



# Minutes

<b>Title of meeting</b>	Quality and Clinical Governance Committee	
<b>Date</b>	Monday 9 November 2015	
<b>Time</b>	09:30 – 11:00	
<b>Venue</b>	Wellington House, 133-155 Waterloo Road, London SE1 8UG	
<b>Present</b>	Rosie Glazebrook (Chair)	Non-executive member of the PHE Board
	Viv Bennett	Director of Nursing
	George Leahy	Deputy Director for Health Protection
	Kishor Mistry	Deputy Director, Corporate Risk and Assurance **
	Liz Scott	Sound Foundations Programme Lead
	Imogen Stephens	Consultant in Public Health Strategy **
	Pauline Watts	Deputy Director, Nursing Directorate
	Mike Yates	Corporate Affairs Directorate (Secretary)
		** joined by teleconference
<b>Apologies</b>	Paul Cosford	Medical Director
	Yvonne Doyle	Regional Director, London
	Kevin Fenton	Director for Health and Wellbeing
	George Griffin	Non-executive PHE Board member
	Anthony Kessel	Director of International Public
	John Newton	Chief Knowledge Officer
	Alex Sienkiewicz	Director of Corporate Affairs

## Welcome, introduction and apologies

- 15/001 The Chair welcomed those in attendance to the first meeting of the Committee.
- 15/002 Apologies had been noted from a number of members. The Chair expressed some concerns about the level of attendance and hoped that future attendance would be better. The question of deputies attending meetings on members' behalf was raised as part of the item covering terms of reference for the Committee.

## Terms of reference and modus operandi

- 15/003 The draft terms of reference were considered.

### *Introduction*

- 15/004 It was generally felt that the introductory paragraphs could be improved. The reference to the Group Internal Audit report need not be referenced and the introduction generally should be more forward looking than retrospective. The Secretary was asked to review. Action: Mike Yates
- 15/005 It was also suggested that more be added to make it explicit that this Committee was there to provide assurance to the PHE Board on matters relating to quality and clinical governance. Action: Mike Yates

### *Additional clarification*

- 15/006 The Chair suggested that footnotes and annexes, where appropriate, be added to clarify some of the terms (e.g. 'Quality Units' and 'Quality elements'; what they do and what they represent) and illustrate more clearly the Sound Foundations landscape, governance, programme management and reporting. Action: Mike Yates

### *Reporting*

- 15/007 At each meeting of the Committee, once the quality and clinical governance programme had been embedded, there would be a 'deep-dive' into a group of quality units (the aim being to cover them all at least once a year). Although there would be quite a few quality units, those associated with Corporate functions were likely to be less complex and resource-intensive, and could probably be handled as desktop exercises, and all be covered together in a future meeting deep dive.
- 15/008 In terms of getting regular periodic reports from quality units, this should be done as proportionately as possible, reporting by exception on those areas of highest risk or greatest concern. A dashboard should be developed to show clearly how each quality unit compared with others in terms of development. Action: Trish Hymas, Amal Rushdy
- 15/009 A full reporting programme, including deep-dive presentations, should be mapped out for the year, discussed and agreed with the QCG Steering Group once established. The Early Implementer Sites would be focused on first. Action: Mike Yates and Liz Scott
- 15/010 On reporting and assurance for the programme, the Deputy Director, Corporate Risk and Assurance offered the services of his newly appointed Assurance Adviser to help translate the information coming from the quality units. He would put him in touch with those in the team dealing with this. Action: Kishor Mistry with Liz Scott and Trisha Hymas

### *Roles and responsibilities*

- 15/011 On the roles and responsibilities section, the 3<sup>rd</sup> last and penultimate bullet points duplicated each other, so one to be removed. Action: Mike Yates
- 15/012 Reference needed to be made here to confirm that the quality model had been agreed by the Management Committee. Action; Mike Yates
- 15/013 At paragraph 4.5.3, information should be added to clarify the role of the Quality and Clinical Governance Steering Group and its relationship with the Quality and Clinical Governance Committee. Action: Mike Yates

15/014 It was decided that the terms of reference, with amendments as suggested, probably covered the work of the Committee adequately going forward and the modus operandi document should be renamed and used as a, 'Interim Operational Paper'. Action: Liz Scott

*Membership and attendance*

15/015 There would be two non-executive board members, and one external adviser, but it was not thought necessary to have a vice-chair at present. Amend terms of reference.

