

Irene Dix - PA (Nursing Clinical Governance)

From: Justina Jeffs - Clinical Effectiveness Manager
Sent: 30 October 2003 16:24
To: Ian Piper - Chief Executive F&G; Fiona Cameron - Director of Nursing & Clinical Governance
Subject: Clinical Governance Outturn Report

I attach a copy of the Clinical Governance Outturn Report for you information.
I have sent a copy to **Code A** as requested **Code A** is on leave for 4 weeks).

Just.



Clingov outturn
report.doc

Justina Jeffs

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Fareham & Gosport PCT
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Code A

Fareham and Gosport 
Primary Care Trust

CLINICAL GOVERNANCE DEVELOPMENT PLAN
OUTTURN REPORT
2003/2004

October 2003

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Introduction

The Clinical Governance Development Plan Outturn Report is a cumulative element of the performance management requirements of the Strategic Health Authority.

The report reviews and updates the PCT's Clinical Governance Development Plan for 2002/03. Significant progress has been made building on and developing the objectives in the development plan at both strategic and operational levels.

Progress against objectives is:

- 73% of targets met
- 27% exception reports with rationale for non-compliance and amended target dates. These will be updated in the clinical governance development plan.

A further 25 actions are due between November 03 and March 04. Seven of these (28%) have already been achieved.

