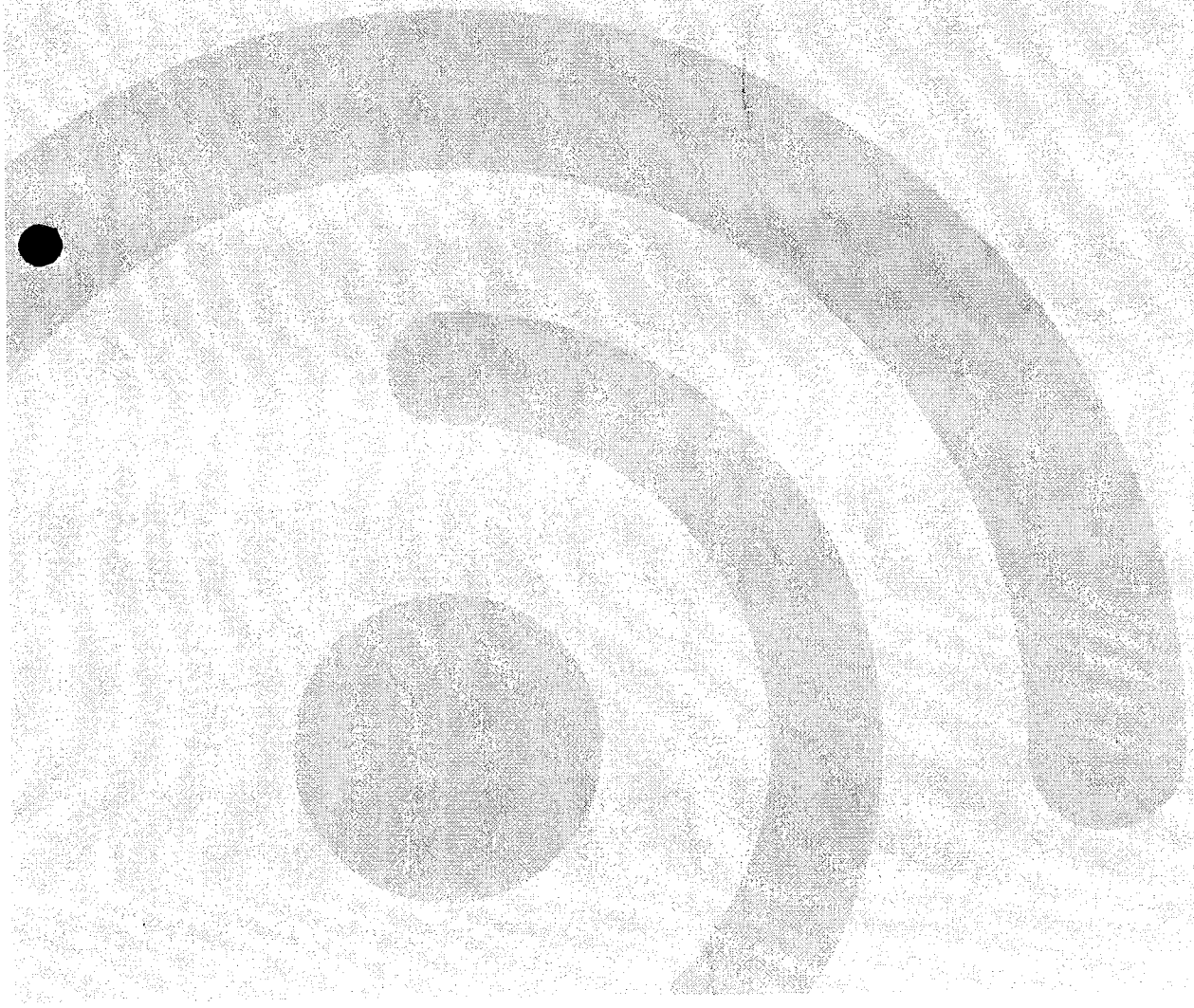
Clinical governance review

Healthcare Commission

Portsmouth City Teaching PCT

July 2004



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The Healthcare Commission

The Healthcare Commission exists to promote improvement in the quality of NHS and independent healthcare across England and Wales. It is a new organisation, which started work on 1st April 2004. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

The Healthcare Commission was created under the Health and Social Care (Community Heath and Standards) Act 2003. The organisation has a range of new functions and takes over some responsibilities from other commissions. It:

- replaces the work of the Commission for Health Improvement (CHI), which closed on 31st March
- takes over the private and voluntary healthcare functions of the National Care Standards Commission, which also ceased to exist on 31st March
- picks up the elements of the Audit Commission's work which relate to efficiency, effectiveness and economy of healthcare

In taking over the functions of the Commission for Health Improvement, the Healthcare Commission now has responsibility for the programme of clinical governance reviews initiated by CHI.

This report relates to a clinical governance review, some of which was carried out by CHI prior to 1st April. In order to provide readers with some consistency, we use the term Healthcare Commission rather than CHI throughout.

It is important to note that the Healthcare Commission has full responsibility for this report and the activities which flow from it such as ensuring that an action plan is published by the trust which the Commission will make available through its website.

Contents

Introduction

Portsmouth City Teaching Primary Care Trust (the PCT) was awarded teaching status in April 2003 and was formerly known as Portsmouth City PCT. It serves a population of approximately 191,000 people and has the same geographical boundary as Portsmouth City Council. The city of Portsmouth is densely populated with areas of significant deprivation close to areas of relative affluence. The city is multicultural and has a number of small minority ethnic groups. The city was designated an associated health action zone in January 2000 due to its pockets of poor health and deprivation.

The PCT employs over 1880 staff and provides a range of community health services. It has 28 general practices, 28 dental services, 34 pharmacies and 22 optometry practices. Since April 2002 the PCT, with Portsmouth City Council social services department, has jointly provided and commissioned adult mental health services. Services are provided from a number of different premises across Portsmouth including St Mary's and St James's hospitals. The PCT is one of 19 PCTs in England that provide mental health services.

The PCT is one of 10 that report to the Hampshire and Isle of Wight Strategic Health Authority. Three of the PCTs, Portsmouth City, East Hampshire, and Fareham and Gosport PCTs, have been the subject of a simultaneous but independent clinical governance review.

This report by the Healthcare Commission gives an independent assessment of clinical governance in the PCT.

