

## **Agenda – Health, Social Care and Sport Committee**

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Meeting Venue:

**Committee Room 2 – Senedd**

Meeting date: 14 February 2019

Meeting time: 09.15

For further information contact:

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### **Informal pre-meeting (09.15–09.30)**

#### **1 Introductions, apologies, substitutions and declarations of interest**

(09.30)

#### **2 Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers: Evidence session with the Deputy Minister for Health and Social Services**

(09.30–11.00)

(Pages 1 – 27)

Julie Morgan, Deputy Minister for Health and Social Services

Matthew Jenkins, Deputy Director – Partnerships and Cooperation, Welsh Government

Ceri Jane Griffiths, Senior Policy Manager – Older People and Carers, Welsh Government

Research Brief

Research Brief (Key Issues)

Paper 1: Welsh Government

### **Break (11.00–11.10)**



Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales

### **3 General Scrutiny: Evidence session with Healthcare Inspectorate Wales**

(11.10–12.10)

(Pages 28 – 67)

Kate Chamberlain, Chief Executive, Healthcare Inspectorate Wales

Alun Jones, Deputy Chief Executive, Healthcare Inspectorate Wales

Stuart Fitzgerald, Director of Strategy and Engagement, Healthcare Inspectorate Wales

Research Brief

Paper 2: Healthcare Inspectorate Wales

Paper 3: Letter from the Minister of Health and Social Services

### **4 Paper(s) to note**

(12.10)

#### **4.1 Letter from Older People's Commissioner for Wales to Cabinet Secretary for Health and Social Services on Winter Pressures**

(Pages 68 – 70)

#### **4.2 Letter from Older People's Commissioner for Wales to Health Boards on Winter Pressures**

(Pages 71 – 72)

#### **4.3 Letter from Older People's Commissioner for Wales to Welsh Ambulance Services Trust on Winter Pressures**

(Pages 73 – 75)

#### **4.4 Letter from Chair of Children, Young People and Education Committee on Healthy Weight, Healthy Wales**

(Page 76)

#### **4.5 Letter from the Minister for Health and Social Services on Healthy Weight, Healthy Wales**

(Page 77)

#### **4.6 Letter from the Llywydd on Suicide Prevention in Wales**

(Pages 78 – 79)

- 5 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**  
(12.10)
- 6 Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers: Consideration of evidence**  
(12.10–12.20)
- 7 General Scrutiny of Health Inspectorate Wales: Consideration of evidence**  
(12.20–12.30)
- 8 Inquiry into physical activity of children and young people: Consideration of draft report**  
(12.30–12.45) (Pages 80 – 160)  
Paper 10: Physical activity draft report

Document is Restricted

By virtue of paragraph(s) vi of Standing Order 17.42

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## **Health, Social Care and Sport Committee – Inquiry into the Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers**

### **MINISTERIAL EVIDENCE PAPER - January 2019**

Caring can be hugely rewarding but can also be really challenging, and some carers need support both as a carer and to maintain their own lives alongside caring. The Welsh Government values the enormous contribution made by carers and has consistently prioritised actions to improve to the lives of carers. The first Carers' Strategy for Wales was published in 2000, the Carers Strategies (Wales) Measure was published in 2010, and the Carers Strategy for Wales and the Delivery Plan 2013-2016. Support for carers is now contained within the Social Services and Well-being (Wales) Act 2014.

#### **Unpaid Carers**

The 2011 census carried out by the Office for National Statistics showed there were over 370,000 people in Wales, who undertake at least one hour of unpaid care every week, which is around 12% of the population. In almost every category Wales has the highest proportion of carers in the UK, whether it is the highest proportion of older carers, the highest proportion of carers providing over 50 hours of care a week or the highest proportion of carers under the age of 18.

Questions about caring were included for the first time in the National Survey for Wales in 2016-17<sup>1</sup>. People were asked: "Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age?" and were requested not to count anything they did as part of paid employment. The National Survey, using this definition, found that 32% of people were caring for others in 2016-17, but this fell to 25% in 2017-18 (the fall was almost entirely in those providing less than 20 hours a week). These figures may be higher than the census as they follow after other questions on volunteering.

The census and National Survey figures correspond more closely when you look at those who do 20+ hours of caring a week (around 5% of adults), so the main difference is those reporting less than 20 hours of caring a week which is the majority of carers. The percentage of carers doing more than 20 hours per week increases with age.

Distinguishing between different levels of need (including no need) for different carers is important when delivering proportionate and targeted support and understanding data on numbers of people accessing support. It should therefore be noted that many carers are not likely to need help from formal services, such as respite care, because they manage their caring role without too much difficulty. This is especially so for people whose time spent on caring is relatively small. UK-level evidence from the Understanding Society study<sup>2</sup> shows that only 24% of carers aged 40+ are dissatisfied with their leisure time. This and other sources of evidence show that greater social

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<sup>1</sup> [https://gov.wales/statistics-and-research/national-survey/?tab=el\\_home&topic=nhs\\_social\\_care&lang=en](https://gov.wales/statistics-and-research/national-survey/?tab=el_home&topic=nhs_social_care&lang=en)

<sup>2</sup> <http://www.smf.co.uk/wp-content/uploads/2018/07/Caring-for-Carers.pdf>

need is more likely to be found in people who devote a larger proportion of their time to caring. The National Survey for Wales found that when people caring 1-19 hours a week were compared with non-carers, there was almost no difference in material deprivation and long-term health problems between the two groups.

### **The Social Services and Well-being (Wales) Act 2014<sup>3</sup>**

This legislation replaced the Welsh Government's Carers Measure 2010<sup>4</sup> and strengthened carers' statutory rights so that, for the first time, carers have the same right to an assessment and support as those that they care for. If anyone – a carer or someone who needs care – has needs that are eligible for support then the local authority has a statutory duty to plan for and meet those needs.

The fundamental principles of the Act are voice and control, prevention and early intervention, well-being and co-production. The focus is on talking to individuals about what matters to them and the outcomes they want to achieve. That conversation begins with Information, Advice and Assistance (IAA) and continues, where appropriate, with an assessment of needs.

#### Information, Advice and Assistance

IAA services, provided by local authorities in accordance with the Act, provide a proportionate response to an enquiry to empower the individual to access early intervention and preventative services. For carers, that may include;

- information on support, without the need for an assessment (which for many people is not needed and would be disproportionate);
- advice on support, that is comprehensive, impartial and appropriate to the individual, following an assessment that is proportionate to the information provided by an individual;
- assistance which enables the individual to access the appropriate care; and
- support services, including early intervention and preventative services

#### Assessment

Where a carer's needs cannot be met through information, advice and assistance alone, the purpose of an assessment is to understand the carer's needs, the extent to which the carer is able and willing to provide care for the person they care for, the outcomes they want to achieve and then to identify how they can best be supported to achieve them.

Carers Wales stated in their recent 'Track the Act 3' briefing published in October 2018<sup>5</sup>, that there is a lack of consistency in the approach that local authorities take as to how and when carers are assessed, and some confusion amongst carers about assessments. These concerns are likely to be significantly helped by forthcoming practitioner guidance from Social Care Wales who have commissioned the Institute of Public Care (IPC) to develop a suite of engaging, bilingual tools to support good, lawful, outcomes-focused practice for social workers and other professionals

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<sup>3</sup> <https://socialcare.wales/hub/sswbact>

<sup>4</sup> <https://gov.wales/topics/health/publications/socialcare/guidance1/carers/?lang=en>

<sup>5</sup> <https://www.carersuk.org/files/section/5763/carers-wales-track-the-act-2018-final-081018.pdf>

assessing carers' support needs. This work began in 2018/19 and updates and a draft of the Toolkit were circulated to the members of the Ministerial Advisory Group for Carers in late November. The expectation is to launch the Toolkit resources in early 2019. This is in addition to the recent launch by Social Care Wales of a more basic e-learning module about carers aimed at members of the health and social care workforce<sup>6</sup>, alongside the current suite of information and guidance materials, developed in co-operation with Carers Wales and Carers Trust Wales<sup>7</sup>.

### **Assessing the impact of the Act**

Welsh Government is committed to assessing the impact of the Act. The current data about carers is imperfect but work is underway to ensure that data will be more reliable and more usable in the future.

The published experimental statistics for 2016-17<sup>8</sup> show that in 2016-17, there were 6,207 assessments of need for support for carers, resulting in 1,823 support plans. In 2017-18, the data indicates 6,178 assessments of carers needs, resulting in 2,027 support plans. Limitations of the data are set out in the statistical releases (for example, incomplete data as not all local authorities were able to supply the required information)<sup>9</sup>. We also have data on the number of carers who refused assessments – in 2017/18 there were 6,891 who did so.

