

A descriptive study of the supervision of municipal health and care services for elderly persons

“We manage to focus, and to become aware and professionally alert”



Report of the Norwegian Board of Health Supervision 6/2013 May 2013



ff241 570

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“We manage to focus, and to become aware and professionally alert” A descriptive study of the supervision of municipal health and care services for elderly persons.
May 2013

Norwegian title: “Vi får satt fokus, blir bevisstgjort og må skjerpe faget vårt ekstra...” En deskriptiv undersøkelse av tilsyn med kommunale helse- og omsorgstjenester til eldre. Rapport fra Helsetilsynet 6/2013

ISSN: 1503-4798 (electronic version) ISBN: 978-82-90919-66-0 (electronic)
ISBN: 978-82-90919-67-7 (print)

This publication is available on the Norwegian Board of Health Supervision’s website, www.helsetilsynet.no

Design: Gazette
Print and electronic version: 07 Media

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Part I

Foreword by the Norwegian Board of Health Supervision

1. Does supervision work?

In the film *Ronja Robbersdaughter*, based on the Astrid Lindgren children's classic of the same name, we meet the rumpbobs, small, odd creatures, who incessantly ask: "Woffor did un? Woffor did un do it?" There may be those who think the same of us, the supervision authorities: they just keep on asking questions – and – just – will – not – stop. Why are they asking these questions? Is there any point to the questions? Why do they go on and on about all these routines and procedures? The seemingly interminable flow of questions, some of which come across as incomprehensible, don't always seem necessary or, indeed, to the point. Critics question the efficacy of supervision, and have reservations regarding its impact on the quality of health, social and child welfare services.

Starting in 2009 and through 2012 the Norwegian Board of Health Supervision and the County Governors engaged in a four-year supervision programme focusing on services for elderly persons. In 2010 and 2011, more than 500 audits were undertaken, covering 325 of the country's municipalities. Using a variety of approaches, the County Governors examined different aspects of the municipal health and care services: identification, assessment and follow-up of elderly persons living at home with dementia; medication management and drug treatment; prevention and treatment of undernutrition; rehabilitation in nursing homes and processing of applications for respite care to reduce the burden on next-of-kin. A comprehensive review of what we have learned from previous reviews was conducted before choosing the subjects to be addressed in these supervisions. Recent Norwegian research was also taken into account. We wished to direct our attention at conditions in the services that stood out as especially vulnerable; and at services that are at special risk of deficiencies or critical errors with potentially serious consequences for frail elderly persons. In sum, the County Governors found regulatory breaches in about two thirds of their audits (the Norwegian Board of Health Supervision, 2011 and 2012).

Having completed the supervision programme, the Norwegian Board of Health Supervision wished to learn more about what processes and measures the municipalities had initiated following the audits. We wanted to know whether there was anything hindering the municipalities the use of the findings made in the audits to improve their services, or anything that made it difficult to utilise the supervision's results. We also wanted to know more about the municipalities' views on how audits can contribute constructively to improved municipal health and care services.

The Norwegian Board of Health Supervision would like to use this opportunity to thank the 220 municipalities who took the time and trouble to participate in the survey presented in this report. About 70% of the 325 municipalities we audited as part of our supervision programme focusing on services to elderly persons replied to this survey. Not only did they tick the appropriate answers,

they also took the time to pen constructive comments. In addition to completing the survey, managers and staff members from ten municipalities contributed by giving us in-depth information in telephone interviews, expanding on the survey's results, and adding nuances. So did ten audit managers at the Offices of the County Governors. We would like to thank each and every one for their help. Overall, the study has delivered findings which we regard as solid, forming a good baseline for further development of our supervisory work. The consultancy firm Agenda Kaupang undertook the study for the Norwegian Board of Health Supervision. Their report is presented in Part 2 of this report.

2. "From the point of view of the municipalities ..." – supervision enhances focus and challenges service providers

2.1 Relevant supervision subjects and good dialogue – a positive contribution

The supervision authority's scrutiny obliges the service providers to concentrate their attention in certain directions. Most of the municipalities who answered this survey said that this is a good thing. Just short of 90% of the service providers replied that the combination of exchanges with the County Governors and the audit report formed a good point of departure for the municipalities' work to improve their services to frail elderly persons. According to the service providers, the audits raised awareness and stimulated the municipalities to pursue their work to improve and change. We were pleased to observe that this was the case, regardless of whether the audit had identified regulatory breaches or not. In Part 2 of this report (see page 15) the consultant who authored the study observes that these municipalities probably are already engaged in considerable development work, and that the audits have galvanised them in their ongoing work. The municipalities regard the items covered in the audits as relevant and topical. By addressing key issues, the selected issues have helped the municipalities direct their focus at a variety of aspects in the health and care services provided for elderly persons. Not surprisingly, efforts to change and the work associated with this were more extensive in those service providers that had to correct regulatory breaches. These organisations had to implement changes in order to ensure that their service users are provided health and care services that are both sound and safe.

2.2 Who participated, and what did the municipalities do as part of their post-audit change efforts?

In the organisations examined in this study, the key actors driving the work to implement change have been the organisation leaders and the organisations' staff members. In more than half of the municipalities overall responsibility is held by the municipality's chief municipal executive, but the chief municipal executive is not much involved in the work itself. However, the limited involvement on the part of the chief municipal executive is not regarded as a problem or hindrance by these municipalities.

The title of this report is taken from something one of the informants who contributed to the study said.

The informant's words are illustrative of the challenges that follow in the wake of the audit: the process is time-consuming and requires that the organisation devotes attention to it. Moreover, involving the staff in the process can prove difficult. This is understandable in a sector where many of the staff work part-time, and where most of the staff members work on a shift rota. However, the Norwegian Board of Health Supervision regards active staff involvement in process improvement as essential. Staff engagement is a prerequisite if the changes are to work in practice and promote good treatment and care.

The staff's professional capabilities, ability to make assessments and take initiative are critical for the provision of services, and for the soundness and quality of the services brought to each service user. "Only the wearer knows where the shoe pinches" goes the saying, and experienced staff members that meet and work with users and patients hands-on are those who best know where things are likely to go wrong in day-to-day patient treatment and other care work. It is important that this experience-based knowledge is shared with the management, both through regular dialogue with staff members in a variety of arenas, and by means of other systematic reporting schemes. Together with the organisation's staff, the management shall assess the service provider's need for capabilities, and whether the staff members have the knowledge and skills they need to do their job. This knowledge is vital to assessments of vulnerability and risk of deficiency in service delivery, and thus also to deciding which routine and practice outlines are required.

2.3 What measures have the municipalities implemented following the audits?

The most common response to the audit found among service providers participating in this study was the development of further routines and practice outlines. This was the case regardless of whether the audit identified any regulatory breaches or not. Almost three quarters of the service providers were obliged to draw up new practice outlines, and half of the municipalities had to put some work into amending existing practice outlines so as to make them functional in practice.

Checklists, procedures and routines drawn up primarily with a view to fulfilling formal requirements are worthless. Their *raison d'être* is not to satisfy the supervision authority; good practice outlines for important elements of service provision are a way of preventing unintended incidents and critical errors occurring in the organisation.

Following the audits, more than half of the municipalities had to review their systems for non-conformity reporting and processing. The municipalities need systems where staff members can report to the management any adverse and critical errors and deficiencies in the service delivery. For such a system to work the staff need to know what constitutes a reportable non-conformity, and how to report it; the management must review reports at regular intervals, and assess the need to change procedures and practice.

The supervision authorities' emphasis on procedures and routines are often perceived as one of the factors driving the bureaucratisation of the health and care services (Engebretsen and Heggen, 2012). Although there may be some truth in this, the County Governors do not primarily seek to verify whether service providers have written procedures and practice outlines. Instead, they appraise whether the management and the staff have a joint understanding of what is considered sound practice "where we work" and whether they have drawn up the practice outlines and procedures they themselves consider necessary. The County Governors look into whether the management has established management and control measures that assure that every single service user is given medically sound treatment and help that is kindly and caring when they need it. They also examine

whether the management works systematically to prevent adverse incidents and critical errors in service delivery.

Recent research on different sectors in society has pointed out that “proceduralisation” can bring unintended consequences; in fact, excessively standardised actions can be detrimental to safety work (Bieder, C., and Bieder, M., 2013). The municipal health and care services rely on staff that are, on the basis of their professional capabilities, able to take the initiative, enabling them to improvise and solve unexpected and acute problems should they arise. It is therefore up to the local service providers to decide which duties and situations should be “proceduralised”, and whether, indeed, this is feasible. Any decisions to set out procedures in writing must be based on an assessment of the merits of each case.

2.4 Has the audit had any spill-over effects on other aspects of the services?

The supervision authority expects the municipalities, health trusts and other service providers to be committed to regulatory compliance, and to monitor such compliance. Over the last few years, the Norwegian Board of Health Supervision and the County Governors have sought to encourage the municipalities and health trusts to make systematic use of supervision results and lessons learned in their process improvement. The intention has been that also those municipalities and health trusts that have not been specifically investigated should make use of the supervisory findings. Also service providers offering similar services, but that have not been audited should make use of these results. We therefore wanted to learn from the municipalities in what ways the measures they had implemented following the audit of their services have benefited other parts of their municipal service organisation.

About half of the municipalities responded that the actions they had taken had also substantially benefited other health and care activities, and not merely those activities that had been audited. The Norwegian Board of Health Supervision regards this finding as encouraging.

However, only a few municipalities replied that the measures had had a positive impact on other parts of the municipal service organisation, i.e. on those services that were not health and social services. Audits provide a wealth of insight into deficiencies and areas with potential for failure in the health, social and child welfare services. This knowledge exists and is readily available; moreover it can be transferred to other parts of the service organisation. The Norwegian Board of Health Supervision will continue to encourage municipalities and health trusts to employ audit reports in their own improvement efforts, ranging from systematic reviews of their own practice to evaluating whether their own practice is in line with regulatory requirements.

In addition to requiring staff with good professional qualifications and capabilities, the health, social and child welfare services need proactive leaders. These need to take charge and create good framework conditions facilitating solid professional work and satisfactory quality of services. In addition, they need to be on the ball as regards financial management. Preventing unfortunate missteps and critical incidents wherever this is possible is part of taking control of finances. The management needs to ask itself concrete, possibly unpleasant, control questions, to learn whether the scope and content of the services is adequate, and whether the staff have the knowledge and skills they require. These are all key elements in ensuring sound delivery of services.

2.5 Are audit findings relevant for politicians?

The Norwegian Board of Health Supervision has observed that less than a third of municipalities have replied that the audit reports and improvement measures are subjected to political processes. The municipalities have unfinished tasks in relation to relevant political bodies. .

The supervision findings show that the municipalities' services satisfy the regulatory requirements laid down by the Norwegian Parliament, the Storting. By virtue of their decisions on plans and priority-setting, politicians are responsible for the services that are delivered to the population at any time; it is therefore very important that they know of any deficiencies or areas where services are vulnerable.

3. The Norwegian Board of Health Supervision and the County Governors: feedback is encouraging, but there are challenges

Throughout this study, the Norwegian Board of Health Supervision has been especially eager to learn about room for improvement in its own supervisory activities.

3.1 Constructive dialogue as a capability issue for the supervision authority

The Norwegian Board of Health Supervision has observed the importance of constructive exchanges in discussing the audits and the findings. Good dialogue promotes the municipalities' subsequent process improvement. Achieving this is no simple matter, and we must continue to be guided by clearly-defined goals in our work to support the municipalities and re-enforce trust in the work of the supervision authorities. The municipalities regard the contact and exchanges with the County Governors' staff members as helpful, indicating that dialogue helps motivate municipalities in their work to improve services after finalisation of the audit.

Here are some illustrative quotes:

"The auditors know what they're doing. They've got an eye for the practical details, too, and that's important if the measures are to work."

"Before we were audited, we dreaded it. But the way they did the audit was positive, and the dialogue throughout was good."

"Talks with the Office of the County Governor went well. They helped us understand errors, and what the right legal authority is. The replies and feedback they gave us were clear and unambiguous."

However, in some cases dialogue can have the reverse effect. In a few municipalities, managers and staff members felt the Office of the County Governor did not meet them with respect. As is indicated in the following quotes, the tone used by the Office of the County Governor did not result in smooth communication and constructive dialogue:

"The supervision authority should choose a completely different approach to the one they employed with us. Several of the staff members found the audit to be very unpleasant. Many employees felt

they were belittled, and some felt that their answers were ridiculed. The attitude they observed was arrogant, and they felt they were being condescended to. The auditors also asked about things that were not directly related to the topic under investigation, but given the way they were treated the staff members were taken aback. To top it all, there were five of them questioning a single staff member. That in itself felt unfair. However, we raised this issue at the closing meeting. We made it clear that the auditors' conduct should have been more respectful and friendly; this type of approach does not promote good communication or constructive dialogue."

The Norwegian Board of Health Supervision takes this kind of observation very seriously. The reliability and credibility of supervision results are in part a function of open dialogue and communication, and auditors must therefore have the knack of getting people to open up and share their experiences. It is the responsibility of the supervision authority to create a framework for dialogue that is perceived as clearly structured and re-assuring, and that managers and staff members feel they are met with respect. This is essential if the supervision authority is to gain a true picture of the services being audited.

3.2 The role of the County Governors in the post-audit work

In the supplementary comments to the survey and in the telephone interviews, several of the informants expressed a wish for closer follow-up by the Office of the County Governor and more contact with the municipalities. Specifically, they wanted more collaboration in connection with the post-audit work to close non-conformities, i.e. the correction of regulatory breaches.

One observation that was made in one of the surveys illustrates this:

"They should have given us more advice on how to close the non-conformity. The staff at the Office of the County Governor know a lot about solutions that work, and they could have shared these with the municipalities."

As indicated by the quote above, several municipalities want the County Governors to act more as "go-betweens" among the municipalities to facilitate sharing of lessons learned from the supervision.

Some of the County Governors have had supplementary funds during the supervision programme, and have organised a variety of conferences, gatherings and seminars to share lessons learned. Dialogue and experience sharing based on supervision results and internal control activities have engendered active involvement, participation and thought, both among managers and staff members. However, organising these types of get-togethers is no simple matter for the County Governors, not least as regards capacity and expenditure of resources.

The Office of the County Governor has to wear two hats in relation to the municipalities: on the one hand the County Governors shall proffer advice and guidance to the health, social and child welfare services in accordance with instructions from the directorates. On the other hand, they shall verify whether the provided services are in regulatory compliance, and perform audits in order to ascertain this. The Norwegian Board of Health Supervision regards this dual role as an asset, as it gives the County Governors' multiple arenas where they can contribute usefully in process improvement. However, deciding the extent to which to involve themselves in the post-audit process within the municipalities can be something of a balancing act for the County Governors. The supervisory legislation gives the Office of the County Governor the right to give guidance in relation to the audit itself, but it is primarily up to the municipality to define which measures and solutions will work best for them.

Communicating findings and lessons learned from audits is a priority area for the Norwegian Board of Health Supervision in the next few years. We have therefore taken note of the municipalities' responses expressing a desire to engage in more experience sharing, particularly as this applies to the audits' findings, and how to address and solve challenges faced by several municipalities.

4. At the end of the day ... what does it take for audits to have an impact?

Supervision is a verification of regulatory compliance, and audits are performed to investigate deficiencies and the risk of failure. While some may perceive regulations and supervision as a burden, there should be no doubt that the underlying intention is to safeguard the patients/service users' interests.

The municipalities in this investigation have learned that audits serve to enhance focus, and are a useful contribution to improvement and change efforts in the services provided to frail elderly persons. This positive attitude to supervision may, in part, be a reflection of the fact that these were municipalities that excelled in development work prior to the audits. The municipalities themselves emphasised two factors that they believed should inform the work of the Norwegian Board of Health Supervision in the future: first, the topics (eller items) appraised in the audits must be relevant and of importance to the municipalities' activities; second, dialogue with the County Governors' representatives must serve to motivate and stimulate the work to achieve change. The qualifications and capabilities of the auditors play an important role in this regard, too. In the view of the Norwegian Board of Health Supervision, these elements are critical if we are to assist in implementing robust change, and if we are to avoid supervision being viewed as an unseeing exercise in formalism, where efforts to transform service delivery become mere lip service. Both the Norwegian Board of Health Supervision and the County Governors must have high capabilities in the health and social care professions, in child welfare services, and in law. Such qualifications are a prerequisite if we are to work systematically and thoroughly in risk assessments when selecting those areas that will be subject to supervision. They are also vital if we are to work systematically and thoroughly on building capabilities among those who are to perform the audits.