This report and the exception reports will inform the annual Clinical Governance Report for 2003/04.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
RISK MANAGEMENT (Clinical)					
To implement structures to support and improve the management of risk	Risk assessment and management in services/general practices	Increase representation from primary care on the Risk Management Committee	CH	June 2003	Achieved. Practice Manager attends regularly.
		Establish risk assessment training for primary care	CH	Courses run during Jan-March 2003 – more are planned May-July 2003	Achieved. Risk Assessment Training for Primary Care planned for 10 & 17 October 2003.
	Development of training to support reporting, assessment & monitoring (Provider Services)	Support and encourage risk reporting and near miss reporting by the provider services	CH	Ongoing	Risk Management Strategy and Reviewing & Reporting Risk Events Policy approved by Board April 2003. Quarterly trend reports feed information back to staff via Service Review & Health & Safety Committee and up to Board via Risk Management Committee.
		Continue Risk Management training for provider services	CH	Ongoing	Pan-PCT half-day Risk Management workshops in discussion through Risk Education Group.
		To commence Risk Management training at induction for all staff employed by the PCT	CH	From April 2003	Achieved. Risk Management inductions commenced April 2003. Continue monthly. Risky Business leaflet and Major Incident leaflets distributed (Feb 03 and Aug 03 respectively) in Personnel packs.
Develop an action plan re. Victoria Climbié Report		Establish robust child protection management arrangements and undertake Commission for Health Improvement self audit and engage Trust Board	FC	April 2003	Achieved Named Nurse for child protection increased from 1 to 2 days per week.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
Undertake Controls Assurance self-assessment	To ensure all 21 standards are completed	Establish Child Protection Management team	FC	March 03	Achieved
		Appoint named doctor for child protection	FC	April 2003	Achieved
		Score standards in line with national guidance	CH	March 03	Achieved Scoring completed for period ending 31 st March 03. First CA return completed and submitted to CASU by 15 th May. Achieved 75% or above for 3 Core standards.
		Complete a PCT action plan for each standard to address gaps identified by this process	CH	April 03	Achieved Action Plans developed for each criteria scoring below 100% and submitted to CASU May 2003 in line with deadline. September 2003 – interim Action Plan updates indicating progress to be submitted to Risk Management Committee 8/10/03.
To ensure staff have access to up to date policies (non clinical)	To update all Portsmouth HealthCare Trust policies	Review & update policies to reflect practice in the PCT	CH	March 2003	Achieved. Policies reviewed & Board approved (April 03); Risk Management Strategy; Recording & Reviewing Risk Events; COSHH; Health & Safety; Claims;
		Ensure policies are reviewed and distributed appropriately	All in conjunction with policy review leads	April/May 2003	Policies to be reviewed/approved by Board: Security; Bomb; Site Incidents; Vehicle Management. Policies out August.
Ensure themes and trends from incident reporting are analysed and lessons shared	To learn lessons from risk issues and significant event, whilst promoting a 'just' culture	Ensure all users of the Ulysses database are trained in its use	CH	April 03	Achieved Focussed ½ day training session for F&G PCT users – 12/09/03.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
		Develop the use of this database so all risk issues are entered	CH	Ongoing	Provider Services all Risk Events, Risk Assessments, Complaints and Claims are entered. Primary Care Corporate risks, i.e. financial risks not reported therefore not entered.
		Provide feedback to Provider services on risk issues so that lessons can be learned and relevant lessons shared with primary care providers	CH	Ongoing	Quarterly trend reports feed information back to staff via Service Review & Health & Safety Committee and up to Board via Risk Management Committee. Primary Care reps on Risk Management Committee feedback into relevant groups.
		Roll out incident reporting and risk assessment process to primary care	CH	April 03	New Risk Event Forms being discussed pan-PCT with the aim of launching in December 2003.
		Provide high level reports to the PCT Board	CH	Ongoing	Board receive quarterly trend reports including risk events, complaints & claims. Development from Board feedback.
		District wide re-launch of Risk Event and Risk Assessment forms	CH	April 2004	New Risk Event Forms being discussed pan-PCT with the aim of piloting in December 03 for roll-out by April 04..
		Re-launch Risk Event forms at Gosport War Memorial Hospital	CH	March 2003	Achieved
To implement national consent to treatment requirements across managed services	Consent	To implement forms and policy across the PCT including appropriate use in primary care	JJ/NH	December 2003	Policies currently being updated for each Community Service. Forms and Model Policy sent May 2003 across the PCT including primary care. Follow up across the PCT.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
CLINICAL AUDIT					
