

[National Assembly for Wales](#)

[Health and Social Care Committee](#)

[The work of the Healthcare Inspectorate Wales](#)

Evidence from the Welsh Independent Healthcare Association – HIW 28



Response to the National Assembly for Wales' Health and Social Care Committee Inquiry into the work of Health Inspectorate Wales (HIW)

1. Introduction

- 1.1. The Welsh Independent Healthcare Association (WIHA) is a representative association of the vast majority independent acute and mental health hospitals in Wales. WIHA represents the interests of a number of healthcare organisations in order to make a positive contribution to public policy regarding healthcare in Wales.
- 1.2. This submission is made on the basis that:
 - All **WIHA members are registered and inspected by HIW** and have extensive and in-depth experience of it.
 - **HIW recognises WIHA as the representative organisation for independent healthcare in Wales** and meetings are held between HIW officials and WIHA members every six months.
- 1.3. Furthermore, WIHA considers it critical that the registration and inspection programme for its members is robust, credible and can withstand scrutiny, particularly in light of the recent scandals. This is key to ensuring that the public maintains confidence in our sector and the regulatory framework under which WIHA members operate. Beyond that, the inspection process sits at the heart of the continual improvement WIHA members try to achieve as service providers.
- 1.4. WIHA welcomes the opportunity to comment on this inquiry and looks forward to presenting oral evidence to the Committee. For a full list of WIHA members, please see: [WIHA membership list](#)
- 1.5. For information, the WIHA 2012/13 Credentials document¹ profiles the independent healthcare sector across Wales. The following statistics demonstrate the size of the sector:
 - The sector managed 147,686 bed days in 2012-13.

¹ A PDF version of WIHA 2012/13 Credentials is attached with this submission.

- Of these bed days nearly 121,000 were in the mental health sector.
- Acute hospitals treated more than 16,000 inpatient/day-case episodes.
- The independent healthcare sector in Wales employs more than 2,100 people.

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

- 2.1. WIHA (through the Independent Healthcare Advisory Services) has experience of the healthcare regulatory systems in Scotland, England and Northern Ireland and notes the drive to support continual improvement in the quality of healthcare across all system regulators. Through this comparison WIHA considers that HIW is undertaking its main functions and statutory responsibilities but are pleased to note that HIW recognises the need to continually improve.
- 2.2. Indeed, **the policy framework to enable HIW to effectively undertake its main functions does exist. The challenge HIW faces is working this out in practice.** For example, HIW states its role as being ‘to independently assure the quality and safety of healthcare in Wales’. In this regard, WIHA would welcome the opportunity to discuss the wider integration of the ‘Improving Quality Together Framework’ in Wales with the Committee.
- 2.3. **HIW could improve in respect of its stated values of efficiency and effectiveness**, for example with respect to **accessibility of information on the HIW website**. Reports are found under ‘Publications’, an area which would usually include key publications such as standards. However the standards are within a document section which is not easy to navigate. The section on Independent Healthcare Standards points the user to an area on ‘Technical Guides’. These guides relate to the previous standards and the information is out of date, as is other information on the website. In general, the HIW website is not intuitive for users to navigate. This is also a **missed opportunity in terms of enabling members of the public to access timely and accurate information about healthcare providers**.
- 2.4. The **timescales for the production of inspection reports are unacceptably long**. WIHA members report waiting for between one and two years for reports in some cases.
- 2.5. HIW responses to questions from WIHA members about registration changes are also a long time coming and can have an adverse business impact on providers.

3. 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.

- 3.1. WIHA members report that **annual inspections do not occur routinely**. This does not meet HIW’s plan as set out in its [Three Year Work Programme 2012-2015](#) which states that HIW would “undertake annual validation and testing of how healthcare organisations comply withthe standards.....”. HIW does not provide timely information to providers and that which is provided is not relevant to the planned work programme.
- 3.2. WIHA has been calling for **greater transparency and governance in the performance standards of HIW’s registration and inspection procedures** for a number of years. This was a key part of the consultation on the introduction of Registration Fees in April 2011. At subsequent HIW/WIHA

meetings, HIW agreed to establish some operational standards that would be put out for consultation and that it could work towards. Unfortunately this has not materialised. The following are some **proposed operational standards** that HIW could consider as a starting point:

- Registration approach and timescales for visits, reports, notifications, announcements.
- Publish methodology and milestones, e.g. on inspection regimes and required timescales for annual announced and unannounced visits.
- Reporting and feedback deadlines, e.g. draft report within 28 days.
- Communication deadlines and notice periods.
- Transparency of approach to inspections, i.e. inspection template, self-assessment etc.

