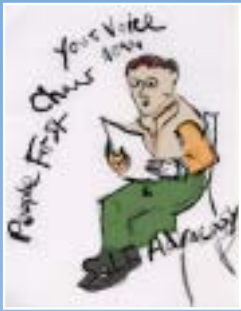
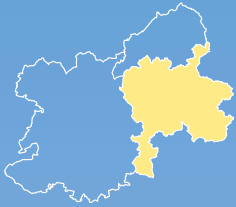




Clinical Governance
Annual Report
2003-2004

Reaching Out, Listening, Responding



"Our purpose is to provide the local and wider communities with the best possible services. We deploy a wide range of integrated care for adults and children including specialised mental health and learning disability services, and community teams. We do this through creating partnerships, a culture of development and continuous improvement, and by keeping the patient at the centre of everything we do"

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Artwork supported by the:



Foreword

Welcome to the Clinical Governance Annual Report for South Staffordshire Healthcare NHS Trust, which highlights many of the best things about "the way we do things around here".

The Trust aims to **reach out**, with our partners to keep service users, carers and the wider community at the centre of all that we do. As part of this, the Trust has made a bold and innovative move by recruiting six Associate Directors, all with recent and relevant experience of using our services, to work at the heart of the organisation. These new colleagues attend a range of strategic meetings across the Trust, including Board meetings, and also visit and talk to service users, carers, staff and managers to find out what we do, and make recommendations for improvements.

We have been attentively **listening** to the community we serve, to service users, carers, staff and many other partners, through a range of initiatives. The National Patient Survey during 2003 randomly sampled 259 of our services users 80% to 90% of respondents rated the care received from Services in the previous 12 months as: good to excellent; felt they had enough say in decisions about their care and treatment; had medications explained; and felt able to contact their Care Co-ordinator and out-of-hours services. In responding to the survey, we are providing more information to service users about the possible side effects of treatment and taking action to ensure that they have a copy of their care plan. Importantly the survey found that over 90% of respondents had confidence in the skills of staff and reported that staff listened to service users treating them with dignity and respect.

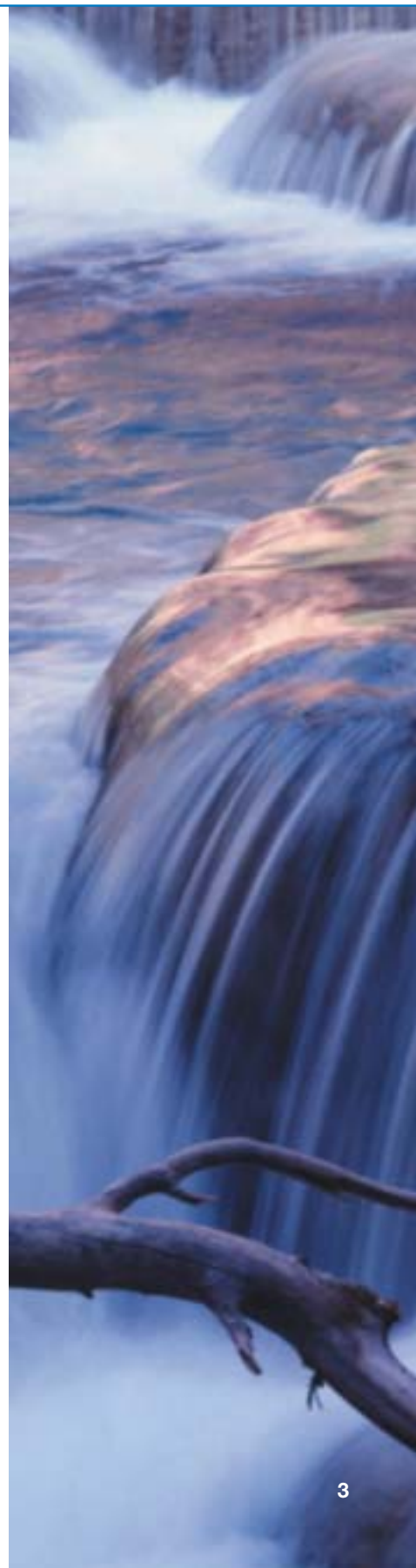
Recognising the need to maintain the focus on Clinical Governance, our "For Real" events continue to be a key part of our philosophy. This year's conference was another great success - over 2 weeks in March 2004 – and provided us with the opportunity to hear the views of staff, users and carers coming together to identify new areas for improvement, and new ways of working.

