

## **CORPORATE GOVERNANCE COMMITTEE – 17 NOVEMBER 2023**

### **CLINICAL GOVERNANCE ANNUAL REPORT**

#### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

##### **Purpose of the Report**

1. The purpose of this report is to provide assurance to the Committee around the Council's Clinical Governance (CG) processes since the last report presented in November 2022 and to set out some of the key issues dealt with as part of the County Council's clinical governance monitoring arrangements, role and responsibilities since October 2022.

##### **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 assurance necessitates regular and ad hoc contract monitoring with a specific focus on clinical aspects of service provision. The range of service providers includes NHS, voluntary and private sector.
5. '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'* (Department of Health).
6. 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.
7. The main clinical services commissioned (based upon contract value and criticality of service provision) by the County Council's Public Health Department are:

a. Integrated Substance Misuse Treatment Service (ISMTS)

The Integrated Substance Misuse Services (ISMS) comprises of a community treatment service for adults and young people, inpatient detoxification, and residential rehabilitation services. The provider of the ISMS is Turning Point.

b. 0-11 years Health Together Service

The 0-19 Healthy Child Programme (HCP) offer was changed in 2022. Following consultation with children, young people, families and professionals, the 0-19 service has been split into two cohorts: 0-11 and 11-19 due to differing needs of the older population group. The 0-11 elements of the HCP are still delivered, by Leicestershire Partnership Trust (LPT) and will remain known locally as the Healthy Together service.

c. 11-19 years' Teen Health service

The 11-19 years' service is no longer commissioned externally and is now integrated with the Early Help Service of the Children and Families Department as of September 2022. Although the Teen Health service is not clinically delivered, quality assurance is provided and under development. Escalation will follow as appropriate via the teen health Partnership Board. The quality performance measures of the 11-19 Teen Health service also include Departmental Management Team (DMT) reporting and feedback on a quarterly basis. Monitoring also takes place via the PH Clinical Governance Group to ensure review occurs, via a standing agenda item on the CG group.

d. Sexual Health Services (SHS)

This includes an integrated sexual health service and contraceptive services. The integrated sexual health service is provided by Midlands Partnership NHS Foundation Trust whilst contraceptive services are provided through Primary Care Services and a list of clinical audits carried out by MPFT are included at Appendix C. Community SHS providers include CG assurance in their reports.

e. NHS Health Checks

These NHS health checks for people aged 40 – 74 with no pre-existing conditions are provided via local federations and practices. Clinical governance is via the practice/federation clinical governance process for all services and in accordance with contract terms.

*N.B. Further details in relation to Clinical Audits conducted can be found in Table 1 and at Appendix C. A glossary of terms is included at Appendix B.*

8. Performance indicators specific to clinical governance include:
  - a. Measures of cost effectiveness of services
  - b. Reports of serious incidents and complaints
  - c. Safeguarding reports
  - d. General patient feedback - for example service user feedback on safety and experience.
  - e. Reports of compliments
  - f. Results of quality visits and clinical audits
  - g. Staff training and capacity
  - h. Care Quality Commission (CQC)
  - i. National Institute for Health and Care Excellence guidance
  - j. Service changes/reviews
  - k. Business Continuity arrangements during COVID-19

## **Leicestershire County Council's Clinical Governance Approach**

### **General oversight arrangements**

9. A Clinical Governance Standard Operating Guidance (SOG) framework has been developed and implemented across the County Council's Public Health Department to ensure a robust, systematic approach to clinical governance.
10. Ownership of clinical governance assurance for specific services continues to sit with Strategic Leads 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 Council has an established Public Health Clinical Governance (CG) Group which oversees its clinical governance arrangements. It meets on a quarterly basis and comprises of the CG Consultant Lead and Strategic Leads of the relevant contracts.
12. An update on the key clinical services commissioned by the County Council is provided by Strategic Leads to the Public Health Departmental Management Team (DMT) on a monthly basis, at which any significant matters are highlighted. This enables Public Health Strategic Leads to incorporate lessons learned from DMT within their area of work.

### **Serious Incidents**

13. Serious Incident (SI) is an act or omission in care that results in unexpected or avoidable death, unexpected or avoidable injury.
14. Details of serious incidents are recorded in the Council's Serious Incident (SI) log and reviewed monthly. Communication of lessons learned with action closures are also considered at the quarterly CG Group meetings by Strategic Leads for the commissioned service.
15. SI trends or issues are also discussed at monthly quality and contract meetings held by the Commissioned Service Leads and a verbal report provided to the CG Group.

16. Since the last report to the Committee, the NHS England (NHS E) [Patient Safety Incident Response Framework](#) (PSIRF) has replaced the Serious Incident Framework 2015, which will have implications for the way the Department manages serious incidents within the Council. These changes are still being determined through negotiation between Leicestershire Partnership Trust (LPT) and council colleagues and when determined will be incorporated into the Clinical Governance Standard Operating Guidance (SOG).

