Fareham and Gosport MHS

Primary Care Trust

Clinical Governance Committee Meeting to be held on Wednesday 7th April 2004 1pm - 3pm, Board Room, Fareham Reach

AGENDA

1. Apologies for absence Cathy Thomas Carol Holden Jean Smith Jayne Colebourne Nicky Heyworth

2. Notes of previous meeting (attachment 1)

3. **Matters arising** a) Pharmaceutical Policy

HB

4. Standing Items a) Child Protection – to agree reporting dates

KR

b) GWMH CHI Investigation – to agree reporting dates c) Independent Contractors

d) Local Implementation Teams and Mental Health Panel

5. Items for Discussion

Clinical Governance Development Plan

M CHI Corporate Self Assessment

JJ

Standards for Better Health – to be tabled

Guideline Distribution

FC

e/ Policy Guidance for Staff for the Development of

Policies and Procedures

(attachment 2)

Terms of Reference Review

(attachment 3)

Items for Approval

a) Policies: CPR Policy

(attachment 4)

Medicines Policy

Enteral Feeding Policy

Nurse Prescribing

Management of Malnutrition

Items to Note

Strategic Leadership of Clinical Governance Workshop

b) /TARGET update

CX Notes of RMC – to be tabled

Decontamination Minutes

(attachment 5)

AT

NHS Complaints Reform – to be tabled

8. **Any Other Business**

Practice Manager Representation

9. **Date and Time of Next Meeting**

Friday 4th June, 2pm – 4pm in the Boardroom, Fareham Reach

Fareham and Gosport



Primary Care Trust

MINUTES OF A CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 30TH JANUARY 2004 IN THE BOARDROOM

Present:

Andrew Paterson < Nigel McFetteridge Joyce Knight Nicky Heyworth Hazel Bagshaw

Kathryn Rowles Diane Wilson for Item 3

Ian Piper Justina Jeffs

1. **Apologies**

> Ann Turner Inger Hebden Chris Kelly

Fiona Cameron

Jean Smith Mike Wagg Ian Reid Carol Holden Jayne Colebourne **Cathy Thomas**

Introductions were made for Nigel McFetridge who is the Clinical Governance lead at the Strategic Health Authority.

2. Minutes of the Last Meeting

There were agreed as correct.

3. **Vulnerable Adults Policy Diane Wilson**

> This was introduced as a practical working document from the larger Hampshire County Council document. This policy is similar to West Hants' policy and is consistent across the whole of Hampshire. Diane outlined the policy and talked about the training needs that would be required to go with this policy so it would not just be sent to people. This policy will be sent to all the learning disability establishments and all those working in the community. It was also felt useful to disseminate this policy to GPs. The Clinical Governance Committee were happy with the policy, no objections were raised and it was ratified for presentation to the Board. It was also agreed at this point that the policy on policies should be discussed at the next Clinical Governance Committee to ensure that all the members of the Committee are aware of the process for policy ratification.

Action

4. Matters Arising

- i) Feedback from Cytotoxic Drug Meeting – Hazel Bagshaw Hazel reported that there had been a meeting at the start of January which was attended by Hazel, Practice Nurses. District Nurses and the Rheumatology Nurses to look at the issues around administering cytotoxic drugs in community settings and general practice. A survey is being carried out at the moment by HB to see how many patients requiring cytotoxic drug administration are dealt with during one quarter and to also check compliance with administration and disposal of these drugs. It was felt that the majority of patients are actually self medicating but there are a number of training issues for staff before they administer these drugs. On the 31st March there is training for Practice Nurses and District Nurses by the Rheumatology Department. HB felt that this had been a useful meeting and would help the overall management of these patients in the community. It was raised that patients who are self medicating would need support at home to make sure they were administering the drugs correctly and were disposing of them as they should.
- ii) Pharmaceutical Policy Hazel Bagshaw
 HB is formatting the policy for the Policy Group and will
 appear on their next agenda. Kathryn Rowles said she was
 keen to review the policy before it reached the Policy Group
 agenda.
- iii) AEDs Update from General Practice Nicky Heyworth NH had asked all the Practices in Fareham and Gosport if they owned an AED, what training they had, what maintenance was carried out of the AED and which staff were trained. NH had only had ten replies at the time of the meeting but was expecting more in. The general feedback at present is that every practice has an AED and all their clinical staff are trained to use it. The AEDs are being maintained and training is being provided once a year usually by one of the pharmaceutical companies and through sponsorship. NH will do a more detailed report for the next Clinical Governance Committee meeting.

