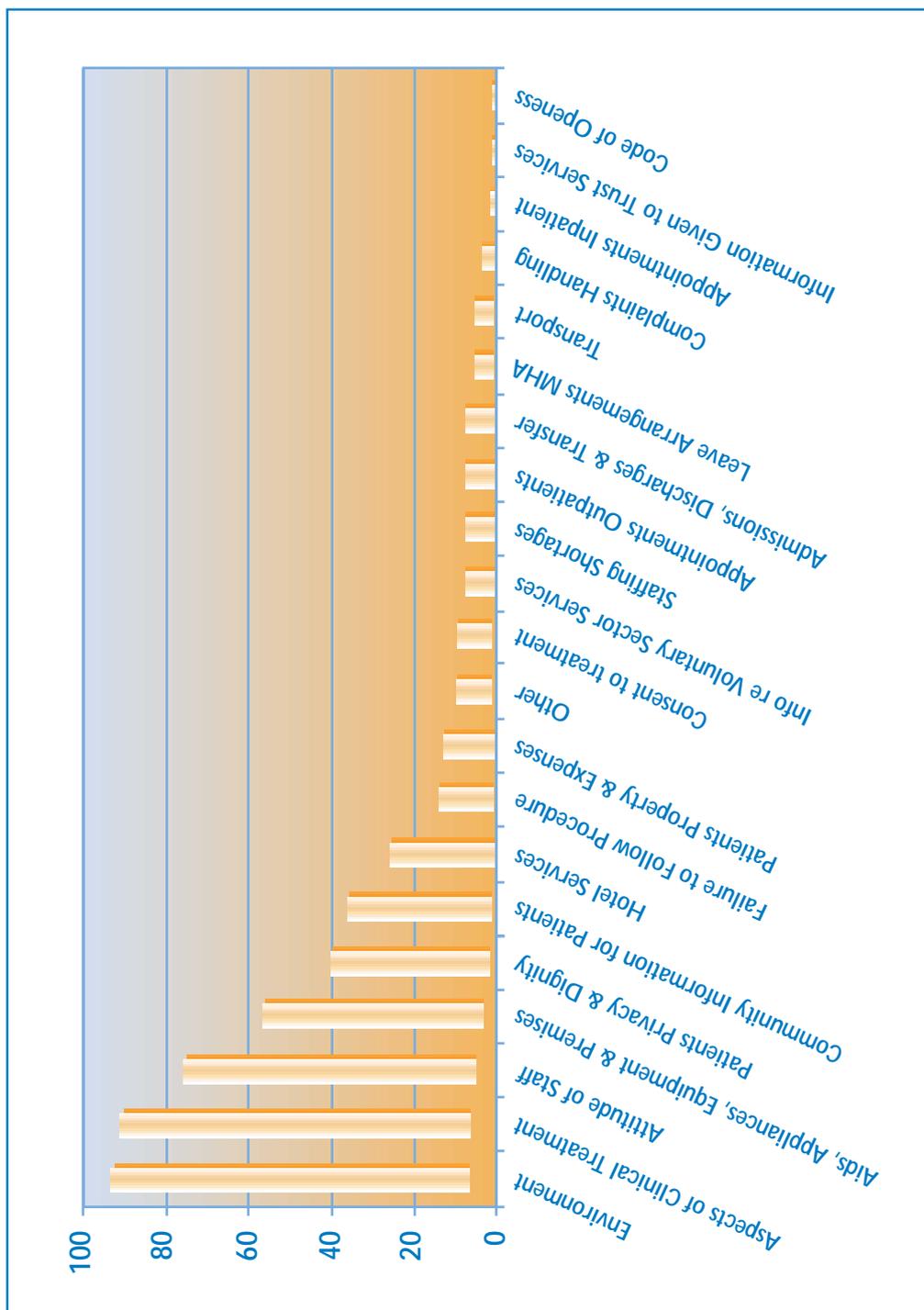
And to do all this we need to ensure that we are listening, communicating, deploying and sustaining growth for individuals, teams and the organisation. If we do all this then Clinical Governance will remain very real in our organisation, as it must do.



