

Clinical Governance Overview

Update May 2024



PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP



Introduction

- The following presentation will provide a high-level overview of clinical governance processes within the council
- The committee will be provided with assurance of the strength of governance within these process, including the outcome of recent internal audit and assurance activity
- The committee will be asked to consider future reporting of clinical governance processes



Background

The *Public Health Clinical Governance Annual Report* was presented to the Corporate Governance Committee in November 2023 with the following recommendations

- That a further update be provide to the Committee in May 2024 providing less clinical detail but more information regarding governance processes adopted and that this be provided by way of a presentation;
- That the Director be requested to consider a more regular and structured approach to reporting to the Health Overview and Scrutiny Committee on safeguarding and serious incidents;
- That the Head of Internal Audit be requested to undertake a light touch audit of the Council's approach to clinical governance and to consider how to improve future reporting to this Committee.



WE WILL:

PROVIDE services that meet community needs

WE WILL DO THIS BY:

Commissioning high quality and safe services that are linked with key services in the community.

Design and deliver services in house that contribute to the departments prevention model.

Ensuring that services are effective and efficient, balance universal and targeted provision and meet safeguarding principles.

Maintain robust evidence based commissioning of services that reflect the local needs of the population.

Ensuring that the local voice of communities is embedded in our service redesign work.



WE WILL:

PROVIDE services that meet community needs

Four main clinical contracts- based upon contract value and criticality of service provision.

Integrated Substance Misuse Treatment Service (ISMTS)

Integrated Substance Misuse Services (ISMS) – This 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.

0-11 years HealthyTogether Service

The 0-11 elements of the Healthy Child Program are delivered by Leicestershire Partnership Trust (LPT) and will remain known locally as the Healthy Together service.

Sexual Health Services (SHS)

The integrated sexual health service is provided by Midlands Partnership NHS Foundation Trust whilst contraceptive services are provided through Primary Care Services. Community SHS providers include CG assurance in their reports.

NHS Health Checks

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



What is Clinical Governance?

- 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).

- Clinical Governance is embedded within all policies and processes of clinical service



Approach to Clinical Governance and Safeguarding

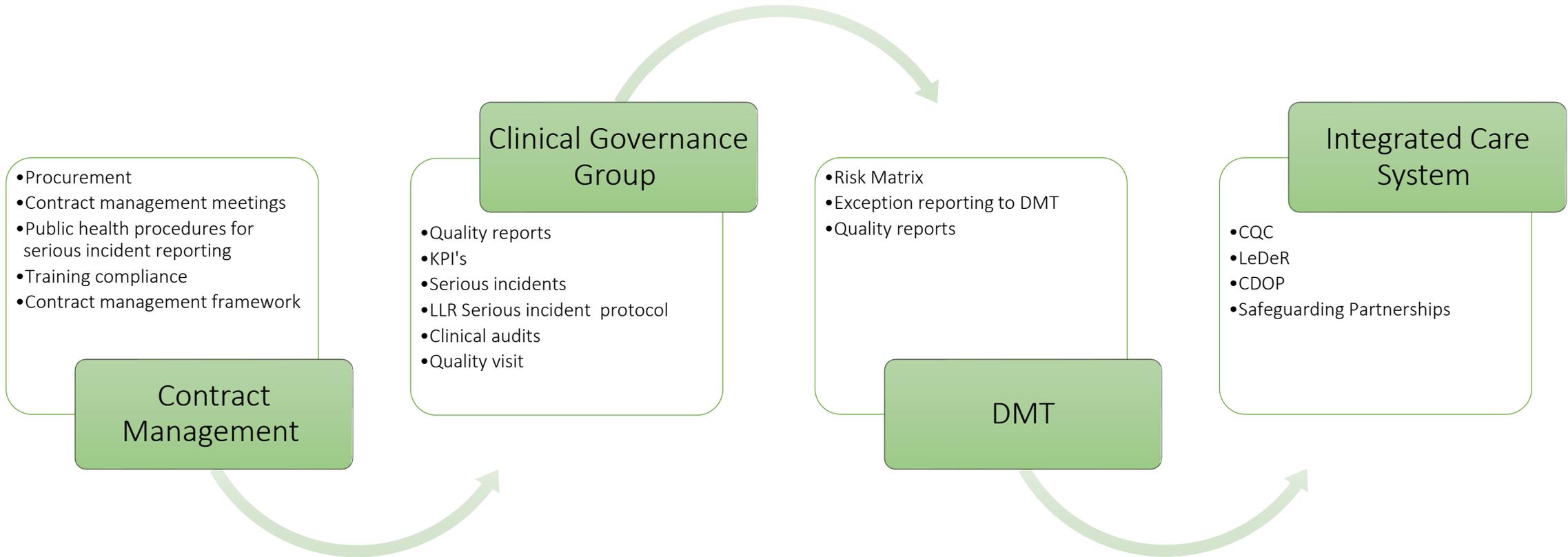




Clinical Governance Standard Operating Guidance (CG SOG)

