HEALTH & WELLBEING BOARD

Subject Heading:	Clinical Governance Assurance Report for services commissioned by Havering Public Health Service
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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☐ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☐ Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- ☐ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This is the first report on clinical governance assurance to the HWBB. It provides an overview of the arrangements that are in place in order to assure the Council that the services commissioned by Public Health are safe and of good quality. The report covers the period April 1st 2015 to March 31st 2016.

RECOMMENDATIONS

The Health & Wellbeing Board is asked to note the report.

REPORT DETAIL

Please see attached report.

BACKGROUND PAPERS

Havering PH Service Clinical Governance Policy (Appendix 1)

Havering
LONDON BOROUGH

Clinical Governance Assurance Report for services commissioned by Havering Public Health Service 2015-2016

1. Background

The Health and Social Care Act 2012 transferred substantial health improvement duties to local authorities from April 2013 onwards. Local authorities receive a public health grant intended to improve outcomes for the health and wellbeing of their local populations.

Havering Council's Public Health Service (PHS) has commissioning responsibilities for a number of clinical services that are provided by NHS Trusts, General Practitioners, Pharmacists and 'third sector' providers.

Within the NHS there are well-established arrangements for the escalation of serious untoward incidents within Provider organisations including communication to Commissioners and national bodies and where appropriate the PHS liaises with Havering CCG to share relevant information.

2. Services

The Council's PHS has in place a clinical governance process that provides assurance of the safety, cost-effectiveness and quality of the following commissioned services;

Sexual Health Service
Brief description: The Integrated Sexual Health Service deliver level 1, 2 and 3 Sexual Health and Reproductive Health Services including specialist Genitourinary Medicine (GUM) services.
Provider: Barking, Havering & Redbridge University Hospital Trust
Target population: Aged 13 and over

Smoking Cessation Service
Brief description: The local service provides treatment and support to individual patients in pharmacies, dental practices, GP practices and specialist services including direct provision of individual / group support for appropriate patients.
Provider: North East London Foundation Trust
Target population: Aged 12 and over

Drug & Alcohol Treatment Service
Brief description: The local treatment and recovery services for alcohol and drug misusing adults including acute hospital alcohol liaison, community detoxification and needle exchange
Provider: WDP
Target population: Adults

Health Visiting Service
Brief description: The Health Visiting Service workforce consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs.

Provider: North East London Foundation Trust
Target population: 0-5 years of age

School Nursing Service
Brief description: The service promotes public health to children, young people and their families supporting schools, colleges, and pupil referral units to identify and respond to the health needs of their populations.
Provider: North East London Foundation Trust
Target population: 5-19

GP & Pharmacy Services
Brief description: Services with particular local GPs and Pharmacies including Long Acting Reversible Contraception, Chlamydia Treatment, Emergency Hormonal Contraception
Providers: GPs & Pharmacies
Target populations: Long Acting Reversible Contraception (15 years old-Adults), Chlamydia Treatment (15-24), and Emergency Hormonal Contraception Children (aged 15-24)

3. Overview for 15/16

Havering Council's Public Health Service (PHS), as commissioners of clinical and related services, has a duty to assure itself of the quality of the services it commissions. It is acknowledged that there is an element of inherent risk in the clinical services that the PHS commissions. The PHS's clinical governance process is therefore focused on gaining assurance that the clinical governance systems of those providers it contracts with are robust and promote safety, cost-effectiveness and quality. To achieve this level of assurance, contracts with providers include requirements that the providing organization has an effective clinical governance and quality assurance framework in place.

Providers are also required to demonstrate that they adhere to clinical and service standards set by relevant professional organisations. These requirements are evidenced to the commissioner at the point of procurement and commencement of each contract. In addition, these provider organisations are expected to disclose to the commissioner incidents, risks and compliance issues frequently (i.e. monthly or quarterly) as laid out in the PHS's Clinical Governance Policy (see Appendix 1).

