

# **Memorandum of Understanding (MoU) between Healthcare Inspectorate Wales (HIW) and Board of Community Health Councils (CHCs) in Wales**

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## Revision history and approval

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<b>Date agreed</b>	24/02/2020
<b>Formally agreed by</b>	HIW: Kate Chamberlain CHC: Alyson Thomas
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## Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between Healthcare Inspectorate Wales (HIW), the Board of Community Health Councils and the Community Health Councils (CHCs) in Wales.
2. This working relationship is part of the maintenance of an effective regulatory system for health and adult social care in England and Wales, which promotes patient safety, and high quality care.
3. This MoU relates only to the regulation and inspection of healthcare in Wales. It does not override the statutory responsibilities and functions of HIW and the CHCs and does not create legally binding rights or obligations; its purpose is to define the joint agreement between the two organisations and to indicate a common line of action.
4. As part of the activities undertaken as part of this MoU, other agreements (for example, information sharing agreements, or joint working protocols) may be established. Such agreements will exist separately to this MoU.

## Roles and responsibilities

### Healthcare Inspectorate Wales

5. HIW is the independent inspectorate and regulator of healthcare in Wales. HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:
  - Health and Social Care (Community Health and Standards) Act 2003;
  - Care Standards Act 2000 (and associated regulations);
  - Mental Health Act 1983 and 2007, Mental Health (Wales) Measure 2010;
  - Independent Health Care (Wales) Regulations 2011;
  - Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008; and
  - Ionising Radiation (Medical Exposure) Regulations 2017 and Amendment Regulations 2018.
6. HIW's priorities are to:
  - provide assurance: provide an independent view on the quality of care;
  - promote improvement: encourage improvement through reporting and sharing of good practice; and

- influence policy and standards: use what we find to influence policy, standards and practice.
7. HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, and others that services are safe and of good quality. Health services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place.
  8. HIW is also responsible for the registration and regulation of independent healthcare providers under the Care Standards Act 2000. The regulation of such establishments is governed by the Independent Health Care (Wales) Regulations 2011.

### **The Board of Community Health Councils in Wales (BCHCW)**

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

### **Community Health Councils (CHCs)**

10. Supported by the Board of CHCs in Wales, 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; and

- enabling users of the NHS to raise concerns about the services they receive through an Independent Complaints Advocacy Service.

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

## Principles of co-operation

12. HIW and CHCs acknowledge their respective statutory and non-statutory responsibilities and functions, and will take account of these when working together. This partnership working takes account of the recommendations within a number of recent inquiries and reviews,<sup>1</sup> particularly the need to optimise joint working to ultimately improve patient experience, safety and healthcare delivery.

13. In implementing this agreement, HIW and CHCs intend that their working relationship will be characterised by the following principles:

- the need to make decisions that promote high quality healthcare and which protect and promote patient health, safety and welfare;
- full openness and transparency between the two organisations as to when cooperation is, and is not, considered necessary or appropriate;
- respect of each other's independent status;
- the need to use resources and intelligence effectively and efficiently through appropriate coordination and information sharing;
- the need to maintain public confidence in the two organisations; and
- a commitment to address any identified overlaps or gaps in the regulatory framework and responsibilities.

14. HIW and CHCs are also committed to transparent, accountable, proportionate, consistent, and targeted regulation (the principles of better regulation).

15. 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.

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

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<sup>1</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).

## Joint Priorities and Areas of Work

### Exchange of Information

17. Co-operation between HIW and CHCs will often require the exchange of information. Exchange of information will be expected, but not limited, to cases where:
  - either HIW or the CHC identifies concerns about the health and wellbeing of the public, particularly in relation to the patient experience and service change; and
  - a resolution to a concern would benefit from a coordinated multi-organisation response.
18. In such cases, all exchanges of information will be lawful and proportionate and shared in confidence with the named contact in the other organisation at the earliest possible opportunity.
19. 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. This sharing and cross referral is supported by the partnership working arrangements in Annex A.
20. 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.
21. In addition to the partnership working arrangements in Annex A, a number of mechanisms exist through which this is achieved:
  - 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.
  - 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.
22. All arrangements for co-operation and exchange of information set out in this MoU and any joint working protocol that may be developed will take account of and comply with the General Data Protection Regulation (GDPR), Data Protection Act 2018, Freedom of Information Act 2000, Health and Social Care (Community Health and Standards) Act 2003, section 76 of the Health and Social Care Act 2008, Care Standards Act 2000 and all relevant HIW and CHCs legislation relating to these matters, and respective Codes of Practice, frameworks or other policies relating to confidential personal information and information issues.
23. Both HIW and CHCs are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other the receiving organisation will discuss the request with the other before responding.

