

Yr Adran Iechyd a Gwasanaethau Cymdeithasol  
Cyfarwyddwr Cyffredinol a Prif Weithredwr, GIG Cymru

Department for Health and Social Services  
Director General and Chief Executive, NHS Wales



Llywodraeth Cymru  
Welsh Government

Darren Millar AM  
Chair of the Public Accounts Committee  
National Assembly for Wales.

Our Ref: AG/LC/TLT

27 January 2015

Dear Darren

### **Implementation of the Framework for Continuing NHS Healthcare in Wales**

I thought it would be helpful, in advance of the Public Accounts Committee session on 3 February 2015 on Continuing NHS Healthcare (CHC), to set out the actions undertaken by Welsh Government.

#### Revision of the Framework

The revised Framework was published on 30<sup>th</sup> June 2014, and we provided a copy for Public Accounts Committee members on 2<sup>nd</sup> July.

The revisions to the 2014 Framework were informed by a wide range of stakeholders including service users, CHC nursing leads from Local Health Boards (LHBs), the Wales Audit Office and Public Service Ombudsman for Wales. The engagement process involved over 100 stakeholders participating in 10 Task & Finish Groups, in addition to the formal consultation process which took place between December 2013 and March 2014.

#### Training and Support

A comprehensive training programme has been developed in collaboration with health and social care practitioners and managers across Wales. Two modules have already been delivered to approximately 3,000 staff.

In response to feedback received from frontline practitioners, the Complex Care Information & Support Site <http://www.cciss.org.uk/home> has been developed to support implementation of the revised Framework.

## Leadership & Governance

We recognised the importance of strengthening strategic oversight and, with NHS Wales, have developed a Governance and Accountability Framework that will ensure that progress is maintained and scrutinised going forward.

We supported the establishment of a national Executive Task & Finish group to oversee the management of retrospective claims for CHC. Subsequent action has been taken to ensure delivery of outstanding Phase 2 claims.

## Performance Monitoring

The national Performance Framework has been agreed with the Local Health Boards and its implementation will support continued improvement and shared learning. As part of that Performance Framework we have undertaken for the first time with NHS Wales, a national Sample Audit to examine compliance with Welsh Government guidance and consistency of decision making.

The Baseline Report has been collated and improvement will be measured from this on an annual basis. We are committed to a transparent approach and the report will be available on the CCISS website.

## Public Information

A key aim of the review of the CHC Framework was to make the process more user-friendly and focussed on the needs of the individual. To support improved communication we provided detailed guidance on the role of the Care Co-ordinator. We have developed and distributed a range of public information leaflets, which are also available in Easy Read formats.

We believe we have demonstrated significant progress in the year since the Public Accounts Committee produced its report and have set the foundations on which we can build strategic oversight and performance going forward.

However, we recognise that sustained effort is required to fully embed the changes we all wish see. We have welcomed the constructive manner in which the Wales Audit Office has developed and presented their findings. We accept the recommendations in the January 2015 follow up report and Welsh Government's initial response to these is set out in **Annexe 1**.

Yours sincerely,



**Dr Andrew Goodall**

**Recommendation 1 a)**

**The Welsh Government monitors closely the quality of health boards' self assessments, and quarterly and annual reports, requiring health boards to address any deficiencies.**

Accepted. The first baseline national performance report will be collated week commencing 5 January 2015 and Welsh Government will ensure that, in compliance with the Framework, it will be copied into the reports submitted to LHB Boards on a quarterly basis thereafter. Welsh Government also expects that implementation of the agreed Governance Framework will support robust monitoring of performance, and that the National Complex Care Board will have a key role to play in addressing deficiencies.

**Recommendation 1 b)**

**The Welsh Government ensures the recent annual audit sample is reported at an individual health board level requiring health boards to confirm the steps they are taking to address any issues or inconsistencies in their decision making on eligibility.**

Accepted. The nominated Executive Director and CHC Lead in each LHB have received an individual report of the audit findings and, having had time to consider the findings will be asked to respond as suggested in the report.

