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Quality, Safety and Experience Committee - Quality & Engagement Act

12 April 2023

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



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The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an update on the work underway to ensure that the Health Board is compliant with its duties under the Health and Social Care Quality and Engagement (Wales) Act 2020.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 ('the Act') uses legislation as a mechanism for improving and protecting the health, care and well-being of the current and future population of Wales.

There are two main duties under the Act which the Health Board must consider:

The Duty of Candour

A culture of openness, transparency and candour is widely associated with good quality care. To help achieve this, the Act places a duty of candour on providers of NHS services (NHS bodies and primary care) - supporting existing professional duties.

The duty requires NHS providers to follow a process – to be set out in Regulations – when a service user suffers an adverse outcome which has or could result in unexpected or unintended harm that is more than minimal, and the provision of health care was or may have been a factor. There is no element of fault, enabling a focus on learning and improvement, not blame.

The duty seeks to promote a culture of openness and improves the quality of care within the health service by encouraging organisational learning, avoiding future incidents.

The Duty of Quality

Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture. To help achieve this, the Act:

- places an overarching duty of quality on the Welsh Ministers; and
- reframes and broadens the existing duty on NHS bodies.

This ensures the concept of “quality” is used in its broader definition, not limited to the quality of services provided to an individual nor to service standards.



The Duty of Candour Procedure (Wales) Regulations 2023 requires a candour procedure to be followed by an NHS Body – specifically:

On first becoming aware that the Duty of Candour (DoC) has come into effect, to give notification in accordance with the regulations to the service user concerned or someone acting on the service user's behalf;

- To notify a service user or someone acting on their behalf, in accordance with the regulations, of: - the identity of a person who has been nominated by the body as a point of contact for the service user in respect of the Candour Procedure; - any further enquiries carried out by the body in respect of the circumstances in which the Duty of Candour came into effect.
- For an apology to be offered by the body;
- For the provision of support to a service user explained in the notification; and
- To ensure accurate record-keeping.

Key changes following the Welsh Government consultation period

Following the 12 week consultation period, some minor amendments were made to the wording of the Candour Procedure. The most significant amendment as it applies to the operational application of the procedure relates to Regulation 5(2) the written notification:

- Written notification should be made within five working days after the in-person notification rather than two working days to give the NHS bodies more time to respond in accordance with stakeholder feedback during the consultation and to make the position clear that the time scale for making the written notification starts to run 'after' the date of the in-person notification.

Consequential amendments to the **Putting Things Right (PTR) (2011) regulations** were required following introduction of Duty of Candour, the key changes are as follows:

- Amendment to 22(1) : the requirement to acknowledge receipt of the notification of a concern should now be made within 5 working days "after the day on which the responsible body receives it" rather than 2 working days to align with the 5 working days to make the written notification under candour.
- Addition of new regulation 22(7) and amendment to regulation 22(6) of the 2011 Regulations: a new provision which makes it clear that there is no requirement to send a copy of the notification of the concern to the patient (or their representative), where in person notification and written notification under candour has already been given to them to prevent any duplication, particularly for example where there has been a bereavement.

Duty of Candour – Roadmap to Implementation

Road Map Milestones – Leadership & Culture	Position @ April 2023	Comments
Senior responsible leadership in place and driving implementation work	4	Duty of Candour Advisors have been identified to support implementation and to assist/guide staff in meeting the duty
Strategic led identified and trained (IM or Non-Exec)	4	Independent Member Putting Things Right (PTR) Lead will also assume responsibility for Duty of Candour
Operational lead identified (executive officer level)	4	Executive Director of Nursing, Quality & Patient Experience
Board awareness training completed	4	Board Session delivered during Consultation Phase by Welsh Government colleagues

Stage	Definition
1	Exploring and preparing
2	Planning and resourcing
3	Implementing and operationalising
4	Full implementation

Duty of Candour – Roadmap to Implementation

Road Map Milestones – Governance & Accountability	Position @ April 2023	Comments
Implementation of the actions in the implementation plan due to enable duty to be enacted in April.	3	
Policy-ratified and published	3	The Putting Things Right (PTR) Policy is being updated to incorporate the duty of candour/quality procedures. The Listening and Learning Sub-Committee will review in May 2023 and present to the QSEC in June for approval.
Any additional Standard Operating Procedures (SOP) or policies completed	4	The procedures / flowcharts and all guidance documents have been added to the Duty of Candour and Duty of Quality SharePoint Site and are referenced in all training
Training Needs analysis for reporting requirements for the duty	3	This has been prepared and requires endorsement by the Local Implementation Group. Duty of Candour materials are being incorporated into all corporate training materials.
Candour-related information validation and mechanisms for escalation in place, with plans for review and consideration at appropriate level	4	Datix system modifications have been made to allow for validation, reporting and appropriate escalation. Validation methodologies agreed. Capacity remains a risk.
Facilities for primary care providers in place and functionality tested	4	In place and drop in sessions have been running for all primary care contractors for support.

