

DERBYSHIRE COUNTY COUNCIL**MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES****30 September 2014****Report of the Strategic Director, Health and Communities****CLINICAL GOVERNANCE ARRANGEMENTS FOR SERVICES
COMMISSIONED BY PUBLIC HEALTH****1. Purpose of the report:**

To inform the Cabinet Member, Health and Communities of clinical governance arrangements to enable Derbyshire County Council to effectively discharge its corporate responsibilities as a commissioner of public health services and have assurance about the quality and safety of clinical elements of these services.

2. Information and analysis:

Derbyshire County Council commissions a range public health services that include clinical elements of provision and/or delivery by professionally regulated healthcare staff. Such PH services commissioned by Derbyshire County Council include alcohol and drug misuse services, sexual health services, smoking cessation services, school nursing and NHS Healthchecks.

It is a condition attached to the allocation of the public health grant that local authorities must have appropriate clinical governance arrangements to cover services commissioned with grant funds.

2a Clinical governance requirements

Clinical governance encompasses the systems and processes which are needed to ensure that providers of clinical and related services are able to deliver safe, high quality and cost-effective care. While the leadership within provider organisations is ultimately responsible for the quality of care being provided by that organisation, commissioning organisations also have key responsibilities in respect of clinical governance. The clinical governance responsibilities of local authorities in respect of PH commissioned services include¹:

- a) Contractually requiring providers to have robust and effective clinical governance in place

- b) Including questions relating to capacity and structures to support clinical governance at the pre-qualification stage of a tendering process
- c) Checking provider clinical governance arrangements are in place and that they are working effectively
- d) Bringing in specialised medical and pharmaceutical input into contracting and assurance processes, as required (for example, on the safe and effective use of medicines, including through the use of Patient Group Directions).
- e) Representation on the local health Quality Surveillance Group
- f) Including training and development requirements of both existing and new staff within service specifications for key providers.
- g) Seeking assurance that staff within provider bodies are appropriately qualified to provide clinical leadership for the services being offered (for example, specialist sexual health services providing clinical leadership across the whole local sexual health network).
- h) Ensuring agreed processes and procedures for reporting incidents, including serious incidents (SIs), with appropriate incident management systems for commissioned services including escalation, notification and management of such incidents.
- i) Ensuring that the information the Local Authority requires providers to supply to them is in line with the law and protects patient confidentiality
- j) Agreeing with providers each year the number and focus of clinical audits they should undertake.
- k) Ensuring providers involve, consult and listen to patients and the public, to make services responsive to patients' needs.

2b Proposals for delivery of clinical governance responsibilities

In order to deliver the responsibilities listed above, systems and processes need to be agreed. Existing and planned arrangements are presented below.

i) Nominated lead roles

The clinical governance agenda will be led by a nominated Associate Director of PH (ADPH) with support from a Public Health Manager (PHM). They will have responsibility for co-ordinating oversight of clinical governance arrangements across all LA commissioned PH services in liaison with PH commissioning leads, legal and procurement.

ii) Governance infrastructure

The ADPH lead for clinical governance will represent DCC PH at the NHS England Quality Surveillance Group for Derbyshire, and the PHM will sit on the Quality Assembly. These arrangements bring together the NHSE Area Team, CCG and Public Health teams to routinely and methodically share information and intelligence about the quality of

healthcare services and agree measures to address any issues. Within DCC a new Public Health Assurance and Governance Group (PHAGG) will be established to oversee a range of governance, performance and risk management functions related to PH, and this will provide oversight for the clinical governance agenda. The draft terms of reference for the group including reporting arrangements are attached (appendix 1).

iii) Processes and procedures

NHS England Area Team has established arrangements for proactively ensuring quality and safety measures are in place in provider services across Derbyshire. It is proposed that Public Health supports the Area Team with quality assurance visits of our provider services. This will include supporting the development of the auditing/assurance framework and participating in the assurance visits.

The management of complaints about Public Health commissioned services will be in line with established DCC guidance via the Public Health Business Manager and onward to Health and Communities Departmental Complaints Manager. The Departmental Complaints Manager maintains a record of complaints and provides summary information to the Office of the Chief Executive on a six-monthly basis regarding how complaints were managed, and steps taken to avoid problems recurring.

