

Fareham and Gosport **NHS**
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 OFH

Code A

Code A

Operational Project Manager
Healthcare Commission
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

4th June 2004

Dear Margaret

**F&G HEALTH COMMISSION CLINICAL GOVERNANCE REVIEW REPORT
JUNE 2004**

I hope you had an enjoyable holiday. Many thanks for the draft document received 27th May 2004, which we have found both fair and extremely helpful.

I have attached the updated tracking documents relating to both the report and the evidence tables.

There are, however, a number of more specific comments relating to the report, which I will outline here by page and paragraph number.

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We therefore feel that the suggestion of inconsistency is incorrect and ask for it to be removed.

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This action is already an action point in the PCT Clinical Governance Development Plan for 2004/2005 and well advanced.

We ask that it be removed.

I look forward to hearing from you with regard to our suggested amendments within the next 5 days. The Action Planning Day is scheduled for the 8th July 2004 and I look forward to seeing you again then.

Yours sincerely

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Ian Piper
Chief Executive
Fareham & Gosport PCT

Phase 3 NHS guidance – annex 1

Phase 3: Ensuring the text and assessment of the components of clinical governance in review reports reflect the evidence and findings

External tracking form

Name of NHS organisation	Fareham & Gosport PCT	Date report sent	25/5/04	Trust comments due	4/6/04
Name of review manager	Code A	Organisation comments received		Additional papers received	Yes/No

Chapter heading	Paragraph number	Current text	Suggested changes with explanation	Document reference no.	CHI decision
Introduction	2	St Christopher's Hospital provides rehabilitative beds.	St Christopher's Hospital provides continuing care and rehabilitative beds.		
Introduction	5	The other two are East Hampshire PCT and Portsmouth City PCT.	The other two are East Hampshire and Portsmouth City teaching PCT.		
What are the Healthcare Commission's conclusions about Fareham & Gosport PCT?					
What did we find that is impressive at Fareham & Gosport PCT	4	They provide patient held records and ensure continuity of care by taking treatment to patients wherever they are, allowing the treatment to move with the patient from hospital to home if necessary.	Continuity of care is ensured by treating patients wherever they are. This allows the treatment to move with the patient from hospital to home if necessary.		

What is it like to be a patient in Fareham & Gosport PCT?					
How good are the standards of cleanliness and facilities?	3	There is a planned programme of work to improve accommodation that requires upgrading for clients with learning disabilities.	There is a planned programme of work to improve accommodation for clients with learning disabilities.		
	5	The PCT is engaged in a Local implementation Finance Trust initiative (LIFT).	The PCT is engaged in a Local Improvement Finance Trust initiative (LIFT).		
What did the Healthcare Commission find out about how care is organised by the PCT?	3	For clients with learning disabilities the PCT provides healthcare and health residential care, social care, respite care and residential, assessment and community health care services.	For clients with learning disabilities the PCT provides healthcare and health residential care, social care, respite care and assessment and community health care services.		
What is the Healthcare Commission's assessment of the PCT's systems for patient, service user, carer and public involvement?					
What are the Key Findings?	2	Membership of the group includes representatives from the practice managers forum but has yet to include patient and public representation.	Membership of the group includes representatives from the practice managers' forum and the public but has yet to include patient representation.	Report Evidence 1	
	7	Links and support for GPs, dentists, optometrists and pharmacists to develop systems to involve patients and public involvement is limited.	There are limited links and support for GPs, dentists, optometrists and pharmacists in developing systems for patient and public involvement.		
	11	The PALS manager is developing a training package and the learning disabilities service provides training on the use of sign language and	The PALS and Complaints Managers are developing a training package and the learning disabilities service provides training on the use of sign		