### **Media and Publications**

24. HIW and CHCs will seek to give each other adequate warning of, and sufficient information about, any planned announcements to the public on issues relevant to both organisations, including the sharing of draft proposals and publications. Discussion of emerging findings is included in the on-going engagement described in Annex A.
25. There are some specific mechanisms for handling external communications:
- To share early outline and final drafts where individual reports take account of or specifically refer to each other's work.
  - To make final reports available prior to publication under agreed 'embargo' arrangements.
  - To 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.
  - To 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.
  - To refer to each other's work and any joint work, if relevant, when speaking at conferences or public meetings.
26. HIW and CHCs commit to work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations.
27. HIW and CHCs respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.



## Governance

28. The effectiveness of the working relationship between HIW and CHCs will be supported by regular contact, either formally or informally. This contact and any partnership working is described in Annex A. Contact details of relevant operational level contacts in each organisation are shown at Annex B.
29. Any disagreement between HIW and CHCs will normally be resolved at working level. If this is not possible, it must be brought to the attention of the MoU managers identified at Annex B, who may then escalate it as appropriate within the two organisations to reach a mutually satisfactory resolution. Both organisations should aim to resolve disagreements in a reasonable time.

## Duration and review of this MoU

30. Both organisations have identified a person responsible for the management of this MoU in Annex B. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.
31. This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. This MoU will be reviewed annually by the MoU managers identified at Annex B, but may also be reviewed more urgently at any time at the request of either organisation.

**Signed**



**Dr Kate Chamberlain**

Chief Executive

Healthcare Inspectorate Wales

Date: 29/01/2020

**Signed**



**Alyson Thomas**

Chief Executive

Board of Community Health Councils in  
Wales, on behalf of CHCs in Wales

Date: 25/02/2020

## **Annex A – Partnership Working**

While this MoU sets out the guiding principle of information and incident sharing, there are also some specific activities which will facilitate the partnership between HIW and CHCs:

### **On-going engagement**

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. In these meetings CHCs will share with HIW analysis of complaints received in order to inform identification of potential clusters and patterns.

### **Quarterly Bilateral**

The Chief Executives will meet for a quarterly bilateral. The purpose of this will be to for a strategic discussion on on-going issues and plans and a forward look and review of joint working arrangement.

These meetings will aim to include the sharing, in broad terms, of national themes and operational plans before the start of the year and progress updates. Each is then invited to inform the scope of national themed activities.

### **Summit**

HIW host a Healthcare Summit every 6 months, which focuses on the sharing of intelligence about each Health Board. Attendees include professional regulators and performance bodies. CHCs are active members of this Summit and can present their findings to HIW and the other attendees.

### **Joint Workshops**

HIW and CHCs run quarterly workshops to present ongoing work plans, recent findings and on-going joint work. These act as an opportunity for all HIW Relationship Managers and CHC Chief Officers to network and discuss ongoing work at a more operational level than the Chief Executive Bilateral.

The agenda for these meetings will vary throughout the year depending on ongoing joint work and operational planning cycles. However, as a minimum, these workshops will include:

- Update on organisational planning and activities
- An update on work completed so far in the year and emerging findings
- Any concerns or themes that have arisen in the last three months
- Actions taken against the concerns and themes raised in the last workshop
- An update on on-going national and local review work

**National and Local Reviews**

Both HIW and the CHCs undertake a series of reviews throughout the year which focus on specific topics and issues highlighted through the monitoring of risks and issues. These reviews may be of a shared interest for both organisations. Where this occurs, nominated Project Leads for will meet as appropriate to discuss review plans, approaches and outputs.

## Annex B – Contact Details

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<b>Healthcare Inspectorate Wales</b>	<b>Board of Community Health Councils in Wales</b>
Welsh Government Rhydycar Business Park Merthyr Tydfil CF48 1UZ	33-35 Cathedral Road Cardiff CF11 9HB
Tel: 0300 062 8163	Tel: 02920 235 558

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There will be named contacts between HIW and CHCs as follows:

Chief Executives	
<b>Dr Kate Chamberlain</b> <i>Chief Executive</i> <a href="mailto:kate.chamberlain@gov.wales">kate.chamberlain@gov.wales</a>	<b>Alyson Thomas</b> <i>Chief Executive</i> <a href="mailto:alyson.thomas@waleschc.org.uk">alyson.thomas@waleschc.org.uk</a>
MoU managers	
<b>Joseph Wilton</b> <i>Head of Partnerships, Intelligence and Methodology</i> <a href="mailto:joseph.wilton@gov.wales">joseph.wilton@gov.wales</a> Tel: 0300 025 2663	<b>Desmond Kitto</b> <i>Chief Officer, Board of CHCs in Wales</i> <a href="mailto:des.kitto@waleschc.org.uk">des.kitto@waleschc.org.uk</a> Tel: 02920 235558
Concerns Mailbox	
<a href="mailto:concerns.hiw@gov.wales">concerns.hiw@gov.wales</a> Tel: 0300 062 8163	<a href="mailto:des.kitto@waleschc.org.uk">des.kitto@waleschc.org.uk</a> Tel: 02920 235558