15/016 For the external adviser post, this should go through the same type of recruitment process as for the Audit and Risk Committee external adviser. A job specification would need to be drawn up with clear role and responsibilities. This would be agreed at the January meeting of the committee. Action: Mike Yates, Liz Scott

15/017 The Regional Director, London, had confirmed that she would be unable to attend Committee meetings due to significant work pressures and had suggested a deputy. The Committee felt that a regional director representative was needed and others should be invited to join. Failing that, the deputy suggested by the Regional Director, London, would be invited because of her clinical governance and quality role. The Secretary would take forward. Action: Mike Yates

15/018 On attendance, the paragraph in the terms of reference would be changed to include members or their deputies in making the meeting quorate. A paragraph would also be added to say that deputies could attend meetings in the event that the member was unable to, but attendance by a deputy needed to be agreed before the meeting with the Committee's secretariat. As far as possible, members should commit to attending meetings. Action: Mike Yates

15/019 Members of the core Sound Foundations team would attend Committee meetings according to the business being conducted.

*Standing items*

15/020 Programme documentation would be presented to the Committee in the short-term (up to the end of March 2016). Terms of reference to be amended accordingly. Action: Mike Yates

**Sound Foundations Task and Finish Group Progress Report**

15/021 A brief report was given on recent and activity and next steps. Work had been done to identify early Implementer Sites Matters, and a workshop was being held with staff involved that afternoon

15/022 With reference to paragraph 4.4.1 of the paper that accompanied this item, the Chair suggested that there should be a strong emphasis on sharing good practice examples. Action: Pauline Watts

**Governance alignment**

- 15/023 A paper on alignment between the Quality and Clinical Governance Committee and the Audit and Risk Committee was presented to the group and discussed.
- 15/024 Achieving alignment between the two committees would benefit from having the same secretariat and secretary.
- 15/025 As well as sharing the minutes of the Quality and Clinical Governance Committee with the PHE Board, appropriately redacted (as they are made public), the full minutes would also be shared with the Audit and Risk Committee as an information paper. Pertinent issues for the Audit and Risk Committee's views would be presented separately for discussion. Action: Mike Yates
- 15/026 There was also good cross-over between the two committees in terms of membership (both the Chair and the Director of Corporate Affairs were also members of the Audit and risk Committee, so the work of the Quality and Clinical Governance Committee would be well represented).
- 15/027 Several areas of the Quality and Clinical Governance Committee's work were currently also the subject of scrutiny by the Audit and Risk Committee (e.g. the Strategic Risk Register; serious incident reporting, Internal Audit reports and actions). Actions arising from Quality and Clinical Governance Committee meetings would be shared quickly with leads for these areas to ensure the views and suggestions of Committee members could be taken account of prior to reports on similar subjects being presented to the Audit and Risk Committee. Action: Mike Yates
- 15/028 Meetings of the two Committees and those for the Quality and Clinical Governance Steering Group and the Management Committee (see below) needed to be planned carefully to allow the sharing of information suggested. The secretary would suggest dates and agree these with the Chair (see action under 'Future Meeting Dates' below).
- Management Committee*
- 15/029 The Secretary of the Committee explained that for governance requirements to be met, the Management Committee needed to be informed and note the work of the Quality and Clinical Governance Committee. The agenda for each Quality and Clinical Governance Committee meeting would be shared with the Management Committee meeting immediately preceding it, for information. Any issues relating to the Quality and Clinical Governance Committee that require a view from the Management Committee should be raised orally by either the Director of Nursing or the Director of Corporate Affairs, both of whom are members of both committees. Action: Mike Yates
- 15/030 There was also a discussion about the Integrated Governance Report currently submitted to the Audit and Risk Committee, and whether the Action: Mike Yates, with