5. References

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Krevende oppgaver med svak styring. Samlerapport fra tilsyn i 2010 med kommunenes sosial- og helsetjenester til eldre. (Exacting tasks – weak management. Overall report from the 2010 supervision of the municipalities' social and health services to elderly persons.) Report from the Norwegian Board of Health Supervision 5/2011 Oslo: Statens helsetilsyn, 2011.

Tilsyn med kommunenes sosial- og helsetjenester til eldre i 2011. (Supervision of the municipalities' social and health services to elderly persons, 2011.) Brev fra Helsetilsynet til Helse- og omsorgsdepartementet 19. mars 2012. (Letter from the Norwegian Board of Health Supervision to the Ministry of Health and Care Services, 19 March 2012.) Oslo: Statens helsetilsyn, 2012.

On its website, www.helsetilsynet.no, the Norwegian Board of Health Supervision has a dedicated menu with information on the supervision programme focusing on care for elderly persons. See [Supervision / supervision programme for care for elderly persons](#).

Part II The report from Agenda Kaupang

The Norwegian Board of Health Supervision

Supervision of municipal health and care services for elderly persons Descriptive study of the multi-year programme focusing on supervision – from the point of the view of the municipalities

REPORT
21 December 2012

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KAUPANG

Part II

Supervision of municipal health and care services for elderly persons.

Report prepared by Agenda Kaupang, commissioned by the Norwegian Board of Health Supervision.

Principal: The Norwegian Board of Health Supervision

Report number: 7820

Title of the report: Supervision of municipal health and care services for elderly persons. Descriptive study of the multi-year programme focusing on supervision – from the point of the view of the municipalities

Consultant responsible for the report: Per Schanche

Quality-assured by: Morten Stenstadvold

Date: 21 December 2012

Foreword

Our task has been to perform a descriptive study of what happened in the municipalities in connection with the supervisory activities performed in 2010 and 2011. The Norwegian Board of Health Supervision has wanted to learn more about the responses to the supervision, and whether the supervisory activities have had an effect on the municipalities' health and care service. This report documents the results of the study performed to evaluate this.

Wenche Skjær, Marianne Noodt and Bente Smedbråten have been our contact persons at the Norwegian Board of Health Supervision. They assisted us in the performance of the introductory interviews, and in paving the way for the survey we conducted. We would like to thank them for the friendly co-operation and for our fruitful discussions about the work.

Per-Trygve Hoff, Morten Stenstadvold and Per Schanche were the Agenda Kaupang representatives engaged in this work, with the latter being the consultant in charge of this project.

Høvik, 21 December 2012 Agenda Kaupang AS

1 Background, approach and summary

1.1 Background

Between 2009 and 2012 the Norwegian Board of Health Supervision and the County Governors were engaged in a four-year programme focusing on the supervision of services for elderly persons. The objective of this programme was to clarify the requirements of the law and control regulatory compliance; to motivate the services to strive towards regulatory compliance, both now and in the future, and to facilitate forms of knowledge-sharing that are likely to stimulate increased learning from supervisions.

The Norwegian Board of Health Supervision has wished to do a descriptive study of how the project has worked in the municipalities. The intention was to study the municipalities that were affected by control activities and those municipalities that took part in knowledge-sharing events organised by the County Governors.

The principal, the Norwegian Board of Health Supervision, wanted the study to shed light on the following issues:

- For municipalities that were audited and/or that were involved in other supervisory activities: has the supervision programme had an impact on the municipalities' activities and the services they provide to elderly persons?
- Did the municipalities perceive the audits as a topical and relevant contribution? Were the municipalities already involved in work on any of the subjects covered by the audit?
- What, specifically, did the municipalities do to implement change and correct conditions following the audit? Who was involved in this work? Did the audits have spill over effects on other aspects of the municipalities' services?
- Were there any factors that hindered the municipalities in making use of findings and lessons learned from the supervision programme in their own work on regulatory compliance and quality improvement? Did any factors complicate making use of the audits' findings or lessons learned?

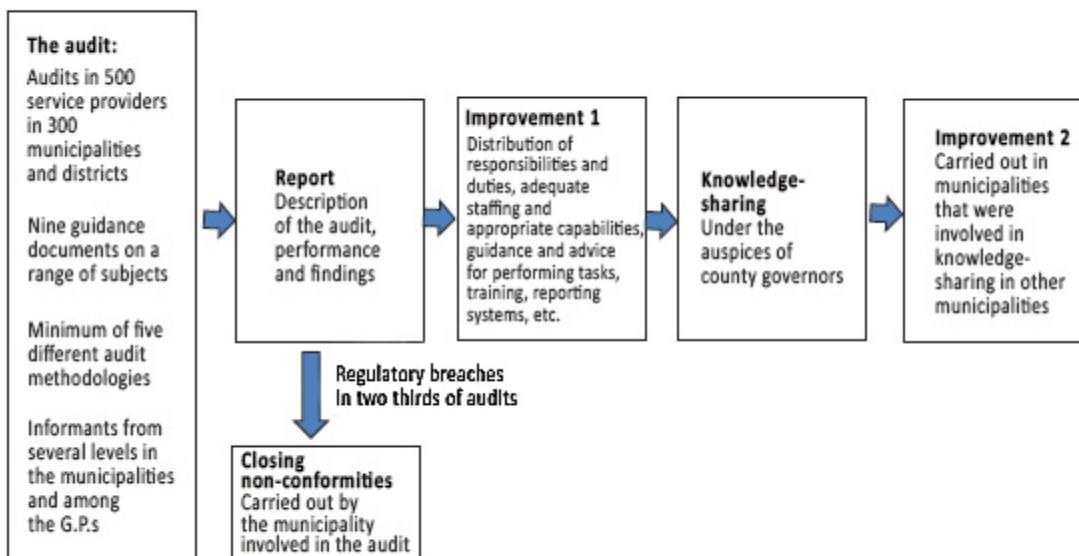
The results of the 2010 supervision have been summarised in the report "Krevende oppgaver med svak styring", which translates as "Exacting tasks – weak management." This supervision showed that there were failures to comply with regulations in two thirds of the audit, in a total of 232 municipalities. The conclusion was that many of the municipalities had problems, many of them significant, in the following areas: ensuring a clear distribution of responsibilities and duties; ensuring that they had enough staff with the right capabilities; making sure they had the necessary guidance for how to perform these duties; securing adequate training; and ensuring good systems for documentation, as well as providing reporting systems that could be used when anything goes wrong.

The 2011 audits have been summarised in a letter from the Norwegian Board of Health Supervision to the Ministry of Health and Care Services. The letter said that the picture obtained in 2011 confirmed the conclusions drawn in the 2010 supervision, although shortcomings varied with regard to their prominence, compared to the preceding year.

1.2 Analytical model

As a starting point for our approach, we have prepared an analytical model. The model shown in the figure below is the overall starting point for understanding the activities we have studied.

Analytical model



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In the following we will briefly describe the various stages in the model:

- *The supervision:* More than 500 audits were undertaken in more than 300 municipalities and districts in 2010 and 2011, based on a total of nine guidance documents drawn up by the Norwegian Board of Health Supervision on a variety of subjects. The documents were drawn up in order to facilitate the County Governors' work in connection with the audits; among other things, they comprise the criteria for assessing the municipalities. The County Governors have also been encouraged to test new auditing methodologies and ways of following up the audits.
- *Report:* Following each audit, a report is drawn up to document how the audit was performed and its findings. These reports are published on the Norwegian Board of Health Supervision's website, where they are organised by audit methodology, and (under audit methodology) by audit subject and county.
- *Closing non-conformities:* It is the responsibility of the municipality to ensure that it implements changes to ensure regulatory compliance.
- *Improvement 1:* Audited municipalities may implement improvements that go beyond "closing non-conformities", for instance by implementing such improvements in service providers that have not been audited. In some cases, the audit resulted in "notes", pointing out the potential for improvement exceeding regulatory requirements; the improvements that are put in place sometimes build on such notes. An alternative scenario is that the audits have triggered processes in the municipalities that were not necessarily based on the County Governors' audit report.
- *Improvement 1-areas:* Based on the principal findings from 2010 we have outlined some areas with room for improvement in the analytical model: the distribution of responsibilities and duties; adequate staffing and the right capabilities; guidance for how the duties are to be carried out; training; reporting systems that make it possible to report non-conformities, etc.
- *Knowledge-sharing:* Several County Governors have used this opportunity to test a variety of methods for sharing knowledge on the audits' findings and for enhancing learning. These activities

have also been directed at those municipalities and service providers that were not audited.

- *Improvement 2*: One of the reasons for such knowledge-sharing is to promote positive change in the municipalities participating in these events.

This report provides an account of those activities and processes which the municipalities have embarked on as part of (1) work to close non-conformities, (2) the municipalities' own initiatives, inspired by the audit in the municipality, and (3) measures inspired by the sharing of audit findings and process improvement work in other municipalities, see “Improvement 2” in the analytical model.

This study was carried out in municipalities that were audited. We have considered to which extent improvement efforts were initiated in those municipalities where no non-conformities were identified (Improvements 1 and 2). In some cases, improvement efforts were a response to notes in the audit report where room for such improvement was pointed out; in others they were inspired by the actual audit. We have compared participation and activities in municipalities that were found to have non-conformities with those that were found to be in regulatory compliance. This study does not consider efforts that were started purely in response to the County Governors’ efforts to share knowledge and lessons learned (Improvement 3).

Use of terminology: In this report, “non-conformity” and “regulatory breach” are used as synonymous terms.

Guidelines for finalising the audits

The Norwegian Board of Health Supervision has prepared guidelines for following up audits that identified regulatory breaches. These state that, as a rule, the supervision authority shall request that the organisations:

- perform their own assessment of which conditions affect and are a contributory cause to the regulatory breach,
- prepare a plan with measures to address and correct the regulatory breach,
- confirm that measures have been implemented,
- report on the outcome of the management’s review and its conclusion as to whether the measures have worked according to plan some time after they have been put in place.

The guidelines also describe what elements plans to correct a regulatory breach should normally include:

- the measures implemented to correct the regulatory breach,
- how the management will monitor, act on and verify that the measures have been implemented,
- how the management will assess the measures’ effectiveness relative to their planned impact, after they have been in force for some time,
- the service provider’s own time limits to ensure progress.

In other words, service providers shall consider why non-conformities develop, and are required to carry out planned activities to close them.

1.3 Activities

We will now move on to outlining how this study has been carried out.

Introductory interviews

Introductory interviews were held with three informants from the Norwegian Board of Health Supervision central office, and with four informants from the County Governors. The objective was to learn more about the issues we were to study and thus to provide the groundwork for the quantitative and qualitative analysis in this study. The interviews covered a number of questions: the general strategy for the supervision

programme focusing on services to elderly persons; the way the respective audits were organised, and what one hoped to achieve with the audits. We also asked for input for questions regarding a possible survey.

Based on these interviews, we prepared a provisional survey draft, which we then discussed with our principal, the Norwegian Board of Health Supervision. Based on our preliminary conclusions and these discussions, a decision was reached to perform a survey, and this was designed in co-operation with the Norwegian Board of Health Supervision.

The survey for all audits performed in 2010 and 2011

The Norwegian Board of Health Supervision prepared a list of all relevant audits performed in 2010 and 2011, listing the audits' subjects, the methodology used for each audit, and the name of the audit leaders.

The Norwegian Board of Health Supervision e-mailed a request to all audit leaders, asking for the names of the persons leading the respective service providers that were audited. This was because the plan was to obtain answers from the persons leading the service providers in the audited entities, where possible. Alternatively, this could be done by the person who had been the municipality's contact person at the time of the audit.

Many audit leaders told us who led the audited service providers, but we still lacked names for about half of the audits. In order to find the names we lacked, we used a combination of different methods.

We studied the various audit reports in order to find the names we needed. Once we had identified these names, we used the internet to find their e-mail addresses. However, quite a few of the reports contained no clue as to what municipal officer had participated in the audit. We sent these surveys to the municipalities' post room by regular post. We asked the post room to trace the appropriate person, and forward the survey to them. 98 of the surveys were sent in this manner.

The first round of the survey was carried out at the turn of the month between October and November 2012. 51% of respondents replied. A decision was made to send out reminders and the Norwegian Board of Health Supervision sent letters to the chief municipal executive of the municipalities that had not replied. This letter summarised preliminary conclusions from the survey of potential interest to the municipalities and which might prove useful in their work, and encouraged the municipalities to participate in the survey. As for those surveys that had been addressed to the municipalities' post room, the chief municipal executives were asked to assist in identifying the appropriate person to answer the survey. Following this reminder, the response rate rose to 68%, and we could rate the reminder a success.

Telephone interviews and document reviews in ten municipalities

Following our analysis of the survey's first round, we scrutinised the documentation and carried out telephone interviews. This was done in order to learn more about the municipalities than could be done merely from the survey dealing with all audits in 2010 and 2011.

We studied ten municipalities; these were selected with a view to securing a certain spread as regards size, audit methodology and subject of the audit. We selected municipalities with and without non-conformities, and picked both municipalities that had responded to the surveys and some that had failed to respond.

In the project's initial phase, we also considered asking the municipalities that had participated in knowledge dissemination activities organised by the County Governors. However, after having consulted with the Norwegian Board of Health Supervision, we decided not to interview these, primarily because a decision was made to focus our efforts on following up ordinary audits.

Table 1.1. The telephone informants' position within the organisation

Position in the organisation	Number
County Governor's audit leader	10
Head of the service provider, assistant head of the service provider, department head	15
Chief municipal executive, assistant chief municipal executive or municipal executive	7
Staff members working with quality and service development	9
Total number of informants	41

We interviewed a total of 41 informants representing a variety of entities in the municipalities (see the table above). We interviewed chief municipal executives and municipal executives as representatives of the municipality's administrative management, the head of the audited service provider, representative for the office ordering services in the municipality, and people working with service development at national and local levels. In addition, we interviewed the various audit leaders working at the respective County Governors.

Prior to conducting the interviews we drew up an interview guide, containing a range of questions. Some questions dealt with the same issues as the survey: on the audit; responsibilities and involvement; measures and hindrances impeding implementation of measures; to which extent the audit proved useful; political discussions; and potential for improvement.

We also analysed written audit documentation. The most important document in this respect is the Office of the County Governor's audit report, documenting how the audit was performed and what findings it arrived at. For most of those audits in which non-conformities were found, we were also handed the correspondence relating to the process of closing non-conformities between the Office of the County Governor and the municipality.

As noted above, the municipalities are required to approach closure of any non-conformities systematically. In our appraisal of the written documents, we have looked at those aspects that would normally be covered by such systematic work:

- *Purpose/analysis*: Outline of the purpose of the work and an analysis of why the non-conformity has arisen
- *Progress plan listing measures and activities*
- *Organisation of the work including distribution of duties*

The County Governors usually handle the first two of the above; in addition, we wished to learn whether the plan explains how the duties that form part of the issues addressed by our study are organised and distributed.

Before doing the interviews we reviewed the documentation and formulated a few specific questions for each audit. The paperwork we studied also tells us how the audit was followed up in each municipality, and about any special challenges in following up the respective audits.

In preparing our account of this research, we needed to decide whether to outline the situation in the ten municipalities, or whether to organise our account by audit subject. We opted for the second alternative. This is because we gave priority to making a few general points on the ten municipalities' response to the audits, rather than presenting an overall account of each municipality's actions. However, we have decided

to include a fair number of examples from the various municipalities. These are intended to provide concrete insights into what is actually going on in the municipalities.

1.4 Summary

The responses to the following areas were encouraging, and gave a high average score: topics that matter to the organisation; meeting the municipality's staff with respect; findings presented in a way that was easy to grasp, and a report that was a good point of departure for improvement efforts. All these questions gave a high average score.

One of our most surprising findings was that 90% of the municipalities in which no non-conformities were identified opted to implement improvement measures, although the scope of such corrective action was somewhat smaller than for those municipalities in which non-conformities were identified.

Although the municipalities' uppermost management carried responsibility in most cases, the real work was done by less senior staff members. In more than half of the cases, the chief municipal executive carried overall responsibility, but was not involved actively in the work, or only to a limited extent. The service provider's leader and staff members, and staff members working with service development, were most likely to be involved in this process.