Incidents could occur in clinical PH commissioned services which may cause unnecessary harm to a service user, staff or members of the public. Clear arrangements for reporting and managing such incidents are required. It is proposed that the public health team will monitor any low level or moderate incidents through existing contractual/performance meetings with providers, with a summary being reported to PHAGG and the Quality Assembly/ QSG as appropriate.

In respect of Serious Incidents (SIs – see Appendix 2) the public health commissioner may be informed via a number of different routes including Drug Related Deaths Panel, Child Death Overview Panel, Area Team notifications or direct notifications by the service provider. The investigation of SIs is the responsibility of the provider, but DCC as a commissioner of the service is responsible for ‘closing’ the incident and needs to have a Serious Incident Policy in place. The recommended option is to adopt the NHSE Area Team’s Serious Incident Policy and report all such incidents and lessons learnt to PHAGG and the Quality Assembly/ QSG as appropriate.

iv) Commissioning for quality

All PH commissioned services incorporate performance and quality schedules to clearly define the requirements for quality standards,

patient safety, risk management and quality and performance requirements relating to Public Health contracts. All CQC-registered providers are required to report serious incidents using Strategic Executive Information System (STEIS) and ensure that the National Framework for Reporting and Learning from Serious Incidents (NRLS) is adhered to. Assurance is provided through adherence to the Care Quality Commission (CQC) policy. However, DCC must have an internal assurance process to protect the population and manage clinical risk accordingly, and PHAGG will provide the oversight of these arrangements. In addition PHAGG will oversee local requirements for non CQC-registered providers to report and trigger investigations into SIs.

3. Other considerations:

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

4. Background papers:

Reference: ¹ Department of Health (October 2013) *Sexual Health: Clinical Governance. Key principles to assist service commissioners and providers to operate clinical governance systems in sexual health services.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf

5. Key Decision:

No

6. Call-in:

Is it required that call-in be waived for any decision on this report?

No

7. Officer's recommendation:

To note and support the development of Clinical Governance arrangements for Public Health commissioned services.

David Lowe
Strategic Director
Health and Communities

Appendix 1: Derbyshire Public Health Assurance and Governance Group

Draft Terms of Reference

The purpose of the Public Health Assurance and Governance Group is to provide assurance to the Directorate Management Team and the wider Council that effective systems are in place for providing assurance about the delivery and impact of public health services in Derbyshire.

The Group is responsible for assurance in the following key areas:

- Performance of public health commissioned and delivered services;
- Quality and safety of services commissioned or provided by public health;
- Identification of key controls for the management and mitigation of risks associated with commissioning public health services
- Identifying areas of positive assurance and areas where gaps in controls require further action;
- Management response to issues identified by audit activity; and
- Maintaining risk management arrangements

In order to deliver this assurance the Group will:

- Develop a Public Health Assurance Framework
- Ensure systems are in place to support a culture of accountability for high quality service delivery and safety, embedding quality standards and focusing on continual improvement
- Assess and manage risks associated with discharging the Local Authority's responsibilities for public health, including health protection
- Provide oversight of incidents and complaints, including management of serious incidents (SIs), ensuring lessons learnt are shared and acted upon in a timely way
- Ensure systems are in place to quality assure public health delivery of the Core Offer
- Maintain oversight of exception reporting in respect of performance against PH commissioned services and recovery plans to address underperformance
- Maintain oversight of performance against the PH Outcomes Framework indicators and ensure actions are in place to manage red-rated indicators

Membership

The membership of the Group is as follows:-

Director of Public Health (Chair)

Associate Director of Public Health (Risk Management/Clinical Governance)

