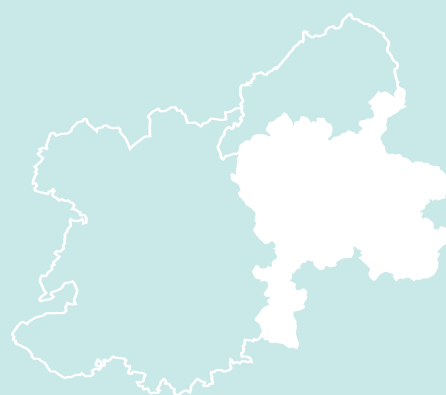




Clinical Governance Annual Report

“Building on Firm Foundations”
2004-05



Clinical Governance in Action



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Foreword

Here at South Staffordshire Healthcare NHS Trust we place our service users at the centre of everything we do. We strive continually to promote and develop access to our services and to improve their responsiveness. The clinical and cost effectiveness of our services and the quality of our facilities and estates increases year on year. The health and safety of our service users and the public is given the highest priority.

The importance of these issues to service users and carers was emphasised by the Department of Health in its recent publication 'Standards for Better Health'. Responding to the challenges set out in that document, we are becoming more proactive as a Trust.

This year's Clinical Governance Annual Report is designed to reflect the seven domains of 'Standards for Better Health':

- patient safety
- clinical and cost effectiveness

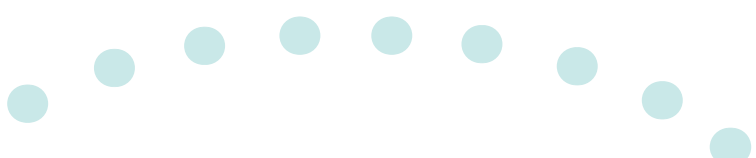
- governance
- patient focus
- accessible and responsive care
- care environment and amenities
- public health.

Governance across our Trust is driven by the principles of mutual governance, which build and strengthen respect and robustness within internal and external partnerships. These arrangements are underpinned by our Assurance Framework which provides evidence for our Statement on Internal Control.

Assurance plans and risk registers are developed at both Trust and directorate level. Directorate plans are reviewed as part of our Trust's business planning process and at the six monthly performance review meetings between executive directors and individual directorates. Our Trust's assurance plan and risk register is monitored and reviewed by our Clinical

Effectiveness and Risk Sub Committee (which also functions as our Clinical Governance Committee) and reports are presented bi-monthly to our Board, highlighting any significant areas of risk.

We value our relationships with local partners and recognise their vital contributions in meeting the health and social care needs of service users and carers. Working with partners to plan, develop, manage, deliver and evaluate our services are all key components of our mutual governance journey. Our relationships with our Patient and Public Involvement Forums and local authority Overview and Scrutiny Committees are much valued aspects of this work. These groups play an important role in evaluating our performance against 'Standards for Better Health' and we look forward to strengthening further our relationships both with them and other local partners.





Clinical governance recognises the fundamental importance of clinicians taking a lead in the delivery of safe, effective healthcare and of promoting their work so that they can learn from each other and share best practice. Clinical care and treatment is our business; therefore clinical governance represents the foundations upon which governance is built across our Trust and beyond. As such, it remains vitally important to produce this annual report which

summarises and celebrates our clinical governance strengths and successes while acknowledging areas where we need to focus increased effort to go that extra mile on our clinical governance journey. Companion documents include those noted on page four, our risk management and Trust annual reports, our Clinical Governance Pocket Guide and work plans which identify the next stages in our journey of continual improvement.

During 2004/05, with the help of our service user and carer Associate Directors, other partners and staff, we implemented 129 of the 130 actions in our work plan. The one outstanding item was carried forward to this year along with ongoing work related to longer term initiatives.

We hope you will enjoy and learn from this annual report. Our thanks go to all those who have helped our Trust on its journey so far.

Roger Evans
Non-Executive Director

Neil Carr
Director of Nursing, Effectiveness and Strategic Development

Joe Wall
Associate Director Clinical Effectiveness





Executive Summary

Maintaining and developing our position as a learning organisation remains central to promoting the safety of our service users. Clearly, learning when things go wrong is important, but equally important is the proactive assessment and management of risks and development of our services and staff. As part of this, we are learning from the experience of others around the country and playing our part in sharing the lessons we have learned.

We are pleased to be among the first group of 12 mental health Trusts to be offered membership of the National Prescribing Centre's Medicines Management Collaborative. This will help us drive forward safety and other standards in this area of work, building on the firm

foundations set by our continuing Level 2 compliance with the Clinical Negligence Scheme for Trusts (CNST).

Having benchmarked ourselves against the new CNST standards for Trusts providing mental health and learning disability services, published in 2005, we are taking action to improve further still. Key to this will be the use of new technology enabling more efficient training and development of staff, reducing classroom time in favour of developing skills through supervised practice.

We recognise that risk management and clinical effectiveness are two sides of the same coin; without the latter the former becomes problematic. This is one reason for committing

more resources to clinical effectiveness projects, another is to ensure that our service users have improved access to and choice of care and treatments.

Our organisation prides itself on 'doing the right thing the right way' while trying to obtain the most beneficial effect from the resources available. Key to our focus on clinical and cost effectiveness is the development of integrated care pathways which clarify good practice and record what was and was not provided to individual service users. Once in place, integrated care pathways will provide our Trust and the wider health economy with better quality information about what is working well and where further change is needed.





Through our participation in the national Mental Health Patient Survey we were pleased to see evidence that choice for our service users is improving, particularly around increased out of hours access, trust in psychiatrists seen and choice in medication. Evidence, indeed, of the real and positive impact of our Heart of the Trust scheme and other initiatives which involve service users and carers in planning, evaluating and informing our services.

We were also pleased to see improved results from our staff opinion survey, including

an increase in team working, improved communication, reductions in stress at work, more staff mentoring and a better work life balance.

Throughout this report you will see clear evidence that our Trust is engaged in unprecedented levels of collaboration, most crucially with service users but also, importantly, with partners and stakeholders in our local health and social care economy. Together, we use a structure known as mutual governance to address all aspects of governance - managerial and clinical leadership and

accountability, as well as the culture, systems and working practices of our organisations. Mutual governance is the natural next step in our clinical governance journey.

We are pleased once again to have been awarded three star status, an achievement of which our staff can be proud. Importantly, this demonstrates how well our service users and carers are cared for and listened to.