By far the most common response was the preparation of new routines/procedures and taking into use existing routines and procedures. More than half of the service providers with non-conformities have implemented measures to improve capabilities and process non-conformities.

The implementation of measures to address non-conformities has only faced minor hindrances. For most issues the score on this point was well below middle. The main hindrance faced by improvement process work was lack of time. Both municipalities with non-conformities and municipalities where no non-conformities were found had results in the middle of the scale on this point.

Less than a third of respondents indicated that the audit reports were subjected to political discussion. In those municipalities where no non-conformities were found, process improvement measures were only rarely considered by the appropriate political bodies.

The informants stated that the most important impact of the audits was that they had raised awareness; that service providers had learned more about regulatory requirements; and that measures to improve work processes had been initiated in response to the audits. When asked about ways in which the audit process could be improved, many replied that the supervision could do more in terms of offering advice, guidance and knowledge-sharing.

2 The survey

2.1 The introduction

In this chapter we discuss how the survey was conducted (Section 2.3) and its results (Section 2.4). The questionnaire is included in the appendix, which also contains detailed tables presenting the results of the survey, indicating the distribution of results among municipalities of different sizes, by audit methodology and audit subject. We begin by providing a brief outline of some of the introductory interviews, which were conducted in part to help us design the questionnaire (Section 2.2).

2.2 The survey's results

Response rate

A total of 325 questionnaires were sent out and 220 municipalities responded, giving a response rate of 68%. The responses' distribution is shown in the table below.

Table 2.1 Selection, responses and response rates by audit subject, audit methodology and municipality size.

	Number of respondents selected	Number of	Response rate
Audit subject			
Dementia	31	19	61%
Dementia and medication management	9	9	100%
Dementia and undernutrition	22	14	64%
Medication management	102	66	65%
Medication management and undernutrition	2	2	100%
Med. management for patients with dementia	4	1	25%
Medication management and undernutrition	4	2	50%
Rehabilitation	20	16	80%
Case processing, respite care	112	76	68%
Case processing, short-term nursing home stay	4	3	75%
Undernutrition	12	10	83%
Not available	3	2	67%
Total	325	220	68%

(cont.)

	<i>Selection</i>	<i>Response</i>	<i>Response</i>
<i>Audit methodology</i>			
System audit	112	79	71%
Random check	112	76	68%
Self-reporting	98	63	64%
Not available	3	2	67%
Total	325	220	68%
<i>Size of the municipality</i>			
Under 2 500	84	47	56%
2 500 to 5 000	62	38	61%
5 000 to 10 000	68	49	72%
10 000 to 50 000	83	65	78%
Above 50 000	28	21	75%
Total	325	220	68%

In our experience, the response rate for this type of survey usually ranges from 30 to 60%, indicating a very good response rate for this survey compared to others.

Prior to sending out the last reminders, the response rate was 44% for the approximately 100 municipalities where we addressed the survey to the municipality's post room. This may indicate that not all post rooms succeeded in identifying the right person. Following the last round of reminders, the response rate for this group reached 65%, indicating that they proved very effective in helping us reach the right persons.

There was a definite trend, with response rates being highest for larger municipalities, see the table above. We also found results to be more reliable for larger municipalities than for smaller municipalities.

For some of the audit subjects (see table above), relatively few audits were performed. In reporting the results, we have combined some of the groups so as to minimise the uncertainty associated with the results.

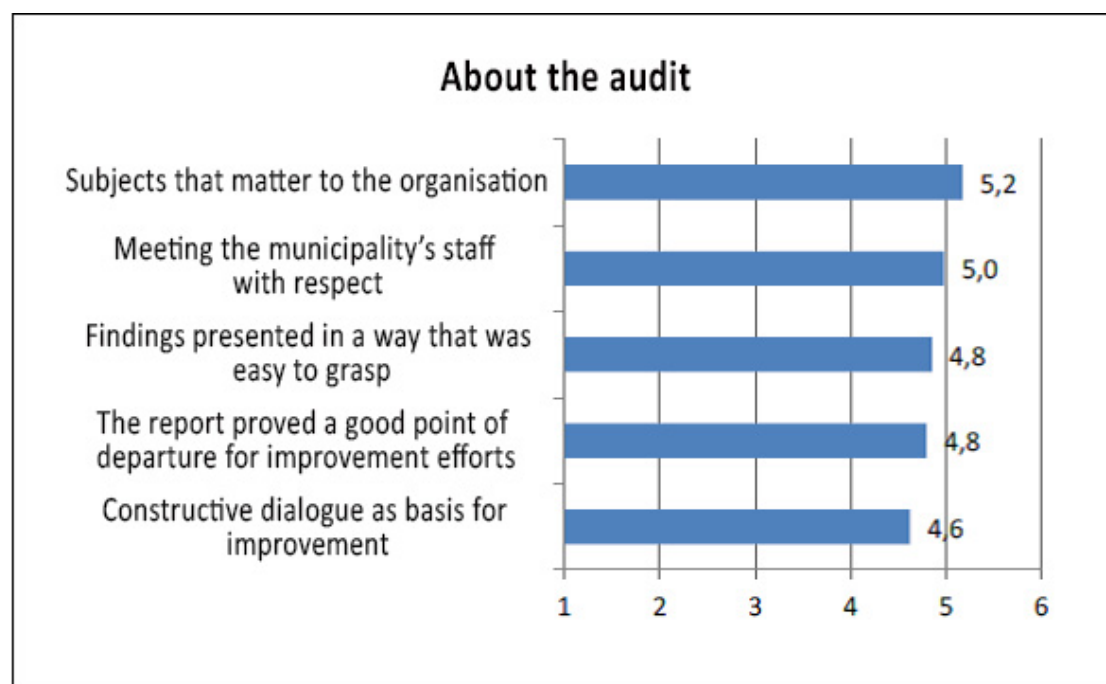
2.3 Results

In this section, we discuss the results in the figures summarising the most important conclusions. Some of the comments are based on the tables in Appendix 2, where the results are distributed by municipality size, audit methodology and audit subject.

Some points on the supervision

The survey begins with a few general questions on the audit. Municipalities that were found to have non-conformities and municipalities where no non-conformities were found were asked the same questions. The responses to these questions are indicated in the figure below.

Figure 2.1 Average score for general questions on the audit



As regards the general audit-related questions, the results were favourable, with high scores for all questions. The score was, on the whole, high. This was the case for municipalities differing in size, for different audit subjects and for the various audit methodologies. The high score is also evident when we look at the spread among the different alternatives respondents could tick. For these five questions, on average 26% awarded six out of six points, and 47% awarded five points out of six. Only 9% gave one, two or three points out of six.

Some other main findings:

- Municipalities with more than 50 000 inhabitants gave the lowest scores.
- Dementia and case processing achieved the lowest scores, while rehabilitation did best, with the highest scores.

For those municipalities that were found to have non-conformities, we asked whether and to what extent these municipalities were aware of these non-conformities prior to the audit. About a third of the informants indicated a score of five or six points out of six to this question; a further third gave a score of four out of six, and a third gave between one and three points out of six. There was in other words considerable spread in the responses to this question.

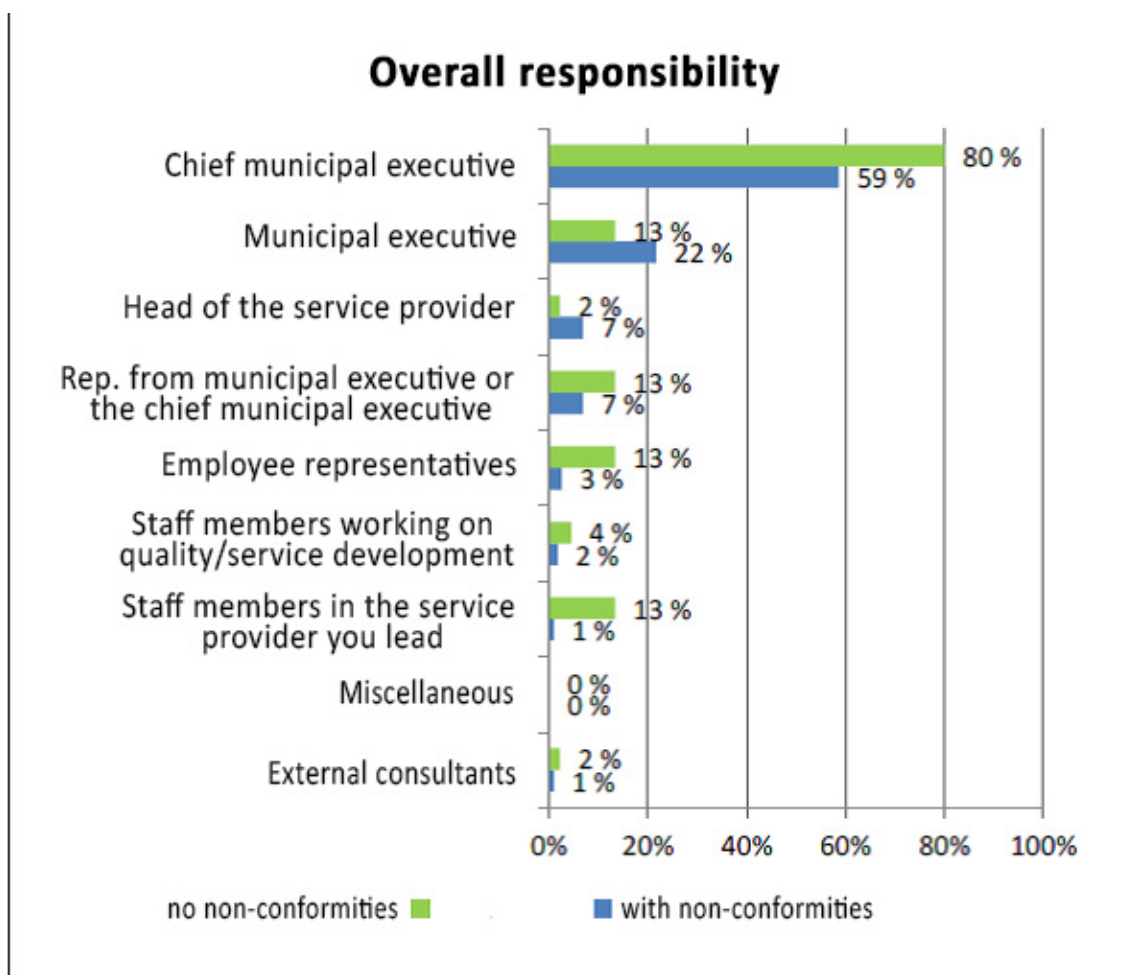
69 informants (32%) answered that no non-conformities had been identified in the audited areas; these informants were asked whether improvement measures were implemented despite the lack of findings. Only seven informants said that this was not the case. For the remaining 61 informants, we largely asked questions that were identical to those asked of informants in municipalities where non-conformities were found. In the remainder of the summary, we have compared the answers from municipalities with non-conformities with the responses supplied by municipalities where no non-conformities were found.

Non-conformities were found in 68% of the municipalities included in the study. Among the smaller municipalities, however, the percentage of municipalities with non-conformities is somewhat lower. If we include those municipalities that did not respond to our survey, we find that the same is true; here, too, the

percentage of municipalities without non-conformities is somewhat below average for the smallest municipalities.

Responsibility and involvement

Figure 2.2 Overall responsibility for the municipality's response to and actions on the audit – for municipalities with and without any non-conformities. Percentage-wise distribution. 1.

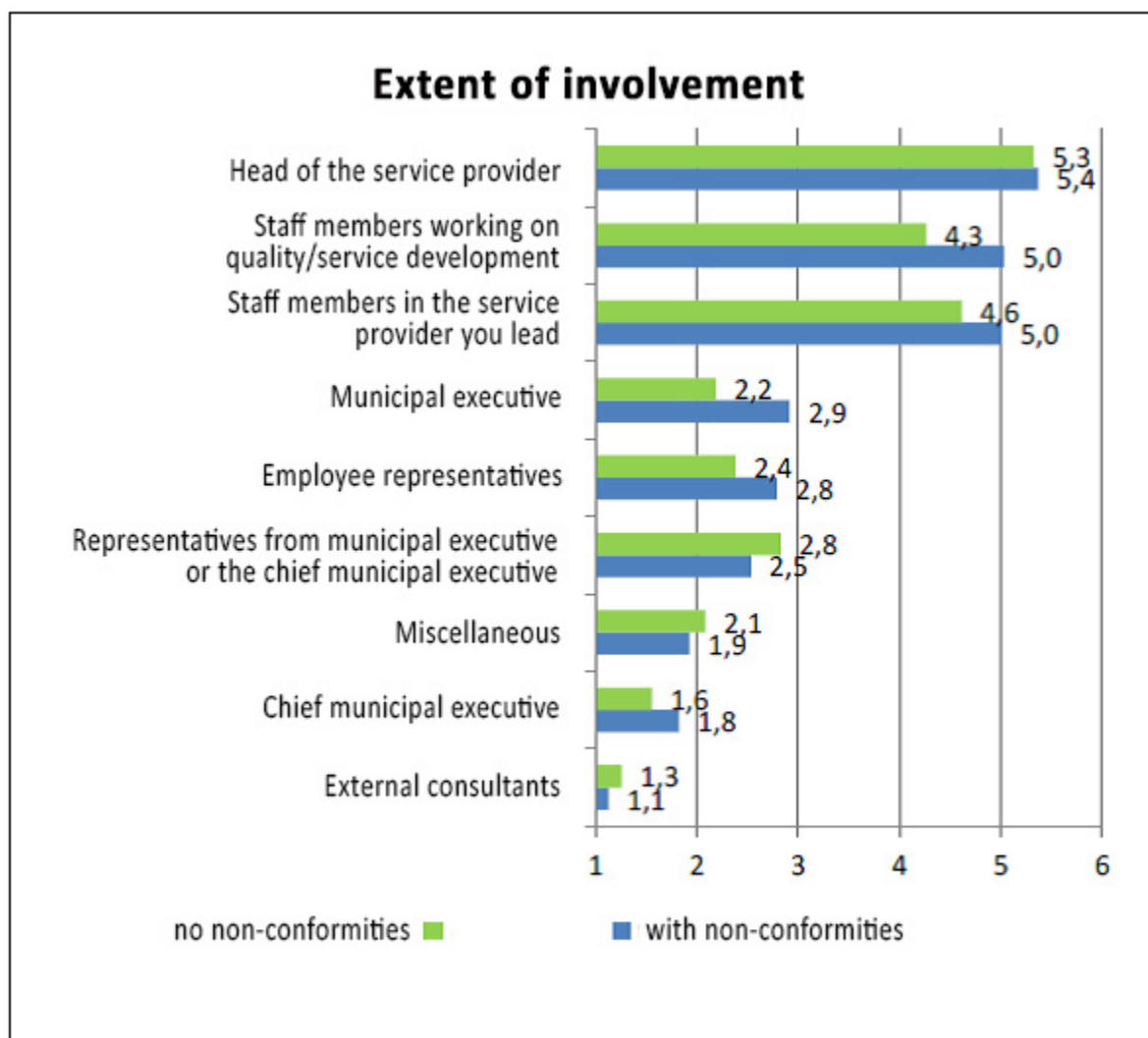


Some of the study's main results:

- Municipalities with non-conformities were more likely to have a chief municipal executive in overall charge than municipalities where no non-conformities were found.

1 The responses are not directly comparable. This is because the informants in municipalities without any non-conformities could tick more than one answer. The total for this group therefore is therefore somewhat in excess of 100.

