

File CG Committee

Fiona Cameron,
Operational Director,
F&G Primary Care Trust,
Fareham Reach,
Gosport,
PO13 OFH

Fareham and Gosport **NHS**
Primary Care Trust

Clinical Governance Leads Group
Meeting to be held on Thursday 17th October 2002
12.00 - 2pm, Conference Room, Fareham Reach
(Lunch provided)

AGENDA

1. **Apologies for absence**
2. **Minutes of last meeting** (Attachment A)
3. **Matters Arising**
 - i. **GP Appraisal update** AP / NH
 - ii. **Performance Indicator Working Group** APick
 - iii. **Clinical Governance Leads way forward** AP / NH
4. **Referral Standardisation and Electronic Booked Admissions** Philip Scott
5. **Violence in Primary Care** (Attachment B)
Minutes of the violence subgroup and risk assessment form NH
6. **Trust Board Performance Indicators** (Attachment C)
Quarter 1 report FC
7. **Gosport War Memorial Hospital Update** FC
8. **Audit Update** (Attachment D)
JJ
9. **Pharmacy Issues** HB
PGDs, Disposal of Controlled Drugs
10. **Progress with the Caldicott Report timetable** (Attachment E)
NH
11. **Any other business**
12. **Date and time of next meeting**

Distribution;

Andrew Paterson ✓
Rachael Boyns ✗
Ian Reid ✗
Lucy Docherty ✗

Chris Kelly ✗
Alan Pickering ✗
Justina Jeffs ✓
Nicky Heyworth ✓

Cathy Thomas
Code A
Philip Scott
Code A

Jane Colebourne
Fiona Cameron ✓
Jean Smith

ATTACHMENT A

Fareham and Gosport

Primary Care Trust

Minutes of the meeting of the Clinical Governance Leads Group held on 21st August 2002 in the Boardroom at Fareham Reach

PRESENT:

Andrew Paterson (chair)

Code A

Chris Kelly

Rachael Boyns

Fiona Cameron

Ian Piper

Jayne Colebourne

Lucy Docherty

Joyce Knight

Nicky Heyworth

APOLOGIES:

Justina Jeffs

Code A

IN ATTENDANCE:

1. Minutes of the last meeting

These were agreed as being a true reflection of the meeting

2. Matters arising

i) Membership

It was noted that Code A the PCT Prescribing Lead, has been asked to attend these meetings. This will strengthen links between Clinical Governance and Community Pharmacy.

ii) Terms of Reference

Please see attached. It was agreed to list the Governance and Risk Leads Groups as an annex to ensure that all groups, such as practice nurses, district nurses and health visitors were represented.

Action; NH to produce a list

iii) GP Appraisal

A proposal for the implementation of appraisals was tabled.

There followed discussion about rates of pay and remuneration. NH was to attend a meeting about GP appraisals following the Clinical Governance Leads Meeting. The updated proposal is attached to these minutes.

3. Update from CHI Action-Planning day

FC

Kathryn Rowles and Noreen Kickham, Directors of Public Health are preparing the first draft of the CHI Action Plan.

When this has been approved, it will be published by CHI, possibly during September 2002. The next CHI action planning panel is due to meet on 30th August 2002.

The General Medical Council are due to meet in September regarding the medical personnel involved in the investigation, as are the Nursing and Midwifery Council regarding the nursing staff involved.

4. Clinical Governance Update

- ◆ The Clinical Governance **Action Plan** was attached to the agenda. This was discussed and it was decided that NH would need to do more updating work on it with RB. This will be discussed at the next meeting.
- ◆ Ann Turner is currently reviewing the complaints procedure and is also looking at training implications
- ◆ The complaints procedure for General Practice is also under review
- ◆ It was generally felt that the process of asking for CRB checks and Clothier checks was unclear. Jane Parvin is to be approached to produce a guide for General Practice.
Action ; NH to approach Jane Parvin
- ◆ Customer care training should be part of new staff induction programme
- ◆ General Practice need guidance from the Strategic Health Authority regarding becoming noteless
- ◆ The Quality Team have developed a Clinical Governance Framework which identifies Clinical Governance structures, processes and work in progress

5. High Level Performance Indicators

The Quality Team have recently been considering what performance indicators should be reported to the Board.

