

Health and Social Care Committee

Meeting Venue:
Committee Room 3- Senedd

Meeting date:
7 November 2013

Meeting time:
09:15

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

(Pre-meeting 09:15 – 09:30)

1 Introductions, apologies and substitutions

2 Inquiry into the work of Healthcare Inspectorate Wales: Evidence from Healthcare Inspectorate Wales (09:30 – 11:00) (Pages 1 - 97)

Kate Chamberlain, Chief Executive

Mandy Collins, Deputy Chief Executive

Alyson Thomas, Deputy Director of Service Reviews and Organisational Development

(Break 11:00 – 11:15)

3 Factual briefing on the future of regulation and inspection of care and support in Wales White Paper (11:15 – 12:15) (Pages 98 - 104)

David Pritchard, Head of Regulation and Workforce Development

Emma Coles, Head of Social Services Regulation and Inspection

(Lunch break 12:15 – 13:00)

4 Inquiry into the work of Healthcare Inspectorate Wales: Evidence from the Minister for Health and Social Services (13:00 – 14:00) (Pages 105 - 109)

Mark Drakeford, Minister for Health and Social Services

Grant Duncan, Deputy Director, Directorate for Public Health

Janet Davies, Specialist Advisor, Quality & Patient Safety

5 Papers to note (Pages 110 - 116)

Letter from the Deputy Minister for Social Services: Revised Legislation Consent Memorandum on the Care Bill – reciprocal arrangements for local authorities in Scotland (Pages 117 - 118)

Letter from the Minister for Health and Social Services: follow-up information from the 9 October meeting on unscheduled care – preparedness for winter 2013/14 (Pages 119 - 143)

Letter from the South Wales Plan Programme Board: further follow-up information from the 3 October meeting on local health board service reconfiguration (Pages 144 - 147)

6 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting and for agenda items 1 and 2 of the meeting on 13 November

7 Consideration of the Committee's proposed inquiry into addiction to prescription and over the counter medicines (14:00 – 14:15) (Pages 148 - 153)

8 Consideration of supplementary Legislative Consent Memorandum: Care Bill (14:15 – 14:30) (Pages 154 - 165)

Agenda Item 2

Document is Restricted

**Health and Social Care Committee
Inquiry into the work of Healthcare Inspectorate Wales (HIW)**

Evidence from Healthcare Inspectorate Wales

1. Introduction

HIW was established in 2004 as the inspectorate of healthcare in Wales. Since then it has taken on a range of new functions:

2006	Independent healthcare Statutory supervision of midwives
2007	Clinical reviews of deaths in prison Homicide investigations Nurse agencies Ionising Radiation (Medical Exposure) Regulations Youth Offending Teams
2008	Substance misuse
2009	Responsibilities from MHAC Registration of private dentists Deprivation of liberty safeguards
2011	New regulations for independent healthcare

Each of these new functions has reinforced the fundamental role of HIW as the lead inspectorate for healthcare in Wales.

The existence of a dedicated healthcare inspectorate has a number of advantages

- Recognises the complexity of the services and settings to be inspected
- Builds on-going relationships with professional bodies which enables specialist knowledge to be utilised to underpin the inspection process
- Ensures our work is grounded in a strong contextual understanding of the healthcare sector

However, the model is not without its challenges as there will inevitably be interfaces with the responsibilities of other review bodies. Effective collaboration can overcome most of these challenges and a particular focus during the coming year will be on how future inspection arrangements might need to develop to reflect the direction of travel towards more integrated care.

The role and purpose (included at Annex A) on which HIW is based remains sound, but we have been reflecting on the Francis Inquiry into Mid Staffordshire NHS Trust; the Keogh Report; and the challenges facing healthcare in Wales to assess whether the expectations of what we should deliver are clear and are capable of being met. It is clearly important that HIW considers the implications for its activity and has begun to do so. It is planned to publish a business plan later in the autumn for public consultation that will set out our response.

- 2. The effectiveness of HIW in undertaking its main functions and statutory responsibilities**
- 3. The investigative and inspection functions of HIW, specifically its responsibility for making sure patients have access to safe and effective services and its responsiveness to incidences of serious concern and systemic failures**

The approach taken by HIW to delivering its functions is rooted in a strong values and ethics base which has led to some clear strengths. In particular:

- Our inspection activity is clearly focused around the needs of priority issues and vulnerable groups, for example our inspections of Dignity and Essential Care (DECI), Cleanliness and Infection Control, Mental Health and Learning Disability services
- We use a range of approaches to inspection and review which enable us to get to the heart of the issues, ranging from the use of validated self-assessment, direct inspection, through to supported peer review
- Our teams of reviewers are designed to be appropriate to the issue being examined and can include a mix of HIW Inspectors, lay reviewers and specialist peer reviewers. This helps to ensure that the interests of patients are reflected and that the findings of the review have professional credibility
- We test what we are told through direct observation and through discussions with relatives, patients and staff
- We ensure that we get a full and accurate picture of the care received by patients by conducting inspections unannounced, out-of-hours and at weekends
- Where appropriate we undertake joint reviews with other inspectorates to ensure efficiency and effective utilisation of skills; for example our work with the Prison and Probation Ombudsman to undertake clinical reviews of deaths in custody and our work with Her Majesty's Inspectorate of Probation to review health aspects of Youth Offending Teams.
- We are commissioned by the Welsh Government to review the circumstances where service users known to mental health users are involved in a homicide

We also adapt our work programme to accommodate targeted reviews where concerns are identified; for example the programme of reviews of independent learning disability and mental health providers following Winterbourne View, and governance reviews such as that of Betsi Cadwaladr University Health Board. In undertaking such reviews we work jointly with other regulators and inspectors where it is appropriate to do so.

Our business plan in the autumn will also identify areas for further development.

4. The overall development and accountability of HIW, including whether the organisation is fit for purpose

HIW has been particularly effective in maximising the impact of its capability and capacity through collaboration; drawing on the work of others where appropriate; and more recently through supporting the introduction of peer review in cancer and palliative care services. The utilisation of panels of lay and peer reviewers has also provided a cost-effective way of ensuring that patients are kept at the heart of our work and that specialist expertise informs the work that we do.

However, in line with other parts of the public sector HIW has faced financial challenges. The organisation has also experienced high levels of vacancies which have proved difficult to fill. This has made it difficult for HIW to contribute as consistently and effectively across the full range of responsibilities as it might.

The role and purpose of the organisation remains sound and the organisation is already employing approaches which draw directly on the experiences of patients. However, the environment in which HIW operates is undergoing significant and rapid change. The scale of the challenges facing healthcare in Wales, the rising expectations and scrutiny of healthcare regulators and inspectors, has led to a fundamental stocktake of the capability and capacity required by HIW to deliver against its range of functions. This stocktake is being captured in the business planning process and as stated above the results will be published later in the Autumn. This will show the organisation's strengths as well as areas where it needs to develop further.

Although technically part within the Local Government and Communities Department of the Welsh Government HIW is, quite rightly, independent from Ministers, particularly those responsible for Health and Social Services. This independence is protected by a protocol between Welsh Ministers and the Chief Executive of HIW. This arrangement has so far proved effective. An area where governance could be strengthened is by the addition of a Strategic Advisory Board which would provide scrutiny and challenge to the work of HIW as well as acting as a champion for HIW where appropriate. There are plans to develop proposals for such a Board in the coming months.

5. The effectiveness of working relationships focusing on collaboration and information sharing between HIW, key stakeholders and other review bodies

HIW has a strong history of close and collaborative working with others. Within Wales, HIW is a signatory to the *Concordat for Health and Social Care* and the *Working Collaboratively to Support Improvement : A Strategic Agreement*. More broadly across the UK and beyond, HIW maintains good links with UK and European regulatory bodies, helping to ensure our work is both informed by and influences the development of effective inspection, investigation and regulatory practice.

Within this framework, HIW:

- Contributes to the further development of the professional practice of inspection, audit and regulation by sharing inspection tools and other resources; jointly developing and accessing shared learning and development provision; and participates in peer review activity;
- Participates in both routine and thematic joint work such as our work with the Criminal Justice Inspectorates and the Prison and Probation Ombudsman (PPO) to support their reviews of Youth Offending Teams and Welsh Prisons; and our ongoing joint work with CSSIW to report on our findings in respect of the application of the Deprivation of Liberty Safeguards across health and social care. In terms of thematic work, one of the most recent examples is HIW's joint review of the Governance of Betsi Cadwaladr University Health Board which was carried out in response to common and serious concerns;
- Regularly shares intelligence and information on the quality and safety of healthcare services in support of the development of a more proportionate and integrated approach to the provision of public assurance. One of the key ways in which we do this is by facilitating an annual programme of meetings, each one focusing on a

specific welsh NHS organisation in which external review bodies come together to share intelligence.

HIW also works together with NHS local health boards and trusts; independent healthcare providers and Welsh Government policy officials to create a common understanding of what we can do collectively to improve healthcare in Wales by:

- Encouraging healthcare organisations to strengthen their own governance and assurance arrangements so that they '*get things right*' first time through better self assessment and targeted self improvement
- Engaging and involving clinicians and other healthcare professionals directly in our work programmes, eg., as 'peer' members of our review teams or by providing advice on the scope and approach to our work programmes. In this way we hope to contribute to healthcare professionals 'continuing professional development' and facilitate the transfer of learning back into healthcare organisations.
- Leading the development of more effective peer review arrangements. The introduction of Peer Review 'lite' in Wales has involved working with senior cancer and palliative care clinicians from across Wales to identify the fundamental standards against which the approach should be developed

HIW considers these arrangements to be generally well developed overall

6. Consideration of the role of HIW in strengthening the voice of patients and the public in the way health services are reviewed.

HIW aims to work closely with patients, service users, carers, their families and the public more generally. This helps us to understand people's needs and preferences, to learn from their experiences of health services and to promote openness and transparency about the quality of healthcare. We involve citizens directly in our work by:

- Consulting on our overall plans and work programmes;
- Seeking views and perspectives on specific aspects of healthcare, or within particular communities and areas in Wales;
- Working with patients, service users, carers and their families or representatives to review or develop new approaches to our work;
- Including members of the public as 'lay' reviewers within our review teams; and
- Providing information on the quality and safety of healthcare through the publication of our reports.

However, there is a need to build upon and further strengthen our existing arrangements. For example, action is underway or has been planned, to:

- complete a recruitment, induction and training process for new lay reviewers
- further develop our links with third sector organisations to cover the widest range of participation, including older people, people with a disability, carers and children's services
- establish improved ways of working directly with carers, service user and patient representatives to ensure we are better able to gain their views and further strengthen their participation in our work
- further enhance our working relationship with Community Health Councils nationally and locally
- improve our website and the accessibility of information to the public and stakeholders.

7. Safeguarding arrangements, specifically the handling of whistleblowing and complaints information.

HIW recognises the potential vulnerability of anyone accessing healthcare services and we have a specific statutory responsibility to safeguard and promote the rights of children. Our work programmes, inspection tools and work practices focus on the extent to which healthcare service organisations provide appropriate support to individuals during their involvement with health services. We deliver a number work programmes that focus on ensuring the well being and human rights of individuals from specific service user groups are safeguarded; such as our mental health act monitoring service; as well as focused work programmes designed to respond to concerns in key service areas, e.g., services for people with learning difficulties and services for older people.

We are a “prescribed body” under UK whistle blowing laws.

HIW’s statutory role does not routinely include investigating individual concerns or complaints received by patients or the wider public about the particular circumstances of an individual patient’s care and treatment. Nor does it have a specific role with regard to individual complaints about professional misconduct, change to service configurations or specific matters which are subject to legal process.

The exception to this may be complaints from people (or their representatives) whose rights are restricted under the Mental Health Act and other relevant laws about the way healthcare staff have used their powers.

HIW may also receive information on complaints from other agencies/bodies with a role in the review of healthcare provision, for example the Public Services Ombudsman for Wales and Community Health Councils.

However, even though we cannot normally investigate an individual concern or complaint about health services, we may follow up issues raised by an individual concern if there is a possibility of wider, systemic issues within an organisation.

HIW takes very seriously any concerns raised with us that indicate the decisions and actions of a healthcare provider may have an adverse impact on the quality and safety of healthcare provision. Where this is the case, we determine what action may be needed (taking account of the nature of the disclosure or concern or the number of similar concerns received about a health service) and whether or not we are best placed to take forward any such action. In making such a determination, we take into consideration whether the concerns raised may have already been subject to earlier scrutiny by other public bodies.

We will be developing our arrangements in this area to foster a greater public awareness of our role in relation to concerns and complaints; and to ensure that our intelligence systems provide sufficient early warning of themes and trends that may require specific action.

Purpose

HIW is the lead independent inspectorate for healthcare in Wales. Its purpose is

To provide independent and objective assurance on the quality, safety and effectiveness of healthcare services making recommendations to healthcare organisations to promote improvements

Our role

- To independently inspect and report on the quality and safety of the provision of healthcare by NHS bodies in Wales
- To inspect and regulate independent healthcare providers in Wales
- To discharge specific statutory responsibilities on behalf of Welsh Ministers
- To provide independent and objective information to patients and the public

The outcomes we seek to influence

- Citizen experience of healthcare is improved
- Citizens are able to access clear, timely, honest information on the quality, safety and effectiveness of healthcare services in Wales
- Citizens are confident that inspection and regulation of the healthcare sector in Wales is sufficient, proportionate, professional, co-ordinated, and adds value

Our values

Central to everything we do, our values establish the fundamental principles that govern the way we carry out our work. They are:

- *Centred on patients, service users and citizens*
- *Openness and honesty*
- *Collaboration, sharing our experiences amongst ourselves and with other review bodies*
- *Efficiency, effectiveness and proportionality in our approach*
- *Supporting and encouraging learning, development and improvement*
- *Professionalism*
- *Driven by intelligence*

**National Assembly for Wales - Health and Social Care
Committee**

Inquiry into the Work of Healthcare Inspectorate Wales

Supplementary Submission by Healthcare Inspectorate Wales

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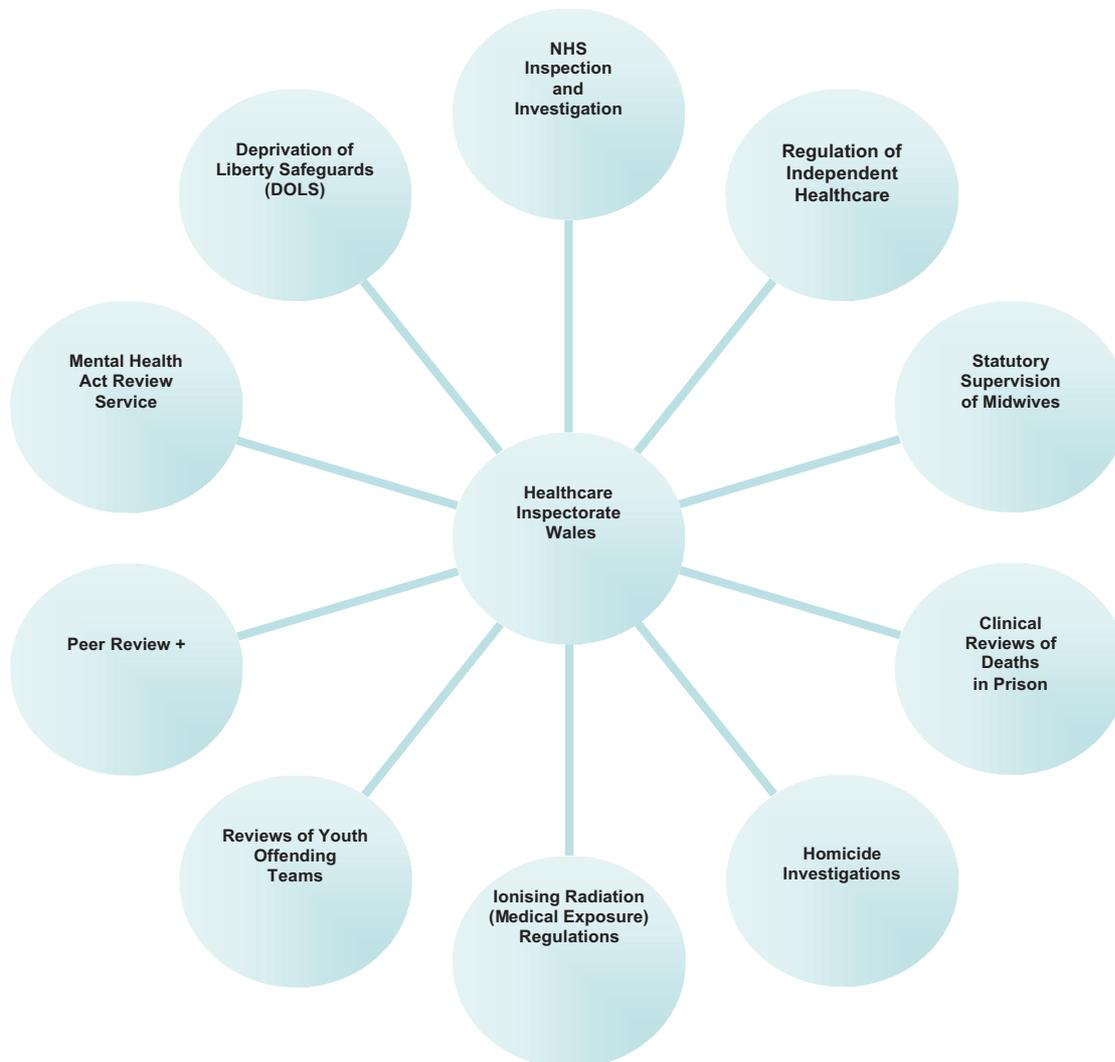
- Document 1** **Summary of HIW's work and responsibilities, including details of work undertaken over the past 5 years**
- Document 2** **Approaches taken to the follow up of inspection work carried out by HIW**
- Document 3** **Case Studies illustrating how HIW has delivered its functions**
- Document 4** **HIW's forward work programme 2013-2014**

Document 1

Summary of HIW's work and responsibilities, including details of work undertaken over the past 5 years

HIW's work and responsibilities

Our work and responsibilities are wide ranging and as at 1 November 2013 include:



Over the past five years we have gained new responsibilities and lost others; these changes are detailed in the sections that follow.

When undertaking these functions we aim to ensure that

- We inspect against a range of recognised standards, policies, guidance and regulations and recognised best practice
- We focus on how well those who may be in vulnerable situations are safeguarded

- We identify where services are doing well and highlight areas where services need to be improved
- We investigate where there may be systemic failures in delivering healthcare
- We take immediate action if we determine that the safety and quality of healthcare does not meet required standards
- We inform patients, service users and the public about the standards of healthcare in Wales
- We drive improvement through shared learning

Our people

We have a staff complement of 58 most of whom are located in our Inspection, Investigation, Regulation, Local Supervising Authority (LSA), and Knowledge Management Teams.

To support our core workforce, we work with a panel of external reviewers, health and social care professionals and members of the public.

Under these arrangements, people who have specialist experience of providing health services from Wales and beyond and those who have experience of accessing healthcare services, whether as patients, service users or carers take part in our activities.

Our external reviewers may be sourced through:

- Targeted appointment of peer healthcare staff direct from Local Health Boards and Trusts
- Nomination and appointment of suitable specialist expertise via the Academy of Royal Colleges, individual Royal colleges and professional regulatory bodies
- Contracted arrangements for the provision of specialist expertise to advise upon or carry out review work
- Other Welsh and UK Inspection, Audit and Review bodies' arrangements;
- Our own targeted recruitment in certain key specialist areas
- Partnership arrangements with Third Sector and other representative bodies to access people who use services and their carers and families
- Working with the Board of Community Health Councils or individual CHCs

Working With Others

Involving and Engaging Citizens in Wales

We aim to work closely with patients, service users, carers, their families and the public more generally. This helps us to understand people's needs and preferences, to learn from their experiences of health services and to promote openness and transparency about the quality of healthcare.

We do this by:

- Including members of the public as '*lay reviewers*' within our review teams
- Working with patients, services users, carers, their families and representative groups to develop new approaches to our work
- Seeking views and perspectives on specific aspects of healthcare, or within particular communities and areas in Wales
- Consulting on our overall plans and work programmes
- Providing information on the quality and safety of healthcare through the publication of our reports.

We also work with third sector and representative organisations to help ensure that the views of specific service user groups, in particular those who may be seldom reached, inform and influence what we do and how we do it.

Working with policy-makers and service providers

We actively participate in conferences, working groups and development activities in order to create a common understanding of what we can do collectively to improve healthcare in Wales.

We actively encourage secondments and placements of healthcare staff to work as part of our inspection teams in order to support their own professional development and to support sharing of practice across health providers.

Working with other inspectors and regulators, professional bodies and improvement agencies

Across the UK and Beyond

Through our continued commitment and active involvement in the work of the ‘*UK and Ireland Five Nations Group*¹’ of health and social care regulators, the ‘*UK Heads of Inspectorates Forum*’ and the ‘*European Platform for Supervisory Organisations (EPSO)*²’, we ensure our work is both informed by and influences the development of effective inspection, investigation and regulatory practice in health and social care.

We liaise with health professional bodies and regulators such as the Academy of Medical Royal Colleges in Wales³, General Medical Council (GMC)⁴ and Nursing and Midwifery Council (NMC)⁵ both to access professional expertise to help us in the conduct of our work and to influence and be informed by the development of professional standards and clinical practice.

Over the past few years HIW has been working with the GMC and members of the Welsh Revalidation Delivery Board to support and facilitate the development of new arrangements established by the GMC for the revalidation⁶ of all doctors in the UK. HIW has also worked with the Deanery to pilot the development and implementation of an assurance framework for appraisal.

¹ The UK and Ireland ‘*Five Nations*’ group of health and social care regulators comprises representation from the Care Quality Commission (CQC) for England; Healthcare Improvement Scotland (HIS); Healthcare Inspectorate Wales (HIW), the Regulation and Quality Improvement Authority (RQIA) for Northern Ireland and the Health Information and Quality Authority for Ireland.

² Established in 1996, EPSO is a European network of officials who have a duty to supervise and monitor the quality of health care in their countries. It aims for a better co-operation on quality of inspection, supervision and monitoring in health services and social care.

