

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Chair, Public Accounts Committee
National Assembly for Wales

c/o committeebusiness@wales.gsi.gov.uk

Our Ref: AG/SG

02 June 2016

Dear Chair,

Report of the National Assembly for Wales Public Accounts Committee on 'Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board'

I am writing to set out the Welsh Government's response to the recommendations set out in the Public Accounts Committee report on 'Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board'.

Some of the Report's recommendations relate to Healthcare Inspectorate Wales and its response is provided in an annex to the document attached that contains our response. The response from Betsi Cadwaladr University Health Board to recommendations 12 and 13 is also outlined in an attached annex.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Goodall'.

Dr Andrew Goodall



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Response to the Report of the National Assembly for Wales Public Accounts Committee Report on 'Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board'

We welcome the findings of the report and offer the following response to the 27 recommendations contained within it. The Healthcare Inspectorate Wales (HIW) and Betsi Cadwaladr University Health Board responses to relevant recommendations is outlined separately in Annex A and B. We have in some instances provided a merged response to interlinked recommendations.

Recommendation 1 – The Committee is concerned that attendance at Board meetings, by some Independent Members at Betsi Cadwaladr UHB, has previously been unsatisfactory and recommended the Welsh Government works with health boards across Wales to monitor and address non-attendance appropriately with proper considerations of the circumstances.

Recommendation 2 – We recommend that all health boards' annual reports must disclose details of board member attendances at board meetings and that a process for the dismissal of persistent non-attenders to be developed.

Accept both recommendations 1 and 2

We note the concerns of the Committee on attendance at Board meetings. Health Boards monitor attendance and are already required to report on this annually in the published Governance Statement.

The local health boards (constitution, membership and procedures) (Wales) regulation 2009 state the following under termination of appointments of members appointed by Welsh Ministers;

- If a person appointed has failed to attend any meeting of the board for a period of six months or more, the Welsh Ministers may remove that person from that office unless they are satisfied that –
- a) The absence was due to a reasonable cause; and
 - b) The person will be able to attend such meeting within such period as the Welsh Ministers consider reasonable

A record of attendance of Board and committee meetings should form part of the evidence for discussions at the Chair and Independent Members 1:1 meetings and performance reviews. We will seek assurance that this is happening across all Health Boards and will remind Board Secretaries of the requirement to monitor and report on attendance in the annual Governance Statement and the relevant regulations by August, 2016.

Recommendation 3- The Committee recommends that the Welsh Government explore in more detail how it can enhance the sharing of good practice, in relation to good governance, and where possible give greater direction on such practice and monitor compliance with any directions issued.

Accepted

Effective Governance, leadership and accountability are essential for the sustainable delivery of safe, effective, person-centred care and underpin the Health and Care Standards published in 2015. Chief Executives are appointed as accounting officers with delegated responsibilities in these areas.

Board Secretaries now meet on a monthly basis to share common concerns and good practice. Welsh Government also regularly attends these meetings. This forum provides an opportunity to actively enhance the sharing of good practice in relation to governance in addition to the guidance to support the delivery of the standards around governance, leadership and accountability including the Good Governance Guide which is currently being updated and the Auditor General's memorandum on governance by Welsh Government and NHS bodies.

As we noted in our response to the original PAC report on governance arrangements in BCUHB we consider effective Board development to be of critical importance. We continue to work with Academi Wales and health boards on supporting the learning and development. During 2016/17 this will include Academi Wales reviewing and refreshing the induction programme for independent board members to ensure they understand their role and responsibilities from the outset.

Welsh Government will seek to build on existing guidance and networks, issuing further direction or guidance where necessary. As part of this work, the Welsh Government will liaise with the Wales Audit Office with a view to sharing any good practice identified through the Auditor General's annual structured assessment work.

Recommendation 4 – We recommend that the Welsh Government require health boards to routinely share with them the outcome of all work commissioned as a result of serious concerns arising from complaints.

Accepted – systems in place and more work underway

Where organisations commission independent reviews of issues arising from serious concerns, we expect them to share the outcome with Welsh Government. We have already written to Health Boards about this and will issue a reminder. In addition we will build this into the review of the Putting Things Right guidance.

Recommendation 5 – We recommend that the Welsh Government implements a more systemic approach that ensures that concerns/ complaints in the future are adequately dealt with at health board level, and if not, that these are escalated to Welsh Government much sooner than is currently the case.

Not accepted – appropriate system in place

Putting Things Right already provides a systematic means of looking into individual complaints and concerns and the Welsh Government quite rightly has no direct role in this process. Health Boards should be continually reviewing complaints for indications of wider service failings and we expect to be kept fully informed where more serious service failings are revealed.

Welsh Government monitors quality and performance including management of concerns and complaints on a monthly basis and discusses any concerns with individual health boards at regular Quality Delivery meetings. Outstanding concerns are escalated to the Welsh Government Integrated Delivery Board.

Recommendation 6 – We recommend that the Welsh Government should consider installing a central database for dealing with Ministerial correspondence to detect emerging trends and to safeguard against clinical negligence.

Accepted – system in place

The Welsh Government already has a government-wide database (called CABS) in place that records and tracks all Ministerial correspondence received by Welsh Government. The database can identify particular issues or a certain area if that information is included in the title or other fields when the letters are added onto the database. We will further explore how we can improve our search/tracking capability.

In relation to correspondence on health matters, any correspondence that raises concerns about quality and safety is referred to the Quality & Patient Safety team and the relevant policy team, for example, the Mental Health Team. This system ensures that Welsh Government officials can identify and act on any emerging trends in respect of complaints or concerns around quality or safety in any particular healthcare setting.

