

# Concordat Between Bodies Inspecting, Regulating and Auditing Health and Social Care in Wales

supporting the improvement  
of health and social care

eliminating  
unnecessary burdens

working together



ACADEMI O GOLEGAU BRENHINOL YNG NGHYMRU  
ACADEMY OF ROYAL COLLEGES IN WALES



Healthcare Inspectorate **Wales**  
Arolygiaeth Gofal Iechyd **Cymru**



**WALES AUDIT OFFICE**  
SWYDDFA ARCHWILIO CYMRU



## CONCORDAT BETWEEN BODIES INSPECTING, REGULATING AND AUDITING HEALTH AND SOCIAL CARE IN WALES

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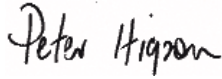
ISBN 0 7504 3798 7

CMK-22-12-036

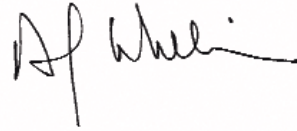
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## Signatories to the Concordat



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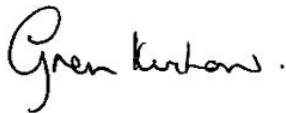
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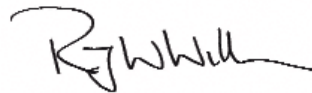
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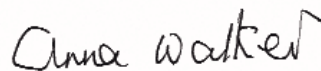
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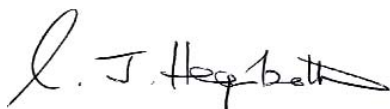
Richard Williams  
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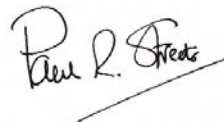
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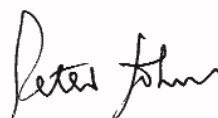


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## Foreword

The development of this Concordat between bodies inspecting, regulating, auditing and advising on health and social care in Wales provides a framework for identifying and implementing actions to support the improvement of health and social care services for the public, and to eliminate unnecessary burdens of inspection programmes on front line staff.

This Concordat builds on the collaboration which already exists between the inspecting, regulating and auditing bodies in Wales, and provides very clear opportunities for these bodies to continue to work together in a positive way to improve the efficiency and effectiveness of their services, and to remove any unnecessary burdens associated with visits, collection of data and follow up.

The Welsh Assembly Government is strongly committed to improving the way public services in Wales are delivered<sup>1</sup> and to improving services for patients, service users and carers. It welcomes the Wales Concordat, which it expects will be instrumental in both helping health and social care providers in Wales to improve services for patients, clients and their carers, and also for delivering a significant and measurable impact on the co-ordination and effectiveness of audit and inspection programmes in Wales.



Ann Lloyd  
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Department  
Chief Executive, NHS Wales  
Welsh Assembly Government



Dr Brian Gibbons AM  
Minister for Health and Social  
Services  
National Assembly for Wales

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<sup>1</sup> Making the Connections: Delivering Better Services for Wales



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# CONCORDAT BETWEEN BODIES INSPECTING, REGULATING AND AUDITING HEALTH AND SOCIAL CARE IN WALES

## Improving Services - Eliminating Unnecessary Burdens

### A code of objectives and practices agreed by bodies inspecting, regulating and auditing health and social care in Wales

1. This Concordat sets out the principles and practices which have been agreed between the bodies inspecting, regulating, auditing and advising on health and social care in Wales<sup>2</sup>. It underpins a programme to develop and implement policies for inspection, regulation and audit (collectively referred to in this document as "external review"), that are based on sound objectives and practices which are designed to support the improvement of services for the public and to eliminate unnecessary burdens of external review on front line staff.

### Status

2. The Concordat:

- has been agreed by the signatories at Appendix 1 and is supported by the Welsh Assembly Government
- is also supported by a number of other representative bodies at Appendix 2
- supports the Welsh Assembly Government's commitment to improving the way public services are delivered as set out in *Making the Connections: Delivering Better Services for Wales* and
- mirrors, where appropriate, many of the principles and practices in the Concordat between bodies inspecting, regulating and auditing healthcare in England.

