Fiona Cameron - Director of Nursing Clinical Governance

Ian Piper - Chief Executive F&G From:

28 May 2004 08:17 Sent:

Justina Jeffs - Clinical Governance Manager To:

Fiona Cameron - Director of Nursing & Clinical Governance Cc:

HC report Subject:

High Importance:

Sad person that I am I read the report and evidence tables last night and have a few initial comments to make. Will also read again over the weekend to flesh these out.

there are lots of very positive comments through out the whole report of which I am very proud.

There are some very good scores here!

There are no surprises and lots of comments to demonstrate we are aware of the issues and developing plans. There could be scope to see if we can increase scores in Clinical Audit, risk, staffing and using info if we can dig out more evidence or point to evidence we think HC might have not emphasised enough v

there is some evidence I believe that HC have not made as much of as they could e.g. the staff opinion survey the GP violent patient service we operate has not been picked up in the staff safety section * CGC Jan 03

There are a number of items which went to the May Board which could help us I think i.e. the approval of an Interim IT Strategy, rather than the draft strategy, which CH refer to.

Also at the May Board we approved the annual Public Health Report and a copy should be sent to CH. Could help with the use of info section and Noreen/ Kathryn will have a copy of this.

The May board quality report also shows that for the last quarter of 2003/04 we had achieved a 100% response rate to complaints within 20 days and acknowledged all complaints in the quarter in the time required. Ann has this report.

Also the May HR PI's paper shows a significant reduction in staff sickness during 2003/04. The last quarter was 5.1%, compared to national average of 5 24%. Jane will have this paper.

We have also appointed the post of Head of Informatics, shown in evidence tables as a job advert. Alan or HR should be able to provide evidence of appointment.

Is there really no public or patient input on the ppi steering group?

We also are in the process of rolling out GP appraisal to non principles, I think so not sure why this is not reflected. Clinical Governance is also reviewed at the quarterly Divisional reviews for LD and community services, this does not appear to have been picked up and we need to send copies of divisional review reports if we have not already done

Do we have more evidence about how clinical risks are entered onto the risk register p 15? Has this been improved by

In terms of clinical access to IT is there a roll out plan developed with OCT services, if so can we submit it please.

Alan

The quality indicators in acute hospital commissiong have these now been approved and incorporated? Fiona Can we dig out more evidence of clinical audits undertaken and linkages between audit and other CG activities. Have there been more follow up audits re the GWMH CHI investigation in e.g. prescribing? p 17

Can we get more evidence of ppi in primary care and evidence about how we support primary care?

P 20 of report not sure what the evidence is for CH claim that systems for approving and implementing guidelines are p21 of report unclear how groups communicate with each other? again little evidence for this challenge in the evidence tables! p28
p 22 of main report Para re staff safety and the Para in the

p 22 of main report Para re staff safety and the Para in the evidence panel are different!!!!! sentence in main report re This is not consistent across all staff groups" is not in the evidence table paragraph and there appears to be very little evidence for this assertion anyway. Needs to be clarified which is the correct paragraph

p25 is there more evidence of training for dentists, pharmacists and optometrists?

P25 can we clarify how evaluation informs the planning process.

2 26 the PCT has an interim not draft strategy. do we not have an action plan?

Evidence tables issues

p12 re dedicated operational resource etc, surely this is what Martin Combs should be leading on!

Is there no PPI input on the PPI committee p 14

P15 need to add that we are having 15 public meetings in 2 months re our future service plans as well as meetings with our two local councils.

Tp 18 more evidence re ppi in primary care and our support?

p27 can we evidence how clinical risks are put on the risk register

p 38 Do we have tof ref for the clinical effectiveness group? If so can we send them to CH

p 49 are our vacancy levels higher than the national average? I thought they were lower!! Jane

P 50 what are our policies re re registration?

P53 do we have a plan for gp appraisal in 2004/05 we can submit.

The evidence section re HR does not pick up[much of the staff opinion survey can Jane follow this up please.

p68 is there an action plan re ICT implementation?

p 70 we have appointed to this post Alan has details. 🖈

p71 there is also strong evidence of clin gov review at divisional reviews and board meetings, this is not reflected here.

p72 evidence of additional it roll out?

p73 can we submit the annual public health report please. **

p74 no info re plans for it systems for community staff? Is this true is there something we could provide?

p81 there must be evidence of other areas developing cg plans

p83 do not all GP practices have a GP lead for CG?

p84 I met with local dentists with Faye in May and Faye has been appointed as dental development manager which we need to inform CH. Has Faye a list of meetings she has had with local dentists?.

p88 report is now final and board approved can we send this to CH please.

p94 Commissiong has always been discussed at PEC, can we have evidence for this please!!

p95 can we firm up on quality indicators for commissiong list and send in please.

Sorry this is a bit long but I would like to get a three if we could and have only one 1.

Thanks

Ian Piper Chief Executive Fareham and Gosport PCT

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