



CORPORATE GOVERNANCE COMMITTEE – 1 NOVEMBER 2019

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 last report to this Committee in October 2018;
 - (b) Update the Committee on key issues dealt with as part of Leicestershire County Council's clinical governance monitoring arrangements, roles and responsibilities since October 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 the 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). The main provider of this service is Turning Point.
- Integrated Sexual Health Services (ISHS)* (including GP contraceptive services and pharmacy-based emergency contraception). The main provider of this service changed in January 2019 to Midlands Partnership NHS Foundation Trust.
- NHS Health Checks - commissioned from local GPs
- School nursing service - part of the 'Healthy Child Programme' - provided by Leicestershire Partnership NHS Trust
- Health visiting service - part of the 'Healthy Child Programme' provided by Leicestershire Partnership NHS Trust
- Community infection prevention and control service*

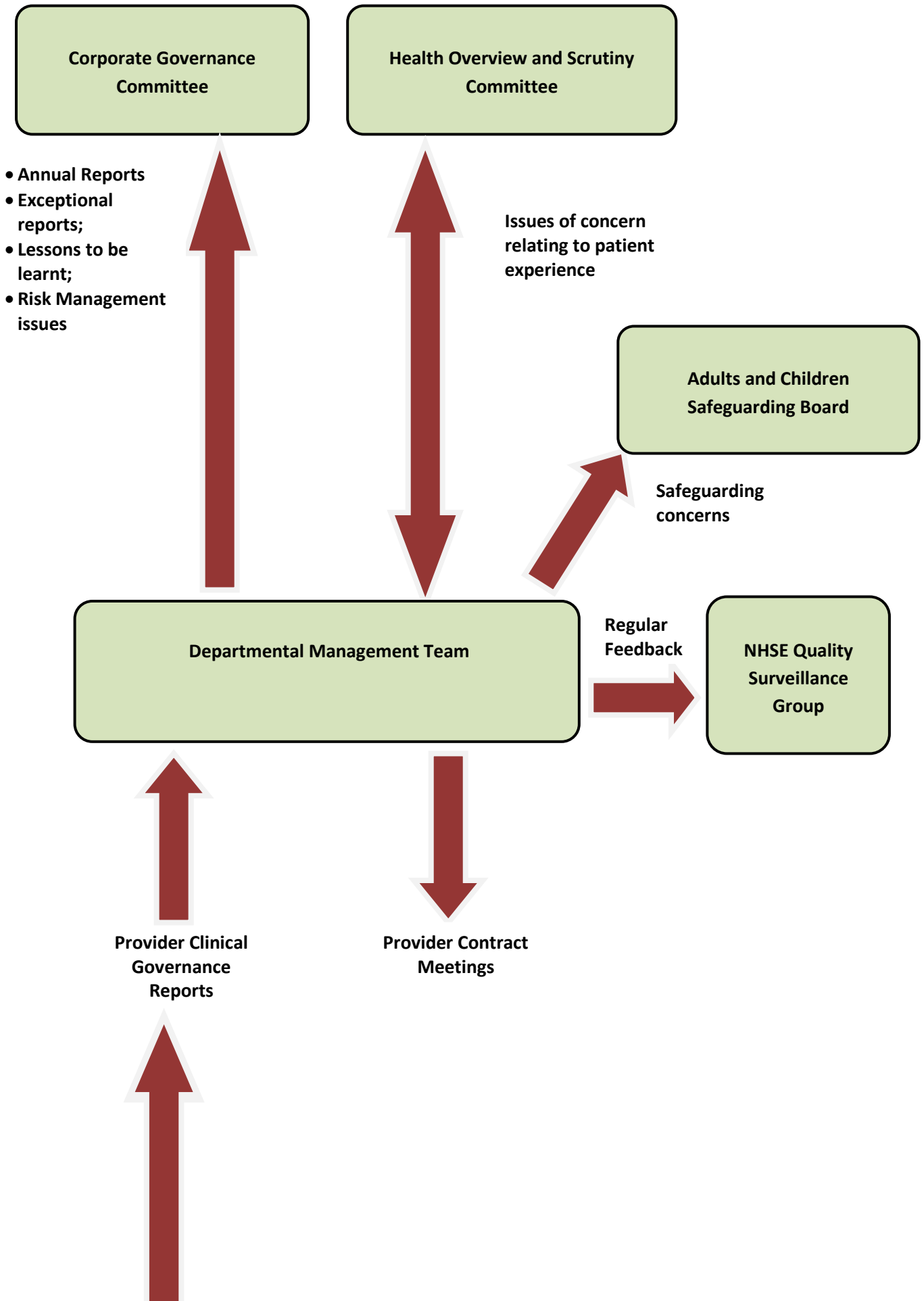
**Services jointly commissioned with Leicester City and Rutland Councils*

6. The range of service providers includes NHS 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.
8. 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 quality 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 quarterly basis.
12. DMT examines provider performance from both general quality and clinical governance perspectives. DMT 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's Public Health clinical governance colleagues in relation to those services that are commissioned jointly.
17. Additional support is also available through collaboration with local Clinical Commissioning Groups (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 commissioned services (predominately primary care and Leicestershire Partnership NHS Trust).
18. Table 1 provides a summary of significant issues considered and managed by the County Council's Public Health's Departmental Management Meeting (October 2018-September 2019).

