EPSO

EPSO:

History(1),Scope(5), Aims & Functions(5)
Activities(1),Topics(1).

Peer evaluation:

Peer evaluation(8), Norms(7),
Follow up(1).

European Partnership for Supervisory Organisations
in health services and social care

Presentation EAN by Jooske Vos

EPSO short history (1)

- **Start of EPSO in 1996 ;**
- **From 1996- 2004**: 5 conferences on different topics in the Netherlands (2x) Portugal and Norway (2x);
- **2004-2008** intermezzo;
- **Re-vitalised in 2008** supported by EURinSPECT and financed by membership fee;
- **Restart 2008** in **Bergen,** Norway;
- Followed by: **Copenhagen,** Autumn 2008, **Cork**, Spring 2009**, Stockholm** Autumn 2009; **Tallinn,** Spring 2010, **London**, Autumn 2010, **Tromsø**, Spring 2011, **Belfast**, Autumn 2011, **Paris,** Spring 2012, **Utrecht** Autumn 2012.

EPSO Scope (1)

- EPSO is a Co-operation between **supervisory bodies** (inspectorates / regulators/ monitoring authorities);
- In **Europe** (EU and EEA).

EPSO Scope (2)

- **Politics** (national) important factor (not identical positions);
- **National legislation** important (not all the same);
- **European legislation** important (not everywhere same impact-Norway)

EPSO Scope (3)

- **Standards** (not everywhere as important ;some adopted standards directly);
- **Assessment methods** (not all the samesome visit all hospitals uk / others partly Norway or incidental Finland);

EPSO Scope (4)

- **Impact on health care and social care** not all the same:
- improvement quality- advise and sanctions, monitoring – no appreciation , measuring differences- rating , basic safety -not everywhere as important
- **Competences:** closing down institutions, advisory competences , more judicial reaction to complaints

EPSO Scope (5)

Motivation for EPSO membership:

- Exchange of Experience;
- Exchange of Ideas /Knowledge;
- Identifying Procedures and Processes (best and bad practises;
- 'Peer based' discussions;
- Learning from each other (broaden scope).

Aims/Functions EPSO (1)

To Connect

- **Network building by EPSO** (**communities of practise** Wenger);
- Between supervisory organizations and their **individual members**;
- **Not primarily** at **European level;**
- **Primarily interstate and cross-border** co-operation;
- **The only platform for governmental bodies in supervision.**
- ;

Aims /Functions EPSO (2)

To Improve quality and safety of health care and social care in Europe:

a. Organise and promote **exchange of information, ideas and outcome of research** used by EPSO members;

b. Seek **good and bad practices** in the various EPSO member countries;

Aims /Functions EPSO (3)

To Improve quality and safety of health care and social care in Europe:

c. Map characteristics of various systems by voluntary exchange of experiences and information;

d,. Peer evaluation for inspectorates, regulators and monitoring organization in health care and social care;

e. Develop standards and assessment methods for EPSO members;

Aims /Functions EPSO (4)

