Consultation events – Wrexham – post-it note themes

Comments made by participants and themes captured

Chapter 1: Co-production and changing shape of health services

1. What are the main barriers preventing collaboration and joint working between organisations and services?

Separation of Health and Social Services: the continued separation of Health and Social Care in terms of roles and funding was detrimental to collaboration and joint working.

Lack of Shared Vision: organisations and departments were too inward looking, with no shared vision. Working together as partners with a sense of common purpose was required.

Patient-centred care: a lack of consideration for the patient as a person, and requested service providers come together to treat the patient as a whole, not as a series of individual symptoms and conditions.

Public responsibility: patients have responsibility for their own health and relieving pressure on the NHS.

Information Systems: better/ shared IT systems required for better information sharing and communication between organisations.

Consistent Standards: consistent standards required across health and social care settings to ensure they work better together and meet the same expectations.

Lack of Accountability: health boards were not looking to improve or collaborate with others.

2. What can we do to improve the opportunities for collaboration and joint working between organisations and services?

Involve the Third Sector: health services to involve and work better alongside the third sector, which is already involved and has valuable experience in providing direct patient care and support in both health and social care settings.

Pool Resources: pooling budgets required and promoting collaboration through leadership and training.

Improve Collaboration: leaders to meet to look to improve collaboration, not just across departments but also across sectors.

Miscellaneous: Other comments included suggestions such as; requesting and considering patient feedback, providing holistic services through generic health and social care workers, and moving away from hospital based care towards 'alternative therapies'.

3. How can we ensure citizens are more engaged and involved in the planning of health services?

Make Information Accessible: information needed to be more accessible, tailored to individual needs, in order to engage them and assist understanding of and involvement in the discussions and decisions being made. Also needed to use variety of mediums to engage; a mix of media and open meetings/ forums.

Involve Patient Representatives: health bodies need to more actively involve patient representative groups such as CHCs and third sector groups in decisions, with raised visibility and access to these groups for the public.

Respect and Listen: health bodies to show respect and listen to the publics views.

Encourage Citizens Ownership: citizens should be educated and encouraged to take responsibility for engaging with health bodies.

Evidence Engagement: health bodies should be required to provide evidence of effective engagement.

Openness about Performance: health bodies needed to be open and honest about the performance of services in order to engage with the planning of services.

Prioritise/ Accountability: leaders needed to prioritise engagement with citizens.

Role for GPs: GPs could have a role in engaging with patients about concerns.

4. What would successful engagement look like?

Partnership Working: joint working between both health and social services, primary and secondary care, with the common aim of supporting the individual and local population.

Open Public Engagement: clear lines of communication with the public, open engagement, with evidence of consideration of point raised and feeding into decisions.

Accountability: more fluid engagement right across health body with a clear structure/ mechanisms for engagement, with leaders involved.

Greater Knowledge: both leaders and the public to make decisions based on knowledge, information, and experience of existing services.

Miscellaneous: Other comments suggested successful engagement would be characterised by: no judicial reviews, less mistakes and complaints, more education for staff and patients, joined up single service change plans, and third sector involvement.

5. What part should Minister's play in decision making about service changes and should different arrangement be put in place?

Independent Decisions: Welsh Government intervention should be kept to a minimum with complete independence of political agendas. Welsh Government hold responsibility for developing policy, legislation, and strategy, but health boards must be responsible and accountable for making decisions.

Public engagement: the Minister should represent the public and base decisions on public and staff feedback/ experience.

Miscellaneous: Ministers to: deal with poor services, give time for changes to embed, and facilitate partnership between service providers and users.

Chapters 2 and 3: Quality and Standards

1. What are the main issues impacting on the quality of healthcare services in Wales?

Lack of learning/ patient perspective: healthcare providers are not learning organisations, specifically when it came to utilising patients' perspective and experience to improve the quality of services.

Resources: a lack of, or mismanagement of resources are impacting on the quality of services.

Staffing: staff shortages, work pressures on staff, and retaining staff with the necessary qualifications, are key issues impacting on the quality of services.

Consistency: lack of consistency in impacting on the quality of health services in Wales. It was viewed that there was a lack of consistency between health boards, services provided for rural areas, cross-border services, and individual clinicians' decisions.

Bureaucracy: bureaucracy, red tape, reports, and legislation are negatively impacting on quality.

Lack of patient responsibility: need for patients to take responsibility for their own health in improving the quality of healthcare services.

Lack of integration: lack of integration between health and social services are impacting on the quality of healthcare in Wales.

Miscellaneous: Issues such as waiting times, disregard for safety, and media coverage of services are impacting on quality.

2. What can we do to help staff focus on the quality of services they provide?

Increase staff/ reduce complexity: staffing levels to increase with a reduction in bureaucracy/ administrative actions required, with a shift to focusing on patient.

Peer review: peer review/ providing opportunities to staff to share and learn from experiences, with constructive feedback which reflects on standards and patient experience.

Supporting staff: staff to be supported in providing quality services, a culture where leaders focus on quality and safety of services.

Training staff: providing ongoing training for staff, with a focus on quality.

Miscellaneous: Other post-its expressed ideas such as using volunteers to support staff, communicating with patient and carers, and having a clear line of accountability to leaders in the organisation.

3. What can we do to ensure leaders and boards focus on the quality of services being provided both in planning the services and in delivering them?

Learn from staff and patients: leaders to spend more time "on the frontline", talking to and learning about quality of services directly from the experiences of both staff on the ground and patients.

Hold accountable: leaders to be made accountable for the quality of services and hold them responsible for failures in quality. Some suggestions included regulations or guidelines setting out expectations and then sanctions for not meeting them.

Quality focus for boards: expectation for board meetings to focus specifically on quality, with agendas and a named individual responsible for ensuring quality is considered.

Learn from outcomes: patient outcomes need to be considered of the same importance as financial matters by leaders.

Miscellaneous: the right people to be in the right job, boards to reflect on how their lack of knowledge of day to day workings negatively impacts on services.

4. How can we best set out the level of quality we expect to be provided across all healthcare settings?

Learning from experience: opportunity for learning from experience, particularly patient experience; seeking to engage with the public on the quality of services and how to improve, with systems for gathering information and reflecting on both good and bad experience/ practice, including the advice from CHCs inspections.

Introduce common standards: common standards to be introduced, so as to ensure a consistent level of quality/ expectation of consistent quality across services, both the NHS and independent healthcare settings. One called for this to be extended across health and social care settings.

Monitoring Standards: standards to be monitored, inspected, and enforced where quality is lacking, with sanctions for staff.

Common standards interpretation: need for common standards to be interpreted across different settings and the potential need for still issuing more specific quality standards under a common standards theme.

Miscellaneous: train staff, boost staff morale, commission quality care jointly, resources need to be managed to ensure quality, and the complexity of mental health services requires specialised quality governance and inspection.

Chapters 4 and 5: Openness, Honesty and Sharing Information

1. What can we do to ensure organisations and individuals are open and honest about performance?

Lead a culture of openness and honesty: building a culture of honesty and openness prioritised, with leaders of health organisations promoting and rewarding honesty, with a shift away from a blame culture, whistleblowing, and fear of repercussions.

Publish information honestly: monitoring or auditing the performance of services and openly reporting back to the public in an accessible way.

Include patients: including patients in discussions, being more open to questions, and proactively asking for feedback.

Single Information System: need for a single system/ database for recording and sharing patient information.

Clear lines of accountability: need for clear lines of accountability to ensure issues are dealt with correctly and also look to reward good practice.

Utilise Third Sector opportunity to involve the third sector in sharing information and providing information to patients/ the public.

Miscellaneous: Use online systems such as 'skype' to provide services/ consultations. Implement care co-ordinators.

2. What responsibilities do you think should feature as part of a duty of candour?

Taking Action: A duty of candour to ensure action is taken when things go wrong; learning from experience, supporting staff that raise concerns, and holding those to account who are not open and honest.

Honesty: honesty and transparency to feature as part of a duty of candour, with an opportunity to build an open and honest culture.

Communication: duty of candour to encourage sharing of information, experience, and best practice, including through reports.

Training: staff training to promote a duty of candour.

Clarity: duty of candour to be explicit about what is expected of staff and organisations.

Miscellaneous: Co-production should feature with a duty include patients in decisions, social prescribing, and boards/ leaders should be prepared to meet with patients and families.

3. What are the barriers preventing healthcare bodies from sharing patient information?

Fear: Lack of confidence and understanding of data protection legislation and fear of making mistakes as acting as a barrier.

IT Systems: Lack of consistency in the use of, and the effectiveness of IT systems. There were calls for a single IT system containing patient information and for health professionals' notes to be recorded electronically as opposed to handwritten.

Communication: Better communication and information sharing required between healthcare organisations and other service providers, such as the third sector, and also between leaders, staff, and service users.

Bureaucracy: bureaucracy a barrier.

Miscellaneous: Lack of integration and lack of willingness also highlighted as issues.

4. What should be the most important factors and considerations when sharing information?

Communication: consideration needs to be given to the appropriate means of communication when sharing information, especially when in discussion with patients.