5. Clinical Governance in Independent Contractor Services

Community Pharmacy – Nicky Heyworth / Andrew Paterson

Chad, the Community Pharmacy Clinical Governance Facilitator, is working hard across the three PCTs on Clinical Governance issues. The Community Pharmacy Clinical Governance Group is still meeting bi-monthly and much work is progressing, especially with regard to risk management issues. The National Patient Safety Agency (NPSA) are coming to talk to local community pharmacists at an evening meeting in March. Chad has provided the PCT with a Clinical Governance and Community Pharmacy folder outlining the work he is doing which will help with the forthcoming CHI Review.

NH

Optometry

NH reported that the Optometric Clinical Governance baseline assessment has been sent to all the Optometrists in Fareham and Gosport, East Hants and Portsmouth City PCT. They are being returned at the moment and will be analysed. The Optometric Clinical Governance Group continue to meet and will be developing an action plan from these baseline assessments.

• General Practice

The first year of GP appraisals finishes in March 2004 and 100% of Fareham and Gosport General Practitioners will have been appraised by the end of March. The Form 4s and Personal Development Plans (PDPs) are being sent to Andrew Paterson and anonymised PDPs are being sent to Nick Lewkowicz in his role as GP Tutor for Fareham and Gosport. The appraisal process for next financial year will be up and running from April 2004 and this will include non principal GPs. The Principal GP appraisals will be funded from their global sum in the new GMS contract, the appraisers will still be paid from the PCT and non principal GPs will receive £300 per appraisal to cover their time and backfill. The results of the PDPs are being used with diabetes a recurrent theme. The first TARGET meeting covered education around diabetes.

NH and AP reported that the first Fareham and Gosport TARGET meeting will be for the 4th February and as previously mentioned will cover diabetes for the clinical staff and subjects supporting the new GMS contract for the administrative staff. A good attendance is anticipated and NH and AP will report back at the next Clinical Governance Committee meeting.

There is a Clinical Governance GP Leads meeting on 5th March that will mainly discuss the forthcoming CHI Review and also to talk about the first year of GP appraisals and the plan next year's appraisal programme. NH reported that the Quality and Outcomes Framework Group were meeting monthly and were progressing the quality indicators as outlined in the new contract.

Dentistry

NH reported that a Clinical Governance support pack was being sent to all dentists in the area, this has been developed by Mike Norton, Dental Advisor and the PCT. It was hoped that the support pack would be able to be sent out on CD shortly. Mike Norton is going to be invited to the next Clinical Governance Committee meeting to talk about Clinical Governance in dentistry. Anne Stewart raised the issue of patient representation on these Independent Contractor sub groups because none was present at the moment. Anne suggested using a Non Executive Director as an interim arrangement while patient representation was sought.

6. Gosport War Memorial Hospital CHI Action Plan Handover

CHI Trust Board and the Strategic Health Authority have already approved the action plan. The group that was formed to implement the action plan was a short term group with the intention that the Clinical Governance Committee would eventually take over and the monitoring of the action plan. Many of these standards affect the PCT and these can be broadly split into four areas.

- 1. Nurse Practice
- 2. Medical Issues such as out of hours and GPCA
- 3. Prescribing issues monitoring and training
- 4. Clinical Governance Risk, Complaints, Patient Involvement and PALS.

By the end of October 2003 the actions had been completed although some prescribing recommendations are still outstanding and Kathryn Rowles asked the Clinical Governance Committee to consider how work should be sustained. The group decided that a stock take of actions and groups that were implementing these actions should be assessed. It was agreed that NH and JJ would do this exercise with the accountable leads as documented on the CHI action plan. They would look at the current structures and processes and develop a quarterly monitoring template of how the actions should be reported to the Clinical Governance Committee. It was felt to be a useful requirement to ask the accountable lead to produce a development plan as well. Kathryn Rowles thought that an exception report quarterly from each of the accountable leads for the CHI Action Plan would be useful and would also help to assure the Trust Board that the Clinical Governance requirements were being met. As part of this discussion the group with the Clinical Governance Committee decided that it was time to review the Terms of Reference for the Committee and look at the sub groups that actually reported into it. Also the membership of the Clinical Governance Committee would need reviewing and this should be put on the next agenda for discussion.