Recommendation 7 – The Committee recommends that the Welsh Government review the process for Chief Executive appointments in the Welsh NHS to reduce the reliance on references provided by personal referees provided by applicants.

Not Accepted

We share the Committee's sense that it is essential for Chief Executive appointment processes to be robust, however we disagree with the suggestion that there is an over-reliance on personal references and therefore that a review

is required. References are simply one part of a process and are often not taken up until after a preferred candidate has been selected by the recruiting panel.

Health Boards and Trusts in Wales are legally responsible for recruitment, including to their Chief Executive posts. In practice in the case of a CEO recruitment, the Chair of the health board has responsibility to lead on the recruitment process, supported by Andrew Goodall as NHS Wales Chief Executive and Julie Rogers Director of Workforce & OD, NHS Wales, along with others on the recruitment selection panel. References may be considered as part of the recruitment process to triangulate evidence obtained through for example psychometrics, stakeholder panels, head hunter feedback/assessment, facilitated question and answer session and (in every case) interview. In no circumstances within Wales, would external references be relied on as a sole means for making an appointment.

Recommendation 8 – The Committee recommends that the terms of departure for all senior managers in the Welsh NHS are monitored by the Welsh Government and that departure terms, which it does not consider represent value for money for Welsh taxpayers, are expressly prohibited from proceeding.

Partially Accepted

Local health boards and trusts, acting as employers, must already consider all of the circumstances and options against individual employment rights and contractual obligations before making any determination regarding terms of departure for executives and senior posts. Furthermore, in the event that a termination payment is proposed whether statutory, contractual, or ex-gratia, they are required to consult the Welsh Government in advance to discuss the proposals and formally to seek agreement from Andrew Goodall as accounting officer in Welsh Government. In considering any request to make such a payment Welsh Government will – amongst other things – be looking for evidence that the board as the employer has taken advice through their Remuneration Committee regarding the range of options and legal obligations and that they have satisfied themselves that the decision is in the interest of their organisation whilst giving due attention to public money.

In the evidence provided, it was clarified that the secondment arrangement for Trevor Purt was a matter for BCU as his employers and as the organisation that carries the contractual responsibility. Although there was no requirement for approval to be sought from Welsh Government there was an expectation that we would be consulted, which we were. We do not believe it would be appropriate for Welsh Government to intervene to the extent suggested in executive and senior manager employment arrangements beyond those identified above.

Recommendation 9 – We recommend that the Welsh Government take into account the evaluation of independent advisors undertaken by Betsi Cadwaladr UHB and if the arrangements are found to have worked well, consider establishing a framework for the use of independent advisors across health boards.

Not Accepted

The PAC Clerk has confirmed that this recommendation refers to the role of Committee Adviser. This role was established by Betsi Cadwaladr UHB to address previously identified skills and capacity gaps on certain committees. Following a 12 month pilot, an evaluation of the role was carried out. It was found that the skills and capacity gaps had subsequently been met through the appointment of new Independent Members. This strengthened committee membership and negated the need for the role of Committee Adviser. The role was stood down with effect from 31.12.15.

We do not accept the need to establish a framework for the use of committee advisers across health boards taking into account the evaluation of the role. The focus is on ensuring the independent members can advise across a sufficient breadth of issues.

Recommendation 10 – The Committee recommends that the Welsh Government develop a national suite of quality and safety indicators to support health boards in delivering high quality care and to promote early identification of safety concerns.

Accepted – arrangements in place

The development of “Quality Triggers” was one action arising from the Quality Delivery Plan to assist Boards in asking the right questions about the quality of services their organisation provides. The National Quality and Safety Forum has recently agreed that it is timely to review this guidance and this work will be completed during 2016/17.

The current NHS Outcome and Delivery Framework also includes a range of indicators which Health Boards should routinely monitor. However, it is important to recognise the approach to quality assurance needs to involve the analysis and triangulation of various pieces of data and local context in order to reach a conclusion.

Recommendation 11 – We recommend that the Welsh Government review the re-appointment process for independent board members to enable re-appointments to be made on a case by case basis depending on the balance and composition of independent board members.

Accepted

Welsh Government continually reviews the re-appointment processes for independent members. Each request is considered on a case by case basis

with advice from the chair. The benefits of re-appointments are always balanced against the advantages of the introduction of fresh thinking to a public body and continuity to a board, as well as the skills and experience mix of the board needed going forward. Reappointments are ultimately signed off by the Minister for Health based on advice from officials including a view from the Chair. We noted in our response to the original PAC report that the information from the performance reviews of independent members is fed into the reappointments process. The Committee might like to note that for the future, our intention is to explicitly include within that advice information regarding the individual IM's attendance record to strengthen the transparency around this issue which we note from earlier parts of the report, was an issue of concern to the Committee.

Recommendation 12 – We recommend that Betsi Cadwaladr UHB provide an update to our successor Committee in the fifth Assembly on progress towards improving mental health services by June of 2016.

Accepted by Betsi Cadwaladr University Health Board

The response from Betsi Cadwaladr University Health Board is outlined in Annex B.

The Committee may also wish to note there is a requirement for the health board to report and update on progress on improving mental health services under the phases set out in the special measures improvement framework. The report on phase one was received in May, 2016.

Recommendation 13 – The Committee does not believe that GP Out of Hours coverage is acceptable in Betsi Cadwaladr UHB and we recommend the Health Board urgently address this.

