Leeds and York Partnership NHS
NHS Foundation Trust

The Yorkshire Centre for Psychological Medicine

Annual Report

2013/14

Contents

Introduction

The Yorkshire Centre for Psychological Medicine (YCPM) delivers biopsychosocial care for people with complex medically unexplained symptoms and physical / psychological co-morbidities. The YCPM is an eight bed specialist in-patient unit which was originally established at Leeds General Infirmary in 1980. It is a unique service which has a history over many years of delivering services within Leeds and West Yorkshire. Four of the beds (50%) are funded for Leeds patients, and the remaining bed resource allows the unit to offer access to patients from across the UK.

The YCPM is part of the wider Liaison Psychiatry service in Leeds. This is the sub-speciality concerned with clinical service, teaching and research in the general hospital setting. It aims to provide healthcare professionals in general hospitals, primary care and secondary care with defined access to a specialist multidisciplinary team, for the care of patients presenting with psychological as well as physical problems.

The YCPM aims to help people with complex difficulties make significant improvements with regard to their health and quality of life. Clinical outcomes, even in a range of very chronic and complex cases, are often very good and patient feedback very positive. This is possible due to the nature of the YCPM Unit and its function within the general hospital setting, but also due to the depth of experience and breadth of expertise within the team.

Research activity within the service is facilitated by close links with the Institute of Health Sciences at the University of Leeds.

The YCPM is part of the Leeds and York Partnership NHS Foundation Trust. Everything we do accords with NHS values and our stated Trust purpose of improving health and improving lives.

This is the fifth YCPM Annual Report. The intention is to continue to produce these in order to summarise the function, activity and performance of the unit as it continues to develop.

Purpose

The YCPM team specialises in helping people with the following types of problems:

1) Chronic and/or complex and/or severe medically unexplained symptoms and somatisation (psychologically-based physical symptoms and syndromes).

2) Severe physical and psychological/psychiatric comorbidity:

a) in people who are already general hospital in-patients but who have psychological needs at a level that cannot be effectively met on a general medical or surgical unit.

b) in people in other services or the community who could benefit from focussed multidisciplinary treatment provided in an in-patient setting.

3) Patients with severe Chronic Fatigue Syndrome (CFS/ME).

(We provide the in-patient component of the Leeds and West Yorkshire CFS/ME Service).

The YCPM is staffed by a multidisciplinary team, with the following elements:

Liaison psychiatry

Nursing

Occupational therapy

Physiotherapy

Dietetics

Pharmacy

Administration

The unit benefits from staff with dual (general/physical in addition to mental health) training, and others trained in cognitive behavioural and psychodynamic psychotherapeutic approaches.

The Unit also has direct access to the following personnel:

Cognitive behavioural therapists

Psychosexual therapists

Outpatient CFS/ME team

Hospital mental health team

The YCPM provides a biopsychosocial approach to assessing and treating the full range of patients' problems. The expertise of the team has been developed over many years and the YCPM exists within the broader liaison psychiatry service provided by Leeds Partnerships NHS Foundation Trust.

Treatment Approaches

Patients referred to the YCPM will be contacted to discuss the aims of the admission and to answer any questions regarding treatment approaches, length of stay, housekeeping arrangements, etc. A key individual will keep contact with the patient about the proposed admission date. The first meeting may be an assessment in hospital or at home, or a visit to the unit. This usefully facilitates meeting key individuals from the team and an appreciation of the location of the unit in the general hospital.

On admission, and in the first week, the various members of the MDT will meet the patient and carry out specific assessments. These are then shared with the patient and at the weekly MDT meeting. The care planning process is designed to encompass physical, psychological and social health needs. Care plans are designed by the team in collaboration with the patient.

Physical (for example)

Physical monitoring - liaison with and input from medical/surgical teams within the general hospital.

Any required physical treatments to improve health.

Programmes to improve physical functioning – Occupational Therapist and Physiotherapist interventions.

Graded activity programmes - particularly in relation to fatigue.

Pharmacological treatments.

Psychological (for example)

'Living with pain', 'Living with anxiety' and 'Living with illness' are all packages of care available to each patient delivered on an individual basis. Patients may also then be referred on to the particular groups focussing on this work.

Programmes to deal with particular fears and anxieties (graded exposure)

Individual sessions with key members of the multidisciplinary team - focus on particular areas of the psychological care plan - working with ambivalence / motivation / symptom management and symptom reattribution, etc.

Cognitive behavioural and psychodynamic psychotherapy approaches.

Family members and carers are offered support and can be included in discussions around clinical care, with agreement and consent from the patient concerned.

Social (for example)

Specific social needs are assessed in relation to the patient's home and community situation. The unit is essentially a social space and patients are encouraged to talk to and engage with each other in the experience of being in hospital. To this end there are various groups and activities which enable the social environment to work therapeutically.

Groups

The unit provides a group treatment programme with psychotherapeutic, educational, and activity based groups

Risk management

Formal risk assessments are carried out regularly with all patients. Risk management plans are reviewed at all MDT meetings and inform planned interventions, including observation procedures and individual and group therapies.

Environment

The unit is in the centre of Leeds with excellent rail, road and public transport links and parking facilities. This facilitates admission and visiting but also means the unit is ideally placed to help patients re-engage in normal activities in the wider community as and when appropriate.

The eight bedrooms all have:

An electric profiling bed

Vanity suite

Wardrobe

Bedside table

Curtains and blind

Armchair

Privacy/observation window

Extra wide 2 way opening doors

Assistance call facilities

In addition the Unit provides

One assisted bathroom

One independent bathroom

One level access shower room

(each with assistance call facility)

Laundry Room

Patient telephone

The YCPM is based at Leeds General Infirmary. Although this is a general hospital setting, the environment on the YCPM is specifically designed to provide a therapeutic environment for patients with mixed physical and psychological/psychiatric difficulties.

The unit provides a comfortable environment with communal areas where patients have the opportunity to socialise with peers but also have their own individual bedrooms. Patients have the use of two lounges which provide televisions, DVDs, music and other group and therapeutic activities.

The conservatory and balcony areas enable patients to spend time with their fellow patients and with their visitors in a relaxing environment.

Performance 2013-14

Activity

Inpatient Treatment

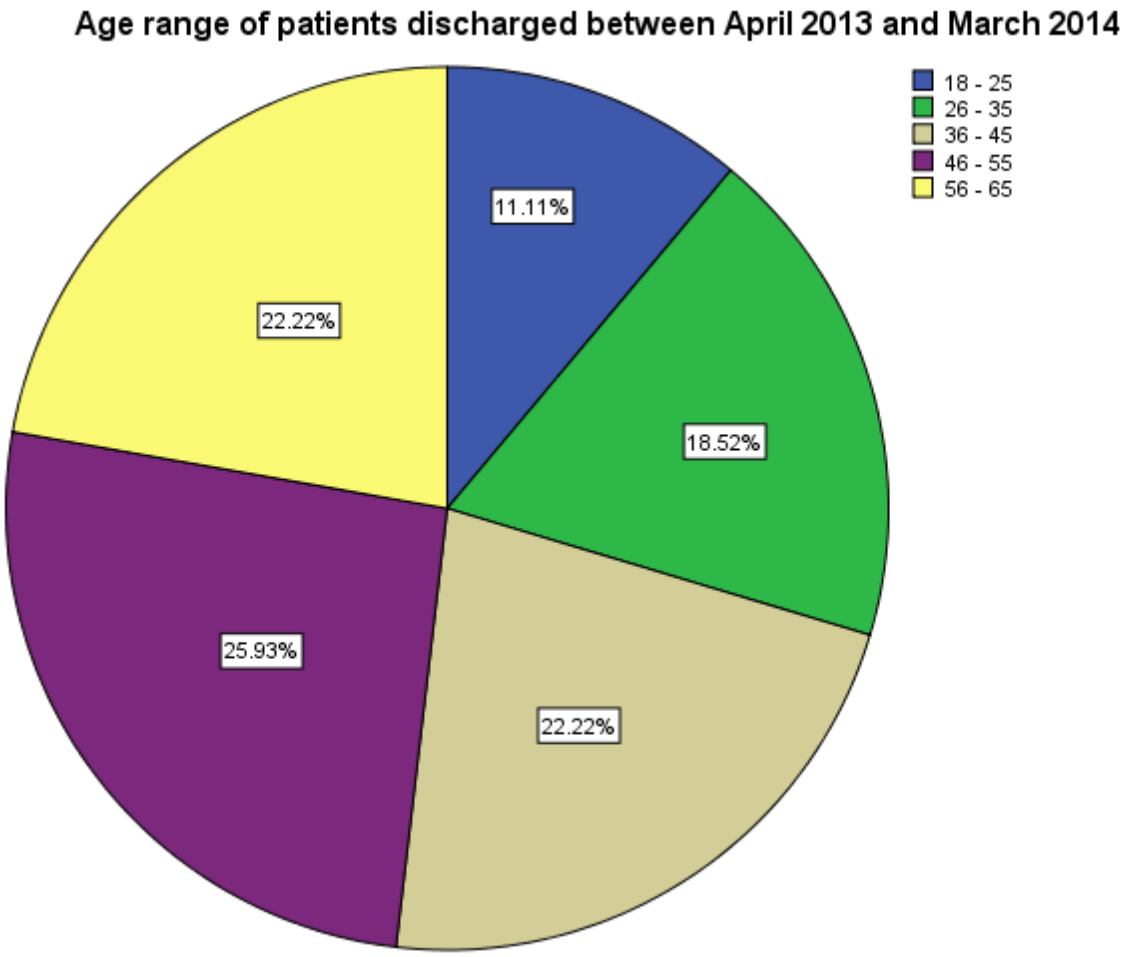
Data for all patients discharged from the YCPM between 1st April 2013 and 31st March 2014 are included in this report. In total:

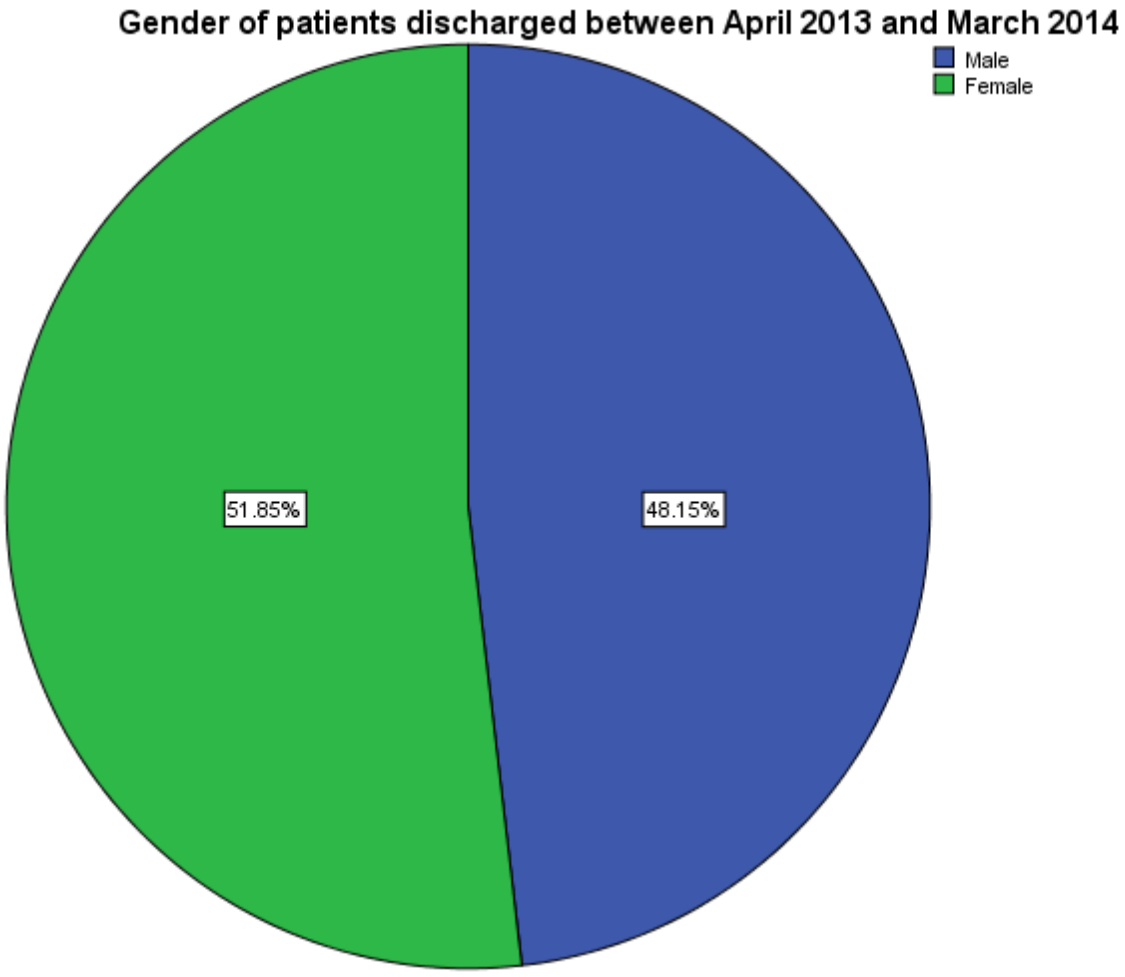
- **27** patients were discharged during this period.
- **22** having been on the unit for a full treatment admission (as opposed to assessment and opinion/advice only).
- **19** of these being willing and able to complete all outcome measures, so forming the main group for the analysis.

