

## Health and Social Care Committee

### Inquiry into the work of Healthcare Inspectorate Wales

#### Evidence from the Minister for Health and Social Services

##### 1. Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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