

Clinical Governance Review:

Welsh Health Specialised Services Committee

December 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

During 2013 the Royal College of Surgeons raised with HIW concerns it had about the management of waiting lists for elective cardiac surgery in south Wales. In Wales, responsibility for the commissioning of specialised services such as elective cardiac surgery lies with the Welsh Health Specialised Services Committee (WHSSC).

In light of the concerns raised by the Royal College of Surgeons HIW took the decision to adjust its 2014/15 operational plan to include a review of the clinical governance arrangements that WHSSC has in place, and how these relate to patient outcomes. In order to understand these clinical governance arrangements HIW decided to focus on cardiac services. HIW therefore considered the following during the course of its review:

- The cardiac services pathway of care to evaluate the provision of services that achieves the best possible standards of care within available resources;
- The referral management process, to gain an understanding of how the referral process is managed
- Any other matters relevant to our review.

The findings and recommendations from this review are intended to be used by WHSSC to improve its clinical governance arrangements across *all* its services.

2. Methodology

In undertaking our review HIW has considered documentation and information from a number of sources including:

- Information held by HIW
- Documentation regarding WHSSC policies, procedures and committees
- Documentation produced by WHSSC in relation to the Improving Outcomes and Waiting Times Project¹
- Summary of the Good Governance Institute Report findings and recommendations
- Discussions with senior management of WHSSC
- Interviews carried out with WHSSC staff, clinicians, representatives from the Cardiac Networks, Independent and Associate WHSSC members and Welsh Government
- Observations of a Joint Committee meeting
- Attendance and observation of the National Audit of Cardiac Services.

Interviews with key WHSSC personnel centred on the processes and procedures WHSSC has in place to assure itself that the services it commissions are of a high quality and provide the best outcomes for patients. Areas of discussions included the following in relation to the cardiac outsourcing project and referral pathways for patients:

- Quality measurement of providers
- Complaints processes
- Procedures for management of underperformance of providers / escalation processes
- Measurements for patient outcomes
- Level of clinical engagement during decision making processes and sharing of information
- Selection of providers in England for the cardiac outsourcing project
- Patient selection and referral pathways for the Outcomes and Waiting Times cardiac project
- Internal scrutiny of performance management
- Areas for improvement to support safe and effective patient outcomes
- Interfaces with Health Boards, clinicians, Cardiac Networks and clinical services.
- Role and responsibilities of WHSSC.

¹<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/AI13%20annex%20i%20Cardiac%20PID.pdf>

The Referral Management Process was explored with regards to the patient pathway for cardiac surgery in both north Wales and south Wales. Patients in north Wales receive cardiac surgery at the Liverpool Heart and Chest Hospital. There is an agreed pathway for patients in north Wales which is monitored in conjunction with Betsi Cadwaladr University Health Board, The North Wales Cardiac Network and WHSSC. In south Wales cardiac surgery is carried out at the University Hospital of Wales, Cardiff and Morriston Hospital, Swansea. The Referral Management Process was considered with regards to the patient pathway for those selected for surgery in England as a result of the Improving Outcomes and Waiting Times Project.

This review has not considered WHSSC's financial governance arrangements.

3. Context

The Welsh Health Specialised Services Committee (WHSSC) was established in 2010 by the seven Local Health Boards in Wales² to ensure that the population of Wales has fair and equitable access to the full range of specialised services. This followed a consultation on specialised services for Wales in 2009, which recommended improvements on how the NHS plans and secures specialised services. In establishing WHSSC to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The seven Local Health Boards in Wales are:

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board.

The strategic aim of WHSSC is to “ensure that there is equitable and access to safe, effective and sustainable specialist services for the people of Wales, as close to patients’ homes as possible, within available resources.”³

Role of WHSSC

WHSSC plans, secures and monitors the quality of a range of specialised services on behalf of the seven Local Health Boards in Wales. In order to do this WHSSC receives funding from the Local Health Boards to pay for these specialised services. WHSSC is managed through functional directorates (patient care, medical, planning, finance and corporate services), which integrate through 6 multi-disciplinary Programme Commissioning Teams:

- Cancer and Blood Services
- Cardiac Services
- Mental Health Services
- Neurological and Complex Conditions
- Renal Services

² <http://www.wales.nhs.uk/ourservices/directory/localhealthboards>

³ <http://www.whssc.wales.nhs.uk/about-us>

- Women & Children Services

WHSSC also holds responsibility for the management of the following work streams:

- Referral Management
- Wheelchair Services
- Individual Patient Funding Requests.

