



Protecting and improving the nation's health

Minutes

Title of meeting	Quality and Clinical Governance Committee	
Date	Monday 16 May 2016	
Time	09:30 – 12:30	
Venue	Wellington House, 133-155 Waterloo Road, London SE1 8UG	
Present	Rosie Glazebrook (Chair)	Non-Executive member of the PHE Board
	Viv Bennett	PHE Chief Nurse
	Andrew Blakeman	External Independent Adviser
	Paul Cosford	PHE Medical Director
	Meng Khaw	PHE Centre Director, East Midlands
	Amal Rushdy	PHE Consultant in Public Health Medicine
	Alex Sienkiewicz	PHE Corporate Affairs Director
	Imogen Stephens	PHE Consultant in Public Health Strategy
	Pauline Watts	PHE Nursing Directorate
	Mike Yates	PHE Corporate Affairs Directorate (Secretary)
Guests	Eustace DeSousa	PHE National Lead - Children, Young People and Families
	Corinne Harvey	PHE Yorkshire and the Humber Centre
	Angela Hill	PHE North West Centre
	Jeff Scott	PHE North West Centre
Apologies	Kevin Fenton	PHE National Director, Health and Wellbeing
	George Griffin	Non-Executive member of the PHE Board
	Sue Ibbotson	PHE Centre Director, West Midlands
	Anthony Kessel	PHE Director of International Public Health
	John Newton	PHE Chief Knowledge Officer
	David Robb	DH Internal Audit
	Rashmi Shukla	PHE Regional Director, Midlands and EoE

Introduction and apologies; Chair's opening remarks

16/154 No interests were declared.

Minutes of the last meeting: 21 March 2016

16/155 The minutes (Enclosure QCGC/16/21) were accepted as an accurate record of the meeting.

Matters arising

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| 16/156 | Enclosure QCGC/16/22. 16/064, relating to the collection of good practice was an on-going action that could be removed from the list. | Action: Mike Yates to remove 16/064 from the matters arising list. |
| 16/157 | 16/071, relating to mapping the committees and groups associated with quality and clinical governance, would be reported on at a future meeting. This was being taken forward as part of a bigger piece of work to map all of PHE's boards, committees and groups. | Action: Mike Yates to provide a map of the committees and groups associated with quality and clinical governance to November meeting. |

SECTION 1 – MONITORING PROGRESS

Progress report from the Chair of the Quality and Clinical Governance Steering Group

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| 16/158 | Funding had been identified and the recruitment of a Head of Clinical governance had commenced. | |
| 16/159 | A review of the resource associated with quality and clinical governance generally had been initiated by the PHE Medical Director. | |
| 16/160 | An update on the programme would be presented to the Senior Leadership Forum. | |
| 16/161 | The Chair and Andrew Blakeman suggested a conference or event might take place later in the year/early 2017 for all those in PHE engaged in the quality work. As well as providing an opportunity for sharing experiences, the even might also focus on aspirations for 2017/18. The Chief Nurse said the quality team would give this further thought and timing. | Action: Pauline Watts and Imogen Stephens to consider the organisation of a quality event later in the year/early 2017. |
| 16/162 | Of the 26 Quality Hubs, 21 had submitted signed-off plans. Written feedback had been provided for 14 of these. The quality team was chasing up the remaining plans. | |
| Programme milestone tracker | | |
| 16/163 | Mike Yates took the meeting through the delivery tracker (Enclosure QCG/16/23) actions. | |
| 16/164 | Deliverables had been added for all Quality Components, and these would be populated with actions following discussions with Quality Component leads. | |
| 16/165 | It was noted that the communications plan for the programme had not been completed. The Chair asked that the plan be completed and brought to the September meeting for discussion. | Action: Pauline Watts and Imogen Stephens, with Matt Hogg, to finalise communications plan and bring to the September meeting. |

16/166 For the on-going action on ensuring alignment between the QCG Committee and the Audit and Risk Committee, there was a discussion about how professional revalidation should be reported and overseen. The Revalidation Steering Group reported to the Management Committee. It was agreed that oversight of this work would sit best with the QCG Committee rather than the Audit and Risk Committee. The Revalidation Steering Groups' reports to the Management Committee and minutes would be included in QCG Committee papers. This would be agreed with the Audit and Risk Committee meeting on 7th June.

Action: Rosie Glazebrook or Mike Yates to raise professional revalidation oversight at the ARC meeting on 7th June.

SECTION 2 – SCRUTINY

Quality information and reporting

16/167 Mike Yates spoke to his paper (Enclosure QCGC/16/24) which shared with the Committee proposals for ensuring that appropriate quality and clinical governance delivery information was reported to the Quality and Clinical Governance Committee. This would hopefully not duplicate or add burden to the corporate reporting processes already in place. The proposals were discussed at the Quality and Clinical Governance Steering Group meeting on 3rd May. They would also be considered in more detail at a meeting with key parties on 20th May. A further proposal would go to the Quality and Clinical Governance Committee in September.

16/168 A Quality Hub self-assessment was considered along with the introduction of an exception report for Quality Component leads to raise issues with the Committee.

16/169 Andrew Blakeman suggested there might be other quality delivery information that the Committee would find helpful. This would be considered further at the meeting on 3rd May. It was also suggested that rather than try to find a solution across all the Quality Components immediately, testing proportionately with one or two component areas might provide some quick wins.

16/170 Mike Yates would report back at the next meeting. The Committee **NOTED** the papers.

Action: Mike Yates to update the Committee on reporting and information at the September meeting.

Quality component 'deep-dive' – Safeguarding Children and Vulnerable Adults (SCAVA)

16/171 Eustace DeSousa spoke to Enclosure QCGC/16/25. An independent review had taken place in 2015. Overall the results were positive but recommended 15 areas for improvement.

16/172 SCAVA reports to the QCG Steering Group and the Chair is a member of it.

- 16/173 It was recently agreed that the roles of chair and professional advisors for this work would be separated. A senior manager now chairs SCAVA and provides strategic leadership. The roles of designated doctor and nurse would be changed to reflect the fact that these roles were largely of a professional advisory nature. The roles would therefore be changed to Professional Safeguarding Advisor (Doctor and Nurse).
- 16/174 Paul Cosford and Viv Bennett would discuss job descriptions for the new advisers and work with Eustace on shaping them. Action: Paul Cosford and Viv Bennett to discuss JDs for the SCAVA advisers.
- 16/175 There was also a discussion on the risks associated with SCAVA. Overall, the risk was thought to be low, but single incidents, should they occur, could be high risk.
- 16/176 Progress against the improvement plan had been steady and positive. Eustace highlighted some key areas.
- Safeguarding Training*
- 16/177 Following the review, this area had been addressed by SCAVA, HR and Learning and Development so that there was now mandatory training for PHE staff and additional training according to role.
- Quality Hubs and Quality Plans*
- 16/178 Early feedback suggested there is an over-reliance on 'mandatory training' to meet safeguarding requirements, without considering the needs of different staff groups. Also, safeguarding training requirements should be clarified through the mandatory training schedule on PHE Net. There was not a clear mechanism for recording safeguarding adverse incidents. Actions were being taken deal with these issues.
- 16/179 The Committee **NOTED** the report.
- Mental Capacity Act Report – baseline assessment**
- 16/180 The Committee was asked to consider the draft response to an assessment of PHE's compliance with the Mental Capacity Act (MCA) as requested by the Mental Capacity Act Implementation Group. Pauline Watts presented the paper (Enclosure QCGC/16/26)
- 16/181 Evidence indicated that awareness, understanding and implementation of the Act were less than satisfactory. A National Forum and Mental Capacity Act Implementation Group (MCA IG) were established in response to the House of Lords Select Committee Report on the MCA recommendations. Pauline is the PHE MCA Lead.
- 16/182 Few responses and a lot of nil returns were received when PHE conducted a recent self-assessment, indicating a lack of knowledge of the Act and that PHE is not as strong in this area as it needs to be. The responses that were received were developed into a paper and action plan, which is in the process of being cleared.

16/183 The Chair suggested that in taking forward this work, consideration should be given to how other organisations have tackled this agenda.

16/184 The Committee **NOTED** the report and agreed the actions.

SECTION 3 – QUALITY PLAN DEVELOPMENT AND REPORTING

Quality Hub presentations

North West Centre

16/185 Jeff Scott presented the Centre's Quality Plan (Enclosure QCGC/16/27).

16/186 The North West Centre came into being on 1st July 2015 following the merger of 3 former PHE centres: Cheshire and Merseyside, Cumbria and Lancashire and Greater Manchester.

16/187 In November 2015, a quality hub (QH) was established with representatives from all functions. The QH is accountable to the NW Senior Leadership team, who will report to the PHE Regional Quality Team (North) and to the National Quality and Governance Committee (NQGC).

16/188 The aims of the QH are to:

- Deliver a safe and high quality service as part of our daily work; it is "everyone's business".
- Promote a culture of continuous learning and development.
- Embed a culture of continuous improvement through innovation; testing new ideas, sharing good practice and adopting evidence based practice.
- Provide assurance to senior leadership team of compliance once only for centre, regional and national assurance.
- Work closely with the national PHE quality team.