3.3. **Recruitment and under-staffing issues** at HIW has a real impact on independent healthcare providers, primarily in terms of the untimely production of reports and skill-mix of inspectors.

3.4. HIW have found it difficult to keep the routine registration and inspection work going in view of the recruiting process taking precedence.

3.5. Given its under resourcing issues, HIW has resorted to using of lay inspectors. While WIHA recognises the value lay inspectors can bring (as Experts by Experience), they should not replace a clinical inspector with knowledge and experience of the services they are inspecting.

3.6. WIHA also recognises that HIW faces an on-going challenge in terms of the diversity in the organisations that fall within the scope of its statutory responsibilities. However it is not acceptable for an independent healthcare provider to be inspected by someone with limited knowledge of the service. This is particularly so when vulnerable service users are affected, for example in mental health and learning disability services.

3.7. **The key issue for HIW is to improve the quality monitoring of its registration and inspection process, in terms of timeliness, consistency and transparency.** Peer inspectors, seconded from the NHS or independent healthcare sector, could contribute to this process however other methods are needed as this could lead to an increase in regulatory fees.

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

4.1. WIHA understands that **HIW is undergoing a fundamental review following the Francis Report** and will be consulting on its three year plan this Autumn. WIHA has had sight of the proposed changes to the way HIW operates and would support the following:

- Becoming more intelligence driven.
- More collaborative – not attempting to do everything and instead drawing on other sources.
- Being more balanced and proportionate - Balanced through coverage and proportionate through validated self-assessment. Peer review and the minimum frequency of visits in relation to risk. Organisational governance responding to issues and concerns with the use of Action Plans.
- Responding appropriately to the NHS and independent sector.

- 4.2. WIHA seeks clarity on the proposed change to the way HIW operates, namely: *Seeking maximum value across all providers.*

System regulators are generally required to work towards full cost recovery of regulatory costs. WIHA is unclear if this is the intention of the above statement. Either way HIW must ensure transparency across the fees scheme, and that the methodologies which HIW incurs in meeting its statutory responsibilities, are reasonable costs. HIW also need to demonstrate that all sectors subject to the HIW regulation are charged fairly and equitably with no cross subsidisation.

- 4.3. Finally, despite WIHA's support for HIW's proposed changes to the way it operates, the present state of affairs is that HIW is inadequately resourced and the staffing shortfall continues to have a negative impact on HIW's fitness for purpose.

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

- 5.1. WIHA appreciates the opportunity it has to meet with HIW on a six monthly basis. Meetings are open and constructive and HIW staff are generally responsive to WIHA suggestions.
- 5.2. A recent initiative of HIW conferences has proved a very good information sharing opportunity for mental health and learning disability facilities.
- 5.3. The Complaints Operating Protocol between HIW and ISCAS (the Independent Sector Complaints Adjudication Service)² is to be commended and demonstrates a positive working relationship with the independent sector.
- 5.4. Areas for development:
- There appears to be a blurring of roles between HIW and SSCT (Secure Services Contracts Team) and conflicts of opinions occur between these two organisations which has a negative impact on providers. WIHA suggests that a three way discussion between WIHA, HIW and the SSCT might work towards resolving this.
 - The HIW website could be improved in terms of information sharing with key stakeholders.

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

- 6.1. HIW is in a unique position to achieve this. However, WIHA would suggest that HIW employs its website to greater effect for the benefit of patients and the public. For example, the Care Quality Commission (CQC) website has an excellent 'For the Public' section. This includes a 'Tell us your experience' function where patients are able to provide feedback on both poor and good

² ISCAS has been established for over 12 years and continues to be the recognised complaints management framework in the independent healthcare sector across the UK. An ISCAS Code of Practice sets out the standards that ISCAS members agree to meet when handling complaints about their services.

care. The CQC website also has interactive information on ‘Involving people’ and ‘Working with local groups’.

7. Safeguarding arrangements, specifically the handling of whistleblowing and complaints information.

7.1. A WIHA member has raised specific issues in relation to improvements that could be made to the scope of notifications in relation to safeguarding patients however; this is a matter that would require an amendment to regulations. Therefore the majority view of WIHA members is that these would appear to be adequate.

