



Llywodraeth Cymru
Welsh Government

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Welsh Government

Consultation Document

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)

Date of issue: 25th Oct 2022

Action required: Responses by 17th January 2023

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

Overview

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 places a duty of quality on NHS bodies in Wales. This Consultation seeks your views on the Statutory Guidance needed to implement that duty and the introduction of the quality domains and enablers which replace the Health and Care Standards published in 2015.

How to respond

This consultation will close on 17th January 2023

You can respond online, by email or by post.

Online

Please complete the consultation response form on the consultation pages of the Welsh Government website.

Email

Please complete the consultation response form and send it to HSCQualityandEngagement@gov.wales

Post

Population Healthcare Division
Health and Social Care Group
Welsh Government Offices
Cathays Park
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Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

Contact details

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd

This document is also available in Welsh

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In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation

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For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the UK GDPR, please see contact details below:

Data Protection Officer:
Welsh Government
Cathays Park
CARDIFF

CF10 3NQ
e-mail:
Data.ProtectionOfficer@gov.wales

The contact details for the Information
Commissioner's Office are:

Wycliffe House
Water Lane
Wilmslow

Cheshire SK9 5AF
Tel: 01625 545 745 or
0303 123 1113
Website: <https://ico.org.uk/>

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Foreword by the Minister for Health and Social Services

Minister for Health and Social Services

Introducing a duty of quality through the Health and Social Care (Quality and Engagement) (Wales) Act 2020¹ ('the Act'), highlights the Welsh Government's commitment to safe, effective and person-centred health services. The Act places an overarching duty of quality on the Welsh Ministers regarding their health-related functions. It broadens the existing duty on NHS bodies (Local Health Boards, NHS Trusts and Welsh Special Health Authorities).

Ultimately, the purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents our ambition of achieving ever-higher standards of person-centred health services in Wales.

Quality is more than just meeting service standards. It needs to be a system-wide way of working. Quality means safe, timely, effective, efficient, equitable and person-centred health care which is embedded within a culture of continuous learning and improvement.

The duty requires Welsh Ministers and NHS bodies to actively consider these domains of quality when making decisions about health services so that improved outcomes are secured. This supports the five ways of working (long term, integration, involvement, collaboration and prevention) within the Well-being of Future Generations (Wales) Act 2015² as well as promoting the well-being goal of A Healthier Wales³.

The Welsh Government published the Quality and Safety Framework⁴ in September 2021. This was intended to serve as a steppingstone to the new duties of quality and candour under the Act whilst we emerged from the coronavirus pandemic.

The duty of quality is interdependent with the Health and Care Standards (April 2015) for Wales. To build clear connections between the duty and the standards, this guidance now incorporates the new Quality Standards 2023 that will replace the Health and Care Standards (April 2015). This new approach sets out a clear and simple framework for quality management that will strengthen the connection between the duty, standards and the wider quality management process in Welsh health services.

¹ Welsh Government (2020) Health and Social Care (Quality and Engagement) (Wales) 2020 Act
<https://www.legislation.gov.uk/asc/2020/1/contents>

² Welsh Government (2015) Well-being of Future generation (Wales) Act
<https://www.futuregenerations.wales/about-us/future-generations-act/>

³ Welsh Government (2019) A Healthier Wales: our Plan for Health and Social Care
<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

⁴Welsh Government (2021) Quality and Safety Framework: Learning and Improving
https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf

I am proud that 'Putting quality and safety above all else' is the first core value described in "A Healthier Wales", our long-term strategy for integrated health and care in Wales. As Dr Tedros Adhanom Ghebreyesus, World Health Organisation Director General recently reminded us, "Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring, from the national level to the smallest, remotest clinic."⁵

We have a significant opportunity to refresh and strengthen our commitment to "A Healthier Wales" through the new duty of quality. We have a collective responsibility to achieve improved quality of services and outcomes for our population.

Eluned Morgan, Minister for Health and Social Services

⁵ World Health Organisation (2022) Fundamentals of Quality <https://qualityhealthservices.who.int/quality-toolkit/new-to-health-system-quality-thinking/fundamentals-of-quality>

Introduction

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (“the Act”) was passed in March 2020 and received Royal Assent in June 2020. It contains four main parts.

Part 2 places a statutory duty of quality on Health Ministers and NHS bodies in Wales. It is intended to bring the duty into force from 1 April 2023.

The purpose of this Consultation is to invite views on the guidance that is necessary to implement the duty of quality, which also includes statements of standards in relation to the provision of health care by and for Welsh NHS body that are prepared and published under Section 47(1) of the Health and Social Care (Community Health and Standards) Act 2003 and replace the existing statements of standards which was published in 2015.