Figures for **Age, Gender,** and **Diagnoses** relate to the whole group of **27.**

Figures for **Length of stay (LOS)** relate to the **22** who had a treatment admission**.**

All other (ie outcome analysis) figures relate to the group of **19** with complete information.





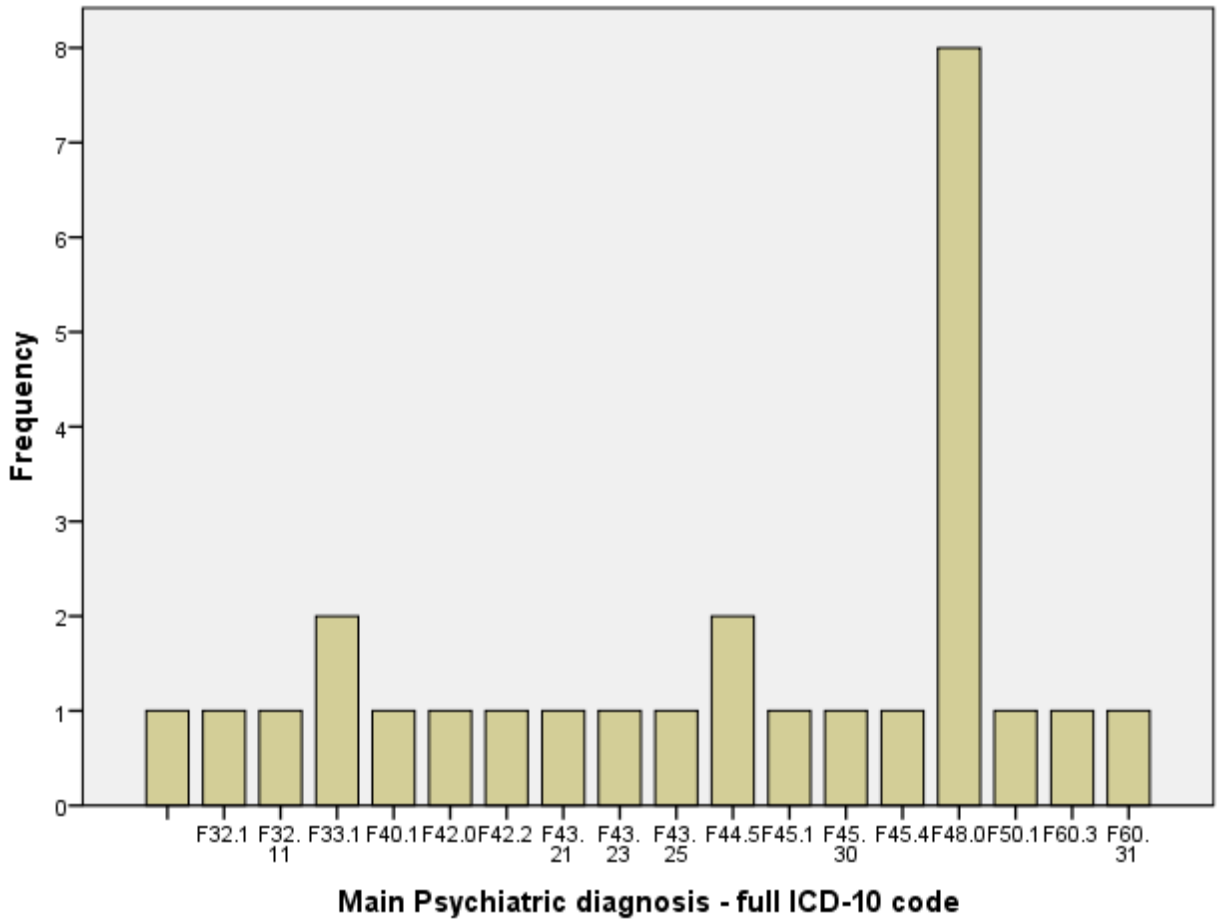
Female:Male ratio = approximately 1:1

As mentioned earlier in this report, the YCPM team specialises in helping people with three main types of presentation:

- Severe and complex medically unexplained symptoms and illness.
- Physical and psychological comorbidities at a serious level of severity.
- Severe CFS/ME.

It is also important to note that patients admitted to the unit may present with a broad range of conditions satisfying the criteria for various psychological or psychiatric diagnoses.

For the period of this report, this range of diagnoses was as shown below:



Diagnoses:

Nil = no psychiatric diagnosis

F32.1 = Moderate depressive episode

F32.11 = Moderate depressive episode with somatic symptoms

F33.1 = Recurrent depressive disorder, current episode moderate

F40.1 = Social phobia

F42.0 = Obsessive compulsive disorder, predominantly obsessional thoughts or ruminations

F42.2 = Obsessive compulsive disorder, mixed obsessional thoughts and acts

F43.21 = Adjustment disorder, prolonged depressive reaction

F43.23 = Adjustment disorder, with predominant disturbance of other emotions

F43.25 = Adjustment disorder, with mixed disturbance of emotions and conduct

F44.5 = Dissociative convulsions

F45.1 = Undifferentiated somatoform disorder

F45.30 = Somatoform autonomic dysfunction, heart and cardiovascular system

F45.4 = Persistent somatoform pain disorder

F48.0 = Fatigue syndrome (CFS/ME)*****

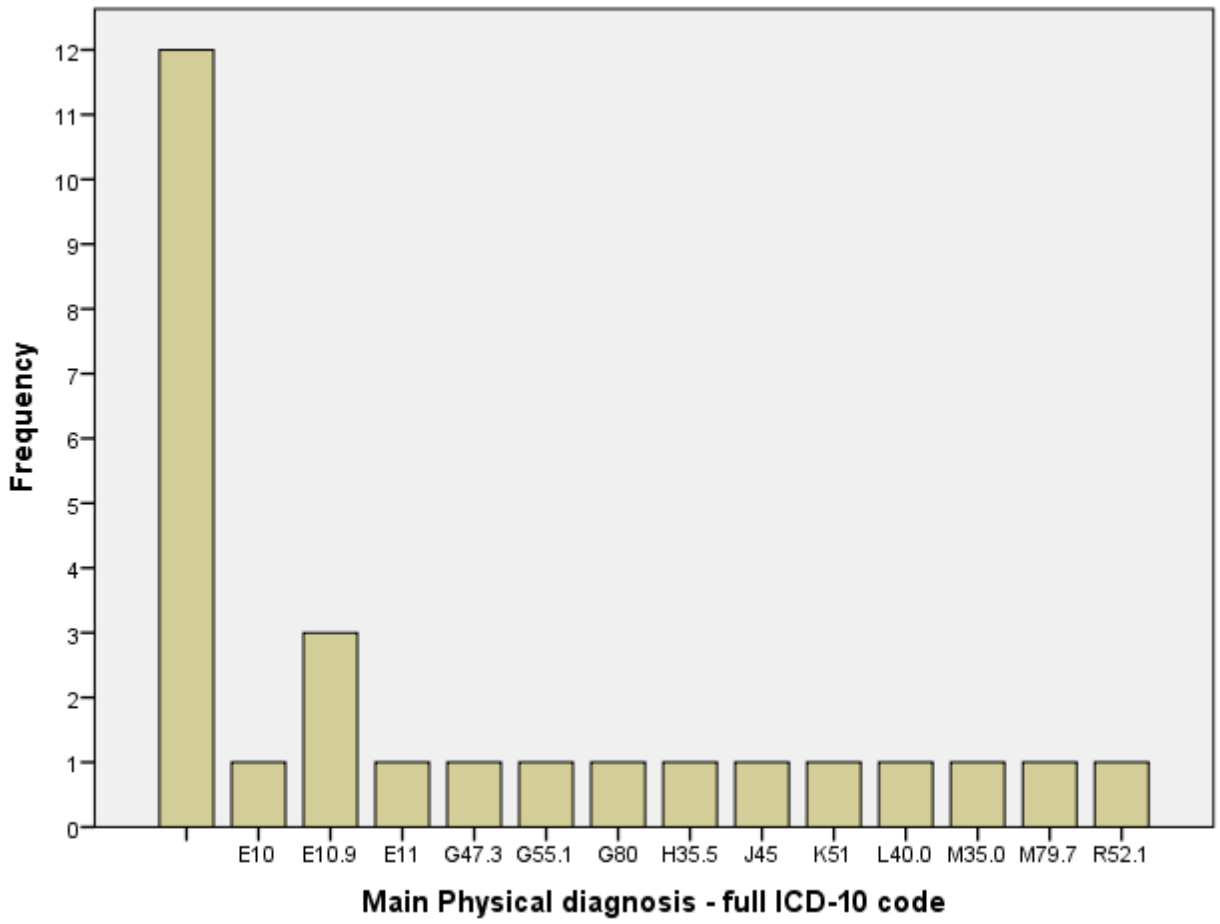
F50.1 = Atypical anorexia nervosa

F60.31 = Emotionally unstable personality disorder, borderline type

(***NOTE:** CFS/ME is categorised in this section simply because, although far from ideal, the best fit within the system which we use for diagnostic classification (ICD-10) is F48.0. However, the YCPM team do not view CFS/ME as a mental disorder. People who suffer with CFS/ME have a physical illness, although generally without an identifiable organic pathology.)

Similarly, patients admitted to the unit tend to present with a broad range of other / comorbid physical health diagnoses.

For the period of this report, these diagnoses are as shown below:



Diagnoses:

Nil = no organic pathology / no physical diagnosis

E10 = Type 1 diabetes mellitus

E10.9 = Type 1 diabetes mellitus without complications

E11 = Type 2 diabetes mellitus

G47.3 = Sleep apnoea

G55.1 = Nerve root and plexus compression

G80 = Cerebral palsy

H35.5 = Hereditary retinal dystrophy

J45.9 = Asthma

K51 = Ulcerative colitis

L40.0 = Psoriasis

M35.0 = Sicca syndrome

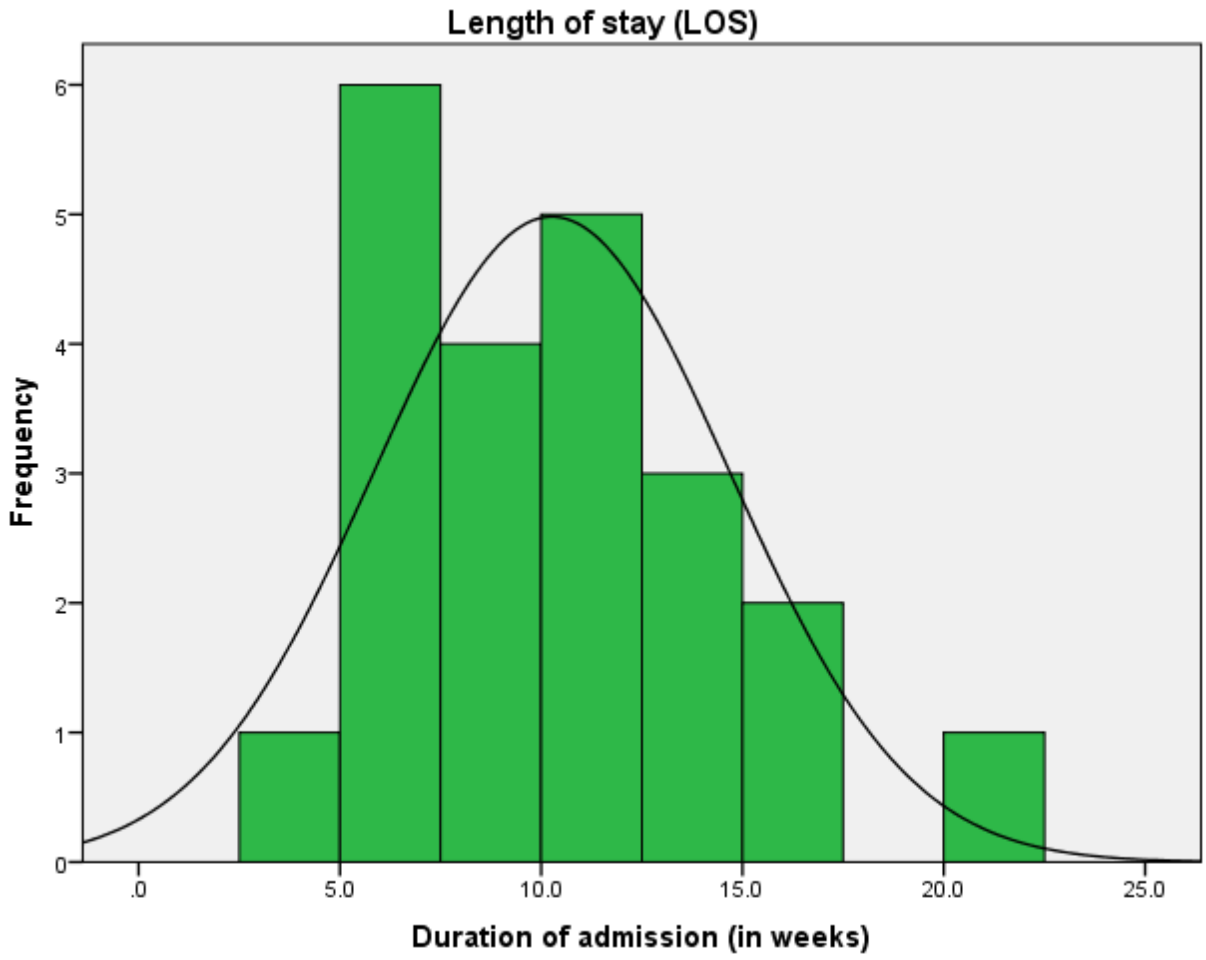
M79.7 = Fibromyalgia

R52.1 = Chronic pain disorder

NOTE: for ease of presentation and interpretation the tables above only show the MAIN psychiatric and physical diagnoses for each person – many patients admitted to the YCPM have multiple psychiatric and multiple physical diagnoses as comorbid presentations.

