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# Optimising health service board meeting processes and behaviours to better meet governance objectives

## Dialogue Summary

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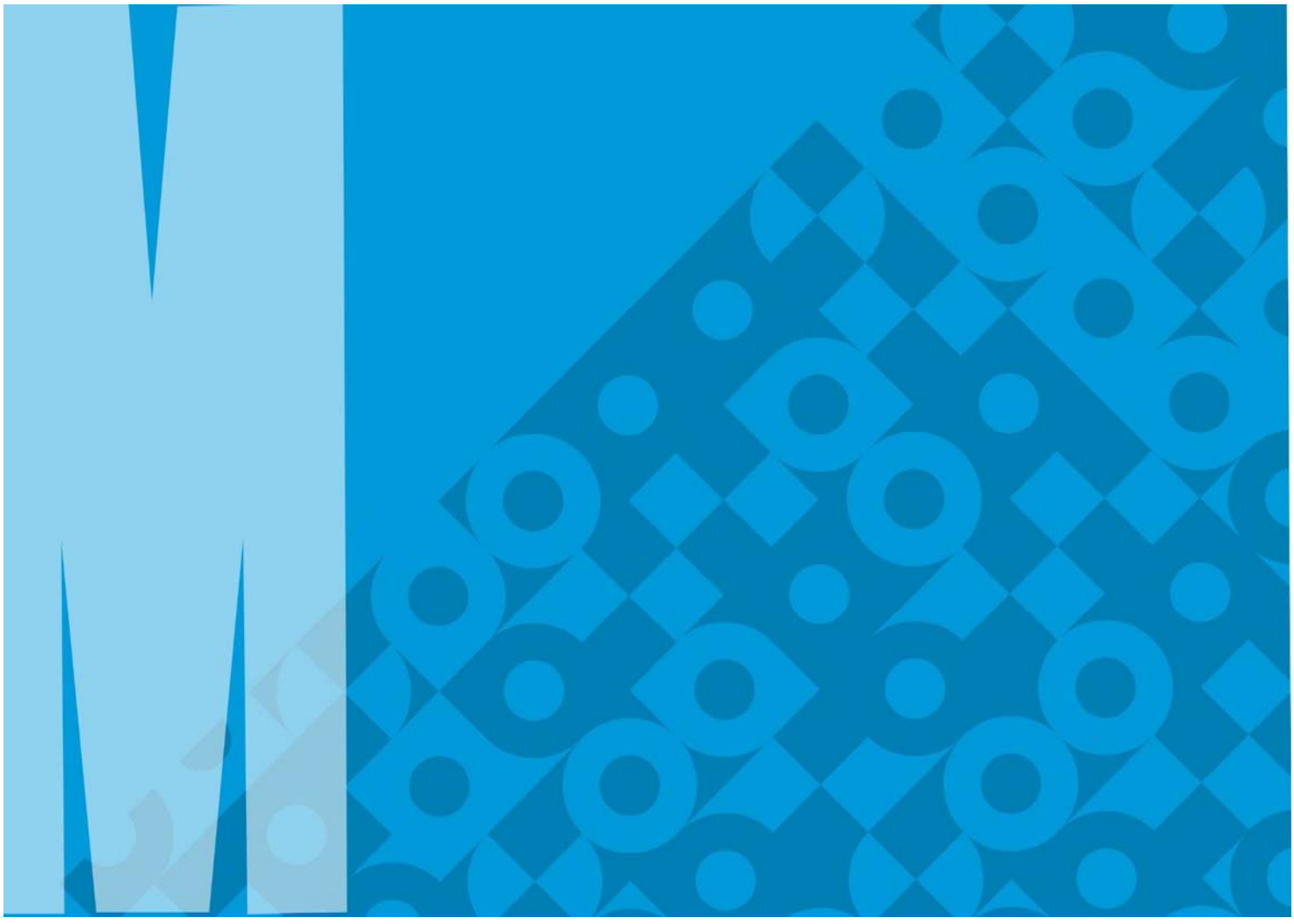

**Optimising health service board meeting processes and behaviours to better meet governance objectives**

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# Executive Summary

A day-long, structured stakeholder dialogue was conducted on September 4, 2017 to address the issue of *"Optimising health service board meeting processes and behaviours to better meet governance objectives*." This is one of six projects within the 3-year Victorian Managed Insurance Authority (VMIA) research and innovation program being conducted by BehaviourWorks Australia. The dialogue was attended by 11 people representing government (VMIA, Better Care Victoria), research, health service management, health board, board evaluation and consumer sectors. A briefing document presenting findings of a rapid review of evidence and practice pertaining to this topic was sent to all dialogue participants in advance of the dialogue. The dialogue had three aims:

### 1. Gain a shared understanding of evidence, practice and key issues in the Victorian Health Service Board sector

A number of key themes arose in the discussion, including:

- The need to help Boards - which contain both health experts and laypeople – develop skills in information gathering and appropriate questioning within board meetings, so that they function as an 'expert group and not just a group of experts'
- The importance of information sharing, both between health service boards, so they can learn from each other; and within boards - for example, by greater involvement of the health service CEO and executive
- Ensuring that interventions can account for the variations in health service board context and composition across Victoria
- Making board processes more transparent, potentially through more wide-scale promotion of the roles and responsibilities of boards in the Victorian community

### 2. Identify changes to health service board meeting behaviours or processes that could be trialled and scaled across Victoria

Through discussion, suggested interventions were added to an initial list of 38 presented in the Briefing Document. This list was then collapsed into 15 key areas by reducing conceptual overlap between the interventions identified.

### 3. Prioritise these interventions and determine how their effectiveness can be measured

A structured process drawing upon key principles of prioritisation was used to identify and describe a pilot trial focusing on one of the 15 areas. The working title of the trial is *Asking the Right Questions.* The aim of this pilot will be to evaluate the effectiveness of skills training of health service board and committee members to ask key questions within their meetings. The pilot will involve:

a. Co-design (involving government, researchers, consumers, board representatives) of a set of standardised questions for health service boards and committees
b. Provision of skills training of health service boards to build capacity and confidence in asking the questions and ensuring that they are appropriately addressed.

Outcomes measured will include individual-level (awareness, confidence) and meeting outcomes (number of questions asked and appropriately addressed). Other outcomes may also be evaluated (for example types of questions, alignment with agenda and key issues). The pilot trial will be designed and implemented in late 2017-early 2018.

# Pilot Behaviour Change Project Outline: Asking the Right Questions

## Background and Aim

The Duckett review has highlighted the critical importance of fostering a culture of enquiry within health services. This is reinforced by Safer Care Victoria's recently released overview of health service board structure and function. As and eyes and ears of the Health Minister, health service boards therefore need to ask for, understand and act on information that enables them to evaluate healthcare safety and quality within a health service and take necessary actions to address identified shortcomings. This starts with asking the right questions within board and committee meetings. Asking the right questions is a skill that requires understanding of what these questions are, how and when to ask them, and how to follow up to ensure that they are appropriately addressed. Not all health service board and committee members possess these skills, because they are drawn from a broad cross section of the community, including those with no health or health management qualifications. Therefore, this pilot project aims to evaluate the effectiveness of skills training of health service board and committee members (in particular quality and safety committees and consumer advisory committees) to ask key questions within their meetings.

## Rationale

The set of questions and associated training on how to ask questions will not only create confidence in less skilled board members, but also foster an environment where there are clear and transparent expectations about the information and data that Boards expect and creates transparency for the Executive regarding the questions they can expect to answer. The set of questions and training should also instil confidence to ask questions more generally. If the questions aren't answered, and the Executive or staff aren't able to provide the right information (for example at the next Board meeting) this could rerlect a shortcoming in executive accountability that may require further action.

## Methodology

### Phase 1: Co-design of a set of standard questions for Boards and Committees

A discrete set (i.e. 10 or 15) of questions will be co-designed with relevant stakeholders, including, VMIA, SaferCare Victoria, the Victorian Healthcare Association, researchers, consumers and board representatives. These questions will be designed to reflect a 'minimum standard' of scrutiny that Boards should be undertaking in order to meaningfully evaluate their health service. This will likely encompass the related issue of understanding, interpreting and acting on data and may also look beyond clinical risk to include other concerns such as cyber threats, water and maintenance issues and finance.

### Phase 2: Skills training of health service boards to ask the questions and ensuring that they are appropriately addressed

A training resource will be developed and delivered in order to build capacity and confidence in asking the questions and following up answers. This could involve simulations (for example with trained actors) or other in-person workshop activities, education modules that can be accessed online / in print and / or other teaching and training strategies.

## Measurement and Evaluation

Evaluation will focus primarily on the knowledge and use of questions, rather than the development of the questions. Evaluation levels may include:

- Individual-level: Awareness of questions, self-rated confidence in skills acquired and application to practice

- Board meeting level: Number of questions (categorised e.g. asked and answered; asked not answered; not asked but answered; not asked -if not, why not?); desktop audit of board papers over a series of meetings (to ascertain if questions addressed at subsequent meetings); alignment of questions with agenda / key health service issues; reflections on meetings through one-on-one / group interviews

## Prioritisation

A list of possible interventions that had been extracted from the literature and practice interviews was provided to participants in the Briefing Document. Please see Appendix 1 for the original list.