The systems and processes for providing assurance to the Council that risk is being managed across key areas of patient safety, information governance, safeguarding, service user feedback, audits and inspections are managed appropriately and these are summarised in this section of the report below;

Patient Safety

Each Provider is required to share its organisational policies for incident reporting and investigation and a record of its CQC registration with the Council prior to the commencement of the contract. Each Provider is thus required to be CQC registered and comply with the requirements and arrangements for notification of deaths and other incidents to CQC in accordance with CQC Regulations. If the Provider gives a notification to the CQC or any other Regulatory Body which directly or indirectly concerns any service user, the Provider is required to send a copy to the PHS. Using the Clinical Governance Reporting Framework, each Provider is required to report, investigate and share the lessons learned from Serious Incidents, Patient Safety Incidents and non-Service User safety incidents. Escalation is proportionate to both the risk and the assurance that it is being appropriately managed by the provider but where necessary, clinical risks are escalated to the Director of Public Health.

Information Governance

The PHS contract has a number of clauses including reference to the Data Protection Act 1998 (DPA), Freedom of Information Act 2000, Records Management, Confidentiality and Caldicott Guardian. Regarding data protection, Providers are required to ensure that appropriate technical and organisational measures are in place to against any unauthorised or unlawful processing of personal data and against the accidental loss or destruction of or damage to such personal data. Using the Council's Clinical Governance Reporting Framework, Providers are required to provide the Authority that it is complying with its obligations under the DPA and promptly notify the Authority of any requests for disclosure of or access to the Personal Data of any breach of security measures. In addition to these local arrangements, where the Council works in partnership with other London Councils, the Council also receives external incident reports from the appropriate Council where patients residing in Havering are assessed as being at risk. A recent example was the breach of the DPA in a central London sexual health clinic whereby the commissioning Council informed each borough of the unauthorised disclosure of the personal data of patients.

Safeguarding

Each Provider is required to have child and adult safeguarding policies and these are submitted to the Council prior to the commencement of the contract. The Provider has a contractual obligation to implement robust recruitment and vetting procedures to help prevent unsuitable staff from working with service user whilst ensuring that staff understands their duty to record and report safeguarding concerns as well as knowing about the protocol for sharing of information and referral to local safeguarding systems (e.g. Multi-Agency Safeguarding Hub). The Provider must ensure that staff are adequately trained, supervised and monitored on safeguarding and promoting the welfare of service users. For example, the Council's contract with the North East London Foundation Trust for the delivery of the Health Child Programme states that all staff (90% threshold to account for staff turnover) has up to date training appropriate to their role and all staff are in receipt of regular supervision to support them in their role. The Provider is also required to implement robust procedures to ensure safeguarding allegations against a member of staff are

managed in accordance with relevant London wide safeguarding procedures. Where a provider falls short of this threshold a remedial action plan is put in place and monitored at contract meetings.

Audit & Inspections

Each contract stipulates that the Provider is required to comply with requests made by the CQC, the National Audit Office, the General Pharmaceutical Council and any authorised person for entry to the provider's premises for the purposes of auditing, viewing, observing or inspecting such premises and the provision of the Services and for information relating to the provision of the service. During such visits, the Provider is required to give reasonable assistance and provide all reasonable facilities to the authorised person. With regards to audits and inspections, the Provider is required to record the type of inspections and the results of any audit, evaluation, inspection, investigation or research in relation to the service on the PHS's Clinical Governance Reporting Framework.

Patient, staff and professional feedback & experience of the service

Each Provider is required by terms in the contract and through the PHS's Clinical Governance Reporting Framework to record and report on the numbers of concerns, complaints, compliments and comments received about the standard of the provision of the services. Frequency of reporting varies from monthly to quarterly. In relation to complaints, if a complaint is received the Council has the authority to investigate the complaint and discuss the complaint with the Provider, CQC and any regulatory body by patients, staff and professionals. The Provider is also required to conduct service user surveys with local commissioned services such as the sexual health and drug and alcohol services carrying out annual service user surveys. On completion of each survey, the Provider is required to present the findings of the survey to the Council identifying any learning and proposing recommendations and actions to improve services and patient care.

4. Conclusions

For the period 15/16 there has been no serious incidents in any of the PHS commissioned services. Providers have worked with the PHS to improve communication and embed the assurance process. Minor concerns have been readily dealt with at contract meetings and not required escalation.
The PHS has taken on board legal advice which states that local arrangements should be proportionate to the associated service risks and this is reflected in the PHS clinical governance assurance process.