#### Quality Assessments and Audits

17. Quality assessments/audits are undertaken using the Public Health Quality Assessment Toolkit (as detailed in the CG SOG) for:
- a. Departmental quality measures
  - b. Conducting scheduled contractual quality visits
  - c. Root cause analysis following a SI
  - d. Patient Safety Incident Response Framework thematic trend review
  - e. Morbidity and Mortality reviews (as appropriate)

#### Risk Monitoring

18. The Council's Corporate and Public Health Departmental risk register is reviewed monthly and discussed as a standing agenda item at the Public Health CG Group. Matters escalated to the Corporate Risk Register are also reported to the Council's Corporate Management Team and this Committee as part of the quarterly Risk Management Updates.

#### Partnership working

19. 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 by the two authorities. There is also collaboration with Rutland Council colleagues where services commissioned serve the Rutland population.
20. The lead Commissioning Organisation takes responsibility for overall governance for jointly commissioned services as outlined in the CG SOG.
21. The overview arrangements for clinical governance reporting into Health Oversight and Scrutiny Committee (HOSC) have been reflected in Appendix A attached to this report.

**Significant Clinical Governance Issues Considered and Managed during 2022/23**

22. **Table 1** below provides a summary of significant issues considered and managed by the County Council's Public Health DMT (October 2022 - September 2023) across the main clinical services commissioned.

**Table 1**

<b>Clinical Governance Summary October 2022 – September 2023</b>		
<b>Heading</b>	<b>Area</b>	<b>Assurance (October 2022 - September 2023)</b>
<b>Quality Visits</b>	<b>0-11 &amp; 11-19 Healthy Child Programme (Leicestershire Partnership NHS Trust) &amp;</b>	<b>0-11</b> Planned for January 2024  <b>11-19</b> 2 quality visits undertaken by Head of Integration to review quality assurance processes. Outcome: service delivery in line with specification.
<b>Clinical Audits</b>	<b>0-11 &amp; 11-19 Healthy Child Programme (Leicestershire Partnership NHS Trust)</b>  <b>0-11 The Healthy Child Programme</b>	2.5-year check audited completed in early 2022.  Planned for January 2024.
<b>Quality Visits</b>	<b>Integrated Substance Misuse Treatment Service (Turning Point)</b>	A formal quality visit took place in May 2023; with relevant actions taken place.
<b>Clinical Audits</b>	<b>Integrated Substance Misuse Treatment Service (Turning Point)</b>	Relevant and regular clinical audits take place and updates are provided via the quarterly contract management updates / reports.

Heading	Area	Assurance (October 2022 - September 2023)
<b>Quality Visits</b>	<b>Sexual Health Services delivered by Midlands Partnership NHS Foundation Trust (MPFT) Audits</b>  <b>Sexual Health - Community Based Services</b>	<p>A quality visit was conducted in September 2021. All required actions were completed, and the reassessment showed the service rated as 'green'.</p> <p>There have been no further visits due to the re-procurement exercise taking place in 2023.</p>
<b>Clinical Audits</b>	<b>Sexual Health Services delivered by Midlands Partnership NHS Foundation Trust (MPFT) Audits</b>	<p>There is a full clinical audit programme that takes place across the trust. Audits undertaken during this period are listed in Appendix C.</p>
<b>Patient Group Directions (PGDs)</b>	<b>Sexual Health Services</b>	<p>The EHC Patient Group Directions (PGDs) documents, which allow for the dispensation of specific medications without a doctor present, were reviewed and issued in August 2023. The new PGDs expire February 2026 and are due for review August 2024.</p>
<b>Safeguarding</b>	<b>0-19 The Healthy Child Programme</b>  <b>Integrated Sexual Health Services delivered by Midlands Partnership NHS Foundation Trust (MPFT)</b>	<p><b>0-11 HCP</b> The clinical governance is managed by LPT, as the contracted provider.</p> <p><b>11-19 Teen Health</b> Safeguarding governance managed by Children &amp; Families service.</p> <p>Each quarter the provider issues a clinical governance report which details staff safeguarding training and adult and child safeguarding incidents.</p> <p>Every month the PH team review the safeguarding incidents via the incident log provided as part of monitoring, and where required these will be raised at subsequent contract meetings with the provider.</p>

