

Living with **conflicts**

Many of the cases we deal with in the Norwegian Board of Health Supervision are controversial. Our work and the decisions we make are discussed in many connections. This is how it should be, if a supervision authority can expect its work to have effect. However, for the Norwegian Board of Health Supervision, 2011 was a rather special year, because much of the public debate was not just about the cases we were dealing with, but also about the way in which we carry out supervision. Much of this was about how clients, relatives and service providers can be involved in our work.

This is an important discussion. On the one hand we shall work to improve safety and to improve the quality of the services that patients and clients receive. This is the core of all supervision activities. Supervision also leads to increased transparency regarding deficiencies in service provision. We believe that, in the long run, this helps to increase the trust that users have in the services.

On the other hand, through our work we shall ensure that personnel have legal protection. This is not only important for personnel themselves, but also in order to ensure that welfare services in Norway have personnel who dare to do their best for clients and patients, even when they are faced with difficult and complicated challenges. Without bold professionals, who daily manage to meet challenges and problems with human warmth and professional skill, the safety and quality of the services would soon be compromised.



The requirements laid down in the legislation, and the state budget, form the basis for all the work of the Norwegian Board of Health Supervision. In the legislation we find the norms that form the basis for our supervision. The

“On the one hand we shall work to improve safety and to improve the quality of the services that patients and clients receive.”

legislation and the annual state budget provide the framework for our activities. We see that much of the previous debate is not only about the kind of supervision we carry out, but also about the expectations that people have of a supervision authority.

From 2012, the requirements relating to provision of health

and welfare services have been substantially changed. We are pleased that these changes have made the requirements for sound and adequate services clearer. The requirement to provide sound and adequate services is not just about a

minimum standard, but also about guidelines for how services should be. This is important, both for those who are responsible for the services, and for supervision. It also provides a great challenge for the central authorities to clarify what are legitimate expectations of welfare services at any given time. The clearer the requirements are, the clearer and more forceful supervision can be.

Requirements for service provision and supervision are continually changing. The debates in society indicate the direction of these changes. Without doubt, both service receivers and service providers demand to be heard in these debates. However, it is the state authorities that at any given time must decide what patients and clients have the right to receive. This is how it has to be in a democratically governed system for providing services. But we can be fairly certain that tension will always exist between individual demands and collective provision.

In the centre of this field of tension, supervision is seen as a mediator. We take this role seriously, for example by continuously developing supervision so that we always work according to the requirements laid down by the superior democratic bodies. But it is also a role that means that we must live with conflicts around us. Even if we cannot always resolve these conflicts, they give us useful experience to take with us in developing our activities.

A handwritten signature in purple ink that reads "Lars E. Hanssen". The signature is written in a cursive, flowing style.

Lars E. Hanssen