



CORPORATE GOVERNANCE COMMITTEE – 24 OCTOBER 2018

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

CLINICAL GOVERNANCE ANNUAL REPORT

Purpose of the Report

1. The purpose of this report is to:
 - (a) Update the Committee on the process of assuring clinical governance since the Committee meeting of November 2017;
 - (b) Update the Committee on key issues dealt with as part of Leicestershire County Council's clinical governance monitoring arrangements, roles and responsibilities since November 2017;
 - (c) Specifically respond to recommendations from Leicestershire County Council's Internal Audit Report on Public Health's Clinical Governance Framework, carried out in April 2018.

Background

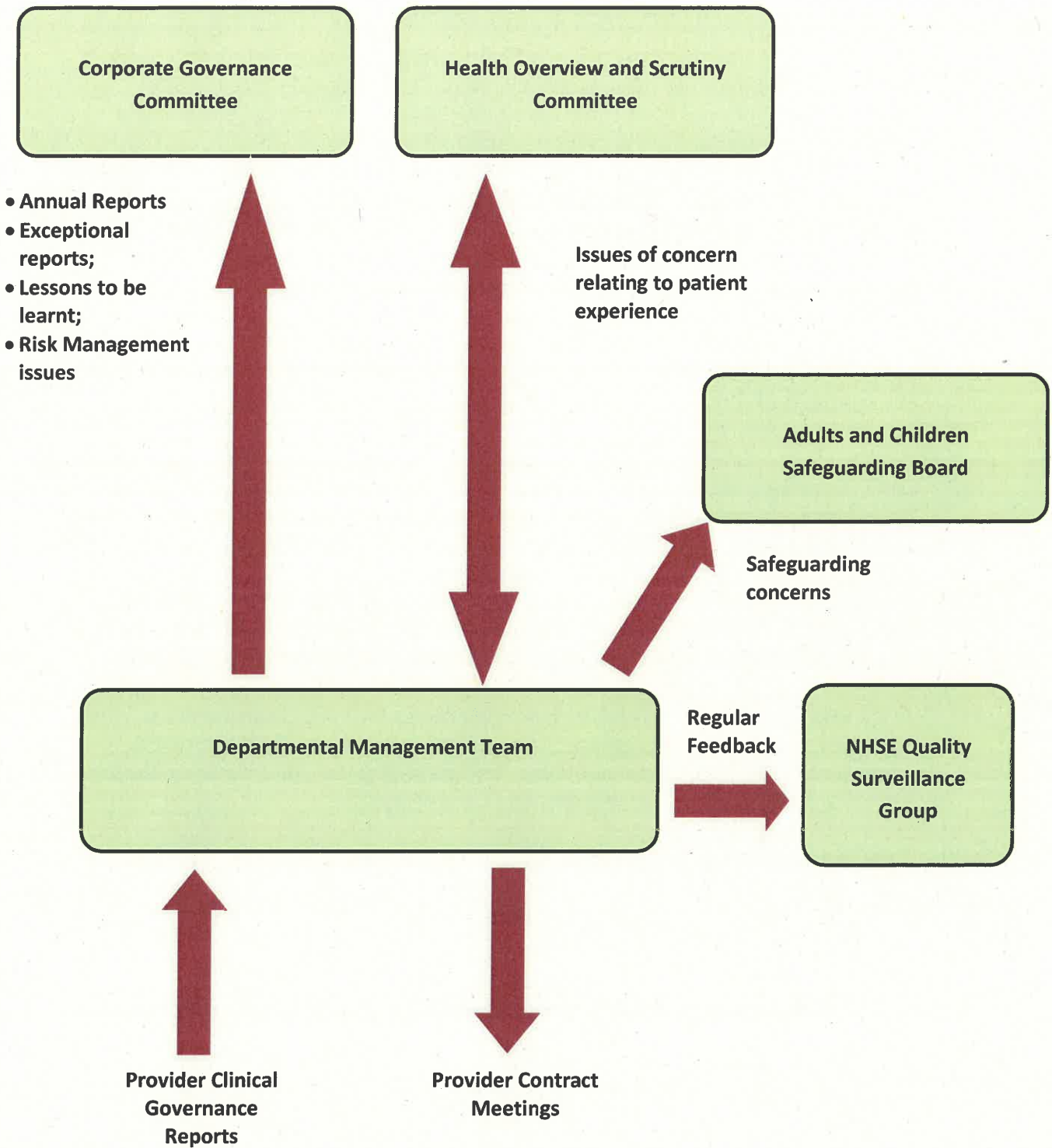
2. The Public Health function of the Council includes responsibility for a number of clinical services previously commissioned by the NHS. It is a condition attached to the allocation of the public health grant that local authorities must have appropriate clinical governance arrangements to cover clinical services commissioned with grant funds.
3. This paper provides information and assurance on the clinical governance arrangements that have been established by Leicestershire County Council to ensure its commissioned clinical services are of a high standard, continuously improving, cost-effective, safe and provide a good patient experience.
4. 'Clinical governance' is a systematic approach to maintaining and improving the quality of patient care within a health system. 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'*.