Heading	Area	Assurance (October 2022 - September 2023)
<b>Serious Incidents (SIs)</b>	<p data-bbox="467 192 791 259"><b>Substance Misuse Treatment Services</b></p> <p data-bbox="467 450 687 517"><b>Sexual Health Service</b></p> <p data-bbox="467 887 788 954"><b>0-11 The Health Child Programme</b></p>	<p data-bbox="807 192 1489 405">A quarterly quality report is produced and managed at the contract management meetings where serious incidents are included. This includes updates from the service led mortality and morbidity group, where each SI is scrutinised, and relevant action taken.</p> <p data-bbox="807 450 1489 808">An SI was reported in February 2023, incident report was completed; an action plan was produced and has been reviewed by both commissioners and the internal MPFT medicines safety group who found all actions to be appropriate. There remains one outstanding action which pertains to one member of staff who has been off sick it is anticipated that this will be completed this month, and the SI can be formally closed.</p> <p data-bbox="807 887 1489 1312">Minor communication concerns between LPT departments, Healthy Together and their internal services and with Social Care services have arisen in every quality report. The main concerns are miscommunication between staff (failure outside of the team) for example, notification of a strategy meeting not being sent or sent to incorrect email addresses, or meetings cancelled without notification. However, this is being managed through the contract management process and via the patient safety protocols.</p> <p data-bbox="807 1357 1489 1603">Unsafe sleep is a concern following recent Child Death Overview Panel report. However, a practitioner's guide has been developed to ensure risk assessment is completed. The refresh of the Healthy, Pregnancy, Births and Babies Strategy includes Safe Sleep as a key priority.</p>
<b>Re-procurement</b>	<b>Sexual Health Services</b>	<p data-bbox="807 1715 1473 2007">An invitation to tender for Sexual Health services (SHS) was issued in July 2023, the SHS service formed part of this tender process as Lot 1. Unfortunately, there were no bids received for this Lot and PH are now in negotiations with the current provider to secure the service for another year with the plan to retender again next year.</p>

Heading	Area	Assurance (October 2022 - September 2023)
	<b>0-11 &amp; 11-19 Healthy Child Programme</b>	<p>Reprocured service in September 2022 for 3 years plus 3.</p> <p>Teen Health is embedded with Children's services and will be reviewed in line with above dates.</p>
<b>Partnerships</b>	<p><b>Sexual Health Services</b></p> <p><b>0-11 &amp; 11-19 Healthy Child Programme</b></p> <p><b>Integrated Substance Misuse Treatment Services</b></p>	<p>As the current contract is jointly commissioned by Leicester Leicestershire and Rutland, all reporting and audits are reviewed by the three commissioners.</p> <p>Clinical Governance is a standing agenda item at all contract meetings and review of cases and lessons learnt are embedded in practice.</p> <p>As the service is clinical, there are numerous processes in place to ensure compliance, as well as regular audits. Clinical governance is a standing agenda items as part of the contract management monthly meetings where updates are provided and relevant action taken.</p>
<b>Patient Feedback</b>	<p><b>Sexual Health Services</b></p> <p><b>0-11 &amp; 11-19 Healthy Child Programme</b></p> <p><b>Integrated Substance Misuse Treatment Services</b></p>	<p>Patient feedback is obtained by MPFT monthly which is reported to the commissioner/contract officer and discussed during the contract meetings.</p> <p>QI (Quality Improvement) project has been set up in LPT to help improve patient experience. There is now also a Maternity Voices Partnership on patient involvement. 0-11 parent network has been set up to help with improvement.</p> <p><b>11-19</b> service user feedback is embedded within C&amp;FS internal processes. Development of feedback forms to capture feedback around direct support.</p> <p>Service user feedback is part of the process within the service; they currently use a third party to collate responses as well as an automated digital process.</p>



Heading	Area	Assurance (October 2022 - September 2023)
<b>Complaints and Compliments</b>	<b>Sexual Health Services</b>  <b>0-11 &amp; 11-19 Healthy Child Programme</b>	<p>Patient feedback is obtained by Midlands Partnerships University NHS Foundation Trust (MPFT) monthly which is reported to the commissioner/contract officer and discussed during the contract meetings</p> <p>This is monitored via quality reports at the monthly contract meetings. All Teen health complaints and compliments are embedded within Children &amp; Family Services (CFS) internal processes.</p>
<b>Business Continuity (BC) arrangements</b>	<b>Sexual Health Services (SHS) provided by MPFT</b>  <b>0-11 &amp; 11-19 Healthy Child Programme</b>  <b>Integrated Substance Misuse Treatment Services</b>	<p>The service has a full BC Plan in place and provides immediate updates to the commissioners where there are any interruptions to service provision.</p> <p>0-11 provide a BC plan at the start of the contract,</p> <p>11-19 is in place as part of C&amp;FS BCP.</p> <p>The service has a comprehensive business continuity plan in place.</p>
<b>Care Quality Commission (CQC)</b>	<b>0-11 &amp; 11-19 Healthy Child Programme</b>	<p><b>0-11</b> CQC inspection taken place within LPT – No actions related to Healthy Together.</p> <p><b>11-19</b> currently not required to register.</p>