³ Academy of Medical Royal Colleges in Wales - has a leading role in the areas of Doctors’ revalidation, training and education and aims to speak with a clear and sure voice on generic health care issues for the benefit of patients and healthcare professionals.

⁴ General Medical Council (GMC) – an independent, statutory, UK wide body which registers and regulates doctors practising in the UK.

⁵ Nursing and Midwifery Council (NMC) – an independent, statutory body which registers and regulates nursing and midwifery practicing in the UK.

⁶ Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.

In Wales

HIW, Care and Social Services Inspectorate Wales (CSSIW), Estyn (Her Majesty's Inspectorate for Education and Training in Wales) and the Wales Audit Office (WAO) are the four main inspection, audit and review bodies in Wales. Within the framework of a Strategic Agreement⁷, we work closely together to ensure that we all play an active role in improving public services in Wales.

We are committed to closer working with the Board of Community Health Councils, as evidenced by the joint funding of a post in 2012-2013 to consider ways in which greater collaboration could be achieved between our two organisations. We will be taking further actions during 2013-2015 to implement some opportunities identified.

Wales Concordat Cymru⁸

HIW was instrumental in the establishment and ongoing support of the Wales Concordat between bodies that inspect, regulate, audit and improve health and social care services in Wales. HIW currently holds the Chair. The Concordat is now being updated with leadership from the GMC and this exercise will also inform our current work to clearly describe the external assurance framework for the NHS.

Healthcare summits

Each year HIW facilitates an annual programme of healthcare summits, each one designed to focus on a particular NHS health board or Trust in Wales. The summits involve bodies working across Wales who are responsible for healthcare inspection, audit, regulation and improvement.

These summits provide us a valuable opportunity to share and test the information and intelligence we hold about NHS organisations to establish an overarching, cohesive assessment that drives our respective plans.

Memoranda of Understanding

We work together and share information with many partner organisations in line with the framework established within our Memoranda of Understanding and Information Sharing Protocols.

⁷ The four main inspection, audit and regulation bodies in Wales signed an agreement in 2011 to boost joint working.

⁸ The Wales Concordat is a voluntary agreement between inspection, external review and improvement bodies working in health and social care in Wales
<http://www.walesconcordat.org.uk/>

How we target our work

The development of our work programme and our decisions on what we should look at, when and how, takes into account a wide range of considerations:

- The fact that some services, by their very nature, always carry risks, either because of the potential vulnerability of the client group or the complex nature of the service
- Our knowledge of a particular service or organisation indicated areas of concern or worrying trends, perhaps as a result of concerns or complaints received
- The outcomes from our previous work identified areas where further work was needed
- Intelligence we have received from other bodies, or the outcomes from other review work
- The service or issue may have been a recognised national priority for healthcare services
- There may have been new standards or quality requirements against which service provision could be assessed to identify improvements
- There may have been a recognised inequality in the provision of healthcare services, or a high proportion of the population may have been affected
- Performance data may have indicated variations in quality or areas of major risk affecting particular sections of the community or areas of Wales
- There may have been significant or increasing public concern
- The impact of our work may be maximised through joint working with other inspection, audit or review bodies

Over the last five years this has led to

- Routine regulation, inspection and assurance work designed to fulfil our statutory responsibilities and other priorities
- A number of all Wales reviews targeted at areas of special interest
- Follow up work from earlier reviews and inspections
- On-going work with others to inform and influence policy and practice

Our Toolkit of Approaches

We develop and adopt a range of approaches to enable us to effectively assess the quality and safety of healthcare provision. In doing so we seek to take a human rights based approach to all our work and to embed active consideration of equality issues in our inspection and investigation tools and techniques.

Our approaches include:



WORK UNDERTAKEN DURING THE LAST FIVE YEARS

When assessing the quality and safety of healthcare provision over the last five years, we have sought to answer three key questions:

- Are healthcare organisations in Wales fit for purpose?
- Are patients and service users in potentially vulnerable situations safeguarded?
- Are patients and service users being cared for by suitably trained and qualified staff?

These questions run throughout the programme of work described below.

1) Assessment against **Doing Well Doing Better: Standards for Health Services in Wales and the earlier Healthcare Standards for Wales**

Between 2007 and 2010, NHS organisations were required to carry out annual self-assessments against the standards and to make a public declaration about their performance. HIW's role was to test and validate these assessments.

Performance was tested in three distinct areas that related to domains in the standards:

- the experience of users: *what is this like and is it improving?*
- operational and clinical outcomes: *how is compliance with the standards ensured within services and on hospital wards?*
- corporate issues: *how well do the boards of NHS organisations ensure compliance with the standards?*

Each organisation was judged as reaching one of five levels of maturity:

aware, responding, developing, practising or leading.

During 2008-2009, we made unannounced visits to every Welsh NHS Trust, concentrating on Accident and Emergency (A&E) Departments, Minor Injuries Units, Paediatric Wards, Elderly Mental Health Wards, Medical Wards and Medical Assessment units. We also visited a sample of eighty five GP practices across Wales:

Our assessment for 2008-09 focused on:

- **Child protection** - as the Baby Peter case had highlighted significant concerns about services in England;

- **Protection of Vulnerable Adults** - as our previous reviews had highlighted this as an area where more work is needed; and
- **Dignity and respect issues** - as these are fundamental to patients'/service users' experience and matter to us all

by looking in detail at 10 of the 32 Standards, concentrating on the user experience and the environment of care.

Our Assessment Approach for 2009-10

Recognising the introduction of the new health boards in October 2009, and looking ahead to the replacement of the Healthcare Standards in April 2010, we took a different approach to assessment for 2009-10. For the period April to September 2009, we prepared 'Legacy statements' in respect of each of the outgoing organisations and presented these to the leaders of the newly integrated bodies.

From October 2009 to March 2010, rather than conducting a specific 'once a year' exercise, we instead used the results of our overall programme of work carried out during the six months from October 2009 to March 2010 to inform our assessment of how well the new health boards performed against the Standards.

Our Assessment Approach since April 2010

Following a major review by the Welsh Government of the Healthcare Standards for Wales in 2009-10, revised standards - *Doing Well, Doing Better, Standards for Health Services in Wales* - were launched on 1 April 2010.

The approach to assessment of the new standards, developed by HIW together with the NHS seeks to place accountability for driving improvement where it belongs, with the Boards of NHS organisations. At a corporate level, the self assessment requires Boards to collectively consider and assess their organisational fitness for purpose and report on the outcome of their assessment as part of the organisation's Annual Governance Statement.

Our annual inspection programme, special reviews and investigative work are used to inform our assessment of how well organisations are doing against the standards. Discussions at Healthcare Summits test and probe each NHS organisations self assessment identifying areas where the Board's view of their organisational maturity differs from that of the audit, review and regulatory bodies present.

The common themes arising from our annual assessment process were fed back formally to organisations via management letter and in our 2010-2011 Annual Report. The Welsh Government's response to the Francis Inquiry earlier this year set out its intention to refresh the *Doing Well, Doing Better* Standards and discussions are ongoing with policy leads in this regard.

2) Reviews of Organisational Governance Arrangements

Cwm Taf Health Board

In **March 2012**, HIW published a report of its review of the governance and accountability arrangements Cwm Taf Health Board has put in place to ensure the quality and safety of patient care.

Taking account of the governance challenges already identified by NHS Boards in Wales through their *'Doing Well, Doing Better'* self assessments, the review looked at the particular issues facing Cwm Taf Health Board and made a number of recommendations. These mirrored many of the issues facing health boards across Wales, centred on:

- The role and operation of the main Board, its committees and its non-officer members
- Communication of the organisation's vision and objectives, and partnership involvement
- The role played by the Executive Board, supporting organisational structure, clinical teams and leadership, and staff development and appraisal
- Managing risk
- Access to information, and the effectiveness of challenge, scrutiny and monitoring performance
- Handling patient complaints, concerns and claims
- Trend analysis, action planning and sharing learning

Although focused on Cwm Taf Health Board, our scrutiny of this particular organisation raised a number of learning points which were also relevant to NHS and wider public service organisations across Wales. We therefore worked with the Welsh Government, Wales Audit Office and development agencies such as the then National Leadership and Innovation Agency for Healthcare in Wales (NLIAH) to ensure that learning took place at an all Wales level.

Betsi Cadwaladr University Health Board

Work undertaken by the WAO and HIW at the end of 2012 highlighted a number of challenges to Betsi Cadwaladr University Health Board (BCUHB) around governance, accountability and service delivery issues. These were reported to the Board in the WAO's 2012 Structured Assessment findings and Annual Audit Report and in HIW's review of patient care at Glan Clwyd Hospital. They were further reflected in a quality and safety review that HIW has been undertaking during late 2012/ early 2013.

Following consideration of the concerns jointly held by HIW and the WAO, it was decided to commence a single review of BCUHB's Governance Arrangements. This review was to consider:

- The effectiveness of the Board and its sub-committees
- Organisational structure and lines of internal accountability
- Strategic vision and service reconfiguration
- Stakeholder engagement
- Organisational culture
- Performance against key targets and indicators of service quality and efficiency
- Performance management and monitoring
- Financial management and sustainability

3) Regulation of the Independent Healthcare Sector in Wales

Through registration and inspection we regulate the independent healthcare sector in Wales in line with the requirements of the Care Standards Act 2000 and associated Regulations and the National Minimum Standards for Independent Health Care Services in Wales⁹.

We inspect independent healthcare settings using a range of our routine inspection programmes. These included; dignity and essential care inspections (DECI) and cleanliness spot checks, as well as a specific programme targeted at independent settings who provide services for people with learning difficulties and mental health services.

As with NHS organisations, we monitor independent healthcare providers, taking into consideration the information and intelligence we received from a variety of sources.

The table below includes follow-up visits where concerns warranted such action. In addition, as part of follow up, action meetings were also held with providers and commissioners as well as a number of national workshops.

⁹ The National Minimum Standards for Independent Health Care Services in Wales - A statement of national minimum standards applicable to independent hospitals, independent clinics and independent medical agencies made by the Minister for Health and Social Services of the Welsh Government under powers conferred by section 23(1) of the Care Standards Act 2000. The National Minimum Standards were revised in April 2011. The current Standards can be accessed at <http://www.hiw.org.uk>

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
New registrations	1022	219	151	130	98
Changes to registrations	3	15	10	7	6
De-registrations	12	15	117	95	90
Number of inspection visits	54	53	61	19	10 (+26)*

*26 visits to unregistered providers

New regulations came into effect on 1 January 2009 requiring all dentists who provide any level of private dentistry to be registered with HIW. As can be seen from the table above, this impacted greatly on the number of new registrations that occurred in 2009-2010.

One of the key elements of our on-going monitoring activity was our review of notifiable events or serious untoward incidents required to be notified to us throughout the year. Registered persons¹⁰ must by law notify us about specified events or incidents that may directly affect the safety of patients¹¹. The number and type of notifiable events received and monitored by HIW **since 1 January 2012** are set out below.

¹⁰ A person who is the registered provider (a person who runs a service on their own) or the registered manager of an establishment or agency.

¹¹ Regulation 27 of the Independent Health Care (Wales) Regulations 2002 provided for the notification of events or incidents that may directly affect the safety of patients. The new Independent Health Care (Wales) Regulations 2011 came into force on 5 April 2011. They replaced the 2002 regulations and Regulation 27 notifications are now known as regulation 30/31 notifications. Further information on the requirements on independent healthcare registered providers and managers in this respect may be accessed at www.hiw.org.uk

Type of Event	Total	Average per month	Average per year
Death of a patient in a hospice	1204	54.73	656
Death of a patient (excluding hospices)	15	0.68	8
Unauthorised Absence	90	4.09	49
Serious Injury	86	3.91	46
Outbreak of an Infectious Disease	6	0.27	3
Allegation of staff misconduct resulting in actual or potential harm	67	3.05	36

4) Inspections focussing on matters of Dignity and Essential Care

In **2008-2009** HIW started to take forward a rolling programme of unannounced visits focusing on dignity and respect. Building on this earlier work, and taking account of a number of external reports published by organisations such as The Patients Association, Public Services Ombudsman for Wales, Older People's Commissioner for Wales and Wales Audit Office as well as the views of the public, in **2011** we introduced an updated programme of unannounced spot checks called Dignity and Essential Care Inspections (DECI).

These visits focused on the essential care, safety, dignity and respect that patients received in hospital specifically covering:

- Patient environment
- Staff attitude/behaviour/ability to carryout dignified care
- Care planning and provision
- Pressure Sores
- Fluid and nutrition
- Personal care and hygiene
- Toilet needs
- Buzzers
- Communication
- Medicine management and pain management
- Records management

- Management of patients with confusion
- Activities and stimulation
- Discharge planning

In **2011-2012** we extended our visit programme to include weekends as well as week days, and in **2012-2013** we included evening and night time visits. We continued to focus our attention on older patients, as research showed this group may feel particularly vulnerable during a hospital stay.

Type of activity	Financial year				
	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
DECI Inspections	*200	0	5	8	3 (a further 8 planned)

*Between March and April 2009, we made unannounced visits to every Welsh NHS Trust, concentrating on Accident and Emergency (A&E) Departments, Minor Injuries Units, Paediatric Wards, Elderly Mental Health Wards, Medical Wards and Medical Assessment units. We also visited a sample of **eighty five GP practices** across Wales. These visits which were carried out as part of our Healthcare Standards assessment work focused on matters of dignity and respect.

During **2013-2014** this inspection programme is subject to enhancement and further development including:

- Reviewing the DECI ward based tools, including mapping the tools to the Francis Report, making clear links to the specific fundamentals of care areas, and updating DECI documentation in accordance with reviewer feedback
- Developing the DECI processes to make clear the links and reference to patient safety alerts and how patient safety data is used in DECI Engaging with stakeholders such as Diabetes UK to scope areas of improvement, potential additional intelligence sources, and additional modules to cover areas such as diabetic care and therapeutic input on long stay wards

5) Inspections focussing on the environment of care

HIW introduced unannounced infection control inspections to its routine inspection portfolio in **2006-07**. They were introduced in response to growing public concern about MRSA, C. difficile and norovirus. HIW was the first UK inspectorate to introduce this type of unannounced inspection which uses pictorial evidence to support findings.

The tool used for hospital cleanliness spot checks is based on the Infection Control Nurses Association (ICNA) tool. The approach adopted relies on direct observation, staff questioning and the review of key documents. The review team includes an infection control nurse and lay reviewer.

All visits are unannounced. There is immediate feedback to senior management at the end of the visit and organisations are required to provide us with an action plan detailing how they intend to address any issues and areas of concern identified within two weeks of the publication of our report.

Our review teams visited a variety of wards providing services such as general medical, general surgery, maternity and gynaecology.

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Infection Control Inspections – wards/units visited	182*	22	25	2	0 (16 planned)

*As part of an all Wales review of Diarrhoea and Vomiting we visited 23 hospitals and 170 wards and units across Wales. Management letters were issued to each of the then 9 trusts

During **2013-2014** this inspection programme is subject to enhancement and further development including:

- Development of the infection control tool kit to ensure a greater focus on infection control rather than cleanliness
- Enhancing the inspection process to mirror the process followed for our DECI inspections

- Expanding modules to include a focus on theatres; radiology; C.Difficile and MRSA

6) Learning Difficulty Visits

In May 2011, the BBC broadcast a programme that highlighted abuse and ill-treatment of individuals with learning difficulties, residing at an independent hospital in Bristol. The programme gave rise to great public concern. As a result HIW decided to bring forward our programme of reviews of independent hospitals providing learning difficulty and mental health services.

The focus of the reviews was to ensure that individuals accessing such services were:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plans
- Supported to be as independent as possible
- Allowed and encouraged to make choices
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so

Unannounced visits were undertaken to all registered independent mental health hospitals in Wales. These visits were undertaken at various times of the day, including over the weekend, at night and in the early mornings so that our inspectors' view of the care provided was as objective and holistic as possible.

Our reviews did not highlight the issues of bullying and cruelty identified by the Panorama programme, but a number of areas for improvement were identified and have resulted in a targeted programme of follow up.

Following each visit we met with the Registered Manager and key staff to provide immediate, initial feedback and highlight significant issues requiring action. Where necessary, we followed these meetings with an urgent action letter detailing any regulatory breaches and clearly setting out what action was needed to ensure patient safety and regulatory compliance. We required all organisations we visited to submit an action plan. We also shared our findings with those who commission services from the independent providers we visited.

20 unannounced inspection visits have been carried out since 2011 covering all independent mental health hospitals in Wales. These figures are included in the number of inspection visits given in Section 3).

7) Mental Health Act review service

Since 2009, HIW has been responsible for monitoring the implementation and application of the Mental Health Act 1983 (the Act) on behalf of Welsh Ministers. The role is fundamental to our commitment to protecting those who are most vulnerable.

The main purpose of the Mental Health Act 1983 (the Act) is to allow for compulsory care, treatment and action to be taken, where necessary, to ensure that an individual with a mental disorder gets the care and treatment they need for their own health and safety or for the protection of other people.

Under the Act individuals can be detained in hospital or be required to live in the community, subject to certain conditions as set out in a Community Treatment Order (CTO) or under Guardianship. In some circumstances they can be given treatment to which they have not consented or do not have the capacity to consent. For some people detention under the Act can last for significant periods of time.

The Act has serious consequences for the human rights of individuals who are subject to its powers. It is therefore clear as to the processes that must be followed when consideration is being given to detaining an individual, and when an individual is subject to a detention or restrictions. The Act, together with the accompanying Code of Practice sets out safeguards that are intended to ensure that individuals are not inappropriately detained or treated without their consent.

Our overall aim is to ensure that those detained under the Mental Health Act have a voice and are supported and empowered as far as possible to make decisions over their care and treatment.

HIW have a panel of experienced Mental Health Act reviewers (reviewers) who transferred in from the Mental Health Act Commission. They undertake a rolling programme of both announced and unannounced visits to mental health providers.

The focus of the reviewers is on ensuring that everyone receiving care and treatment in Wales who is subject to the provisions of the Mental Health Act 1983:

- is treated with dignity and respect
- receives ethical and lawful treatment
- receives the care and treatment that is appropriate to his or her needs
- is enabled to lead as fulfilled a life as possible.

Our reviewers visit and talk to individuals who are subject to restrictions made under the powers of the Act. These discussions are held in private and only take place when the individual consents. The Reviewer explores the individual's views on their care and treatment and will ensure that they understand their rights and the reasons for the restrictions placed on them. In addition, Reviewers will check all records and paperwork related to the restrictions placed on the individual and ensure that the requirements set out in the Act and the Code have been met. Any concerns are escalated immediately and are followed up in writing.

Visits are in the main unannounced. There is immediate feedback to senior management at the end of the visit and organisations are required to provide us with an action plan detailing how they intend to address any issues and areas of concern identified.

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Mental Health Act Visits	91	85	52	25	27

8) The Second Opinion Appointed Doctor Service

The Second Opinion Appointed Doctor (SOAD) service appoints independent doctors to give a second opinion as a safeguard for patients who either refuse to give consent for certain treatments or are incapable of giving consent. The role of the SOAD is not to give a second clinical opinion in the conventionally understood medical form of the expression, but to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient.

HIW is responsible for managing the SOAD service in Wales. Upon receipt of a SOAD request we aim to ensure that a visit takes place within:

- Two working days for a Electroconvulsive Therapy (ECT)¹² request

¹² A form of medical treatment for mental disorder in which seizures are induced by passing electricity through the brain of an anaesthetised patient; generally used as a treatment for severe depression.

- Five working days for an inpatient medication request and
- 10 working days for a Community Treatment Order (CTO)¹³ request

Historically, HIW has experienced some difficulties allocating SOAD requests in accordance with our timescales in West Wales, and so earlier this year we recruited a new Lead SOAD and have set in train plans to recruit further SOADs to cover the west of Wales.

Section 299 of the Health and Social Care Act 2012 came into force on **1 June 2012** in both England and Wales. This means that patients who are subject to a Community Treatment Order (CTO) will no longer require a SOAD to authorise treatment, with the responsibility instead becoming that of the patient's Responsible Clinician¹⁴. This has reduced some of the pressure on the SOAD service.

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
SOAD requests	811	901	944	758	400

¹³ Written authorisation, on a prescribed form, for the discharge of a patient from detention in a hospital onto supervised community treatment.

¹⁴ A Responsible Clinician is the approved clinician with overall responsibility for the patient's case.

9) Deprivation of Liberty Safeguards

In **2009** the Deprivation of Liberty Safeguards¹⁵ legislation introduced a duty for governments to monitor their implementation and operation. In Wales, this duty fell on Welsh Ministers, who delegated the responsibility to CSSIW for social care and HIW for health services. The Safeguards are important because they provide a legal framework around the deprivation of liberty which should prevent breaches of the European Convention on Human Rights (ECHR). Any one of us might temporarily or permanently lose the capacity to make decisions about how we wish to be cared for, whether as a consequence of a sudden injury, a degenerative condition or a life-long impairment. While the number of people to whom the Safeguards have been applied remains small, the potential numbers of people lacking capacity whose well-being and welfare requires robust and well-informed discussion is much larger.

CSSIW and HIW have worked together to collect and analyse relevant data in order to monitor the operation of the safeguards in Wales.

Each year since the introduction of the Safeguards HIW has published a joint report with CSSIW, setting out the results of our monitoring activity across health and social care in Wales

10) Contribution to the National Preventative Mechanism

The National Preventative Mechanism (NPM) was established in 2009 by the UK government to meet its United Nations (UN) treaty obligations regarding the treatment of anyone held in any form of custody. The NPM should have the right to regularly inspect all places of detention for the purpose of monitoring the treatment and conditions of detainees, with the clear purpose of preventing ill treatment of anyone deprived of their liberty.

The NPM is made up of 18 independent bodies, and its work is co-ordinated by HM Inspectorate of Prisons (HMIP). HIW is one of these 18 members.

Each year since 2011 HIW has contributed to an Annual Report published by the NPM. These reports summarised the activities of the 18 members and provided an overview of the state of detention in prisons, police custody, children's secure accommodation, immigration, military and mental health detention.

