

# Fareham and Gosport **NHS**

Primary Care Trust

## NOTES OF A CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 7<sup>TH</sup> AUGUST 2003

**Present:** Andrew Paterson  
Ann Turner  
Anne Stewart  
Jayne Colbourne  
Hazel Bagshaw  
Justina Jeffs  
Fiona Cameron

		Action
1.	<p><b>Apologies</b></p> <p>Rachael Boyns, Nicky Heyworth, Ian Reid, Chris Kelly, Ian Piper</p>	
2.	<p><b>Update regarding the CHC</b></p> <p>This was held over to the next meeting when a member of the CHC could be present.</p>	
3.	<p><b>Minutes of the previous meeting</b></p> <p><i>in the notes</i></p> <p><u>Item 3 (vi) (Appraisals Update)</u> – The meeting referred to is possibly now in September so no update was available</p> <p><u>Item 3 (vii) (GP Tutor)</u> – Dr Nick Lewkowicz has been appointed as patch tutor. He will undertake a role in the follow up of appraisals and also around the development of target days.</p> <p>Nicky Heyworth and Nick Lewkowicz had been to the Portsmouth City PCT target day although no feedback from this is yet available.</p> <p><u>Item 4</u> - Justina updated the group in relation to the peer review process being developed for clinical policies. A flow chart is being developed and Justina will let Fiona have that to go out with the notes.</p>	
4.	<p><b>Matters Arising</b></p>	
4.1	<p><b><u>Patient Group Directions</u></b> – Update Hazel Bagshaw</p> <p>Hazel discussed with the group the leveral PGD, identifying that Paul Turner had the lead for teenage pregnancy and that this was progressing. <del>In addition, Rachael identified she</del> had received a letter regarding patient group directions, from Ian Reid, expressing concern. <del>As a consequence, Hazel had responded to Ian and both of these letters are attached, enclosing a full set of patient group directions already in use.</del></p> <p><i>new para</i></p> <p><i>* AOK JJ per toms</i></p> <p><i>re their use copy</i></p>	

		Action
	<p>There followed a discussion as to the uptake of patient group directions in practice. It was agreed to ask Nicky to undertake a piece of work to determine what the uptake was and identify if other work was required.</p>	<p>NH</p>
<p>4.2</p>	<p><b><u>Cytotoxic Drugs</u></b> – Hazel Bagshaw  Hazel had sought advice from the Strategic Health Authority in relation to the LMC view that cytotoxic should not be managed in general practice. The advice from the Health Authority had been in keeping with that from the LMC. However, Hazel is aware of guidance in Southampton which enables this. Hazel therefore agreed to set up a meeting to review the Southampton guidance.</p>	<p>HB *</p>
<p>4.3</p>	<p><b><u>Pharmaceutical Industry Policy</u></b>  A draft policy was tabled and is attached to the minutes. <del>The Clinical Governance Committee agreed to read and this would be an agenda item next meeting.</del> Comments should be to Hazel by early October. Anne Stewart also undertook to ensure the audit and assurance committee saw this policy.  <i>Agenda next meeting</i></p>	<p>AS  NH.</p>
<p>4.4</p>	<p><b><u>Audit Committee</u></b> – Justina Jeffs  Justina indicated that she and Nicky were still working on a proposal for management audit within the PCT.</p>	
<p>4.5</p>	<p><b><u>Infection Control Accountability Chart</u></b>  Fiona confirmed that this has been circulated widely.</p>	
<p>5.</p>	<p><b><u>Health &amp; Safety Improvement Notice</u></b></p> <p>The background to this is that <sup>a</sup><del>the</del> Bank Nurse employed by East Hants PCT whilst working in Portsmouth City PCT, injured her back while <del>she</del> using a piece of moving and handling equipment.</p> <p>Due to the fact that the handling service received by the three PCTs is the same and arrangements for the management of bank staff very similar, the Health &amp; Safety executive determined that all three PCTs should be issued with the improvement notice, a copy of which is attached to the minutes.</p> <p>The essence of the HSE's findings were around the training of staff in relation to the use of manual handling equipment and a group have been working to action plan against these recommendations. The complete action plan was returned to the Health &amp; Safety executive before the due date of 31 July. The group will subsequently meet to ensure these actions are carried out. It is likely that there will be a cost associated with improving the current service, <del>as a current service</del> <i>which</i> meets the Health &amp; Safety legislation for those staff it sees <del>as</del> <i>However</i> it is known that not all staff are able to undertake the training due to a shortage of manual handling trainers.</p>	