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<sup>2</sup> For the purposes of the Concordat these are defined as: National Assembly for Wales Inspectorates (Healthcare Inspectorate Wales ; Social Services Inspectorate for Wales ; Care Standards Inspectorate Wales); Wales Audit Office; Welsh Risk Pool; Academy of Medical Royal Colleges in Wales; Health and Safety Executive; Healthcare Commission; Mental Health Act Commission; Postgraduate Medical Education and Training Board

**3.** The Concordat is concerned predominantly with the inspecting, regulating, auditing and advising bodies in Wales.

## Aims

**4.** The core aim of the Concordat is to support the improvement of services for patients, service users and their carers whilst eliminating unnecessary burdens of external review on front line staff.

## Objectives

**5.** The Concordat identifies ten objectives that are aimed at delivering more effective collaboration and co-ordination of programmes of external review in order to help improve services whilst eliminating unnecessary burdens of external review on staff providing health and social care. The Concordat is also consistent with, and builds on, the need to disseminate findings of good practice

**6.** Underpinning each of these objectives is a number of practices that will help to secure their achievement. The development and operation of such practices will take account of:

- external review bodies' respective statutory remits and relevant professional standards
- formal and informal agreements already developed between external review bodies
- the extent to which particular practices enable bodies to fulfil better their individual or collective functions and
- the impact of services and the way they are delivered from the service user's viewpoint.

**7.** Many of the principles and practices set out in the Concordat are consistent with guidance already issued by the signatories (for example, the Wales Audit Office Code of Audit and Inspection Practice). While closer alignment of methodologies may be beneficial, the intention is not to impose a single review methodology or to diminish existing methodologies that best meet the needs of services for which they have been developed.

**8.** Concordat signatories include statutory and non-statutory audit and inspection bodies. In relation to statutory bodies, the Concordat does not affect their statutory remits. Where there is any overlap or conflict in either statutory or non-statutory remits, the bodies concerned will seek to manage this effectively or consider whether, in the circumstances, it would be appropriate to advise that changes are desirable.

**9.** Audits of financial statements are not covered by the Concordat.

## **Alignment with the Welsh Assembly Government's approach**

**10.** The Concordat is consistent with the Welsh Assembly Government's aim to improve the way public services are delivered in Wales. *Making the Connections: Delivering Better Services for Wales* sets out an express desire to maximise efficiency gains through scale economies or more effective co-operation and co-ordination between agencies across the whole public services.

**11.** *Making the Connections: Delivering Better Services for Wales* also identifies the need to simplify the layers of regulation and inspection of public services in Wales making for clearer and more effective reporting structures in which providers of services will be freed up to concentrate more on delivery and users are more plainly informed about outcomes. It also suggests that bodies that are succeeding should be subject to less external scrutiny than those that are doing less well.

**12.** *Making the Connections: Delivering Better Services for Wales* also highlights the need to maximise the contribution of regulation and Inspection to the Welsh Assembly Government's agenda for Welsh public services through:

- strengthening the focus on service user, citizen and community interests in the planning, delivery and reporting of regulation and inspection work
- enhancing the role of regulation and inspection in stimulating performance improvement and promoting the spread of good practice
- improving the effectiveness of the contribution that regulation and inspection evidence and professional expertise makes to policy development and

- promoting greater collaboration between the regulation and inspection bodies on planning their reviews, collecting data and sharing knowledge and expertise, which will improve their effectiveness while reducing the burdens on inspected bodies.

## **Commitment**

**13.** The signatories will work with other external review and interested bodies, and those who use, provide or otherwise contribute to the quality, safety and cost-effectiveness of health and social care in Wales to improve and review the Concordat and the practices it promotes. The signatories will seek ways of extending the practices in the Concordat to their work with other bodies and to encourage relevant bodies to adopt the Concordat. The signatories have established a Concordat Steering Group to oversee effective implementation of the practices in the Concordat.