¹⁵ Deprivation of Liberty Safeguards apply to people who lack the capacity specifically to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty, and where detention under the Mental Health Act 1983 is not appropriate. The aim of the Safeguards is to ensure people are given the care they need in the least restrictive regimes.

11) Special Reviews

We may undertake special reviews of healthcare organisations or services in response to concerns that may arise perhaps from a particular incident or series of incidents. The scale and nature of any special review work depends upon the seriousness or frequency of these.

In the last five years HIW has published the following reviews:

May 2009	Special Review of the outbreak of Clostridium Difficile at the former North Glamorgan NHS Trust between March and April 2008 (now part of Cwm Taf Local Health Board)
Jul 2009	Review of Histopathology Services Provided by North East Wales NHS Trust (now part of Betsi Cadwaladr University Health Board)
Aug 2009	Substance Misuse Services: All Wales Review of Substitute Prescribing Services
Sep 2009	Report on Maternity Services at Gwent Healthcare NHS Trust: Follow up review following Services being placed on 'Special Measures' (now part of Aneurin Bevan Health Board)
Oct 2009	Safeguarding and Protecting Children in Wales: A Review of the Arrangements in Place across the Welsh National Health Service
Oct 2009	Review of the Impact of the National Service Framework (NSF) for Older People in Wales - Phase 1 2008-2009
Jan 2010	Services for Children and Young People with Emotional and Mental Health Needs [A joint review with the Wales Audit Office, Estyn and CSSIW]
Mar 2010	Safeguarding and Protecting Vulnerable Adults in Wales: a Review of the Arrangements in Place across the Welsh National Health Service
Jan 2012	<i>Growing old my way</i> A review of the impact of the National Service Framework (NSF) for older people in Wales [Phase II]
Mar 2012	Substance Misuse Services in Wales: <i>Are they meeting the needs of service users and their families?</i>
Apr 2012	Review of the Care and Safety of Patients Cared for at Cefn Coed Hospital
May 2012	Healthcare and the Armed Forces Community in Wales
Dec 2012	An Independent Review of Patient Care at Ysbyty Glan Clwyd

Type of activity	Financial year				
	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Special Reviews	8	-	1	3	3*

*Currently in progress

12) Homicide Reviews

In circumstances where a patient known to Mental Health Services is involved in a homicide, the Welsh Government may commission an independent external review of the case to ensure that any lessons that might be learned are identified and acted upon. HIW has published the following reviews in the last five years:

29 October 2009	Report of a review in respect of Mr E and the provision of Mental Health Services, following a Homicide committed in August 2007
27 November 2009	Report of a review in respect of Mr D and the provision of Mental Health Services, following the Homicide of Father Paul committed in March 2007 and the Ambulance Response and Care provided to Father Paul's family and Local Community
1 December 2010	Report of a review in respect of Mr F and the provision of Mental Health Services, following a Homicide committed in December 2008
10 January 2011	Report of a review in respect of Mr G and the provision of Mental Health Services, following a Homicide committed in May 2009
30 June 2011	Report of a review in respect of Mr H and the provision of Mental Health Services, following a Homicide committed in March 2009
17 November 2011	Report of a review in respect of Mr I and the provision of Mental Health Services, following a Homicide committed in June 2009
12 September 2013	Report of a review in respect of Mr J and the provision of Mental Health Services, following a Homicide committed in March 2010

Type of activity	Financial year				
	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Homicide Reviews	3	1	2	0	4*

* 1 published in June 2013, 3 currently in progress

13) Deaths in Custody while in Welsh Prisons

HIW undertakes clinical reviews of deaths in custody on behalf of the Prisons and Probation Ombudsman (PPO) as part of their investigations into deaths in Welsh prisons. Reports of reviews into deaths in prisons are published by the PPO. Since HIW took on this work in **Apr 2009**, it has completed 47 clinical reviews.

Type of activity	Financial year				
	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Deaths in Custody	10	14	3	14	10*

* 6 reports published and 4 reviews currently in progress

14) Joint work undertaken with Criminal Justice Inspectorates

HIW has assisted Her Majesty’s Inspectorate of Probation (HMIP) with a programme of joint core case inspections of Youth Offending Services in Wales.

Type of activity	Financial year				
	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Core case inspections of Youth Offending Teams	-	18	-	-	-

In addition to this programme, a new approach to the thematic inspection of YOTs was introduced in 2009-10.

Over the last five years HIW has contributed to thematic reviews led by criminal justice inspectorates: Her Majesty’s Chief Inspector of Constabulary (HMIC) and HMIP, the most recent of which was ‘Examining Multi-Agency Responses to Children and Young People who Sexually Offend’, *February 2013*:

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Thematic reviews	-	3	4	1	2

15) Statutory Supervision of Midwives in Wales

On behalf of Welsh Ministers and the Nursing and Midwifery Council (NMC), HIW is responsible, as the Local Supervising Authority (LSA) for Wales, for exercising general supervision over all midwives practicing in Wales. The LSA supports midwives through a model of supervision that aims to protect the public by pro-actively supporting midwives to provide a high standard of midwifery care with an informed choice for women.

The LSA oversees midwives practising across the seven health boards that provide NHS maternity services, as well as a small number of self-employed midwives who provide independent midwifery services in Wales. Health boards are diverse in the type of services they offer, ranging from acute obstetric units to birth centres, but midwife-led care and initiatives to promote birth to be as normal an event as possible, where medical intervention is minimised, remain prominent in each.

Full details of the work of the LSA each year is set out in an Annual Report to the Nursing and Midwifery Council ¹⁶

The LSA is routinely notified of significant untoward clinical incidents in order to consider whether substandard midwifery practice contributed to the incident. Where sub standard midwifery practice may have been a factor, a Supervisory Investigation will be undertaken.

¹⁶ Organisation set up by Parliament to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Notified incidents	57	71	74	56	17
Supervisory Investigations	28	24	32	37	15

16) Ionising Radiation (Medical Exposures) Regulations

HIW is responsible for monitoring compliance against the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 (and its subsequent amendments 2006 and 2011). Over the past five years we have achieved this through a programme of assessment and inspection of clinical departments that use ionising radiation. We also reviewed incidents notified to us involving ‘*exposures much greater than intended*’.

	Financial year				
Type of activity	2009- 2010	2010 –2011	2011 –2012	2012 –2013	2013 –2014 as at 1 Nov
Notified incidents	-	26	27	29	30
Inspections	5	2	1	4	0*

*4 inspections are planned – these will take place once newly appointed staff receive appropriate training from Public Health England (PHE).

The regulations are intended to:

- Protect patients from unintended excessive or incorrect exposure to radiation and ensure that, in each case, the risk from exposure is assessed against the clinical benefit

- Ensure that patients receive no more exposure than is necessary to achieve the desired benefit within the limits of current technology
- Protect volunteers in medical or biomedical, diagnostic or therapeutic research programmes and those undergoing medico-legal exposure

Given the specialist nature of this area of work, we work with the Health Protection Agency (HPA)¹⁷ to ensure we had access to expert advice to support both the inspection and investigation elements of our work in this area.

17) Controlled Drugs

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 establishes clear requirements for the safe and effective handling of controlled drugs. HIW maintains and publishes a list of accountable officers in Wales.

18) HIW's handling of concerns

It is not HIW's role to routinely investigate concerns about an individual's care and treatment, although we do we consider all information we receive and use it to inform our future work plans – particularly if we identify an emerging pattern of concerns about an individual healthcare setting or service. This information may trigger an unannounced inspection visits or in certain circumstances a Special Review.

We review and consider each concern we receive in order to determine the most appropriate response. We may signpost the individual to other bodies who can help them take forward their concern such as the health board itself; the advocacy service of the local Community Health Council or the Public Services Ombudsman for Wales.

Depending on the matters raised, HIW may also escalate the concern immediately to the Health Board or Trust; offer to meet the complainant or, with the persons consent, offer to write to the Health Board or Trust requesting that the organisation address their concern and keep HIW informed of the outcome.

There may be circumstances when the information provided to us indicates that a patient may be in danger of imminent harm or has been harmed. In this situation we will take immediate action to ensure their safety and also share this information with other agencies such as the Police

¹⁷ The Health Protection Agency's role is to provide an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other arms length bodies, the Department of Health and the devolved administrations.

On average, HIW responds to around 100 concerns each year from members of the public and current or past health service workers.



Document 2

Approaches taken to the follow-up of inspection work carried out by HIW

We report on our findings in a number of ways

- Immediate verbal feedback on the final day of an inspection
- Management letters requiring urgent action
- General management letters summarising areas for attention
- Traditional reports

We also take various approaches to our follow-up of issues identified depending on the seriousness and urgency of the issue.

Historically, we have worked closely with officials in the Welsh Government's Department for Health and Social Services so that progress with the implementation of our recommendations is monitored and managed through their performance management arrangements for the NHS in Wales.

We may ourselves revisit organisations or services to ensure that suitable progress is being made.

We may also decide to undertake more focused or detailed work in future work programmes. For example, we have further developed our approach to our dignity and essential care inspections to follow up on concerns regarding diabetes care and monitoring identified from both our own inspection activity and the work of the Public Services Ombudsman for Wales. We have also enhanced our review of mental health services to ensure a greater focus on care planning, risk assessment and the provision of meaningful activities.

Further, where it is more appropriate or where others are better placed to take forward follow up work, we share the necessary information with them and provide ongoing support to enable this to happen.

Case Studies 1 – 7 at Document 3 illustrate how these approaches are used in practical situations. The follow-up aspects of these case studies are summarised below.

Case Study 1: Governance Review

This review was itself intended to follow-up on issues that had been highlighted through previous work and sharing intelligence with our partners. It also illustrates our approach to follow-up in matters of significant concern.

Case Study 2: Homicide Investigation

This case study demonstrates follow-up at a number of levels: its findings and recommendations will influence our

routine inspection visits; HIW is working with Public Health Wales to pilot a new approach to ensuring learning; HIW is contributing to a National Task and Finish Group which is following up issues raised from untoward incidents at a national level.

Case Study 3: Infection Control Inspection of Llandough Hospital

This case study provides an example of a more traditional approach to follow-up where concerns are followed through until there is clear evidence that actions have been taken to address the issues.

Case Study 4: Dignity and Essential Care at Brecon War Memorial Hospital

This case study demonstrates extended follow-up undertaken upon receipt of additional intelligence and co-ordinated with other agencies.

Case Study 5: Mental Health Act Visit

This case study demonstrates the undertaking of immediate follow-up (within one week) when the need for urgent action is identified.

Case Study 6: Unannounced visit to a learning disability/ mental health establishment

This case study demonstrates the undertaking of immediate follow-up when the need for urgent action is identified, including agreed restrictions of service until issues are resolved. It also demonstrates actions taken to share intelligence with appropriate stakeholders and to share learning more widely across other providers.

Case Study 7: Unannounced visit to a learning disability/ mental health establishment

This case study demonstrates immediate response to serious concerns emerging from intelligence sharing and subsequent follow-up.

Document 3

Case Studies

Reporting

Immediately following the fieldwork, HIW and WAO wrote to the BCUHB Chief Executive providing a summary of the review team's initial findings. The full report was published on 27 June 2012.

Follow up

HIW has regular phone calls with the Health Board to monitor progress in respect of the recommendations made within the report. There have also been regular face-to-face meetings which are co-ordinated with work the WAO is undertaking in regard to its annual structured assessment.

HIW/ WAO intend to make a more formal assessment of progress against the recommendations in 2014.

Following publication of the joint report HIW and the WAO gave a commitment to work with the Welsh Government to review and where necessary strengthen the arrangements for identifying and handling risks to service delivery or organisational effectiveness. A Project Board consisting of representatives from Welsh Government, Healthcare Inspectorate Wales and Wales Audit Office has been established to take forward this work.

The Project Board will look to identify a framework in which this information can be exchanged in a timely manner, and to identify triggers and prompts for escalation and intervention, and who should undertake those actions. The Project Board will be consulting with the wider Health Service and interested parties as part of its work.

It is anticipated that the outcome from this Project Board will be communicated in March 2014.

Case Study 2

Area: Special Reviews/Investigations

Specific Review: Mr J Homicide Investigation

Background

Until 2007 independent external reviews into homicides by those experiencing mental health problems were commissioned by Local Health Boards. The investigations themselves were conducted by review teams brought together from third party health bodies or through commissioning from the independent sector. Since January 2007 all independent external reviews of such cases are undertaken by Healthcare Inspectorate Wales (HIW). Where the services reviewed include social services, then arrangements are made to include social services inspectors from Care and Social Services Inspectorate Wales (CSSIW) in the review team.

Review Methodology

HIW undertakes its homicide reviews under the principles of Root Cause Analysis (RCA). Through its use the root causes for an undesired outcome can be identified and actions designed to prevent or reduce the likelihood of reoccurrence. HIW's investigations are conducted with specialists who are able to provide the review team with expert and objective insight. In this case the review team consisted of a Consultant Psychiatrist, Registered Mental Health Nurse and Lay Reviewer.

HIW undertook an examination of documentation relating to delivery of services by both Health and Probation Services. Interviews were undertaken with key individuals from the stakeholder organisations, including engagement with the families of those affected where they are willing to do so..

Liaison with families is a key aspect of the homicide review process. HIW maintains communication and engagement with the families throughout the course of the review. Family engagement ensures that HIW is able to provide assurance to those affected by events as to the independence of the review process. It also enables families to provide HIW with information that may help inform the review.

Specifics of the Case

Sometime between the 28 February and 2 March 2010, Mr J attacked Mrs A at her home in the Thornhill area of Cardiff. Mrs A sustained severe trauma

injuries to her head and was also found with lacerations to her wrists. Sadly Mrs A died from her injuries. Mrs A was discovered by South Wales Police on 2 March 2010. Mr J had a history of engagement and involvement with Health Services, Police, and the Probation Service. HIW's statutory powers only extend to Health and Social Services; therefore a key aspect of this review was to engage with the Police and Probation services in order to gain their co-operation and enable them to share key information with HIW's review team.

Reporting

Fieldwork was undertaken in late 2012 and after extensive analysis and quality assurance with stakeholders the report was published on 12 September 2013.

HIW held a press event to launch this report in line with previous homicide review publications. This is intended to provide an opportunity for HIW to assist the media in identifying the key messages. It is also important to ensure that mental health is not stigmatised as a consequence of these reviews, and therefore HIW delivers a presentation to the assembled press and media in order to reiterate this key message and to request that they respect the privacy of those affected by the tragic events.

Follow-up

HIW's investigation work is used to influence our general programme of Inspections – for instance the Mr J review contained several findings and recommendations that will directly influence our Mental Health Act visits to Whitchurch Hospital, Cardiff.

Over the last eighteen months HIW has been supporting, along with colleagues from Public Health Wales, a National Task and Finish Group that has been established to consider the findings from untoward incidents, including our homicide reports. The group is taking forward the findings and recommendations from our reports on an all-Wales basis and ensuring that appropriate change and improvement is properly and appropriately embedded in practice. All Health Boards are represented on the group.

Specifically in relation to MR J, HIW is engaged in a pilot initiative being led by Public Health Wales, that will seek to address the recommendations within the report and gain clarity over the actions that have been, or will be undertaken by the stakeholder organisations. This approach is an attempt to reduce the bureaucratic burden on frontline staff by engaging with organisations directly in order to tackle the issues from the 'bottom-up'. This may reduce the traditional over reliance on action plans (a concern that members of the Committee will recognise from the Francis review), and provide a better

opportunity to engage directly with organisations to ensure that there is learning evidenced from these reviews.

Case Study 3

Area: Inspections

Specific Review: Unannounced Infection Control Inspection to Llandough Hospital – Ward East 8 Care of the Elderly

Background

HIW introduced unannounced infection control inspections to its routine inspection portfolio in 2006-07. They were introduced in response to growing public concern about MRSA, C. difficile and norovirus. HIW was the first UK inspectorate to introduce this type of unannounced inspection which uses pictorial evidence to support findings.

Information received from patients, public and stakeholders is used to inform this inspection programme.

Review Methodology

The tool used for hospital cleanliness spot check is based on the Infection Control Nurses Association (ICNA) tool and the approach adopted for hospital cleanliness spot checks relies on direct observation, staff questioning and the review of some key documents. The review team includes an infection control nurse and lay reviewer.

All visits are unannounced. There is immediate feedback to senior management at the end of the visit and organisations are required to provide us with an action plan detailing how they intend to address any issues and areas of concern identified within two weeks of the publication of our report.

Specifics of the Case

As part of the fieldwork for our All Wales Review of the Management of Patients with Diarrhoea and Vomiting that was carried out in May 2009 we visited Llandough hospital and as a result concerns were raised in relation to estate issues, cleanliness and infection control on ward East 8. We issued an immediate action notice to the then Cardiff and Vale NHS Trust and we required an action plan to address the issues of concern to be prepared and taken forward. As part of the action plan the then Trust confirmed that refurbishment of the ward would be completed by September 2009.

We re-visited the ward on 24th November 2009. The ward was in a poor state of repair. Cleanliness was poor and a high level of dust and cobwebs were found. There were a number of cleanliness, infection control and estates issues: Handrails were rusty and needed replacing; there was a drainage problem in one of the shower cubicles; windowsills and frames were in a poor state of repair; sinks had unsuitable taps which could not be operated by elbow, knee or sensor; bins were inappropriate for clinical areas; and equipment was dusty.

The ward had been experiencing an increased number of *Clostridium difficile* cases before our inspection and we were concerned that consideration had not been given to the ward environment and how that might be contributing to the increased number of cases.

During the feedback session with staff on the day of our inspection we were advised that the refurbishment had been delayed as the new Health Board was considering the future of the Ward.

Reporting

We immediately wrote to the Chief Executive of the Health Board to request assurances that the issues we highlighted would be addressed as a matter of urgency.

The ward was closed and decanted to enable a comprehensive refurbishment programme to begin.

Follow-up

We revisited Ward East 8 on 19 October 2010 and were pleased to note a good standard of cleanliness. The ward had been redecorated. Flooring had been replaced, bathrooms were clean, new fixtures and fittings were in place; commodes were clean and all linen was stored correctly. We also found some noteworthy practices (which we referenced in our report).

We continue to actively monitor intelligence received and in the event that the assessment of risk / emerging issues increases we will arrange a further inspection.

Case Study 4

Area: Inspections

**Specific Review: Unannounced Dignity and Essential Care
Inspection – Brecon War Memorial Hospital**

Background

Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect. Dignity is also one of the five United Nations Principles for Older People and is a key principle underpinning both the Welsh Government's Strategy for Older People and the National Service Framework for Older People in Wales. In 2007, the Welsh Government launched its 'Dignity in Care Programme for Wales.' an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 Healthcare Inspectorate Wales (HIW) commenced a programme of unannounced 'Dignity and Essential Care Inspections' to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW's Dignity and Respect Spot Checks which took place during 2009 and 2010.

Review Methodology

The 'Dignity and Essential Care Inspections review the way a patient's dignity is maintained on a hospital ward and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations.

The inspection methodology focuses on the following areas:

- Patient environment.
- Staff attitude / behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure sores.
- Fluid and nutrition.
- Personal care and hygiene.
- Toilet needs.

- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

These inspections have been designed to review the care and treatment that all patients receive in hospital, especially older patients which research has proven can be particularly vulnerable during their hospital stay. The inspections capture a 'snapshot' of the care patients receive on hospital wards, which may point to wider issues about the quality and safety of essential care and dignity. Like our infection control inspections review teams include peer and lay reviewers.

All visits are unannounced. There is immediate feedback to senior management at the end of the visit and organisations are required to provide us with an action plan detailing how they intend to address any issues and areas of concern identified within two weeks of the publication of our report.

Specifics of the Case

HIW visited the Rehabilitation ward at Brecon War Memorial Hospital (then called Y Bannau) on 23 and 24 October 2009.

We identified issues such as poor signage; inconsistent care planning for patients; limited toilet and bathroom facilities; some issues with privacy for patients having treatment; issues with storage and an inconsistent approach to nutritional assessments. In addition, the awareness of staff of procedures relating to vulnerable adults was poor.

Reporting

Feedback was given immediately on the day of our inspection and we wrote to the Chief Executive of the Health Board to request assurances that the issues we highlighted would be addressed as a matter of urgency.

Action plans were produced by the Health Board detailing the arrangements they intended to put in place to resolve the issues we had identified.

Follow-up

Follow-up of the action plan was taken forward by the Mid and West Wales Regional Office of the Department of Health and Social Services.

In January 2011 the Public Services Ombudsman for Wales produced a report following a complaint from the relative of a patient who had received poor care on the rehabilitation ward at Brecon War Memorial Hospital, this highlighted additional issues to those that HIW had raised in 2009.

HIW met with the Health Board regarding this complaint to discuss the issues identified. HIW requested that the Health Board produce updated action plans to detail how they planned to rectify the additional issues identified.

HIW also worked with Brecknock and Radnor Community Health Council who agreed to obtain local intelligence and feed this back to HIW and to the Health Board. The CHC also undertook announced and unannounced visits to the ward in October 2011 and shared their findings with HIW.

HIW conducted an unannounced inspection of the ward in January 2012 to follow up on recommendations from our initial 2009 report, the Ombudsman's report and the findings of the CHC visits.

During our re-visit we were pleased to see that various actions had been completed. The ward environment had improved with better signage around the ward for people with a sensory impairment; privacy for patients had improved with all doors closed when care was taking place; all patients were in receipt of a nutritional assessment; and the rate of Vulnerable Adult training had improved and at the time of our visit was very good.

We identified some issues which still required attention. Staff knowledge about communication aids available to assist patients could be improved, and patients and carers could be better involved in care planning.

The Health Board submitted a further action plan to address these remaining issues in June 2012.

We continue to actively monitor the intelligence received and in the event that the assessment of risk / emerging issues increases we will arrange a further inspection.

Case Study 5

Area: Mental Health Act Visits

Specific Review: Unannounced Mental Act visit to NHS establishment

Background

Since 2009, HIW has been responsible for monitoring the implementation and application of the Mental Health Act 1983 (the Act) on behalf of Welsh Ministers. The role is fundamental to our commitment to protecting those who are most vulnerable.

