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Enclosure(s): Annual Quality Statement 2018-19 Guidance

The Annual Quality Statement 2018-19

1. Background

All NHS organisations are required to publish an **Annual Quality Statement (AQS)**, as part of the organisation's annual reporting process. This Welsh Health Circular provides guidance on the content and structure of the statement for 2018-19.

2. Who and what is an Annual Quality Statement for?

Each organisation's AQS is for its resident population and provides an opportunity to let the public know, in an open and honest way, how it is doing to ensure its services are addressing local need and meeting high standards.

It should therefore bring together a summary which highlights what the organisation has been doing to improve the quality of the services it provides and commissions, in order to drive both improvements in population health, and the quality and safety of healthcare services. In developing the AQS it should enable LHBs and trusts to:

- provide an assessment of how well they are doing across all services, including community, primary care and those where other sectors are engaged in providing services, including the third sector and social care;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- build on the previous year AQS, report on progress, year on year;
- account to its public and other stakeholders on the quality of its services; and
- engage the public on the quality of services received from their health board / NHS Trust to help inform the AQS content.

The AQS provides the opportunity to 'tell the story'. Where examples have been used of good practice and initiatives being taken forward, this should continue as an on-going theme to inform on outcomes. It provides an opportunity to confirm what went well and what not so well and what actions are being taken as a result going forward. It can also be used to confirm how successful initiatives are rolled out across to other wards, hospitals etc within an organisational area.

The AQS will also provide an opportunity to highlight any local issues which have arisen during the year - something which may have featured heavily in the media for example should be addressed within the Statement. The AQS will provide the opportunity to confirm what actions have / are being taken and what difference this is making to the quality and safety of care at a local level.

Engagement with the public will be important to understand what matters to them and what they would like to see in their local quality statements.

The statement needs to encompass all key themes in line with the *Health and Care Standards for Wales* and the *NHS Wales Outcome and Delivery Framework*. It also provides the opportunity to reflect improvements being made to services in line with the expectations set out in *A Healthier Wales*, the *Social Services and Well-being (Wales) Act 2014* and the *Well-being of Future Generations (Wales) Act 2015*.

3. What should a Statement look like?

The AQS should be presented in a way that can be understood by those who use the services provided. It should be written in plain English and be jargon-free, using visual graphics to underline key messages. To ensure national consistency in approach, more detailed advice is provided in annex 1.

It should signpost the reader to more detailed reports on service-specific areas, including progress against individual service specific delivery plans. It should include areas involving cross-cutting work with other partners including social care and any examples where intergeneration work is making a real difference to health and well-being.

Organisational communications leads will need to work closely with their quality and safety colleagues to ensure that the content and format of the statement is as would be expected of a public-facing report. We expect the Communications departments to be actively involved and engaged with the promotion of the Annual Quality Statement through the use of internet; intranet and approved social network sites for example Facebook and Twitter.

4. What does it need to cover?

The main purpose of the AQS is to combine an element of looking back at what has been achieved with a forward look using data and information available for the reporting year. In looking back, LHBs and trusts should seek to answer the following questions:

- are we meeting standards and delivery requirements and are we improving outcomes, across the whole patient pathway?
- are we genuinely seeking to understand the patient/user experience and is it improving?
- are we meeting or exceeding our improvement goals?
- are we being open and learning from errors and concerns?

The AQS should include the organisation's initiatives being taken forward in respect of Wales for Africa and other international health partnerships. This should be set in the context of the organisation's activities to implement the principles of the Charter for International Health Partnerships in Wales.

The Welsh Government has committed to work with the Older People's Commissioner to embed a **rights based approach** that challenges ageist attitudes and stereotypes and makes rights real in public services. The Older

People's Commissioner (OPC) for Wales has identified 'twelve key areas' considered central to safe, dignified and compassionate care. The OPC's resource **Making Rights Real in Public Service** provides guidance and examples which may be useful.

