

Boards In Action

**A Board's role in Improving
Quality and Safety**

Guidance and Resources

**2nd National Patient Safety Office Conference
26th October 2017**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division

hello my name is...



Maureen Flynn
Director of Nursing
Quality Improvement Division

Governance for Quality and Safety team...
Siobhan Reynolds, Karen Reynolds, Tina Brennan,
Anne Marie Heffernan



Assist board members to....

- **Reflect**
 - on board performance and approach to improving quality and safety
- **Understand**
 - leading quality improvement practices
- **Make**
 - improving quality and safety a central tenet of a board's agenda
- **Develop partnerships**
 - with staff and service users for improving quality and safety
- **Drive improvements**
 - in care in a measurable way
- **Be aware of**
 - the importance of using proven quality improvement methodologies
- **Seek assurance and approve**
 - a plan for improving quality and safety



Why this is important



“

Boards with higher levels of maturity in relation to governing for quality improvement (QI) have the following characteristics: explicitly prioritising QI; balancing short-term (external) priorities with long-term (internal) investment in QI; using data for QI, not just quality assurance; engaging staff and service users in QI; and encouraging a culture of continuous improvement; ...enabled and supported by board-level clinical leaders.

(Jones et al., 2017)



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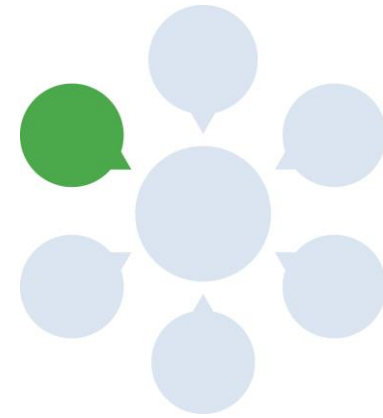
Framework for improving quality



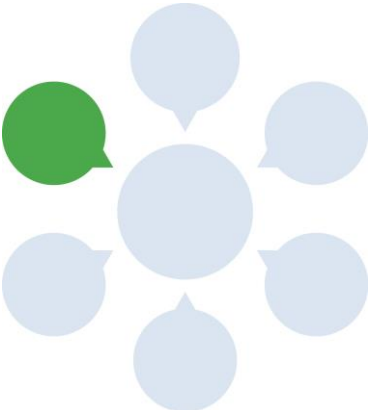
Source: Framework for Improving Quality in Our Health Service (HSE 2016)



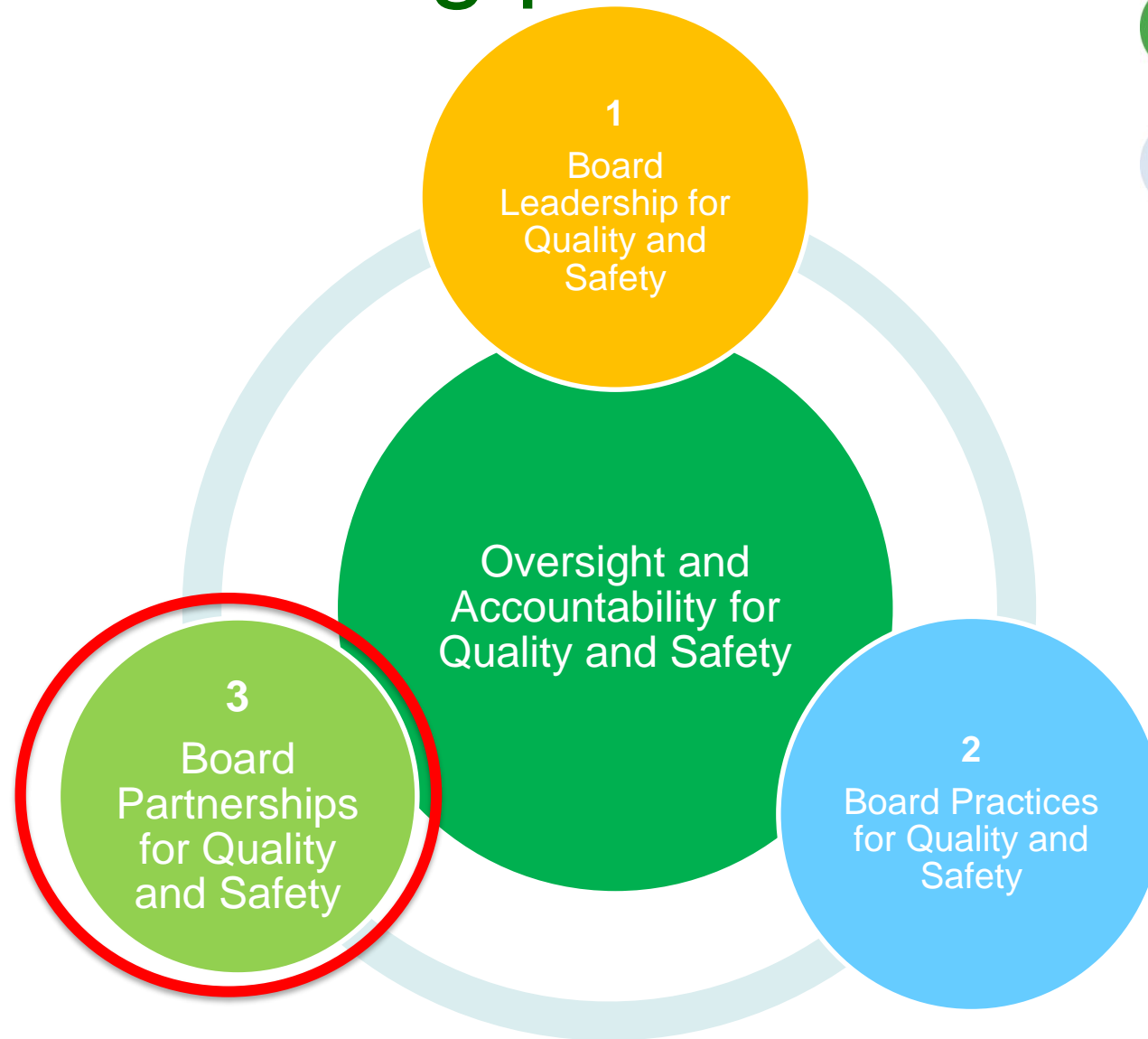
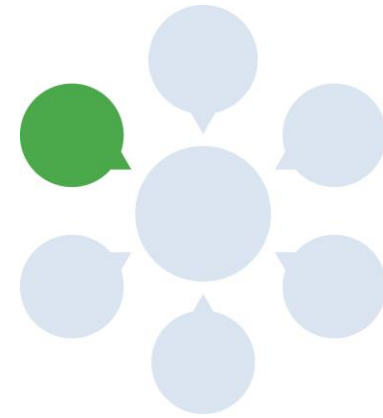
Board leading practices.....



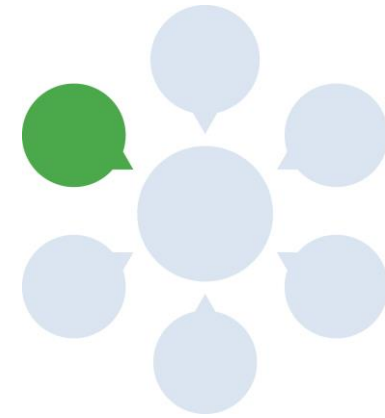
Board leading practices.....



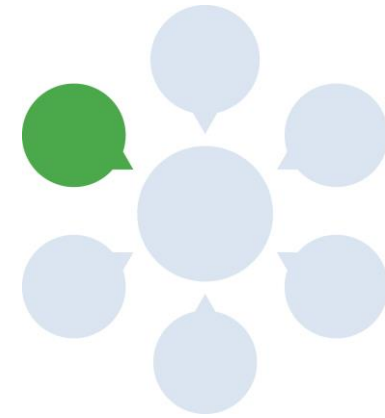
Board leading practices.....



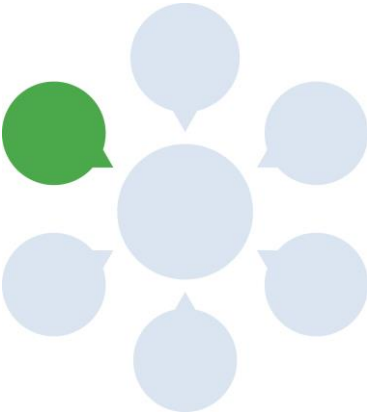
Board leading practices.....



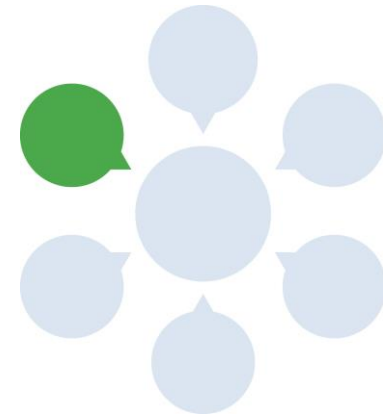
Board leading practices.....



