Public Health England

Protecting and improving the nation's health

Minutes

Title of meeting	Quality and Clinical Governance Committee	
Date	Monday 21 March 2016	
Time	10:00 – 12:00	
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
	Kevin Fenton	PHE National Director, Health and Wellbeing
	George Griffin	Non-Executive member of the PHE Board
	Trisha Hymas	PHE Clinical Governance Team
	Sue Ibbotson	PHE Centre Director, West Midlands
	George Leahy	PHE Health Protection Directorate (*for Paul Cosford*)
	Kishor Mistry	PHE Deputy Director, Corporate Risk and Assurance
	Liz Scott	PHE Sound Foundations Programme Manager
	Mike Yates	PHE Corporate Affairs Directorate (Secretary)
Guests	Alison Barnett	PHE South East Centre
	Ulrike Harrower	PHE South West Centre
	Tim Hebditch	PHE South East Centre
	Jumoke Sule	PHE Microbiology Services Clinical Governance Lead
Apologies	Bronwyn Baker	DH Internal Audit
	Paul Cosford	PHE Medical Director
	David Robb	DH Internal Audit
	Rashmi Shukla	PHE Regional Director, Midlands and EoE
	Alex Sienkiewicz	PHE Corporate Affairs Director
	Anthony Kessel	PHE Director of International Public Health
	John Newton	PHE Chief Knowledge Officer
	Imogen Stephens	PHE Consultant in Public Health Strategy

Introduction and apologies; Chair's opening remarks

16/103 The Chair welcomed those in attendance to the meeting. Apologies were noted. No declarations of interest were received.

Minutes of the last meeting: 25 January 2016

16/104 The minutes of the previous meeting (Enclosure QCGC/16/12) were accepted as an accurate account of the previous meeting.

Matters arising

16/105 Enclosure QCGC/16/13.

16/106 On matter 15/072 (Internal Audit review), Viv Bennett informed the Committee of the positive response received from internal Audit. A MODERATE rating had been received. A full management response was being drafted.

16/107 On matter 15/102 (appointment of the chair of the SCAVA Committee), Kevin Fenton informed the Committee that they were looking to recruit a lead doctor for this work. The chair's role was effectively being split between Kevin and the lead doctor. The wording for this matter should be amended to reflect this. An update would be received at the next meeting.

Action: Mike Yates to amend the wording of the SCAVA chair matter (15/102).

Action: An update on the appointment of the lead doctor for SCAVA would be given at the next meeting.

Terms of reference

16/108 Liz Scott presented the terms of reference for the QCG Steering Group for information and final comment.

16/109 In the membership list, the word "co-chair should to be removed.

16/110 A discussion took place on whether the revalidation work should be covered by the QCG Steering Group or the QCG Committee. It was suggested that the QCG Steering Group should have the key oversight with the QCG Committee receiving update reports (as it had today).

Action: Mike Yates to make minor amends to the QCG Steering Group terms of reference.

16/111 A further discussion took place on what information needed to be included as part of the integrated governance report presented to Audit and Risk Committee meetings, and information presented to the QCG Committee. It was agreed that a meeting be convened to consider this and wider information and reporting requirements (covered later on the agenda).

16/112 The Committee NOTED the terms of reference.

16/113 Mike Yates then presented final draft terms of reference to the QCG Committee for agreement. The Committee AGREED these.

SECTION 1 – MONITORING PROGRESS

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

16/114 Viv Bennett and Pauline Watts updated the Committee on key issues.

16/115 The outcome of the Internal Audit review had already been mentioned. The review report would be shared widely once finally agreed.

16/116 Other work in progress included:

- defining and aligning the information and reporting requirements (to be discussed later in the meeting);
- closing down historic quality and clinical governance committees and groups, and transferring any outstanding tasks and risks to the quality team;
- establishing a live delivery tracker going forward (being shared with the Committee today);
- capturing and sharing good practice information.

16/117 Engagement with quality hubs and others continued to be excellent, particularly with the Centres. Networks of 'champions' and other quality lead interests were also being developed and strengthened.

16/118 The Committee NOTED the report with thanks.

'Roadmap' from *Sound Foundations* to business-as-usual

16/119 Mike Yates presented a draft 'roadmap' (Enclosure QCGC/16/16), the aim of which was to track actions to ensure the progress made on quality and clinical governance issues was maintained as business-as-usual.

Action: Members were asked for comments on the 'roadmap' content.

16/120 Some sections still needed populating and members were asked for their views on whether the main subjects and key deliverables represented a comprehensive list.

16/121 The roadmap would be worked up further for the Committee meeting in May and used thereafter as an actions tracker.

SECTION 2 – SCRUTINY

Quality reporting and dashboards

16/122 Enclosure QCGC/16/17 was presented by Liz Scott and proposed an approach to reporting on quality.

16/123 It was suggested that further work was needed to ensure that:

- the information requirements of the QCG Steering Group, QCG Committee and the Audit and risk Committee were clearly understood;
- proposed reporting on quality did not add unnecessary burden, particularly to the Centres; and,
- detailed quality reporting and assurance should, as far as possible, be managed through current accountability processes, with appropriate and relevant summary information ('dashboards') being made available to the various audiences.

Action: Mike Yates to convene a meeting of key PHE information and reporting interests to discuss the information and reporting requirements for the QCG Committee and other audiences. Proposals then to be agreed by The Chair, George Griffin, Andrew Blakeman, Viv Bennett and Paul Cosford.

16/124 A meeting would be convened with key interests before the next QCG Committee meeting to discuss these issues and formulate proposals. The meeting would also consider what detailed quality information might need to be escalated to the QCG Committee for discussion.

Quality component 'deep-dive' – risk and adverse incident management

16/125 Kishor Mistry spoke to Enclosure QCGC/16/18.

16/126 Risk management was underpinned by robust processes across the organisation and there were mechanisms in place to ensure that risks could be escalated where appropriate.

16/127 On incident management, the processes were less robust, particularly the recording and management of risks through the Trackwise system. A small working group had been established to identify and close gaps.

16/128 In terms of the Quality Plans received, common themes included:

- compliance with existing PHE policy on serious and adverse incident reporting;
- a focus predominantly on risk, rather than adverse incident recording;
- Trackwise training was needed;
- low levels of adverse incident reporting generally;
- a lack of feedback to enable learning.

16/129 Good practice identified included:

- examples of applying lessons learnt following declared L3 and above emergency response incidents (structured debrief process);
- South Region management team discusses lessons learnt following declared L3+ incidents.

16/130 Next steps included:

- Continue with the risk management activities and identify any further cross-cutting themes, and seek assurance that controls are in place and effective.

- The Quality Component Risk and Incident Reporting Group to provide a better process for adverse incident management.

- Providing a greater level of assurance that Quality and Clinical adverse incidents are identified, classified, reported and managed appropriately.

- The Serious and Adverse Incident Policy to be revised and aligned with PHE's new Quality Model. Further training programmes to be developed and delivered.

16/131 The Quality Component leads for 'Risk and incident management' and 'Learning from Practice' will continue to work closely together to enable and facilitate an improved culture of incident reporting within PHE as part of the general drive for continuous quality improvement.

16/132 The Committee NOTED the report with thanks, and asked that a further report on progress be presented to the September meeting of the Committee.

Action: Kishor Mistry to provide an update report on the risk and

incident management next steps at the September meeting of the Committee.

16/133 The Quality Component deep-dive at the May meeting would be on safeguarding.

Action: Eustace DeSousa/Imogen Stephens to lead on the safeguarding Quality Component deep-dive at the May Committee meeting.

SECTION 3 – QUALITY PLAN DEVELOPMENT AND REPORTING

Quality Hub presentations

16/134 The Chair welcomed the Quality Hub representatives to the meeting.

National Infection Service

16/135 Jumoke Sule presented (Enclosure QCGC/16/Supp1).

16/136 PHE's National Infection Service NIS came into being in June 2015. Its vision was to develop a nationally and internationally recognised service, attracting the best people.

16/137 NIS was still going through significant change and the quality service was still being developed. Active programmes of clinical audit, education and training and learning across NIS were evident. Microbiology Services (MS) had been designated an early implementer so more information was available for that area.

16/138 Key areas for development included:

- demonstrating mandatory training;
- improving engagement with staff as evidenced from the PHE staff surveys;
- better stakeholder engagement;
- completing the design of NIS quality and clinical governance arrangements.

16/139 The Committee said the quality plan was a good one and thanked Jumoke for the presentation.

South East Centre

16/140 Alison Barnett and Tim Hebditch presented (Enclosure QCGC/16/Supp2).

16/141 Quality is managed on behalf of PHE South East by the South East Governance Group (SEGG).

16/142 Over the next few months, the Centre would be involved in a comprehensive annual governance programme, including the CQC submission process. This would be used as an opportunity to refine

quality plans and processes.

16/143 SEGG papers, notes and actions were reviewed monthly at senior leadership team and regional management team meetings, providing the necessary review and challenge. Routine exception reporting through SEGG to the regional management team needed to be established. This included reviewing the standards and frequency of monitoring across PHE South East and PHE South West to prevent duplication and ensure parallel targets and objectives.

16/144 The Committee thanked the team for their report and their plan.

South West

16/145 Ulrike Harrower presented the South West quality framework (Enclosure QCGC/16/Supp3). This was still under development but would support the implementation of the PHE SW Business Plan 2015/16.

16/146 The vision for the Centre was to ensure quality and governance is 'everybody's business'. The highly skilled and knowledgeable multidisciplinary teams were fully committed to working collaboratively to achieve quality alongside key health priorities and outcomes.

16/147 The work was overseen by the Public Health England South West Quality and Governance Group (SW QaGG).

16/148 In terms of improvement, the collection and sharing of good practice would help the centre and the region develop its quality and clinical governance. Action planning, bringing together all of the improvement elements was also important.

16/149 Organisational development days were being organised; the next would be taking place in May.

16/150 Changing behaviour and culture to ensure that quality and clinical governance was an integral part of everyone's responsibilities had been a challenge with the resources that had been available, but good progress was being made.

16/151 The Committee thanked Ulrike for her presentation and congratulated her on a good plan.

SECTION 4 – OTHER BUSINESS

Any other business

16/152 The Chair and the Committee thanked Liz Scott and Trisha Hymas for their considerable contributions to the *Sound Foundations* programme and the work they had been involved in to embed the principles of the programme across PHE.

Date of next meeting

16/153 Monday 16 May at 10:00 am, Wellington House

Mike Yates

Quality and Clinical Governance Committee Secretary
April 2016