The result of all of this is that many patients being cared for by the YCPM service are suffering with very complex presentations, involving combinations of multiple physical and psychological symptoms and conditions.

Length of stay, April 2013 – March 2014



The figure above shows the length of stay in weeks for patients who had been on the unit for a treatment programme (as opposed to assessment only) and who were discharged between April 2013 and March 2014.

The duration of admission ranged from 4 to 22 weeks, with a whole group average of 10.3 weeks.

80:20 split:

For the 20% of patients with the longest length of stay, duration ranged from 14.2 to 22 weeks, with an average of 16.8 weeks.

For the remaining 80% of patients the duration ranged from 4 to 14 weeks, with an average of 8.8 weeks.

Clinical Outcome Measures

The YCPM provides a unique service for the broad range of people suffering with severe and complex MUS. Outcome measurement takes place routinely, providing evidence of clinical effectiveness in what is a highly selected group of very complex cases. Many of these cases have previously been found to be intractable or untreatable by other services, hence the referral to the YCPM. In the context of the severe and complex nature of these cases and the difficult nature of this work the outcome figures are good.

Outcome measures currently in use:

1. Clinical Global Improvement Scale (CGIS)

The proportions of patients showing **improvement** on the CGIS are:

- **81%** in 2009/10

(Major improvement 22%, Moderate improvement 34%, Minor improvement 25%)

- **90%** in 2010/11

(Major improvement 33%, Moderate improvement 33%, Minor improvement 24%)

- **89%** in 2011/12

(Major improvement 48%, Moderate improvement 33%, Minor improvement 7%)

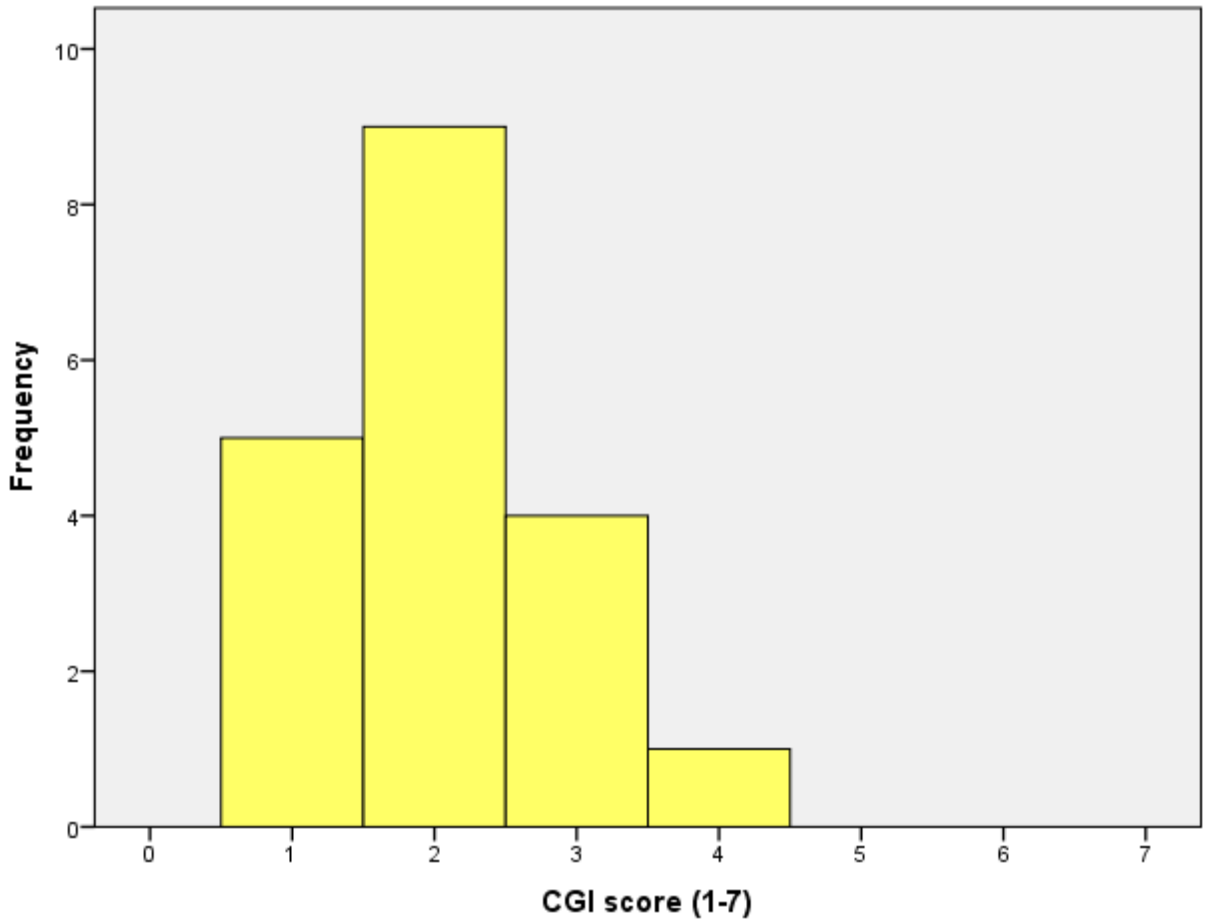
- **93%** in 2012/13

(Major improvement 48%, Moderate improvement 33%, Minor improvement 11%)

- **95%** in 2013/14

(Major improvement 26.3%, Moderate improvement 47.4%, Minor improvement 21.1%)

As shown in the chart below, 14 of the 19 patients (**73.7%**), in what is a highly selected group with severe and complex presentations, scored at either **Moderate or Major improvement** on the CGI Scale.



Key:

1 = Major improvement

2 = Moderate improvement

3 = Minor Improvement

4 = No change

5 = Minor deterioration

6 = Moderate deterioration

7 = Major deterioration

2. CORE-OM

The CORE-OM is a self-report questionnaire which, in essence, measures patients' level of psychological distress. It consists of 34 questions that cover 4 dimensions:

a) W: subjective well-being

b) P: problems/symptoms

c) F: life functioning

d) R: risk/harm

Patients are asked to respond based on how they have been feeling over the last week, using a 5 point scale ranging from 'not at all' to 'most or all of the time'. The responses are then averaged to obtain a mean score to determine the patient's level of current global psychological distress, which can be rated on a continuum from 'healthy' to 'severe'. At the YCPM the questionnaire is administered on admission and then at discharge to provide a comparison of the pre- and post-treatment scores as a measure of outcome.

(Patients who are admitted only for a brief period of assessment are not asked to complete a CORE-OM questionnaire on discharge.)

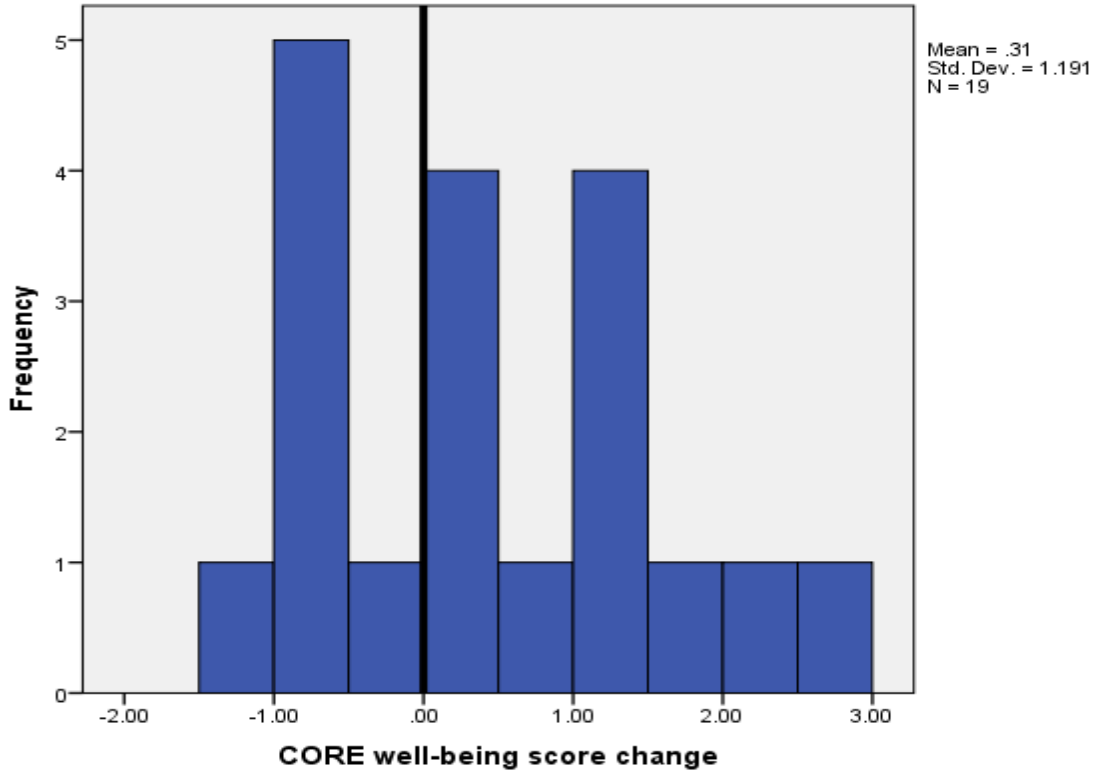
April 2013 – March 2014:

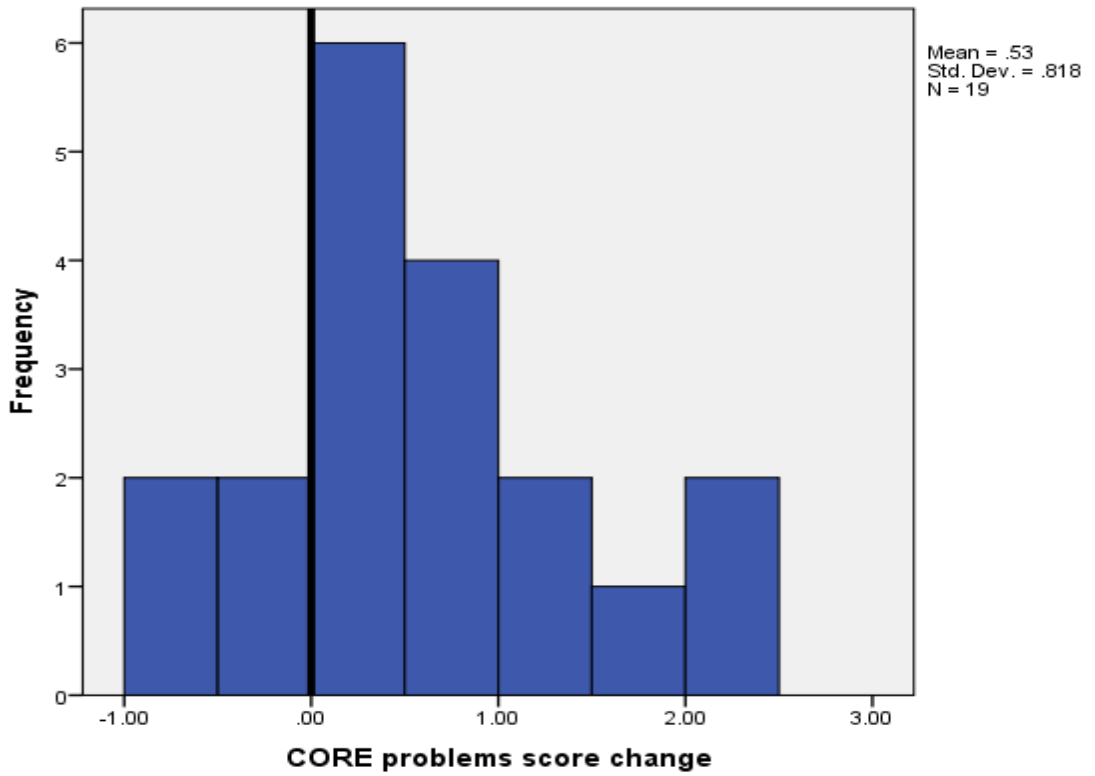
- Wellbeing subscale 63.2% improved
- Problems subscale 79.0% improved
- Functioning subscale 68.4% improved
- Risk subscale 79.0% improved
- **Total CORE scores** **89.5% improved**