Patient Safety

Keeping service users safe in our Trust

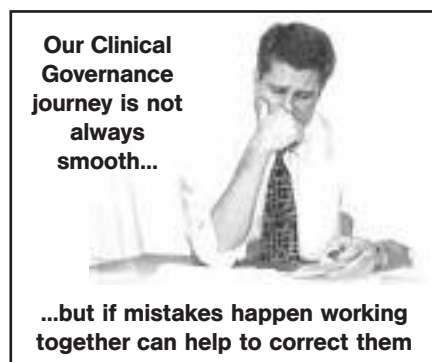
Sadly, errors or other unwanted adverse events are all too common in healthcare¹. This issue is receiving much attention from national policy makers, health care organisations, clinicians and experts on safety from a variety of disciplines. More research is taking place on why such errors occur and ways to prevent them; this research will collect data on patient safety, support new information technology for health care delivery and enable the dissemination of patient safety information to service users and care providers.

While the unpredictability of an individual's health undoubtedly gives rise to some adverse events, published reports of major investigations, both locally and nationally, show that adverse incidents are also due to failures in systems and processes.

We give these issues our utmost attention, taking positive action to correct

failures and seeking input from others relating to issues that fall outside our control.

In overall terms, patient safety must be enhanced by the use of processes, working practices and systematic activities that prevent or reduce the risk of harm.



Our achievements as a Trust

Since its inception our Trust has ensured that learning takes place from all reported patient safety incidents. Recently, we reviewed our policy on reporting adverse events in order to encourage staff to report any risk or concern with which they feel they may need help to prevent an incident occurring.

To ensure we manage and learn from risks and incidents they are all

reported internally, within our local reporting process, and summarised in quarterly reports and our Risk Management Annual Report. These reports provide factual information regarding complaints, incidents, PALS issues, claims and other related risk management topics. The NHS Litigation Authority (NHSLA) and the Health and Safety Executive (HSE) have heralded our Risk Management Annual Report as an example of good practice in the reporting of such information to staff and the public.

Additionally, each serious incident is reported externally to the Shropshire and Staffordshire Strategic Health Authority (SHA) and, where relevant, to the National Patient Safety Agency (NPSA) using the National Reporting and Learning System and the HSE under the 1995 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Reported incidents are analysed to identify root causes and assess the

¹Blendon R, DesRoches C, Brodie M, Benson J, Rosen A, Schneider E, Altman D, Zapert K, Herrmann M, Steffenson A. 2002. 'Views of practicing physicians and the public on medical errors'. *The New England Journal of Medicine* 347(24):1933-1940.



likelihood of repetition. Improvements are made to minimise risk, based on local and national experience. These initiatives are having a real and beneficial impact such as helping to reduce the level of suicide in South Staffordshire.

Learning from the experiences of colleagues around the country, we have, for example, implemented patient safety notices, alerts and other communications issued by the national Safety Alert Broadcast System (SABS) and Medicines and Healthcare Products Regulatory Agency (MHRA) within the required timescales.

We have also defined and implemented effective processes for identifying, reporting and taking action on child protection issues. In discharging these responsibilities, our Trust works with all relevant partners and communities to protect children.

Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to service users and relatives in the normal course of their duties. This provides an important

safeguard in ensuring that our team members can be trusted to work with vulnerable people.

Appropriate training and supervision is used to help staff implement safely all new and existing procedures. Our policy on this follows the National Institute for Health and Clinical Excellence (NICE) guidance 'The interventional procedures programme' (Health Service Circular 2003/011).

Staff training is taken extremely seriously, recognising the importance of this aspect to ensuring patient safety. During 2004/05 the count of staff attendances at seminars and workshops on risk related topics was almost 5,000; the figure for the past three years amounts to almost 12,000.

Steps have been taken to minimise the risk to our service users of healthcare associated infection, taking account of 'Winning Ways' (Department of Health 2003), 'A Matron's Charter: An Action Plan for Cleaner Hospitals' (Department of Health 2004), 'Revised Guidance on Contracting for Cleaning' (Department of Health 2004) and 'Audit Tools

for Monitoring Infection Control Standards' (Infection Control Nurses Association 2004).

Systems are in place to ensure we achieve year on year reductions in MRSA within our inpatient wards, in accordance with local delivery plans.

MHRA guidance is followed to ensure that the risks associated with the acquisition and use of medical devices are minimised. An essential part of this involves ensuring that reusable medical devices are decontaminated properly in appropriate facilities.

Further systems are in place to ensure that medicines are handled safely and securely, to review errors when they do occur and to reduce the likelihood of any repetition. The front of our medicines treatment and record sheets now features lessons learned from previous errors in order to remind staff of these every time they dispense medicines.





As a member of the National Prescribing Centre's Medicines Management Collaborative, we shall be further enabled in our vigilance and improvement of medicines management.

The way in which we deal with waste products poses a further area of potential risk to our service users, staff, the public and the environment. Therefore, we ensure that waste is managed properly in order to minimise all of these risks.

The importance that we place on patient safety is underlined by our continuing compliance and Level 2 accreditation with the CNST. We are only the second mental health Trust in the country to achieve CNST Level 2.

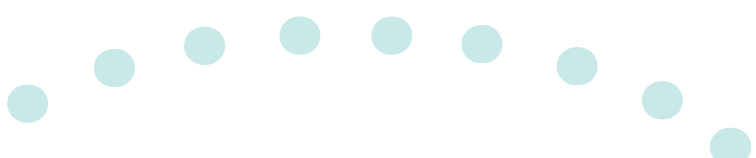
Ensuring continuing improvement

Having benchmarked ourselves against the new CNST standards for Trusts providing mental health and learning disability services, we are implementing a series of key actions which include:

- reviewing local practice in light of findings from National Confidential Inquiries
- encouraging service users, relatives and carers to provide as much information as possible about their condition, for example whether they are pregnant, using alcohol or drugs or suffer from allergies, in order to help us improve their care. At the same time we shall promote access to sources of additional information for service users about their condition and treatment choices. Arrangements for overseeing and updating the quality of this information will be clarified
- reviewing arrangements for mandatory staff training
- clarifying arrangements for the formal agreement of risk assessment tools and processes in all services
- developing our first medicines management annual report and a programme of work with clearly defined objectives to further improve practice and safety in this area
- further clarifying the system for the co-ordination, ratification and review of specific clinical procedures, pathways and guidelines for each service
- improving ways in which the physical healthcare needs of mental health inpatients are met.

We shall continue to ensure that current standards are fully operational within all clinical teams.

Recognising the large amount of knowledge that staff members are required to develop and maintain, we are looking to deploy innovative ways of helping staff access information and review their knowledge.



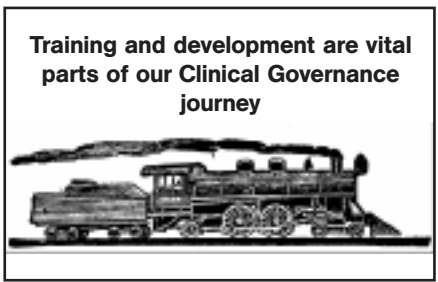


Clinical and Cost Effectiveness

Effective services for all

Clinical effectiveness is about 'doing the right thing the right way'² and cost effectiveness is about trying to achieve the most beneficial effect from the resources available.