When understanding this data, in addition to caveats on data quality, it is important to note that carers who do not need support (at that time), or whose needs are being met through information, advice and support services, or who already have a support plan in place and whose needs have not changed, would not be expected to need a carers assessment in any given year. The Social Services and Well-being Act takes a proportionate approach and only carries out assessment where needed, providing support through other means where appropriate. Whilst Welsh Government is concerned that some carers who would benefit from carers assessments are not yet accessing them – and is taking actions to address this (see below) - the gap between those who would benefit from assessment and those who are accessing assessment cannot easily be quantified. It would be expected that only a limited percentage of carers would need assessment in any given year. The fact that of those carers offered an assessment, more refused assessment than took up the offer, illustrates this point.

Welsh Government is currently developing a new Performance and Improvement Framework which will improve the way that data is collected in relation to the Social Services and Wellbeing (Wales) Act 2014 and thus our understanding of the impact of the Act, including its impact on carers. The new framework is currently being developed in partnership with local authority heads of service and data leads. The new framework will be in place in April 2020 with the first data returns due for submission in March 2021. A full consultation will be taking place in Spring 2019.

The framework will focus on three key areas – quantitative data, qualitative data and research and evidence. Local authorities will be encouraged to collect a range of data in these areas which will be a combination of nationally prescribed data and locally

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<sup>6</sup> <https://socialcare.wales/service-improvement/working-with-carers-1>

<sup>7</sup> <https://socialcare.wales/hub/hub-resource-sub-categories/carers-and-the-act>

<sup>8</sup> <https://gov.wales/docs/statistics/2017/171031-adults-receiving-care-support-2016-17-en.pdf>

<sup>9</sup> <https://gov.wales/statistics-and-research/adults-receiving-care-support/?lang=en>

determined data so that authorities are able to understand the full social care picture in their area.

As part of this new approach, local authorities will be required to collect additional data on carers, including an increased emphasis on qualitative data, so that carers' opinions and experiences of the Act are collected, as well as quantitative information. Welsh Government has also committed to an evaluation of the Social Services and Well-being (Wales) Act 2014 to explore the implementation of the Act and the impact on people who receive care and support and carers who receive support. It will provide robust information as to how the Act has been implemented at a national, regional and local level.

The evaluation commenced in November 2018 and the contract has been awarded to the University of South Wales. The evaluation will run for a minimum of three years and will include engagement with a wide range of stakeholders and service users, including carers. The final report and recommendations will be published in 2021.

## **Wider Welsh Government policy in relation to carers**

### National priorities

The introduction of legislation, alone, does not make a difference in people's lives. To support the delivery of these enhanced rights for carers and to ensure that they are accessed by and make a difference for carers, including young carers, we recognised that some additional development work was needed. As such the national priorities for carers were announced in November 2017<sup>10</sup>:

- Supporting life alongside caring - All carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring;
- Identifying and recognising carers - Fundamental to the success of delivering improved outcomes for carers is the need to improve carer's recognition of their role and to ensure they can access the necessary support; and
- Providing information, advice and assistance - It is important that carers receive the appropriate information and advice where and when they need it.

### Ministerial Advisory Group for Carers

A new Ministerial Advisory Group (MAG) for Carers was established in mid 2018, with the group providing a national forum to steer the delivery of improvements for carers and provide a cross-sector response to the challenges all carers face. The establishment of this group supports the Social Services and Well-being Wales Act's key principle for supporting an integrated approach, with membership including the key statutory authorities (regional partnership board, local authority and local health board representation) alongside third sector representatives, the Older People's, Children's and Future Generations Commissioners and others.

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<sup>10</sup> <https://gov.wales/topics/health/socialcare/carers/?lang=en>

The Group will be advising on the barriers which can get in the way of providing effective support to carers, and solutions which can be taken together collectively by Welsh Government and our statutory and third sector partners.

An Engagement and Accountability Group will be established to support the MAG. This group will provide voice for a more diverse range of carers and carers representatives than is possible on the MAG itself, and will help the group keep focussed on the issues that matter in the day to day lives of carers. Detailed proposals for the establishment of this group will be discussed at the next meeting of the MAG in Spring 2019.

### Direct Support for Carers

Prior to the establishment of the Ministerial Advisory Group, the following support for carers was agreed<sup>11</sup>:

- £3m to local authorities for the provision of additional respite care. First funded in 2017-18, this recurring funding is now provided via the local government Revenue Support Grant. Reports submitted to Welsh Government show that this additional funding has enabled the provision of a range of traditional and new and innovative models for providing breaks for carers (with or without the person they care for);
- £1m to local health boards in 2018-19 to support the carers national priorities, including improving support for carers in GP surgeries and at the point of hospital discharge of a person they care for;
- Funding in 2018-19 to the All Wales Forum of Parents and Carers to raise carers' awareness of their rights under the Social Services and Well-being Act by creating a sustainable network of carers' champions who support others to understand their rights;
- Funding in 2018-19 to Carers Wales to set up an Employers for Carers Hub in Wales;
- Funding in 2018-19 to Children in Wales to continue to support the Young Carers Network;
- Funding in 2018-19 to Carers Trust Wales to develop the guidance and tools for a national roll-out of ID cards for young carers to enable them to access the support they need from schools, surgeries, pharmacies and other professionals. This funding will continue in 2019-20; and
- The Welsh Government has provided £50m in revenue to regional partnership boards this year to support the development of innovate services in various priority areas on integration, including specifically for carers.

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<sup>11</sup> <https://gov.wales/docs/dhss/publications/the-ministerial-advisory-group-for-carers-201819-annual-plan.pdf>

This is in addition to funding provided to Carers Wales and Carers Trust Wales to support carers in accessing the support they are entitled to under the Social Services and Well-being Act. 2018-19 is the third year of funding under the Third Sector Sustainable Social Services Grant. This funding will continue in 2019-20 for a fourth year, prior to a new grant round being introduced thereafter.

Looking to the future:

- On Carers Rights Day on 30 November 2018, the Minister for Children, Older People and Carers announced that additional funding to support carers will be included as part of a larger investment of an extra £15m in 2019-20 for older people and carers in the Integrated Care Fund (ICF)<sup>12</sup>. Early guidance on the use of this funding was issued to regional partnership boards in December 2018 and full guidance will be available by February 2019. Whilst the use of ICF funding is determined according to local need, based on population needs assessments produced under section 14 of the Social Services and Well-being Act<sup>13</sup>, Welsh Government guidance sets out a clear expectation that additional direct support for carers should be delivered, including additional respite services, so that carers are able to take a break, supporting them as carers and in their life alongside caring.
- Welsh Government has made a commitment to undertake public awareness raising work in 2019-20, building on our earlier successful 'Care and support in Wales is Changing' campaign<sup>14</sup>. This targeted communications campaign will be used to further reinforce the changes which carers and those cared for should be expecting to see under the Act. We intend that carers and their rights under the Act will be a particular focus of the campaign.

## Conclusion

The role played daily by carers across Wales immeasurably improves the health, well-being, safety and quality of life of those they care for, whilst very significantly reducing the burden on health and social care services.

As acknowledged in *A Healthier Wales*<sup>15</sup>, there is a need to both recognise and support the vital role of unpaid carers “without whom there would be no overall system.”

The Social Services and Well-being Act provides the same right for carers to access eligible support as those they care for. Welsh Government is undertaking a major exercise to improve the quality of data on the impact of the Act, to drive continuous improvement in the delivery of the rights set out in the Act.

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<sup>12</sup> <https://gov.wales/newsroom/health-and-social-services/2018/investcarers/?lang=en>

<sup>13</sup> These assessments are undertaken on the health board footprint and the first population assessment reports were published in May 2017. Every assessment report was specifically required to include carers as a core theme.

<sup>14</sup> <https://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>15</sup> <https://gov.wales/topics/health/publications/healthier-wales/?lang=en>

In the meantime, Welsh Government is taking practical steps through national priorities, direct support for carers and the establishment of the new Ministerial Advisory Group to continuously improve our understanding of the needs of carers, and actions to meet the support needs of those who make such an invaluable contribution to the lives of those who need care, and the communities in which they live.

# Agenda Item 3

By virtue of paragraph(s) vi of Standing Order 17.42

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## Briefing paper: Health, Social Care and Sport Committee 14<sup>th</sup> February 2019

### Healthcare Inspectorate Wales

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Healthcare Inspectorate Wales (HIW) welcomes the opportunity to attend Committee in order to discuss our role; to describe how the organisation has developed since the independent review undertaken in 2015, and to consider how it might develop further in light of the proposed NHS Wales (Quality and Governance) Bill.

#### 1. About us

Our [Annual Report](#) for 2017-18 provides a summary of the activities of the organisation during the year. The Committee will find details of our budget and our people. It summarises the findings from each of our main inspection programmes during the year. It also provides a one page summary for each Health Board and Trust describing the work undertaken in their area during the year.