PCTs have taken over from health authorities as the NHS organisations responsible for leading and developing local health services. Their core roles are to manage and develop primary and community health services; commission hospital and specialist services; and, to improve the health of their local populations, address inequalities in health. They are diverse and complex organisations, varying greatly in the ranges of services they provide and commission.

PCTs have recently assumed statutory responsibilities for NHS dentistry, optometry and pharmacy. This means that PCTs may not have had the opportunity to align clinical governance systems across these service areas by the time of the Healthcare Commission's assessment. The Healthcare Commission does expect to see evidence that PCTs are engaging with these professions to develop clinical governance and this expectation is reflected in the findings of the review.

Clinical governance is the system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care, ensuring high standards, safety and improvement in patient services.

What is the purpose of the review?

The Healthcare Commission's clinical governance reviews set out to answer three questions:

1 What is it like to be a patient here?

2 How good are the PCT's systems for safeguarding and improving the quality of care?

3 What is the capacity in the organisation for improving patients' experiences?

What is covered by a Healthcare Commission review?

A Healthcare Commission review assesses seven areas of clinical governance. The areas are:

1 patient and service user involvement

2 risk management

3 clinical audit

4 staffing and staff management

5 education and training

6 clinical effectiveness

7 use of information

A Healthcare Commission review also describes two further areas:

1 patients' and service users' experiences

2 the PCT's strategic capacity for developing and implementing clinical governance

An explanation of the Healthcare Commission's assessments
On the basis of the evidence collected, The Healthcare Commission's reviewers assess each component of clinical governance against a four point scale:

i Little or no progress at strategic and planning levels or at operational level.

ii a) Worthwhile progress and development at strategic and planning level but not at operational level, OR

b) Worthwhile progress and development at operational level but not at strategic and planning level, OR

c) Worthwhile progress and development at strategic and planning and at operational level, but not across the whole organisation.

iii Good strategic grasp and substantial implementation. Alignment of activity and development across the strategic and planning levels and operational level of the PCT.

iv Excellence – coordinated activity and development across the organisation and with partner organisations in the local health community that is demonstrably leading to improvement. Clarity about the next stage of clinical governance development.

What are the Healthcare Commission's conclusions about Portsmouth City Teaching Primary Care Trust?

What are the Healthcare Commission's conclusions based on its review of Portsmouth City Teaching PCT?

Patients and service users are treated with respect and have access to information about services provided. Patients and service users are also able to complain and give feedback. The PCT needs to do more work to ensure that the views of patients, service users and the public influence service developments and the way services are provided.

Facilities are generally of a good standard. Mental health service users and other health organisations are concerned about the standard of accommodation in adult mental health services. It is expected that new facilities, due to open later this year, will address some of these concerns, including the provision of single sex accommodation.

The PCT is achieving national targets for waiting times for outpatient and inpatient treatment. Overall, access to services is good, although the PCT aims to improve access to dental services and waiting times for psychological therapies require improvement. For example, only 13 of the 29 dental practices are still registering patients, with some of these only accepting children.

The PCT has systems to ensure patients, service users and staff are safe and that risks are identified and minimised. The PCT needs to do more to ensure that learning from mistakes and incidents is shared across the PCT and all staff groups. There are examples of the PCT using practice that is based on evidence and some services are auditing practice to ensure standards are being achieved. For example, the physiotherapy service is auditing practice relating to falls prevention. Overall systems to ensure monitoring and evaluation of services and improvement by staff of their work are weak and in their infancy. Information systems are also weak and limit the PCT's ability to collect and use information to fully support service developments and improvements.

The PCT values its workforce and the majority of staff speak positively about working for the PCT and the support they receive from teams and managers. Opportunities for education and training are widely available and accessed by staff. However, the PCT needs to monitor uptake of training to ensure the priorities of the organisation are supported.

The PCT has strong leadership and a committed workforce with a focus on the health of the local population. Relationships with GPs (family doctors) are good and there are ways for general practice staff to be involved in service development and quality improvement projects. Dentists, optometrists and pharmacists have their own systems in place for improving and monitoring the quality of their services. The PCT has started to look at ways of integrating this work with PCT systems.

The PCT has developed working relationships with a number of health and community organisations, including the local authority. These relationships are key to the development of the strategic aims of the PCT and it is committed to developing these further. These partnerships should continue to be developed to ensure the public are better able to influence decisions on prioritising and service development.

What did we find that is impressive at Portsmouth City Teaching PCT?
There is a nursing strategy to support the development of the nursing profession across the PCT. This has included the appointment of three nurse consultants, establishment of a nursing communication network and practice nurse development team, ensuring that all nursing groups are engaged.

The work of the pharmacy clinical governance facilitator in informing community pharmacists about clinical governance and establishing systems of self assessment and monitoring.

A transformation project that included the reorganisation of health visitors and school nurses into teams to reflect the level of need in different areas of the city. The project has included team development days for all staff and has increased resources available for public health activities and increased support for parents.

What key areas of action does the review identify, that the trust needs to address?

The Healthcare Commission expects the PCT to review all aspects of this report. Here we highlight areas where action is particularly important or urgent.

- The PCT needs to further develop relationships and the integration of clinical governance systems with independent contractors.
- The PCT needs to ensure that an annual audit plan is developed together with a system for prioritisation.
- The PCT needs to progress the development of the local information strategy to include an action plan for the provision of information systems able to support clinical governance and service development.
- Involving the public in strategic plans and priorities needs further development.
- Systems to support the dissemination and learning from risk assessments and incidents reporting need to be established.

What is it like to be a patient or service user in Portsmouth City Teaching Primary Care Trust?

In this section we report what we observed and what patients and service users said about their experiences, through surveys or directly to the Healthcare Commission. We also look at what the PCT's figures can tell patients and service users about waiting times, how they are involved in their own care and outcomes of treatment.

Many things can impact on somebody's experience of their local NHS service. These may include the outcome of their treatment, how long they waited to be seen or to have a procedure, the cleanliness of the practice or clinic, whether they and their relatives or carers were treated with respect, the information they were given about their care and the choices they had in the care they received.

Are patients and service users treated with dignity and respect?
Staff were observed interacting with patients and service users in a helpful and caring manner. Patients and service users say they are treated with dignity and respect and that they feel involved in decisions about their treatment. Patients and service users feel that their confidentiality is maintained and the Healthcare Commission observed facilities that allow for confidential consultations and treatment.