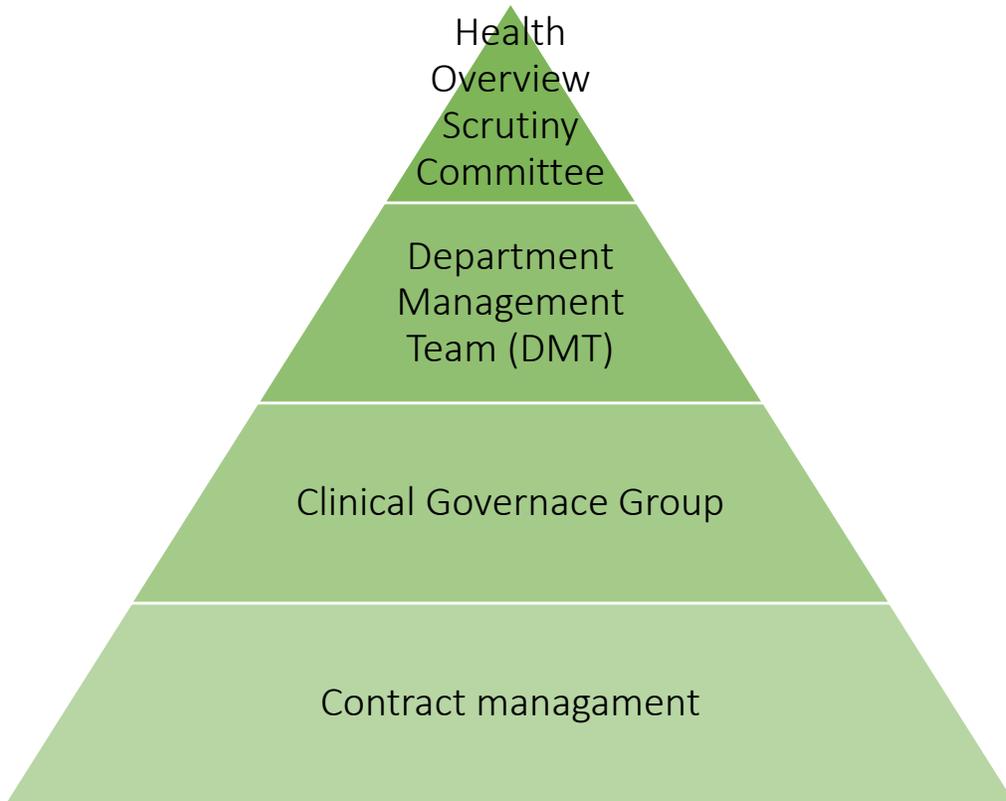
The **CG SOG** is an overarching suite of documents detailing policy and processes relating to Public Health Clinical Governance and includes:

- [Clinical Governance in Public Health](#) – this document gives an overview of all guidance relating to CG in PH to facilitate a consistent approach to ensure CG arrangements are robust. It also aligns with and supplements the current Leicestershire County Council’s Public Health Quality Assurance and Improvement Framework (QAIF).
- [PH Admin Guide](#) – this administrative step by step guide gives the administrative team clear instruction on where and how to log a Serious Incident that has been received via email.
- [Leicestershire & Rutland Serious Incidents Reporting Protocol](#) – this document outlines the responsibilities of Service Providers in relation to SIs and summarises the key information requirements for SI reporting and management. This Protocol should be fully implemented alongside internal and external policies and procedures, as well as National reporting requirements. **Under review**
- [Procedure on SI Response](#) – this document details the internal communications processes for Leicestershire and Rutland from a **commissioning perspective**, and how on-going serious incidents reported by providers are managed.
- [Clinical Governance Reports Timetable](#) – Strategic Leads will use the timetable to produce reports for PH DMT presentation and provides assurance that the CG performance indicator requirements are being met within each designated quarter.