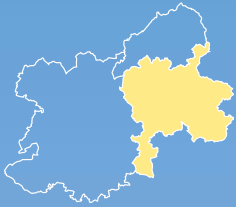
We **respond** to our community in a myriad of ways. Our Patient Advice and Liaison Service (PALS) and complaints procedures deal with formal complaints and provide both complimentary and critical observations on our services. We actively try to inform the public about what we do and promote healthcare issues and work closely with local media to provide informative and accurate articles.

Everyone in the Trust is committed to deliver clinically effective treatment and to provide the people who use our services with the best possible care. Clinical Governance is an essential tool to help us with this and this report reflects on how we make this real in our organisation.

Mike Cooke
Chief Executive

Joe Wall
Associate Director





Clinical Governance – A Track Record



- Research into non-medical prescribing has placed the Trust at the forefront of this agenda, hosting a national conference and involving colleagues from the USA
- The Trust was awarded Clinical Negligence Scheme for Trusts (CNST) level II accreditation, a major external validation of our assurance processes
- Delivering with partners Clinical Risk Management Training Initiatives reported as good practice by the Commission for Health Improvement
- PALS and complaints management making a difference to service users and highly regarded as good practice
- Only Trust in England with 2 members of the national leadership programme 'Gateway to Leadership'
- Significant developments to promote healthy team work
- Recruitment – successes include 5 new consultants and 8 new such posts, nurse consultants, psychologists and occupational therapists and more people looking to work with us
- Hosting conferences on prescribing, Clinical Governance and Occupational Therapy and visiting speakers from the Department of Health and Royal Colleges
- Patient Survey – what was going well and further work needed
- Developing positive mental health and well-being within our staff
- Presentations at National conferences organised by the National Institute for Clinical Excellence (NICE), British Association of Medical Managers (BAMM) and the Department of Health on Human Resources in the NHS
- Achievement of our Commission for Health Improvement action plan
- Pilot site for implementing Choice of appointment times with doctors
- Collaboration on specific service developments such as acquired brain injury and care coordination in prisons
- National recognition of innovation for Clinical Governance through our Pocket Guide, Annual Report and "For Real" Week

Brief reports such as this never do justice to everything going on in large organisations. However, further information is contained within our:

- **Clinical Governance Strategy**
- **Clinical Governance Action Plan - Final Report – Matrix of Evidence 2003/2004**
- **Risk Management Annual Report 2003/2004**
- **Clinical Governance Development Plan 2004/2005**

These will be accessible through our Trust Libraries or website at:
www.southstaffshealthcare.nhs.uk

Executive Summary

South Staffordshire Healthcare NHS Trust has justifiably been proud of its reputation for excellence in leadership and the innovative practices of its staff across Clinical Governance since its inception in 2001.

Even without this context, it is remarkable just how much more development and improvement activity has taken place during the financial year 2003-2004. The many improvements and new services are a testimonial to not only our own staff and efforts, but crucially to those of our many partners throughout health and social care and other local authority and private sectors including service users and carers themselves.

Using evidence-based techniques including leadership teamwork, quality and performance management we have evidence of improvement to many and creation of new specialist care and treatment methods, services and partnerships. We have also addressed basic living, educational and occupational issues that often make such a difference in how our service users, carers and wider public perceive not only what we do to address specific health needs but also most importantly overall quality of life and safety. Initiatives have included "one-stop" services in new accommodation and other projects to give more access, booking and choice to many of our service users.

Our efforts are rewarded and we are proud of the accreditations from external review teams, especially the national CNST and Risk Pooling Scheme for Trusts (RPST) and we thank them for their support and advice on how we can continue along our intended path of providing quality in all that we do.

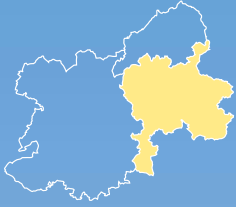
We are reaching out, listening and responding more than ever placing partnerships with patients, staff and others at the heart of everything we do. We are particularly proud of the improvements perceived by patients, carers and staff expressed through surveys and personal accounts.

We remain committed to this approach, to remaining open, to learning how we can do even better as evidenced in our restructured support services and Clinical Governance Development Plan for the coming year

"The essence of Clinical Governance is that it is an opportunity for clinicians to take the lead in the delivery of healthcare, to demonstrate how that can be done effectively, to learn from each other and to share best practice"

(Swage, 2000)





Progressive Partnerships

The 'Move On Project' Partnership:

'working to provide a better quality of life'

The 'Move on Project' started in March 2003 as a new innovative project provided by Rethink Supported Housing, Social Services, South Staffordshire Healthcare NHS Trust and Cannock Chase District Council. A part time Senior Occupational Therapist, a full time Rethink community mental health worker and two self-contained flats in the Chadsmoor area staff the project.

Starting and developing the project included not only clinical skills but also service development and managerial skills. The referral pathway was developed to provide standardised structure for staff and referrers.

