

## Clinical Governance Lead Group

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**Minutes of the Meeting held on Friday June 14<sup>th</sup> 2002.**


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Present:	Andrew Paterson (chair) (AP)	Nicky Heyworth (NH)
	Rachael Boyns (RB)	Chris Kelly (CK)
	Fiona Cameron (FC)	Dave Kelly (DK)
	Lucy Docherty (LD)	

No.	Discussion	Action
1.	<b>Apologies</b>  John Grocock (JG) Justina Jeffs (JJ)	
2.	<b>Membership</b>  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.	NH
3.	<b>Draft TOR</b>  A draft of the group's Terms of Reference was tabled. After discussion a revised draft is included with these minutes.	NH
4.	<b>Review of the PCG Clinical Governance Action Plan</b>  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:

- ◆ Review the PCG Clinical Governance framework
- ◆ Review and reinstate the Clinical Audit Committee
- ◆ GP Appraisal
- ◆ CHI Report

FC /NH

FC/ JJ

AP/NH

All

## 8. Any Other Business

There was none

**9. Date and time of next meeting**

Wednesday August 21<sup>st</sup> 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 (*2<sup>nd</sup> 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*  
*17<sup>th</sup> June 2002*