

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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Anglia Ruskin University

Professional Standards Authority: Building trust in people and places
9-10 March 2017, Cumberland Lodge, Windsor Great Park

The costs of a lack of agility

JONES, A NEWS CORP COMPANY ▼

Futures ▼ 20838 -0.14%

S&P 500 F ▼ 2361.25 -0.12%

Stoxx 600 ▼ 371.30 -0.34%

U.S. 10 Yr ▼ -0/32 Yield 2.563%

Crude Oil ▼ 49.29 -1.97%

Euro ▲

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Stocks Have Tripled Since Crisis, but Low Rates Are Still Squeezing Savers



Oil Posts Biggest One-Day Decline in 13 Months



Fast-Growing Lender Hid Payments to Some Borrowers



Stocks Fall Amid Weak Commodities



New Wall Street 'Family'

MARKETS

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...

Originally from thinking about banking noncompliance during GFC

Regulatory environment

Politics

Technology

Regulatory space

Rules

- Regulator sets rules
- Regulatees' responses to those rules

Interpretation

Regulator's (and monitors) understandings of:

- Rules
- Compliance

Regulatee's understanding of:

- Rules
- Compliance

Market

Finance

Environmental velocity*:

Cognition (perception of speed of change)

* Eisenhardt, K. M., & Bourgeois III, L. J. 1988. Politics of decision making in high velocity environments: Towards a midrange theory. *Academy of Management Journal*, 31(4): 737-770.

Regulatory action (regulation and compliance) function

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

$(\text{rules}^{t, t1}, \text{compliance}^{t, t1}), \text{interpretation} (r'_{tee}^{t, t1}, r'_{tor}^{t, t1})$

- Extent of changes from t to $t1$ 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 ard

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

Medway **NHS**
NHS Foundation Trust

WARD ASSURANCE INSPECTION

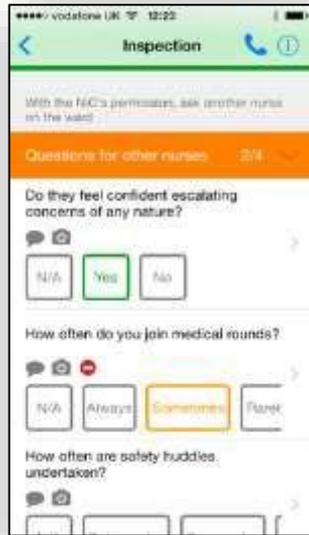
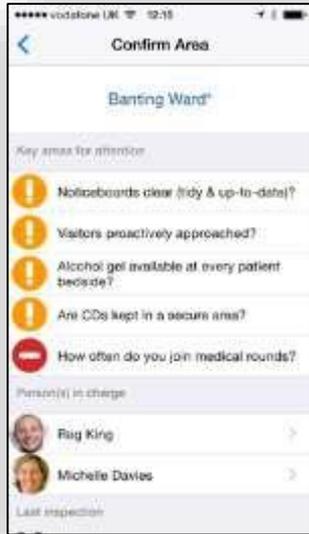
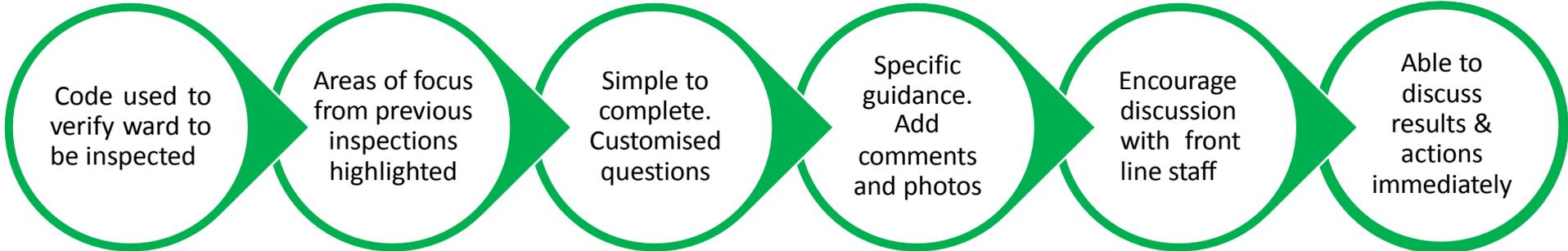
Date: _____ Time: _____
Ward: _____ Inspected by: _____