Appendix 1

Governance Policy

For Clinical Services Commissioned by

Havering Public Health Service

VERSION CONTROL

Version	Reviewer	Issue Date	Summary of Changes
Draft 1	PH senior management team	08/03/2016	Reporting process amended; quality assurance of the PH team deleted to be captured in PDP/training policy.
Draft 2	DPH	08/03/2016	
Draft 3	JL	18/04/2016	Quality Monitoring Proforma included as Appx 1

Review Date: March 2017

1. Introduction

4.1. The Health and Social Care Act 2012 transferred substantial health improvement duties to local authorities from April 2013 onwards. Local authorities receive a ring-fenced public health grant intended to improve outcomes for the health and wellbeing of their local populations.

4.2. Local Authorities will commission a number of services in order to fulfil their duties. As such local authority Public Health (PH) departments need to ensure that they have robust systems in place to fulfil their obligations. Arrangements may differ from area to area depending on local circumstances but it is important for Local Authorities to note the specific requirements for clinical[1] services and make appropriate arrangements for these to be met.

4.3. Within the NHS there are well-established arrangements for the escalation of serious untoward incidents within Provider organisations including communication to Commissioners and national bodies where necessary.

4.4. Havering Council now has commissioning responsibilities for a number of clinical/patient care services that are provided by NHS Trusts, General Practitioners, Pharmacists and 'third sector' providers..

4.5. This policy describes the quality assurance process for clinical services commissioned by Havering PH.

4.6. It demonstrates an on-going commitment to the provision of high quality, safe, accountable care following transition of public health functions into local authority.

5. Principles of clinical governance

5.1. The *Health Act 1999* placed the corporate responsibility of 'the duty of quality' on organisations providing local healthcare, through systems and processes rather than on individuals. This duty of quality was articulated as clinical governance.

5.2. Clinical Governance has been defined as:

"the framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high

[1] Clinical services are services that are delivered by doctors, nurses, therapists, or pharmacists; and/or involve prescribing.; clinical - of or relating to the medical treatment that is given to patients in hospitals, clinics, etc.

standards of care by creating an environment in which excellence in clinical care will flourish." [2]

5.3. Quality is a fundamental goal in health care provision and the following 3 dimensions need to be in place in order to deliver high quality services[3]:

5.3.1. **Clinical effectiveness:** ensuring high quality services are commissioned according to the best evidence as to what is clinically effective in improving individual and population health outcomes, including National Institute for Health and Care Excellence(NICE) guidance;

5.3.2. **Safety:** commissioning so as to prevent all avoidable harm and risk to individual and population safety; and

5.3.3. **Patient experience:** commissioning that provides the individual with as positive an experience of services as possible, including being treated according to wants or needs, and with compassion, dignity and respect.

5.4. The principles of clinical governance apply to all who provide patient care services and are a core concern for relevant boards and the commissioners of these services. It is important to emphasise that clinical governance is a process and embedding clinical governance within the organisation should be viewed as a long-term developmental goal.

6. Objectives of the governance process

6.1. These are :

6.1.1. To use data and information to monitor the quality and safety of commissioned public health services.

6.1.2. To ensure quality improvement processes are in place in our commissioned services e.g. programme of clinical audit; and within the public health service e.g. taking action as a result of user feedback.

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[2] Scally G, Donaldson LJ. The NHS's 50 anniversary. Clinical governance and the drive for quality improvement in the new NHS in England. BMJ. 1998 Jul 4;317(7150):61–65. [PMC free article][PubMed]

[3] Secretary of State for Health .High Quality Care For All NHS Next Stage Review Final Report. London: Stationary Office; 2008. (CM 7432)

6.1.3. To ensure that within all commissioned services arrangements for clinical governance accountability and leadership are in place including the implementation of best practice and NICE guidance.

6.1.4. To ensure that learning from complaints, Monitor, Healthwatch, litigation and claims is systematically analysed and disseminated throughout the relevant organisations.

7. Accountability for clinical governance –

7.1. The Director of Public Health (DPH) will have the overall accountability for ensuring proper clinical governance arrangements are in place across all commissioned public health services.

