

Working together to provide assurance

Healthcare Inspectorate Wales
and the Auditor General for Wales

The purpose of this paper is to describe the collective mechanisms we use to test the effectiveness of governance arrangements in the NHS in Wales.

What is Governance?

For the NHS in Wales, governance¹ is defined by the NHS Confederation as:

‘ A system of accountability to citizens, service users and the wider community, within which healthcare organisations work, take decisions and lead their people to achieve their objectives.

....It refers to the way in which NHS bodies ensure that they are doing the right things, in the right way, for the right people, in a manner that upholds the values² set for the Welsh public sector.’

Within the health and care landscape there are a number of key aspects of governance.

- 1 Corporate governance: refers to the mechanisms, processes and practices put in place to ensure the organisation is run appropriately. It is the framework by which a health board or NHS trust meets their obligations and objectives in relation to all staff, patients and the people of Wales.
- 2 Financial governance: relates to the way in which the finances of an organisation are governed. This is driven by the framework of rules, procedures and practices by which the organisation ensures accountability, fairness and transparency in the stewardship and good use of the organisation’s finances.
- 3 Clinical governance: is the way the NHS works to improve and maintain the quality and safety of care patients receive. It is about ensuring that patients get the right care at the right time in the right place, and that it happens right first time.

Why do we need to work together?

Our respective organisations have different roles and duties. The activities that we undertake to fulfil these encompass and support assessment of governance as outlined above. While the Wales Audit Office principally focusses on corporate and financial aspects of governance, HIW is mainly concerned with clinical governance. However, these areas are not mutually exclusive and making connections and joining up our respective work helps us to provide a rounded assessment of governance in NHS bodies. By working together, we can also ensure our work is **efficient, complementary, and achieves the greatest impact**. The ways in which we do this are:

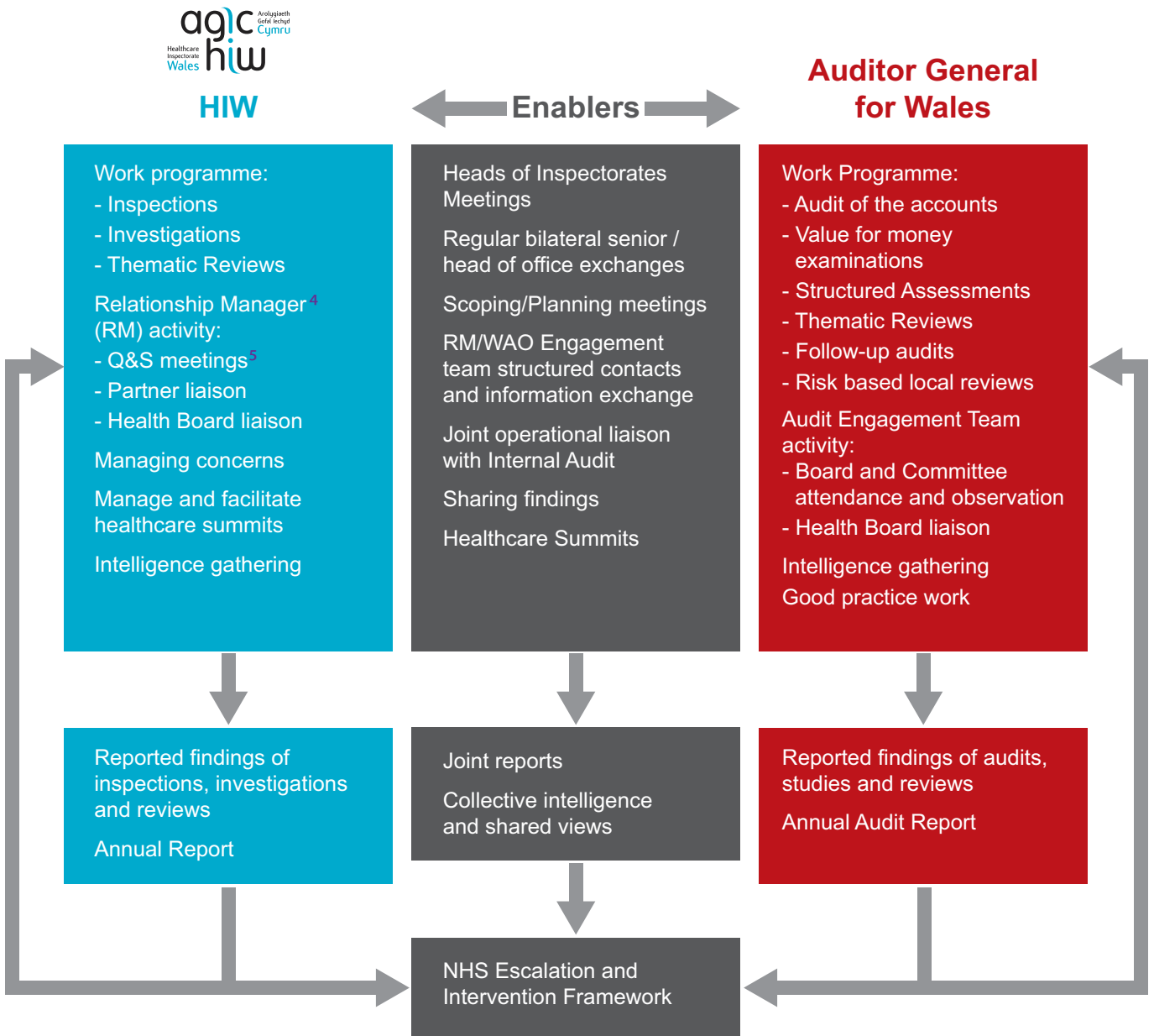
- sharing intelligence and information to inform our respective work programmes;
- relying on each other’s work to minimise any gaps and duplication; and
- undertaking joint activity where our combined resources can increase efficiency and impact.

1 What is governance **e-manual**

2 A values and standards of behaviour framework, together with model standing orders and standing financial instructions, form the key elements of the governance and accountability framework for the NHS in Wales. **e-manual**

How we enable our activities to connect

Each organisation has its own work programme and activities, but we have adopted practices that support our joint working and collaboration. Our approach for developing co-ordinated work programmes and sharing intelligence is set out in our joint Operational Protocol³. The following diagram provides a broad overview of our respective activities in health bodies and the many different ways we enable sharing of our findings, intelligence and work programmes.



³ **Operational Protocol between Healthcare Inspectorate Wales and the Auditor General for Wales.** Auditor General for Wales, HIW. March 2015

⁴ Relationship managers manage the interaction with an organisation to progress the goals of HIW. They play a key role in planning the HIW inspection and assurance activity for health boards and trusts within the NHS.

⁵ Q&S are Quality and Safety meetings where Boards scrutinise quality and safety issues in more detail

How we make this work in practice

Being more efficient – Testing Clinical and Corporate Governance

To understand and assess the effectiveness of governance arrangements, both organisations need to observe them in practice, including seeing the various committees at work. We have changed the way we work to improve efficiency and maximise our respective contributions, skills and resources. For example, quality and safety committees are a key source of evidence for how a health board is dealing with clinical governance issues. HIW now attend more of these committees than previously, with Wales Audit Office maintaining greater focus on the Board and other committees as a key element of their structured assessment work. Using the enablers outlined above, we have also agreed an approach to sharing our findings and observations to trace and triangulate issues from top down and bottom up through our respective work programmes and activities.

Complementary Work Programmes – Joining up our planning

While not all reviews specifically focus on governance, any review may reveal governance issues that require further investigation. For planning purposes and to maximise our efficiency, we share our work programmes in their entirety. This enables us to eliminate duplication in the two programmes, although occasionally, we may identify a need to look at the same topic from different perspectives.

The approach is to work together to ensure complementary and comprehensive coverage using the relevant strengths and skills of each organisation. Review teams keep in touch and share emerging findings, joining each other's meetings, and reviewing draft reports. This ensures that our work, taken together, adds more value, though we may not always badge the reports as joint publications.

For example, during 2016-17, both organisations are planning to undertake work that examines the arrangements for discharging patients from hospital. Each organisation is looking at specific aspects of patient discharge and we are working together closely to plan our respective activities to ensure they are complementary, and that reliance can be placed on each other's work where appropriate.

Greater Impact – Responding jointly to concerns

The Joint Governance Review of Betsi Cadwaladr University Health Board in 2013 resulted from our regular discussion and interactions, with our collective intelligence and evidence signalling shared concerns about governance at the Health Board. We concluded that it was appropriate, necessary and timely to undertake joint review work, with a single review team drawing on the expertise, skills and knowledge of both organisations. We planned and delivered the work together, producing a single report and providing a consolidated overview of the governance challenges facing the Health Board.

Our 2013 joint report informed a subsequent inquiry by the Public Accounts Committee, and was a stimulus for necessary changes to the senior leadership of the Health Board. We have undertaken further joint follow-up work in 2014 and 2015 that has maintained a focus on the governance challenges faced by the Health Board, and our work has informed Ministerial decisions to ultimately move the Health Board into special measures as part of the tripartite escalation and intervention process involving Welsh Government. Our joint work at the Health Board is a clear example of the impact that can be achieved where we work together and speak with one voice where we have identified a common concern.