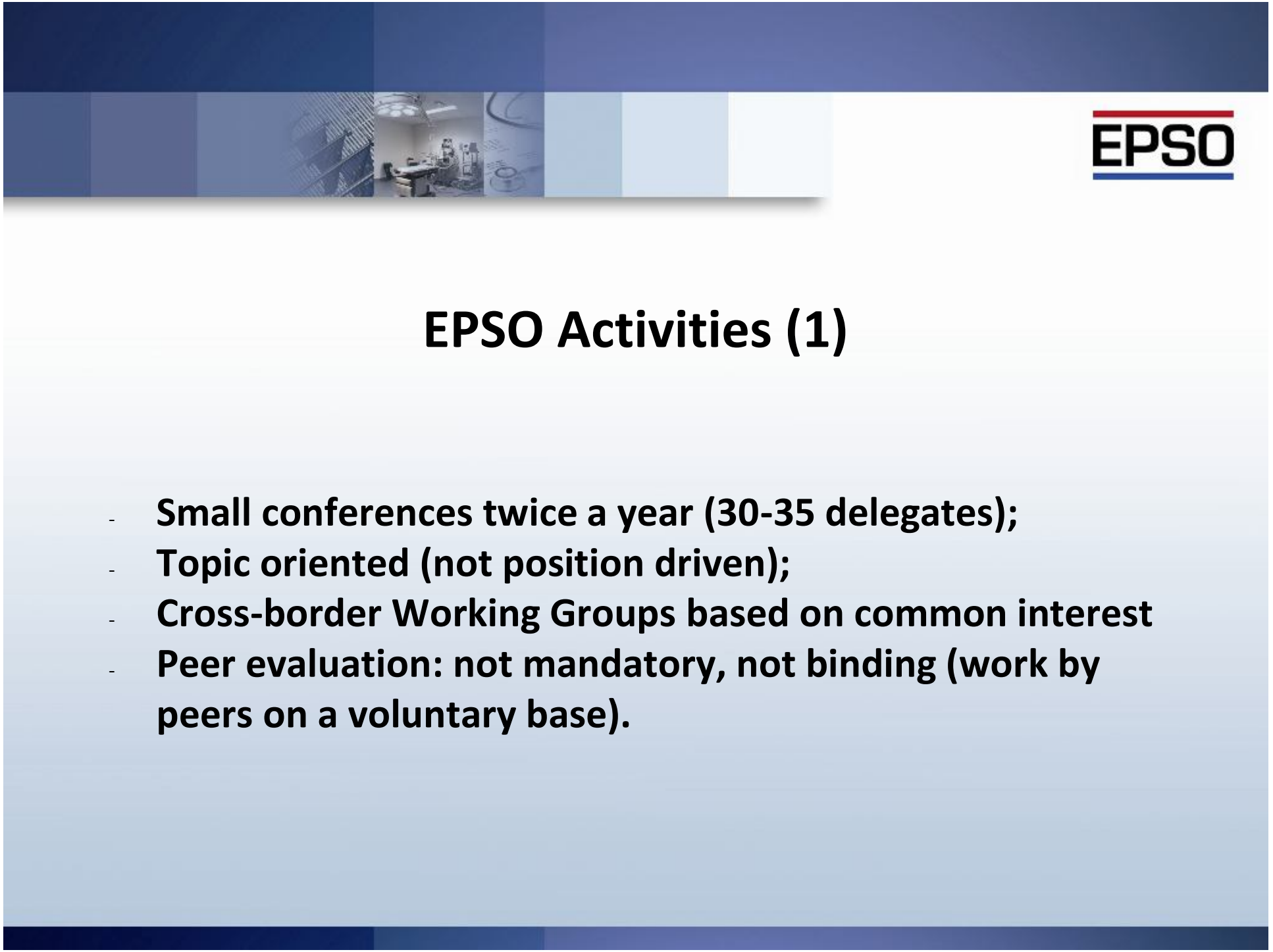
To Improve quality and safety of health care and social care in Europe:

f . Establish a system of learning mechanisms among EPSO members and relevant stakeholders including Education and dissemination of knowledge.

Aims /Functions EPSO (5)