The mental health service has worked hard to establish a non-threatening environment and engagement of service users in their care. A care programme approach has been implemented and many service users have care plans, although not all have copies.

Existing mental health facilities are provided from mixed sex accommodation although toilet and washing facilities are separate.

Can patients and service users access the services they need?
The PCT is achieving its waiting time targets for both outpatient and inpatient treatment. The maximum outpatient waiting time target of 21 weeks and the maximum inpatient waiting time target of 12 months were achieved for 2002/2003. The adult mental health service has an objective to reduce waiting times, currently one year, for accessing psychological therapy. Actions already taken towards this include establishing a single point of access for all referrals, clarification of referral criteria and the development of self help materials.

Targets for access to GPs and primary healthcare professionals within the recommended waiting times were exceeded by the PCT with levels of 93% and 100% respectively at the end of March 2003. However, the 2003 national patient survey indicated that the PCT was in the lowest 20% for waiting times for a GP appointment. In the same survey patients and service users indicated that they did not wait longer than they wanted to for an appointment with a GP. Many patients and service users say they can access urgent appointments on the same day while a few say they have to wait up to two weeks for a non-urgent appointment with a doctor of their choice.

The PCT performed significantly above average in access to NHS dentistry in the July 2003 NHS performance indicators. However, only 13 of the 29 dental practices are still registering patients, with some of these only accepting children. The PCT has identified further concerns about the standard of oral health in children locally and is looking at addressing these through the community strategy. Emergency dental care is available to all patients through the Poswillo unit at Queen Alexandra Hospital and the dental access centre in Fareham. The PCT is also supporting a personal dental services scheme.

The out-of-hours service for adult mental health service users and their carers is available between 5pm and midnight, Monday to Friday and from 9am to midnight at weekends. The service is looking at ways to extend this beyond midnight. Stakeholders commented negatively on the quality and usefulness of the responses received from the service. Some service users prefer to wait until after midnight and contact the ward staff for advice.

How good are the standards of cleanliness and facilities?

Current mental health inpatient facilities are mixed sex and provided within a poor environment in terms of decoration and disabled access. These issues have been highlighted as in need of attention in recent Mental Health Act Commission reports and stakeholders express dissatisfaction with the current standard of accommodation. To help address these concerns the service piloted a ward coordinator post to ensure that the environment is clean and safe, and this post will be made permanent. A major reprovision of adult mental health services, due for completion in late 2004, should address concerns about the quality of facilities.

Most patients and service users who spoke to the Healthcare Commission are satisfied with the standard of facilities in their general practice. Most state that the premises are clean and tidy, with waiting areas and toilet facilities available. Most facilities observed by the Healthcare Commission team are clean, bright and tidy. The PCT has developed an estates strategy to manage and prioritise improvements to buildings from which services are provided.

What do the figures show about outcomes at the PCT?

When compared to the national average the PCT has significantly higher admission rates for conditions amenable to primary care intervention, including diabetes, asthma and ischaemic heart disease. The PCT is addressing this through the development of intermediate care services and the implementation of strategies for the management of chronic diseases. The planned development of a community hospital will support initiatives to reduce admission rates.

There is a significantly higher number of service users with two or more, and three or more admissions to the adult mental health services than expected when compared to national data. The quality of this data is being analysed as part of a district wide project. The development of home treatment and crisis teams has already saved 200 bed days per month and it is anticipated that this will improve further as the teams become established.

What did the Healthcare Commission find out about how care is organised by the PCT?

The PCT provides a range of healthcare services including health visitors, community nursing, physiotherapy, speech and language therapy, podiatry (foot health) and adult mental health. Some services are provided on a hosted basis to the wider population of Portsmouth and south east Hampshire. Hosted services are where one PCT employs the staff and provides the service but the strategy and direction is a shared responsibility between organisations. Services hosted by the PCT include community paediatrics, community equipment services, family planning, substance misuse, speech and language therapy and podiatry.

The PCT accesses services provided by other organisations including learning disabilities and the training and development shared service, hosted by Fareham and Gosport PCT, and elderly mental health and elderly medicine services from East Hampshire PCT. In addition, it commissions secondary health services for the population.

What areas of the patient and service user experience should the PCT consider?

- The PCT should continue to monitor access to dental care and develop strategies to address areas of concern.
- For conditions that can be treated in primary care, the PCT should continue to develop and implement strategies to reduce admission rates to secondary care.

What is the Healthcare Commission's assessment of the PCT's systems for patient, service user, carer and public involvement?

This section describes how patients and service users can have a say in their own treatment and how they and patient organisations can have a say in the way that services are provided.

What is the Healthcare Commission's main assessment?

There is a commitment from the organisation to involve patients, service users and the public, and staff are being encouraged to take responsibility for activity within their services. Individuals have lead responsibilities and a strategy has been developed. However, clear mechanisms, including staff training, to support the implementation of the strategy are not in place. There are many examples of seeking patient and service user views but actually involving the public in service planning needs further development.

Healthcare Commission's assessment = ii (c)

What are the key findings?

The Head of Inequalities is responsible for managing patient and public involvement across the PCT and is supported by the Public Involvement and Communications Manager. The Director of Improving Health and Quality is the lead board, professional executive committee, and executive management team member. In addition a non-executive director has lead responsibilities for patient, service user and public involvement. There is a commitment to involving patients, service users and the public and evidence that the board and executive management team discuss relevant issues.

Progress on patient, service user and public involvement is monitored through a framework set by the strategic health authority and activity information, including complaints, is included in the quarterly performance reports to the board, professional executive committee and executive management team.

A strategy for patient, service user and public involvement has been developed from a baseline assessment of current activities and was approved by the board in December 2003. A leaflet format of the strategy is being developed for patients, service users and the public. The PCT wishes to empower staff to take responsibility for patient, service user and public involvement activities and work has commenced with associate directors and service managers to develop implementation plans for the strategy.

A citizen's panel was established in 2001 and has been consulted on the strategy and development of the patient advice and liaison service (PALS). Panel members are involved in the development of electronic booking and the independent treatment centre. The citizen's panel held a conference with the PCT in October 2003 called It's good to talk. It was attended by PCT staff, residents of Portsmouth and local voluntary organisations. Actions were identified but an implementation plan is not yet fully developed.