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What areas of patient involvement should the PCT consider?	2	The PCT needs to support to GPs, dentists, optomoetrists.....	The PCT needs to support GPs, dentists, optomoetrists.....		
What is the Healthcare Commission's assessment of the PCTs systems for Risk Management?					
What are the key findings?	4	The PCT has a risk register which is reviewed by the risk management committee. The majority of risks are non-clinical and it is unclear how clinical risks are incorporated into the register.	The PCT has a risk register which is reviewed by the risk management committee. This includes both clinical and non-clinical risks identified through the Risk Assessment Process.	5.4.2	
	6	A few staff are recording incidents in the PCT event book.	Staff report incidents using the PCT Risk Event Book located in their area.		
	8	There are some systems for disseminating information about risk management including a newsletter entitled Risky Business.	There are some systems for disseminating information about risk management including; a newsletter entitled Risky Business, a bi-monthly Health and Safety newsletter and quarterly risk information feeding into the quarterly service review.	9.4 Report Evidence 2.0 - 2.7	
What areas of risk management should the PCT consider?	1	Action needs to be taken to ensure there is a clear mechanism for clinical risks to be included in the risk register.		5.4.2 (clinical risk checklists)	

What is the Healthcare Commission's assessment of the PCTs systems for Clinical Effectiveness					
What are the key findings?	7	Staff are using evidence based guidelines, however the system for approving and implementing guidelines is unclear.	Staff are using evidence based guidelines.		
What is the Healthcare Commission's assessment of the PCTs systems for staffing and staff management?					
What are the key findings?	2	The sub-groups, numbering eleven in total, report to the personnel panel but it is unclear how they communicate with each other.	The sub-groups, numbering 5 in total report to the personnel panel. Chairs/membership of the subgroups is taken from the personnel panel thereby ensuring communication between groups.	1.10.4	
	3	A number of the sub-groups are looking at workforce development planning and the PCT has recently employed a workforce planning manager, jointly funded by the workforce development confederation.	A number of sub-groups are looking at workforce planning and the PCT has recently employed a workforce planning and information analyst and a workforce redesign manager, jointly funded by the workforce development confederation.		
	12	In relation to staff safety the PCT has a lone worker policy, and some staff have systems for reporting in at the end of the day. This is not consistent across all staff groups	In relation to staff safety the PCT has a lone worker policy. Some staff have systems for reporting in at the end of the day.		

What areas of staffing and staff management should the PCT consider?	1	The PCT needs to continue implementing the GP appraisal scheme.		5.9.35 Report Evidence 3.0 - 3.5	
What is the Healthcare Commission's assessment of the PCTs systems for education, training and continuing personal and professional development?					
What areas of education and training should the PCT consider?	1	The PCT needs to develop an education strategy and an annual training plan and ensure they are linked to workforce planning, relevant areas of clinical governance and PCT priorities.		8.2 8.1.2 8.1.3 2a.2 Report Evidence 4.0 - 4.1	
What is the Healthcare Commission's assessment of the PCTs systems for using information					
What are the key findings?	3	The PCT recognises that more resources are needed to progress the ICT agenda and is seeking to appoint a Head of Information.	The PCT recognises that more resources are needed to progress the ICT agenda and is seeking to appoint a Head of Informatics.		
What is the PCTs strategic capacity for improvement?					
What are the Healthcare Commission's key findings?	4	The PCT has a Clinical Governance Development plan for 2004/05 and is developing a strategy. Some services, learning disabilities and children's services for example, have developed their own clinical	The PCT has a Clinical Governance Development plan for 2004/05 and is developing a strategy. All services have developed their own clinical governance plans and priorities.....	Report Evidence 5.0 - 5.4	

		governance plans and priorities.....			
	8	Relationships with dentists and optometrists are not as well as established. A baseline clinical governance assessment has been undertaken in dental practices and there are plans to invite a dentist to join the Professional Executive Committee	Relationships with dentists and optometrists are not as well established. A baseline clinical governance assessment has been undertaken in optometry and dental practices and there are plans to invite a dentist to join the Professional Executive Committee	Report Evidence 6.0	
	14	Engagement of clinicians in the commissioning process is through the local implementation teams (LITs) and the GP Lead for Commissioning. Members of the commissioning team also attend the LITs meeting. Until recently commissioning was not routinely discussed at the Professional executive committee and the PCT is trying to strengthen the role of the committee in the wider planning of services	Engagement of clinicians in the commissioning process is through the local implementation teams (LITs) and the GP Lead for Commissioning. Members of the commissioning team also attend the LIT meetings. Commissioning is discussed at the professional executive committee	1.7.1 – 1.7.14	