Figure 2.3 Degree of involvement in acting on the audit for municipalities with non-conformities and for municipalities without any non-conformities. Average score



Some of the study's main results:

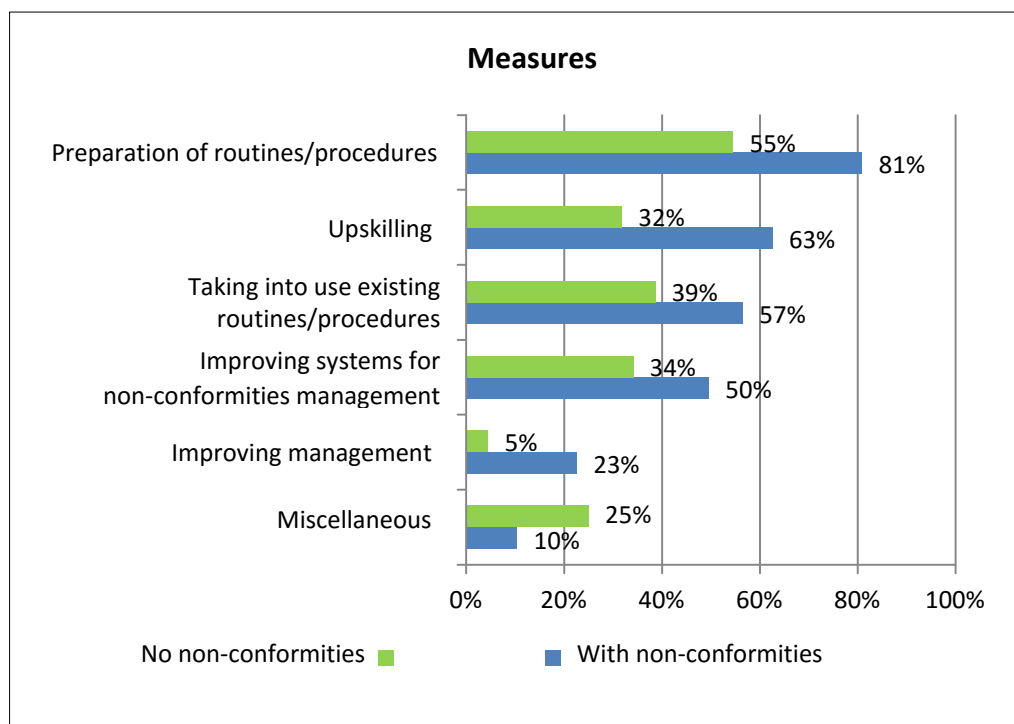
- In more than half of the cases, the chief municipal executive carries overall responsibility, but is not involved actively in the work, or only to a limited extent. The informants considered the lack of support at the top level in their organisation to be no hindrance, or only a minor hindrance, to the implementation of measures (see Figure 2.5). The limited involvement of the chief municipal executives in the work was in other words not regarded as a problem.
- The persons most likely to be involved in the audit were the service provider's manager and its staff members, and staff members working with service development.
- Municipalities where non-conformities were found were more likely to be actively involved than municipalities where no non-conformities were found. This may well be because municipalities that were found to have non-conformities have greatest need of improvement measures, being the ones who were found to be in regulatory breach.
- The chief municipal executive is more likely to carry overall responsibility for acting on the audit's findings in small municipalities than in larger municipalities. Larger municipalities are more likely to have delegated responsibility to a staff member in the municipal executive's or chief municipal executive's general management department. This may be because this type of position is more

commonly found in larger municipalities than in smaller ones.

- In municipalities with fewer than 2 500 inhabitants, involvement is significantly below average for all entities, and markedly lower than is the case for all the other groups of municipalities.

Measures and any hindrances impeding the implementation of measures

Figure 2.4 Distribution of different measures for municipalities with and without any non-conformities. Percentage-wise distribution.

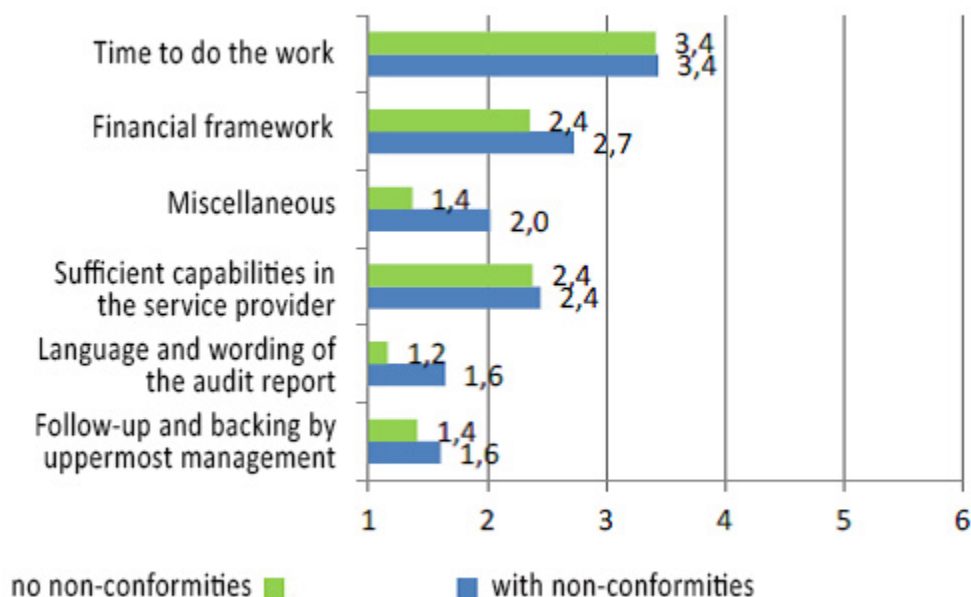


Some of the study's main results:

- By far the most common response was the preparation of new routines/procedures and taking into use existing routines and procedures.
- More than half of the service providers with non-conformities had implemented upskilling measures to improve capabilities, as well as measures to process non-conformities.
- About a quarter of the service providers with non-conformities implemented measures to improve management. This was much less common in municipalities without any non-conformities, which in any case represent a much smaller proportion.
- More measures are implemented in municipalities with non-conformities than in municipalities where no non-conformities were found. This may be because the municipalities that were in regulatory breach have greater need of such measures than those municipalities that are in regulatory compliance.
- Measures are most frequently related to dementia care, and least frequently to case processing.
- As regards medication management, self-reporting has been the methodology of choice. There were non-conformity reports for approx. 70% (34 of 47) of the municipalities where this method was used. Self-reporting of medication management has led to more measures than is typical for other areas.

Figure 2.5 Hindrances to the implementation of measures for municipalities with and without any non-conformities. Average score

Hindrances impeding implementation of measures

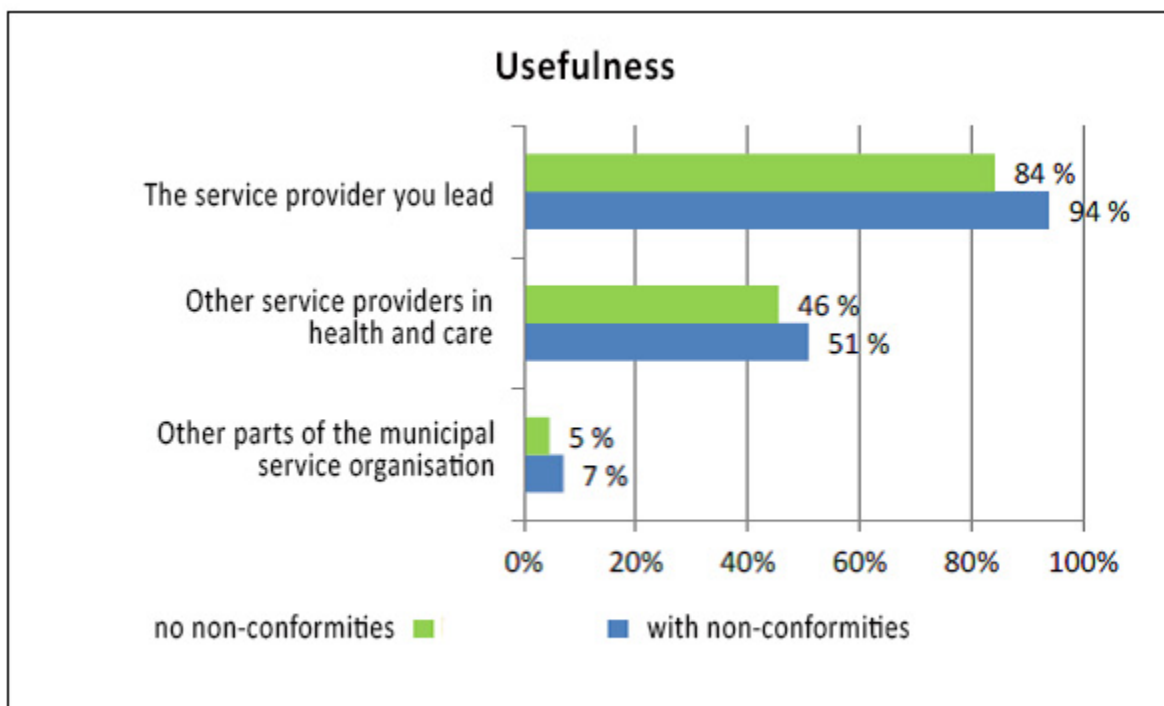


Some of the study's main results:

- The implementation of measures to address non-conformities has only faced minor hindrances. For most subjects, the score on this point was well below middle.
- The main hindrance faced by improvement process work was lack of time. Both municipalities with non-conformities and municipalities where no non-conformities were found had results in the middle of the scale on this point.
- The fact that the uppermost management was responsible for follow-up was not considered a significant hindrance.
- Greater hindrances were reported for municipalities with non-conformities than in municipalities where no non-conformities were found.
- The smallest municipalities were less likely to list economic conditions or limitations as a hindrance than was the case for larger municipalities. This is in line with results from other surveys, which indicate that small municipalities are well-positioned economically, but may lack sizable professional communities and have difficulties accessing specialists.

Usefulness, effects and political discussion

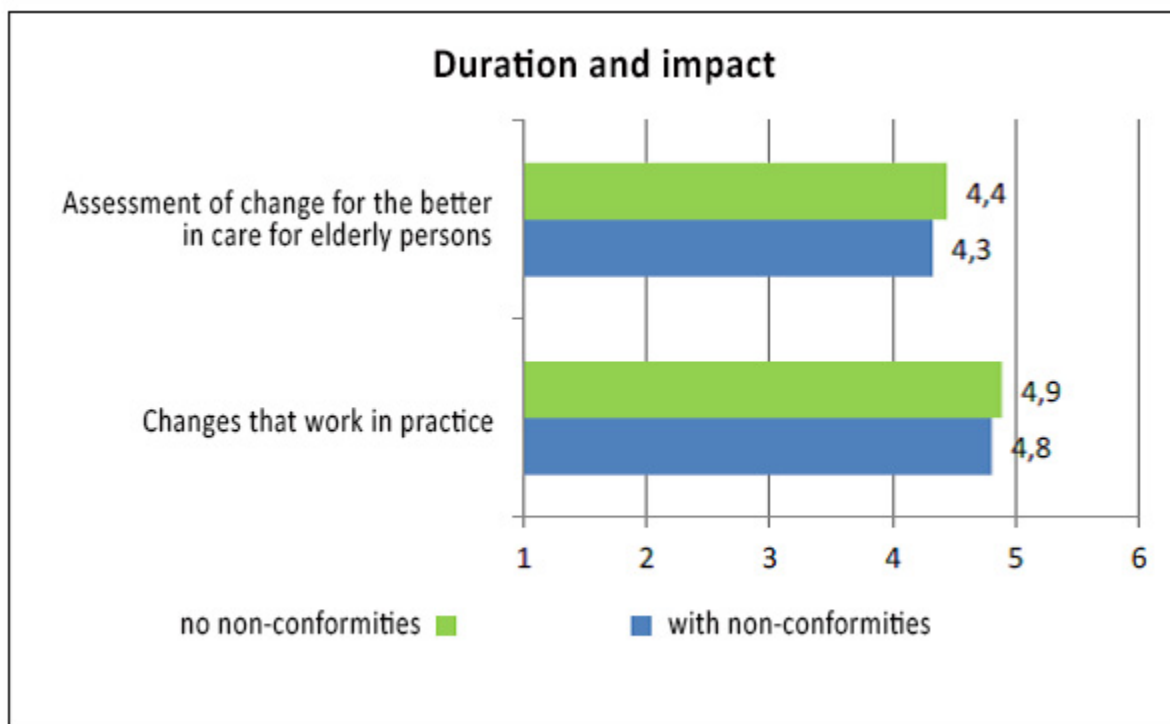
Figure 2.6 Entities that have benefited from implementation of measures – municipalities with and without any non-conformities. Percentage.



Some of the study's main results:

- In nine out of ten cases, the audited service providers concluded that the measures were useful. In about half of the cases, these measures have also proven to be of great use to other activities in the municipality's health and care services; while other parts of the municipal services organisation derived little benefit from these measures.
- Greater hindrances were reported for municipalities with non-conformities than for municipalities where no non-conformities were found.
- Audited service providers in small municipalities benefitted more from such measures than service providers in large municipalities.
- The spill over effect to other entities within health and care was greater in large than in small municipalities. This may be because larger municipalities naturally have more organisations of a similar nature than smaller municipalities.

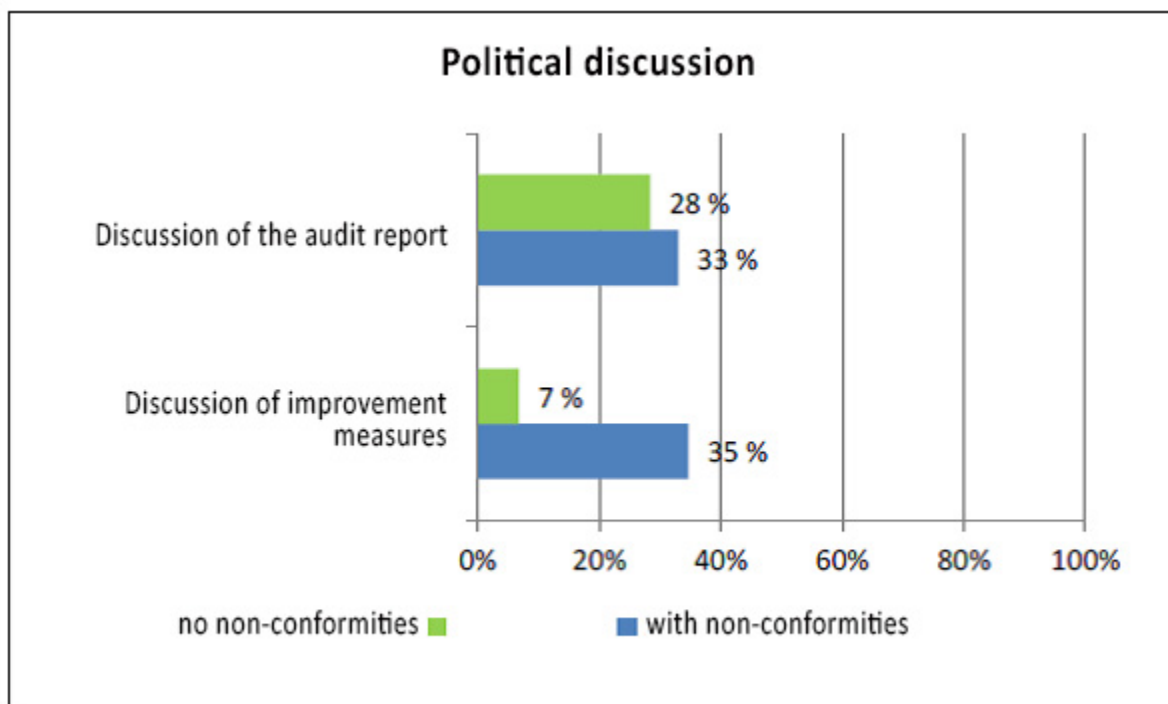
Figure 2.7 Duration and effects of the measures for municipalities with and without any non-conformities. Average score



Some of the study's main results:

- The score is satisfactory for questions on the positive effect on care for elderly persons, and on whether the changes work in practice.
- Municipalities without non-conformities did slightly better on both questions than municipalities where non-conformities were found. Possible explanations:
- In general, the informants in the smallest municipalities consider the effect on care for elderly persons to be better than is the case for their counterparts in the larger municipalities. This applies both to municipalities with non-conformities and to municipalities without any non-conformities.
- The audits that were considered to have the greatest and most positive impact on services for elderly persons were audits on rehabilitation services. This applies both to municipalities with non-conformities and to municipalities without any non-conformities.

Figure 2.8 Proportion of municipalities that subjected the report and consequent process improvement measures to political discussions, for municipalities with non-conformities and municipalities where no non-conformities were found.



The figure above shows the percentage that answered yes to whether the audit report and improvement measures had been presented to political bodies for review. Between 15 and 25% of respondents replied “don’t know” to this question. The high proportion of “don’t knows” may reflect the fact that the persons leading the service providers who are the survey’s target group frequently have little direct involvement with the political processes.