To support all staff in carrying out quality monitoring, including clinical audit	To ensure there is a training programme at basic and advanced level to support all staff	Develop training programmes at basic and advanced levels	JJ/NH	Ongoing	Pan-PCT Clinical Audit Training group established. Basic level complete. Advanced level being developed.
		Establish a training programme for all staff	JJ/NH	From April 2003	Achieved Clinical Audit Training now offered on quarterly basis open to all PCT's staff.
		Develop 'off the shelf' audit tools to encourage staff to identify priorities and participate in clinical audit. Emphasis on primary care staff Develop processes for quality and evaluation	NH JJ/NH	November 2003 Ongoing	NICE Implementation Group and Proposed Clinical Audit, Research and Effectiveness Group established. (CARE Group to be Chaired by NED) NICE Implementation Group/Audit, Effectiveness & Research Group to assess.
		Implement PRIMIS programme in primary care (Primary Care Information Service)	NH/MW	April 2003	Achieved. 1 st wave of data collection complete and feedback presented to Practice Managers. Presentation planned for October – November to remaining practice staff. 2 nd and 3 rd wave to be combined for baseline assessments & initial data extractions during Nov/Dec 2003.
To ensure that clinical audits carried out are relevant and make an impact on the quality of care received by all users of the Health Service	To establish a clinical audit programme that reflects local and national priorities, including participation in district-wide audit	Re-establish the District Effectiveness Committee to lead on District-Wide audit	JJ	April 2003	Achieved.
		Ensure clinical audit is an integral part of the NSF LIT groups	JJ/NH	Ongoing	Clinical Governance Managers attend NSF LIT groups providing clinical audit links.
		Set up Clinical Audit working group	JJ	November 2003	Achieved. Changed to Clinical Audit/Research/Effectiveness Group.
		Develop and implement audit programme	JJ/NH	Ongoing	Current programme determined by individual services – fed back through Clinical Governance Managers.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
		Implement PRIMIS (Primary Care Information Services) programme in primary care	NH	April 2003	Achieved.
RESEARCH & EFFECTIVENESS					
To ensure support is provided to contractor services, dental, pharmacy and opticians	To develop mechanisms to offer support with the elements of clinical governance	Regular meetings with representatives from the services listed	NH/JJ	Ongoing	Clinical Governance Development Plans for Community services. Agreement in principle for Primary care for generic Clinical Governance Development Plan. Primary Care were included in PCT Clinical Governance Development Plan.
		Agree actions plans with the representatives	NH/JJ	Ongoing	As above
		Optometry, dental and pharmacy representatives to be a regular item on the Clinical Governance Agenda	NH/MN/HB/NM	Pharmacy ongoing, dental and optometry by Sept 03	Achieved. Reps from each of these services are also being asked to come along and talk about work going on and work planned. Standard agenda items.
		Develop and distribute Questionnaire to establish progress in the dental services.	NH/MN	April 03	Achieved. Dental Adviser completed practice profile tool ready for distribution.
		Utilize the results from this questionnaire to develop appropriate training programmes	NH/MN/MS	Sept 03	Achieved. 40% response to the dental questionnaire. Report being written to feed back to Dental Adviser and the Educationalists.
		Support and fund the work done by the Community pharmacist in progressing the clinical governance agenda across 3 PCTs	NH/HB	Ongoing	As above.
		Inform all GDPs who have not completed the required audit/ peer review	MS	March 03	Achieved.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
		Ensure National guidance is followed for future dental audit / peer review	MS/NH/MN	March 04	
To improve the effectiveness of clinical practice and ensure it is based on evidence/research	Establish networks to share good practice and make links between disciplines	Establish a mechanism to manage/monitor NICE implementation	HB/SH	Oct 03	Achieved NICE Implementation Group established
		Monitor core national standards	JJ/NH	Ongoing	Added to audit programme as required.
		Ensure research governance mechanisms are in place	JJ	Ongoing	Draft Policy for agreement. Research briefing distributed through usual dissemination mechanism. To go to Clinical Governance Committee & Board for adoption.
		Clinical Governance training workshops to be offered to all services	FC/JJ	May 2003	Programme currently being developed for roll-out to independent contractors. Provided for Children's Services/Community Hospitals & Therapies. Planned November for District Nursing. Planned January 04 for Learning Disabilities.
COMPLAINTS					
To ensure complaints are dealt with in accordance with the national complaints review and that the PCT learns from complaints and uses them to improve practice	To provide a proactive complaints service that will lead to an improvement in the quality of care patients receive	Ensure actions from complaints are followed through and learning shared across the organisation	AT	Ongoing	
		Develop a training package for use by frontline staff	AT	June 03	Training pack in draft format. Meeting planned in November to discuss launch.
		Review the complaints process in line with policy to ensure that national guidelines are being met	AT/FC	May 04	Awaiting national guidance.