Duty of Candour – Roadmap to Implementation

Road Map Milestones – Governance	Position @ April 2023	Comments
Mechanism and publication schedule / plan in place for Candour Reporting Requirements.	4	<p>Duties of Candour and Quality reporting will be through the routine quality assurance report to the QSEC.</p> <p>Information will also be included within the Improving Experience Board Report and Listening and Learning Sub-Committee.</p>
A clear and corporately agreed understanding of changes required to incorporate DoC requirements into all commissioning arrangements	3	.Amendments are being made to template agreements to account for DOC/Q requirements. Further work is required for discreet areas of commissioning eg Mental Health and Learning Disabilities (MHLDD).
A clear and corporately agreed understanding of changes required to incorporate DoC requirements into hosting arrangements	4	Current hosting responsibilities will be transferred.
All staff are aware of key DoC messages tailored to their organisation	3	Communications plan is in place. Awareness Training has been undertaken across the organisation, leadership and staff group events, general awareness and promotion has been undertaken via global messaging, social media.

The Duty of Quality



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The Act recognises the significant progress to improve the quality of health services in Wales that has already been achieved. It acknowledges that we face significant challenges. The challenges mean that it is more important than ever before to focus on the quality of our services so that we achieve better outcomes for people in Wales.

The Duty of Quality (DoQ) has two overarching aims:

- To improve the quality of health services
- To improve outcomes for people in Wales.

The DoQ applies to everything we do in NHS Wales, whether we work in clinical or non-clinical services.

We have a shared responsibility to achieve improved quality of services and outcomes for our population.

The Health and Care Quality Standards have been developed to help us embed the duty of quality in our work. The Health and Care Quality Standards are made up of six domains of quality and six quality enablers. The statutory guidance and resources provided explain these in more detail.

Final guidance and information about the Duty of Quality will be made available by Welsh Government in April 2023 - [The Duty of Quality in healthcare | GOV.WALES](#)



Health and Care Quality Standards

- To help us understand what good quality means and how we can apply it in practice, the new Health and Care Quality Standards have been developed.
- There are 12 Health and Care Quality Standards. They are comprised of 6 domains of quality and 6 quality enablers.
- A high level definition of each of the 12 Health and Care Quality Standards is provided in the duty of quality statutory guidance.
- The Health and Care Quality Standards are intended to apply broadly to the wide range of services provided by the NHS in Wales.
- Services and specialties must be clear as to what good quality looks like in their individual areas by using the framework provided by the Health and Care Quality Standards.
- The Health and Care Standards help us to achieve our obligations in line with the duty of quality. They provide a quality-lens through which we can make decisions about the services we provide. The Standards help us to consider how we monitor and report on the quality of our services.

Dyletswydd Ansawdd Duty of Quality



Mae gan y Ddyletswydd Ansawdd ddau nod:

- Gwellu ansawdd gwasanaethau
- Gwellu canlyniadau i bobl yng Nghymru

Mae'n berthnasol i bopeth a wnawn yn GIG Cymru, gan gynnwys os ydym yn gweithio mewn rolau clinigol neu anghlinigol.

Maent yn gymwys i Weinidogion Cymru yn eu swyddogaethau sy'n ymwneud ag iechyd.

The Duty of Quality has two aims:

- To improve the quality of services
- To improve outcomes for people in Wales

It applies to everything we do in NHS Wales, whether we work in clinical or non-clinical roles.

It also applies to Welsh Ministers in their health-related functions.

Mae'r Ddyletswydd yn cyflwyno Safonau Ansawdd Iechyd a Gofal newydd. Bydd y safonau yma yn dylanwadu'r ymaggwedd byddwn ni yn cymryd wrth wneud penderfyniadau yn ein gwaith.