Structure of WHSSC⁴

WHSSC is a Joint Committee⁵ of each of the seven Local Health Boards in Wales, and a Statutory Sub Committee of each of the Local Health Boards. The Joint Committee is led by an Independent Chair, and membership consists of three Independent Members, the Chief Executives of the Local Health Boards, Associate Members and a number of Officers⁶.

The purpose of the Joint Committee is to act on behalf of the seven Local Health Boards in planning specialised services for the population of Wales. Meetings of the Joint Committee are held bi-monthly and are open to the public.

The Joint Committee has also established five sub-committees in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Welsh Renal Clinical Network
- Integrated Governance Committee
- Management Group
- Quality and Patient Safety Committee.

Advisory Groups and Networks

The Joint Committee has established six advisory groups in the discharge of its functions:

- All Wales Gender Dysphoria⁷ Partnership Board
- All Wales Mental Health and Learning Disability Collaborative Commissioning Group (formally Wales Secure Services Delivery Assurance Group)

⁴ WHSSC Annual Governance Statement 2014/2015

⁵ <http://www.whssc.wales.nhs.uk/joint-committee-meeting>

⁶ <http://www.whssc.wales.nhs.uk/joint-committee-members>

⁷ Gender Dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. www.genderdysphoria.wales.nhs.uk.

- All Wales Posture and Mobility Service Partnership Board
- Emergency Medical Retrieval and Treatment Service Delivery Assurance Group
- Wales Child and Adolescent Mental Health Services (CAMHS) and Eating Disorders (ED) Planning Network Steering Group
- Wales Neonatal Network Steering Group.

Good Governance Institute Review of WHSSC

In September 2014 the Good Governance Institute⁸ (GGI) was commissioned by WHSSC to undertake a review of its governance processes and procedures. Fieldwork for the GGI Review was carried out between November 2014 and February 2015, with the report originally due for presentation at the Joint Committee meeting in March 2015. However, there was a delay in WHSSC receiving the final report and recommendations from the GGI. WHSSC only received the final report in autumn 2015.

WHSSC is planning to take the recommendations of the GGI report and its proposed action plan to the January meeting of the Joint Committee for approval. HIW has had sight of the GGI recommendations and has taken them into consideration as part of this review.

HIW recognises that during the period of time between the Good Governance Institute's fieldwork being completed and WHSSC receiving the report and recommendations, WHSSC had already started the process to make changes to strengthen its governance processes and procedures. The Joint Committee at its meeting in September 2015, acknowledged that there has been significant improvements in WHSSC's governance arrangements since the initial commissioning of this review.

4. Summary

WHSSC is a complex organisation and it has responsibility for commissioning specialised services on behalf of the seven Local Health Boards in Wales. WHSSC is a small organisation of around 66 staff⁹ with responsibility for the management of £609million of specialised services.

During the course of our review we noted that WHSSC was in a period of transition and was working towards placing a much greater emphasis on quality when commissioning services. We found that this focus on quality had not always been present in the way that WHSSC discharged its functions. We found that there were some weaknesses in the audit trail of documentation to support the site visits in the selection of providers. We also found that WHSSC had previously had an inconsistent approach to the collection of information and ineffective governance arrangements to assure itself of the quality of care being provided to patients. WHSSC has started to tackle these issues and the planned transition will enable WHSSC to assess and manage the quality and performance of providers and the impact this has on patient safety and effective outcomes.

WHSSC is in the process of strengthening its approach to quality measurement and this will include the implementation of a Quality Framework¹⁰ across all the services it commissions and contracts with, which was agreed by the Joint Committee in January 2015. It is essential that patient feedback and experience forms a key part of how the framework is implemented.

A substantive Chair was appointed at the beginning of 2015 and the post of Managing Director, which is currently being filled on a temporary basis, will be recruited for in the near future. A number of appointments have also been made in order to strengthen the clinical team within WHSSC. These appointments have provided more stability across the organisation and an increased focus on quality and have helped to create a clearer definition of WHSSC roles and greater accountability.

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<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/Agenda%20Item%209a%20Appendix%201%203%20Year%20Integrated%20Plan%20for%20Specialised%20Services%20Final.pdf>

¹⁰ <http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/Agenda%20Item%208%20-%20Annex%20%28i%29%20Draft%20Quality%20Framework%20WHSSC%20for%20Joint%20Committee1.pdf>

WHSSC has recently published a report¹¹ providing a review of the outcomes and impact of its work to reduce cardiac surgery waiting times by outsourcing cardiac surgery in south, mid and west Wales. Within this, WHSSC has identified areas for improvement with regards to its governance of the project and there are lessons to be learned should the requirement for a similar project to be undertaken in the future.

