

**CLINICAL GOVERNANCE DEVELOPMENT PLAN
2003/4**

Section 1: Leadership, Strategy and Planning

Section 2: Risk Management

Section Three: Clinical Audit

Section Four: Clinical Research and Effectiveness

Section Five: Education and Training

Section Six: Staffing and Staff Management

Section Seven: Public and Patient Involvement

Section Eight: Use of Information

CLINICAL GOVERNANCE DEVELOPMENT PLAN 2003/4

SECTION ONE: LEADERSHIP STRATEGY & PLANNING				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
Further strengthen clinical governance leadership and accountabilities within the PCT	Develop Portfolio roles for new PEC members and other Clinical Leads	1. Advertise for the following lead posts: <ul style="list-style-type: none"> • Primary Care Performance Lead • Education Lead • PPI Lead 	IR/ SDK	<ul style="list-style-type: none"> • by Mar 2004
		2. Support lead roles already in place	SDK	<ul style="list-style-type: none"> • ongoing
	Continue to improve mechanisms to communicate and assure the PEC and Board of sound governance of the PCT	1. Continued development of reporting framework, presentations and roadshows	JJ	<ul style="list-style-type: none"> • by Apr 2003
		2. Continued involvement of NEDs in key projects	SDK	<ul style="list-style-type: none"> • ongoing
	Ensure the development of CG arrangements for GDPs, community Pharmacies and Optometrists	1. agree action plan with professional advisors 2. consult with professional groups on process 3. identify opportunities for joint working, education etc.	SDK/JJ & Professional Advisors	<ul style="list-style-type: none"> • by Jun2003 • by Jun 2003 • ongoing
To implement the recommendations from the Gosport War Memorial Hospital Inquiry and ensure learning across the whole PCT	Support individuals and teams to implement the recommendations of the GWM CHI Investigation	1. participate and agree joint action plan with F&G PCT in particular <ul style="list-style-type: none"> • communications • complaints management • record keeping • prescribing • supervision 2. Develop and implement PCT action plan for community hospital and primary care including <ul style="list-style-type: none"> • Out of hours • Audits of prescribing and record keeping in community hospitals 	IR/ SDK SDK SDK PT IR/PD/ND IR Clin. Gov ctte	<ul style="list-style-type: none"> • By dates required • From Apr 2003
To ensure clinical governance standards are being met by commissioners	SLA development	<ul style="list-style-type: none"> • quarterly review and development with PHT • ensure regular reports and reviews for ECRs/ OATs • mechanisms for GPs and service users to feedback regarding quality as part of SLA Quality Review 	AB/JJ AB/JJ	<ul style="list-style-type: none"> • ongoing • Mar 2004
			SDK	<ul style="list-style-type: none"> • Mar 2004
	Private/ Independent provider quality	<ul style="list-style-type: none"> • Develop agreed mechanisms for evaluation and review of private providers based on CHI review criteria. 	AB/ JJ	<ul style="list-style-type: none"> • By Mar 2004
Development of PCT framework for External Reviews and Inspections <ul style="list-style-type: none"> • CHI review 	Ensure that all systems and process are in place and that the PEC/ Board and all staff have a good understanding of purpose	3. Complete framework 4. Identify areas of duplication / key priorities etc 5. Develop communications process for staff including information sessions and training	SDK/JJ	<ul style="list-style-type: none"> • Apr 2003

SECTION ONE: LEADERSHIP STRATEGY & PLANNING				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
<ul style="list-style-type: none"> • Controls Assurance • CNST 	and requirements	6. Carry out baseline assessment 7. Report as required		<ul style="list-style-type: none"> • Jun 2003 • By Mar 2004

