

CORPORATE GOVERNANCE COMMITTEE**17 NOVEMBER 2017****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****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 since the Committee meeting of November 2016
 - (b) Provide a summary of Leicestershire County Council's Clinical Governance Board's work in the past 12 months;

Background

2. This paper provides information and assurance on the current clinical governance arrangements that have been established in Leicestershire County Council to ensure that its commissioned clinical services are of a high standard, continuously improving, cost-effective, and safe and provide a good patient experience.
3. After 1st April 2013, upper tier local authorities acquired public health functions that included responsibility for commissioning a number of clinical services previously commissioned by the NHS. It is a condition attached to the allocation of the public health grant that local authorities must have appropriate clinical governance arrangements to cover services commissioned with grant funds.
4. 'Clinical governance' is a systematic approach to maintaining and improving the quality of patient care within a health system. It was originally elaborated within the National Health Service (NHS), and its most widely cited formal definition is: *'A framework through which [NHS] organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'*.

Clinical Governance embodies three key attributes: recognisably high standards of care, transparent responsibility and accountability for those standards, and a constant dynamic of improvement.

5. 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 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 (ISHS)* including GP contraceptive services and pharmacy based emergency contraception
- NHS Health Checks
- School nursing service
- Health visiting service
- Community infection prevention and control service*

The range of service providers includes NHS, non-NHS statutory and voluntary/private sector.

*Services jointly commissioned with Leicester City and Rutland County Councils

National Guidance:

6. Clinical governance guidance for local authorities has gradually emerged post April 2013. The guidance relating to alcohol and drug services provides a sound overview that can be adapted to cover all local authority commissioned clinical services: ***Quality governance guidance for local authority commissioners of alcohol and drug services, PHE, 2015***

Summary of Leicestershire County Council progress since November, 2016

Development of new monitoring arrangements, roles and responsibilities

7. Public Health has created a new performance management framework to support assurance in relation to clinical governance. This provides a consistent approach for Contract Managers to follow when monitoring the performance of commissioned services.
8. The overall clinical governance responsibility sits with one of the public health consultants (delegated from the Director of Public Health).
9. Until November, 2016 Public Health's clinical governance assurance arrangements included baseline contract monitoring combined with oversight by public consultants and senior commissioning managers, channeled through the Clinical Governance Board on a bi-monthly basis.
10. In November, 2016 it was agreed to transfer the functions of the Clinical Governance Board to the Public Health Departmental Management Team

(DLT) in order to co-ordinate and streamline assurance processes for both quality and clinical governance requirements.

11. DLT will now regularly examine clinical provider performance from both general quality and clinical governance perspectives. This means that ownership of clinical governance assurance sits with senior managers and consultant leads for specific services. Further oversight is provided by the Director of Public Health and the overall clinical governance consultant lead.
12. These clinical governance arrangements are aligned with the Leicestershire Public Health Quality Assurance & Improvement Framework (QAIF). The QAIF provides a systematic approach to quality assurance and service improvement, identifying strengths and weaknesses in both process and delivery, in order to develop a focused methodology towards improvement of performance and practice.
13. The foundations of the QAIF approach are self-evaluation, evidence led audit and a structured reporting model. The core quality standards have been developed in line with the requirements of ISO 9001 Quality Management System (QMS).
14. The QAIF is intrinsically linked to Public Health's annual business planning processes and contains defined governance, accountability and reporting structures. It ensures robust contract monitoring arrangements with clear performance measures and reporting cycles with fit-for-purpose data monitoring systems and regular contract performance meetings as specified in our Contract Management Framework.
15. Examples of performance indicators specific to clinical governance include:
 - Measures of cost effectiveness of services
 - Reports of serious incidents and complaints
 - Safeguarding reports
 - General patient feedback e.g. service user feedback
 - Reports of compliments
 - Results of site visits
16. Public Health's systems identify signs of non-compliance at an early stage through review of provider information and national data including safeguarding and local quality reviews and audits. This feeds into quality dashboards and non-conformance logs that are reviewed by DLT on a monthly and quarterly basis.
17. Planned quality assessments/audits are also undertaken using the Public Health Quality Assessment Tool for both departmental quality measures and for conducting scheduled contractual quality visits with our commissioned services.

18. Where appropriate Leicestershire Public Health Directorate collaborates with Leicester City Public Health clinical governance colleagues in relation to those services that are commissioned jointly.
19. Additional support is also available through collaboration with local CCGs e.g. through a memorandum of understanding covering the joint public health/CCG serious incident procedures that relate to providers from whom both Public Health and CCGs commission services.