*Learning can be fun*

# Appendix 1 – PALS Improving the Experience of Patients and Staff

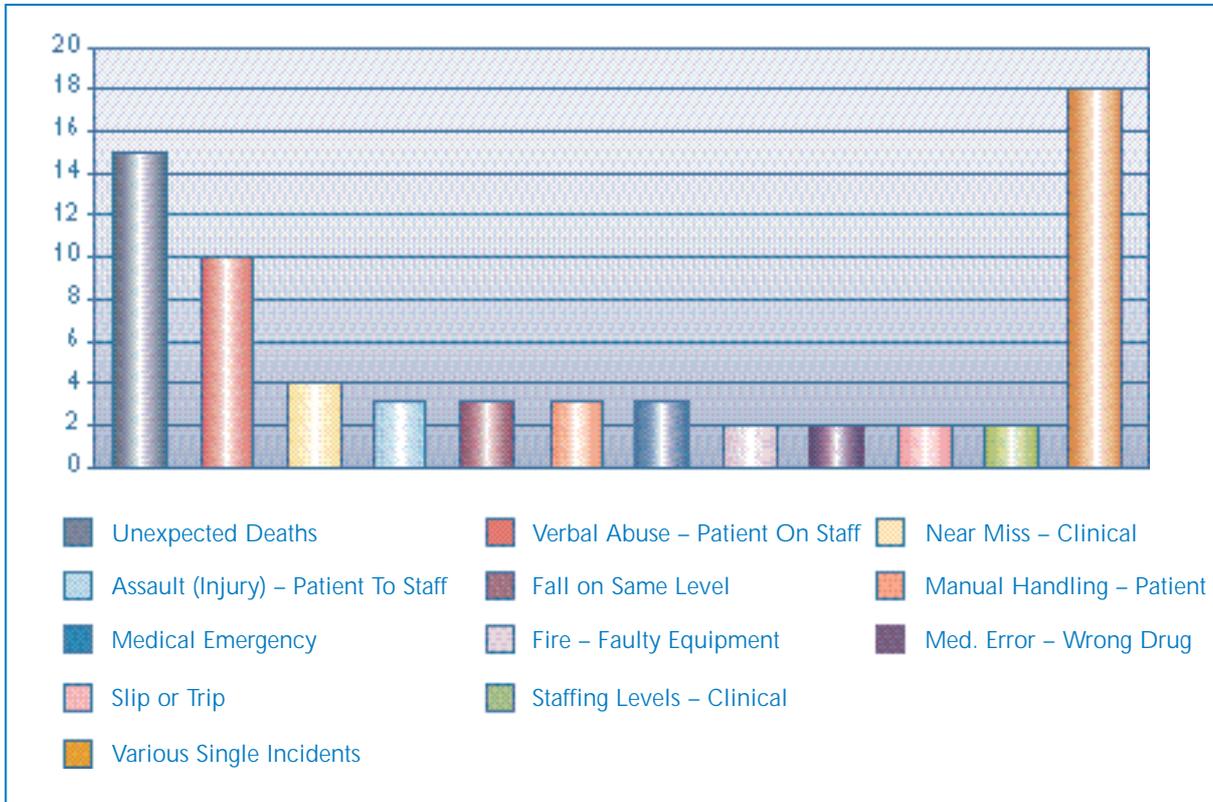
Number of PALS issues by category type as of 12.05.03