In June 2018 we published our [Strategic Plan](#) to cover the period 2018-2021. This plan is based on feedback from stakeholders and extensive input from our staff. It describes how we will build our work around four key objectives

- To maximise the impact of our work to support improvement in healthcare
- To take action when standards are not met
- To be more visible
- To develop our people and organisation to do the best possible job.

Our strategy recognises the developments in healthcare following the Parliamentary Review of Health and Social Care and publication of 'A Healthier Wales' by the Welsh Government. It commits us to actively consider how we may need to adapt our approach to inspect, with our partners, new models of integrated care, and it challenges us to ensure that we give sufficient attention to preventative services.

The final document which we be of interest to the Committee is our [Operational Plan](#) for 2018-19. This describes how we will deliver the first year of our Strategic Plan.

#### 2. Taking forward recommendations from the independent review in 2015

Appendix one provides an update on progress against the recommendations of the Marks Review of Healthcare Inspectorate Wales "The Way Ahead: To become an inspection and improvement body". The recommendations of the report fell into three main categories: recommendations relating to how we work; recommendations relating to the work we do; and recommendations relating to how we work with others. The order of our progress update reflects this grouping.

### Healthcare Inspectorate Wales

January 2019

## Appendix 1

### Progress against the recommendations of the Marks Review of Healthcare Inspectorate Wales “The Way Ahead: To become an inspection and improvement body”, 2015

#### HOW WE WORK

No	Marks Review Recommendation	Response	Commentary
3	HIW should publicise its equality and human rights approach to its inspection activities and protect and promote the interests of people from diverse backgrounds and those who are often marginalised and socially excluded.	Accepted and implemented	Our approach to equality and human rights is published on our website. <a href="http://hiw.org.uk/about/plans/EqualityandHumanRights/?lang=en">http://hiw.org.uk/about/plans/EqualityandHumanRights/?lang=en</a>
5	HIW and the Welsh Government should explore the usefulness of audit tools developed by the Royal College of Physicians and consider whether they should be built into the new Health Standards which are being developed; and whether they could contribute to HIW's inspection programmes.	Accepted and implemented	When developing our methodology for inspections HIW draws on established professional best practice from a variety of sources and this can include those tools and checklists developed by the Royal Colleges. Representatives of the Royal Colleges may be invited to sit on HIW's Stakeholder Reference Groups when new methodologies are being developed.
19	HIW, after consulting with stakeholders, should publish a Statement of Risk outlining its approach to regulation and inspection. It should explain the minimum frequency of inspections and reviews it will carry out of both NHS and independent sector bodies and put this within the context of its capacity to meet these targets.	Accepted and implemented	HIW does not operate frequency rules in determining NHS inspections. These are undertaken on the basis of risk.  Our website includes further detail on how we use information on risk to focus our inspection activity. <a href="http://hiw.org.uk/about/plans/operating/?lang=en">http://hiw.org.uk/about/plans/operating/?lang=en</a>
6	HIW should develop a proportionate risk-based inspection programme informed by its collation and analysis of intelligence.		
14	HIW should further develop and publish a Communications Strategy, which will allow it to communicate more effectively with the public. It will be able to provide evidence that it is delivering a highly valuable service on their behalf. Increased interaction with patients and service users		HIW has considerably improved the way in which it interacts with the public, but there is still more to do. The Strategic Plan for 2018-21 includes one objective to increase our impact and a second to increase our visibility. Both of these are relevant here.

	through multi-media formats will provide valuable information to support target led inspections of services where concerns are raised.		HIW has updated its website and significantly refreshed its annual report format to make it easier to understand and digest by patients and the public.
15	HIW should include more information in its Annual Report on the outputs and efficiency of work processes which serve patients, service users and other stakeholders. The number of customer care measures should be minimised, to allow scarce resources to be used to evaluate significant outcomes.		We continue to use a commitment matrix to demonstrate how the work that we undertake relates to our original public commitments. We produce easy read versions of major reports to ensure that they reach the widest range of interests. We have proactively engaged with the media, in particular the BBC and this has resulted in a BBC item explaining the role of HIW <a href="https://www.bbc.co.uk/news/uk-wales-44438510">https://www.bbc.co.uk/news/uk-wales-44438510</a>
16	HIW to evaluate the effectiveness of their inspection and review models, to not only gain a better understanding of the performance of healthcare providers, but also as a means to help them improve the quality of inspection activities. Providers should have the opportunity to give feedback on whether HIW's scrutiny of their service is useful, and to what extent it helps them identify those aspects which need to be improved.	Accepted in principle	HIW has previously reviewed the learning from its programmes of work such as the examination of learning and themes from homicide reviews. We use stakeholder reference groups to advise and challenge us in new and/or significant areas of work such as primary care inspections and mental health.
17	HIW to measure the outcomes of its most important areas of inspection: showing how its inspections have had a significant impact on the safety and quality of healthcare services by helping providers improve their performance.		With regard to the effectiveness of inspections attribution of cause and effect is difficult to achieve. However, our strategic plan includes a commitment to review and improve the way in which we follow-up on our inspections. We also aim to improve the way in which we communicate whether or not improvements have been made.

**WHAT WE DO**

8	<p>HIW should expand peer, thematic and special reviews as they can improve the quality of care for patients and service users across Wales. Thematic and special reviews in particular should be further developed as they can identify solutions to problems in one service or locality that can be taken up by the whole of the sector. At the same time the regulation and inspection of healthcare services should not be compromised.</p>	<p>Mostly accepted and implemented</p>	<p>Peer Review for the NHS in Wales is overseen by the NHS collaborative. The framework set out for peer review includes a process to enable matters of concern to be escalated to HIW.</p> <p>HIW continues to undertake thematic and special reviews. Most recently these have covered Community Mental Health Services (to be published February 2019), Substance Misuse Services (July 2018)  <a href="http://hiw.org.uk/reports/natthem/2018/substancemisuse/?lang=en">http://hiw.org.uk/reports/natthem/2018/substancemisuse/?lang=en</a>                      and Hospital Discharge (August 2018)  <a href="http://hiw.org.uk/reports/natthem/2018/patientdischarge/?lang=en">http://hiw.org.uk/reports/natthem/2018/patientdischarge/?lang=en</a> .</p> <p>HIW also undertakes special reviews and investigations. Most recently the review of <i>“Abertawe Bro Morgannwg University Health Board’s handling of the employment and allegations made against Mr W”</i>  <a href="http://hiw.org.uk/docs/hiw/reports/290118kwreviewen.pdf?lang=en">http://hiw.org.uk/docs/hiw/reports/290118kwreviewen.pdf?lang=en</a></p>
10	<p>In relation to work in Mental Health and Learning Disability settings HIW should:</p> <ul style="list-style-type: none"> <li>• increase the volume of inspections of NHS inpatient facilities to better protect the interests of patients who have a mental health problem or learning disability</li> <li>• focus its inspection model more on evaluating patient outcomes and less on scrutinising whether appropriate processes have been followed.</li> </ul>	<p>Accepted and implemented</p>	<p>HIW continues to ensure that it undertakes inspections of NHS inpatient facilities. In addition to HIW’s core programme it carried out a thematic review with CSSIW on Learning Disabilities in 2016 and over the last year has been undertaking a thematic review of community mental health teams.</p> <p>HIW’s inspection, visit and review approach is clearly focused on examining the quality of the patient experience. Although HIW also looks at specific process issues (particularly with regard to whether legal requirements have been met) this is done within the context of the care received.</p>

