

SUBMISSION TO THE  
HEALTH AND SOCIAL  
CARE COMMITTEE –  
INQUIRY INTO  
HEALTHCARE  
INSPECTORATE WALES

**Community Health Councils (CHCs) are the local link between those who plan and deliver the National Health Service in Wales, those that regulate it, and those who use it.**

**CHCs are the independent lay organisations that were established in 1974 to monitor and review the operation of local health services and to recommend improvements. CHCs have a legal duty to represent the interests of the patient and the public in the NHS by;**

- **scrutinising service performance and delivery**
- **making recommendations for improvements in the standard of health care**
- **providing a Complaints Advocacy service**
- **seeking the patient views and experiences of NHS services patient and public surveys**
- **providing an enquiries and signposting service**
- **Inspection and monitoring the quality of local services**
- **reflecting patients and public views in their deliberations and to ensure that those views are adequately addressed by the NHS.**

## ***THE EFFECTIVENESS OF HIW IN UNDERTAKING ITS MAIN FUNCTIONS AND STATUTORY RESPONSIBILITIES.***

Whilst we recognise the constraints placed on HIW in regard to current resource and capacity to undertake their role, the following concerns have been highlighted by CHCs over the last few years:

- Long delays between inspections and the publication of the final report where the findings and recommendations may have lost relevance for the service provider and for patients.
- Failure to involve CHCs in prior to the publication of reports. For many CHCs the first they will hear about an inspection report is through the media.
- Inadequate information exchange. CHCs gather information on the patient experience of NHS services through a range of methods including; trends in enquiries, complaints, surveys, and inspections, this information is invaluable to informing the focus of inspection and service reviews, yet it is unclear if, or how this information is used by HIW. The intelligence gathered by CHCs is not utilised effectively and there is considerable scope to for improvement in delivering consistent information from CHCs in Wales to enable HIW to put the patient experience of services at the centre of their activities.

## ***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.***

### ***THE EFFECTIVENESS OF WORKING RELATIONSHIPS, FOCUSING ON COLLABORATION AND INFORMATION SHARING BETWEEN HIW, KEY STAKEHOLDERS AND OTHER REVIEW BODIES.***

CHCs conduct inspections on a very regular basis, where each week across Wales, CHCs are in direct contact with patients, families and carers. These inspection functions must complement each other if effectiveness and efficiency is to be achieved. CHCs can act with immediacy when they receive reports of patient concerns about the quality of care provided, and can work with HIW to monitor the progress towards improving the patient experience of services.

CHCs also provide information on the trends in service failures through their Complaints and Enquiry services, and we would argue that the people best placed to identify the quality of the service are those that receive it. Greater emphasis should be on the utilising the available information on the patient experiences of services.

Concerns have been raised by CHCs about the gap in the inspection of community based services, community hospitals and care homes. The different contract and quality monitoring, and inspection functions between Health Boards and Local Authorities, and

those functions of HIW and CSSIW need to be clarified. CHCs perceive it to be uncoordinated, and lacking in meaningful engagement with patients, families and carers. CHCs are uniquely placed to offer effective mechanisms for ensuring the patients voices are heard and headed by service providers and regulators; hence we welcome the current development of the working protocol between HIW and the Board of CHCs in Wales.

With the increasing delivery of services in patients own homes, the nuance between what constitutes health or social care is of little interest to the patient, their families and carers. What matters to them, is that they have the right services for their specific needs. The blurring between health and social care and joint service delivery, requires a shift in the way in which health and social care is quality monitored, inspected, and how the patient experiences can inform the planning, delivery and regulation of services.

### ***THE OVERALL DEVELOPMENT AND ACCOUNTABILITY OF HIW, INCLUDING WHETHER THE ORGANISATION IS FIT FOR PURPOSE.***

We welcome the approach adopted by the new Chief Executive of HIW to establish a Strategic Advisory Board. It is essential that the activities of HIW are scrutinised effectively.

### ***CONSIDERATION OF THE ROLE OF HIW IN STRENGTHENING THE VOICE OF PATIENTS AND THE PUBLIC IN THE WAY HEALTH SERVICES ARE REVIEWED.***

Although we recognise that work is underway to establish more effective patient and public engagement by HIW, and that HIW monitor the delivery of NHS patient engagement plans, CHCs are concerned that opportunities are lost by not working in collaboration with other organisations to strengthen the patient voice in the planning and delivery of services, and in ensuring that the patient experience is captured on a systematic and consistent basis.

### ***SAFEGUARDING ARRANGEMENTS, SPECIFICALLY THE HANDLING OF WHISTLEBLOWING AND COMPLAINTS INFORMATION.***

Although HIW does not have a role to investigate individual complaints, there is significant information gathered by CHCs on patient concerns, which is not effectively utilised. There are also opportunities for more formal referrals systems to the services CHCs provide. Patients and families who have experienced trauma, or are grieving, require more than a signposting service from HIW. People require a more sensitive approach through direct referral to a service that can provide the support they need to express their concerns and resolve their issues. CHCs would welcome the opportunity to explore this approach with HIW.

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