Raising the quality of wards, clinics and care homes: The potential for mobile apps such as ‘Perfect Ward’ to promote agile compliance in the regulatory state

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Part 1: Context and concepts

The costs of a lack of agility

BNP Paribas to Pay $2.24 Billion to NY Regulator in Settlement

Fine Is Largest Ever Collected by State’s Department of Financial Services

By ANDREW R. JOHNSON
Updated June 30, 2014 5:21 p.m. ET

BNP Paribas SA will pay $2.24 billion to New York's top financial regulator as part of the French bank's $8.97 billion tab to end investigations by U.S. authorities over sanctions violations.

France's largest bank also will be suspended for one year from performing dollar-clearing functions through its New York branch primarily related to oil and gas businesses for its Geneva, Paris, Singapore, Milan and Rome operations starting in...
Politics

Rules
- Regulator sets rules
- Regulatees’ responses to those rules

Interpretation
Regulator’s (and monitors) understandings of:
- Rules
- Compliance

Regulatee’s understanding of:
- Rules
- Compliance

Environmental velocity*:

Cognition (perception of speed of change)

Regulatory action (regulation and compliance) function

Regulation and compliance in each different regulated domain is a function of:

\[(\text{rules}^t, t^1, \text{compliance}^t, t^1), \text{interpretation} (r_{\text{tee}}^t, t^1, r_{\text{tor}} t, t^1)\]

- Extent of changes from \( t \) to \( t^1 \) is in part a function of environmental velocity, but cognition is also a factor (perceptions of speed of change affect confidence in regulatory decisions \( \rightarrow \) levels of trust etc.)

- So regulation and compliance can never be static. Agility is required (i.e. horizon scanning.)
If speed of change is significant then regulators and regulatees should focus on agility

Agility: capacity for high levels of balance, coordination, speed, reflexes, strength, and endurance

Use peripheral vision

- e.g. continuously observe not just regulatory interventions and compliance solutions in your sector, but trends elsewhere and in different domains.

Encourage dissent

- e.g. build a culture that legitimises engagement by all in the construction of regulation and compliance.

Experiment

- Run scenarios/‘test suites continuously, providing a compliance health check, thus reducing risk’ (Williams 2013. An Agile Approach to Compliance. Agile Management.)

Simplify and flatten

- e.g. push regulation and compliance responsibility downwards so those on the front-line can rapidly respond to changes in regulatory requirements or changes in compliance culture etc. ...

… and relatedly, be able to …

Respond quickly

- e.g. building in slack so that such rapid change can be accommodated – i.e. build in space to enable agility

(categories from: Birkinshaw, 2012. How to stay agile. Management Today,)
Where are we now? PSA strategy to improve standards: Understandable shared purpose focus but perhaps implementation should actively promote horizon scanning and engagement.

“A shared purpose for regulators”.

- We propose that in future, all parts of the regulatory system should have a shared purpose:
  - Protecting patients and reducing harms
  - Promoting professional standards
  - Securing public trust in professionals;

- and that all regulatory functions and activities should be directed towards and only towards those purposes.

- This will ensure clarity of purpose and alignment of effort towards common goals, supported by shared professional standards. It will enable regulators and others to operate more effectively as a safety system, rather than working in silos with separate objectives and diluted impact.”

Part 2: The contribution of mobile compliance technologies such as Perfect Ward: agile regulation or monitoring and compliance overload?

Perfect Ward

Introduction and background
(from Perfect Ward sales slides)
The problem we identified

Medway hospital was putting a lot of effort into inspections, and not getting much out

- Very manual, labour intensive
- No structured, quantitative data
- Anecdotal without real evidence
- Inflexible – single form
- Handwritten, then typed-up
- No guidance on questions
- Lacks history / context
- Inaccessible to staff
The problem we identified

There was also a small industry in collating the data for little return

- Administrative headache
- Inaccessible (CQC team / exec only)
- Didn’t really tell them much
- Unclear on who was inspecting when
- Slow – collated and reported monthly
- No view of underlying data
- Hard to track improvement
- Didn’t provide much CQC evidence
Our solution

We realised this could all be greatly improved with a smartphone app

Code used to verify ward to be inspected
Areas of focus from previous inspections highlighted
Simple to complete. Customised questions
Specific guidance. Add comments and photos
Encourage discussion with front line staff
Able to discuss results & actions immediately

- [Image of a smartphone app]
- [Image of another smartphone app]
- [Image of a third smartphone app]
- [Image of a fourth smartphone app]
View latest inspection
75.5% 0 day(s) ago
Assurance at every level

Evidence quality improvement consistently throughout your organisation or network

At a glance view of quality improvement

Ensure all your staff are engaged in inspecting

Know that your inspection regime is effective at all times

Keep up to date with your quality improvement
Perfect Ward : Agile regulation?

*Agility*: capacity for high levels of balance, coordination, speed, reflexes, strength, and endurance

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**Working title:** Raising the quality of wards, clinics and care homes: The potential for mobile apps such as ‘Perfect Ward’ to promote agile compliance in the regulatory state: Synopsis

**Aim:** Examine compliance with rules in hospital wards, clinics, care homes, ambulance NHS trusts etc., with the aim of improving care and well-being for patients and service users.

**Origins:** Interest in this research area is twofold. Firstly, the development of the concept of agile regulation, and secondly, the introduction of a new mobile monitoring app, Perfect Ward (http://www.perfectward.com), which enables faster, more frequent and more devolved compliance using tablets or smartphones. The app can be used by senior and junior staff, and even patients (PPI groups?). By end 2016 it had been taken up by ten NHS trusts.

**Boundaries:** It should be noted that the work envisaged is not simply an evaluation of Perfect Ward in different settings. At the centre of the proposed research is an investigation of the extent to which Perfect Ward constitutes an agile approach to regulation using multiple methods from a variety of academic disciplines.

**Action research:** work through a series of projects feeding back regularly to the app developer and users with the aim of improving user experience and outcomes. In turn the app developer will provide the research team exclusively with the data collected from, aggregated and returned to, user organisations.

**Collaboration:** Anglia Ruskin University (ARU), University of Cambridge and RAND Europe. Twelve academic colleagues have expressed a firm interest in participating in the bid by leading individual projects, half of whom have submitted proposals for individual projects.

**Potential funder:** NIHR, ESRC
Research concept map (under revision following change of targeted funder)

Management theory (organisational behaviour, human relations)

Stakeholders’ perceptions of perfect wards, clinics and care homes

Images of perfection

Perfect Ward App

Improved experience of safety, care etc. in wards, clinics and care homes

Uses made by regulatees of spaces for compliance under conditions of uncertainty (agile compliance)

Socio-legal studies (reflexive governance, regulation, compliance)

Healthcare regulatory and compliance processes

Social theory (systems and processes, incl tech and stats)
Perfect Ward research: Core Workstreams (under construction)

Stakeholder workstream

• what constitutes a perfect ward, clinic or care home for different stakeholder groups including patients, potential patients and relatives, ancillary and clinical staff, management and regulators, and the implications of these conceptions (qualitative);
• the impacts of the use of the mobile app for compliance monitoring on staff, compared to the use of paper based monitoring processes, stress?, etc. (qualitative);
• evaluation of the use to date and potential use of the app data outputs by management and other stakeholders (including as above, patients and the public) on practices, behavioural norms, etc. (qualitative);

CQC/local regulation and compliance workstream

• Initial research into how regulatees (and other stakeholders) understand and engage in compliance processes (CQC and local rules) (qualitative);
• explaining cross-dept. and cross institution variations in compliance with CQC/local standards using the app outputs, other data, (quantitative supplemented by interviews with different staff groups and ESRC/other secondary socio-economic/demographic data);
• explaining variations in compliance with CQC standards using experimental research in the mock wards to examine the factors that influence the way that monitors and regulatees understand and carry out their work – issues of hierarchy, trust, impact of data collection methods, etc. (quantitative supplemented by observation in real world settings);

Perfect Ward app implementation and evaluation workstream

• the introduction and impact of mobile technologies in wards, clinics and care homes: an IT evaluation of Perfect Ward (mixed methods);
• the impact of new technology (Perfect Ward) on regulatory language and discourse in ward, clinic and care home settings and the way that PW changes the regulatory discourse (mixed methods);
• the use of new ways of capturing non/compliant behaviours, by means of images, audio and other digital data the case of Perfect Ward (qualitative).

Theoretical workstream (cross-cutting secondary projects drawing on the primary workstreams projects’ data)

• the extent to which regulation and compliance in this context is reflexive (engagement in regulation (t, t1) results in changes to identity of regulated individuals, changing interpretation of regulation and regulatory acts – interplay of professions and regulation.)
• and relatedly, regulator (trusts) and regulatee’s (nurses) responses to flexibility in regulation, which gives rise to spaces for the (i) personal and (ii) social construction of regulation and compliance (t, t1)
• the prevalence or otherwise of agile approaches to regulation by trusts and compliance by nurses/regulatees i.e. horizon scanning, thinking forward, the use of discretion, and the contribution of Perfect Ward (t, t1)
Discussion: How to encourage an agile approach in practice? Perhaps one starting point would be to build into the project the conclusions from my previous ESRC funded work on positive use of spaces for the construction of compliance generated by the use of ‘comply-or-explain’?

- Positive impacts (dispositions to comply) in flexible regimes arise in part from the perceptions of regulatees/employees on the legitimacy of rules and means of enforcement. In practical terms that means flexible regulation is going to be most effective when:
  
  - (i) regulatees/employees are involved in the design of regulation,
  - (ii) regulation is seen to embody existing best practice, and the
  - (iii) positive benefits of regulation are identified and clearly demonstrated, but:
  
  - (iv) the form of regulation must be understood, even internalised, ie it must already be the norm or at least not inconsistent with existing norms (highlight instances of congruence where possible, e.g. with professional standards).