12	HIW should refresh its Statement of Purpose to make it patient and citizen focused. The public should clearly understand that its role is to ensure they receive the best quality treatment and care, as well as protect them from being harmed. Also, the Statement of Purpose may want to give greater emphasis to HIW's role of promoting Wales-wide improvements and innovation in healthcare, that it could be much more than an inspector of individual services.	Accepted and implemented	<p>HIW has redesigned and refreshed the Annual Report layout, the presentation of the Strategic Plan and Operational Plan and updated its website.</p> <p>HIW has also built better relationships with the media in Wales to ensure better coverage of work and of HIW' purpose more generally.</p> <p><a href="https://www.bbc.co.uk/news/uk-wales-44467315">https://www.bbc.co.uk/news/uk-wales-44467315</a></p>
21	HIW should review the implementation and effectiveness of LHBs and Trusts service user strategies, in line with the Welsh Government's guidance A Framework to Assure Service User Experience, to determine whether they are genuinely involving patients and carers as a means of improving the safety and quality of services.	Accepted in principle	<p>This could be considered as a potential thematic review, but would need to be prioritized alongside other proposals.</p> <p>HIW reviews consider patients' experience and the extent of patient involvement in their own care as a matter of course.</p>
25	HIW should always carry out follow-up actions when inspection results indicate this is necessary and in the most serious instances of service failure, should be more robust in the use of its enforcement powers, and publish data on how it has used these powers in its Annual Report.	Accepted and implemented	<p>HIW has a strategic approach to follow up, including conducting follow up visits. Our follow-up and assurance policy is published on our website.</p> <p><a href="http://hiw.org.uk/docs/hiw/publications/180711followuppolicyen.pdf">http://hiw.org.uk/docs/hiw/publications/180711followuppolicyen.pdf</a></p> <p>We have clear processes set out for managing situations where independent providers are not meeting regulatory requirements.</p> <p><a href="http://hiw.org.uk/providing/enforce/?lang=en">http://hiw.org.uk/providing/enforce/?lang=en</a></p> <p>We are a member of the tripartite escalation and intervention arrangements for the NHS.</p> <p><a href="https://gov.wales/topics/health/nhswales/escalation/?lang=en">https://gov.wales/topics/health/nhswales/escalation/?lang=en</a></p>
27	HIW should consider the value of developing a framework for assessing the quality and safety of all healthcare services. The framework could reflect significant patient outcomes, and be aligned with new refreshed Health Standards, the self-assurance systems that health bodies use to measure their own performance and clinical indicators used by professional regulators and Royal Colleges. The framework should be common to the work of both HIW and CSSIW as patients and service users are increasingly receiving integrated health and social care	Accepted in principle	<p>Patients are at the centre of all HIW inspection activity. We consider matters relating to</p> <ul style="list-style-type: none"> <li>• Patient Experience</li> <li>• Quality and Safety</li> <li>• Leadership, Management and Governance</li> </ul> <p>in all of our inspections.</p> <p>We inspect against the Health and Care Standards and recognized best practice standards. Our approach is set out on our website</p> <p><a href="http://hiw.org.uk/about/whatwedo/inspect/?lang=en">http://hiw.org.uk/about/whatwedo/inspect/?lang=en</a></p> <p>In principle we accept the recommendation that inspection</p>

	<p>services. Clear information would be provided to members of the public and inspection reports and results would encourage improvement and innovation by providers.</p>		<p>frameworks should be aligned across health and social care. This is complex since CIW and HIW operate within different legislative frameworks. However, we work together on specific issues such as Learning Difficulties and Community Mental Health Services. We are currently collaborating on a CIW review of reablement and we have undertaken an exploratory project on healthcare support for people living in care homes</p> <p><a href="http://hiw.org.uk/reports/natthem/2018/carehomereport/?lang=en">http://hiw.org.uk/reports/natthem/2018/carehomereport/?lang=en</a></p>
28	<p>HIW should scrutinise whether:</p> <ul style="list-style-type: none"> <li>• Health bodies are providing the most effective clinical treatments to patients. Patients not only want to benefit from being looked after in line with essential life maintaining care such as being fed, hydrated and being assisted with going to the toilet as necessary, but they also want to receive the best available clinical treatments.</li> <li>• Lessons promoted by the 1000 Lives Improvement programme are being delivered during the course of individual inspections or reviews; or they could be the subject of national thematic reviews.</li> </ul>	Rejected	<p>HIW tests whether care and treatment is provided against the published standards. It is not HIW's role to test the effectiveness of clinical treatments. That is a matter for other bodies, such as NICE.</p> <p>When conducting thematic reviews HIW draws on best practice from a number of sources including 1000 Lives Improvement.</p>
36	<p>HIW should carry out more national thematic reviews of healthcare services. All providers across Wales should be following international benchmark standards of good care and HIW's role would be to scrutinise whether each health body is implementing them; and if they are continuously self-assessing their performance in order to drive up standards of care. It would be testing whether the self-assessments of performance are valid or not and by working with Public Health Wales and other expert bodies, identify lessons from highly successful providers which could benefit all patients and service users if implemented across the whole of Wales.</p>	Accepted and implemented	<p>HIW has implemented a programme of national thematic reviews. These have been set out in the HIW Strategic and Operational Plans. We have recently been provided with additional resources which will enable us to expand the number of thematic reviews we undertaken.</p>

40	HIW should validate whether Health Boards and Trusts are following benchmarks of best practice and performance managing healthcare services to the highest possible standards.	Accepted and implemented	HIW reviews draw on established published standards and best practice in developing methodologies for standard inspections and for thematic reviews.
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## WORKING WITH OTHERS

1b	Where appropriate, HIW and the WAO should jointly scrutinise the governance and leadership of health bodies, in particular measuring the extent to which their activities are driven by the goal of continuously improving services and aspiring to achieve world-class standards.	Accepted and implemented	HIW attends Board meetings annually to summarise issues arising from our work and matters for the Board to consider. We also attend Board and Committee meetings during the course of the year to observe their operation. During the course of the year HIW Relationship Managers work closely with the equivalent audit leads in the Wales Audit Office to share relevant findings and test conclusions.
38	Where appropriate HIW should give priority to carrying out joint reviews with the WAO of the governance, leadership and performance of LHBs and Trusts; and consider asking the PSOW to offer his expertise.		
2	HIW should continue to share information and coordinate inspections and reviews with the WAO, Community Health Councils, professional regulators and Medical Royal Colleges in order to avoid duplication and enhance the impact of their activities.	Accepted and implemented	HIW works closely to share information and co-ordinate activity with Wales Audit Office, Community Health Councils (CHC), other professional regulators and others. Formal methods include <ul style="list-style-type: none"> <li>• Inspection Wales Programme</li> <li>• Summits of bodies involved in the scrutiny and assurance of healthcare in Wales</li> <li>• Membership of the Wales Advisory Forum of the GMC</li> <li>• Regular bi-lateral meetings supported by Memoranda of Understanding</li> </ul>
4	HIW can make a major contribution to the safety and care of patients by holding boards to account for the clinical performance of doctors through the medical revalidation process.  Therefore it should give high priority to working with the General Medical Council to ensure that Health Board leadership and governance of Responsible Officer Regulations is effective.	Accepted and implemented	HIW works closely with the General Medical Council as members of the GMC Advisory Forum for Wales, and through regular bilaterals. We have a memorandum of understanding with the GMC which is published on our website. <a href="http://hiw.org.uk/about/workingwithother/mou/gmcmou/?lang=en">http://hiw.org.uk/about/workingwithother/mou/gmcmou/?lang=en</a>
7	HIW should formalise its agreements with the following bodies:	Accepted and implemented	

	<p>(i) The General Pharmaceutical Council, which is the principal regulator of the pharmacy profession in Wales; and report on the effectiveness of pharmacy regulation across Wales in its Annual Report;</p> <p>(ii) The General Optical Council, which is the principal regulator of the optical profession in Wales; and report on the effectiveness of optical regulation across Wales in its Annual Report.</p>		<p>(i) HIW has agreed a Memorandum of Understanding with the General Pharmaceutical Council.</p> <p>(ii) HIW undertook a thematic review of Ophthalmology and the General Optical Council was on the stakeholder group for this review.</p>
30	The collaborative information system consists of Concordat Cymru, Healthcare Summits and the NHS Wales Escalation Arrangements and there may be scope for clarifying how they complement each other as well as assessing whether there is any overlap and duplication of effort. HIW, Welsh Government and other bodies should consider if the current information system is as streamlined and efficient as it could be. Also, it will be useful in future to take stock and evaluate the success of the information sharing system and determine whether any changes are needed.	Accepted and implemented	<p>There is a clear process for sharing information and escalating concerns where appropriate:</p> <ul style="list-style-type: none"> <li>- At a bilateral level MoU's help to underpin the regular sharing of information</li> <li>- Twice a year professional regulators will meet prior to the Summits to consider the intelligence they hold</li> <li>- One of the professional regulation bodies will then represent that discussion at the broader Summits</li> <li>- The discussions from the Summits then form part of the considerations at the NHS Escalation and Intervention meetings.</li> </ul>
31	The collaborative early warning system should become the central organising principle of the work of Concordat Cymru. It must have high status and profile amongst all members and its aims and methods of working should be published across the whole of the health and social care sector.	Rejected	This is the purpose of the NHS Wales Escalation and Intervention Framework.
32	HIW should evaluate the effectiveness of the early warning system and include this in its Annual Report.	Rejected	HIW is a part of the NHS Wales Escalation and Intervention Framework and it would therefore not be appropriate for it to undertake an evaluation of its effectiveness.
33	HIW should increase collaboration with third sector organisations which offer advice and advocacy to patients and carers to gather more information about any concerns they may have about the quality of healthcare services e.g.	Accepted and implemented	HIW continues to liaise and network with the third sector to keep up to date with the unique information of special associations and interest groups such as RNIB and AHL. Where HIW conducts thematic and/or specialist reviews HIW includes the third sector