**Recommendation 1 c)**

**The Welsh Government prioritises the development of the planned customer feedback mechanism.**

Accepted. Options are currently being considered by Welsh Government to determine the most appropriate mechanism for collating the feedback.

**Recommendation 1 d)**

**The Welsh Government ensures that, following the end of the secondment to the role of the national policy and practice lead for CHC, it has appropriate internal capacity to deliver the Performance Framework.**

Accepted. This is currently being considered by senior managers in Welsh Government, who will ensure that there is sufficient internal capacity to deliver the performance framework.

**Recommendation 2 a)**

**The Welsh Government requires all health boards to adopt a common claims register based on the Powys Project version, or as a minimum, confirms the core information that health boards should hold on local registers.**

Accepted. It has been agreed that outstanding Phase 2 claims will transfer to the Powys Project. It is logical that the Project's claims register is adopted nationally and that the management of claims for which the LHBs are responsible going forward is monitored using the same format.

#### **Recommendation 2 b)**

**The Welsh Government outlines to health boards the key performance monitoring information they need to provide each month; this should include the number of claims that have, and are at risk of, breaching the processing deadlines and should cover all key steps in the claim process.**

Accepted. This will be addressed through 2a) as the Powys claims register captures the core data proposed.

#### **Recommendation 2 c)**

**The Welsh Government considers setting target times for completing, as well as reviewing, claims.**

Accepted. Officials are currently considering what those timescales should be and in doing so, will liaise with the Wales Audit Office and Public Services Ombudsman for Wales.

#### **Recommendation 3 a)**

**The Welsh Government assures itself that individual health boards are allocating sufficient staff resources to enable processing deadlines to be met, and if this assurance is lacking, take additional steps, such as requiring the Powys Project to take over backlog claims from a health board**

Accepted. Health Boards have the responsibility for ensuring retrospective claims are managed in a timely manner. Welsh Government has provided additional resource and project support to facilitate progress. It is agreed that there is currently insufficient assurance that some individual health boards are allocating sufficient staff resources to meet their responsibilities. It has been agreed with the Health Board Chief Executives that the outstanding backlog of Phase 2 claims will transfer to the Powys Project.

#### **Recommendation 3 b)**

**The Welsh Government satisfies itself that the long-term funding provided by health boards for the Powys Project is adequate, including for any additional claims taken over from health boards.**

Accepted. The Powys Project has produced a draft Business Case setting out the resource requirements for Phase 3, which Welsh Government will review.

#### **Recommendation 4 a)**

**The Welsh Government issues guidance covering longstanding claims in which health boards have only recently asked for proof of payment to ensure health boards give appropriate priority to reviewing this type of claim.**

Accepted. Welsh Government will address this in its proposed extended guidance.

#### **Recommendation 4 b)**

**The Welsh Government extends the guidance issued in December 2013 to similar claims received after 16 August 2010 to ensure claimants are not disadvantaged by their inability to provide further proof of payment, which they were not made aware of at the outset of their claim.**

Welsh Government will need to carefully consider extending this exemption more widely, balancing natural justice with the need for probity with public money.

**Recommendation 5 a)**

**The Welsh Government requires health boards to make general information on CHC more widely available, for example through care homes.**

Accepted. Welsh Government agrees that information should be made widely available. 2,000 copies of each of the three public information leaflets have been provided to every LHB but it is accepted that local distribution has varied. Welsh Government has recently obtained an additional supply of 7,000 public information leaflets and will take action to ensure there is consistency of distribution across Wales.

**Recommendation 5 b)**

**The Welsh Government considers whether more needs to be done to publicise the rolling cut-off and the 1 October cut-off date for claims covering the period 1 August 2013 to 30 September 2014.**

Accepted. The cut off date arrangements are explained in the Frequently Asked Questions leaflet. Officials are also considering the production of posters to raise public awareness.