These are our expectations both as service users and taxpayers. Clearly, achieving clinical and cost effectiveness is essential to good governance. Evidence based decision making and service development, proven to provide effective clinical outcomes, mean that service users benefit from improved health care that meets their individual needs.



Our achievements as a Trust

When planning and delivering care we take into account nationally agreed best practice as defined in the National Service

Frameworks (NSFs), national plans and standards. We play an active part in local inter-agency planning groups responsible for developing services in line with NSFs, for example.

Our Trust also conforms to the procedures for the adoption of NICE technology appraisals ('Implementation of NICE guidance', Department of Health 2004). This work is guided by our clinical effectiveness strategy and our documented process for the effective implementation of NICE guidance. Our approach includes involving clinicians who work in the relevant field in reviewing and managing the introduction of new guidance, supported and supervised by senior clinical staff and managers.

When the NICE guidance on depression was published in December 2004, for example, clinicians produced a report identifying current practice and recommendations for change. This resulted in the current project which is introducing an integrated care pathway approach; the

project team includes clinicians, service users, carers and representatives from stakeholder agencies.

In ensuring we continue to provide evidence based care, projects during 2004/05 focused on the following NICE guidance:

- electroconvulsive therapy
- atypical anti-psychotic drugs (we piloted our first clozapine clinic in Lichfield)
- core interventions in schizophrenia (we clarified the pathway for people needing long-term supported community placement)
- epilepsy (the West Midlands piloted an integrated care pathway)
- attention deficit hyperactivity disorder.

Every member of staff is able to access appropriate supervision to support all aspects of their work; our Trust policy takes into account national guidance from the relevant professional bodies. In addition, our 'Managing Performance – Supporting

² Kibbe, D.C., Kalunzy, A.D., McLaughlin, C.P. (1994). 'Integrating guidelines with continuous quality improvement: doing the right thing the right way to achieve the right goals'. *Joint Commissioning Journal on Quality Improvement*. 20(4) 181-91, April 1994.





Staff' policy ensures that clinical leadership is supported and developed within all disciplines and that clinicians are involved in leadership training.

With ongoing support, supervision and a clear framework, our modern matrons are taking on a greater leadership role in relation to 'Essence of Care', infection control, wound management and hospital cleanliness. They are also leading our nursing strategy developments within clinical directorates.

Clinicians from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.

A vitally important aspect of learning and improving the effectiveness of clinical practice is the evaluation of services through quality development initiatives such as clinical audit.

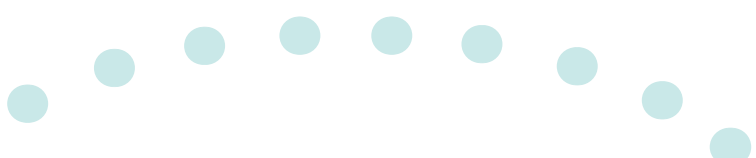
Clinicians are closely involved in prioritising, conducting, reporting and acting on clinical audits. They also help review the effectiveness of clinical services through evaluation or research.

Given the nature of our services, it is vital to include listening to the views of service users in our audit activity. We achieve this in a number of ways. One example during 2004/05 was a series of interviews to gauge views about nurse prescribing; responses were illustrated through service user stories. Our Trust is recognised as a leading organisation for non-medical prescribing and has contributed to related Department of Health publications and national training events.

We adhere to the principle that a clinical audit project is not complete until the issues identified for improvement have been implemented through a managed action

plan, thus forming an audit cycle. During 2004/05, as a result of completed projects, 93 improvements and 287 examples of good practice were identified. For example, an audit of care co-ordination and note keeping standards identified that there had been improvements in five out of six areas; a future re-audit will measure the impact of an action plan to address the one weak area.

Importantly, recognising that many service users receive services from a range of agencies, we work extensively with relevant partners to ensure that individual needs are properly met and managed across organisational boundaries. This is reflected, for example, in the composition of groups leading service and practice developments related to NSFs and through the development of shared policies and guidance such as those relating to care co-ordination and person centred planning.





Following recent guidance and procedures on the assessment of capacity, we have put in place additional safeguards to protect the interests of service users who lack capacity but, because they are not detained under the Mental Health Act, have not benefited from the legal safeguards required of that Act.

We have also acted on other local priorities, including supporting the work of voluntary groups such as the Rural Emotional Support Team and, increasingly, working with local churches to ensure that our service users' wider spiritual needs are met.

A good example of partnership working specifically related to the management of clinical risk is the Staffordshire Risk Collaborative. Currently chaired by our Associate Director for Clinical Effectiveness, it has five work streams:

- policy, procedures, processes

- 'learning the lessons'
- training and education
- suicide prevention
- communications.

Its training and education work stream oversees the provision of clinical risk management training initiatives, including an advanced course on the findings of reports such as National Confidential Inquiries.

Ensuring continuing improvement

In addition to implementing the projects introduced during 2004/05 related to NICE guidance, we shall be focusing on the following guidance during the year ahead, using an integrated care pathway approach:

- atypical anti-psychotic drugs (extending clozapine clinics to other main centres of population and piloting new depot injection clinics)
- core interventions in schizophrenia (ongoing implementation of this wide ranging guidance)

- depression
- anxiety
- self-harm
- physical assessment and care of mental health inpatients (ensuring all aspects of relevant NICE publications are covered, e.g. diabetes and hypertension).

These initiatives will be supported by making better use of existing resources, increasing focus on clinical effectiveness and the development and implementation of specific training.

Emphasis will be placed on ensuring that current standards are fully deployed within all clinical teams. For example, all teams engaged directly with the delivery of care to patients and service users must demonstrate clearly that they apply the Essence of Care standards to their practice and identify their benchmarking system.





Governance

Governance – assuring needs are met

The most widely used definition of clinical governance is:

“A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”³

Clinical governance is the main vehicle for improving the quality of care and for developing the capacity to maintain high standards. Approaches are needed to enable the recognition and replication of good clinical practice and to ensure that lessons are learned from failures in standards of care. We must deal with poor professional performance when it does occur. Local professional self-regulation plays a key role in this. It requires openness to change, clinical leadership and positive organisational cultures.

Governance, in its broadest sense, extends to managerial

and clinical leadership, accountability, an organisation’s culture, systems and working practices. Governance can ensure that probity, quality assurance, quality improvement and patient safety are central to all activities of a health care organisation. Mutual governance represents the extension of this with internal and external partners and stakeholders.

Our achievements as a Trust

Our Trust operates in a complex environment and to help manage this we have developed effective arrangements that ensure clinical governance is ‘for real’ in South Staffordshire. These include our nationally renowned Clinical Governance Pocket Guide which we updated during 2004/05.

Clinical effectiveness and risk management activities are co-ordinated in order to protect the human and physical assets of our Trust and everyone with whom it comes into contact. This is the responsibility of our Clinical Effectiveness and

Risk Sub Committee which comprises an Executive Director, representatives from all clinical directorates and a Non-Executive Director as chairman.