The project has enabled service users to learn or re-learn skills to live a safe and independent life in the community. The agencies involved in the project have provided safe, clean environments for service users and support interventions that have maximised their independence and promoted good mental health.

The outcome measure used demonstrated an overall improvement in difficulties that service users highlighted as problems that contributed to poor mental health and dependence on services. However, it is clear that this service is a sound and effective cog in an important system.

The Children's Development Centre Burton Partnership:

Health and Education services are relocating into this new, purpose built, shared accommodation. This will help us build on the success of already well-integrated children's health and education teams. Together with our own Children's Team and nursery provision the Sure Start early years nursery will support under 5's assessment and social development through this new "one-stop" service.

Jigsaw group Partnership:

Parents in the Stafford and Cannock areas benefit from this parenting support group. Parents are able to share experiences and a member of staff from our Child and Adolescent Mental Health Services can signpost services. Children with autism can now also benefit from a youth club established through the work of the group.

Thinking ahead – project Partnership:

Working with Staffordshire Education Authority, local schools and the Schism theatre group staff have led a crucial innovative scheme in Mental Health promotion in schools. Using a short play and informative discussion, this aims to increase the understanding children have of mental health issues, the effect this can have on people and how they can help one another and themselves.



The Mental Health Clinical Risk Training Initiative Partnership:

Together with Staffordshire and Stoke-on-Trent Social Services and North Staffordshire Combined Healthcare, we have developed this multi-professional interagency training course for mental health and learning disability practitioners. The course meets the recommendations of the 'National Confidential Inquiry into Suicide and Homicide' and is endorsed as good practice by the National Institute for Mental Health, The Zito Trust and the Commission for Health Improvement.

The Risk Management Systems Partnership:

We are working closely with the National Patient Safety Agency and NHS Litigation Authority to ensure our systems, policies and procedures including Risk Registers and Co-ordinators make a real difference in keeping staff and service users as safe as possible whilst learning what to change when things go wrong.

Teamwork Partnerships

Recognising that Clinical Governance is closely linked to healthy teamwork we assess development needs through team health checks and support the changes indicated. To support this further we are actively involved in the National Team Network and have developed an organisational culture that values sharing and learning, focussing on the patient experience and staff support through improving systems, processes and outcomes - a key aspect of this is sharing the learning and expertise between Directorates.

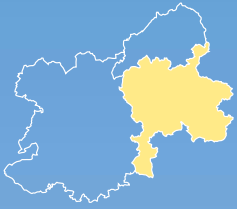
Moving on further – New Partnerships established:

The year ended with the launch of six new Integrated Community Mental Health Teams that bring together Community Teams from Health and Social Service. The shared arrangements aim to improve access for service users to more seamless co-ordinated and efficient services.

Built upon our work with the National Institute for Mental Health, South Staffordshire was chosen as one of only four national pilot sites for the new "Mental Health Improvement Partnership" initiative. This brings together all health and social care agencies to develop a new 3-year plan to further develop local services. A range of projects will be devised and delivered using evidence based improvement tools and will measure what really matters.

We are also embarking on further joint work with North Staffordshire Combined Health across a range of Clinical Governance initiatives including audit projects and learning from each other, supported by Staffordshire and Shropshire Health Authority.





Valuing Our Achievements

Assurance

We are proud to be only the second mental health providing Trust in the country to achieve CNST level 2 and scoring at the top level – "level 3" in many areas. The external assessors also commended the Trust as one of very few such Trusts to meet Risk Pooling Scheme for Trusts standards. That means external assessment indicates we are providing one of the safest services nationally and we are not stopping there – we are working toward "level 3" across all services.



"...in our opinion the risk management afforded by the controls within Clinical Governance, as currently laid down and operated, provide substantial assurance that controls over risks material to the achievement of the organisation's objectives for the auditable area are effective."

Internal Audit Team report on Clinical Governance control and assurance arrangements

In addition, evaluation of the functional suitability of our facilities and estates demonstrated over 92% compliance with nationally recognised standards, the proportion of telephone calls responded to within 30 seconds was 94% and we have made improvements in access to information technology for staff especially clinicians. We recognise there is more to do to make this a useful day-to-day tool.

Essence of Care – Our Progress

- The last 12 months has seen the 'Essence of Care' become intrinsic to our local Nursing Strategy. Many examples of good practice have been highlighted because of teams focusing on individual benchmarks and teams continue to work towards developing their current practice in line with agreed standards.
- A number of teams are developing individual success criteria against the communication benchmark, which will ultimately be developed into an audit tool for use with the Quality Assurance Surveys and Reports (QUASAR) software. This will enable all teams to assess themselves against an agreed standard in relation to their communication with patients and carers.
- The use of the record keeping benchmark has enabled teams in a number of services to implement a new format of nursing records.
- Radford House in-patient unit at St. George's Hospital have taken on the challenge of privacy & dignity and removed "the white board" in the office that identifies information about individual clients.

"The utilisation of QUASAR to undertake work-based surveys based on the benchmarks success criteria provides rapid analysis of information leaving more time to support improvements in care"

Lisa Agell – Senior Nurse

Excellence of Care

The occupational therapy team at Stonefield House (Challenging Behaviour Unit/Learning Disability Service) took the opportunity of a drama therapy, student placement to facilitate the clients in getting their voice heard. The clients wished those involved in service provision to hear what they felt was important to them when they moved off the unit. A drama production of 'Do You Know What We Want?' written and performed by the clients embodied the principles of empowerment, choice, inclusion, independence and rights that are the cornerstones of both the Valuing People White Paper, and the Trust Vision.

The production is going on to be performed at more venues, and following the production further client involvement in advocacy, staff selection, and work placements is in progress.

Staff Development

Leadership and teamwork within Learning Disabilities has ensured equity of opportunities for staff resulting in real improvements evidenced through PEAT visits and Team Health checks.

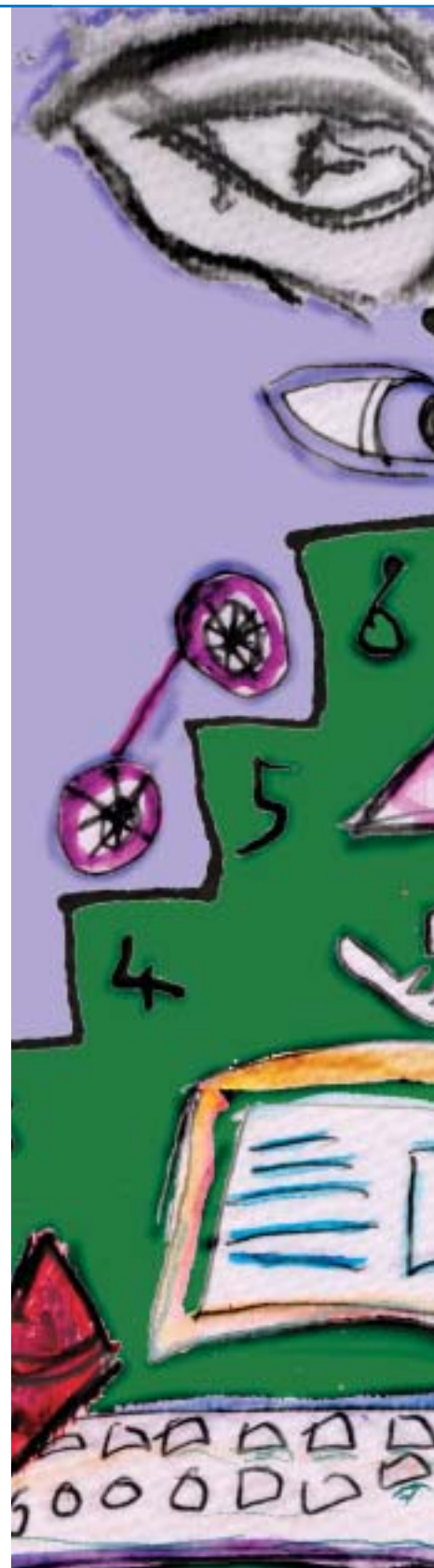
Structures and processes that work for service users were implemented at the children's centres at Lichfield and Burton and demonstrate that staff are committed and working hard to improve quality. This is supported by staff involvement in decision-making and the team working together in one location.

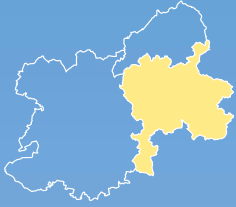
This is an example of "**Reaching Out**" to support staff in deploying evidence-based practices ensuring quality services for our service users and carers. Further examples of support for staff include our Leadership and Management Forum, Research Seminars and a Team Coach Programme, which has an excellent style, and we have three accredited "Team Coachers" linked to the National Team Network.

Further work to modernise our workforce includes developing Medicines Management and non-medical prescribing and we provide advice nationally on this programme. We have also reviewed and updated Professional Advisory Groups and increased training on a number of key topics including (people trained during the year):

- Resuscitation and equipment (1,174)
- Food hygiene (142)
- Clinical Risks (200)
- Clinical Supervision (220)
- Integrated Health Records (316)

These are just some of the reasons why we received Improving Working Lives Accreditation – with the top score in the Staffordshire and Shropshire Health Authority area – and excellent staff survey results.