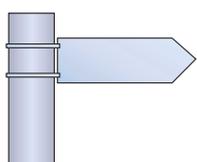
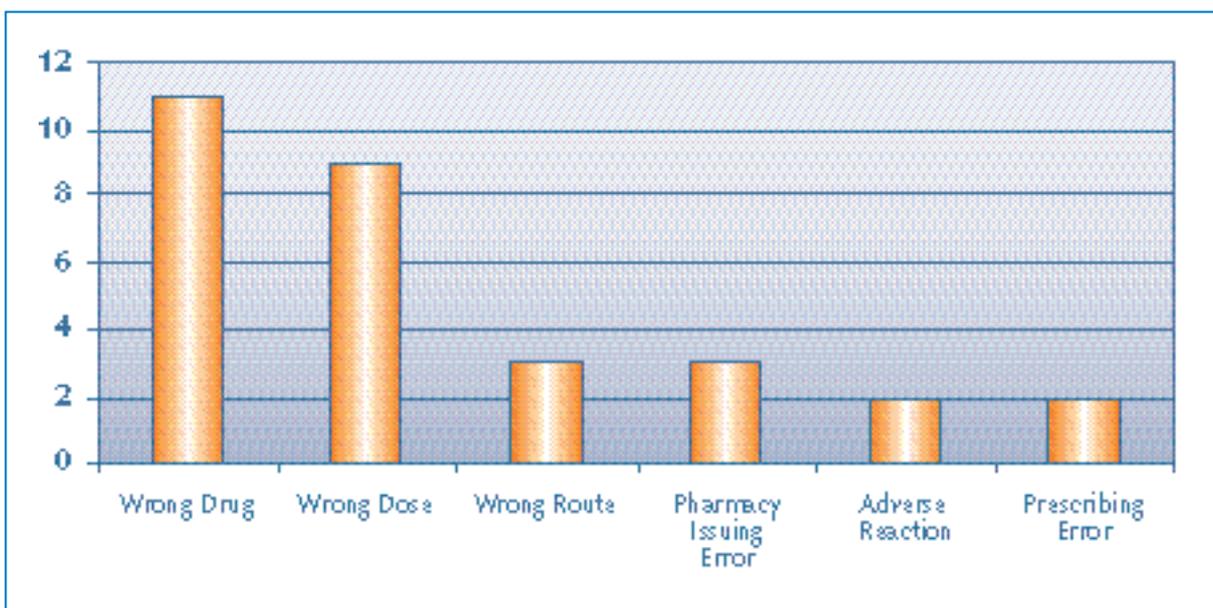
For further information please contact Jackie Spencer, PALS and Public Involvement Manager on 01543 420422

# Appendix 2 – Adverse Events

2a Total Adverse Events 2002/03



2b Total Medicines Adverse Events 2002/03



For further information please contact Joe Wall, Associate Director, Clinical Effectiveness on 01785 257888

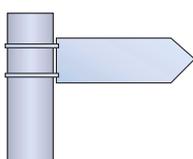
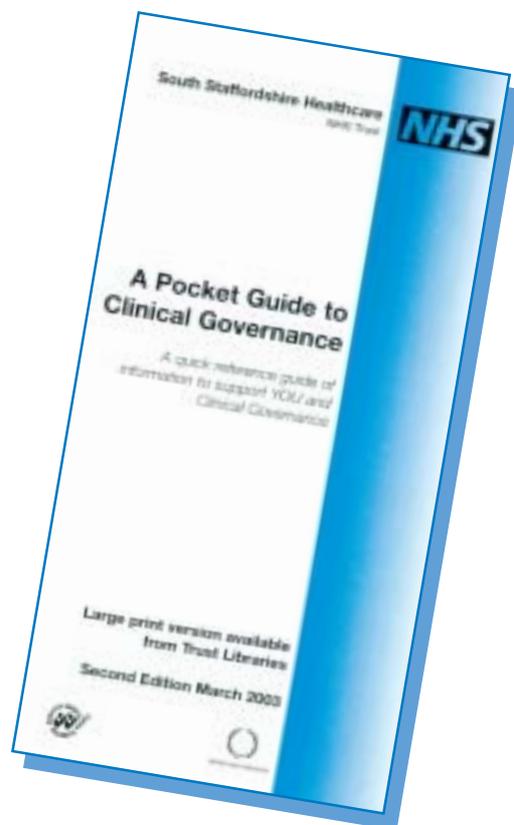
# Appendix 3 – What's New About The Pocket Guide to Clinical Governance

The Pocket Guide has been a highly successful tool in helping us to deliver Clinical Governance across the organisation. Following consultation, development and policy, the following changes have been made to ensure the information is up to date:

- The model has been updated to reflect the new service user and carer partnership subcommittee to the Board.
- The Who's Who section has been updated reflecting organisational changes
- Five new flowcharts:  
  - Accessing mentoring support
  - PALS
  - Child Protection
  - Managing drug errors
  - What to do if my computer doesn't work (Reflecting the HIS service desk top 10 enquiries)
- Information on useful websites added
- Remember everyone working in the organisation should have a pocket guide.
- Information is relevant for all staff, there really is something for everybody!!
- New staff will receive a copy at induction
- The guide will be updated and reissued in March 2004
- A full academic evaluation is underway

Feedback so far from clinical and non clinical colleagues includes:

- "It is a key part of the induction"*
- "It is a pocket guide and easy to carry around"*
- "I use it as a memory jogger"*
- "It identifies people and where to go to for help"*
- "It reinforces things and gives us a framework to work from"*
- "It is easy to look at, and the beanie men lighten it"*
- "It is readable and light"*
- "The information is pertinent"*