The main purpose of the Mental Health Act 1983 (the Act) is to allow for compulsory care, treatment and action to be taken, where necessary, to ensure that an individual with a mental disorder gets the care and treatment they need for their own health and safety or for the protection of other people.

Under the Act individuals can be detained in hospital or be required to live in the community, subject to certain conditions as set out in a Community Treatment Order (CTO) or under Guardianship. In some circumstances they can be given treatment to which they have not consented or do not have the capacity to consent. For some people detention under the Act can last for significant periods of time.

The Act has serious consequences for the human rights of individuals who are subject to its powers. It is therefore clear as to the processes that must be followed when consideration is being given to detaining an individual, and when an individual is subject to a detention or restrictions. The Act, together with the accompanying Code of Practice sets out safeguards that are intended to ensure that individuals are not inappropriately detained or treated without their consent.

Our overall aim is to ensure that those detained under the Mental Health Act have a voice and are supported and empowered as far as possible to make decisions over their care and treatment.

Review Methodology

HIW have a panel of experienced Mental Health Act reviewers who transferred from the Mental Health Act Commission. They undertake a rolling programme of both announced and unannounced visits to mental health providers.

The focus of the Mental Health Act reviewers is on ensuring that everyone receiving care and treatment in Wales who is subject to the provisions of the Mental Health Act 1983:

- is treated with dignity and respect;
- receives ethical and lawful treatment;
- receives the care and treatment that is appropriate to his or her needs; and
- is enabled to lead as fulfilled a life as possible.

Our Mental Health Act Reviewers (Reviewers) visit and talk to individuals who are subject to restrictions made under the powers of the Act. These discussions are held in private and only take place when the individual consents. The Reviewer explores the individual's views on their care and treatment and will ensure that they understand their rights and the reasons for the restrictions placed on them. In addition, Reviewers will check all records and paperwork related to the restrictions placed on the individual and ensure that the requirements set out in the Act and the Code have been met. Any concerns are escalated immediately and are followed up in writing.

Visits are in the main unannounced. There is immediate feedback to senior management at the end of the visit and organisations are required to provide us with an action plan detailing how they intend to address any issues and areas of concern identified.

The Act also requires the appointment of a registered medical practitioner to authorise the treatment of patients subject to the Act in certain circumstances. These practitioners are known as Second Opinion Appointed Doctors or SOADs and HIW manages this service.

The role of the SOAD is to safeguard the rights of individuals detained under the Mental Health Act who either refuse treatment or who are considered to be incapable of consenting. Despite the name, the role of the SOAD is not to give a second clinical opinion about a patient's condition or diagnosis, but to decide whether the rights and views of the individual have been fully taken account of by clinicians and whether the treatment proposed is in line with guidelines and is appropriate.

Specifics of the Case

Following a SOAD visit to one setting the SOAD notified HIW that they had concerns regarding one patient who had been moved to another area of the unit and was being nursed in isolation in a sparsely furnished room.

Following receipt of this information we brought forward the Mental Health Act monitoring visit as a priority. The unannounced visit was carried out over three days with a HIW member of staff leading one Peer and one Lay Reviewer.

The review team identified a number of issues that were concerning, the key ones being the inappropriate way in which one individual was being cared for .

Reporting

Feedback was given immediately on the day of our inspection. We discussed and agreed the actions that HIW required the organisation to undertake to address the issues identified.

The following day HIW issued an Urgent Action Management Letter to the Chief Executive. These concerns were also escalated internally within HIW to the Head of Inspection and Inspection & Regulation Director.

Follow-up

Following the Urgent Action Management letter the provider submitted an Action Plan to HIW.

Due to the seriousness of the issues HIW met with the service provider the following week to review the provider's progress against their Action Plan. During the meeting the provider confirmed that a more appropriate placement had been found for the patient and that he had been transferred to that setting. Refurbishment of the environment of the ward had also commenced

We continue to actively monitor the intelligence received and in the event that the assessment of risk / emerging issues increases we all arrange a further inspection.

Case Study 6

Area: Inspection of care provided to individuals with a learning difficulty or mental health issues

Specific Review: Unannounced visit to a learning disability/mental health independent hospital

Background

In May 2011, the BBC broadcast a programme that highlighted abuse and ill-treatment of individuals with a learning difficulty who were residing at an independent hospital in Bristol. The programme gave rise to great public concern. As a result HIW decided to bring forward our annual programme of reviews of independent hospitals providing learning difficulty and mental health services.

The focus for the reviews was to ensure that individuals accessing such services are:

- Safe.
- Cared for in a therapeutic, homely environment.
- In receipt of appropriate care and treatment from staff who are appropriately trained.
- Encouraged to input into their care and treatment plans.
- Supported to be as independent as possible.
- Allowed and encouraged to make choices.
- Given access to a range of activities that encourage them to reach their full potential.
- Able to access independent advocates and are supported to raise concerns and complaints.
- Supported to maintain relationships with family and friends where they wish to do so.

Review Methodology

All visits were unannounced and could take place at anytime of day or night and at weekends.

As part of our inspection process, we routinely hold comprehensive discussions with patients and staff, and we carefully observe the interactions between patients and staff. We may also meet with family members or patient advocates to seek their views on the care provided. In addition to reviewing

In addition to meeting with the provider HIW met with commissioners to advise them of the action they had taken and to remind them of their responsibilities in relation to ensuring that the patients for whom they commissioned services were safe and appropriately placed.

Two workshops have been held with independent learning disability and mental health service providers to communicate the themes arising from reviews such as this and to ensure learning and improvement.

Case Study 7

Area: Working with partners to share and respond to intelligence

Specific Review: Unannounced visit to a learning disability/mental health independent hospital

Specifics of the case

HIW liaises on a regular basis with the NHS Wales Mental Health & Learning Disability Collaborative Commissioning Group. Intelligence shared with HIW in July 2013 highlighted concerns in relation to a particular independent provider, particularly around observation and staffing levels.

HIW undertook an urgent unannounced visit to the establishment on the evening of the day that it was advised of the concerns. Staff from the NHS Wales Mental Health & Learning Disability Collaborative Commissioning Group attended with HIW.

Reporting

Feedback was given to senior management before we left the establishment. During this we discussed and agreed the actions that HIW required the organisation to undertake to address the issues identified.

An Urgent Action Management letter was sent to the provider

Follow-up

A more detailed unannounced visit was undertaken over three days (25-26 July 2013). The focus of the visit was on ensuring the safety and quality of patient care.

In addition meetings have been held with commissioners and POVA teams to brief them of HIW's concerns and to ensure that they fulfil their respective roles in ensuring the safety of their patients.

There has been regular dialogue and follow-up with the provider organisation; the last meeting with the Responsible Individual, Responsible Manager and other members of the senior team being held in October 2013.

HIW continues to monitor and work with the provider. Further visits are planned.

Case Study 8

Area: Developing Innovative Approaches that engage Clinicians

Specific Review: Peer Review (plus)

Background

In 2009 Healthcare Inspectorate Wales (HIW) was approached by the Cancer Services Co-ordinating Group who wished to explore opportunities for the introduction of cancer peer review in Wales. As all reviews undertaken by HIW involve a level of peer review¹ and given that cancer services are a key priority area for both organisations it was felt that the knowledge and expertise of both organisations could be brought together to develop an approach to peer review in Wales that was efficient, effective and rigorous.

In 2010 HIW working with lead clinicians from across Wales and the Cancer Services Co-ordinating Group undertook a pilot as part of the development of the peer review process. The experience was positive in many ways and there was buy-in and enthusiasm from clinicians and members of multi-disciplinary teams. However the pilot highlighted flaws in the process for which work has since been taken forward to address. These weaknesses echoed the experiences in England:

- large number of measures to assess against.
- lack of analysis of data and intelligence before the peer review visit to enable clinicians to focus on key areas.
- lack of outcome measures.
- inadequate guidance provided to delivery teams to enable them to properly self-assess and internally validate.

A formal evaluation of the pilots was undertaken and as a result recommendations for a new, more robust process were made and further follow-up work taken forward.

Review Methodology

Over the past two years the Cancer Services Co-ordinating Group and HIW have been working together to research, develop and test peer review

¹ HIW has recruited a panel of peer reviewers who have a wide range of knowledge and expertise in various specialisms. The team for every HIW review involves peers with the relevant professional background and experience.

approaches with a view to introducing a rolling programme of reviews **across** Wales in 2012-13. The model set out in this paper has been developed so that it can be adapted to any service and multi-disciplinary team. It has been designed so that the best use is made of clinicians time and the cost is kept to a minimum as support and the rigour is brought to the process by two bodies that already have a remit to oversee and review cancer services.

Working with cancer and palliative care clinicians an approach to peer review has been developed that incorporates:

- self assessment
- internal validation

- external validation
- peer review visits

In support the peer review process outcome measures have been developed and agreed for each cancer site reviewed to date. This work has been led by the Chairs of the all-Wales Cancer Advisory Groups.

Guidance and training has been developed and rolled out for:

- teams - how to properly self assess
- internal verifiers - how to test and verify self-assessments
- external verifiers - how to test and verify self-assessments
- peer review teams – how to interview and gather evidence

Reporting

To date, in 2012-13 peer reviews of palliative care, lung cancer and Upper GI have been undertaken and reviews of Urology are planned for later this financial year. Reports have been issued to the organisations, and public friendly versions are being finalised.

Follow-up

Concerns were immediately fed back to clinical teams on the day of the visit. Where immediate concerns have been highlighted these have been escalated immediately and urgent action letters sent to the Chief Executive of the provider organisation within three days. Meetings have also been held with senior management where necessary.

Case Study 9

Area: Benchmarking and learning from other inspectorates

Specific Review: 5 Nations Regulators Group and the European Partnership for Supervisory Organisations in Health Services and Social Care (EPSO)

Background

HIW works closely with other inspectorates from across the UK and Europe. It engages in sharing and learning events and has had a key role in taking forward peer review through EPSO.

HIW was one of the first independent inspectorates to invite peer review of its approaches, inviting colleagues from the then Quality Improvement Scotland to undertake a peer review of the effectiveness of our Healthcare Standards assessment approach. Their report published in May 2008 set out a detailed account of the strengths and weaknesses of the approach providing a sound evidence base to support future improvement and development.

Following our successful involvement in a peer review of the Norwegian Board of health Supervision in 2011-12, HIW is taking part in the peer review of the Danish Board of Health Supervision.

Review Methodology

In developing the scope and approach for the peer reviews consideration has been given to the standards that other organisations have developed for supervisory and audit bodies including those set by the International Society for Quality in Healthcare (ISQua) and ISO/IEC standard 1720:19981

The reviews are aimed at assessing and evaluating the arrangements that organisations have in place to ensure that its statutory basis and functions are clearly set out and that it had satisfactory arrangements in place in relation to:

- statutory basis clear and functions clearly defined;
- independence, impartiality and integrity;
- confidentiality and safeguarding of information;
- organisation and management;
- quality systems;
- personnel;
- facilities and equipment;

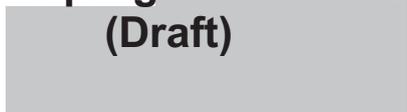
- inspection methods and procedures;
- engagement and communication with the organisation or individual subject to review;
- openness and transparency;
- disciplinary sanctions;
- impact assessments; and
- co-operation and engagement with other stakeholders including other supervisory bodies.



Document 4



**HIW's work programme 2013-2014
(Draft)**





**DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
OBJECTIVE REVIEW**

Healthcare Inspectorate Wales

Operational Plan

April 2013 to March 2014

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative formats and languages are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our web site or by contacting us at:

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Foreword

Since 2010, HIW has published annually a programme for the three years ahead, revising and updating it in light of the changes and developments across healthcare services in Wales.

Our last three year programme, for 2012-2015, was published in August 2012 and since then the environment within which HIW operates has undergone significant and rapid change. The NHS in Wales continues to respond to significant pressures brought about by an ageing population, the financial climate and service reconfiguration, all of which increase the level of risk to quality and safety of services. Independent healthcare is also changing with the consideration of additional regulation in the field of cosmetic surgery.

The publication of the Francis Inquiry report in February 2013 and the Keogh review in July 2013 reminded us all that we cannot afford to take for granted the very basic requirements of good quality care. These reports raised some fundamental questions about the way in which all bodies involved in the commissioning, provision, regulation and inspection of healthcare carry out our work, and made clear that the scale of change needed is not just about changing our systems and processes alone – it must also focus on cultural and behavioural change.

There is also considerable review and scrutiny of the role and effectiveness of external assurance bodies such as ourselves and how the landscape of regulation and inspection in Wales may need to evolve to ensure it is proportionate and effective..

Given this rapidly evolving context I have decided not to refresh HIW's three-year programme at this time.

This plan sets out where HIW will focus its activities during 2013-14 to ensure that a fundamental level of assurance is sustained.

Later in the year I expect to publish an operational plan for 2014-15 which makes explicit our delivery proposals for the coming year and invites stakeholders and the wider public to comment on whether our plans are addressing the most important issues, in the right way, to ensure we are having a positive influence on sustainable improvement in the quality and safety of healthcare provision.

This will be the start of a conversation to help me establish a clear, longer term vision for HIW that ensures that what we focus our attention on, and how we carry out our work in the future takes full account of the things that matter most and meets the challenges set for inspection and regulatory bodies.

Kate Chamberlain
Chief Executive
November 2013

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Introduction

About HIW

Our work in 2013/14

- Our programme of reviews
- Equipping our organisation to deliver

Introduction

This plan sets out HIW's work programme and priorities for the period up to the end of March 2014.

The plan:

- establishes how we will in the short term continue to focus our work on our routine programmes designed to enable us to meet our statutory responsibilities and in so doing drive improvement in the fundamental aspects of good quality healthcare – dignity and essential care, cleanliness and infection control
- recognises the potential vulnerability of anyone accessing healthcare services and focuses on the extent to which health service organisations provide appropriate support to individuals during their involvement with the service. In addition, it enables the ongoing delivery of key programmes of work that focus on ensuring that the well being and human rights of individuals from specific service user groups are safeguarded
- enables us to focus on how we can shift the balance of our work so that we look at front line services delivered within primary and community care settings and not just hospitals – in line with the Welsh Government's own ambition to focus strongly on ill health prevention, health promotion and the provision of primary and community care
- focuses on further strengthening our collaborative approach – in particular sharing intelligence and information on healthcare services with other inspection, audit, regulatory and improvement bodies and those responsible for managing the performance of the NHS in Wales so that any early warning signs are identified and acted upon quickly and effectively to ensure people are properly safeguarded whenever and wherever they access healthcare services in Wales
- ensures we are able to respond to concerns that may arise perhaps from a particular incident or series of incidents
- Strengthens our focus on further developing and improving how we engage, work with and inform patients and the public about our activities, our findings and the impact of our work

And finally, this plan recognises our need to further develop the capacity and capability of our workforce – including our panel of peer and lay reviewers – so that we are able to continue to deliver and develop our organisation to meet increasing expectations in the longer term and in accordance with our overall aims, values and delivery principles.

About HIW

Our Purpose

HIW is the lead independent inspectorate for healthcare in Wales. Its purpose is

To provide independent and objective assurance on the quality, safety and effectiveness of healthcare services making recommendations to healthcare organisations to promote improvements

Our role

- To independently inspect and report on the quality and safety of the provision of healthcare by NHS bodies in Wales
- To inspect and regulate independent healthcare providers in Wales
- To discharge specific statutory responsibilities on behalf of Welsh Ministers
- To provide independent and objective information to patients and the public

The outcomes we seek to influence

- Citizen experience of healthcare is improved
- Citizens are able to access clear, timely, honest information on the quality, safety and effectiveness of healthcare services in Wales
- Citizens are confident that inspection and regulation of the healthcare sector in Wales is sufficient, proportionate, professional, co-ordinated, and adds value

Our values

Central to everything we do, our values establish the fundamental principles that govern the way we carry out our work. They are:

- *Centred on patients, service users and citizens*
- *Openness and honesty*
- *Collaboration, sharing our experiences amongst ourselves and with other review bodies*
- *Efficiency, effectiveness and proportionality in our approach*
- *Supporting and encouraging learning, development and improvement*
- *Professionalism*
- *Driven by intelligence*

Our delivery principles

We have developed a draft set of delivery principles which provide a framework within which we aim to fulfil our overall purpose and influence the right outcomes in a manner that upholds our values and standards of professional practice. These have emerged from discussions with our partners and stakeholders and also take account of the requirements for a robust, proportionate, efficient and effective inspectorate as set out in the *Report of the Mid-Staffordshire Inquiry*¹². These will continue to evolve as we test what they mean in practice through consultation on our plans and priorities.

Principle 1

We will undertake a balanced annual programme of **NHS** review activity which incorporates elements of

- *Baseline frequency of reviews (announced and unannounced) in specified settings*
- *Additional responsive review in light of issues and concerns*
- *Testing of overarching arrangements for ensuring quality and safety*
- *Testing of organisational responsiveness to complaints and recommendations*

Principle 2

We will undertake a balanced programme of activity for each **independent** healthcare setting which ensures that

- *All settings that are required to be registered with HIW are registered*
- *The registration process ensures that independent healthcare providers meet the relevant regulations and minimum standards*
- *All settings are subject to baseline visits to a minimum frequency*
- *Additional reviews are undertaken in response to issues and concerns*

Principle 3

We will take a professional and measured approach to the delivery of our specific functions

- *The Local Supervisory Authority for statutory supervision of midwives*
- *Regulation and Inspection of Dental Services*
- *Responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005*
- *Second Opinion Appointed Doctor (SOAD) service*
- *Deprivation of Liberty Safeguards*
- *National Preventative Mechanism*

² Robert Francis QC - Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry published on 6 February 2013.

- *Ionising Radiation (Medical Exposure) Regulations*
- *Controlled Drugs*
- *Nurse Agencies*
- *Homicide Investigations*
- *Regulation 30/31 Incidents (The Independent Health Care (Wales) Regulations 2011)*
- *Protection of Vulnerable Adults (POVA)*
- *Joint Reviews with HMI Probation and HMI Prisons*
- *Peer Review +*

and will seek to use the information gathered in delivering these functions as far as possible to contribute to fulfilling its responsibilities under Principles 2 and 3.

Principle 4

We will respond in an appropriate and timely manner to concerns and issues through

- *Escalation of concerns and issues in an NHS context through agreed procedures leading, where appropriate, to the introduction of Special Measures*
- *Enforcement of registration requirements for independent healthcare providers*

Principle 5

We will report clearly, openly and publicly on the work we undertake in order that citizens are able to access independent and objective information on the quality, safety and effectiveness of healthcare in Wales.

Principle 6

We will keep patients and users at the heart of our work by

- *maintaining a panel of lay reviewers to take an active part in the inspection process*
- *continuing direct observation and discussions with patients, relatives and staff within our inspections*
- *extending our use of unannounced, out-of-hours and weekend inspections*
- *developing our overarching framework for public and patient engagement*

Principle 7

We will ensure a professional approach to regulation and inspection by

- *maintaining a panel of specialist peer reviewers who can be called upon to provide a professional input to inspection activity;*
- *supporting our own staff in their professional and personal development*
- *utilising specialist steering groups to advise on effectiveness of, and*

developments in, inspection methodologies

- *establishing a strong Advisory Board to challenge and scrutinise the overall work of the organisation*

Principle 8

We will maintain an overview of the risks, emerging issues and current issues for each inspected body in order to:

- *Be able to speak authoritatively in public about emerging concerns and issues; and*
- *Use this information to inform our programme of work*

Principle 9

We will take a collaborative approach to our work in which we will seek to

- *share intelligence on concerns and issues ;*
- *work in partnership with other regulators and inspectors; and*
- *place reliance on the work of others in deriving assurance as far as is reasonable and appropriate.*

Principle 10

We will base our review activity on recognised standards as defined by the Welsh Government and in associated guidance, recognised best practice, and requirements defined in legislation and regulation. We will use our experience of the delivery of these standards in order to inform their further development.

Our work in 2013-2014

Our programme of reviews

Principle 1: We will undertake a balanced annual programme of NHS review activity which incorporates elements of

- *Baseline frequency of reviews (announced and unannounced) in specified settings*
- *Additional responsive reviews in light of issues and concerns*
- *Testing of overarching arrangements for ensuring quality and safety*
- *Testing of organisational responsiveness to complaints and recommendations*

What we will focus on	How: we will do it
<p>Focus on the fundamental aspects of health service provision that contribute to the overall experience of patients, their families and others when accessing services</p>	<p>Deliver a programme of targeted, unannounced <i>Dignity and Essential Care</i> inspections.</p> <p>We will carry out a minimum of 8 inspections before the end of 2013-14 covering each health board in Wales.</p>
	<p>Further develop our approach to the conduct of <i>Dignity and Essential Care</i> inspections including:</p> <ul style="list-style-type: none"> ▪ The introduction of revised ward based tools mapped to the issues arising from the Francis Inquiry ▪ The development of additional modules including diabetes and general cleanliness ▪ More explicit referencing within our review approach and reports to the relevant standards and requirements for each aspect of review, e.g., patient safety alerts ▪ Enhancing our risk based selection process.

