



**International Forum on Quality and Safety in Healthcare**

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# **Rethinking governance, risk and assurance**

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# Context

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Much of the scenery is familiar – challenges to balance capacity and demand, improve quality and balance the finances...

*....but many longstanding problems have become much more severe and new challenges have emerged*

# Millions are waiting for care and treatment

*Taking England's NHS as an example:*

- **6,400,000 people** on waiting lists at March 2022
- Of whom **306,000** had been waiting for more than a year
- Aiming for **30% increase in elective surgery** by 2024/25 compared to pre-pandemic
- **Only 61%** of patients at **Accident and Emergency** (type 1) admitted, discharged or transferred within 4 hours in Q4 2022



# The impact on our staff

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*Taking England's NHS as an example:*

- **110,000 vacant posts** in the National Health Service
- **10% of all nursing posts** (and 6% of doctors) are empty
- 47% of health care workers said they had **felt ill due to stress** in the last 12 months (*Care Quality Commission, National Staff Survey, autumn 2021*); 34% often or always felt **burnt out**
- *“We’re running a marathon at sprint pace”*



# And now – financial challenges too

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Many nations are now facing **increasing inflation**, rising interest rates and the possibility of a **recession** in 2023, and public funding will be under pressure....

*In England*, many NHS Trusts are required to make efficiency savings of 5% in 2022/23

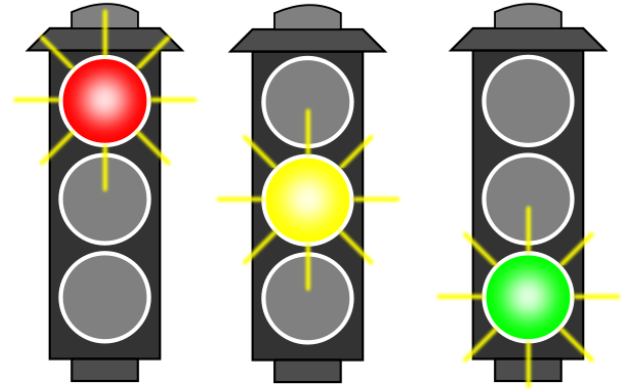


# When all our key performance indicators are red

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Healthcare organisations often use **RAG rating** or ‘**traffic light**’ indicators to illustrate performance...

*.....But what do we do when all of the lights are **red**? And how can our Boards be assured?*



# What do we mean by Assurance?

## ASSURANCE

*Assurance is based on:*  
Information  
Evidence  
Triangulation

## REASSURANCE

*Reassurance is based on:*  
Opinion  
Professional Expertise  
Trust

- Assurance is being provided against **objectives** – are our objectives still **realistic** in this new world?
- Whether assurance is needed, or reassurance is sufficient, will depend on the context.

# Assurance and Risk

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- **Assurance is a risk-based activity:** we seek the greatest assurance where the risk of failure, in terms of impact and probability, is greatest.
- **Assurance has a cost in time and money** and like other work, needs to be prioritised
- **We need to understand our risk appetite and risk tolerance** and how these may have changed in the last two years.





# So what do we measure and how?

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- Measuring what we always have done or what is easy to measure...
- Unclear who are we providing assurance to – *our Board, patients' representatives, government agencies, academic partners, etc?*
- Measuring activity rather than outcomes
- Not always using digital technology to best effect
- Exclusive focus on quantitative data, lack of qualitative assurance



# Questions for discussion

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1. In difficult times, what key priorities do healthcare providers need to focus on above all others, and what are the principal risks to achieving these priorities?
2. Is there anything that our organisations no longer need to monitor or measure, or can delegate to a lower level within our organisations?
3. What do we need to gain assurance over, that we haven't measured or monitored before?
4. How do we make the best use of new technologies to provide assurance?
5. How can we best gather qualitative data and intelligence to supplement what the numbers are telling us?



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