For further information please contact Kim Jelphs, Clinical Director, Clinical Development on 01543 420451

# Appendix 4 – Summaries of a Selection of Quality Improvement / Audit Projects Undertaken during 2002/2003

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 (01543 420451)

Project Title and Goal	Outcomes / Improvements in Mental Health Services
Audit of Care Co-ordination Standards and Practice	<ul style="list-style-type: none"> <li>• A risk management-training module has been produced to train multi-agency staff (Health/Social) as trainers. They will then commence cascading their training to teams across their area</li> <li>• Record keeping is being audited on a bi-monthly pilot programme on the East side of the Trust- to look at quality of basic key information. There is further work being considered within this area. As yet the development project has not been finalised</li> <li>• Mental Health Directorate have recently started their service user group "Grassroots"</li> </ul>
Audit of Medical Reports for the Mental Health Act- Tribunals	The local guidelines will be modified to reflect the conclusions and be re-audited in 6 months
Increase awareness & education of relevant mental health issues within the social housing setting	Tamworth Mental Health Community Team have developed links with a local housing project to provide information and education for relevant health issues e.g. anxiety, depression and self-harm
Audit of ability of service users to access the services / groups offered by the Chartley Centre	<ul style="list-style-type: none"> <li>• To continue with current times of groups at the Chartley Centre</li> <li>• To ensure continuous monitoring of the accessibility of the Chartley Centre groups</li> <li>• To propose inclusion in the discharge questionnaire to ascertain any difficulties in accessing the Chartley Centre groups</li> </ul>
Project Title and Goal	Outcomes / Improvements in Children's Services
Evaluation of Child Protection Training course to inform those working with adults who have mental health problems of the potential for child protection risks	All participants felt better able to identify Child Protection risk issues following attendance at the course
Exploring the Mental Health of Children and Adolescents for Healthcare Practitioners to establish the need for, develop and deliver a course which would enable participants to recognise Mental Health problems in children and adolescents, analyse the effects, be aware of approaches/ treatments and understand support services available	100% of the course participants felt that the course had enhanced their understanding and confidence in working directly with children and adolescents with mental health problems. They had better knowledge of when and where to refer on to specialist services
Development of Gastro-care Pathway for children	Children's Community Nursing Team in Stafford have jointly developed with acute Children's Services guidelines for a gastro-care pathway to enable seamless care processes

Project Title and Goal	Outcomes / Improvements in Forensic Mental Health Services
<p>Review of Admission Documentation to improve &amp; update an information gathering nursing admission document on Ashley House</p>	<ul style="list-style-type: none"> <li>• Comparison with similar documents from other units</li> <li>• Use a multi-disciplinary group to establish what information is needed and determine format of document</li> <li>• A timescale checklist to be established for information completion and to aid staff communication</li> <li>• Primary nurses ensure that client photographs are provided</li> </ul>
<p>Review of individual team members' perceptions of their role efficiency and satisfaction undertaken by members of the green multidisciplinary clinical team</p>	<ul style="list-style-type: none"> <li>• Colleagues were asked to rate by scoring the ability to undertake their role and satisfaction associated with it</li> <li>• Team members with roles perceived to be difficult to perform and low scored, were discussed within the team and action plans developed to aid team members to overcome difficulties</li> <li>• 8 months after the action plans were put into place, the roles of the team were re-audited using the same scoring system</li> <li>• There was a significant increase in the perceived scores in more than 90% of roles to which action plans were associated</li> </ul>
Project Title and Goal	Outcomes / Improvements in Learning Disability Services
<p>International Standards Organisation – Maintain ISO status in supported living and implement ISO standard in other areas within the Directorate Update standard in all areas to ISO 9000 2000 series</p>	<ul style="list-style-type: none"> <li>• Accreditation maintained</li> <li>• New standards to be implemented in all identified areas</li> </ul>
<p>Client Satisfaction Survey – To highlight deficits within the present services and make relative improvements</p>	<ul style="list-style-type: none"> <li>• Clients are able to contact Occupational Therapy staff between visits and check this regularly</li> <li>• Pictorial intervention plans used to aid communication</li> <li>• Increased knowledge of what OT service involves with both the public and the multidisciplinary team</li> </ul>
<p>Percutaneous Endoscopic Gastronomy Feeding – To examine current practice in gastrostomy care within the Learning Disability Service</p>	<ul style="list-style-type: none"> <li>• Results of staff survey showed variations in knowledge of best practice and procedures</li> <li>• Recommendations and action plan being drawn up</li> </ul>
Project Title and Goal	Outcomes / Improvements in Psychology Services
<p>Consultants' Satisfaction Survey</p>	<p>Report of physical health psychology services and proposal to rationalise the service sent to the Medical Directorate team for negotiation</p>
Project Title and Goal	Outcomes / Improvements in Occupational Therapy
<p>To increase staff development and clinical effectiveness through clinical supervision by clinical colleagues</p>	<ul style="list-style-type: none"> <li>• Supervision has been divided into management and clinical areas</li> <li>• Focus on clinical standards and practice has been increased</li> <li>• A more open culture has resulted by using clinical supervisors</li> <li>• There is a more effective support structure for all therapists</li> <li>• This has enabled a more robust monitoring of personal development</li> <li>• Occupational Therapists value and welcome the scheme</li> <li>• The programme will be rolled out across the organisation</li> </ul>
Project Title and Goal	Outcomes / Improvements in All Clinical Directorates
<p>Assessment of Clinical Records in all Directorates. Conduct a rolling programme across the organisation to improve the standard of clinical documentation</p>	<p>Clinicians have been made aware of their standard of record keeping and common errors have been reduced leading to a higher standard of health record</p>

