Fareham and Gosport PCT

Clinical governance review report

Draft

CONFIDENTIAL

June 2004

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 1 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 March 31st
- takes over the private and voluntary healthcare functions of the National Care Standards Commission, which also ceased to exist on 31 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 April 1st. 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 1

What are the Healthcare Commission's conclusion about Fareham and Gosport PCT? 3

What does the PCT need to do to improve its clinical governance? 4

Patients' experiences 5

Patient, service user, carer and public involvement 7

Risk management 8

Clinical audit 9

Clinical effectiveness 10

Staffing and staff management 11

Education and training and continuing personal and professional development 12

Use of information 13

Strategic capacity 14

Further information 15

Acknowledgements 16

Introduction

Fareham and Gosport Primary Care Trust (the PCT) was established in April 2002. It serves a population of 197,171 people and the boundaries of the PCT are coterminus with Fareham and Gosport Borough Councils. The PCT has low levels of deprivation and the population is predominantly white British.

The PCT directly employs 1278 staff and provides a range of community and primary care services. It also has responsibility for contracting the services of 21 general practices, 33 dental practices, 22 pharmacies and 22 opticians. The PCT manages Gosport War Memorial Hospital and St Christopher's community hospital. Gosport War Memorial Hospital provides out-patient services, a day hospital, maternity services, intermediate and rehabilitative care for older people. St Christopher's Hospital provides rehabilitative beds. In addition the PCT provides assessment and treatment, residential and respite services for clients with learning disabilities.

In 2003 the PCT achieved two stars in the NHS performance ratings and achieving eight of the nine key targets.

Fareham and Gosport PCT is one of ten PCTs reporting to the Hampshire and Isle of Wight Strategic Health Authority.

Three of these PCTs has been the subject of a simultaneous but independent clinical governance review, which are reported separately. The other two are East Hampshire PCT and Portsmouth City PCT.

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, addressing 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 expects 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.

The review is part of a rolling programme of reviews of clinical governance in every NHS organisation in England and Wales.

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 the patient's' experiences?

What is covered by a Healthcare Commission review?

The Healthcare Commission's review assesses seven areas of clinical governance.

The areas are:

1 patient involvement

2 risk management

3 clinical audit

4 staffing and management

5 education and training

6 clinical effectiveness

7 use of information

The Healthcare Commission's review also describes two further areas:

1 patients' 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, Healthcare Commission 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

What are the Healthcare Commission's conclusions about Fareham and Gosport PCT?

What are Healthcare Commission's main findings in this review of Fareham and Gosport PCT?

Since its establishment in April 2002, the PCT has made some progress in developing clinical governance (the systems and processes needed to ensure patients receive good quality care). In the process, it has overcome several complicating factors. The PCT is working towards integrating clinical governance into the delivery of all its services.

- There is good team working at all levels. Staff are friendly and committed to providing patient focused care. Many members of the public praised the quality of care they received.
- The PCT has worked hard to establish good relationships with general practices and pharmacists, and is in the early stages of building relationships with dentists and optometrists.
- Staff are committed and enthusiastic, and this should ensure progress is maintained.
- Other health and social care organisations say they have good working relationships with the PCT, enabling a joined up approach to developing services and making the most of resources.
- More work is required to support staff across the organisation in identifying ways of engaging patients and the public in planning and delivering care. ~~However, some progress has been made to involve them in reviewing and developing services.~~
- Systems and processes for risk management are being developed. Staff say the PCT's fair blame culture encourages them to report incidents. However, methods for sharing learning from incidents across community and primary care need further development.
- The PCT is working towards providing care to patients that has evidence to prove it is best practice. However, the PCT has no overall strategic direction for this work. The PCT is also improving care by providing training and education opportunities for its staff.

Performance management and other systems exist to support the management of staff. The PCT has identified that some staff are experiencing bullying and harassment from colleagues and from patients and their relatives. A planned series of events will support staff to manage and prevent this behaviour.

The PCT carries out limited clinical audits to check the quality of its services and those audits that are carried out are uncoordinated. Staff have varying degrees of

access to information technology. Information is mainly used to monitor activity rather than to improve patient care.

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What did we find that is impressive at Fareham and Gosport PCT

Community pharmacists are being supported in implementing systems and processes that ensure they provide good quality patient care. The PCT has appointed a community pharmacy clinical governance facilitator jointly with East Hampshire and Portsmouth City Teaching PCTs to support community pharmacists and act as a link with the PCTs. The three PCTs have also set up a community pharmacy clinical governance group.