The review also highlighted the importance of appropriate clinical engagement during decision making processes. There is a need for WHSSC to ensure that the most appropriate clinicians are engaged with during the planning, implementation and review processes when commissioning specialised services.

We have also made a number of observations in relation to the level of independent scrutiny and objectivity provided by WHSSC's Joint Committee.

Overall, our review has highlighted that WHSSC is at the beginning of a process to strengthen its clinical governance arrangements. There is a need to ensure that WHSSC strengthens the measurement of quality and develops a greater level of clinical engagement to ensure that providers deliver high quality and safe care and that this is clearly documented.

¹¹<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/9b%20Cardiac%20Surgery%20Outsourcing%20Review%20-%20FINAL%20version.pdf>

Findings

Management of Quality and Performance

We found that there has been a positive change in direction within WHSSC over the past twelve months, with an aspiration for it to become a quality driven commissioner.

Information collated during the course of the review indicated that quality measurements previously applied by WHSSC to measure provider performance and patient outcomes, were broad in scope and limited in application. These quality measurements have not been robust enough to ensure that providers were held to account and that patient outcomes were being appropriately measured. Whilst WHSSC has developed a range of provider Annual Audit Days which have helped to develop the focus on quality and outcomes, these need to be embedded within a wider approach to quality improvement.

Quality Framework

WHSSC has recently appointed into the role of Director of Nursing and Quality Assurance, with this role holding the executive lead for quality. This is a key appointment as it provides focus to the quality and performance management agenda within WHSSC. We learned that a major focus of the role will be to fully implement the Quality Framework¹² within the next twelve months. The framework will be one of the measures which WHSSC will use to measure provider quality and safe and effective outcomes for patients. Its implementation will also ensure that quality indicators are included as key criteria when commissioning providers, and used to manage quality and performance of contracts.

WHSSC intends to use two sets of indicators to measure provider quality and performance. Firstly a generic set of indicators common to all services, relating to

¹² The purpose of the framework is to set direction in relation to quality assurance and to provide a clear quality structure for both the commissioning and provider elements of specialised and tertiary services for the population of Wales.

By outlining WHSSC's expectations on behalf of the seven LHBs there can be no ambivalence about what is expected in relation to quality from commissioned services both in the NHS and the independent sector. This framework outlines how assurance will be gained from all providers who have been contracted by WHSSC (both NHS and independent) in both Wales and England to provide specialised and tertiary services to the population of Wales and where assurance is absent, processes which will be implemented to hold to account or gain assurance.

complaints, Serious Untoward Incidents, staffing and safeguarding. Secondly, a set of service specific indicators will be used. The development of service specific indicators is currently ongoing and WHSSC advised HIW that it will be engaging with clinicians, networks and providers to ensure that these test appropriate levels of quality and performance.

However, we do have concerns, given current resources at its disposal, about the ability of WHSSC to implement and deliver ongoing management of the Quality Framework to ensure it is used to its full potential.

Recommendation 1: WHSSC should consider the resource implications necessary to enable the Quality Framework to be implemented and managed appropriately and effectively.

Annual Audit Days

A range of tools have been implemented and strengthened to provide WHSSC with assurance around the quality and performance of providers. One such tool is the use of Annual Audit Days for services that WHSSC commissions. The Annual Audit Day for cardiac services is largely organised by the two cardiac networks in Wales. We were told that the Audit Days held for the remaining commissioned services were commissioner led and organised by WHSSC. We attended the audit day for the National Audit of Cardiac Services and saw good evidence of collaborative working, engagement, sharing of best practice, professional challenge and performance management within the cardiac community.

We saw frustration among the surgeons that patients had to be outsourced, because the capacity was not available in south Wales to address the waiting times in the timescale required; this was evident during the National Audit of Cardiac Services event. Concerns were raised by the cardiac surgical community with regards to the level of engagement from WHSSC during the Outcomes and Waiting Times Project, and the degree of measurement of quality outcomes for patients following surgery in England by WHSSC.

It was subsequently recognised by both parties that relationships had recently improved, and there was an acknowledged determination to ensure that this continued. For example, representatives from WHSSC recently attended the first meeting of the Welsh Cardio-Thoracic Society.

