Concordat Between Bodies
Inspecting, Regulating and Auditing Health and Social Care in Wales

Report on Implementation Progress

2005 – 2007
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FOREWORD

It gives us great pleasure to present the first report on implementation progress for the Concordat Between Bodies Inspecting, Regulating and Auditing Health and Social Care Services in Wales and covers the period from May 2005, when the agreement was signed, until March 2007. It will be followed by Annual Reports on progress.

The Wales Concordat aims to support the improvement of service delivery through co-ordinated and targeted reviews that are proportionate to the level of risk and focused on the needs of patients, carers and other service users. An Implementation Plan was published in June 2006 and this report details progress that has been made against those milestones for delivery.

Considerable progress has already been made in delivering the objectives of the Concordat. In particular, this report cites many examples of improved co-ordination and co-operation between signatories. It is acknowledged that there is also room for improvement and the report also lists additional actions that are underway or planned that will further reduce unnecessary burdens resulting from review activities and support improved services for service users and their carers.

Since the Concordat was first published two further signatories have signed the agreement, the General Medical Council as a full signatory, and the NHS Delivery and Support Unit as an associate signatory. There are also a number of other bodies that carry out review type activity and the Wales Concordat Steering Group plan to more actively encourage such bodies to become signatories to the Concordat.

Implementation of the Concordat to date has been a complex and challenging task but is one that signatories are fully committed to delivering on. The year ahead will be equally challenging but will build on the solid foundations that have been developed.

Peter Higson
Healthcare Inspectorate Wales

Rob Pickford
Care and Social Services Inspectorate Wales

Jeremy Colman
Wales Audit Office

Gren Kershaw
Welsh Risk Pool
SECTION ONE: Introduction

The Wales Concordat is a voluntary agreement between review bodies in Wales that inspect, regulate or audit (hereafter referred to as inspection) health and social care services. It aims to deliver more targeted and co-ordinated inspection that is proportionate to the level of risk, eliminates unnecessary burdens of external review and supports the improvement of services for patients, service users and their carers.

The Concordat is consistent with the Welsh Assembly Government’s aim to improve the way public services are delivered in Wales. Making the Connections: Delivering Better Services for Wales sets out an intent to maximise efficiency gains through more effective co-ordination between agencies across the whole of public services. It also identified the need to simplify the layers of regulation and inspection of public services so that commissioners and providers of services are freed up to concentrate more on delivery and service users are more plainly informed about outcomes. It also suggested that bodies that are performing well should be subject to less external scrutiny than those that are doing less well.

There are currently sixteen signatories to the Concordat. The majority of these have been signatories since May 2005, but the General Medical Council became a signatory in September 2006 and the NHS Delivery and Support Unit, which provides enhanced support for health communities to improve performance levels,

Concordat Signatories

Full Signatories:
- Care and Social Services Inspectorate Wales (CSSIW)
- Community Health Councils (CHCs)
- General Medical Council (GMC)
- Health and Safety Executive (HSE)
- Healthcare Commission (HC)
- Healthcare Inspectorate Wales (HIW)
- Mental Health Act Commission (MHAC)
- Postgraduate Medical Education and Training Board (PMETB)
- Wales Audit Office (WAO)
- Welsh Risk Pool (WRP)

Associate Signatories:
- Academy of Medical Royal Colleges in Wales (ARCW)
- NHS Delivery and Support Unit (DSU)
- School of Postgraduate Medical and Dental Education, Cardiff University (Wales Deanery)
- Welsh Health Estates (WHE)
- Welsh Local Government Association (WLGA)
- Welsh NHS Confederation

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1 Welsh Assembly Government (May 2005), Concordat Between Bodies Inspecting, Regulating and Auditing Health and Social Care in Wales, Cardiff: Welsh Assembly Government.

became a signatory in November 2006. CSSIW was formed in April 2007 as a result of the merger of the Care Standards Inspectorate for Wales and the Social Services Inspectorate for Wales, both of whom were full Concordat signatories.