It would be helpful if organisations can demonstrate examples of services or actions in primary and community care which embed and promote a rights-based approach throughout the statement.

Preparing the statement should provide a further opportunity for the organisation to recognise and mitigate risk in achieving high quality care and to be honest about performance. It should also enable LHBs and trusts to identify and celebrate areas of local innovation in service delivery and transformation to ensure spread and sustainable improvement, as well as areas where integration and partnership working is key to success.

LHBs and trusts should use this process to inform the focus and priority for improvement in the coming year, to be reflected in their integrated medium term plan.

The statement should be set out using the framework detailed at Annex 1.

5. Accessible to all

The AQS is a public document. It should therefore be presented in a way which is accessible to all. Organisations may want to consider using a number of ways to 'tell the story'. This could be through a mix of case studies and patient stories as well as quantitative data presented clearly and succinctly, signposting the reader to more detailed or technical information as required. It should provide a balance between positive information and an acknowledgment of where services need to improve.

6. Publishing the Annual Quality Statement

A bilingual AQS must be published electronically on organisations' websites, with hard copies being made available on request. Organisations should also take into account the needs of their local populations and consider making the statement available in other formats or languages where there is a need to do so, considering going beyond meeting the legal requirements in such matters.

AQS must be produced on a financial-year basis, which aligns with the financial and performance data reporting periods within NHS organisations' Annual Accounts.

Statements must be published no later than **31 May 2019**, in line with the annual accounting and reporting timetable.

It is recognised that this can present difficulties in accessing timely data at the year end to meet publication deadlines. To overcome this it is suggested that quantitative information be presented in one of three ways, depending on data availability at the time of reporting:

1. If a full financial year of data is available, then data for the 1st April to 31st March should be included.
2. If a full financial year of data is not available, data for a calendar year, 1st January to 31st December, should be used to show performance trends supported by commentary on projected end of year delivery where possible.
3. If the measure is qualitative in nature or the data is not available either on a financial or calendar year basis then NHS organisations should provide commentary on past and anticipated end of year delivery. Cross correlation, where appropriate with your Annual Report is recommended to reduce duplication and to provide more collaborative approach.

A communications strategy should also be developed to aid publication and promotion of the AQS.

7. Assuring the Annual Quality Statement

The Board is accountable for the organisation's quality statement and must therefore assure itself, through its internal assurance mechanisms, including internal audit, that the information published is both an accurate and representative picture of the quality of services it provides and the improvements it is committing to. The Chair and Chief Executive will need to include a statement confirming this. Organisations may also wish to include statements demonstrating engagement from other stakeholders, such as the Community Health Council, social care, when agreeing their statement.

8. Review

The Welsh Government will continue to work with NHS organisations to evaluate the process and make improvements for future years. This process will be overseen by the National Quality and Safety Forum.

**Annual Quality Statement
Template for 2018/19**

1. Statement from the Chair and Chief Executive

2. Introduction

This section should set the context, describing the population needs the organisation has identified and is aiming to meet. It should also summarise the steps being taken to engage with its population and users. It should summarise the improvement priorities set last year and any in-year challenges and unexpected events which may have influenced this.

3. Looking Back Over the Past Year

This section should be set out in line with the individual themes below. It should aim to ensure a consistent national approach as far as possible, whilst at the same time providing the opportunity to reflect local priorities. When providing specific examples, it is suggested they are chosen to reflect the local context. **Not all of the areas set out below will be relevant to each organisation, so organisations should draft their response in the spirit of this guidance and adapt their content to suit the services or programmes which they provide.**

Each theme should provide examples of achievements and improvements as well as challenges, including actions in response to any quality triggers or external reviews which may have taken place during the year. It should show how the organisation has listened to, learnt from and is working with all its partners including social care and the third sector.

➤ **Staying Healthy**

Examples of actions to promote and protect health – examples drawn from obesity, smoking, alcohol, exercise, immunisation rates etc. and/or examples of health improvement programmes implemented. Examples of innovative services in primary and community care to help people maintain good health and live independently.