## **Territorial coverage**

**14.** This Concordat applies to the signatories who have an inspection, regulation, auditing and advising function on health and social care in relation to Wales. Signatories who are also parties to the English Concordat will apply the provisions of that agreement to their work in England. The objectives of both Concordats are largely the same.

## **Supporting material**

**15.** A glossary to the Concordat is at Appendix 3 and a note about signatories' remits is at Appendix 4.

## Objective One

### External reviews are co-ordinated with other reviews and collections of data

#### **Practice 1.1 Define and explain remit to ensure clarity and effective co-ordination**

External review bodies define their remit and explain in annual plans and/or relevant reports how they aim to cover that remit. This is communicated to patient and client groups, relevant professional and managerial groups and others, including other review bodies.

#### **Practice 1.2 Use existing data sets**

External review bodies consider the suitability of existing data sets and maximise their legitimate use of information from other review bodies.

External review bodies do not request further information until the adequacy of existing information has been taken into account.

External review bodies co-ordinate their core data, information and developmental requirements. They communicate these to inspected bodies and co-ordinate their collection arrangements.

#### **Practice 1.3 Share information with other bodies**

Subject to agreed protocols (e.g. regarding the use of confidential personal information), external review bodies share relevant information with each other so that duplication of collection is minimised and that maximum value is obtained from the information collected.

#### **Practice 1.4 Planning external reviews**

External review bodies develop mechanisms to co-ordinate their inspections, reviews and monitoring activity and, where appropriate, develop shared methodologies and joint reviews.

When audits or inspections take place separately, the external review body consults other review bodies and reviewed bodies as to how, and with whom, information and findings will be shared.

External review bodies develop a framework for sharing their work plans. This framework will be communicated to the NHS and other relevant bodies.

External review bodies provide reasonable advance notice of reviews, subject to maintaining the effective use of unannounced and/or short notice reviews in certain circumstances.

#### **Practice 1.5 Reliance on other review bodies' findings**

Subject to their statutory remit, external review bodies develop reliance, where appropriate, on the results of reviews carried out by other competent organisations.

External review bodies aim to avoid replicating work in areas that have been reviewed recently by others.

## Objective Two

### External reviews of health and social care focus on the experience of patients, other service users and carers

#### **Practice 2.1** Involve those who use services

The planning, delivery and evaluation of external reviews of health and social care takes account of views expressed by patients, other service users and their carers.

#### **Practice 2.2** Focus on patient service users / 'pathways'

Where relevant, external review bodies focus on services provided to patients and other service users as part of their 'pathway' of care.

#### **Practice 2.3** Equality and diversity

External review bodies ensure that reviews are undertaken with proper regard to issues of equality and diversity, including the needs and interests of people with disabilities and black and minority ethnic communities.

#### **Practice 2.4** Consultation

When consultation is needed, external review bodies follow the principles set out in their respective Codes of Practice or the UK Government's Code of Practice on Consultation.<sup>3</sup>

<sup>3</sup> <http://www.cabinet-office.gov.uk/regulation/Consultation/Code.htm>

## Objective Three

### External reviews support improvements in quality and performance

#### **Practice 3.1 Recognise improvement and good practice**

External review bodies identify and recognise, through objective assessment, improvement and best practice in the provision of health and social care.

#### **Practice 3.2 Spread good practice, encourage innovation and learn from experience**

External review bodies ensure that information about the best and/or most innovative practices they identify during reviews is communicated to relevant agencies, through improved co-ordination and methods of collation.

External review bodies draw attention to areas of improvement and how that has been achieved, and share views and information about how improved performance might be encouraged.

Where external review bodies identify unsatisfactory practices which are outside their remit, they liaise with the body reviewed and/or the relevant review bodies so that corrective action, where appropriate, may be taken.

#### **Practice 3.3 Focus on outcomes for users of health and social care services**

Where appropriate, external review bodies focus on outcomes for health and social care. These may include the contribution, needs and safety of staff and trainees, minimising risks to staff, securing better value for money and action to improve propriety and financial control.

**Practice 3.4 Contribute to the development and delivery of policy**

Relevant information from external reviews is used to inform the development of policy and the evaluation of its delivery.