Security: secure mediums of safely recording information and protecting patient confidentiality required.

Patient's interest: importance and priority should be given to considering the patient's need when sharing information. It should be shared if it will benefit the patient.

Sharing between organisations: importance of sharing information between different healthcare providers, including NHS Wales and England.

Miscellaneous: Need to build a culture to support and improve sharing of information, and support staff and clarify situations and mechanisms for sharing information.

Chapter 6: Checks and Balances

1. Do you think we need to make any changes to enable Healthcare Inspectorate Wales to most effectively operate?

Increase Powers: HIW to have more legislative powers to enable it to address and take action when any negative issues/ failings are identified within its inspections of services.

Increase Awareness of HIW: need for greater public awareness of HIW's role, work carried out, and recommendations from inspections.

Increase independence: HIW to have greater independence and autonomy, citing the importance of independence in conducting work with full trust of the public and the patients.

Working with others: focus on joint working and the possibility of; using CHCs to investigate patient experience, reviewing and streamlining the inspections of HIW and CHCs, and clarify how H&SC should work with the NHS and third sector.

Staffing: improve the level of professionalism of staff working for HIW.

Integrated system: full integration of Health and Social Services.

Miscellaneous: Inspection reports being based on objective and subjective information, simplifying and making HIW more cost effective, and more hospital inspection required.

2. What would be the advantages or disadvantages of creating a single inspectorate covering the roles and responsibilities of Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales?

Advantage: Promote integration: merging the inspectorates would benefit from more joined up working and a more integrated approach to considering the quality of health and social services, especially in nursing home settings.

Advantage: Common Standards: merging would benefit both the inspectorates and services by creating a consistent approach to inspecting with common standards expected across both health and social care settings.

Advantage: Clearer understanding: merging the inspectorates would enable the public to better understand the system and inspectorate's role.

Disadvantage: Loss of independence/ patient voice: merging the inspectorates could result in the inspectorates losing independence, and also lose a sense of the patient voice/ experience.

Disadvantage: Size: merged inspectorate would be either too big and unmanageable, or reduced and only able to react rather than inspect regularly and proactively.

Consider Resources: the financial implications of merging the inspectorates and the cost involved would need to be considered as part of any decision.

3. What action can we take to strengthen the patient voice in Wales?

Consistent Discussion: need for consistent engagement and consultation with public and patients.

Evidence of listening: important that health bodies provide evidence of learning from patient concerns and complaints and implementing changes as a result.

Direct Patient Involvement: direct patient/ patient group/ patient representation at board level, involved in the planning of services.

Joint Working between HIW and CHCs: need for better joint working between HIW and CHCs, with an emphasis on inspections.

Involve Third Sector: Need to involve the third sector as patient representatives.

4. Are there any key activities that Community Health Councils should be focussed on in order to best represent the patient voice?

Raising Awareness: CHCs need to become more visible as an organisation, raise awareness of their role in representing the patient voice, and engage more with patients/ the public.

Working Better with others: better collaboration between CHCs and other patient representative groups, specifically third sector groups, was required, with the potential for spotting trends and patterns in patient experience. They also highlighted the need for CHCs to have closer working relationships with CSSIW and health boards.

CHC Recruitment: recruitment and training process of CHC members need to be revised in order to increase effectiveness.

Increase Health Board accountability: increased the responsibility for health boards to respond to CHCs concerns and provide CHCs with power to hold health boards to account.

Continue with visiting rights: CHCs need to maintain their right to visit and inspect healthcare settings, from an independent, patient perspective.

Miscellaneous: Consider the need for specialised patient representatives with a focus on specialised services. Look to keep arrangements simple.

Chapter 7: Finance, Functions and Planning

1. Should we change the law to give health boards borrowing powers?

Yes: LHBS should have the ability to borrow for capital project investment, but it must be supported by clear lines of accountability and governance with safeguards in place to ensure borrowing is properly planned and paid for without risk of financial difficulties. Would drive innovation and improvement of services.

No: This is not needed and leads to more problems later on. Money available is already being mismanaged, borrowing further no seen as the answer.

2. Is the legislative requirement to prepare NHS trust and health board summarised accounts still relevant?

No: There is no convincing argument for continuing to require NHS Trusts to prepare summarised accounts, since information is available elsewhere. Energy spent on summarised accounts could be better utilised elsewhere.

Yes: Information should be available, for communities to see where money is being spent.

Miscellaneous: Relevance is not the issue, the importance of the NHS to be seen as open and producing accessible information is.

3. Should legislative changes be made to provide greater flexibility regarding summarised accounts for NHS organisations in Wales, reflecting NHS structural and government financial reporting changes?

Yes: Greater flexibility should be provided, with a view to make information more accessible for public and raise awareness of the money involved. However, health boards should have a standard format for presenting this information.

Miscellaneous: Legislation is a safeguard if properly implemented. But legislating for something does not automatically provide a positive change.

4. Should there be an equivalent statutory planning duty for NHS Trusts as we have for health boards?

Yes: To ensure consistency, transparency, and that the right services are provided in the right places across North Wales. But should not be a detriment to the Trusts' objectives.

Miscellaneous: Should look to avoid duplication and combine, if necessary.

5. Should we review NHS (Wales) Act 2006 planning duties to avoid duplication and improve alignment with the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015?

Yes: it would simplify the situation and minimise duplication of efforts as well as conflicts of interest. Would drive the integration of services, shared funds, shared responsibilities, feedback between services. Older legislation should not hinder newer legislation.

Miscellaneous: Should also be reviewed to ensure acknowledgement of and greater understanding and investment in third sector / voluntary groups and how to utilise and support community initiatives as part of this new legislation.

Chapter 8: Leadership, Governance and Partnerships

Health and Trust Board membership

1. What are the barriers preventing local health board and NHS trust boards from operating effectively?

Position and lack of consultation: Health boards and NHS Trusts boards are responsible for such large areas/ populations; it makes it difficult to access the local voice or even staff on the ground. Lack of consultation with local population is having a negative impact on decisions made.

Lack of independence: Lack of lay people involved is a concern. Membership is currently too 'professional', too 'clinical', with independent members often being 'professionals' or 'elected' members of local authorities. The boards should be more representative of the local population – not just high level officers, even if is larger. There should be more opportunity for lay people to become involved in board meetings.

Too large: Reduce number of board members.

2. What changes could be made to make boards more effective including any legislative change?

Change board size and composition: Smaller number of members would ensure a real sense of responsibility for setting strategic direction. Membership and numbers must reflect local needs. There should be more non-executives than executives to ensure the board can properly set its own strategy. Should evaluate who should take up executive and non-executive membership roles e.g. Directors of Public Health should be non-executive members.

Greater transparency and openness: Boards business should be more accessible with availability for patients to view or take part in proceedings. Also publish minutes of meetings.

Greater accountability: members need to be more accountability as do the boards as a whole; whether it is through recruitment/ appointment processes, or the requirement to engage and take stock of the patient voice.

Miscellaneous: More effective partnerships required with use of data to reflect concept and future direction.

3. Should there be flexibility on board membership, either partial or complete, for individual boards or a blanket approach applying across all boards in Wales?

Yes: Support flexibility of board membership in order to enable a diverse range of individuals with different experience and knowledge to join decision making process.

Yes, for wider membership: Should be a 'core' group of board members that are essential, but then flexibility for the wider group built around them.

No: Too much flexibility would result in a lack of consistent approach across the NHS in Wales. Could also lead to biased decisions based on unequal representation.

4. What action could be taken to achieve greater citizen involvement in the boards and to ensure they are held to account?

More citizen and patient representatives on boards: Ensure boards are required to receive representation from patient perspective/ representatives. This representation could be provided by CHCs or Third Sector groups, or individual service users (who would likely require training of some sort). Different representatives could be called upon depending on the issues being discussed and their relative knowledge of the issues.

Miscellaneous: Need to define what is being sought from citizen involvement in boards business before determining options for best achieving it.

Board secretary role

1. What are the barriers preventing board secretaries from operating effectively? Is legislation change required to address this?

Role needs clarity: The board secretary role requires clear definition so that everyone is aware of what is expected of them.

2. Do additional corporate responsibilities compromise a Board secretary's independence? If so, how could board secretary independence be enhanced?

Yes: Board secretary should be employed only to act as an independent advisor. Holding other roles would compromise independence and effectiveness.

Base role outside of health boards and trusts: Combine all Board secretaries into one role, or combine role with local authority monitoring officers.

Alter the appointment process: Look at options for appointment which could further increase independence.

3. What should happen if a Board secretary's governance advice is disregarded?

Decisions should be published: There should be a clear account of what advice has been received and what decisions have been taken, enabling the boards to be held accountable.

Depends on legal status of the advice: Need to outline whether it should be viewed as 'advice' or as a legal direction. This will determine what action is required if it is disregarded.

4. How important is indemnification of the role of Board secretary having regard to the existence of other protection such as whistleblowing?