The following have been agreed;

Part 1 of the Board	Brief overview of complaints received and risk events
Part 2 of the Board	More detailed complaints, Critical Incident Reviews, Clinical Governance Action Plan and audit plan

Provider services will also provide a quality report to the Board, based on the headings used in the Clinical Governance framework.

6. Performance Indicator Working Group

A working group is in the process of being established to look at the 'star rating' indicators. Ian Piper is leading this group.

Action; Ian Piper to instigate group

7. Violence

A small working group has been tasked to look at ways of dealing with, and preventing violence in primary care. This is in line with the Government's 'Zero Tolerance' campaign. NH is working on an action plan for the Strategic Health Authority which will be available for the next CG meeting.

8. GP Practice Clinical Governance Leads – the way forward

There is some concern that the CG leads in each practice have been overlooked in recent times, with the organisational restructuring and new appointments.

It was agreed that the Clinical Governance agenda needed to be relaunched across the PCT with a ½ day meeting. This would include all the practice lead GPs and the service managers from the PCT provider services.

Action: NH to organise this and draft a letter to the leads for approval by AP

9. Patient Group Directions

Patient Group Directions, the protocols for the administration of drugs to some groups of patients, will be included on the Clinical Governance Leads Group Agenda. These include protocols mainly for patient vaccination. Unfortunately, Code A was unable to attend this meeting, and will be able to give an overview at the next meeting.

10. Any Other Business

Distribution of minutes.

It was agreed that it would be useful to send the minutes from this meeting to Practice Managers and to the Service Managers.

Action: NH to organise

Practice Nurse Bank

This is in the process of being set up.

Action: CK

Nursing Clinical Governance Group

There were discussions around whether this group should be re-established and how it should link with the Nursing Strategy Group

Action: CK and FC to explore options

Pilot Patient Forums

Joyce Knight outlined plans for the new patient forums. Some existing CHC members will join these forums in order to help establish them and also to help recruit other members.

Caldicott Requirements

A Caldicott out-turn report is currently being prepared by Code A Information Analyst. She has reconvened a working group with Andrew Paterson as the chair.

11. Date and Time of Next Meeting

Thursday 17th October 2002.

12-2pm. Boardroom, Fareham Reach.

Distribution:

All those present and apologies

F&G Practice Managers

Service Managers for F&G PCT

ATTACHMENT B

19th September 2002

Margaret Smith,
Primary Care Lead,
c/o Fareham Reach,
Fareham Road,
Gosport,
PO13 OFH

Dear Margaret,

Re. Tackling Violence towards GPs and Their Staff

Please find the preliminary action plan for "Tackling Violence towards GPs and their Staff".

A working group has identified a range of action;

◆ **Risk Assessment.**

A risk assessment of all primary care facilities will be carried out by the end of November 2002. This will form the basis of an action plan for each Practice. The security improvements identified by this process will feed into the Primary Care Development Plan for consideration of funding.

◆ **Recording and reporting of violent incidents**

Primary care staff are to be linked into the PCT's Critical Incident reporting process. Any violent incident will therefore be recorded and the information sent to the Risk Manager at the PCT where it will be logged and the information disseminated as appropriate.

◆ **Training**

As part of the risk assessment, training needs in primary care will be identified. Appropriate training will be commissioned by the PCT. Funding for this has yet to be identified, but it is hoped that the "Improving Working Lives" initiative may yield some of this funding.

◆ **Support for Victims**

The Trust's Community Care counselling service will be contacted with regard to providing support for victims of violence.

◆ **Secure Facilities**

Options for providing secure facilities for Practices to be able to assess and treat violent patients are being explored. Currently, Fareham and Gosport are looking for

separate venues, as this will minimise the amount of time spent travelling by patients. Local hospitals are currently the preferred option, and moves are afoot to formalise these arrangements.