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

Heading	Issue	Action
General	It is important to regularly measure and act upon indicators of effectiveness, safety and patient experience	<p>The Public Senior Leadership Team (SLT) and Department Management Team (DMT) examine clinical provider performance from both general quality and clinical governance perspectives on a monthly/bi-monthly/quarterly basis.</p> <p>This assurance sits within the Public Health Department's overall Quality Assurance & Improvement Framework (QAIF).</p> <p>A meeting was held between Public Health and Turning Point on 21st November, 2016 to examine and gain reassurance about Turning Point's clinical governance arrangements. These arrangements were felt to be robust.</p>
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,	Our main contracts require our providers to choose and agree clinical audits each year aimed at improving

	commissioners and patients know where their service is doing well, and where there could be improvements.	<p>quality of patient care.</p> <p>DMT oversees the process of carrying out and acting upon the results of clinical audit. Examples of audits carried out in 2016/17 included:</p> <p>ISH Audits of (1) to monitor compliance with British Association for Sexual Health and HIV (BASHH) guidance in the management of Gonorrhoea and (2) of Intra Uterine Device use.</p> <p>SMST Audits: Naloxone audit, extended case file audit, prescription audit, safeguarding audit</p> <p>0-19 Audits: infection control, record keeping and clinical supervision audits</p>
Medication	It is imperative to have robust mechanisms for reporting and acting on medication errors	<p>Detailed assurance arrangements have been established with providers to ensure medication errors are swiftly and comprehensively reported.</p> <p>Providers now keep a log of medication related incidents and inform PH of any incidents and themes or trends that appear.</p>
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	<p>Two PGDs were developed and signed off in 2016-2017:</p> <p>Veranacline Dec, 2017</p>

	individually identified prior to presentation for treatment.	Hepatitis B vaccine (HBvaxPRO), September, 2017
Safeguarding	As commissioners of clinical services, Public Health must be unequivocally assured that the providers of commissioned clinical services are fully compliant with their responsibilities to safeguard their patients against harm.	<p>The SLT oversees provider safeguarding arrangements in our providers and must be assured that robust arrangements are in place.</p> <p>The clinical governance lead is a member of the Leicester, Leicestershire and Rutland Safeguarding Adults Board (LLR SAB).</p> <p>The clinical governance lead chairs the emotional health and wellbeing sub group of the SAB.</p> <p>The Public Health team participated in the Leicestershire Safeguarding Adults Assurance Framework (SAAF), January, 2017.</p>
Serious Incidents (SIs)	<p><u>Serious Incidents:</u></p> <p>Serious Incidents in clinical settings are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant in terms of actual or potential harm and/or the potential for learning is so great, that a heightened level of response is justified. NHS Serious Incident Framework Supporting learning to prevent recurrence: https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf</p>	<p>Leicestershire Public Health Serious Incident Protocol</p> <p>Robust systems are in place for the reporting, management and learning from Serious Incidents so that lessons are learned and appropriate action taken to prevent future harm.</p> <p>Specific arrangements are now in place to monitor and deal with serious incidents on a daily basis though our</p>

	<p>The LLR Serious Incident Report Protocol which outlines our responsibilities in relation to serious incidents and summarises the key information and requirements for reporting and management. This protocol is imbedded within our contracts for Public Health commissioned services to ensure a consistent approach across the department.</p>	<p>in house serious incident mailbox. This is coordinated by the administration team and overseen by consultants, senior public health managers and the consultant clinical governance lead.</p> <p>20 SIs were received between Nov, 2016 and Oct, 2017 (see Table 2 below)</p>
Re-procurement	<p>Re-procurement of clinical services creates opportunities to update and improve the clinical quality and safety of new services</p>	<p>SLT seeks regular assurance and reports during the period of re-procurement of new services to ensure that clinical effectiveness, safety and patient experience are central considerations during the process. The most recent re-procurement was for QuitReady, smoking cessation services in 2016.</p>
Partnerships	<p>Clinical governance arrangements, expertise and knowledge are enhanced by sharing good practice across the wider health and care systems.</p>	<p>The Public Health Clinical Governance lead sits on the clinical governance panel of West Leicestershire CCG, the East Midlands Public Health Clinical Governance Network, the Leicestershire Safeguarding Adults Board and the Leicester, Leicestershire and Rutland Quality Surveillance Board.</p>

Table 2**Serious incidents reported to LCC PH directorate 1/11/16 to 31/10/17**

Month	Number of Serious Incidents Reported
November, 2016	0
December, 2016	0
January, 2017	0
February, 2017	0
March, 2017	3
April, 2017	0
May, 2017	4
June, 2017	2
July, 2017	2
August, 2017	5
September, 2017	3
October, 2017	1

Resource Implications

20. 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

21. That the contents of the report be noted.

Officer to Contact

Dr Mike McHugh
 Consultant in Public Health
 Tel: 0116 3054236
 E-mail: mike.mchugh@leics.gov.uk