Some of the study’s main results:

- Less than a third of the municipalities responded that the audit reports were given political consideration by the appropriate body. Due to the large share of “don’t knows”, it is likely that the actual percentage is higher. However, even assuming this it would appear that more than half of the reports are not processed by the municipal political bodies.
- In those municipalities where no non-conformities were found, measures to improve services were only rarely addressed in local political arenas.

2.4 Positive impact and proposals for further improvement

The questionnaire contained two open-ended questions regarding the audit’s most important positive effects, and how the audit had contributed to improving the municipality’s health and care services. Both municipalities with and municipalities without any non-conformities were asked these questions.

We have categorised the issues mentioned in the informants’ answers. Every answer is categorised according to the principal issue raised in it. As the different categories are closely associated with each other, in some cases the categorisation may be somewhat random.

The distribution among the various categories is shown in the table below

Table 2.2 Issues raised in the open-ended questions by municipalities with and without non-conformities based on the Agenda Kaupang's categorisation. Number of comments and distribution, given in percentages

	<i>Number of comments</i>		<i>Percentage-wise</i>	
	<i>With non-conformities</i>	<i>No non-conformities</i>	<i>With non-conformities</i>	<i>No non-conformities</i>
<i>Worked well</i>				
Awareness-raising	44	12	52%	44%
Process improvement measures	25	5	29%	19%
Capabilities	10	5	12%	19%
Identifying deficiencies	2		2%	
Information	2		2%	
Legitimation	1	2	1%	7%
Showcasing	1		1%	
Confirmation	3		11%	
Total	85	27	100%	100%
<i>Improvement proposals</i>				
Guidance	23	9	40%	38%
Knowledge-sharing	17	14	30%	58%
Respect for the municipalities	9		16%	
More audits based on self-reporting	4	1	7%	4%
Joint understanding	1		2%	
Better follow-up of audits	1		2%	
Give priority to performance over documentation	1		2%	
Co-ordination with other audits	1		2%	0%
Total	57	24	100%	100%

A total of 142 municipalities with non-conformities provided open-ended answers, as did 51 municipalities where no non-conformities were found, see table above. In making their observations, municipalities with non-conformities and municipalities without non-conformities concentrated on the same categories.

The informants stated that the audits' main benefits were awareness-raising; that service providers had learned more about regulatory requirements, and that process improvement measures had been initiated in response to the audits. When asked about ways in which the audit process could be improved, many replied that the audits could do more in terms of offering guidance and knowledge-sharing.

In the following we will briefly describe the categories most frequently commented on by respondents:

Awareness-raising

Informants felt that the audit had raised the level of knowledge and awareness of the requirements laid down in legislation, forming a useful starting point for the municipalities' improvement efforts. Some examples of feedback provided by the respondents:

- Raised awareness of procedures and systems, thus increasing focus on quality improvement measures in the services.
- This has forced us to focus on the area, and the staff now understand that non-conformities must be closed. In this way, audits help drive the process improvement work which the management is trying to work towards.
- This means that we focus on areas that must be given priority, leading to improvements. The organisation is set an exam – showing us where we are at with our practice and how this holds up against applicable regulations.
- Greater understanding of quality work and drawing up of procedures at the lower end of the organisation. There was a step change in attitudes, especially among the doctors. They became less sceptical to supervisory activities, and more motivated to work on procedures and systems.
- Gets the process going in the municipality. Greater awareness of problems and issues. Changes in focus and follow-up.
- Everyday responsibilities keep us busy, there is so much to do. The most important effect of the audit is that it made us focus, and forced us to give priority to this kind of work.
- Audits are a good thing; they make us focus our attention even more, although that is in fact what we do in our day-to-day work.
- Focus on a key area. The staff acquired a sense of ownership about their own documentation. Things were moved “down” a notch in the organisation.

Improvement measures

Many respondents were positive about the fact that the audit had led to improvement measures. The measures mentioned in this connection are largely identical to those summarised above, in the discussion of Figure 2.4.

Some examples of feedback provided by the respondents:

- Set up dementia groups in the zones; set up an ambulatory dementia team with responsibility for assessment and focus on documentation. Established procedures for assessing dementia in collaboration with the G.P.s.
- Got a grip on existing procedures, and drew up new ones where we didn't have any.
- The most important effects of the supervision were: awareness and more knowledge on the subjects addressed by the audit. The audit has resulted in the preparation of routines/procedures; the section has started to use existing routines/procedures; work on upskilling has been started on and will be continued in 2013, and there is ongoing work on improving management.
- The non-conformities are used as a management tool to help us reach targets. Everybody in the municipality is in agreement about the non-conformities, and this makes it easy to agree on measures to correct non-conformities and improve the services.
- Improvement of written procedures. More knowledge and awareness-raising on the issue of nutrition.

Capabilities

Some respondents pointed out that the audit has resulted in greater capabilities – partly because of activities the municipality itself initiated, and partly thanks to the exchanges with the County Governors. Some examples of feedback provided by the respondents:

- The audit based on self-reporting taught us a lot. The County Governor selected three service providers which were to be audited, but we used the questionnaire in all our organisations. This meant that we got a chance to check the situation everywhere.
- With the focus on improvement, the pre-supervision meeting and the meeting where the results were summarised, and where the municipalities and the County Governor participated – it was all about capabilities and dialogue – we had the sense that this was a good audit.
- Overall – knowing more about the field. Information that gets out to everybody is good.
- Their best initiatives are the meetings they set up, where they told us what they focus on, what things should be like, and gave us feedback after the audit, telling us what they found. Then we can go back to the status quo in our own organisation, and improve, even though our activities haven't been audited.
- Conferences where we can share lessons learned – positive and friendly.

Guidance

About half of the improvement proposals reflected the municipalities' wish for more guidance in connection with the audit. A number of measures were proposed, including a meeting to address service-specific issues prior to the audit, annual gatherings, follow-up talks after the audit. Below follow some examples of input that was given:

- We would have liked more guidance and dialogue beyond the audit itself. A meeting to address service-specific issues prior to the audit, including for instance guidance on the required procedural outlines.
- Audits are good as far as they go, but co-operation based on annual meetings would do more to stimulate ongoing development and improvement. Broadly speaking, I believe that the municipality where I work does focus on improvement, and the entity where I work has outlined "quality at all levels" as one of its objectives.
- Specific feedback following the audit (this was very good in our case). Challenging us to present measures, non-conformity correction and quality improvement. Feedback regarding measures being implemented. Time limits for implementation. Awareness-raising regarding non-conformity systems and how this is handled are all important quality improvement tools. Involving all the staff in the organisation. This also means including staff at all levels.
- After the audit, we could have done with a follow-up talk with the County Governors so as to clarify their comments – before the municipality returned its statement.
- We greatly valued the fact that the auditors were pleasant, showed everybody respect, and we had the sense that they wanted to contribute/help, and to be constructive! Given all they know and have learned from the many audits they have undertaken, the County Governors could give us some tips about good solutions they found other places.
- Continue with audits and seminars, in addition to online reports on audits in other municipalities. Guidance from the County Governor is an important part of process improvement.
- A few practical tips on how to improve would be good. It's not always easy to act in accordance with all the regulatory requirements, especially as we lack time and capabilities. Moreover, service providers vary in size and structure, whereas the law is the same for all.
- We want more guidance from the Office of the County Governor. They regard their job as done once they have completed the audit.
- Our experience was that it was difficult to get any follow-up or guidance following the audit. It was difficult to get hold of the people who had visited us. More follow-up and guidance subsequently would have been a tremendous help. The auditors were very clear that they had only come to identify and point out non-conformities. We could have used more dialogue. We are a small organisation, with few staff, and don't have any employees dedicated to working on quality and development. This is a substantial task, coming as it does on top of our day-to-day activities.

Knowledge-sharing

Many respondents described the audit as a body with considerable capabilities and expertise, and wanted more knowledge-sharing with the municipalities. Some examples of feedback provided by the respondents:

- The auditors may know of municipalities that provide good services to their users, knowledge other municipalities might benefit from.
- The audit teams see a lot of good work in the municipalities. They should create an “ideas bank”, where the municipalities can find good solutions to the challenges they meet in their day-to-day work. The fact that every municipality has to prepare its own documents is not very efficient, given that other municipalities already have good solutions in place.
- Tell us how other service providers have addressed different challenges, and also share procedures that can form a basis for our work.
- Hold dialogue meetings with the municipalities, both at the county and local level.
- Continue with post-audit conferences for sharing of lessons learned. This way we can learn a lot from each other.
- The auditors could do even more to give guidance when conducting the audit.
- The knowledge-sharing project which was carried out in accordance with Section 4a and the Patient Rights’ Act, has been very constructive. We had the opportunity to participate at the scheduled audit of another municipality. This has also contributed to promoting learning/focus on relevant subjects subsequently (as well as encouraging reflection on ethical questions).
- Share best practice, other organisations’ experiences, focus on what can be achieved, balancing act between “perfect performance” and what “will do” within the given frameworks.
- Offer the municipalities courses and information, rather than conducting audits where the municipalities are found to be in regulatory breach. But I think they’ve got a lot better over the last few years.
- Go on with this positive approach to auditing. Invitations to good, useful courses where we are given a chance to swap ideas with similar municipalities. The Office of the County Governor needs to invite the municipalities to courses that address the areas where the municipalities are facing difficulties. Courses need to be organised in a manner that allows as many municipalities as possible to participate, if possible in more localities in Sogn and Fjordane county.
- Go on with their work to start up a range of professional networks and help get these going through courses/conferences.
- Given tight budgets in the municipalities, and the long distances, we often find setting aside enough funds for the County Governor’s courses difficult. I wish we had an opportunity for regional courses focusing on guidance on quality improvements, in addition to the audits.

Respect for the municipalities

Some informants said they wanted the auditors to treat the municipalities with more respect, by giving positive feedback on those areas where the municipality did well. We present some examples of the respondents’ feedback:

- Better communication. Greater understanding for what working in a municipality is like. While it’s important that somebody checks what we’re up to, the audit only focused on the areas where we fell short. Many municipalities do a good job, and should be given a pat on their back, told how well they’re doing – instead of just being told what they’re doing wrong.
- More contact in the “closing phase”, preferably including constructive talks/oral feedback, as a minimum providing direct feedback on sensible/appropriate measures at an early point, to help us get the possible start in our improvement efforts.

3 Interviews and document reviews

3.1 Introduction

This chapter summarises the telephone interviews and document reviews carried out for ten municipalities, see the outline in Section 1.3. The interviews were based on an interview guide which covered the same topics as the survey.

3.2 On the audit

Survey conclusion: The answers to all questions were good, and gave a high average score: subjects that matter to the organisation; meeting the municipality's staff with respect; findings presented in a way that was easy to grasp, and a report was a good point of departure for improvements.

The telephone interviews confirm that, overall, the way the audits are conducted is satisfactory. Several municipalities reported good exchanges with the County Governors and that communication was better than it had been formerly. Several audit leaders confirmed that they make efforts to promote constructive dialogue, and that each audit is followed by a review of the meeting with the municipality and how it went. Several of the County Governors select auditors to join the audit team with an eye towards fostering good dialogue.

Performance of the audits took longer than planned in some cases. Usually it is the municipalities that are unable to meet the Office of the County Governor's time limit, see Section 3.2. However, in two cases the Office of the County Governor exceeded the time limit for responses. The two audit leaders explain this with the considerable work load, as well as citing personal reasons.

We will now provide some examples of the responses and input provided during the interviews:

- The audit and the way it was conducted were fine. The non-conformity was well-documented; we were treated respectfully, and given a fair time limit for correcting the non-conformity.
- We would like to praise the report. It was well-organised and not too long. The note, combined with the dialogue during the audit process, gave plain and clear-cut input to our work to improve our services. Having said that, audit start-up does involve some trepidation. But it has proven a useful review.
- The audit was conducted in a satisfactory manner, and I have no proposals for improvement. The note was specific and useful. The Norwegian Board of Health Supervision should definitely go on with their practice of issuing notes. Action on notes is more motivating than correcting and responding to non-conformities – in part because there is no deadline for acting on notes.
- The system of self-reporting was a useful type of audit; it was more like an internal control activity. I don't think that many municipalities get away with non-reporting, because it just means that the supervision authorities find a non-conformity the next time around. Self-reporting is a good supplement to ordinary audits, and should be continued.
- The people doing the audit know what they're doing. They've got an eye for the practical details, too, and that's important if the measures are to work.
- Before we were audited, we dreaded it. But the way they did the audit was positive, and the dialogue throughout was good.
- Talks with the Office of the County Governor went well. They helped us understand errors, and what the right legal authority is. The replies and feedback they gave us were clear and unambiguous.

- The way they did the audit was fine, there were some good talks during the audit.
- We are a small municipality, with few resources. Our experience was that the audit team showed little understanding for this. They descended upon the municipality as if they were the inquisition. The nurses and auxiliary nurses were called in, one by one, to meet a panel of four auditors from the Office of the County Governor. As their leader, I am very critical of this type of interrogation, which formed a poor basis for dialogue.
- We have noticed that over the last few years, there are a lot of new people at the Office of the County Governor, and they are less likely to give us support. But this worked all right in this audit.

The Office of the County Governor's audit leader added the following:

- Before the audit, we train the staff at the Office of the County Governor in the audit methodology and definition of professional roles during the audit. Once an audit is concluded, we evaluate how it was carried out. These steps may account for the positive perception of the audit in this case.
- Overall, this sort of case generates quite a good atmosphere. We are met with respect, and dialogue is good. The County Governor has personally made an effort to promote co-operation with the municipalities. Doing the audit in this particular municipality took quite a long time, also for us representing the Office of the County Governor. This is because we've had too much to do. We regret this, and would like to apologise.

3.3 Responsibility and involvement

Conclusion on the basis of the survey: in more than half of the cases, the chief municipal executive carries overall responsibility, but is not involved actively in the work, or only to a limited extent. Persons heading the service provider and its staff members, as well as staff members working with technical development, were most likely to be involved in the process.

The telephone interviews have given us a much more precise picture of the various entities in the municipality and their functions. We have come to understand that they represent the following three important functions in audit-related work:

1. **Overall responsibility:** The chief municipal executive has formal overall responsibility for following up the audit. In large municipalities, this responsibility is often delegated to the municipal executive, or the head of the department for nursing and care services. Responsibilities are distributed very differently in the municipalities. In some municipalities the job is delegated further, to the person heading the service provider, without any particular attention given to the matter from the municipality's administrative management. In some municipalities on the other hand, the chief municipal executive or municipal executive actively monitors and acts on the audit findings and resultant measures.
2. **Responsibility for acting on the audit:** As a rule, it is the head of the service provider that has been audited who carries overall responsibility for handling the audit, both while it is ongoing and subsequently when non-conformities are closed. This work primarily involves the staff members that work in those areas that are audited. If the audit examines rehabilitation, for instance, naturally the audit will involve staff members working in this field.
3. **Technical support:** In most cases, staff working in the general management department also play an important role in the actual audit and subsequent audit-related activities. These may hold a range of different places in the organisation, typically in the chief municipal executive's or municipal executive's general management department, or in the service provider's administration. These persons appear to have important functions in attending to all audit-related tasks.

Below, we comment in greater detail on the comments made in the telephone interviews regarding these

three functions:

1 Overall responsibility (chief municipal executive, municipal executive etc.)

The following quotes from the telephone interviews represent typical examples of how chief municipal executives and municipal executives are involved in audits:

- The first request from the Office of the County Governor was sent to the chief municipal executive. Following this correspondence, we were regularly in touch with the service provider's leader.
- The district director bears overall responsibility, but is not involved, or only involved to a limited extent, in the post-audit work. This is delegated to the service provider, in line with the principle of broad delegation of authorities.
- I see the audit as a useful aid in my work as municipal executive, in my managerial dialogue with the heads of the municipality's service providers. I attend the opening and closing meetings, and am interested in what the report says.
- The chief municipal executive has been involved throughout the process, in part because he is the one who presents the matter to the municipality's political bodies.
- Moreover, the chief municipal executive is always briefed. Normally he takes part in the start-up and conclusion of the audit, but not on this occasion.
- On previous occasions, we have had to approach the G.P.s via the chief municipal executive or the municipal executive in order to make contact. This time, this was not necessary.
- The municipal executive presented the plan we had prepared together to the municipal political body.
- The head of care services approved and signed the new procedures that had been drawn up.

The excerpts from the interviews confirm the survey's results, indicating that the uppermost administrative management has little involvement in the audit. The replies from two of the informants indicate that there are great variations in the uppermost management's interest in the quality of the services. One informant shared information on a municipal management that showed little interest in quality.