SECTION TWO: RISK MANAGEMENT				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
To promote a bottom-up risk management culture across managed services and GP practices.	Risk assessment and management in practices/ services	<ol style="list-style-type: none"> 1. Introduce Risk Awareness Training Programme 2. Review risk Assessment & Reporting Tools 3. Support GP Practices setting up risk assessment and risk management processes 4. Introduce specific adverse event training for medical staff (CHI recommendation) 	Julie Jones	<ol style="list-style-type: none"> 1. To begin in April 2003 2. Revised tool to be rolled out from Autumn 2003 3. Ongoing 4. To begin Spring 2003
To ensure staff have access to up to date policies, procedures and guidance	Policies and procedures	<ol style="list-style-type: none"> 5. PHCT policies reviewed, updated, approved and distributed to designated policyholders. 	Kim Barnes	<ol style="list-style-type: none"> 5. To be completed by April 2003
To ensure adverse incident reporting systems reflect best practice and national standards.	National Incident Reporting System (NPSA) standards RPST Controls Assurance	<ol style="list-style-type: none"> 6. Implement national requirements 7. Develop, trial and launch new reporting form 8. Roll out ongoing incident reporting training 9. Introduce Root Cause Analysis & Investigating Officer training 10. Support GP Practices in the introduction of a Significant Event Reporting procedure 11. Improve management reporting to Board, RMC and Provider Services 	Julie Jones	<ol style="list-style-type: none"> 6. Review against national standards to begin in Jan 03 7. Trial to begin in March 2003 8. From April 2003 9. From April 2003 10. From Summer 2003 11. Ongoing
To ensure the PCT obtains the optimum benefit from external assurance processes in terms of risk identification, management and reduction.	Controls Assurance RPST / CNST CHI	<ol style="list-style-type: none"> 12. Complete baseline assessment against external assurance standards and identify strengths, weaknesses and action plans to address shortfalls 13. Work towards achieving the Level II of Controls Assurance Matrix Milestones 	Julie Jones	<ol style="list-style-type: none"> 12. Jan 2003 13. By April 2003
To promote a culture within the PCT where introducing change and improvement as a result of adverse events is common practice.	Learning From Risk Issues & Significant Events	<ol style="list-style-type: none"> 14. Expand the SEA General Practice Reporting process and Newsletter 15. Provide feedback to managed services and GP practices on lessons learned in other services 	Julie Jones	<ol style="list-style-type: none"> 14. To begin in Summer 2003 15. Ongoing
To ensure frontline staff are trained to deal with medical emergencies	CPR	<ol style="list-style-type: none"> 16. SLA for training with PHT 17. Training 18. Policies & Procedures 19. Information for Patients 	Julie Jones	<ol style="list-style-type: none"> 16. To be completed by April 2003 17. To begin in Summer 2003 18. To be completed by April 2003 19. In place by April 2003
To facilitate improved compliance with decentralised	Decontamination	<ol style="list-style-type: none"> 20. Status audit in Community Services 21. Upgrade equipment 	Julie Jones	<ol style="list-style-type: none"> 20. To be completed by Spring 2003 21. By April 2003

SECTION TWO: RISK MANAGEMENT				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
decontamination processes in managed services		22. Roll out training programme 23. Workshop/ Advisory Forum for GP Practices		22. Introduced in Feb/March 2003 23. To be established by Spring 2003
To ensure the PCT has in place infrastructures, policies, procedures and training programmes to facilitate the safe use of medical equipment.	Medical Devices Management	24. Establish PCT Medical Devices Group 25. Produce Medical Devices Policy / Procedures 26. Agree SLA with PHT/Portsmouth City PCT 27. Introduce Education & Training Programme 28. Introduce MDA cascade system to GP Practices	Julie Jones	24. Established in September 2002 25. To be approved by January 2003 26. To be in place by April 2003 27. To begin in Summer 2003 28. Introduced to all Independent Contractors in October 2002
To ensure the PCT has in place infrastructures, policies, procedures and training programmes to manage and reduce the risk of cross-infection in health care premises.	Infection Control	29. Establish Infection Control Management Framework 30. Establish Joint Infection Control Group 31. Produce Infection Control Policy 32. Agree SLA with PHT and the HPA 33. Training Programme established 34. Link Nurse role strengthened	Ian Reid/ Julie Jones	29. Established in September 2002 30. Established in September 2002 31. To be approved in Jan 2003 32. Agreed in September 2002 33. Ongoing 34. Ongoing
To ensure the PCT can effectively discharge it's role in emergency planning arrangements and local major incident response plans	Emergency planning	35. EH PCT has lead PCT role in local health economy for 2002/3 36. Finalise Joint PCT Policy 37. Introduce Training & Exercises	Julie Jones	35. Until Mar 2003 36. To be approved in January 2003 37. Annual programme begins in January 2003
To implement national Consent to Treatment requirements across managed services	Consent	38. Implement forms and policy across the PCT including appropriate use in primary care	Julie Jones	38. Policy approved by the PCT in October 2002
To develop common risk management processes and improve lesson sharing across the local health economy	Partnership working	39. Introduce Risk Management & Clinical Governance Network Groups for the local health economy – involving the 3 PCTs, acute Trust and Mental Health Trust.	Julie Jones	39. Established in the summer of 2002 and ongoing

SECTION THREE: CLINICAL AUDIT				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
To support services and practices to measure the process and outcomes of service delivery and in turn inform improvements and the development of new services	PCT programme of Audit which includes Health Community wide projects and multidisciplinary audits	<ol style="list-style-type: none"> 1. Develop strategy 2. Set up Clinical Audit Working Group 3. Develop and implement audit programme 	Clin Gov Ctte SDK Clin Gov Leads SDK/ local PCTs	<ul style="list-style-type: none"> • Apr 2003 • Apr 2003 • By Mar 2004
To develop robust mechanisms	Support the Primary Care Development Team in the implementation of the GP contract/ further expansions of PMS and in particular Quality indicators.	<ol style="list-style-type: none"> 1. Agree process for identification of indicators, monitoring and evaluation 2. Agree support systems required within the clinical governance framework 	SDK/Director Primary Care	Ongoing
Support services and practices to undertake a range of audits that meet national and local requirements	Service and Practice audit programmes to reflect national and local priorities e.g. NSFs, NICE,	<ol style="list-style-type: none"> 1. each Service/practice Plans to undertake audits as identified in their annual plan 2. Further develop SEA in practices 1. Undertake 3rd practice CHD audit 	Service/Practice Managers JJ/ Clin Gov Leads	<ul style="list-style-type: none"> • by Mar 2004 • by Mar 2004 • Sept 2003
	Agree and undertake district wide audit programmes	<ol style="list-style-type: none"> 1. Review practice DRIVE audit - extend to related services and NSF requirements 	SDK/TG	<ul style="list-style-type: none"> • by Mar 2003
Support all staff in developing and improving audit skills	Provision of PCT support, training and expertise for the development of audit and IT systems in practices and services supported by PRIMIS	<ol style="list-style-type: none"> 1. appoint to audit/IT facilitator post 2. implement PRIMIS project in 9 practices 3. run audit training programme 4. PCT audit team to provide regular training, support and advice 	SDK/ H C CW/ HC J Bunday/ J Jeffs PCT Audit Team	<ul style="list-style-type: none"> • From Jan 03 • By Sept 2003 • from Apr 03 • ongoing

