South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Learning Lessons Quarterly Bulletin

Newsletter Date December 2012

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Focus on Health & Safety

Welcome to South Staffordshire and Shropshire Healthcare NHS Foundation Trust's Learning Lessons bulletin.

As a Trust we recognise the benefits that can be had from sharing and cascading learning from incidents and near misses, and know that if this is done effectively it can help to minimise future risk and strengthen the quality of the services we provide.

The Trust is committed to quality improvement, and will continue its strong focus on delivering high quality, safe and effective services. This new quarterly bulletin is an important component of a number of key approaches embraced by the Trust to drive forward the quality agenda.

The ultimate aim of evaluating our services and learning lessons is to improve outcomes for service users. This bulletin is intended to support this aim by communicating and strengthening local and national lessons to be learnt from both positive practice and areas for improvement.

In this issue we have focused on Health & Safety Issues which have been predominant in this quarter.

We hope that you find this bulletin informative and useful and welcome your ideas and input into future issues.

INSURANCE FOR PRIVATE VEHICLES USED ON TRUST BUSINESS

It has been raised that staff use their private cars for Trust purposes seemingly without **'business use on behalf of the employer'** insurance cover. Such trips have included shopping trips to local supermarkets, attending training and driving around Trust sites between wards/departments etc.

For ALL business use on behalf of the Trust users must ensure that they have in place the necessary insurance cover - without this users are driving whilst UNINSURED for such trips. Insurance companies would not be prepared to pay out in the event of a claim for a risk they were not advised of and thus not providing cover for.

The travel expenses paid by the Trust include an element to wards the cost of the insurance along with the other costs of running a vehicle and on claiming expenses staff sign to confirm that insurance etc is in place. Not claiming expenses because the distances and monies involved are minimal does not remove the need for proper insurance cover.

Can all users therefore please ensure that they have in place the necessary cover - if not they should cease all use of their vehicles for Trust business as they will only be covered for **Social Domestic and Pleasure purposes**, which is insufficient.

In addition, any community staff especially those who may have transferred from in-patient services in recent years are also reminded to check to ensure they have the necessary cover.

Learning Lessons Features

Web based Incident Reporting - 15 Point Checklist

The Trust has been rolling out web-based incident reporting since early 2011, initially targeting the higher reporting areas within in-patient services. Overall the project has been very successful, however your attention is drawn to the following points to aid consistent and quality report. Further information and a fuller version of these notes is available by contacting the Risk Management Department.

1. PLEASE DO NOT USE PATIENT / PERSON IDENTIFIABLE INFORMATION WITHIN THE DETAIL OF WHAT HAPPENED (i.e. in Section 2 the main field - "Please describe what happened and any action taken")

2. PLEASE USE SENTENCE CASE, NOT USE UPPER CASE (U/C) for personal details or incident details or elsewhere

3. PLEASE KEEP REPORTS CONCISE AND TO THE POINT

4. PLEASE DO NOT LEAVE EXTRA SPACES

5a. PLEASE CHECK THAT THE PRIMARY CAUSE YOU HAVE SELECTED IS CORRECT

5b. DO NOT USE THE SAME CATEGORY/CAUSE FOR SECONDARY AS USED FOR PRIMARY (the secondary category/cause is not mandatory so blank if none relevant)