Clinical Governance Development Plan 2003/2004

Section One: Processes for Quality Improvement

Objective	Priority	Actions	Lead	Target Date	Update
		Review the complaints policy in line with the Commission for Health Improvement (CHI) recommendations and incorporate requirements from the National Review	AT/FC	Oct 03	Achieved.
		Continue to develop the use of the Ulysses database to ensure there continues to be a strong link from complaints to risk management and audit	AT/CH	Ongoing	Focussed training.
		Ensure Quarterly Board reports review emergent themes and compliance with targets	AT	Quarterly	Format reviewed. Verbal complaints and action plans to complainants.

This Section is to run in parallel with the Strategic Framework for Patient and Public Involvement that takes each point in more detail

Clinical Governance Development Plan 2003/2004

Section Two: The Patient's Experience

Objective	Priority	Actions	Lead	Target Date	Update
To ensure the PCT adopts a 'whole systems' approach to improving the quality of care received by all patients	To ensure cleanliness standards are met in line with PEAT (Patient Environment Action Team) recommendations	PEAG group (Patient Environment Action Group) established and baseline audit completed	FC	Feb/March 03	Achieved. Gosport War Memorial Hospital and Learning Disabilities achieved double green. St. Christopher's Hospital double amber. PEAG Steering Group 2 x Implementation Groups (community hospitals and learning disabilities) undertake audits and monitoring support by Hotel Services Advisor.
		Follow-up audits undertaken	FC	November 03	
		Generate action plans and review these at the PEAG group	FC	Ongoing	
		Extend the patient environment audit and action planning process to all PCT owned / managed premises as required	FC	March 04	

Clinical Governance Development Plan 2003/2004

Section Two: The Patient's Experience

Objective	Priority	Actions	Lead	Target Date	Update
		Undertake a review of the housekeeper role	FC	Feb 04	In progress.
To develop a Patient and Public Involvement strategy to encompass consultation processes and robust mechanisms to utilise Patient and Public feedback with service and improvements planning	To ensure patients are actively involved in the planning and organisation of care	Establish a Fareham and Gosport Public and Service User Group	KR/NK/Steering Group	Oct 03	PPI Manager to review all arrangements for involving patients/service users as highlighted in following action.
		Review arrangements for engaging patients / user groups in existing service planning structures and implement action plans to strengthen involvement	KR/NK	Ongoing	Currently underway. Proposed deadline of March 04.
		Review local performance against national patient performance indicators as they are introduced and ensure they are integrated as part of monitoring arrangements in delivering the Patient and Public Involvement Strategy	KR/NK	March 04	LDP targets monitored by PCT's Performance Management Committee and given traffic light scoring for action. National Patient Survey done by MORI
		Complete all the actions identified in the CHI action plan for Gosport War Memorial Hospital that relate to improving the experience of older patients and their relatives/carers	KR/NK/FC	Ongoing	Bi monthly meetings to progress actions have taken place. Annual report to be produced and action plan to be formally handed over to the Clinical Governance Committee. Essence of Care benchmarking tool adopted by the PCT and launched Feb 03. CHC patient survey conducted in Gosport War Memorial Hospital (March 03) extended to St Christopher's Hospital (Oct 03). Activities Coordinator employed at Gosport War Memorial Hospital.

Clinical Governance Development Plan 2003/2004

Section Two: The Patient's Experience

Objective	Priority	Actions	Lead	Target Date	Update
		Consultation of Patient and Public Involvement strategy	KR/NK	June 03	Achieved. PPI Strategy to Board (Jan 03). Multi-professional multi-agency steering group established and signed up to action plan.
		Continue to work with community groups in partnership with local councils	KR/NK	Ongoing	PCT involved in local Strategic Partnerships eg. Single Regeneration Budget., Surestart.
	Ensure recommendations regarding Patient Forums are put in place	Support the implementation of Patient Forums	KR/NK	Ongoing	Links established with organisation awarded the national tender.
		Work collaboratively with the CHC, ensuring a smooth transition	KR/NK	Sept 03	Achieved. 1/12/03 Extension. CHC members on PPI Steering Group, Clinical Governance Committee etc.
	Roll out the Expert Patient Programme in line with DOH recommendations	Actively recruit clients with a chronic disease to undertake the Expert Patient Programme courses	NH	Ongoing	2 nd Expert Patient Programme course just started. 2 more planned before the end of March 2004. DOH pilot extended to September 2004.
		Ensure four Expert Patient Programme courses are run in the F&G area.	NH	March 04	As above.
		Ensure the Expert Patient Programme and the chronic disease strategy / initiatives are closely linked	NH/CK	Sept 03	Achieved. 3 PCTs working together to ensure Expert Patient Programme and CDM are closely linked. Evaluation of Expert Patient Programme with CDM leads late 2003.
To ensure a PALS service that is effective and linked to service improvement/development	To implement the PALS service across the three PCTs	Review the PALS models produced by the current PALS service	KR/NK/JH	March 03	Achieved. PALS meeting arranged to discuss further involvement rolling-out programme to all PCT staff.
		Agree the best model and recruit staff as appropriate	KR/NK	June 03	PALS Service expanded with the appointment on second PALS Co-ordinator.
		Provide training for front line staff	JH	Ongoing	Training programme to be agreed - £3k available.