8. Further WIHA member concerns about Healthcare Inspectorate Wales

8.1. In addition to the terms of reference questions above, WIHA canvassed its members on any other concerns about HIW:

Concerns about HIW	Recommendations to address these concerns
Anecdotally WIHA is aware of alleged inconsistencies in HIW’s approach to staffing levels in the NHS and independent sector.	Examine the evidence to determine whether inconsistencies do indeed exist.
When providers call HIW for advice the information they receive is not always consistent.	HIW to develop standard operating protocols for independent healthcare providers. This could include the use of FAQs and sharing messages between HIW and providers on the HIW website.
HIW give providers short time frames to provide information, which is not reciprocated.	HIW to develop standard operating protocols (as suggested above) and apply them to all healthcare providers.

9. HIW’s strengths/aspects of the organisation that work well

9.1. WIHA has referred to some of HIW’s strengths above. In addition, WIHA would like to note that historically, HIW have developed their regulatory instruments for the independent healthcare sector in a fair and proportionate manner. The last review of Welsh independent healthcare standards maintained healthcare specific standards when in England general ones were developed – this was a mistake made by England. The standard HIW ones are proportionate and have a relevant context for the sector.

10. Concluding remarks

10.1. If you have any queries about the content of this response, please do not hesitate to follow up with Sally Taber directly. As mentioned above, WIHA looks forward to presenting oral evidence to the Committee.

10.2. WIHA hopes that this response contributes to a positive way forward, as members have a genuine desire to support HIW in as open and constructive a way possible.

Sally Taber
Secretariat to WIHA
Centre Point, 103 New Oxford Street
London WC1A 1DU
T: 020 7379 7721
M: 07885 740 500
E: sallytaber@independenthealthcare.org.uk



Welsh Independent Healthcare Association
Cymdeithas Gofal Iechyd Annibynnol Cymru

High quality patient care
Working in collaboration
Investment in local economy

2012/2013 CREDENTIALS DOCUMENT



Gofalu am Gleifion dros Gymru



Investment in the latest equipment is essential for the care of our patients

The Mental Health sector provided **120,800** patient bed days in 2012-2013

The acute sector provided over **16,000** in-patient/day case episodes in 2012-2013



WIHA members ensure their staff receive high quality training and development to ensure continuing high levels of care

Introduction

The past year has seen a number of changes in the independent sector, both in terms of acute provision and mental health regulation. Nevertheless, and despite the challenging economic climate, many thousands of patients have used the services and treatments provided by independent hospitals in Wales.

Yet the understanding of the sector's scale and contribution remains somewhat variable across our communities. We employ more than 2,100 people and treat tens of thousands of patients every year, either as inpatients or on an outpatient basis. Furthermore, we are working more and more closely in an advisory and collaborative way with both the Welsh Government and Local Health Boards. Our collective activity therefore does make a real and meaningful contribution to both healthcare provision and the economy in Wales.

The Welsh Independent Healthcare Association (WIHA) was formed several years ago and aims to provide a single co-ordinated voice to facilitate consultation and share practice across the sector, helping to streamline communication and avoid repetition and engagement with a multiplicity of individual organisations.

We have compiled this booklet to provide some key facts and figures about the independent healthcare sector in Wales. A detailed summary is available of the result of the audit.

I hope you find this booklet helpful and please do contact me if you would like more information about the WIHA, its members, or the work of the independent health sector in Wales.

Thank you.

Nicola Amery,
Chairman WIHA

Telephone: 029 2054 2635

Email: nicola.amery@spirehealthcare.com

About the Independent Health Sector

The WIHA is made up of:

- 6 acute independent hospitals
- 6 mental health organisations (comprising 23 units)

All of these hospitals collaborate with a wide range of stakeholders, including patients, consultants and their professional associations, regulatory bodies, intermediaries, Local Health Boards, GPs and community health services.

The six acute independent hospitals which took part in this audit:

- Treated more than 16,000 inpatient/day cases in the period 2012-13.
- Managed more than 26,500 bed days in the same period.

The six mental health organisations (comprising 23 units):

- Managed nearly 120,800 bed days, again in the same period
- All of the NHS funded bed days.

All WIHA members have a commitment to quality assurance as a key part of the delivery of safe and effective services to patients, and they have systems in place to identify the central cause of any issues raised which help to ensure that problems do not recur.

In addition, the sector makes a sizeable contribution to both Welsh employment and the Welsh economy by providing employment for a large number of people, while the vast majority of the goods and services are bought locally.