	<p>Deliver a programme of targeted, unannounced <i>Infection Control</i> inspections.</p> <p>We will carry out a minimum of 8 inspections before the end of 2013-14 covering each health board in Wales.</p> <hr/> <p>Further develop our approach to the conduct of <i>Infection Control</i> inspections including:</p> <ul style="list-style-type: none"> ▪ The introduction of revised ward based tools mapped to the issues arising from the Francis Inquiry ▪ The further development of tools that focus on areas such as MRSA, C. diff and theatres ▪ More explicit referencing within our review approach and reports to the fundamentals of care areas and other standards and requirements including patient safety alerts ▪ Further development of the inspection process to streamline collation of evidence and documentation Enhance our risk based selection process.
<p>Review of the effectiveness of the governance arrangements within GP practices for assuring the quality of care provision and the adequacy of communication between practices and secondary care organisations.</p>	<p>Develop the methodology and plans to deliver a primary care review programme in line with the actions recommended by the Health Minister in the Welsh Government’s response to the investigation into the case of Robbie Powell - reviews to be delivered in 2014-2015</p>

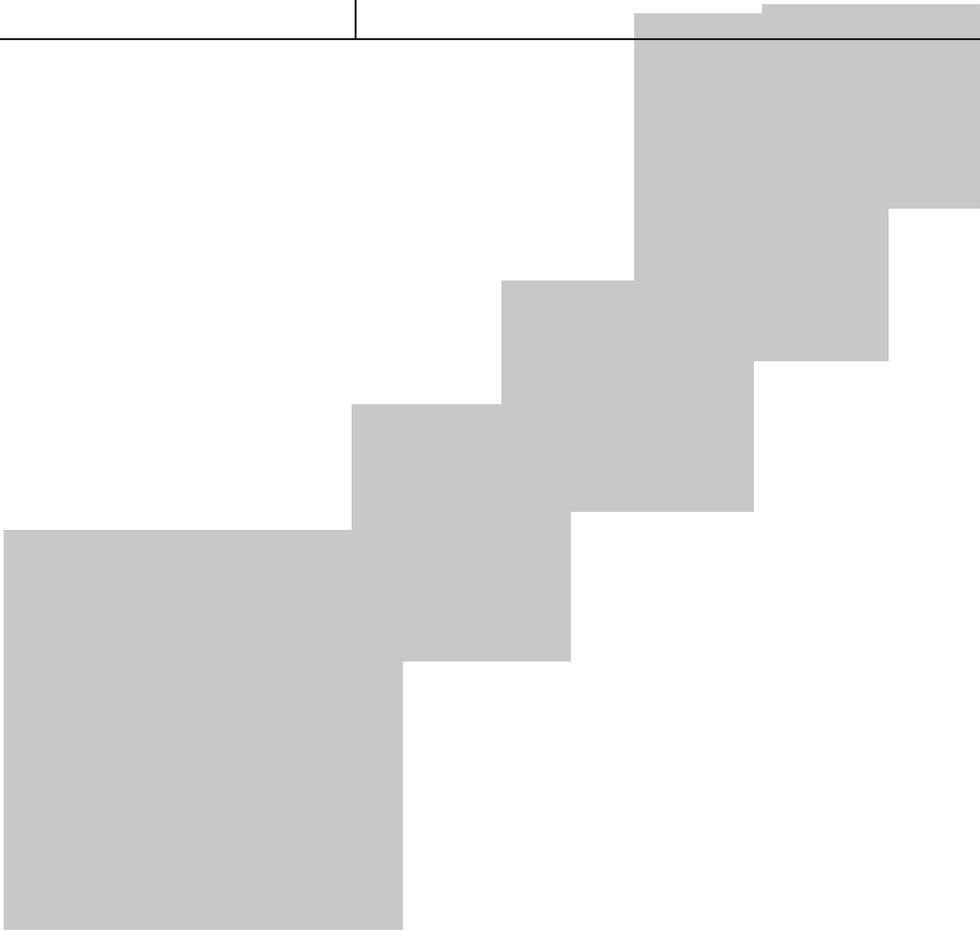
<p>Review of the effectiveness of commissioning arrangements for social care (including the interface between health and social care)</p>	<p>Contribute to the design and delivery of a review programme led by the Care and Social Services Inspectorate for Wales (CSSIW)</p>
<p>Follow up review of Child and Adolescent Mental Health Services (CAMHS)</p>	<p>Working jointly with the Wales Audit Office, we will publish the report of our follow up review of CAMHS</p>
<p>Special Reviews into identified issues and concerns</p>	<p>Complete and publish the findings of our review of <i>endoscopy services</i> in Aneurin Bevan Health Board</p>
	<p>Publish the findings of our review of infection control arrangements within Abertawe Bro Morgannwg University Health Board following an outbreak of E Coli on the neonatal ward.</p>
	<p>Commission additional investigative work as appropriate in response to identified issues and concerns</p>
<p>Ensuring NHS organisations fitness for purpose through</p> <p><i>Doing well, doing better: Standards for Health Services</i></p>	<p>Provide overarching feedback to NHS organisations' on their corporate level assessment of performance against the Standards using the <i>Governance and Accountability</i> self assessment module</p>
	<p>Establish the approach to self assessment and reporting against the standards for 2014-2015</p>
	<p>Continue to develop the self assessment modules for key services, including <i>end of life care</i> and <i>cancer services</i> and support their use in the conduct of the peer review + programme</p>

Principle 2: We will undertake a balanced programme of activity for each independent healthcare setting which ensures that

- *All settings that are required to be registered with HIW are registered*
- *The registration process ensures that independent healthcare providers meet the relevant regulations and minimum standards*
- *All settings are subject to baseline visits to a minimum frequency*
- *Additional reviews are undertaken in response to issues and concerns*

What we will focus on	How: we will do it
Register individual healthcare settings providing services for the first time and when services change	Respond appropriately and in a timely manner where we identify a risk that providers may be operating without an appropriate registration
	Register individual healthcare settings
	Respond to requests to cancel registration or to vary or change registration conditions
	Process annual registration fees
Inspect individual healthcare settings	<p>Carry out a routine programme of inspections of individual healthcare settings to assess the safety and quality of service provision:</p> <p>We will continue to focus on services for those who are in vulnerable situations.</p> <ul style="list-style-type: none"> ▪ We have carried out 15 reviews of providers of mental health and learning difficulty services so far this year, and plan to carry out a further 8 reviews. Follow up visits have been either undertaken or planned for those establishments where concerns were identified ▪ Four visits (both announced and unannounced) have been undertaken to dental hospitals

	<ul style="list-style-type: none">▪ Conduct an annual review of self assessment returns from settings providing IPL and Laser services and carry out a minimum of 6 visits up to the end of the year▪ A further 20 unannounced visits are planned to other independent healthcare settings
	Undertake additional risk-based reviews in response to specific areas of concern



Principle 3: We will take a professional and measured approach to the delivery of our specific functions

What we will focus on	How: we will do it
<p>The Local Supervising Authority for the statutory supervision of midwives</p>	<p>Ensure that all midwives who practice in Wales have access to, and receive appropriate levels of supervision in accordance with the standards and guidelines set by the Nursing and Midwifery Council (NMC)</p>
	<p>Continue to work with all relevant stakeholders to “future proof” the statutory supervision of midwives in Wales through the development and introduction of a revised model of supervision</p>
<p>Regulation and Inspection of Dental Services</p>	<p>Register individual dentists who wish to provide private dentistry services ensuring they demonstrate they meet the relevant regulations and minimum standards</p>
	<p>Respond to requests to cancel registration or to vary or change registration conditions</p>
	<p>Process annual registration fees</p>
	<p>Devise and deliver a programme of assurance of the quality of private dentistry in Wales</p>
	<p>Develop and put in place new arrangements for practice inspections (private and NHS) from 1 April 2014 onwards</p>

<p>Review Service for Mental Health</p>	<p>Meet our responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005 through an ongoing programme of monitoring visits. So far this year we have undertaken 25 visits and reported on 21 of these. For the remainder of the year we will focus on:</p> <ul style="list-style-type: none"> ▪ Produce reports on the 4 earlier visits ▪ Carry out 35 visits up to the end of the financial year (resulting in a total of 60 visits in 2013-2014) ▪ Improve the way we report on the findings from each monitoring visit <p>Provide a Second Opinion Appointed Doctor Service:</p> <ul style="list-style-type: none"> ▪ carry out visits in response to requests ▪ determine minimum and maximum visit levels and delivery targets for our SOADs <p>Work with the Delivery Unit of the Welsh Government's Department for Health, Social Services and Children (DHSSC) to monitor the implementation of the Mental Health (Wales) Measure 2010 (Parts 2, 3 and 4) through the audit of care and treatment planning.</p> <p>We will visit each Local Health Board in Wales and contribute to the Welsh Government's first post implementation report</p>
<p>Deprivation of Liberty Safeguards</p>	<p>Work with CSSIW to monitor the implementation of the Deprivation of Liberty Safeguards (the Safeguards) during 2012-2013 by NHS and registered independent hospitals when caring for patients who were unable to make decisions about their care</p> <p>The Safeguards are there to protect people whose mental capacity is compromised, who either live in a care home or are patients on a hospital ward. They were developed to ensure that the human rights of such individuals are maintained</p> <p>Work with CSSIW to conduct a joint national review of compliance with and awareness of the requirements of the safeguards</p>

<p>National Preventative Mechanism</p>	<p>Continue to be a participant and contributor to the UK's National preventative mechanism.</p> <p>The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) was adopted by the United Nations General Assembly in 2002. Its adoption reflected a consensus among the international community that people deprived of their liberty are particularly vulnerable to ill-treatment and that efforts to combat such ill-treatment should focus on prevention. States which ratify OPCAT are obliged to designate a “national preventive mechanism” (NPM), a body or group of bodies which regularly examine the treatment of people deprived of their liberty, make recommendations and comment on existing or draft legislation, all with the aim of improving the treatment and conditions of detainees. Given its role in relation to the monitoring of the Mental Health Act HIW is one of 18 organisations that form part of the UK NPM.</p>
<p>Ionising Radiation (Medical Exposure) Regulations</p>	<p>Carry out a programme of assessment and inspection of clinical departments that use ionising radiation in their work:</p> <ul style="list-style-type: none"> ▪ carry out four visits up to the end of the financial year <p>Ensure specific incidents involving “exposure much greater than intended” are properly investigated and remedial action is taken as necessary.</p>
<p>Controlled Drugs</p>	<p>Publish a list of “accountable officers” and attendance at Local Intelligence Networks for Controlled Drugs meetings</p>
<p>Homicide Investigations</p>	<p>Undertake investigations into circumstances where a service user known to Mental Health Services is involved in a homicide:</p> <ul style="list-style-type: none"> ▪ Continue progress in the conduct of two investigations ▪ Report on the findings of one investigation

<p>Regulation 30/31 Incidents</p> <p>(The Independent Health Care (Wales) Regulations 2011)</p>	<p>Independent healthcare organisations are required by regulation to advise HIW of any notifiable incidents. HIW will take action to ensure they have been properly dealt with and use the intelligence from these to inform our inspection programme. Where appropriate, HIW will refer any possible adult protection concerns to the relevant local authority and where appropriate engage in Protection of Vulnerable Adult (POVA) meetings</p>
<p>Joint Reviews with HMI Probation and HMI Prisons</p>	<p>Contribute to the conduct of a full joint inspection of Wrexham Youth Offending Team (Powys was visited earlier this year) and thematic inspections of:</p> <ul style="list-style-type: none"> ▪ Learning Difficulties and Disabilities (Part II) ▪ Girls and Young Women who have offended <p>Carry out clinical reviews of deaths in prison custody:</p> <ul style="list-style-type: none"> ▪ Progress and report (within 50 working days of the request) on 4 ongoing reviews ▪ Commission any further review requests (within 5 working days) ▪ The Prison and Probation Ombudsman (PPO) is required to undertake an investigation of every death that occurs in a prison setting. HIW provides the clinical review element of these reviews on behalf of the PPO for all deaths that occur in a Welsh prison

Peer Review +

Over the past two years the Cancer Services Co-ordinating Group and HIW have been working together to research, develop and test peer review approaches with a view to introducing a rolling programme of reviews across Wales.

During the year we will continue to work in partnership with Cancer Networks and the Palliative Care Implementation Board to:

- support the production and publish the reports of a programme of 14 peer reviews focused on the following areas:
 - Lung Cancer
 - Palliative Care
 - Upper Gastrointestinal (GI) Cancer
- Support the planning and delivery of a further programme of reviews focused on urology and palliative care
- Plan a programme and timetable of reviews for 2014 to include Lower GI, Head & Neck and Gynaecology

Principle 4: We will respond in an appropriate and timely manner to concerns and issues through

- *Escalation of concerns and issues in an NHS context through agreed procedures leading, where appropriate, to the introduction of Special Measures*
- *Enforcement of registration requirements for independent healthcare providers*

What we will focus on	How we will do it
<p>Ensure appropriate action is taken when NHS services fail to meet the standards and requirements set for them</p>	<p>Work with the Welsh Government and other regulators and inspectors to develop a consistent approach to the identification of and response to emerging issues and concerns through the development and publication of an <i>Escalation and Intervention</i> policy and procedures</p>
	<p>Take appropriate, proportionate and timely escalation action to ensure the safety of those accessing services from NHS organisations including, where appropriate seek to place an organisation under special measures</p>
<p>Ensure appropriate action is taken when independent healthcare providers fail to meet what is legally required of them</p>	<p>Develop and publish our enforcement policy and procedures</p>
	<p>Take appropriate, proportionate and timely enforcement action to ensure the safety of those accessing services from independent healthcare providers:</p> <ul style="list-style-type: none"> ▪ Undertake 26 regulatory/enforcement visits to unregistered providers by the end of the year.

Principle 5: We will report clearly, openly and publicly on the work we undertake in order that citizens are able to access independent and objective information on the quality, safety and effectiveness of healthcare in Wales.

What we will focus on	How we will do it
<p>Increase public awareness and understanding of the work of HIW through stronger communication channels</p>	<p>Develop an overarching Communication strategy, including plans for the use of social and other media</p>
	<p>Progress the development of HIW's new website</p>
	<p>Reintroduce our quarterly newsletter and publish our activity plans</p>
<p>Inform the public and others about the services provided by independent healthcare providers who should be registered in Wales</p>	<p>Maintain a complete and up to date list of registered independent healthcare providers</p>
<p>Publicise our views on the quality and safety of health services in a manner that gives clear account of our activities; drives improvement and informs the development of future health policy</p>	<p>Publish annual reports of:</p> <ul style="list-style-type: none"> ▪ Our monitoring of the Mental Health Act ▪ Our monitoring of the Deprivation of Liberty Safeguards ▪ Our overall work programme
<p>Improve the accessibility, availability and impact of our publications</p>	<p>Introduce and explicitly set out performance measures relating to timeliness and quality of reporting</p>

Principle 6: We will keep patients and users at the heart of our work by

- *maintaining a panel of lay reviewers to take an active part in the inspection process*
- *continuing direct observation and discussions with patients, relatives and staff within our inspections*
- *extending our use of unannounced, out-of-hours and weekend inspections*
- *developing our overarching framework for public and patient engagement*

What we will focus on	How: we will do it
<p>Further strengthen the voice of patients and the public in setting our direction and ways of working</p>	<p>Consult on our overall plan and work programme for 2014-2015</p>
	<p>Publish our Stakeholder Engagement Strategy, incorporating our plans for engaging on our longer term vision and direction</p>
<p>Involve patients and the public in all our review activity</p>	<p>Continue to progress our recruitment process for new lay reviewers</p>
	<p>Strengthen arrangements for matching; appointing and equipping individual reviewers to participate in specific work programmes</p>
	<p>Further develop our links with third sector and other service user and patient representatives to ensure the widest range of participation in our work:</p> <ul style="list-style-type: none"> ▪ engaging on our overall plans and work programmes ▪ seeking views and perspectives on specific aspects of healthcare, or within particular communities and areas in Wales ▪ working with patients, service users, carers and their families to develop new approaches to our

	work
<p>Improve our responsiveness and increase the transparency of our activities</p>	<p>Further strengthen our formal links and relationship with Community Health Councils through the agreement and introduction of a new Operating Protocol</p> <p>Raise awareness of HIW's distinct role in and arrangements for responding to:</p> <ul style="list-style-type: none"> ▪ feedback and concerns about healthcare services from members of the public and from healthcare workers ▪ feedback and concerns about HIW itself <p>Consider and respond appropriately to queries and concerns raised with us about the quality and safety of healthcare services in Wales</p>

Equipping our organisation to deliver

Principle 7: We will ensure a professional approach to regulation and inspection by

- *supporting our own staff in their professional and personal development*
- *maintaining a panel of specialist peer reviewers who can be called upon to provide a professional input to inspection activity;*
- *utilising specialist steering groups to advise on effectiveness of, and developments in, inspection methodologies*
- *establishing a strong Advisory Board to challenge and scrutinise the overall work of the organisation*

What we will focus on	How we will do it
<p>Develop the capacity and capability of our core workforce</p>	<p>Continue with our comprehensive programme of recruitment</p> <hr/> <p>Develop our overarching Learning and Development strategy and plans to support our workforce (including our external reviewers) when they:</p> <ul style="list-style-type: none"> ▪ join our organisation ▪ move into new roles; undertake new areas of work; take on new responsibilities or introduce new ways of working ▪ leave our organisation <p>through effective induction; development of core skills; specialist knowledge, skills and expertise; continuing personal and professional development.</p>

<p>Engage and empower our workforce</p>	<p>Further develop our approach to communicating with our workforce through:</p> <ul style="list-style-type: none"> ▪ Regular staff events and conferences ▪ Internal e-communications <p>Review the findings of our staff survey and ensure areas for further development/improvement are taken forward within our programme for organisational development</p>
<p>Ensure we have access to the specialist expertise we need to enable us to effectively deliver our work programme</p>	<p>Continue to develop our “mixed model” approach to sourcing specialist expertise from a variety of sources including:</p> <ul style="list-style-type: none"> ▪ Targeted appointment of “peer” healthcare staff direct from Local Health Boards and Trusts across Wales ▪ Nomination and appointment of suitable specialist expertise via the Academy of Royal Colleges in Wales, individual Royal Colleges and professional regulatory bodies ▪ Contracted arrangements for the provision of specialist expertise to advise upon or carry out review work, e.g., inspection of private dentist, IR(ME)R work ▪ Other Welsh and UK inspection, Audit and Review bodies’ arrangements (and in turn providing other IAR bodies with access to our own external expertise) ▪ Our own targeted recruitment in certain key specialist areas, e.g., SOADs, MHA Reviewers, LSA Lay Reviewers, etc

Access specialist advice to inform the development of our work programmes and inspection / investigation approaches	Establish steering groups to advise us on specific aspects of our work
Develop the professional practice of Healthcare Inspection and Investigation	<p>Agree a plan to support the development of the Healthcare Inspectors Profession through:</p> <ul style="list-style-type: none"> ▪ the design and introduction of revised Standards for Professional Practice that establishes a common baseline within which all our review work is carried out, supported by: <ul style="list-style-type: none"> ○ Professional Practice Guides ○ A robust quality assurance framework; and ○ Benchmarking activity ▪ the development of a new Professional Skills Framework for Inspectorate staff
Strengthen our overarching governance arrangements	Learning from our own and others experiences, establish an Advisory Board to oversee, challenge, champion and scrutinise HIW's operations
Provide efficient and effective corporate support	Manage our resources effectively through strong budgetary control linked to the achievement of our plans and priorities
	Ensure awareness, understanding and compliance with our <i>Corporate Policies and Procedures</i>
	Continue to develop our <i>Records Management, Information Security and Handling</i> and <i>Information assurance</i> arrangements

	Review and where appropriate strengthen our <i>Business Continuity</i> arrangements
	Further develop our organisational <i>Performance Monitoring and Reporting</i> system
Design and implement a comprehensive programme of Organisational Development	Design and implement an Organisational Development programme to prioritise and co-ordinate our development activities alongside the ongoing delivery of our functions



Principle 8: We will maintain an overview of the risks, emerging issues and current issues for each inspected body in order to:

- *Be able to speak authoritatively in public about emerging concerns and issues; and*
- *Use this information to inform our programme of work*

What we will focus on	How we will do it
<p>Further improve our intelligence base through the development of our knowledge management function</p>	Undertake a systematic mapping of relevant sources of intelligence (both hard data and soft intelligence) and establish routine information flows with key partners
	Review, develop and support our regular programme of <i>Internal Analysis</i> meetings to consider the risks, current and emerging issues for each NHS body
	Review and revise our <i>Organisational Profile</i> for each healthcare provider to facilitate analysis and the identification of issues
	Review and further develop the role of our <i>Relationship Managers</i>
	Produce commissioned and regular <i>briefing</i> and <i>research/analysis</i> reports to inform HIW's overall plans or to support the delivery of HIW's specific work programmes or projects
<p>Share the information and intelligence we hold about NHS organisations and services to establish an overarching, cohesive risk profile that can support the development of an integrated plan of assurance for NHS Wales</p>	Review and extend the scope of our information sharing agreements with our partners ensuring clarity on our respective roles
	Facilitate, support and further develop our programme of <i>Healthcare Summits</i> , (each one designed to focus on a particular NHS health board or Trust in Wales) to include bi-annual meetings

Principle 9: We will take a collaborative approach to our work in which we will seek to

- *share intelligence on concerns and issues ;*
- *work in partnership with other regulators and inspectors; and*
- *place reliance on the work of others in deriving assurance as far as is reasonable and appropriate.*

What we will focus on	How we will do it
A stronger framework for External Assurance	In partnership with the Concordat Forum ³ and the Head of Inspectorate Group ⁴ establish an explicit external assurance framework for NHS Wales which sets out the respective roles and responsibilities of the different bodies involved in the provision of public assurance.
	Work closely with others through a range of Wales and UK wide fora so that we better align our requirements and develop our approaches; make the best use of our combined capacity and place reliance on others work where appropriate in fulfilling our own responsibilities
	Review, revise and where appropriate introduce new agreements with other partners to support our working relationships

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Principle 10: We will base our review activity on recognised standards as defined by the Welsh Government and in associated guidance, recognised best practice, and requirements defined in legislation and regulation. We will use our experience of the delivery of these standards in order to inform their future development.

What we will focus on	How we will do it
<p>Clearly establish the defined standards and legislative requirements that apply in all our review work</p>	<p>When developing our review methodologies or when revising existing approaches explicitly reference the relevant standards and legislative requirements</p>
	<p>When reviewing the format and content of our Reports more clearly reference the relevant standards and legislative requirements that apply to our findings</p>
<p>Influence the setting of standards and introduction of legislation designed to achieve specific/ improved outcomes</p>	<p>Inform the Welsh Government’s reviews of:</p> <ul style="list-style-type: none"> ▪ Doing Well, Doing Better: Standards for Health Services in Wales ▪ The regulation of private dentistry
<p>Support the revalidation of Doctors</p>	<p>Continue to work with the Deanery and ABMU Health Board to pilot an assurance process for appraisal</p>

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Agenda Item 4

Health and Social Care Committee

Inquiry into the work of Healthcare Inspectorate Wales

Evidence from the Minister for Health and Social Services

1. Introduction

I welcome the Committee's inquiry into the work of Healthcare Inspectorate Wales (HIW). This is particularly timely for a number of reasons, including:

- The 10th anniversary of the establishment of HIW is fast approaching. There are been many developments in healthcare and the way in which it is provided during this time. Our governance systems, including our inspection and regulatory regimes need to evolve and keep pace with change;
- HIW has a new Chief Executive who will no doubt want to develop her own vision and shape the organisation to ensure it delivers its functions to best effect and best value;
- The need to consider the learning for inspection and regulatory bodies arising from recent inquiries, most notably the Francis Inquiry into the Mid Staffordshire NHS Foundation Trust in England; and
- The Welsh Government's Review of Audit, Inspection and Regulation (AIR), which is currently taking place.

