Clinical

Quality governance – a call to arms

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Rationale – the need for patient-centred board decision-making

The need for quality governance across healthcare has never been greater. As the delivery of healthcare becomes ever more complex, the problems that can result from poor governance systems are severe; recent examples such as Morecombe Bay[1] and St George's[2] accurately illustrate the point. There is a clear need in the UK for quality governance in healthcare, and that is why the Royal College of Physicians of Edinburgh (RCPE) has established the Quality Governance Collaborative (QGC).

The QGC is an independent, neutral, non-governmental programme committed to a new integrated approach to quality governance in healthcare. It will bring together multiprofessional groups as part of national and international collaborations with the aim of highlighting issues and improving the practice of quality governance, particularly but not exclusively, in healthcare. The Collaborative will work closely with governments, royal colleges, board and trust directors, and other healthcare professionals and individuals involved in the delivery of patient care and in public involvement. This work builds on experience that the RCPE has gained through recent work with the Scottish Academy to produce documents such as Learning from Serious Failings in Care[3] and the report into NHS Lothian whistleblowing for the Scottish Government.[4]

Governance – the role of the board

In 1991, the predevolution NHS introduced a new board model that was underpinned by the concept of corporate responsibility, where board decisions were shared by executive and non-executive directors. These new boards were relatively small in size, and were composed of equal numbers of executive and non-executive members, and a non-executive chair.[5] This represented the beginning of a process towards integrated governance at NHS board level.

Following this development the Bristol Inquiry,[6] the Alder Hey Inquiry[7] and others raised serious questions about the quality of clinical care. It was accepted that responsibility for quality 'extended beyond the clinicians concerned', leading to the development of a system of clinical governance that included a quality management responsibility for NHS boards.[7] All health organisations in England now had a statutory duty to seek quality improvement through clinical governance, and the long-term plan was to ensure integration, throughout all levels.[8] This represented a move towards devolution of accountability to individual trust and boards.

Early challenges and opportunities

New demands were created by the devolution of accountability, which highlighted the need to clarify the distinction between good, robust governance and the ability of non-executive and executive directors to perform corporately at board level. Thus, whilst ensuring that strategic matters would continue to be given the appropriate level of attention, boards were also tasked with ensuring that all risks were controlled and managed effectively, and that they gave due consideration to the care and treatment of patients – an idea that lies at the core of the healthcare business. Yet, devolution also presented the opportunity for boards to review their governance arrangements, and to develop further integration between health and social care organisations in their health community.[9]

In 1999, The Health Act was introduced in England and Wales, which allowed NHS bodies and local authorities to pool budgets. Since then, successive UK Governments have attempted to integrate health and social care in England,

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but have faced a number of structural, cultural and financial challenges. In Scotland, progress on integration of health and social care has been made since the Scottish Parliament passed the Public Bodies (Joint Working) (Scotland) Act 2014, although this has raised a new set of governance challenges, not least the issue of 'double governance' resulting from two accountable bodies (NHS boards and local authorities) coming together.

Integrated governance

The most significant change in this process was Integrated Governance, published in 2006.[9] This document laid out that, 'integrated governance is a co-ordinating principle. It does not seek to replace or supersede clinical, financial or any other governance domain. Rather it highlights their vital importance and their inter-dependence and interconnectivity'.[9] It is important to note, therefore, that Integrated Governance focused on governance within organisations. This was then supplemented by work to develop integrated governance between organisations. A working paper was launched in 2008,[10] which identified steps that NHS organisations in England were required to take to enhance accountability, within an increasingly complex delivery environment.

In 2012, the Health and Social Care Act established 'Health and Wellbeing Boards' in each local authority in England, which had a 'duty to encourage integrated working,' and required NHS England and Clinical Commissioning Groups to promote integration of health services where this would improve quality or reduce inequalities. In 2013, a joint budget was announced for the NHS and local authorities, the Better Care Fund. This was followed by the Care Act 2014, which required local authorities to promote the integration of health and care provision to promote wellbeing, improve quality, or prevent the development of care needs. In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships covering the whole of England, and set out their proposals to improve health and care for patients.[11]

In Scotland, the Scottish Patient Safety Programme (established 2008) is a good practical example. Coordinated nationally but working with specific teams (within hospitals, GP practices, community pharmacies, etc), the programme takes a collaborative approach to national learning, allowing disparate groups or organisations to learn from one another and to test different models of care delivery.[12]

QGC statement of intent – the principles

Healthcare governance is both complex and dynamic. The need for sound, proven and respected governance structures – with a patient safety focus – is essential, in line with the Academy of Royal Colleges Learning from Serious Failings in Care report,[3] particularly as health and social care delivery bodies proceed into a new policy and delivery landscape. By systematically considering and examining the governance models in different sectors, the QGC aims to develop a transferrable governance model, which it hopes will be viewed by the NHS as refined best practice. QGC will contribute to improved governance systems through the promotion of a National Quality Governance Fellowship Educational Programme (which will be aligned with respected educational principles and CPD recognised), research publications and policy position papers, symposia discussions and direct healthcare organisation governance support via audits and invited reviews.

The QGC has also designed a compelling ongoing programme of talks, cross-sector debates and educational symposia to underpin the following principles:

- The need for a more focused governance educational partnership between NHS boards, trusts, royal colleges and government departments, as well as co-production between healthcare professionals and patients.
- To consider and develop the future role of the clinician on the board, particularly in the role of the senior independent director (whose responsibility it is to hold both the chair and chief executive officer to account).
- Design a process to get more clinicians on NHS Boards through structured succession planning.
- Publish from each event a series of occasional papers – printed and disseminated through the RCPE and selected peer-review journals.
- Design an 'integration joint board toolkit' – in Scotland.
- Create a RCPE Quality Governance Fellowship – for all healthcare disciplines.
- Create an international governance dialogue – led by RCPE international Fellows and Members.
- Promote the RCPE QGC as a World Health Organization Collaborating centre in governance.

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