- Our leaders are good at following up economic issues, but service quality is of little concern to them. It is important that managers, too, care about quality.

In another municipality, the municipal executive reported that he had initiated extensive quality-driving work, inspired by a range of documentation provided by the Norwegian Board of Health Supervision:

- The municipality has engaged in a comprehensive quality programme based on audits in the municipality and the report drawn up by the Norwegian Board of Health Supervision. A total of 15 work groups have been appointed to work on different quality-related issues, with members drawn from different parts of the service. This work is to result in standards that will be used in the quality management system. One of the advisors in the municipal executive's general management department is an active contributor to the working groups' efforts.
- The municipal executive and the management team act as the steering group for this work. In addition, each group has a leader who monitors progress, and requests results.
- The work has triggered a lot of positive energy among the group members, and helps make sure that the outcome of the work is based firmly on what happens in the services. Finding time for this kind of work is easier when it is seen as inspiring. We also want more resources to be allocated to freeing time for this work. The approach is taken from a similar staff-driven development project in a health trust that produced good results.

2 Responsibility for audit follow-up (the service provider's head):

Naturally, the head of the service provider that is audited has a key role in the contact with the Office of the

County Governor, both during the audit itself and in closing any non-conformities. It appears that this work is performed without much involvement from the municipal executive or the chief municipal executive. The heads of the service providers report that they tend to involve senior charge nurses, technical advisers or other staff members carrying out support functions with time allocated to administrative duties. In many cases the head of the service provider in question has little knowledge of the political processes to which the audit report is subjected. The role of the service provider's head is illustrated by the following response:

- The work to re-enforce our procedures has primarily been carried out by me, the head of the service provider, and the senior charge nurse. There has been no need to involve anybody else in the implementation of these measures.
- The service provider's manager and the service advisor did most of the work to implement the measures.
- Most active in this connection have been myself, as head of the organisation, and the senior charge nurse, who works in my general management department.

3 Technical support

Support functions are needed because as a rule the audit is quite work-intensive, as service providers must seek out the information the County Governors request. Implementing measures also requires administrative capacity which is handled by persons assisting in administrative duties. In many cases, they are also important in securing the quality of the work. The following reply highlights the role of staff members working with professional development:

- In our municipal district, we have staff members engaged in service development working for me in the district director's general management department. There are also employees working on service development in the respective service providers' general management departments. In this audit, the staff member working in the latter department was very much involved. These staff members make a very significant contribution – in numerous fields. They provide statistics and management details; they draw up procedures and participate in work groups and in other quality-driving work. These are important positions, and we have elected to retain these, despite the fact that we are forced to make cutbacks in other areas.
- The work on the note forms part of our ordinary quality-improving work. My role as service advisor is to provide written input, based on my knowledge of national standards, and of developments in other organisations. What I do is decided in co-operation with a resource group for dementia, and is presented to the management team and a dedicated quality work group consisting of managerial staff and other staff members.
- We used to have a dedicated HSEQ-officer, and the Q stood for quality. This officer played a key role in our process improvement and during the audit itself. Despite our express wishes to the contrary, the political bodies have eliminated this position, greatly weakening our improvement efforts.
- We set up a work group with representatives from different organisations in the municipality. The group debated all the procedures, new forms and meeting arenas. The senior charge nurse summed up our discussions, and designed practical solutions based on this work. The work group continues to exist, even though the audit has been finalised. We want to keep up the good work!

The following was said in one of the interviews by an audit leader, who observed inadequate understanding of professional roles by a person working a general management department:

- One of the replies sent by the municipality was sent directly from a senior charge nurse. The letter was not on the official municipal letterhead, and was addressed to both the municipality and the Norwegian Board of Health Supervision. It mostly explained conditions, and said little on the distribution of responsibilities. Nor did it include a schedule for correction of the non-conformity. No doubt the senior charge nurse did their best, but the municipality's reply gave the impression there

was a failure to delineate professional roles adequately. There was a sense that the management had failed to take responsibility.

The role of system/structure vs. relations/teamwork

One might say that improvement efforts in the municipalities depend on “systems and structures” on the one hand and on “relationship and teamwork capabilities” on the other. The first of these two dimensions covers aspects such as organisational issues, management and governance systems, routines and procedures. The second comprises matters such as individual management skills and the managers’ and staff members’ capabilities, including their ability to achieve results through teamwork.

The County Governors’ audit reports tend to focus on structural issues, using terms such as routines, procedures and management. In the interviews we asked the audit leaders whether they also address the “softer” aspects of improvement efforts; we have been especially interested in the significance of individual skills among municipal leaders. Audit leaders frequently pointed out that although it was common for weak management to emerge as one of the prime causes underlying non-conformities in the audits, this was not mentioned in the audit reports. The following explanations from the County Governors’ audit leaders highlight this:

- The municipality needs good management and leadership if they are to achieve the targets they have set themselves. In some cases, problems are owing to a poor manager, or a culture with certain problems. However, we do not indicate such issues in our report; this is a matter for the municipality.
- It is possible that the fact that the manager is ineffectual explains the lack of change. However, as representatives of the Norwegian Board of Health Supervision, we have not stressed such explanations.
- As representatives of the supervisory body, we are wary of pointing our finger at deficient management. However, sometimes the municipalities draw their own conclusions after the audit and decide that some leaders have to leave. In one of the audits where I was involved, we indicated that both management and leadership had been generally deficient. In all other respects, leadership is a topic we only touch on indirectly.
- It is important that management takes steps so that work to prevent and eliminate non-conformities is given priority. In some municipalities the management is weak, but they have succeeded by virtue of having staff that are able and committed.
- I have the impression that there are variations in the municipalities’ “culture of improvement”. This is a managerial responsibility. Some municipalities are very good at development work – others don’t seem so interested in development. Partly, of course, this is a question of resources.
- The chief municipal executive needs to follow up; that is important. In his management of the municipality, he shouldn’t only look at the economic situation but focus on other issues too. In the area of nursing and care services, he should ensure that there is a system for internal control and non-conformity processing. Moreover, he should inquire about quality indicators, such as the extent of infection in nursing homes, etc.

The survey shows that work to improve management is initiated in 23% of the municipalities where no non-conformities were found in the audit, and in 5% of municipalities where non-conformities were identified. In the telephone interviews, our respondents rarely mentioned management development as one of the measures initiated following the audit. In some of the municipalities, training schemes directed at managers were started up. These, in turn, were to disseminate this knowledge to their staff members. This was not management training, but courses to make sure managers are up to date on regulations, dementia care and medication. In addition, emphasis was given to the responsibility of managers as “knowledge promoters” in the organisation.

The interviews have in other words not provided any further insight into why municipalities without non-conformities are the ones most likely to follow up with measures involving management development. One possible explanation is that it is the very emphasis on management development that has helped the municipality avoid non-conformities, and it might make sense for the County Governors to mention this in their audit reports.

3.4 Measures and hindrances impeding implementation of measures

Causes underlying non-conformities

In the survey, we did not inquire into what had caused the non-conformities. However, the question was raised in the telephone interviews. From what we could see, the audit leaders and the informants from the municipalities were largely in agreement as to the causes of non-conformities. In most cases, the municipal respondents had had an idea of what caused the non-conformity even before the audit. Below, we include some of the statements from our informants:

- The non-conformity relating to inadequate documentation was the result of shortcomings in our case processing system. We had already started correcting this non-conformity.
- The municipality had procedures, but these were not employed in practice, and the staff are not familiar with the procedures. They are not an integrated part of the management system, which may be due to a lack of management. It would appear that the municipal executive needs to work on making requirements to audit-related work clearer.
- We haven't been good enough at formalising our procedures. Moreover, our case processing system doesn't work. In practical terms it is probably not that bad, but the lack of procedures means that things can be a matter of chance.
- The written explanations underlying the administrative decisions were too brief. Sometimes we referred to the wrong act or regulation. The grounds for the administrative decision were not stated clearly enough in cases where users applied both for short-term stays and respite care.
- In our municipality, we've had trouble recruiting persons with relevant capabilities (we are a small, remote and rural municipality), and we have few resources we can access.
- The non-conformity relating to inadequate procedures in rehabilitation is linked to these places being filled with long-term patients.
- We knew that we had work to do in this area, but we hadn't started yet when we were audited. The non-conformity was probably due to the fact that we do our work without written procedures. Nevertheless, in practice I think we've followed up our patients well. Inadequate documentation implies greater risk.
- The non-conformity is linked to inadequate management. But now we have new managers for the units in nursing and care services.
- The management of services has been deficient.

We also interviewed the head of a service provider in a municipality where a non-conformity was found, who did not answer our survey. The head of the service provider felt that he cannot let budgetary decisions in the municipal council and regulations tie him hand and foot:

- When I started in 2009, I saw that the former chief municipal executive, who has now left, had cut 12 to 14 man-labour years in order to make their budget – but this was mere window-dressing; these positions had only been removed on paper. And politicians just ignore real needs. Even though we are a Robek municipality and subject to budgetary control by the county governor we need these positions, and have made a decision to continue with them. As a result, there were tremendous

deficits. As the head of the service provider I just have “do what it takes” to deliver services in line with regulatory requirements. We were already “at sixes and sevens” with nerves when the “arrogant” audit arrived. I am used to having to do what it takes, and having to ignore irrelevant formalities on occasion.

Measures that were implemented

Conclusion on the basis of the survey: It is evident that preparation of routines/procedures is the principal response to audits. Taking into use existing routines was another common measure. More than half of the service providers with non-conformities have implemented upskilling measures to improve capabilities, as well as measures to process non-conformities.

It seems to us that these measures are thoroughly backed up by the analysis of what has caused the non-conformities. Many of our informants have provided more details and insight into their municipality’s work to improve routines and procedures, as well as on other measures implemented by the municipalities. Below, we include some of the statements from our informants:

- We have tightened up our procedures in connection with discharges from hospital.
- Our procedures for monitoring and acting on nutrition in nursing homes have got better, and we now include nutritional specifications in our administrative decisions. Our municipality should also establish a system for processing non-conformities. However, this has not been done.
- Since the latest amendments to the acts, we have corrected the template in our service systems. We used to employ the same template for short-term stays and respite care. This was wrong, and has now been corrected. We now assure and substantiate our administrative decisions better.
- The issue of collaboration with the G.P.s was discussed in the Co-operation Committee with the physicians. The mayor and chief municipal executive were also present at this meeting. The audit has helped establish better procedures for our work with the G.P.s; it gave us leverage in communicating with the doctors.
- Following the audit, we have had more focus on respite care service. Respite places were created; this has reduced the workload on the district nursing service. These are in continual use, and we need to evaluate whether this service should be expanded.
- We have introduced an e-learning system for new employees. These systems weren’t good enough before, but quality is better now. The system helps us assure the training of new employees. In addition, the municipality has introduced a new system for non-conformity management, which contributes to non-conformities being entered in the system and acted on. It is important that the municipality engages in sustained, ongoing work to improve procedures.

The Office of the County Governor’s audit leader added the following:

- Jointly with the neighbouring municipality, we ran an upskilling programme that also included developing an assessment system; see the National guidelines for preventing undernutrition. The municipality is adapting the assessment tool in the national guidelines to local needs and requirements. We, the staff at the Office of the County Governor, have the impression that the municipality does sound work in this area.

Why are measures implemented even if no non-conformities have been uncovered?

The fact that 90% of the municipalities with no non-conformities implemented measures may seem surprising at first glance. In three of the ten municipalities we interviewed, no non-conformities had been found, but the Office of the County Governor had issued a note. Our informants from the three

municipalities without non-conformities reported that the audit taught them a lot and had inspired them, providing a good starting point for improvements. The audit raised matters which the informants felt were important. Development efforts had already been planned for some of these areas before the audits. One of the informants cited in the examples below even reported that continuing improvement efforts was easier when no non-conformities were found:

- We had already started our own work to improve our documentation and better our dialogue with the G.P.s. The Norwegian Board of Health Supervision's note helped push us to work more on these questions.
- We were given one note in this audit. In our improvement efforts, we make use of both notes and non-conformities. The measures we implement are often very similar, regardless of whether they were triggered by a note or a non-conformity, although there is a time limit for non-conformities, and non-conformities need to be reported to the Office of the County Governor. This is not the case for notes. One of the problems with non-conformities is that it can be difficult to continue improvement efforts after the non-conformity has been closed; acting on notes is therefore more integrated into our own improvement efforts.
- The municipal district has worked on strengthening its work in the field of dementia care; we have implemented measures such as general training, better collaboration between the entity requesting certain services and the entity delivering these services; made changes for the better in our teaching of Norwegian language, etc. The issues detected during the audit were regarded as a meaningful contribution in this work.
- Audits have proven to be useful, because they give us a chance to improve on our work, and we always arrange a range of activities in connection with audits.
- We had started setting up a service office, and had a review of our services, all with a view to quality assurance. In the midst of our ongoing work, the audit helped drive our efforts onwards.

One of the audit leaders with the Office of the County Governor added the following:

- The national clinical guidelines for dementia care were presented in 2009, and the audit followed a little too soon upon these guidelines. In other words, it was not to be expected that the standards in the guidelines had been implemented yet. The district that was audited is engaged in systematic improvement efforts, and had made considerable headway. Although no non-conformities were found, there was some room for improvement. It is possible that our work acted as a catalyst for these improvements.

Hindrances

Conclusion on the basis of the survey: Implementation of measures to address non-conformities has only faced minor hindrances, resulting in a score well below middle for most questions. The main hindrance faced by improvement efforts was lack of time. Both municipalities with non-conformities and municipalities where no non-conformities were found had results in the middle of the scale on this point.

The majority of our informants reported that the work on these measures had proceeded as planned. The time limits are often set by the municipality in close co-operation with the Office of the County Governor. One case continues to await processing by the Office of the County Governor, one year after the municipality sent the Office of the County Governor the documentation the Office requested in connection with closing the non-conformity. The Office of the County Governor cited personal reasons to explain this delay. In some of the municipalities there have been delays, preventing the municipalities from closing non-conformities by the deadlines issued by the Office of the County Governor. The interviews provided the following input on implementation of measures:

- The work went as planned. We have tightened our procedures, and the staff have been given good

training.

- Implementation is proceeding in line with plans. Sometimes I feel a little impatient – but I need to accept that the work takes time.
- Yes, measures were implemented as planned. But we must acknowledge that they are steps forming part of our long-term work which it is likely will never be concluded. Our district has between 250 and 300 staff members, and quite a few of these work part-time. One of the greatest challenges we have is simply reaching everybody.
- Implementing the measures has taken some time, and did not go as expected. This is partly because of the distribution of roles in the municipality, partly as consequence of failure to prioritise the work by the municipal executive and the service provider's head, and generally weak municipal management.
- The work took longer than we had scheduled. This was in part because the Office of the County Governor also spent rather a long time on finalising the audit. In April, we were told that the audit had been completed.
- Our case processing system does not work properly. Creating a dedicated position for ICT will probably improve matters.
- We do not have sufficient experience in drawing up procedures, so when we do there is some floundering. However, a bit of pressure tends to help.
- The measures have not worked as intended. The short-term places continue to be filled up with long-term residents. We will now re-enforce the procedures, and are considering setting up an action team.
- New procedures require training and time to implement them – in other words: resources. We have been granted additional funds for this.
- A change in the management of the nursing home has delayed implementation of the procedures.
- In acquainting all staff members with the procedures, and getting the employees to take them into use, maintaining drive can be challenging. The management team has taken the work and the need for action measures seriously. The managers have not been very involved in the work to mobilise staff members.
- Instead, there has been some concern for the resources this process requires. But we have been given an increase in funding. A new meeting with all section managers before Christmas, where this is addressed. The head of care etc. have no reporting requirements for this area – there is no requirement to report to one's superior.

3.5 Political discussion

Conclusion on the basis of the survey: Less than a third of respondents indicated that the audit reports were subjected to political discussion. In those municipalities where no non-conformities were found, process improvement measures were only rarely considered by the appropriate political bodies.

Political discussion

The County Governors have issued different instructions regarding political discussion of the matter. In some cases the supervision authority requests that the audit be discussed by the political bodies, but this is not always the case. We will now cite some of the input provided by the audit leaders:

- We had a meeting where all the chief municipal executives and mayors participated, where we also discussed how matters were handled at the political level. The municipalities decide themselves whether matters are discussed in the political forum. We have no recommendations in this regard.
- We don't say anything to the effect that the Office of the County Governor wants these matters to be considered at the political level. If our procedures were changed, we might do that – there are a number of advantages when cases are addressed in political forums.