Clinical Governance Development Plan 2003/2004
Section Two: The Patient's Experience

Objective	Priority	Actions	Lead	Target Date	Update
		Ensure the PALS service work closely with the PCT complaints department to ensure a seamless service	JH/AT	Ongoing	Protocols under development between PALS and Complaints. PALS lead is member of local community network.
		Complete the development of PALS policies and procedures	JH	March 03	Achieved. Policies/procedures in place. Further development to reflect PCT need currently being addressed.
Ensure that information regarding the outcomes of patient care is easily accessible and useful	Ensure systems are in place to measure outcomes against best known practice	Review local performance against national patient performance indicators	JJ/NH/MC Martin	Dec 03	National Survey completed. All GP practices to carry out a patient survey in line with the new GMS contract and NICE Implementation Group & REA group.
		Benchmark Essence of Care standards across the PCT	JJ/AD	Ongoing	Essence of Care launched Feb 03. Quarterly 'link' meetings arranged to progress actions. 10 drop-in information workshops held.
		Appointment of Nurse Development Facilitator	FC	March 03	Achieved
Ensure robust systems are in place to gather, analyse and disseminate information		Undertake and disseminate results of national and local patient surveys	KR/NK	April 2003	Paper presented to September Board meeting with MORI results, Discussed at Steering group. Action plan currently being developed.
		Identify arrangements for ensuring patient/user views are disseminated to PCT staff and incorporated, where appropriate, as part of training programmes	KR/NK	Sept 03	In discussion. The PT has appointed PPI Manager. PALS service extended.
		Establish and maintain a database of patient/user views	KR/NK	March 04	
		To ensure local views and comments are taken into account when developing future Patient Prospectuses	KR/NK	Ongoing	Patient/user feedback incorporated in Issue 2. Forms part of PPI Managers objectives.

Clinical Governance Development Plan 2003/2004

Section Two: The Patient's Experience

Objective	Priority	Actions	Lead	Target Date	Update
To increase patients' involvement in their care/treatment and to ensure they receive better and timelier information about these matters	To participate in the Copying Clinical Letters to patients initiative	National Implementation expected from 2004	KR/NK	March 04	Elderly Services currently piloting letter asking patients if they would like copies of their clinical letters.

Clinical Governance Development Plan 2003/2004

Section Three: Use of Information

Objective	Priority	Actions	Lead	Target Date	Update
Ensure the PCT meets national requirements regarding information and patient confidentiality	To develop processes to ensure confidentiality	Run annual Caldicott audit across the PCT, produce outturn report and ensure the delivery of Action Plans	AP/JJ/NC/JC	June 03 & Sept 03	Achieved Included in Induction programme. Specific data protection training planned for early 2004. DP Co-ordinators require updating session before rolling out training programme.
		Monitor the application of the Data Protection Act	AP/JC	Ongoing	'Inventory' carried out January 2003. Planned annual updates.
		Support the implementation of the Local Implementation Strategy (LIS)	Shared IT service	Ongoing	
		Develop and support moving towards noteless General Practices	Shared IT service	Ongoing	
To improve the working lives of PCT staff	Implementation of the "Improving Working Lives" and "Investors in People" programmes	Achieve pledge status	JP	March 03	Achieved. Pledge status o.k. Practice assessment 13/10/03.
		Achieve Improving Working Lives Practice Status	JP	March 04	Achieved October 03.