	Carers Wales, MIND Cymru and Citizens Advice Cymru.		within its review advisory/steering groups.
34	HIW and CHCs to hold listening events in local communities as well as involve experts by experience in their inspection teams when an in–depth review of a particular hospital or LHB is taking place.	Accepted and implemented	<p>HIW has a closer working relationship with the CHC since signing the Operating Protocol. This includes HIW placing reliance on the CHCs' intelligence gathering from different sources. Lay reviewers are used in HIW's inspections to ensure the patient perspective is captured.</p> <p>HIW is still exploring the idea of holding listening events and will discuss this further with CHCs when they have been able to progress further in the development of their corporate strategy, planning and standards.</p>
41	HIW and CSSIW should work together to develop an integrated inspection framework to scrutinise the performance of health and social care organisations. The aim would be to assess the quality of integrated care, whether people are receiving seamless services when they move between primary care, hospitals and social care in registered settings.	Accepted and implemented	<p>As discussed in recommendation 27 HIW and CSSIW work together on a theme by theme basis developing approaches appropriate to the subject.</p> <p>The inspectorates also undertake joint work in (Deprivation of Liberty Safeguards) DOLS and publish a joint report. They have worked together on a joint review of Learning Disability Services.</p>

**Vaughan Gething AC/AM**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA P VG/0318/19

Dr Dai Lloyd AM  
Chair  
Health, Social Care and Support Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

31 January 2019

Dear Dai,

Thank you for your letter of 16 January requesting an update on progress achieved against the Ruth Marks' Review of Healthcare Inspectorate Wales (HIW) recommendations.

Enclosed is an update against the 14 recommendations aimed specifically at Welsh Government as well as the three joint recommendations. Also enclosed is a progress update in respect of the forthcoming Quality and Governance in Health and Care (Wales) Bill and its potential impact on the culture of continuous improvement and quality of care.

Yours sincerely,



**Vaughan Gething AC/AM**  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

## Annex A

### Update on progress following the Marks Review of Healthcare Inspectorate Wales: *The Way Ahead: To Become and Inspection and Improvement Body*

#### **Written Response by the Minister for Health and Social Services providing an update against the recommendations of the Marks Review of HIW**

Considerable progress has been achieved in taking forward the recommendations which are detailed below. A number of the issues raised in the review have also been consulted on in the White paper – Services for the Future published on 28 June, 2017.

The White paper set out Welsh Government proposals in various areas of quality and governance in health and care services which may require future legislation. The proposals included duties for health and social care which promote cultural change including a Duty of Quality; a Duty of Candour; common processes to underpin person-centred health and care, a new arrangement for citizen voice replacing the CHC model, addressing the legislative gaps underpinning HIW and proposals for a new independent body to bring together inspection, regulation and citizen voice.

The results of the consultation and the Welsh Government's intentions were set out in an oral statement on 27 February 2018. The statement outlined the intention to include the proposals on the duty of quality, the duty of candour and the new arrangements for citizen voice in a future Bill. With regard to the proposals on inspection and regulation, there were mixed views in the consultation responses in relation to a merger of the health and social care inspectorates and making them independent of the Welsh Government. We are therefore not looking to make these changes at this time but will instead explore a more proportionate approach to addressing the regulatory gaps which exist and future-proofing the underpinning legislation for Healthcare Inspectorate Wales. This will also allow for closer working with Care Inspectorate Wales. This very much aligns with the recommendations in the Parliamentary Review around joining up inspections.

Officials have been considering the capacity, expectations, gaps and risks associated with the delivery of HIW's functions following the consultation, with a view towards possible future primary legislation to address regulatory gaps and complexities within HIW's current underpinning powers. This has identified the need to ensure capacity at HIW is addressed before changes are made which impact on it. We are supporting the inspectorate to achieve a more sustainable position to deal with current demands and allowing it to be more ready to respond to a new legislative framework in due course. This has included additional funding resource to HIW in 2018/19 (£m - 0.372) and 2019/20 (£m - 0.662) pending a more detailed review by officials.

## **Impact of the Quality & Governance in Health and Care (Wales) Bill on the culture of continuous improvement and quality of care**

The Quality & Governance in Health and Care (Wales) Bill will introduce statutory duties of candour and quality, and replace the current CHCs with a new Citizen Voice Body. All of which are designed to promote a person centred, improvement driven approach to the quality of care.

### **Duty of Quality**

The proposed duty of quality will place an overarching duty on the Welsh Ministers and NHS bodies (LHBS, Trusts and Special Health Authorities) to exercise their functions relating to the health service with a view to securing improvement in the quality of services in the broadest sense. The intent of this change is that when Welsh Ministers and NHS bodies exercise their functions in relation to the health service, they must actively consider whether the decision will improve service quality and secure improvement in outcomes. This will shift the focus of decision making and represent a further step on the journey towards ever-higher standards of person-centred health services in Wales.

Additionally, the duty would strengthen the governance arrangements by requiring the Welsh Ministers and NHS bodies to publish a report annually on the steps they have taken to comply with the duty and assess the extent of any improvement in outcomes.

### **Duty of Candour**

There is evidence that increased openness, transparency and candour are associated with the delivery of higher quality health and social care. Organisations with open and transparent cultures are more likely to spend time learning from incidents, rather than trying to hide or be overly defensive about issues, and they are more likely to have processes and systems in place to support staff when things go wrong.

The proposed duty of candour will promote a culture of openness and maintain public and patient trust in the health service by ensuring patients are informed when care that they have been provided with results in an adverse outcome. This will ultimately improve the quality services by encouraging organisational learning as to avoid future incidents.

When the duty applies, providers of NHS services will be required to notify the service user or their representative, explain what will happen next, provide an apology and offer support, and subsequently provide feedback on investigations, the steps taken to prevent a recurrence and keep records.

### **The Citizen Voice Body**

The creation of a single Citizen Voice Body across health and social care will strengthen the voice of the citizen and helps to deliver on our vision for 'A Healthier Wales' where the voices of citizens are continuously engaged and

listened to. A stronger citizen voice will assist organisations in understanding and becoming more attuned to the needs of service users enable them to better shape services in a more user-focussed way. It will also deliver on the recommendations of the

Parliamentary Review relating to closer integration of health and social care services.

## **Update against the recommendations of the Marks Review of HIW – January 2019**

### **Recommendation 1**

- The Welsh Government should ensure the new NHS Health Standards include a requirement for NHS Wales to take actions which will result in the most efficient and best services being delivered to patients and service users.

#### **Response – Accepted and implemented**

The Health and Care Standards published in April 2015 establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for improvement.

- Where appropriate, HIW and the WAO should jointly scrutinise the governance and leadership of health bodies, in particular measuring the extent to which their activities are driven by the goal of continuously improving services and aspiring to achieve world-class standards.

#### **Response – accepted and implemented**

HIW has introduced a process of annual reporting to health bodies which draws together their findings and provides feedback on governance and assurance arrangements.

### **Recommendation 5**

HIW and the Welsh Government should explore the usefulness of audit tools developed by the Royal College of Physicians and consider whether they should be built into the new Health Standards which are being developed; and whether they could contribute to HIW's inspection programmes.

#### **Response - Accepted and implemented**

Wherever possible, the Welsh Government has incorporated audit tools from a number of sources within the supporting guidance to the Health and Care Standards.

When developing the methodology for inspections HIW draws on the established professional best practice from a variety of sources and this would include those tools and checklists developed by the Royal Colleges. Representatives of the Royal Colleges are invited to sit on HIW's Stakeholder Reference Groups when new methodologies are being developed and the Academy of Medical Royal Colleges is represented on the HIW Advisory Board.

### **Recommendation 9**

The Welsh Government should:

- Develop healthcare regulations in line with the principles of the White Paper on the regulation of social care services. The regulation and registration of independent healthcare providers should move to a service-based model of registration, instead of the registration of individual premises. This would be a sensible reform and create efficiencies for both providers and HIW as well as increasing alignment between the health and care sectors
- Ensure that only one set of health standards applies across the NHS and independent sectors. HIW should work with NHS Wales, the independent sector and the Welsh Government and all other relevant bodies to develop a coherent set of standards that link with social care standards

### **Response – Accepted**

The White Paper “Services Fit for the Future” included proposals around regulation and inspection and common standards.

Due to breadth and complexity of the issues around moving from an establishment-based regime to a service-based one, it is our intention to develop legislation to be brought forward in a future Assembly term.

This legislation would also be used to introduce a common standards framework.

### **Recommendation 11**

The Welsh Government should remove HIW's responsibility for the following functions:

- supervision of midwives and the transfer of this function to an alternative host organisation should be progressed with urgency

### **Response - Rejected**

From April 2017 midwifery supervision was transferred to an employer led model for Wales.