- In this particular audit we asked that the report be considered by the appropriate political body. There appeared to be a need for a political resolution to allocate more funds for the implementation of the required measures.

The informants reported that different municipalities have different approaches to processing the audit reports. In some municipalities they are considered by the political bodies; in others they are not. Political consideration is, to some degree, a matter of chance; not all municipalities have made a decision of principle regarding this. Here are some of the comments made by the municipal respondents:

- In our district, acting on non-conformities has not been an administrative responsibility, and we have no tradition of presenting these matters to political bodies. However, in some instances when no non-conformities were found, we inform the district council that an audit has been conducted. In the event of serious non-conformities we would probably brief the district council.
- The executive committee is briefed on the audit, and informed that it has been finalised.
- As service consultant I don't know much about the political processing of the audit.

Some of our respondents believe that political consideration of the audit would be to little purpose:

- The mayors came to the opening and closing meetings. We did not brief the municipal council of the report or process. As none of the politicians have a health background, they would not find more detailed information from the audit to be very useful.
- Presenting the audit reports to the political bodies is not routine, but we do mention that an audit has been undertaken. This is done by way of a minor comment to the local council's municipal executive board and the municipal council.
- The audit report was presented to the executive committee as an information item. This type of processing is not very productive.

Others, however, believe that political consideration can be useful, and they have different reasons for thinking so:

- Political discussion secures that attention is given to these matters, making it more likely that measures are implemented.
- We have thought that involvement of the chief municipal executive or the district director is important. Including the uppermost administrative levels can potentially result in a more serious approach to implementing measures, and provide greater assurance that they are, in fact, implemented. Involving representatives from the political level would contribute further to this.
- It is important that politicians are briefed on this sort of essential matter. Moreover, in some cases there may be a need to pass a resolution to allocate more funds.
- The report was presented to the political bodies – both to inform them of the order, and to request more funding.

3.6 Improvement potential and success criteria

Improvements

Conclusion on the basis of the survey: The informants stated that the principal positive effects of the audits were awareness-raising; that service providers had learned more about regulatory requirements, and that process improvement measures had been initiated in response to the audits. When asked about ways in which the audit process could be improved, many replied that the audits could do more in terms of offering guidance and knowledge-sharing.

The respondents in the telephone interviews echoed the replies penned under the open-ended questions in the survey. Some examples of feedback provided by the respondents:

- The Norwegian Board of Health Supervision’s website contains a lot of useful information; reading other audit reports has been very helpful, in addition to some other items.
- The audit should also identify at areas where the service provider is doing a good job.
- They should have given us more advice on how to close the non-conformity. The staff at the Office of the County Governor know a lot about solutions that work, and they could have shared these with the municipalities.
- The one-day seminars are too amorphous – there should be more specific advice.
- The audit should come up with more suggestions as to what could be done differently. In a small municipality like ours it is not easy to pay attention to what goes on in other municipalities.
- I think the self-reporting system is very good; I have no proposals for further improvements.
- We attend courses and conferences, and they are very useful. Some of the speakers could improve their lecturing or delivery.
- The Norwegian Board of Health Supervision’s website is very helpful.
- It would be better if the notice of the audit wasn’t sent out before Christmas; it’s the sort of thing that can put a damper on the holiday. Sending out the notice in January would be better.
- I’ve heard it said that the Office of the County Governor is to “oil the wheels” in connection with the coordination reform, which obliges municipalities and the specialist health service to collaborate more. Some seminars would be good, giving us information on where central government responsibility ends, and municipal responsibilities begin.
- The Office of the County Governor should do more to advise and provide guidance on new regulations that are introduced, and what they mean for those of us who work in the municipalities. Learning more about the municipalities that succeed in these areas would help us. These sorts of tips could be passed on in different contexts that are less serious than the audit itself, or at seminars. If the Office of the County Governor gave greater priority to this work, the municipalities might do better, too, and there might be fewer non-conformities.
- Our collaboration with the Office of the County Governor is good; I wish there was more co-operation. However, this is up to us, too; we need to do more to give priority to co-operation – including finding the time to travel there.
- Do tell us about what we do well, and give more advice when doing an audit.
- I wish there was more guidance on how things should be done, not just a reprimand when something is wrong. The audit this autumn was an improvement in this regard; there was more guidance.
- Make sure that the interviews, the way they are conducted and the setting surrounding them facilitate dialogue – not an interrogation. Co-operate as a team.
- On a previous occasion and a different matter, the Office of the County Governor gave us some good tips after they had finalised their report. We want more sharing of this type of expertise and skills with the municipalities. In reality, the fact that the Office of the County Governor performs both the role of supervision authority and that of providing guidance and instruction is not a problem.

The Office of the County Governor’s audit leaders also had a lot of suggestions for how to improve their work:

- We should be clearer in our expectations from the municipality. Among other things, we should have called attention to deficiencies in their management system, and do more to disseminate findings. We should more frequently mention municipalities that have good systems in place and we should do more to monitor and act on those municipalities that are struggling. One of our problems is that we don’t have enough resources to follow up on all these actions.
- The municipalities are responsible for their internal management and governance. That is why I am

sceptical of doing more than we currently do in terms of conferences to communicate our findings.

- Our participating physician should have had more training, including in Norwegian language. Language issues may have resulted in linguistic problems in the interviews in connection with the audits.
- Closing the audit took almost two years. We had to send several reminders, and give them templates and advice on how to work towards closing it.

Success criteria

In the telephone interviews we asked the respondents what the key factors contributing to real improvement are. The municipal informants said the following:

- The most significant element has been the drive and focus we've had on these issues in our own municipality over the last few years. The audit spurred us on in this work.
- 1) Political discussion and following up on political resolutions, 2) room to manoeuvre – making implementation of necessary measures possible, 3) involving all staff members by providing information during the process, and giving them an opportunity to influence the solution that is chosen, 4) upskilling through courses and opportunities to observe work processes, giving staff members the capabilities required for good rehabilitation.
- 1) It is important that the audit comes across as helpful, 2) implementing the changes must be feasible, and 3) changes must be backed by the management team.
- Introducing an electronic non-conformity system has helped improve matters, in part because action on non-conformities is highlighted. According to the statistics, the number of non-conformities is dropping.
- 1) Updating procedural outlines, 2) making it plain who is responsible and 3) introducing an electronic non-conformity system.
- Closer dialogue with the supervision authority than is the case at present, and giving us more advice and guidance.
- 1) Strengthening knowledge among the staff, 2) ensuring that the information reaches all the staff – this can be difficult for those working part-time, 3) that the management gives us good information.
- Formerly, cases were processed by persons without any background in the health professions. Now, everybody who works with case processing has completed a course and we have introduced the right templates.

The audit leaders from the County Governors added the following:

- The principal factor is that the person is knowledgeable, is committed, and able to see things through. Such persons can hold a variety of positions. In addition, leaders who give support to the work are important. Experience has also shown that small municipalities can succeed in this area, provided that they work actively to recruit the right persons. Three principal factors: 1) A leader who is committed, 2) staff members who are knowledgeable and care about their work, and 3) the ability to pinpoint a problem.
- 1) Dedicated leaders who want improvement, and 2) improvement efforts must be systematic.
- 1) Municipal executives with expectations, and a conscientious person in charge of the service provider, 2) the procedures are part of the ongoing activity management and 3) awareness of what different roles and responsibilities mean.
- 1) Priority given to training – meetings in all sections/units, and 2) forms and procedural outlines that are easily available in the EQF system. The fact that not everybody is equally proficient at using Pofil for documentation purposes is a bit of a problem.
- Commitment all the way from the chief municipal executive and downward. This makes a tremendous difference and can't be compared with some middle manager being left to handle this on their own. Frequently it is important to look at more than one unit. Staff at the chief municipal

executive level should generally ensure that the work is in fact done.

3.7 The process of implementing change efforts

As noted above, the County Governors expect the municipalities to engage in systematic work to close any non-conformities. We have reviewed those parts of the correspondence between the municipalities and the County Governors that deal with closing non-conformities. As noted in Section 1.3, we have evaluated whether this material includes a description of the purpose/analysis, progress plan including measures and activities and a description of how the task of dividing up the responsibilities is done.

Purpose/analysis: One of the municipalities wrote a lengthy document to the municipal council, containing an analysis that concluded that there was a need for more staff if rehabilitation was to meet regulatory requirements.

In a different municipality, the municipal council was presented with a proposal for the creation of a department for ordering services. The argument was that setting up such a department would help close the non-conformity the municipality had been issued with, relating to case processing of respite care applications.

In the two above-mentioned cases, it would appear that there was a need for political resolutions that triggered an analysis of what had caused the regulatory breaches. In other regards, the municipalities provided little written analysis stating the background for the regulatory breaches. The explanations given for the improvement efforts in the municipalities are mostly based on the audit's findings. Few municipalities disagree with the audit findings. There is little independent analysis of what has caused the non-conformity and/or what explains the note. The summary of causes included in Section 3.4 is in other words based on the informants' responses to our questions.

Progress plan listing measures and activities: For a number of the municipalities with non-conformities, the plans for closing non-conformities are thin on the ground – despite the fact that the Norwegian Board of Health Supervision's guidelines stipulate that the municipalities shall have such plans. Many municipalities seemed to think that this requirement had been met through the ongoing email correspondence, questions and dialogue between the municipalities and the Office of the County Governor. The written documentation we have seen describes the measures, detailing which measures are planned. The municipalities provide feedback on when these measures are completed. However, there is little overview of the service provider's own time limits for ensuring that there is progress, as required by the Norwegian Board of Health Supervision's guidelines. The documentation that is sent gives little overview of the activities that must be performed as part of the process of closing non-conformities.

As a rule, the County Governors set a time limit for closing the non-conformity. In several of the municipalities, the work took longer than anticipated. The correspondence with some of the municipalities is marked by requests to extend deadlines, and the County Governors responding that the deadlines should be adhered to. In some cases, there are repeated reminders from the County Governors to this effect.

Organisation of the work: None of the municipalities had provided a written outline of how the work on the measures was organised, possibly indicating that the measures were implemented as part of the municipalities' ordinary organisation, and not as a dedicated project. In one case, the Office of the County Governor stated that the municipality's work with the measures was organised as a project, adding that this was unusual. The written documentation has been a useful source, showing who has been involved in the work. Among other things, the material has shown that persons working in general management roles often play a key role in closing non-conformities. Such functions can be handled by the head of the service

provider, or by staff working under the chief municipal executive or the municipal executive.

General points: None of the municipalities appear to have a complete plan for correcting the non-conformity in line with the requirements in the Norwegian Board of Health Supervision's guidelines, mentioned in Section 1.3.

3.8 A few concluding thoughts

Identical measures for municipalities with no non-conformities?

One of our most surprising findings was that 90% of the municipalities in which no non-conformities were identified opted to implement improvement measures, although the scope of such corrective action was somewhat smaller than for those municipalities in which non-conformities were identified.

The fact that municipalities that were in regulatory compliance implement fewer measures than those municipalities that were in regulatory breach makes common sense. It is difficult to find any clear differences regarding the nature of measures for the other two groups. Measures are similar, regardless of whether municipalities seek to satisfy minimum regulatory requirements, or whether their ambitions exceed these minimum requirements.

This may be because the municipalities without non-conformities are better at developments efforts, and that they use the audit as a stimulus to drive on their ongoing work in this area. It is also likely that the municipalities regard the audit as a relevant and important contribution to their quality improvement.

The need for written plans for the implementation of measures

The work to implement changes is in other words not adequately documented in writing, according to the Norwegian Board of Health Supervision, posing the question how this impacts on the implementation of changes. Our general experience as consultants is that documenting work in writing is a useful exercise; on many occasions the very act of producing written documentation contributes to successful implementation of the measures.

However, this can also be done without a written plan; this is quite feasible. In some municipalities, implementation of changes is handled as part of the ordinary line work. In these municipalities, measure-related work can simply be incorporated into the work already being done by the municipality. This is partly because the subjects of the audits touch on key aspects of the municipalities' nursing and care services, meaning that correcting non-conformities or notes does not in any way run counter to the ongoing work in the municipality. A lack of a written plan is therefore most important for municipalities that do not normally work systematically on improvements.

Appendix 1: Questionnaire

Appendix 1: Questionnaire is not included in the English version of this report.