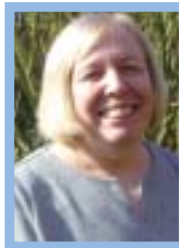


Users and Carers at the Heart of the Trust

The Trust has recruited 6 Associate Directors, all with recent and relevant experience of our services, to work at the 'Heart of the Trust'. As a Team, the Associate Directors have set themselves the following objectives:

- 1. To link with different Directorates in the Trust**
- 2. Follow up on individual short-term objective.**
- 3. Cross referencing and disseminating examples of best practice throughout the team**
- 4. Promote and support best practice for Service User and Carer Involvement throughout the Trust with examples being publicised under the heading "We noticed that...and did this"**
- 5. Develop closer links with the Patient and Public Involvement Forum and the PALS service**

Our new colleagues have already made a significant contribution to our culture, 'the way we do things around here', as you can see below!



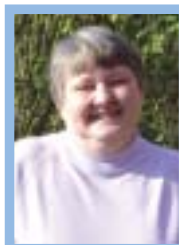
Jan

- Attending meetings for the Acquired Brain Injury Unit; she had found this very interesting and is looking forward to seeing how the service develops.
- Jan is also looking at unmet need and would like support to see how this can be followed up
- Meeting the various support groups, Jan will be taking an interest in Carers issues and has met with Gill Wyatt from CASS (Carers Association South Staffordshire) and attended the 'People First' advocacy session.



Donna

- Is identifying examples of good practice throughout the children's service She has attended two conferences, one strategic and one operational.
- Donna is concentrating on CAMHS (Child and Adolescent Mental Health Service) and how service users could help to reduce waiting times
- Donna is talking to Teachers about the CAMHS in schools project.
- Coordinating feedback from parents at the 'Early Years Centre' in Burton about the move to Waterloo Road in the summer



Kathy

- Visiting the Margaret Stanhope Centre, once with the group and the second time to the Mental Health Act Managers meeting
- Attending the A-Plus carers group in Burton, where she and Jo presented the 'Heart of the Trust' Scheme and the role of the Associate Directors



Jo

- Attended the CAMHS conference, which she found very inspirational, as well as giving a joint presentation with Kathy at the A-plus carers group
- Linking with voluntary organisations has confirmed how people manage to do a fantastic job with limited resources. Feedback from these groups suggested that information about their services is not given to patients; Jo feels this could be a project looking at discharge processes



Will

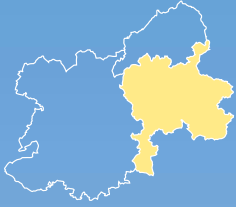
- Confirms that the user involvement group in the Forensic Mental Health Service is going well. Will is involved in drafting the business case for an intensive care unit at the Hatherton Centre, attending strategy and operational groups.
- Drafting the 'Patient Empathy Programme', looking at the patient journey from admission to discharge. He wants to get service users involved in recruitment of staff and link this project to the PPI (Patient and Public Involvement) forum and PALS (Patient Advice and Liaison Service).
- Will also wants to explore any community gardening schemes that could provide placements for clients from New Burton House.



Linda

- Linda is a very active volunteer and Vice Chair of Mid-Staffs MIND and Links Unlimited in Cannock. She has had training in sign language, is an Internet tutor for service users and regularly helps produce a service user's magazine.
- Linda would like to support the Trust in meeting the standards of the National Service Framework for Mental Health
- Linda is involved in developing a Volunteer package
- Will be supporting the National Institute for Mental Health's "Patient Choice" project





Learning from Our Clinical Governance Conference

In March 2003 the Trust hosted its third annual clinical governance conference. We were delighted that amongst the 150 strong audience were many patients, staff, associate directors and representatives from many of our partner organisations, demonstrating our ability to **reach out** and share learning across our diverse community.



It's For REAL

Learning is at the heart of making clinical governance real in our organization. Our annual clinical governance conference is an example of how the Trust celebrates learning, and is always striving to learn more to enhance the patient experience. As ever, we recognise that 'clinical governance for real' week is only one tool to raise awareness and develop clinical governance. Many innovations and much hard work are happening constantly, as it really is about "Doing the right thing, at the right time, in the right place". For this conference "For Real" was about

Relationships
Engagement
Accountability
Learning and listening

And these were recurring themes throughout the day

It's Dynamic and Creative

The Trust prides itself on developing and encouraging innovative approaches to situations and we were delighted to be joined at the conference by a disabled artist supported by the Arts Council England. Tanya Rab captured images and perceptions of conversations, discussions and interactions throughout the day and these real images have been used to illustrate this report.