Project Title and Goal	Outcomes / Improvements in Nursing and Operations
<p>Nursing in Partnership – The Future – A Framework for Nursing</p> <p>To empower nurses across all disciplines to really own and deliver the nursing agenda on the national and local priorities based on their interpretation relevant to the type, nature and style of service delivery</p>	<p>The evaluation of the first year (pilot year) highlighted some key areas nurses will require further support as well as a number of benefits/outcomes:</p> <ul style="list-style-type: none"> <li>• Improvement in patient involvement within Contraception And Sexual Health services through promoting patient stories, designing leaflets and information given to service users regarding alternatives</li> <li>• Development of guidelines for gastro-care pathway</li> <li>• Innovative approaches to securing free or low cost training opportunities</li> <li>• Developed clinical networks with regional secure service providers</li> <li>• Developed links with local housing project to provide information and education</li> </ul>
Project Title and Goal	Outcomes / Improvements in Specialist Services
<p>Dental Communication Audit</p> <p>Formalise and ensure high quality communications following the merging of dental services</p>	<p>Information to patients, staff and other professionals has been improved resulting in:</p> <ol style="list-style-type: none"> <li>1. A patient information leaflet (PIL) being produced</li> <li>2. Missed appointment policy explained in PIL</li> <li>3. Emergency contact policy being explained in PIL</li> <li>4. Implementation of a message taking and recording system</li> <li>5. Standard replies to General Dental Practitioner following treatment made available within the dental software record system</li> </ol>
<p>Improve dissemination of evidence based practice for eating disorders within the health economy</p>	<p>The new Eating Disorder Service has developed networks with their partners to disseminate evidence based practice and ensures that research is encompassed within its structure</p>
<p>Increase service user participation in the developments of sexual health services</p>	<p>Contraception and Sexual Health Service user participation has been promoted by developing patient stories, working with district youth groups to design a service leaflet and providing service users with information re risks and benefits and treatment alternatives to promote independent choice</p>
Project Title and Goal	Outcomes / Improvements in Clinical Development
<p>Impact of mediated/facilitated literature searches performed by the library on patient care</p> <p>To assess the effectiveness of the current literature search process</p>	<ul style="list-style-type: none"> <li>• Evidence showed that literature searches have an impact on aiding patient care and staff development. Particularly, users rated the ease of access to professional Librarians and the helpfulness of all Library staff</li> <li>• It is hoped that the process will be rolled out to other libraries within the region</li> </ul>
<p>Assessing the impact of inter-library loans</p>	<p>Information analysed by North Staffs Medical Institute Library provided evidence around the usage of inter-library loans highlighting continuing professional development research, patient care and production of guidelines. The project demonstrated the effectiveness and value for money of inter-library loans</p>
<p>Health economy audit of the effectiveness and appropriateness of resuscitation equipment.</p>	<p>The Trust's Resuscitation Office completed a full analysis of equipment functionality in all key areas with recommendations for improvements. This has resulted in the updating of equipment within the Trust and PCTs</p>
<p>Increase the efficiency of staff involved in evaluation and improvement work by automation of data collection and processing</p>	<ul style="list-style-type: none"> <li>• Implementation of Quasar providing a facility to conduct surveys within the workplace by using bar code reader pens</li> <li>• Implementation of Teleform scanning software to automatically read results from survey forms</li> </ul>