Clinical Governance Development Plan 2003/2004

Section Three: Use of Information

Objective	Priority	Actions	Lead	Target Date	Update
Further develop "Zero Tolerance" work in line with national campaign	Introduction of systems to support front line staff in dealing with potentially violent individuals	Provide planned and emergency security service for primary care premises	NH	Jan 2003	Achieved. Security service working well in primary care.
		Keep all services up to date with the "Zero Tolerance" campaign	NH/MS/JJ	Ongoing	Information sent to practices as it arrives. Sent to provider services.
		Provide materials, such as posters to advise the public of the campaign	NH/Comms	Ongoing	Awaiting posters from the DOH
		Organise Personal Safety Training for primary care staff	NH	May 2003	Personal Safety training to be provided to all practices and community services, late 2003/early 2004. APT to providers. Strong links with Training & Development Dept.

Clinical Governance Development Plan 2003/2004

Section Four: Staff Focus

Objective	Priority	Actions	Lead	Target Date	Update
To develop a robust GP appraisal process	To ensure all GPs across Fareham and Gosport have had an appraisal by the end of March 2004	Provide an appraisal pack and a date to each GP in the F&G area	NH	March 2003	Achieved. All GPs have a date for their appraisal. Approx. 60% of appraisals have been completed. Local evaluation being carried out.
		Develop framework for poorly performing doctors	MS/AP	Sept 2003	Achieved
		Develop the training needs of the six current appraisers	NH/AP	Ongoing	Appraisers meet quarterly. Development needs are discussed at these meetings. They have received further training from Edgumbe consulting.
		Advertise for further appraisers	NH	July 03	Achieved. Further training planned for 13 th October for more appraisers.

Clinical Governance Development Plan 2003/2004
Section Four: Staff Focus

Objective	Priority	Actions	Lead	Target Date	Update
		Extend the remit of the one session of GP tutor time to cover an extra session to look at the training and development needs identified by the appraisal process	NH/AP	Oct 03	Achieved. GP tutor now carrying out two sessions to pick up results of appraisals and target education days.
Ensure that effective HR policies and procedures are in place in the PCT	Develop/revise policies as a result of recommendations from the CHI investigation	Review the whistle blowing policy	JP	June 2003	Achieved. Reviewed & relaunched – guidelines produced to be approved by PEC.
		Develop policy guidance in relation to GPs working as Clinical Assistants in Community Hospitals	JP	March 2003	In progress.
To provide education, training and continuous professional development to all staff employed by the PCT	Review staff needs and encourage feedback	Review CPR training needs across the PCT and develop training programmes	NH	March 2004	In progress
		Review induction programme for new staff	JP	March 2004	Achieved.
		Monitor Personal Development Plans	JP	March 2004	National monitoring & review check. 79% Personal Development Plans.
		Establish PCT Training and Education Steering Group	JP	June 03	Achieved
	Develop robust supervision and leadership arrangements within nursing	Explore development of Target sessions for Primary Care	NH/GP Tutor	March 04	Achieved. Funding agreed first Target date Feb 04.
		Appointment of Nurse Development Facilitator	FC	Jan 2003	Achieved As consequence identified need for team facilitation.
		Establish PCT Training and Development group as a sub group of the Personnel Panel	JP	June 03	Achieved.