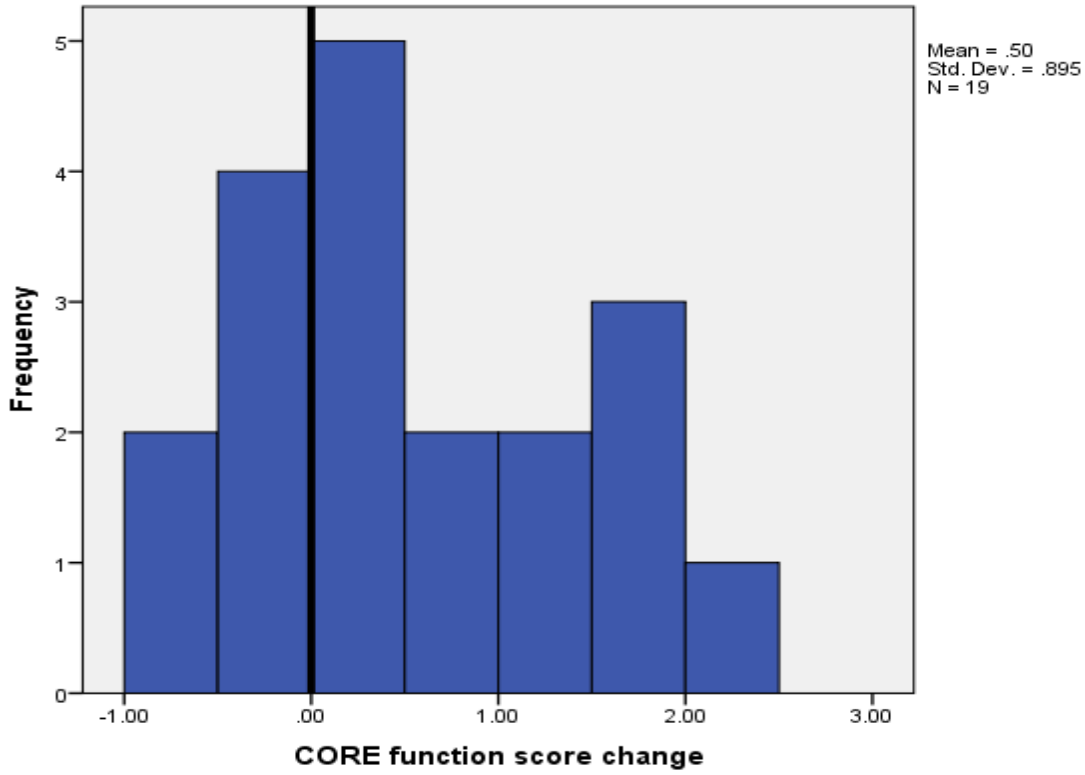
	Admission	**Discharge**
Mean CORE Total score	2.14	1.71

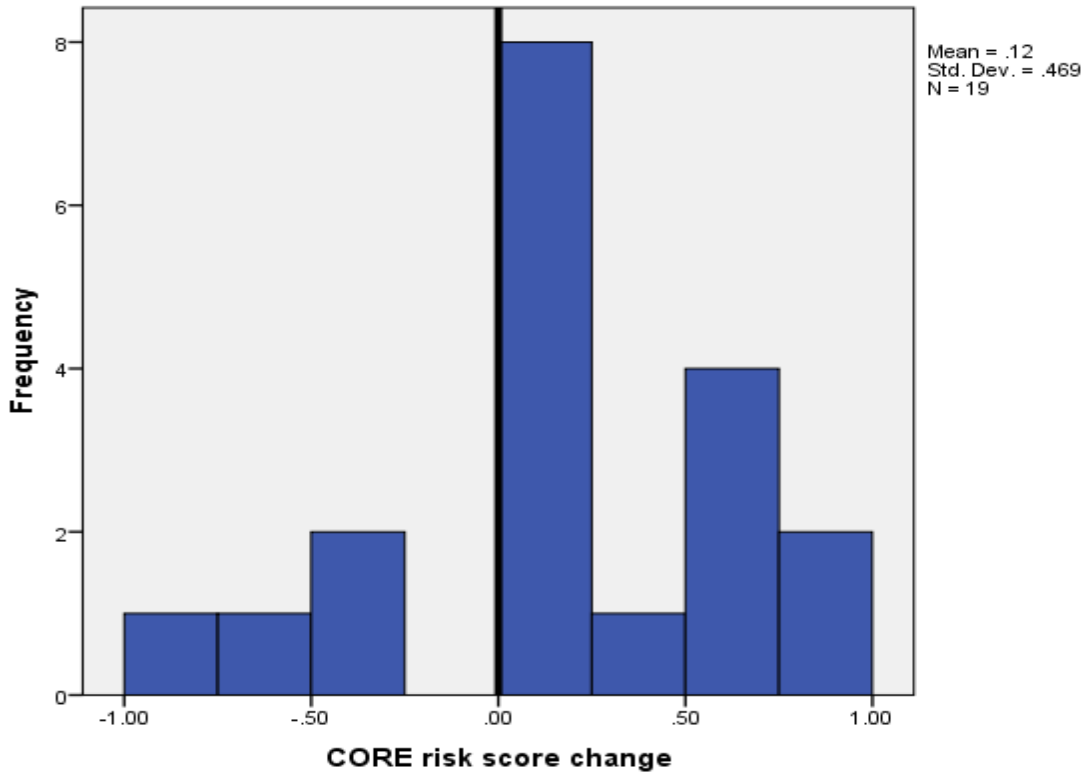
Data gathered on the CORE-OM forms is represented below.

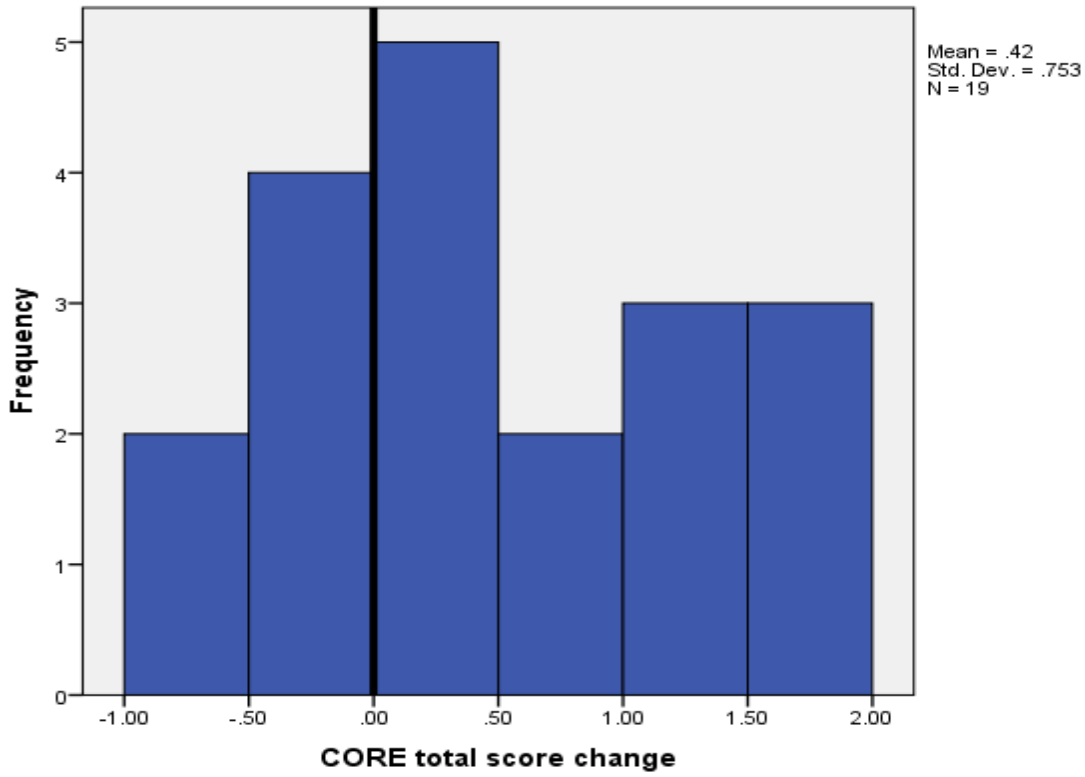
(**NOTE**: on this measure, and the construction of the charts shown below, a positive change in subscale and total CORE scores (ie above the zero line on the bottom axis) is desirable and is evidence of improvement / reduced distress.)


Mean = .31
Std. Dev. = 1.191
N = 19
Frequency
0
1
2
3
4
5
-2.00
-1.00
.00
1.00
2.00
3.00
CORE well-being score change


Mean = .53
Std. Dev. = .818
N = 19
Frequency
0
1
2
3
4
5
6
-1.00
.00
1.00
2.00
3.00
CORE problems score change


Mean = .50
Std. Dev. = .895
N = 19
Frequency
0
1
2
3
4
5
-1.00
.00
1.00
2.00
3.00
CORE function score change


Mean = .12
Std. Dev. = .469
N = 19
Frequency
0
2
4
6
8
-1.00
-.50
.00
.50
1.00
CORE risk score change


Mean = .42
Std. Dev. = .753
N = 19
Frequency
0
1
2
3
4
5
-1.00
-.50
.00
.50
1.00
1.50
2.00
CORE total score change

3. EQ-5D-5L

This measure asks the scorer to rate against 5 levels across 5 domains:

a) Mobility

b) Self-care

c) Usual activities

d) Pain / discomfort

e) Anxiety / depression

Plus a 100 point Visual Analogue Scale (VAS) to indicate overall "how good or bad your health is".

(Patients who are admitted only for a brief period of assessment are not asked to complete an EQ-5D-5L questionnaire on discharge.)

April 2013 – March 2014:

Of those people who initially scored at the level of experiencing severe or extreme problems (ie a score of 4 or more) in each particular domain, the proportion of those scoring themselves as improved during the admission was as follows:

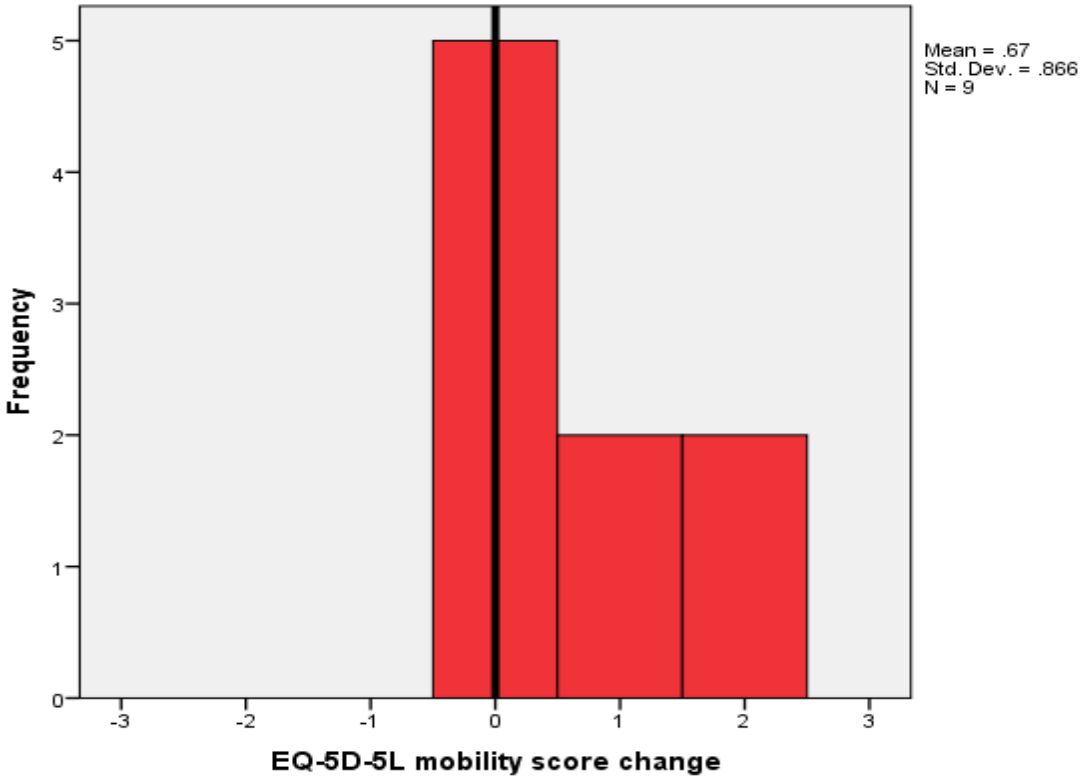
- **Mobility** improved in **44.4%** of patients
- **Self-care** improved in **60.0%** of patients
- **Usual activities** improved in **55.0%** of patients
- **Pain / discomfort** improved in **36.4%** of patients
- **Anxiety / depression** improved in **45.5%** of patients