Accepted by Betsi Cadwaladr University Health Board

The response from Betsi Cadwaladr University Health Board is outlined in Annex B

The pressure on GP out-of-hours services is a UK wide issue; there are known challenges with recruitment and retention across the UK. BCUHB has had success in recruiting new workforce, including GPs, to the out-of-hours service and continues to develop service models to most effectively meet service demand.

Welsh Government facilitated under the special measures arrangements specific support for the health board to help address concerns about GP out-of-hours services, and wider aspects of primary care. We will also continue to monitor their progress against the milestones and expectations outlined in the special measures improvement framework .

Recommendation 14 – The Committee recommends that all health boards undertake comprehensive reviews of primary care estate and that they prepare plans to improve accommodation for primary care services and review these plans regularly.

Accepted – already in place

The planning requirements and framework are already in place in respect of NHS estate infrastructure, to include primary care settings.

The **NHS Planning Framework 2016-17** sets out the requirement for NHS Wales organisations to identify key priorities for infrastructure investment across all health care settings including the primary care estate. In setting out priorities for development, organisations should align estate and other physical asset requirements to service plans and promote schemes that support the development of safe and sustainable services. This includes focus on building accessible and resilient primary and community care services. As part of the Planning Framework requirements, organisations are asked to include the impact of developments and investment on key estate performance indicators.

The Framework is relatively new but it will be driven and monitored through the dedicated resource that has been established within the Capital, Estates and Facilities team to lead on the primary care estates agenda. Since its introduction the framework has been a key priority for the Directors of Primary Care group and meetings are also being held with local teams to discuss approaches to service and estate strategies in respect of primary care. The importance of the framework is also to be discussed at the Chief Executives meeting in July.

The targeted approach above will be monitored through the Planning arrangements and the performance and accountability arrangements already in place e.g. through Capital Monitoring arrangements, Joint Executive Team meetings and Chair and Chief Executive Appraisals.

The **NHS Wales Infrastructure Investment Guidance** sets out an expectation that NHS organisations will have an infrastructure plan (to include both estate and asset management strategies), which provide synergy and holistic fit with their other plans in particular the service strategy. This again covers all NHS accommodation and physical assets, including those in primary care.

With specific reference to non local health board (LHB) owned accommodation, **The National Health Service (General Medical Services – Premises Costs) (Wales) Directions 2015** sets out the framework under which LHBs can make payments to GP contractors in respect of premises developments and improvements. This states that before determining any proposal from a contractor the LHB has to have regard to a range of issues including the NHS Wales Infrastructure Investment Guidance. It further states that any proposal will need to be set within the context of each LHB's estate strategy, and be identified as one of the priority developments in implementing this strategy.

The Premises Cost Directions also set out a series of minimum standards required for GP premises including compliance with relevant legislation, heating, ventilation, storage, security arrangements and the clinical environment. In terms of providing funding for GP premises, LHBs must consider whether accommodation meets these minimum standards and can require remedial action where concerns are identified.

Recommendation 15 – The Committee recommends that our successor Committee to the fifth Assembly, monitors the progress Betsi Cadwaladr UH B makes during the period of special measures including GP Out of Hours services.

Noted

This is a matter for the successor committee.

GP out of hours services are routinely monitored under the Special Measures Improvement Framework, and reported publicly by the Health Board as illustrated on page 24 of the following example of a recent Board paper
http://www.wales.nhs.uk/sitesplus/documents/861/16_70.1%20Special%20Measures%20improvement%20framework.pdf

Recommendation 16 – The Committee recommends that Healthcare Inspectorate Wales and the Welsh Government provide an update on progress achieved against the Marks review recommendations, including the identification and delivery of any immediate and more straightforward priorities by March 2016.

Accepted

HIW has provided an update on the progress against the Marks review recommendations in the addendum to Annex A.

The Welsh Government consulted on a Green Paper in 2015 which included several questions arising from the Marks Review recommendations, in particular about the remit, functions and independence of the inspectorates; the idea of a statutory Duty of Candour and a common standards framework. A consultation summary report was published on 22 February. Further work will be dependent on the priorities set out in the future programme for government.

Recommendation 17 – We recommend that strengthened performance management and reporting processes are put in place in relation to the preparation and publication of inspection reports, to ensure that Healthcare Inspectorate Wales meets and delivers its reporting targets.

Accepted

HIW response is outlined in the attached Annex.

Recommendation 18 – We recommend that published Healthcare Inspectorate Wales inspection reports should include a publication date, to enable increased transparency of reporting and accountability.

Accepted by Healthcare Inspectorate Wales

HIW response is outlined in the attached Annex.

Recommendation 19 – We recommend that Healthcare Inspectorate Wales and Community Health Councils jointly develop and implement plans to ensure better working relationships; the 2015 Operating Protocol should be reviewed, to identify how it is working in practice, to address areas for improvement and ensure effective and timely sharing of information.

Accepted by Healthcare Inspectorate Wales

The HIW response is outlined in the attached Annex.

Regulations have been put in place to allow the CHC Board to set standards for the performance of CHC functions, including for inspecting and entering premises. The CHC Board and HIW are reviewing its joint working protocol. The Welsh Government expects both organisations to look for opportunities for joint working wherever possible.

Recommendation 20 – We recommend that HIW agree with health boards' processes for securing Healthcare Inspectorate Wales timely and regular access to summarised complaints data from health board, to inform their work.

Partially Accepted by Healthcare Inspectorate Wales

HIW response is outlined in the attached Annex.

