

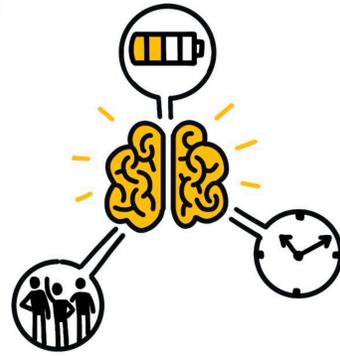
Macro level (national)

Use incentives carefully



Incentives can drive change but may have unintended consequences. Involve people managing, delivering, and using services in developing incentive systems.

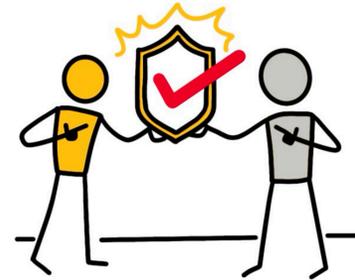
Consider practical and emotional burdens



Make sure the right resources (people, capacity, time) are in place to deal with practical and emotional burdens associated with improvement efforts.

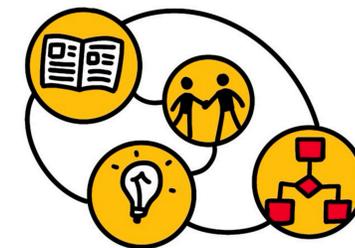
Meso level (systems and organisations)

Prioritise quality and safety



This should be a central priority for boards. Include them on agendas, use data to support understanding of quality and safety, and dedicate resources to building expertise in these areas.

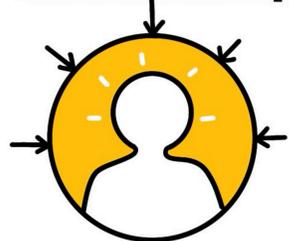
Learn from others



Boards should be open to building networks with and learning from external organisations to improve their own approaches to quality and safety.

Micro level (clinical teams)

Use person-centered leadership



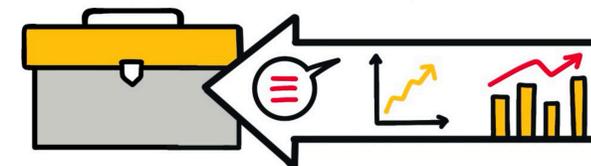
Leaders should focus on individuals' needs and aspirations. Constructive feedback enhances team skills, sense of value, and encourages ownership of team priorities.

Use task-centered leadership



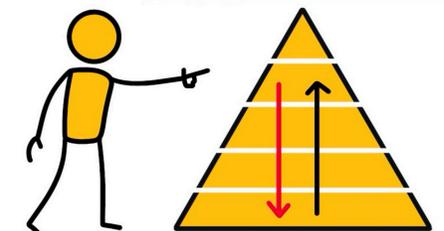
Establish shared objectives, responsibilities, and ownership for quality within teams. This promotes a culture of collaboration, psychological safety, and innovation.

Build a case for quality



Leaders should use both hard data (e.g. performance metrics) and soft data (e.g. patient stories) to make a compelling case for improving quality and building an improvement culture.

Combine approaches



Making large-scale improvements requires combining both top-down leadership (from the board) and bottom-up approaches (frontline staff).

Top tips for Governance and leadership