Reviewer's report

Title: Effective hospital board oversight of patient safety: a stakeholder analysis exploring the role of trust and intelligence

Version: 3  Date: 5 November 2014

Reviewer: Graham Martin

Reviewer's report:

This is an interesting paper which, while drawing only on a small sample of participants, nevertheless manages to offer worthwhile insights on the ways in which healthcare organisation boards behave in relation to the governance of quality and patient safety, including possible weaknesses and ways of mitigating these. The discussion of the relationship between trust and assurance is a very useful contribution. Although the number of interviewees is small, as ‘elite’ participants they are difficult to sample, and their views on this topic, together with the synthesis by the authors, make this a helpful addition to the literature.

Major compulsory revisions:

Abstract: In my view the number of interviews should be declared in the abstract.

Methods: it would be interesting to know how many, if any, of the participants had personal experience as members of a healthcare organisation board themselves. There are clearly advantages to both insider and outsider perspectives, but interpretation of the findings on the part of the reader would be helped by a statement about this.

Trust: as above, the discussion of trust in the introductory section is very interesting. What appears to emerge in the findings and discussion, though, is that this is almost exclusively about trust of frontline staff in the board (and to some extent among board members), rather than the other way around. Obviously the former kind of trust is a prerequisite if the ‘softer’ forms of information the authors suggest boards should use is to have any validity (i.e. not falsified or concealed,), but what of the latter kind of trust? Clearly it is expected and proper that the board should assure itself of the quality of care and this requires evidence of that quality, but is there any place for trust in frontline professionals alongside this? If so what? Given trust is such a central theme early on in the paper, it would be nice to return to it in more detail at the tail end, especially given that the discussion and conclusion are currently very short.

Pages 15-17: Q&S as a silo issue: The authors argue that “limited intelligence also meant that there was a tendency to ‘compartmentalise’ patient safety. Boards tended to delegate responsibility to the nurse or medical director or particular clinical directorates and subcommittee structures rather than take corporate responsibility. Such a view reinforced those found elsewhere [16] that Boards were over relying on governance structures and processes as an end in themselves as opposed to connecting directly with patient care.” An alternative
interpretation of (or spin on!) this finding would be that boards recognise that Q&S require specialist, dedicated time from a separate committee with the requisite resources and expertise. Was such a view expressed at all? Might it be countenanced in this section (or in the discussion)?

Minor essential revisions

Page 11 paragraph 2: “Our an”

Page 16: missing full stop or colon at end of last paragraph

Page 17 last paragraph first sentence: missing full stop

Discretionary revisions:

Abstract et passim: the paper refers to ‘barriers and facilitators’, which is an offputting term (for some at least), but more importantly doesn’t really do justice to the narratological approach taken. I would suggest avoiding this phrase.

Page 7 paragraph 1: “they include the moral hazards associated with conforming to the letter (or number) of the target at the expense of the non-targeted aspects of health care [17, 18]” – I am not sure if this is technically a ‘moral hazard’ in the sense in which the phrase is usually used – I thought that moral hazard usually referred to situations of perverse incentivisation?

Page 11: I’m not completely sure whether Waring’s work offers the best exemplar of the narratological / constructivist approach that the authors take in this paper, since his work is around specific patient safety incidents. The authors’ focus is higher level. They might therefore consider comparing their work with others who have used narrative at the level of understanding organisational processes (not necessarily relating to patient safety or even healthcare) rather than interpretation of specific incidents, e.g. http://opus.bath.ac.uk/11555/

Page 12: “The National Research Ethics Service (NRES) informed us that NHS ethical approval was not required as the study only involved staff (therefore classed as ‘service evaluation’) – this is a nit-picking point, but technically NRES stating that REC approval is not needed does not mean the study is evaluation – rather it is research that is outside the remit of NHS RECs because it covers staff only. Suggest omitting the words in the brackets.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'