Recommendation 21 – We recommend that an electronic solution is put in place to enable Assembly Members to contact the Chief Executive of Healthcare Inspectorate Wales directly.

Accepted

HIW has provided the contact details for the Chief Executive for Assembly Members to contact the Chief Executive directly in its response in the attached Annex.

We also sought clarification on what was suggested by the recommendation. The Committee Clerk confirmed that during the evidence session with the Chief Executive of HIW as part of this inquiry, Members raised a concern that they were unable to email her directly due to an IT issue between HIW and their accounts and made this recommendation to hopefully enable this issue to be rectified in the future. This issues has been discussed with the ICT Division and Cabinet Division and it has been confirmed there is no restriction on any incoming e-mail (other than protecting against Spam, viruses etc). Sending to AM's is currently restricted but this will be reviewed and if this does stay in place, key staff in HIW will be included on the exemptions list.

Recommendation 22 – We recommend that Healthcare Inspectorate Wales puts in place focused, robust and effective arrangements with partner agencies to improve joint working and learning, better developing shared intelligence resources to support the inspection work of HIW and others.

Accepted by Healthcare Inspectorate Wales

HIW response is outlined in the attached Annex.

Recommendation 23 – We recommend that the Welsh Government take into account the outcome of the consultation on the Green Paper and agree a prompt, appropriate and statutory response in terms of ensuring the visibly independent position of Healthcare Inspectorate Wales.

Recommendation 24 – We recommend there is a need to look in detail at the range of responsibilities of Healthcare Inspectorate Wales and identify any that might be more appropriately placed elsewhere.

Partially Accept both recommendations 23 and 24

The Committee's recommendation and the outcome of the Green Paper consultation in relation to the remit and independence of HIW will be considered by the new Welsh Government. In terms of the responsibilities of HIW, these were largely confirmed by the Marks Review to be appropriate. However we would look at this in further detail as part of any policy work to be undertaken on the inspectorates, as required by the new Government, and update the PAC accordingly.

Recommendation 25 – We recommend that the Welsh Government commissions an urgent and focussed independent review to audit existing and potential future requirements for lay assessors to support the inspection regime in Wales, and that clear joint strategies are developed to ensure effective and sustainable recruitment and retention.

Not Accepted

HIW response is outlined in the attached Annex.

Welsh Government does not currently have plans to undertake an urgent review of lay assessors as these are operational matters for Healthcare Inspectorate Wales. Welsh Government will seek a view from HIW that the benefits of closer working and moving to voluntary lay assessors are being realised including widening the pool and sustainability.

Recommendation 26 – The Committee identified its concerns regarding financial planning with the NHS in its previous report Health Finances 2012-2013 and beyond. We re-indorse recommendation 8 of that report, which stated:

The Committee further recommends that given the risks of financial planning over 3 years, the Welsh Government should require:

- a) Fully balanced plans over three years for each Health Board with supporting detail;
- b) Collective financial planning showing how budgets will balance across the whole NHS every year (so as to stay within DEL);
- c) Detailed contingency plans setting out how Health Boards will respond if planned savings from up-front investments do not materialise and/ or there are additional cost pressures. These contingency plans should include an assessment of risk to patients/ services.

Accepted - already in place

The statutory framework provided in the NHS Finance (Wales) Act 2014 is already in place to require health boards to prepare, on an annual basis, three-year Integrated Medium Term Plans (IMTPs) that are financially balanced over the three years. This requirement is confirmed in the annual publication of the NHS Planning Framework, which is issued as a ministerial direction under cover of a Welsh Health Circular.

The integrated approach is essential and the planning requirements cover more than just financial plans. They are reviewed on all aspects, not just finance, as it is vital that the quality of services, performance and finance are appropriately covered to avoid adverse patient quality and safety issues.

The planning requirements are still relatively new and some Health Boards have been unable to develop appropriate three year plans, namely Betsi Cadwaladr and Hywel Dda University Health Boards and are being supported through the agreed tripartite escalation processes. They are likely to require support in future to develop these plans and this will not be achieved in 2016/17 or 2017/18 due to the need to develop robust and sustainable service models in both areas which ensure full alignment between service performance, workforce and financial plans

All other health boards have had approved three-year IMTPs for 2015-16, and the Welsh Government continue to expect them to develop to remain in this position for 2016-17. For some organisations, this may require Welsh Government taking further action and providing further support if required as part of the escalation framework.

In terms of collective financial planning, it should be noted that the Welsh Government's Health and Social Services Budget has remained within its DEL control totals in recent years, and is expected to do so when final figures are published for 2015-16. The Welsh Government already publishes its annual budget, including the funding for the NHS, updated for Supplementary Budget changes. In addition, the Welsh Government also publishes the annual revenue allocation to health boards. The 2016-17 initial revenue allocation, issued in December 2015, was revised in April 2016 to include additional funding for primary care, and distribution of the £200 million provided for the in the 2016-17 Welsh Government budget. During the Fourth Assembly, the Minister for Health and Social Services provided periodic reports to the Health and Social Care Committee on the financial outlook for the NHS and the Health and Social Services Budget, and it is expected this process will continue during the Fifth Assembly. In summary, detail on the budget and allocations are already published, and so it is not proposed to publish any further information on collective financial planning for the NHS for 2016-17 or future years.

Health board's contingency plans are expected to be included within their IMTPs which are public documents, approved by their Boards. Welsh Government undertakes a detailed review of these plans as part of its assessment of IMTPs prior to advising the Minister for Health and Social Services whether a board's IMTP should be approved.