Standard	Comments / Remedial work to be requested
Ward environment	
All visitors are proactively approached	
The ward is clean, tidy & well maintained	
Notice boards are tidy and display up-to-date information	
Alcohol hand gel is available at entrance and at patient bedside (inpatient areas) / Alcohol hand gel is available at reception and in every consultation room (outpatients)	
Fire safety	
<ul style="list-style-type: none"> • Fire extinguishers are correctly mounted • All fire exits are clear 	
Equipment	
All essential equipment is checked daily / weekly, is clean and is maintained?	
<ul style="list-style-type: none"> • Resuscitation trolley • Suction equipment • Emergency drugs • Drug fridge 	
All equipment (essential & non-essential) is stored safely and securely to prevent theft, damage or misuse.	
Patient care	
Patients are able to access essential items	
<ul style="list-style-type: none"> • The bedside table is as clear as possible and easily accessible to the patient • Water jugs and cup/glasses are within easy reach of the patient • Call bell is easily accessible • Red tray system is in place at mealtimes 	
Privacy & Dignity is maintained	
<ul style="list-style-type: none"> • Bedside curtains closed properly allowing privacy in intimate care needs • Privacy & Dignity signage in place on curtains / doors 	
Interpersonal touching	
<ul style="list-style-type: none"> • All patients are checked at least every 2 hours 	
Documentation	
Nursing documentation is complete and up to date (not all documentation will be relevant to all patients)	
<ul style="list-style-type: none"> • Bedside folders are organised • Observations & NEWS are charted accurately • Fluid balance chart has been maintained • Saving lives completed • Falls risk assessment completed • Stool chart maintained • Drug Chart completed-no omissions without reason 	

- 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

Our solution

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



20
Mar

8
Apr

20
Apr

4
May

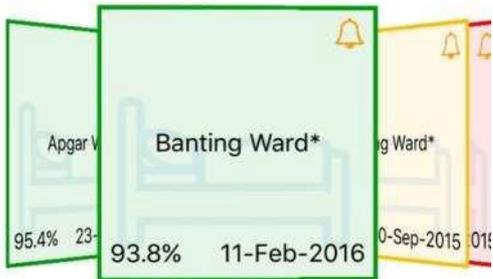
18
May



View latest inspection
75.5% 0 day(s) ago

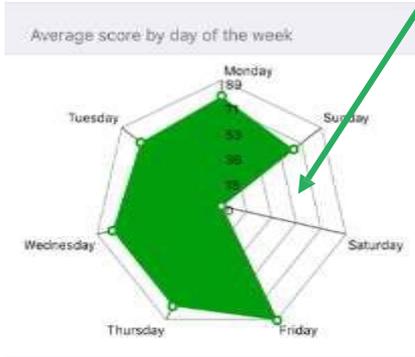
Assurance at every level

Evidence quality improvement consistently throughout your organisation or network



At a glance view of quality improvement

Know that your inspection regime is effective at all times

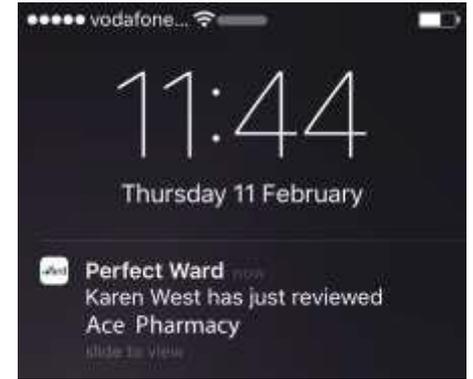


Ensure all your staff are engaged in inspecting

Keep up to date with your quality improvement

Inspectors Filters

- Louise Turner
 Number of inspections: 0
 Date of last inspection: Never
- Michael Anderson
 Number of inspections: 3
 Date of last inspection: 18-Aug-2015
- Michelle Davies
 Number of inspections: 5
 Date of last inspection: 07-Sep-2015



Perfect Ward : Agile regulation?