Service Level Agreement Meetings

We were told that Service Level Agreement meetings with service providers are scheduled on a quarterly basis and led by the Director of Finance. These meetings provide the opportunity to discuss contract management, activity levels, workforce capacity, bed capacity, finances, concerns and challenges moving forward. However, WHSSC's ability to challenge the quality agenda has been restricted in the past due to the limited quality indicators that it has place. The implementation of the Quality Framework should strengthen this process and enable proper scrutiny of quality.

Improving Outcomes and Waiting Times Project Review

WHSSC presented a review¹³ of the Improving Outcomes and Waiting Times Project at the National Audit of Cardiac Services event. We saw that the review had appropriately considered the impact the project had had on patients and recognised a number of weaknesses that may have impacted upon patients experience, quality and safety.

Selection of Providers

We were not provided with assurance that the process for selecting providers in England was robust, due to the weaknesses of the supporting documentation and audit trail with regards to selection of provider centres. However, we were encouraged to see that lessons had been learned from the implementation of the project and that recommendations had been made to improve planning, record keeping and performance management should the need to arise for a similar project in the future.

Information

We found that the level of information and data received into WHSSC during the outsourcing project was a more intense data capturing exercise. Information received included weekly returns detailing where individual patients were on the pathway, and this information was shared with WHSSC, the health boards and clinicians. However, this was a unique approach to the outsourcing project as this level of information is not routinely requested from providers i.e. Liverpool Heart and

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<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/9b%20Cardiac%20Surgery%20Outsourcin g%20Review%20-%20FINAL%20version.pdf>

Chest Hospital. We noted that the implementation of the Quality Framework will seek to address the inconsistent nature of data collection, in that it should clearly define information required from service providers as part of the initial contract and ongoing contract monitoring process.

Patient Feedback and Experience

We were encouraged to see that WHSSC had obtained patient feedback from those who had received surgery in England as a result of the Improving Outcomes and Waiting Times Project. This included patient questionnaires, telephone interviews and face to face discussions. WHSSC's review of the Improving Outcomes and Waiting Times Project noted that patient feedback regarding their clinical care was positive.

Recommendation 2: WHSSC should ensure that it implements its own recommendations following the review of the Improving Outcomes and Waiting Times Project.

Recommendation 3: WHSSC should continue to obtain and use patient feedback as one of its indicators of a quality measure across all services it commissions.

Quality and Patient Safety Committee

The Quality and Patient Safety Committee is chaired by an Associate Member of WHSSC and its remit is to scrutinise quality and performance. We were disappointed to learn that information relating to initial concerns regarding cardiac waiting times had not been reported into the committee in a timely manner. We were told that there have been occasions where providers have not reported issues of concern to them in a timely manner, but WHSSC are looking to strengthen the reporting arrangements through the implementation of the Quality Framework. This means that concerns regarding providers were not being escalated appropriately within WHSSC. We found it encouraging that the information received into the Quality and Patient Safety Committee now includes papers on the commissioned services and a summary and narrative is provided to indicate any concerns around provider performance. WHSSC should continue to strengthen this key element of governance.

We were told that there had previously been good links between the Chairs of the Quality and Patient Safety Committees of WHSSC and the counterpart Chairs of Quality and Safety Committees within the health boards. This provided an

opportunity for early exchange of information on any patient safety or quality issues. We were told that this no longer happens, although it should be noted that this was not an arrangement managed by WHSSC.

We were pleased to learn that the Quality and Patient Safety Committee had recently requested the attendance of a provider at committee to directly answer questions regarding performance concerns. This included questioning the provider on what they had learned and shared following an incident. This degree of engagement and challenge of a provider should be noted as good practice.

Recommendation 4: WHSSC should establish the links between the Chairs of the Quality and Patient Safety Committees of WHSSC and the Health Boards.

Recommendation 5: WHSSC should consider strengthening the process for obtaining and sharing information regarding provider concerns with its own Quality and Patient Safety Committee.

Complaints

The newly appointed Director of Nursing and Quality Assurance holds overall responsibility for concerns and complaints within WHSSC. The Corporate Governance Manager manages concerns and complaints on a day to day basis and there was a process in place for the management of concerns and complaints, and that information is shared appropriately within the supporting WHSSC Committees.

Escalation Process

We were provided with a description of an escalation process and steps taken by WHSSC for dealing with underperforming providers. Nevertheless, it remains unclear how robust and consistent this escalation process is.

However, it is positive to note that WHSSC has recently withheld payment as a penalty against a provider where issues of concern had been identified.

Recommendation 6: WHSSC should review and formalise the escalation process when dealing with underperforming providers, ensuring that the sanctions are clearly defined as part of this process.

Referral Management Process

As part of the review, we considered the referral management process for cardiac patients in Wales. Patients in north Wales receive cardiac surgery at the Liverpool Heart and Chest Hospital. The referral management process is clear and on a day-to-day basis is managed by the North Wales Cardiac Network and BCUHB. A prior approval policy is enforced for specific treatment and patients appear to flow through the system efficiently.

Service level agreement meetings between WHSSC, the North Wales Cardiac Network, the health board and the providing centre are planned on a quarterly basis. We were informed that these meetings provide an opportunity to discuss provider performance, patient pathway issues and breaches of contracts.

It is also clear from our review that Liverpool Heart and Chest Hospital, obtains feedback on patient experience. However, other than WHSSC receiving mortality rates from the provider, it is unclear how WHSSC monitors patient experience and feedback from those receiving surgery at Liverpool Heart and Chest Hospital following referral from BCUHB.

The referral management process in south Wales was considered in the context of the Improving Outcomes and Waiting Times Project. The process for the selection of suitable patients for outsourcing was provided to HIW. Patient selection criteria were agreed between local cardiologists, WHSSC and providers. We found during our review that there was very limited engagement with local cardio-thoracic surgeons with regards to patient selection, which is an integral part of the patient pathway.

An example of good practice was provided whereby patients waiting for surgery in south Wales were given the opportunity to attend an out-reach clinic to meet and discuss their surgery with a provider from England.

WHSSC obtained feedback from south Wales patients who received surgery in England as a result of the referral through the Improving Outcomes and Waiting Times Project. On the whole patients indicated that they had a positive experience. There was a 66% return to WHSSC of patient questionnaires, with approximately 70% of responses stating they had an “Excellent and Very good” experience. Questions related to pre-admission, in hospital experience and post-operative care.

Recommendation 7: WHSSC needs use the implementation of the Quality Framework as an opportunity to ensure that patient feedback and experience is routinely obtained as a measurement of the quality of a service.

Clinical Engagement

Clinicians

Our review considered the engagement between WHSSC and the appropriate clinicians responsible for delivering the patient pathway in Wales throughout the planning and execution of the Improving Outcomes and Waiting Times Project.

The perception of the cardio-thoracic surgeons was that their opinions and views, offered as potential solutions to surgical waiting time issues, were disregarded by WHSSC. We were told that whilst cardio-thoracic surgical engagement may have occurred at the beginning of the waiting times project, it appears to have been very limited during the planning and implementation stage.

We were told by WHSSC that there was significant clinical engagement through the planning and implementation of the project, including a number of cardiac summits with a range of clinical staff. We were told that WHSSC met regularly with the lead cardiac surgeons as part of the work to increase collaboration between the cardiac surgical services in Swansea and Cardiff.

In terms of the planning and implementation of the project, local cardiologists, WHSSC and providers agreed on those patients who were suitable for outsourcing, agreeing that complex patients were not outsourced to centres in England. This had an impact on the ability of the Welsh centres to be able to undertake more than one surgery per session due to the complexity of cases that remained. We were told that this information was shared with WHSSC by the cardio-thoracic surgeons. However, again the perception from those we spoke to was that WHSSC had not fully regarded this information.

It is important that WHSSC takes account of a range of clinical and non-clinical views when undertaking projects such as the managed reduction of waiting lists for specialist services. This includes engagement with the appropriate clinical networks within Wales. This will ensure that all relevant parties have engaged with the project and that all options are considered in the pursuit of the best outcome for patients. WHSSC must ensure that securing and improving clinical engagement is underpinned by improved, transparent and clear communication.

Recommendation 8: WHSSC should ensure that engagement is undertaken with all appropriate clinicians during planning, implementation and review of commissioned services.

Recommendation 9: WHSSC to ensure that decisions made which impact on delivery of clinical services are clearly communicated to the appropriate clinicians.

Networks

We noted that the relationship between WHSSC and the two cardiac networks in Wales differs in terms of roles and responsibilities and levels of engagement. The North Wales Cardiac Network is embedded into one single health board and the referral pathway for patients is clearly defined, as all patients receive surgery in England. The interaction between the South Wales Cardiac Network and WHSSC is different due to the more complex arrangements, involving a number of health boards, providers and clinicians. The North Wales Cardiac Network is involved in Service Level Agreement meetings with the provider, WHSSC and the health board. This allows an opportunity for the cardiac clinical community in north Wales to have open discussions regarding provider performance. We believe that it would be of benefit to WHSSC and the Health Boards concerned to clearly define the role and level of engagement with the Networks to ensure clinical engagement occurs throughout the planning, delivery and review of services in Wales.