The PCT has introduced a Water Is Cool In School project to encourage schools to provide drinking water for pupils and staff throughout the day. Evidence suggests that drinking plenty of water can improve health and performance in school. A range of staff, including dieticians and school nurses, were involved in promoting this initiative, which won a strategic health authority modernisation award in 2003. Nearly three quarters of all schools in Fareham and Gosport now provide drinking water for pupils and staff.

The PCT has jointly appointed a team development facilitator with Southampton University to help teams of clinicians develop evidence based practice and implement change.

The community enabling service provides multidisciplinary rehabilitation and support for older people and takes referrals from a range of sources including self-referral. 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.

What are the key areas of action that the PCT needs to address to improve its clinical governance systems?

1 The PCT needs to continue developing systems and processes to ensure patients receive good quality care. It needs to ensure these systems are integrated across all primary and community healthcare services including those provided by GPs, dentists, optometrists and pharmacists.

2 The Professional Executive Committee, the committee that involves clinicians in strategic decision making, needs to get better involved in making sure systems and processes exist to ensure patients receive good quality care.

3 Action needs to be taken to develop a coordinated approach to carrying out audits of clinical work. Clinical audit systems and processes need to be linked to other clinical governance systems and processes, such as those for risk management and staff management.

4 Information systems and the use of information need to be improved to help clinicians develop services and give good quality patient care.

5 The PCT needs to continue to develop and incorporate quality indicators into its service level agreements with acute trusts so that it can monitor the quality of services that the acute trust provides to patients living in the PCT's area.

6 The PCT needs to continue to develop its medicine management strategy and prescribing monitoring framework.

What is it like to be a patient in Fareham and Gosport PCT?

In this section we report what we observed and what patients said about their experience, through surveys or directly to the Healthcare Commission. We also look at what PCT's figures can tell patients about waiting times and outcomes of treatment.

Many things can impact on a patient'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 and whether they and their relatives or carers were treated with respect.

Are patients treated with dignity and respect?

Patients told the Healthcare Commission that staff in both community and primary care treated them with courtesy and respect. The Healthcare Commission also met many staff committed to providing high standards of care.

Some general practices are making efforts to improve privacy for patients in reception areas. For example, telephone calls can be made in a separate area and waiting rooms are separated from reception areas. The PCT has been awarded the two tick disability symbol and many general practices have undertaken a disability discrimination survey.

In community hospitals staff provide patient-focused care. Patients are dressed in their own clothes, and the activities coordinator provides a range of activities on either a one-to-one basis or in groups. Patients are given a choice regarding the type of food available, and are given assistance to eat their meals.

There are appropriate facilities and welcoming environments for clients with learning disabilities . Staff are aware of the need to promote clients' independence through patient-centred care planning.

Can patients access the services they need?

The PCT performs well in terms of recent outpatient and inpatient waiting time figures.- Recent figures indicate tht 86% of the PCT's outpatients were seen within 13 weeks, rising to 99.9% at 21 weeks. This is higher than the respective England averages of 79% and 99%. The PCT also performs well for inpatient appointments with 60% of patients being seen within three months rising to 89% at six months. This is significantly better than the respective Engand averages of 58% and 84%.

In contrast the PCT performed less well in terms of waiting times to see a healthcare professional in primary care and underachieved in one of the key targets for the 2002/2003 star ratings, namely access to a GP. Patients told the Healthcare Commission they had no problem getting an urgent appointment but the waiting time for non urgent appoinments for patients to see their own GP ranges from two days to

three weeks.

The PCT developed a range of initiatives to encourage female clients to attend the breast screening service .

A few patients commented on difficulties accessing an NHS dentist. The PCT is aware of this, and is working with other PCTs and local dentists to improve access, for example, through the Dental Access Centre which provides emergency treatment and information about accessing ongoing dental treatment.

How good are the standards of cleanliness and facilities?

Patients commented positively on the environment in primary and community healthcare premises and the Healthcare Commission found a good standard of cleanliness in premises visited. General practices have toilet facilities, baby changing facilities and disabled access.

The staff at St Christopher's Hospital provide high standards of care but this is compromised by the building which is old and not built for purpose. The PCT is considering proposals for relocating the hospital to an alternative site or sites to ensure care is delivered in an appropriate environment.

There is a planned programme of work to improve accommodation ~~that requires upgrading~~ for clients with learning disabilities.

The patient environment action team (PEAT) look at a range of cleanliness issues including wards, reception areas and corridors. Hospitals are awarded a traffic light colour to denote a good (green), acceptable (amber), or poor (red) performance. During 2003, two sites within the PCT received green ratings and one site received an amber rating.