Exhibitions from all of our services presented an opportunity to share and discuss how clinical governance is having an impact, making a difference; representatives of our many partners from local universities to organizations supporting farmers and the agricultural community enhanced these.

The programme for the conference was created by **listening** to staff and by being aware of things that were happening and being reported upon nationally and included:

- Chief Executives introduction and perspectives
- Overview our progress and approach
- A session on how NICE (National institute for Clinical Excellence) is making a difference
- An introduction to the new National Patient Safety Agency (NPSA)
- Developing innovative approaches to audit in infection control services
- A report on an innovative mental health project in schools
- Child protection challenges and approaches
- An update on the latest research into team based working
- **And**, perhaps most moving, 2 different accounts of real Patient and Carer stories

It's Interactive

Audience participation was a key feature this year and the range of issues raised demonstrates that clinical governance really is here, there and everywhere. So what did our audience think is going well?

"The Trust has a can do learning culture"

"Excellent team development and training opportunities"

"Library Services are fantastic "

"Team Involvement with directorate risk registers"

"Audits being added to library stocks for all staff to access"

"PALS try hard"

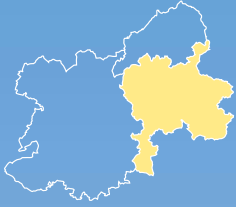
"Associate Directors and good work to involve patients/carers."

However, as always, there is always more to do and people did not just identify what was not going so well, they made suggestions too:

- Better integration to enable Service Users Participation regarding recruitment for audit
- More service research Patient/User, Questionnaires/Interviews
- More User Involvement in recruitment and selection
- Person Centred Planning needs to spread further across the Trust.
- More patient involvement in prioritising Quality Improvement Projects
- Different approaches to training events to ensure all staff have equity in access.

Demonstrating the Trust's **commitment to respond** to people this information has been used to develop the Clinical Governance Development Plan and to respond to the Healthcare Commissions' consultation on the newly proposed 'Standards of Care', so the engagement of the audience really will influence the way forward.





Improving Existing Services

A View from the Top

In addition to the Internal Audit report mentioned above, our Clinical Governance Review with Staffordshire and Shropshire Health Authority and the Commission for Health Improvement acknowledged achievement of our comprehensive CHI Action Plan. Feedback from the Health Authority and Commission said there was "an impressive submission of evidence...a clear agenda of improving the Patient experience" and "A strong systematic management approach from the top to the bottom" of South Staffordshire Healthcare NHS Trust.



Quality Counts...

...for Children

Evaluation of the Community Children's Nursing Service - Feedback was very positive, with reassurance and support highlighted as being important. A large number of respondents said that the team's input had either prevented hospital admission or facilitated early discharge. An action plan is being implemented including reviewing documenting and recording in care plans, addressing written communication with patients and reviewing out of hours provision.

...for those at risk

Audit of the Self Harm Assessment, Liaison Psychiatry Service – Developments included a new information leaflet which not only gave useful contact numbers but also now has a record of the assessment date and who saw the service user, including a discharge and aftercare plan agreed by the service user and Liaison Nurse. Another development has been active team involvement in the re-configuration of the medical floor in the general hospital where two sound proofed counselling rooms with windows have been identified for the teams' use responding to the lack of privacy and dignity identified by service users through 'Essence of Care' frameworks.

Following increased training and development in risk management there is now evidence of reductions in clinical adverse events including self-harm, at risk patients absconding from hospital and medication errors – further details will appear in our Risk Management Annual Report.

...for control of infection

An initial assessment was performed using 100 criteria on 14 wards across the Trust to ascertain compliance to national standards. Initial compliance ranged from 48-97%, however within three months and having implemented an action plan to address staff development needs the scores increased to 85-100%.

...for care pathways

Bereavement Audit - Determining the effectiveness of a referral tool and pathway to bereavement services resulted in a consensus within the teams that the assessment tool should be adapted for use.

This has meant a series of teaching sessions on how to use the assessment tool to each team.

...for knowledge

Impact of facilitated literature reviews - To determine to what extent the literature review service supported staff and service users 51 out of 77 users requesting a literature review completed questionnaires that were returned to the Library for analysis. This pilot project (part of "Valuing Services" - measuring the impact of health libraries, supported by West Midlands Health Libraries Network) found:

- 98% of users rated the service good or very good overall
- 100% of users rated ease of access to the service as good or very good
- 100% of users rated service from the staff as good or very good
- 100% of searches contributed to the users knowledge
- 89% of the searches contributed to clinical decision-making
- 90% of searches provided evidence towards an academic argument

Accordingly, the West Midlands Network has awarded accredited status to our Library Services.

