



Number: WG46246

Welsh Government

Duty of Quality Consultation Questions

The Health and Social Care (Quality and Engagement) (Wales) Act 2020

Consultation on the statutory guidance required to implement the duty of quality and the replacement of the health and care standards (2015)

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd /
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What we are hoping to achieve by the introduction of the Duty of Quality.

The Duty helps realise the ambitions of A Healthier Wales and The Quality and Safety Framework in several inter-connected ways by placing improvement in quality and outcomes for the people of Wales as a central concept.

The policy objectives for this Duty of Quality are:

- To achieve a system wide approach to quality in the health service to secure improvement and shift the focus away from the narrower interpretation of quality which has a particular focus on quality assurance.
- For the new, broader Duty to require NHS bodies to exercise their functions in a way that requires them to consider how they can improve quality on an on-going basis. The aim is that improving quality and therefore outcomes for people will become an embedded and integral part of the decision-making process.
- To ensure that decisions taken by the Welsh Ministers support and contribute to this system wide approach to quality, by placing the Welsh Ministers under a corresponding Duty of Quality to that of NHS bodies.

Question 1

Is the Guidance clear on what we are trying to achieve with NHS bodies through the introduction of the Duty of Quality?

Yes

It's clear that the aim is to embed quality improvement, quality management and accountability across NHS services and throughout the Welsh Government and that the Welsh ministers are also applicable.

There needs to be an Easy Read Statutory Guidance document to support the general public's understanding of the Duty.

Please provide any comments or further explanation (in particular if response is no).

Who does the Duty apply to?

The Act lists the following individuals and NHS bodies as being subject to the Duty:

- Welsh Ministers (in relation to their health functions)
- Local Health Boards
- NHS Trusts

- Wales-only Special Health Authorities

The Duty is an organisational duty that applies to all health service functions and consideration should be given to its application in both clinical and non-clinical settings.

Question 2

Is the Guidance on to whom the Duty of Quality applies clear?

Yes

It's clear that the duty is applicable to Welsh ministers, the seven health boards, the three NHS bodies and the two special health authorities.

However, there needs to be a list breakdown for public understanding, to set out who the health boards, NHS bodies and special health authorities are e.g:

- Aneurin Bevan University Health Board,
- Cwm Taf University Health Board,
- Velindre NHS Trust etc.

Please provide any comments or further explanation (in particular if response is no).

Organisational Governance for Duty of Quality

Accountability for compliance with the Duty sits with the Chief Executive of the NHS body or Welsh Minister listed, supported by arrangements for internal delegation to cabinets, boards, or committees.

Question 3

Is the guidance sufficiently clear on the governance structures needed?

Yes

The governance structure has been explained clearly but may be more accessible to have a visual explanation of the structure as an addition. E.g., hierarchy triangle etc.

Please provide any comments or further explanation (in particular if response is no).

it is recommended an Executive Lead is identified to support and drive the implementation of the Duty and a Lead Non-Officer / Independent Member is identified to be assured of the NHS body's approach.

Question 4

Will this governance structure support NHS bodies to comply with the duty?

Yes

The governance structure supports NHS bodies to comply with the duty and the 'Always On' approach will help the public understand this.

Please provide any comments or further explanation (in particular if response is no).

Question 5

Does the guidance outline clearly the level of leadership required in organisations?

Yes

The guidance outlines clearly the level of leadership required in organisations from an Executive level.

It is also giving recognition that the NHS, when it's working in partnership with third sector and local authorities as public bodies, also needs to be mindful of the duty of quality when considering integrated or partnership services.

Please provide any comments or further explanation (in particular if response is no).

Arrangements between NHS bodies and other providers

As only identified Welsh bodies and Welsh Ministers are subject to the Duty, the Duty remains with them when procuring, commissioning, working in partnership or outsourcing. The requirement to meet the Duty does not pass to a third party, however, Welsh Government would encourage all other public bodies to consider the resources made available to support them in their decision-making.

Question 6

Is it clear where responsibility for the duty of quality lies in commissioned and hosted services?

Yes

A visual summary or glossary of commissioned and hosted services and who is responsible for them is needed, to be more accessible and understandable to the public. E.g. Cwm Taf University Health Board hosts Welsh Health Specialist Services Committee (WHSSC), the Welsh Ambulance Service hosts the 111 service etc.

It's clear that the Duty lies with the body who are commissioning the service. However, does further consideration need to be given to WHSSC and should they be considered as standalone and directly subject to Duty instead of Cwm Taf University Health Board, as WHSSC have their own Quality and Patient Safety governance framework and commission multiple specialist services themselves for the population of Wales.

Please provide any comments or further explanation (in particular if response is no).

Defining quality

For NHS bodies and Ministers in Wales, this means that quality is defined as continuously, reliably, and sustainably meeting the needs (both met and un-met) of the population that we serve. In achieving this, NHS bodies and Welsh Ministers will need to ensure that care and support services are **safe, effective, person-centred, timely, efficient, and equitable**.

Every individual working within health and care services will need to understand what quality means to them, and the teams they work within. See the guidance document for detail.

Question 7:

Are the expectations of quality clear within the definition and six domains of quality?

Yes

The six domains of quality are clear.

However, on page 19 of the draft statutory guidance, under the definition of "Safe" it states; *'Our health and care system should be high quality, highly reliable, safe system that avoids preventable harm.'* We believe that the wording here should be read *"...avoids preventable and unintended harm'*. This addition to the sentence aligns to the language as set out in the Duty of Candour principles.

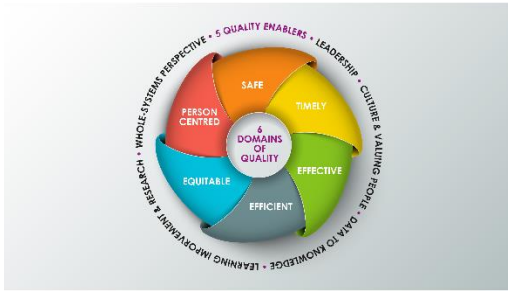
Please provide any comments or further explanation (in particular if response is no).

Quality enablers

Five core concepts underpin this blueprint to ensure a system-wide approach to improving quality:

- 1. Visionary and compassionate leadership**
- 2. Culture and valuing people**
- 3. Measurement**
- 4. Learning, improvement and innovation**

5. Systems perspective



Question 8

We have outlined five quality enablers that we believe are necessary to support the implementation of the six domains of quality. Is this explanation clear in the guidance?

Yes

It's clear but it's important to acknowledge the embedding of these concepts will take a number of years. Therefore, NHS bodies should be encouraged to set a long-term quality strategy to demonstrate when they expect to fully realize the system. Setting realistic milestones are needed within the enablers and potential strategy.

Please provide any comments or further explanation (in particular if response is no).

Question 9

Are there other potential 'enablers' that we should consider including in the guidance?

No

Could these be amendable overtime as needs and reviews of the Duty indicate?

Please provide any comments or further explanation (in particular if response is Yes).

Experience has shown that building and embedding these concepts can take a number of years.

Question: 10

What supporting tools and materials will assist NHS bodies to fulfil their duty of quality under the Act?

Yes

- The NHS's planning process to include quality aims and impact throughout service change development.
- A structured national approach to pacesetters and their evaluation and implementation. A quick evaluation and implementation mechanism when proof of concept is positive and quality services are proven.
- The workforce, as one of the tools, needs to be in place to appropriately manage the data, knowledge and research that they undertake to measure and monitor quality.
- Each health board needs a centralized approach to managing all data and knowledge in order to triangulate the multiple sources of information that can indicate quality indicators such as Datix, PREMs/PROMs, internal and external audits and reviews etc. Is this potentially a role for Value Based Healthcare teams, with direct reporting to the lead Executive of each organisation?
- Mandatory training package and refreshers available on ESR
- It would be helpful if section 9.12 lists the new Citizen's Voice Body own reviews and feedback, as it will be a statutory stakeholder and any representation by the CVB must be considered by the NHS.

Please provide any comments or further explanation (in particular if response is no).

Quality standards

The six domains of quality described before, together with five core enablers provide us with a framework for implementing and monitoring the Duty of Quality. We call this framework the Quality Standards 2023. Welsh Ministers propose withdrawing the Health and Care Standards 2015 and replacing them with these Quality Standards 2023.

Question 11

The new Quality Standards 2023 are based on high-level aspirations through the six domains of quality and five quality enablers. Are the quality standards clear?

Yes, we agree entirely

Please provide any comments or further explanation (in particular if response is no).

Question 12

Is the guidance clear about how the Quality standards 2023 will support development of the quality management system and assessment of progress with the duty of quality?

Yes

Please provide any comments or further explanation (in particular if response is no).

Question 13

Do you think the incorporation of the new model for Quality Standards 2023 and the withdrawal of the 2015 Health and Care Standards is the appropriate measure to take?

Yes

Please provide any comments or further explanation (in particular if response is no).

Question 14

Do you think a transition phase would be advisable to NHS bodies in the adoption of the new Quality domains and enablers?

No

We believe there needs to be a clear cut off point/date for the Duty to apply in all domains and enablers to support consistency of application and understanding across the board. Transition periods have the potential to cause disparity of application for a period. It is also not clear from the consultation document, which quality domains and enablers of the Duty would be considered acceptable to stagger for any transition period. It is also not clear what time frame would be applied. As all the domains and enablers are interdependent, we do not believe, with the information to hand, that some could be staggered over others as they are all of equal importance.

Please provide any comments or further explanation (in particular if response is no).