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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)



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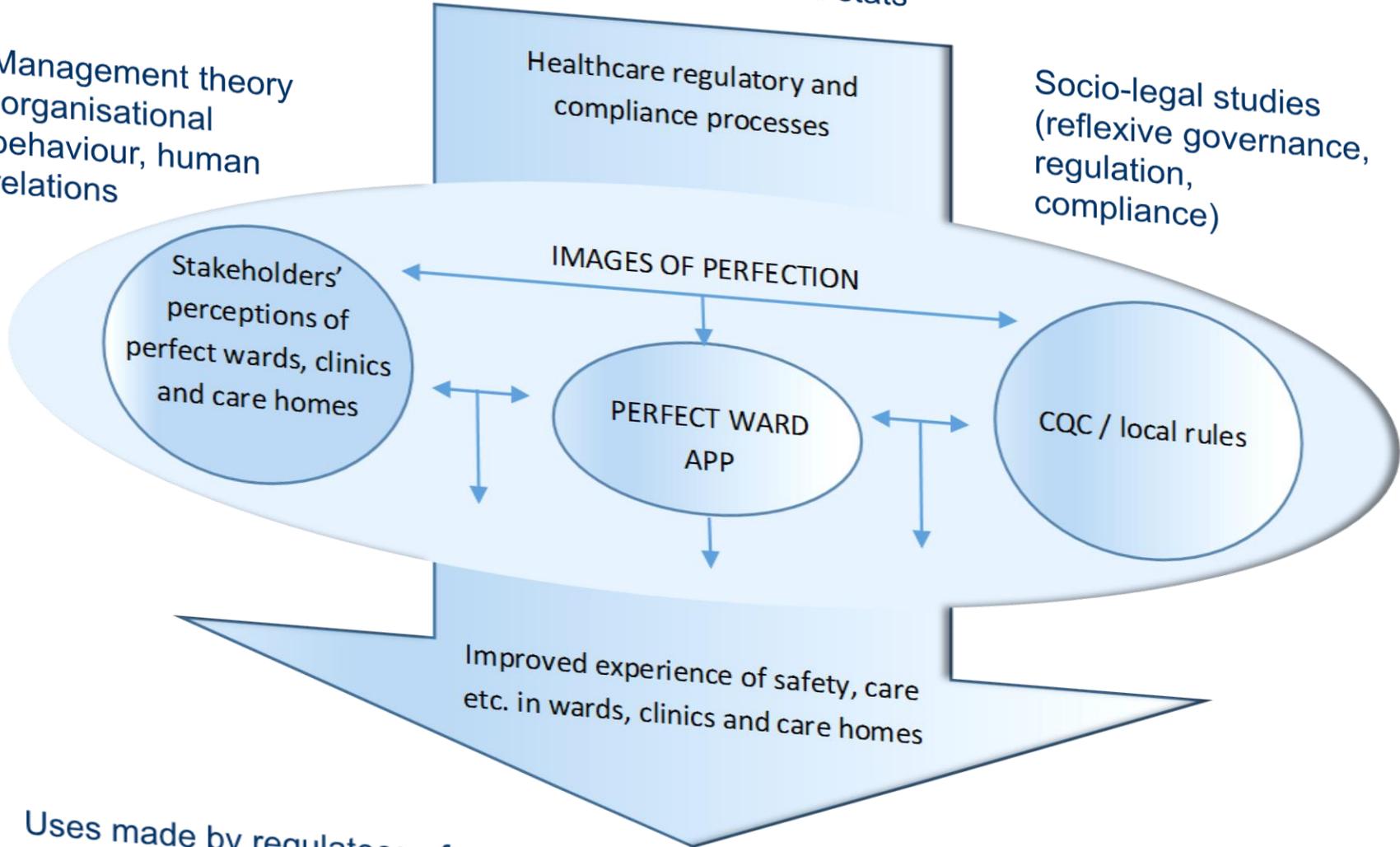


Social theory (systems and processes, incl tech and stats)

Healthcare regulatory and compliance processes

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

Management theory (organisational behaviour, human relations)



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

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 insituion 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 realworld 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).