Where appropriate, external review bodies seek to ensure that their findings are notified to national, regional and local policy makers, performance managers, supporting organisations and those responsible for delivery.

**Practice 3.5 Facilitate self-assessment and continuous improvement of services**

Where appropriate, external review bodies provide support and guidance to health and social care bodies and their staff to develop tools for self-assessment that can contribute to the continuous measurement and improvement of services.

## Objective Four

### External review bodies continuously improve their methods

#### **Practice 4.1 Evaluating and revising regulations and standards/criteria**

There are regular and defined processes for evaluating and revising the regulations, standards, criteria, questions and other relevant information used by external review bodies. Where appropriate, external review bodies seek ways of aligning their approaches.

#### **Practice 4.2 Long-term evaluation of impact of external review**

External review bodies evaluate the broad impact of their reviews, including impact on health and social care bodies and the wider community.

External review bodies evaluate the extent to which their reviews have contributed to mitigating risk and improving healthcare and/or other relevant improvements.

#### **Practice 4.3 Assessment of major changes or new reviews**

External review bodies assess the impact of significant changes to their review processes and methodologies.

#### **Practice 4.4 Gather and act on feedback from those who receive or provide healthcare**

External review bodies collect feedback from reviewed bodies, and those who use the services and/or the outputs of reviews, to help inform future review methodologies.

#### **Practice 4.5 Seek external views, opinions and advice**

Where applicable, external review bodies ensure that the views of those receiving and providing care are taken into account in reaching decisions about their methods of review, and they develop ways of managing the relevant processes in conjunction with other review bodies.

#### **Practice 4.6 Share good practice with other external review bodies**

External review bodies share their methodologies and learn from each other.

#### **Practice 4.7 Innovation and Research**

External review bodies support worthwhile innovation and the development of joint research strategies and projects in relevant areas.

## Objective Five

### External reviews are independent, consistent and fair

#### **Practice 5.1 Consistent Regulations and standards for those providing care**

External review bodies assess organisations against transparent regulations, standards and assessment criteria that apply, as far as practicable, to all providers of health and social care within their remit.

Wherever possible, organisations that are to be reviewed are supplied with the standards and assessment criteria in advance of any visit.

#### **Practice 5.2 Consistent standards for external review bodies**

External review bodies determine their criteria for assessment in line with agreed standards and, where appropriate, take account of the standards or criteria set by other review bodies.

#### **Practice 5.3 Evidence based criteria**

External review bodies base audit and inspection criteria on evidence, including published research where this is available.

External review criteria are continuously reviewed and revised, as necessary, in consultation with others who have an interest.

## Objective Six

### External reviews are targeted and proportionate

#### **Practice 6.1 Targeted to capacity and performance**

Where appropriate, in developing their work programmes, external review bodies take into account factors such as the nature, size and performance of the body being inspected and the needs of service users.

#### **Practice 6.2 Weighted to risk/Proportionality of costs and benefits**

External review bodies develop a framework that helps them to plan their activities according to the relative levels of risk - for example to the service organisation, to patients and other users, or of failure to perform or improve.

Subject to statutory remit, consideration is given to reducing, proportionately, review activity in areas that carry an assessed lower risk (for example to patients, carers, other service users or staff) or where recent inspections have reported favourably.

In reaching such decisions the external review body takes account of the continuing need to identify and learn from best practice.

Subject to statutory remit, in making recommendations, external review bodies, in consultation with providers and/or commissioners of health and social care, consider, where practicable, the balance/proportionality of the costs and benefits of implementation.

#### **Practice 6.3 Flexible and responsive external review**

External review bodies respond flexibly to the differing circumstances of different organisations and service users. External review bodies apply a proportionate response that is appropriate to the circumstances.

#### **Practice 6.4 Assessing the impact of external review bodies' policies**

External review bodies assess and, where appropriate, seek to anticipate the impact of their policies and/or new initiatives on those they review.

