Health-care systems world-wide are concerned with strengthening the governance of quality and safety in hospitals. In England, the national regulators are developing approaches and resources to support hospital leaders in their role in the governance of quality.

This study formed part of a mixed-methods evaluation of an initiative designed to help hospital boards develop an organisation-wide quality improvement strategy. The initiative used a research-based guide for senior hospital leaders to develop and implement organisation-wide QI strategies (the QUASER guide) developed from a study of quality in hospitals in five European countries.

We asked: (1) **How do public sector hospitals respond to a quality improvement intervention, and what are the effects?** (2) **How do features of the social and political context shape the response?** and (3) **What are the implications for the future design and implementation of quality improvement initiatives?**

What was the aim of the project?

This study aimed to understand and explain the effects of an initiative to support the senior leadership teams of hospitals improve the quality of care, and to identify lessons for the design of future initiatives.

The intervention

The intervention facilitated the use of a research-based guide for senior hospital leaders to develop and implement organisation-wide QI strategies (the QUASER guide). The guide is based on findings from the QUASER study of quality in hospitals, a collaboration between five European countries.

The use of the guide was facilitated in six provider organisations by Foresight Partnership (an organisational development consultancy). The intervention involved a self-assessment questionnaire, which was completed by both executive and non-executive members of the board. Each organisation nominated three board members to attend a series of learning events. In addition to developing an organisation-wide QI strategy, participants were given the task of implementing one organisation-wide QI project.
**What we did**

We observed the different elements of the intervention, and interviewed participants before during and after the intervention. We also collected documents, such as board minutes and meeting papers, internal reports on strategy and plans and external assessments of quality. We used these to understand more about the organisational context of the intervention, what happened after the intervention, and the consequences. We used organisational theory to help us analyse the data.

**What we found**

The six organisations responded differently to the intervention. Two transformed their processes in a way that was consistent with the objectives of the intervention, and one customised the intervention with positive effects. In two further organisations the intervention was only loosely linked to organisational processes, and participation in the intervention stopped when it competed with other initiatives. In the final case, the intervention was ‘corrupted’ to reinforce existing organisational processes (a focus on external regulatory requirements).

We found that for organisations to benefit from a quality improvement initiative they need to have some ‘slack’ – described by our participants as ‘thinking space’ and ‘someone to do the doing’. The amount of slack available to the organisations in our study was shaped by the extent to which organisations had met national standards, such as the target for patient waiting times in accident and emergency departments.

Organisations that did not meet national targets faced competing priorities, including a considerable administrative burden to provide assurance to external regulators. The organisations that benefited from the intervention also had stable leadership and a shared vision for the improving quality.

**Implications for policy and practice**

The implications of our research for regulators concerned with strengthening board-level governance of quality is that they need to address the issue of ‘slack’, and reduce accordingly the number of demands on organisations. Organisations considering engaging in this type of initiative might first consider what they could ‘stop doing’ to enable sufficient slack. Our study suggests that simply adding one more initiative to an already overburdened organisation will not produce the desired results. The design of board-level interventions should be adapted to the context, for example, by focusing on strengthening the building blocks of healthy board functioning in organisations where this is weak.

**Who needs to know?**

Policy makers at the Department of Health, national regulators – NHS Improvement and CQC (and equivalents in the devolved nations). Knowledge mobilisation organisations such as the Kings Fund. Health services researchers. Members of NHS boards (e.g. Chief executives, Chairs, medical directors, directors of nursing, non-executive directors etc). Quality improvement leads, senior NHS managers, academic health science network leads.

**Find out More**

QUASER | The Hospital Guide A research-based tool to reflect on and develop your quality improvement strategies

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

Read the paper

Jones L, Pomeroy L, Robert G, et al
Explaining organisational responses to a board-level quality improvement intervention: findings from an evaluation in six providers in the English National Health Service
BMJ Qual Saf Published Online First: 31 October 2018. doi: 10.1136/bmjqs-2018-008291

Previous research

Jones L, Pomeroy L, Robert G, Burnett S, Anderson JE, Fulop NJ.
BMJ Qual Saf Published Online First: 08 July 2017. doi: 10.1136/bmjqs-2016-006433

Contact: Professor Naomi Fulop n.fulop@ucl.ac.uk