



Regulating Hospital Services

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ISQ[®]Qua

Regulating for Improvement



A doctor in blue scrubs and glasses is sitting at a desk, writing on a chart. He has a stethoscope around his neck. In front of him are two computer monitors displaying medical data. The background shows a hospital setting with windows and doors.

High Reliability Healthcare

Definition / Mission

Regulation exists to ensure that providers of healthcare services within a defined market, and those wishing to enter that market, provide high quality and safe services to the patients they serve and are *fit* to do so.

Principles

- Patient-focused
- Risk-based and proportionate
- Consistent
- Open, transparent, objective and fair
- Part of the improvement system
- *Doing the right thing*

Regulating for Improvement

- ❑ Core element to quality and safety agenda
- ❑ Clear coherent quality and safety framework: legislation ~ standards ~ guidance ~ guidelines
- ❑ Focus on the important ...support...and persist
- ❑ 'Safety ripple-effect' in everything that's done: wider system learning
- ❑ 'Minding the safety gap' between regulators and agencies
- ❑ Make best use of the local Clinical Experts and continually inform policy from the learning
- ❑ **Bring people with you...but there's a line**



How is it done?

Continuous Assessment of and Response to Risk

- ❑ Assessing solicited and unsolicited information
- ❑ Involving views of patients
- ❑ Performance and quality data analysis
- ❑ On-site assessment: observe/interviews/workshops
- ❑ Assessment of compliance and good practice
- ❑ Require actions and interact with delivery system
- ❑ Compile report: factual accuracy and publication
- ❑ Undertake investigations in service failure
- ❑ Annual sharing of trends and learning

Poor Regulation

- ❑ Inconsistency in assessment, judgement and actions
- ❑ Inadequate response to concerns
- ❑ Poor training and supervision of assessors
- ❑ Lack of transparent and robust processes:
 - Monitoring
 - Registration/licensing
 - Enforcement
- ❑ Exploitation of power and loss of focus
- ❑ Lack of engagement with patients, providers and stakeholders

Lessons Learnt 1

□ Challenging areas:

- Patient-centred approach
- Maintaining and demonstrating clinical competence
- Clinical audit and clinical risk management
- Using information to demonstrate and drive improvement

□ Obligations:

- Transformation and transactional change
- Sharing learning and publicly reporting
- Informing policy and development

Lessons Learnt 2

- ❑ Regulation is an enabler for **continuously** improving quality and safety and not an end point in itself
- ❑ Should provide a common language and articulate what service users can expect
- ❑ Meeting regulatory requirements is more about behaviours than money
- ❑ The unintended consequences
- ❑ Transparent and aligned judgement framework
- ❑ “Working with not doing to”
- ❑ **It is always and only about driving quality and safeguarding people**

Focus on What's Important...

Get it safe..

..keep it safe..

..and then we'll build quality

**If we are ever in doubt about what to do,
it is a good rule to ask ourselves what
we shall wish on the morrow that we
had done.**

John Lubbock

The image shows two large, bold Chinese characters in a traditional calligraphic style. The character on the left is '勇' (yǒng), meaning 'brave' or 'courageous', and the character on the right is '氣' (qì), meaning 'spirit' or 'courage'. Together, they form the word '勇氣' (yǒngqì), which translates to 'courage' or 'bravery'. The characters are written in black ink on a white background.