



Ein cyf/Our ref MA-P-VG/1122/19

Dr Dai Lloyd AM  
Chair  
Health, Social Care and Support Committee National  
Assembly for Wales  
Cardiff Bay  
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3 April 2019

Dear Dai,

Thank you for your letter of 7 March detailing further issues raised by the Committee following the evidence session held on 14<sup>th</sup> February with Healthcare Inspectorate Wales (HIW).

### **Powers and Independence of HIW**

Following the recommendations of the Marks review a number of matters, including the independence and integration of HIW with the Care Inspectorate Wales (CIW) were consulted on in a White Paper: *Services Fit for the Future* in June 2017. However at that time there was not strong support to change the existing model particularly as HIW, together with CIW are operationally independent. Existing powers of HIW do allow them to identify where services may be failing, to report publicly on this, and to escalate to the health boards and the Welsh Government where they believe that action needs to be taken. I am aware that HIW is considering whether a more formal status or language might be useful in order to communicate in a more timely and transparent way where there are services of concern. I accept there is a need to review and future-proof the existing underpinning legislative framework in which HIW operates to ensure there are no regulatory gaps and they have the necessary powers to discharge their functions effectively. The First Minister has indeed confirmed the need to bring forward a future Bill to address this.

To help deal with some of the challenges faced by HIW to operate efficiently and effectively and in a more integrated way in line with 'A Healthier Wales' aspirations, I have recently provided additional resources to help build their capacity and capability and make the function more sustainable. My officials will be keeping the matter under review and continue to explore with HIW the complexities and deficiencies surrounding their existing legislative framework and the action needed to future-proof it.

### **Child and Adolescent Mental Health: in-patient provision**

There are NHS inpatient beds available in both north and south Wales. These are provided by the North Wales Adolescent Services (NWAS), Abergele and Ty Llidiard, Bridgend respectively. If a patient has very specialised needs, such as learning or physical disability

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or they require secure accommodation, they are placed outside Wales through the Welsh CAHMS Framework which selects providers according to quality, cost and location. The framework is also used to identify beds if there is no capacity amongst Welsh NHS providers.

The Framework providers are monitored through Quality Assurance and Improvement Service (QAIS) who undertake site audits and monitor performance. All patients requiring Tier 4 inpatient CAMHS beds, irrespective of whether they are looked after by a Welsh NHS provider or by a Framework provider are subject to part 2 of the Mental Health Measure and will have a health board/local authority care co-ordinator who is responsible for agreeing and reviewing individual care and treatment plans.

The Welsh Health Specialised Services Committee (WHSSC) receive regular monthly monitoring returns from the two Welsh NHS units identifying bed usage, including the number of patient admissions, discharges and the numbers of patients on home leave. WHSSC also has contract and performance meetings with the health boards and the two units are considered within those wider meetings.

Issues concerning quality are reported through standard health boards' systems and are followed up by the WHSSC quality team and reported through the WHSSC Quality and Patient Safety Committee as appropriate. In addition, WHSSC has recently agreed an SLA for routine annual monitoring of NHS Wales providers by QAIS which manages the Framework. This now ensures consistency between the required quality standards of NHS Wales and Framework providers. In addition both units are currently being managed through the WHSSC quality escalation process and therefore subject to regular quality visits.

WHSSC currently commissions 12 beds from NNAS, however the service has been operating at a reduced capacity of 10 beds over an extended period of time. This is due to significant workforce challenges and the increasingly complex needs of patients. WHSSC is working closely with NNAS through its quality escalation process to return to the 12 bed commissioned capacity. The timing of a permanent return to 12 beds will be determined by clinical risk assessments. Overall, there has been a marked improvement in performance at NNAS during 2018/19 when, at certain points during the year, there was an increase to the full 12 beds. However, this continues to fluctuate due to patient acuity and staffing levels.

The Ty Llidiard service is operating at commissioned capacity, however, since March 2018 there has been a tightening of the admission criteria in response to a risk assessment of the physical environment. The service will continue to operate the admission criteria within the current policy until the remedial works to the building have been completed. Ty Llidiard has been affected by the Bridgend boundary change, therefore, phase one of the building works was handled by Abertawe Bro Morgannwg University Health Board during 2018/19. Cwm Taf University Health Board will undertake phase 2 within the next 6 months.

The issues described above have led to a small number of patients (6 in the last year) being placed out of area where they previously would have been able to access NHS services in Wales.

## **Review of Maternity Services**

Following investigations into maternity services at Morecambe Bay NHS Foundation Trust, the Parliamentary and Health Ombudsman (PHSO 2014) in England recommended that midwifery supervision and regulation be separated and that the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity. As a consequence statutory supervision of midwifery was removed and the employer led model for Wales was launched

in April 2017. The model incorporated a number of broad principles which included clear governance structures for responsibility and accountability, and embedded key performance indicators holding health boards to account by Welsh Government for delivering clinical supervision for midwives.

Welsh Government expects the NHS in Wales to take action to deliver maternity services which place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience where women are treated with dignity and respect. This model of supervision is based on the ethos of 'supporting midwives to support women', and provides arrangements to achieve organisational learning rather than be part of a national inspection or assurance function. To date the model has been well received and there are links with the governance teams at local level to ensure learning and improvement whilst retaining clear separation from the regulatory function of the Nursing and Midwifery Council."

In response to a number of serious incidents identified in Cwm Taf University Health Board indicating cases of poor outcomes for mothers and babies, closer scrutiny of the governance and the quality and safety of care being provided was initiated by Welsh Government. Immediate action was taken and an external review of midwifery services was undertaken by the Royal College of Gynaecologists. The findings from the review and the immediate actions required were included in my Written Statement to Assembly Members in January. The final report is expected to be published this month and I anticipate this may identify further learning for the health board and maternity services more generally. I have also been told by HIW that they are planning to conduct a thematic review of maternity services in Wales in the coming year.

### **Communication with Assembly Members**

I note your comments regarding the publication of the Kris Wade report by HIW but as they are operationally independent of Welsh Government this is a matter for them. However, I have asked HIW for a response to this matter and they have provided the following: "We have procedures in place which govern the publication of our reports and we aim to publish each of our reports in a consistent manner. This is to try and ensure our reports are seen as objective and independent; that reporting of our findings is accurate and sensitive; and that decisions regarding timing and handling are not regarded as being inappropriately influenced by political considerations. We are looking carefully at our procedures to consider whether there is a need for change for all reports, or potentially for a specific class of report".

I hope this is helpful.

Yours sincerely,



**Vaughan Gething AC/AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services