

Response from Cardiff and Vale University Health Board

To consider—

- **the general principles of the Health and Social Care (Quality and Engagement) (Wales) Bill and the extent to which it will contribute to improving and protecting the health, care and well-being of the population of Wales by,**
 - - **placing quality considerations at the heart of all the NHS in Wales,**
 - **strengthening the voice of citizens across health and social services,**
 - **placing a duty of candour on NHS organisations, and**
 - **strengthening the governance arrangements for NHS Trusts;**

Response

It is recognised that the Health and Social Care (Quality and Engagement) (Wales) Bill is only part of the much broader agenda to improve the quality of care across NHS Wales organisations and social services. We welcome the bill which further extends and embeds the principles inherent in the Putting Things Right Guidance whereby section 9 of the guidance and Section 6.3 of the Health and Care Standards currently require providers of NHS services to have systems in place to ensure concerns, when reported, are: acted upon and responded to in an appropriate and timely manner, and are handled and investigated openly, effectively and by those appropriately skilled to do so. The bill will ensure that service users are contacted when the NHS Body is first aware that the duty of candour has been triggered, rather than after the initial investigation has completed. This ensures all instances of harm will be disclosed to the service user who experienced the harm (or their representative) and supports lessons being learned. We welcome the intention to put in place regulations that place the same duty of candour on regulated independent healthcare providers.

However we would welcome the intention to provide better clarity on the definition of /more than minimal harm'. Could consideration also be given to an organisation's right to decide whether (in the case of a near miss) it is in the best interest of a patient/family to disclose the incident/issue? We need to define what we mean by quality, especially in an integrated health and social care environment. Health and social care should be working towards the same quality standards and targets which are transparent and agreed with the population of Wales.

In terms on unintended consequences of the Bill – the requirement to report annually about how often the duty is triggered, a description of the circumstances and the steps taken by the provider to prevent a further occurrence will probably require significant resource in order to capture this information centrally. Being Open discussions are likely to happen on a daily basis, in many different clinical settings, in many different situations.

As the system used to record Concerns will need development to create a field to capture if the duty of candour process has been triggered. It is therefore timely that

Wales is currently developing a 'Once for Wales' Concerns Management System – an improved system for capturing, data.

The duty of candour requires a clear pathway for staff to raise concerns and consideration needs to be given as to how these concerns will be responded to and whether there is a need for an independent body should local resolution through freedom to speak up prove unable to resolve concerns locally.

Citizen's Voice

We strongly support regulations that aim to strengthen the voice of citizens in the provision of healthcare. We would welcome greater clarity on the powers of the Citizens Voice Body particularly in relation to inspection and to proposed changes in NHS services. We would agree with the view of the Welsh NHS Confed who have said that the current CHC model was "not fit for purpose" and patients using social care needed more of a voice. The manner in which CHCs are configured enables them to focus upon experience in the health service, which is not reflective of the Welsh integrated approach to service delivery. Service user and public engagement is an expectation within the Social Services and Well-being (Wales) Act 2014 and we have a duty to promote user-led services and to involve people in the design and provision of services. It is hoped that the citizen's voice will support health and social care organisations to improve engagement with the public and work in partnership to gather views regarding service transformation and development. However, as an organisation we do feel that the CHC's should not play an inspectorate role, the Health Boards have their regular internal inspections, provide annual Health Care standards reviews, Health Inspectorate Wales have a robust programme of announced and unannounced inspections and it should also be noted that the Ombudsman in accordance with his new powers can undertake own initiative investigations and this could include visits to Health Care providers and discussions with staff.

As the Putting Things Right regulations have been in place for a number of years, it is not anticipated there will be a cost to the NHS in developing new processes to engage with stakeholders. However there could be an impact upon redress and Litigations costs and whether this an increase in redress cases with no reciprocal increase in litigation costs or an overall increase in clinical negligence claims will need to be reviewed following implementation of the Act.