The PCT is engaged in a Local ~~Implementation~~ Improvement Finance Trust initiative (LIFT). This work is being carried out in partnership with East Hampshire PCT and will enable the PCT to develop services and use buildings in appropriate locations.

What do the figures show about outcomes at the PCT?

Overall the PCT has lower mortality rates for all ages when compared to the England and Wales average. Breast screening rates for women aged 53-64 years (screened in the past three years) is 79.06%. This is higher than the Hampshire and Isle of Wight Strategic Health Authority, and England rates. The PCT also performed better than the national rate for all types of child immunisation.

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

The PCT provides a range of services including community nursing, health visitors, school nurses, physiotherapy and occupational therapy. Other services include child and family therapy services, and three GPs with a special interest are providing ultrasound, endoscopy and ear, nose and throat (ENT) assessment services. Intermediate care is provided by the community enabling service and there is a twilight nursing service.

There are a number of shared services arrangements across the Hampshire district. These include hosted services, where the strategy and direction is a shared responsibility, but where one PCT takes the lead. For example Fareham and Gosport PCT hosts learning disabilities services and training and development services for all three PCTs in South East Hampshire.

For clients with learning disabilities the PCT provides healthcare and health residential care, social care, respite care and [illegible] assessment and community health care services.

The PCT also commissions a range of services from other PCT and acute trusts including elderly medicine and elderly mental health from East Hampshire PCT and family planning and sexual health services from Portsmouth City PCT. Secondary care is commissioned from a range of providers.

What areas of the patient experience should the PCT consider?

- The PCT needs to continue working with GPs to improve waiting times to see a GP.
- The PCT should continue working with local health community to ensure paitents can access NHS dentists.

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 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 Healthcare Commission's main assessment?

The PCT has made progress in developing systems and processes to involve patients and public in service planning. There are examples of initiatives resulting in useful engagement of public and patients. More work is required to ensure progress is consistent across the organisation, including learning from complaints, comments and compliments.

Assessment = ii (c)

What are the key findings?

The joint Directors of Public Health are the board leads for patient, service user carer and public involvement, supported by two non-executive directors and the patient and public involvement manager. The PCT has developed a strategic framework and action plan for patient and public involvement. The PCT's commitment to improving patient and public involvement is also reflected in the 2002/2003 annual report, local development plan and the business plan, all of which contain key targets for patient, service user, carer and public involvement.

A patient and public involvement steering group has been established, and is responsible for strategic planning and the reporting of patient, service user, carer and public involvement activity to the board. Membership of the group includes representatives from the practice managers forum but has yet to include patient and public representatives.

There is patient representation on the local implementation teams for the national service frameworks for older people, coronary heart disease and diabetes. The learning disabilities service has user and carer representation on the local implementation group and partnership boards and there is public representation on the clinical governance committee

Some stakeholders raised concerns about the planning of future services and the level of public involvement in the discussions. The PCT is addressing this through a series of public meetings prior to the statutory consultation. This involved commissioning an independent survey asking people their views on local services and if they are interested in being involved in planning local services. From the survey the PCT has developed a database of people who are willing to be consulted

and involved in service development. In the learning disabilities service a service user survey was conducted in 2003.

Examples of improvement to services include changes to the appointment system in a general practice and development of a support group for families with children who have diabetes.

Links and support for GPs, dentists, optometrists, and pharmacists to develop systems to involve patients and public involvement is limited.

Information leaflets are available about services and medical conditions, and specific information is available for clients with learning disabilities. Staff also have access to translation services.

The patient advice and liaison service (PALS) is hosted by East Hampshire PCT and is based in Portsmouth Hospital Trust. A feedback facility on the PCT's website has recently been developed. Quarterly PALS reports are sent to the patient and public involvement steering group. .

The complaints manager is responsible for complaints relating to services provided by the PCT, and second stage complaints for general practices. The complaints manager works closely with the PALS manager. The PCT has a complaints policy, and the clinical governance committee and board receive quarterly complaints reports. There are mechanisms for sharing learning from complaints at a local level in the PCT. Dentists, optometrists, pharmacists and GPs have their own systems for managing complaints.

Complaints awareness is included in the corporate induction programme. The PCT also provides communication skills training for staff in general practices. The PALS manager is developing a training package and the learning disabilities service provides training on the use of sign language and picture symbols.

What areas of patient involvement should the PCT consider.

The PCT needs to continue implementing the action plan for patient and public involvement and embed patient and public involvement at all levels of the organisation.