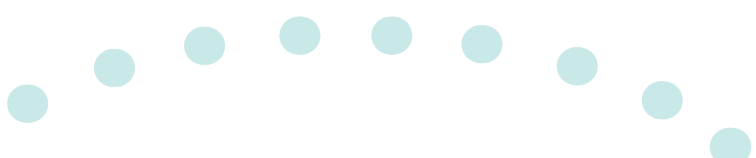
The sub committee:

- explores any issue or activity that may identify, evaluate, reduce or transfer risk, including the need to engage in risk financing (insurance)
- ensures that clinical procedures are reviewed regularly to monitor continuing effectiveness
- also functions as our Clinical Governance Committee, raising awareness of and accountability for clinical governance throughout our Trust.

It is supported by two operational groups, addressing clinical effectiveness and risk co-ordination, which undertake the detailed work and ensure that clinicians from all clinical directorates take ownership of the activities.

These arrangements enable continuing progress on our clinical governance journey

³ G Scally and L J Donaldson, 'Clinical governance and the drive for quality improvement in the new NHS in England' *BMJ* (4 July 1998): 61-65





while ensuring that we remain grounded in the real world of clinical practice.

During 2004/05 we worked with our partners and stakeholders to review and update our mutual governance structures and processes. Internally, this included creating more integrated committee structures (see page 14) and developing an Information Governance Group. Externally, we collaborated both regionally and nationally on a range of clinical governance initiatives and worked with groups such as the Staffordshire-wide Mental Health Partnership to address ways in which care pathways may be smoothed both across and within organisations.

Our Trust actively supports all employees to promote openness, honesty, probity and the efficient use of resources. This is spelt out in a number of ways, for example, in our 'Reporting and Managing Adverse Events' policy. It is also reflected throughout our submission for Improving Working Lives (IWL) 'Practice Plus' accreditation. Ensuring that we remain true to these principles in all that we do, this work is led and

monitored by three committees – Audit, Human Resources and Organisational Development, Finance and Performance.

Systematic risk assessment and risk management (including compliance with controls assurance standards) are undertaken to identify potential risks and manage them effectively before they can cause harm. This may involve external partners if the issues identified are outside our control.

Our Trust has a history of excellent financial governance in that it has neither sought nor received non-recurrent support or brokerage since its inception. Year on year achievement of its financial targets has been the result of proper planning, monitoring and in-year management of resources.

Throughout all that we do, we challenge discrimination, promote equality and respect for human rights in accordance with current legislation and guidance. A range of policies such as 'Care of Patients from Ethnic Minority Groups', 'Use of Interpreters', 'Equality and Diversity' and 'Inter-Agency Vulnerable Adults' provides

staff with detailed guidance. The respect and dignity with which we treat our service users extends to those near the end of their life, as reflected in our 'Not for Cardiopulmonary Resuscitation' policy.

Our whistle blowing 'Public Interest Disclosure' policy provides staff with a range of appropriate routes through which they can ensure that concerns are addressed. We also have a 'Harassment and Bullying at Work' policy and, if a staff member is unhappy with management decisions, our grievance and disputes procedure provides alternative means to seek resolution.

While most issues are dealt with through training and development, we operate a disciplinary procedure in appropriate cases.

It is important that staff raise any concerns as they provide opportunities to learn and further improve services. We support this by providing access to a range of processes for raising concerns.

The involvement of our Patient Advice and Liaison Service (PALS) is helping to ensure that real improvements are made





when staff identify concerns. For example, staff pointed out that service users could not always attend their therapy appointments at the Chartley Centre due to a lack of childcare. PALS contacted Dolly Mixtures Crèche at St. George's Hospital, which agreed to offer child-minding facilities at £3 per hour, subject to vacancies.

We have developed innovative local standards for the resolution of PALS issues in order to further enhance its quality service. Similar to the new national standards for the management of complaints, the standards promote a full response within 25 working days.

Our Trust takes formal complaints very seriously. Our service relations department works in partnership with staff in the areas where concerns have arisen in order to bring about real improvements. For example, a review of referral and access to our integrated community mental health teams during 2004/05 led to the implementation of a single point of access for service users and the role of duty officer.

"As part of the review of the complaint, I have considered the way in which the Trust handled the complaint. It is evident that the Trust carried out a prompt, detailed and timely investigation into the complaint. In addition, the Trust demonstrated that it has a comprehensive complaints procedure which includes clear guidance on the management of complex complaints involving multiple organisations. Recognition should be given to the Trust's proficient complaints handling policies and procedures and the way in which the Trust handled the complaint in this instance."

From a Healthcare Commission case manager's review of a complaint

We have a good track record for responding to complaints; last year, our response rate was within the national standard in over 85% of cases.

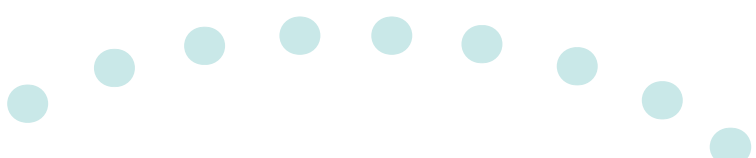
This work is supported by our modern matrons who take a lead role in investigating and

resolving complaints and PALS issues as well as making a significant contribution to the proactive development of standards.

Our Clinical Governance Pocket Guide outlines to staff the various routes for raising concerns. Evidence of the way in which staff concerns are followed-up is included in reports by our Chief Executive and Chairman at their regular and much valued road shows for staff. The performance management sessions held with each directorate enable staff to ensure that outstanding issues are addressed.

Any organisation is only as good as its staff. The contribution and value of staff both to our Trust and the wider health and social care community is recognised and reflected in many ways. These include:

- supporting and involving staff in organisational and personal development programmes, in line with the IWL Practice Plus standard
- providing a very comprehensive range of





training and development opportunities including well-established Leadership and Management Forum events and research seminars

- ensuring that all staff members, including those from black and minority ethnic (BME) groups, have equal opportunities for personal development
- supporting the recent development of a BME Staff Network
- supporting staff to promote their work through presentations at conferences such as our prescribing conferences and annual Clinical Governance for Real Conference
- encouraging staff to become involved as advisors to and members of national working groups
- aiming to become an employer of choice.

Another essential aspect of good governance is the management of records. Our Trust has systems in place to ensure that records are managed in accordance with the NHS Information Authority's information

governance toolkit, Freedom of Information Act requirements and standards for filing, retention and destruction of records. A clinical audit database has been introduced to support external accreditations.