5. Clinical governance refers directly to 'clinical services' i.e. services delivered by clinical staff / healthcare professionals, e.g. doctors, nurses, allied health professionals and others. The main clinical services commissioned by the County Council's Public Health Department are:
- Substance misuse services (SMST)* (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*
- *Services jointly commissioned with Leicester City and Rutland County Councils*
6. The range of service providers includes NHS, non-NHS statutory and voluntary/private sector.
7. Clinical governance assurance necessitates regular and ad hoc contract monitoring with a specific focus on clinical aspects of service provision to demonstrate cost effective and safe care that also delivers a good patient experience. This assurance sits within the Public Health Department's overall Quality Assurance & Improvement Framework (QAIF).
8. Examples of performance indicators specific to clinical governance and which are set out in the QAIF 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

Leicestershire County Council's Clinical Governance Framework

9. Public Health's Clinical Governance Framework has been created to support assurance in relation to clinical governance. This provides a consistent approach for Contract Managers and other team members to follow when monitoring the performance of commissioned services.
10. Ownership of clinical governance assurance for specific services sits with senior managers and consultant leads for those services within the Public Health Department. Further oversight is provided by the Director of Public Health and the overall clinical governance consultant lead.
11. The Public Health Departmental Management Team (DMT) receives provider clinical governance reports (including quality dashboards) on a monthly basis. An example of a quarterly clinical governance report is attached as an appendix to this report.
12. DMT examines provider performance from both general quality and clinical governance perspectives. It identifies signs of both good practice and of non-compliance at an early stage through the review of provider information and using comparison/benchmarking data where available. 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.
13. DMT identifies concerns and recommendations and suggested actions which are then relayed through contract and commissioning leads into routine contract and performance meetings. Progress against recommendations and action is monitored at subsequent DMT meetings.
14. DMT also reports into the following:
 - Corporate Governance Committee
 - Health Overview and Scrutiny Committee
 - Adults and Children Safeguarding Board
 - East Midlands NHSE Quality Surveillance Group
15. A diagram setting out the overview arrangements for clinical governance is set out below.

Overview of arrangements



16. The County Council’s Public Health Department collaborates with Leicester City Council Public Health clinical governance colleagues in relation to those services that are commissioned jointly.

17. Additional support is also available through collaboration with local CCGs (Clinical Commissioning Groups) 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 commissioned services.
18. Leicestershire's clinical governance arrangements are aligned with the QAIF which 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.
19. The QAIF is intrinsically linked to the County Council's 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.

(Table 1)

**Summary of significant issues dealt with in the past 12 months by
Leicestershire County Council's Clinical Governance Board**

Heading	Issue	Action
Clinical Audit	<p>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 improvements.</p> <p>Our main contracts require our providers to choose and agree clinical audits each year aimed at improving quality of patient care.</p>	<p>DMT oversees the process of carrying out and acting upon the results of clinical audits.</p> <p>Examples of audits carried out in 2017/18 included:</p> <p>ISHS (integrated sexual health service) Audits</p> <ul style="list-style-type: none"> • Infection Prevention and Control • Re-audit of management of Genital Herpes • Audit to ensure the fitting of IUD/IUS are undertaken as per Faculty of Sexual and Reproductive Healthcare Clinical guidance <p>SMST (substance misuse service team) Audits</p> <ul style="list-style-type: none"> • Monthly review of 4 cases by Safeguarding lead plus 1 per month for each line report

		<p>including reviewing actions from the previous month.</p> <ul style="list-style-type: none"> • Service level death audits • Audit of NICE review of sample cases prescribed Naltrexone <p>Healthy Child Programme (0-19) Audits</p> <ul style="list-style-type: none"> • HV Record Keeping & Learning Review Following SCR and SI re-audit • Quality of Review Health Assessments in Looked After Children • Pre-adoptive Parenthood Pathway re-audit
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.	<p>Two PGDs were developed/authorised in 2017-2018::</p> <p>(1) Pabrinex® Intramuscular High-Potency Injection, June, 2018-for use in treatment of severe depletion or malabsorption of the water soluble vitamins B and C in service users diagnosed with Alcohol Use Disorders.</p> <p>(2) Levonorgestrel for Emergency Hormonal Contraception by Community Pharmacists, April, 2018.</p> <p>One PGD (Varenicline for smoking cessation) was also amended in January, 2018 to take account of new guidance in relation to using the drug in patients with a history of mental illness.</p>
Safeguarding	As commissioners of clinical services, Public Health must be unequivocally assured that the providers of commissioned clinical services are fully	The clinical governance lead is a member of the Leicester, Leicestershire and Rutland Safeguarding Adults Board (LLR SAB).