Through the discussion additional suggestions included; benchmarking, informal meetings for directors, improved reporting of near-misses, board member orientation, and effectiveness reviews.

Following discussion and deliberation by the group, the total list of options was collapsed into the following 15 topics:

1. Hearing diverse voices
2. Practicing productive debate
3. Undertaking effectiveness reviews
4. Having informal conversations between directors (including time-out)
5. Getting the Board and Exec on same page
6. Identifying knowledge and skills gaps
7. Commit to and participate in professional development
8. Institutionalising best practice
9. Eliciting pertinent information (including red flags)
10. Acting on pertinent information
11. Tailoring agenda with focus on quality (e.g. narratives and templates)
12. Benchmarking within and across health services
13. Engaging with other Boards / learning community
14. Ensuring co-designed quality systems with consumers
15. Socialising the Board within health service (including patient experience)

A prioritisation exercise, utilising nominal groups methodology, employed the following criteria:

| | |
|---|---|
| *Overall importance* | Without considering any specific criteria, what interventions do you think are most important? |
| *Behavioural* | How easy is it to identify a target behaviour by answering the question "who needs to do what differently?" |
| *Impact* | What is the likely overall impact? |
| *Feasibility* | How feasible is it to implement this intervention? |
| *Appetite* | Is there interest and excitement in the target population? |
| *Rationale* | Is there a strong rationale for creating change? |
| *Supporting data* | Is there evidence that supports the intervention? |
| *Timing of effect* | Can we expect to see a change in the given timeframe? |
| *Saleable* | Is the idea marketable? |
| *Strategic fit* | How does this fit with other activities and strategic directions? |

The results of the prioritisation exercise were diverse. However, summing of all the top two priorities across all criteria, there were three options that were more prevalent than others.

- Ensuring co-designed quality systems with consumers (14)
- Information provision / understanding and acting on pertinent information (9 & 10)

Through discussion these options were combined and refined to reflect the co-design of information and how Boards understand and act on this information. In particular, a set of questions that could help the Board elicit and respond to information and data.

# Key Themes of the discussion

## Strategies to assist Boards to gather pertinent information

Boards receive high-level data, it can be unclear if there is an underlying problem that needs to be delved into. The information that goes before the Board may be manipulated or there may be blocks within the Executive to receiving and sharing information. Having a set of transparent questions could help equalise discussion among strong and weak Board members. Asking better questions involves transparency and getting members on the same page.

Boards may need assistance to move from managing issues to challenging the health service. How can we help Boards become an expert group and not just a group of experts? DHHS are providing resources; agenda templates and standardised approach to reporting; however, although this is a good start at providing minimum expectations checklists are static and get old, and they are only as good as the people using them.

When mistakes happen, it is not necessarily because of inappropriate behaviour. Conforming behaviour and a fear of speaking out, an environment that doesn't encourage challenging questions, can also contribute to the problems. Strategies that help to create a sense of security to raise issues and concerns could help to combat this.

## Connecting multiple voices

There are multiple stakeholder groups within health services including consumers, clinicians, board members and health service managers. The need to make connections between these groups was identified both within and between health services.

Within health services, better connections need to be made between boards and clinicians / clinical governance groups. The role of the health service executive relates to this connection. The CEO and Executive, in some circumstances, can be an information block. Including them in Board meetings and creating an atmosphere of trust rather than scrutiny may help diffuse this. Furthermore, bringing people together could overcome 'blocks' in information sharing, as teams move and change this could better maintain team knowledge. There is a breadth of expertise in health services; a reference to 'Mindlines' was made – accessing tacit knowledge of colleagues – and finding a way to better embed this.

Between health services, a strong desire to connect boards with other boards was expressed. There are examples of this already happening in metropolitan Melbourne, and such connections have been very well received. A pilot trial of a community of practice approach in Bendigo is also underway. Sharing of information and more transparency about processes and information could also help future-proof Boards for change.

## Accountability and transparency

The need to 'get everyone on the same page' was a related discussion to the above theme around connecting multiple voices. This relates to clearly articulating information needs through informed questions that seek pertinent information - that is, information that can meaningfully inform boards about the delivery of healthcare in their health service. Once this information is obtained, it also needs to be appropriately responded to. Ideally, the stakeholders and groups that report to the Board (including the Executive) should be asking questions and interrogating incidents and data before they are presented to the Board; the Board should not be the first to know about or identify an issue. One question approached the issue from another perspective by asking "what rules do you have to break?" (to get an issue before a health service board).

## One size does not fit all

Victorian health services are broad in scale and this is reflected by board composition and function. We must be careful not to patronise our smaller Boards but find ways to support them with the resources that they need. At the same time, it is important to acknowledge that large metropolitan boards have paid members who may have different skills and experience to smaller regional and rural boards who are unpaid.