7. Joint PCT Infection Control Group and Joint PCT Decontamination Group – to note minutes

The following points were raised from these minutes:

- Hazel Bagshaw was keen that any Patient Group Direction (PGD) would come to the Clinical Governance Committee before it went on general release.
- The incidence of MRSA was raised and its usefulness as a quality indicator. This is already being looked at by the District Clinical Governance Committee. Anne Stewart believed that MRSA numbers should result in a penalty system for the acute trust.
- 8. CHI Clinical Governance Review Steering Group Update Justina Jeffs

JJ gave a brief outline on the CHI timetable:

Phase 1 is the data collection phase which we are currently in. Self assessment questionnaires form part of this data collection. The questionnaires have been sent directly to Independent Contractors from the PCT as the Commission for Health Improvement have failed to send one to all the Independent Contractors. There are some stakeholder events at the end of March and JJ reported she will be Attachment

NH / JJ

JJ

- attending the TARGET day with a stand to talk to clinical staff about CHI.
- Phase 2 begins in the week commencing 8th March which will involve an introduction to the review team. Ian Piper will give a presentation to CHI on the 10th March (post meeting note: 10th March has been changed). On the 29th March 2004 there will be stakeholder events.
- Phase 3 is the week commencing 26th April. This will be the review week and CHI will let the PCT know who they want to interview. The interviews will last for three days.
- Following Phase 3, a draft report will be sent to the Strategic Health Authority to review before it is published and action plans will be developed from this draft report. These will be agreed with the Strategic Health Authority and then the report will be published. The Strategic Health Authority's role will be to monitor the action plan and Nigel McFetridge thought that the Strategic Health Authority would help the PCT develop actions.

9. CPR Policy for Ratification

This item was delayed as the policy that was meant to come to the Clinical Governance Committee was back with the Resuscitation Department for some items to be included. This will come to the next Clinical Governance Committee meeting.

NH to chase up lan Reid

10. Child Protection – Kathryn Rowles

The Child Protection Management Team have produced an action plan. During March and April there will be a Child Protection Self Assessment to meet the Climbie recommendations. Kathryn identified three areas that will need extra input.

1. GP Links

The action plan will help to strengthen links with General Practice. All General Practices have a named GP Lead for Child Protection which was felt to be a major step forward.

2. Information Sharing

The Social Services Department has the lead for this but national legislation should help speed up the process.

3. District Health Liaison Panel

Links with secondary care providers was felt to need some extra input and evidence in service level agreements will be needed.

The Child Protection Management Team meet monthly and will give a quarterly progress report to the Clinical Governance Committee which will be a regular agenda item.

11. Critical Incident Review at Gosport War Memorial Hospital In Fiona Cameron's absence the group talked briefly about the Critical Incident Review and how useful root cause analysis had been with improving patient safety. The action plan from the Critical Incident Review has been sent to the Strategic Health Authority.

12. Risk Event Statistics, Complaints Report, Litigation Summary and the minutes from the Risk Management Committee

The Group received the above report.

Attachment

Attachment

13. Clinical Governance Development Plan 2004 / 05

Direction has been received from the Strategic Health Authority and the template for the development plan was currently being reformatted. Some work is ongoing with the Trust Board and PEC to develop Clinical Governance Strategic Leadership. This will be a one day development course for PEC and Board members and will happen in March 2004.

14. Any Other Business

Anne Stewart wanted to comment on the Vulnerable People Policy. Anne wanted to check about attitudes of staff in the policy, also under 5.2 there is nothing regarding calling the Police although this appears on the flow chart.

Joyce Knight asked about secure premises for violent patients to be seen and NH reported that a room a Gosport War Memorial Hospital was available if these patients needed to be seen by a GP.

15. Date and Time of Next Meeting

Wednesday 7th April 2004 1pm – 3pm Boardroom, Fareham Reach

Distribution:

Andrew Paterson Inger Hebden Ian Reid Nicky Heyworth Carol Holden Chris Kelly Ian Piper Justina Jeffs Hazel Bagshaw Martin Combs Cathy Thomas Jovce Knight Jean Smith Ann Turner Kathryn Rowles Jayne Colebourne Fiona Cameron Anne Stewart Mike Wagg Nigel McFetridge