

TO: West Gloucestershire Primary Care Trust (PCT) Board
FROM: Sarah Hughes, Assistant Director, Clinical Governance
DATE: 20 November 2003
SUBJECT: CLINICAL GOVERNANCE UPDATE

1.0 PURPOSE

- 1.1 To update Board members on progress with clinical governance.

2.0 BACKGROUND

- 2.1 The Board received a comprehensive report in July this year on progress against the Clinical Governance Steering Committee objectives, followed by the Annual Report that was approved by the Board in September. Clinical governance continues to develop within the PCT and this paper sets out recent developments and key issues.

It should be remembered that clinical governance applies to all those who provide and manage patient care, and it should be at the heart of service delivery.

"Clinical governance defines the values, the culture, the processes and the procedures that must be in place in order to achieve sustained quality of care both within and between organisations." (DoH 1998)

3.0 OVERVIEW AND UPDATE

Some of the key areas of development are outlined below:

- 3.1 **The Strategic Leadership of Clinical Governance – pilot programme for Professional Executive Committees (PECs) and Boards.** The PCT engaged in this programme during the summer and a feedback session was held with the PEC and Board in June, the clinical governance priorities agreed were shared with the Board in the July report. These priorities will be reviewed over the coming months and a Board and PEC development session to focus on clinical governance is planned for February in the New Year.
- 3.2 **Commission for Health Improvement (CHI) Planning.** CHI planning meetings were established with Directors earlier in the year and Directors are currently reviewing the CHI questionnaire in order to prepare a draft response. Community Hospitals continue to plan for the CHI review and are preparing using the Hospital Accreditation standards and the CHI questionnaire.

A recent meeting provided some insight from other PCTs that have experienced a CHI review and the key messages were:

- Ownership, engagement and support from the Board and PEC is essential
- Start preparing for the review as early as possible, do not wait for the 3 month notice
- Good communication with everybody is crucial, within the PCT and with other stakeholders
- Provide support to the practices and staff that are interviewed
- Ensure that you tell CHI about all the positive issues and improvements – give them as much evidence of good practice as possible

- CHI will 'triangulate' to test information and evidence given to them
- Feedback after the review for everyone is important
- It was a developmental and constructive experience on the whole

It is important to begin to gather evidence of good practice and improvements in care and everyone is encouraged to assist with providing this information.

- 3.3 **GP Appraisal.** Progress continues with GP appraisal through a countywide arrangement and in line with local objectives, that is 50% of GPs have now been appraised with at least one appraisal done in each practice. Funding from the Workforce Development Confederation will assist with continuing to train GP Appraisers this year and further progress is planned with appraisal over the coming months.
- 3.4 **Baseline Assessments.** Baseline assessments have been widely used to establish the current position with clinical governance for a range of teams and professional groups. GP practice baseline assessments are now being returned and the Clinical Governance team are liaising with the practices to provide support where required. Baselines for professional groups such as nurses and AHPs have been returned and action plans and priorities are being developed. Community Pharmacists are working on their action plan derived from the baseline undertaken in 2002. The baseline plans for Dentistry and Optometry are currently under discussion with the Local Dental and Optometry Committees, and other PCTs as they are undertaken on a countywide basis, it is hoped that they can be progressed early in 2004.
- 3.5 **Clinical Governance Steering Committee.** The Committee continues to meet on a monthly basis and reviews, resolves and develops issues in relation to the broad range of clinical governance issues. The minutes are posted on the Intranet for information and Look West is used to share information.
- 3.6 **Dentists, pharmacists & optometrists.** The Steering Committee proposes that further attention needs to be given to supporting these professional groups with clinical governance and a sub-group of the Steering Committee has recently been established to focus on this area of work.
- 3.7 **Commissioning and quality.** The role of the PCT in relation to clinical governance extends to all services they commission on behalf of the local community as well as all services provided directly within the PCT community. Further attention has now been given to how quality might be encompassed within commissioning arrangements and the Director of Service Development is working on a model that has quality of care at it's core.
- 3.8 **Clinical risk.** The Risk & Business Manager has done a great deal of work in working with the community staff and general practices in developing incident reporting. A new protocol and reporting form has been produced for practices and we are pleased to report that many GP practices are now sharing incidents and events with us - a short newsletter is produced to share lessons learned and improvements in care.

A Risk Liaison Group is now established with representation from all Trusts in county. This has enabled key issues to be addressed on a shared basis. A county incident reporting system/form is under discussion to assist practitioners that work across organisations and geographical boundaries.

- 3.9 **Consent policy.** Work is currently underway to review the consent policies and forms that are in use in order for the PCT to establish a clear policy and framework in line with the new DoH recommendations.
- 3.10 **Life Long Learning.** The Director of HR developed a facilitated event that was held in October with a range of health care staff and other key stakeholders (from areas such as health, education, voluntary sector, local authorities, community and social services) from across Gloucestershire to gain views on staff experiences, to develop ideas for training, education and development and to clarify practical and supportive actions that could be taken. The outcome of the event is intended to form the framework of an education and training strategy for the PCT.
- 3.11 **Patient and Public Involvement (PPI).** The University of Gloucestershire have been awarded the contract for supporting the PCT with training and supporting others (staff and patients) with involving patients and the public. A successful event was held in September with the University staff, the PPI Reference Group and other key players to develop a way forward. A representative from the new national organisation Commission for Patient and Public Involvement in Health (CPPIH) will attend the next PPI Reference Group.
- 3.12 **Community Hospitals.** There is now agreement with the Hospitals Trust to provide clinical support to our Minor Injury Units at the community hospitals (on a countywide basis). A new county wide clinical governance group for community hospitals is due to meet in December.
- 3.13 **Clinical Audit.** The county Diabetes Study Day was held on 6 November and proved to be a great success. The day, organised by the Gloucestershire Primary and Community Care Audit Group, attracted over 150 participants including health care staff and patients. The day included a summary of the countywide audit on the management of diabetes in primary care and a number of workshops associated with the various clinical aspects of diabetes care and practice.
- 3.14 **Other key areas.** Progress continues in the other key clinical governance fields – research governance, clinical effectiveness, risk management, complaints handling, review of key clinical policies, protected learning time, prescribing, IM&T and staff management. Further information and updates will be provided for the PEC and Board in due course.

4.0 **RECOMMENDATION**

- 4.1 The Board is asked to note the contents of the report.