◆ **Security for primary care staff**

Arrangements for GPs and other members of the primary care team undertaking home visits where there is a risk of violence are already established. Likewise, when there is a risk of violence at the practice, arrangements with the local police/ security are already in place. However, these arrangements need to be formalised and the service provided needs to be mapped and gaps identified.

The Working Group is due to meet on 24th September 2002.

The above points will continue to be addressed, and it is anticipated a full, detailed action plan will be available in January 2003.

I hope this meets with your approval.

With best wishes.

Nicky Heyworth
Clinical Governance Manager

cc.

Rachael Boyns (Service Development Manager/ F&G PCT)

Fiona Cameron (Operational Director/ F&G PCT)

Caroline Harrington (Risk Manager/ F&G PCT)

Jane Parvin (Head of Personnel / F&G PCT)

Fareham and Gosport

Primary Care Trust

Notes of the meeting of the Violence in Primary Care Working Group held on Tuesday 24th September 2002 in the Conference Room, Fareham Reach

PRESENT:
Nicky Heyworth
Rachael Boyns
Chris Kelly
Betty Woodland

APOLOGIES:

IN ATTENDANCE:

This was the first meeting of the Violence in Primary Care Working Group. NH had composed a preliminary action plan, addressing areas set out by the DOH in their 'Zero Tolerance' Campaign. This has been sent to Margaret Smith, Primary Care Lead, at the Strategic Health Authority. A copy is attached to these notes. It was agreed to use the headings in the letter as agenda points;

1. Risk Assessment.

A risk assessment of all primary care facilities needs to have been carried out by the end of November 2002. This will form the basis of an action plan for each Practice. All the Practice Managers in Fareham and Gosport have undergone some risk assessment training, so it was agreed to send out a proforma to each practice so they can organise their own risk assessment. Betty Woodland, as Risk Advisor, will provide support and facilitation for this process.

This risk assessments will aim to identify the following;

- Security arrangements in Practices, both structural and protocols
- Training needs
- Support for victims

Action; NH to locate a suitable proforma and write a letter to all Practice Managers. Members of the Working Group will review the proforma and letter before it is sent. Aim is to send this out by mid-October.

2. Recording and Reporting of Violent Incidents

Critical incident reporting was felt to be patchy in Primary Care. All three PCTs are currently working on developing standardised forms across the district, and this would encompass reporting of violent incidents, both verbal and physical.

Action; NH to ask Caroline Harrington (Risk Manager) what plans are being developed for using standardised forms in primary care.

3. Secure Facilities

Arrangements for providing secure facilities for the assessment and treatment of violent patients need to be formalised. The group felt that Police Stations would be inappropriate and may make violent situations worse. A facility is needed in both Fareham and Gosport with the preferred option being Gosport War Memorial Hospital and St. Christophers Hospital.

Action: NH to ask Fiona Cameron (Operational Director) what action has been taken on this issue.

4. Security for Primary Care Staff

At present, the Police are called if there is a violent episode in a Practice. This seems to be working well, and there is no question of a Security firm being used to provide this cover.

Arrangements for GPs and Practice Nurses visiting patients' homes need to be formalised and this will form part of the practice risk assessment.

It was agreed that, as part of the risk assessment, Practices would be asked to provide their security policies and protocols.

As a future consideration for this group, Community staff attached to Practices will have their security arrangements reviewed. This would include professional groups such as Health Visitors and District Nurses.

5. Any Other Business

It was agreed that the 'Zero Tolerance' Campaign needs to be actively promoted throughout General Practice and, as part of the risk assessment, practices should be asked if they are displaying material relating to this.