- The PCT needs to support the GPs dentists, optometrists and pharmacists to develop systems for patient and public involvement.
- Action needs to be taken to ensure that learning from complaints is shared and influences service development across the organisation.

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 and staff and to learn from mistakes.

What is Healthcare Commission's main assessment?

The PCT has developed clear systems and processes for reporting and managing risk. The fair blame culture supports incident reporting and robust investigation following incidents. More work is required to ensure learning from incidents is shared across primary and community care.

Commission's Assessment = ii (c)

What are the key findings?

The PCT has a risk management strategy outlining the roles and responsibilities of staff and the risk management process. The Director of Finance is the board lead for non-clinical risk and chairs the risk management committee. This is a sub- committee of the board and has links with the audit and assurance committee and clinical governance committee through shared membership and minutes. The Director of Nursing and Clinical Governance is the board lead for clinical risk, and the Risk and Litigation Manager supports and co-ordinates risk management activity. There is some evidence of integration of risk with other areas of clinical governance such as in complaints.

Non-clinical incidents are reviewed at the health and safety committee and reported to the risk management committee and clinical incidents are discussed at the clinical governance committee. Risk management issues are reported to the board through performance reports and quarterly incident and complaints reports.

A clinical incident and medications error review group has recently been established, and reports to the clinical governance committee and the risk management committee.

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.

Currently there is a single reporting form for clinical and non-clinical incidents and information from incident forms is held centrally on the PCT's database. The PCT is developing an adverse event form to meet the requirements of the national patient

safety agency requirements. This is being done in partnership with other PCTs. It is intended this form will also be used by GPs, dentists, optometrists and pharmacists.

Staff demonstrate a good knowledge of risk issues and the reporting system and feel that there is a fair blame culture in the PCT. A few staff are recording incidents in the PCT event book.

Most GPs and community pharmacists are signed up to incident reporting and have their own systems for reporting and analysing incidents. However, they do not routinely send incident reports to the PCT or share learning from incidents with the PCT

There are some systems for disseminating information about risk management including a newsletter entitled *Risky Business*. Some staff groups including health visitors and physiotherapists have developed systems for sharing learning from incidents. Changes to practice have been made following incidents, for example a review of the storage system for some medicines and flooring replaced in some patient areas and the appointment of a pharmacist in the community hospital.

Infection control policies are available for staff and infection control services are provided by the acute trust. The controls assurance assessment for infection control and decontamination of medical devices shows an improvement on last year's assessment.

In line with national guidance the PCT has developed an action plan for its child protection procedures. Training in child protection is provided by the named nurse for child protection for both primary and community staff.

Risk awareness sessions are included in the corporate induction and training in risk assessment is also provided. Both directly employed staff and staff in primary care have attended risk assessment training.

What areas of risk management should the PCT consider?

- Action needs to be taken to ensure there is a clear mechanism for clincal risks to be included in the risk register.
- , The PCT should continue to develop the adverse incident form and encourage staff in primary and community care to use it to ensure a consistent approach to risk management in primary and community care.
- The PCT needs to support staff in primary care to share information about risk management activity with the PCT.
- Action needs to be taken to develop mechanisms for sharing learning from incidents across primary and community care.

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 Healthcare Commission's main assessment?

Implementation of clinical audit is fragmented. The PCT is in the early stages of reviewing and developing its systems for clinical audit, and is laying the foundations for a more coordinated approach.

Assessment = i

What are the key findings?

The Director of Nursing and Clinical Governance is the PCT lead for clinical audit. The PCT does not have a clinical audit strategy, and there is no systematic process for carrying out or reporting audits. However, proposed objectives for taking forward clinical audit are included in the PCT clinical governance development plan. There is a proposed list of audits for 2002/2004, although it is unclear how this is monitored. The PCT is aware that it needs to develop a more coordinated and integrated approach to audit. In future the recently established clinical effectiveness group will be responsible for planning and monitoring audit activity, along with clinical effectiveness work and will report to the clinical governance committee. Currently, there is little evidence of how clinical audit is integrated with other clinical governance activities.

There are limited examples of clinical audit being undertaken. In partnership with Portsmouth Hospitals NHS Trust the PCT undertook an audit to determine if women with learning disabilities had equal access to the breast screening service. This resulted in a number of recommendations being implemented including the development of a nurse with skills in working with clients with learning disabilities. An audit of compliance with the PCT policy for checking resuscitation equipment highlighted that there was only 60% compliance with the policy. It also highlighted a lack of basic equipment in some areas. This has been addressed, and a further audit has yet to be done to establish if practice has improved. The PCT has also participated in a national audit relating to stroke care. Some audit has been carried out through the Department of Health's Essence of Care standards, for example continence management and nutrition, and patients have been involved in this work. A baseline clinical governance assessment in community pharmacies has been carried out and action plans have been developed.