The final context within which HIW operates is very different in 2013 to that which pertained in 2003. Then during the First Assembly term, the Welsh Government's budget grew, in cash terms, by 10% each year. Now, the resources available for all public services in Wales will fall in each year for which forecasts are available.

The findings and recommendations from the Committee's inquiry will helpfully inform the activities underway to ensure that we continue to have a robust, but proportionate healthcare inspection and regulatory framework in place.

I have commented on the areas captured in the agreed terms of reference below. However I would also wish to add, that first and foremost, I expect all healthcare bodies to have sound and transparent internal assurance processes in place continuously to monitor and improve the quality and safety of services provided. No individual body should place over reliance on external assurance mechanisms. In *Delivering Safe Care, Compassionate Care*, our response to the Francis Inquiry, published in July 2013, we set out clear expectations and actions to ensure a reliable and robust, whole-system quality assurance framework.

2. The effectiveness of HIW in undertaking its main functions and statutory responsibilities

The investigative and inspection functions of HIW, specifically its responsibility for making sure patients have access to safe and effective services, and its responsiveness to incidences of serious concern and systematic failures

The Committee will be aware that the range of functions and statutory responsibilities that fall to HIW has grown significantly since its establishment in 2004. These are underpinned by legislation drawn from a number of areas due to the breadth and detailed nature of the work involved. Although HIW carry out functions on behalf of Welsh Ministers and are part of the Welsh Government there are protocols in place to ensure and protect its operational autonomy and independence. As Minister for Health and Social Services, I therefore play no part in determining or agreeing how their functions should be performed or their resources are prioritised. It is essential that this operational independence is maintained.

However, as Health Minister I do need to rely on an inspectorate that provides an objective, independent assessment on the quality, safety and effectiveness of healthcare in Wales. I therefore meet regularly with the Chief Executive to learn of the forward work programme, any themes and issues emerging and also receive copies of all their inspection and investigation reports. HIW consult widely on their forward work programmes so the Welsh Government, like all stakeholders, has the opportunity to comment on the proposals and explore how HIW plan to meet their various responsibilities.

I am however mindful that HIW has had particular challenges in recruiting and retaining staff in recent times and this clearly will impact on the ability to effectively discharge its functions. I am aware that capacity issues are impacting on the timeliness of publishing their review findings and that is of concern. However I do expect organisations to act on any early verbal feedback ahead of receiving a report if any immediate issues which could impact on quality and safety are observed.

HIW has already indicated the need to review how it works, including how it works collaboratively with other external review bodies to ensure well coordinated and targeted review, preventing duplication and overlap with other review bodies. This commitment has been captured in our response to the Francis Inquiry. HIW has committed to reviewing its current work streams to ensure the key themes and issues arising from the Francis recommendations are taken into account. This provides the opportunity to build on the strengths and good practice that HIW has developed, including its use of direct observation; seeking views from staff, patients and relatives

during reviews; undertaking unannounced visits, including out of core hours and at weekends; and the use of peer, specialist and lay members as part of all review teams.

The programme of unannounced Dignity and Essential Care Inspections (DECI) has been a particular success in help provide an external assessment of the standards of care and any improvements needed. HIW has also demonstrated its ability to react quickly to serious issues of concern that come to light as demonstrated by the work they undertook largely within the independent healthcare sector following serious concerns that came to light at the Winterbourne View establishment. However such developments clearly impact on delivery of the proposed work programme. How this is then managed could be more clearly communicated.

More recently HIW's role in supporting peer review has been positively received. It is therefore timely to consider how this approach complements the reviews that HIW undertakes directly.

3. The overall development and accountability of HIW, including whether the organisation is fit for purpose

Since its establishment HIW has developed a range of review methods and approaches to fulfil the breadth of its functions and responsibilities as a dedicated, specialist healthcare inspectorate. The arrangements in place to maintain its operational independence have proved successful and this should be maintained. It now has a number of strengths to build on in order to inform the capacity, capability and partnership working required effectively and efficiently to discharge its role, ensuring it remains fit for purpose. As an example, the effectiveness of pooling resources and expertise to undertake joint reviews has been evidenced by the governance review it recently undertook into the Betsi Cadwaladr University Health Board in conjunction with the Wales Audit Office.

To date HIW's focus has been predominantly on acute healthcare settings and with the move to more integrated, community based care this will clearly need to be a consideration for HIW over the coming years. HIW may therefore wish to consider the internal arrangements it has in place to support its own decision making and the prioritising of its work programme.

4. The effectiveness of working relationships, focusing on collaboration and information and information sharing between HIW, key stakeholders and other review bodies

I consider HIW to have developed good, collaborative working relationships with a wide range of partners and stakeholders. The Heads of Inspectorates Group brings together HIW, the Wales Audit Office, Estyn and the CSSIW with a focus on improved information sharing and collaborative working. In addition, HIW has played a key role in the development of the Concordat between a wide range of health-related audit, review and inspection bodies. The introduction of the healthcare summit process has provided a key forum for the sharing of information across bodies. I welcome the lead role that HIW has now assumed in building on this through the development of an external assurance framework.

This approach supports the Welsh Government's intention to ensure that external review is well coordinated, proportionate and itself delivers value for money. This builds on the steps taken through the Local Government Measure 2009 and the Welsh Government Inspection, Audit and Review policy statement issued that year. This was an important step forward but it is recognised that there remains more to be done to ensure maximum benefit from those bodies undertaking inspections as well as for those bodies being inspected. The current external AIR review underway, targeting HIW, Estyn, CSSIW and the Wales Audit Office, will inform any further changes and developments required.

5. Consideration of the role of HIW in strengthening the voice of patients and the public in the way health services are reviewed

HIW has itself identified the need to further strengthen this aspect of the way it operates, improving accessibility of information to the public about its work and how patients and the public generally can inform it. The existing involvement of lay reviewers in all of HIW's inspections and investigations as well as its development work is to be welcomed. The wider work in hand to strengthen Community Health Councils in Wales also provides an opportunity for both bodies to be more explicit about their respective roles; how they complement each other in representing the voice of patients and the public; and how they work collaboratively.

6. Safeguarding arrangements, specifically the handling of whistleblowing and complaints information

In line with the arrangements to protect HIW's independence I have no role in determining how they handle and discharge these matters. HIW has no direct role in the investigation of individual complaints about care and treatment, but does work closely with the Public Services Ombudsman for Wales to ensure that serious concerns and recurrent themes inform and help target HIW's work.

Mark Drakeford AM
Minister for Health and Social Services

Health and Social Care Committee

Meeting Venue: Committee Room 1 – Senedd

Meeting date: Thursday, 17 October 2013

Meeting time: 09:15 – 15:30

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Wales



This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_200000_17_10_2013&t=0&l=en

Concise Minutes:

Assembly Members:

David Rees (Chair)
Leighton Andrews
Rebecca Evans
William Graham
Elin Jones
Darren Millar
Lynne Neagle
Gwyn R Price
Lindsay Whittle
Kirsty Williams

Witnesses:

Imelda Richardson, Care and Social Services Inspectorate
Wales
Nicola Amery, Welsh Independent Healthcare Association
Steve Bartley, Welsh Independent Healthcare Association
Mark Drakeford, Minister for Health and Social Services
Dr Andrew Goodall, Aneurin Bevan Health Board
Karen Healey, Vale Healthcare
Albert Heaney, Welsh Government
Katherine Murphy, Patients Association
Cathy O'Sullivan, Community Health Councils in Wales
Carol Shillabeer, Powys Teaching Health Board
David Sissling, Director General for Health and Social

Services, Welsh Government
Martin Solis, Welsh Government
Dave Thomas, Wales Audit Office
Gwenda Thomas, Deputy Minister for Social Services
Huw Vaughan Thomas, Auditor General for Wales, Wales
Audit Office

Committee Staff:

Llinos Madeley (Clerk)
Joanest Jackson (Legal Advisor)
Stephen Boyce (Researcher)
Victoria Paris (Researcher)

1 Introductions, apologies and substitutions

1.1 No apologies were received.

2 Inquiry into the work of Healthcare Inspectorate Wales: Panel 1 – CSSIW and Wales Audit Office

2.1 Representatives of CSSIW and the Wales Audit Office responded to questions from committee members.

2.2 Due to a technical issue, the Committee adjourned from 9:17 - 9:23.

3 Inquiry into the work of Healthcare Inspectorate Wales: Panel 2 – Local Health Board representatives

3.1 Representatives from the Aneurin Bevan University Health Board and the Powys Teaching Health Board responded to questions from committee members.

4 Inquiry into the work of Healthcare Inspectorate Wales: Panel 3 – Board of Community Health Councils in Wales and Patients Association

4.1 Representatives from the Board of Community Health Councils in Wales and the Patients Association responded to questions from committee members.

5 Inquiry into the work of Healthcare Inspectorate Wales: Panel 4 – Welsh Independent Healthcare Association (WIHA)

5.1 Representatives from the Welsh Independent Healthcare Association responded to questions from committee members.

5.2 Nicola Amery agreed to write to the Committee to clarify WIHA's concerns on safeguarding arrangements (as raised in paragraph 7.1 of WIHA's written evidence).

6 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

6.1 The motion was agreed.

7 Inquiry into the work of Healthcare Inspectorate Wales – private wash-up discussion

7.1 The Committee requested further information on:

- The forward work programme of HIW
- The full range of HIW's work and responsibilities
- Work undertaken by HIW over the last 5 years
- Evidence follow up to inspection work
- Case studies

8 Legislative Consent Memorandum: Care Bill

8.1 The Committee discussed the revised and supplementary memoranda on the Care Bill and agreed to return to the matter after the half term recess.

9 Welsh Government Draft Budget 2014/15 – Ministerial scrutiny session

9.1 The Committee scrutinised the Minister for Health and Social Services and the Deputy Minister for Social Services on the Welsh Government's draft budget for 2014-15.

9.2 The Committee requested a note from the Deputy Minister for Social Services outlining how the intermediate care fund of £50 million will be allocated.

9.3 The Committee requested a note from the Minister for Health and Social Services clarifying which enhanced services will experience a disinvestment in order to support extended GP opening times.

10 Papers to note

10.1 Letter from the Deputy Minister for Social Services: Social Services and Well-being (Wales) Bill

10.1 The Committee noted the letter.

10.2 Letter from the Chair of the Finance Committee: Scrutiny of the Welsh Government's Draft Budget – Equality Scrutiny Toolkit for Committees

10.2 The Committee noted the toolkit.

11 Welsh Government Draft Budget 2014/15 – private wash-up discussion

11.1 The Committee considered the evidence received from the Minister for Health and Social Services and the Deputy Minister for Social Services and agreed to write to them seeking clarification on a number of issues raised during the session.

11.2 The Committee agreed that this letter would be shared with the Finance Committee to inform its scrutiny of the draft budget.

Health and Social Care Committee

Meeting Venue: Committee Room 1 – Senedd

Meeting date: Wednesday, 23 October 2013

Meeting time: 09:31 – 12:18

Cynulliad
Cenedlaethol
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Wales



This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_700000_23_10_2013&t=0&l=en

Concise Minutes:

Assembly Members:

David Rees (Chair)
Leighton Andrews
Rebecca Evans
William Graham
Elin Jones
Lynne Neagle
Gwyn R Price
Lindsay Whittle
Kirsty Williams

Witnesses:

Ana Palazon, The Stroke Association in Wales
Paul Underwood, The Stroke Association in Wales
Lowri Griffiths, The Stroke Association in Wales
Dr Anne Freeman, Welsh Association of Stroke Physicians
Dr Hamsaraj Shetty, Cardiff and Vale University Health Board
Dr Yaqoob Bhat, Aneurin Bevan University Health Board
Jan Smith, Aneurin Bevan University Health Board
Amanda Smith, Powys Teaching Health Board
Nigel Monaghan, Public Health Wales
Dr Hugo van Woerden, Public Health Wales
Nicola Davis–Job, Royal College of Nursing Wales
Carole Saunders, Royal College of Nursing Wales

Dr Amer Jafar, St Woolos Hospital
Dr Philip White, BMA Cymru Wales
Mark Drakeford, Minister for Health and Social Services
Dr Chris Jones, Welsh Government

Committee Staff:

Llinos Madeley (Clerk)
Helen Finlayson (Second Clerk)
Sarah Sargent (Deputy Clerk)
Stephen Boyce (Researcher)
Philippa Watkins (Researcher)

TRANSCRIPT

View the [meeting transcript](#).

1 Introductions, apologies and substitutions

1.1 The Chair apologised to Members and witnesses for the delay in starting the meeting.

1.2 Apologies were received from Darren Millar. The Chair noted that Gwyn Price had offered his apologies for the first part of the morning session.

2 Stroke risk reduction – follow-up inquiry: Panel 1 – Voluntary sector

2.1 Due to technical issues, items 2 and 3 were taken together.

2.2 Representatives of the Stroke Association and the Wales Stroke Alliance responded to questions from committee members.

2.3 Lowri Griffiths of the Stroke Association noted that Professor Marcus Longley, Welsh Institute of Health and Social Care (WIHSC), has agreed to work with them to develop an economic assessment of stroke services in Wales. Ms Griffiths also noted that the National Institute for Social Care and Health Research Clinical Research Centre (NISCHR-CRC) has indicated that funds are available to undertake the assessment. Ms Griffiths agreed to present this work to the Committee on completion.

3 Stroke risk-reduction – follow-up inquiry: Panel 2 – Wales Stroke Alliance

3.1 Due to technical issues, items 2 and 3 were taken together.

3.2 Representatives of the Stroke Association and the Wales Stroke Alliance responded to questions from committee members.

4 Stroke risk-reduction – follow-up inquiry: Panel 3 – Local Health Boards / Public Health Wales

4.1 Representatives of local health boards and the Public Health Wales responded to questions from committee members.

4.2 Dr van Woerden noted that a particular piece of work is on-going in Caerphilly County Borough that relates to the rehabilitation of vascular dementia sufferers, details of which would be sent to the Committee.

4.3 Jan Smith, of Aneurin Bevan University Health Board, agreed to provide the Committee with information regarding the cost to the Cardiac and Cancer Networks of employing managers who oversee the running of each Network.

5 Stroke risk–reduction – follow–up inquiry: Panel 4 – Professional bodies

5.1 Representatives of the Royal College of Nursing and BMA Cymru Wales responded to questions from committee members.

6 Stroke risk–reduction – follow–up inquiry: Panel 5 – Welsh Government

6.1 The Minister for Health and Social Services and Dr Chris Jones, the Deputy Chief Medical Officer for Wales, responded to questions from committee members.

7 Papers to note

7.1 Letter from the Minister for Health and Social Services: health protection and immunisation budget

7a.1 The Committee noted the letter from the Minister for Health and Social Services regarding the health protection and immunisation budget.

7.2 Letter from the South Wales Plan Programme Board: follow–up information from meeting on 3 October

7b.1 The Committee noted the letter from the South Wales Plan Programme Board.

8 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

8.1 The Committee agreed the motion.

9 Social Services and Well–being (Wales) Bill: Stage 2 briefing

9.1 The Committee received a briefing on Stage 2 committee procedures.

Agenda Item 5a

Gwenda Thomas AC / AM

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LFGT096313

David Rees AM
Chair,
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

10 October 2013

Dear David,

Revised Legislative Consent Memorandum: Care Bill

Thank you for your letter of September 30 requesting clarification on issues on the revised Legislative Consent Memorandum ("the revised LCM"). In particular that the Committee wanted to know why the LCM does not take account of reciprocal arrangements for local authorities in Scotland to ensure continuity of care services following provider failure.

The Care Bill does not provide a specific provision to place temporary duties on local authorities in Scotland because this would cut across the existing duties placed on Scottish local authorities by virtue of section 12 of the Social Work (Scotland) Act 1968 to provide assistance to individuals in their areas who are in need.

The duty under section 12 applies even if the individual is ordinarily resident outside the local authority's area, including individuals placed in a Scottish local authority area by English, Welsh or Northern Irish authorities. So adult placements in regulated settings in Scotland by a local authority across the UK or arranged by the individuals themselves will have a level of protection should they be unfortunate to experience a breakdown in their care arrangements as a result of provider failure.

You may be aware that as a result of further changes to the Care Bill (tabled October 7) it has been necessary for me to table a Supplementary Memorandum and Motion on amendment to clause 39 and 71 of the Care Bill that impact on Wales and require the consent of the Assembly. These changes will enhance the reciprocal arrangements referred

to in revised LCM for continuity of care across our borders, and makes a number of amendments to section 117 of the Mental Health Act 1983 as it extend to Wales, in respect of local authorities duties for mental health after care .

Below is a link to the information that I that I laid on October 9.

<http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laid-docs.htm?act=dis&id=250840&ds=10/2013>

<http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laid-docs.htm?act=dis&id=250841&ds=10/2013>

I remain grateful to the Committee for their consideration of the LCMs in particular their overlap with the Social Services and Wellbeing (Wales) Bill. You will appreciate the complexity of the changes across both the Care and SSWB Bill.

We are also keen to ensure that reciprocal arrangements (as far as practical) that comprehensively address the differing scenarios individuals may find themselves in, this has unavoidably required a further Supplementary LCM.

I trust this letter provides the Committee with assurance about the legislative basis for the continuity of care arrangements in its application in Scotland. If the Business Committee decide to remit the Supplementary Legislative Consent Motion and Memorandum to the HSC Committee I will await consideration of the Report from the HSC Committee with interest.

Yours Sincerely

A handwritten signature in cursive script that reads "Gwenda".

Gwenda Thomas AC / AM

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Agenda Item 5b

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/3279/13

David Rees AM
Chair
Health and Social Care Committee

HSCCommittee@wales.gov.uk

31st October 2013

Dear David

Scrutiny Session – Unscheduled care: preparedness for winter 2013-14

At the Health and Social Care Committee on 9 October I agreed to provide you with information on the following:

- i. Clarification of the arrangements to provide children with flu vaccinations via general practice or school, and the ages when such vaccinations take place;
- ii. Provide a link to the annual report of GP practice performance against the relevant Quality Outcome Framework (QOF);
- iii. Provide further detail on the policy of offering elective treatment outside the Welsh NHS if the service does not have the capacity to deliver due to winter pressures;
- iv. Consider undertaking a piece of work to assess the impact of delay to elective care on unscheduled care in Wales; and
- v. Provide links/copies to the Health Boards unscheduled care plans.

The Deputy Minister for Social Services also agreed to provide the Committee with details of the integrated care projects underway in Wales.

Committee Request for Further Information

The Committee have also indicated they would like further information on the following:

- i. How consideration will be given to providing surge capacity across the health and social care system, not hospitals alone, over the winter period; and
- ii. The rationale that will be adopted to distribute the additional £150million allocated to the health and social services portfolio for the 2013-14 financial year, as announced on 8 October 2013.

Scrutiny Session – Unscheduled care: preparedness for winter 2013-14

- i) Clarification of the arrangements to provide children with flu vaccinations via general practice or school, and the ages when such vaccinations take place
- 2 and 3 year olds will be vaccinated by GPs.
 - School Year 7(11 -12 year olds) pupils will be vaccinated in school.
- GPs are also being asked to:
- Vaccinate any year 7 child who misses vaccination in school for any reason; and
 - Offer an injectable vaccine to any child who is contraindicated for the Fluenz nasal spray.
- ii) Provide a link to the annual report of GP practice performance against the relevant Quality Outcome Framework
- The latest statistics in relation to the General Medical Services Contract: Quality and Outcomes Framework (QOF) Statistics for Wales, 2012-13 were published in September 2013, and include data for the year to the end of March 2013. The QOF statistics can be accessed through the attached link:-
- <http://wales.gov.uk/topics/statistics/headlines/health2013/general-medical-services-contract-quality-outcomes-framework-2012-13/?lang=en>
- iii) Provide further detail on the policy of offering elective treatment outside the Welsh NHS if the service does not have the capacity to deliver due to winter pressures
- It remains the case that Health Boards can be allowed to utilise alternative capacity elsewhere, either firstly through another Welsh LHB, then within the NHS in England, and only if these possibilities are exhausted are LHBs able to seek additional capacity in the independent sector in Wales and England if they do not have enough capacity locally.
- Health Boards must inform the Welsh Government of their intentions to utilise alternative capacity, and must provide evidence that they have achieved value for money if they do decide to outsource work.
- At present, both Abertawe Bro Morgannwg and Cardiff & Vale University Health Boards have advised the Welsh Government that they are looking at additional capacity for the treatment of cardiac patients. This is being done in conjunction with Welsh Health Specialised Services Committee (WHSSC). Cardiff & Vale UHB are currently arranging for up to 112 patients to be treated at alternative providers. Abertawe Bro Morgannwg UHB has also agreed plans with WHSSC to treat their cardiac 36 week breaches by the end of March, and this will involve some outsourcing of work.
- iv) Consider undertaking a piece of work to assess the impact of delay to elective care on unscheduled care in Wales
- We are in discussions with one Health Board to gather this information as a snapshot to better understand the issue and a further update will be provided once this information has been received. However, at present this information is not collected centrally by the Welsh Government.
- v) Provide links/copies to the Health Boards unscheduled care plans

My officials have contacted Health Boards to remind them of my expectations to make their unscheduled care plans public. I will write to the Committee in due course with an update.

The Deputy Minister for Social Services also agreed to provide the Committee with details of the integrated care projects underway in Wales.

Please see details of the integrated care projects underway in Wales at Annex 1.