7.2. The DPH will keep the Corporate Management Team (CMT) and the relevant HWBB subcommittees apprised of issues by exception reporting. An annual report will be taken to CMT for sign off and to the HWBB for information.

8. The process of clinical governance in Havering (see Fig 1)

8.1. The Public Health service will establish a process whereby quality and safety issues of the services that it commissions are routinely reviewed. The PH team will incorporate quality and risk management within the PH service plan by

- Ensuring that standards and performance indicators (qualitative and quantitative) are included in all public health contracts and service plans;
- Ensuring that standards and performance indicators are reported regularly in the corporate performance report;
- Ensuring that risks are identified and 'RAG' rated in the Public Health Risk Register and actions are clearly planned to mitigate and manage these;
- Leading on the investigation of serious incidents and complaints as appropriate supported by a time limited incident management team;
- Securing broader advice on clinical governance issues from clinicians, for example, on the safe and effective use of medicines, including the development and application of Patient Group Directions (PGDs).

8.2. Leads from the PH team will meet regularly with providers to seek assurance on the quality and safety of their services including :

- medicines management, prescribing and PGDs

- risk management and safety arrangements
- complaints, compliments, and serious incidents
- clinical audit and NICE compliance
- Infection prevention and control
- Results of 'Friends and Family' Test; Quality accounts; CQC registration/inspections; and staff turnover

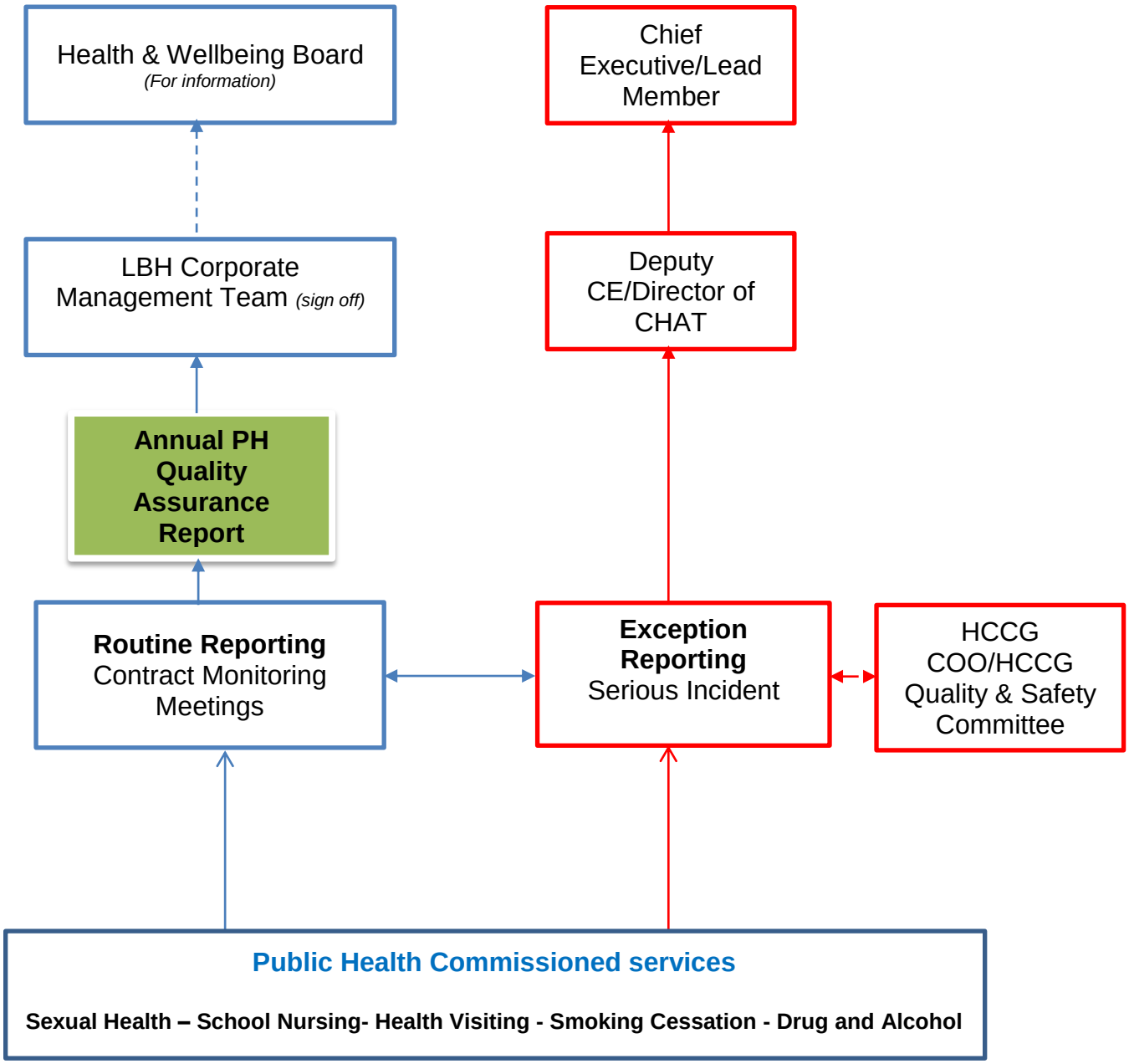
8.3. Quality assurance in partnership with Havering CCG