In general practice, audits of national service frameworks for coronary heart disease

and diabetes have been carried out. There is some evidence of other audits being carried out in general practice but these are not reported to the PCT.

The PCT is a member of the clinical audit network. Membership of this group includes other local PCTs and the acute trust.

There are no clear mechanisms for disseminating learning from audit and resources for clinical audit are limited. The clinical governance managers provide support and training on an ad hoc basis. Training is also provided by the training and development shared service and there is limited uptake of this.

What areas of clinical audit should the PCT consider?

- The PCT needs to continue developing a coherent and systematic approach for planning, monitoring and reporting audit, to enable it to prioritise and ensure the audit cycle is completed.
- The PCT needs to continue working to integrate audit activity in other components of clinical governance.
- The current list of audits for 2002/2004 needs to be reviewed and updated.
- Action needs to be taken to develop systems for disseminating results from audits to ensure learning takes place and good practice is shared across primary and community care.
- The PCT needs to ensure there is sufficient support for staff wishing to undertake clinical audit.
- The PCT needs to promote training in audit skills for relevant staff.

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?

Clinical effectiveness activity takes place across the PCT. Systems to implement national initiatives are in place and work is being done to develop and implement a more strategic and integrated approach to clinical effectiveness.

Assessment = ii (b)

What are the key findings?

The PCT is reviewing and developing its systems for planning and monitoring clinical effectiveness. The clinical effectiveness committee has recently been established and will be responsible for implementing and monitoring clinical effectiveness work and reports to the clinical governance committee. The Director of Nursing and Clinical Governance is the PCT lead for clinical effectiveness.

Although the PCT does not have a strategy or plan for clinical effectiveness work there are a number of groups involved in clinical effectiveness work, for example, the physiotherapy clinical effectiveness group and the evidence-based practice group.

Improvements in services are also taking place through the implementation of the national service frameworks. Local implementation teams (LITs) are responsible for the coordination and delivery of the national service frameworks (NSFs). Members of the local implementation teams include managers and clinicians and there is also patient and public involvement.

The PCT has recently established the National Institute for Clinical Excellence (NICE) implementation working group. This group is responsible for reviewing and circulating NICE guidance to the appropriate local implementation team, and reports to the clinical effectiveness committee.

Other examples of clinical effectiveness work include the district wide diabetes risk factor intervention to reduce vascular events guidelines (DRIVE), developed by a multidisciplinary team. The prescribing team have implemented some projects to improve the quality and cost effectiveness of prescribing including an electronic prescribing formulary and reviewing repeat prescribing with GPs. The PCT has a clinical governance facilitator for community pharmacists. A booklet on breast screening information has also been designed for clients with learning disabilities to encourage them to use the service.

A recent pressure ulcer prevalence study report shows a decrease in the total prevalence of pressure ulcers

Staff are using evidence based guidelines, however the system for approving and implementing guidelines is unclear. The PCT state that all new developments are ratified and approved at the clinical governance committee, while other evidence indicates that the approval and dissemination of nursing guidelines is the responsibility of the strategic nursing network.

Library and internet facilities are available at Gosport War Memorial Hospital and through the Portsmouth Hospitals NHS Trust library service. Training is provided for the development and use of clinical evidence, but there has been limited uptake. The PCT has recently appointed a Team Development Facilitator who is working with teams to help them improve their effectiveness. This is a joint appointment with Southampton University.

What areas of clinical effectiveness should the PCT consider?

- The PCT needs to develop and implement a clinical effectiveness strategy.
- Action needs to be taken to ensure there is a clear process for implementing, monitoring and sharing evidence-based practice.
- The PCT needs to implement clinicial effectiveness work and link it to the audit programme to ensure it is evaluated.
- The PCT needs to ensure there is a systematic and coordinated approach to guideline development, approval and implementation, and that staff are aware of this.
- Action needs to be taken to promote training in developing evidence-based practice and critical appraisal skills.

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 Healthcare Commission's main assessment?

The PCT has a human resources strategy and clear objectives for HR development. Structures and processes for managing staff are in place. Workforce planning is in the early stages of development. The appraisal system is being implemented across the organisation.

Assessment = ii (c)

What are the key findings?