Mae angen i sefydliadau ddatblygu eu Systemau Rheoli Ansawdd, gyda:

Organisations need to develop their Quality Management Systems, with:



I gyd yn cydweithio i greu amgylchedd dysgu.
All working together to create a learning environment.

Mae angen i sefydliadau fonitro ac adrodd ar eu perfformiad wella eu Hansawdd trwy:

- Mesurau a dangosyddion
- Straeon staff a straeon cleifion
- Asesiadau allanol

Bydd y wybodaeth yn cael ei rhannu o fewn sefydliadau a gyda'r cyhoedd.

Organisations need to monitor and report how they are doing on their Quality journey through:

- Measures and indicators
- Staff stories and patient stories
- External assessments

The information will be shared within organisations and with the public.



Safonau Ansawdd Iechyd a Gofal
Health and Care Quality Standards

The Duty introduces new Health and Care Quality Standards. These Standards will drive the approach that we take to making decisions in our work.

I ddysgu mwy, ewch i
www.llyw.cymru/y-ddyletswydd-ansawdd-yng-ngofal-iechyd
 neu sganiwch y cod QR

To learn more, visit
www.gov.wales/duty-quality-healthcare
 or scan the QR code

Duty of Quality – Roadmap to Implementation

Road Map Milestones – Leadership & Culture	Position @ April 2023	Comments
Senior responsible leadership in place and driving implementation work	4	EDoN has established internal Implementation Group to drive progress which is monitored via QSEC
All staff recognise and understand the organisation's Quality vision, and their roles within it	3	Work has been undertaken previously in this area. Opportunities to raise awareness on quality are being utilised e.g. quality governance meetings, EQLiP
Commitment, resources and infrastructure in place to implement Duty effectively	2	There is commitment across the organisation to implement the duty. However, there is a significant resource implication in corporate teams including the Quality, Assurance and Safety Team, and operational teams.

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Duty of Candour – Roadmap to Implementation

Road Map Milestones – Decision Making	Position @ April 2023	Comments
Processes and systems in place to provide demonstrable evidence that Board decisions have been made through Quality lens	3	Review of reporting templates taking place. Improving Together framework established (Team to Board)

Road Map Milestones – Governance & Accountability	Position @ April 2023	Comments
The Board is assured that DoQ is being considered across system	2	This links to commitment, resources and systems as above
Routine governance documentation is DoQ-ready	2	Review of reporting templates taking place.

Duty of Candour – Roadmap to Implementation

Road Map Milestones – Reporting and information (data to knowledge)	Position @ April 2023	Comments
Mechanism and publication schedule / plan in place for sharing DoQ progress information externally	3	Duties of Candour and Quality reporting will be through the routine quality assurance report to the Quality, Safety and Experience Committee. Information will also be included within the Improving Experience Board Report and Listening and Learning Sub-Committee.
Quality-related information escalation mechanisms in place, with plans for review and consideration at appropriate level	4	Quality escalation mechanisms are in place

Road Map Milestones – Quality standards and Quality management system	Position @ April 2023	Comments
A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023	2	Awaiting final guidance as it is unclear in consultation documents.
A clear understanding of, and commitment to, a quality management system, with plans in place to identify requirements and current gaps	3	Quality Management System (QMS) developed and aligned to Improving Together Framework. Further work required to embed quality lens through key domains/operating model within UHB

Conclusion and Recommendations



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In conclusion, suitable arrangements are in place to meet the requirements of the Quality & Engagement Act from 1 April 2023, however the process will evolve following learning from initial implementation both locally and nationally.

The internal Quality and Engagement Act Implementation Group will continue for the foreseeable future to review and monitor the arrangements in place.

An exception report will be included within the Quality Assurance Report presented to the Quality, Safety and Experience Committee at each meeting, this will culminate in an annual assurance report presented to the Committee. In addition, case examples will be presented to Listening and Learning Sub-Committee and any themes/trends will be incorporated into the Improving Experience Board Report.

Recommendations:

The Quality, Safety and Experience Committee is asked to:

- note the key changes made to the legislation with effect from 1 April 2023.
- confirm whether assurance can be taken that suitable arrangements are in place to support the initial implementation of the duty of candour and duty of quality requirements.
- agree the reporting process for both monitoring progress of implementation and overall assurance of compliance with the Regulations.



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