

Powys Teaching Health Board

Short Enquiry into the work of Healthcare Inspectorate Wales

- The remit of HIW and CSSIW respectively should be examined in relation to both potential gaps in system regulation and any overlap. Given the increasing level of integration across health and social care in particular, the challenge will be for the system regulators to review and modify their role and function in order to effectively regulate the potentially high risk of health and social care in a more coordinated and consistent way. An example is the system regulation of care homes. A significant amount of NHS commissioned healthcare (particularly nursing) is provided via the independent sector, with some clients such as those meeting continuing NHS healthcare eligibility having particularly complex needs. Because these homes are not seen a independent sector hospitals they are not regulated by HIW, but instead by CSSIW who as part of their regulation teams do not necessary have the experience of healthcare provision that HIW would have access to.
- The roles of HIW and CSSIW in inspecting health and social care settings may be separate for a good reason, but the boundaries are not necessarily clear, and by having two separate organisations, the potential for elements ‘falling through the gaps’ exists. Intermediate care settings, in particular, do not seem to fit easily into the model. Perhaps one accountable organisation with specialists in the appropriate fields would be one way to reduce that risk.

- HIW does not have, as far as we know, dedicated pharmacy support. Consequently its ability to inspect health care settings, particularly outside the managed NHS, is hampered.
- Care homes with nursing beds have some services commissioned by Health Boards. The content of quality agreements between the two should be part of the inspection.
- Recommendations from the Keogh review should be considered in strengthening the inspection regime.

Best wishes

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