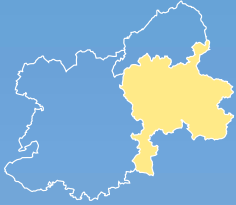
...for innovation

QUASAR - To increase the efficiency of development work by automating data collection, process and reporting systems Quasar 2 software was implemented. This is a fully automated quality assurance and development system than negates the need for manual handling of data. The system is being increasingly used within the Trust and has resulted in a time saving of 27 days during the health records survey and 10 days during the infection control assessments. Clinical staff can now access their data instantly and use the time saved by not processing data to implement action plans and support development needs to improve performance.

...for services

Both of our Crisis Resolution Teams are now operating 24 hours a day, 7 days a week and Assertive Outreach is in place across South Staffordshire, with a multi-disciplinary component. In addition we responded to staff and service user concerns by undertaking a skill-mix review within in-patient services that resulted in improved staff levels. We are responding to concerns about hospital food at St. George's with improved menus and a full system review and have new facilities in several localities.





Creating New Services

Building on our record of Clinical Success, we have developed a number of new evidence-based services in partnership with Primary Care Trusts in addition to providing care in new settings already mentioned.

In line with the National Service Framework for Mental Health, an Early Intervention in Psychosis Team was established. Now taking referrals this service provides evidence based intensive home treatment and psychosocial support for Individuals and their families. Crucially, the basics of daily living as well as valued educational and occupational opportunities are addressed alongside working. In partnership with existing services. In addition we are also participating in a multi-centre evaluation of the impact of such services.

Eating Disorders Services celebrated the opening of its new Kinver Centre. This 8-bedded inpatient unit plus day service complements and supports the existing out patient service. The unit is working in close collaboration with services across North Staffordshire and Shropshire as well as providing specialist care to services users from other parts of the region. Twenty-five new staff appointments have been made to staff this service.

Working collaboratively with Primary Care Trusts and the Prison Service the Trust provides a multidisciplinary mental health in-reach service to four local prisons. These teams work in partnership with prison health care and consequently prisoners experiencing mental health problems are receiving an enhanced service.

The Landmark Scheme for supported Employment made good progress with engaging with local voluntary groups, carers and users and local unemployed people. Training programmes working with Stafford College commenced in September and a number of people have undertaken work projects within the Trust.

We have also undertaken work to secure the implementation of newer treatments and guidance published by the National Institute for Clinical Excellence that has shown significant increases in the uptake of those treatments as evidenced on the following page.



That's NICE

Audits of treatments recommended in guidance from the National Institute for Clinical Excellence (NICE) suggest Trust clinicians are making a difference by implementing guidance for the following conditions:

Number of patients receiving treatment in a full year ¹		
Drugs for the treatment of:	Number of patients	Annual Increase
Schizophrenia ²	1578	33.0%
Alzheimer's Disease ³	472	36.5%
Attention Deficit Hyperactivity Disorder ⁴	482	24.5%

Notes for figure

1. Estimated from 6 month sample April – June 2002 and 2003
2. Schizophrenia - atypical antipsychotics (No. 43) - issued March 2002

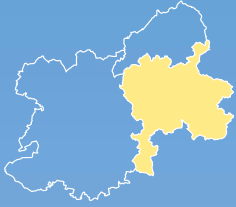
This appraisal suggests 1,960 local people might need these treatments. As some individuals receive these drugs from GPs, we appear to have a high level of implementation
3. Alzheimer's disease - donepezil, rivastigmine and galantamine (N0 19) - issued January 2001

This appraisal suggests up to 500 local people might need these treatments. Therefore we appear to have a high level of implementation
4. Attention deficit hyperactivity disorder (ADHD) - methylphenidate (N0 13) - issued October 2000

This appraisal suggests up to 872 local people might need these treatments. Although, this might indicate we have some way to go once the patient is stabilised GPs can take over prescribing. Therefore, we have proposed working with Primary Care Trusts to combine our data with data about GP prescribing so that we can benchmark overall local implementation of the NICE guidance

The Trust has improved mechanisms for the dissemination and implementation of new NICE guidance. We currently have seven projects established to help further develop practice around the NICE published guidance.





Working for Patients Now... and in the Future

We are continuing to develop our model of Clinical Governance by ensuring the work of support teams is better co-ordinated, efficient and effective in providing development support to Clinical Services. To achieve this we have restructured internally and work is being taken forward through a new Development Network. As part of this work, we have in place arrangements to address Research Governance through a strategy led by an experienced Research Manager.