Overview of the Act - Legislative framework

The Act makes provision about a number of interrelated proposals relating to quality and public engagement in health and social care. Taken together the provisions are intended to have a cumulative positive benefit for the population of Wales and to put in place conditions which are conducive to improving health and well-being:

- a. Part 1 of the Act provides an overview of the Act’s main provisions.
- b. Part 2 imposes a duty relating to improvement in the quality of health services on the Welsh Ministers and Health Boards, Trusts and Special Health Authorities in Wales.
- c. Part 3 makes provision for and about a Duty of Candour Part 4 establishes, and makes provision about the functions of, the Citizen Voice Body for Health and Social Care, Wales, whose function is to represent the interests of the public in respect of health and social care and to provide advocacy services in respect of complaints. It also abolishes Community Health Councils and the Board of Community Health Councils.
- e. Part 5 gives the Welsh Ministers the power to appoint vice-chairs of NHS Trusts.

This Consultation requests feedback on policy related to the duty of quality (Part 2 of the Act) only as the other aspects of the Act are the subject of separate public consultations.

Part 2 amends the National Health Service (Wales) Act 2006 Act (“the 2006 Act”) to insert a new duty on the Welsh Ministers to exercise their functions in relation to the health service, and the NHS bodies to exercise all of their functions, with a view to securing improvement in the quality of health service, and require those bodies to publish an annual report on the steps it has taken to comply with the duty of quality. The 2006 Act (once amended by Part 2 of the Act) also requires that the Welsh Ministers issue guidance to the Welsh NHS bodies in relation to the duty of quality and the requirement to publish an annual report.

The Act also makes consequential amendments to a variety of primary legislation. Of relevance to the duty of quality are the amendments and repeals relating to Part 2 of

the Health and Social Care (Community Health and Standards) Act 2003 ("the 2003 Act"). The existing duty of quality in section 45(1) of the 2003 Act requires that each Welsh NHS body puts and keeps in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body and is repealed. Section 47(4) of the 2003 Act is amended so that the standards set out in statements made under Section 47(1) are to be taken into account by every Welsh NHS body in discharging the new duty of quality in the 2006 Act. Section 70(3) of the 2003 Act is also amended so that the Welsh Ministers has the function of conducting reviews of the steps taken by a Welsh NHS body for the purpose of discharging the duty of quality.

The revised duty of quality reframes the concept of "quality" by ensuring that it is used in its broader definition. Quality includes quality in terms of the effectiveness and safety of health services and the quality of the experience of users of health services. However, it is not limited to the quality of services provided to an individual nor to service standards. It relates to securing improvement in the quality of "health services" which means any services provided or secured in accordance with the 2006 Act. Accordingly, the revised duty intends quality to be a system-wide way of working with focus placed on outcomes. Inserting the new duty into the 2006 Act reflects the importance that the Welsh Ministers place on the new, broader duty, and the Welsh Ministers' wish to further strengthen and embed quality at the heart of decision making for health services.

Section 47(1) of the 2003 Act permits the Welsh Ministers to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Ministers are required to keep the standards under review and may publish amended statements whenever it considers appropriate. The last standards were published under this provision in April 2015.⁶

Section 47(4) of the 2003 Act will be amended by Part 2 of the 2006 Act to require that the standards set out in statements are to be taken into account by a Welsh NHS body in discharging its duty of quality in the 2006 Act. Accordingly, there is an inextricable relationship that exists between the duty of quality and the standards issued under section 47(1) of the 2003 Act and such standards should therefore align with and support the duty of quality. In developing the Duty of Quality Guidance and reviewing the April 2015 Standards, the Welsh Ministers propose in this Consultation to withdraw the April 2015 Standards and to replace them with the six domains of quality and five quality enablers as set out in the Guidance. This change is being made as the introduction of the Duty of Quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in health. The domains as described in this guidance are widely used in health care and are being implemented in the wider Welsh health system. Feedback from stakeholders indicates the 2015 Standards are overly detailed, often secondary care specific and limited in their relevance to the wide range of services provided by the integrated health boards. The new Quality Standards 2023 are designed to simplify the requirements and be flexible with the wide remit of the Duty of Quality.