## Objective Seven

### External reviews are transparent and accountable

#### **Practice 7.1 Published standards and methodology**

External review bodies publish clear methodologies, including any evidence-based and values-based assessment criteria and statistical tools that are used to reach conclusions.

Revisions to regulations, standards and/or criteria are published in advance and timescales given for implementation.

#### **Practice 7.2 Draft Reports**

Reviewed bodies are normally provided with a draft report in advance of publication and have the opportunity to comment on factual accuracy.

#### **Practice 7.3 Complaints and appeals process**

External review bodies publish processes for handling complaints and, where relevant, appeals.

#### **Practice 7.4 Publishing Reports**

Where external review bodies publish their reports, they do so in ways that are accessible to those affected by them, as well as to the wider public.

External review bodies publish reports in accordance with their Welsh Language Scheme and, where appropriate, in a range of formats (including other relevant languages).

## Objective Eight

### External review bodies use co-ordinated and proportionate methods of enforcement

#### **Practice 8.1 Standard action planning framework**

Recommendations and action plans are aligned where appropriate and there is co-ordinated monitoring of their implementation through reviewed bodies' business plans.

Where practicable, each external review body develops a standard framework to assist effective action planning.

#### **Practice 8.2 Range of enforcement mechanisms**

Where appropriate to their remits, external review bodies develop a range of mechanisms for enforcement that can respond to the differing requirements of reviewed bodies and the interests of service users

Statutory enforcements are covered by normal procedures in accordance with the legal framework of each external review body.

For non-statutory enforcements external review bodies use the most appropriate/proportionate mechanisms that are consistent with effective action.

#### **Practice 8.3 Enforcement Powers**

External review bodies that have enforcement powers adopt the UK Government's Enforcement Concordat<sup>4</sup> or, where relevant, specific Wales guidance and or protocols.

<sup>4</sup> [www.cabinet-office.gov.uk/regulation/publicsector/enforcement/enforcement.htm](http://www.cabinet-office.gov.uk/regulation/publicsector/enforcement/enforcement.htm)

## Objective Nine

### External reviewers are suitably qualified, trained and skilled

#### **Practice 9.1 Reviewers with suitable skills**

In respect of non-auditing external review bodies, arrangements are made to ensure that the reviews encompass the necessary range of skills, background and cultural understanding.

#### **Practice 9.2 Training and qualifications**

External review bodies ensure that reviewers are suitably trained and qualified. The continuing competence of reviewers is monitored regularly and reviewers are properly supported to retain and develop the necessary skills and knowledge.

#### **Practice 9.3 Feedback about external reviews**

External review bodies regularly seek review feedback about the content and process of external reviews. Complaints are dealt with according to set procedures.

## Objective Ten

### External review bodies continuously monitor their practices in line with the Concordat

#### **Practice 10.1 Implementation of practices**

External review bodies implement the practices in this concordat individually or, where agreed, together. They recognise that each signatory has its own specific functions and so take account of implications of particular practices for other review bodies.

#### **Practice 10.2 Demonstrating implementation**

External review bodies demonstrate how they are implementing the practices in the Concordat. They prioritise action as necessary and identify, with reasons (e.g. statutory remit), any Practices which do not require specific action by them.

Where appropriate, external review bodies measure the impact of implementation on reviewed bodies, on the services they provide, on front-line and other staff, on patients, clients and carers, and on value for money.

#### **Practice 10.3 Communication to those providing or receiving health and social care**

External review bodies communicate the Concordat widely to ensure that all those with an interest in health and social care are made aware of the practices it promotes. External review bodies invite those reviewed to comment on or challenge implementation of Practices where they have concerns or suggestions to make.

#### **Practice 10.4 Monitoring implementation**

External review bodies establish processes for monitoring the implementation and demonstration of practices in the Concordat.

#### **Practice 10.5 Review of the Concordat**

The Concordat is reviewed by its signatories at least annually. Lessons learnt and good practice identified are spread to maximise the benefits for bodies providing health and social care and for front line staff, patients, service users and carers.