Our Clinical Governance Pocket Guide remains an important communication tool and practical guide on "how we do things around here". A recent evaluation based upon the completed questionnaires of 200 respondents found that the Pocket Guide was successful in stimulating an interest in and understanding of clinical governance facilitated by its small size, content, readability and use of flow charts. Staff appeared to value the Pocket Guide as an accessible clinical governance information tool that helped them to engage with clinical governance processes.

The Clinical Governance Pocket Guide has recently been updated, taking account of changes to systems, processes, personnel and suggestions for changes and additions. As with previous versions (and the evaluation questionnaires) the new version 3 is being circulated to all staff in July 2004.



The Future

The Department of Health is currently consulting on a new set of national Core and Development Standards. The Trust is well positioned to perform well against these, which relate to:

1. Safety
2. Clinical and Cost Effectiveness
3. Governance
4. Patient Focus
5. Accessible and Responsive Care
6. Care Environment and Amenities
7. Public Health

Our Clinical Governance Strategy captures and directs our carefully structured model and approach to managing Clinical Governance. This includes regular reports to the Trust Board from Sub-Committees coordinating, supporting and overseeing service user and carer involvement, risk, information, clinical effectiveness and human resource management that together help us to remain focussed on the needs of patients, carers, staff and the wider public. We are currently involved in a multi-centre research project evaluating in-patient services and will share learning from this to inform future improvements in this area.

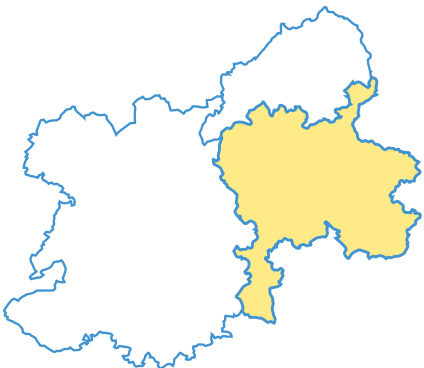
"We will be doing much more Reaching Out, Listening and Responding."

Clinical Governance is underpinned and informed by plans produced within the individual Directorates; these can be made available to interested parties. If after reading this report, or at any other time, you would like more information about our Services and Directorates please contact:

CLINICAL DIRECTORATES	MANAGEMENT DIRECTORATES
<p>CHILDREN'S SERVICES</p> <p>Clinical Director: Dr G B Patel Tel No.01283 233400 E-mail: kidscentre94@hotmail.com</p>	<p>FINANCE & PERFORMANCE</p> <p>Director: Mrs. Jayne Deaville Tel No.01785 257888 [Ext 5527] E-mail: jayne.deaville@ssh-tr.nhs.uk</p>
<p>FORENSIC MENTAL HEALTH</p> <p>Clinical Director: Dr N Griffin Tel No.01785 221592 (direct line) E-mail: nicholas.griffin@ssh-tr.nhs.uk</p>	<p>HEALTH INFORMATICS SERVICE</p> <p>(Via HIS Board) Director: Mr. Tony Eardley Tel No.01785 221534 [direct line] E-mail: tony.eardley@ssh-tr.nhs.uk</p>
<p>LEARNING DISABILITIES</p> <p>Clinical Director: Mrs. Judy Morris Tel No.01785 222888 [Ext 5403] E-mail: judy.morris@ssh-tr.nhs.uk</p>	<p>HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT</p> <p>Director: Mrs. Lesley Francis Tel No.01785 221503 [Direct Line] E-mail: lesley.francis@ssh-tr.nhs.uk</p>
<p>MENTAL HEALTH</p> <p>Clinical Director: Dr Abid Khan Tel No.01785 257888 [Ext 5574] E-mail: abid.khan@ssh-tr.nhs.uk</p>	<p>MEDICAL</p> <p>Director: Dr Stewart Vaggers Tel No.01785 257888 [Ext 5342] E-mail: dr.vaggers@ssh-tr.nhs.uk</p>
<p>SPECIALIST SERVICES</p> <p>Clinical Director: Mr Neil Carr Tel No.01785 257888 [Ext 5515] E-mail: neil.carr@ssh-tr.nhs.uk</p>	<p>NURSING & OPERATIONS</p> <p>Director: Mr Neil Carr Tel No.01785 257888 [Ext 5515] E-mail: neil.carr@ssh-tr.nhs.uk</p>

If you, a friend, colleague or relative, suffers with sight difficulties or are unable to understand the English language, and wish to receive a summary of this report, it can be made available on tape and can be translated into the language required. An electronic or **large print version** is available on request.





For more information about the Clinical Governance Annual Report or to make a comment, please contact:

Mike Cooke,
Chief Executive,
South Staffordshire Healthcare NHS Trust,
Corporation Street,
Stafford
ST16 3AG

Telephone: 01785 257888

E-mail: mike.cooke@ssh-tr.nhs.uk