Full signatories are those organisations that have direct responsibility for regulation, audit or inspection of health and/or social care services in Wales. Associate signatories are organisations whose work is closely associated with the objectives and practices of the Concordat but who do not undertake inspection activity. Any organisation can apply to become a signatory to the Concordat. The process for this application is detailed on the Wales Concordat Web-site: www.walesconcordat.org.uk.

All signatories have agreed to work together to ensure the following ten objectives will be formally adopted as part of the Concordat implementation, with the aim of supporting more effective regulation, audit and inspection activity throughout Wales:

External reviews:

- are co-ordinated with other reviews and collections of data
- focus on the experience of service users and carers
- support improvements in quality and performance
- are independent, consistent and fair
- are targeted and proportionate
- are transparent and accountable

External review bodies:

- continuously improve their methods
- use co-ordinated and proportionate methods of enforcement
- continuously monitor their practices in line with the concordat

External reviewers:

- are suitably qualified, trained and skilled

This is the first report on progress that has been made by signatories in implementing the ten objectives of the Concordat and covers the period from May 2005 when the agreement was signed, until April 2007. This report will be followed by annual reports on progress.
SECTION TWO:
Delivering the Objectives of the Concordat

Prior to the Concordat there was limited co-ordination of the inspection of health and social care services. This co-ordination was largely carried out through ad hoc arrangements, Memoranda of Understanding for specific areas of work and the Joint Reviews of Social Services carried out by CSSIW and WAO.

The implementation of any agreement between a number of organisations, such as the Wales Concordat will, of necessity, be a measured and incremental process. The Wales Concordat Implementation Plan\(^3\) was published in June 2006 and details the milestones for delivery of the Concordat.

HIW has taken the lead on implementation of the Concordat in health. Direction is provided by a Project Board that is chaired by Dr Peter Higson and contains the chairs of each of the working groups. Most of the Implementation Plan milestones relate to the inspection of healthcare services as co-ordination of audit and inspection activity in local authority services is already addressed through the Wales Programme for Improvement (WPI) [Annexe A]. While acknowledging the different systems of accountability in local authority and healthcare services, mechanisms have been developed, as part of this Concordat, to improve co-ordination and information sharing across health and social care signatory bodies.

Implementation of the Concordat in Wales has benefited from the experiences of implementation of the Concordat in England\(^4\). Certain aspects of implementation, particularly the development of the Scheduling Tool, have made rapid progress because of close collaborative working with the Healthcare Commission in England. The Healthcare Commission is represented on all of the working groups developed to take the Concordat forward in Wales and this close working relationship has facilitated a broadly consistent approach to implementation in both England and Wales. This is beneficial because several bodies are signatories to both concordats.

Implementation of the Concordat has also benefited from close working with the Assembly Government and their role in facilitating meetings of the Steering Group, which is comprised of Concordat signatories, and providing policy advice when needed. In particular, implementation of the Concordat has taken account of the policy direction heralded by Making the Connections\(^5\), the Assembly’s Local

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Government and Public Services Committee's Report on Inspection and Regulation\textsuperscript{5} and the Beecham Review of Public Services in Wales\textsuperscript{6}.

It is the responsibility of each signatory body to fulfil its requirements in meeting the objectives of the Concordat. Progress on implementation of the Concordat is monitored via regular reporting to the Healthcare Project Board, the Steering Group. The Reference Group, which is used to quality assure outputs from the implementation in healthcare, contains representatives from patients and the public, and bodies that are subject to audit or inspection.

\textsuperscript{5} National Assembly for Wales (May 2005) Local Government and Public Services Committee: Regulation and Inspection of Public Services in Wales. Cardiff: National Assembly for Wales.

SECTION THREE: Progress on Delivery

Improved Co-ordination and Transparency of Review Activity

One of the main themes that arose from healthcare stakeholder workshops, held between February and April 2006, was the need to co-ordinate review activity more effectively so that organisations are not overburdened by too much review activity taking place at the same time. Organisations also felt overburdened by duplicative requests for information, with several different review bodies often requesting very similar information from the same organisation within a certain timeframe.

A good deal of progress has been made over the last two years in improving the level of co-ordination and co-operative working between signatory bodies.