- carrying out homicide reviews where homicides have been committed by mental health service users. Other healthcare inspectorates across the UK do not fulfil this function, it is recognised that specialist clinical expertise is required, therefore reports are commissioned from equivalent LHB bodies. If the current commissioning arrangements are to continue then the Welsh Government should consider the resource implications

#### Response – Rejected

Overall it is felt that the function of homicide review should stay with HIW as it provides valuable information and learning and wider intelligence on the quality of mental health services

- contributing to the investigation of deaths in Welsh prisons. By their nature, these investigations are time-consuming, frequently require specialist clinical expertise and sometimes the resources which need to be allocated to them mean that HIW has had to reduce important inspection activities. The Prisons and Probation Ombudsman could obtain specialist clinical advice from Local Health Boards.

#### Response – Rejected

Reviews of deaths in custody are the means by which HIW fulfils its responsibility for testing healthcare provision by health boards to prisoners. This function should therefore remain with HIW.

- Assessing nurse agencies. Although this will have little impact on capacity within HIW it will help to remove duplication with the work of CSSIW.

#### Response – Accepted

Responsibility is with CIW under RISCA.

### **Recommendation 13**

As part of the proposals for the Green Paper, Welsh Government should consult on the following:

- Giving HIW a full range of enforcement powers including putting an NHS healthcare provider into special measures without recourse to the Health and Social Services Minister. This will help enhance HIW's independence and assure the public that it is a strong and impartial regulator and inspector.
- The range of options which would make HIW a more independent inspectorate, looking at other models including Estyn, as well as the Auditor General for Wales and the Public Services Ombudsman for Wales.

At the same time, it would be sensible to take into account the possible merger with CSSIW when exploring these options. The public could be consulted on all of these matters including a consideration of the benefits and disadvantages of creating a single regulator with responsibility for health and social care.

#### Response – Rejected

We believe that the NHS Wales Escalation and Intervention Framework, and the associated mechanisms already provide a robust system for considering the escalation levels of healthcare providers. HIW is a key partner in these arrangements

Services Fit for the Future consulted on proposals to merge inspectorates and to make HIW more independent of Government. Responses to the consultation expressed mixed views on these questions, and we do not intend to take them forward at this time.

In the meantime, work is ongoing to develop the capacity of Healthcare Inspectorate Wales.

#### **Recommendation 18**

The Williams Commission recommends that if a standard of good practice is identified it should be adopted by all relevant health bodies across the whole of Wales to bring to an end unnecessary variations in the quality of services. Any departure from this principle would have to be justified. So, it would be highly beneficial for the Welsh Government to include this requirement in the refreshed Health Standards and for it to become part of HIW's regulatory regime.

#### Response - Accepted in principle

The Health and Care standards ensure best practice is being followed and seeks to reduce variation. In addition, the routine sharing of good practice underpins many NHS Wales improvement programmes, including those taken forward by 1000 Lives Improvement. A national clinical lead has been appointed to work with the NHS to drive improvement through reductions in variation. A Healthier Wales restates the importance of managing variation as an element of prudent healthcare.

#### **Recommendation 20**

The Welsh Government should:

- Consider the merits of developing a legal duty to involve service users in the governance and scrutiny programmes of HIW. They will have a say in the design, implementation and monitoring of its regulatory activities. Directly listening to the voices of patients and carers can help identify care

which contributes to good health and well-being as well as unsafe and unacceptable care. HIW would be required to report to Welsh Ministers on the involvement of citizens, including children and young people, in its decision making and strategic operations

#### Response - Rejected

The Welsh Government does not believe there is a need to introduce a legal duty to ensure HIW involves service users. HIW already uses a variety of methods to ensure patient experience is taken into account, including lay reviewers as part of inspection teams, patient involvement in the development of inspection methodologies and CHC involvement in thematic reviews.

- Reflect the principles of Prudent Healthcare, patient involvement and improved outcomes for patients in the refreshed Health Standards which are in the process of being developed and become part of HIW's regulation and inspection regime. The role of HIW would be to scrutinise whether a health body is delivering outcomes for patients which they believe to be important to their health and wellbeing.

#### Response – Accepted and implemented

The Health and Care Standards embrace the principles of co-production and prudent healthcare.

#### **Recommendation 22**

The Welsh Government should place a statutory duty on LHBs, Trusts and CHCs to routinely share complaints information with HIW. This will enhance HIW's ability to fulfil its responsibility to quality assure health bodies performance in relation to dealing with concerns and managing incidents in line with the Doing Well Doing Better – Standards of Health Services in Wales; and to spot serious and systemic failure in health care at an early stage.

#### Response – Rejected

The Welsh Government does not believe there is a need for a legal duty to routinely share complaints information. HIW can request this information from organisations if required, however we already expect organisations to report this information openly at their Board Quality & Safety committees and publish the papers. Work is already underway on developing all-Wales complaints data set which will allow for ease of sharing of information.

### **Recommendation 23**

The Welsh Government should consider developing tougher and more robust regulations to reinforce the reshaped care standards, applicable to all health care providers in both the NHS and independent sectors.

HIW would scrutinise the implementation of the Standards and consideration should be given to increasing its enforcement powers where breaches take place.

#### **Response – Accepted**

The White Paper “Services Fit for the Future” included proposals around regulation and inspection and common standards.

Due to breadth and complexity of the issues around moving from an establishment-based regime to a service-based one, it is our intention to develop proposals for legislation to be brought forward in a future Assembly term.

### **Recommendation 24**

The Welsh Government should include an explicit Duty of Candour in the refreshed Health Standards in order that HIW will be able to assess the extent to which service providers are open and honest about their mistakes, why they have occurred, and what they have done to put things right. HIW will also assess whether Local Health Boards are providing good governance: that information is not only shared with patients, but also with HIW at the earliest opportunity and that safer services are delivered as a result of learning from errors.

#### **Response – Accepted in principle**

The Quality & Governance in Health and Care (Wales) Bill will introduce a statutory duty of candour. Health Boards will be required to report on engagement of the duty. This goes further than including with the Health Standards framework.

### **Recommendation 26**

The Welsh Government should:

- Develop regulations to allow HIW to carry out prosecutions where professional healthcare staff provide false or misleading information.
- Develop regulations which impose time-limited registration on services which have failed to comply with regulations and standards. This would exert significant pressures on providers to improve their performance.

### Response – Accepted

The White Paper “Services Fit for the Future” included proposals around regulation and inspection and common standards.

Due to breadth and complexity of the issues around moving from an establishment-based regime to a service-based one, it is our intention to develop legislation to be brought forward in a future Assembly term.

### **Recommendation 29**

The voluntary arrangements which underpin the work of Inspection Wales have not supported effective collaboration and the coordination of work programmes between the 4 AIR bodies and at times this may leave patients and service users at risk because a review is not carried out.

The Welsh Government should explore how collaborative working could be strengthened by reviewing current arrangements for cooperation and how they might be reformed through creating a statutory duty. In particular the model of the Local Government (Wales) Measure 2009 which supports collaborative working by the AIR bodies in their review of the performance of local authorities may have relevance to the health sector.

### Response – Rejected

This work has now moved on considerably with the publication of an Inspection Wales Remit Paper and Information Sharing Guidance. HIW and CIW have worked together on a review of services for people with learning disabilities.

The Welsh Government does not presently see a need for further statutory duties of collaboration.

### **Recommendation 30**

The collaborative information system consists of Concordat Cymru, Healthcare Summits and the NHS Wales Escalation Arrangements and there may be scope for clarifying how they complement each other as well as assessing whether there is any overlap and duplication of effort. HIW, Welsh Government and other bodies should consider if the current information system is as streamlined and efficient as it could be. Also, it will be useful in future to take stock and evaluate the success of the information sharing system and determine whether any changes are needed.

### Response – Accepted and implemented

The NHS Wales Escalation and Intervention Framework involving the collective arrangements in place between the Welsh Government, the Auditor

General for Wales and HIW, allows for an effective sharing of intelligence and coordinated action.

### **Recommendation 31**

The collaborative early warning system should become the central organising principle of the work of Concordat Cymru. It must have high status and profile amongst all members and its aims and methods of working should be published across the whole of the health and social care sector.

#### **Response – rejected**

This is the purpose of the NHS Wales Escalation and Intervention Framework.

### **Recommendation 35**

The Welsh Government should consider reforming the work of CHCs in the following ways:

- CHCs must prioritise their patient advice and advocacy service and reduce waiting times.
- The remit of CHCs should extend their advice and advocacy role to provide seamless support to people who use both health and residential social care services.
- There should be a statutory duty for both CHCs and HIW to share information about complaints and other intelligence with each other.
- In future CHC members should provide the lay element of HIW inspections.

#### **Response – Accepted in part**

The Quality & Governance in Health and Care (Wales) Bill will include proposals to replace the CHCs with a new Citizen Voice Body, with an extended complaints advice and assistance role that includes social services.