In the mental health service, service users are members of the local implementation team, the acute care forum and steering groups. The service users' forum called Surf, which is supported by a service user facilitator, took part in the care programme approach audit and has helped with interviewing diploma and social work students. The forum is under review to ensure service users are integrated into decision making processes. The home treatment service was developed with input from service users who have also been consulted on the design of the new inpatient mental health units. One of the general practices has an established patients' association.

The majority of community services and adult mental health services have undertaken surveys of patient and service user views during the last year. Stakeholder meetings in podiatry, diabetes care and community equipment services were held to obtain views on the development of a long-term care charter. The PCT has undertaken a survey of patient views of the services provided by general practices. Action plans to address issues raised in questionnaires have not been developed in all instances.

The PCT has recently appointed its own PALS officer, following a period of a joint PALS service hosted by Portsmouth Hospitals NHS Trust. There is a complaints policy and procedure and the complaints officer is responsible for managing the complaints process. However, information from complaints received by general practices, dentists, opticians and pharmacists are not routinely shared with the PCT.

The PCT provides information to patients, service users and the public on services and future plans. Patient leaflets are widely available across the PCT. A quarterly newsletter called *Your Health* is produced in partnership with East Hampshire, and Fareham and Gosport PCTs, and Portsmouth Hospitals NHS Trust and NHS Direct. It is delivered to all residents in Portsmouth and south east Hampshire and is available on line. Information is available in languages other than English on request and staff are aware of and have accessed the available interpreter service.

The PCT is developing services and initiatives to enable patients and services users to be involved in their own care. The PCT has developed and implemented a choice strategy as part of the Hampshire and Isle of Wight patient choice programme. In addition the PCT is implementing a pilot choice at point of referral project with a range of general practices across the three PCTs in south east Hampshire. The PCT participates in the expert patient programme and workshops have been developed for patients recently diagnosed with diabetes.

Training is available on customer care, dealing with complaints and developing patient information. The Public Involvement and Communications Manager and the Audit Facilitator provide individual support to services as necessary. However, there is no comprehensive training plan to support the implementation of the strategy and only a few staff spoke of training they had received.

What areas of patient, service user and public involvement should the PCT consider?

- The PCT should review plans and resources to support implementation of the patient, service user and public involvement strategy.
- Involving the public in strategic plans and priorities needs to be further developed.
- The PCT should ensure action plans are developed and implemented following surveys of patient views.
- A training programme to support implementation of the patient, service user and public involvement strategy needs to be established.
- The PCT should explore mechanisms for collating information on complaints received by independent contractors.
- The PCT should consider supporting independent contractors to develop mechanisms for patient, service user and public involvement.

What is the Healthcare Commission's assessment of the PCT's systems for risk management?

This section describes the PCT's systems to understand, monitor and minimise the risks to patients, service users and staff and to learn from mistakes.

What is the Healthcare Commission's main assessment?
Lead responsibilities for risk have been defined and a strategy is in place. The incident reporting system is used but systems for disseminating learning across the PCT are not established. Risk management training is available. Systems for mandatory training are under review.

Healthcare Commission's assessment = ii (c)

What are the key findings?
The Director of Finance and Corporate Services is the board lead for risk management and is supported by the Business Assurance Manager. The Director of Nursing has responsibility for clinical risk management. The business assurance group is responsible for overseeing risk management across the PCT, including non-clinical, clinical and financial risk. There are links with the quality and clinical governance sub-group. In addition, the PCT is a member of several joint groups across the local health community looking at risk issues, including infection control and decontamination.

The 2003 business assurance strategy details the systems for risk management across the PCT and is reviewed on an annual basis. There is a PCT-wide risk register that records high level risks and is monitored by the board.

Services are responsible for undertaking risk assessments although these are not always shared with the Business Assurance Manager. There are plans to update the risk assessment guide and establish a database for the collation of all risk assessments. In mental health, risk is managed through the use of the care programme approach, and the crisis team and home treatment teams use a threshold assessment grid.

There is good awareness and evidence of staff using the incident reporting system. Some independent contractors have local systems for incident reporting but these are not routinely shared with their colleagues or with the PCT. The current incident reporting system is being reviewed in collaboration with the other local PCTs.

A Portsmouth and south east Hampshire group is responsible for infection control and this group reports to the PCT via the business assurance group. Infection control guidelines are in place and staff are aware of these. The Director of Nursing is the designated lead for infection control. Infection control audit results are not received by the board or professional executive committee.

The PCT is a member of the Southampton, Hampshire and Isle of Wight area child protection committee. It has developed a child protection policy in conjunction with the other two local PCTs. There is a designated child protection nurse and doctor, and training is provided for all staff who come into contact with children. The board and professional executive committee have approved an action plan developed in response to national recommendations made following the Victoria Climbié Inquiry. Staff have good awareness of child protection procedures and have received training.

Systems to ensure collation and sharing of learning from risk assessments and incident reports are not fully developed. Staff report that they do not routinely receive feedback on incidents reported and quarterly reports for directorates have only recently been established. Some individual services have groups at which incidents and risks can be shared and the mental health service has shared risk information with East Hampshire PCT that provides services from the same site. The PCT's annual clinical governance workshop in 2003/2004 focused on learning from near misses and risk management.

Risk management is included on the PCT's induction programme. Additional mandatory risk training, including moving and handling, is available from the training and development shared service, a training unit hosted by Fareham and Gosport PCT that provides training to the PCT under a service level agreement. There have been concerns about the standard of training provided by this unit and systems for recording training are not comprehensive. The service level agreement is under review.

What areas of risk management should the PCT consider?

- The PCT needs to ensure that the risk assessment process and links to the risk register are robust to ensure a proactive approach is taken to risk across the PCT.
- Systems to support the dissemination and learning from risk assessment and incident reporting need to be established.
- The PCT needs to ensure that systems for the comprehensive provision and recording of attendance at annual mandatory training are in place.
- Systems to encourage independent contractors to share risk information should be considered.
- The PCT needs to ensure systems for monitoring infection control audits are established.

What is the Healthcare Commission's assessment of the PCT's systems for clinical audit?

This section describes how the PCT ensures the continual evaluation, measurement and improvement by health professionals of their work and the standards they are achieving.