The Personnel Director is the PCT lead for staffing and staff management. The personnel panel is a sub-committee of the board and is responsible for the strategic direction of Human Resources (HR). The PCT has an HR strategy and implementation plan for 2003/2004. The PCT's HR objectives are included in the clinical governance development plan 2003/2004.

Within the PCT there are a range of sub-groups undertaking HR work, including the equality and diversity group and improving working lives (IWL) group. The sub-groups, numbering eleven in total, report to the personnel panel, but it is unclear how they communicate with each other. Workforce information is provided to the board including sickness and absence and appraisal uptake.

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. The PCT is in the early stages of workforce planning

The PCT has systems in place for checking registrations of both directly employed staff ~~and general practitioners~~. A few staff were unsure about the process for checking that staff registrations are renewed.

There are good arrangements in place for local and corporate induction. Local induction programmes have been developed, for example, in learning disabilities, physiotherapy and community hospitals. The PCT also provides an induction programme for practice nurses, coordinated by the practice nurse trainer.

Staff are aware of the need for clinical supervision and some staff reported they have

access to clinical supervision. Other staff, who have not traditionally undertaken clinical supervision, have regular support meetings to reflect on practice.

There is a comprehensive appraisal scheme in place, and in the last year 70% of PCT staff have had an appraisal. In general practices some staff, including all general practice principals have had appraisals. Some staff reported their training and development needs are identified through their appraisal and personal development plans.

The PCT has a whistle-blowing policy and has recently developed a performance policy. Poorly performing doctors are managed through an appraisal system, and a disciplinary procedure for medical and dental staff is being developed.

In the annual staff survey, some staff indicated that they were experiencing bullying and harassment in their workplace, either from other colleagues or patients and relatives. In response to this, the PCT has developed a series of interventions to raise awareness about managing and preventing this type of behaviour.

There are a number of staff forums across the PCT including the practice manager forum, practice nurse forum and a GP group. These are used as methods to share information across the organisation. The PCT has a newsletter and there is evidence of good communication and team working among staff groups.

Occupational health services are available for directly employed staff including a counselling service. The PCT also provides some occupation health services for GPs.

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. Other security systems observed include panic buttons in general practices and health centres, and security cameras internally in community hospitals. 1.9.1.4

The PCT has introduced the Annual Award for Excellence recognising individuals and team efforts to improve patient care.

The PCT has been awarded the practice status for implementing Improving Working Lives, a government initiative aimed at ensuring fair and governed working practices in HR.

What areas of staffing and management should the PCT consider?

- The PCT needs to ensure there are mechanisms for clear communication between the HR sub-groups.
- The PCT needs to continue developing its workforce planning to support future service developments
- Action needs to be taken to ensure that staff are aware of the process for checking renewing of registration.
- The PCT needs to continue implementing the GP appraisal scheme.

- The PCT needs to continue to work with staff to ensure they feel supported and protected against bullying and harassment, and monitor the impact of interventions.
- The PCT should continue working to improve safety for all staff.

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?

The PCT is committed to developing its workforce and staff have access to a range of training and education opportunities. There are some structures in place for planning and monitoring education and training but further work is required to strengthen this process.

Assessment = iib

What are the key findings?

Education and training issues are coordinated through the training and development group, and the PCT lead is the Personnel Director. The training and development group reports to the personnel panel. The PCT uses the training and development shared services (TDSS), hosted by the PCT and shared with two other PCTs. The TDSS provides and manages a range of training services and the training manager is a member of the training and development group.

The training manager is supported by a Lifelong Learning Facilitator and a Clinical Placement Liaison Officer, these posts are funded by the workforce development confederation.

The PCT's strategic approach to training and development is included in the human resources (HR) strategy, and the PCT is planning to develop an education strategy in 2004. Education and training needs are identified in a number of ways and there is some evidence of personal development plans feeding into this process. The PCT does not have an annual training plan and it is unclear how education and training planning is linked to PCT priorities.

The PCT has developed good partnership working with a number of organisations including Southampton University, Portsmouth University and local colleges of further education to provide a range of courses for staff including undergraduate and postgraduate degrees and national vocational qualifications. Many staff have accessed the range of training and education opportunities available, although a few staff reported difficulties in arranging cover to attend training.

The PCT has a training advisor for staff in general practice and a GP tutor, and has introduced the time for audit, review, guidelines, effectiveness and training

programme (TARGET). Information from GP appraisals informs the provision of this programme. Limited training is available for dentists, optometrists and pharmacists.

A range of mandatory training is provided for staff including fire training and basic life support. Some staff reported that they had attended mandatory training, but attendance at moving and handling and fire training for 2003/04 is low.

