

# **Operational Protocol between Healthcare Inspectorate Wales and the Board of Community Health Councils in Wales**

**Working together in the interest of patients and the public  
in Wales**

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## Revision History and Approval

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1.0	March 2015	Kate Chamberlain, Chief Executive and Peter Meredith-Smith, Director
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## Foreword

This operational protocol outlines ways in which Healthcare Inspectorate Wales and the Community Health Councils in Wales<sup>1</sup> will work collaboratively in key operational areas and maximise their intelligence and information sharing. This will assist both organisations to meet their common statutory objectives and to focus respective activities. It supports the creation of work programmes which are complementary; avoid duplication; and ensures that there are clear processes in place for sharing information and for the cross referral of risks and concerns.

Members and staff from both organisations are already involved in a range of activities that support effective joint and collaborative working. The primary aim of this Protocol is to create a clear framework for these activities and help to embed them into routine working. It seeks to ensure that our respective activities continue to complement each other and help achieve the collective aim of supporting improvement in the NHS in Wales.

Kate Chamberlain, Chief Executive  
**Healthcare Inspectorate Wales**

Clare Jenkins/Alyson Thomas, Joint Chief  
Executive  
**Board of Community Health Councils  
in Wales**

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<sup>1</sup> Unless otherwise stated, references to 'Community Health Councils in Wales' (CHCs) throughout this protocol means the Board of Community Health Councils in Wales and the individual Community Health Councils across Wales.

## **Summary of the roles of the Community Health Councils in Wales and Healthcare Inspectorate Wales**

Supported by the Board of CHCs in Wales, the CHCs across Wales represent the interests of and act as the independent voice for people in Wales regarding their NHS services. They fulfil these functions by:

- Systematically scrutinising local health services through a range of activities, including visits
- Continuously engaging with the communities they represent and the health service providers serving those communities
- Representing the interests of patients and the public in the planning and agreement of NHS service changes
- Enabling users of the NHS to raise concerns about the services they receive through an Independent Complaints Advocacy Service.

There are seven CHCs across Wales, each serving the populations residing within the catchment areas of the seven Local Health Boards across Wales.

The Board of CHCs in Wales has a statutory duty to advise and assist the CHCs regarding the performance of their functions, to represent the collective views and interests of CHCs to Welsh Ministers, to set standards for CHCs, to monitor and manage the performance of CHCs against these standards, to monitor the conduct of members (ensuring that appropriate standards are met) and to operate a complaints procedure relating to the functions of a CHC or the CHC Board.

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of health care in Wales. HIW's powers include the ability to consider:

- The availability of, and access to, health care;
- The quality and effectiveness of health care;
- The financial or other management of health care and the economy and efficiency of its provision;
- The availability and quality of information provided to the public; and
- The need to safeguard and promote the rights and welfare of children.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and health care providers that services are safe and of good quality. HIW also has specific responsibility to ensure that the interests of people whose rights are restricted under the Mental Health Act are properly protected. HIW carries out its functions on behalf of Welsh Ministers.

Whilst there are clear distinctions between the NHS work of the CHCs in Wales and that of HIW, there are some areas where both organisations have a shared responsibility. This creates a need for the two organisations to work together, primarily to share information and, wherever possible, to align programmes of work that are proportionate and which help drive improvement in NHS services for the people of Wales.

## **Purpose and scope of the operational protocol**

The protocol defines the circumstances and processes by which HIW and CHCs will cooperate when carrying out their respective functions. This partnership working takes account of the recommendations within a number of recent inquiries and reviews,<sup>2</sup> particularly the need to optimise joint working to ultimately improve patient experience, safety and healthcare delivery.

This protocol does not affect the separate statutory functions of either organisation, including where they have decided to work collaboratively. Nor does it place additional legal obligations on them or imply any transfer or sharing of statutory functions. In operating within its terms, each organisation will continue to work within respective statutory frameworks. Either organisation can decline a request to collaborate on specific work, particularly if it is considered not to be in the best interests of health service users or may conflict with respective statutory functions.

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<sup>2</sup> Including the Francis Inquiry (Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Feb 2013), the Williams Report (Commission on Public Service Governance and Delivery, Jan 2014), the Andrews Report ('Trusted to Care', May 2014), the Evans Review and subsequent HSCC Inquiry ('Using the Gift of Complaints', Jun/Jul 2014) and the Marks Report ('The Way Ahead: to become an inspection and improvement body', Nov 2014).

## Specific objectives

There are three specific areas where the CHCs and HIW have identified a need to work together operationally. These are described below.

- (i) Sharing /cross referral of specific concerns and risks
- (ii) Aligning our work
- (iii) Handling external communications

### ***(i) Sharing/cross referral of specific concerns and risks***

During the course of our work, HIW and the CHCs will receive information relating to risks and concerns regarding NHS services. This information may relate to the specific experiences of individual patients, it may relate to emerging patterns of issues within an organisation or it may relate to the operation of the organisation overall.

We are committed to using this information to inform our collective view of the main risks and concerns facing NHS Wales. We will respond responsibly and proportionately to specific concerns and issues, through co-ordinated action when this is appropriate.