What is the Healthcare Commission's main assessment?
Strategies and plans for audit and systems to support audit activity and ensure dissemination of the findings are in their infancy. There is evidence of audits being undertaken at service level and in general practice, including participation in audits related to the national service frameworks.

Healthcare Commission's assessment = ii (b)

What are the Healthcare Commission's key findings?
Responsibility for commissioning audits and monitoring implementation of audit recommendations is a defined role of the quality and clinical governance sub-group. However, audit is not regularly discussed at this group and information on audit received by the professional executive committee, board and executive management team is limited. The Head of Quality is responsible for implementing clinical audit across the PCT and is supported by a Clinical Audit Facilitator. Twelve of the 28 general practices have accessed the financial support available from the PCT to support a Practice Audit Coordinator. The PCT does not currently provide audit support to dentists, pharmacists and optometrists.

Strategies and plans for clinical audit are in the early stages of development. A joint strategy for clinical effectiveness and audit has recently been developed and services have been asked to include audit plans as part of their service plans for 2004/2005. The intention is to collate this information into an overall audit plan for the PCT.

There is evidence of audit activity at service level but systems of prioritisation in line with PCT objectives are in the early stages of development. A number of services have carried out documentation audits and many services have undertaken audits of the patient and service user experience using patient questionnaires. The physiotherapy service is involved in a number of audit programmes including interventions for falls prevention. The mental health service carried out an audit of the care programme approach policy with a focus on the service user's perspective.

In general practice a number of audits linked with the national service frameworks are undertaken. A district-wide primary care audit in diabetes has been developed and implemented with Portsmouth Hospitals NHS Trust and the other two local PCTs.

Although some service level groups discuss audit results, systems to share audit activity and learning from audit are not well developed. In general practice it is discussed as part of the time for audit, review, guidelines, education and training programme. A database to record audit activity across the PCT has been developed but this is not accessible by staff. A clinical audit network group has been established between the local PCTs with a remit to share good practice from audit.

Clinical audit workshops are held on a quarterly basis. A training booklet has been developed to support services using questionnaires and one to support audit is planned. Some staff have accessed support from the central department. Other staff speak of the lack of support from the central department, inadequate information or access to information systems as constraints to undertaking audits.

What areas of clinical audit should the PCT consider?

- The PCT should ensure that implementation of the clinical effectiveness and audit strategy is progressed as part of the clinical governance plan for 2004/2005.
- The PCT needs to ensure that an annual audit plan is developed, together with a system for prioritisation.
- The PCT should work with other organisations to establish a programme of district-wide audits.
- The PCT should maintain and continue to develop its clinical audit training programme to increase the number of staff with audit skills.
- Systems to ensure dissemination and encourage discussion of clinical audit and action planning within and between all staff groups need further development.
- Clinical audit support for dentists, optometrists and pharmacists should be considered.

What is the Healthcare Commission's assessment of the PCT's systems for clinical effectiveness?

This section is about the way the PCT ensures that the approaches and treatments it uses are based on the best available evidence, for example from research, literature or national or local guidance.

What is the Healthcare Commission's main assessment?
Accountabilities for clinical effectiveness are developing. A recent strategy has been developed to support the integration and coordination of the evidence based practice being implemented within services. Systems to coordinate dissemination of information and monitor implementation are not robust.

Healthcare Commission's assessment = ii (b)

What are the key findings?
Responsibility for developing the clinical effectiveness agenda has been devolved to the quality and clinical governance sub-group from the professional executive committee (PEC). Clinical effectiveness issues are also discussed at the PEC and executive management team. In addition, several services, including physiotherapy and district nursing/intermediate care services, have their own clinical governance or effectiveness groups. In line with the PCT's philosophy of devolved responsibility, professional leads and advisors have a role in leading and supporting clinical effectiveness.

A locum public health consultant is leading on developing a strategy for clinical effectiveness and audit. This post, when it is recruited to permanently, will have the strategic lead for clinical effectiveness. The quality and clinical governance sub-committee approved the clinical effectiveness and audit strategy in March 2004. The implementation of the associated list of actions is identified as a priority in the 2004/2005 clinical governance development plan.

The area prescribing group has representatives from each of the PCTs and NHS trusts within the local health community and is responsible for assessing the local impact of National Institute for Clinical Excellence guidance. Local implementation groups are in place for each of the national service frameworks and have representatives from several organisations. Progress reports are produced and presented to the PEC for discussion.

Clinical guidelines and protocols have been developed by a number of services including a set of clinical guidelines by the speech and language therapy service. These are available in all areas of the adult service and a paper-based audit of case notes to monitor compliance has been undertaken. In mental health an electroconvulsive therapy pathway and a rapid tranquillisation pathway are in use. A number of joint protocols have been developed with partner organisations, including joint protocols for diabetes with Portsmouth Hospitals NHS Trust and low vision protocols with Portsmouth Hospitals NHS Trust, social services and community opticians. The theme of the PCT's 2003/2004 clinical governance workshop was clinical effectiveness and pathway development.

The Healthcare Commission found examples of changes made following the implementation of evidence based practice and some auditing and monitoring of adherence to protocols and guidance. However, this is not systematic or coordinated centrally by the PCT.

Systems for dissemination of evidence based practice are not coordinated across the PCT. The service clinical governance and clinical effectiveness group structure allows for some dissemination and an opportunity to discuss evidence based practice. A communications bulletin for community pharmacists has been developed and includes clinical effectiveness information. A systematic approach to ensure appropriate dissemination of national effectiveness standards is identified as a priority in the 2004/2005 clinical governance development plan.

A university lecturer from Southampton University has been seconded to the PCT one day a week to provide support to therapy staff across the three local PCTs. This should help address a recognised skills gap in undertaking research and effectiveness work. Critical skills training is available from the University of Portsmouth. Some staff report having received training relevant to clinical effectiveness but this is not widespread.

What areas of clinical effectiveness should the PCT consider?

- The PCT needs to progress implementation of the clinical effectiveness and audit strategy as part of the clinical governance development plan for 2004/2005.
- As the strategy is implemented, a plan should be developed to ensure that evidence based practice is being implemented systematically.
- The PCT needs to establish clear structures for disseminating evidence based practice.
- The PCT needs to consider systems to encourage staff to access available clinical effectiveness training.

What is the Healthcare Commission's assessment of the PCT's systems for staffing and staff management?