Recommendation 10: WHSSC needs to clearly define the role of the clinical Networks within WHSSC advisory and committee structures.

Programme Teams

The role of the Programme Teams within WHSSC is currently under review with a proposal to strengthen the arrangements and membership. Changes are due to be made early in 2016. The Cardiac Programme Team has not met for approximately eighteen months following the departure of two clinical advisors. We have been advised that as an interim measure the Cardiac Executive Group Meeting has been held on a weekly basis and is continuing to manage cardiac issues relating to planning, finance, information and more recently nursing.

Recommendation 11: WHSSC to ensure that there are appropriate levels of clinical input during the review of the role, remit and membership of the Programme Teams.

Available Clinical Resources within WHSSC

The recent appointments of a Deputy Medical Director and Director of Nursing and Quality Assurance, have strengthened the clinical resources available within WHSSC. The Quality and Patient Safety Committee, as part of its membership, have two clinical director representatives providing clinical advice. WHSSC has

recognised the need to further strengthen clinical advice into its services, and the current review of the Programme Teams will be looking to address this.

Other Findings

During the process of our review, we identified a number of other important and relevant issues. These matters, as set out below, should be considered and acted upon by WHSSC.

Clarity of the Role of WHSSC

A striking feature of our review was the perception, in particular from the cardiac community, around the role of WHSSC and the level of responsibility it holds for the management of specialised services in Wales. Although we saw documentation that sets out the role of WHSSC, the view of some stakeholders was that its role and responsibility is not clearly defined and communicated in a transparent way. This has inhibited the ability of key stakeholders to interact and engage with WHSSC appropriately.

Recommendation 12: WHSSC to ensure its role and responsibilities are clearly defined and communicated with stakeholders.

Independence of the Joint Committee

The Joint Committee is made up of the Chief Executives of the seven health boards in Wales, Independent Members, WHSSC Executives and Associate members. The role and purpose of the Joint Committee is to plan, commission and manage specialised services on behalf of the seven health boards. Health board Chief Executives sit on the Joint Committee as commissioners of specialised services. However, since specialised services are largely delivered by three of the seven health boards in Wales it is questionable how they can discharge this role without conflict of interest.

Our review noted that the appointment of a substantive Chair to the Joint Committee has helped to reinforce recognition of the role of the Joint Committee as a commissioner, and not a provider.

The Independent Members at Joint Committee also sit as Independent Members of the health boards in Wales. Consideration needs to be given to whether this arrangement allows for an appropriate level of independent scrutiny and governance

of the Joint Committee. WHSSC are currently considering recommendations made in relation to Independent Members following the review undertaken by the GGI.

Recommendation 13: WHSSC to review the membership of its Joint Committee in order to ensure that appropriate independent scrutiny is achieved.

Publicly Available Information

In the process of collating information during the course of our review, it was apparent that publicly available and up to date information was difficult to find and access on WHSSC's website. In view of the fact that patients may seek to approach WHSSC directly in relation to some of the services it commissions, WHSSC should consider how effective it is in communicating its role and information about its function and operation on its website.

Recommendation 14: WHSSC to review the quality of information available to the public on its website.

5. Conclusion

Our review has highlighted that there have been weaknesses in WHSSC's clinical governance arrangements. In particular there has not always been a focus on the quality of the services it commissions, weaknesses in the level of scrutiny of provider organisations and ineffective governance arrangements that have not always fully considered the quality of care being provided to patients.

We acknowledge that WHSSC has itself recognised the importance and requirement for strengthening its own governance arrangements. By doing this WHSSC is seeking to ensure that it is able to effectively and efficiently scrutinise the providers it commissions to carry out specialised services. The recent appointments into key roles within WHSSC, the development and planned implementation of the Quality Framework and improvements to the level of clinical engagement will strengthen the focus on quality care.

It is imperative that WHSSC keeps quality and performance management at the centre of its commissioning activities. This may require development of internal capability and capacity to enable WHSSC to appropriately manage provider performance against quality standards and indicators.

Although we have focused on cardiac services as a means of testing the effectiveness of WHSSC's clinical governance arrangements, WHSSC should consider our findings in the broader context of its other functions ensuring that services are delivered in a way that provides the best possible standards of care within available resources.

It is essential that WHSSC continues to transform its approach to commissioning and that it proactively monitors progress against the recommendations made in this report, alongside those made by the Good Governance Institute.

The findings and recommendations of our review should be considered and implemented across *all* of WHSSC's functions.