Board leading practices.....



Board leading practices.....



Board considerations..




Board Considerations - Role of Leadership in improving Quality and Safety

- How does our board define quality and safety?
- What are our specific targets and outcomes for improving quality and reducing harm? Who can be part of the process to develop those aims?
- Does our board demonstrate our commitment to quality and safety by the actions we take?
- Does our board communicate in a transparent way?
- How does our board invest in the development of staff as leaders for improving quality?
- How does our board 'ring fence' resources for improving quality and safety?



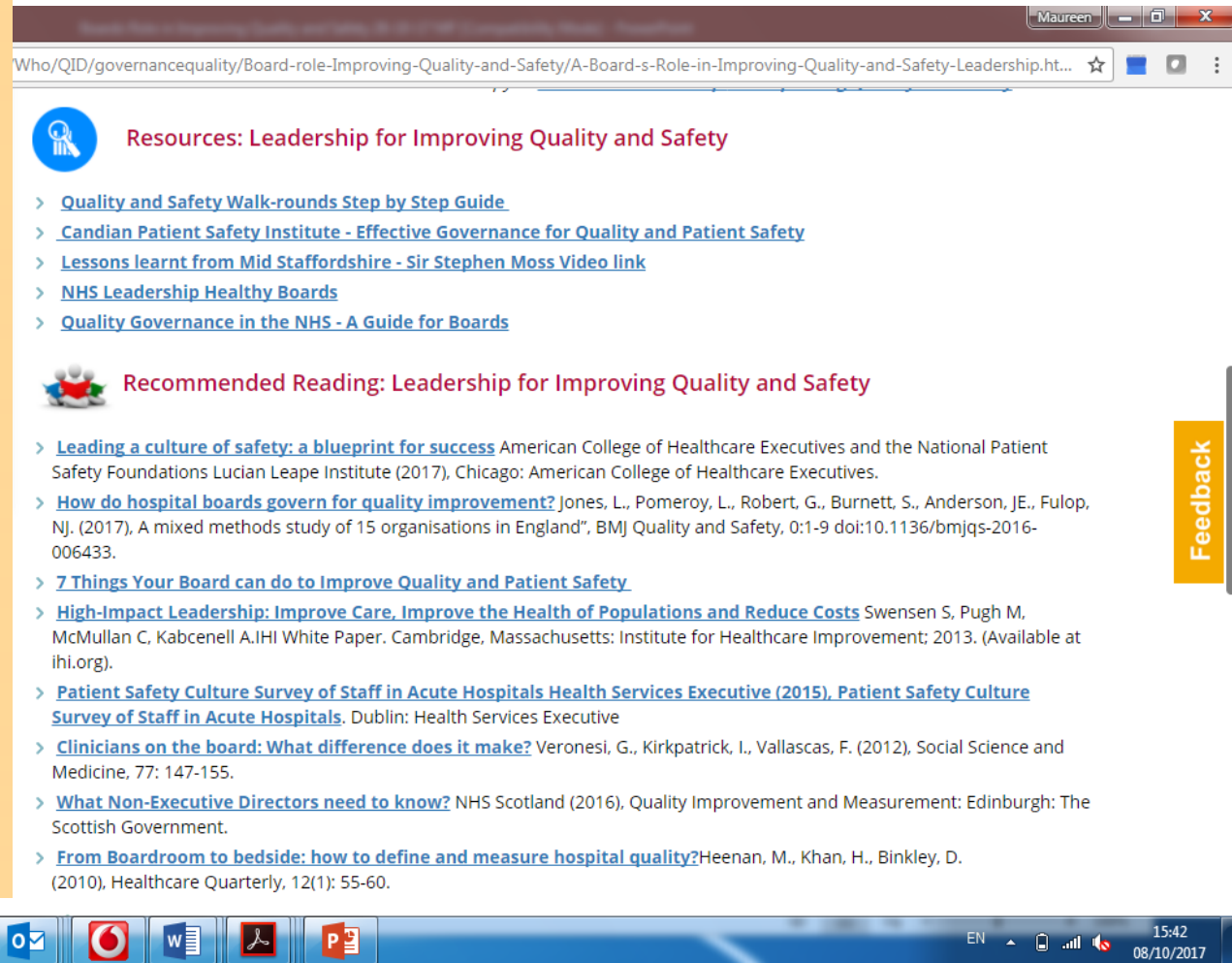
Online toolkit www.qualityimprovement.ie



Leadership for Improving Quality and Safety

"Board leadership is a critical ingredient to achieving better, safer care and governing boards can choose to be either active leaders or passive overseers in the process"

(Bader et al., 2006)



Maureen

Who/QID/governancequality/Board-role-Improving-Quality-and-Safety/A-Board-s-Role-in-Improving-Quality-and-Safety-Leadership.ht...