This section covers the recruitment, management and development of staff. It also includes the promotion of good working conditions and effective methods of working.

What is the Healthcare Commission's main assessment?
Accountabilities and structures for HR are defined and supported by a strategy and relevant polices. Systems for performance review are in place. There is a motivated workforce that is supported by the PCT.

Healthcare Commission's assessment = iii

What are the Healthcare Commission's key findings?
The Associate Director for HR is a member of the executive management team and has lead responsibility for staff management. In line with the PCT's culture of devolved management, service managers are empowered to take decisions relating to the staff in their departments. The development of the nursing profession is supported by a strategy and the appointment of three nurse consultants. A staff involvement forum was formed in 2002 and has wide representation from different staff groups.

HR indicators, including recruitment, sickness and absence, ethnicity, disciplinary and grievance, form part of the quarterly corporate performance reports. A Workforce Planning and Data Analyst has recently been employed and is supporting the Head of Planning and Performance to develop further indicators.

The HR strategy was developed in 2003 and details aims and key areas for action in line with national requirements. The PCT is the host chair for the local workforce reference group that has membership from all local NHS and social services organisations and that works with the Workforce Development Confederation to develop interagency workforce plans. Individual services have undertaken workforce planning projects. In mental health, a number of new roles have been created including an Associate Mental Health Practitioner in association with Southampton University and West Hampshire NHS Trust. The service recently held a series of workshops to discuss a workforce development model created by Manchester University. Following these workshops a workforce planning steering group was established as part of the national service framework local implementation team.

The PCT experiences some difficulties in recruiting to some staff groups, including allied health professionals and GPs. The PCT is working closely with practices to address this and has recently employed three salaried GPs and is supporting a number of personal medical services schemes, with the aim of recruiting additional GPs. It is hoped that the attainment of teaching status will enable the PCT to recruit new healthcare professionals and offer greater opportunities for career development.

The PCT has a performance review and personal development planning policy that was agreed in 2003. Awareness and uptake of this policy is strong and most staff who spoke to the Healthcare Commission have undertaken a performance review in the last year. The PCT does not have a formal system for monitoring uptake across the PCT but staff surveys have given an indication of uptake. An appraisal system for GPs has been implemented and the PCT achieved 100% GP appraisal in the July 2003 NHS

performance ratings. Appraisal of other practice staff has been undertaken in some practices and is planned in others. Appraisals are also in place for medical staff including psychiatrists. Some pharmacists, optometrists and dentists have systems for performance monitoring although these do not extend to all staff.

A staff handbook containing reference to HR policies and procedures has been developed following integration of the differing policies inherited from the organisations that came together to form the PCT. The staff forum was involved in revising these policies and developing new policies and strategies. A number of general practices have also developed handbooks for practice staff.

All directly employed staff are required to attend a half day corporate induction course. Managers are responsible for identifying local induction programmes and there is an induction policy and checklist to support this process. A team of practice nurse trainers have developed and provide an induction programme for nurses in general practice. To support this, the PCT funds a practice nurse development team.

Clinical supervision is available to many staff groups and many services have developed local systems. The PCT is developing a policy and guidelines to support comprehensive implementation across the PCT.

Staff surveys have been undertaken by the PCT and the results are discussed at the staff involvement forum and within the executive management team. Summary reports are included in the PCT briefing system and the staff newsletter. The PCT has a communications strategy and a member of staff responsible for internal communications. Staff suggestion boxes are available in some services and the staff forum monitors and responds to these as required. Most services and departments have team meetings and staff feel that communication is good within the organisation. A nursing communication network has been established including link nurses responsible for consulting with colleagues and sharing information from and to the professional executive committee.

The vast majority of staff speak positively about working for the PCT and feel supported by their teams and managers. The chairman presents unsung hero awards to staff who are making a difference. Staff are aware of the bullying and harassment procedures and of the occupational health service available to them. In addition, staff are aware of the lone worker policy and told the Healthcare Commission about working in pairs and having home visit procedures. Most staff have mobile phones.

There is evidence of team working and relationships with other agencies, including social services and education. To improve services provided to children and families, the community children's service undertook a transformation project. This included the reorganisation of health visitors and school nurses into teams to reflect the level of need in different areas of the city. The project has included team development days for all staff.

What areas of staffing and staff management should the PCT consider?

- Formal systems for monitoring uptake of the performance review and personal development planning process should be implemented.
- Systems to monitor uptake of clinical supervision should be implemented.
- The PCT should ensure that the lone working policy is fully implemented across the PCT.

What is the Healthcare Commission's assessment of the PCT's systems for education, training and continuing personal and professional development?

This section covers the support available to enable staff to be competent in doing their jobs, while developing their skills and the degree to which staff are up to date with developments in their field.

What is the Healthcare Commission's main assessment?

There is a strong commitment to the education, training and continuing professional development of staff with an education strategy and training plan in place. Education and training is widely available and accessible to staff. However, systems to enable comprehensive monitoring of training activity and evaluate effectiveness are not well established.

Healthcare Commission's assessment = ii (c)

What are the key findings?

The lead for education and training is the Director for Improving Health and Quality who is supported by the Head of Quality and the Education Manager. There is an education steering group that has overseen the implementation of the PCT's teaching status. Several services have a manager with training responsibility, including district nursing and adult mental health.

There is an education strategy that describes the PCT's framework for being a learning organisation. Individual training needs are identified through the performance review and personal development planning process. From this, services develop their own training plans that form the basis of the PCT's annual education and training plan. Priorities for education and training are included in the business plan and clinical governance development plan.

Education and training is provided from a number of providers, including the training and development shared service that is hosted by Fareham and Gosport PCT and provides training across the three PCTs as detailed in a service level agreement. The training and development shared service provides some mandatory training and also manages the lifelong learning funding from the Workforce Development Confederation. Staff at all levels highlight concerns about the provision of training from this unit and the service level agreement, and services provided are under review. Other training providers include the information technology and communications team, the health development team and local universities. Adult mental health services have developed a joint training programme with Portsmouth City Council social services department. Training is publicised by individual providers but the PCT is developing an integrated annual training programme.