Wales Concordat Scheduling Tool

One mechanism for improving the co-ordination of review activity has been through the development of an online Scheduling Tool that aims to avoid inspection bodies carrying out field work on the same organisation at the same time without considering the impact that has on the organisation concerned. The development of the tool was based on the experiences of the development of a similar tool by the Healthcare Commission, for use by Concordat signatories in England. The Welsh Scheduling Tool was launched in October 2006 and all signatories that directly carry out reviews are now using the tool to help co-ordinate their activities and share information.

The Scheduling Tool can be publicly accessed from the Wales Concordat Web-site: www.walesconcordat.org.uk. Information in the public domain can be readily accessed but there is also a tiered password protected level of access that allows signatory bodies to share information on unannounced visits. As well as start and end dates for reviews, the tool also contains dates when review bodies will be on-site carrying out fieldwork and contains Terms of Reference for Reviews, reports and action plans when they are published. Although it is too early to assess fully the benefits of using the Scheduling Tool, some signatories have already reported that they have changed planned dates of review activities, to avoid clashing with other review bodies, as a result of consulting the tool.

CASE STUDY

Detailed work by the Auditor General for Wales on the Welsh Ambulance Service’s NHS Trust (WAST), undertaken at the request of the National Assembly for Wales, was co-ordinated with HIW’s special assurances review of WAST to provide a comprehensive picture of what was needed to improve ambulance services in Wales. The Welsh Risk Pool took the results of this review into consideration in reaching its decision to omit WAST from their 2007 programme.
Co-ordination of most of the review activity in local authority services is currently carried out through the Regulatory Calendar, which is a database held by WAO. As the Scheduling Tool allows greater functionality and flexibility than the Regulatory Calendar, consideration is being given to including Regulatory Calendar information on the Scheduling Tool as a further development of its use.

Over the coming year there will be sustained effort to ensure that there is an improvement in the quality of information contained in the Scheduling Tool and less information gaps than at present. A Scheduling Tool User Group has been established to take this forward.

In addition to creating tools to assist the implementation process the Concordat has generated more awareness of respective roles and responsibilities and has improved communication between signatories. Regular meetings now take place between senior managers from different review bodies to discuss work programmes and to identify where collaborative and joint working can be of benefit and can avoid duplication of activity. As a result there is a growing programme of joint and collaborative work between review bodies in Wales. Examples of this joint working are shown in Annexe B.

Developing a Targeted and Proportionate Approach to Inspection

The delivery of health and social care services involves situations where risks are often high, as are litigation costs when things go wrong. £5.5 billion will be spent in Wales during 2007/08 on the provision of health and social care services. It is therefore appropriate that a significant level of inspection activity concerns itself with ensuring that such a large investment in the delivery of services results in the anticipated benefits to patients, their carers and the public.

It is important, however, that inspection is proportionate so that it provides a level of assurance about the safety, quality and efficiency of services provided without becoming so burdensome that it becomes counter-productive.

CASE STUDY

The Postgraduate Medical Education and Training Board (PMETB) recently completed a consultation on a new Quality Assurance Framework. This framework will reflect the principles of good regulation and will fully demonstrate that PMETB is moving to a risk based approach to quality assurance and quality improvement. PMETB has a shared evidence base as one of the key planks for the framework and places reliance on the work of the School of Postgraduate Medical and Dental Education in relation to its quality management work with NHS Trusts. The Framework was published in October 2007.
It is an aim of the Concordat to eliminate unnecessary burdens on service providers and commissioners that result from review processes. Concordat signatories are working together to avoid duplication in review activity but it is acknowledged that further work is required in this area.

A move towards targeted and proportionate inspection will not necessarily result in less inspection activity. Those organisations performing well are likely to receive less inspection, while under-performing organisations and those carrying high levels of unmitigated risk may be subject to greater levels of inspection. An example of the dynamism that results can be demonstrated by summarising the visiting activity of the MHAC. Frequency of visiting to a ward or department is determined by assessing a number of variables (including for example, numbers of detained patients, patient type and length of stay, staffing levels and skill mix, ward type and built environment). Given that the MHAC has a duty to meet with detained patients in private, priority setting is conducted within a framework which stipulates the minimum frequency of visiting. This means that every hospital, which cares for detained patients, will be visited annually and each ward that regularly cares for detained patients will be visited at least once in every 18 months.

Developing an Integrated Risk Assessment Framework

An Integrated Risk Assessment Framework for Wales is currently being developed that will assist signatories in moving towards more targeted and proportionate inspection. Although many review bodies use risk assessment to target their inspection processes, the methodologies employed differ. An Integrated Risk Assessment Framework would enable review bodies to identify where thematic reviews are needed, based on evidence, and also where the focus of these reviews as well as organisational reviews should be. It would also assist them in identifying the most appropriate review bodies to undertake a review and which body should take the lead (in accord with where the greatest level of risk was found).

Use of the Integrated Risk Assessment Framework would also encourage more collaborative working practices between

**CASE STUDY**

*A Wales Concordat Mental Health Group has been established that brings together key review bodies (HIW, MHAC, CSSIW and WAO) and policy leads to share information and plan co-ordinated activity. The group aims to foster a consistent approach to the inspection of all mental health services, reduce duplication of activity and promote learning between review bodies and their stakeholders. As a result of the work of this group a number of joint initiatives are now underway.*
review bodies and facilitate joint planning arrangements with the aim of formulating a single judgement of audited or inspected organisations.

**Making Better Use of Information**

One of the main sources of criticism from inspected bodies is what they see as the unnecessary burden caused by the volume of duplicative information requests made by review bodies. This is an area where significant progress needs to be made.

The Concordat team is tackling this issue in a number of ways but this is a problem that has grown over many years and there isn’t one remedy that will provide an instant solution. Reducing duplicative information requests will require a multi-faceted approach and will need sustained effort over a number of years. A number of approaches are being adopted through the Concordat:

**Developing an On-line Information Catalogue**

A prototype of an on-line NHS Information Catalogue has already been developed by the Welsh Assembly Government’s Corporate Health Information Programme (CHIP). The Concordat Implementation Team is working with CHIP as well as other key stakeholders, such as the Local Government Data Unit, to expand the catalogue to also include local authority databases. A protocol will be developed that will direct signatories to consult the Information Catalogue before making information requests from service providers/ commissioners.

**Information Collection Impact Assessment Tool**

An Impact Assessment Tool is also being developed for use by signatories before making any new information requests of organisations. This will help review bodies to decide whether any work involved for organisations in gathering the information is outweighed by the benefits that will be gained from using the information.

**Making Better Use of Scheduling Tool Information**

The Scheduling Tool is primarily a tool to co-ordinate review activity but it can also be used to share information between bodies, in the form of reports, Terms of Reference for reviews and action plans. Signatories are encouraged to use this information and tailor the scope of their own reviews accordingly, and to identify the potential for joint working opportunities.

**CASE STUDY**

HC, HIW and the Assembly Government have held shared learning seminars in Cardiff on issues highlighted by the HC in their investigations and thematic reviews, which could also be applicable in Wales. Examples where shared learning has been developed can be found in public health, maternity services, learning disability and substance misuse.
Placing Reliance on the Findings of Others

One way that review bodies can reduce the volume of information requests is by putting greater reliance on the findings of other review bodies. There is some evidence that this is already happening in some areas. For example:

- HIW is working with NHS internal auditors to look at ways in which greater reliance can be placed on the work they undertake and move towards the development of Annual Assurance Plans that map out the assurance work that needs to be done internally and externally in any one year.

- HIW has developed a phased plan over the next two years to align inspection against the Healthcare Standards with WAO’s annual audit of the Statements of Internal Control in NHS bodies so that a ‘single judgement’ can be provided.

- The School of Postgraduate Medical and Dental Education is developing a new NHS trust Commissioning process that will result in a series of action planning meetings with NHS trusts’ senior management in the autumn. Relevant information derived from Concordat signatories’ inspection processes will be fed into this quality control mechanism.

