

Roundtable discussions on chosen topics:

1. **Road forward to make a system based inspection model?**
2. **Road forward to get your ideal relationship with the ones you inspect?**
3. **Best methods to obtain information from users and patients?**
4. **How to include patient and user information when giving feedback to ones you inspect?**

Notes from the groups:

By Morag McInnes:

The road forward to a system based model of inspection requires us to:

- Accept the inherent risks in the movement from a data/indicator/output reliant model of regulation towards one based on trust in the assurance of providers. Data must continue to be used in the audit trail that supports validation of the quality assurance carried out by providers. It should be used to develop an evidence base of appropriate and acceptable levels of standards, and shared widely.
- Develop our workforce to include skilled professionals capable of being “account managers” for providers; iteratively assessing the quality of their assurance and audit processes whilst maintaining good quality, trusting relationships.
- Support those skilled inspectors with an inspection/regulation framework that provides information about the system in question.
- Understand that the use of penalties or enforcement actions should be used only in extremis. Punitive action can do more harm than good by harming the relationship that facilitates good quality system based regulation.
- Embed a learning cycle, across the relationship between the regulator and the provider and within each organisation separately.

Question 3.

Methods to obtain information from patients and service users.

Sampling and collection of data must be statistically robust, but must include hard-to-reach groups (Stratification? Purposive sampling?)

Usual methods of collection e.g. survey/interviews etc all useful but cost heavy

Development of a standardised instrument to reduce costs but increase participation may be one element

Increased focus on public engagement, building an ongoing dialogue with public/patients/families and carers will encourage more information being shared

Use of information gathered by other organisations like PALS type groups already in hospitals – they may collect information that could support our work – develop partnerships with them that are based on our mutual objectives of improving patient safety.

By Mari Murel:

Road forward to get your ideal relationship with the ones you inspect:

- Keep distance as a regulator, but have to be closer;
- Hard to calibrate as regulators. One moment you say- we are here to help you and support you, and then other moment punish.
- Trust crisis in Denmark- doctors vs inspectorate- How to rebuild the trust? In Denmark you cannot sanction before having a dialogue. They made some pilots- inspected but didn't punish, even if it was wrong.
- Can you interact with organisation with more informal level (building relationship).
- You always go as a regulator, but you do not have to be an inspector.
- In England when manager changes in provider, that's a signal to inspect. Question is whether you go and check if the quality is in danger or you say that you just to meet the new manager to build relationship?
- Lot of providers in Denmark prefer unannounced inspections, so they do not have to prepare all the materials.
- Portugal do not announce visits (if they pick random). They have planned all day and activities.
- Mystery client? – to capture or finding something bad? Portugal is not sure that they find anything if you go announced.
- But if they change their behaviour if you go announced- what's the problem? But there are lot of grey areas you need to consider.
- Estonia is telling the provider that they will do during some period unannounced inspections.
- Trust is very important! So they do not question why inspector comes, because they agree not because they are afraid of sanctions.
- Inspectors should be curious and not only checking boxes.
- Qualifications of inspectors (i.e. old doctor, nurse), up to date vs conflict of interest (old colleagues). If you have not worked for 10 years how can you maintain credibility.

How to include patient and user information when giving feedback to ones you inspect?

(discussion was more over how to give feedback after inspections and to find out the impact)

- Portugal has a special checklist not a feedback.
- Singapore has a separate inspection team (no penalties) and investigator team and they give time before the sanctions.
- Portugal has power to close the institution immediately if they found shortcomings.
- Most impact as a regulator, when you publish your set of rules and what is expected.
- Sometimes regulators are even wanted to get things inside organisation changed.
- What you want is to find anything wrong. It is good if you could do it just during the pre-inspection.
- Self-assessment also to find if they have adequate understanding of their facility.

General remarks during feedback session:

1. **Road forward to make a system based inspection model?**
 - Quality assurance, quality of inspections;
2. **Road forward to get your ideal relationship with the ones you inspect?**
 - Open and honest.

- Using patient enquiries to what they need to develop.
- Trust and compulsory are not always contradicting.

3. **Best methods to obtain information from users and patients?**

- Using mobiles
- Using complaints

4. **How to include patient and user information when giving feedback to ones you inspect?**

- Maintain confidentiality.
- Start inspections with focus on patients and users.