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Brokering Innovation Through Evidence

How do NHS Hospital boards govern for quality improvement?



As part of an evaluation of a board-level quality improvement (QI) intervention CLAHRC researchers compared board approaches to governing for QI, mapping characteristics of boards with higher levels of QI maturity.

Background

Health systems world-wide increasingly hold boards of health care organisations accountable for quality of care they provide.

Associations between board practices and the quality of patient care are well-known; however little is known about how boards govern for quality improvement.

Methods

We conducted fieldwork over 30 months in 15 English healthcare provider organisations - interviewing board members, observing meetings and scrutinising papers and documents.

We analysed the data using a QI maturity framework developed from existing evidence of links between board practices and quality of care.

The framework (Fig 1) helped us to understand how healthcare organisation boards enact governance of QI.

We mapped variation in how boards did this and constructed a measure of QI governance maturity.

	Framework dimension
1	QI as board priority
2	Using data for improvement
3	Familiarity with current performance
4	Degree of staff involvement
5	Degree of public/patient/carer involvement
6	Clear, systematic approach (clear and well specified priorities, manageable number)
7	Balance between clinical effectiveness, patient experience and safety
8	Dynamics (how board members challenge/ask questions of each other)

Fig 1 QI maturity framework

Results

Characteristics of boards with higher levels of maturity in relation to governing for quality improvement -

- explicitly prioritizing QI
- balancing short term (external) priorities with long term (internal) investment in QI
- using data for QI, not just quality assurance
- engaging staff and patients in QI
- encouraging a culture of continuous improvement

Who we worked with

Our research involved 15 NHS provider organisations - 12 acute care providers, two mental health providers, and one community care provider.

Conclusions and next steps

Characteristics of organisations with mature QI governance seemed to be enabled by active clinical leadership and we identified board-level clinical leaders as critical in organisations with a mature approach to QI. Further investigation of their biographies, identities and work practices could build a more complete picture of their role in organization-wide QI.

We expect our findings to be of interest to boards of NHS providers who wish to develop their organisational-wide strategies to improve quality of care.

There is also scope for our framework to be further developed and applied more widely in the NHS, including as a self-assessment tool for boards.

Implementation and evaluation of a guide for NHS boards to develop their quality improvement strategies (iQUASER)

This work is part of the iQUASER study, a wider evaluation of a board-level organisational development intervention - the Quality and Safety in European Union Hospitals (QUASER) guide. QUASER is a research-based guide for senior hospital leaders to develop and implement QI strategies. iQUASER is testing the impact of implementing QUASER by Trust boards in the North Thames region. This study contributes to a deeper understanding of how boards govern for QI.

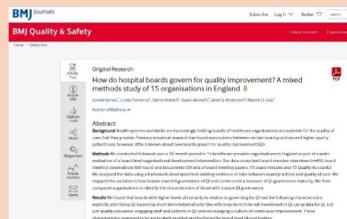


Read the full paper

Jones L, Pomeroy L, Robert G, et al

How do hospital boards govern for quality improvement? A mixed methods study of 15 organisations in England
 BMJ Quality & Safety Published Online First: 8/7/2017

doi: [10.1136/bmjqs-2016-006433](https://doi.org/10.1136/bmjqs-2016-006433)



Read more about the QUASER Guide

<https://www.ucl.ac.uk/dahr/news-events/events-publication/quaser>

Keep up to date with the research

Contacts: Professor Naomi Fulop - n.fulop@ucl.ac.uk & Dr Lorelei Jones - loirelei.jones@ucl.ac.uk

iQUASER study homepage

http://clahrc-norththames.nihr.ac.uk/systems_and_models_theme/iquaser/

About NIHR CLAHRC North Thames

NIHR CLAHRC North Thames is a collaboration between world leading universities, the NHS, local authorities, patients, the public, industry and charities. Our aim is to improve health outcomes and reduce inequalities through world class applied health research.

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