⁶ [Health standards framework English \(wales.nhs.uk\)](https://www.wales.nhs.uk)

Health Inspectorate Wales (who exercise functions on behalf of the Welsh Ministers) will also have to take these standards into account for the purpose of undertaking reviews and investigations relating to Wales under section 70 of the 2003 Act. Stakeholders should be aware that whilst the standards themselves relate only to the provision of “health care”, the duty of quality applies to the exercise by an NHS body of all functions in relation to the health service. Accordingly, the six domains of quality and the five quality enablers have a far wider remit in the context of the duty of quality as a whole and will be relevant in all clinical and non-clinical services and settings.

Section 1

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. It also supports the five ways of working set out within The Well-being of Future Generations (Wales) Act 2015⁷, by encouraging long-term thinking and integrated and collaborative action that works to achieve the well-being goal of “A Healthier Wales”.

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.

The guidance sets out a definition of quality and describes the overarching requirements to strengthen our quality management systems with quality-driven decision-making and planning. In turn, this strengthens our learning and sharing responsibilities and opportunities. The purpose of the duty overall is to improve outcomes for our population.

The duty of quality is interdependent with standards that are issued by the Welsh Ministers under section 47(1) of the 2003 Act. To build clear connections between the duty and the standards, and also to fulfil the duty on the Welsh Ministers to

⁷ <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

review the standards, this guidance now incorporates the new Quality Standards 2023 that will replace the Health and Care Standards (April 2015).

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

Who does the duty of quality apply to?

The Act lists the following as being subject to the duty in part 2(2) of the Act:

- Welsh Ministers (in relation to their health functions)
- Local Health Boards
- NHS Trusts
- Welsh Only Special Health Authorities except NHS Blood and Transplant

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. All staff are responsible for complying with the duty within their functions and consideration should be given to how they take responsibility for quality in their role.

Question 2

Is the guidance on to whom the duty of quality applies clear?

Yes

No

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

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.

Similar in approach to other legislation, it is recommended that NHS bodies designate appropriate senior leads to hold responsibility for the strategic implementation and oversight of the duty of quality. An officer member of the board should be delegated the responsibility to ensure the necessary strategic implementation and oversight. However, all officer and non-officer board members must ensure consideration is given to the duty of quality whilst undertaking their roles as it is a collective responsibility.

Question 3

Is the guidance sufficiently clear on the governance structures needed?

Yes

No

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

Question 4

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

Yes

No

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

No

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

As identified Welsh NHS 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 statutory 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 quality-driven decision-making.

The duty of quality applies to Welsh Ministers with regards to their health-related functions and NHS bodies. It does not apply directly to primary care providers and responsibilities in commissioned and hosted services need particular consideration.

Question 6

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

Yes

No

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

Section 2

Defining quality

For NHS bodies and Ministers in Wales, this means that quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve.

In achieving this, NHS bodies and Welsh Ministers will need to ensure that care and services are **safe, timely, effective, efficient, equitable and person-centred**. For more detailed explanation of the six domains of quality, please see the guidance document section 6. The duty of quality statutory guidance incorporating the new six domains of quality and five quality enablers will supersede the Health and Care Standards 2015 to form the new health and care quality standards which define quality in the services we provide, as outlined in the 2003 Act, and are to be taken into account by NHS bodies in discharging the new duty of quality.

Every individual working within health and care services will need to understand what quality means to them, and the teams they work within. NHS bodies and Welsh Ministers will need to understand the needs of their population to inform quality-driven decision-making and to secure the improvement in outcomes required.

Question 7

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

Yes

No

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

Quality enablers

Five quality enablers have been described in the guidance. They are important foundation building blocks on which to strengthen the quality management system. They include **Leadership; Culture and valuing people; Data to knowledge; Learning, improvement and research and Whole-systems perspective**. For more detailed explanation of the five quality enablers, please see the guidance document section 6.

The six domains of quality and five quality enablers provide a blueprint for what 'good' quality should look like. They should underpin the approach to quality improvement. They can be considered as a 'golden thread'; they are principles that are broadly applicable across the system.

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

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

No

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

Question 9

Is there other potential ‘enablers’ that we should consider including in the guidance?

Yes

No

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

Question 10

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

Yes

No

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

Quality

Standards

The six domains of quality described above, together with the five quality enablers, provide a high-level framework for describing, implementing and monitoring the duty

of quality. They set out high-level aspirations that people in Wales can expect when they access health services.

These new quality domains and enablers provide the structure on which to implement the duty of quality, whether at a national policy level, NHS body level or at individual service level. They apply to all clinical and non-clinical services and settings where NHS services are being provided within Wales.

Together, the six domains of quality and five quality enablers provide a structure in which the quality management system can be strengthened. The strengthened structure ensures focus on improving the quality of services and outcomes for the population.