# Appendix 5 – Snapshot of Forward Audit / Quality Improvement Plans 2003/2004

## *Clinical Development*

- E-Journal Access
- All appropriate clinical staff receive resuscitation training within one year
- Comprehensive guidelines on the provision of appropriate resuscitation equipment across the health economy
- Deployment of team working across the organisation via specific work of Michael West
- To support leadership development through the coordination of action learning sets and learning days for patient stories to facilitate service development
- Implement Quality by Design across the Directorate and check the whole quality circle is being completed
- Develop and roll out accredited training workshops to skill colleagues up in the use of Quality By Design, process mapping and other key quality development tools

## *Nursing and Operations*

- To evaluate clinical effectiveness through the use of HoNOS (Health of the Nation Outcome Scale)
- To evaluate the impact of the Modern Matron role
- To evaluate the impact of supplementary prescribing
- Infection control and implementation of changes from previous audits
- Integrating Manual Health Records Project
- Auditing the Mental Health Act aspects of health records
- Responding to the new NHS Complaints procedure to go live from 1st April 2004

## *Facilities*

- Ward Housekeeping Pilot Pioneer Site

## *Children's Services*

- Tier 4 impact audit of CAMHS (Children and Adolescent Mental Health Services) stage 4
- Evaluation of the Community Children's Nursing service teams
- Evaluation of child protection medical examination

## *Forensic Mental Health*

- Audit of MHA (Mental Health Act) Records
- Audit of Health Records
- Audit of Staff Handbook

## *Learning Disability Services*

- To maintain ISO (International Standards Organisation) status in supporting living
- To improve and give an equitable service to clients suffering loss and /or bereavement
- Waiting lists

## *Mental Health Directorate*

- Emergency Psychiatric Re-Admission Rate
- Audit of Health Records
- Scope the education and development needs to meet the new agenda
- National Patient Survey

## *Specialist Services*

- Evaluation of Eating Disorders Unit
- Evaluation of Body Image Group
- Patient Satisfaction
- Access to free Sexual Health Advice Service
- Evaluation of Student Learning Experience
- Customer Satisfaction Survey
- Development of Peri-natal Psychiatry Service
- Post Extraction Problems
- National Quality Control (Dentistry)
- Health and Safety Quarterly Monitoring Audit (Dentistry)

## *Therapy Services*

- Skills Audit – to ascertain what OT Skills exist throughout the Trust
- Case Notes Audit
- Managing waiting lists to reduce risk

# 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](http://www.doh.gov.uk)

*A Pocket Guide to Clinical Governance 2003*  
South Staffordshire Healthcare NHS Trust

*Local Organisational Delivery Plan*  
South Staffordshire Healthcare NHS Trust

*Clinical Governance Annual Report 2001 and 2002*  
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](http://www.doh.gov.uk/deliveringthenhsplan/index.htm)

*Getting Better – A report on the NHS 2003* available from:  
Commission for Health Improvement, PO Box 276, London SW8 5DT  
Website : [www.chi.nhs.uk/enq/about/publications/gettingbetter](http://www.chi.nhs.uk/enq/about/publications/gettingbetter)

*Key to Success - Learning Strategy 2002*  
South Staffordshire Healthcare NHS Trust

*South Staffordshire Healthcare NHS Trust CHI Clinical Governance Report 2002*  
available from: Commission for Health Improvement, PO Box 276, London SW8 5DT  
Website : [www.chi.nhs.uk](http://www.chi.nhs.uk)

*South Staffordshire Healthcare NHS Trust CHI Clinical Governance Action Plan 2002*  
available from: Commission for Health Improvement, PO Box 276, London SW8 5DT  
Website : [www.chi.nhs.uk](http://www.chi.nhs.uk)

South Staffordshire Healthcare NHS Trust  
Website : [www.southstaffshealthcare.nhs.uk](http://www.southstaffshealthcare.nhs.uk)

*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](http://www.nhs.uk/nhsplan)



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