Good Governance in times of 2020 crisis

COVID-19
20 April 2020

Good Governance Institute

Quality committees and COVID-19

GGI is committed to providing practical advice to health and social care organisations about modern, proportionate governance throughout the coronavirus pandemic. Our goal is to help the organisations we work with maintain effective control and legitimacy during this crisis and beyond.

One of the ways we're doing this is by focusing on a number of key topic areas and offering guidance in various ways, including a series of detailed board assurance prompts (BAPs).

Next month, GGI will issue a BAP on the topic of quality committees – specifically looking at what they should be discussing now and suggesting what they should switch their focus to once the immediate crisis has passed. Today we share our initial thoughts about the immediate priorities.

Combining strengths

Quality committees are going to have an increasingly important role in supporting and scrutinising NHS trusts over the next few months.

We have seen some organisations continue quality committees with a focus on the clinical impact of COVID-19 while others have combined committees to create an integrated assurance committee combing finance, operational and workforce issues with quality. This seems sensible as it ensures an integrated approach to assurance but also limits the amount of management time needed, particularly on the clinical side where the impact of the coronavirus is most felt.

Here are a few of the emerging issues that quality committees should be focusing on in the immediate term:

Quality and safety

Workforce

- Safety and use of volunteers – safeguarding as well as appropriate roles
- Safer staffing in light of higher sickness levels and the need for respiratory skilled staff
- Pathology staffing capacity affecting both COVID and non-COVID-19 testing
- Health and wellbeing initiatives for staff, both in work and when off sick

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Infection control including facilities management

- Prioritisation and procurement of PPE
- Cleaning regimes and their effect on other hospital acquired infection as well as COVID-19 transmissions

Patient safety

- Serious incident management
- Emerging patterns i.e. mortality, incidents

Patient experience

- End of life and palliative care such as pain control and patient choices
- DNACPR use
- Visiting policy and family communication expectations
- Ensuring the fundamentals of care – i.e. hygiene, basic toileting – are being met

Clinical effectiveness

- Clinical practice staying within guidance
- Mortality, particularly in ICU for non-COVID-19 patients

Capacity

- Flexibility to meet demand of COVID and non-COVID patients
- Utilisation and surge capacity
- Right area with right skilled staff for right patient

Finance

- SFIs and scheme of delegation in light of increased procurement requirements
- Cash, revenue and capital position

Risk

- COVID-19 risks either added or incorporated with existing risks and actions being taken to mitigate these

Performance

- Exception reporting of constitutional standards so that only issues of concern are discussed
- Ensuring urgent waiting list cases are being seen
- Clinical harm reviews of those on waiting lists
- Performance split between COVID and non-COVID patients

Communication

- Communication plan aligned with risk appetite

Look out for further guidance on all of these areas and more in next month's board assurance prompt, which will be published on the GGI website.

Should quality committees be considering any other issues? If you think we've missed anything – or you have any other questions or comments prompted by this bulletin – please call us on 07732 681120 or email **advice@good-governance.org.uk.** We will aim to respond within 24 hours.