SECTION FOUR: RESEARCH & EFFECTIVENESS				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
To improve the effectiveness of clinical practice and ensure it is based on evidence/research	support services/practices getting evidence into practice through <ul style="list-style-type: none"> access to information sharing good practice across traditional professional boundaries guidelines clinical services directory 	<ol style="list-style-type: none"> Develop programme for sponsorship/support for EBP studies through pilot sites Dissemination of national /local best practice through NICE dissemination process 	PCT R&E lead/ service and practice CG Leads	<ul style="list-style-type: none"> From Jan 2003
	Support the implementation of NSFs across the PCT to achieve compliance within timescales	1. Monitor and review action plans to ensure clinical developments being commissioned/ provided are in line with best practice	Service Development Managers and Service/ Primary Care lead	<ul style="list-style-type: none"> Ongoing
	Undertake clinical policies review in secondary care	1. review PHCT policies, revise and approve for use by the PCT	IR/ JJ	<ul style="list-style-type: none"> by Mar 2003
	Implementation of the Essence of Care Standards across community and secondary care services	<ol style="list-style-type: none"> support implementation across all services ensure completion and implementation for standards reflected in GWM CHI Investigation 	F Williams J Goodall	<ul style="list-style-type: none"> ongoing
	Implementation of NICE guidelines	<ol style="list-style-type: none"> Ensure clear process for disseminating guidance to clinicians and commissioning managers Assess the impact on the PCT of implementing NICE guidance 	N Hicks/ JJ N Hicks/ Service Development Mgrs/ N Davey	<ul style="list-style-type: none"> by Apr 03
	Development of Patient Group directives	<ol style="list-style-type: none"> Audit phase one implementation Consult with professional groups re: phase 2 PGDs Link selection to reducing GPS workload debate, minor injuries and walk in centres 	N Davey /CPTs/ J Goodall	<ul style="list-style-type: none"> By Apr 2003 From Apr 2003 From Apr 2003
To ensure that a body of local research is developed across the PCT which meets research governance requirements	Development of Primary Care Research	<ol style="list-style-type: none"> support accreditation in interested practices Utilise the health community PCR facilitator post 	Dr B Ellis/ LRDO	<ul style="list-style-type: none"> ongoing
	Research in directly managed services	<ol style="list-style-type: none"> support the development of local research through the local R&D Consortium ensure the PCT meets Research Governance requirements 	LRDO/ K Greenwood	<ul style="list-style-type: none"> ongoing

SECTION FOUR: RESEARCH & EFFECTIVENESS				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Target Date
		3. Support staff to undertake research training through the ARDSU		

SECTION FIVE: EDUCATION AND TRAINING				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Timescale
Develop a CPD strategy for the PCT	Develop & Run GP Appraisal Process	<ol style="list-style-type: none"> 1. appoint & train appraisers 2. set up locum support system 3. provide educational support to GPs post appraisal 4. Develop process for provision of PCT held information to support appraisal preparation 	Education Lead / SDK	<ul style="list-style-type: none"> • ongoing
	Ensure that all staff in directly managed services have undertaken an annual appraisal and have PDP that include CPD	<ol style="list-style-type: none"> 1. Audit of current appraisal process 2. monitor PDPs and ensure CPD issues are addressed 	DF	<ul style="list-style-type: none"> • Ongoing
	Supervision of medical staff in secondary and community services	<ol style="list-style-type: none"> 1. Implement action plan in line with recommendations of GWM CHI Investigation 	IR	<ul style="list-style-type: none"> • Apr 2003
Develop and Implement a comprehensive Quality Education Programme	Protected Time programme for services and practices	<ol style="list-style-type: none"> 1. Set up steering group for PCT educational events 2. produce bid for workforce confederation monies 3. Agree programme for 2003 including PCT, cluster and practice service protected time 4. evaluate programme 	Education Lead/ SDK / D Farmer GP Tutors/ Deanery	<ul style="list-style-type: none"> • Jan 2003 • Jan 2003 • Jan 2003 • Jan 2004
	Develop and run specific Quality training courses	<ol style="list-style-type: none"> 1. Develop and run programmes for: <ul style="list-style-type: none"> • Risk assessment, management, reporting and investigations • Emergency planning • Complaints handling • PALS and customer care • Clinical governance induction • Evidence based practice • Critical appraisal and audit skills • Public and patient involvement • Education sessions for clinical governance e.g.: NSF implementation, clinical governance topics 	SDK/JJ & PCT training team	<ul style="list-style-type: none"> • From Jan 2003
Development of a robust and responsive training programme that meets both business and individual needs	PCT training Programme	<ol style="list-style-type: none"> 1. Develop co-ordinated programme that meets service/ practice plans and business plan 	DF/SDK T&D Cttes	<ul style="list-style-type: none"> • Apr 2003
Develop a proactive and	Building relationships	<ol style="list-style-type: none"> 1. develop relationships with workforce 	DF/Ed Lead	<ul style="list-style-type: none"> • ongoing

