Reviewer's report

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

Version: 3 Date: 6 November 2014

Reviewer: Jo J Maybin

Reviewer's report:

General comments

This paper explores an important problem in contemporary health policy, bringing to bear an interesting and promising set of literature from elsewhere in the field and drawing on data from a study which enjoyed fieldwork access to many of the major national policy organisations responsible for improving NHS performance in this area.

However, there are some significant weaknesses with the paper in its current form which need to be addressed before it can be properly assessed for publication. These are detailed below.

Major Compulsory Revisions

1. There is a problem with how the two parts of this paper sit together: the authors need to be clearer about the relationship between the normative aspects of the literature review, and the data they draw from the interviews. What was the purpose of data collection in the context of the findings from the literature? To test the findings and emerging hypotheses, or to elaborate on them? Did the themes by which the results are organised derive principally from the literature review, or from the interview data? Can the authors be more specific about the types of questions or prompts they gave to the interviewees? In the paper's current form the data appear to be drawn on selectively to simply reinforce the messages from the first half of the paper, and risk being neither reliable/generalizable, nor offering substantial new insights into these themes.

Once the authors have clarified the role between the data and the normative framework, this needs to be set out clearly in the second half of the background section (p.4), in the methodology and in the results section of the abstract.

2. p.7 ‘These issues highlight… the problems associated with a formal over reliance on quantitative performance systems at the expense of considering the role of “soft intelligence” obtained through informal channels’. I don’t think this has been demonstrated in the preceding paragraph. Can the authors include more detail there on what the board did/did not receive in terms of information in order to support this statement?

3. p.8 ‘the neglect of trust’. The authors need to define what they mean by this,
and relate it back to the claim that a preoccupation with externally-driven risk-based approaches causes, or is associated with this neglect. How would they counter the claim that the board of Mid Staffs were over-trusting, rather than neglectful of trust? This seems to be a key part of the argument in this section of the paper and its logical steps need to be set-out more clearly.

4. p.11 How did the authors sample *within* organisations and why? I realise they are protecting identities, but can they say what characteristics/experiences they were looking for in potential interviewees and why? What is it about those particular individuals that should make us interested in their narratives?

5. p.12 ‘to ensure analytical rigour the team developed and refined the emerging narratives’. I’m not clear how this ensures analytical rigour. Can the authors be more specific - eg did they double-code some parts and discuss?

6. p.13 The reference to probing and challenging interviewees to ‘respond’ to ‘any validity and reliability issues’ is too vague. Can the authors illuminate it with an (possibly hypothetical) example? Does this more challenging approach fit with the epistemological and ontological underpinnings of the methodology?

7. Throughout the paper the authors refer to ‘quality and safety’. Do they mean to include ‘quality’ too? Did they include that in their interview questions? If so, can they define what they mean by it (eg good clinical outcomes and a positive patient experience?) early on in the paper? I think it also needs to be included in the title which currently indicates a sole focus on safety.

Minor Essential Revisions

8. p.5 Can the authors say what the ‘deleterious outcomes’ associated with external systems of accountability and control are, according to Brown and Calnan?

9. p.6 para 1, ‘questions remain about the effectiveness of approaches which rely on external systems of measurement and control’. Given the importance of these criticisms in arguing for an alternative approach, could the authors include some more references here? See for example, Gwyn Bevan’s work in this area (Bevan G (2011). ‘Regulation and system management’ in Mays N, Dixon A, Jones L (eds), Understanding New Labour’s market reforms of the English NHS, pp 89–111. London: The King’s Fund; Bevan G, Hood C (2006). ‘Have targets improved performance in the English NHS?’ British Medical Journal, vol 332, no 7538, pp 419–22).

10. p.6 para 2, can the authors be really precise about what information the board saw on safety: was it really nothing at all (as is implied by the current phrasing)?

11. p.6 para 2, last two sentences, can the authors clarify here who is claiming that these failures were ‘symptomatic’ of a lack of effective challenge and a restrictive focus on organisational processes, etc. I assume these are findings from the inquiry, but it currently reads as if these are the authors’ views.
12. p.8 – last line of full para 1, check repetition/phrasing.

13. p. 9 ‘Board oversight of patient safety is also associated with the existence of formal organisational structures and processes’. Would this come under 'checking' in the trust literature? The authors need to be more explicit about that since the statement is just as consistent with risk-based systems.

14. p.12/13, ‘there are notable limitations in such an approach. Elite interviewing by its very nature…’ This point needs strengthening and refining. Why were elite interviews right for this research question and sampling strategy? Could it have been otherwise (eg do Heclo and those after him include non-powerful groups in issue networks)?

15. p. 14, first line of final para, ‘Within this context…’ , can the authors be more precise here: eg "the reliance on EXTERNALLY-IMPOSED targets as the means FOR HOSPITAL BOARDS (?) to assure compliance and performance.'

16. p.24 line 2 – ‘The use of different forms…’ clarify who is speaking here (authors or interviewees).

17. Throughout: The fieldwork quote numbering system is a little confusing since it overlaps with the reference numbering system. But I assume this is a matter of house-style? Please check.

18. Conclusion – Given the findings, can the authors propose some more specific questions or avenues for further inquiry or development? The conclusion is weak at present.

Discretionary Revisions

1. p.6, para 1 – the authors mention HCAIs as examples of the success of central performance targets; waiting times are the other obvious one.

2. p.7 – ‘the concept of trust’ as located in the ‘liquid places between and around institutional roles’ – do the authors mean its enactment/performance, rather than the ‘concept’ itself?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I served on the organising committee for the colloquium on which this ‘themed issue’ is based. But this paper is solely the work of the authors. I have not contributed to or previously commented on the paper.
Otherwise I declare that I have no competing interests.