



15 June 2021

Purposeful quality committees

Having a quality committee might not be a requirement for the NHS in England but the case for having one is overwhelming.

Following our illuminations Audit committees – scrutiny and the system and Cashing in on reform – finance committees and their remit, it's now time to explore NHS boards' third most prominent committee: quality.

Having a quality committee is not a requirement for the NHS in England but it is in Wales, although most NHS trusts have a committee responsible for quality and safety matters.

A simple wordsearch in the Well-led regulatory framework of the CQC reveals that the word 'quality' is associated with over 100 requirement statements and key line of enquiry and its cousin term 'safety' is used in almost 18 different places.

It may not be a statutory requirement, but the case for a quality committee is well made.

What is a quality committee?

A quality committee is chaired by a non-executive director and normally includes additional non-executive directors, the chief nurse/director of nursing and chief medical officer/medical director as a minimum.

It is a committee tasked by the board with assuring all aspects of quality and safety of clinical care, including regulatory standards. This remit is often augmented with additional areas such as risk, workforce, service user/patient engagement, research and development, information performance and communication.

In recent years, regulatory thinking has expanded to test the equality, diversity and inclusion of the workforce, and staffing issues from the nine protected characteristic groups are dealt with and the board is provided with the assurance of non-discriminatory practices. A more recent term 'anti-racist' has emerged, which was heard loud and clear during the first anniversary of the death of George Floyd and the rapid growth of the BLM movement.



Quality committee during COVID and recovery

In line with guidance from the NHS England chief executive, quality committees were expected to continue during the pandemic but all other committees were asked to rationalise or prioritise.

GGI recommended that quality committees included other aspects of assurance in their remit during this time, particularly workforce and finance issues along with some of the other areas mentioned above. An interim integrated assurance committee combining multiple committees was one way of doing this.

CQC launched a specific requirement for organisations to develop an infection and prevention control (IPC) board assurance framework. In the words of Ruth May, Chief Nursing Officer, NHS England: "Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks."

We also recommended that some finance and operational items were dealt with at board level rather than by a board committee, to free up management time.

During the reset/recovery period, many NHS trusts may be tempted to revert to their previous governance structure. We would advise against this.

One of the lessons learnt from COVID-19 was for committees and boards to prioritise their focus on strategic and key operational assurance matters. This reduced the need for long reports and changed the cycles of business so that matters arose less frequently or featured less detail and depth as necessary.

Quality committees mustn't forget staff and their wellbeing, which will be key to an effective and efficient recovery. So, we advise more close working with the workforce and people committee.

Realignment

A dive into the regulatory requirement reveals that quality is intertwined in almost everything that an NHS organisation does. Our board assurance prompt, which provides some stimulus to boards in developing their thinking about addressing quality, unpicks this in key areas:

- **Safe:** infection prevention and control, safeguarding, workforce, patient safety and mental health
- **Effective:** legal, clinical effectiveness and guidelines
- **Caring:** patient experience
- **Responsive:** capacity, communication and estate
- **Well-Led:** digital and innovation, risk, emergency preparedness and continuity, strategy and finance.

Realignment

The role of digital and information is widely perceived to act as the cornerstone to managing quality. Our previous two bulletins *What's next for CQC* and *A new approach to patient safety in the NHS* explore some of these questions at length.

However, applying McKinsey's 70:20:10 theory in this context might result in:

- getting better at what you already know (the 70)
- applying what you are already good at (the 20) and
- finding a new problem to solve (the 10).

This could help to prioritise efforts in making your quality committee purposeful.

illuminations



Illuminations

- Are you ready to sustain the changes you have discovered through applied learning during COVID and make the change permanent, with a focused effective and efficient quality committee compared with long, meaningless reams of data?
- Are you ready to adopt the changes as outlined in some of the national frameworks such as the National Patient Safety Strategy with a far greater emphasis on patient engagement with the governance and patient safety through the introduction of 'Patient Safety Partners'? Have you impact assessed its implications against your existing governance?
- Are you digitally ready to assure your board through a business intelligence function that transforms data into information and subsequently intelligence, thus enabling effective decision making?
- The show must go on – are you ready and do you have the build capacity to continue the use of IPC and programme this into your governance? More importantly, how can this be used for impact assessing organisations restoration plans. Do you have a plan in place?

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk.