

<p style="text-align: center;">Evidence of the Public Services Ombudsman for Wales to the National Assembly for Wales’s Health and Social Care Committee on its Inquiry into the work of Healthcare Inspectorate Wales</p>

1. Introduction

- 1.1 I am pleased to have the opportunity to provide evidence in respect of the Health and Social Care Committee’s short inquiry into the work of Healthcare Inspectorate Wales (HIW).
- 1.2 As Public Services Ombudsman for Wales, I have a role to investigate complaints made by members of the public who believe they have suffered hardship or injustice through maladministration or service failure on the part of a body in my jurisdiction. My comments below are based on my experience in that role.

2. The Effectiveness of Healthcare Inspectorate Wales and Safeguarding Arrangements

- 2.1 Healthcare Inspectorate Wales is an organisation listed under the Public Services Ombudsman (Wales) Act 2005, as being a body within the jurisdiction of the Public Services for Wales.
- 2.2 It has to be recognised that the nature of the work of an inspectorate means that it is not a direct provider of public services in the same way as a local authority for example. Consequently, members of the public are not direct recipients of the Inspectorate’s service and thus I would not expect to receive many complaints about it.
- 2.3 Nevertheless, since the PSOW office came into existence in April 2006, the office has considered nine complaints. Four of these were closed following initial consideration, two were withdrawn and two were settled through informal resolution. The one remaining case (reference 200901222) proceeded to full investigation and I ultimately issued a public interest report in March 2011. The complaint in question related to HIW’s failure to deal in a proper manner with a couple’s concerns about breaches of Regulations and the care received by their daughter at a hospice.
- 2.4 Clearly, therefore, my conclusion on the effectiveness of HIW is based on a very small sample and, with the exception of the specific case referred to above, no major issues of concern have emerged about the way that the Inspectorate is carrying out its statutory responsibilities.

3. The Effectiveness of Working Relationships

- 3.1 Whilst HIW is a body within my jurisdiction, I also have interaction with the Inspectorate in a different capacity. This extends to me on occasion referring to the HIW my investigation reports concerning other health bodies within the NHS, in particular those in respect of Local Health Boards.
- 3.2 The reason I do this is to ensure ongoing monitoring of effective implementation of my recommendations. As Ombudsman, once I have satisfied myself that the health bodies in question have complied with my recommendations, my role must come to an end. I have over recent years engaged with the Inspectorate to seek its co-operation in incorporating into its work plans and inspections ongoing monitoring of the effective implementation of those new or revised arrangements that health bodies have assured me have been put in place. To that end I have had very constructive discussions with HIW, who have acted positively to incorporate into their own work those aspects of my reports which I have referred to them. A notable example concerns failures in care and compassion at Glan Clwyd hospital. I referred recommendations from my investigation work to the HIW for attention and they have reflected this in their ongoing programmes of inspections.
- 3.3 In addition, HIW has played a leading role in bringing various health organisations together in 'healthcare summits', which enables an overview of each health authority to be arrived at. The intelligence sharing of these summits has proved of value to the work of the PSOW, both in providing a forum for raising concerns arising from our investigations and in learning of the concerns of other participants.

4. The Health and Social Care Inspectorate Regime in Wales

- 4.1 The terms of reference of the Committee's inquiry into the work of HIW appear to infer that it is intended to focus on HIW's effectiveness against its current remit. However, I believe my evidence would be incomplete if I did not express my concern about reviews of the HIW and Care and Social Services Inspectorate Wales (CSSIW) inspectorates taking place in isolation. The Welsh Government is of course currently undertaking a review of CSSIW, where its scope has been confined to social care issues only.
- 4.2 Whilst HIW may not have been the direct subject of many complaints to my office, my investigation work increasingly sees the blurred lines whereby HIW is a party to circumstances relating to the subject matter of a complaint. The nature of health care in Wales has changed enormously since HIW was founded. Large proportions of health care are now provided in the community and private nursing homes. I would suggest, therefore, that any review of the Inspectorate also needs to look at the current pattern of delivery of care where this takes place in a nursing setting or via domiciliary care. CSSIW increasingly employs health care professionals to enable it to carry out its work and indeed will ask HIW to look at aspects of health care.

4.3 The configuration of the Inspectorates needs to be considered against this background. In view of the increasing overlap between health and social care, I would suggest that an arrangement of two separate inspectorates may no longer be the most appropriate model. The fundamental issue facing services in supporting people, whether in relation to illness or disability, is how to deliver safe services which enable people to have fulfilled and engaged lives. The configuration of the inspectorates needs to be considered against this requirement.

Finally, if the National Assembly for Wales's Health and Social Care Committee would find it helpful, I would be happy to provide oral evidence in respect of the above comments.

**Public Services Ombudsman for Wales
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