The Regulatory Systems for Healthcare Quality across the United Kingdom
# Contents

## Introduction ............................................................................................................................................... 2

## England ........................................................................................................................................................ 3
- CQC (Care Quality Commission) ........................................................................................................................ 3
- NHSI (NHS Improvement) ................................................................................................................................... 5
- FYFV (Five Year Forward View) ............................................................................................................................ 7
- Reform and Changes.................................................................................................................................................. 7

## Northern Ireland ..................................................................................................................................... 8
- RQIA (Regulation and Quality Improvement Authority) ...................................................................................... 8
- HSCB (Health and Social Care Board) .................................................................................................................... 9
- Quality Standards for Health and Social Care ......................................................................................................... 10
- Quality 2020................................................................................................................................................................ 10
- Reform and Changes............................................................................................................................................... 10

## Scotland ..................................................................................................................................................... 11
- HIS (Healthcare Improvement Scotland) .................................................................................................................. 11
- MWCS (Mental Welfare Commission for Scotland) ............................................................................................. 13
- Care Inspectorate ...................................................................................................................................................... 13
- 2020 Vision.................................................................................................................................................................. 13
- Reform and Changes............................................................................................................................................... 14

## Wales ........................................................................................................................................................... 15
- HIW (Healthcare Inspectorate Wales) ..................................................................................................................... 15
- CHCs (Community Health Councils) ..................................................................................................................... 16
- CSSIW (Care and Social Services Inspectorate Wales) ......................................................................................... 17
- Health and Care Standards....................................................................................................................................... 17
- Reform and Changes............................................................................................................................................... 17

## References ................................................................................................................................................ 18
Introduction

Each nation within the United Kingdom is placing increasing emphasis on the quality of healthcare and the need to continuously improve services.

Methods of defining, measuring and regulating healthcare quality are now in place across the UK, underpinned by government policies, strategies and long-term visions.

This briefing provides an overview of those regulatory systems, focusing on which bodies regulate quality of care, how they do so, and how that regulation may be changing.

There are a number of regulators in each nation, frequently with overlapping responsibilities and roles. This overlap has grown as the drive to integrate health and social care has increased. In light of that, this briefing will also touch on the regulation of social care.

Table 1 briefly sets out the regulators for the core health and social care areas in each nation:

Table 1: Regulatory systems at a glance

<table>
<thead>
<tr>
<th>Sector/Nation</th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals and acute care</td>
<td>Care Quality Commission and NHS Improvement</td>
<td>Regulation and Quality Improvement Authority</td>
<td>Healthcare Improvement Scotland</td>
<td>Healthcare Inspectorate Wales</td>
</tr>
<tr>
<td>GP practices</td>
<td>Care Quality Commission</td>
<td>Health and Social Care Board</td>
<td>Healthcare Improvement Scotland and RCGP Scotland</td>
<td>Healthcare Inspectorate Wales</td>
</tr>
<tr>
<td>Mental health services</td>
<td>Care Quality Commission and NHS Improvement</td>
<td>Regulation and Quality Improvement Authority</td>
<td>Mental Welfare Commission for Scotland and Healthcare Improvement Scotland</td>
<td>Healthcare Inspectorate Wales</td>
</tr>
<tr>
<td>Social care</td>
<td>Care Quality Commission</td>
<td>Regulation and Quality Improvement Authority</td>
<td>The Care Inspectorate and Healthcare Improvement Scotland</td>
<td>Care and Social Services Inspectorate Wales</td>
</tr>
</tbody>
</table>
England

<table>
<thead>
<tr>
<th>Regulate</th>
<th>Inspect/monitor</th>
<th>Rate</th>
<th>Enforcement powers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQC</td>
<td>Inspect all regulated services</td>
<td>Give ‘Ofsted-style’ ratings for all NHS and social care services</td>
<td>suspension/cancellation of registration, fixed penalty notices, prosecution, special measures</td>
</tr>
<tr>
<td>NHSI</td>
<td>Monitor NHS trust performance on an ongoing basis</td>
<td>Do not give ratings, but segment providers by their performance</td>
<td>suspension/cancellation of licence, fixed penalty notices, enforced management changes, special measures</td>
</tr>
</tbody>
</table>

The regulation of healthcare quality in England has recently undergone significant change, following the creation of NHSI (NHS Improvement) as the combined regulator of NHS foundation trusts, NHS trusts and independent providers of NHS-funded care.