There is nothing to prevent CHC members or members of the new body from providing the lay element of HIW inspections.

As mentioned above, the Welsh Government does not believe there is a need for a legal duty to routinely share complaints information. CHCs and HIW have a Memorandum of Understanding that was reviewed and updated in December 2017. The MOU supports the creation of work programmes that are complementary, avoid duplication and ensures that there are clear processes in place for sharing information and for the cross referral of risks and concerns.

### **Recommendation 37**

The Welsh Government should include an evaluation of culture of health bodies in the revised Standards for Health Services in Wales. This would require an assessment of governance and leadership of Boards and allow HIW to consider whether Boards are empowering and supporting staff to deliver excellent standards of care.

#### **Response – Accepted and implemented**

Governance, leadership and accountability already form part of the Health and Care Standards. HIW consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care.

### **Recommendation 39**

The Welsh Government, LHBs, Trusts, HIW and others should:

- Agree on a common data collection and information system, to be used at the local level, to cover the whole of the NHS in Wales. This will result in the Boards of LHBs and Trusts receiving sound and easier to understand information; as well as more informed data being fed into the various elements of the Welsh Government's performance management framework and information provided to HIW. It will also allow for comparisons of performance and lessons learnt to be disseminated across Wales.
- The local data collection system should include a suite of clinical outcomes in line with national audit requirements which will enable citizens to understand how well services are being delivered locally.

#### **Response – Accepted in principle**

The Digital Health and Social Care Strategy for Wales sets out a 'Once for Wales' approach which will create a solid platform for common standards and interoperability between systems and access to structured, electronic records in all care settings to join up and co-ordinate care for service users, patients and carers. The health and social care system in Wales will make better use of available data and information to improve decision making, plan service change and drive improvement in quality and performance.

### **Recommendation 42**

The Welsh Government should consider the issue of a merger between the two inspectorates. The coming years will see a transformation in the delivery of both health and social care services. As both the NHS in Wales and local government will experience reorganisation, patterns of delivery and commissioning will change, and once settled the possibility of a merger could

be explored. A thorough cost benefit analysis should be undertaken on whether a merger is appropriate.

#### Response – Completed

The question of a merger of HIW and CIW was included in the White Paper “Services Fit for the Future”. Analysis of the responses to that consultation showed there were mixed views in relation to a merger of the health and social care inspectorates and making them independent of the Welsh Government. We do not therefore intend to pursue these changes at this time. Welsh Government will instead explore a more proportionate approach to addressing the regulatory gaps which exist and future-proofing the underpinning legislation for Healthcare Inspectorate Wales. This will also allow for closer working with Care Inspectorate Wales. This aligns with the recommendations in the Parliamentary Review around joining up inspections.



Agenda Item 4.1

Comisiynydd Pobl Hŷn Cymru

Older People's Commissioner for Wales

Vaughan Gething AM  
Cabinet Secretary for Health and Social Services  
Welsh Government  
5<sup>th</sup> Floor  
Tŷ Hywel  
Cardiff  
CF99 1NA

06 December 2018

**03442 640 670**

Rydym yn croesawu  
galwadau yn Gymraeg

Adeiladau Cambrian  
Sqwâr Mount Stuart  
Caerdydd CF10 5FL

Cambrian Buildings  
Mount Stuart Square  
Cardiff CF10 5FL

Dear Cabinet Secretary,

### **Winter Delivery Plans 2018-19**

I am writing following your statement in Plenary on 13 November, in which you provided an update for Members on the work being undertaken to ensure that health and care services are better placed to cope with the pressures they are likely to face during the winter months.

I welcome the fact that the Welsh Government recognises there were significant issues and challenges last year, as set out in the evaluation report – Winter 2017-18: An Evaluation of the Resilience of Health and Care Services – that was published in October, and that you have scrutinised the winter preparedness plans produced by Health Boards.

However, further clarity on a number of points would be useful so I can better understand the work that is being undertaken across Wales to improve the experiences of older people should they need to access health and/or social services during the winter months.

It would also be useful if you could share with me information about how the Winter plans were scrutinised, including the criteria against which their content was assessed.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

One of the issues you highlighted in your statement was increased admissions to hospital of older people with complex conditions, something that is also referred to in the evaluation report. Please could you let me know whether any specific action is being taken to prevent these admissions, outside of ongoing work linked to the broader prevention agenda?

Similarly, in your statement you made reference to the Choose Well campaign, which aims to reduce the number of patients visiting A&E when a more suitable alternative service is available. Given that, according to the evaluation report, older people account for 'a disproportionate amount of emergency attendances and admissions', I would be interested to know whether Choose Well campaign messages were targeted specifically at older people and, if so, the ways in which these messages were disseminated.

Your statement also highlighted hospital capacity, something that is closely linked to delayed transfers of care, which can have a significant impact upon older people's health and well-being. Whilst the funding to increase capacity is of course welcome, the evaluation report highlights that interventions to support the domiciliary care market are 'not having the early impact they anticipated' and that, in terms of health, the 'greatest obstacle to a sustained improvement in the level of delayed transfers of care is the shortage of nursing care capacity'. Please could you let me know what specific action has been taken to ensure appropriate levels of domiciliary care staff and nursing care provision to prevent unnecessary delayed transfers of care this year?

Related to this, the evaluation report also states that an improvement that could be achieved for future winters would be an integrated pathway for older people. Please could you let me know what progress has been made in taking this forward, and when the pathway will be finalised and rolled out throughout Wales?

Looking to the longer-term, I would be grateful if you could advise me whether your scrutiny of winter plans is something that will be undertaken annually or was undertaken as a 'one-off' in response to the significant issues last year. Undertaking this kind of scrutiny annually would demonstrate a commitment to ensuring that effective winter planning is undertaken across health and social care services and would

enable issues to be proactively identified and addressed before health and social care services reach a potential crisis point.

Finally, I would also be grateful if you could let me know whether the Welsh Government will be taking any additional action in response to the figures published last week that showed Excess Winter Mortality increased by 84% during 2017-18, with the number of deaths amongst older people increasing significantly.

In terms of the work I am planning on this, I have written to health boards, requesting copies of their winter plans and asking that they share any examples of good practice that could be adopted elsewhere. Upon receipt of this information, I intend to publish a short paper during spring 2019 that reflects on winter preparedness on an all Wales basis from the perspective of older people which I hope health boards and partners will use to shape and develop their plans for 2019-20.

As I am sure you will agree, ensuring that older people can access the health and social care services they may need during the winter months is essential and delivering the right action to prevent the issues seen last winter is a crucial part of this. I therefore look forward to receiving a response from you soon to clarify the queries I have raised above and look forward to continuing to work with you to ensure that improvements are delivered on behalf of older people throughout Wales.

Yours sincerely,

A handwritten signature in black ink, reading 'Heléna Herklots'. The signature is written in a cursive style with a long horizontal stroke at the end.

**Heléna Herklots CBE**  
**Older People's Commissioner for Wales**



# Comisiynydd Pobl Hŷn Cymru **Agenda Item 4.2** Older People's Commissioner for Wales

**03442 640 670**

Rydym yn croesawu  
galwadau yn Gymraeg

Adeiladau Cambrian  
Sqwâr Mount Stuart  
Caerdydd CF10 5FL

6 December 2018

Cambrian Buildings  
Mount Stuart Square  
Cardiff CF10 5FL

## **Winter Delivery Plans 2018-2019**

In August, I began my four-year appointment as Older People's Commissioner for Wales. My role is to be an independent, strong and effective champion for older people across Wales, particularly those who are most vulnerable.

It is my aim to make Wales the best place in the world to grow older. I would welcome the opportunity to meet with you to discuss the work that you are doing, and how we can work to achieve this goal.

I am writing following the statement issued by the Cabinet Secretary for Health and Social Services in Plenary on 13 November regarding the health and care services preparedness for this winter.

There were significant issues and challenges last year, as set out in the evaluation report – Winter 2017-18: An Evaluation of the Resilience of Health and Care Services.

I am aware that you have produced a Winter Delivery Plan for this winter, and that the Cabinet Secretary described that he had scrutinised these plans.

In order to better understand the work that you are undertaking to improve the experiences of older people accessing health and care

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

services during the winter months, and in order to share relevant best practice, I would be grateful if you could share your winter plan with me and any good practice and specific actions you are taking that are specifically relevant for older people.

I would also be grateful if you could let me know whether your Health Board will be taking any additional action in response to the figures published last week that showed Excess Winter Mortality increased by 84% during 2017-18, with the number of deaths amongst older people increasing significantly.

In addition to this, my office would welcome a conversation with the lead officer for this work within your organisation and I would be grateful if you could share their details with me.