6. Date and Time of Next Meeting

Tuesday 19th November, 9.30-10.30am. Boardroom, Fareham Reach

Distribution;

Nicky Heyworth

Rachael Boyns

Chris Kelly

Betty Woodland

For Info;

Caroline Harrington

Fiona Cameron

Jane Parvin

Total number of Practices that participated by returning an Audit form

(list of participating Practices at the end of the Report)

1. How are incidents of violence and aggression recorded and reviewed within the Practice?

Tick all that apply

No %

(a) Not formally recorded		
(b) Using the Significant Event Audit Process		#DIV/0!
(c) Discussed at Practice/other Team Meetings		#DIV/0!
(d) Other method (details below)		#DIV/0!

* Incidents are written in patients notes and an alert is put on the computer.

* Staff member completed Practice V&A Report which is given to the Practice Manager for action. We take seriously any incident when a member of staff has been verbally abused or threatened and operate a zero tolerance policy which would result in most patients being removed from the list.

2. Approximately, how many incidents of violence and aggression towards Practice staff have taken place over the past 12 months:

	Verbal threats/abuse	Physical threats	Actual assault
(a) GPs			
(b) Admin/Reception staff			
(c) Practice Nurses			
(d) Other staff			

* 45 incidents in one Practice; another reported 2 incidents a day; another reports several a month

3. To whom – if anyone – are incidents of violence and aggression reported to outside the Practice?

Tick all that apply

No %

(a) No one		#DIV/0!
(b) Police		#DIV/0!
(c) Health Authority		#DIV/0!
(d) PCT		#DIV/0!
(e) Other/s (details below)		#DIV/0!

* HSE RIDDOR if applicable

4. How many patients have been removed from the Practice list over the past 2 years owing to violence and aggression?

in Practices

5. What training have Practice staff attended over the past 2 years?

Tick all that apply

(a) From the Practice Training programme:	No	%
(i) Coping at the Sharp End		#DIV/0!
(ii) Conflict Management & Personal Safety		#DIV/0!
(iii) Handling Telephone Aggression		#DIV/0!
(iv) Violence & Aggression in the Health Care setting		#DIV/0!
(b) Other training organised by the Practice (below)		#DIV/0!

- * In house training on handling aggression and practical demo on use of panic buttons and telephone assistance procedures
- * Dealing with Difficult People organised by external training company in April 2002 for all staff
- * Rep sponsored lunch meeting with speaker 'How to diffuse aggressive situations and Self Defence Skills'.
- * In house violence and aggression courses arranged in 2000 and 2001
- * Organised own 3 day programme on conflict management for all GPs and staff
- * Violence & Aggression Report form (example in use in Practice attached to Audit)
- * In House Conflict Management & Personal Safety Training for all staff and doctors
- * Subject of weekly clinical meeting

6. What would your Practice like the PCT to offer as part of its support package?

Please score each option - where 1 indicates your Practice would be very interested and 5 indicates no interest.

	<i>Very interested</i>			<i>Not interested</i>	
	1	2	3	4	5
(a) Reporting mechanism for alerting other NHS staff about potentially violent patients to ensure information is appropriately shared between practices and community services					
(b) Secure premises for consultation with violent patients					
(c) Police/security support for staff undertaking home visits and surgery consultations when there is a risk of violence					
(d) Access to legal advice if/when appropriate (e.g. regarding injunctions and anti-social behaviour orders)					
(e) Training specifically aimed at GPs / multi-disciplinary teams					
(f) Emotional support for victims of violence, such as access to a counselling service					
(g) Other suggestions (details below):					
* Formal Sign/Poster to be provided for display in Surgeries					
* Known violent patients to not be registered at GP Surgeries					

The following Practices are thanked for participating in this Audit:

ATTACHMENT C

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

Trust Board Performance Indicators
1st April – 30th June 2002

This report contains information regarding Performance Indicators for Complaints, Risk Events and Claims for the Quarter 1

As this is the first report for the Board, it is requested that consideration is given to the content and format of this report, in order that feedback from the Board may inform future reports.

It is proposed that future reports will also include the Annual Audit Programme and the Annual Governance Programme.

Complaints – 1st April 2002 to 30th June 2002

Fareham and Gosport Primary Care Trust received nine written complaints in the quarter 1st April to 30th June 2002.