SECTION FIVE: EDUCATION AND TRAINING				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Timescale
flexible approach to education and training opportunities		confederation and education providers		
	Develop a good understanding of Bidding processes and a proactive approach to securing funding	1. understand and utilise knowledge and influence of bidding processes	DF/ JH	<ul style="list-style-type: none"> ongoing

SECTION SIX: STAFFING & STAFF MANAGEMENT				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Timescale
To improve the working lives of PCT staff	Implementation of the IWL programme	1.work towards accreditation	D Farmer	• Feb 2003
To implement a robust strategy and workforce plans	Ensure that each area of the LDP has robust workforce plans which include clinical governance and modernisation targets	1. work with services to support plan development and implementation 2. Identify opportunities to develop new roles to enable pre-employment and employment opportunities (link with section 5) 3. Link with development work on NHS Professionals 4. Review progress against national targets	D Farmer	• From Apr 2003
	Develop recruitment strategy that covers hard to recruit areas locally	1. Work with Allied Health Professions and Elderly Mental Health Services initially to identify opportunities and solutions	D Farmer	• By March 2004
Ensure that effective HR policies and procedures are in place in the PCT	Develop/ Revise policies as a result of recommendations from CHI Investigation	1. Review of the Whistle blowing policy 2. Develop policy guidance in relation to GPs working as Clinical Assistants in Community Hospitals	D Farmer	• By June 2003 • By Apr 2003
Develop and implement robust process for dealing with independent contractors whose practice gives cause for concern	Process for dealing with <ul style="list-style-type: none"> • GPs • GDPs • Pharmacists • Optometrists 	1. Agree PCT process 2. Work with SHA to develop wider mechanisms for assessment etc. 3. Ensure consistency with other professional groups	PT/Performance Lead	• Ongoing from Oct 2002
To create opportunities for staff feedback and involvement in the PCT	Develop a range of opportunities for staff involvement	1. Run Annual Staff Survey 2. Set up Staff Forum 3. Support staff membership of Pan PCT, Collaborative Forum, IWL Steering Group, Personnel Panel 4. Promote a variety of secondments that give staff opportunities to become more involved in the work of the PCT	D Farmer	• From Apr 03

SECTION SEVEN: PATIENT & PUBLIC INVOLVEMENT				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Timescale
Develop a comprehensive approach to PPI throughout the PCT	Develop and implement PPI strategy and action plans	<ol style="list-style-type: none"> 1. strategy and action plans to be consulted on with all stakeholders 2. continue to work with community groups in partnership with local councils 3. support staff through training on methods of involvement and sharing outcomes 4. support services and practices in involving patients and carers in service development and evaluation 	SDK/ N Hicks	<ul style="list-style-type: none"> • Apr 2003 • Ongoing • Jan 2003 • ongoing
Development of an accessible and responsive PALS service throughout the PCT and across the locality	Implementation of PALS across 3 local PCTS	<ol style="list-style-type: none"> 1. Agree additional staff appointments as part of PALS expansion 2. develop volunteer agreements/ protocols 3. provide training for PALS champions 4. ensure robust mechanisms for organisational trend analysis and learning 	SDK	<ul style="list-style-type: none"> • Apr 2003 • From Apr 2003 • By Mar 2004 • By Mar 204
	Respond as required to recommendations on the implementation of Patient Forums	<ol style="list-style-type: none"> 1. support the implementation of Forums as required in guidance 2. continue to work collaboratively with the CHC with East Hants Pathfinder Forum 	SDK	<ul style="list-style-type: none"> • Apr 2003 • ongoing
To ensure that the PCT learns from complaints and takes action to improve service quality as a result	Proactive complaints management	<ol style="list-style-type: none"> 1. ensure lessons shared and learnt across the PCT and link to CHI recommendations 2. ensure process to review action as a result of complaints 3. implement recommendations of national complaints review and develop links with ICAS as appropriate 	SDK/EW	<ul style="list-style-type: none"> • ongoing • ongoing • From Jan 2003
The provision of timely and appropriate information for patients	Implement pilot studies as part of the Patient Letters initiative	<ol style="list-style-type: none"> 1. undertake baseline assessment 2. identify different process to share letters which reflect the needs of the service and its patients 	N Stubbs	<ul style="list-style-type: none"> • From Apr 2003
	Further develop the Expert Patient Programme	<ol style="list-style-type: none"> 1. review programme undertaken in Havant 2. Agree process to take forward and administer courses in the future 3. investigate the development of supporting professional programmes as part of the patient pathway 	SDK	<ul style="list-style-type: none"> • by Mar 2003 • May 2003
To ensure that patients and the public are involved in the development and evaluation of	Initiatives to include patients/ public in service feedback and development which support the services LDP	<ol style="list-style-type: none"> 1. Each service/ Practice to have an action plan for PPI that incorporates at least one feedback and one development initiative 	Service Managers	<ul style="list-style-type: none"> • From Apr 2003