The recruitment and retention of the right calibre of staff is crucial. We support this by:

- recruiting staff in accordance with relevant legislation
- undertaking all the necessary employment checks for everyone coming to work for us
- requiring all staff to abide by relevant codes of professional practice, referenced within employment contracts and job descriptions, and having systems in place to identify and manage staff who do not abide by these
- undertaking workforce planning which aligns workforce requirements with service needs
- ensuring that staff, including locum and agency staff, participate in work-

based training programmes necessary to the work they undertake

- ensuring that all staff, including students, participate in mandatory training and have opportunities to participate in professional and occupational development throughout their working lives.

To protect everyone involved with research and Trust assets from the associated risks we comply with the requirements of the Research Governance Framework for Health and Social Care (Department of Health 2001).

Our Trust's excellent performance in governance, leadership, staff and service user involvement was recognised once again by a three star rating against the Healthcare Commission's performance requirements for 2004/05.





Ensuring continuing improvement

Our wish to become an NHS Foundation Trust is driven by a desire to secure greater flexibility and even wider community involvement in our efforts to improve our services. In developing the detailed proposals for becoming a Foundation Trust we consult our internal and external partners and stakeholders on an ongoing basis through our mutual governance arrangements.

Should we be successful in achieving Foundation Trust status, our governance arrangements will be required to change, in particular regarding the role of the Board of Directors and the development of a Membership Council (previously known as Council of Governors).

Our Trust is a pilot site for the Mental Health Improvement Partnership (MHIP) programme. There are several work streams associated with the MHIP, including an advocacy to exercise choice project through which we are developing:

- person centred planning - currently used in learning disabilities

- advanced statements – being piloted with service users on our inpatient unit and with our Stafford West community mental health team
- a recovery model incorporating Safewatch (originally developed with service users at Uttoxeter MIND) - currently being piloted in South West Staffordshire
- advocacy to support personalised care - identified as one of the five priorities for change in the provision offered to people with mental health needs in South Staffordshire.

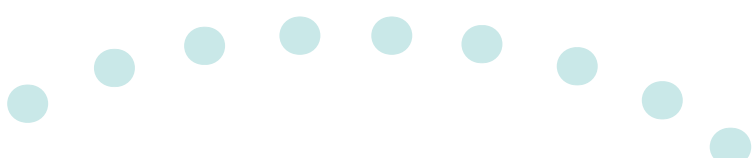
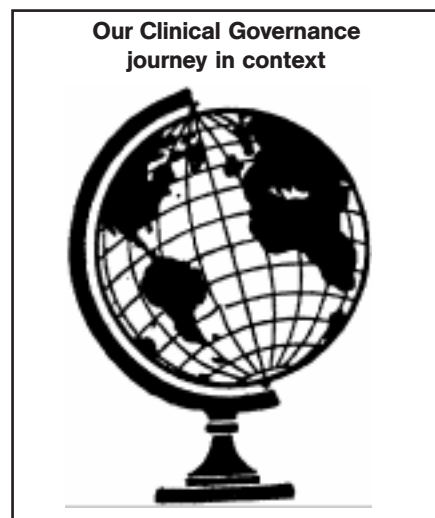
Another MHIP work stream, access to information, is making significant contributions to our development work, including:

- Staffordshire Talkbank, a collaboration with the Media Action Group for Mental Health which comprises people who have experience of mental distress and are willing to talk to the media about any aspect of their experience
- piloting the role of librarians as a resource to inform voluntary organisations
- piloting a literature search project, giving service users and carers access to quality

information to help inform choice (at the Margaret Stanhope Centre, Burton)

- a service user information review, encompassing our service user and carer handbooks, information leaflets, posters, staff intranet, public website and the development of formats accessible to people with special communication needs (in line with the Department of Health guidance 'Better Information, Better Choices, Better Health').

New partnership working initiatives are being undertaken by our forensic mental health services directorate through the Shropshire and Staffordshire Secure Services Partnership. The work includes audits and the development of joint clinical governance arrangements.





Patient Focus

Placing service users at the centre of everything we do

No longer are people passive recipients of health care services. In today's NHS, service users and carers are our customers and health care organisations must provide a quality service that meets their customers' needs.

This means that every one of us must be involved in listening to our service users and carers, designing and delivering services that meet their needs and be willing to make changes accordingly.

The Picker Institute specialises in measuring service users' experiences of health care. Based on 12 years of research, and more than 450,000 interviews, the following eight 'dimensions of care' have been identified, reflecting the most important concerns⁴:

- respecting a service user's values, preferences and expressed needs
- access to care
- emotional support
- information, communication and education

- co-ordination of care
- physical comfort
- involvement of family and friends
- continuity and transition.



Health care must be provided in partnership not only with service users, their carers and relatives, respecting their diverse needs, preferences and choices, but also with those organisations whose services impact on the well-being of service users.

Our achievements as a Trust

We have taken steps to ensure that all staff members treat service users, carers and relatives with dignity and respect at every stage of their care and treatment.

The importance of this is emphasised, for example, through our inclusion of 'customer care' in staff induction training.

In January 2004, our innovative Heart of the Trust scheme was launched with the appointment of six Associate Directors to work alongside our Board. All have direct experience of our services, either as a user or carer. While it would not be possible for six people to represent everyone adequately, the post holders recognise, as do Board members, that they are expected to exercise an involvement and concern beyond their own personal experience.

During 2004/05 our Associate Directors shared in the strategic management and development of our Trust, using their skills and personal experience of their community and the NHS to make a valuable contribution to the work of our Board.

⁴ S. Nicholls, R. Cullen, S. O'Neill and A. Halligan, 2000. 'Clinical governance: its origins and its foundations'. *Clinical Performance and Quality Health Care*, Volume 8. Number 3. 172-178





Our Trust has systems in place to identify areas where dignity and respect may have been compromised and to take action in response.

In the field of consent, our processes ensure that we comply with the national standards which include:

- ensuring consent is obtained by suitably qualified staff for all treatments, procedures and investigations
- obtaining consent from people who have communication or language support needs
- providing service users, including those with language and/or communication support needs, with information on the use and disclosure of confidential information held about them.

A recent audit of compliance with information governance standards confirmed that our staff act in accordance with all relevant legislation when using and disclosing personal information about service users. This legislation includes:

- Confidentiality: NHS code of practice (Department of Health 2003)
- Data Protection Act 1998
- 'Protecting and Using Patient Information: a manual for Caldicott Guardians' (Department of Health 1999)
- Human Rights Act 1998
- Freedom of Information Act 2000.

We provide many opportunities for feedback on the quality of our services. Service users, relatives and carers are provided with accessible information about methods of accessing both our formal complaints systems, outlined in our Complaints Policy, and our PALS service.

The work of both teams was supported by the production during 2004/05 of new information posters and leaflets entitled 'Are You Satisfied? We are Here to Help!' Developed through joint working with PALS, the leaflet outlines the pathway to access PALS and our formal complaints processes. It also includes a card that

doubles as an appointment card.

We operate a range of policies, systems and training to ensure that service users, carers and relatives are not discriminated against as a result of having complained.