8.3.1. Havering CCG is the main commissioner of clinical services for Havering residents. It has a clinical governance process in place based on the NHSE Serious Incident Framework. The Quality and Safety Committee oversees this process.

8.3.2. The DPH is a member of Havering CCG governing body which receives reports from the Quality & Safety committee. This provides the ideal opportunity for Havering CCG and LBH to share information relating to clinical quality, particularly early warning signs of things that might be happening in providers that both organisations commission services from, e.g. BHRUT and NELFT.

8.3.3. In addition the CCG has responsibility for the quality of care provided by individual GP member practices.

Fig. 1 Reporting Structure for the Management of Clinical Governance and Risk



Routine reporting to include Friends and Family Test; Quality accounts; CQC registration/inspections; Staff turnover

Escalation process for serious incidents which in broad terms are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.[4]

[4] NHSE. Serious Incident Framework. 27 March 2015 accessed 7/3/2016 https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

Appendix A

Quality Monitoring Report

Summary

The Clinical Governance reporting requirements are set out in the report below. NELFT is required to report progress on their Clinical Governance arrangements monthly to the Council. The report will be used to provide assurance that commissioned services are safe, effective and meeting the needs of the patients. On completion, please submit with quarterly performance report.

Summary:	
Issues to be considered:	
Action required: (including any outstanding issues from previous reports)	
Accountable officer:	
Author of Report:	
Reporting Period:	
Date of report:	

1. Patient Safety –Serious Incidents, Other Incidents, Near misses (NELFT - School Nursing, Health Visiting, Oral Health , Smoking Cessation)				
	Issues/Themes Identified	**Lessons learned**	**Actions to address issues**	**Changes made to improve service**
Serious Incident				
Other Incident				

Near Miss				

2. Care Pathways (NELFT - School Nursing, Health Visiting, Oral Health, Smok		
Issue Identified	**Lessons learned**	**Actions to address issues**

3. Information Governance & Risk Management (NELFT - School Nursing, Hea Smoking Cessation)		
Issue Identified	**Lessons learned**	**Actions to address issues**

4. Safeguarding (NELFT - School Nursing, Health Visiting, Oral Health, Smokin		
Issue Identified	**Lessons learned**	**Actions to address issues**

5. Patient, staff and Professional feedback & experience of the service, complaints (NELFT - School Nursing, Health Visiting, Oral

Health, Smoking Cessation)				
	Issues/Themes Identified	**Lessons learned**	**Actions to address issues**	**Changes made to improve service**
No of new formal Complaints				
Other Incident (No of informal/concerns)				
Number of compliments				
5x5 reports				
Staff turnover (vacancy rate)				

6. Audits (NELFT - School Nursing, Health Visiting, Oral Health, Smoking Cessation)				
Audits carried out	**Issues identified/training needs identified**	**Lessons learned**	**Actions taken to address issues**	**Changes made to improve service**
CQC				
NICE				
Peer Reviews				