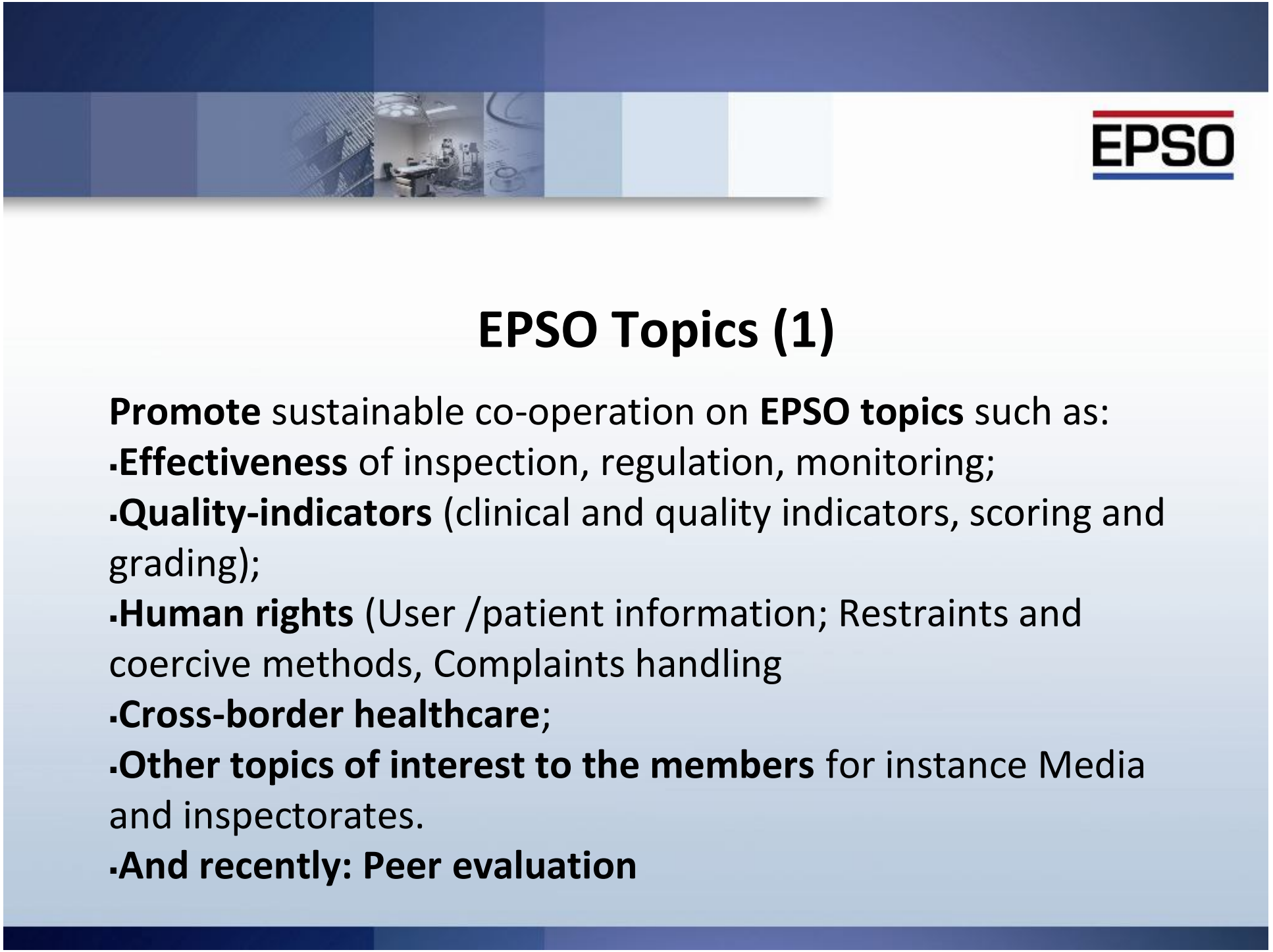
Communicate (Externally and Internally) by being

- **an intermediary** (serving hatch) for inspectorates to each other and to Europe;
- **Soundboard** to third parties;
- **Not a representative** of the participating organisations.



EPSO Activities (1)

- Small conferences twice a year (30-35 delegates);
- Topic oriented (not position driven);
- Cross-border Working Groups based on common interest
- Peer evaluation: not mandatory, not binding (work by peers on a voluntary base).



EPSO Topics (1)

Promote sustainable co-operation on **EPSO topics** such as:

- **Effectiveness** of inspection, regulation, monitoring;
- **Quality-indicators** (clinical and quality indicators, scoring and grading);
- **Human rights** (User /patient information; Restraints and coercive methods, Complaints handling
- **Cross-border healthcare**;
- **Other topics of interest to the members** for instance Media and inspectorates.
- **And recently: Peer evaluation**