6. PLEASE ENSURE ALL PERSONS PERTINENT TO THE INCIDENT ARE INCLUDED AS SUBJECTS IN SECTION 5

7. PLEASE ENSURE ALL PERSONAL DETAILS FOR EACH 'SUBJECT' ARE CORRECT

8. PLEASE DO NOT PUT PERSONAL HOME / MOBILE PHONE INTO STAFF DETAILS

9. PLEASE ENSURE INJURIES ARE ADDED FOR ANY PERSON SUFFERING AN INJURY

10. PLEASE ENSURE RIDDOR* CASES ARE PICKED UP AND REPORTED TO HSE -(can apply to Patients/Staff/Members of Public)

11. PLEASE CHECK FOR FACTUAL ACCURACY & CORRECT CATEGORISATION BEFORE SUBMITTING

12. PLEASE AVOID SUBMITTING DUPLICATE REPORTS

13. PLEASE - ALL STAFF TO PERIODICALLY LOG-IN VIA THEIR PERSONAL LOG-IN & GO TO "MANAGE INCIDENTS" TO CHECK CONTENTS

14. FOR THOSE INCIDENTS WHERE MAPA INTERVENTION OCCUR AND THE RAPID TRANQUILISATION MONITORING FORM IS COMPLETED RETAIN THIS WITH PATIENT NOTES

15. FOR THOSE TEAMS NOT YET USING WEB BASED REPORTING - these teams are being worked through and trained – please make contact with Alison Turner / John Freer – Risk Management Dept to arrange training and system set up.

"The incident details are uploaded to outside agencies such as the NPSA and CQC. That's why there should be no person identifiable information".

Risk Management Team

Learning Lessons Features

Health, Safety and Security Audit 2011/12

As an organisation we are required , by law, to comply with the Health & Safety at Work Act (1974) to ensure that our staff patients and visitors are in an environment that is as safe as possible..

In 2012 an audit was carried out across the organisation to establish how compliant we are and to identify areas for action. Below is a list the areas which the audit identified as requiring further action.

Medical Equipment – as a topic scored low for having a log of all medical equipment and of staff trained to use that equipment.

Display Screen Equipment – scored as low as it appears that very few users have DSE assessments in place.

COSHH Registers – shortfall in the existence of registers of COSHH substances and where they do exist, of them being reflective of the local situation. Seemingly, an undue reliance is placed on those kept by housekeeping as though it's only a housekeeping issue and not fully appreciating that COSHH is a wider issue relevant to other substances present in clinical and other areas.

COSHH Latex – whilst most returns indicated a high level of compliance with being free of latex gloves the level of staff being trained & aware of the issues was not at the same level – concern that this could lead to inadvertent re-introduction and/or use of latex products.

"Health and Safety is everyone's responsibility"

First Aid Risk Assessments – There appears to be a low level of compliance with the need for First Aid risk assessments to be completed, which would if completed indicate the numbers of First Aid personnel required and of the skill level needed to cover the identified risk.

First Aid – Personnel – following on from the above – there is extremely low compliance in terms of the numbers of First Aid personnel provided across the Trust across all levels i.e. Appointed Persons, those with Emergency First Aid at Work training or full First Aiders. This is further exacerbated by the need to ensure adequate numbers of persons are available to cover shift working and planned leave i.e. cover for all annual leave. Numbers of FA persons are so low that a significant number of areas have no First Aid cover and in other areas insufficient to meet the shift and/or planned leave cover requirements.

Safety inspections – Frequently not carried out or not reviewed sufficiently frequently to be meaningful i.e. not carried out as required on a quarterly basis in accordance with section 12.2 & Appendix 3 of Non-Clinical Risk Assessment & Management policy and with adequate follow-up. The requirement applies to all areas clinical and non-clinical and a comprehensive list of topics is provided in the policy to assist.

RECOMMENDATIONS

1. who responded need to address all those areas which scored as NOT MET or PARTIALLY MET. This should include the issues noted above, as applicable

2. All wards, teams & departments to take steps to improve performance on these towards FULLY MET whilst at the same time ensuring that all those scored as FULLY MET continue to be compliant

3. All wards, teams & departments which DID NOT respond need to take steps to complete an audit so that they can begin to address shortfalls in advance of the next audit round.

John Freer
Health & Safety Lead

Best Practice Tips From Serious Incident Investigations

The Trust promotes an open incident and near miss reporting culture and recognises that to learn from incidents and prevent reoccurrences, it is important that lessons are shared. Each edition of the Trust's Learning Lessons Bulletin will include a series of best practice tips that have been identified through the Trust's investigation into recent serious incidents.