Clinical Governance in Public Health



By exception

Combined quarterly report to DMT

Provider quality reports

Contact management meetings

172



Procurement

- Providers must produce evidence of robust clinical governance process
- Policies and procedures document
- Clinical audit cycle
- Previous Care Quality Commission report and actions



Contract management

- Contract management framework
- Clinical audits
- Serious incident oversight
- KPI's – clinical
- LLR Serious Incident Protocol (under review)
- Quality visits



Quality visit

- Regularity dependent on contract value and risk
- Public Health team – varied expertise
- 'Public Health Quality Assessment Tool 2024'
- Service User Feedback/focus group
- Report and recommendation agreed at DMT



Clinical governance - Quality visit

- Evidenced robust clinical governance arrangements, investigation and dissemination of learning
- Interviews with front line staff identified that rationale for changes in practice was not always understood by front line staff
- Intervention put in place to increase staff knowledge and skill's

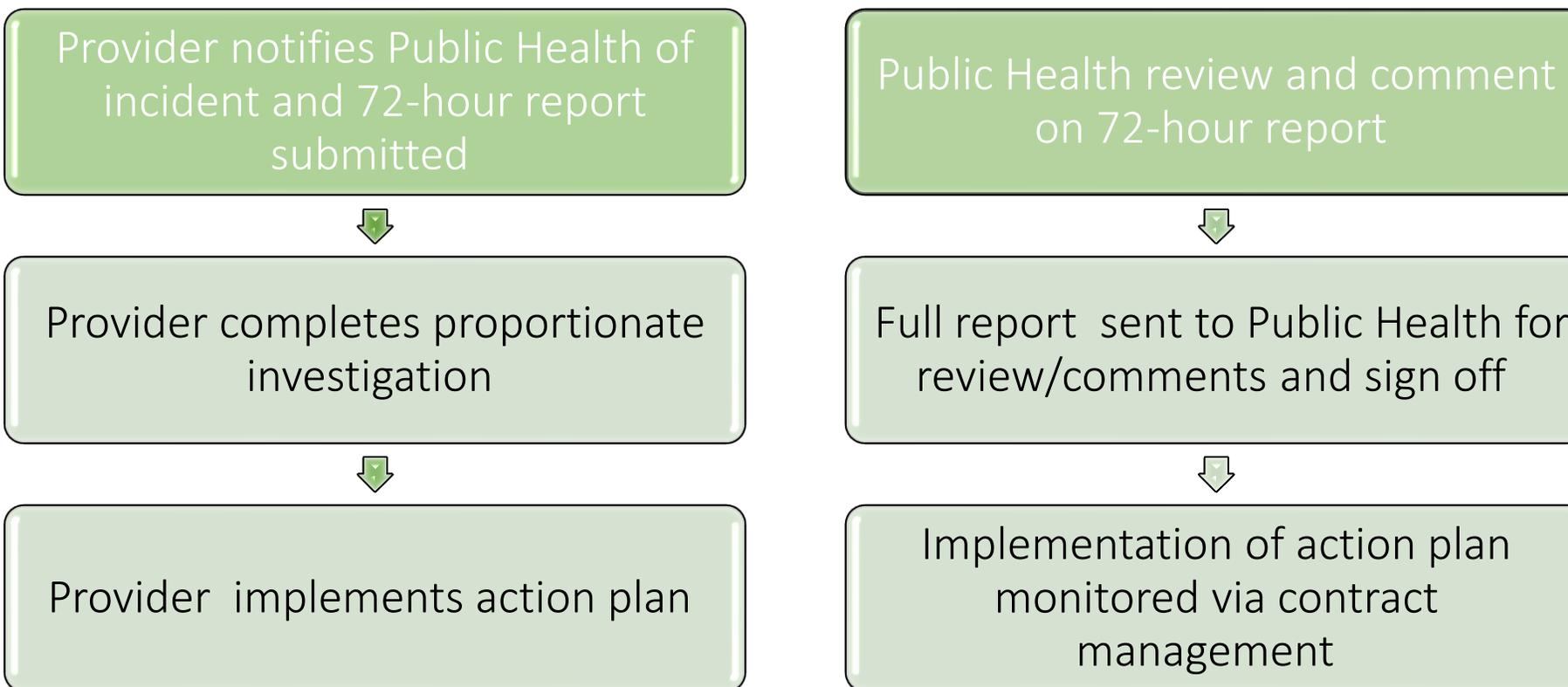


Example of Audit

- Drug and Alcohol related deaths
- Cross referencing reports to public health with provider case management system
- Result – full assurance 100% accuracy.



Serious Incidents





Serious incident

- Patient group directive
- Duty of Candor
- Provider governance board
- Organisation wide learning

