Quality Governance

Reflections on Reviews Completed

Introduction

For the last couple of years, we have undertaken specific reviews of 'Quality Governance' in NHS client organisations.

Whilst the systems, processes & tools of quality governance are the same as for financial governance (or indeed simply governance), the breadth of assurances required/possible around quality make it easier for the systems and processes to become overly complex and convoluted.

This paper summarises some of our reflections from undertaking these reviews, including some of the common issues encountered and builds on the presentation made at the Quality Assurance event on 1st July and delegate comments and queries received.

Quality Governance in Context

The diagram on the following page considers the different functions of the Board/Governing Body, Audit Committee, Board/Governing Body Committees and Executive Management in achieving the strategic objectives of the organisation and scrutinising the associated governance, risk management and internal control arrangements.
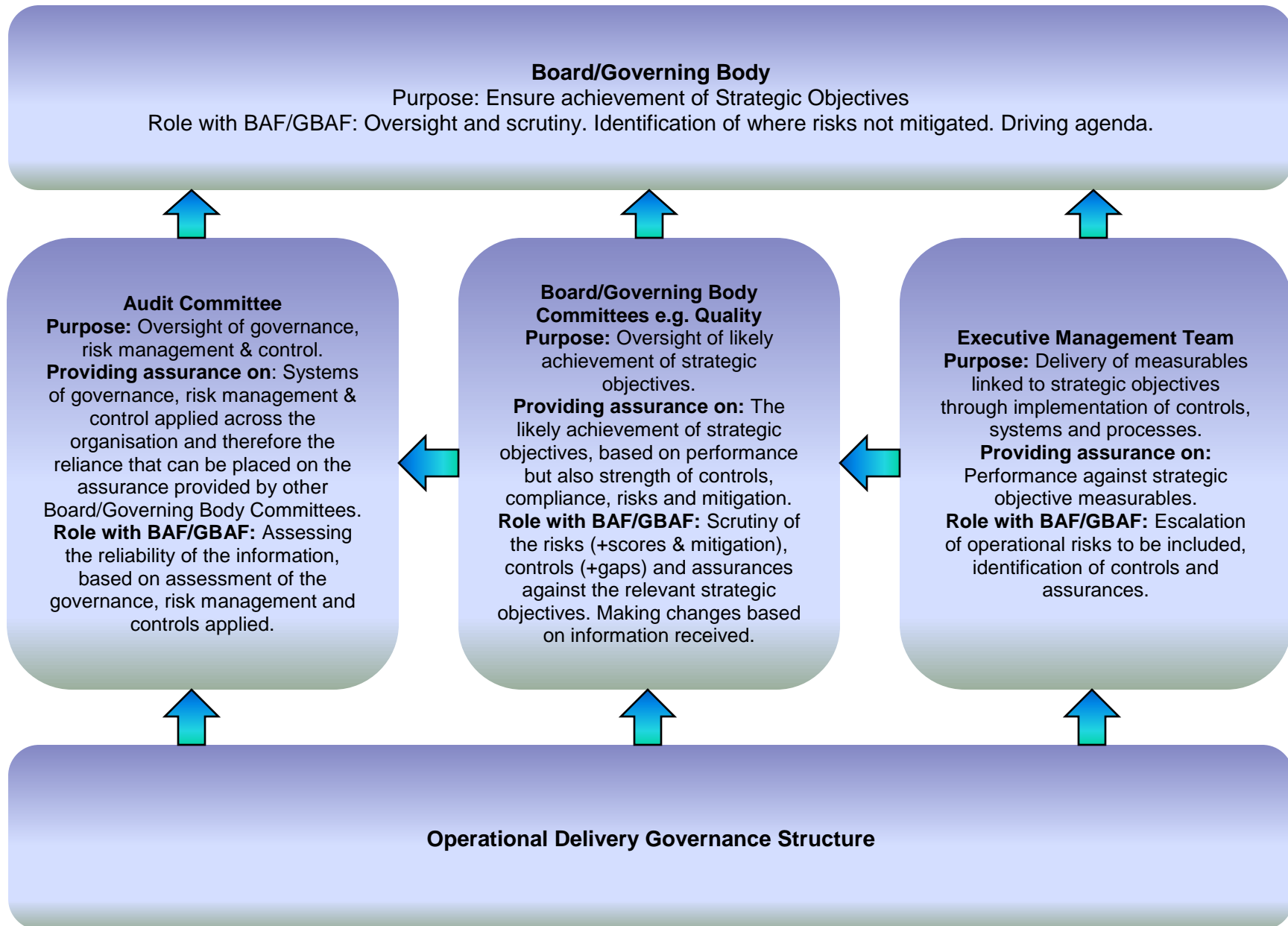
In respect of Quality:

The **Board/Governing Body** is responsible for setting the relevant strategic objectives and has overall responsibility for ensuring their achievement.
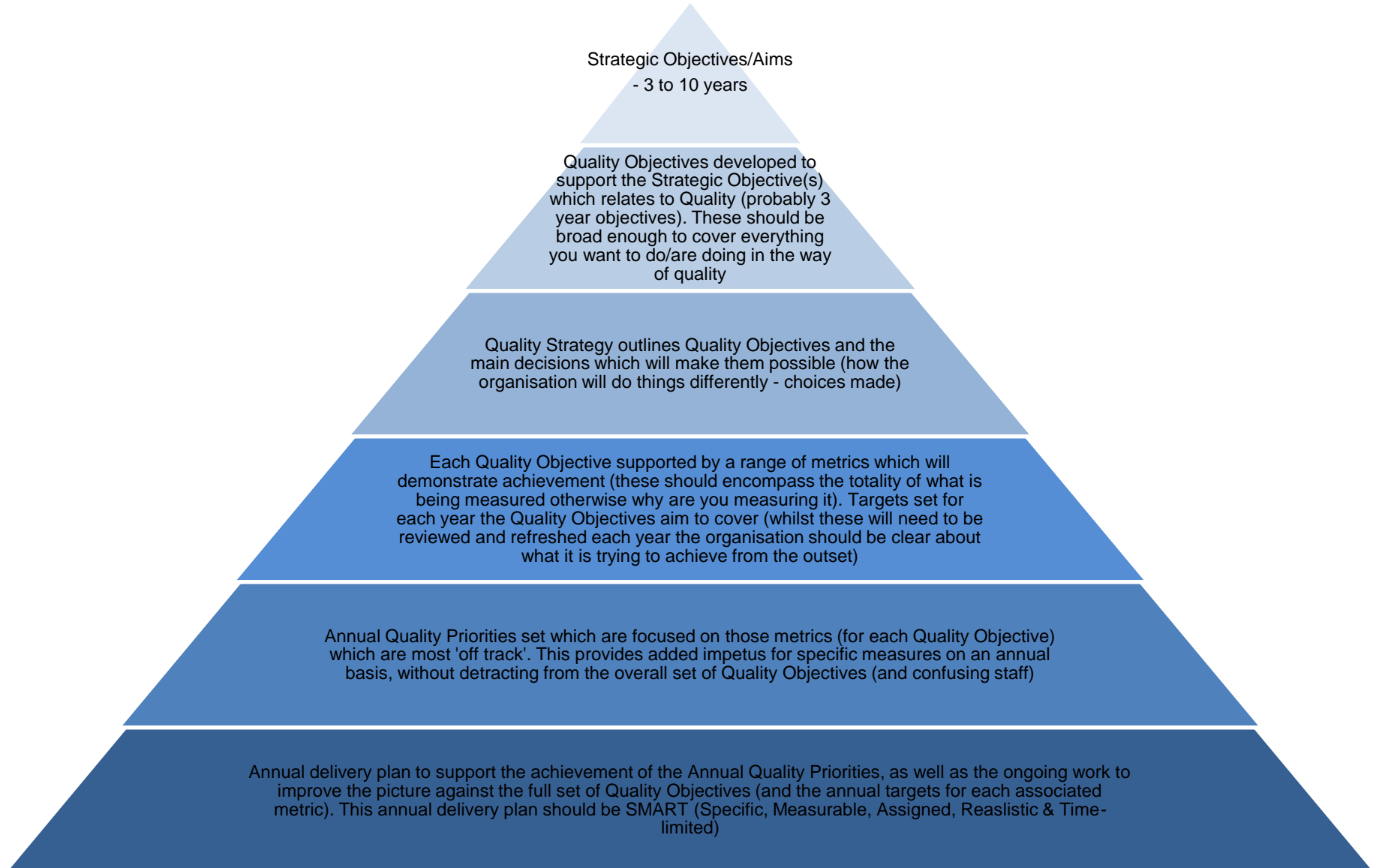
The **Quality Committee** provides assurance to the Board/Governing Body on the likely achievement of the relevant strategic objectives. Its assurance is generated from:

- scrutinising relevant performance data (to ensure its validity and reliability);
- scrutinising the information about the strength of the controls in place;
- ascertaining whether the controls are being followed in practice;
- considering the totality of risk being escalated to the Committee; and
- determining how effective risk mitigation is by monitoring progress.

Therefore, the Quality Committee forms part of the governance and risk management system which supports achievement of the strategic objectives relating to quality.

The **Audit Committee** has the specific function of providing assurance to the Board/Governing Body on the whole organisation's governance, risk management and internal control arrangements. Therefore, as part of their work, they will review how effective the governance and risk management systems are, including the Quality Committee's part in them. Whilst they may need to look at some of the same information as received by the Quality Committee, their scrutiny of it will be focused on whether the Quality Committee's actions were appropriate and in line with the expected governance and risk management processes, and therefore whether the assurance provided by the Quality Committee to Board/Governing Body is robust.

Board/Governing Body
Purpose: Ensure achievement of Strategic Objectives
Role with BAF/GBAF: Oversight and scrutiny. Identification of where risks not mitigated. Driving agenda.

Audit Committee
Purpose: Oversight of governance, risk management & control.
Providing assurance on: Systems of governance, risk management & control applied across the organisation and therefore the reliance that can be placed on the assurance provided by other Board/Governing Body Committees.
Role with BAF/GBAF: Assessing the reliability of the information, based on assessment of the governance, risk management and controls applied.

Board/Governing Body Committees e.g. Quality
Purpose: Oversight of likely achievement of strategic objectives.
Providing assurance on: The likely achievement of strategic objectives, based on performance but also strength of controls, compliance, risks and mitigation.
Role with BAF/GBAF: Scrutiny of the risks (+scores & mitigation), controls (+gaps) and assurances against the relevant strategic objectives. Making changes based on information received.

Executive Management Team
Purpose: Delivery of measurables linked to strategic objectives through implementation of controls, systems and processes.
Providing assurance on: Performance against strategic objective measurables.
Role with BAF/GBAF: Escalation of operational risks to be included, identification of controls and assurances.

Operational Delivery Governance Structure

Strategic Objectives/Aims
- 3 to 10 years

Quality Objectives developed to support the Strategic Objective(s) which relates to Quality (probably 3 year objectives). These should be broad enough to cover everything you want to do/are doing in the way of quality

Quality Strategy outlines Quality Objectives and the main decisions which will make them possible (how the organisation will do things differently - choices made)

Each Quality Objective supported by a range of metrics which will demonstrate achievement (these should encompass the totality of what is being measured otherwise why are you measuring it). Targets set for each year the Quality Objectives aim to cover (whilst these will need to be reviewed and refreshed each year the organisation should be clear about what it is trying to achieve from the outset)

Annual Quality Priorities set which are focused on those metrics (for each Quality Objective) which are most 'off track'. This provides added impetus for specific measures on an annual basis, without detracting from the overall set of Quality Objectives (and confusing staff)

Annual delivery plan to support the achievement of the Annual Quality Priorities, as well as the ongoing work to improve the picture against the full set of Quality Objectives (and the annual targets for each associated metric). This annual delivery plan should be SMART (Specific, Measurable, Assigned, Reaslistic & Time-limited)

The diagram on the preceding page was developed to support staff undertaking Quality Governance reviews, by encouraging a systematic consideration of some of the elements they were likely to encounter. The diagram would be equally as applicable to financial governance or, indeed, any other type of governance.