NHSI works closely with the existing health and social care regulator, the CQC (Care Quality Commission).

The FYFV (Five Year Forward View), NHS England’s vision for the NHS published in 2014, also helps to set the overall goals of quality improvement regulation in England.

CQC (Care Quality Commission)

Established in 2009, the CQC is the independent health and social care regulator for England, responsible for the registration, regulation, inspection and rating of all providers. Its central aim is to ensure that health and social care services provide patients with high quality, safe, and effective care, while encouraging improvement.

Services regulated by the CQC include:

- NHS trusts and hospitals
- GP practices
- mental health services
- independent providers
- radiology services – enforcement of the Ionising Radiation (Medical Exposure) Regulations 2000
- social care services
- dental services

Health and social care providers, whether an individual, partnership or organisation, must be registered with the CQC before they are able to offer any services. In the case of partnerships, such as a GP practice, each individual partner must be included on a registration and the CQC must be notified of any changes.

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a Providers that only offer services outside of the CQC’s 14 regulated activities are not required to register.
Inspection
Registered services are regularly inspected in order to ensure that they meet the required standards, which focus on:

- person-centred care
- dignity and respect
- consent
- safety
- safeguarding from abuse
- availability and sufficiency of food and drink
- standard of facilities
- ability to complain
- good governance
- staffing levels
- fit and proper staff
- duty of candour
- display of ratings (if required).

The CQC uses five key questions in its inspections, asking whether a service is: safe, effective, responsive, caring, and well led.

The CQC rates services on the results of inspections. Each service is given an individual rating for each of the five key questions and a single overall rating of: outstanding, good, requires improvement, or inadequate (Figure 1).

Figure 1: CQC ratings

| Outstanding | Performing exceptionally well |
| Good        | Performing well and meeting CQC expectations |
| Requires improvement | Not performing well – improvement advice given |
| Inadequate | Performing badly – action taken against provider |

Reports are published on the CQC website and, unless exempt from ratings, registered providers are required by law to display their CQC rating publically.\(^b\)

\(^b\) Certain providers are exempt including: independent doctors, independent primary care, independent psychiatrists, IVF clinics and NHS blood and transplant services. More information on exemption is available at the CQC website.
Enforcement
The CQC has a number of enforcement powers including the suspension or cancellation of registration, fixed penalty notices, criminal prosecution and the use of special measures.¹

The CQC coordinates its use of special measures with other oversight bodies and typically only uses them in cases where a provider has received an overall rating of inadequate.

– The CQC can directly place a GP practice, out-of-hours service, or other primary care service in special measures, but liaises closely with NHS England before doing so.
– The CQC can only recommend that NHS foundation trusts and NHS trusts are placed in special measures, with the final decision being made by NHSI.

NHSI (NHS Improvement)

The creation of NHSI – the new combined regulator for NHS foundation trusts, NHS trusts and providers of NHS-funded services – was announced in July 2015 and the body began operating from April 2016.

The core responsibilities of NHSI are to monitor and hold NHS providers to account, support them to provide safe and high-quality care, and to meet the goals of the FYFV. The leadership of NHSI is supported by two advisory panels, made up of NHS Chairs and NHS Chief Executives respectively, and by the Faculty of Improvement, chaired by Lord Darzi.

NHSI combines the remits previously held by Monitor, the TDA (NHS Trust Development Authority) and several smaller organisations.² NHSI has assumed all of the statutory functions and legal powers previously held by each of these bodies, including the licensing of providers, oversight of their performance, and enforcement of standards.³

Licensing

NHSI has inherited the role of Monitor regarding the licensing of NHS Foundation Trusts and providers of NHS services, and continues to operate the licence regime in place since 2014.

The NHS Provider Licence establishes the obligations NHS healthcare providers are required to meet and, unless exempt, all providers of NHS healthcare services must hold one.⁴ NHS trusts are currently exempt from the licensing regime, but have equivalent standards set by the health secretary and enforced by NHSI.²

Licenses may vary depending on the services provided, but the standard conditions are:

– continuity of NHS services and financial matters (for providers of key services only)
– governance (for NHS foundation trusts only)
– pricing of NHS services
– choice and competition
– integrated care
– general conditions (eg CQC registration).

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¹ NHSI also absorbed: Patient Safety, Intensive Support Teams, National Reporting and Learning System, and Advancing Change Team.
² The powers set out in the Health and Social Care Act 2012, which strengthened Monitor and created the Trust Development Authority, have been transferred to NHSI.
³ Providers are responsible for determining whether or not they are required to hold a licence, as per Department of Health guidance available here.
Oversight: Single Oversight Framework

NHSI monitors providers in an ongoing cycle in order to assess compliance with licence agreements and whether services are meeting the required standards. From 1st October 2016 this is carried out through a new Single Oversight Framework.3

NHSI monitor data on each provider and review their performance against five key themes:

- quality
- finance and use of resources
- operational performance
- leadership and improvement capability
- strategic change.

NHSI identify whether a provider needs support in each of these five key themes and places them into one of four segments depending on the level of support they require (Table 2).

<table>
<thead>
<tr>
<th>Segment</th>
<th>Description</th>
<th>Support Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No identified support needs</td>
<td>Universal support – tools, guidance and benchmarking information are offered to all.</td>
</tr>
<tr>
<td>2</td>
<td>Some support needs – potential support needed, but formal action unnecessary.</td>
<td>Targeted support – offered to or requested by provider and developed with them to address specific issues.</td>
</tr>
<tr>
<td>3</td>
<td>Areas of significant concern – provider is in suspected or actual breach of licence (or equivalent for NHS trusts).</td>
<td>Mandated support – designed and enforced by NHSI to address specific problems. Compliance is mandatory.</td>
</tr>
<tr>
<td>4</td>
<td>Very serious and complex issues – provider in suspected or actual breach of licence (or equivalent for NHS trusts), and placed in special measures.</td>
<td>Universal support, targeted support and mandated support (as above), with focus on minimising the time the provider is in segment four. Compliance is enforced.</td>
</tr>
</tbody>
</table>

In line with NHSI’s principle of ‘earned autonomy’, providers in segments one and two receive less oversight, fewer requests for information and greater freedoms. Those in segments three and four are subject to more frequent monitoring, inspection and NHSI involvement in their day-to-day operations.

Enforcement

NHSI has a range of enforcement powers available to it in cases of suspected or proven breach of licence, or of failure to meet the required standards. Its core enforcement powers are inherited from Monitor and include suspending or revoking licences, fining providers, removing senior management, the appointment of improvement directors to trusts, and the use of special measures.4

NHSI is responsible for final decisions on whether trusts should be placed in special measures in light of CQC recommendations, but may also place trusts into special measures on its own authority.5

NHSI are also able to place providers in financial special measures when they fail to maintain the financial discipline expected by NHS England. In these cases NHSI develop a rapid recovery plan with the provider, supported by an on-site improvement director.6
FYFV (The Five Year Forward View)

Published in 2014, the FYFV is the strategic vision for the future of the NHS.⁷

Developed by NHS England and partner organisations, including the CQC and what is now NHSI, it established a number of ambitions for quality in the NHS, including expansion of quality measures, reductions in gaps in quality and funding, and the implementation of seven day services.

Reform and Changes

NHSI is continuing to settle into its role as the combined regulator and so further changes may occur in the future.

NHSI and the CQC are also continuing to enhance their cooperation and work towards uniform definitions and assessments of quality, with particular focus on the financial performance of providers, frequently defined as ‘use of resources’.

Following reductions in the grant aid available from Government the CQC has increased the registration fees it charges to providers, with the aim of recovering the total cost of regulation from providers in the future. The CQC has launched a consultation on further increases to these fees, which will come into force from April 2017 if approved by the health secretary.⁸
The quality of healthcare services in Northern Ireland is regulated principally by the RQIA (Regulation and Quality Improvement Authority), the independent health and social care regulator.

The HSCB (Health and Social Care Board) are responsible for the monitoring and appraisal of HSC (Health and Social Care) GP services. The quality standards for health and social care are used by the RQIA in its inspections and as a guide for health and social care providers to improve services.

Quality regulation in Northern Ireland is also linked to Quality 2020, the 10 year quality improvement strategy launched by the Department of Health in 2011.

### RQIA (Regulation and Quality Improvement Authority)

The RQIA was established in 2005 and is responsible for registering, monitoring and inspecting health and social care services in Northern Ireland, while encouraging improvement in their quality.

The three main areas of work for the RQIA are:

- the registration and inspection of statutory and independent health and social care services
- assuring the quality of services provided by HSC Trusts, the HSCB and other agencies
- protecting the interests of individuals with learning disabilities and those with mental health conditions.
Inspection
The RQIA inspects a wide array of services, including:

- HSC (NHS) trusts and hospitals
- independent healthcare providers
- dental services
- mental health and learning disability services
- prisons
- care homes
- children's homes
- radiology services – enforcement of Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000.

The RQIA is not responsible for the inspection of GP practices.

RQIA inspectors can visit providers at any time, request information, conduct private interviews and examine premises. When they do inspect and review services, the RQIA focus on four key outcomes, whether care is **safe**, **effective**, and **compassionate**, and if services are **well-led**. Inspectors also utilise the quality standards for health and social care in order to assess the quality of services.

In its inspection reports the RQIA does not give ratings but will, where appropriate, provide:

- **recommendations** for improvement where standards are not being met, with progress to be reviewed at later inspections
- **housekeeping points** to assist providers to make rapid improvements to more minor problems
- recognition of **examples of good practice** in cases where providers have exceeded expectations and illustrated methods that could be implemented by others.

The findings of RQIA investigations are published on its website, and made available to the public.

Enforcement
If providers fail to meet the required standards, the RQIA can take a range of enforcement action, including issuing improvement notices, cancellation or alteration of registration, and prosecution.

The RQIA also has the authority to recommend to the Department of Health that special measures are taken in respect of the performance of a HSC Trust.

HSCB (Health and Social Care Board)
The HSCB is the statutory body responsible for commissioning health and social care services in Northern Ireland, within this role it is also responsible for the inspection and appraisal of HSC GP practices.

In 2015 the then health minister, Simon Hamilton, announced that the HSCB would be closing, however, it currently continues to operate.

Inspection
HSCB medical advisers operate a rolling programme of visits to GP practices across Northern Ireland, with each practice visited at least once every three years.

During visits, medical advisers assess and discuss the management of a practice, as well as clinical records, waiting times, training and overall performance.
Enforcement
In cases of serious underperformance, the HSCB chief executive has the authority to suspend the registration of practitioners.11

Quality Standards for Health and Social Care

The quality standards for health and social care were launched by the Northern Ireland Executive in 2006 and serve as a general set of measures by which providers should assess and improve their services.12 The standards are open to interpretation by the RQIA, which uses them in its inspections, and fall under five broad themes:

– corporate leadership and accountability of organisations
– safe and effective care
– accessible, flexible and responsive services
– promoting, protecting and improving health and social wellbeing
– effective communication and information.

The standards are also intended to help patients understand the quality of service they are entitled to.

Quality 2020

Quality 2020 was announced by the Department of Health in 2011 as a 10 year strategy to improve the quality of healthcare in Northern Ireland.

The strategy defines quality under three themes: safety, effectiveness and patient and client focus. It serves as a general framework for health and social care services and the RQIA to follow.

Reform and Changes

Following recommendations made in the 2014 Donaldson Review, the RQIA now conducts unannounced inspections of all acute hospitals in Northern Ireland, specifically focusing on triage, assessment, care, monitoring and discharge.13 The RQIA began its hospital inspection programme in 2015.