## Appendix I

### Signatories to the Concordat

- National Assembly for Wales - Inspectorates
  - Healthcare Inspectorate Wales
  - Social Services Inspectorate for Wales
  - Care Standards Inspectorate Wales
- Wales Audit Office
- Welsh Risk Pool
- Academy of Medical Royal Colleges in Wales
- Health and Safety Executive
- Healthcare Commission
- Mental Health Act Commission
- Postgraduate Medical Education and Training Board

## Appendix 2

### Associate Signatories to the Concordat

- NHS Confederation - Wales
- Community Health Councils
- Welsh Local Government Association
- School of Postgraduate Medical and Dental Education,  
Wales College of Medicine, Biology, Life and Health Sciences,  
Cardiff University
- Welsh Health Estates

### Glossary to the Concordat

This glossary is intended to explain certain terms used in the Concordat. It does not, of itself, imply that the signatories have adopted common terminology, though attention is likely to be given to usage as the Concordat is progressively implemented.

Audit (Financial)	This covers the financial element of auditors' work: the audit of the accounts and the underlying financial systems and processes (including, in specific parts of the public sector, whether public money was spent for the purposes for which it was intended) and the financial aspects of corporate governance, such as internal control and risk management, and probity and propriety
Audit (Performance)	This is concerned with the performance element of auditors' work: the value for money of services, functions, programmes or specific projects, and the systems and processes put in place by the body to manage its activity and use of resources and to prepare and publish performance information
Evaluation	Rigorous, independent analysis of ongoing or completed activities supporting management effectiveness, efficiency and accountability
External review bodies	For the purposes of the Concordat those inspection, regulation, audit and advisory bodies that subscribe to its practices
Healthcare	Services provided for, or in connection with, prevention, diagnosis or treatment of illness and the protection and promotion of public health

Inspection	The process of periodic, targeted scrutiny to provide an independent check, and to report, on whether services are meeting national and local performance standards, legislative and professional requirements, and the needs of service users
Pathway of care	A process that embraces the full episode of care
Regulation	This is the process by which public sector activity and market forces are directed for the public good. It includes the "authorisation" or "registration" of bodies to undertake regulated activities and monitoring of their compliance with statutory requirements and professional standards. It may also include the prescription of compulsory activities and price controls
Review	The deliberate and systematic collection and analysis of data that leads to a judgement about the performance of the subject of the review
Standard	A mandated, acceptable, achievable level of performance against which actual performance can be measured

### Signatories' remits

#### Health and Safety Executive

The Health and Safety Commission (HSC) and its operational arm the Health and Safety Executive (HSE) were established by the Health and Safety at work etc Act 1974. They are responsible for protecting all citizens including employees against risks arising to health or safety from employment activities. The HSE is a regulatory and enforcement body; enforcement is shared as defined by regulations with local authorities. Health bodies fall to the HSE as do nursing homes and Local Authority run care homes. Other care homes fall to the Local Authorities to enforce.

Web site: [www.hse.gov.uk](http://www.hse.gov.uk)

#### Postgraduate Medical Education and Training Board

The PMETB was formed in 2003 to supervise postgraduate medical education and training. It has been designed to be flexible, so that it may respond to changing circumstances in the provision of education or regulatory legislation.

The PMETB acts independently of Government as a professional UK competent authority to supervise postgraduate medical education and training. It:

- improves the supervision of postgraduate medical education and training
- consolidates and strengthens the position of the medical Royal Colleges and Faculties as essential elements of the education and training process
- raises standards and quality in postgraduate medical education and training
- provides robust arrangements for assuring the continued high quality of postgraduate medical education in the UK
- provides managed structures and processes to ensure all interests are represented in postgraduate medical education

- works closely with related educational and regulatory bodies
- regulates specialist and general training under the same guidelines.

Web site: [www.pmetb.org.uk](http://www.pmetb.org.uk)

## Welsh Risk Pool

The Welsh Risk Pool (WRP) is a mutual organisation funded by all Trusts and Local Health Boards (LHBs) in Wales. It is hosted by Conwy & Denbighshire NHS Trust at St Asaph in Denbighshire.