Setting Strategic Objectives for Quality

Most commonly we see that strategic objectives (or aims/ambitions) are set with a 3-5 year lifespan (although it is important that they are still formally reviewed each year to ensure they remain appropriate).

As is the nature of strategic objectives, they tend to be very broad. This is generally because they are trying to encapsulate so much within a small number of statements that are comprehensible to the stakeholders (which for the NHS are the public/tax payers, patients and staff). At least one of these strategic objectives is generally focused on the quality of the service/care delivered.

For the purposes of this paper, let's assume the relevant strategic objective for quality is along the lines of:

To provide the highest quality of care to our patients

Just because the strategic objectives are worded in a 'non-specific' way for PR/Comms purposes, this doesn't detract from the fact that the Board/Governing Body needs to agree exactly what these objectives mean and what it looks like to be successful (as well as unsuccessful).

The structures, systems and processes of governance are designed to achieve objectives, but they are undermined if there is a lack of clarity regarding what achievement of objectives means. We return to this below in 'Metrics for Determining Success'.

Breaking this down into Quality Objectives

Because the relevant strategic objective relating to quality may be quite all-encompassing, it makes sense to define this in terms of several more-specific quality objectives, which start to articulate further what providing the "highest quality of care" means. Many NHS organisations choose to follow either the Darzi definition of quality (Patient Safety, Patient Experience & Clinical Effectiveness) or the CQC Domains (Safe, Caring, Effective) when doing this.

So an example might be:

Patient Safety/Safe	To ensure patients are at a low risk of avoidable harm whilst in our care
Clinical Effectiveness	To ensure patients receive care and treatment that is in line with national recommendations and best practice
Patient Experience/Caring	To ensure patients, their relatives and carers are treated with kindness, respect and compassion at all times

These still do not make explicit what success looks like and how success will be determined, but they do start to articulate more about intentions and aims.

Quality Strategy

"A strategy is a framework for making decisions about how you will play the game......it clearly establishes the game you are playing and how you expect to win. It also identifies the games you aren't playing — the things you have no intention of delivering" Forbes.

So a strategy is a framework for making decisions about how you will achieve your objectives. Therefore, it implies a set of strategic options from which one chooses a course of action. It determines what you need to be really good at. It is not a definitive fixed plan or procedural requirements. It does not require a detailed action plan.

If you want to "ensure patients are at a low risk of avoidable harm whilst in your care", what is your overall gameplan for doing this? You might decide that one strategic choice you will make to reduce the risk of avoidable harm is to have highly trained staff. If this is a 'strategic choice' outlined in your strategy then operational choices will be made in light of this.

Obviously the set of choices in one strategy has to be coherent with your organisational values as well as the choices in other strategies. It is pointless stating in your Quality Strategy that one of the ways in which you are going to achieve a low risk of avoidable patient harm is by having highly trained staff if your financial strategy states that one of the ways you are going to save money is by reducing the budget for staff training. For this reason, the strategies an organisation has in place for achieving its overarching objectives need to be considered and agreed concurrently to ensure read-across.

Metrics for Determining Success

NHS organisations have a lot of metrics when it comes to quality and a prevailing problem is determining what should be reported where.

Integrated Performance reports are becoming much more sophisticated, with Statistical Process Control (SPC) Charts and trends. They are also generally getting bigger. So what do all these numbers, colours and points of graphs tell us about whether we are achieving our objectives?

What we have found across our clients is that many metrics are not explicitly related to an objective and/or are monitored without an understanding of what the desired result is.

What is lacking is often a systematic approach to ensuring that there are applicable measures for each of the quality objectives in each service area. "Ensuring patients are at low-risk of avoidable harm" might be measured in a different way in an inpatient ward to an outpatient clinic to a community team to a diagnostic sample lab to a mortuary but all of these areas should be

clear on what they need to achieve in order for the organisation to be successful in its overarching patient safety objective. But this is not consistently happening.