- Five complaints were as a result of changes to the podiatry service locally
- One complaint concerned the care and treatment of a patient on Sultan Ward at Gosport War Memorial Hospital
- One raised issues about administrative aspects of the Physiotherapy Service
- A further two complaints each raised a number of concerns in respect of the care given to two separate patients and the communication with the family during that period

One request for independent review was received and referred to the Associate Convener. This request was subsequently referred back to the Trust for further local resolution.

In response to these complaints a number of areas for improvement were identified:

- Record keeping and documentation
- Communication with relatives

Action Plans have been developed. In addition, Physiotherapy Department have reviewed the appointment booking letter, put in place a system to acknowledge receipt of referrals for those patients who will not be seen within 8 weeks and agreed to undertake a patient satisfaction survey.

The guidance for acknowledgement of complaints is 2 days and for providing a full response is 20 working days. Seven complaints were not responded to within these targets in this quarter.

Eight verbal complaints were reported centrally. No trends were evident. These complaints were all dealt with by staff on the wards and no written complaints were subsequently received.

Acknowledged within 2 days	Acknowledged outside 2 days	Response within 20 days	Response outside 20 days
6	3	2	7

Area of complaint	No.	Themes	Actions as a result of complaints
Podiatry	5	Review of service access criteria	<ul style="list-style-type: none"> • Letters revised • Processes reviewed • Patient satisfaction survey developed • Development of ward booklet progressed • Feedback incorporated into staff briefing sessions • Action Plans developed
Physiotherapy	1	Administration of appointments system	
Community Hospitals	2	Care and treatment Communication with relatives Record keeping	

Ann Turner
Complaints Manager

**Quarter 1 Board Report
Information on Risk Event Reporting and Claims
1st April – 30th June 2002**

Contents

Section A ***Risk Event Statistics***

Tabulated Statistics showing Number of Incidents by Service, Type and Severity

Graph showing Number of Incidents by Type and Service

Graph showing Number of Incidents by Service and Severity

Section B ***Claims***

Current Legal Claims by Service and Type

Closed Legal Claims by Service and Type

Date created: 2nd September 2002

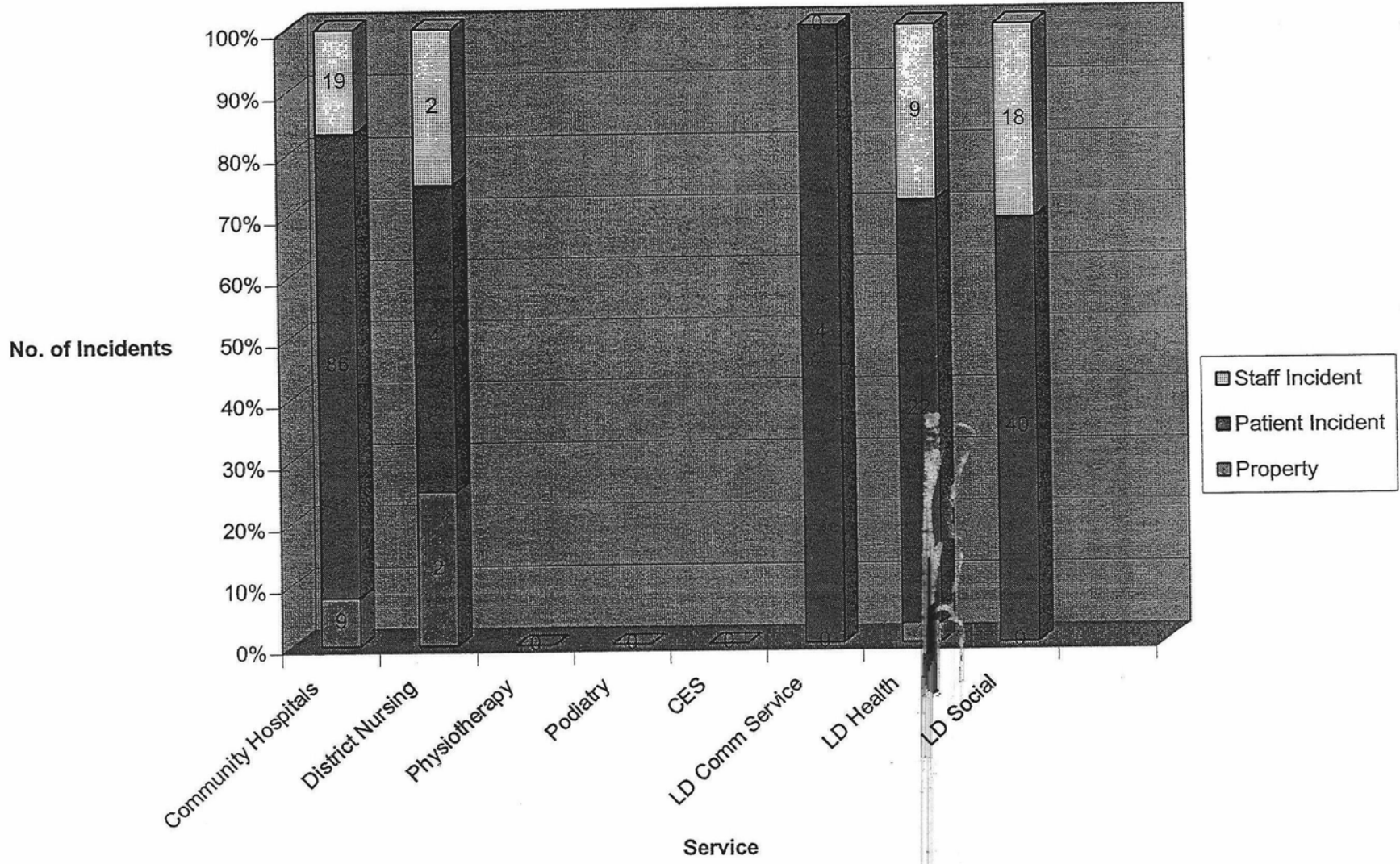
Author: Caroline Harrington, Risk & Litigation Manager

