Primary Care Trust



Clinical Governance Lead Group

Minutes of the Meeting held on Friday June 14th 2002.

Present:

Andrew Paterson (chair) (AP)

Rachael Boyns (RB) Fiona Cameron (FC) Lucy Docherty (LD) Nicky Heyworth (NH) Chris Kelly (CK) Dave Kelly (DK)

Portsmouth Health Care NHS Trust

No. Discussion Received
18 JUL 2002 Action

1. Apologies

General Manager, Fareham / Cosport

John Grocock (JG) Justina Jeffs (JJ)

2. Membership

Additions to the core membership were discussed.

It was agreed to invite a Gosport Practice Manager, namely Jayne Colebourne. As Dr. Andrew Paterson represents Clinical Governance for GPs in both Fareham and Gosport, it was decided that no other GPs were needed on the group. However, if there are specific issues from Gosport that need discussion, a Gosport GP will be asked to attend.

RB attends the Gosport GP leads meeting, and will report back.

Caroline Harrington, Risk Manager for F&G PCT will be asked to attend for specifics, as will Jane Parvin, Head of Human Resources.

Hazel Bagshaw and Sue Halewood (Pharmaceutical Advisors) will also be asked to attend for specific issues.

3. Draft TOR

A draft of the group's Terms of Reference was tabled. After discussion a revised draft is included with these minutes.

NH

NH

4. Review of the PCG Clinical Governance Action Plan

It was agreed that FC and NH would review this action plan and bring a revised copy to the next CG Leads Group meeting.

FC/NH

5. Clinical Governance Framework

The Group considered the CHI Components of Clinical Governance. It was agreed that the CHI Clinical Governance headings will form the basis of the Clinical Governance Action Plan (item 4).

An area that particularly caused concern was that of education and training, especially for primary care staff. There was also concern that the assessment of training needs across the Health Community had not been carried out, and therefore opportunities for training were being lost.

The link between Personal Professional Development Plans and Practice Professional Development Plans and education programmes was also questioned, as it did not seem explicit. FC agreed to talk to Jane Parvin about this. NH to see Bob Smith, Head of Education and training, for an update.

FC

NH

6. GP Appraisal

5 F&G GPs have confirmed they would like to become appraisers.
1 is undecided, but will be asked for a decision when she returns from leave.
The appraisers are undergoing training in July at Southampton on a one day course run by the Modernisation Agency.

NH

A meeting needs to be set up to inform GPs about the appraisal process and allay any concerns.

AP/NH

Concern was raised as to what mechanisms will be in place to ensure that any poor performance uncovered during appraisals will be dealt with in a sensitive and appropriate manner.

Appraisal will also identify training and development needs.

Formal appraisals will begin in late September 2002.

7. Priorities

The following work priorities were identified by the Group:

FC/NH

- ♦ Review the PCG Clinical Governance framework
- ♦ Review and reinstate the Clinical Audit Committee

FC/JJ

♦ GP Appraisal

AP/NH

♦ CHI Report

All

8. Any Other Business

There was none

9. Date and time of next meeting

Wednesday August 21st 2002. 12.30 – 3pm Board Room, Fareham Reach. (Lunch will be provided)

Fareham and Gosport Primary Care Trust

Clinical Governance Committee

Draft Terms of Reference (2nd Draft)

Purpose

♦ To lead the Clinical Governance process across the PCT

Terms of Reference

- ♦ To support Clinical Governance activities throughout the Trust, cultivating a positive environment and allowing good practice to flourish
- ◆ To implement actions agreed upon by the District Clinical Governance Committee (DCGC)
- ♦ To flag up local issues to the DCGC
- Develop the PCT's Clinical Governance Strategy
- Ensure effective communication of the Clinical Governance Strategy
- Develop, implement and monitor a Quality Development Plan
- Ensure patient and public involvement in the Governance agenda
- Provide regular updates to the Professional Executive Committee (PEC) and the PCT Board. Provide specific reports when required
- Produce an annual quality and clinical governance report for the PCT
- Develop Clinical Governance education programmes for all staff
- ♦ Work closely with the following groups to ensure Clinical Governance issues are integral to their working;

Commissioning Group
Education Consortium
Research and Development Committee
Governance and Risk Leads Group
GP Lead Group
Patient and Public Users Group

- ♦ The Clinical Audit Group will be a subgroup of the Clinical Governance Leads Group
- ♦ Inform the PCT's education and training strategy

• Ensure systems are in place to close the 'Clinical Governance loop'

Reporting Mechanisms

- ♦ The Clinical Governance Committee will be chaired by the PCT Lead GP
- ♦ The agenda papers for the meeting and minute taking will be co-ordinated by the PCT Clinical Governance Manager
- ♦ Minutes of the meeting will be submitted to the PEC and the PCT Board
- ♦ The Committee will meet bi-monthly

Core Membership

GP Lead for Clinical Governance
Operational Director
PCT Chair
Practice Managers
Board Nurse Member
Service Development Managers
PCT Clinical Governance Manager
PCT Clinical Effectiveness Manager

Dr. Andrew Patterson
Fiona Cameron
Lucy Docherty
Dave Kelly / Jayne Colebourne
Chris Kelly
Rachael Boyns / Elizabeth Emms
Nicky Heyworth
Justina Jeffs

Nicky Heyworth Clinical Governance Manager 17th June 2002