	<p>compliant with their responsibilities to safeguard their patients against harm.</p> <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 currently in discussions with NHS England, east midlands office to provide additional support and expertise for the public health team through NHS local designated safeguarding lead nurses.</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>The LLR Serious Incident Report Protocol 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>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>Arrangements are in place to monitor and deal with serious incidents on a daily basis though our 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>SIs were received between Nov, 2016 and Oct, 2017 (see Table 2 below).</p> <p>Turning Point carried out a CQC Thematic Death Review – Deaths from 1st January 2018- June 2018</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>The most recent re-procurement was for Integrated Sexual Health Services in 2018.</p>
Partnerships	<p>Clinical governance arrangements, expertise and</p>	<p>Leicestershire, Leicester City and Rutland CCGs serious</p>

	<p>knowledge are enhanced by sharing good practice across the wider health and care systems.</p>	<p>incident panel review cases of serious incidents that relate to the Healthy Child Programme on behalf of Leicestershire County Council.</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>
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(Table 2)
Serious incidents reported to LCC PH directorate 1/11/17 to 1/10/18

Serious Incidents Nov 2017-October 2018	
Month	Number of Serious Incidents Reported
November, 2017	3
December, 2017	0
January, 2018	0
February, 2018	1
March, 2018	0
April, 2018	1
May, 2018	2
June, 2018	5
July, 2018	1
August, 2018	2
September, 2018	4
October, 2018	1

Leicestershire Internal Audit review of clinical governance arrangements

20. The Internal Audit Service routinely reviewed the Public Health Department's Clinical Governance Framework (as described earlier) in April 2018. This was aimed at providing assurances to management that there is an effective quality assurance process in place assisting the Department in its clinical governance responsibilities. The Service produced a report that included 12 recommendations. Overall the opinion of the Audit team was that there was Partial Assurance, not operating effectively with some high risk issues to be addressed.
21. Progress made against the high risk recommendations of this audit are detailed in table 3 below.

(Table 3)
Progress against Audit Review recommendations considered to be high importance

Audit Service Recommendations considered to be of High Importance	Progress
A process for the reporting through the results of clinical provider activity to Public Health DMT should be introduced as a matter of priority. A programme of reporting should be developed incorporating what information should be reported through as standard, including which contracts, when, and with what regularity, and in addition what information should be reported through as exceptional or urgent matters, e.g. critical incidents.	Since April, 2018 reports are received at DMT. A programme of reporting has been developed setting out the proposed schedule of reporting for 2018/19 and beyond. Reports from our three main providers/services i.e. Integrated Sexual Health Services, Substance misuse services and the Health Child programme on a quarterly basis.
A robust process should be developed for the evaluation of incoming serious incidents, e.g. to primarily establish whether it is indeed a serious incident. Where so, the process of escalation through to senior officers for further liaison with providers should lead to habitual reporting through to DMT of all serious incidents along with the latest position statement.	Reports are channelled through DMT since April 2018. Reporting takes place on a scheduled basis as described above. Critical (i.e. Serious) incidents are collated and discussed as part of these regular reports. In addition the incidents continue to be monitored by the clinical governance lead and service leads on a daily basis
DMT further needs to assure itself that there is a clearly defined process for how the department will respond to serious incidents that both promotes consistency of approach and fulfils the department's obligations regarding clinical governance	Formal clinical governance reports are submitted to DMT, these include details of current SIs, SIs signed off and details of the process of sign-off. 'Deep dives' into the management of SIs will be considered at a future DMT.

<p>(e.g. action plans, follow-ups, etc. to reduce the risk of reoccurrence). For example, consideration should be given to the introduction of a process of formal “de-escalation” sign-off by DMT of any serious incident once assurance has been received from the provider that adequate progress has taken place to minimise the risk of re-occurrence, e.g. action plan completed, lessons learned disseminated to key parties, systems and processes refined where necessary. Given the severity of the serious incident, DMT may wish to consider on a case-by-case basis commissioning further work to “stress test” evidence provided of clinical improvement.</p>	
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Resource Implications

22. 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).

Equality and Human Rights Implications

23. None arising directly from this report.

Recommendations

24. It is recommended that the Committee:
- (a) notes the contents of this report;
 - (b) provides comment and feedback on the arrangements and actions taken to address the high importance recommendations contained in the Internal Audit Report as outlined.

Background Papers

None.

Circulation Under the Local Issues Alert Procedure

None.

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Appendix

Example of a quarterly clinical governance report

