

## Directorate Risk Health and Safety Quarterly Report for Clinical Governance and Risk Committee

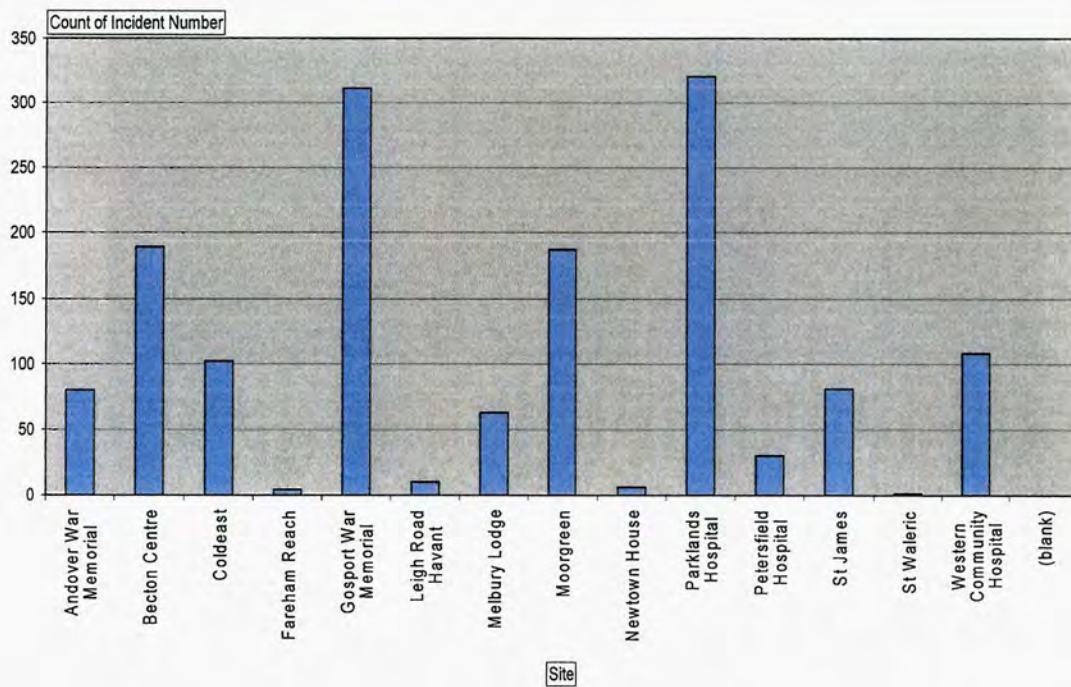
**Date:** 9 July 2008  
**Quarter:** Four, 2007/08  
**Directorate:** Older Persons Mental Health  
**Author:** Jane Nicholas

### 1. Introduction

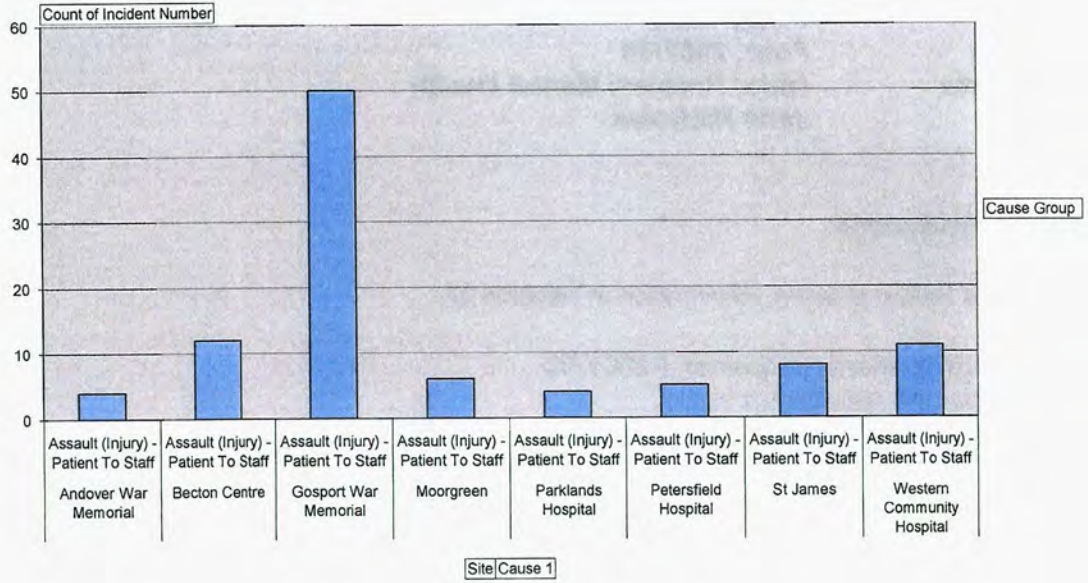
The charts below provide information in relation to:

- Total incidents in quarter 4 2007/08
- Assaults resulting in injury
- Assaults/abuse not resulting in injury
- Slips, trips, falls and found on floor incidents
- Absent without leave incidents
- Self harm incidents

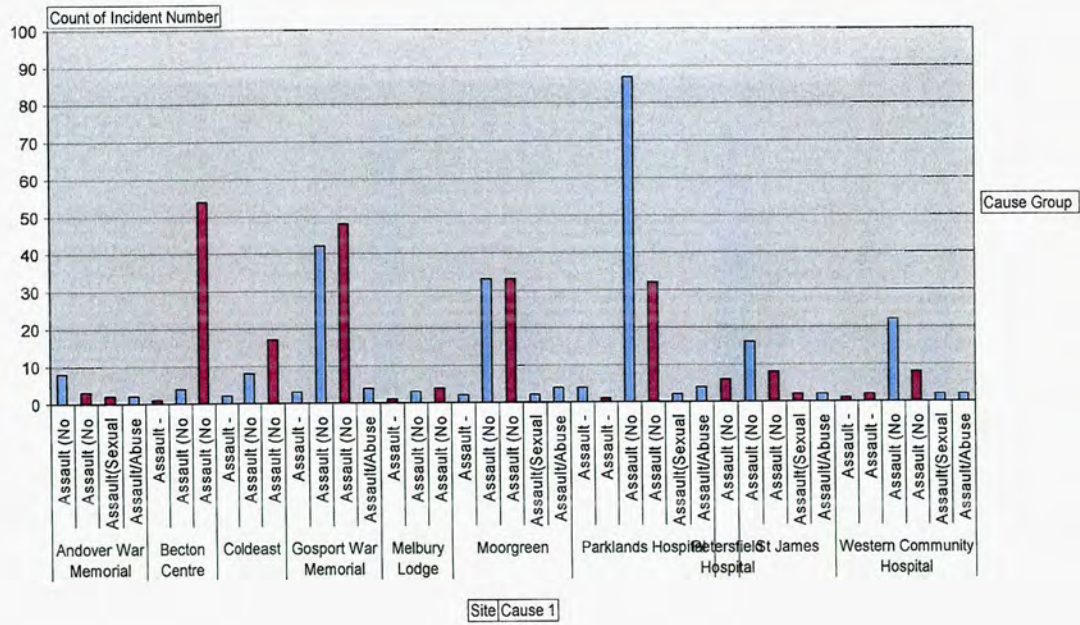
Total incident occurrence in quarter 4 2007/08 by site