Quarter 1 Risk Event Statistics 1st April – 30th June 2002

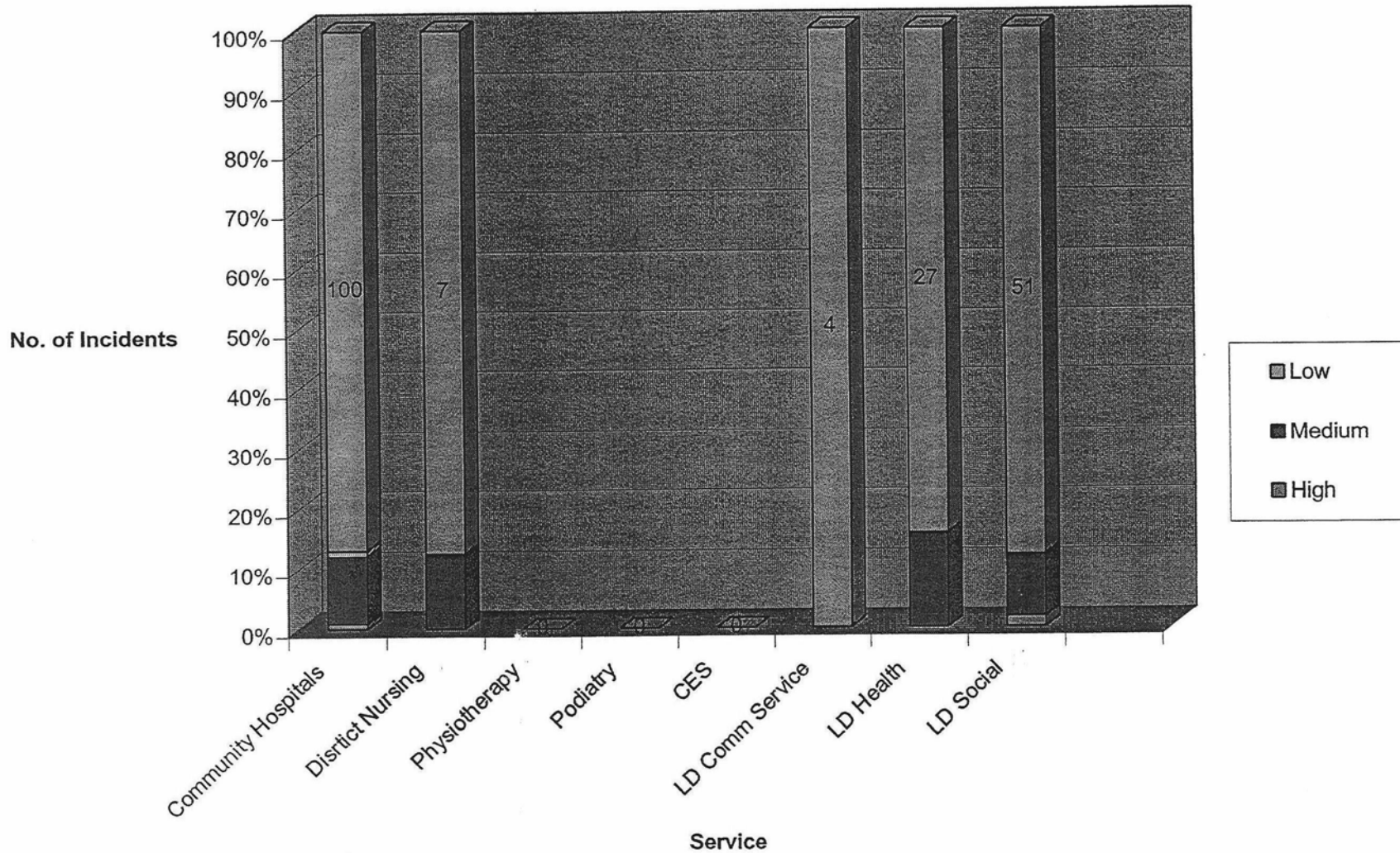
Incidents by Service, Type and Severity

Service	No. of Patient Incidents	No. of Staff Incidents	No. Property Incidents	Total of Incidents by Service	Severity		
					High	Medium	Low
Community Hospitals	86	19	9	114	1	13	100
District Nursing	4	2	2	8	0	1	7
Physiotherapy	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0
CES	0	0	0	0	0	0	0
Learning Disabilities Community Services	0	0	0	4	0	0	4
Learning Disabilities Health	22	9	1	32	0	5	27
Learning Disabilities Social	40	18	0	58	1	6	51
Total Incidents by Type	156	48	12	216	2	25	189

Number of Incidents by Type & Service 1 April - 30 June 2002



Number of Incidents by Service & Severity 1 April - 30 June 2002



ATTACHMENT D

~~CONFIDENTIAL~~

Proposed Project Priorities 2002/03

Area	Topic	Source	Lead	Comments
CHD	Primary/secondary prevention	NSF	Justina	Template Review Group set up
Diabetes	DRIVE Phase 2		Justina	Taken over from Jo York October 2002
Mental Health/Child Health	Post Natal Depression	Pathway ready for dissemination to audit Jan/Feb time.	PC PCT	
Cancer	Smoking Cessation	NSFs	Justina	Collected as part of CHD info
Cancer	Effective Prescribing		Code A Pharmacy	Covered in CHI action planning
Older People	Falls	JAD	Falls Group	Ongoing
Older People	Single Assessment			Tool currently being developed/monitoring
Older People	Intermediate Care		Rosemary Salmond	
Women & Children	Child Safety	HIMP	Elizabeth Emms/ Paul Turner	? Child protection QA audit follow-on.
Access (Demand Management)	GP Specialists		Rachael Boyns	ENT/Endoscopy/Ultrasound/Cystoscopy
Quality	Mixed Sex Accommodation			
Quality	Consent	HSC 2001/023	Nicky Heyworth	
Quality	National Patient Survey	NHS Plan		
Quality	PALS feedback	NHS Plan	Jenny Hazel	
Quality	Environment Menus Cleanliness Housekeepers	LMR	Fiona	
Quality	Essence of Care Standards	Ess of Care Documentation	Justina	
Quality	Infection Control	NICE Local Issue	Nicky Heyworth	
Clin Gov	Risk Management Complaints NICE Guidance Various	PEC	Nicky Heyworth	
Vaccs & Imms	Flu Programme		Code A	
Vaccs & Imms	Implementation of PGDS		Code A Bagshaw	