6. Recommendations

Recommendation 1: WHSSC should consider the resource implications necessary to enable the Quality Framework to be implemented and managed appropriately and effectively.

Recommendation 2: WHSSC should ensure that it implements its own recommendations following the review of the Improving Outcomes and Waiting Times Project.

Recommendation 3: WHSSC should continue to obtain and use patient feedback as one of its indicators of a quality measure across all services it commissions.

Recommendation 4: WHSSC should establish the links between the Chairs of the Quality and Patient Safety Committees of WHSSC and the Health Boards.

Recommendation 5: WHSSC should consider strengthening the processes for obtaining and sharing information regarding provider concerns with its own Quality and Patient Safety Committee.

Recommendation 6: WHSSC should review and formalise the escalation process when dealing with underperforming providers, ensuring that the sanctions are clearly defined as part of this process.

Recommendation 7: WHSSC needs use the implementation of the Quality Framework as an opportunity to ensure that patient feedback and experience is routinely obtained as a measurement of the quality of a service.

Recommendation 8: WHSSC should ensure that engagement is undertaken with all appropriate clinicians during planning, implementation and review of commissioned services.

Recommendation 9: WHSSC to ensure that decisions made which impact on delivery of clinical services are clearly communicated to the appropriate clinicians.

Recommendation 10: WHSSC needs to clearly define the role of the clinical Networks within WHSSC advisory and committee structures.

Recommendation 11: WHSSC to ensure that there are appropriate levels of clinical input during the review of the role, remit and membership of the Programme Teams.

Recommendation 12: WHSSC to ensure its role and responsibilities are clearly defined and communicated with stakeholders.

Recommendation 13: WHSSC to review the membership of its Joint Committee in order to ensure that appropriate independent scrutiny is achieved.

Recommendation 14: WHSSC to review the quality of information available to the public on its website.

Appendix A: Terms of Reference for the Review

HEALTHCARE INSPECTORATE WALES (HIW) REVIEW OF CLINICAL GOVERNANCE ARRANGEMENTS AT WELSH HEALTH SPECIALISED SERVICES COMMITTEE

HIW is to undertake a review of the clinical governance arrangements in place regarding Cardiac Surgery and Specialised Services Referral Management that the WHSSC has put in place to ensure the quality and safety of patient care.

Terms of Reference

HIW's initial review will seek to examine, assess and evaluate:

- WHSSC's governance procedures in order to understand how it ensures the monitoring of patient outcomes from the services it contracts;
- The cardiac services pathway of care to evaluate the provision of services that achieves the best possible standards of care within available resources;
- The referral management process, to gain an understanding of how the referral process is managed in relation to: i) clinical gateways; ii) WHSSC prior approval gateway; and iii) LHB prior approval; and
- Any other matters relevant to our review.

**DRAFT ACTION PLAN IN RESPONSE TO HEALTH INSPECTORATE WALES
CLINICAL GOVERNANCE REVIEW – AS AT 17 DECEMBER 2015**



Rec. No.	Recommendation	Action Taken/Proposed	Lead	Timescale
1	WHSSC should consider the resource implications necessary to enable the Quality Framework to be implemented and managed appropriately and effectively.	<ul style="list-style-type: none"> Business Case to be developed setting out the resources for the Quality Team as part of Quality Framework Implementation Plan. <i>(Ref GGI Recommendation 20)</i> Joint Committee to consider the resourcing of the Quality Team. <i>(Ref GGI Recommendation 20)</i> 	<p>Director of Nursing & Quality Assurance</p> <p>Managing Director</p>	<p>March 2016</p> <p>March 2016</p>
2	WHSSC should ensure that it implements its own recommendations following the review of the Improving Outcomes and Waiting Times Project.	<ul style="list-style-type: none"> Joint Committee approved the recommendations from the Review of Outsourcing. Completed (Nov 15) Action Plan developed and monitored by the Integrated Governance Committee 	<p>Medical Director</p> <p>Medical Director/Director of Planning</p>	<p>March 2016</p>
3	WHSSC should continue to obtain and use patient feedback as one of its indicators of a quality measure across all services it commissions.	<ul style="list-style-type: none"> Joint Committee approved the Quality Framework. Completed (January 2015) Patient feedback is obtained for some services eg. IVF services, Cardiac Surgery. Current Practice Strengthen the approach to patient feedback as part of the implementation of the Quality Framework. <i>(Ref GGI Recommendation 21).</i> 	<p>Director of Nursing and Quality</p>	<p>March 2016</p>