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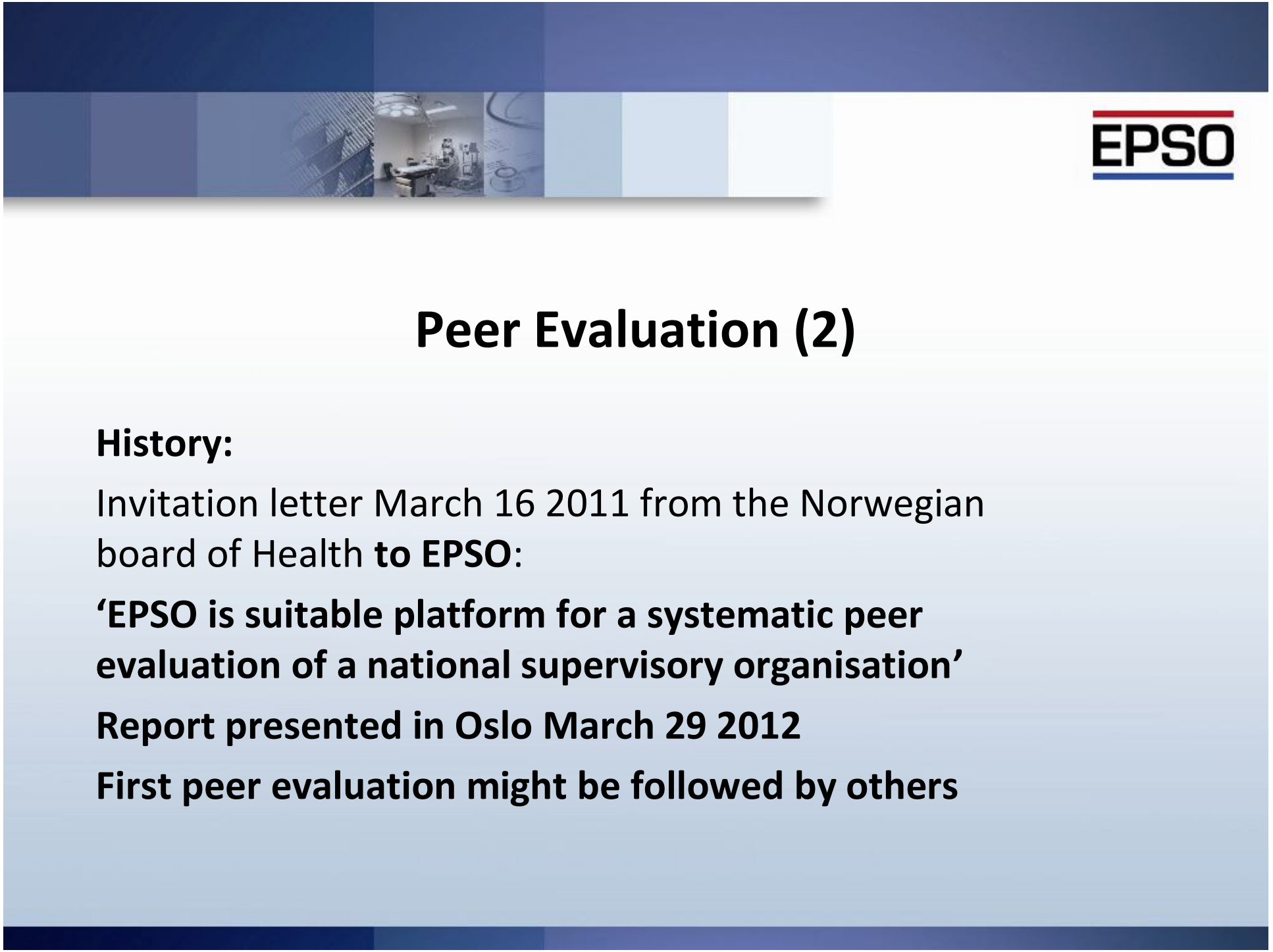
Peer evaluation (1)

Aim for EPSO:

a. Establish a system of learning mechanisms among EPSO members; not ranking

b. Mapping the relevant characteristics of the systems in place by voluntary exchange of experiences, based on the input from peers and leading to evaluation system for inspectorates, regulators and monitoring organization in health care and social care;



Peer Evaluation (2)

History:

Invitation letter March 16 2011 from the Norwegian board of Health **to EPSO**:

‘EPSO is suitable platform for a systematic peer evaluation of a national supervisory organisation’

Report presented in Oslo March 29 2012

First peer evaluation might be followed by others

Peer Evaluation (3)

Conditions set by NBH agreed on by EPSO:

- EPSO selects peers and methods;
- free to choose topics to investigate;
- respect formal conditions (legislation, budget);

EPSO 'could' relate findings to norms from International Organization for Standardization e.g NS-EN ISO/IEC 17020 and criteria ISO/IEC 17020:1998 *;

- Process and results documented in a report.