Table 1

Key Clinical Governance Issues and Actions		
October 2018 - September 2019		
Heading	Issue	Action
		(October 2018-September 2019)
Quality Visits	Site visits to providers of clinical services provide valuable insights into the quality, safety and likely patient experience that is being delivered.	<p>Providers are routinely visited by Public Health contracting and quality staff at least annually.</p> <p>Providers are also subject to visits from the Care Quality Commission.</p> <p>Healthy Child Programme (0-19) (Leicestershire Partnership NHS Trust): Two quality visits in 2018 with overall outcome of GREEN. LAC & Safeguarding CQC visits for Leicestershire & Rutland, July 2019: The 'Healthy Together' programme was broadly commended in the report: <i>'Effective delivery of the Healthy Child Programme in Leicestershire is ensuring that children at risk of neglect, abuse and harm, with low protective factors are being provided with</i></p>

		<p><i>early help and support that they need to reduce the likelihood of harm and health inequalities</i>’.</p> <p>Substance Misuse Treatment Services (Turning Point) Turning Point was inspected by the Care Quality Commission in November 2018 and overall was found to be ‘outstanding’.</p> <p>Integrated Sexual Health Service (Midlands Partnership NHS Foundation Trust). The Trust plans to do an internal audit visit in October 2019 and the Trust’s Quality Team are also visiting in October 2019 to review the pathway changes instigated as a result of a serious incident. A CQC visit is expected but no date has been given so far.</p> <p>Public Health have given notice of its intention to mystery shop and this will occur over the next couple of months.</p>
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 audit.</p> <p>Examples of audits carried out in 2017/18 included:</p> <p>Integrated Sexual Health Service (Midlands Partnership NHS Foundation Trust) Audits:</p> <ul style="list-style-type: none"> • Management of trichomonas vaginalis • Re-audit of fitting of IUS/D <p>Substance Misuse Treatment Services (Turning Point) Audits:</p> <ul style="list-style-type: none"> • Full Caseload audit • Dependent Alcohol case audit • Safeguarding Audit • Service level death audits • NICE audits - Naltrexone, Methadone/Buprenorphone

		<p>, Alcohol management, Psychosocial Interventions</p> <ul style="list-style-type: none"> • Prescription process audit (6 monthly) • Supervised consumption audit (monthly) • Blood Borne Virus testing audit <p>Healthy Child Programme (0-19) (Leicestershire Partnership NHS Trust) Audits:</p> <ul style="list-style-type: none"> • 0-19 Initial Continence Pathway Audit • Pre-adoptive Parenthood Pathway re-audit • Pre-mobile Baby re-audit • Perinatal Mental Health
Patient Group Directions (PGDs)	<p>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. Leicestershire County Council must help develop and ultimately authorise use of these drugs by commissioned clinical services.</p>	<p>Four PGDs were developed/authorised in 2018-2019:</p> <ul style="list-style-type: none"> • Hepatitis B to use by Turning Point (developed by Public Health England) • Levonorgestrel for use in community pharmacies (emergency contraception) • Ulipristal (UPA-EC) for use in community pharmacies (emergency contraception) • Pabrinex® Intramuscular High-Potency Injection, for use by Turning Point in treatment of severe depletion or malabsorption of the water-soluble vitamins B and C in service users diagnosed with Alcohol Use Disorders.
Safeguarding	<p>As commissioners of clinical services, Public Health must be unequivocally assured that the providers of commissioned clinical services are fully compliant with their</p>	<p>The Clinical Governance Lead is a member of the Leicester, Leicestershire and Rutland Safeguarding Adults Board (LLR SAB) and the Leicestershire and Rutland Children Safeguarding</p>

	<p>responsibilities to safeguard their patients against harm.</p> <p>DMT oversees provider safeguarding arrangements in our providers and must be assured that robust arrangements are in place.</p>	<p>Partnership.</p> <p>The Clinical Governance Lead is part of a regional public health safeguarding network.</p>
<p>Serious Incidents (SIs)</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. Details regarding individual serious incidents that were considered by the Department in line with the Leicestershire Public Health Serious Incident Protocol were not included in the report for reasons of confidentiality.</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 the appropriate action is taken to prevent future harm. Arrangements are in place to monitor and deal with serious incidents on a daily basis through 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>29 Serious Incidents were received between October 2018 and September 2019 (see Table 2 below). Table 3 below covering November 2017 to October 2018 is included for comparison.</p> <p>The vast majority of serious incidents related to deaths of patients who are under the care of Turning Point.</p> <p>Turning Point carried out a CQC Thematic Death Review (Deaths from 1st January 2018 - June 2018) and plan to repeat this review in January/February 2020. Anecdotally Turning Point have reported they suspect the numbers of suicides/overdoses in</p>

		patients with substance misuse issues is increasing.
Re-procurement	Re-procurement of clinical services creates opportunities to update and improve the clinical quality and safety of new services.	The most recent re-procurement was for Integrated Sexual Health Services with the new provider (Midlands Partnership NHS Foundation Trust) commencing delivery of the service in January 2019.
Partnerships	Clinical governance arrangements, expertise and knowledge are enhanced by sharing good practice across the wider health and care systems.	<p>Leicestershire, Leicester City and Rutland CCGs serious 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>

Table 2

Serious incidents reported to the County Council's Public Health directorate 1/10/18 to 30/09/19	
Month	Number of Serious Incidents Reported into dedicated PH SI inbox
October, 2018	1
November, 2018	3
December, 2018	2
January, 2019	0
February, 2019	3
March, 2019	4
April, 2019	1
May, 2019	1
June, 2019	5
July, 2019	3
August, 2019	2
September, 2019	4
Total	29

Table 3

Serious incidents reported to the County Council's Public Health directorate 1/11/17 to 1/10/18	
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
Total	20

Resource Implications

19. 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

20. None arising directly from this report.

Recommendation

The Committee is asked to note this report.

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