Appendix 2: Tables with the results

Questions	Every-body	Size of the municipality					Audit methodology			Audit subject					
		Under 2 500	2 500 to 5 000	5 000 to 10 000	10 000 to 50 000	More than 50 000	System audit	Random checks	Self-reporting	Dementia etc.	Med. process..	manag etc	Rehab etc	Case	Under-nutrition
Some points on the supervision															
Subjects of importance to the service provider	5.2	5.2	5.3	5.1	5.2	5.1	5.3	4.8	5.5	5.3	5.5	5.3	4.8	5.3	
The report forms a good starting point for improvements	4.8	4.5	4.9	4.7	5.1	4.7	4.8	4.7	4.9	4.7	4.9	5.1	4.7	4.4	
Findings explained in a manner that is easy to grasp	4.8	4.8	5.0	4.9	4.9	4.4	4.9	4.8	4.9	4.8	4.9	5.1	4.8	4.4	
Constructive exchanges as basis for improvements	4.6	4.7	4.6	4.5	4.8	4.5	4.6	4.5	4.8	4.4	4.8	5.0	4.5	4.3	
Treating the municipality's employees respectfully	5.0	5.0	5.1	5.0	5.0	4.7	4.8	5.0	5.2	4.9	5.2	4.8	5.0	4.2	
Average	4.9	4.8	5.0	4.8	5.0	4.7	4.9	4.7	5.1	4.8	5.1	5.1	4.8	4.5	
Non-conformities															
Where any non-conformities found?	68%	63%	62%	69%	74%	73%	59%	60%	82%	79%	63%	62%	75%	90%	
Improvement measures without any non-conformities?	90%	100%	79%	100%	82%	100%	84%	93%	93%	89%	84%	93%	100%	100%	
Knowledge (with non-conformities)															
Already knew of	3.8	3.5	3.8	3.9	4.0	3.7	4.1	3.6	3.7	4.0	3.7	4.7	3.7	3.4	
Political discussion															
Report processing (with non-conformities)	32%	21%	22%	29%	44%	27%	14%	27%	45%	38%	23%	28%	42%	67%	
Processing improv. meas. (with non-conformities)	29%	25%	27%	29%	35%	9%	17%	28%	37%	36%	23%	28%	17%	56%	
Report processing (no non-conformities)	29%	18%	36%	40%	24%	25%	15%	38%	36%	22%	15%	38%	75%	0%	
Processing of improv. meas. (no non-conformities)	8%	0%	30%	7%	7%	0%	0%	15%	8%	13%	0%	15%	0%	0%	
Measures (with non-conformities)															
Preparation of routines/procedures	82%	93%	65%	79%	83%	91%	83%	70%	91%	94%	84%	70%	92%	89%	
Taking into use existing routines/procedures	56%	33%	52%	62%	65%	46%	39%	47%	69%	73%	43%	46%	75%	67%	
Improving systems for non-conformities management	49%	41%	61%	62%	38%	36%	58%	33%	54%	61%	52%	33%	58%	56%	
Upskilling	60%	56%	57%	62%	58%	64%	47%	49%	72%	70%	52%	50%	67%	89%	
Improving management	21%	15%	17%	29%	19%	27%	11%	14%	31%	27%	16%	15%	25%	44%	
Miscellaneous	8%	4%	9%	18%	4%	9%	3%	12%	9%	15%	2%	11%	8%	0%	
Measures (no non-conformities)															
Preparation of routines/procedures	56%	53%	50%	53%	71%	25%	41%	59%	75%	86%	41%	59%	50%	100%	
Taking into use existing routines/procedures	41%	29%	30%	53%	50%	50%	36%	44%	42%	43%	36%	44%	50%	0%	
Improving systems for non-conformities management	28%	53%	30%	13%	21%	0%	46%	11%	33%	43%	46%	11%	0%	100%	
Upskilling	34%	35%	60%	33%	14%	50%	18%	33%	67%	57%	18%	33%	75%	100%	
Improving management	5%	6%	10%	7%	0%	0%	0%	7%	8%	14%	0%	7%	0%	0%	
Miscellaneous	20%	18%	20%	20%	29%	0%	27%	15%	17%	14%	27%	15%	25%	0%	
Overall resp. (with non-conform.) (only one alternative)															
Head of the service provider	6%	7%	17%	3%	4%	0%	6%	9%	5%	3%	5%	9%	0%	22%	
Municipal executive	20%	4%	17%	27%	27%	18%	8%	18%	26%	24%	11%	19%	33%	22%	
Chief municipal executive	61%	71%	57%	56%	60%	55%	64%	55%	63%	70%	64%	53%	58%	56%	
Repr. from gen. manag. of municip. exec. or chief mun. exec.	6%	7%	4%	9%	4%	0%	8%	7%	5%	3%	7%	9%	8%	0%	
Staff working on quality/service dev.	2%	0%	0%	0%	2%	18%	3%	5%	0%	0%	2%	4%	0%	0%	
Employee reps	4%	7%	4%	6%	0%	9%	6%	7%	2%	0%	7%	6%	0%	0%	
Staff members in the service provider you lead	1%	0%	0%	0%	2%	0%	3%	0%	0%	0%	2%	0%	0%	0%	
External consultants	1%	4%	0%	0%	0%	0%	3%	0%	0%	0%	2%	0%	0%	0%	
Miscellaneous	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Overall resp. (no non-conform.) (several alt. can be ticked)															
Head of the service provider	2%	0%	9%	0%	0%	0%	0%	4%	0%	0%	0%	4%	0%	0%	
Municipal executive	11%	0%	9%	7%	36%	0%	14%	11%	8%	13%	14%	11%	0%	0%	
Chief municipal executive	82%	94%	82%	87%	64%	75%	82%	82%	85%	88%	82%	82%	75%	100%	
Repr. from gen. manag. of municip. exec. or chief mun. exec.	15%	6%	18%	7%	29%	25%	23%	7%	15%	13%	23%	7%	25%	0%	
Staff working on quality/service dev.	5%	12%	0%	7%	0%	0%	5%	7%	0%	0%	5%	7%	0%	0%	
Employee reps	10%	18%	9%	7%	7%	0%	14%	4%	15%	25%	14%	4%	0%	0%	
Staff members in the service provider you lead	11%	12%	27%	7%	7%	0%	14%	11%	8%	13%	14%	11%	0%	0%	
External consultants	2%	6%	0%	0%	0%	0%	5%	0%	0%	0%	5%	0%	0%	0%	
Miscellaneous	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Degree of involvement (with non-conformities)															
Head of the service provider	5.4	4.9	5.8	5.6	5.3	5.2	5.5	5.2	5.3	5.6	5.4	5.5	5.1	5.5	
Municipal executive	2.9	1.9	4.0	2.9	3.1	2.9	3.1	3.0	2.3	3.0	3.0	3.1	3.0	2.0	
Chief municipal executive	1.8	1.6	2.3	1.7	1.9	1.8	1.9	2.2	1.2	2.0	1.3	1.9	2.1	1.4	
Repr. from gen. manag. of municip. exec. or chief mun. exec.	2.5	1.6	2.3	1.9	3.1	4.1	2.7	2.7	2.0	2.7	2.1	3.1	2.7	2.9	
Staff working on quality/service dev.	5.0	4.8	5.2	5.2	5.0	5.1	5.1	4.7	5.2	5.2	5.1	4.9	4.8	5.2	
Employee reps	2.8	2.9	3.4	2.8	2.5	2.9	3.0	2.6	2.5	3.2	2.5	3.2	2.5	2.7	
Staff members in the service provider you lead	5.0	4.6	5.6	4.8	5.2	5.0	5.3	4.5	5.0	5.1	5.1	5.5	4.7	5.3	
External consultants	1.1	1.0	1.6	1.0	1.1	1.0	1.2	1.0	1.2	1.3	1.2	1.0	1.0	1.0	
Miscellaneous	1.9	1.6	3.7	1.3	2.0	2.0	2.1	1.6	2.0	1.8	2.0	2.7	1.6	2.0	
Degree of involvement (no non-conformities)															
Head of the service provider	5.3	5.5	5.5	5.4	5.3	4.4	5.3	5.3	5.3	5.4	5.3	5.0	5.3	6.0	
Municipal executive	2.2	1.1	2.9	2.2	3.2	1.8	1.9	2.6	1.9	1.0	1.9	2.7	2.6	2.0	
Chief municipal executive	1.6	1.3	2.3	1.6	1.6	1.0	1.9	1.5	1.5	2.2	1.5	1.5	1.5	1.0	
Repr. from gen. manag. of municip. exec. or chief mun. exec.	2.8	1.3	3.3	2.9	4.5	3.0	2.9	3.2	2.4	2.0	2.4	4.5	3.2	1.0	
Staff working on quality/service dev.	4.3	4.0	4.9	4.1	4.4	4.0	4.2	3.8	4.9	4.9	4.9	3.0	3.8	4.0	
Employee reps	2.4	2.3	2.9	1.0	2.7	3.7	3.7	1.9	2.1	3.2	2.1	4.3	1.9	4.0	
Staff members in the service provider you lead	4.6	4.6	4.7	4.2	4.7	5.8	4.7	4.6	4.6	4.7	4.6	5.0	4.6	4.0	
External consultants	1.3	1.4	1.0	1.0	1.4	1.0	1.0	1.0	1.6	1.0	1.6	1.0	1.0	1.0	
Miscellaneous	2.1	1.8	2.0	2.7	2.0		1.0	2.3	2.1	1.0	2.1	1.0	2.3		

Questions	Everybody	Size of the municipality					Audit methodology			Audit subject				
		Under 2 500	2 500 to 5 000	5 000 to 10 000	10 000 to 50 000	More than 50 000	System audit	Random checks	Self-reporting	Dementia etc.	Med. managem. process.	Rehab.	Case	Under-nutrition
Service providers that have benefited from the measures (with non-conformities)														
Service prov. you head	95%	100%	96%	97%	90%	91%	94%	96%	94%	94%	93%	96%	100%	89%
Other service providers in health and care services	44%	18%	36%	46%	56%	73%	26%	43%	53%	59%	30%	40%	42%	67%
Other parts of municipal services	8%	0%	14%	9%	10%	0%	3%	5%	13%	13%	5%	4%	17%	11%
Service providers that have benefited from the outcome of the measures (no non-conformities)														
Service prov. you head	85%	88%	82%	93%	79%	75%	86%	81%	92%	100%	86%	81%	75%	100%
Other service providers in health and care services	43%	35%	55%	36%	50%	50%	32%	62%	23%	13%	32%	62%	50%	0%
Other parts of municipal services	3%	0%	9%	0%	7%	0%	5%	0%	8%	13%	5%	0%	0%	0%
Duration and effects														
Changes that work in practice (with non-conformities)	4.8	5.0	4.6	4.8	4.7	5.0	4.7	5.0	4.7	4.6	4.8	4.5	5.0	4.8
Changes that work in practice (no non-conformities)	4.9	5.1	5.0	4.5	5.1	4.6	4.8	4.8	5.0	4.9	5.0	4.5	4.8	5.0
Positive change in care for the elderly (with non-conformities)	4.3	4.5	4.0	4.3	4.4	4.2	4.3	4.2	4.4	4.2	4.5	4.6	4.2	4.1
Positive change in care for the elderly (no non-conformities)	4.4	4.6	4.8	4.6	4.0	3.6	4.8	4.4	4.3	4.5	4.3	5.3	4.4	5.0
Principal hindrances to implementing measures (with non-conformities)														
Following up and support from uppermost management	1.6	1.4	1.6	1.6	1.7	1.7	1.8	1.6	1.3	1.6	1.4	2.0	1.6	2.1
Language and wording in audit reports	1.6	1.4	1.5	1.4	1.7	2.8	1.7	1.6	1.5	2.0	1.4	1.2	1.6	2.0
Time to do the work	3.4	2.8	4.0	3.8	3.4	2.8	3.8	3.0	3.3	4.0	3.2	3.7	3.0	4.3
Financial framework	2.7	1.6	3.0	3.0	3.0	2.6	3.3	2.5	2.0	3.3	2.1	3.4	2.5	3.9
Availability of capabilities in the service provider	2.4	2.3	2.1	2.5	2.6	2.6	2.8	2.2	2.1	2.7	2.1	2.7	2.3	3.1
Miscellaneous	2.0	1.0	2.6	2.2	2.1	1.0	2.7	1.6	1.6	2.4	1.8	2.7	1.5	5.0
Principal hindrances to implementing measures (no non-conformities)														
Following up and support from uppermost management	1.4	1.1	1.7	1.6	1.5	1.2	1.4	1.4	1.5	1.3	1.5	1.8	1.4	1.0
Language and wording in audit reports	1.2	1.2	1.2	1.1	1.2	1.2	1.2	1.2	1.1	1.1	1.1	1.3	1.2	1.0
Time to do the work	3.4	3.8	3.5	3.4	3.1	2.8	3.6	3.5	3.2	3.4	3.2	3.8	3.5	4.0
Financial framework	2.4	1.9	2.7	2.2	2.5	3.0	2.6	2.4	2.1	2.1	2.1	3.8	2.4	2.0
Availability of capabilities in the service provider	2.4	2.4	2.1	2.8	2.3	2.2	2.9	2.5	1.9	2.6	1.9	3.8	2.5	2.0
Miscellaneous	1.4	1.0	1.0	1.3	1.2	1.0	1.3	1.0	1.4	1.3	1.4	3.0	1.0	
Overall assessment of the effectiveness														
Positive change in care for the elderly (with non-conformities)	4.3	4.5	4.0	4.3	4.4	4.2	4.3	4.2	4.4	4.2	4.5	4.6	4.2	4.1
Positive change in care for the elderly (no non-conformities)	4.4	4.6	4.8	4.6	4.0	3.6	4.8	4.4	4.3	4.5	4.3	5.3	4.4	5.0

”Vi får satt fokus, blir bevisstgjort og må skjerpe faget vårt ekstra...” En deskriptiv undersøkelse av tilsyn med kommunale helse- og omsorgstjenester til eldre.

Sammendrag av Rapport fra Helsetilsynet 6/2013

Størsteparten av kommunene oppfatter Fylkesmannens tilsyn med helse- og omsorgstjenester til eldre i 2010 og 2011 som et godt grunnlag for forbedringsarbeid. Det viser en deskriptiv undersøkelse som Agenda Kaupang gjennomførte for Statens helsetilsyn høsten 2012. I alt 325 kommuner fikk tilsendt et elektronisk spørreskjema om hvilken innvirkning tilsynet hadde hatt. 220 kommuner (68 prosent) svarte. I tillegg ble det gjennomført telefonintervjuer med virksomhetsledere, rådmenn og medarbeidere i 10 kommuner.

Snaut 90 prosent av virksomhetene svarer at dialogen med fylkesmennene og rapporten fra tilsynet samlet sett har gitt et godt grunnlag for kommunens arbeid med å forbedre tjenestetilbudet til skrøpelige eldre. Ifølge virksomhetene virket tilsynet bevisstgjørende og gav impulser til forbedrings- og endringsarbeid. Gledelig nok mener virksomhetene det samme enten tilsynet har påvist lovbrudd eller ikke.

I perioden 2009–2012 gjennomførte Statens helsetilsyn og fylkesmennene en 4-årig satsing på tilsyn med tjenester til eldre. Ved avslutningen av satsingen ønsket vi å få undersøkt hvilke prosesser og tiltak kommunene satte i gang og om det var noe som gjorde det vanskelig å bruke resultatene fra tilsynet i forbedring av tjenestene. Kommunene ble også bedt om å komme med synspunkter på hvordan tilsyn kan være et konstruktivt bidrag til forbedring i kommunale helse- og omsorgstjenester.

Tilbakemeldingene fra kommunene tilsier at det er særlig to forhold som må være førende for Statens helsetilsyn og fylkesmennenes arbeid med utvikling av tilsyn framover:

- Systematisk arbeid med risikovurderinger ved valg av tilsynstemaer bidro til at kommunene oppfattet tilsynstemaene som relevante og vesentlige for deres virksomhet.
- Dialogen med og kompetansen hos medarbeiderne hos fylkesmennene stimulerte endringsarbeidet.

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Publications 2013

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6/2013 "Vi får satt fokus, blir bevisstgjort og må skjerpe faget vårt ekstra..." En deskriptiv undersøkelse av tilsyn med kommunale helse- og omsorgstjenester til eldre ("We became more aware of the relevant issues...." A descriptive study of supervision of municipal health and welfare services for elderly people)

5/2013 Tvil om tvang. Oppsummering av landsomfattende tilsyn i 2011 og 2012 med tvungen helsehjelp til pasienter i sykehjem (Doubt about coercion. Summary of countrywide supervision of compulsory health care for patients in nursing homes in 2011 and 2012)

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3/2013 "Ikke bare ett helseproblem....." Oppsummering av landsomfattende tilsyn i 2011–2012 med spesialisthelsetjenesten: behandling av skrøpelige eldre pasienter med hoftebrudd ("Not just one health problem....." Summary of countrywide supervision 2011-2012 of specialized health services. Frail elderly people treated for fracture of the hip)

2/2013 Glemmer kommunene barn og unge i møte med økonomisk vanskeligstilte familier? Kartlegging og individuell vurdering av barns livssituasjon og behov ved søknader om økonomisk stønad. Oppsummering av landsomfattende tilsyn 2012 (Are children and young people forgotten when municipalities assess the needs of families with economic problems? Assessment of the needs of children when their parents or guardians apply for social security benefits. Summary of countrywide supervision 2012)

1/2013 Oppsummering av tilsyn med virksomheter godkjent for håndtering av humane celler og vev til assistert befruktning (Summary of supervision of organizations with authorization for dealing with human tissues and cells for medically assisted reproduction)

Supervisory reports

The Norwegian Board of Health Supervision publishes annual supervisory reports. These are used to brief the public on cases of importance for social services in Nav (the Norwegian Labour and Welfare Administration), child welfare services, health and care services, and so as to promote public debate about these services.

The full-text versions of the post-1997 supervisory reports are available in Norwegian at www.helsetilsynet.no. Some of the articles within each report are also provided in English.

The series Reports from the Norwegian Board of Health Supervision publishes findings and lessons learned from the processing of complaints and supervision of social services in Nav (the Norwegian Labour and Welfare Administration), the child welfare services and the health and care services.

The series is published by the Norwegian Board of Health Supervision. All the series' publications are available in full-text version in Norwegian at www.helsetilsynet.no. English summaries are also provided.

SUMMARY

HELSETILSYNET
tilsyn med barnevern, sosial- og helsetjenestene

Report from the Norwegian Board of Health Supervision 6/2013

**“It helps us focus, raise awareness, and focus in professional terms”
A descriptive study of the supervision of municipal health and care services for elderly persons.**

The majority of the municipalities regard the County Governors' audits of their health and care services for elderly persons in 2010 and 2011 as a good basis for improvement efforts. This was the conclusion of a descriptive study conducted by Agenda Kaupang for the Norwegian Board of Health Supervision in the autumn of 2012. A total of 325 municipalities were sent an electronic questionnaire asking what the effect of the audit had been. 220 municipalities (68%) responded. In addition, telephone interviews were done with the heads of service providers, chief municipal executives and staff members of 10 municipalities.

Just short of 90% of the service providers replied that the combination of exchanges with the County Governors and the audit report formed a good starting point for the municipalities' work to improve their services to frail elderly persons. According to the service providers, the audits raised awareness and stimulated the municipalities to pursue their work to improve and change. We were pleased to observe that this was the case, regardless of whether the audit had identified regulatory breaches or not.

Starting in 2009 and through 2012 the Norwegian Board of Health Supervision and the County Governors engaged in a four-year supervision programme focusing on services for elderly persons. We wanted to know whether there was anything hindering [the municipalities] from making use of the findings made in the audits to improve their services, or anything that made it difficult to utilise the supervision's results. We also wanted to know more about the municipalities' views on how audits can contribute constructively to improved municipal health and care services.

Feedback from the municipalities indicates that there are two matters in particular that should inform the work of the Norwegian Board of Health Supervision and the County Governors in further developing their supervisory activities in the future:

- Systematic risk assessment in choosing the supervision subjects helped the municipalities perceive the audited subjects as relevant and important for their activities.
- Dialogue with the County Governors' representatives must serve to motivate and stimulate the work to achieve change.

ISBN: 978-82-90919-66-0 (electronic)

ISBN: 978-82-90919-67-7 (print)