SECTION SEVEN: PATIENT & PUBLIC INVOLVEMENT				
OBJECTIVE	PRIORITY	ACTIVITY	Lead	Timescale
PCT services	targets			
	Ensure that the patient experience and results of public consultation are built into the quarterly reporting	<ol style="list-style-type: none"> 2. incorporate PPI into quarterly reporting mechanism 3. Develop annual Patient prospectus that is local and user friendly 	<p>JJ</p> <p>SDK/ Comms team</p>	<ul style="list-style-type: none"> • Mar 2004 • Sept 2003

SECTION EIGHT: USE OF INFORMATION				
OBEJCTIVE	PRIORITY	ACTIVITY	Lead	Timescale
To develop systems for the management and transfer of high quality information and data	Support the implementation of the IM&T strategy and implement supporting training programmes	<ul style="list-style-type: none"> • Develop revised strategy • Continue delivery of ECDL training and training to support EBP 	W Flatman	<ul style="list-style-type: none"> • Mar 2003
	Under Transformational PCT project develop proposal for using XML technology to share information and data across organisations	<ul style="list-style-type: none"> • Investigate potential of XML technologies • Develop business case 	J Hughes	<ul style="list-style-type: none"> •
	Develop process and systems to assure the quality of data in practices and services	<ul style="list-style-type: none"> • link to PRIMIS/ IT Audit Facilitator Role • Appointment of Information Officer 	H Coni / C Wickham S Pepper	<ul style="list-style-type: none"> • Jan 2003
	Develop IM&T plans to support patient information needs such as <ul style="list-style-type: none"> • patient letters • health information centres • PALS information service 	<ul style="list-style-type: none"> • Run baseline assessment of current provision and needs • Develop business case • Develop and monitor implementation plan 	SDK/ Service Managers/ Practice managers	<ul style="list-style-type: none"> • From Jan 03
To develop the range of mechanisms to ensure information and knowledge is accessible to all PCT staff	Support the development of the knowledge management programme	<ul style="list-style-type: none"> • Identify areas where access to clinical evidence requires improvement • Support staff by disseminating information received in accessible and timely fashion • Work with the other local PCTs to ensure access to a information through a variety of sources • Create links with relevant organisations to enhance information provision: NeLH, higher and further education, external libraries, NHS Direct etc. 	C Tite/ J Loose	<ul style="list-style-type: none"> • From Apr 2003
Ensure the PCT meets national and legal requirements regarding information and patient confidentiality	Implement the Caldicott requirements Monitor application of the data Protection Act Implement guidance on Freedom of Information	<ul style="list-style-type: none"> • Run annual audit • Agree process & gain board approval for implementation of Freedom of Information 	I Reid/ E Williams/ B Hall	<ul style="list-style-type: none"> • ongoing