Avoiding Duplication and Unnecessary Burdens

It is a key objective of the Concordat to eliminate unnecessary burdens resulting from review activity. Some of this is being achieved through use of the Scheduling Tool as review bodies are expected to take into account the inspection activities of other review bodies and to tailor their own reviews accordingly, and to exploit the opportunities for collaborative work.

Developing better information sharing systems, as detailed earlier, will also contribute towards this important objective. Moving towards targeted inspection that is proportionate to the level of risk will also be a key factor in avoiding unnecessary burden for inspected bodies.

While work is on-going in these areas there has also been some major progress by some signatories, for example:

- CSSIW have undertaken 1,500 fewer inspections during 2006-07 than in the previous year by adopting a more proportionate approach and targeting resources where they are most needed;

- WRP and HIW have worked jointly over the last year to ensure the WRP Standards are integrated into the Healthcare Standards for Wales. There will
be no general assessment against WRP Standards from April 2008 as a result, although WRP will continue to assess against the four areas of Accident and Emergency, Operating Departments, Maternity and Claims Management, which was agreed after consultation with NHS trusts.

• The Concordat has been a key driver in relation to the development of the Healthcare Standards for Wales and the use of self-assessment in relation to their monitoring. This will facilitate a shift in the focus of HIW's inspection activity towards areas of high unmitigated risk.

Patient and Public Involvement

Each signatory body has its own mechanisms to ensure that reviews focus on the experience of patients. For example:

• The MHAC has a Service User Reference Panel that is made up of service users who have had recent experience of detention under the Mental Health Act;

• The School of Postgraduate Medical and Dental Education is currently reviewing the composition of its Quality Assurance Committee with a view to ensuring adequate representation from those using the service;

• PMETB and HIW are strengthening the service user perspective in their reviews by greater use of lay reviewers;

• HIW advertises all reviews that it undertakes in the press and on HIW's Web-site and comments from service users are sought. Also, in developing its approach to evaluation against the Healthcare Standards for Wales, HIW has introduced a specific User Experience domain. HIW is additionally working with the Making the Connections – Citizens Programme Team to pilot approaches to obtaining the views of patients and the public.

• WAO has a strategic commitment to design studies from a user perspective, for example, a series of public meetings were held to inform the Welsh Ambulance Services NHS Trust Inquiry; when undertaking the Review of Healthcare Associated Infections facilities were set up to allow patients and relatives describe their experiences; and focus groups and user/carer interviews were held in every LHB area to inform the Adult Mental Health Baseline Review.

• CHCs in Wales are there to represent the public interest in the NHS, and apart from being a full signatory to the Concordat they are also committed to using the Scheduling Tool to place their lay inspection reports in the public
domain. CHCs also work with the other signatories to ensure that patient and public involvement is an essential part of their work.

To ensure that tools developed to assist signatory bodies in meeting the objectives of the Concordat support the focus on the experience of service users there is patient and public representation on the Reference Group that has been developed to quality assure these tools.

**Ensuring High Quality Reviews**

In order that reviews support improvements to health and social care it is important that they are carried out by staff with the necessary skills and knowledge, supported by well developed review methodologies and quality assurance mechanisms. Each review body is responsible for developing an appropriate approach to its work and to staff development that supports the delivery of high quality outputs. The Concordat will seek to support such activities. Work undertaken to date is set out below:

**National Occupational Standards for the Inspection of Public Services**

The Concordat Team has supported the development of National Occupational Standards (NOS) for the Inspection of Public Services. This development was led by Skills for Justice and review bodies from Wales were represented on their working group. A consultation event on the draft NOS was hosted by the Wales Concordat in Cardiff on 28th November 2006.

The final NOS have now been approved by the Qualifications and Curriculum Authority, and are available from the NOS Directory: [www.ukstandards.org](http://www.ukstandards.org) and the Wales Concordat Web-site: [www.walesconcordat.org.uk](http://www.walesconcordat.org.uk). The NOS will be useful for a variety of purposes including annual appraisal, job descriptions, staff training and workforce planning and will complement the existing NOS that are already in use in Wales for the Regulation of Care Services Award and those used by Professional Skills for Government.

