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)
The Board of a healthcare provider has a role in setting out the vision and goals for improving quality and safety. Board members, leaders, managers and clinicians can seek out and use all opportunities to visibly display their commitment to building a culture of quality and safety by actively demonstrating the values of the service, regularly listening to service users and staff, seeking assurance of safety and evidence of the quality of services.

**Board Roles and Responsibilities**

The *Code of Practice for the Governance of State Bodies* (Department of Public Expenditure and Reform, 2016) provides a framework for the application of best practice in corporate governance by both commercial and non-commercial state bodies. In Ireland, the Public Appointments Service is responsible for the recruitment of members to state boards. It has outlined as part of the recruitment for Hospital Group Boards the chairperson’s role in the development and implementation of effective corporate and clinical governance structures, along with oversight of the quality and safety of systems of care in place for service users (Public Appointments Service, 2017a). In order to be an effective contributor on a board it is recommended that members:

- Bring independent and objective scrutiny to the oversight of the organisation;
- Be prepared to be challenging, when necessary, while being supportive to the delivery of strategy and objectives;
- Be equipped to offer considered advice on the basis of sound judgement and experience;
- Be prepared to make a time commitment to their work commensurate with the role;
- Constructively supports and challenges the Chief Executive as to the demonstrable effectiveness of the quality, safety and timeliness of the services delivered;
- Constructively supports and challenges the Chief Executive in the oversight of risk management;
- Provide advice in relation to strategic direction, effective role of the board in collectively leading for quality.

The board comprises across its membership, the necessary skills, competencies and experience to enable it to deliver on the strategic and visionary change management agenda and oversee the provision of high quality safe service user care. The appointment process for members of the Hospital Groups seeks to ensure demonstrable expertise in clinical, business, social, legal, medical academic, nursing and patient advocacy (Public Appointments Service, 2017b). Competencies in clinical governance, quality assurance and patient safety are sought to ensure the correct board skill mix and competencies.

Recent studies reveal a significant and positive association between a higher percentage of clinicians on boards (both as non-executive and executive members) and the quality ratings of healthcare provided, especially where doctors are concerned. This positive influence is also confirmed in relation to lower morbidity rates (Sidorov, 2016; Veronesi et al., 2013). A further study demonstrates that executive nurse / midwife directors, who are members of boards, can provide invaluable advice and support to the board around matters of quality and safety (Jones et al., 2016; Mastal, et al., 2007; Matchell, et al., 2010).

Board effectiveness for improving quality and safety relies on the ways in which board members use their knowledge and the information they receive in overseeing the provider’s plans for improving quality (Ninnger, 2011). In order for quality and safety of care to be a priority for the board it is scheduled in a dedicated section of the board agenda to ensure that appropriate attention is given. In many cases, a dedicated board quality and safety committee can be established to review reports of quality of care in greater detail. The roles of the board and the chief executive should be clear around addressing quality concerns and questions. Table 1 outlines the role of the board chair, the chief executive and non-executive and executive members of the board.
Chief Executive Officer and Executive Responsibilities

While this guidance seeks to increase board members’ understanding of best practice in improving quality and safety, it is the responsibility of the Chief Executive Officer (CEO) to implement the board’s policies in relation to quality and safety and for ensuring quality and safety within the organisation. By providing timely accurate and precise information to the board the CEO ensures the board can carry out their function with regard to governance for quality and safety and to allow it fulfil the safety objectives and functions set out in this guidance document. It is the CEO’s responsibility to ensure the board has sufficient information on risk identification, assessment and control strategies and ensures effective systems, procedures and practices are in place in order to evaluate the effectiveness of its operations.

The CEO encourages board competencies and commitment regarding quality and safety, while providing a transparent line of sight between the board and the rest of the organisation. An engaged board plays a key role in organisational culture and safety. Developing and engaging the board is one of the key leadership domains that require CEO focus and dedication to develop and sustain a culture of safety (American College of Healthcare Executives and the National Patient Safety Foundation’s Lucian Leape Institute, 2017).
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<th><strong>Table 1: Key Governance Strategic Roles</strong></th>
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<td><strong>Chair</strong></td>
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<td><strong>Formulate Strategy</strong></td>
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<td><strong>Ensure Accountability</strong></td>
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<td><strong>Shape Culture</strong></td>
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<td><strong>Context</strong></td>
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<td><strong>Intelligence</strong></td>
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<td><strong>Engagement</strong></td>
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*Source: adapted from Rice et al., (2015)*
Leadership Behaviours for Improving Quality

Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times. Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work. Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.

(Extract from the National Advisory Group on the Safety of Patients in England, A Promise to Learn, a Commitment to Act, 2013)

Board members as leaders have the opportunity to be more than champions for improving quality of care; they can be active participants (HSE, 2016a). A board can clearly demonstrate their commitment to quality and safety by collectively leading and influencing the overall culture of the organisation. Maintaining a culture that prioritises quality and service users’ safety is a reasonable expectation for highly effective boards.

Boards can channel their efforts towards supporting a culture of learning rather than driving compliance only. Individual and collective board member behaviours can accelerate the organisation’s quality journey. The Institute for Healthcare Improvement (IHI) High-Impact Leadership Behaviours: Five Things Leaders Can Do to Promote Improvement (2013) outlines how leaders can examine their own behaviours (see Figure 1 below).

Figure 1: IHI High Impact Leadership Behaviours

1. Person-Centeredness
   - Be consistently person-centred in word and deed

2. Front-Line Engagement
   - Be an authentic presence at the frontline and a visible champion of improvement

3. Relentless Focus
   - Remain focused on the vision and strategy

4. Transparency
   - Require transparency about results, progress, aims and defects

5. Boundarilessness
   - Encourage and practice systems thinking and collaboration across boundaries

Source: adapted from Swensen et al., (2013)
Boards have an essential role in promoting a culture of quality and safety of care through their own behaviours and actions by:

- Setting one large goal for quality and safety for the organisation
- Making quality and safety of care a core part of the board’s meeting agenda
- Reflecting the core values of the organisation in the decisions of the board
- Supporting the provider in becoming a learning organisation
- Sharing service user stories at board meetings
- Fostering a culture of transparency and honest communication
- Encouraging and supporting the executive to identify resources for staff education on improving quality and safety
- Supporting the executive in developing the provider’s programme for improving quality and safety.

💡 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?