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Evidence from the Royal College of Anaesthetists Advisory Board in
Wales – HIW 13



Royal College of Anaesthetists Advisory Board in Wales

Comments on the Work of the Health Inspectorate Wales (HIW)

The RCoA Advisory board in Wales welcomes the opportunity to comment on this call for evidence.

We have received comments from two senior members of the RCoA Advisory Board in Wales, but none from the wider membership. While this may result from the relatively short time scale, it probably reflects a lack of understanding and “personal” involvement with the organisation by day to day clinical staff. In many cases work undertaken by HIW will be fed to senior management within Health Boards and will be either not understood or recognised by clinical anaesthetists other than those with management roles. In some situations this may be appropriate when the discussion relates to aspects of service provision distant from clinicians. However, at other times a closer link between clinicians and report on services would be helpful. It can be hard to identify where the communication chain breaks down but can relate to the overload of electronic information sent to staff and a squeeze on time to undertake such work.

The concept of an organisation providing independent and objective assurance on the quality, safety and effectiveness of healthcare services appears logical and would be supported by anaesthetists. The use of trained staff including members of the public is to be welcomed although details of how these staff are trained is not clear. We suggest the schedule of inspections should be made from random unannounced inspections, as well as targeted inspections, and that inspection reports should be made public. In addition, HIW should be given disciplinary powers, such as issuing fines and holding Executive Management accountable, and should be cohesive and aid the dissemination of good practice amongst Health Boards.

We are aware of HIW reports finding serious failings within a Health Board (HB) having significant subsequent implications and change at a senior level within the HB.

On the assumption that the failings are accurate then it can only be welcomed that HIW is able to identify such problems and lead to change.

With respect to HIW making sure patients have access to safe and effective services there are some reservations that the difficulty in providing such services in some situations in Wales is extremely complex and is affected to a large extent by geography, as well as public and political resistance to reorganisation of services. If HIW reports demonstrate areas where a service fails to meet appropriate standards, and this can be used to aid discussions that may include reconfiguration, then the process is positive. It is a concern that the reports may be used to castigate Health Boards when the ability and process to reconfigure is not straightforward. If reports find shortcomings that the professions and Health Boards feel require significant reconfiguration, there needs to be a better mechanism whereby this process obtains political, financial and public support.

The accountability of HIW is unclear to many. Although as part of Welsh Government the nature of their work does require a degree of autonomy, it is unclear from a review of the website as to how accountability is ensured. However, we do note the presence of an advisory board which may help in this function. While the concept of HIW is to be welcomed most clinical anaesthetists have little to do with its functioning at present. We look forward to greater engagement from clinicians and patients as part of the inspection processes in the future

The Royal College of Anaesthetists represents the anaesthetic profession across the UK and welcomes engagement with healthcare regulators to advise and assist wherever appropriate. In addition, the recently launched Anaesthesia Clinical Services Accreditation (ACSA) programme has received early positive comment from HIW management and we look forward to formalising our relationship in this area of improved quality for patient care in the very near future.