Meeting the Duty

The Duty of Quality requires NHS bodies and Welsh Ministers to:

- Ensure that all strategic decisions are made through the lens of improving the quality of services and patient outcomes.
- Exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis.
- Actively monitor progress on the improvement of quality services and patient outcomes and routinely share information on this progress with population.
- Strengthen governance arrangements by reporting annually on the steps taken to comply with the Duty and assess the extent of improvements in outcomes.
- Ensure that NHS organisations are operating an interlinked Quality Management System.
- Create a quality culture within organisations.

Question 15

Is the guidance clear on how an NHS body would meet the six steps listed above?

Yes

Please provide any comments or further explanation (in particular if response is no).

Reporting

NHS organisations must report how they are doing on their quality journey to their population. Welsh Ministers must report to the Senedd (which will also be publicly available).

It is proposed that the commitment to report should be met in two ways - “Always on” Quality reporting supplemented by a narrative annual report.

Question 16

Is the guidance clear on what is meant by ‘always on’ reporting?

Yes

It's clear that the 'always on' updates should be presented to public boards or in public domains. We also believe that "always on" updates should be cascaded through the whole organisation, to local teams, to allow sharing of the information and encouraging the 'always on' learning ethos.

The guidance is clear as what is meant by "always on" reporting, however the term used could be ambiguous and open to subjective interpretation. Is the term "always on" the simplest language for public understanding?

Please provide any comments or further explanation (in particular if response is no).

Question 17

Are the intended reporting systems ('always on' and a narrative yearly report) sufficient for NHS bodies to assure Welsh Ministers and the public?

Yes

This is a good starting point, subject to any revisions that might be needed for population needs in the future.

Please provide any comments or further explanation (in particular if response is no).

Decision-making, monitoring and assurance

The duty of quality requires the Welsh Ministers and NHS bodies to think and act differently about quality. It needs to be applied across all functions within the context of the health services

Monitoring of the duty will be embedded in relevant existing external mechanisms. Healthcare Inspectorate Wales will consider the duty during the course of its functions.

Question 18

Is the guidance clear on the collective responsibility of the Board to ensure:

- **quality-driven decision-making**
- **system-wide application of the duty of quality**
- **focus on learning and sustainable quality improvement**
- **ensure better quality of services and improved outcomes for people**
- **with appropriate monitoring in place to ensure quality improvements are maintained**

Yes

Please provide any comments or further explanation (in particular if response is no).

Question 19

Is the guidance clear on how monitoring of the duty of quality will be embedded into existing Welsh Government procedures and those of Healthcare Inspectorate Wales?

Yes

Please provide any comments or further explanation (in particular if response is no).

Integrated Impact Assessments

Throughout the development of these proposals, we have placed a high importance on taking equalities into consideration, including the impact of these changes on different groups, particularly those with protected characteristics under the Equality Act 2010¹.

From the work that we have done to date, including the engagement with groups with protected characteristics as part of our stakeholder and focus group sessions, we are of the view that the proposals are unlikely to have a direct negative impact on any one group. The duty of quality will benefit all users of NHS services in Wales. However, further information on the impact on groups with protected characteristics is sought as part of this consultation.

Question 20

What are your views on how the proposals in this consultation might impact?

- **on people with protected characteristics as defined under the Equality Act 2010²;**
- **on health disparities; or**
- **on vulnerable groups in our society.**

Please provide your comments here:

- All decisions would need to be subject to an equality impact assessment per service and each service is likely to see different numbers of people within different characteristics, depending on the nature of the service.
- Given that the Duty of Quality will impact on all service considerations, each service will need to take account of people within the protected characteristics

¹ The Equality Act 2010 accessed at <https://www.legislation.gov.uk/ukpga/2010/15/contents>

² The following characteristics are protected characteristics from the Equality Act 2010—age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

that it will come into contact with, and seek people's views proactively in its considerations of what quality looks like to them.

Question 21

We would like to know your views on the effects that the duty of quality proposals would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English.

For example, what effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Please provide your comments here:

We do not have any specific suggestions on this point as we feel that the "person centred" description on page 21 of the statutory guidance adequately captures the need for NHS bodies to ensure that *"Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce."*

Question 22

Please also explain how you believe the proposed duty of quality could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favorably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favorably than the English language.

Please provide your comments here:

As per our answer to question 21. We have no further comments to add. The Welsh Language Commissioner and the Welsh speaking public will have their own valid views on good practice in this regard.

Question 23

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please provide your comments here:

- We believe there is a need for an easy read statutory guidance document that is publicly accessible, to make it easy for people to understand the Duty and the responsibilities of the NHS when applying the Duty in practice. This easy read document could also be supported by visual representations and short videos.

- Whilst the Health Boards and NHS will be required to produce annual reports (look back) and progress reports via “always-on” updates, there does not appear to be a specific requirement for the NHS to cite their (looking forward) plans for how they'll meet the Duty in the year ahead. Should there be some requirement for this within IMTPs or other annual planning documents?