		Action
	<p style="text-align: center;"><i>enhanced</i></p> <p>The HSC improvement notice requires an <del>in-hand</del> service and this too will be costed by the manual handling group.</p>	
	<p>The Clinical Governance Committee asked for feedback on progress from this report to the December / January meeting</p>	CH
6.	<p><b>Modernising decontamination services</b></p> <p>Justina tabled a paper prepared by Nicky, which is going to the August Professional Executive Committee. Mike Cowan from Portsmouth Hospitals will be talking to the paper. In essence, the requirement to modernise <del>the</del> <sup>de-</sup>contamination services comes with a number of options, all of which have significant <del>costs</del> <sup>cost</sup> attached. It is thought that a discussion regarding this will take place at PEC. In the meantime, Fiona agreed to check with Nicky whether there was anything she and Andrew needed to be updated on.</p>	FC
7.	<p><b>Target (GP Education)</b></p> <p>This has already been picked up under Item 3 (v) from 22 May meeting. Although it was felt that it might be appropriate to set up a small group to progress. This would have to wait until Nicky and Nick's feedback was available.</p>	
8.	<p><b>CHI Clinical Governance Reviews</b></p> <p><i>provided</i></p> <p>Fiona <del>presented</del> <sup>provided</sup> an update on the work of the CHI Clinical Governance Review steering group, <del>and will attach</del> <sup>and will attach</sup> the notes of the first meeting to these minutes. The current situation is that individuals from the Isle of Wight have been invited to the next meeting in September to help the steering group understand what the process feels like. In the interim, Justina is pulling together the gap analysis from the self assessment questionnaire and also generating an action plan in relation to her link role in the lead up to a CHI Clinical Governance Review.</p>	<p style="text-align: center;">* attach ment.</p> <p>JJ</p>
9.	<p><b>CHI Investigation Gosport War Memorial Hospital Action Plan</b></p> <p>Fiona updated the group in relation to this, indicating that the plans and outstanding actions were liable to be handed over to the Clinical Governance Committee towards the end of this year. As a consequence, it was agreed to attach the most updated action plan with the notes of the most recent meeting to these minutes.</p>	<p style="text-align: center;">* attach ment.</p>
10.	<p><b>Clinical Governance Annual Report</b></p> <p>This was tabled at the meeting with apologies in that the report had been requested on 28<sup>th</sup> June and submitted to the Strategic Health Authority on 31<sup>st</sup> July. There had, therefore, been no time to consult with member of the Clinical Governance Committee. The report relates to the year 2002 / 2003 and gives excellent examples of the progress made by the PCT in terms of establishing clinical governance structures and processes.</p>	

		Action
11.	<p>It was agreed that this would be circulated to both PEC and Board with a covering letter from Andrew Paterson. Fiona agreed to draft <del>something</del>.</p> <p><b>CPR Letter</b></p> <p>Ian Reid had written to Rachael expressing concern about the potential for different AEDs to be in use and different levels of training to have been undertaken in primary care. The Clinical Governance Committee discussed this at length and agreed that it would be useful to check -</p> <ul style="list-style-type: none"> <li>(a) Which AEDs are in practices?</li> <li>(b) What training is available to practices?</li> <li>(c) Establish the minimum equipment associated with having an AED on site</li> </ul> <p>A view could then be taken as to how the PCT could support primary care with this.</p>	FC  NH
12.	<p><b>Risk Event Statistics / Complaints Report / Litigation Summary</b></p> <p>Andrew reported that the Board had asked for the Litigation Summary to be streamlined and to go to Part 1 of the Board rather than Part 2. Fiona reported that a number of pieces of work had been raised by the Board in relation to the risk event statistics and complaints report. It was agreed that the now collected verbal complaints, which had been high in Daedalus in the quarter, would be reviewed again next quarter with a view to establishing if there were <del>scenes</del> arising.</p> <p>In relation to the most common <del>incident</del> <sup>incident themes</sup> - Slips, trips, falls and found on floor were seen to have risen significantly. The Board asked for some more in depth analysis on this data. In addition, the number of assaults in learning disability homes was questioned. Diane Wilson has agreed to work with Caroline Harrington on this.</p>	AT  CH DW/CH.
13.	<p><b>To note the Joint Trust Infection Control Minutes</b></p> <p>These were noted. However, the Clinical Governance Committee questioned how records were kept in relation to infection control associated with the PCTs and what training and education was available.</p>	NH
14.	<p><b>Any Other Business</b></p> <p>(a) <u>Independent Review Panel Reports</u></p> <p>Anne identified that the Clinical Governance Committee was probably the only place to which independent review panel report recommendations could be sent and asked how the Clinical Governance Committee would want to manage and monitor these. It was agreed that the recommendations, with a summary of the background, should come to the Clinical Governance Committee and that a mechanism be established to ensure this happens.</p>	AT

		Action
(b)	<p>Fiona explained that a letter had been received from Dr Nigel McFetteridge, Head of Clinical Governance at the Strategic Health Authority, in relation to the strategic leadership of clinical governance pilot programme for members of PCT Boards and PECs.</p> <p>Nigel was looking for commitment from the PCT to engage in this programme, which has already been piloted in a number of PCTs within the Health Economy. Ian has responded in the affirmative and the PCT will be contacted by a member of the Clinical Governance team in the near future. Copies of the executive summary are attached to these minutes for those not present at the meeting.</p>	
(c)	<p><u>Venepuncture Training</u>            Jayne Colbourne raised the issue of venepuncture training in primary care and access to manual handling training. Fiona agreed to pick up both of these issues in her meeting with Margaret <del>Scott</del>, Chris Kelly and Sue Bryant in the near future. It is apparent from the discussion that there is the potential for very different practices in primary care in relation to a number of mandatory training requirements. The PCT will need to clarify <sup>the</sup> role and support in relation to practice nurses for these training and development opportunities.</p>	<p>SMITH</p> <p>FC</p>
(d)	<p>Justina tabled information on the annual National Institute for Clinical Excellence conference between 2<sup>nd</sup> – 4<sup>th</sup> December 2003. Those present were asked to send their names to Justina if they were interested.</p>	
15.	<p><b>Date and Time of Next Meeting</b></p> <p><b>Wednesday 8<sup>th</sup> October 2003 (12.30 – 2.30 p.m.)</b></p> <p><b>In the Board Room at Fareham Reach (<i>Lunch provided</i>)</b></p> <p><b><u>Post Meeting Note</u></b></p> <p><b><i>The group agreed that there was a lack of learning disability input to the group. As a consequence, Carol Holden, nominated by Diane Wilson, was to be invited to the next meeting.</i></b></p>	