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			Assurance	
Rec. No.	Recommendation	Action Taken/Proposed	Lead	Timescale
4	WHSSC should establish the links between the Chairs of the Quality and Patient Safety Committees of WHSSC and the Health Boards.	<ul style="list-style-type: none"> • Reports from the QPS Committee are reported to the Joint Committee and Management Group. Current Practice. • Each Health Board receives a report following the Joint Committee meeting. Current Practice. • Report from the WHSSC QPS Committee to be circulated to each Health Board QPS Committee. • Chair of QPS to write to Chairs of QPS to establish arrangements for regular meetings. 	Committee Secretary/ Director of Nursing and Quality Assurance	February 2016
5	WHSSC should consider strengthening the processes for obtaining and sharing information regarding provider concerns with its own Quality and Patient Safety Committee	<ul style="list-style-type: none"> • Reporting of providers concerns are routinely reported to the QPS Committee via the Programme Team Reports. Current Practice. • Review the process by which concerns are shared with the QPS. • Reinforce the requirements for providers to inform WHSSC without delay of any serious or untoward incidents affecting commissioned services. 	Director of Nursing and Quality Assurance	February 2016

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Rec. No.	Recommendation	Action Taken/Proposed	Lead	Timescale
6	WHSSC should review and formalise the escalation process when dealing with underperforming providers, ensuring that the sanctions are clearly defined as part of this process.	<ul style="list-style-type: none"> Performance management frame work to be revised to include actions and sanctions to be taken on non compliance and failures in contract performance. (Ref GGI Recommendation 6). 	Director of Finance/ Director of Nursing and Quality Assurance	March 2016
7	WHSSC should use the implementation of the Quality Framework as an opportunity to ensure that patient feedback and experience is routinely obtained as a measurement of the quality of a service.	<ul style="list-style-type: none"> Quality Framework Implementation Plan to be developed and agreed by the Joint Committee. 	Director of Nursing and Quality Assurance	March 2016
8	WHSSC should ensure that engagement is undertaken with all appropriate clinicians during planning, implementation and review of commissioned services.	<ul style="list-style-type: none"> To agree the changes to the commissioning processes, to include the establishment of new Commissioning Teams with lead clinical advisers. Develop a clinical engagement framework. 	Managing Director Medical Director	January 2016 March 2016
9	WHSSC to ensure that decisions made which impact on delivery of clinical	<ul style="list-style-type: none"> To review current arrangements and put in place improved arrangements. 	Director of Planning/Medi cal Director	March 2016

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Rec. No.	Recommendation	Action Taken/Proposed	Lead	Timescale
	services are clearly communicated to the appropriate clinicians.			
10	WHSSC needs to clearly define the role of the Networks within WHSSC advisory and committee structures.	<ul style="list-style-type: none"> Review the Governance Framework to ensure that the revised role of Wales Clinical Networks is clarified and communicated. 	Committee Secretary	March 2016
11	WHSSC to ensure that there are appropriate levels of clinical input during the review of the role, remit and membership of the Programme Teams.	<ul style="list-style-type: none"> To establish revised Commissioning Teams including appropriate clinical input/advice. 	Director of Planning/Medical Director	January 2016
12	WHSSC to ensure its role and responsibilities are clearly defined and communicated with stakeholders.	<ul style="list-style-type: none"> The process for the development of the Specialised Services Strategy has been agreed. Revision of WHSSC Communication Plan, including consideration of resource implications. Develop the WHSSC website to communicate the role of WHSSC and reinforce the role in writing with all health boards in Wales. Managing Director and Chair to attend all Health Boards meetings in Wales annually to 	<p>Managing Director</p> <p>Committee Secretary</p> <p>Committee Secretary</p> <p>Managing Director</p>	<p>June 2016</p> <p>January 2016</p> <p>Annually</p>

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Rec. No.	Recommendation	Action Taken/Proposed	Lead	Timescale
		discuss commissioning priorities, progress and provider performance.		
13	WHSSC to review the membership of its Joint Committee in order to ensure that appropriate independent scrutiny is achieved.	<ul style="list-style-type: none"> The Chair is considering the recommendation and those of the GGI Review and will discuss with the Minister a range of potential solutions to the issues raised, having shared the ideas firstly with the Joint Committee. 	Chair	March 2016
14	WHSSC to review the quality of information available to the public on its website.	<ul style="list-style-type: none"> To undertake a review of information available to the public in relation to the quality of services commissioned. 	Committee Secretary/ Director of Nursing and Quality Assurance	March 2016