Clinical Governance Development Plan 2003/2004

Section Four: Staff Focus

Objective	Priority	Actions	Lead	Target Date	Update
		Development of action plans	AD	March 04	Steering group established. Review workshops undertaken. Supervision groups established for service managers, executive nurses, community hospitals team leaders. Facilitator skills workshops. Introduction of Evaluative Framework. Need to review membership and process of existing and new groups.
	To further develop the understanding of multidisciplinary team working across the PCT	Expand GP Clin. Gov. leads group away days to other disciplines Continue to expand upon multi disciplinary / agency LIT groups Development of Health and Social Services linked schemes for cash for change	NH/JJ JJ/NH/RB RB/FC	Sept 03 Ongoing March 04	No action as yet. LITs established for all care groups/NSFs. Work programmes in place and priorities for service development identified through LDP process. Membership of groups to be reviewed, in particular to strengthen patient/public involvement. Older Peoples Strategic Partnership & Planning forum established with reps from health and social services to facilitate joint working. Older Persons Strategy being developed and priorities for service improvements identified.
Integrate system of workforce planning	Development of Workforce Plan that incorporates HIMP, NSFs and the Local Development Plan	In conjunction with Workforce Development Confederation (WDC) to appoint a Pan-PCT workforce planner Agree PCT recruitment action plan and develop strategy Participate in WDC led Work Force Planning model	JP JP JP	June 03 March 04 March 04	Advert gone out, interviewing end October 03. Achieved. Incorporated into HR Strategy. Achieved.

Clinical Governance Development Plan 2003/2004
Section Five: Leadership, Strategy and Planning

Objective	Priority	Actions	Lead	Target Date	Update
To strengthen clinical governance leadership and accountabilities within the PCT	To assure the PEC and the Board that clinical governance is assuring safety and improving the quality of care received by patients	Clinical Governance Committee minutes to be reported to the PEC and the Board	NH/AP	Ongoing	Ongoing
		PEC away day to establish effective working of group	PEC members	Jan 03	Achieved.
		Clinical Governance Development plan to be reported to the Board and the PEC	FC	April 03	Achieved.
		Strengthen links to the commissioning process to ensure a clinical governance reporting system is in place	FC/NH/JJ/RB	Nov 03	Achieved.
To strengthen clinical leadership		Development of Nurse Strategy linked to HR strategy and patient and public involvement strategy	FC/AH/CK	Sept 03	Expected December 1 st draft. Ann Dalby to update.
		Develop a model for clinical leadership	FC/BS	March 04	In progress.
To strengthen links to the commissioning process to ensure a clinical governance reporting system is in place		Develop quality standards in sub-contracts to enable these to be monitored	FC/NH/JJ/RB	Sept 03	Meeting in October 2003 to strengthen links between commissioning and clinical governance. Process agreed focused on quality standards/clinical outcomes and regular review through SLA monitoring Group
		Commissioning representation at Clinical Governance Committee		Ongoing	Ongoing

Key

Hazel Bagshaw, Pharmaceutical Advisor	HB
Rachael Boyns, Service development Manager	RB
Fiona Cameron, Operational Director	FC
Neil Carstairs, Information Analyst	NC
Janice Combs, Business Manager	JC
Communication Department	Comms
Ann Dalby, Nurse Development Facilitator	AD
Sue Halewood, Pharmaceutical Advisor	SH
Caroline Harrington, Risk and Litigation Manager	CH
Jenny Hazel, Patient Advice and Liaison Service Coordinator	JH
Nicky Heyworth, Clinical Governance Manager (Primary Care)	NH
Anne Hollis, Clinical Team Manager School Nursing & PEC member	AH
Justina Jeffs, Clinical Governance Manager (Community Services)	JJ
Chris Kelly, Practice Nurse & PEC member	CK
Noreen Kickham, Director of Public Health	NK
Nicola Moss, Clinical Governance Lead, Optometry	NM
Mike Norton, Clinical Governance Lead, Dentistry	MN
Jane Parvin, Head of Human Resources	JP
Dr. Andrew Paterson, Clinical Governance Lead	AP
Professional Executive Committee	PEC
Kathryn Rowles, Director of Public Health	KR
Bob Smith, Organisation & Staff Development Consultant	BS
Margaret Smith, Head of Primary Care	MS
Ann Turner, Complaints Manager	AT
Mike Wagg, PRIMIS Facilitator	MW