Recommendation 27 – The Committee notes that the Auditor General for Wales intends to undertake a review of the impact of the NHS Finance (Wales) Act during the Fifth Assembly and recommends that our successor Committee considers any lessons arising from the Auditor General's report.

Noted

This is a matter for the successor Committee.

Annex A

This annex has been produced by Healthcare Inspectorate Wales (HIW) to supplement the response to the Public Accounts Committee by Welsh Government.

Recommendation 16 – The Committee recommends that Healthcare Inspectorate Wales and the Welsh Government provide an update on progress achieved against the Marks review recommendations, including the identification and delivery of any immediate and more straightforward priorities by March 2016.

Accepted
HIW is happy to provide an update to the relevant Marks Review recommendations. This is attached as an addendum.

Recommendation 17 – We recommend that strengthened performance management and reporting processes are put in place in relation to the preparation and publication of inspection reports, to ensure that Healthcare Inspectorate Wales meets and delivers its reporting targets.

Accepted
Performance management and reporting processes are in place in HIW. Information provided to the Committee referred to 2014-15. During 2015-16 75% of reports were published within 3 months of an inspection. Publication targets are formally monitored at weekly and monthly business meetings and performance is included in our Annual Report.

Recommendation 18 – We recommend that published Healthcare Inspectorate Wales inspection reports should include a publication date, to enable increased transparency of reporting and accountability.

Accepted
HIW will include a publication date in all of its reports from 1 June 2016. In addition HIW will be introducing a forward publication schedule on its new website providing the planned date of publication at the time of an inspection. This will be launched in Summer 2016.

Recommendation 19 – We recommend that Healthcare Inspectorate Wales and Community Health Councils jointly develop and implement plans to ensure better working relationships; the 2015 Operating Protocol should be reviewed, to identify how it is working in practice, to address areas for improvement and ensure effective and timely sharing of information.

Accepted

This was a commitment within the existing protocol and work is underway by officials in both organisations to conduct this review.

Recommendation 20 – We recommend that HIW agree with health boards’ processes for securing Healthcare Inspectorate Wales timely and regular access to summarised complaints data from health board, to inform their work.

Partially Accepted

The Public Accounts Committee recognises the significant programme of work led by Welsh Government on managing complaints, including the Keith Evans review of complaints data. HIW would prefer to minimise burden on health boards and will work with Welsh Government to mandate health boards to share their complaints data with both HIW and Welsh Government, rather than providing bespoke analyses to HIW.

Recommendation 21 – We recommend that an electronic solution is put in place to enable Assembly Members to contact the Chief Executive of Healthcare Inspectorate Wales directly.

Accepted

Assembly Members can currently contact the Chief Executive of HIW directly by

- e-mail: hiw@wales.gsi.gov.uk; Kathryn.chamberlain@wales.gsi.gov.uk
- telephone: 0300 062 8163
- fax: 0300 062 8387
- letter: Dr K Chamberlain
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

On occasion the Chief Executive has visited Assembly Members at their offices to discuss concerns raised by constituents.

Recommendation 22 – We recommend that Healthcare Inspectorate Wales puts in place focused, robust and effective arrangements with partner agencies to improve joint working and learning, better developing shared intelligence resources to support the inspection work of HIW and others.

Accepted

HIW accepts this recommendation as our arrangements for the analysis and use of intelligence are constantly reviewed and developed.

We have a wide range of memoranda of understanding with other bodies outlining how we work together which are already published. Others are also being developed.

In addition, we do joint inspections with HMI Prisons, HMI Probation and the Prisons and Probation Ombudsman. Within Wales we have conducted joint reviews with the Auditor General for Wales and joint inspections with CSSIW. During 2015-16 we conducted a programme of inspections supported by the Community Health Councils.

We are active members of the Concordat which brings together a range of regulators, inspectors and other scrutiny bodies on a quarterly basis to discuss matters of common interest.

HIW also organises Summits twice a year which bring together regulators, inspectors and other scrutiny bodies to share specific intelligence on each NHS organisation. These Summits are timed to inform the tripartite Escalation and Intervention Meetings which take place twice a year with the Auditor General for Wales and the Welsh Government.

Recommendation 25 – We recommend that the Welsh Government commissions an urgent and focussed independent review to audit existing and potential future requirements for lay assessors to support the inspection regime in Wales, and that clear joint strategies are developed to ensure effective and sustainable recruitment and retention.

Not Accepted

The decision to move to the use of voluntary lay assessors was taken for a number of reasons. Importantly, the use of volunteers removed a barrier to closer working with the Community Health Councils as their members are also unpaid and have been working with HIW as lay reviewers as part of our GP inspection programme. In addition, this decision has brought us into line with equivalent organisations in other Administrations and has the potential to widen our pool of recruits as volunteers in employment would be able to use their volunteering days. It is a matter for the Welsh Government whether they wish to review this decision.

Addendum – HIW’s Update on the Marks Recommendations

The table below provides a position statement against those recommendations within the Marks report which fall to HIW.

