Agenda Item 9

CORPORATE GOVERNANCE COMMITTEE

25 NOVEMBER 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

QUALITY AND CLINICAL GOVERNANCE REPORT

Purpose of Report

1. The purpose of this report is to:

   (a) Update the Committee on changes to the process of assuring clinical governance the Committee meeting of November 2015

   (b) Provide a summary of Clinical Governance issues in the last 12 months;

Background

2. The Public Health function of the Council includes responsibility for a number of clinical services previously commissioned by the NHS. It is a condition of the public health grant that local authorities must have appropriate clinical governance arrangements to cover services commissioned with grant funds.

3. Clinical governance refers directly to 'clinical services'. Broadly speaking clinical services are services delivered by clinical staff i.e. healthcare professionals e.g. doctors, nurses, allied health professionals including physiotherapists and others. Clinical care involves diagnosing, treating and caring for patients. The main clinical services now commissioned by Public Health in Leicestershire County Council are as follows:

   - Substance misuse services including substance misuse shared care, criminal justice substance misuse pathway, alcohol brief advice, inpatient detoxification, alcohol liaison team;
   - Integrated Sexual Health Services including GP contraceptive services and pharmacy based emergency contraception;
   - NHS Health Checks;
   - School nursing service;
   - Health visiting service;
   - Community infection prevention and control service.

4. Clinical governance concerns itself primarily with clinical elements of service delivery namely**:**

   - Patient Safety – avoiding harm from the care that is intended to help;

- Effectiveness – aligning care with science and ensuring efficiency;
- Patient Experience – services must be patient centered and equitable.

Clinical Governance Structure

5. At the November 2015 meeting of the Corporate Governance Committee, members questioned whether the accountability arrangements for the Quality and Clinical Governance Board could be more streamlined and whether the hierarchical structure was necessary. The Director of Public Health agreed to give further consideration to this issue and report back to the Committee.

6. As part of the restructure of the department in 2016, a new approach to Clinical Governance has been implemented. Contract management and quality have been combined with clinical governance in an integrated management approach.

7. The Clinical and Governance board has been disbanded with Quality and Clinical Governance issues being reported into Departmental Management Team meetings, along with contract management, performance and finance issues.

8. The post of Clinical Governance manager has been deleted from the structure. Specific clinical governance investigative capacity has been available from Clinical Commissioning Groups (CCG's) in relation to children's public health services. Discussions are ongoing regarding formalising this arrangement and in pursuing a combined CCG/local authority clinical governance resource.

Child Sexual Exploitation (CSE)

9. It was noted that an audit carried out in February 2015 had found all providers of public health services to be either fully compliant or working towards full compliance in relation to their requirements for tackling Child Sexual Exploitation. The Director of Public Health agreed to check whether a timescale for achieving full compliance had been put in place and if it had not then implement one.

10. Over the last year, CSE provider requirements have continued to evolve. Establishing thresholds and criteria for compliance in CSE is a relatively new sub-section of safeguarding, and training in relation to CSE is, to some extent, playing catch up.

11. There is now a CSE hub, funded jointly by NHS England and the Office of Police and Crime Commissioner, and this now employs two CSE specialist nurses who have only come into post in the summer this year. Their role is to raise awareness and provide training and to support children who have been

identified at risk. Over time the expectation is that all NHS and non-NHS providers will receive bespoke training.

12. From this revised baseline all providers are currently 'partially compliant'. A re-audit of provider CSE compliance is being undertaken with an intention that all providers will be fully complaint against revised guidelines by April 2017.

Summary of issues dealt with in the past 12 months by Leicestershire County Council's Clinical Governance Board (Table 1):

Table 1

Heading	Issue	General Actions	Specific Actions in 15/16
General	It is important to regularly measure indicators of clinical effectiveness, safety and patient experience	The Clinical Governance Board (CGB) previously and now the Departmental Management Team (DMT) considers reports from providers covering effectiveness, safety and patient experience on a bi-monthly basis.	• Development of joint LLR Public Health agreement on procedures covering serious incidents (SIs) • Establishment of Leicestershire & Rutland County Council (LRCC) Serious Incident Review Group (SIRG) • MOU developed with LLR CCGs re management of SIs relating to LPT patients in services commissioned by Public Health.
Clinical Audit	Clinical audit is a means of finding out if healthcare is being provided in line with established standards of best practice. It lets care providers, commissioners and patients know where their service is doing well, and where there could be	Our main contracts require providers to choose and agree several clinical audits each year aimed at improving quality of patient care. DMT oversee the process of carrying out and acting upon the results of clinical audit.	Examples in 2015/16 include: Integrated Sexual Health Services-Audits of: -Quality of Sexual Health Record Keeping. - First prescription of combined hormonal contraception (CHC)

	improvements.		
Medication	It is essential to establish robust mechanisms for reporting and acting on medication errors.	Detailed assurance arrangements have been established with providers to ensure medication errors are swiftly and comprehensively reported. Providers now keep a log of medication related incidents and inform PH of any incidents and themes or trends that appear.	Also includes Public Health team involvement in local controlled drugs network
Patient Group Directions (PGDs)	PGDs provide a legal framework that allows the supply and/or administration of a specified medicine(s) to a group of patients, who may not be individually identified prior to presentation for treatment.	Developing a PGD requires assembling PGD group made up of a doctor, pharmacist and service lead.	A PGD for use of Verenicline to aid with smoking cessation has recently been developed (November, 2016)
Safeguarding including Child Sexual Exploitation (CSE)	DMT oversee safeguarding provider arrangements. Nationally CSE has been identified as an issue of growing concern.	Regular checks are carried out into provider safeguarding policies (including CSE) and their application. A provider CSE audit is currently being carried out.	The commissioning and contracting leads within Public Health have undergone training on safeguarding and CSE in the past year. Members of the Public Health team have been part of a shadow LLR health group reporting into the LLR CSE, Trafficking and Missing Groups.
Re-procurement	Re-procurement of clinical services creates opportunities to	DMT seek regular assurance and reports during the period of re-	Significant procurements in 2015/16 include the 0-19 child health programme, Substance

	update and improve the clinical quality and safety of new services.	procurement of new services to ensure that clinical effectiveness, safety and patient experience.	Misuse Treatment Services and Smoking Cessation Services

Resource Implications

13. A proportion of the public health grant is needed to support the council's obligations in relation to clinical governance e.g. in terms of staffing (clinical governance managers and contract managers).

Recommendation

14. That the contents of the report be noted.

Officer to Contact

Mike Sandys
Director of Public Health
Tel: 0116 3054239
E-mail: mike.sandys@leics.gov.uk

This page is intentionally left blank