Assaults resulting in injury OPMH quarter 4 2007/08 by site

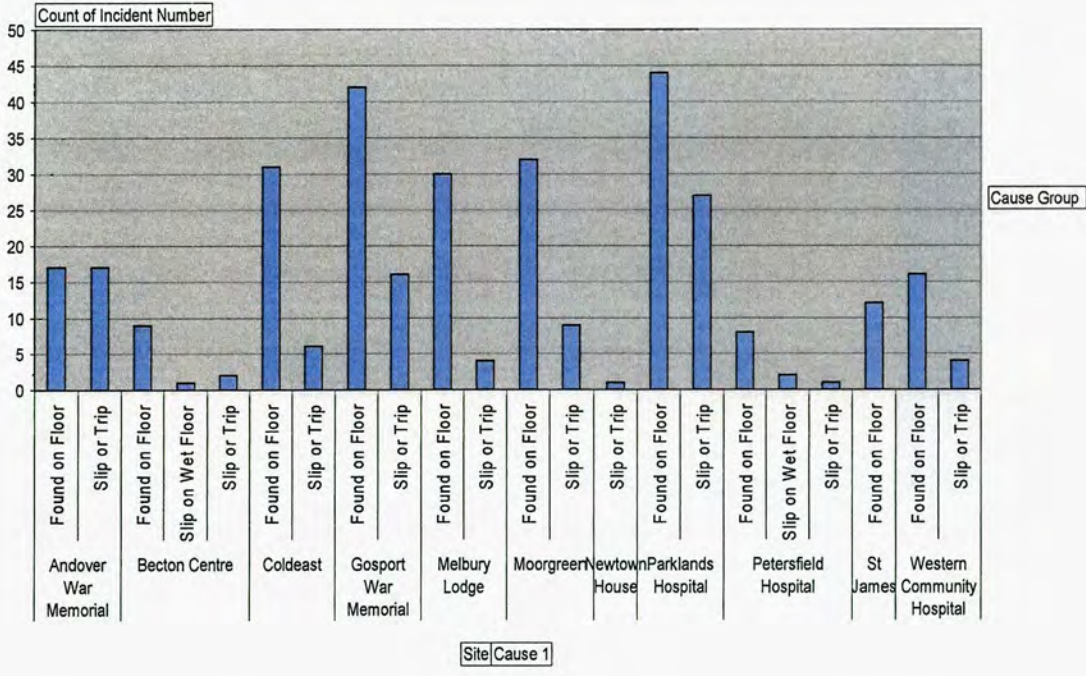


Assaults no injury and verbal abuse OPMH quarter 4 2007/08 by site

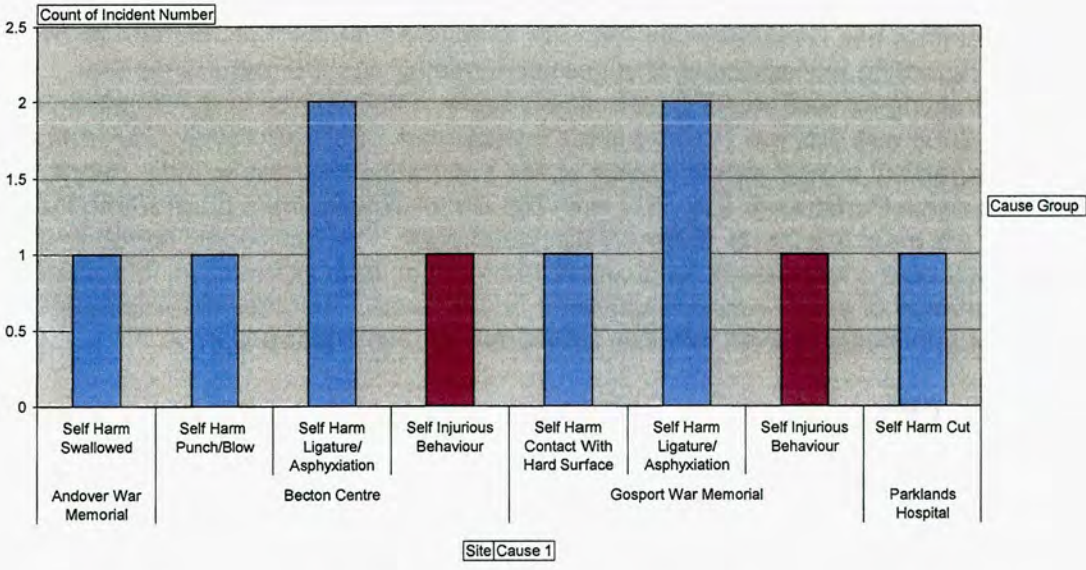




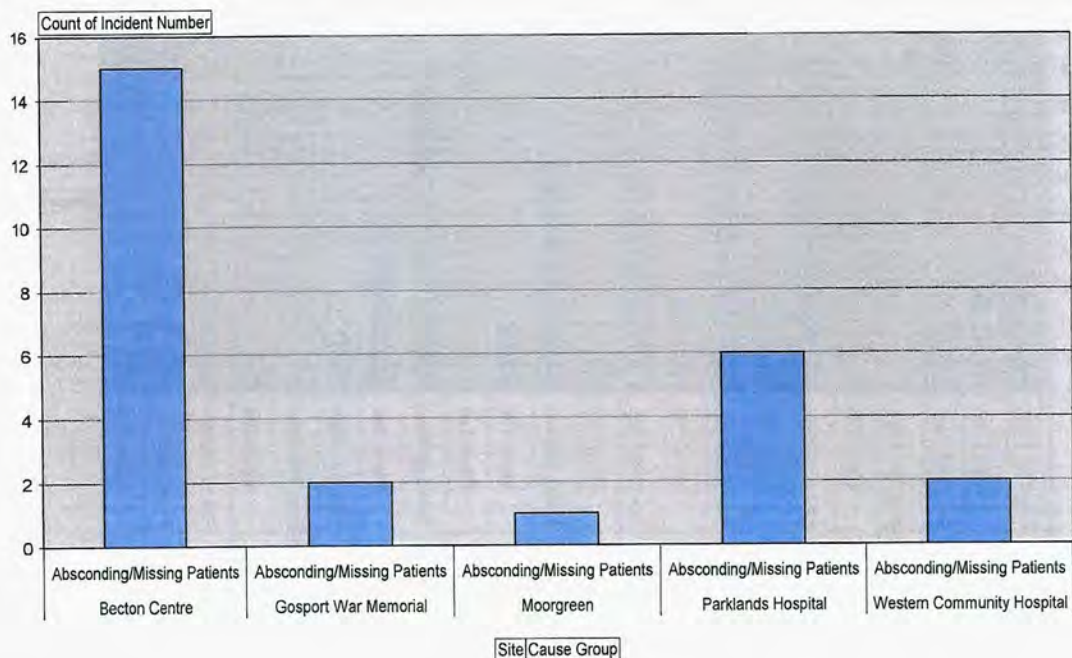
Slips, trips, falls and found on floor incidents OPMH quarter 4 2007/08 by site



