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Darren Millar AM  
Chair  
Public Accounts Committee

25 November 2015

Dear Mr Millar

Thank you for inviting us to attend Committee on the 10<sup>th</sup> November to talk about the work of HIW in the context of your review of health board governance.

We agreed to provide additional information on a number of specific points:

- a) The number of reports HIW received from Community Health Councils in the North Wales region regarding the 39 visits undertaken at BCUHB;
- b) Whether Ministerial correspondence in connection with the concerns raised over the Tawel Fan ward at Glan Clwyd Hospital was shared with HIW;
- c) The number of voluntary lay reviewers recently recruited by HIW;
- d) The expertise and skills of the members of the Advisory Board, and
- e) A breakdown, by months, of the number of reports that did not achieve the target publication date of three months maximum following inspection.

The information requested is attached below. This has taken a little while to produce as I thought it important to share our response to your first question with the Community Health Councils before sending to ensure that we had not overlooked any relevant correspondence.

Committee members covered some very wide and interesting ground during their questions, but it was clear that in some cases the information that they held was partial and out of date. You will recall from your role on the Health and Social Care Committee that I wrote to each member of that Committee when our Annual Report was published in July 2015. In that letter I offered to meet with Committee members, individually or collectively, if they wanted to explore the information presented in the Annual Report in more detail. I would be happy to make a similar offer to members of the Public Accounts Committee. Open committee sessions are useful but they do not necessarily provide the time and format in which members can fully explore the matters that concern them.

Finally I would like to repeat one aspect of what I said in Committee. Although we are located as a department of the Welsh Government, we are operationally independent. This means that any AM is able to raise issues directly with us and we would encourage them to do so. Some AMs already do this and we have had a number of meetings with AMs to discuss matters raised with them by the constituents.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'K. Chamberlain'.

**DR KATE CHAMBERLAIN**  
Chief Executive

**a) *The number of reports HIW received from Community Health Councils in the North Wales region regarding the 39 visits undertaken at BCUHB;***

It is important to set this response in context. As I stated in Committee, the way in which we work with the Community Health Councils is developing. It will now be much easier to make progress following the appointment of a new Chief Executive and Chair with powers under the new CHC regulations to develop consistent standards to apply across each of the CHC areas.

We agreed an Operating Protocol with the Board of CHCs which was launched at their conference in March 2015. To support this we held a joint meeting in February 2015 of all CHC Chief Officers and HIW relationship managers to map out how the operating protocol would be implemented in practice. Prior to this, whilst some information was being shared between the two organisations it could be described as variable, informal and rather ad-hoc.

With regard to GP out-of-hours

It was during the joint meeting in February 2015 the NWCHC made broad reference, amongst other issues, to a number of occasions on which the out-of-hours service operated without doctors on shift. We sent a subsequent e-mail requesting further detail on this issue, and others, and were answered with a promise to send on further information relating to GPs the following day. The further information did not arrive as expected.

With hindsight we clearly should have chased this. I am sure that the CHC would also acknowledge that it was clearly an oversight on their part not to copy to us their original correspondence with the Chief Executive of BCUHB in February and not to send us any further documentation until after the report had appeared in the media on 12<sup>th</sup> May 2015.

With regard to reports on the 39 visits

During his questions Aled Roberts AM referred to a letter written by the CHC to the Chief Executive of BCUHB in June 2015 and asked about discussions between HIW and the Health Board before we visited in December 2014. I should clarify that the 'Learning from Trusted to Care' visits to older people's mental health wards in December 2014 were not undertaken by HIW, but by a team brought together by the Welsh Government. This was a mis-understanding on behalf of NWCHC which we pointed out to them when we also received a copy of the letter to which Mr Roberts refers.

Before the Welsh Government visits we shared with their team the information we held on services in North Wales. Following their visits they also shared their findings with us to help us focus our own inspection programme. I am unable to comment on the extent to which NWCHC shared their own reports and findings with the Welsh Government prior to the visits.

Mr Roberts asked specifically whether we had received during 2014 copies of any reports on the 39 visits undertaken by NWCHC. We did not.