Our Trust responds constructively to complaints and, where appropriate, uses them to improve service delivery.

Food and drink is available to inpatients 24 hours a day, in accordance with the Better Hospital Food Programme (NHS Estates 2001). The choice of food is planned in line with this programme, the requirements of a balanced diet and the needs, preferences and rights (including faith and cultural needs) of our local population.

The nutritional, personal and clinical dietary requirements of individuals are assessed and met and assistance is provided with eating and drinking when required. The preparation, distribution, handling and serving of food



is carried out in accordance with food safety legislation and national guidance.

During 2004/05 a number of changes were made, as a result of requests or concerns from service users. These included:

- improving the dining environment
- serving meals at set times without interruptions from health professionals calling to see patients
- involving patients in the review of food available and the layout of menus, making them easier to understand
- ensuring that all fruit is inspected for quality before it is sent to the wards
- daily inclusion of fruit yoghurts on the menu.

The availability of suitable and accessible information is vital to ensuring that our services are inclusive. We provide information in relevant languages and

formats, paying particular attention to those with communication or language support needs. This includes care and after care plans, copies of letters to care professionals and, if a person is detained, information about their rights under the Mental Health Act 1983. The development of a medication awareness strategy has enhanced information needs in old age psychiatry.

Ensuring continuing improvement

Our Trust Board has agreed to increase the number of Associate Directors from six to nine and recruitment was under way at the time of this report's publication.

The MHIP team is addressing value based workforce issues in order to further develop:

- the involvement of service users in recruitment and selection
- introduction of more staff

- employment opportunities for service users, building on the excellent work of our Landmark scheme which supports former service users through paid work experience within and outside our Trust, enabling some to progress to paid employment
- values based training for staff.

Our facilities manager is continuing to work with representatives from various groups, including service users, to improve the provision of food and housekeeping services on the wards.





Accessible and Responsive Care

Improving access and responding to service users

The best services in the world are of no use to the person who cannot access them. Access is a key concern of service users.

For those who do access our services, it is essential to the quality and effectiveness of those services that we respond to both their individual and collective needs.

Service users should receive services as promptly as possible and be given choice in access to services and treatments. They should not experience unnecessary delay at any stage of service delivery or the care pathway.

Our achievements as a Trust

When designing, planning, delivering and improving healthcare, our Trust actively seeks and takes into account the views of service users, carers and the local community, including those facing barriers to participation.

Why not just drop in on our Clinical Governance journey?



Many examples of the involvement of service users and carers have been mentioned elsewhere in this report. However, a further example is their involvement in our annual Clinical Governance Conference.

This year's conference benefited from the input of service users and carers as both speakers and delegates; approximately 30 participated in the event. Presentations were made by:

- the Independent Players, a service user drama group, whose production 'Do You Know What We Do?' made everyone laugh but also reminded delegates of what is important to service users
- Laurie Bryant, a user of mental health services for the past 15 years, who sits on national, regional and local committees addressing ways of involving service users in their care, both in inpatient and community settings. Laurie challenged us to ensure that service users are involved in driving service changes, leading the agenda and setting the pace
- James Seward, Deputy Director of Service Development for the National Institute for Mental Health England (NIMHE), who is working closely with our Trust on the MHIP programme. James concentrated on choices in mental health services





- Mike Cooke, our Chief Executive, who focused on consolidating, renewing and refreshing clinical governance and broadening the agenda to mutual governance. As a service user himself, Mike also gave his personal perspective on current and emerging policy including our application for NHS Foundation Trust status and our new theme 'Going the Extra Mile'.

Evaluation questionnaires indicated that the conference:

- achieved the aims of providing effective information on clinical governance (98%)
- included sessions which were presented 'well' or 'very well' (91%)
- was attended by a full range of staff from all parts and all levels of our Trust and our partner organisations.

Service user involvement with individual directorates is demonstrated by their growing involvement in service development planning with our forensic mental health team.

We have taken steps to ensure that all members of the population we serve are offered equitable access to our services and, where appropriate, the ability to exercise choice in access and treatment. During 2004/05, 28,000 service users were seen by Trust staff, resulting in over 359,500 contacts – an average of more than 12 contacts per service user seen.

To further improve access to appropriate and sensitive services, we have opened a new outpatients department at St Chad's House on the St. George's site. Working in partnership with the League of Friends and chaplains, the department benefits from a

coffee bar and a spiritual centre incorporating a quiet area for anyone to use. It is easily accessible from the entire St. George's site. Consultants and other staff who have held clinics there have expressed a high degree of satisfaction with the facilities, including the clinical and reception services provided.

As mentioned elsewhere, all our integrated community mental health teams now feature a single point of contact and a duty officer, both of which improve access and responsiveness.

Our Trust ensures that people with emergency health needs are able to access care promptly, within nationally agreed timescales, and all service users are able to access services within national expectations. Training and development has taken place around our resuscitation policy and our major incident plan.





Ensuring continuing improvement

Our communication processes will be improved following the introduction of innovative new software, currently in development with David Seedhouse, a professor at Auckland University of Technology in New Zealand, who is renowned for his work on value based decision making.

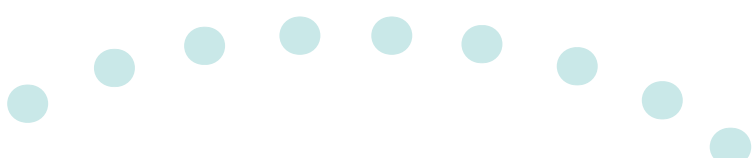
As part of our NHS Foundation Trust application we prepared a clear consultation strategy 'Ensuring Real Engagement'. This will enable us to build on our firm foundations of service user involvement by extending involvement to the wider community through the membership and constitution of the Foundation Trust.

We also formulated a service development strategy 'To Develop Services Together' for our Foundation Trust application. This details the services we propose to develop in the future and ways in which we shall drive them forward. These are summarised below, directorate by directorate.

Our mental health directorate's intention is to deliver high quality mental health services which focus on the concept of recovery. This will be achieved by working in close partnership with primary care commissioners and other key stakeholders from the voluntary and statutory sectors. Proposed developments centre on services for people with a dual diagnosis and memory

problems; they include diagnostic and treatment centres and new rehabilitation and clinical assessment services. There are also plans to improve services to young people and to work closely with the police to address the needs of individuals held in custody.

The fundamental purpose of our forensic mental health services directorate is to provide a local, high quality, specialised and comprehensive forensic mental health service for the mentally disordered offender and others who will benefit from it. The directorate is scheduled to open its new intensive care unit in April 2006, providing six intensive care beds which complement the lower secure beds available to our team in





Shropshire. The team is part of the Shropshire and Staffordshire Secure Services Partnership and will be able to offer a broader range of forensic inpatient services, providing improved continuity of care through medium and low secure and community situations.