Availability of and access to education and training for all staff groups is good. Staff state they are able to access appropriate training and there are examples of staff undertaking additional qualifications in addition to in-house and mandatory training. The teaching PCT-funded initiatives enable staff to access a range of continuing professional development and work based learning activities. An education consultation has produced a leadership development portfolio to facilitate leadership skills for all staff. This is supported by the development of education and skills

workshops. Since April 2004 training provided by the training and development shared service has been made available to general practices, dentists, pharmacists and optometrists.

Some information is available from individual providers on uptake of training and some services maintain their own departmental training records. There is no mechanism for collating a comprehensive picture of training undertaken by staff. The PCT is devising a staff development portfolio that will establish individual staff records of education and training.

Systems for evaluating training and monitoring improvements to service delivery are not well developed. The PCT has plans to develop an evaluation strategy group during 2004/2005.

Support for training in general practices is available through the monthly time for audit, review, guidelines, education and training project. Some of these sessions are used jointly and others for individual practices to meet as a team. These sessions are well utilised and appreciated by staff.

What areas of education and training should the PCT consider?

- The PCT should complete the development of a single training prospectus, incorporating training available from all the provider agencies.
- The PCT needs to fully develop systems that enable them to monitor all training undertaken.
- Systems for evaluation and sharing learning need to be further developed to ensure that training provided can be linked to the PCT's strategic priorities.
- The review of services provided by the training and development shared service needs to continue to ensure that they meet the needs of the PCT.

What is the Healthcare Commission's assessment of the PCT's systems for using information?

This section describes the systems the PCT has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of patient and service user care.

What is the Healthcare Commission's main assessment?
The PCT has no comprehensive action plan to support the implementation of the information strategy. Current information systems do not enable sufficient data collection and analysis to fully support clinical governance and service developments. However, information is collected to monitor performance of commissioned services and corporate objectives.

Healthcare Commission's assessment = (i)

What are the Healthcare Commission's key findings?
The Director of Finance and Corporate Services is the PCT lead for information. To progress the development of clinical information the PCT has identified the need to recruit a head of information and this process is underway. The Chief Executive chairs and the Director of Finance is a member of the information and communications technology management board that has responsibility for the strategic development of information systems across Portsmouth and south east Hampshire. Information and communication technology services are provided to the PCT and three other local PCTs by the health informatics service, hosted by Portsmouth Hospitals NHS Trust. An information technology and communications steering group monitors the performance of the health informatics service.

Four local PCTs have drafted an information communication strategy for 2004 to 2009 that addresses local and national priorities. It identifies current systems and outlines information requirements. Work has commenced on individual strategies for the PCT and three other local PCTs. These are not yet in place and there is no comprehensive action plan for implementation. However, there are action plans for some specific projects, mainly relating to improving the computer hardware systems.

Community information systems are weak. A project to combine the patient administration system used in community services with that used by the acute trust is not yet complete and this is limiting data collection for community services. The PCT provides services with a data collection tool called a data pen. However, some staff are not supportive of this technology and report that data can be unreliable.

In adult mental health, a number of different information systems are used. Some patient and service user information is entered into the social services system but all other information is added to health systems. A new software system has been purchased to combine the health and social services systems. A national adult mental health information and technology programme is planned for 2006.

The PCT is aware of data quality issues and is addressing these through a variety of methods. A data quality group is working to identify services that need support and provide them with awareness sessions. The development manager in primary care has supported general practices in improving data quality, including audits of data quality and the development of a standardised coding policy together with associated training.

The Director of Finance and Corporate Services is the Caldicott confidentiality guardian. The Healthcare Commission found that staff are unfamiliar with this term but that they are aware of data confidentiality and care when sharing information with other agencies. There is an information sharing protocol between the PCT's adult mental health and children's services and Portsmouth City Council social services department.

Information is collected to inform the quarterly performance reports including progress made in implementing the targets identified in the local delivery plan. Information is also collected on commissioned services to monitor activity and waiting time targets through the use of an electronic corporate performance reporting system. Qualitative information is collected via the programme of questionnaires undertaken by individual services. Adult mental health services produce a quarterly activity and performance indicators report.

Training and support is provided by the health informatics service and focuses on hardware and software packages. Training in how to analyse and use data is less widely available. Training on use of the data pen is available but staff report that accessing support in using it can be slow. European computer driving licence training is available and used by staff. Many staff have access to email and the internet but some staff who work across the three local PCTs have more than one email address.

What areas of using information should the PCT consider?

- The PCT needs to progress the development of the local information strategy. It should include an action plan for providing information systems that are able to support clinical governance and service development.
- The PCT needs to ensure that information requirements are identified for all services and included in the development of local strategies and plans.
- Action to address the difficulties experienced with mechanisms for data collection in community services is required.
- The PCT should consider ways of raising awareness of the Caldicott principles among staff.

What is the PCT's strategic capacity for improvement?

This section describes the ability within the PCT to monitor and improve the quality of patient and service user care.

What is the Healthcare Commission's main assessment?
There is evidence of strong leadership and a commitment to improving the health of the population. There is good evidence of partnership working across the local health community. Strategies and plans to support clinical governance are developing although further work to integrate independent contractors is required.

What are the key findings?
The PCT has strong leaders in the Chief Executive, Chair and professional executive committee chair, who are supported by a committed and engaged workforce. The PCT tackles organisational objectives in a positive, enthusiastic manner and takes a holistic approach to addressing the health agenda. However, in being proactive and forward thinking, time is not always taken to ensure changes are fully embedded.

The PCT has a philosophy of devolving responsibility and authority. The executive management team, board and professional executive committee work well together with responsibilities defined by a scheme of delegation. Structures and accountabilities for clinical governance are still being developed with the quality and clinical governance sub-group taking a lead on many aspects. Links between this group and service clinical governance groups require strengthening to ensure coordinated delivery of the clinical governance development plan.

The PCT has clear strategic aims that are patient and service user focused. These are delivered via a business planning process and the local delivery plan. Adult mental health services are fully integrated into the planning processes of the PCT. Strategies and plans for all elements of clinical governance are developing, together with links to strategic plans. Systems for collating, monitoring and disseminating information relevant to all aspects of clinical governance require further development. The annual clinical governance workshops are an opportunity to consult and inform on key aspects of the clinical governance development plan.