Committee Request for Information

i) How consideration will be given to providing surge capacity across the health and social care system, not hospitals alone, over the winter period

Winter planning has been conducted on the basis that capacity consists of more than hospital beds. While a lot of attention has been paid in the plans to ensuring that hospital capacity is appropriate to meet demand, all Health Boards have been looking at capacity in the community and working closely with partners to maximise these opportunities.

For example, Cardiff and Vale University Health Board have been revising and improving their scheduling and funding of the Community Resource Teams in December and January, seeking to maximise capacity in the Domiciliary Care Sector and working with the Third Sector to explore opportunities.

Betsi Cadwaladr University Health Board are developing robust intermediate care services over the winter, using reablement beds in care homes and short term flats with reablement provision in Extra Care Housing.

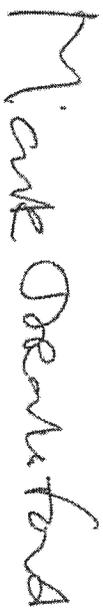
Also, the attached Community Services Development document (Annex 1) point to a range of models that have been developed to help balance demand and capacity at all times in the year. While the report from the Community & Hospital Interface Group will include recommendations to assess and ensure there is capacity in place across the health and social care system.

ii) The rationale that will be adopted to distribute the additional £150million allocated to the health and social services portfolio for the 2013-14 financial year, as announced on 8 October 2013

I outlined my rationale to distribute the additional £150million in my written statement issued on 17 October 2013.

<http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-written-ministerial-statements.htm?act=dls&id=251137&ds=10/2013>

I trust the above is clear and helpful.

A handwritten signature in black ink that reads "Mark Drakeford". The signature is written in a cursive style with a large initial 'M'.

Mark Drakeford AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

ANNEX 1

Community Service Development – LHBs in Wales

Background

Following on from the presentation to the Nuffield Institute on the local developments within community services in Wales, a summary document was prepared outlining the various community service models that Health Boards across Wales were either developing or implementing (drafted March 2013). In order to gain a broader understanding of these models, the following report outlines how these initiatives are to be measured and monitored going forward, along with a summary of the progress that is being made in terms of their development and implementation.

In order to get a sense of the models that are being developed, information has been captured on:

- The overall aim of the initiative and the services that are to be provided.
- Whether these services are being delivered in specific localities or LHB wide and in conjunction with partners outside of secondary care health services.
- Whether the Health Board has received Invest to Save funds to develop/implement its model.
- The mechanisms that have been put in place to measure improvements.

Overview of Models – Key Points

The following is a snapshot summary of the Community Service Delivery models being implemented across Wales:

- All of the Health Boards in Wales are either developing or implementing at least one mode that will assist in the development of community health care services. In some instances the number of projects that are being delivered amount to Five (Powys Teaching Health Board).
- All of the models include partnership working with Secondary Care services, including Primary Care partners, Local Government, Social Services and/or third sector organisations.
- Seven of the eleven projects are being delivered LHB wide.

- The key outcome benefits for the majority of the models are: reduced length of stay/early discharge; reduced admissions into secondary care services and; improved outcomes for the patient (e.g. reablement).
- The majority of Health Boards are utilising efficiency and productivity health measures to demonstrate the success of their community models (e.g. the number of admissions, average length of stay etc.) along with social care measures such as delayed transfer of care performance. In addition, some Health Boards (ABMU, Cardiff & Vale, Cwm Taf and Hywel Dda) have also incorporated mechanisms that will enable patient experience to be quantified.

A fuller description of the models for each Health Board are provided on the following pages, whilst the actual plans, progress reports etc provided by each health board are available on request.

Health Board	Model	Page
Abertawe Bro Morgannwg University	Community Resource Teams	4
Aneurin Bevan	Gwent Frailty Programme	5
Betsi Cadwaladr University		6
Cardiff & Vale University	Wyn Campaign	7
Cwm Taf	@ Home Services	9
Hywel Dda	Out of Hospital Care Model	10
Powys	Reablement Services	12
	Care Transfer Co-ordinators	12
	Community Resource Team	12
	Builth Model	13
	Virtual Ward	13

Invest to Save Funds

Across Wales, four Health Boards are receiving Invest to Save funds from Welsh Government to develop their Community Service models. Those receiving Invest to Save funds are:

Health Board	Community Service Model
Aneurin Bevan	Gwent Frailty Programme
Cardiff & Vale University	Wyn Campaign
Cwm Taf	@ Home Services
Hywel Dda	Community Virtual Ward (part of Out of Hospital Care Model)

All of the aforementioned Health Boards are currently in discussions with Welsh Government's Knowledge and Analytical Services and Swansea University's Centre for Innovative Ageing in order to develop a robust evaluation framework for the Invest to Save projects. It is hoped that the framework will assist in the identification of the benefits realised from Community Service projects (cost savings, the impact on service user wellbeing and model testing), whilst recognising the difficulties of measuring benefits in the short term and for older people's services where there is a greater need for hospital care and increased co-morbidity.

An interim report on the development of individual evaluation plans for the Invest to Save projects is to be made available during July 2013, but it is anticipated that this preparatory work will continue until June 2014.

Additional Community Service Projects

In addition to providing information on the projects that were already known to Welsh Government (as outlined in the March 2013 Summary), Health Boards were asked to provide details of any other community service projects that were being developed and implemented. Appendix A - Additional Community Service Projects provides a brief summary of the projects being implemented by ABMU, Cardiff and Vale and Cwm Taf.

Health Board

ABMU

Additional Community Service Projects

Acute GP Unit at Singleton Hospital (Swansea)

Acute Clinical Team (Neath Port Talbot)

Integrated Health and Social Care Teams (Bridgend)

Cardiff & Vale

Elderly Care Assessment Service

Cwm Taf

Reablement Services for People with Cognitive Impairment

Discharge Liaison Pilot

Home Medication Administration Service

Going Forward

It is recommended that Community Service Models should be included on the agenda for future Quality and Delivery meetings, linked to unscheduled care activity.

Community Resource Teams			
Aim	To support people to live at home, preventing hospital admissions and to facilitate timely discharge from hospital.		
Service Description	<p>The following are some of the services in place within Swansea, NPT, and Bridgend areas:</p> <ul style="list-style-type: none"> • Nurse-led rapid response assessment (within 4 hours) – 8.00am to 8.00pm, 7 days a week. • Consultant-led 'hot clinics' to provide in-depth assessment, with further access to further investigation & rehabilitation. • Single point access to all adult social care and intermediate care services. • Nurse led falls assessment within 24 hours of referral. • Home IV antibiotic therapy, includes prescribing antibiotics, monitor patients & review bloods. • Emergency placements for clients who are not able to be supported within their home. • Stroke rehabilitation. • Continuing health care services – nursing, domiciliary & respite care. • Specialist practitioners including palliative, tissue viability, dementia, medicine management, continence, young person's sexual health education. • Reablement services including residential reablement. • Integrated approaches to contracting, contract monitoring and quality assurance of long term care being developed through the Western Bay Programme. • Integrated community network teams of district nurses, social workers and occupational therapists co-located in community hubs in plans in Bridgend. • Expanded services in place in Neath Port Talbot following changes in community hospital service model and more out of hospital care pathways in place between primary and secondary care. 		
Scope of Service	Local delivery - Swansea, Neath Port Talbot and Bridgend.		
Delivery Partners (In addition to Secondary Care)	Swansea <ul style="list-style-type: none"> • GP • Local Authority • Third Sector 	Neath Port Talbot <ul style="list-style-type: none"> • GP • Out of Hours • Local Authority 	Bridgend <ul style="list-style-type: none"> • Local Authority • Third Sector • GPs
Invest to Save Funding	No.		
Timeline for Improvements	Each locality service has started from a different timeline and there is a different emphasis across the localities. Through the Western Bay Health and Social Care Reform Programme and the Health Board's Changing for the Better Programme, a new joint Community Services Project Board has been established which will drive the development of improved community services (including CRT services) across the whole area. Modelling work to look at options for scaling up current health and social care is being finalised; an initial business case has been developed and detailed business cases will be presented in December. A standard specification for the CRT is being developed. A standard set of performance metrics are also being developed to ensure consistency in measuring outcomes.		
Key Principles being Monitored	<ul style="list-style-type: none"> • Rapid medical assessment/diagnostics • Rapid response – admission avoidance 	<ul style="list-style-type: none"> • Domiciliary rehab • Domiciliary intake reablement 	<ul style="list-style-type: none"> • Residential IC beds

Mechanism used to Monitor Improvements	Performance Dashboard within ABMU Health Board		
	The following indicators are being used/and or developed within ABMU and will be further developed and refined by agreement on a common set of performance metrics across health and social care being developed (as referenced above)		
	<ul style="list-style-type: none"> Community Resource Team Services – indicators that reflect the range and type of services provided and effectiveness ie. numbers of patients managed with IV antibiotics at home, numbers receiving reablement packages, number of avoided admissions. Response times. 	<ul style="list-style-type: none"> Interface with hospital services: emergency admissions for patients aged 65+, bed days consumed, length of stay indicators. 	<ul style="list-style-type: none"> Effectiveness - % of patients admitted to residential care, nursing home care and number of placements into these settings made directly from hospital.

Ageurin Bevan Health Board

Gwent Frailty Programme	
Aim	To keep people independent in their homes, through admission avoidance and earlier discharge. By focusing on prevention and ensuring clients have their health and social care needs solved quickly.
Service Description	<ul style="list-style-type: none"> Single point access. Access 8.00am to 8.00pm, 7 days a week, 365 days a year. 0-4 hour response time for health & social care urgent components. Emergency care at home Reablement Up to 6 weeks rehabilitation and review Falls assessment, falls clinic Two weeks rapid medical intervention including CGA Hot clinics Onward referral where required
Scope of Service	LHB wide delivery. 5 Community Resource Teams across Gwent.
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> Local Authority Voluntary Sector
Invest to Save Funding	Yes.
Timeline for Improvements	<ul style="list-style-type: none"> Payback of Invest to Save bid not noted on information provided. In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University. Consideration is to be given to applying the 'theory of change' to plans.
Key Principles being Monitored	<ul style="list-style-type: none"> To reduce the usage of bed days related to the patients who could be seen by CRT. Growth in activity in CRT patient/client care. Reduction in Residential and Domiciliary care packages (Social Care)

Mechanism used to Monitor Improvements	Reduction of Bed Day Usage <ul style="list-style-type: none"> • Overall bed days utilised - Admission avoidance <2 days - Acute Ages 75+ >14 days - Acute Ages <75 >10 days - Community Ages 75+ >28 days - Community Ages <75 >21 days • Length of stay - Acute hospitals for frailty cohort 	Growth in CRT Activity <ul style="list-style-type: none"> • Total activity - Reablement - Falls - Rapid response - medical - Rapid response - other 	Social Care Packages <ul style="list-style-type: none"> • Social Care DToC. • Older people supported in the community. • Older people whom authority supports in care homes. • Total no. of domiciliary care hours per week for service users where the package is 10-20 hrs per week, less than 10 hrs per week & more than 20 hrs per week. • Total no. of general & mental health residential placements on the last day of the quarter for older people. • Total no. of general & mental health nursing placements on the last day of the quarter for older people.
	<ul style="list-style-type: none"> • A combination of finance & performance reports are sent to the Gwent Frailty Joint Committee & meetings are held with Welsh Government on a quarterly basis. • Local Evaluation - exploring opportunities for an 'organisational raid' to be undertaken by Academia Wales. 		
Progress to Date	<ul style="list-style-type: none"> • An adverse variance for the number of bed days for the frailty patient cohort has been reported for 2012-13 against the targeted profile and has deteriorated in comparison with 2011/12 and 2010/11. • A reported growth in CRT activity, but it has not achieved the levels of activity expected from the investment of extra resources. • Social Care indicators illustrate a broadly stable position for 2012/13. Further work is to be undertaken on the social care indicators to understand trends and future target levels for the Frailty Programme. • High level modelling undertaken to determine how the Programme has contributed to the management of growth for the cohort. • Support in Anticipatory Care Planning where appropriate alongside GP referrals. • Instruction of FOPAL (Frail Older Persons Assessment & Liaison) team in line with frailty at the front door – MDT presence to assess patients in admission areas of RGH and NHSS and facilitate discharge with CGA in place and management plans. • Introduction of drivers and care bundles and use of frailty index for appropriate referrals. • Mental Health Nurse Practitioners in post in 3 localities within CRT. • Facilitating Early Stroke Discharge from secondary care • The profile of the people living at home and in community hospitals is increasingly complex and the community based staff are extending their core skills to support managing this complexity. • 7 day working of the medical model covering 4 of 5 areas from March 2013. 		

Enhanced Care at Home (Denbighshire and Anglesey)

Aim	To provide an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community hospital or an acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been.
Service Description	<ul style="list-style-type: none"> • The patient's GP practice acts as the 'gatekeeper' of the service. The GP decides whether or not a patient's health and social care needs can be safely met at home. • The GP provides the medical care to the patient and is supported by a multi-agency, multi-disciplinary 'team' including an Advanced Nurse Practitioner, District Nurses, Health Care Support Workers; Therapy staff; and Social Worker support. The voluntary sector also provides support where required, together with community equipment. GPs and the wider 'team' have access to specialist advice and support from Care of the Elderly Consultant and Consultant in Palliative Care Medicine. • A care plan is agreed by the GP and Enhanced Care 'team' for each patient who receives Enhanced Care, including the ability to provide a 24/7 service if required, with the needs of any carers also considered. • The length of time that a patient receives Enhanced Care varies but is usually up to 14 days. However, when someone requires Enhanced Care for a longer period of time (such as in the provision of terminal care), this can be provided although usually this is no longer than 28 days. • Before patients are 'discharged' from Enhanced Care, a full review of their ongoing health and care needs is done and the necessary arrangements are put in place to provide ongoing care. This is very similar to the type of assessment and ongoing arrangements that are done when a patient is discharged from hospital. • Enhanced care is provided for any adult over the age of 18 whose GP agrees can be safely cared for at home. However the majority of patient who would benefit from Enhanced Care are over the age of 65. • It is estimated to deliver at least 3,366 episodes of care across North Wales per year once fully implemented. • Plans to be developed to deliver the service in Meirionnydd, Central/South Denbighshire, North West Flintshire and South Wrexham in 2013, and the service will be rolled out to all localities in a phased.
Scope of Service	LHB wide delivery in a phased approach.
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • Local Authorities across North Wales • GPs • Voluntary Sector
Invest to Save Funding	Yes – for 4 localities out of 14 in North Wales.
Timeline for Improvements	<ul style="list-style-type: none"> • Provision of service in 8 localities by Autumn 2013 • Develop evaluation framework and reporting for the I2S localities and clear mechanisms for impact on unscheduled care by December 2013 • Additional capacity in the community will support unscheduled care provision from Autumn 2013 onwards • I2S localities to provide over 1,000 episodes of care (equivalent to 40 beds) over a full year (by Autumn 2014)
Key Principles being	<ul style="list-style-type: none"> • More people are appropriately and safely cared for in their own home

Monitored	<ul style="list-style-type: none"> • Number of episodes of care provided supporting reduced hospital admissions and early discharge • Patient & Carer satisfaction
Mechanism used to Monitor Improvements	<p>Joint Outcome Measures:</p> <ol style="list-style-type: none"> 1. Number of 'step-up' admissions to enhanced care 2. Number of patients where discharge has been facilitated by Enhanced Care 3. Estimated bed days saved for those patients on Enhanced Care – by condition and hospital site – measured against the total 4. Levels of care package/hours per week measured at pre-admission, at start of enhanced care, end of enhanced care and post enhanced care 5. Cost of care packages for step up for Social Services and for Clients 6. Prevention of placement in care homes 7. Number and reasons for delayed discharges from Enhanced Care (which could be due to wait for a care package) 8. Admissions to hospital beds 9. Length of stay in hospital beds 10. Repeat admissions to Enhanced Care 11. Destination of patients when they are discharged from Enhanced Care 12. Emergency admissions by GP practice 13. Outcome Star model – patient questionnaires for qualitative information linked to certain goals such as mobility, general care, dealing with emergencies etc. This would be carried out in their own words which are agreed at the beginning of Enhanced Care and evaluated at the end and then possibly again in about 3 months.
	<p>Evaluation Framework:</p> <p>A framework is being developed to evaluate the delivery of the new service to include, patient outcomes and satisfaction, increase in number of patients cared for in their own home and reduction in demand for inpatient services, and cost effectiveness.</p>
Progress to Date	<ul style="list-style-type: none"> • The ECH service has been in place in North Denbighshire for over 3 years and more recently Anglesey ('step up' patients only at present) • In August 2013 the service commenced in a further three localities, namely North West Flintshire, Meirionnydd and South Wrexham

Cardiff and Vale University Health Board

Wyn Campaign	
Aim	To support people to regain and retain independence by delivering safe and efficient support, delivering a good experience and creating sustainable services.
Service Description	<ul style="list-style-type: none"> • Communication Hub providing a single point of contact for the citizen with a range of local services, interest groups or healthy ageing programmes. Also, acts a single point of contact for referral for assessment by the most appropriate agency. • Comprehensive geriatric assessment via Elderly Care Assessment Services or at home. • Intervention by a range of therapists including physiotherapist, occupational, speech & language and dieticians. • Falls assessment. • Case management for people with long term conditions. • Intravenous drug administration. • Nursing support. • If admitted to hospital, assessment by a multi-disciplinary team in EU & patient tracking and rehabilitation/reablement at home. • Co-ordinated long term care planning for those with complex needs.
Scope of Service	LHB wide delivery (Cardiff and Vale of Glamorgan Local Authority areas)
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • GP • Local Government • Social Care • Thirds sector partners (voluntary services)
Invest to Save Funding	Yes
Timeline for Improvements	<p>Based on the payback of Invest to Save funds:</p> <ul style="list-style-type: none"> • Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures). • Estimated bed reduction of 79 by 2015/16.
Key Principles being Monitored	<p>Phase 1:</p> <ul style="list-style-type: none"> • Improve response time for facilitated discharge from hospital to home. • Improve falls management and prevention in the community. • Improve chronic condition management for those at most risk of admission to hospital. • Provide in-reach to care home to prevent avoidable admission. • Prioritised 'step up' response to people identified by ECAS & Frail Older People's Advice & Liaison Service (front door turnaround)

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Wyn Campaign	
Mechanism used to Monitor Improvements	Performance Indicators
	<ul style="list-style-type: none"> Emergency admissions to hospital for people aged 65+. Emergency bed usage for people aged 65+. Shift in balance from care home to home care provision. Re-admissions avoided by FOPAL. Falls data submitted to NLIAM: reducing harm from falls. Admission to care home direct from acute hospital. Discharge to usual place of residence. Number of people dying at home. Unplanned hospital attendance. Readmission within 14 days of discharge. DToC due to waits for packages of care or modifications to the home environment. Admission avoided by ECAS. Patient/Carers Experience Questionnaire (treated as an individual with dignity & respect; been worked with & not 'done to'; provided with timely information and; received joined up services).
	Reporting Mechanism
	<ul style="list-style-type: none"> Wyn Steering Group & Engine Room (monthly). Integrating Health and Social Care Board (bi-monthly). Welsh Government Invest to Save team (quarterly). Each partner organisation reports into its own governing body.
Progress to Date	Initiatives
	<ul style="list-style-type: none"> Pathway redesign: Condition specific e.g. #NoF, amputee, stroke and falls, plus an aspirational 'whole systems' pathway. The establishment of an Integrated Discharge Service to support complex discharge from hospital. The testing and establishment of the first phase of the Frail Older People's Advice & Liaison Service. Further development of the Elderly Care Assessment Service. The development and testing of a care co-ordination model. Work with GPs on the end of life pathway and piloting of the advance care planning protocol. Work on joint health and social care commissioning. Further development of Community Resource Teams to provide consistency across localities & a focus on targeted intervention. Inter-agency workforce/team development. Improvements in medicines management across the care pathway. The development and implementation of IT solutions to support integrated working.
	Efficiencies (comparison with the previous year)
	<ul style="list-style-type: none"> Emergency admission to hospital for people aged 65+ is increasing. A&E attendance for peoples aged 65+ is increasing. The number of people aged 65+ being supported in the home has increased, whilst the number supported in a care home has reduced. Discharge to usual place of residence has increased. Discharge to care homes form acute service has fallen. During financial years 2010/11 and 2011/12 readmission rates have consistently averaged 11.9% (Cardiff residents aged 65+ discharged from General Medicine of OPAIC). Between 3% and 9% of DToC reasons are attributed to homecare and modifications to the home environment.