Managers are responsible for ensuring staff attend training courses, and HR monitors attendance. The TDSS provides the PCT with quarterly reports of attendees at programmes they provide. There are forms to evaluate the effectiveness of training but these are not routinely completed and it is unclear how they inform the planning process.

Staff have access to a range of training and education resources including the ICON centre which is an information technology centre located in the community hospital.

What areas of education and training should the PCT consider?

- 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.
- Mechanisms for coordinating and planning education and training need to be strengthened.
- The PCT should continue to develop and support training and education opportunities for GPs, dentists, optometrists and pharmacists.
- The PCT needs to ensure staff attend mandatory training
- Further work is required to improve the systems for evaluating the effectiveness training and education

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 care.

What is the Healthcare Commission's main assessment?

The PCT has a draft Information and communication technology strategy. Systems and processes for collecting and using information to inform service development are in the early stages of development. There is regular performance monitoring on national performance targets.

Assessment = i

What are the key findings?

The Director of Finance is the PCT board lead for information and communication technology management (ICT) and represents the PCT on the ICT management board. This is the key decision-making forum for strategic direction, policy-making and investment decisions across Portsmouth and South East Hampshire. Reporting of ICT is through the PCT operational management team.

The PCT has a draft ICT strategy, and an ICT development programme for 2003/2004. The strategy has been developed in partnership with three local PCTs and is based on the national programme for information technology. However, an action plan to implement the strategy has yet to be developed.

ICT support is provided by Island and Portsmouth Health ICT service. Resources for ICT include a public health analyst, information analyst and a primary care information services (PRIMIS) facilitator. The PCT recognises that more resources are needed to progress the ICT agenda, and is seeking to appoint a Head of ~~Information~~ Infomatics

The PCT receives information on performance indicators related to key national targets. This is reviewed at the performance monitoring committee using a traffic light system and the board receives quarterly reports.

There is some evidence of reporting on clinical governance activity including quarterly patient advice and liaison service (PALS), complaints and incident reports.

A single community wide secondary care patient administration system has been developed and is available to local clinicians and support staff. Although access by staff outside general practices to computers is variable. Work is also being undertaken to review and improve the recording of activity of community staff as the current system fails to capture the breadth and depth of their work

refer to Map doc.

The majority of information used by the PCT relates to activity rather than patient experience and outcomes. There are limited examples of information being used to improve services. A summary of health needs information taken from existing data has been used to support a partnership approach to health improvements to reduce coronary heart disease, stroke and cancer mortality. In relation to prescribing, quarterly reports on practice specific prescribing are collated and shared across practices.

The focus for ICT development has been in general practice. All general practices are computerised, although a number of systems are in use. GPs have templates to improve services for chronic disease management and the PRIMIS facilitator works with them to improve data quality through improved coding. GPs also receive information relating to prescribing.

The GP clinical governance lead is the Caldicott Guardian. The PCT has a Caldicott group and membership includes staff from community and primary care. Staff are generally aware of the need to treat patient information confidentially. A few staff reported they had attended training in confidentially and data protection.

The PCT provides training courses for staff to improve IT skills including the European computer driving licence. While some staff have done this course, a few clinical staff reported that they have not accessed training because of limited access to computers.

What areas of using information should the PCT consider?

- The PCT needs to approve and develop an action plan to implement the ICT strategy.
- Action needs to be taken to improve the use and quality of information to inform the development of services.
- Action needs to be taken to address the variability of staff access to information technology.
- The PCT needs to ensure staff attend training on confidentiality and data protection.

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 care.

What is the healthcare commission's main assessment?

The PCT is developing systems and processes to integrate and support clinical governance. There are examples of progress at both a strategic and operational level. Good partnership working with organisations in the local health community has been established. Commissioning and medicines management are under development.

What are the healthcare commission's key findings?

In July 2002, shortly after the PCT was established the Commission for Health Improvement's investigation report into Gosport War Memorial Hospital was published. The investigation was concerned with events prior to the PCT being established. Managing events after this, including implementation of the subsequent action plan has absorbed a great deal of the board and senior management teams efforts. However, the implementation of clinical governance is a key priority for the PCT and some progress has been made. The local health community has a financial overspend and the strategic health authority is undertaking a review of management structures with a view to closer integration of senior management roles across the health community.

The PCT has an open culture and the executive team are seen as supportive and approachable. There are good working relationships within the executive team, and the Chair has carried out a review of the non-executive roles to ensure they are compliant with national directives.

There are professional forums for different professional groups, and staff from all professional groups comment that the PCT is an inclusive organisation.