No	Recommendation	Progress
1	Where appropriate, HIW and the WAO should jointly scrutinise the governance and leadership of health bodies, in particular measuring the extent to which their activities are driven by the goal of continuously improving services and aspiring to achieve world-class standards	HIW has introduced a process of annual reporting to health bodies which draws together our findings and provides feedback on governance and assurance arrangements. This work is co-ordinated with the structured assessments of the Wales Audit Office. We are currently formalising our collaboration on the assessment of governance arrangements and will publish a statement on our website in Summer 2016.
2	HIW should continue to share information and coordinate inspections and reviews with the WAO, Community Health Councils, professional regulators and Medical Royal Colleges in order to avoid duplication and enhance the impact of their activities	<p>HIW works closely to share information and co-ordinate activity with Wales Audit Office, Community Health Councils (CHC), other professional regulators and the Medical Royal Colleges through a variety of mechanisms including</p> <ul style="list-style-type: none"> - Inspection Wales Programme - Concordat Forum of bodies involved in the regulation of health and social care - Summits of bodies involved in the scrutiny and assurance of healthcare - Regular bi-lateral meetings <p>The CHC and Academy of Medical Royal Colleges are also represented on HIW’s Advisory Board.</p>
3	HIW should publicise its equality and human rights approach to its inspection activities and protect and promote the interests of people from diverse backgrounds and those who are often marginalised and socially excluded.	<p>HIW already takes an equality and human rights approach to its work. This is rooted in our inspection approach which looks directly at the way in which patients experience services through the eyes of patients and relatives.</p> <p>We prioritise work, in part, on the</p>

		<p>vulnerability of the individuals receiving care and have specific responsibilities in this regard relating to mental health. We are also members of the National Preventative Mechanism which is made up of 20 bodies who monitor places of detention across Scotland, England, Wales and Northern Ireland. This includes police custody, prisons, court custody, immigration and military detention, secure children's homes, and places where people are detained under mental health legislation.</p> <p>The HIW Director of Strategy and Development also sits on the Advisory Board for the NHS CEHR.</p>
4	<p>HIW can make a major contribution to the safety and care of patients by holding boards to account for the clinical performance of doctors through the medical revalidation process.</p> <p>Therefore it should give high priority to working with the General Medical Council to ensure that Health Board leadership and governance of Responsible Officer Regulations is effective.</p>	<p>HIW works closely with the General Medical Council through the Concordat Forum, the GMC Advisory Forum for Wales, and regular bilaterals.</p> <p>HIW also works with the Revalidation Support Unit of the Wales Deanery in their oversight of the development of the revalidation process.</p> <p>The extent to which revalidation is being properly implemented is an important consideration in our assessment of an organisations governance and assurance processes.</p>
5	<p>HIW and the Welsh Government should explore the usefulness of audit tools developed by the Royal College of Physicians and consider whether they should be built into the new Health Standards which are being developed; and whether they could contribute to HIW's inspection programmes.</p>	<p>When developing the methodology for inspections HIW draws on the established professional best practice from a variety of sources and this would include those tools and checklists developed by the Royal Colleges. Representatives of the Royal Colleges are invited to sit on our Stakeholder Reference Groups when new methodologies are being developed and the Academy of Medical Royal Colleges is represented on our Advisory Board.</p>

6	<p>HIW should develop a proportionate risk-based inspection programme informed by its collation and analysis of intelligence. The inspection programme should include:</p> <ul style="list-style-type: none"> • closer working with CHC's will be essential to ensure the best use of information and intelligence at individual ward level or other settings. • learning lessons of good practice from the Welsh Government's use of spot-check visits to a substantial number of hospital wards which assessed the safety and quality of care and use these to inform their development of short-form DECI inspections. This would allow a greater number of inspections to be carried out. • continuing with its new approach to cleanliness and infection control to prevent hospital acquired infections. It should remain a top priority and capacity issues should never compromise its ability to deliver this aspect of its work. • finding resources to increase the number of inspections it undertakes of GP practices. 	<p>(I) HIW has an agreed Operating Protocol with the CHCs, this was formally exchanged in March 2015. A review of this is now underway.</p> <p>(II) HIW has liaised closely with the original spot check programme and a number of the reviewers have now joined our external reviewer panel. HIW has reviewed the application of short form visits to consider how we can build on these in order to introduce the rigour of evidence capture and reporting necessary that underpins a formal inspection programme.</p> <p>(III) A specialist task and finish group has been working with HIW to develop a three year approach to supporting the introduction of the new Infection Prevention and Control guidelines and providing assurance on their implementation.</p> <p>(IV) HIW has a responsibility to operate within the budget allocated to it by the Welsh Government. The volume of GP inspections undertaken needs to be considered by HIW when it prioritises the way in which this budget is used. A change in the proportion of GP inspections impacts the inspection activity elsewhere.</p>
7	<p>HIW should formalise its agreements with the following bodies:</p> <ul style="list-style-type: none"> • The General Pharmaceutical Council, which is the principal regulator of the pharmacy profession in Wales; and report on the effectiveness of pharmacy regulation across Wales in its Annual Report. • The General Optical Council, which is the principal regulator of the optical profession in Wales; and report on the effectiveness of optical regulation across Wales in its Annual Report. 	<p>HIW has agreed a Memoranda of Understanding with the General Pharmaceutical Council.</p> <p>HIW is undertaking a thematic review of Ophthalmology. The General Optical Council is on the stakeholder group for this review and this will provide an opportunity to test the need for a formal MOU.</p>