The main functions of the WRP are:

### 1. Reimbursement of Losses

Reimburse Trusts and LHBs for expenditure incurred when claims are made against them, or loss is caused by other means. The cover provided is for all risks; the few exceptions allowed include Private Finance Initiatives (PFI), motor and income generation activities.

For a claim to be approved, organisations must meet a number of criteria, which include demonstrating what actions have been taken to prevent a recurrence.

### 2. Management of Claims

To manage claims on behalf of Local Health Boards in Wales.

### 3. Encouraging Good Risk Management Practice

Support the development of risk management systems by providing advice, developing education in healthcare risk management and facilitating the exchange of information on good practice and lessons learnt through the Risk Managers and Claims Managers Network meetings.

### 4. Assessing Risk Management Performance

To use the Welsh Risk Management Standards to set out criteria for good risk management practice and measuring compliance with those criteria by audit.

Welsh Risk Pool Assessors measure organisation's risk management performance against the WRMS annually.

A detailed report is made to each organisation, the Assembly, the Welsh Risk Pool Advisory Board.

Website: <http://howis.wales.nhs.uk/gsiteCW/home.cfm?orgid=287>

## Wales Audit Office

The Wales Audit Office is headed by the Auditor General for Wales (AGW) who is responsible for the audit of the accounts prepared by the National Assembly for Wales, its related sponsored public bodies and the NHS in Wales including local NHS bodies. The AGW has the power to undertake examinations into the economy, efficiency and effectiveness (value for money) of those organisations and of bodies in the further and higher education sectors.

The AGW also has responsibility for appointing the external auditors of local government bodies in Wales, and has duties to carry out national comparative value for money studies across local government and inspect Best Value authorities under the Wales Programme of Improvement.

Web site: [www.wao.gov.uk](http://www.wao.gov.uk)

## Healthcare Inspectorate Wales

The Healthcare Inspectorate Wales (HIW) was launched on 1st April 2004 to carry out the functions specified in the Health and Social Care (Community Health and Standards) Act 2003 of behalf of the National Assembly of Wales. The purpose of HIW is to provide assurance and promote continuous improvement in the quality and safety of Welsh NHS funded care. HIW is an autonomous unit within the Welsh Assembly Government with a recognised independence through delegations made under the 2003 Act.

HIW undertakes inspections of, and investigations into, the provision of health care by, and for, Welsh NHS bodies. The programme of inspection is in relation to quality, national clinical standards, and patient safety and focuses on clinical governance, patient care across agencies and sectors and strengthening public involvement.

In exercising these functions HIW takes into account the availability of and access to healthcare, the quality and effectiveness of the healthcare, the management of healthcare and the economy and efficiency of its provisions. It also has a responsibility to ensure that the rights and welfare of children are protected and a duty of collaboration with the Healthcare Commission

Web site: [www.hiw.wales.gov.uk](http://www.hiw.wales.gov.uk)

## Care Standards Inspectorate Wales

Care Standards Inspectorate Wales is a Division of the National Assembly for Wales and has a recognised operational independence in its professional activities. CSIW is responsible for regulating:-

- Care homes for adults - including care homes with nursing facilities;
- Private and voluntary healthcare including independent hospitals;
- Nurses' agencies;
- Private Doctors;
- Domiciliary Care Agencies;
- Adult Placement Schemes;
- Children's homes;
- Day care services for children - including day nurseries, childminders, playgroups, out of school clubs, crèches and playschemes;
- Residential Family Centres;
- Fostering and adoption services;
- Education Settings that provide accommodation for under 18 years -  
Boarding Schools  
Residential Special Schools  
Colleges of Further Education.

In due course regulation under the Care Standards Act will be extended to include independent medical agencies and adoption support agencies.

There are four main functions entailed in the CSIW's role as regulator of care services:

- Registration - considering applications to ensure requirements for registration are met before a service is allowed to operate;
- Inspection - ensuring services continue to meet the required standards to maintain registration status;

- Complaints - investigation of concerns about the operation of a regulated service; and
- Enforcement - taking legal action where appropriate where regulated services fail to meet the required standards.