## Linking to a broader communication piece

Linking the trial to a broader communication piece could be powerful, a reference to broader transparency and a set of principles that are clearly communicated across the health system, including to the wider community outside of the health system.

## Other issues

A range of other issues were discussed with some relevance to the key themes above. These included:

- The difference between health service boards and commercial / industry boards in terms of accountability (e.g. annual general meetings) and other board processes – health service boards are unique in many respects. In this context, the training provided through the Australian Institute of Company Directors (AICD) was highlighted;
- Similarly, differences between private health and public health boards were discussed, noting that the focus of the dialogue and VMIA program is public health services;
- Some existing models of board responsiveness were highlighted – for example a board-initiated 'deep dive' into an issue; the use of data templates; and addressing governance issues in other sectors such as professional colleges and associations (for example through an apprenticeship model)
- The need to build upon, not duplicate existing efforts, especially those of Safer Care Victoria, was highlighted

## Appendix 1: Original list of possible interventions

### The Board Chair

- Calling on directors (e.g. to call out particular expertise or raise a concern)
- Polling the board
- Go around the room sequentially to gain input from all members
- Having pre-meeting conversations with directors
- Fostering conversations between directors
- Clarify the relationships and responsibilities of the Board Chair
- Regularly evaluate the leadership effectiveness of the Board Chair
- Provide development opportunities for the Board Chair
- Develop a succession plan for board leadership
- Provide more accessible and research-based resources for board chairs and capacity builders
- Include the executive at Board meetings

### Agenda

- Involve members in setting the agenda for the board's discussion on quality
- Allocate appropriate share of board meeting time to the quality items
- Colour-code agenda to evaluate how much time is dedicated to key priorities
- Use the question "So that…?" to determine the true intention of an agenda or agenda item
    - Can also be used to interrogate other sources of information
- Block out more time for specific agenda items that require in-depth discussion
- A strategically focused agenda

### Information

- Establish committees to digest and make sense of information
- Utilise scorecards
- Reduce information processing demands
- Actively evaluate merits of alternatives
- Establish templates for questions that need to be asked or how to interrogate the information provided
- Provide relevant context of information for the Board
- Establish benchmarks or templates for minimal data requirements
- Link information to strategic objectives

### Education

- Improve the quality literacy of board members
- Formally outline protocols of inquiry
    - E.g. one board developed five standard and straightforward questions for every big strategic decision: Does this fit with the strategy? What is the cost of not doing this? What are the alternatives? What are the unseen risks? Who would oppose this?
- Use tools to evaluate and reflect on practice

### Teamwork

- Achieve alignment on quality initiatives among key stakeholders in the organisation
- Practice productive debate
- Set a buddy system for new board members
- Utilise structured group decision-making processes
    - Decision making aides
- Establish 'effort norms' for engagement with material and commitments
- Enable cognitive conflict for tasks where conflicting viewpoints help to investigate a topic. Discuss conflicting perspectives
    - Utilise Six Hat thinking

- Set objectives for different directors to assume a leadership role on certain topics or an objective for breadth of participation at meetings
- Set targets for the number of comments by all board members
- Assess use of Board members' knowledge and skills
    - E.g. "people on this board are aware of each other's areas of expertise," "when an issue is discussed, the most knowledgeable people generally have the most influence," and "task delegation on this board represents a good match between knowledge and responsibilities."
- Engage board members in patient safety through experience

## Appendix 2: Background and methods of stakeholder dialogue

The stakeholder dialogue was convened to enable a comprehensive discussion of relevant considerations (including research evidence) about a high-priority clinical or system issue in order to inform action. The key features of the dialogue were:

1. It identified issues that were considered high priority;
2. It focused on different features of the problem, including (where possible) how this differed across settings and contexts;
3. It was informed by a pre-circulated briefing document that summarised contextual information on the current situation;
4. It brought together parties who would be involved in or affected by future decisions related to the issue;
5. It engaged a facilitator to assist with the deliberations;
6. It allowed for frank, off-the-record deliberations, by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
7. It did not aim for consensus.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue aimed to connect the information from the briefing document with the people who can make change happen, and energise and inspire the participants by bringing them together to address a common challenge. This use of collective problem solving can create outcomes that are not otherwise possible, because it transforms each individual's knowledge to a collective 'team knowledge' that can spark insights and generate action addressing the issue.

This dialogue summary was prepared based upon notes of discussion taken independently by a BehaviourWorks Australia staff member (audio of stakeholder dialogues is not recorded). These notes were analysed to identify key themes and other information relevant to identifying priority areas.