For information, I have also written to the Cabinet Secretary for Health and Social Services requesting further clarity on the scrutiny that he undertook of the winter plans so that I can better understand the actions being taken to improve the experiences of older people.

Upon receipt of this information, I intend to publish a short paper during spring 2019 that reflects on winter preparedness on an all Wales basis from the perspective of older people which I hope health boards and partners will use to shape and develop their plans for 2019-20.

As I am sure you will agree, ensuring that older people can access the health and social care services they may need during the winter months is essential and delivering the right action to prevent the issues seen last winter is a crucial part of this. I therefore look forward to receiving a response from you 21 December 18 and look forward to working with you to ensure that improvements are delivered on behalf of older people throughout Wales.

Yours sincerely,

A handwritten signature in black ink, reading 'Heléna Herklots', with a horizontal line underneath the name.

**Heléna Herklots CBE**  
**Older People's Commissioner for Wales**



# Comisiynydd Pobl Hŷn Cymru

## Older People's Commissioner for Wales

### Agenda Item 4.3

Mr Jason Killens  
Chief Executive  
Wales Ambulance Services NHS Trust  
HM Stanley Hospital  
St Asaph  
LL17 0RS

06 December 2018

Dear Jason,

### Winter Delivery Plans 2018-2019

In August, I began my four-year appointment as Older People's Commissioner for Wales. My role is to be an independent, strong and effective champion for older people across Wales, particularly those who are most vulnerable.

It is my aim to make Wales the best place in the world to grow older. I have recently met with Clare Bevan, Executive Director of Quality, Safety and Patient Experience and colleagues and look forward to working with you to achieve this goal.

I am writing following the statement issued by the Cabinet Secretary for Health and Social Services in Plenary on 13 November regarding the health and care services preparedness for this winter.

There were significant issues and challenges last year, as set out in the evaluation report – Winter 2017-18: An Evaluation of the Resilience of Health and Care Services.

I am aware that you have produced a Winter Delivery Plan for this winter, and that the Cabinet Secretary described that he had scrutinised these plans.

**03442 640 670**

Rydym yn croesawu  
galwadau yn Gymraeg

Adeiladau Cambrian  
Sqwâr Mount Stuart  
Caerdydd CF10 5FL

Cambrian Buildings  
Mount Stuart Square  
Cardiff CF10 5FL

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

In order to better understand the work that you are undertaking to improve the experiences of older people accessing health and care services during the winter months, and in order to share relevant best practice, I would be grateful if you could share your winter plan with me and any good practice and specific actions you are taking that are specifically relevant for older people.

I would also be grateful if you could let me know whether the Welsh Ambulance Services NHS Trust will be taking any additional action in response to the figures published last week that showed Excess Winter Mortality increased by 84% during 2017-18, with the number of deaths amongst older people increasing significantly.

In addition to this, my office would welcome a conversation with the lead officer for this work within your organisation and I would be grateful if you could share their details with me.

For information, I have also written to the Cabinet Secretary for Health and Social Services requesting further clarity on the scrutiny that he undertook of the winter plans so that I can better understand the actions being taken to improve the experiences of older people.

Upon receipt of this information, I intend to publish a short paper during spring 2019 that reflects on winter preparedness on an all Wales basis from the perspective of older people which I hope health boards and partners will use to shape and develop their plans for 2019-20.

As I am sure you will agree, ensuring that older people can access the health and social care services they may need during the winter months is essential and delivering the right action to prevent the issues seen last winter is a crucial part of this. I therefore look forward to receiving a response from you by 21 December 18 and look forward to working with you to ensure that improvements are delivered on behalf of older people throughout Wales.

Yours sincerely,

A handwritten signature in black ink, reading 'Heléna Herklots', with a horizontal line underneath the name.

**Heléna Herklots CBE**  
**Older People's Commissioner for Wales**

Cynulliad Cenedlaethol Cymru  
The Welsh Parliament / Senedd Cymru

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# Agenda Item 4.4

**National Assembly for Wales**  
Children, Young People and Education Committee

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Dai Lloyd AM  
Chair, Health, Social Care and Sport Committee

05 February 2019

Dear Dai

## **Healthy Weight: Healthy Wales**

As part of the Children, Young People and Education Committee's forward work plan for 2019, Members agreed to consider the Welsh Government's *Healthy Weight: Healthy Wales* consultation from a children and young people's perspective.

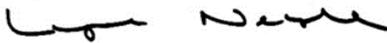
As you will be aware, on the 17 January 2019, the Minister for Health and Social Services published the draft for consultation, with a closing date of 12 April 2019.

At our meeting this week the Committee agreed its approach. To avoid duplicating the Welsh Government's consultation process, the Committee will engage with a small group of stakeholders to discuss the draft from a children and young people's perspective. The Chief Medical Officer has also been invited to a formal committee meeting to discuss any issues identified by stakeholders and Members.

Given the relevance of this work to your remit, I am writing to make you aware of our planned approach and to extend an invitation to Members of the Health, Social Care and Sport Committee to participate. Alternatively, given the common membership of both Committees, you may be content that the CYPE Committee take this work forward at this early stage.

We will keep you updated on developments and will share with you any written outputs.

Yours sincerely



**Lynne Neagle AC / AM**  
**Cadeirydd / Chair**





Llywodraeth Cymru  
Welsh Government

**Vaughan Gething AC/AM**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**

Ein cyf/Our ref: MA-P/VG/0190/19

Dai Lloyd AM  
Chair of Health, Social Care and Sport Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

7 February 2019

Dear Dai,

Members of your Committee will be aware of the Welsh Government's current consultation on "*Healthy Weight: Healthy Wales*" (<https://beta.gov.wales/healthy-weight-healthy-wales>), which closes on 12 April. This is part of our commitment through the Public Health Wales Act to develop a strategy to reduce and prevent obesity. During my oral statement on 29 January, I was pleased to receive cross-party support for this important consultation and I would welcome a response and further engagement from the Committee on this matter.

My officials are currently undertaking a number of regional events, community engagement activities and focus groups across Wales to encourage participation in the consultation and to hear from a range of people. This includes targeted engagement with children and young people. My plans are to then launch a summary of findings early summer and to publish a final strategy in October 2019.

You will be aware that the Children, Young People and Education Committee has decided to consider the consultation from a children and young people's perspective. I understand that members of the Health, Social Care and Sport Committee have been invited to participate in that work. The consultation also aligns with your inquiry into physical activity amongst children and young people, which was undertaken last year, and I look forward to seeing your final report on this matter.

I look forward to hearing from the Committee in due course.

Yours sincerely,

**Vaughan Gething AC/AM**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

[Gohebiaeth.Vaughan.Gething@llyw.cymru](mailto:Gohebiaeth.Vaughan.Gething@llyw.cymru)  
[Correspondence.Vaughan.Gething@gov.wales](mailto:Correspondence.Vaughan.Gething@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Dai Lloyd AM  
Chair  
Health, Social Care and Sport Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

Your ref:  
Our ref: EJ/ST

7 February 2019

Dear Dai

### **Everybody's Business: A report on suicide prevention in Wales**

The Commission notes the detailed work undertaken by the Committee in this report. We share the view that it is important to tackle mental health-related stigma and discrimination and we seek to be an exemplar employer through our policies and strategies.

Recommendation 3. We recommend that the Assembly Commission offers suicide prevention training for Assembly Members, Assembly Members Support Staff, Commission staff and contractors. We hope that, as well as equipping Assembly Members and staff to respond appropriately, this will show an example to other employers, and we would urge the Welsh Government to promote suicide prevention training to all of its staff.

The Assembly Commission has signed up to the 'Time to Change' pledge to show the Assembly's commitment to working towards ending the stigma associated with mental health. We have highlighted the huge importance of recognising mental health and raising awareness across the organisation. A Mental Health and Wellbeing workplace network (MINDFUL) exists, and we provide a staff with a mental health toolkit, in partnership with Mind Cymru. Assembly Members and AMSS are able to access suicide intervention training through the Commission's Member Learning and Engagement team and can request support of this nature if

Croesewir gohebiaeth yn Gymraeg neu Saesneg / We welcome correspondence in Welsh or English



**Elin Jones AC, Llywydd**

Cynulliad Cenedlaethol Cymru

**Elin Jones AM, Presiding Officer**

National Assembly for Wales

there is an immediate need. Examples of the range of training interventions available include:

- Suicide intervention;
- Mental Health First Aid;
- Mental Health Awareness;
- Emotional resilience;
- Applied Suicide Intervention Skills Training (ASIST).

The Assembly Commission accepts the recommendation that relates to its responsibilities and will build on our existing provision to provide more explicit training and support for suicide prevention.

Yours sincerely

Elin Jones AM  
Llywydd and Chair of the Assembly Commission

# Agenda Item 8

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted