

National Assembly for Wales
Health and Social Care Committee
The work of the Healthcare Inspectorate Wales
Evidence from (add organisation) – HIW 10

Committee Clerk

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National Assembly for Wales
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THE WORK OF HEALTHCARE INSPECTORATE WALES

Response from the Royal College of Physicians in Wales to the National Assembly for Wales' health and social care committee short inquiry into the work of Healthcare Inspectorate Wales

The Royal College of Physicians (Wales) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in Wales and across the world with education, training and support throughout their careers. As an independent body representing more than 28,000 fellows and members worldwide, including 1,000 in Wales, we advise and work with government, the public, patients and other professions to improve health and healthcare.

Mae Coleg Brenhinol y Meddygon (Cymru) yn arwain y ffordd o ran darparu gofal o ansawdd uchel i gleifion drwy osod safonau ar gyfer arferion meddygol a hybu rhagoriaeth glinigol. Rydym yn darparu addysg, hyfforddiant a chefnogaeth i feddygon yng Nghymru a ledled y byd drwy gydol eu gyrfa. Fel corff annibynnol sy'n cynrychioli mwy na 28,000 o gymrodorion ac aelodau ym mhedwar ban byd, gan gynnwys 1,000 yng Nghymru, rydym yn cynghori ac yn gweithio gyda'r llywodraeth, y cyhoedd, cleifion, a gweithwyr proffesiynol eraill i wella iechyd a gofal iechyd.

The RCP welcomes this opportunity to respond to your inquiry into the work of Healthcare Inspectorate Wales. We are happy to give oral evidence, if invited. All quotations, unless otherwise stated, are taken from evidence submissions we received from fellows and members.

If you would like more information, please contact Lowri Jackson, RCP senior policy adviser for Wales, at Lowri.Jackson@rcplondon.ac.uk or on 029 2050 4540.



Overview

The RCP is keen to develop its relationship with Healthcare Inspectorate Wales. The Welsh Government has promised that 'in Wales, work will be progressed to develop clear protocols across the various [health related review, audit and inspection] bodies so that that accountabilities and joint working arrangements are clearly defined.'¹ We would like to be involved in this work from an early stage. For example, we would suggest that the RCP is well placed to support the inspection work of Healthcare Inspectorate Wales, due to the depth of our clinical expertise and strength in quality improvement.

We are also recommending the creation of a Chief Inspector for Wales, accountable to the National Assembly for Wales, as well as the development of multi-professional inspection teams in Wales. Furthermore, we would also like to be involved in the review of key workstreams in healthcare² and we will be writing to Healthcare Inspectorate Wales to ask for more information about this. Finally, we will seek to be involved in work to develop an external assurance framework for NHS Wales.³ The RCP's core function is to improve quality across the NHS and we are keen to work with other bodies to achieve this aim.

Our response

Our response is informed by our fellows and members in Wales.

The investigative and inspection functions of Healthcare Inspectorate Wales, 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

1. The RCP believes that there is an urgent need to develop standards of care that are easily understood across the healthcare system and by patients and public. The RCP proposes to bring together stakeholders to help define such standards and we will be taking forward work on how standards should be overseen and implemented. We are keen to work with Healthcare Inspectorate Wales and the Welsh Government on improving standards.
2. We recommend a renewed focus on patient experience and we urge investment in real-time patient feedback systems on wards and clinics, to alert staff to issues and allow rapid remediation.
3. We believe that the work of Healthcare Inspectorate Wales would be greatly enhanced through standardised electronic patient health records. The RCP has developed standards for health records which we believe will significantly improve the quality and accessibility of NHS clinical data.

The overall development and accountability of Healthcare Inspectorate Wales, including whether the organisation is fit for purpose

4. Our physicians have recommended the appointment of a Chief Inspector for Healthcare Inspectorate Wales, with clear accountability to the National Assembly for Wales. They have told us that a clinical appointment would be a positive development and would show clinical leadership.

¹ Welsh Government, *Delivering Safe Care, Compassionate Care: Learning for Wales from The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*, July 2013, p12

² Ibid, p11

³ Ibid, p12



'I firmly believe this would enable Healthcare Inspectorate Wales to operate, both with crucial professional insight and [to be] truly independent, doing the work without fear or favour.'

5. We support this because we believe this role could show a clear line of leadership and re-energise the focus on quality improvement within hospitals. We recommend that, if created, this role should be given substantive powers and sufficient support in order to identify and address potential failings in care.
6. We would also support the development of multi-professional inspection teams to conduct hospital inspections, with senior secondary care clinicians forming an integral part of the team. Clear guidance would be needed to clarify arrangements for releasing clinicians and ensuring adequate cover.
7. We also strongly support better co-ordination of Healthcare Inspectorate Wales inspections with planned visits by bodies including the royal colleges, to reduce duplication and the burden on hospitals and healthcare providers. Closer collaboration would require robust data sharing agreements and effective communications.

The effectiveness of working relationships, focusing on collaboration and information sharing between Healthcare Inspectorate Wales, key stakeholders and other review bodies

8. The RCP is keen to be more involved in the work of Healthcare Inspectorate Wales. We recently established a Wales national office and held an election for the first vice president for Wales. We would keen to work with Healthcare Inspectorate Wales to develop new protocols on improved information sharing and collaborative working to ensure that we can work together in the most appropriate way, with the aim of ensuring patient safety and the highest standards in patient care.

'I would also hope that, as bodies whose key function relates to the quality and standards of medical practice, the royal colleges and faculties could establish an appropriate way of working with Healthcare Inspectorate Wales for the public good.'

9. The RCP has developed a range of quality improvement tools which could support Healthcare Inspectorate Wales in carrying out its investigative and inspection functions, including clinical audit, accreditation, hospital health checks and clinical consultancy services. For example, the RCP and Royal College of Psychiatrists are developing a [quality mark for wards providing care for frail older people](#) which we believe will help to address sub-standard care of this inpatient group.
10. Furthermore, while the quality of clinical data may vary across the NHS, we urge Healthcare Inspectorate Wales to make best use of the high quality data available through the RCP national databases and audits which record data on the care received by patients across a range of different conditions.



Safeguarding arrangements, specifically the handling of whistleblowing and complaints information

11. Concerns raised by doctors, including trainee doctors, are an important source of local intelligence. Healthcare Inspectorate Wales should make use of resources such as the RCP's Local Conversations Programme, which provides a safe haven for doctors to raise concerns about care.
12. It is widely recognised that a healthy workforce provides better quality care. Following our 2010 national audit, the RCP is seeking to raise health board awareness of the importance of staff health.

Case study: Peer review of cancer services in Wales

The South Wales Cancer Network is working with Healthcare Inspectorate Wales to establish a peer review programme to provide a more robust performance management framework to monitor and evaluate the delivery of services. This is a pilot project, which, it is hoped, will extend to other services in the future.

'In setting standards and how we measure achievement against them it is important to recognise healthcare is ever changing and advancing ... Self-assessment and a commitment to self-improvement must be the cornerstone of any such process. A comprehensive programme of peer review will support this, building on the progress already made.'⁴

Healthcare Inspectorate Wales has been asked to deliver the peer review programme in partnership with the Welsh Cancer Networks. It involves peer-to-peer review by clinical experts and is intended to hold up a mirror to the work of the Health Boards and NHS Trusts. It is the responsibility of the cancer networks to do the research and the project management. Healthcare Inspectorate Wales is then tasked with issuing reports back to Health Boards on the quality of the services reviewed. Where clinical concerns have been raised about clinical governance or patient safety, Healthcare Inspectorate Wales has been able to procure an urgent response. The evidence shows that the process has worked.

We were told that, in practice, the new peer review system is working well. We were told that the physicians involved believe it has been a rigorous process. However, the process has at times lacked resources and support. There was some concern that in other services (eg stroke or diabetes) which do not have a funded network in Wales, Healthcare Inspectorate Wales would not be able to offer the resource and administrative support which would be needed to manage the process effectively.

It was stressed that the experience of peer review of cancer services had been excellent and that there should be no criticism of the staff at Healthcare Inspectorate Wales. Indeed, it was thought that the peer review process was better than the inspection process in many ways because it encourages organisations to undertake constant review and self-assessment and overlaps with reflection, appraisal and continuous professional development. Where there were inspections, we were told that the inspection regime was rigorous, robust and well respected.

'The peer review approach is much better ... [it is] less threatening and more constructive ... I hope we can develop this process in all medical specialties, with co-working between the RCP and [specialist societies] within Wales.'

⁴ Welsh Government, *Delivering Safe Care, Compassionate Care: Learning for Wales from The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*, July 2013, p11



However, it was felt in some ways that monitoring of service quality was in transition. It was felt that in an ideal world of mature statutory organisations, Healthcare Inspectorate Wales should sit in the background, with Health Boards and NHS Trusts in Wales ready to be more proactive in self-assessment and reflective appraisal. There should be systems in place where the NHS undertakes self-assessment against maturity matrices, with the ability to call in outside experts to conduct a review or an audit, be that Healthcare Inspectorate Wales, the Royal Colleges, or a combination of independent organisations.

Furthermore, it was felt extremely important that where a peer review or an audit concludes with recommendations, there must be a way of ensuring that health boards or NHS Trusts act on those recommendations. There was some concern that there was a lack of monitoring in this area, perhaps because at present, Healthcare Inspectorate Wales does not have the resources to monitor effectively.

Finally, the issue of transparency was raised. There was some concern that when issues arise at Health Board level, there is not enough scrutiny of the way these challenges are met. Whether this is a role for Healthcare Inspectorate Wales, or for the Community Health Councils, or for someone else, it was felt that health boards and NHS trusts are not consistently being held to account. It was felt vital that clinical leaders be given the authority and the accountability to lead national audits and raise standards.

If you have further questions, please contact Lowri Jackson, RCP senior policy adviser for Wales, at Lowri.Jackson@rcplondon.ac.uk or on 029 2050 4540.

Yours faithfully,

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