The best practice tips not only focus on areas identified for improvement but also incorporate elements of positive practice that have been highlighted as part of the investigation process.

⚠ **We must** engage carers—they are key in helping to keep our patients safe

⚠ The risk assessment and the risk management plan must be aligned

⚠ Communicate with other agencies involved and document what was discussed and agreed

⚠ Effective implementation of the Observation and Engagement Policy includes documenting what you are observing for, why it needs to happen and what the warning signs are and what to do when they occur.

⚠ The risk management plan needs to include management of both dynamic and static risk factors

Learning Lessons—Medicines Management

There have been a number of serious incidents recently involving service users who have hoarded medicines in their own home.

Staff visiting service users in their own home are asked to enquire about how and where they are storing their medication. Best practice is that those staff should request to view the storage area and ensure:

A) The area is safe and not accessible to any children/young people/vulnerable adults
B) The medicines stored match those prescribed.

Where staff believe that there is a discrepancy or potential for hoarding they should take immediate action which may include:

i) Advice on improved storage
Ii) Contacting the GP to ensure consistency in prescribing.
Iii) Removal of medicines where necessary (for further advice on this see the Trust Medicines Code: Policies and Procedures to Manage the Clinical Risks associated with the Use of Medicines page 76
http://www.southstaffsandshropshealthcareft.nhs.uk/getattachment/2fa51ac0-eb8c-43f6-9939-a1d68b9a42a0/C-YEL-mm-03-(1).aspx

National Resources

Patient Safety First is a national campaign and is sponsored by the National Patient Safety Agency and the NHS Institute for Innovation & Improvement. The campaign aims to make safety of patients everyone's highest priority with no unavoidable deaths and no unavoidable harm . The Campaign website contains a range of simple, yet effective ideas for improving patient safety within organisations. The link to the Patient Safety First Campaign website is: http://www.patientsafetyfirst.nhs.uk

Central Alerting System

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. Risk management distribute relevant alerts to directorate risk co-ordinators for cascading. Further information about alerts can be found at: https://www.cas.dh.gov.uk/Home.aspx

On 10th December 2012 the Department of Health issued "Preventing Suicide– A Cross-Government Outcomes Strategy to Save Lives. The strategy is intended to provide an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. It draws on local experience, research evidence and the expertise of the National Suicide Prevention Strategy Advisory Group, some of whom have experienced the tragedy of a suicide within their families. The strategy identifies measures to support families – those who are worried that a loved one is at risk and those who are having to cope with the aftermath of a suicide. The strategy also makes more explicit reference to the importance of primary care in preventing suicide and to the need for preventive steps for each age group.
Further information can be found at the following link: http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

This guideline is concerned with the longer-term psychological treatment and management of both single and recurrent episodes of self-harm, and does not include recommendations for the physical treatment of self-harm or for psychosocial management in emergency departments (these can be found in NICE clinical guideline 16).
Further details about this guidance can be seen at the following link: http://www.nice.org.uk/nicemedia/live/13619/57179/57179.pdf

In July 2012 the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness released its 2012 report. The report covers deaths by suicide for the period January 2000 to December 2010, people convicted of homicide (homicide convictions) between January 2000 and December 2010 and sudden unexplained deaths (SUD) in psychiatric in-patients for this period. . The link to the report on the University of Manchester website is: http://www.medicine.manchester.ac.uk/cmhr centreforsuicideprevention/nci/reports/annual_report_2012.pdf

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This Bulletin is available on the Trust website at :

http:// www.southstaffsandshropshealthcareft.nhs.uk/Default.aspx

Or alternatively

A hard copy can be obtained by contacting the Trust Risk Management Department on 07850 257888 ext 5953

- We welcome your feedback on this Learning Lessons Bulletin to help us to ensure that future editions are helpful and informative

- We would also welcome your ideas for future features or areas of learning you feel are relevant to be cascaded across the Trust

For all enquiries and comments please contact:

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