Healthcare Commission Clinical Governance Review

Phase 3: Evidence Tables

Evidence Table Information/statement	PCT Comment
<p>Pg 11& 12 Patient, User, Carer, Public Involvement The PCT notes that although it has nominated the director of public health etc..... The PCT states that the PPI and Communication Manager (1 WTE) appointed 1/8/2003</p>	<p>The PPI & Communication Manager was appointed as a direct result of this strategy framework as a dedicated operational management resource to ensure the co-ordination, further development, delivery and monitoring of strategic action plans for patient and public involvement.</p>
<p>Pg 14 Patient, User, Carer, Public Involvement There is no patient/public representation on the Committee (PPI Steering Group)</p>	<p>The CHC were members of the Committee up until December 2003. The Chief Executives from both Gosport Voluntary Action Group and Fareham Community Action continue to be members of this committee. Minutes of the April 2004 meeting sent as further evidence.</p>
<p>Pg 24 Risk Management. The membership includes a PEC nurse, one GP from the Fareham Practices and one GP from</p>	<p>Membership is Practice Managers from both Fareham & Gosport not GPs.</p>
<p>Pg 25 Risk Managementand the Health and Safety Committee Minutes also go to clinical governance.</p>	<p>Health & Safety Committee minutes also go to the Risk Management Committee which are shared with the Clinical Governance Committee</p>

Evidence Table Information/statement	PCT Comment
<p>Pg 25 Risk Management The incident and complaints report and trends analysis are reported to the clinical governance committee and board.</p>	<p>These minutes also go to the Risk Management Committee.</p>
<p>Pg 27 Risk Management Staff reported that the risk register is on Ulysses and it wasn't quite clear on the content.</p>	<p>The PCT uses the Ulysses Safeguard Risk Management database, which comprises the incident module which is populated with clinical and non-clinical incidents and near-misses; the Risk module which collates potential risks (clinical and non-clinical) identified through the risk assessment process (see RA Guidance page 13); a complaints module and a claims module. The trends identified using this information are reported on a quarterly basis to the Health and Safety Committee, Risk Management Committee, Clinical Governance Committee, Board and quarterly service review.</p>
<p>Pg 29 Risk Management A few staff reported they do not always have time to complete the incident book as they're sometimes too busy.</p>	<p>Risk Event Book</p>
<p>Pg 29 Risk Management There is a PCT Risk Event Book which they use. They fill this in, in discussion with their manager.</p>	<p>There is a PCT Risk Event Book in every clinical and non-clinical area throughout PCT premises. All staff are required to complete a risk even form following an incident or near-miss. The area/department manager also completes a section and the form is signed off by the Service/Senior Manager before being sent to the Risk Department to be entered onto the Risk Management Database.</p>
<p>Pg 37 Clinical Audit The PCT has a clinical governance development plan, 2003/04 which includes objectives for clinical audit (2a.2)</p>	<p>This paragraph and the following 2 paragraphs should be brought down in line with the report statement beginning 'The PCT is aware that it needs to develop a more coordinated and integrated approach to clinical audit'</p>

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Pg 57 Staffing and Staff Management Average sickness levels in NHS trusts were 4.9% compared with an average of 6.4% for a PCT.	Latest figures reported in February 2004 to the DoH stated that our sickness levels were 5.6% not 6.4% as indicated (this figure was for the previous year 02/03).
Pg 57 Staffing and Staff Management (Report statement) In relation to staff safety the PCT has a lone worker policy and some staff have systems for reporting in at the end of the day. Other security systems observed include panic buttons in general practices and internal security cameras in community hospitals.	The PCT feel that this statement is more accurate than the one that appears in the report.
Pg 71 Use of Information There is some evidence of reporting on clinical governance activity including quarterly PALS, complaints and incident reports.	All service clinical governance development plans are reported on a quarterly basis in the quarterly service review (see 9.4)
Pg 83 Strategic Capacity Some GP practices have GP leads for clinical governance.	All GP practices in Fareham and Gosport have a lead GP for clinical governance.
Pg 84 Strategic Capacity There is no dental representative on the Clinical Governance Committee, however there are plans to appoint one and a job description has been developed.	The PCT has developed a job description for a Dental Development Manager
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