content of this needed to change in light of the work of the new Committee (the Integrated Governance report covers several of the quality 'elements' that will shape the '*Sound Foundations*' programme, including serious incidents, clinical governance and information governance). It was suggested that for the time being, the Integrated Governance Report should continue to be presented to the Audit and Risk Committee, and reflect as far as possible the work of the Quality and Clinical Governance Committee. Once information starts to be received from quality units, a review of the content (and possibly need) of the Integrated Governance Report would be reviewed.

Kishor Mistry  
(in due course)

### **Internal Audit reviews and actions**

15/031 5 reviews on quality and clinical audit had been undertaken by Group Internal Audit and were still live. Actions arising from the reviews relating specifically to clinical governance and quality were now being taken forward as part of the '*Sound Foundations*' work.

15/032 All actions had recently been reviewed through the TrackWise system, and the team was content that those actions still open, even if overdue for the reason given above, should remain open for the time being.

15/033 It was agreed that although the scope of the '*Sound Foundations*' covered a number of quality elements, it would be impractical at the moment to cover Internal audit reviews covering all of those areas. For the moment, the Quality and Clinical Governance Committee would just scrutinize those covering specifically clinical governance and quality. This may be reviewed at some stage in the future. The terms of reference of the Committee would be amended accordingly.

Action: Mike  
Yates

### **Transfer of outstanding Quality and Improvement Assurance Board (QIAB) actions**

15/034 The Chair thanked the author for the paper and the Committee noted its contents.

### **Quality and Clinical Governance Steering Group – Progress Report**

15/035 The membership of the Group was being agreed and it was hoped that the first meeting of the Group would take place early in the new year. The terms of reference would be shared with the Quality and Clinical Governance Committee in January.

Action: Mike  
Yates

15/036 The Group, its remit and its roles and responsibilities would be discussed at the PHE Senior Leaders Forum on 9<sup>th</sup> December.

Action: Viv  
Bennett

15/037 A full map and pathway for the Group's business and reporting would be drawn up and alignment with the Management Committee would be considered and agreed.

Action: Mike  
Yates and Liz  
Scott

### **Strategic Risk Register**

15/038 The Committee reviewed the quality and clinical governance elements of the current Strategic Risk Register. The Chair suggested that the topics were

under-represented and asked how they might feature more prominently.

- 15/039 Two general suggestions were made: existing risks take account of quality and clinical governance issues (e.g. the risk relating to workforce might include something on mandatory training); a new risk covering the breadth of the '*Sound Foundations*' programme be added.
- 15/040 Members suggested the latter was likely to be the most effective option, but efforts should also be made to ensure existing risks reflected the programme wherever appropriate. A risk definition would be drafted and taken to the Risk Leads Group for discussion on 11th November. This might only need to be a short-term risk that can be removed in April 2016 when the programme should then be taken forward as business-as-usual. Action: Mike Yates and Pauline Watts, with Kishor Mistry

### **Future meeting dates**

- 15/041 The Chair suggested that aligning meeting dates of this Committee with those for the Audit and Risk Committee, Management Committee and the Quality and Clinical Governance Steering Group would be tricky, but we should try and get a best fit.
- 15/042 Something that would help and was probably a necessity for the programme until it is established, was to have five meetings in 2016. The first two should ideally be in January and March.
- 15/043 Dates would be agreed with the Chair and circulated to members as soon as possible. Action: Mike Yates, with Rachel Scott

### **Any other business**

#### *Report to the PHE Board*

- 15/044 Short summary report would be provided, with information on quality units, for the Chair to update the board. This would be presented to the Board meeting in January, either as a verbal update or as a brief summary paper for information to be provided with Board papers. Action: Pauline Watts, Liz Scott

**Mike Yates**

*Quality and Clinical Governance Committee Secretary*

November 2015