	Patient Safety	Patient Experience	Clinical Effectiveness
Service Area A	Metric & Target 1 Metric & Target 2 Metric & Target 3	Metric & Target 1 Metric & Target 2 Metric & Target 3	Metric & Target 1 Metric & Target 2 Metric & Target 3
Service Area B	Metric & Target 1 Metric & Target 2 Metric & Target 3	Metric & Target 1 Metric & Target 2 Metric & Target 3	Metric & Target 1 Metric & Target 2 Metric & Target 3
Service Area C	Metric & Target 1 Metric & Target 2 Metric & Target 3	Metric & Target 1 Metric & Target 2 Metric & Target 3	Metric & Target 1 Metric & Target 2 Metric & Target 3

This will inevitably result in a large number of metrics but there is nothing wrong with this, per se. The problems come if it is not managed well.

Thinking back to the diagram on page 2, the element not mentioned earlier is the 'Operational Delivery Governance Structure'. This can be set up in whatever is the most appropriate way for your organisation to monitor and escalate issues and risks arising from this multitude of metrics.

What is important is that the Quality Committee is confident that all the relevant metrics are being monitored appropriately and any exceptions/risk are being escalated in line with defined risk management arrangements.

Quality Committees often undertake deep dives into particular metrics or particular service areas as a way of checking that all the appropriate monitoring is being undertaken and that governance, risk management and internal control mechanisms are functioning operationally within the organisation.

The information Quality Committee receive should therefore be positive assertion plus any exceptions in relation to performance or controls and what the assessed level of resulting risk is and the mitigating action being taken.

If the Quality Committee only have a defined sub-set of metrics they routinely measure, without determining and articulating the full set of metrics they expect to be monitored and escalated as required, then will they even be aware of the scale of the information they don't receive or whether this is being robustly monitored?

The Quality Committee's time is most productively spent ensuring that there is complete clarity around the answers to the following questions:

- Which metrics relate to which quality objectives?
- Are there metrics for each quality objective for each service area?
- What is the target 'result' for each metric within each service area?
- Who is responsible for monitoring and responding to each metric within each service area?

- What are the escalation/risk management routes?
- How will assurance against the objective be collated and reported?
- How often will you undertake a deep dive to check all relevant metrics are being appropriately monitored?

Quality Priorities

Quality Priorities are mandated for providers through the Quality Account.

What we have found is that Quality Priorities often do not explicitly relate back to the quality objectives. Doubtless they are normally things which the organisation has deemed it important to focus on, but if they are important then they should have formed part of the monitoring of quality objectives anyway.

When we talk to front-line staff about what an organisation is trying to achieve in relation to quality there is often confusion between the quality objectives and how these translate to the particular area and quality priorities, with little understanding of the relationship between them.

If the time has been taken to establish the metrics under each quality objective for each service area, then it logically follows that the 'priorities' are going to be those metrics which are most off-track. There will be some metrics which are only off-track in individual service areas, but there will inevitably be others which are not being met across a number of service areas and therefore require some more concentrated organisational effort and focus (potentially including additional resource or a new approach). If these become your annual 'Quality Priorities' then they still form part of the overarching achievement of quality objectives, avoiding confusion and separate reporting.

Delivery Plan

Once you have established the full set of metrics that will evidence achievement of each quality objective and the target results for each, along with identifying the priority areas for additional organisational focus during the year you can develop an annual delivery plan for those actions that need to happen at an organisational level.

The hard work is up-front in providing the clarity regarding objectives and ensuring that systems and processes are in place for monitoring and escalating. The Quality Committee should then be able to receive an assurance report which provides a summary of performance against (and therefore likelihood of achieving) the objectives. This should include any areas where metrics are 'off-track' to an extent agreed requires escalation. It should also include the action being taken to improve performance (which they can interrogate), including the progress against the annual delivery plan. The deep-dive process and internal audit provide additional assurance regarding the performance against metrics, as well as providing assurance (to the Audit Committee) that the governance, risk management and control processes established are supporting the achievement of the objectives by being well-designed and functioning effectively.

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