Resources: Leadership for Improving Quality and Safety

- > [Quality and Safety Walk-rounds Step by Step Guide](#)
- > [Canadian Patient Safety Institute - Effective Governance for Quality and Patient Safety](#)
- > [Lessons learnt from Mid Staffordshire - Sir Stephen Moss Video link](#)
- > [NHS Leadership Healthy Boards](#)
- > [Quality Governance in the NHS - A Guide for Boards](#)

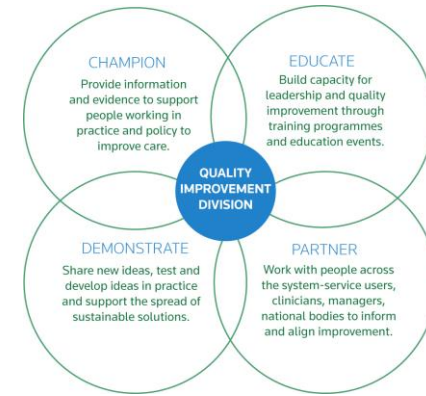
Recommended Reading: Leadership for Improving Quality and Safety

- > [Leading a culture of safety: a blueprint for success](#) American College of Healthcare Executives and the National Patient Safety Foundations Lucian Leape Institute (2017), Chicago: American College of Healthcare Executives.
- > [How do hospital boards govern for quality improvement?](#) Jones, L., Pomeroy, L., Robert, G., Burnett, S., Anderson, J.E., Fulop, N.J. (2017), A mixed methods study of 15 organisations in England", BMJ Quality and Safety, 0:1-9 doi:10.1136/bmjqs-2016-006433.
- > [7 Things Your Board can do to Improve Quality and Patient Safety](#)
- > [High-Impact Leadership: Improve Care, Improve the Health of Populations and Reduce Costs](#) Swensen S, Pugh M, McMullan C, Kabcenell A.IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013. (Available at ihi.org).
- > [Patient Safety Culture Survey of Staff in Acute Hospitals Health Services Executive \(2015\), Patient Safety Culture Survey of Staff in Acute Hospitals](#). Dublin: Health Services Executive
- > [Clinicians on the board: What difference does it make?](#) Veronesi, G., Kirkpatrick, I., Vallascas, F. (2012), Social Science and Medicine, 77: 147-155.
- > [What Non-Executive Directors need to know?](#) NHS Scotland (2016), Quality Improvement and Measurement: Edinburgh: The Scottish Government.
- > [From Boardroom to bedside: how to define and measure hospital quality?](#) Heenan, M., Khan, H., Binkley, D. (2010), Healthcare Quarterly, 12(1): 55-60.

Feedback



Dissemination and use



- Disseminate to board chairs and CEOs
- Request to CEO to develop plan for the use of the guidance with their board members/executive management team.
- Inclusion of guidance in induction programmes for new healthcare board members.
- QID member's meetings (on request from Boards) to introduce the guidance and resources and partner for *Board on Board* QI projects (small number in 2018)
- HSE Leadership team/directorate examining the guidance to inform the operations of the team/directorate



Board ambitions

...remember that non-executive directors are the eyes and ears of the outsider but have privileged access to the inside of the service. That is your value to patients, to the executives and to the board. Use it well but take your time – thoughtful reflection about what can go wrong and why is all too rare, and we need lots more of it at every level of the system... Commit yourself to a year-long schedule of informal visits to wards, clinics and departments... Be patient and gradually the workings of the service will reveal themselves. Be persistent and word will spread that the board is seriously interested in the work of caring for patients and the conditions that make it possible.

(extract from Cornell, 2013)



To the many people who inspired and assisted in the development of the guidance:

- Respondents to consultation
- Subject specialists from QID and across our health system
- Healthcare Improvement Scotland
- Canadian Patient Safety Institute
- International panel
- HSE Library team



Our team

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