In developing the Duty of Quality Guidance and reviewing the April 2015 Standards the Welsh Ministers are proposing to withdraw the Health and Care Standards (April 2015) and replaced them with the Quality Standards 2023 (i.e. the six domains of quality and five quality enablers) as set out in section 6 of this guidance. This change is being made as the introduction of the Duty of Quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in health. The domains as described in this guidance are widely used in health care and are being implemented in the wider Welsh health system. Feedback from stakeholders indicates the 2015 Standards are overly detailed, often secondary care specific and limited in their relevance to the wide range of services provided by the integrated health boards. The new Quality Standards 2023 are designed to simplify the requirements and be flexible with the wide remit of the Duty of Quality.

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

No

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

No

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

No

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?

Yes

No

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

Section 3

Meeting the duty

The duty of quality requires:

Welsh Ministers to exercise their health service functions with a view to securing improvement in quality of health services. Each Local Health Board, NHS Trust and Wales-only Special Health Authority to exercise their functions with a view to securing improvement in the quality of health services.

Welsh Ministers must also issue guidance to NHS bodies in relation to the requirement to secure improvement in the quality of health services.

This means that 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 health services and outcomes for the population.

Exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis.

Actively monitor progress on the improvement of quality services and outcomes and routinely share this information with their population.

Strengthen governance arrangements by reporting annually on the steps taken to comply with the duty of quality and assess the extent of improvements in outcomes.

Ensure that NHS organisations develop their quality management system with appropriate focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning and improving environment; and Create a culture of quality within organisations.

The guidance outlines six steps as described by The Health Foundation⁸ that an organisation should take to plan, deliver and sustain the necessary focus on improving quality. These steps include:

- Securing Board support
- Assessing readiness
- Securing wider organisational buy-in and co-creating a vision
- Developing improvement skills and infrastructure
- Aligning and coordinating activity
- Sustaining an organisation-wide approach

Question 15

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

Yes

No

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

Quality reporting requirements

The Welsh Ministers are required to publish an annual report on the steps they have taken to comply with the duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps, and the Welsh Ministers must lay a copy of the report before the Senedd (which will also be publicly available).

Each Local Health Board, NHS Trust and Wales-only Special Health Authority is required to publish an annual report on the steps it has taken to comply with the duty to exercise its functions with a view to securing improvement in the quality of health

⁸ The Health Foundation (2019) The improvement journey: Why organisation-wide improvement in health care matters, and how to get started <https://www.health.org.uk/publications/reports/the-improvement-journey>

services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.

Quality reporting needs to be meaningful for organisations and our population to optimise real time learning and improvement opportunities. It is proposed that the commitment to report should be met in two ways – an annual narrative quality report supplemented by an “always on” approach to quality reporting. It is a requirement that the report will include an assessment on the extent of any improvement in outcomes achieved by virtue of taking steps to secure improvement in the quality of health services. The guidance includes suggested evidence for organisations to use to support the completion of this assessment and guidance on the conduct of such as assessment.

Question 16

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

Yes

No

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 their population and Welsh Ministers?

Yes

No

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

Section 4

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 and health needs of their populations. They must focus on quality-driven decision-making and planning as a system-wide approach to ultimately deliver better outcomes for all people who require health services. They must focus on learning and improving in a quality-driven culture as a collective responsibility.

NHS bodies must implement and monitor their progress with the duty of quality in line with existing governance mechanisms that will need to adapt to integrate the duty.

New structures and processes that are established must embed the duty of quality requirements.

The Board will need to seek assurance across its system that the duty of quality is being met in a sustainable way with appropriate monitoring mechanisms in place to ensure quality improvements are maintained.

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

No

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

No

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

Section 5

Integrated Impact Assessments

It is fundamental to the policy making process to undertake a robust consideration of health disparities and to assess and understand how different groups are impacted differently or disproportionately by the policies that we implement.

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 2010⁹.

From the work that we have done to date, 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. The consultation responses will be analysed and will inform decisions taken on the proposals.

Our considerations to date suggest that the proposals could have a disproportionate indirect impact (but not a negative impact) on people with certain characteristics – notably disability and age. The reason for this indirect impact is that people in these groups have more frequent interactions with the health care system. Our assessment is that this indirect impact would be a beneficial one.

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 2010¹⁰;**
- **on health disparities; or**
- **on vulnerable groups in our society.**

Please provide your comments here:

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

⁹ The Equality Act 2010 accessed at <https://www.legislation.gov.uk/ukpga/2010/15/contents>

¹⁰ 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.

effects be increased, or negative effects be mitigated?

Please provide your comments here:

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:

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:

Consultation Response Form

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