Area	Topic	Source	Lead	Comments
Comm Hosps	Medication Management	Service	Toni Scammell	
Comm Hosps	Record Keeping Review	Service	Toni Scammell	
Comm Hosps	Record Keeping	Management	Fiona Cameron	COMPLETED
Learning Disabilities	Breast Screening	Service	Carol Cleary	
Comm Hosps	Communicating with patients	Management	Ian Reid/ Joyce Knight	
Rehab - GWMH	Peer review - patients referred for rehab.	Management	Justina/Fiona	
Asthma	Locally developed care pathway	May 2002 PEC Update	Chris Kelly/ Code A	Requested further information from Chris Kelly
Leg Ulcer Care (Gosport)	Community Services Review April-June 2002	District Nursing - F&G		COMPLETED
Continence	Community Services Review April-June 2002	Community Hospitals		Essence of Care Benchmarking COMPLETED (? Something needed in Primary Care)
Arthritis		May 2002 PEC Update	Chris Kelly	Requested further info from Chris Kelly
Epilepsy	National Epilepsy Audit	Primary Care	Justina	To raise at Practice Managers meeting for approval.
Pre-admission OT assessment for all elective knee replacements	Community Services Review Jan-March 2002	OTs		
Water is cool campaign	Community Services Review April-June 2002	School Nursing		
Nurse Prescribing	Community Services Review April-June 2002	District Nursing - Fareham		
Child Protection	Community Services Review April-June 2002	Health Visiting - Fareham		
Manual Handling	Community Services Review April-June 2002	Physiotherapy		
Stroke patients needs 6 months post CVA	Community Services Review April-June 2002	Physiotherapy		Continued project
Standards of Practice	Community Services Review April-June 2002	OTs		
Record Keeping	Community Services Review April-June 2002	Physiotherapy		
Nail Surgery	Community Services Review April-June 2002	Podiatry		Check with Chris Dunn
Treatment outcome from patient	Community Services Review	Podiatry		

perspective in Podopaediatrics	April-June 2002			
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ATTACHMENT E

Caldicott – Timetable for Action Plans

Date 2002/03	Action
21 August 2002	Send out initial audit questionnaire to practices
11 September, 13:00-14:00 in the F&G Boardroom	Arrange meeting with Jayne Colebourne, Malcolm Board, Andrew Paterson, Nicky Heyworth and Jenny
16 September 2002	Deadline for return of questionnaire
17-20 September	Collate and produce average scores
21 October, 13:00-14:00 in the F&G Boardroom	<ul style="list-style-type: none"> • Meeting (with panel) to analyse results of audit and prepare proposed areas for Improvement Plan. • Produce Management Audit Report and Improvement Plan
30 September	Submit proforma (audit results across 18 areas) to Martin Berkinshaw at Information Policy Unit
PEC –20 November 2002 <i>Papers due on 10-11-02</i>	Submit Management Audit Report and Improvement Plan to Management Board for approval
27 November	After Board approval - Submit Management Audit Report and Improvement Plans to all Caldicott Leads in the practices
Date to be advised	Await proforma from DOH Information Policy Unit for the purpose of collecting in out-turn information from all PCTs
Date of May 2003 meeting	Submit Outturn Report 2002/03 and Improvement Plans (as at 31 March 2003) to Management Board