Self harm OPMH quarter 4 2007/08 by site



AWOL data OPMH Quarter 4 2007/08



## 2. Activity to improve the quality of care/Trust as a healthcare provider

### 2.1 Management of aggression

The directorate has undertaken an exercise to review both the national and its own position regarding management of aggression training and the requirement for specific training for staff working with older people. The outcome of a discussion on 24 June 2008 was that the Training and Development Team will review the content of the management of aggression course which it currently provides to older people's services within Portsmouth City PCT with the aim of developing a programme that we are sure will meet the needs of the OPMH directorate. This review will concentrate particularly on the techniques for physical intervention and revisions will emphasise the importance of a non-aversive approach to this issue. The directorate is grateful to PD&T for continuing to work with key individuals on this important issue.

### 2.2 Falls

Action plans following the February 08 falls audit are being pulled together currently by the Falls Lead. The standard is that falls risk assessments should be undertaken for all service users. Compliance at less than 70% should be a priority in the action plans followed by non compliance of less than 100%.

OPMH specific falls training is available to all clinical staff and can be booked via the web. This should also be accessed by CMHTs. An update to this information is currently being reviewed. The falls lead will be invited to the next CMHT leaders meeting to discuss how best the issue of compliance with NICE guidance can be assured within community teams.



Chair Based Exercise training for health care support workers and 17 out of 20 passed the week-long course; they will all be running regular groups and most organized a special exercise event for National Falls Awareness Day on 26 June 2008.

The Falls Policy is being revised to take into account bed rail guidance and the use of hip protectors and is out for comment among Modern Matrons. Health promotion guidance will also be incorporated. In addition the Chief Pharmacist has recently issued a Trust protocol with reference to Osteoporosis management in relation to new NICE guidance.

### **2.3 Physical Security of ward environments**

A working group with representation from each locality has been established to consider this issue. This group will reference to the requirements of trust policies and procedures e.g. Locked Door and Observation Policy and identify common standards and principles to guide how we manage our inpatient wards most effectively to ensure patient safety within the least restrictive environment whilst assuring privacy and dignity.

### **2.4 Self injury**

The directorate will be considering the outcome of the Leigh House work at its July meeting.

## **3 Incident reporting delays**

OPMH	0-10 Days	11-20 Days	21-30 Days	31-40 Days	41-50 Days	>60 Days
Apr 08	235	72	1	8	1	1
May 08	265	22	2			2

The directorate has made a significant effort across all teams to improve the time taken to send incident reports to the Risk Department, as indicated by the data above. The percentage achieving the 10 day target is dramatically better in that in May 2008, 91% achieved the standard. This compares with 62% in October 2007. The Director of Operations has written to teams to thank them for their efforts.

## **4 Control of infection incidents**

There has been one outbreak of diarrhoea and vomiting over this period with the incident affecting seven service users at Parklands Hospital. No causative organism was identified. There were five incidents of bacterial infection by MRSA in individual service users in four different ward areas. Infection control advice was provided specific to the needs of each service users. It should be noted that the infection control adviser is now retaining copies of the discharge plans for all service users where an infection has occurred.

There were no cases of C Difficile or MRSA Bacteraemia.

## **5 Risk register**

The Directorate has added the outstanding need for a nurse call and security system on Beechwood Ward in North Hants, which linked to the rest of Parklands wards, to its risk register. Whilst the other 3 wards on the site are on the same system, due to funding issues in the last financial year, the work on Beechwood was not completed. The funding is on this year's capital programme and actions are being taken to address this currently.

## **6 Change of OPMH Lead**

Martin LeGood, Locality Manager for Fareham and Gosport, will become the OPMH lead for Risk Health and Safety from September 2008.