

# WELSH HEALTH CIRCULAR



**Issue Date: 23 December 2019**

Llywodraeth Cymru  
Welsh Government

**STATUS: INFORMATION**

**CATEGORY: QUALITY & SAFETY**

**Title:** Annual Quality Statement 2019 / 2020 Guidance

**Date of Expiry / Review** March 2021

**For Action by:**  
NHS Wales

**Action required by:** 29 May 2020

**Sender:** Jan Firby  
Healthcare Quality Delivery  
Population Healthcare

**DHSS Welsh Government Contact(s) :**

Mandy Stone  
Population Healthcare  
Health and Social Services Group  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

**Enclosure(s):** Annual Quality Statement 2019-20 Guidance

# The Annual Quality Statement 2019-20

## 1. Background

The Annual Quality Statement (AQS) provides an opportunity for organisations to ‘tell the story’ of good practice and initiatives being taken forward, as well as confirming what **went well** and what **not so well** and the **actions being taken as a result**. All NHS organisations are required to publish an AQS, as part of the annual reporting process.

NHS organisations need to be mindful that the Health and Social Care (Quality & Engagement) (Wales) Bill includes a new, broader duty of quality which requires NHS bodies in Wales to exercise their functions with a view to securing improvement in the quality of health services.

The Bill is at a relatively early stage in the Assembly’s legislative scrutiny process. If the Bill is passed by the Assembly, we hope to bring the new duty into force in Summer 2021.

Detailed guidance will be developed with stakeholders to support its implementation. The Welsh Government will also supply training materials so staff are aware of the new duty and what it means in practice.

The Bill contains annual reporting requirements which require NHS bodies to assess the extent to which the steps they have taken to comply with the new duty of quality have led to improvements in outcomes. This new reporting requirement will build on and replace the existing Annual Quality Statement to form the basis of the mechanism through which the duty will be reported. Revised guidance will be co-produced ahead of the new requirements being introduced.

In the interim, annual quality statements will continue very much as in previous years but with an eye on the future requirements under the Bill. This Welsh Health Circular therefore provides guidance on the content and structure of the statement for 2019-20.

## 2. What should a Statement include and look like?

The AQS is for each organisation’s 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. Bringing together a summary highlighting what has been done 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, across the patient pathway, including social care and the third sector;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- build on the previous year's 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.

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*.

It should be presented in a way that can be understood by those who use the services provided, 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.

Organisational communications leads will need to work closely with their quality and safety colleagues to ensure 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 AQS through the use of internet, intranet and approved social network sites such as Facebook and Twitter.

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

### **3. What does it need to cover?**

The AQS should 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?

Examples of initiatives or work to demonstrate commitment to the following should also be included:

- Wales for Africa and other international health partnerships
- embedding a rights based approach which challenges ageist attitudes and stereotypes, making rights real in public service.
- mitigating risk in achieving high quality care and being honest about performance.
- identifying and celebrating areas of local innovation in service delivery and transformation to ensure spread and sustainable improvement
- integration and partnership working.

#### **4. Publishing the AQS**

As the AQS is a public document it should be presented in a way which is accessible to all. 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.

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.

The 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 **29 May 2020**, 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 1<sup>st</sup> April to 31<sup>st</sup> March should be included.
2. If a full financial year of data is not available, data for a calendar year, 1<sup>st</sup> January to 31<sup>st</sup> 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.

## **5. Assuring the Annual Quality Statement**

The Board is accountable for each 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 Community Health Councils and social care when agreeing their statement.

**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 of the organisation which have been identified and how these will be met. Summarising the steps being taken to engage with its population and users and the improvement priorities set last year and any in-year challenges including 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.