8	<p>HIW should expand peer, thematic and special reviews as they can improve the quality of care for patients and service users across Wales. Thematic and special reviews in particular should be further developed as they can identify solutions to problems in one service or locality that can be taken up by the whole of the sector. At the same time the regulation and inspection of healthcare services should not be compromised.</p>	<p>The Welsh Government has now established an All Wales Peer Review Steering Group to manage an annual programme of peer reviews across all services provided by the NHS in Wales. The steering group will report to the National Quality and Safety Forum. The steering group membership includes a representative of HIW and this continued association, along with the existing escalation process, will help give weight to the peer reviews.</p> <p>Since 2015-16 HIW has introduced the use of thematic reviews.</p> <p>We continue to undertake special investigations where there are matters of concern.</p>
10	<p>In relation to work in Mental Health and Learning Disability settings HIW should:</p> <ul style="list-style-type: none"> • increase the volume of inspections of NHS inpatient facilities to better protect the interests of patients who have a mental health problem or learning disability. • focus its inspection model more on evaluating patient outcomes and less on scrutinising whether appropriate processes have been followed. 	<p>We continue to ensure that we undertake inspections of NHS inpatient facilities.</p> <p>In addition to our core programme we have been doing a thematic review with CSSIW on Learning Disabilities.</p> <p>Where appropriate we use our stand-alone Mental Health Act visits to provide diagnostic information so that we can target our full inspections more effectively.</p> <p>Our inspection, visit and review approach is already focussed on examining the quality of the patient experience. Although HIW also looks at specific process issues (particularly with regard to whether legal requirements have been met) this is done within the context of the care received.</p>

12	<p>HIW should refresh its Statement of Purpose to make it patient and citizen focused. The public should clearly understand that its role is to ensure they receive the best quality treatment and care, as well as protect them from being harmed. Also, the Statement of Purpose may want to give greater emphasis to HIW's role of promoting Wales-wide improvements and innovation in healthcare, that it could be much more than an inspector of individual services.</p>	<p>HIW has a clear statement of purpose, values and outcomes it seeks to achieve which is now included in all its published plans. This will also be made more clear with the launch of the new website.</p>
14	<p>HIW should further develop and publish a Communications Strategy, which will allow it to communicate more effectively with the public. It will be able to provide evidence that it is delivering a highly valuable service on their behalf. Increased interaction with patients and service users through multi-media formats will provide valuable information to support target led inspections of services where concerns are raised.</p>	<p>HIW has refreshed its communications strategy resulting in greater and more interactive use of social media. A new website has been commissioned and is currently in development, with a launch date planned for June 2016.</p>
15	<p>HIW should include more information in its Annual Report on the outputs and efficiency of work processes which serve patients, service users and other stakeholders. The number of customer care measures should be minimised, to allow scarce resources to be used to evaluate significant outcomes.</p>	<p>HIW's annual reports are now focusing on themes and findings from our work. We do not only produce an Annual Report we also publicise thematic analysis of specific work programmes on a period basis. We report openly on our performance targets, including volume and timeliness.</p>
16	<p>HIW to evaluate the effectiveness of their inspection and review models, to not only gain a better understanding of the performance of healthcare providers, but also as a means to help them improve the quality of inspection activities. Providers should have the opportunity to give feedback on whether HIW's scrutiny of their service is useful, and to what extent it helps them identify those aspects</p>	<p>We undertake evaluations of our activities where appropriate:</p> <ul style="list-style-type: none"> - We evaluated the new model of midwife supervision - We evaluated and published learning and themes from our homicide reviews - We have reviewed and refreshed our approaches to dignity and essential care inspections and to our mental health reviews.

	which need to be improved.	<ul style="list-style-type: none"> - We have piloted and evaluated an approach to GP inspections - We use stakeholder reference groups to advise and challenge for new and/or significant areas of work e.g. Dental Inspections, GP Inspections, Mental Health activities - We undertook a baseline stakeholder survey early in 2014/15.
17	HIW to measure the outcomes of its most important areas of inspection: showing how its inspections have had a significant impact on the safety and quality of healthcare services by helping providers improve their performance.	Attribution of cause and effect is difficult to achieve and has also been the subject of international review without much success as reported through the European Partnership of Supervisory Organisations. However, we continue to use the learning from evaluations such as those identified above to develop the way in which our work can help to support improvement.
19	HIW, after consulting with stakeholders, should publish a Statement of Risk outlining its approach to regulation and inspection. It should explain the minimum frequency of inspections and reviews it will carry out of both NHS and independent sector bodies and put this within the context of its capacity to meet these targets.	We are transparent on how we prioritise our work in our published plans.
21	HIW should review the implementation and effectiveness of LHBs and Trusts service user strategies, in line with the Welsh Government's guidance A Framework to Assure Service User Experience, to determine whether they are genuinely involving patients and carers as a means of improving the safety and quality of services.	This could be considered as a potential thematic review, but would need to be prioritised alongside other proposals. Our reviews consider patients experience and the extent of patient involvement in their own care as a matter of course.
25	HIW should always carry out follow-up actions when inspection results indicate this is necessary and in the most serious instances of service failure, should be more robust in the use of its enforcement powers, and publish data on how it has used these powers in its Annual Report.	HIW has a strategic approach to follow up, including conducting follow up visits. This will be published during the Summer 2016. A new process for managing services of concern has been implemented. Tripartite escalation and intervention arrangements are in place for the NHS.