➤ **Safe Care (Services)**

This section should specifically include examples of actions to improve safety, including nutrition and hydration, falls, pressure ulcers and progress in reducing healthcare associated infections. Progress and learning from case note mortality reviews and other sources of mortality data, serious incidents, safeguarding issues and independent reviews and descriptions of any never events and learning should be included in this section.

➤ **Effective Care (Services)**

Examples of achievements and challenges across individual service delivery plans in providing evidence based effective pathways of care, including efforts to ensure integration and joint working with social services. This section may

need to signpost to more detailed reports for some areas e.g. cancer, stroke, mental health, primary care, children etc. A few examples of participation and learning from national clinical audit, clinical outcome reviews and peer review. This could be linked to local improvement priorities also participation in and learning from research, development and innovation.

➤ **Dignified Care**

A summary of progress against actions agreed in 'Dignified Care', as well as examples of improvements or challenges which have impacted on meeting the needs and overall experience of patients with dementia, cognitive impairment or sensory loss. Summary of actions being taken to ensure the provision of good continence care, including improvement actions where needed. Improvements made following inspections undertaken by Healthcare Inspectorate Wales.

➤ **Timely Care (Services)**

A summary of progress and actions taken to improve timely access to and discharge from services including GP access, unscheduled care, ambulance handovers, delayed transfers of care and preventing late night/early hours discharges from hospital, working with social services where required. This could include a summary of participation in the national unscheduled care programme. Examples of actions taken to reduce risk of harm associated with delays in accessing services/care, including participation in the national planned care programme.

➤ **Treating People as Individuals**

Examples of services/care designed to meet individual need e.g. communication needs, sensory loss, disability and maintaining independence, supporting carers as well as improving services for vulnerable groups. Listening and learning from individual feedback, including the Evans Review of Putting Things Right (PTR) and progress and examples in implementing the National Service User Experience Framework. This should include or signpost to PTR data and learning.

➤ **Our staff**

A summary of the workforce profile and challenges e.g. actions taken to ensure safe staffing levels, tackle recruitment difficulties, etc. and numbers of and the support provided by volunteers. Examples of actions taken following staff feedback/surveys etc. Examples of actions to develop and support staff to deliver compassionate care and make improvements: including through the provision of training and development in areas such as dementia, cognitive impairment and sensory loss, as well as staff appraisal. This section should also include progress in embedding the Improving Quality Together Framework (IQT), individual and team awards.

The OPC also sets out 3 areas relating specifically to staff, including staffing levels, training and responding to the views of staff. LHBs and trusts should increasingly demonstrate how such issues are considered throughout the year

and how findings etc are brought together to support the evidence provided within the Annual Quality Statement. These expectations align with those set out within the Health and Care Standards Framework.

It is suggested the Wales for Africa disclosure is captured within this theme. You may wish to include reference to information such as the number of staff granted 'volunteering' time, number of staff otherwise engaged with health links work, or any international learning opportunities undertaken. This section also provides an opportunity to draw attention to any other wider strategic international links and projects, and to draw attention to activity undertaken locally to implement the principles of the Charter for International Health Partnerships in Wales:

<http://www.internationalhealth.wales.nhs.uk/sitesplus/documents/1100/IHCC%20Charter%20for%20IHP%20%28Interactive%29%20E.pdf>

4. Forward Look

This section should summarise how each organisation has used this process to identify areas for focus and improvement for the coming year, working with all its partners including social services. It should set out clear, measurable improvement actions against each of the themes above. It should also describe how the organisation will track progress during the year, including evidence from how it listens and learns to drive continuous improvement.

5. Engagement and Feedback

The document should also be seen as a tool for engagement and a key element in the organisation's communication strategy. Organisations are encouraged to engage with all their stakeholders or partners in agreeing the final statement and include any endorsements/engagement statements as appropriate. They should also include details of how the reader can contact the organisation to comment on the statement or to seek further information.