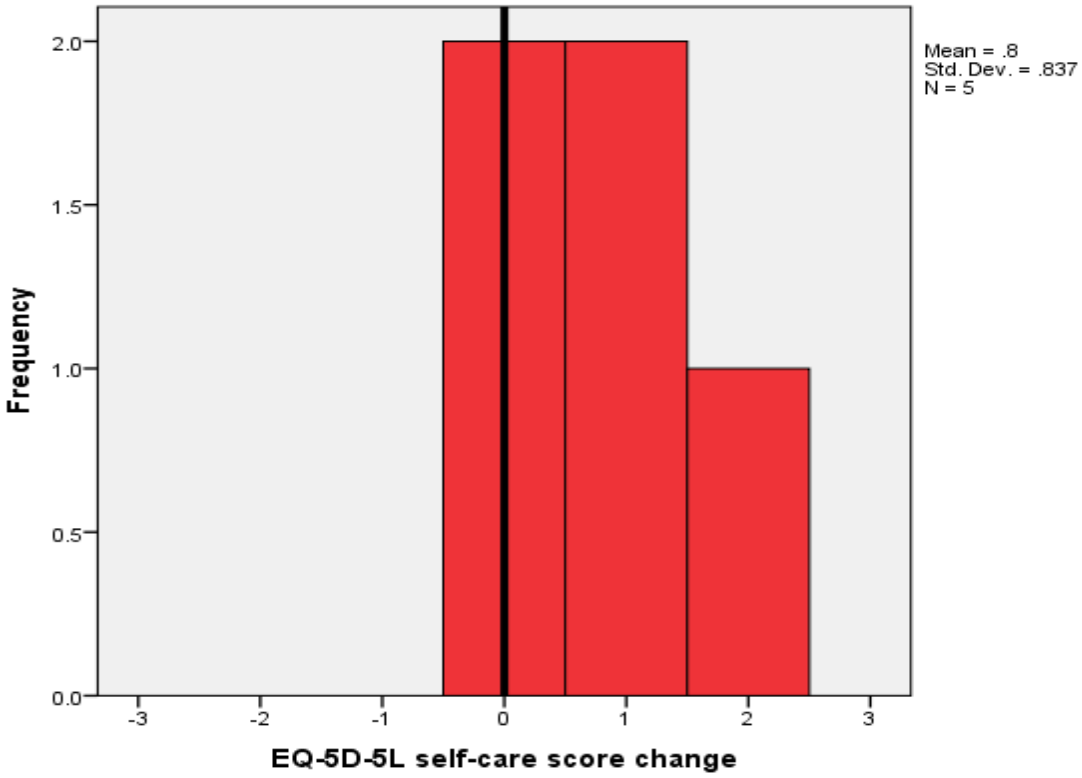
Also, across the whole patient group of 19 people:

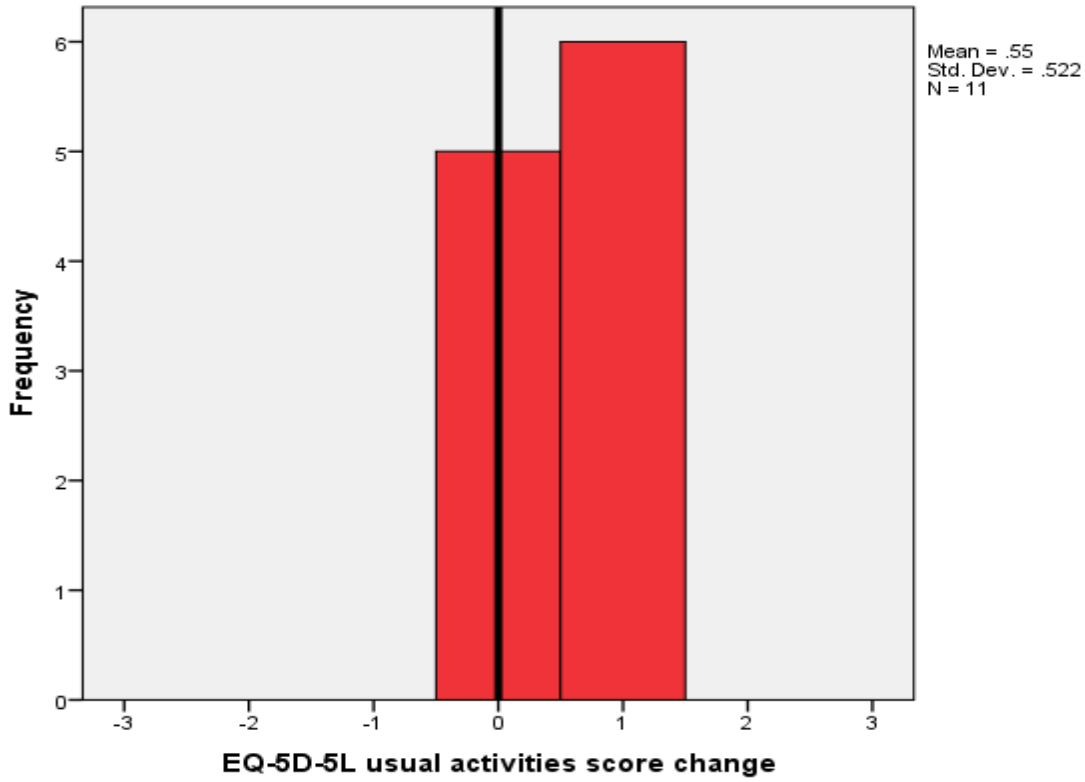
- **At least one domain** improved in **68.0%** of patients
- **Overall health score on VAS** improved in **74.0%** of patients

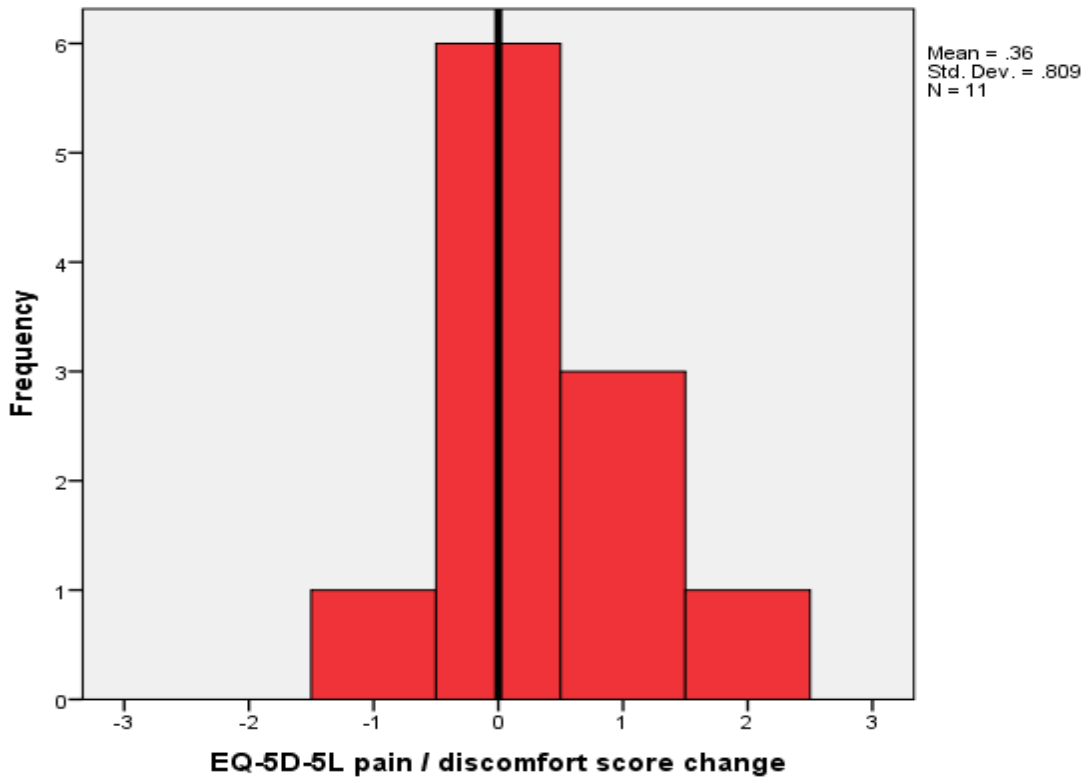
NOTE:

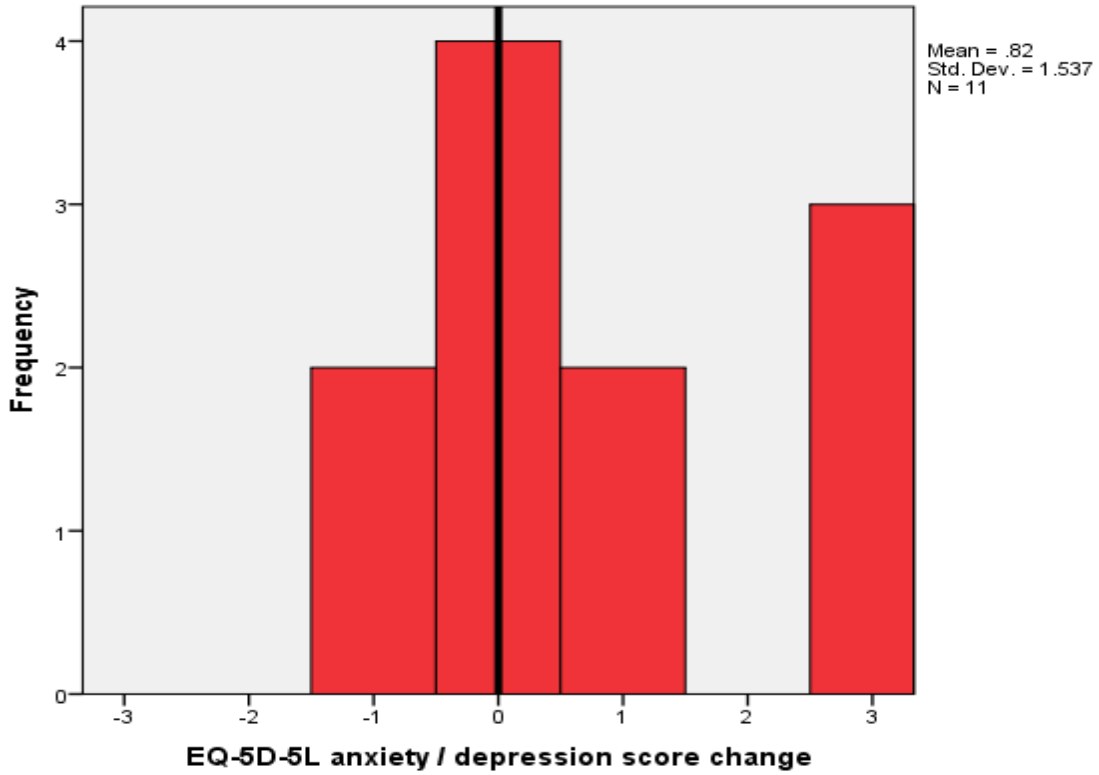
- On the EQ-5D-5L measure, and in the construction of the 5 charts which follow, a positive change in EQ-5D-5L subscale (ie an increase in score by 1, 2, 3 or 4 steps) is desirable as evidence of improvement in functioning, etc., and is indicated by the score change columns to the right of the reference line on the bottom axis.
- Similarly in the 6th chart, which illustrates Overall Health Score Change, scores are taken from the 100 point EQ-5D-5L Visual Analogue Scale (score at Discharge minus score at Admission) and a positive change is desirable as evidence of improvement, as indicated by the score change columns to the right of the reference line on the bottom axis.