**Seminars for Signatory Staff**

A series of seminars for signatory staff are being organised to ensure a consistent approach when inspecting new or updated legislation and policy. A seminar on the Mental Capacity Act 2005 was attended by staff from six different review bodies on 29th March 2007. This event was very successful and enabled different review bodies to share ideas about how they would inspect against organisations’ readiness for introduction of the Mental Capacity Act in October 2007.

Following the success of this seminar it has been agreed to hold further seminars on a variety of topics in the near future.
SECTION FOUR: Looking Forward

This report has detailed good progress in developing a more co-ordinated and collaborative approach between signatory bodies in carrying out review activities since the Concordat agreement was first signed in May 2005. Some of this collaboration may be less tangible to organisations that are inspected or audited but this progress should not be under-valued. Seeds that are sown today to improve communication, joint working and information sharing between review bodies will reap benefits for supporting improvements in the delivery of health and social care services in the future.

It is acknowledged that this is the start of the process and that more needs to happen before we can be confident that all the unnecessary burdens resulting from inspection processes are reduced and ultimately eliminated.

Delivery Focus

The Wales Concordat will build on the foundations it has laid over the last two years to consolidate the delivery of the Concordat objectives into the corporate plans for each signatory body. In particular, it will work towards:

- Developing joint forward work programmes resulting from use of the Integrated Risk Assessment Framework, in line with recommendations from the Beecham Review;
- Co-ordination of review activity will be improved by embedding the use of the Scheduling Tool into everyday practice;
- Information sharing will be made easier through use of the on-line information catalogue;
- Duplication of information requests should be minimised through use of the Information Collection Impact Assessment Tool.

Improved Accountability

Although meeting the objectives of the Concordat is not a statutory requirement, the act of signing the agreement carries with it an obligation to deliver its objectives. Signatory bodies are held to account for fulfilling that requirement by their fellow signatories when they meet on a quarterly basis in the Steering Group.

There are also a number of bodies that carry out, or are commissioned to carry out review-type activity that are not members of the Wales Concordat and the Steering Group plans to be more active in encouraging organisations to become signatories.
to the Concordat. Some review activity is generated centrally by policy development. The Assembly Government is working towards developing a Policy Gateway that will address this issue.

Organisations that are inspected or audited also have a role to play in streamlining the assurance process. The accountability for the provision of safe, effective and efficient health and social care services lies with the organisation that is commissioning or providing those services. It is therefore the responsibility of those organisations to have mechanisms in place that can provide that assurance. It is the responsibility of external review bodies to validate those assurance mechanisms and the move towards self-assessment facilitates that process.

**Strengthen Governance**

The Governance in Health Project, being led by the National Leadership and Innovation Agency in Healthcare, will work with NHS trusts to enhance Board level skills and strengthen the corporate governance framework within their organisations. This project will support the development of effective internal assurance mechanisms within NHS organisations enabling external review bodies to place greater reliance on these mechanisms and in particular the work of internal audit.

**Targeted and Proportionate Approach**

Over the coming year we expect to see an increasing move towards targeted inspection that is proportionate to the level of risk. As well as individual signatories moving in this direction there is an expectation that use of the Integrated Risk Assessment Framework for Wales, when it is developed, will contribute towards formulating a single judgement of inspected or audited organisations and developing joint forward work programmes.

More work needs to be done but the direction of travel is the right one and progress is positive. Continued implementation of the Concordat over the year ahead will consolidate the progress already made. The judgement of its success will lie with service commissioners and providers, as well as patients and the public. The Steering Group will be developing success measures that will be reported on in the Annual Report for 2007/08.
SECTION FIVE: Financial Summary Report

Summary of Resource Allocation for the period 1st April 2006 to 31st March 2007

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<tr>
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<th>Assets £</th>
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<tr>
<td>Income</td>
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<td>Meeting Costs</td>
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<td>Workshops: (Stakeholder workshops x3; National Occupational Standards Consultation Workshop)</td>
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<td>Seminars for signatory staff</td>
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<td>Products: (Scheduling Tool – development and training for signatory organisations)</td>
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<td>10,880.75</td>
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<td>Publicity</td>
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Total Assets £ 140,000.00

Total Expenditure £ 119,268.65

Grand Total £ 20,731.35
ANNEXE A

Wales Programme for Improvement

The social care aspects of the Concordat are being delivered through the Wales Programme for Improvement (WPI), which is the mechanism through which local authorities fulfil the requirement arising from the Local Government Act 1999 for them to prepare and publish a Best Value Performance Plan.