16/189 The following actions were being considered:

- Each team to conduct a baseline assessment.
- A recording system and dashboard would be developed.
- Getting organisational commitment to the quality agenda.
- Using the Health Protection audit and incident review programme elsewhere in the organisation.
- Agree standards across the NW to prevent duplication and ensure parallel targets and objectives.
- Share, develop and continue to embrace innovation in practice.

16/190 Jeff highlighted several areas of good practice including:

- The use of social media in promoting quality.
- Work on educational supervision.
- The blood pressure programme.
- Increasing antimicrobial resistance in health and care settings.

16/191 Andrew Blakeman welcomed the innovative approach that the team had taken.

16/192 The Committee **NOTED** the report.

Yorkshire and the Humber Centre

16/193 Corinne Harvey outlined her Centre's Quality Plan (Enclosure QCGC/16/28). PHE Yorkshire & the Humber was an early implementer Quality Hub. Its Quality Plan was complementary to and referenced within the Centre's business plan and delivery plan. The Quality Hub's aims included:-

- To provide leadership for and facilitate development and implementation of quality, assurance and governance.
- To advise the Centre Management Team (CMT) of risks to in-year priorities and commitments, and mitigations.
- To oversee implementation of systems for the safe and effective management of clinical and corporate governance.

16/194 Corinne told the Committee highlighted a number of good practice initiatives that the quality work had led to, including a joint programme of work with the Yorkshire Ambulance Service (YAS). Since April, the Public Health lead for YAS had been working closely with the Centre to facilitate a focus on priority areas for public health reflecting local need and cross cutting themes including mental health.

Action: Corinne Harvey to share information on the PHE/YAS collaborative programme.

16/195 The agreed joint objectives of the work included:

- Better use/integration of ambulance data into public health intelligence.
- Working together to support the WY UEC Vanguard and disseminate best practice across the region.
- Developing and implementing joint and complimentary approaches to tackling specific areas of identified need.
- Facilitating the joint working between YAS and PHE to focus on the shared endeavour of promoting public health and focus on prevention across the life course.

16/196 The Committee was particularly interested in this work and said they would welcome further information. They also suggested this would be a good practice example for sharing at the event or conference to be held later in the year/early 2017.

16/197 The Committee also like the format of the report and how the standards and measures for each quality component had been laid out. This might act as a template for other Quality Hubs.

PHE Medical

- 16/198 The Medical Directorate had been designated as a Quality Hub. This was intended to ensure that the professional leadership function, for all doctors in PHE, had sufficient focus and governance. It also recognised that the role of the Medical Director is PHE-wide and complements that of the more specialised role of Director of Health Protection.
- 16/199 The key components of the Medical Directorate include:
- The Responsible Officer function, including annual professional appraisal, medical revalidation, responding to concerns in professional performance and ensuring newly appointed doctors are appropriately qualified and have appropriate communication skills.
 - The Caldicott Guardian function.
 - Medicines management.
 - Quality and Clinical Governance, including co-leadership (with the Chief Nurse) of the implementation of PHE's Quality Model.
- 16/200 The Quality Hub had had some key successes in a number of areas including medical revalidation; Caldicott; medicines management; quality and clinical governance; professional leadership; and, partnership working with other organisations. But there were also some key further challenges associated with most of these areas.
- 16/201 The Quality Hub had provided a full improvement plan.
- 16/202 The three biggest risks for the Quality Hub were described as:
- The uncertainty of organisational boundaries for the medical work, and aligning resources.
 - The incident reporting culture which needed to be improved.
 - Ensuring a high-level of support for doctors and dentists being investigated, and members of the public involved.
- 16/203 The Committee **NOTED** the Quality Plan.

SECTION 4 – OTHER BUSINESS**Any other business**

- 16/204 The Committee considered the forward look of Quality Hub and Quality Component deep-dives. Information Governance AND Knowledge Management would be considered at the September meeting of the Committee.
- Action: Mike Yates to revise deep-dive programme and pair Quality Components where this can be done.
- 16/205 Other Quality Components would also be paired up where practical and appropriate. A revised forward look would be prepared for the September meeting.
- Action: Mike Yates to inform Robert Kyffin and Anne Brice about the deep-dive sessions at the September meeting.

16/206 **Date of next meeting**
Monday 5 September 2016 at 09:30 Wellington House

Mike Yates
Quality and Clinical Governance Committee Secretary
May 2016