The first point at which we received feedback on issues emerging from this programme of CHC visits was when we were copied into the correspondence of NWCHC with BCUHB Interim Chief Executive on 18 June 2015. Attached to this correspondence was: a summary report; three individual reports; and a Health Board response to one of those reports. We note that the issues relating to older people's mental health did not feature as a significant concern in the evidence used by the CHC to inform the mini-summit in May 2015.

### General communication between HIW and CHCs

Since the meeting in February 2015, each Chief Officer and HIW Relationship Manager has been putting in place regular meetings to develop effective working relationships between the two organisations.

In addition to local arrangements, HIW has put in place a number of routine communication mechanisms to make connections between our work and that of the CHCs.

- HIW has a published plan which sets out the activities it intends to undertake during the year. The Chief Executive of the Board of CHCs sits on the HIW Advisory Board so is part of discussions in which HIW develops its plan
- CHCs are now approached proactively prior to our larger inspections to identify what relevant intelligence they might hold
- CHCs are on a list of stakeholders who receive a weekly e-mail from HIW setting out what inspections were carried out the previous week, what reports were published (with hyperlinks) and what reports will be published in the coming week
- Dignity and Essential Care, Hospital, GP, and Mental Health reports are issued to the CHC under embargo prior to publication.

The Chief Executive of the Board of CHCs is undertaking work to consider how reciprocal arrangements might be put in place.

The Chief Executive of the Board of CHCs and myself are committed to building a successful working relationship between the two organisations and continue to work together to that end.

### ***b) Whether Ministerial correspondence in connection with the concerns raised over the Tawel Fan ward at Glan Clwyd Hospital was shared with HIW***

No Ministerial correspondence was referred to HIW regarding Tawel Fan nor did any Assembly Members raise their concerns directly with us prior to Tawel Fan ward being closed.

**c) The number of voluntary lay reviewers recently recruited by HIW**

Prior to HIW taking the decision to move to voluntary lay reviewers we had 16 people working with us in a paid capacity. We have recently recruited 11 people to work with us on a voluntary basis and 4 of our existing pool of lay reviewers have agreed to continue to work with us on a voluntary basis. We continue to accept applications on an ongoing basis from people who wish to work with us.

**d) The expertise and skills of the members of the Advisory Board**

Short biographies of each Advisory Board member can be found on our website:

<http://www.hiw.org.uk/advisory-board-1>

**e) A breakdown, by months, of the number of reports that did not achieve the target publication date of three months maximum following inspection**

The following table provides this analysis for inspections undertaken since 1 April 2014, with the first reports being due in July 2014.

Month	No Reports Due to be Published	No. Reports published on time	No. Reports published late	Of which		
				Published 1-2 days late	Published 3-10 days late	Published over 10 Days late
Jul-2014	9	8	1	0	0	1
Aug-2014	14	8	6	0	1	5
Sep-2014	24	20	4	0	3	1
Oct-2014	19	15	4	2	1	1
Nov-2014	4	0	4	3	0	1
Dec-2014	12	6	6	0	0	6
Jan-2015	15	12	3	0	1	2
Feb-2015	19	10	9	3	0	6
Mar-2015	16	11	5	0	0	5
Apr-2015	19	18	1	0	0	1
May-2015	30	17	13	4	4	5
Jun-2015	31	20	11	3	3	5
Jul-2015	16	9	7	2	1	4
Aug-2015	27	19	8	6	0	2
Sep-2015	33	29	4	4	0	0
Oct-2015	19	15	4	2	0	2
<b>Total</b>	<b>307</b>	<b>217</b>	<b>90</b>	<b>29</b>	<b>14</b>	<b>47</b>
		<b>71%</b>	<b>29%</b>	<b>80%</b>	<b>85%</b>	

Of the 47 reports that were published more than 10 days after they were due the following issues were a factor:

- Reports due June to December 2014 were in the main delayed due to staff absence.
- January 2015 onwards – The majority of these reports related to Mental Health Unit and/or Mental Health Act Inspections. We changed the methodology and reporting requirements significantly during this time including a move from reporting through management letters to a more comprehensive report format. At the same we maintained an increased programme of inspections. Whilst this impacted on our ability to meet our reporting commitments, it did ensure that more inspections were undertaken than in previous years.
- There were also a very small number of inspections where report publication was delayed because of insufficient responses from either the health board or the dental practice inspected.