The overall aim of the WPI is to support local authorities in securing continuous improvement in the way in which they exercise their functions, having regard to a combination of economy, efficiency and effectiveness. It is based on a risk assessment of service areas and corporate functions developed jointly between the authority, the Relationship Manager (WAO), the appointed auditors and the three external inspectorates that participate in WPI, namely, Social Services Inspectorate for Wales (now merged into the Care and Social Services Inspectorate for Wales), Estyn and the Benefits Fraud Inspectorate.

WPI provides a structure for inspection, regulation and audit within local authority services that provides a measure of public assurance and a driver for service improvement in a co-ordinated and controlled way. There are many strengths to this system that inspection of healthcare services is still striving to achieve, but there are also some drawbacks. For example, each local authority has developed its own risk assessment methodology, resulting in Joint Risk Assessments that do not provide comparable information across Wales. Although the elements of the Joint Risk Assessment are the same, the approaches taken by the various authorities differ, making it difficult to come to a consistent comparable view about service improvement. A lack of National Standards for Social Care results in risk assessments that are based on diverse criteria and subjective evaluations. It is therefore questionable whether national annual reports could accurately state which organisations had improved or needed to improve since findings would not be based on ‘like for like’ comparators.

To address these issues, the Welsh Assembly Government has indicated its commitment to:

- Establish a set of national service standards which can be easily accessed by the public so that they can see what core services they should expect wherever they live; and
- Improve the quality and usefulness of public service performance information.

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### ANNEXE B

**Examples of Joint / Co-operative Working Between Signatories**

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<th>Joint Reviews</th>
<th>Signatory Body</th>
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<tr>
<td>• Review of Coronary Heart Disease National Service Framework</td>
<td>WAO and HIW</td>
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<tr>
<td>• All Wales Review of Child and Adolescent Mental Health Services (CAMHS)</td>
<td>Led by HIW &amp; WAO – also involving Estyn and CSSIW</td>
</tr>
<tr>
<td>• An evaluation framework for joint reviews is being developed to assess the benefits, or otherwise, of joint working that can be used to guide future joint reviews. This framework is being piloted as part of the CAMHS Review.</td>
<td>WAO and HIW</td>
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<tr>
<th>Co-ordinated Working</th>
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<tr>
<td>• All Wales work on maternity services</td>
<td>HIW, WAO and HC</td>
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<tr>
<td>• All Wales Review of NHS Learning Disability Services for Young People and Adults</td>
<td>HIW in collaboration with CSSIW, HC, Estyn and MHAC</td>
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<td>Where there are linked reviews care is taken in reports to refer to each other’s reviews and to ensure that publication takes place on the same day with a joint press release, as happened in the Review of Infection Control.</td>
<td>HIW and WAO</td>
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<td>Following an Independent Review the Assembly Government commissioned CSSIW and HIW to look into delayed transfers of care. At the same time, and independent of the above processes, WAO commenced an exercise looking at delayed transfers of care in certain parts of Wales as a result of concerns that emerged from their local risk assessment work. Discussions took place between all relevant parties to rationalise the work on this in an effort to avoid unnecessary duplication. As a result CSSIW and HIW are contributing to the WAO work, which will in turn inform the Independent Review.</td>
<td>WAO, CSSIW and HIW</td>
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<td>The HC and the National Patient Safety Agency launched the Charter for the Safety of Patients in February 2007. HIW, PMETB, MHAC, HSE and GMC are also signatories to this agreement.</td>
<td>HC, HIW, PMETB, MHAC, HSE, GMC</td>
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<td>Developing approaches for measuring quality in clinical services and co-operation between the HC and WAO to manage the acute hospital portfolio in Wales.</td>
<td>ARCW, HC, HIW, HC and WAO</td>
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