Nominated Senior PH Manager from each consultant-led PH team

Health and Communities Business Manager

Public Health Information Analyst responsible for PHOF/ PH Service Plan data

Public Health Manager - Clinical Governance

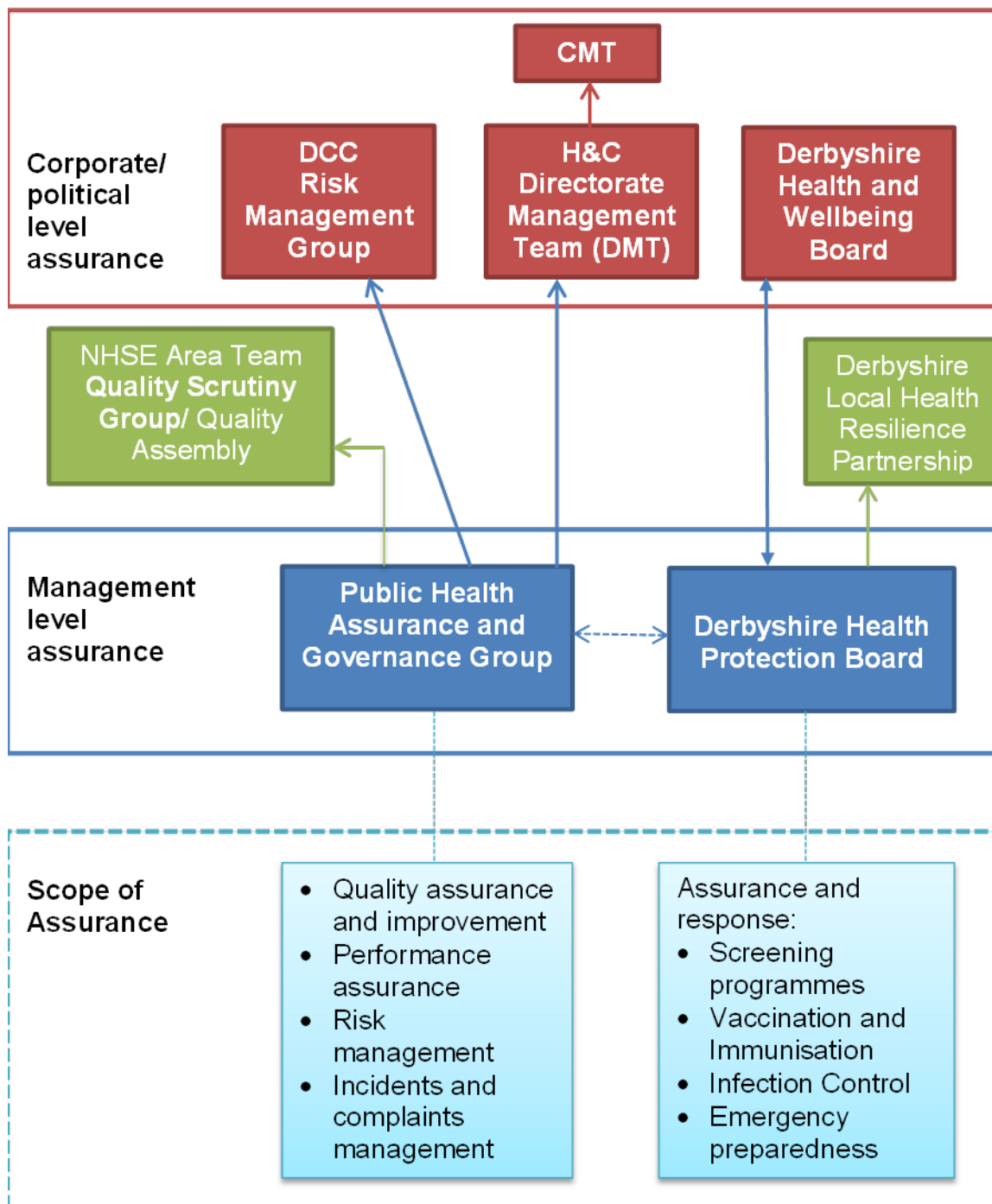
Senior Public Health Manager, Health Protection

The Group will seek advice and input from others as appropriate, for example from Departmental Health and Safety Manager, CCG Medicines Management, Legal services

Quoracy and frequency of meetings

The meeting will meet quarterly and be quorate if at least 5 members are present, including the DPH (Chair) or ADPH (Deputy Chair). It is expected that decisions can be reached by consensus without the need for formal voting.

Accountability and reporting arrangements



Appendix 2: Patient Safety Definitions

Source: National Framework for Reporting & Learning from Serious Incidents Requiring Investigation; March 2010; National Patient Safety Agency

Please note, these definitions were drawn up prior to Health and Social Care Act and therefore refer to NHS- funded services, but they are equally applicable to clinical services commissioned by bodies with new responsibilities, including local authorities.

1. An Incident is an event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public.
2. An Incident Investigation is a process to determine the underlying reason for an incident and to identify actions to minimise the likelihood of the event recurring. A root cause analysis investigation should be undertaken.
3. A Serious Incident Requiring Investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:
 - Unexpected or avoidable death of one or more patients, staff, visitors or members of the public.
 - Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes Incidents graded under the NPSA definition of severe harm).
 - A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure.
 - Allegations of abuse
 - Adverse media coverage or public concern about the organisation or the wider NHS