Yes: It is vitally important to consider indemnification for the role of Board secretary. They should have legal protection.

Advisory structure

1. Do you think there is a need to reform the current arrangements? If so, why?

Yes, to ensure they are patient focussed: Current arrangements are not reflective of patient experience or opinion. Need to enhance these groups focus on the patient voice, with help from representatives such as third sector groups.

Yes, to ensure wider representation: Should be set up differently with multi-disciplinary representation at committees, with representation from those based across different parts of Wales. Meetings should also be held across Wales.

Yes, more transparency required: Role of the Advisory Groups, or their make-up is not entirely clear. The Minister's role in accepting advice requires further transparency.

Yes, should reflect primary care clusters: Groups need to reflect primary care clusters, with similar partners involved.

2. Is there a need to provide for any sort of advisory group in legislation instead of just relying on routine liaison with the service and stakeholders?

Yes, but there is need to improve effectiveness: Advisory groups are required and are essential to securing expert advice is the basis for policies. However, there is a need to reform the current groups to make them more efficient and effective, as they are currently seen as working in silos, duplicating work, presenting conflicting advice, and not making evidence based decisions.

Yes, but move to a single advisory group: Legislate for one group which seeks advice from various professions, as and when required, and takes more action/ is more visible.

3. If the situation is left as flexible as possible, what advantages or disadvantages could you foresee?

Flexibility should be supported through leadership: Strong leadership required to ensure flexible arrangements are effective.

Different ways of working: A flexible approach should make it possible for patient voice to feature as part of the advice, and for meetings to be more accessible.

4. Should legislation be used to ensure that policy development is based on expert professional advice? If so, how?

Yes, legislate for a single group: Existing advisory groups/ committees should be combined, with a review to ensure relevant membership which enshrines joint-working and consideration of the patient voice.

Duty on the Minister: There needs to be a duty to seek professional advice from relevant groups, to ensure that any action is based on strong evidence.

Review the Bevan Commission: Bevan Commission also needs to be reviewed. Need to ensure we have a truly representative advisory group in order to tackle health inequalities.

NHS workforce partnerships

1. Do you agree, as a point of principle that the position reached in the devolution journey calls for decisions about the NHS Wales workforce to be ratified and signed off in Wales?

Yes, but with due consideration: Support, if full consideration is firstly given the risks, including attracting and retaining staff within Wales.

2. Would you be supportive of changes (including legislation) to the existing level of variation possible under the agenda for change framework to be made in order to achieve this?

May be: If legislation could be made to reduce variation in APC, then yes. But it must be done fairly, and not just to reduce pay.

3. Do you think that in this general area the same rules should apply to all NHS Wales organisations (i.e. is there any reason to distinguish between Trusts and Boards)?

No comments.

4. If changes were made that gave Welsh Ministers a clearer final say on agreements that had been arrived at through partnership working, what else should be done to ensure that strong links at a UK level are maintained?

Ministerial engagement: Ministers across the UK Government and devolved nations need to constantly meet to discuss issues.

Hosted and joint services

1. **Where a hosted service is bigger than its host, what types of issues may this cause, to both host and hosted organisation, and how might it be addressed?**

No problem: As long as there are clear lines of responsibility and accountability, there should not be any issues.

Capability may be limited: Increasing levels of accountability for the host may have a negative impact on its capability.

2. **How can we ensure that there are appropriate and consistent hosting and governance arrangements in Wales?**

Consistent governance arrangements required: NHS health boards and NHS Trusts need to be governed under the same statutory powers.

3. **How can we equip NHS Shared services to take on a wider public sector shared services?**

Might be disadvantageous: Need to consider the disadvantages of widening shared services role, such as whether it would be under-resourced and under-staffed. Also need to consider the risk to shared services, if the host cannot support it.

Pool budgets and extend responsibilities to local authorities: Extending shared services role across public sector may reduce duplication and budgetary requirements.

4. **Do you think that NHS Wales should have the freedom to act in the same way as universities in areas like research, intellectual properties, spinout companies and commercialising products and services?**

Yes: Need clear parameters and transparent arrangements, but for the NHS in Wales to improve, it needs to become more creative and innovative, and legislation should be used to achieve this.

5. **Do you think that NHS Wales should have the freedom to generate additional revenue, for example for commercialisation or for delivering expert services outside Wales?**

Yes: As long as it doesn't draw the focus away from providing quality care and patient experience, or create further debts.

6. **Do you think that in this general area the same rules should apply to all NHS Wales organisations (i.e. is there any reason to distinguish between Trusts and Boards)?**

Yes: Should be consistent across both Trusts and Boards.