Our learning disabilities directorate promotes rights, independence, choice, social inclusion and equity in service delivery across South Staffordshire. Integrating with other services, it provides care to meet individual needs. It proposes to develop more specialist integrated teams focusing on specific complex needs, such as rehabilitation for people with autism, and the provision of more services in a variety of settings, such as

residential, community or prison environments.

The vision of the children's directorate is to bring together specialist service providers which can work together to provide integrated, seamless care based on the needs of children and young people with complex problems. Proposed developments include user friendly care pathways and a focus on acquired brain injury, family, after adoption, young offenders and prison services.

Our specialist services directorate aims to play an active role in modernising healthcare, collaborating with partner organisations to provide seamless care and real choice for those

individuals and their families who may have need of their services. Proposed developments include an eating disorders intensive care service, expanding prison post-release alcohol and drug services and introducing new services for acquired brain injury, mental health and deafness, private patients, medicines management and occupational mental health.





Care Environment and Amenities

Safe, healthy places for service users

While it is true that the majority of our contact with service users and carers takes place in their own homes, there are occasions when they attend hospital or a community clinic.

We believe that care should be provided in environments that promote the well-being of service users and staff as well as respect for service users' needs and preferences. In order to optimise health outcomes, the facilities should be designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible and be well maintained and cleaned.

Our achievements as a Trust

Our Trust is concerned to minimise the health, safety and environmental risks to service users, other visitors and staff wherever possible. We are guided in this work by health and safety at work and fire legislation and 'The Management of Health, Safety and Welfare Issues for NHS staff' (NHS Employers 2005). One example is the installation of collapsible curtain and shower rails in all inpatient areas to help minimise the risk of suicide attempts.

Support is provided through staff training and a comprehensive range of policies covering all key clinical and health and safety issues such as the protection of lone workers, manual handling and use of equipment.

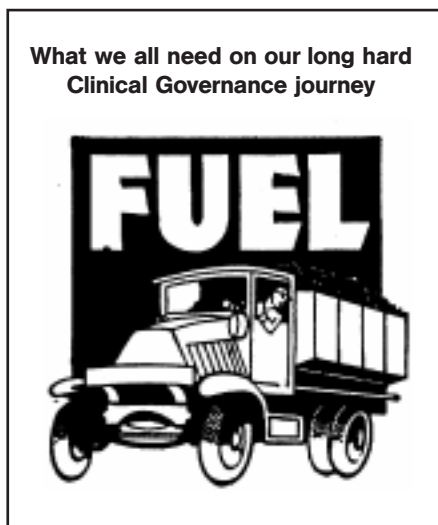
We also ensure compliance with the Disability Discrimination Act through policy development, staff training and adjustments to the physical environment. Improvements have been achieved through comprehensive disability access audits of all our premises followed by a

significant improvement programme.

The security of our care environment is addressed in accordance with a range of national guidance including NHS Estates building notes and health technical memoranda and 'A Professional Approach to Managing Security in the NHS' (Counter Fraud and Security Management Service 2003).

We act to protect the physical assets of our Trust and those of our service users, visitors and staff, reacting positively should any issues arise. For example, service users expressed concerns to PALS regarding members of the public accessing the rear of the Kinver Centre and a number of items being stolen from bedrooms. As a result, we provided fencing to enclose the garden, service users being involved in the selection of the fencing, and stoppers were fitted to restrict window opening areas.

Our Trust has taken steps to provide services in environments that are supportive of privacy and





confidentiality, including the provision of single sex facilities and accommodation. This is confirmed in our Estates Return Information Collection (ERIC) returns and Healthcare Commission performance management indicators.

These also confirm that care is provided in well designed and well maintained environments that meet the national specification for clean NHS premises. Our Patient Environment Action Team (PEAT) assessment was also positive. Stonefield House and Coton House are two clinical areas that were given high priority for redecoration and new furnishings during 2004/05.

New facilities opened this year include an outpatients department in St Chad's House and a peri-natal mental health unit. With the help of service users, these are well designed pleasant and safe environments. The peri-natal unit consists of a six-bed inpatient and day care facility which, together with the existing community service, provides a trailblazing service for mothers experiencing pregnancy related psychiatric disorders.

The aesthetics of both new facilities have been enhanced with artwork created specifically by service users.

The Basic Care Network for Shropshire and Staffordshire benefits from the leadership shown by our facilities and estates team in linking in with national initiatives and clinical teams. Our Head of Facilities and Estates is Chair of the Regional Facilities and Estates Network.

Ensuring continuing improvement

Following internal audit reports on stock control and asset management, aimed at further protecting Trust assets, we are implementing more robust procedures to ensure that:

- staff only issue goods on receipt of a requisition properly coded to the correct department on a new database and signed by authorised personnel
- all low value goods purchased by our Trust are recorded on the new database by serial number/description and security marked to identify them as Trust property.

Clinical teams are able to benefit from advice and consultancy from a range of clinical and corporate support teams on subjects such as clinical audit, clinical effectiveness, finance, human resources, facilities and estates, corporate administration and professions such as nursing. By facilitating the application of evidence and techniques

required to drive up the quality of services and practices, these teams are able to bring about improvements to the experience of staff, service users and carers.

Our Trust has commissioned a service and estates review in order to identify clearly any current clinical and general service requirements along with those relating to plans and aspirations for the future. This detailed piece of work is intended to pull together development requirements within our Trust and their current and potential links with health, social care and private partners.

Once the review has been completed and documented, we shall update our estate strategy to identify our:

- current position and efficiency
- planned direction and aims
- approach to achieving our plans.

The strategy will focus on ensuring that the estate operated and accessed by our Trust is fit for purpose, flexible for future changes, affordable and meets standards that promote a healing environment.



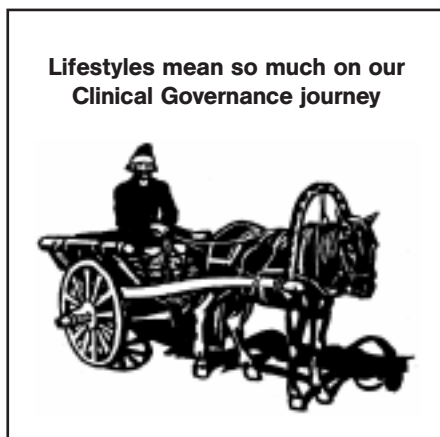


Public Health

Health promotion and prevention

Our Trust recognises that helping people to maintain their health is less distressing for individuals, eases the pressure on the health system and is far preferable than treating people who have already become ill.

Therefore, programmes and services must be designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.



Our achievements as a Trust

We strive continually to promote, protect and demonstrably improve the health of the community we serve and to narrow health inequalities by co-operating with partner health organisations, local authorities and others. This is evident throughout our MHIP work, mentioned elsewhere in this report.

In line with these aims, we;

- contribute to PCT Local Development Plans and the local community priorities set by PCT Directors of Public Health
- have been involved in producing the SHA's vision for better healthcare across Shropshire and Staffordshire
- are an active member of the Staffordshire Risk Collaborative.

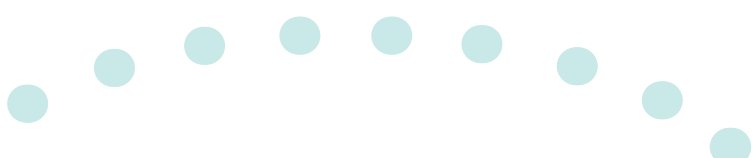
Our work to improve health and narrow health inequalities includes contributing to nationally

recognised and statutory partnerships such as the:

- National Prescribing Centre's Medicines Management Collaborative
- MHIP
- local Mental Health Partnership Board
- local Crime and Disorder Reduction Partnership.

We are working hard to meet the needs of shared service partners; our facilities and estates team, for example, is supporting a local PCT with the development of a new hospital in Lichfield and addressing the infection control agenda.

Supporting the disease prevention and health promotion requirements of NSFs and national plans, we collect, analyse and make available information on the current and future health care needs of our local population. One example is our close monitoring of the impact of our suicide prevention initiatives on





suicide rates in South Staffordshire. The rate reduced from 7.9 per 100,000 people in 2003/04 to just over 6 per 100,000 in 2004/05, well below the NSF national target of a maximum of 7.4 per 100,000 by 2010.

Further initiatives relating to disease prevention and health promotion include:

- Staffordshire-wide clinical risk management training
- Thinking Ahead, a project in partnership with Staffordshire Education Authority, local schools and the Schism theatre group, which helps promote mental health in schools using a short play and informative discussion
- an audit and service specification relating to early intervention in psychosis
- infection control initiatives referred to in the 'Patient Safety' section of this report
- monitoring of action plans, regular audits and surveillance reviewed at a variety of venues including modern matrons meetings
- an extensive training programme

- our Clean Hospitals Day which raised awareness and resulted in visible improvements to the cleanliness of our hospitals.

Our Trust also implements policies and practice to support healthy lifestyles among the workforce, such as meeting the additional health and safety considerations and needs for leave among staff experiencing pregnancy and parenthood.

Healthy lifestyle initiatives for employees have included stress management, healthy eating and exercise, supported by policies such as 'Positive Mental Health at Work', 'Alcohol and Drugs and Addictions'. In addition, our implementation of the Working Time Regulations 1998 has resulted in real improvements to the work-life balance for staff.

Public health expertise is available to support us in meeting strategic and operational roles.

Up to date and tested plans are in place to enable us to deal with incidents, emergency situations and major incidents. We work with key partner organisations in the

preparation and annual testing of the major incident plans and related training.

Ensuring continuing improvement

Our developmental neurosciences and learning disabilities directorate has agreed a strategy with partner agencies and identified funding over the next four years for the enhancement of specialised community teams. It has representatives on all the sub-groups of the Staffordshire Partnership Board and strong links have been forged with other agencies such as the Healthy Living Centre's Health Net, developed in partnership with the local authority and PCT.

The directorate's plans also include:

- continuing to work with PCTs to achieve the longer term vision of high quality, effective responsive services which meet the needs of comprehensive assessments
- supporting general practices to achieve NSFs, 'Better Metrics' performance measures and other health targets





- further developing strong links, collaborative working, sharing good practice and other joint initiatives across the Staffordshire and Shropshire health and social care economy in order to maximise resources.

Our planned diagnostic and treatment centres will offer a 'one-stop' shop for individuals, enabling them to access the services not only of mental health

professionals but also primary care workers, social services, education and housing. We envisage that this multi-agency approach will become a model of good practice and true integration.

Rehabilitation services based on the recovery model will enhance the quality of life for service users, reduce the use of acute admission beds, facilitate health promotion activities and reduce stigma.

District councils are important partners in Local Strategic Partnerships. Our major local authority partner in providing, planning and commissioning services is Staffordshire County Council. We shall develop stronger service partnerships with its social services team and, for children, its education department.





Modernising Clinical Governance

The original seven pillars of clinical governance, laid down by the former Commission for Health Improvement remain highly relevant today and can be seen woven throughout this report. They are: patient, user and carer involvement; risk management; clinical audit; staffing and management; education and training; clinical effectiveness and use of information.

However, clinical governance is being modernised and developed, driven by the integration of corporate and clinical governance and the need for interest groups and organisations to co-ordinate their efforts to provide quality care and treatment. Led by the Department of Health, through its 'Standards for Better Health', and the Healthcare Commission, which replaced the Commission for Health Improvement in April 2004, this movement is captured in the term mutual governance.

Four years ago, our Trust developed seven principles to guide all our work. These still hold true today, having

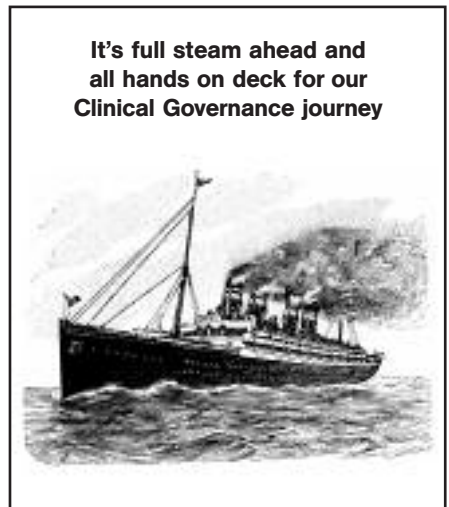
been enhanced each year to ensure continuing relevance to staff and partners. Our seven principles, which are also evident throughout this report, are:

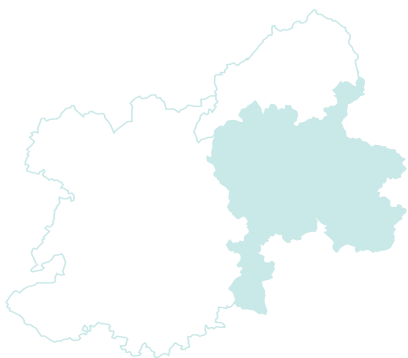
- to **enhance patient, service user, carer and public experience** of our services
- to **engage and support our clinicians** in their front line roles, along with the people who support them
- to **improve and develop clinical and managerial processes** on a continuing basis
- to strengthen individual and **team development** to ensure we have the competencies required for a **modern organisation**
- to be **outward looking**, to understand national policies and to influence local changes, involving service users and the public in redesign, development and improvements to our services
- to be flexible in our approach to **partnership working**

- to **devolve** responsibility, accountability and authority to as **close to the service user** as possible.

These principles and our considerable efforts thus far will enable us to continue our governance journey into the future. We shall continue our development of governance arrangements to ensure:

- efficacy of structures and ideals
- accountability
- transparency and involvement
- continuing improvements on Standards for Better Health (core and developmental).





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