EXCEPTION REPORTS**Processes for Quality Improvement:**

Section	Priority	Actions	Target Date	Reason	New Target Date
RISK MANAGEMENT	To update all Portsmouth HealthCare Trust policies	Ensure policies are reviewed and distributed appropriately.	April/May 03	Security and Bomb policy under review. Vehicle Management Policy awaiting Service Level Agreement meeting (3/11/03) for agreement.	March 04 March 04
	To learn lessons from risk issues and significant events, whilst promoting a 'just' culture	Roll out incident reporting and risk assessment processes to primary care	April 03	Site Incident Policy going to November Board meeting for ratification. For distribution by end Dec 03. Risk assessment training available since Feb 03. Launch of new 'adverse incident' forms to include primary care.	December 03 Pilot December 03 April 04.
RESEARCH & EFFECTIVENESS	To develop mechanisms to offer support with the elements of clinical governance.	Develop & distribute questionnaire to establish progress in the dental service.	April 03	Questionnaire completed, analysis completed Sept 03 and fed back to Dental Adviser.	Sept 03 Completed.
	Establish networks to share good practice and make links between disciplines.	Clinical Governance Training workshops to be offered to all services.	May 03	CG Workshops held for Children's Services/Physios and Community Hospitals. DNs planned for end October 03. Roll-out to independent contractor services.	March 04
COMPLAINTS	To provide a proactive complaints service that will lead to an improvement in the quality of care of patients receive.	Develop a training package for use by frontline staff.	June 03	Training pack in draft format at present. Meeting planned in November to discuss launch.	December 03

EXCEPTION REPORTS

The Patient's Experience

Section	Priority	Actions	Target Date	Reason	New Target Date
	To ensure patients are actively involved in the planning and organisation of care	Establish a Fareham & Gosport Public and Service User Group	October 03	No resources to lead on this action. PPI Manager now in post and will review the most appropriate way of engaging patients/service users.	March 04
PALS	To implement the PALS Service across the PCTs	Agree the best model and recruit staff as appropriate	June 03	Further discussion as to individual PCT requirements. Second Co-ordinator appointed in October 03	Oct 03
	Ensure robust systems are in place to gather, analyse and disseminate information	Undertake and disseminate results of national and local patient surveys.	April 03	MORI Survey results not available until autumn 03.	March 04
		Identify arrangements for ensuring patient/user views are disseminated to PCT staff and incorporated, where appropriate, as part of training programmes.	Sept 03	PPI Manager appointed will now take this forward.	March 04

The Use of Information

Section	Priority	Actions	Target Date	Reason	New Target Date
	Introduction of systems to support front line staff in dealing with potentially violent individuals	Organise personal safety training for primary care staff	May 03	Agreement of funding for training.	March 04

EXCEPTION REPORTS

Staff Focus

Section	Priority	Actions	Target Date	Reason	New Target Date
	Develop/revise policies as a result of recommendations from the CHI investigation	Develop policy guidance in relation to GPs working as Clinical Assistants in Community Hospitals	March 03	Currently in progress. Lead by Medical Director not by lead indicated.	March 04
	To further develop the understanding of multidisciplinary team working across the PCT	Expand GP Clinical Governance Leads group away days to other disciplines.	Sept 03	Decision to use new TARGET educational sessions to fulfil this action. First date arranged for Feb 04.	Feb 04
	Development of Workforce Plan that incorporates HIMP, NSFs and the Local Development Plan	In conjunction with Workforce Development Confederation (WDC) to appoint a Pan-PCT workforce planner	June 03	Interviewing for post end October 03.	November 03

Leadership, Strategy and Planning

Section	Priority	Actions	Target Date	Reason	New Target Date
		Development of Nurse Strategy linked to HR Strategy and patient and public involvement strategy	Sept 03	A Nursing and Allied Health Professional Strategy is now being developed and this change has necessitated an extension to the development phase.	January 04
		Develop quality standards in sub-contracts to enable those to be monitored	Sept 03	To be taken forward by the District Clinical Governance Group to arrange meeting between Clinical Governance Leads and Commissioning Leads. Meeting took place in October 03. Process agreed.	October 03