The PCT has developed good relationships with general practice but further work is required to ensure clinical governance systems, including the sharing of information, are fully integrated. For dentists, optometrists and pharmacists a baseline assessment of current clinical governance activities has been completed. In addition, the Pharmaceutical Adviser has worked with community pharmacists across the three local PCTs to address clinical governance issues, including the development of a toolkit that informs pharmacists and supports them in undertaking self-assessment. Independent contractors were not directly consulted on the 2003/2004 clinical governance development plan.

The PCT has good relationships with the strategic health authority, the local PCTs and the acute trust. There are a number of local PCT and health community groups working to address common issues. The PCT has strong links with the local authority, including social services and links with the business community. The local health community has a financial overspend and the strategic heatlh authority is undertaking a review of management structures with a view to closer integration of senior management roles across the health community.

Staff are working to ensure that services are patient focused. Patient and service user views are collected across most services and there is user representation on the local implementation teams for each of the national service frameworks. At a strategic level the citizen's panel is consulted and the PCT is planning how it will work with the new patient forum and the overview and scrutiny committee. Further integration of patient and service user involvement is required in priority and decision making processes and all elements of clinical governance.

The PCT has structures in place to support monitoring and implementation of the business plan, local delivery plan and clinical governance development plan. Information on the trust's position on targets is made available to staff electronically.

The Deputy Chief Executive has lead responsibility for commissioning services and is supported by the Head of Secondary Care and the Head of Performance and Planning. The three local PCTs have formed a district commissioning group to enable collaboration and coordinate commissioning. Priorities for commissioning are included in the business plan and local delivery plan. A quarterly commissioning performance report, using a balanced scorecard approach, is presented to the professional executive committee. This report focuses on activity and achievement of national quality indicators. Local quality indicators have not been agreed.

The PCTs meet to jointly monitor the performance of the main provider of secondary services. In addition a number of task groups have looked at improving the delivery of specific services. The task groups are led by a GP and have managers and clinicians from the acute trust and the three PCTs. The pain task group has revised a back pain pathway to reduce pressure on secondary care and the ENT group has established a multidisciplinary community clinic that has reduced the number of patients requiring follow-up appointments. The role of these groups is currently being reviewed in conjunction with the other local PCTs and acute trust. The new Mental Health Practitioner in Primary Care has piloted a single point of access for routine referrals into adult mental health services. This has decreased waiting times and reduced the number of inappropriate referrals from the general practice involved in the pilot.

Responsibilities and structures are in place to support health improvement. The lead for health improvement is the Director of Improving Health and Quality. The PCT is represented on the health and social wellbeing partnership board and on three sub-groups: the integrated health development strategy steering group; the health outcomes group; and the healthy eating group. The health and social wellbeing partnership board reports directly to the local strategic partnership. Priorities for health improvement are contained in the integrated health development strategy 2004 to 2009, produced jointly with Portsmouth City Council. This document underpins objectives identified in the community strategy and the local delivery plan and identifies seven key lifestyle indicators.

The PCT works with a number of organisations and is represented on several groups looking at the health improvement agenda. Interagency strategies and plans have been developed to ensure all aspects of health improvement can be addressed. Information to support health needs assessments is provided to services or groups by the Public Health Information Manager. Supported projects have included the development of a district-wide continence strategy and in establishing the PCT as a pilot site for the national screening committee's diabetes, heart disease and stroke programme. The PCT has identified three areas of enhanced care but the use of health needs assessment data to inform a primary care commissioning strategy is not well developed.

The area prescribing committee is responsible for managing the introduction of new drugs and has representatives from the three local PCTs and acute trust. In addition, the PCT has a prescribing sub-group accountable to the professional executive committee. The Head of Medicines Management provides good leadership on medicines management issues.

Community pharmacists are engaged in the PCT's work via the Pharmaceutical Adviser. A team of pharmacists provides support to practices. However, this support is provided to practices on request rather than being prioritised for those in most need.

Quality reports are provided to practices on performance as well as data provided nationally. There is a system in place to manage abnormal prescribing patterns and evidence that it has been used.

A joint formulary has been developed and is used to stop the use of new drugs that are not evidence based. An associated monitoring system checks that the formulary is being adhered to. Financial management of prescribing is robust. An incentive scheme is well established and is reviewed annually.

Further information

The Healthcare Commission clinical governance review took place between March 2004 and July 2004.

This report sets out the main findings and areas for action from the review. The PCT has been given a detailed summary of the evidence on which these findings are based.

The PCT will produce an action plan that will be available from:

Portsmouth City Teaching Primary Care Trust
Trust Central Offices
St James Hospital
Locksway Road
Southsea
Portsmouth
Hampshire PO4 8LD

or from the Healthcare Commission website. The PCT's implementation of the action plan will be monitored.

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The Healthcare Commission should like to make clear that responsibility for the content of the report and its conclusions is the Healthcare Commission's alone.

An explanation of terms used in the report

clinician/clinical staff	a fully trained, qualified health professional – doctor, nurse, therapist, technician etc.
community care	health and social care provided by healthcare and social care professionals, usually outside hospital and often in the patient's own homes.
general medical services (GMS)	the services provided by general medical practitioners under Part II of the Health Act 1999.
health action zone (HAZ)	regional initiatives set up by the government to improve health in targeted areas of poor health and deprivation. HAZs are made up of members from the NHS, local authorities voluntary and private sectors, coordinated by a local 'partnership board'.
health community	all organisations with an interest in health in one area including the community health councils, and voluntary and statutory organisations.
health improvement programme (HimP)	a locally agreed work programme to improve health and which delivers the national priorities and targets.
independent contractors	GPs, dentists, pharmacists and opticians are independent contractors in that they deliver health services in return for payment by the PCT but they are not PCT employees (they are self employed).
personal dental services (PDS)	a locally, rather than nationally, agreed contract which allows for new models of primary care services provision, including salaried dentists and collaborative management arrangements between practices and with other professions.
personal medical services (PMS)	a locally, rather than nationally, agreed contract which allows for new models of primary care services provision, including salaried GPs and collaborative management arrangements between practices and with other professions.
primary care	family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.
professional executive committee (PEC)	a structure unique to PCTs, which ensures that working professionals are involved in strategic decisions about planning and delivering a PCT's services. PECs have up to 18 members. These include the chief executive of the PCT, a social services representative, clinical staff employed by the PCT and independent contractors – GPs, nurses, allied health professionals, dentists, optometrists and pharmacists.

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