

## Healthcare Commission Clinical Governance Review

### Phase 3: Evidence Tables

<b>Evidence Table Information/statement</b>	<b>PCT Comment</b>
<p>Pg 11&amp; 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 &amp; 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 &amp; Gosport not GPs.</p>
<p>Pg 25 Risk Management .....and the Health and Safety Committee Minutes also go to clinical governance.</p>	<p>Health &amp; Safety Committee minutes also go to the Risk Management Committee which are shared with the Clinical Governance Committee</p>

<b>Evidence Table Information/statement</b>	<b>PCT Comment</b>
Pg 25 Risk Management The incident and complaints report and trends analysis are reported to the clinical governance committee and board.	These minutes also go to the Risk Management Committee.
Pg 27 Risk Management Staff reported that the risk register is on Ulysses and it wasn't quite clear on the content.	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.
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.	Risk Event Book
Pg 29 Risk Management There is a PCT Risk Event Book which they use. They fill this in, in discussion with their manager.	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.
Pg 37 Clinical Audit The PCT has a clinical governance development plan, 2003/04 which includes objectives for clinical audit (2a.2)	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'

Evidence Table Information/statement	PCT Comment
Pg 49 Staffing & Staff Management Staff reported there is workforce information produced and a workforce re-design manager is employed and is developing workforce data.....	The PCT has recently employed a Workforce planning and information analyst and a Workforce redesign manager. It is the former who is developing workforce data.
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
Pg 94 Strategic Capacity Until recently commissioning was not routinely discussed at the PEC and the PCT is trying to strengthen the role of the PEC in the wider planning of services.	Commissioning of services has always taken place at PEC (see 1.7.1 – 1.7.14).