

Hywel Dda University Health Board Consultation response: Health and Social Care (Quality and Engagement) (Wales) Bill

The following comments have been collated on behalf of Hywel Dda University Health Board and have been summarised under sub-headings.

Duty of Candour news

- In respect of the Duty of Candour, this duty is welcomed and will help us build on the work that we have been doing under the Putting Things Right Process and our Being Open Policy and believe this will support the cultural and attitudinal shift.
- Being open and transparent and dealing promptly with news bulletins has been our hallmark over the past 5 years.
- In terms of staff, consistent application of the process within organisations is crucial to the success of this and there will be resource implications both in terms of training staff, opportunity costs for releasing staff, and supporting staff with those difficult conversations where this is required.
- Wider training on communication skills, skills in managing escalating behaviour and supporting staff involved in adverse incidents, will need to be reinforced to ensure that this process is carried out in the best possible way for both staff and the patients/families involved. It is envisaged that training will need to be more than an online module, and arrangements in place for monitoring not only compliance but the quality of the engagement process.
- It is anticipated that there will be an increased workload for redress teams/concerns teams, incident teams, in ensuring early involvement in cases where the duty applies. In regard to the definition of 'more than minimal harm' it is noted that a clear definition of this will be provided and we welcome the establishment of the working group, prior to implementation of the Bill to ensure that there is consistent application of the duty across all bodies.
- The Duty extends to reporting on non NHS bodies from which the Health Board commissions and therefore appropriate mechanisms need to be set up to enable this. This links with delivering Value Based Healthcare. There are likely to be more actual costs in the system that need to be understood.
- It is important to note that the Duty extends to the exercise of all the Health Board's functions to secure improvement.

Citizen's Voice

- The new Citizen's Voice Body is welcomed and will support the work already in place on continuous engagement. We would raise a query in relation to s7, page 20, to the appointment of a Chief Executive and we wonder whether this should be a ministerial appointment?
- The Citizen's Voice body will be a positive step forward and likely to align with our Regional Partnership Board boundaries, however, from a health perspective there are often health service focused pieces of work that may align along the M4 (through WHSCC or the NHS Collaborative - recent examples include Major Trauma, Thoracic services) or on an all Wales basis. It would be helpful if this could be taken into account.
- We welcome the strengthening of arrangements for the voice of citizens across health and social care and further connecting them with the organisations that provide them with services but do not want to lose the local accountability and knowledge that local Community Health Council (CHC) members bring and hope that this will be retained.
- It helps underpin A Healthier Wales' objectives and strongly links with the Health Board's aims and ambitions.
- The Stake holder Reference Group (SRG) is already aligned and now supports both the University Health Board and Regional Partnership Board agendas. The Bill makes no mention of Stake holder Reference Groups - they seem obsolete now. Clarification is needed as to whether there is an intention to remove the need for Stakeholder Reference Groups and how this would work with public and carers representation and with the Local Authority scrutiny committees i.e. in addition to, instead of or merged?
Legislation does not change their roles so there is a possibility that we will have multiple scrutiny for health and social care and this could be confusing - this could be a challenge for Local Authorities as they are enshrined in democratically elected members representation - if they no longer have those members on the CHC then they may double their scrutiny efforts through their committees. It would be beneficial to have a steer on how we envisage this working.

Organisational Considerations/ General Comments

- There will be a number of organisational considerations to ensure compliance with the new duty, involving strengthening of a number of the current processes and assurance functions, however this does not need to be addressed as part of the Welsh Government consultation and can be considered by the Quality, Safety and Experience Assurance Committee; a risk assessment process and

preparedness plan will need be worked on with input from all relevant services.

- There is a mention of the NHS Wales 2006 Act but not the Welsh Government Guidance on Engagement and Consultation on Changes to NHS Services which provides a duty on Health Boards to continuously engage with the population it serves and outlines clearly the role of the CHC. This places a higher expectation/ level of engagement than is placed on local authorities or social care and needs to be taken into account when we are developing a joint approach for health and social care.
- The University Health Board would want to know what is expected in terms of rolling out the training and awareness raising and how much of the resource identified is allocated to us. This will be a large exercise in communications and has obviously been planned in minute detail in the appendices but it is not clear what is expected of the UHBs.
- Our UHB duty is to listen to the citizen's voice and continually engage - how does this link with the new CHC role to represent the citizen voice - is there scope for confusion?
- The UHB will need to link our equality work and quality work much more closely going forward to meet the bill - welcome the chance to do this and think we are already in a strong place.
- There will be a future bill on co-production - would be beneficial to know the timescales.

Overall, Hywel Dda University Health Board support the implementation of the Bill and believe that it will support the application of our Healthier Mid and West Wales Strategy, the Quality Improvement Framework and the Patient Experience Charter. It is positive to see within the Quality duty that there is a focus on experience as well as outcomes and application of consistent quality, safety and experience standards across Wales.

In summary, we hope the comments above outline the support for the Bill in general and highlights the areas that require more detail and clarity.