27	<p>HIW should consider the value of developing a framework for assessing the quality and safety of all healthcare services. The framework could reflect significant patient outcomes, and be aligned with new refreshed Health Standards, the self-assurance systems that health bodies use to measure their own performance and clinical indicators used by professional regulators and Royal Colleges. The framework should be common to the work of both HIW and CSSIW as patients and service users are increasingly receiving integrated health and social care services. Clear information would be provided to members of the public and inspection reports and results would encourage improvement and innovation by providers.</p>	<p>This is a significant piece of work and further consideration needs to be given to this in light of changing service provision and direction such as the development of integrated services. We continue to learn how other bodies are developing their judgment frameworks</p>
28	<p>HIW should scrutinise whether:</p> <ul style="list-style-type: none"> • Health bodies are providing the most effective clinical treatments to patients. Patients not only want to benefit from being looked after in line with essential life maintaining care such as being fed, hydrated and being assisted with going to the toilet as necessary, but they also want to receive the best available clinical treatments. • Lessons promoted by the 1000 Lives Improvement programme are being delivered during the course of individual inspections or reviews; or they could be the subject of national thematic reviews. 	<p>HIW tests whether care and treatment is provided against the published standards.</p> <p>It is not our role to test the effectiveness of clinical treatments. That is a matter for other bodies, such as NICE.</p> <p>When conducting thematic reviews we would draw on best practice from a number of sources including 1000+ Lives</p>
33	<p>HIW should increase collaboration with third sector organisations which offer advice and advocacy to patients and carers to gather more information about any concerns they</p>	<p>HIW continues to liaise and network with the third sector to keep up to date with the unique information of special associations and interest groups such as RNIB and AHL. Where</p>

	<p>may have about the quality of healthcare services e.g. Carers Wales, MIND Cymru and Citizens Advice Cymru.</p>	<p>HIW conducts thematic and/or specialist reviews HIW includes the third sector within its review advisory/steering groups. There are three third sector organisations who are members of the stakeholder group for our ophthalmology thematic review.</p> <p>Our Strategic Plan has been out for public consultation.</p>
34	<p>HIW and CHCs to hold listening events in local communities as well as involve experts by experience in their inspection teams when an in-depth review of a particular hospital or LHB is taking place.</p>	<p>HIW has a closer working relationship with the CHC since signing the Operating Protocol. This includes HIW placing reliance on the CHCs' intelligence gathering from different sources. Lay reviewers are used in HIW's inspections to ensure the patient perspective is captured.</p> <p>We would still hope to be able to utilize the CHCs' public engagement role in order to hold listening events and we will discuss this further with CHCs when they have been able to progress further in the development of their corporate strategy, planning and standards.</p>
36	<p>HIW should carry out more national thematic reviews of healthcare services. All providers across Wales should be following international benchmark standards of good care and HIW's role would be to scrutinise whether each health body is implementing them; and if they are continuously self-assessing their performance in order to drive up standards of care. It would be testing whether the self-assessments of performance are valid or not and by working with Public Health Wales and other expert bodies, identify lessons from highly successful providers which could benefit all patients and service users if implemented across the whole of Wales.</p>	<p>We have implemented a programme of national thematic reviews. These have been set out in our Strategic and Operational Plans.</p>

38	Where appropriate HIW should give priority to carrying out joint reviews with the WAO of the governance, leadership and performance of LHBs and Trusts; and consider asking the PSOW to offer his expertise.	We work closely with the WAO to co-ordinate their corporate assessment work with our reviews of corporate governance. WAO performance leads meet regularly with HIW relationship managers. Where significant concerns arise we undertaken joint review work.
40	HIW should validate whether Health Boards and Trusts are following benchmarks of best practice and performance managing healthcare services to the highest possible standards.	HIW reviews draw on established published standards and best practice in developing methodologies for standard inspections and for thematic reviews.
41	HIW and CSSIW should work together to develop an integrated inspection framework to scrutinise the performance of health and social care organisations. The aim would be to assess the quality of integrated care, whether people are receiving seamless services when they move between primary care, hospitals and social care in registered settings.	HIW and CSSIW work together on a theme by theme basis developing approaches appropriate to the subject. We undertake joint work in (Deprivation of Liberty Safeguards) DOLS and publish a joint report. We are working together on a joint review of Learning Disability Services. We involve CSSIW where appropriate in our Homicide Reviews. The Green Paper explored the possibility of further integration.

Annex B

PAC Recommendations – BCUHB

Recommendation 12 – We recommend that Betsi Cadwaladr UHB provide an update to our successor Committee in the fifth Assembly on progress towards improving mental health services by June of 2016.

Accepted

Progress towards improving mental health services is monitored by the Health Board bi-monthly as part of the Special Measures Improvement Framework. Robust arrangements will be put in place internally by the Director of Mental Health Services, to collate all information that will be required for reporting on mental health services to the 5th Assembly by 1.6.16. Key performance indicators for mental health services are to be developed by the Director of Mental Health Services and monitored locally, by Autumn 2016.

Recommendation 13 – The Committee does not believe that GP Out of Hours coverage is acceptable in Betsi Cadwaladr UHB and we recommend the Health Board urgently address this.

Accepted

The BCUHB GP OOH service has focused improvement on three key areas, namely: governance and accountability; quality and access; and workforce.

Key improvements delivered over the last seven months have included:

- New performance and accountability structures supported by clear lines of reporting linked with site based management teams and an agreed Scheme of Delegation.
- GP OOH risk register has been developed and maintained reflecting local and pan BCU risks.
- Implementation of an 'Escalation Policy' based on good practice from Cardiff & Vale Health Board.
- Active involvement with the FISH Primary Care/OOH capacity/demand modelling work supported by WG
- Rollout of Treatment Escalation Plans (TEPS) working with designated Care Homes with Nursing, and specified GP practices.
- Successful recruitment of Nurse Practitioners and GPs together with enhanced use of paramedic practitioners.
- Completion of a pan BCU baseline assessment in preparation for 111*. Installed and operationalised the new software to capture calls waiting (prior to being answered) which offers the opportunity to better understand the patient experience and clinical risk.

An Internal Audit Review of GP OOH standards has been approved by the Audit Committee, to be carried out by 1.7.16.

