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Adam Cairns
Chief Executive

9 October 2013

Mr David Rees AM
Chair, Health & Social Care Committee
National Assembly for Wales
Cardiff Bay
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Dear Mr Rees

Inquiry into the work of Healthcare Inspectorate Wales

Further to your correspondence dated 23 July 2013 which was not received in our Health Board until recently, I am grateful for the opportunity to provide comments in response to your inquiry aligned with the set Terms of Reference.

The Health Board has sought views from those who have participated and/or experienced Healthcare Inspectorate Wales related work.

The effectiveness of HIW in undertaking its main functions and statutory responsibilities

1. Whatever the related reasons, it is clear that HIW have struggled to deliver against its published work programme and whilst the programme was developed from engagement with the service and other stakeholders, it is important that planned work is delivered in a timely manner and can demonstrate that it is delivering improved experiences and outcomes for those who use the NHS.

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

2. With inspection/review teams populated by reviewers mainly from outside Wales it is very important that robust induction arrangements are in place to ensure reviewers understand the welsh system in advance of commencing reviews.
3. There have been occasions when the Inspectorate have not responded to timescales set by them, with extensive delays in receiving some reports. On one occasion the UHB waited over a year to receive its IRMER inspection report. More recently in the absence of Mental Health Act monitoring visits, the Health Board wrote to HIW expressing concern that such visits had not taken place throughout 2012/13. These have since recommenced.

4. Ensuring 'expert' reviewers remain key members of review teams, remains an important element of any review eg unannounced cleanliness inspections. However, there has been occasion when a ward (in a Health Board with over 90 wards) has undergone repeat visits / inspections, when the vast majority have not.

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

5. Clearly the need for an effective and robust regulatory function that independently provides scrutiny and assurance that Health Boards with Social Care partners are discharging safe and effective services for the public is an essential component for any effective regulatory system.
6. It is also important that the arrangements organisations have in place to self regulate how they commission and provide care are tested by the regulator in order to provide assurance. In a strong system of self assessment, the service should identify any issues of concern with regards safe and effective care and where required demonstrate to the regulator actions taken and/or planned in response.

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

7. Like many public serving bodies in Wales, HIW have experienced significant change over recent years, which has impacted on its delivery of its planned work programme. A more integrated approach with or at least between CSSIW and HIW may benefit the welsh public, as increasingly care is delivered to patients with and across partner agencies.
8. In our experience, where issues of serious concern have been raised, HIW have responded promptly. A strong collaborative relationship between the Health Board and the Regulator is to be encouraged.

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

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

9. The Health Board would strongly encourage robust and effective working relationships with a strong foundation on information sharing and collaborative working between all interested parties. It is important that patients and their representatives are engaged in the work of regulators ensuring they have an opportunity to inform and strengthen regulatory work.
10. Some two years ago, HIW briefly introduced relationship managers who liaised directly with senior managers within health organisations. This arrangement

worked well for the service and from feedback, by HIW also, unfortunately this was not sustained by HIW and to improve working relationships, collaboration and information sharing it may be beneficial to reconsider such an arrangement.

Safeguarding arrangements, specifically the handling of whistleblowing and complaints information

11. Creating a more open and transparent culture within health will reduce reliance on 'whistleblowing' arrangements which traditionally staff, for whatever reason, appear reluctant to use. The role of HIW aligned with the role of the Public Services Ombudsman Wales (PSOW) in dealing with and responding to complaints about health services needs clarification.
12. Clarity around the objectives and intended outcome of any work between HIW and Health Boards at the outset of any engagement would also be beneficial to all parties. Better engagement, not least to support context, would seem sensible when considering the findings from unannounced visits. These visits whilst useful do not provide the opportunity for the service to engage and help inform the overall conclusions made by inspectors.

Should you require any further related information, please do not hesitate to contact me.

Yours sincerely



Adam Cairns
Chief Executive

cc Ruth Walker, Director of Nursing