*Replaced by ISO/IEC 17020:2012

Peer Evaluation (4)

- Focus

good supervisory practice;

-Evaluate

methods, **documentation** and **traceability of results from supervisory activities;**

-Seek possible **areas for improvement** and **further standard setting.**

Peer Evaluation (5)

Team first **EPSO Peer Evaluation:**

Mandy Collins, Dept. Chief Executive, Wales,

Anne Mette Dons, Head of Department, Denmark,

Katia Käyhkö, Senior Medical Officer, Finland,

Neil Prime, Head of Analytics, England,

Jan Vesseur, Chief inspector, Netherlands,

Jooske Vos, Director EURinSPECT /EPSO.

Peer Evaluation (6)

The approach

1. Careful consideration to the standards/norms developed for supervisory and audit bodies (ISQUA, The International Society for Quality in Health Careand ISO/IEC standard 1720:1998*);

2 Possible norms were discussed first at EPSO meeting in Tromsø and finally set by team discussion;

2. The peer evaluation team identified 13 key areas and a set of norms in these areas.

* now replaced by ISO/IEC 17020:2012

Peer evaluation (7)

Key areas:

1. Statutory **legal base**;
2. **Independence**, impartiality and integrity;
3. **Confidentiality** and safeguarding of information;
4. **Organization** and management requirements;
5. **Quality systems** in place;
6. **Personnel** -fit for the job;
7. **Facilities** and equipment sufficiently available
8. **Inspection methods** and procedures (adequate);
9. **Engagement and communication** with the organization or individual subject to review (adequate);
10. **Openness and transparency** (sufficient degree of application);
11. Disciplinary **sanctions** (adequate)
12. **Impact assessment** in place
13. **Co-operation and engagement with other stakeholders** including other supervisory bodies in place

Peer Evaluation (8)

Methods used:

1. Review of key strategic and operational documents;
2. Observation of senior management meetings;
3. Interviews of key members of management, staff and stakeholders;
4. Group discussions with members of staff;
5. Review of work samples (incident investigations; planned inspections, themed inspections e.g. ICT, and maternity services).

Norms (1) - inspection methods

Methods and procedures for inspections (planned and incident):

- **defined** in legislation or properly documented;
- **transparent and clear** in case of supervision of individual health personnel (including disciplinary cases);
- **Sound (documented) planning and prioritisation;**
- **clear terms of reference/ objectives** for inspection;
- **quality assurance** to assure consistency of judgments across teams.

Norms (2) – documentation and procedure

Set of standards **include:**

- **standards for documentation of observations, the result of testing, handling of information, data recorded in a timely manner;**
- **standardised and documented techniques for sampling and inspection;**
- **detailed description of the use of unannounced inspections and the legal framework for such visits; and**
- **arrangements for the follow up of inspection findings.**

Norms (3) – Communication

- **Clearly communicate objectives and purpose** of inspections (to subjects of inspection);
- **Clearly set out consequences of non-compliance;**
- **Give subjects to inspection opportunity to comment** on the findings, conclusions and recommendations in inspection report.

Norms (4) – Transparency

- **Make details of processes and findings** of inspections and activities **available to the public** and other stakeholders;
- Ensure that **reports are written and published in formats that are user friendly and accessible**;
- Have **policy and guidelines for publication of results of inspections.**

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Norms (5)– Disciplinary sanctions

Appropriate processes in place for the issuing and management of disciplinary sanctions.

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Norms (6)– Measuring Impact

- Have a policy and process in place for **measuring the impact of its work**
- regularly consider and assess how the inspection activity may contribute to the **improvement of quality of care and patient safety.**

Norms (7)– Engagement

- Ensure (by taking forward the supervisory role) to **engage with patients and users, the public and other stakeholders seeking their views and experiences**

- **work in collaboration with other review bodies** to share experiences and identify noteworthy practice

- **share knowledge in relation to patient safety issues** with health organisations.

Follow up (1)

- **EPSO develops** towards more and more quality orientated network of professional supervisory organisations;
- **Peer evaluation** (possibly) **start of an on-going process in EPSO countries;**
- The Peer evaluation team has produced a set of norms that calls for **further validation and development** by continued peer evaluation in various countries.
- The set of norms can be subject to **further research by third parties.**

Questions