The Care Standards Act 2000 provides for two broad kinds of enforcement action where a provider is not fulfilling their obligations:

- The Assembly can pursue a criminal prosecution, or a formal written caution, where it considers there has been a statutory offence, a breach of conditions or an offence against the regulations; and
- The Assembly can take civil action that may include refusal of registration; imposition, variation or removal of conditions; or ultimately cancellation of registration, for which there are both urgent and ordinary procedures.

Web site: [www.csiw.Wales.gov.uk](http://www.csiw.Wales.gov.uk)

## **Social Services Inspectorate for Wales**

Social Services Inspectorate for Wales (SSIW) is a unit within the Welsh Assembly Government, with formally delegated inspection functions and powers under the Health and Social Care (Community Health and Standards) Act 2003 and a recognised independence in its professional activities. Social Services Inspectorate for Wales inspects social services provided by local authorities and others, evaluates performance, promotes good practice and service development and provides professional advice to the Welsh Assembly Government.

Web site: [www.ssiw.wales.gov.uk](http://www.ssiw.wales.gov.uk)

## **The Healthcare Commission**

The Healthcare Commission's legal name is the Commission for Healthcare Audit and Inspection. It was formed by the Health and Social Care (Community Health and Standards) Act 2003 and launched on April 1st 2004. The Healthcare Commission promotes improvement in the quality of both the NHS and private and voluntary healthcare across England and Wales.

Web site: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

## The Mental Health Act Commission

The Mental Health Act Commission was established in 1983. Its functions are:

- to keep under review the operation of the Mental Health Act 1983 in respect of patients liable to be detained under the Act.
- to visit and interview, in private, patients detained under the Act in hospitals and mental nursing homes.
- to investigate complaints which fall within the Commission's remit.
- to review decisions to withhold the mail of patients detained in high security hospitals.
- to appoint medical practitioners and others to give second opinions in cases where this is required by the Act.
- to publish and lay before Parliament a report every 2 years.
- to monitor the implementation of the code of practice prepared under the Act and propose amendments to Ministers.

Web-site: [www.mhac.trent.nhs.uk](http://www.mhac.trent.nhs.uk)

## The Academy of Medical Royal Colleges in Wales

The Academy of Medical Royal Colleges in Wales (ARCW) brings together the doctors who head up the activities in Wales of each of the Medical Royal Colleges and their Faculties that have their headquarters in England.

There are 15 medical Royal Colleges that are based in England, Ireland and Scotland and 5 Faculties of those Colleges that represent particular medical disciplines. In broad terms, the accumulated objects and purposes for which the Colleges were created include advancing the science and practice of medicine and promoting training, study and research in medicine. They have had, and continue to have important roles in educating and setting standards for training doctors and particularly so with regard to postgraduate and continuing professional development.

Over a substantial period, achieving Membership or Fellowship, as appropriate, of one of these Colleges or Faculties, or achieving an equivalent qualification granted outside the UK and Ireland, has been one of the requirements for

appointment to the General Medical Council's Specialist Register and, therefore, a requirement for appointment as a consultant in a speciality of medicine in the UK. While changes in the regulations and development of PMETB are bringing alterations to this situation, the roles of the medical Royal Colleges in:

- Setting or advising on standards for training specialists and general practitioners;
- Examining doctors during their postgraduate training; and
- Continuing professional development;

will remain essential elements of the medical education and training processes.

In Wales, ARCW's full range of roles includes providing advice to the National Assembly for Wales, Welsh Assembly Government and their Chief Medical Officer on all matters relating to the medical workforce in Wales, postgraduate training of doctors and on the medical implications and requirements of healthcare and other related policy and its implementation. To these ends, ARCW co-ordinates the work in Wales of the Medical Royal Colleges and Faculties.

ARCW has a strong relationship with the Academy of Medical Royal Colleges (AoMRC) in the UK. In this way, ARCW provides a clear link between the collective work of the Colleges in Wales and that of AoMRC in the UK.

Contact: Academy Secretariat on 02920 823777.

Further copies can be obtained from:

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