Cwm Taf Health Board

@ Home Services			
Aim	To move care out of the hospital and into local community to improve the health and well being of individuals.		
Service Description	<ul style="list-style-type: none"> Reconfiguration of existing services to enhance the @Home Service which includes the Community Integrated Assessment Service, Community Ward, IV Service, Reablement and Intermediate Care Services, Reablement for Cognitive Impairment, Home Medication Administration Scheme, Discharge Liaison Nurse pilot and Specialist Practitioners e.g. Tissue Viability, Lymphoedema, Continence, Parkinson etc. The Community Integrated Assessment Service (CIAS) enables GPs to refer people over 65 to a rapid access assessment clinic (up to 72 hours) if extra medical care or therapy support is needed. A 'Community Ward' providing care that would normally be available on a hospital ward in the community or in a patient's home. Delivering IV Therapy in either a patient's home, local nursing or residential homes, includes the provision of intravenous medicine and co-ordinating the input of district nursing services. Continue the provision of reablement services that promote optimum levels of independence for patients through the delivery of short term multidisciplinary intervention. Single Point of Access established to refer patients to adult social care and integrated care services. 		
Scope of Service	LHB wide delivery.		
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> Primary Care Services – GPs and Medical Health Services Local Authority Third sector 		
Invest to Save Funding	Yes.		
Timeline for Improvements	Payback of invest to save bid not noted on information provided. Cash releasing efficiency savings planned from 2014/15. Cash releasing efficiency savings are planned for 2014/15 and 2015/16. In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University.		
Key Principles being Monitored	<ul style="list-style-type: none"> Prevent admission. Support early discharge. To improve quality of life for client & carer. 		
Mechanism used to Monitor Improvements	Prevent Admission	Early Discharge	Quality of Life
	<ul style="list-style-type: none"> Admissions avoided for over 65 population - COE, General Medicine, Fractures, GP. Admissions within 30 days contact with the services (ex reablement). Admissions from nursing & residential homes 	<ul style="list-style-type: none"> Length of stay for those patients accessing reablement services. DToC 	<ul style="list-style-type: none"> Patient outcomes as measured by therapy outcome measures. No. accessing reablement/intermediate care services. Patient experience.
	Monitored via a Project Board which reports to the Setting the Direction Assurance Collaboration. Monthly performance reports are produced and a Quarterly Invest to Save Checkpoint report submitted to Welsh Government.		
Progress to Date	<ul style="list-style-type: none"> Lower than planned no. of referrals to Community Integrated Assessment Service, however referrals to CIAS are increasing 		

	<p>following changes to the Service Model, however current pressure on acute service in terms of emergency admissions are impacting on the organisation's ability to reconfigure acute services and therefore reducing the impact of the @Home services.</p> <ul style="list-style-type: none">• Community Ward contacts continue to increase enabling earlier hospital discharge for patients requiring continued intervention.• Implementation of Falls Pathway• Referrals to reablement services exceeding targets which is enabling a greater number of discharges from the DGH and Community Hospitals• Delayed Transfers of Care are decreasing and patient flow increasing enabling greater capacity within DGHs.• Working closely with WAST to implement three referral pathways, Falls; Epilepsy and Diabetes to reduce the number of avoidable admission to the DGH• Number of patients treated as part of the IV component of the @Home Service continues to increase. We are also working with the Independent Sector targeting patients requiring IV intervention and provision of sub-cut fluids in five large Nursing/Care Homes• Patient information developed• Currently undertaking an evaluation of the @Home Project with support from Swansea University.
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Out of Hospital Care Model	
Aim	Development and alignment of community network services and functions that work together to deliver 'out of hospital care'.
Service Description	<p>Delivering care closer to home, by co-ordinating care that is designed around the needs of the individual and provided by a local interdisciplinary network of people with a range of skills coupled with moving patients/service users from a model of dependency to self-care/enablement.</p> <ul style="list-style-type: none"> • Improve the consistency of service delivery and patient outcomes. • Identification of demand and risk stratification. • Surveillance and care co-ordination, including telephone case management, guided self management and secondary prevention (includes musculoskeletal interface clinics, self referral, lifestyle services, tele-health for COPD, diabetes and heart failure etc). • Communication, including information sharing and development of a communication hub (e.g. booking appointments, single point access for health and social care community services). • Case management and navigation, including virtual ward development and integrated community response.
Scope of Service	LHB wide with community services are aligned to 7 geographical localities.
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • Primary Care • Local Government • Social Services • 3rd Sector Services
Invest to Save Funding	Yes. Invest to Save funding has been received for the Community Virtual Ward element of the model.
Timeline for Improvements	Out of Hospital Care Model
	Community Virtual Ward element
	<ul style="list-style-type: none"> • Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures).
	<ul style="list-style-type: none"> • Rebalance number of acute & community beds in system with phased workforce shift to community service & overall reduction in WTE (phased). • Development of clinical pathways and new ways of working (from Jan 2013 and to be further developed through the Population Health Programme of Work. • Cash releasing efficiency savings planned from 2013/14.

Out of Hospital Care Model		
Key Principles being Monitored	<ul style="list-style-type: none"> • Reduction in hospital admission. • Improved productivity. • Improved health outcomes. • Better patient experience. • Community based provision strengthened. 	<ul style="list-style-type: none"> • Reduce the risk of health deterioration & improve the wellness of individuals at risk of hospital admission, readmission, health crisis (frail & chronic conditions). • Reduce unscheduled care demand (OoH & A&E attendance). • Reduce unplanned acute hospital admissions & readmissions. • Earlier hospital discharge for patients requiring continued intervention. • Reduce the number of acute hospital beds. • Rationalisation of CHC expenditure. • Improve quality by optimising the acute pathway for older people with complex needs. • Move towards local financial accountability.
	Out of Hospital Care Model	Virtual Ward Development
Mechanism used to Monitor Improvements	<ul style="list-style-type: none"> • Reduction in the number of emergency hospital admissions & re-admissions. • Improvement in DToC delivery. • Number of individuals receiving telehealth. • Number of MDT clinic sessions for frail adults accessible within 48 hours of referral (Carmarthenshire) • No & % of people (includes carers) reporting that their quality of life & level of confidence/independence was restored/improved after episode of care from community services. • No & % of people who received enabling intervention to optimise independence by CRT. • No of people who require a reduced / no longer require health & social care package after an enabling intervention by CRT. • No of falls, epilepsy and hypoglycaemia events that are referred to the Community Resource Teams by WAST (avoiding A&E attendance) 	<ul style="list-style-type: none"> • Average LoS for Emergency Care (Combined Medicine) • DToC (non mental health). • Emergency admission & readmission rates for chronic conditions & ALoS. • Reductions in emergency packages of care. • Reduction in emergency admissions via A&E – WAST. • No of people who require a reduced health or social care package after a CRT intervention. • People reporting that their quality of life & level of confidence/independence was restored/improved.
	<p>The Community & Chronic Conditions Management Board steering the Out of Hospital Care work programme and monitoring the progress reported by county delivery groups and task & finish sub groups has now been disestablished with a view to embedding the function within the revised governance structure of the HB in respect of performance and delivery monitoring. Quarterly Invest to Save checkpoint reports are submitted to WG on the Community Virtual Ward element.</p>	

Out of Hospital Care Model

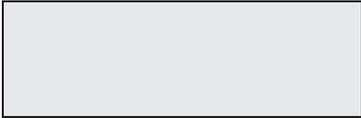
Progress to Date

- Locality leadership teams developed (with 7 GP leads).
 - CRT established in each locality.
 - Communications hub in Carmarthenshire now 24/7.
 - Implementation of services for chronic conditions from level 1 to level 4 of the CMM triangle across Health Board.
 - Prevention services provided through patient education, information & targeted advice aimed at chronic disease.
 - Specialist from hospital services, community & primary care working together in community based clinics or via telemedicine links (Joint frailty clinic commenced in Oct 12).
 - Implementation of falls pathway.
 - Joint care beds available in each county providing a convalescence model in the community.
 - Specialist nurses & therapists aligned to CRT.
- Planning work for implementation has been completed.
 - Skills mapping & role redesign work undertaken across professional groups.
 - New roles have been recruited within therapy professions, nursing & support workers.
 - Workforce shift from acute based services to community teams providing 'in reach' to hospital for therapy professions & some specialist nursing roles.
 - Scoping work complete on appropriate tools/methods of case finding.
 - Development of a menu of complimentary preventative services and of systems to target resources towards a more anticipatory approach across the primary & community services.

Powys Teaching Health Board

Model	Reablement Service	Care Transfer Co-ordinators	Community Resource Team
Aim	Provide short term support to individuals to retain or regain their independence by promoting well being, independence, dignity & social inclusion.	Facilitate the seamless transfer of patients from nominated District General Hospitals to own home, community hospital, residential home or nursing home.	Provision of locality level specialist advice & support for patients along the scheduled & unscheduled care pathways.
Service Description	Based on an intake model. Supports health by promoting improved self care & treatment in a community setting so that people remain at home where appropriate.	Co-ordination of the transfer of patients at the earliest opportunity.	<ul style="list-style-type: none"> CRTs are independent prescribers & work at the advanced level supported by medical consultant teams. CRTs include MDT community services such as falls, COPD, parkinsons, cardiac services, neuro clinics and MND MDT.
Scope of Service	LHB wide.	LHB wide	LHB Wide
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> Local Government Social Care 	<ul style="list-style-type: none"> GP 	<ul style="list-style-type: none"> Primary care teams. Local Government / Social Services
Invest to Save Funding	No.		
Mechanism used to Monitor Improvements	<ul style="list-style-type: none"> Section 33 Agreement between Powys CC & Powys LHB established which includes operational monitoring Group. A monitoring framework is in place. 	<ul style="list-style-type: none"> Reduction in ALoS in community hospitals. Reduction in the number of patients awaiting & the length of time patients awaiting for transfer from District General to own home, community hospital, residential care or nursing home. Reduction in DToC. 	<ul style="list-style-type: none"> Powys HB and County Council have formally approved the Joint Maturity Matrix as a framework for co-ordinating the implementation of an integrated model of care within the 3 localities of Powys. The matrix reflects WG guidance – Setting the Direction & Better Support at Lower Cost. Progress against the matrix is reported to the Integrated Care Pathway for Older People Programme Board. A suite of outcomes/performance indicators is being developed.
Progress to Date	The service is operational but will make a transition during 2013/14 to an 'intake model' & work is underway to design this service.	<ul style="list-style-type: none"> Completed the recruitment of Care Transfer Co-ordinators to each locality & associated district general hospital. Objectives are set against the monitoring criteria above. 	<ul style="list-style-type: none"> Using the framework, Health and Social Care teams at locality level have developed and are progressing actions plans to deliver key themes of WG guidance including Community Resource Teams.

Model	Builth Model	Virtual Ward
Aim	Improving the quality of life & life chances for the local population by offering the most appropriate care options close to the individual's main residence.	To reduce unscheduled care attendances at the MAU by 20% (particularly for older people) by developing local community based services & interdisciplinary working across health & social care.
Service Description	<ul style="list-style-type: none"> • Development of a single access patient flow system through a communication hub. • The use of residential care beds for individuals with stable medical conditions that require clinical nursing interventions & services. • Provision of personal care during an individual's short stay by Residential Care Team. • Work towards clinical & organisational integration within adult social services with single care management plan for those admitted into residential care beds. • Develop case management & pro-active case management finding through risk stratification/screening approaches to encourage self management. • Patients on case loads will have one identifiable named key worker for their health/socials care needs. 	<ul style="list-style-type: none"> • Case management of the most at risk & frail patients. • Daily virtual ward rounds with the GP, district nurse & practice based social worker. • Weekly multidisciplinary team meetings (including age care consultants). • Interdisciplinary operational policy. • Virtual ward patient status at a glance boards. • SBAR handover tools. • Practice level frailty registers. • Quarterly morbidity & mortality meetings. • Monthly operational management meetings.
Scope of Service	Local Delivery – Builth Wells	Local Delivery – South Powys
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • GPs • Social Care Services 	<ul style="list-style-type: none"> • GP & district nurse • Social workers
Invest to Save Funding	No.	
Mechanism used to Monitor Improvements	<ul style="list-style-type: none"> • Developing an outcome/performance framework which will link to a locality & countywide performance framework for the PCC/PLHB Integrated Care Pathways for Older People Programme. • Outcome framework to be overseen by a local Joint Service Management Group. 	<p>The Virtual Ward is measured through:</p> <ul style="list-style-type: none"> • The Powys Enhanced Service agreement with the GPs. Measures the frailty register & those with a MDT discussion & plan of care. • MDS data from secondary care. Provides impact of the proactive case management (above) by a reduction in MAU attendances. • Unscheduled care performance report submitted to Unscheduled Care Board.
Progress to Date	<ul style="list-style-type: none"> • A service model has been developed. • Additional community nursing staff have been identified & released for specialist training in their new role. • Construction on a new Integrated Health & Social Care Centre is complete & delivery is to commence during July 13. A tender has been issued to secure a new service provider for personal care in the new 12 Shared Care Unit. 	<ul style="list-style-type: none"> • Virtual ward has been implemented across South Powys (Haygarth, Crikhowell, Brecon & Ystradgynlais) during 2013. • Multidisciplinary interagency operational policy in place. • 2nd Phase: The management of people with long term conditions across the full Community Resource Team by streamlining care across practice nurses & specialist nurses with a focus on self management with leadership informed by psychological



approaches.

- Facility opened on 2 September 2013 and beds will open in December 2013.

Acute GP Unit at Singleton Hospital	
Aim	To reduce the number of hospital admissions by promoting community services as an alternative to hospital care.
Core Deliverables	<ul style="list-style-type: none"> • A GP triage of all GP referrals to the acute medical intake at Singleton Hospital. • Arrange patients into appropriate clinical pathways at the point of telephone triage or following face to face patient consultation.
Delivered By	Staffed by GPs who work closely with physicians, consultants, therapists and nurse assessors.
Benefits	<ul style="list-style-type: none"> • Patient experience – patients are given an informed choice about the most appropriate care pathway; decisions are made with them rather than for them and; avoid the social and psychological impact of a hospital stay. • Prompt access to senior clinical decision makers who can divert patients to alternative pathways • Avoid medical admissions. • Bed reduction.

Acute Clinical Team	
Aim	To increase the level of care to patients in their own home and avoid hospital admissions.
Core Deliverables	<ul style="list-style-type: none"> • Rapid nurse led response within 4 hours (7 days a week). • IV Antibiotics Service – patients managed at home by receiving intravenous antibiotic therapy. • DVT Pathway – 4 hour response time for patients with suspected DVT. ACT visits & assesses the patient & delivers warfarin (if appropriate). Clinical team take daily blood tests & anticoagulant therapy until the patient reaches therapeutic levels. • Endoscopy/Vitamin K – Anticoagulant patients being managed at home before and after endoscopy procedure.
Delivered By	A nurse led acute clinical team. Referrals to the DVT pathway are made by GPs.
Benefits	<ul style="list-style-type: none"> • Patient experience – care delivered within their own home. • Avoid hospital admissions.

Integrated Health and Social Care Teams	
Aim	For older people and those with complex needs, provide an integrated approach to health and social care thereby reducing duplication and enabling patients to access care through a single point of access.
Core Deliverables	<ul style="list-style-type: none"> • Integrated management structure with professional leadership. • Single point of access to community health and social care services in place. • All referrals to the CRT and Adult Social Care received through a single route.
Delivered By	Three integrated health and social care network teams being created in Bridgend.
Benefits	<ul style="list-style-type: none"> • Professionals can share information on vulnerable patients & target support. • Reduced duplication of referral and assessment. • Timely interventions provided to patients/service users at risk. • Improved co-ordination of care plans and discharge support. • Reduction in admissions for vulnerable patients. • Early discharge.

Cardiff and Vale University Hospital

In addition to the Wyn Campaign, Cardiff and Vale University Health Board provided details of its Acute Response Team and Vale Elderly Care Assessment Service. Both of these projects were established prior to the Wyn Campaign and have been developed further via the Wyn Campaign. Details of both of these projects are provided below:

Vale Elderly Care Assessment Service (ECAS)	
Aim	<ul style="list-style-type: none"> To provide Consultant Geriatrician led multi-disciplinary comprehensive assessment, timely review of older patients who are at risk or deteriorating in the community or failing in residential homes.
Core Deliverables	<ul style="list-style-type: none"> To provide GPs with a rapid-access Geriatrician-led inter-disciplinary service, this allows timely review of older patients who are at risk or deteriorating in the community or failing in residential homes. To provide a full (and written) multi-disciplinary assessment to enable Social Services and Primary Care Teams to support older people in their own homes. To provide a community/hospital based rehabilitation plan where appropriate.
Delivered By	<ul style="list-style-type: none"> A multidisciplinary team, including Consultant Geriatricians, nurses, therapists, social services. Maintaining close links with the Vale Community Resource Service (VCRS) and Day Hospital to maximise appropriate rehabilitation and support for older people in the community.
Benefits	<ul style="list-style-type: none"> Avoid unnecessary admissions to acute hospitals. One stop multi-disciplinary assessment. Optimum independence for patients. Patient satisfaction.

Acute Response Team (previously noted in March 2013 update)	
Aim	To provide nursing therapies and care to patients in their own home by visiting those who are registered with a GP in the Cardiff and Vale area.
Core Deliverables	<ul style="list-style-type: none"> Provision of a rehabilitation programme to ensure patients reach their optimum independence. Assess patients in their place of residence or prior to discharge from hospital to provide intravenous medicine at home. Provision of deep vein thromboses services (including monitoring, administration of medicine, education and support). Provision of care and equipment to enable end of life care to be delivered at home.
Delivered By	A multidisciplinary team, including nurses, support nurses, physiotherapists and occupational therapists. Specialist advice and support are also sought from microbiology and pharmacy departments, district nurses, Marie Currie Support Project and specialist palliative care services.
Benefits	<ul style="list-style-type: none"> Expedite transfer home. Reduce hospital admissions. Optimum independence for patients. Patient satisfaction.

Reablement Services for People with Cognitive Impairment	
Description	Specialist OT staff provide a programme of reablement which is tailored to the needs of the individual and their families/carers.
Progress	Service established during 2012.

Discharge Liaison Pilot	
Description	Discharge Liaison Nurse (DLN) with the single point of access to reablement and intermediate care services.
Progress	<ul style="list-style-type: none"> • Pilot has proved to be successful. • A commitment moving forward to sustain this post and rotate the DLN team into the service. • In the process of redesigning the DLN service and has been aligned to the Community Resource Team. • Next step is to review the function of the role and link to complex care co-ordination.

Home Medication Administration Service	
Description	Enable patients to maintain their independence in their own home, by providing medication administration support.
Progress	Service has been in place since 2007. The number of individuals that the service supports has increased by 69% since April 2012.



Mr D Rees
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

25th October 2013

Dear Mr Rees

South Wales Programme – Financial assessment

Further to your letter dated 9th October 2013 following our attendance at the Health and Social Care Committee on 3rd October, I am pleased to outline to members how the programme is undertaking the financial assessment of the four options contained within our proposals.

The South Wales Programme Board has tasked the Director of Finance of each of the participating Local Health Boards (LHBs) and the Welsh Ambulance service (WAST) to develop a consistent approach to the costing methodology that should be applied to each option under consideration. The Directors have established a Finance Workstream, led by one of the Finance Directors, to work closely with the service and data analysts to undertake this work.

The costing to date as presented in the consultation documentation, has been undertaken at a South Wales level for A&E/paediatrics/neonates and maternity services. It is proposed that the workstream will now also cost, at a high level, the potential impact of the options on acute medicine and emergency surgery using proxy rather than detailed activity models.

It is proposed that the options will be costed in terms of impact on each LHB. At this stage we could attribute a pro-rata share to give a sense of likely impact, but the current financial work being finished off in the next few weeks will accurately address this.

Like other criteria, the financial impact is likely be differential by HB for different options and the Programme Board may therefore need to agree principles which support an 'optimum decision' for South Wales.

The costing work will focus upon the medical staffing associated with each of the modelled flows, the impact of activity on beds, theatres for emergency surgery and A&E cubicles and model the potential impact on current estate i.e. the potential requirement for additional accommodation and projections of surplus accommodation that may become available in local hospitals.

The Programme Board has asked that this work be completed in November for consideration by the Board in making its recommendation on the way forward and also made available to each Community Health Council and Local Health Board prior to their decision making by the end of the calendar year.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'P. Hollard', is positioned above the typed name.

Paul Hollard
Programme Director
South Wales Programme

South Wales Programme - Finance Summary

Background

A Finance Workstream was established under the revised governance arrangements agreed for the programme in November 2012. This included the formation of a supporting working group with representation from each of the five Health Boards (Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf and Powys) and the Welsh Ambulance Services NHS Trust (WAST). The group has met regularly and has produced Highlight Reports reporting progress and risks as part of its responsibilities. The work undertaken shows the financial impact of each option as part of a collaborative solution for South Wales and not on an individual health board basis.

Introduction

The Finance Workstream has:

- determined the relevant areas of spend affected by the programme;
- completed work based upon the information which has been made available to it; and delivered its work in support of the programme through participation by all partner organisations;
- highlighted financial considerations to support the programme's overriding aim for service changes to deliver safe services;
- calculated on a transparent and consistent basis the marginal cost revenue impact of each Option for the direct cost areas of Medical Staffing; Midwifery and Clinical Conveyance;
- identified the cost of the capital requirements for Clinical Conveyance;
- outlined potential financial benefits and risks which are not considered to be relatively different between the options;
- produced a relative cost comparison for consideration following the Qualitative (ie non-financial) Options Evaluation Exercise, for each of the options as follows:

	Marginal Cost for Current State*	3+RGH	3+PCH	3+POW	3+PCH+RGH	3+POW+RGH	3+PCH+PoW
	£000	£000	£000	£000	£000	£000	£000
Revenue Impact (per annum) for Cost Areas:							
Medical Staffing	17,503	4,382	5,377	5,231	8,525	9,296	9,296
Nursing – Midwifery	0	-360	-400	-440	-280	-280	-320
Clinical Conveyance	3,374	6,564	6,668	6,170	5,351	5,634	5,061
Total Revenue Impact	20,877	10,586	11,645	10,961	13,596	14,650	14,037
Total Capital Requirement: Clinical Conveyance	260	1,545	1,545	1,545	1,370	1,370	1,110

*To meet safety and standards with the current configuration that is not feasible but shown only for comparative purposes.

Key findings from the financial assessment are:

- although it would not be feasible to provide safe and sustainable services within the current configuration of hospitals, even with additional investment, this configuration has been costed purely for comparative purposes and it is evident that all options will cost less than this theoretical scenario;
- the revenue impact for 4 site options are more favourable than 5 site options;

- the cost area with the greatest revenue variation between options is for Medical Staffing and 4 site options cost less than 5 site options;
- the cost area with next greatest revenue variation between options is for Clinical Conveyance however 4 site options cost more than 5 site options;
- the most favourable Option in revenue impact terms is 3+RGH;
- the least favourable Option in revenue impact terms is 3+POW+RGH;
- using the revenue impact value as a high level estimate for running costs per annum and expressing it as a percentage of the annual collective running costs of the Health Boards, the lowest cost option's value equates to 0.3% and the highest cost option's value equates to 0.42%.

There is further work to be undertaken at the implementation stage because:

- the financial assessment has not taken account of the impact within other specialties which may be affected such as Trauma, Emergency Surgery and Acute Medicine;
- no detailed modelling of requirements such as beds, trolleys and cubicles has been undertaken and consequently no detailed costing of Nursing in A&E and Paediatrics have been calculated;
- no information is currently available to assess the impact on supporting services such as Radiology and Theatres;
- no information is currently available on the capital requirements for Hospital Services generated by each option.

The affordability strategy will be finalised during the implementation stage and will ensure that all hospital sites are utilised to their fullest potential and no individual Health Board is financially destabilised.

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