Reflections from Board Members

Reflections of a Board Chair – A Canadian Perspective

Selecting people with the right "stuff" is very important. While you can grow your own experts in the area of quality and patient safety, it helps if you are very clear identifying the types of skills and experience required when recruiting and appointing board members. I would strongly recommend recruiting at least a couple of people onto boards, where possible, who have manufacturing or transportation backgrounds with proven continuous improvement orientation. Also, adding people with strong customer service backgrounds, not just in delivery but in fundamentally understanding how to imbed a service ethos into staff.

The successful "on boarding" of new members via a structured induction and orientation program to acclimatise new board members to the work of the board is a vital component of successful board participation. If you have the right people at the table, the learning curve can be sped up through a robust orientation programme supported by ongoing active coaching and mentoring from the experienced folks around the board table who are willing to invest time in new members during their first year. It should be clearly stated during the recruitment phase for new board members, that much of the journey may involve self-directed learning.

There has been a real shift in emphasis (over the last decade or so) from processes to outcomes. It is a board's responsibility to ensure the right "processes" are in place, however the real value a board brings or a highly functioning quality committee adds, is on understanding outcomes and variation in care and or improvement over time. Patient stories are very helpful but are most helpful if tied to an indicator or initiative that is in front of the board.

A board's response to critical incidents is also important, If the learning from an incident is of benefit to others it can be shared broadly throughout the organisation and beyond. The review of specific critical incidents within healthcare, while very sobering, can serve to galvanise board focus. Whilst it is not a board's role to investigate, it is a board's role to ensure that investigations are effective, processes are reviewed and changed where indicated and lessons learned are widely communicated. A board's response to these incidents also contributes to establishing a quality and safety culture within the organisation. To this end, a board needs to understand Human Error / Factors and the importance of ensuring accountability within the organisation through a "Just Culture". Within a Just Culture, incidents are investigated to find and understand root causes – often system or process related, rather than focusing on assessing blame or individual culpability.

"As a board member, we are not simply passive receivers of information and gone are the days of simply showing up"

Ruthe Anne Conyngham, Past Chair of the Canadian Healthcare Association and the Ontario Hospital Association.

Reflections of a Board Chair – An Irish perspective

The Mater Hospital is focusing on becoming the safest and most efficient hospital in Ireland, and that goal is dependent on creating cultures where leadership, openness, reporting and sharing the learning are at the core of operations from bed to board. Our Board completed a *Board on Board with Quality of Care* Project in 2015 and 2016. This has strengthened our governance for quality and safety by providing the board of directors with a real picture of the quality of clinical care and rebalanced the board agenda in favour of quality of care. I am pleased to share my reflections on our journey in achieving that shift in focus:

Board Assurance: Assurance at board level as to the quality of care delivered is through reviewing a small number of prioritised 'outcome measures' or as some refer 'the big dot' measures. These 'big dot' measures are system measures, the outcomes of a series of interconnecting processes in delivering patient care. If the outcome measures are below target or demonstrate a trend, the board uses the information to question the executive management team; and make assessments and recommendations regarding hospital business. This provides strong accountability between board and the executive.

Quality Data: The board now get a balanced view of information and a more comprehensive picture of (i) finance, (ii) access and (iii) quality of clinical care delivered to patients. The information is presented via a *board of directors' quality dashboard.* All of the information is represented on one page, grouped by quality domains and aligned to the *National Standards for Safer Better Healthcare* (HIQA, 2012) and the board quality and safety priorities. The dashboard and accompanying report are circulated prior to the board meeting and provide us with context to the information and enables us to be prepared for a focused discussion at the board meeting.

Board Education: Our board took dedicated time-out to review quality of clinical care in a focused and strategic way through a tailored workshop / targeted reading and this provided the time and space to learn about quality of clinical care, how to prioritise information and understand measures.

Prioritisation of Board Agenda: Our board meeting agenda has been rebalanced in favour of quality. The quality of clinical care provided to patients has a priority position and gets at least 40% of time of the board meeting. This has facilitated a thorough discussion and recommendations surrounding the quality of clinical care.