The PCT has a clinical governance development plan for 2004/2005 and is developing a strategy. Some services, learning disabilities and children's services for example, have developed their own clinical governance plans and priorities, and the PCT needs to ensure there is a more integrated approach to clinical governance. There are two clinical governance managers responsible for primary care services and community services. The Director of Nursing and Clinical Governance is a co-opted member of the board, and the GP clinical governance lead is a member of the board and professional executive committee(PEC). There is a clinical governance committee with sub-committees responsible for components of clinical governance.

Minutes of the clinical governance committee are sent to the board and risk management committee. The professional executive committee does not regularly receive minutes.

The PCT has focused on engaging with GPs and has made good progress in this area. The GP forum enables the PCT to share information and discuss issues such as proposals for the out-of-hours service and the new GP contract. Although many practices are carrying out clinical governance work, information is not routinely shared with the PCT.

Progress has also been made with community pharmacists with the appointment of a community pharmacy clinical governance facilitator. This is a joint appointment with Portsmouth City and East Hampshire PCT. A community pharmacist is also a member of the professional executive committee, and the PCT has had meetings with community pharmacists to discuss clinical governance issues.

optometry

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.

The PCT is active in partnership-working and has established effective working relationship with local borough and county councils. The PCT also works in partnership with other health organisations in the local health community. The PCT works closely with local councils in relation to child protection arrangements and learning disabilities services. Other examples include addressing local issues such as improving transport services. Representatives from voluntary organisations are involved in the local implementation teams.

There are examples of patient and public involvement at both operational and strategic level and further development of this a key objective in the both the business plan and primary care strategy.

Performance monitoring is through the performance monitoring committee. The committee monitors progress on the local delivery plan, financial targets, health improvement targets and commissioner and provider targets. The PCT also produces a quarterly report on performance indicators.

The joint Directors of Public Health are the board leads for health improvement /public health and are supported by a public health team. In addition other managers and staff contribute to the public health agenda including school nurses and health visitors. The PCT has a public health development plan and public health targets are reflected in key documents including the local delivery plan. The annual business plan also supports the delivery of health improvement. The PCT actively participates in a number of health improvement initiatives including smoking cessation services. Many initiatives are carried out in partnership with local borough councils and voluntary groups. To achieve effective engagement of public and patients, the PCT has established a range of mechanisms to seek their views including stakeholder days for specific areas of work.

The PCT works in partnership with regard to commissioning and is part of a district

wide commissioning group. The Director of Strategic Development is the board lead for commissioning, supported by a commissioning team. The commissioning strategy is contained within the local delivery plan. Monitoring and reporting of commissioning is through the performance monitoring committee. The clinical governance plan 2003/2004 includes objectives to strengthen the links between commissioning and clinical governance.

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 by the professional executive committee and the PCT is trying to strengthen the role of the committee in the wider planning of services. Presentations at professional executive committee meetings by the local implementation teams is one method they are using to achieve this.

The PCT has regular meetings with acute trusts to monitor secondary care commissioning and quality indicators are being developed for inclusion in the service level agreements with acute trusts.

The joint Directors of Public Health lead the prescribing and medicines management team, and the PCT is developing effective prescribing advice and structures. The medicines management committee reports to the board and prescribing issues are discussed at professional executive committee meetings.

The PCT has an electronic prescribing formulary and is developing a medicines management strategy and a prescribing monitoring framework. The formulary covers the majority of prescribing in primary and secondary care. Work plans have been developed for the prescribing advisor and pharmaceutical advisor. The PCT also employs practice support pharmacists who are linked to general practices. Staff find the level of the support given by the advisers and support pharmacists very helpful.

The PCT has developed some links and mechanisms for medicines management across the local health community. This includes representation on the care home services and community pharmacy group, and the medicines interfacing with social services group. Nurse prescribing is also being implemented and a nurse prescribing group has been established. A part-time community pharmacist is employed at the Gosport War Memorial Hospital.

Further information

The Healthcare Commission's clinical governance review took place between March and June 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:

Fareham and Gosport Primary Care Trust
Unit 180 Fareham Reach
166 Fareham Road
Gosport
PO13 OFH

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

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Further details of the Healthcare Commission's work are available from:

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The Healthcare Commission should like to make clear that responsibility for the content of the report and its conclusions 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 practitioner (GP)	a family doctor, usually patients' first point of contact with the health service.
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).
optometrist, optician or ophthalmic optician	a person qualified to examine the eyes, prescribe and supply glasses and contact lenses.
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.