Further changes may also occur. In October 2016 the health minister, Michelle O’Neill committed to the introduction of an Improvement Institute in Health and Wellbeing 2026, the paper announcing her vision for healthcare in Northern Ireland.14 This was published alongside Systems not Structures, the report into healthcare in Northern Ireland by the expert panel led by Professor Rafael Bengoa.15
## Scotland

<table>
<thead>
<tr>
<th>Regulate</th>
<th>Inspect/monitor</th>
<th>Rate</th>
<th>Enforcement powers</th>
</tr>
</thead>
</table>
| HIS      | – NHS trusts and hospitals  
– independent providers  
– social care services (with Care Inspectorate)  
– General Practice (with RCGP Scotland) | Inspect NHS trusts and hospitals, independent providers and conduct joint inspections of social care with the Care Inspectorate.  
Do not inspect GP practices | Do not give ratings | – impose condition notices  
– suspension/cancellation of registration |
| MWCS     | – mental health services | Inspect providers in response to patient complaints and monitor compliance with mental health laws. | Do not give ratings | – no direct enforcement powers – provide recommendations for action to the authorities |
| Care Inspectorate | – social care | Inspects all social care services (carries out joint inspections with HIS). | Rates providers | – improvement notices  
– alteration or cancellation of registration |

The quality and improvement of health services in Scotland is principally regulated by HIS (Healthcare Improvement Scotland), the national healthcare improvement organisation. HIS works alongside MWCS (Mental Welfare Commission for Scotland), which regulates mental health services. The Care Inspectorate is the social care and social services regulator in Scotland. The Scottish Government sets the general direction of quality improvement with its national health policies, namely its 2020 Vision and the Quality Strategy for NHS Scotland. It also monitors the performance of Scottish NHS services using a small set of targets and standards, which are currently under review.8

### HIS (Healthcare Improvement Scotland)

HIS began operating in 2011, replacing QIS (Quality Improvement Scotland) as the national healthcare improvement organisation for Scotland. HIS regulates and inspects healthcare providers in Scotland, and works with them to improve the quality of services. It is also responsible for informing the public about healthcare quality. As part of NHS Scotland, HIS works to support the healthcare policies of the Scottish Government – including its 2020 Vision and Quality Strategy for NHS Scotland.16 HIS is also currently focusing on the promotion of person-centred care and greater input from patients and communities.17

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8 These are now known as LDP (Local Delivery Plan) targets and include issues such as waiting times for services, they replaced the previous HEAT (Health Improvement, Efficiency, Access and Treatment) targets.
HIS aims to drive improvements in quality by:

- supporting and empowering people
- delivering scrutiny activity
- providing quality improvement support
- providing clinical standards, guidelines and advice

**Inspection**
Practically, HIS produces broader thematic reports on specific services and conducts announced, unannounced, and follow-up inspections of providers including:

- NHS trusts, hospitals and services
- independent providers
- adult and social care services.

HIS measures the performance of providers and services against National Care Standards, which are used by it and the Care Inspectorate to assess the safety and quality of care provision. Updated National Care Standards will come into force in 2017.

HIS do not provide ratings for services, but do set requirements for improvement where issues have been identified.

HIS can inspect any eligible NHS Scotland or private sector provider, but must produce a plan approved by the Scottish Government before doing so, and must inspect services when requested to by the Scottish Government.

GP practices are not currently inspected by HIS but quality regulation in general practice is developing gradually in Scotland, in line with the 2014 report *Developing a Quality Framework for General Practice in Scotland*.  

HIS have an established commitment to improve mental health services and work closely with the MWCS to ensure that lapses in quality are investigated. HIS carries out reports into specific issues with mental health services, including suicide reviews, and also inspects private psychiatric services as part of its standard work programme.

**Enforcement**
HIS inspectors are authorised to impose condition notices and emergency condition notices on providers found to be in breach of regulations, and can remove a provider’s registration.

The results of HIS inspections are published on the organisation website, and made available to the public.

Once a report has been agreed and published, HIS then support the organisation to develop and implement an improvement plan to address any issues identified during the inspection. This dual inspection and improvement role of HIS is the subject of ongoing debate in Scotland.

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h  *Developing a Quality Framework for General Practice in Scotland* was produced by HIS and the RCGP (Royal College of General Practitioners) Scotland in 2014.
MWCS (Mental Welfare Commission for Scotland)

Founded in 1960, the MWCS is an independent organisation responsible for investigating cases of inadequate mental healthcare.

The MWCS investigate individual cases and inspect healthcare providers to ensure that all mental health treatment, care and support is provided in accordance with the law and respects the rights of the patient.

The commission works closely with other organisations across the healthcare sector, including HIS and the Care Inspectorate.

Care Inspectorate

Established in 2010 as the independent regulator for social care and social services in Scotland, the Care Inspectorate took on the roles of the Care Commission, the child protection unit of Her Majesty’s Inspectorate for Education (HMIe) and the Social Work Inspection Agency. It currently regulates approximately 15,000 services.

The Care Inspectorate works closely with HIS and the two regulators carry out joint inspections of services for children and young people and services for older people.

Like HIS, the Care Inspectorate utilises the National Care Standards when inspecting services. Updated National Care Standards, establishing the level and quality of care the public should receive, are set to be introduced in 2017 across health and social care services. They will be underpinned by five principles:

- dignity and respect
- compassion
- being included
- responsive care and support
- wellbeing

The Public Bodies (Joint Working) (Scotland) Act 2014 came into force in April 2016, requiring NHS boards and local authorities to integrate health and social care. This has also led to closer cooperation between the Care Inspectorate and HIS.

2020 Vision

The 2020 Vision, the Scottish Government’s overarching plan for sustainable healthcare quality, also plays a significant role in the direction of quality regulation in Scotland. The Quality Strategy acts as a blueprint for achieving 2020 Vision and focuses on ensuring and improving collaboration.

The strategy includes three quality ambitions, which require healthcare to be:

- safe
- person-centred
- effective

All healthcare policy is now being designed in order to deliver these ambitions.
Reform and Changes

HIS is currently in the process of reviewing its approach to inspection and review, through a steering group led by Tracey Cooper. This is expected to produce a new approach to ‘quality review’.21

In June 2016 the cabinet secretary for health also announced a review of the Scottish Government’s targets and standards. The current model will be reviewed by an expert group, led by Sir Harry Burns, which is expected to develop proposals for a new approach to target setting and performance management, reflecting the integration of health and social care. The BMA has been invited to contribute to this work.

In October 2016 the Scottish Government launched a consultation on its proposed new National Care Standards, which will be applied from 2018 once approved.22

As the legislation requiring integration of health and social care has come into force, HIS and the Care Inspectorate are progressing new joint inspections of health and social care partnerships, alongside their individual inspection programmes.23

Additionally, a working group led by the deputy chief medical officer for Scotland is currently considering the future of clinical quality in general practice. BMA Scotland is contributing to the work of this group.
## Wales

<table>
<thead>
<tr>
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<th>Enforcement powers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIW</td>
<td>Inspect all regulated services</td>
<td>Do not give ratings</td>
<td>non-compliance notices, increased monitoring, mandatory action plans, criminal prosecutions, special measures – special measures (if authorised by the Welsh Government)</td>
</tr>
<tr>
<td>CHCs</td>
<td>Can inspect NHS premises, including hospitals and GP practices</td>
<td>Do not give ratings</td>
<td>no direct enforcement powers</td>
</tr>
<tr>
<td>CSSIW</td>
<td>Inspect all social care providers</td>
<td>Do not give ratings</td>
<td>non-compliance notices, suspension of services, suspension/cancellation of registration, prosecution</td>
</tr>
</tbody>
</table>

The quality of NHS and independently provided healthcare in Wales is regulated by the HIW (Healthcare Inspectorate Wales).

Healthcare providers are expected to meet the Health and Care Standards set by the Department for Health and Social Services.

The WAO (Wales Audit Office) also contributes to healthcare quality regulation, working with HIW to provide financial regulation as the external auditor of the Welsh NHS.

CHCs (Community Health Councils) act as a form of independent ‘watchdog’ of health services in Wales, representing and promoting the views of patients and the public.

Additionally, the CSSIW (Care and Social Services Inspectorate Wales) regulates social care and social services throughout Wales.

### HIW (Healthcare Inspectorate Wales)

The HIW is responsible for the registration, inspection and review of all NHS and independent healthcare providers and services in Wales, measuring their performance against published standards and regulations.

#### Inspection

HIW’s core inspection programme includes:

- NHS trusts and hospitals
- GP practices
- mental health and learning disabilities services
- offender healthcare
- dental services
- laser services
- radiology services – enforcement of Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).
HIW inspections are carried out on the basis of risk, with priority given to the most vulnerable and highest risk environments, and focus on three key quality themes:

- quality of patient experience
- delivery of safe and effective care
- quality of management and leadership

Where problems are identified within these areas, HIW suggests improvement actions and requires providers to draw up improvement plans. Once agreed by HIW, improvement plans are published online and are subject to ongoing review.

The HIW does not give providers ratings, but produces reports on the findings of their inspections and investigations, publishes them on its website, and makes them available to the public.

**HIW and the WAO (Wales Audit Office)**

HIW also works closely with the Auditor General and the WAO, which are responsible for reviewing the value-for-money of NHS services and the corporate governance of NHS bodies in Wales.

The two organisations share an operational protocol, which focuses on the coordination of their approach, information sharing and avoiding duplication. There is increasing political focus in Wales on increasing the cooperation between the HIW and the WAO.

**Enforcement**

Where providers fail to meet the required standard, HIW has various enforcement powers.

These include non-compliance notices, intensified monitoring, mandatory action plans and, in serious cases, criminal prosecutions.

HIW also has the authority to place NHS providers into special measures, however it can only take this action with the authority of the Welsh Government.

**CHCs (Community Health Councils)**

CHCs are statutory bodies that represent the interests of patients and the public in the Welsh NHS, with one in place for each health board area across Wales.

They are intended to be the link between the public and providers, canvassing the views of the public and feeding them into the planning and delivery of NHS services.

In that role CHCs have the power to inspect NHS premises, including hospitals and GP practices, and make recommendations for improvement. They also assist patients with complaints against the NHS.

A 2014 report by Paul Williams recommended that the role of CHCs be extended to social care services. However, this has not yet been pursued by the Welsh Government.
CSSIW (Care and Social Services Inspectorate Wales)

The CSSIW regulates social care and social services in Wales, with the aim of providing independent assurance of the quality of services.

CSSIW inspects and monitors a range of services, including domiciliary care, care homes and nurseries.

Health and Care Standards

Regulation of health and social care in Wales is also underpinned by the Health and Care Standards. Announced in 2015, these standards apply to all health and social care services and revolve around a commitment to person centred care. Each standard falls within one of the following seven areas:

- staying healthy
- safe care
- effective care
- dignified care
- timely care
- individual care
- staff and resource

Reform and Changes

There has been longstanding concern that HIW lacks the necessary authority and independence from the Welsh Government in order for it to properly regulate healthcare quality.

In March 2014 the Welsh Health and Social Care Committee produced a report on the work of HIW, calling for a formal review into its role.

On the recommendation of the committee’s report, the Welsh Government commissioned Ruth Marks to produce her report, *The Way Ahead: To Become an Inspection and Improvement Body*, reviewing the role and powers of HIW. This set out a number of recommendations for changes to be made to the way HIW works, including enhancing the extent of its powers, ensuring independence from the Welsh Government, and a merger with the CSSIW.

The Welsh Government announced the findings of the report in January 2015, and the Green Paper *Our Health, Our Health Service*, published in February 2016, announced that there is considerable support for the merger of HIW and CSSIW into a single inspectorate.
References