Patients Voice: We have also introduced patient stories into all board meetings. This has strengthened the voice of patients and has led to the 'humanising' of the dashboard numbers that we review at meetings. Through this process the board get a greater insight of patient experience (good and bad) and the patient context when considering what the dashboard trends are telling us.

Integration of Finance and Quality: We have come to appreciate that quality and financial data should always be integrated: they are always two sides of the same coin. However, getting the right data is essential. Without the right data a board is flying blind. The board monthly dashboard allows us to navigate effectively and provides clarity on the direction of travel.

Board Decision Making: We can now see how the shift in focus towards informed decision making based on; quality of care measures, informed by patient stories, and context provided by executives has positively influenced patient care. This has also influenced the overall culture of patient safety.

> *"The boards work regarding quality of care is the start of a journey and we are continuing this journey"*
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> **Tom Lynch**, Chair, Board of Directors Mater Misericordiae University Hospital

Reflections of a Non-Executive Board Member

Temple Street Children's University Hospital, is an acute national paediatric hospital providing care for 145,000 children each year. A voluntary Board of Directors of four executive and nine non-executive members are accountable for the services provided.

Reason for Joining: I joined the Children's University Hospital Temple Street board as a Non-Executive Director (NED) in October 2015, as contributing to the community and country is something I feel strongly about. Having retired from the public healthcare system and completed a board programme in the Institute of Directors in Ireland, my experience matched the competencies of a NED for this hospital and my nomination was approved by the board.

Preparing for the NED Role: The board programme at the Institute provided me with a real understanding of the responsibilities of a NED role and helped me to differentiate between being a board member and a member of the executive. One of the board members acted as a mentor to me which was very beneficial and the board were very welcoming. I went through an induction process and was provided with helpful information e.g. previous annual reports, board papers, articles of association etc.

Board Responsibility: Everyone on the board is accountable and has to take collective responsibility for the decisions of the board. I knew that clinical quality and safety was my area of expertise but I also needed to understand the other issues the board would be discussing. The board culture is very supportive and encourages open questioning, clarifications and challenge of all matters discussed which assisted me in learning the non-clinical aspects of board business.

Preparation for board meeting: Reading the documentation in advance of board meetings is critical. Knowing that I am legally accountable I need to fully understand what I am signing off on and the implications of decisions made at the board table. I would be very uncomfortable coming to a meeting if I hadn't read the documents and followed up on matters in advance if needed. The executive team and staff work hard preparing reports for and are dependent on the decisions of the board and therefore need the full attention of the directors for each of the monthly meetings.

Quality and Safety Committee: I am chair of the board quality and safety committee, it's a new committee being set up in a new structure and operates within the HSE guidance for Quality and Safety Committees. A key responsibility of the committee is judging what is the right information for the committee Vs what is the right information to present to the full board. The board committee has relevant executive expertise and two parent representatives whose contributions are greatly valued.

Board members development: I am a member of the Institute of Directors and I attend meetings regularly (every four to six weeks). They host guest speakers who provide updates on many topics e.g. national and EU legislative changes and I find them invaluable. The hospital has been collaborating with the Health Service Executive in a *Board on Board* learning project. This is helping board members develop their knowledge and understanding of quality of care; what the board needs to know and what questions the board needs to ask to ensure that the quality of care is improving. NEDs who have not come from a clinical background need a specific education / training programme as healthcare is so complex.

Top tips for future board members

1. If you are invited to join a board, ask lots of questions, review their annual report, ask to speak to other board members, learn how they do their business.
2. Find some group where you can gain ongoing education and development for your board role. Learn how you can access board best practice which will make it much easier to contribute.
3. Prepare well for board meetings by reading all material in advance of the board meeting.
4. Connecting with staff is really important e.g. walk-rounds, observing safety huddles, attending functions. There is nothing like being out there meeting directly with staff.
5. Look for evidence of quality and safety and recognise this. Congratulate staff and recognise their excellence when the opportunity arises.

"If you get an opportunity to join a voluntary board, take it. Utilising my experience and expertise in this way has been an enriching and developmental experience".

Aveen Murray, Non-Executive Board Member, Temple Street Children's University Hospital and Chair of Board of Directors Quality and Safety Committee.