These include areas such as foodstuffs, supplies, engineering support, grounds maintenance, building and construction.



Our patients rate the level of care they receive extremely highly



Total staff in sector

2,158

Acute inpatients discharges

6,084

Acute outpatient attendance

154,396



Ensuring the Quality of Clinical Care

Patients in the independent sector receive high standards of clinical care, and are treated in high-quality facilities by leading consultants using some of the latest technology.

WIHA members have stringent measures in place to combat Methicillin Resistant Staphylococcus Aureas (MRSA) and other hospital acquired infections.

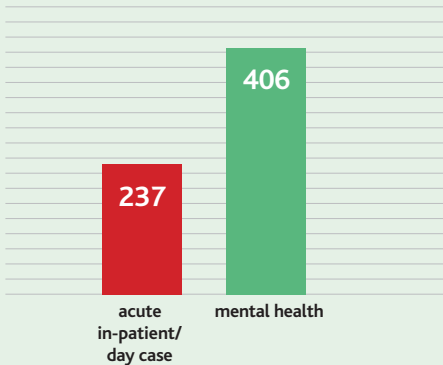
As a result, no incidences of hospital acquired MRSA Bacteraemia or Clostridium Difficile were recorded in the WIHA acute hospitals completing the questionnaire in 2012/2013, and they managed a total of 26,905 bed days.

97%
of patients
would recommend
the hospital
to others

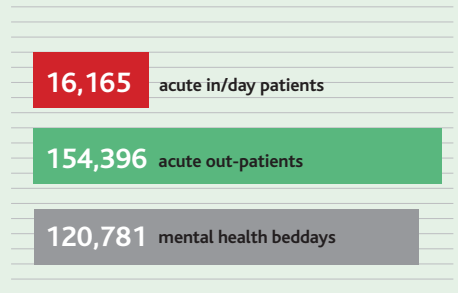


Summary of results of the audit

number of beds



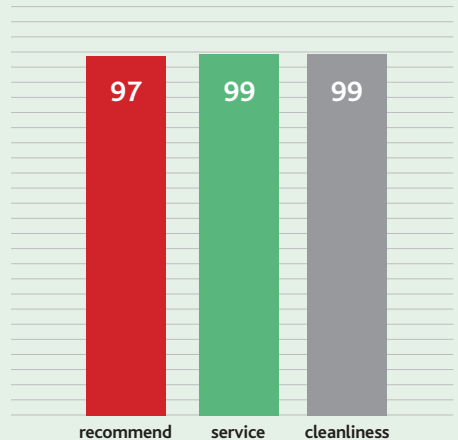
number of patients treated



levels of patient satisfaction and complaints

All the independent sector organisations in the audit have high rates of patient satisfaction. The average results in 2012/13 for the WIHA group were:

- **97%** of patients surveyed would recommend the hospital to others
- **99%** of patients rated the service as either excellent, very good, or good.
- **99%** of patients rated the cleanliness of the facility as excellent, very good or good.



Quality assurance

The independent health sector receives very few complaints.

- In the mental health hospitals complaints represented just 0.1 per cent of patient days.
- The number of complaints made in the acute hospitals represented less than 0.1 per cent of all attendances.

99% rated the cleanliness of the hospital as excellent, very good or good

Complaints across the sector represented less than **0.1%** of all patient activity

Gofalu am Gleifion dros Gymru

Caring for patients across Wales

Organisations who are members of WIHA and supplied data for this document:

Acute Surgical:

- BMI Werndale Hospital, Carmarthen
- Spire Yale Hospital, Wrexham
- Sancta Maria, Swansea
- Spire Cardiff Hospital, Cardiff
- St Josephs, Newport
- Vale Healthcare, Hensol

Mental Health:

- Partnership in Care, Llanarth Court Hospital, Raglan
- Ludlow Street Healthcare
- The Priory Group
- The Cambian Group
- Lighthouse Healthcare, Phoenix House
- Rushcliffe Independent Hospitals

Organisations not participating are Mental Health UK and Pastoral Healthcare

Produced by Welsh Independent Healthcare Association with grateful thanks to Lene Gurney, Independent Healthcare Advisory Services (IHAS) a division of the Association of Independent Healthcare Organisations (AIHO) (lenegurney@independenthealthcare.org.uk).

Further information about the WIHA can be found at www.independenthealthcare.org.uk/wiha