#### ***A number of mechanisms exist through which this is achieved:***

- ***Healthcare Summit<sup>3</sup> discussions are held twice a year in which a range of bodies can share intelligence, soft and hard, about NHS organisations in Wales.***
- ***CHC Chief Officers and HIW Relationship Managers meet individually on a regular basis throughout the year in order to share emerging risks and issues identified through our work.***
- ***CHCs share with HIW a regular analysis of complaints received in order to inform identification of potential clusters and patterns.***
- ***HIW does not routinely investigate patient complaints. When patients contact HIW they are directed to the 'Putting things right' process and, if relevant, contact details for their local CHC are provided in case they require support.***
- ***CHCs do not routinely examine clinical risks and issues. Where such issues emerge, the relevant CHC Chief Officer refers this to their local Relationship Manager and an appropriate response will be considered as part of HIW's risk***

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<sup>3</sup> HIW facilitate a programme of Healthcare Summits involving health and social care review bodies and improvement agencies working across Wales. These events provide an opportunity to share intelligence and perspectives on how NHS bodies are performing and on the key challenges and risks they are facing.

***and escalation processes. HIW will advise the relevant CHC of the outcomes from this consideration.***

***(ii) Aligning our work***

The closest interfaces between the work of CHCs and HIW are in the CHC functions of continuous engagement and in relation to scrutiny, including visiting. The design of our work programmes will be informed by the sharing and cross referral of intelligence.

We are committed to sharing information on the focus of our work each year and actively considering whether there are opportunities to maximise the benefit to patients and the public by:

- raising awareness of each other's activities
- adjusting the timing of our respective programmes where this provides an opportunity to feed into the other's work or undertaking work jointly
- adjusting the content of our respective programmes in order to remove duplication or to explicitly co-ordinate.

***A number of mechanisms exist through which this is achieved:***

- ***CHCs share, in broad terms, their national themes before the start of the year and provide progress updates at regular bi-lateral meetings. HIW is invited to inform the scope of CHC national themed activities.***
- ***HIW shares, in broad terms, their operational plan before the start of the year and provide progress updates at regular bi-lateral.***
- ***HIW's programme of national thematic reviews has been published in their strategic plan and CHCs are invited to be members of thematic stakeholder reference groups as appropriate. This enables clarity on content and timing and provides a forum through which to identify opportunities for joint working.***
- ***CHCs are invited as standing members of HIW's stakeholder reference groups for GPs, dental and mental health. They can use these groups to share their own work programmes with stakeholders.***
- ***CHC Chief Officers and HIW Relationship Managers meet individually on a regular basis throughout the year and share local work plans and changes to published plans in light of intelligence received.***
- ***CHCs and HIW each provide links to the other from their websites to help the public to get the information and support that they need.***
- ***CHCs and HIW use their communication systems to raise awareness of relevant consultations and publications from the other body.***



### ***(iii) Handling external communications***

There will be occasions when HIW or the CHCs may be releasing information into the public domain which refers to the other organisation or in which we have a shared interest.

Without compromising the independence of either organisation, we are committed to ensuring that our organisations are aware of the information that is going to be released and have an opportunity to comment, in advance, on the factual accuracy and interpretation of such information where it directly refers or relates to the other organisation.

#### ***A number of mechanisms exist through which this is achieved:***

- ***Where there is a shared interest we discuss emerging findings from our ongoing work at bilateral meetings.***
- ***We share early outline and final drafts where individual reports take account of or specifically refer to each other's work.***
- ***We make final reports available prior to publication under agreed 'embargo' arrangements.***
- ***We encourage specific references to each other's work and published reports within each organisation's regular communications, e.g. newsletters and on our respective websites.***
- ***We have the opportunity to comment on the factual accuracy of press releases, reports, evidence to National Assembly Committees etc where these refer specifically to the work of the other organisation.***
- ***We refer to each other's work and any joint work, if relevant, when speaking at conferences or public meetings.***

## **Management framework**

The framework for collaborating and sharing information and intelligence between CHCs and HIW will be embedded in the processes of both organisations:

At a strategic level:

- The Chief Executive of the Board of CHCs and HIW's Chief Executive will meet on a quarterly basis to discuss areas of common interest and development.
- Each organisation will nominate a senior manager to meet and regularly discuss the operation of the Operational Protocol.

At an operational level:

- HIW Relationship Managers and CHC Chief Officers will maintain regular contact to discuss local intelligence and activity
- Nominated Project Leads for specific review programmes or all Wales reviews will meet as appropriate to discuss review plans, approaches and outputs.

## **Confidentiality**

There will be occasions where information is shared on a confidential basis. On these occasions, sensitive personal data will only be shared between bodies with the specific consent of the individual concerned. Each body will ensure confidentiality is maintained and that such information is held and processed securely.

## **Review of the protocol**

The effectiveness of the operational protocol will be evaluated every two years to ensure that it provides an effective mechanism for supporting good liaison, communication and information sharing between organisations. The review will be informed by the capture of information to quantify the extent of joint working and information sharing, and the benefits derived. A full review of the protocol will be undertaken in 2019/20.