Medication error – Internal process not follow

Robust investigation

Operational learning identified and implemented

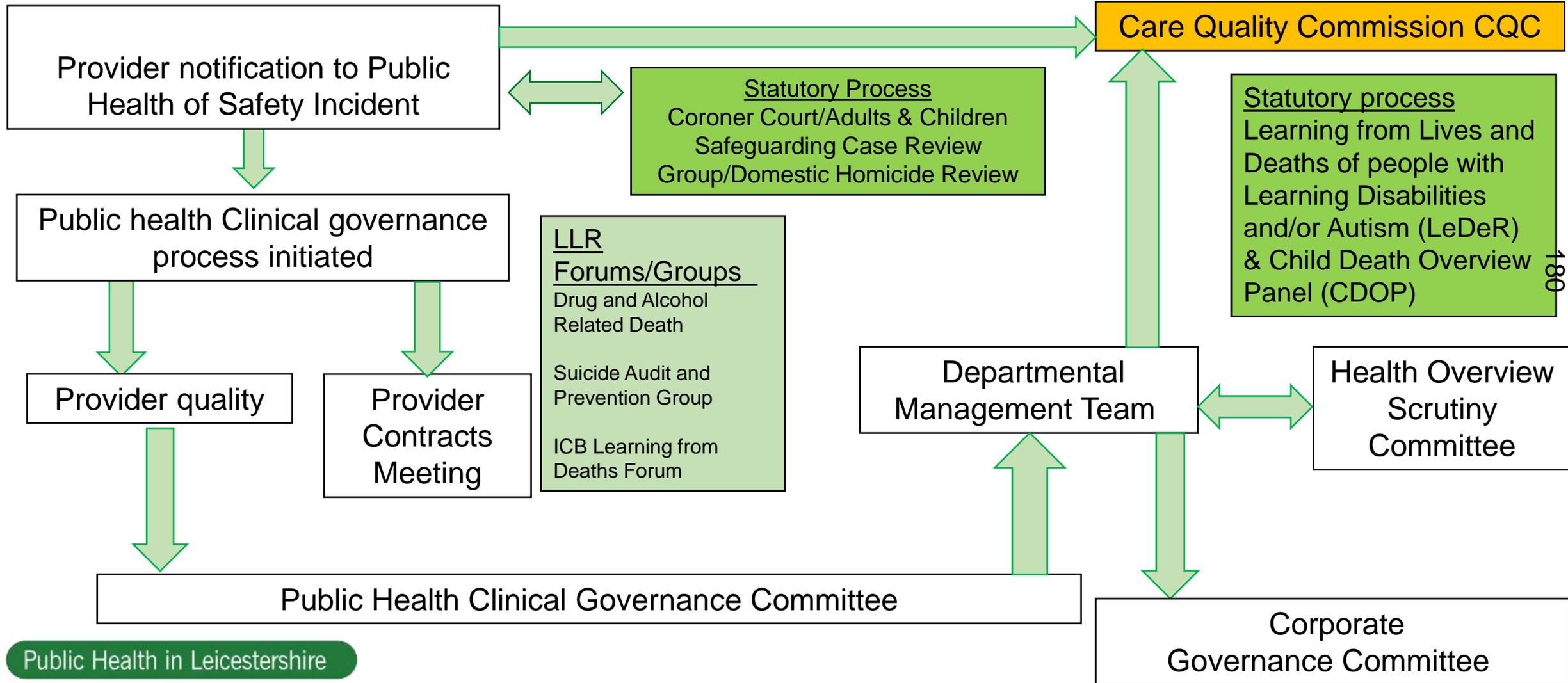
Learning shared with commissioned pharmacy service

Assurance of impact on practice



WE WILL:

Work in PARTNERSHIP to transform the way we deliver services





New NHS Patient Safety Incident Response Framework 2022 (PSIRF)

- Change in culture ‘no blame’
- Change in language ‘safety incidents’ no longer ‘serious incidents’
- Focus on learning not uniform response
- NHS providers have been implementing PSIRF across 2023-24
- Implications for ‘LLR Serious Incident Protocol’
- Development of a new Leicestershire and Rutland Public Health Patient Safety Protocol
- Providers to follow new protocol as a minimum.
- NHS providers to agree their PSIRF process with public health

<https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/>



LCC Light Touch Audit March 2024 - Substantial Assurance

- The light-touch internal audit work is complete, and the outcome is an opinion of ‘substantial assurance’ that the Council’s clinical governance arrangements are sound
- A small number of recommendations have been made, none of which have a ‘high-importance’ grading
- With specific regard to the reporting of clinical governance matters to elected members, recommendations have been made to consider further the annual clinical governance reporting process to elected members, with a view to considering discontinuing with the annual report. This would then harmonise with other local authorities.
- This should be considered through further dialogue between the Director of Public Health, the Democratic Services Team and the Corporate Governance Committee itself. As part of this review process, consideration will be given to what information could alternatively be tabled at Health Overview and Scrutiny Committee, either habitually or by exception



Recommendations

The committee is asked to

- Note the contents of this presentation as assurance of the clinical governance processes within the department
- Note the outcomes of the audit completed by the Internal Audit and Assurance Service
- To consider discontinuing the annual reporting of clinical governance processes to this committee

Clinical Governance Contact Details

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