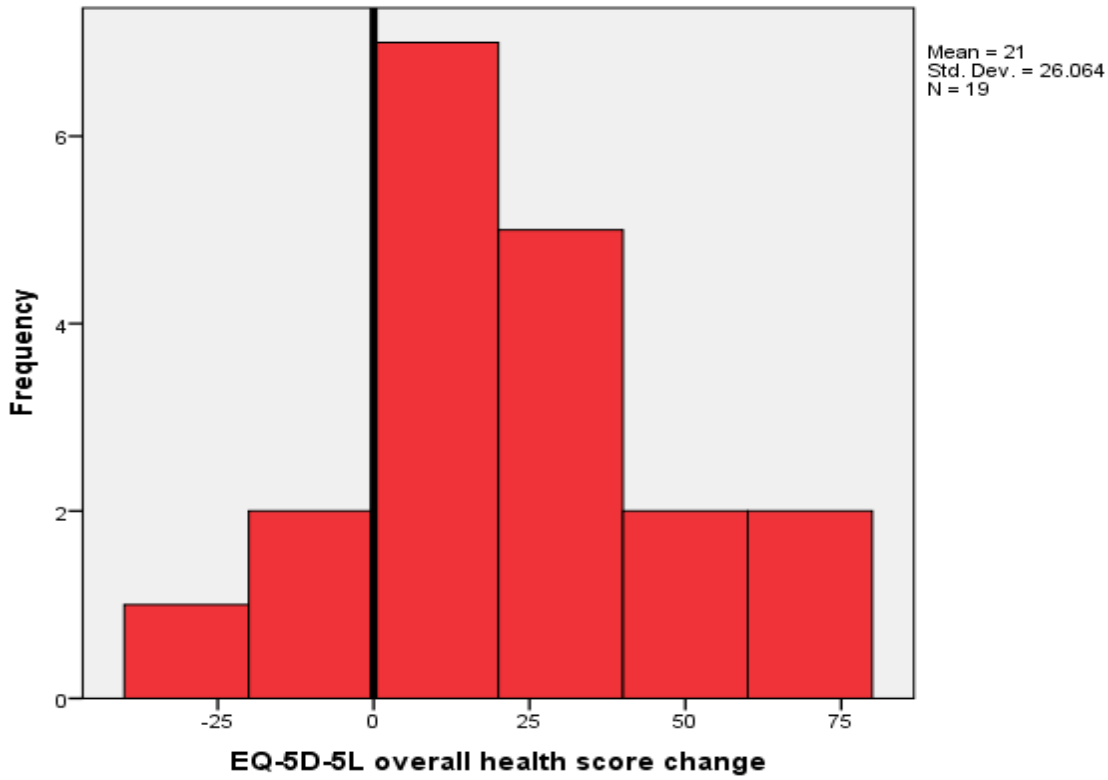

Mean = .67
Std. Dev. = .866
N = 9
Frequency
0
1
2
3
4
5
-3
-2
-1
0
1
2
3
EQ-5D-5L mobility score change


Mean = .8
Std. Dev. = .837
N = 5
Frequency
0.0
0.5
1.0
1.5
2.0
-3
-2
-1
0
1
2
3
EQ-5D-5L self-care score change


Mean = .55
Std. Dev. = .522
N = 11
Frequency
0
1
2
3
4
5
6
-3
-2
-1
0
1
2
3
EQ-5D-5L usual activities score change


Mean = .36
Std. Dev. = .809
N = 11
Frequency
0
1
2
3
4
5
6
-3
-2
-1
0
1
2
3
EQ-5D-5L pain / discomfort score change


Mean = .82
Std. Dev. = 1.537
N = 11
Frequency
0
1
2
3
4
-3
-2
-1
0
1
2
3
EQ-5D-5L anxiety / depression score change


Mean = 21
Std. Dev. = 26.064
N = 19
Frequency
0
2
4
6
-25
0
25
50
75
EQ-5D-5L overall health score change

4. TOMs (Therapy Outcome Measures)

The TOMs is a clinician-rated outcome measure which is used, as part of a therapeutic approach, as many times as required and helpful during the admission (this varies depending upon the individual patient and their needs). Results for this annual report are taken from the TOMs scores at admission and then at discharge, providing a comparison of scores covering the following 4 subscales:

a) Impairment

b) Activity

c) Participation

d) Well-being

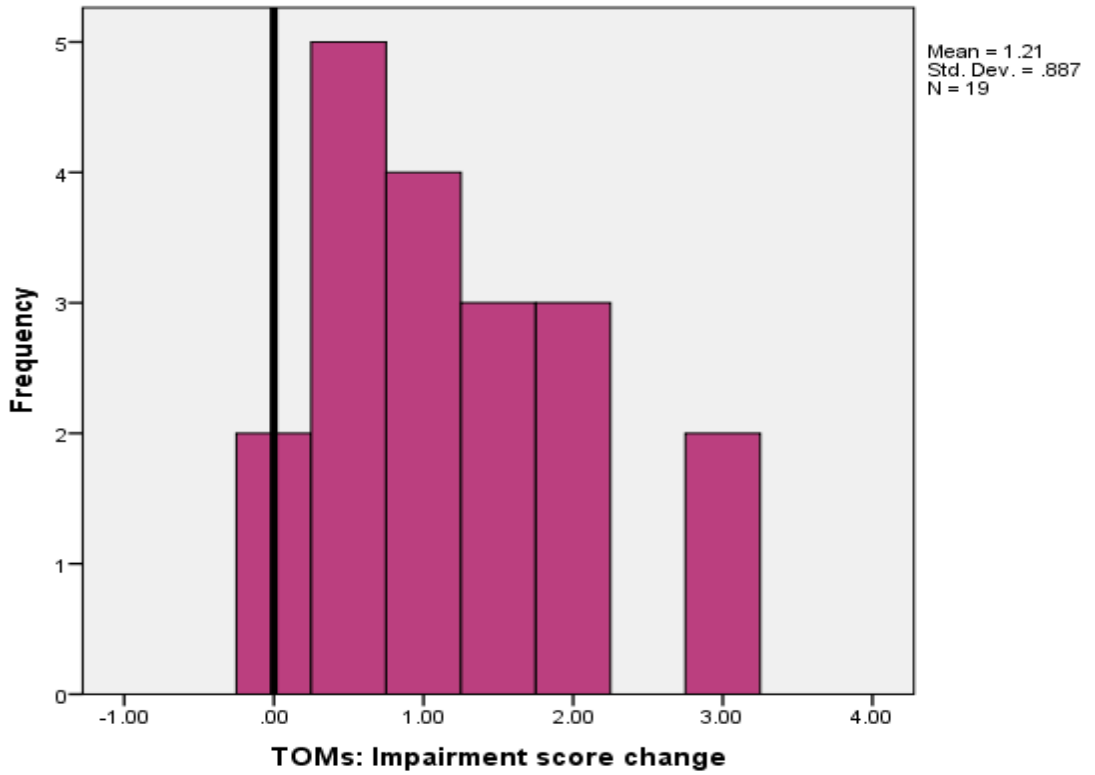
This is a measure which has been validated and used very widely within healthcare services, particular those with a significant Occupational Therapy component. The figures given here relate to use of the standard version of TOMs.

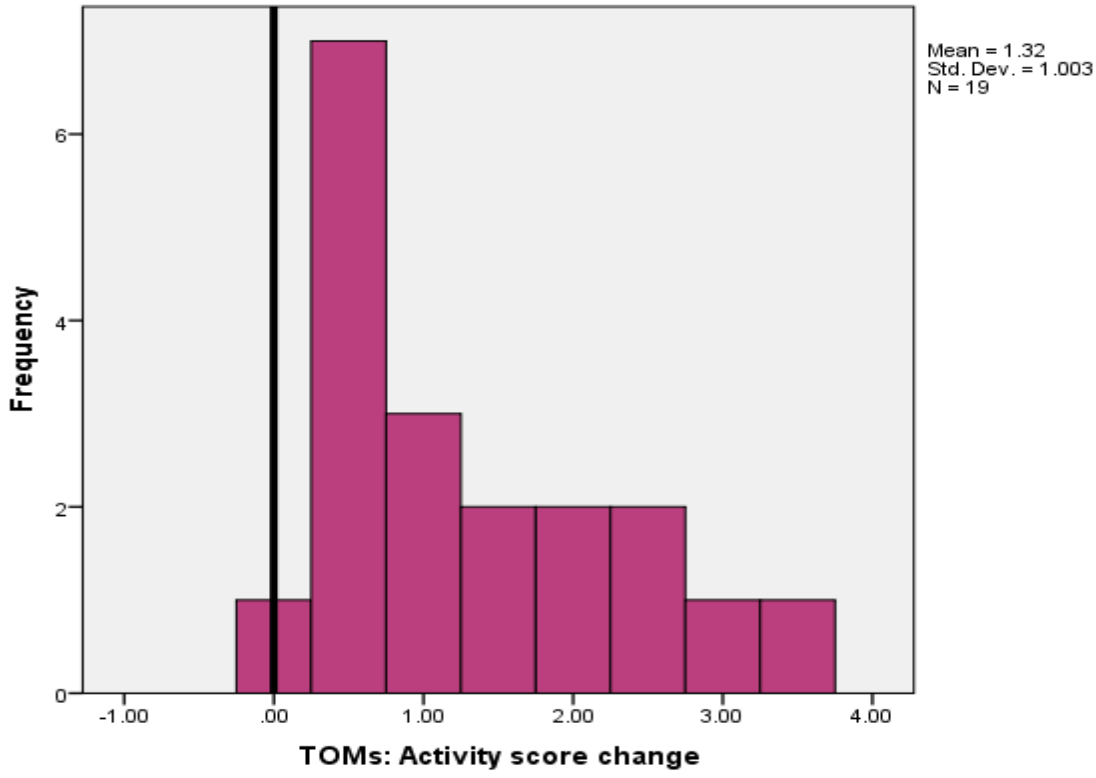
April 2013 – March 2014:

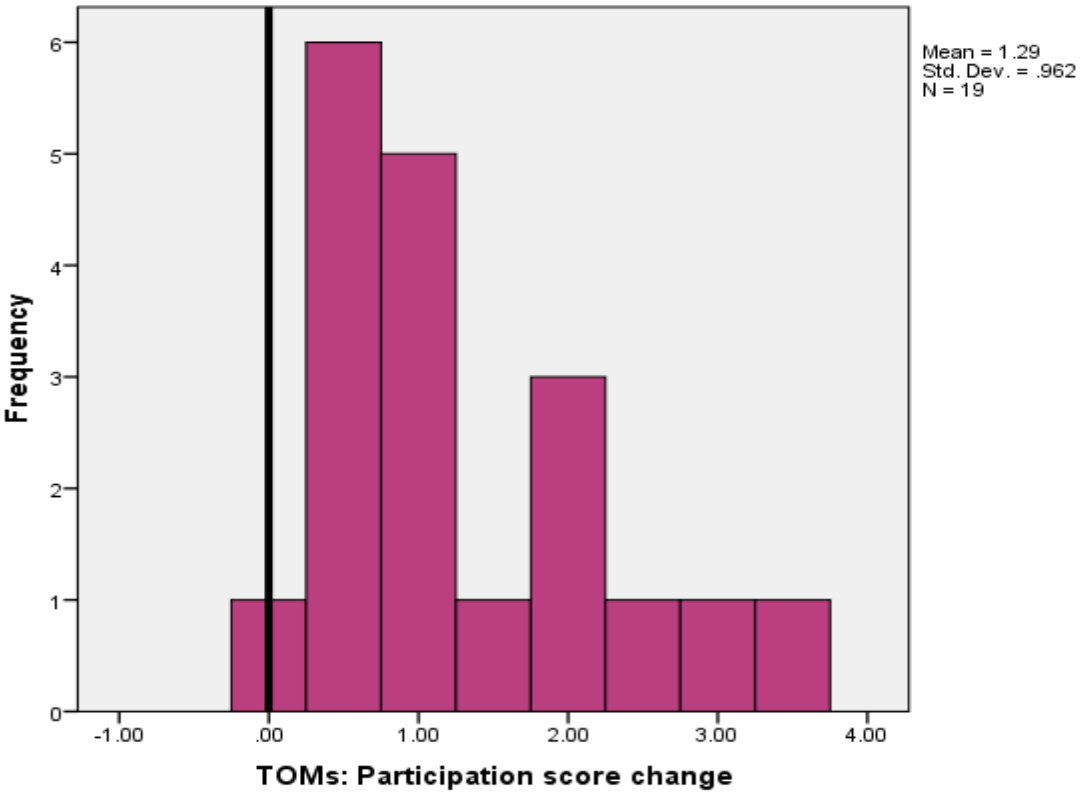
In each particular domain, the proportion of those showing improvement during the admission was as follows:

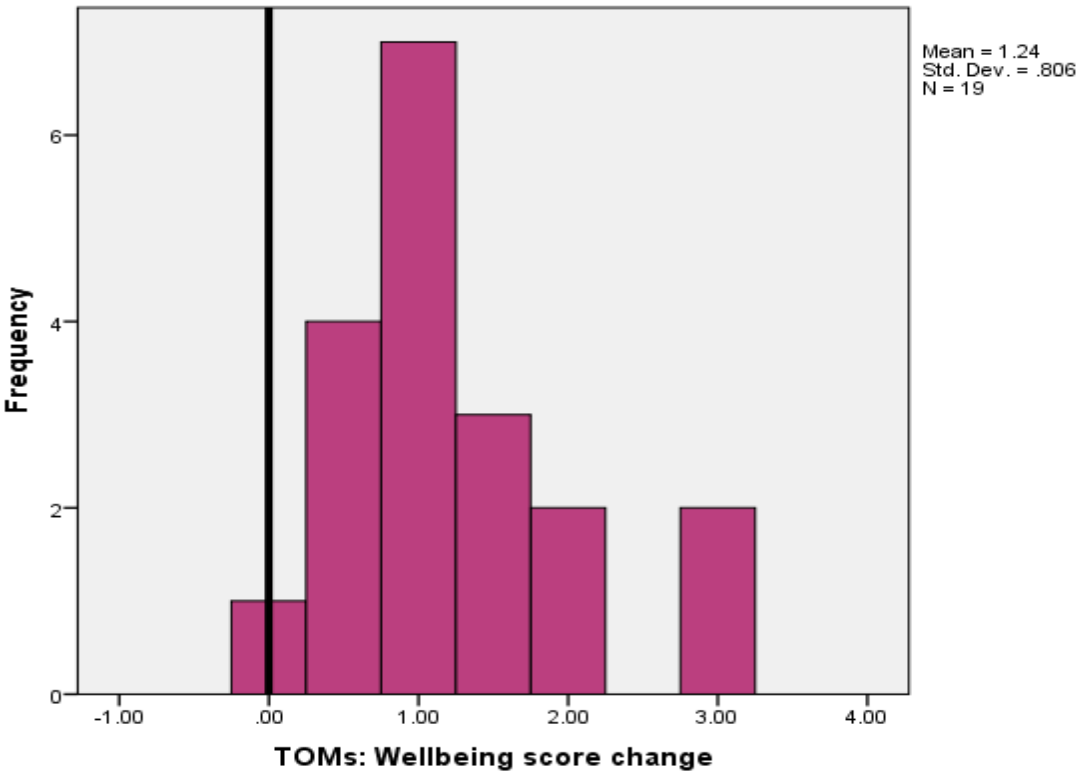
- **Impairment** improved in **89.5%** of patients
- **Activity** improved in **94.7%** of patients
- **Participation** improved in **94.7%** of patients
- **Well-being** improved in **94.7%** of patients

(**NOTE**: on this measure, and the construction of the charts shown below, a positive change in subscale and total CORE scores (ie above the zero line on the bottom axis) is desirable and is evidence of improvement.)


Mean = 1.21
Std. Dev. = .887
N = 19
Frequency
0
1
2
3
4
5
-1.00
.00
1.00
2.00
3.00
4.00
TOMs: Impairment score change


Mean = 1.32
Std. Dev. = 1.003
N = 19
Frequency
0
2
4
6
-1.00
.00
1.00
2.00
3.00
4.00
TOMs: Activity score change


Mean = 1.29
Std. Dev. = .962
N = 19
Frequency
0
1
2
3
4
5
6
-1.00
.00
1.00
2.00
3.00
4.00
TOMs: Participation score change


Mean = 1.24
Std. Dev. = .806
N = 19
Frequency
0
2
4
6
-1.00
.00
1.00
2.00
3.00
4.00
TOMs: Wellbeing score change

5. HAD (Hospital Anxiety and Depression) scale

This 14 item measure consists of 7 items rating Anxiety (giving the "HAD-A" score) and 7 items rating Depression (giving the "HAD-D" score). For each of these subscales the cut-off score (threshold) which indicates a person is likely to be suffering with a case of clinical anxiety or depression is a score of >12.

The HAD-A results reported here are for people who scored above the threshold of 12 at admission on the Anxiety subscale and, similarly, the HAD-D results are for people who scored above the threshold of 12 at admission on the Depression subscale.

April 2013 – March 2014

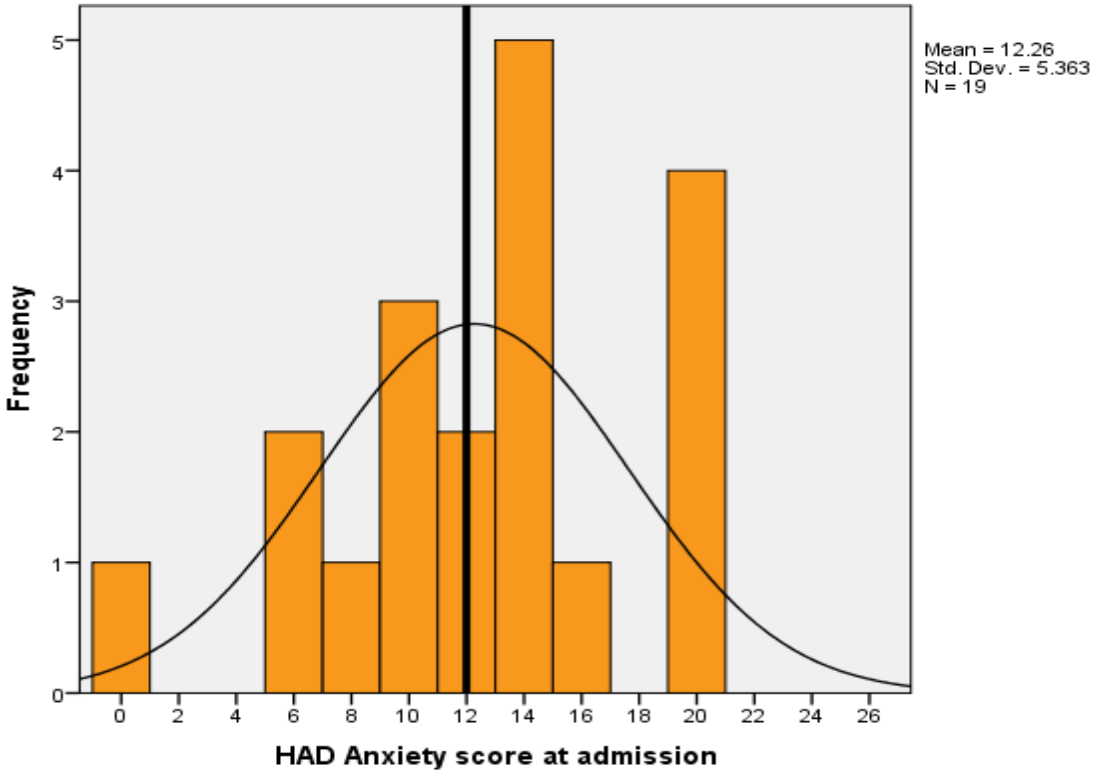
HAD-A:

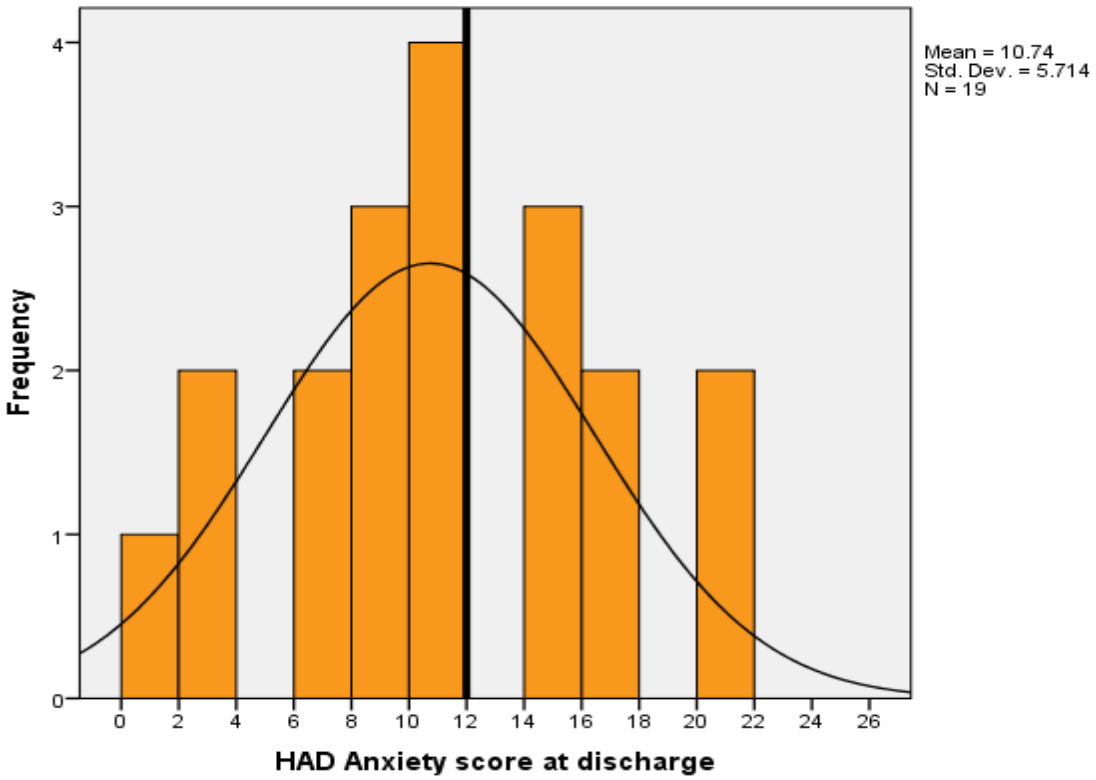
- Ten people (53% of patients admitted) scored >12 on HAD-A at admission
- Of these, four (40%) showed a reduction in score by the time of discharge
- The scores in all four (100%) reduced to below threshold

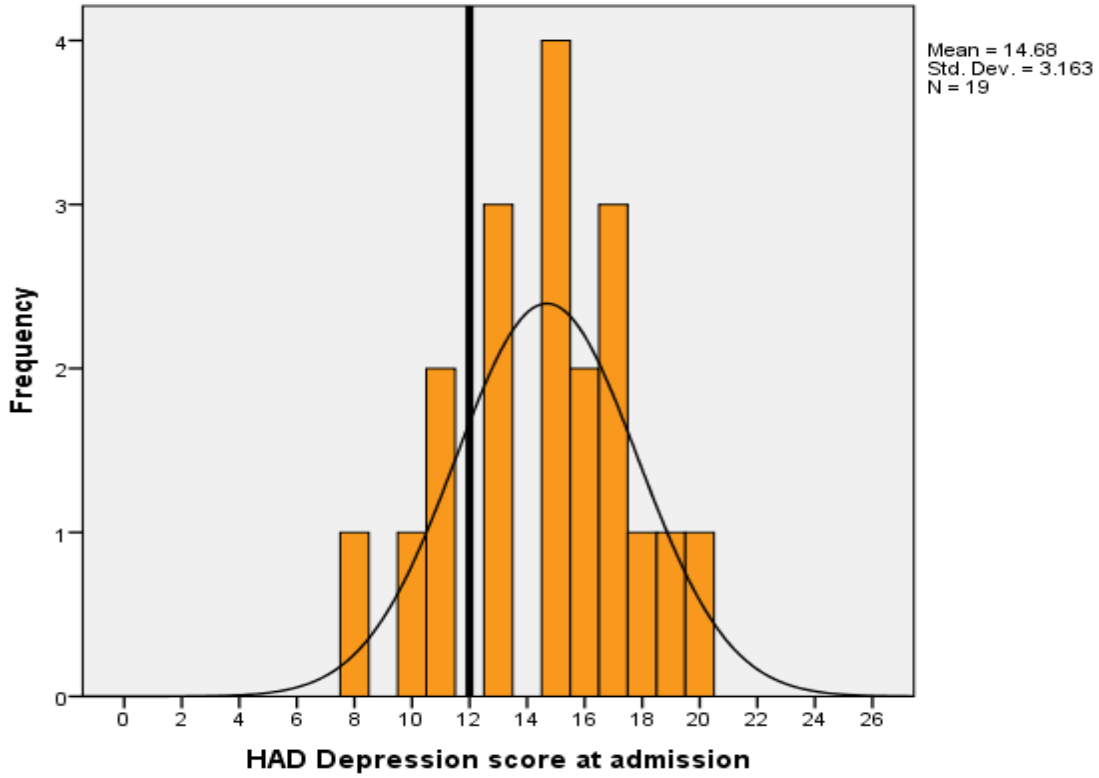
HAD-D:

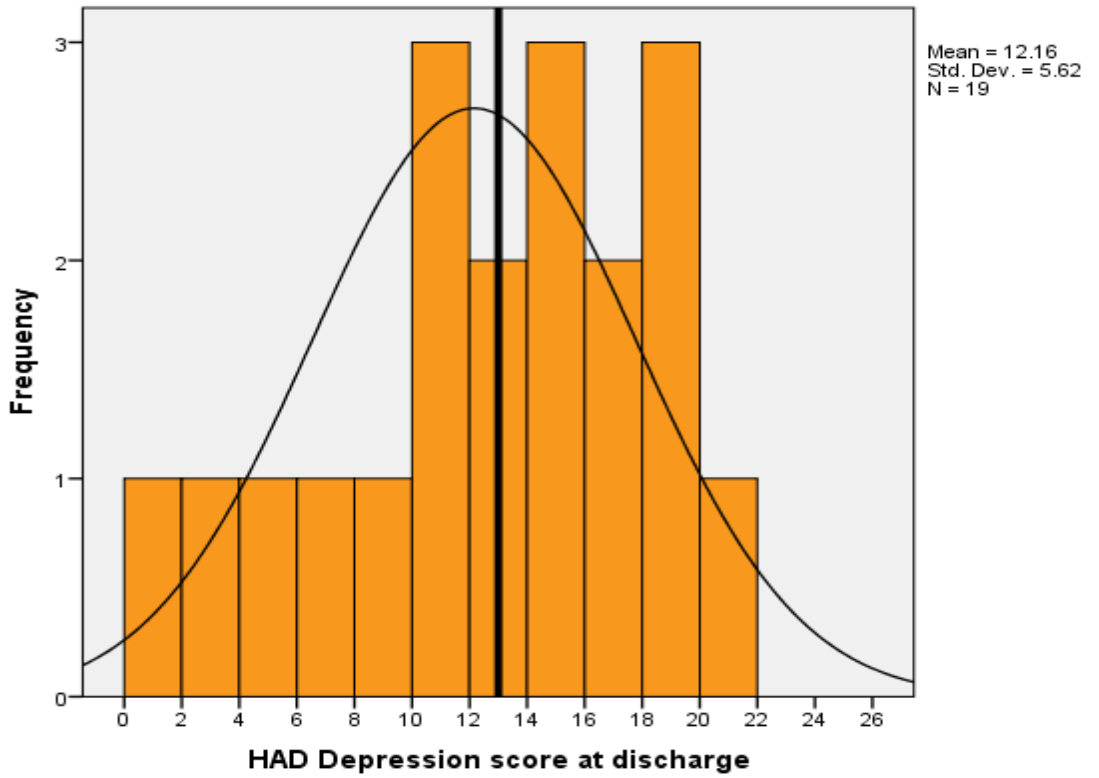
- Fifteen people (79% of patients admitted) scored >12 on HAD-D at admission
- Of these, scores reduced in eight (53%) by the time of discharge
- The scores in five (63%) reduced to below threshold

(**NOTE**: comparative charts below include scores at admission and at discharge. The bold line at "12" on the bottom axis indicates the clinical cut-off / threshold point, as described above.)


Mean = 12.26
Std. Dev. = 5.363
N = 19
Frequency
HAD Anxiety score at admission


Mean = 10.74
Std. Dev. = 5.714
N = 19
Frequency
HAD Anxiety score at discharge


Mean = 14.68
Std. Dev. = 3.163
N = 19
Frequency
HAD Depression score at admission


Mean = 12.16
Std. Dev. = 5.62
N = 19
Frequency
HAD Depression score at discharge

Patient experience / feedback

The Patient Discharge Questionnaire was created by the YCPM team based on the guidance set out by Leeds Partnerships NHS Foundation Trust. It was designed to collect both qualitative and quantitative data from inpatients regarding their care on the unit. The team at YCPM felt it was important to collect the views of patients' regarding their care, environment, and therapies provided. The information collected is collated and reviewed regularly in order to continuously improve and provide the best possible service to our patients. The questionnaire is given to patients in their last week of admission and collected on discharge.

April 2013 – March 2014:

- 88% of patients reported that when they were first admitted they were made to feel welcome and were given enough information about the ward.
- 77% reported that they were "always provided with copies of their care plans" (plus 12% "most of the time").
- 80% of patients rated the service as either "excellent" or "good"
- (0% rated the service as poor or very poor)
- 77% reported that the support/advice received by their family/carers was "excellent" or "good"
- (0% rated the support/advice received as poor or very poor)

Some examples of patients' written feedback (2013/14):

"I have been consulted at every stage of my care and have found the staff's approach consistent. Staff were always understanding, positive, calm, friendly but maintained the utmost professionalism".

"Everyone is really friendly".

"The holistic approach to treatment. The opportunity to meet with the entire team at weekly MDTs. The opportunity for one to one sessions when required, eg relaxation, to ventilate feelings and thoughts re anxiety and low mood".

"Everything has been good".

"Friendly, supportive MDTs and Forums. Useful to have a say in your care and how the ward is".

"It has helped me grow stronger and have more energy. Helped me deal with severe anxiety. Care is compassionate, clearly communicated, friendly, organised".

"This has been the best opportunity I've ever been given, it's the first time I've ever been listened to! Also felt normal around people going through the same. The groups have improved dramatically = enjoyable now. Staff = very helpful, friendly, honest, trustworthy!"

“The staff are caring and compassionate. Any issues addressed immediately. The whole team from management to nurses have been very tight on the job immediately. Fabulous team!”

“The service I have received during my stay on the ward has been without doubt excellent. I have been valued as an individual given respect and reassurance. I have hope for the future”.

“Instead of having negative thoughts about life you have helped me start to get positive thoughts about life”.

“I feel it has given me good steps for grading/pacing. It has helped me to establish a routine. Group activities (arts & crafts) have given me ideas for at home. Social aspects of the ward has been beneficial”.

“Good professional together team. Dealt with all the many aspects of condition. Always felt supported. The team showed understanding patience and care at all times.”

“All the staff were very friendly and caring.”

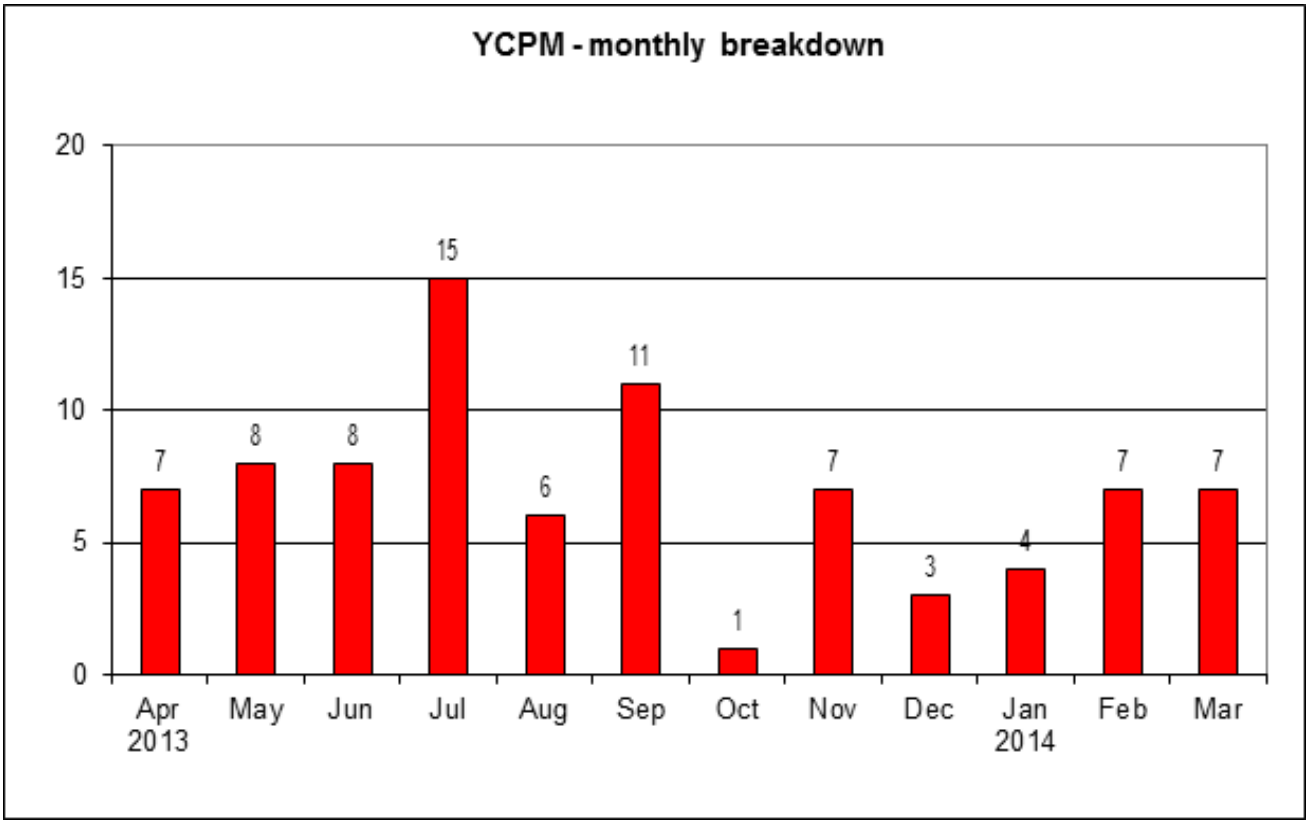
“Staff are all very friendly and helpful and make you feel as comfortable as they can. Being able to come and go pretty much as you please. Meals & groups together with other patients though awkward at times are good, giving you opportunity to talk to people in similar situations who can understand more than people who don’t suffer long term pain”.

Incidents

In line with the general approach across the Leeds and York Partnership NHS Foundation Trust, and with what is considered to be a sign of a mature service and team, the YCPM has a relatively low threshold for reporting incidents. As a result, the numbers are not small but, importantly, the incidents seen are almost all of low severity or risk; ie as mapped against the National Patient Safety Agency (NPSA) ratings for levels of harm they are all level 1 ('no harm') or level 2 ('minimal harm'), apart from one level 3 rating as detailed.

In total, 84 incident forms were completed within the period to which this report relates, as detailed below.

Incidents reported April 2013 – March 2014



NPSA severity ratings of these incidents (ratings 1 – 5)

SEVERITY	1	2	3	4	5	Total
Apr 2013	7					7
May	8					8
Jun	7		1			8
Jul	15					15
Aug	6					6
Sep	7	4				11
Oct	1					1
Nov	7					7
Dec	2	1				3
Jan 2014	4					4
Feb	6	1				7
Mar	6	1				7
Totals:	76	7	1			84

Severity 3 incident: LTHT housekeeper informed senior nurse that he had purchased a box of Paracetamol (16 x 500mg tablets) for a patient at her request, ie separate from the known prescriptions. The patient also reported that she had taken other/extra medications but would not say what.

KEY:

Trust Severity Rating Criteria		NPSA Ratings	
1	No injuries, very minor financial loss, and/or service interruption	**1**	**No harm** ▪ *Impact prevented:* any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to person(s) receiving NHS-funded care ▪ *Impact no prevented*: any patient safety incident that ran to completion but no harm occurred to the person(s) receiving NHS-funded care
2	First aid treatment, minor financial loss, minor service interruption	**2**	**Low** (Minimal harm - patient(s) required extra observation or minor treatment)
3	Medical treatment required, moderate financial loss, service interruption	**3**	**Moderate** (Short-term harm - patient(s) required further treatment, or procedure)
4	RIDDOR reportable, significant loss of service capability, major financial loss, legal consequences	**4**	**Severe** (Permanent or long-term harm)
5	Death, huge financial loss, permanent/ semi-permanent loss of service, threat to achievement of Trust's objectives, legal consequences	**5**	**Death** (Caused by the patient safety incident)

Incidents by category / type

Type and category	Number
Accident	
Contact with hazard	2
Fall	8
Food contamination/problem	1
Handling injury	1
Clinical	
Agency staff in charge of unit/ward	6
Treatment not given/delayed	1
Incorrect procedure followed	1
Staffing shortage	1
Complaint against Trust/staff	1
Patient took own discharge	1
Medical devices & equipment	2
Medication	30
Other	1
Restraint to administer treatment/medication	1
Fire	
Potential fire hazard	2
Fire alarm activated - no fire	1
Other	
Building/maintenance work	3
Other	3
Property	
Personal property loss/damage	1
Security	
Security breach	1
Unauthorised/suspicious persons	1
Self-harm	
Actual self-harm	3
Attempted self-harm	4
Threatened self-harm	1
Verbal abuse	
Accusations/allegations	1
Threats of violence and verbal abuse	1
Violence	
Aggressive behaviour	4
Assault - patient on staff	1
Total	**84**

One patient involved in four falls.
One patient involved in three falls.
One patient involved in 18% of total incidents (ie 15 incidents across the year)

Authors

Dr Peter Trigwell

Consultant and Clinical Lead

Mr Russell Saxby

Clinical Team Manager

Yorkshire Centre for Psychological Medicine

Leeds and York Partnership NHS Foundation Trust

April 2014