### **Serious Incidents**

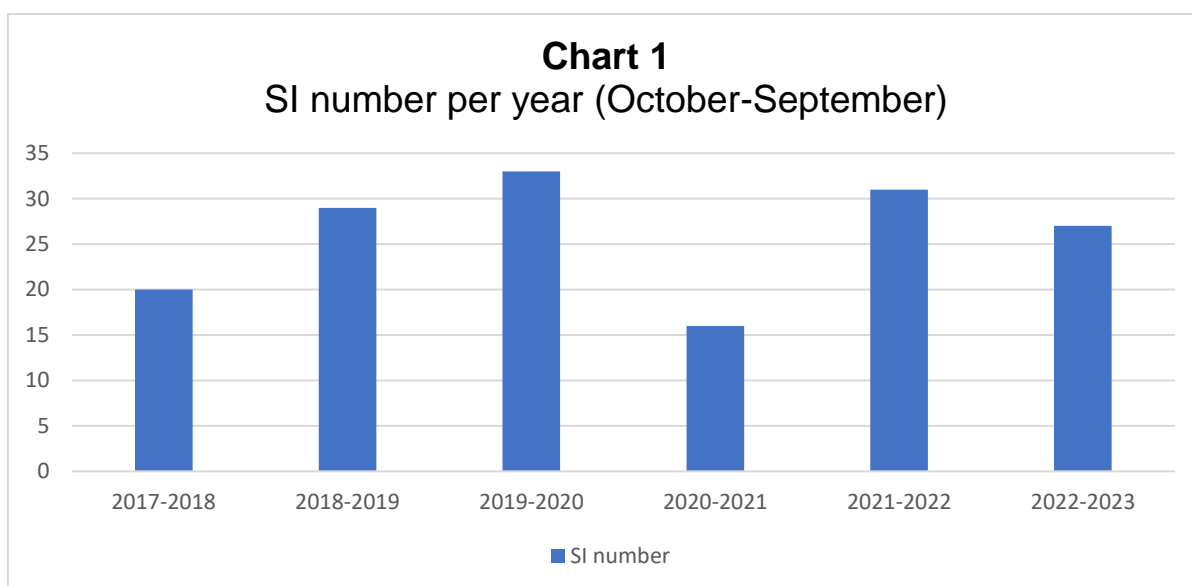
23. There has been a decrease in SIs reported in the period from October 2022 to September 2023 (27 incidents) compared to the same period in November 2021 to October 2022 (31 incidents).
24. The majority of SIs reported continue to be from the Integrated Substance Misuse Treatment Service and are related to deaths of service users who are or were previously receiving treatment (within three months of leaving). The number of deaths reported by the Integrated Substance Misuse Treatment Service has remained lower than other substance misuse services across the country.

25. Service providers continue to conduct an annual review of all serious incidents to identify key themes. This is followed by a detailed action plan which is reviewed as part of contract management activity.
26. The multi-agency LLR Drug and Alcohol Related Deaths Review Panel (DARDRP) commenced in November 2022. The review of deaths (for adults/over 18's) occurring as a result of substance misuse is routinely carried out at the panels quarterly meetings, with emphasis on a whole system approach, rather than reviewing cases from one organisations perspective. Benefits of this includes the review of deaths of residents potentially not known to treatment services and identifying broader lessons learned across wider health, social care, and criminal justice services.
27. **Table 2** below sets out the serious incidents that have taken place and been responded to during the period under review.

**Table 2**

<b>Serious Incidents reported to the County Council's Public Health (PH) Team 1/10/2022 – 30/09/2023</b>			
<b>Month</b>	<b>Number of Serious Incidents Reported into dedicated PH SI inbox</b>	<b>Month</b>	<b>Number of Serious Incidents Reported into dedicated PH SI inbox</b>
October 2021	1	October 2022	1
November 2021	1	November 2022	4
December 2021	4	December 2023	3
January 2022	2	January 2023	3
February 2022	6	February 2023	2
March 2022	2	March 2023	2
April 2022	1	April 2023	2
May 2022	1	May 2023	3
June 2022	3	June 2023	2
July 2022	3	July 2023	2
August 2022	2	August 2023	3
September 2022	5	September 2023	0
<b>Total</b>	<b>31</b>	<b>Total</b>	<b>27</b>

28. **Chart 1** below illustrates the number of SIs October-September per year.



### **Resource Implications**

29. 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 (strategic leads and contract managers).

### **Equality Implications**

30. None arising directly from this report.

### **Human Rights Implications**

31. None arising from this report.

### **Recommendation**

32. The Committee is asked to note this report.

### **Officer to Contact**

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### **Appendices**

Appendix A - Overview of arrangements  
Appendix B - Glossary of Terms  
Appendix C - Clinical Audits

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