



Llywodraeth Cymru  
Welsh Government

**WG23-12**

**The Duty of Quality Statutory Guidance 2023  
and Health and Care Quality Standards 2023**

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

The Health and Social Care (Community Health and Standards) Act 2003

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## Glossary

### Interpretation, in this guidance:

- The 2003 Act means the Health and Social Care (Community Health and Standards) Act 2003.
- “Health care” for the purposes of the 2003 Act means (a) services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and (b) the promotion and protection of public health.
- The 2006 Act means the National Health Service (Wales) Act 2006;
- The Act means the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- NHS body, in the context of the duty of quality in Wales, means -
  - (a) a Local Health Board.
  - (b) an NHS Trust.
  - (c) Wales-only Special Health Authority.
- Where the word **must** is used, it refers to actions that are a legal requirement, as set out in Part 2 of the Act;
- Part 2 of the Act amends the National Health Service (Wales) Act 2006 to insert new provisions 1A, 12A, 20A and 24A into the 2006 Act. For the purposes of those new provisions:
  - “Health services” means any services provided or secured in accordance with the 2006 Act: and
  - “Quality” includes, but is not limited to, quality in terms of –
    - (a) The effectiveness of health services,
    - (b) The safety of health services, and
    - (c) The experience of individuals to whom health services are provided.

## FOREWORD

Introducing a duty of quality through the Health and Social Care (Quality and Engagement) (Wales) Act 2020<sup>1</sup> ('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 to continuously, reliably and sustainably meet the needs of the population that we serve. A culture of continuous learning and improvement is crucial.

In discharging the duty of quality, NHS bodies are required to take into account the Health and Care Quality Standards 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 2015<sup>2</sup> as well as promoting the well-being goal of A Healthier Wales<sup>3</sup>. The Welsh Ministers must also take into account the Health and Care Quality Standards when conducting reviews of, and investigation into the provision of health care by and for NHS bodies under section 70 of the Health and Social Care (Community Health and Standards) Act 2003. In practice, the role of conducting such reviews and investigations is undertaken by Healthcare Inspectorate Wales (HIW) on behalf of the Welsh Ministers.

The Welsh Government published the Quality and Safety Framework<sup>4</sup> 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.

In order to build clear connections between the duty of quality and standards, this guidance now incorporates the new Health and Care Quality Standards that will

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

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

<sup>3</sup> Welsh Government (2019) A Healthier Wales: our Plan for Health and Social Care [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

<sup>4</sup> Welsh 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](https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf)

replace the Health and Care Standards<sup>5</sup> that were issued in 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.

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.”<sup>6</sup>

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

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<sup>5</sup> Welsh Government (2015) Health and Care Standards <https://www.gov.wales/sites/default/files/publications/2019-05/health-and-care-standards-april-2015.pdf>

<sup>6</sup> World Health Organisation (2022) Fundamentals of Quality <https://qualityhealthservices.who.int/quality-toolkit/new-to-health-system-quality-thinking/fundamentals-of-quality>

## 1. Introduction

- 1.1 The duty of quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (“the Act”), will come into force on 1 April 2023. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. The Act aims to ensure a stronger citizen voice and to improve the accountability of services to deliver a better experience and quality of care. Doing so contributes to a healthy and more prosperous country. The Act is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care.
- 1.2 This document serves a dual purpose of providing statutory guidance which aims to help NHS bodies in Wales deliver the requirements of the duty of quality, and also sets out the new Health and Care Quality Standards issued under section 47(1) of the Health and Social Care (Community Health and Standards) Act 2003. NHS Bodies are under a duty to take into account these standards when discharging the duty of quality.
- 1.3 The legal basis for the duty of quality is set out in Part 2 of the Act.
- 1.4 The duty of quality supports all people in Wales. The new duty of quality requires the Welsh Ministers and NHS bodies to think and act differently by applying the concept of “quality” across all functions within the context of the health service and health needs of their populations. It requires quality-driven decision-making and planning, to ultimately deliver better outcomes for all people who require health services. It requires involving people in decisions that affect them, balancing short-term needs with planning for the longer-term, with action to prevent problems occurring or getting worse.
- 1.5 The duty also supports the application of prudent and value-based healthcare principles, referred to in the National Clinical Framework<sup>7</sup> as ‘prudent in practice’. This increasingly shifts the focus to person centred care that can support people to stay well, self-manage their condition and, when necessary, provide seamless and appropriate specialist support. The focus is on the person rather than the setting in which the service is delivered.
- 1.6 Value-based health care<sup>8</sup> encourages us to focus on meeting the goals of our patients and to help manage expectations throughout their care or treatment. Value in health encourages us to improve how patients are involved in decision

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<sup>7</sup> Welsh Government (2021) National Clinical Framework: A Learning Health and Care System at [https://www.gov.wales/sites/default/files/publications/2021-05/national-clinical-framework-a-learning-health-and-care-system\\_0.pdf](https://www.gov.wales/sites/default/files/publications/2021-05/national-clinical-framework-a-learning-health-and-care-system_0.pdf)

<sup>8</sup> Welsh Value in Health Care (2022) Value-based Healthcare for Wales at <https://vbhc.nhs.wales/value-based-healthcare-for-wales/policy-and-culture/>

making using the best evidence available, avoiding any unnecessary variation in care, and becoming more creative to determine where our resources are best spent to improve patient outcomes. By working with patients and teams from across the healthcare system in Wales, and collaborating with industry and third sector, we can deliver the outcomes that matter to people with the resources available to us in a way that is sustainable.

- 1.7 The prevailing intention is to build on the positive culture of quality at the heart of the Welsh health system<sup>9</sup>, enacting a broader system-wide duty of quality which strengthens decision-making, action, improvement and ultimately, improved outcomes for the population.

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<sup>9</sup> Organisation for Economic Co-operations and Development (OECD) Reviews of Health Care Quality: United Kingdom 2016: Raising Standards  
[https://www.oecd-ilibrary.org/social-issues-migration-health/oecd-reviews-of-health-care-quality-united-kingdom-2016\\_9789264239487-en](https://www.oecd-ilibrary.org/social-issues-migration-health/oecd-reviews-of-health-care-quality-united-kingdom-2016_9789264239487-en)

## **2. Purpose of the guidance**

- 2.1 Improving the quality of our services to achieve better outcomes for people is the right thing to do.
- 2.2 The guidance sets out best practice to assist NHS bodies in the implementation and application of the duty of quality. NHS bodies must have regard to the guidance issued by the Welsh Ministers.
- 2.3 The guidance provides a foundation on which quality management systems, relevant policies and procedures, training and support requirements will be built. It facilitates clarity about the duty of quality, consistency of approach and equity of response to improve the quality of health services and outcomes for people.
- 2.4 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 responsibilities to learn and create opportunities to share learning. The purpose of the duty overall is to improve outcomes for our population.
- 2.5 It is intended as a reference for our workforce as well as our population and partner organisations, so we develop a common understanding about the duty of quality.
- 2.6 It is not intended to be a prescriptive document, nor is it intended to be a quality manual or 'how to' guide. It is ultimately for NHS bodies to satisfy themselves that they are complying with the new duty to secure improvement in the quality of health services that is imposed on them in the 2006 Act, though it is envisaged that this guidance will provide a helpful framework to assist such bodies accordingly. Furthermore, this guidance document also sets out new Health and Care Quality Standards which will replace the Health and Care Standards (April 2015) issued under section 47(1) of the Health and Social Care (Community Health and Standards) Act 2003 (which is a power that permits the Welsh Ministers to publish statements of standards in relation to the provision of health care). NHS bodies will be required to take these new standards into account for the purpose of discharging the duty of quality. In addition, the Welsh Ministers are also required to take into account these new standards in conducting reviews of, and investigations into, the provision of health care by and for NHS bodies under section 70 of the Health and Social Care (Community Health and Standards) Act 2003. In practice, the role of conducting such reviews and investigations is undertaken by Healthcare Inspectorate Wales (HIW) on behalf of the Welsh Ministers.
- 2.7 It is acknowledged that implementation of the duty of quality will need to be monitored over the course of several years to determine its success. Welsh Ministers and NHS bodies will need to be able to demonstrate the steps they



have taken to improve the quality of services aligned to the duty for implementation to be assessed and monitored.

- 2.8 To that end, Welsh Ministers and NHS bodies must publish an annual quality report on the steps they have taken to comply with the duty of quality.

### 3. Legislative background

- 3.1 The key purpose of Part 2 of the Act is to reframe and broaden the duty of quality which was first set out in section 45(1) of the Health and Social Care (Community Health and Standards) Act 2003<sup>10</sup> (“the 2003 Act”). Section 45(1) of the 2003 Act imposes a duty on Welsh NHS bodies to ensure that appropriate arrangements are in place to monitor and improve the quality of health care<sup>11</sup> provided by or for those bodies.
- 3.2 Section 45(1) of the 2003 Act is repealed and replaced with a revised duty to secure quality in health services in sections 1A (Welsh Ministers’ duty), 12A (Local Health Board’s duty), 20A (NHS Trust’s duty) and 24A (Special Health Authority’s duty) of the National Health Service (Wales) Act 2006<sup>12</sup> (“the 2006 Act”). The 2006 Act (as amended by Part 2 of the Act) also requires those bodies to publish an annual report on the steps it has taken to comply with the duty of quality.
- 3.3 The 2006 Act (as amended by Part 2 of the Act) 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. Therefore, this guidance document is issued by the Welsh Ministers under Sections 12A (5), 20A (5) and 24A (5) of the 2006 Act in pursuance of that requirement. The new Health and Care Standards, which are also contained in this document, are issued under the powers in section 47 of the 2003 Act (see further on that in paragraph 3.9 below).
- 3.4 The revised duty of quality (which also applies to the Welsh Ministers, as well as NHS bodies) reframes the concept of “quality” by ensuring that it is used in its broader definition. Quality includes 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

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<sup>10</sup> UK Government (2003)\_Health and Social Care (Community Health and Standards) Act  
<https://www.legislation.gov.uk/ukpga/2003/43/contents>

<sup>11</sup> For the purposes of the 2003 Act, “health care” means (a) services provided to individuals for or in connection with the prevention, diagnosis or treatment or illness; and (b) the promotion and protection of public health.

<sup>12</sup> UK Government (2006) National Health Service (Wales) Act.  
<https://www.who.int/publications/i/item/9789240011632>

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 on the intention of improving 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’ intention to further strengthen and embed quality at the heart of decision making for health services.

- 3.5 Welsh Ministers have a duty to exercise any of their functions that relate to the health service with a view to securing improvement in the quality of health services.<sup>13</sup>
- 3.6 Local Health Boards<sup>14</sup>, NHS Trusts<sup>15</sup> and Welsh Special Health Authorities<sup>16</sup> have a duty to exercise **all** of their functions with a view to securing improvement in the quality of health services. The duty of quality therefore applies to all clinical and non-clinical functions.
- 3.7 Reframing and strengthening the duty of quality represents a further step on the journey towards ever-higher standards of person-centred health services in Wales.
- 3.8 Part 2 of the Act also makes consequential amendments to section 47 and section 70 of the 2003 Act.
- 3.9 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.<sup>17</sup> Section 47(4) of the 2003 Act required that the standards set out in statements are to be taken into account by every Welsh NHS body in discharging its duty under section 45 of the 2003 Act. Given that section 45(1) is repealed, section 47(4) is amended such that the standards set out in statements are to be taken into account by a Welsh NHS body in discharging the revised duty of quality in the 2006 Act.
- 3.10 In accordance with the Welsh Ministers’ duty to review and the power in section 47 of the 2003 to publish amended statements of standards, the Health and Care Standards (April 2015) are withdrawn and replaced with the Health and Care Quality Standards as set out in this guidance and which align with the new

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<sup>13</sup> Section 1A of the 2006 Act

<sup>14</sup> Section 12A of the 2006 Act

<sup>15</sup> Section 20A of the 2006 Act

<sup>16</sup> Section 24A of the 2006 Act

<sup>17</sup> Welsh Government (2015) Health and Care Standards

<https://www.gov.wales/sites/default/files/publications/2019-05/health-and-care-standards-april-2015.pdf>

duty of quality. This is to reflect the inextricable relationship that exists between the duty of quality and the standards.

3.11 Furthermore, section 70(1) of the 2003 Act provides that the Welsh Ministers have the function of conducting reviews of, and investigations into, the provision of health care by and for Welsh NHS bodies. In practice this function is carried out by Healthcare Inspectorate Wales (HIW) on behalf of the Welsh Ministers. Section 70(3) of the 2003 Act also imposes a specific function of conducting reviews into the arrangements made by Welsh NHS bodies for the purpose of discharging the duty of quality. Section 70(3) is amended such that this relates to the revised duty of quality under the 2006 Act. Section 70(4) of the 2003 Act requires the Welsh Ministers to take into account the standards published under section 47 in exercising its functions under section 70.

### **Key messages**

- The key purpose of the Act is to reframe and broaden the duty of quality which was first set out in the 2003 Act
- The duty of quality set out in section 45(1) of the 2003 Act is repealed and replaced with a revised duty to secure quality in health services in the 2006 Act
- The revised duty requires that the Welsh Ministers must exercise their health-related functions with a view to secure improvement in the quality of health services
- The revised duty also requires that NHS bodies must exercise all of their functions with a view to securing improvement in the quality of health services
- The Act makes consequential amendments to section 47 and section 70 of the 2003 Act such that any standards that are issued under the 2003 Act are taken into account by an NHS body in discharging the revised duty of quality in the 2006 Act, and that the Welsh Ministers has the function of conducting reviews of the steps taken by an NHS body for the purpose of discharging the revised duty of quality. The latter function is delegated to Healthcare Inspectorate Wales (HIW).
- The Health and Care Standards (2015) that were issued under section 47 of the 2003 Act are withdrawn and replaced with the Health and Care Quality Standards to reflect the inextricable relationship between the duty of quality and the standards

#### 4. Strategic and policy context

- 4.1 A Healthier Wales: our Plan for Health and Social Care ("A Healthier Wales") sets out the vision for a whole system approach to health and social care in Wales.
- 4.2 It lays out the Welsh Government's ambitions for progress and improvement and describes the core values that underpin the NHS in Wales. These are:
  - Putting quality and safety above all else
  - Integrating improvement into everyday working
  - Focusing on prevention, health improvement and inequality
  - Working in true partnerships
  - Investing in our staff
- 4.3 The Act supports the ambitions in A Healthier Wales by setting out the requirements for the improvement in the quality of health services.
- 4.4 The Act describes that quality includes, but is not limited to, the safety and effectiveness of health services and the experience of individuals who receive health services.
- 4.5 The Welsh Government published the Quality and Safety Framework in September 2021<sup>18</sup>.
- 4.6 It provides an overview of quality principles and arrangements that need to be in place to ensure high quality services are being delivered.
- 4.7 It requires the NHS to establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.
- 4.8 The intention was for the Framework to provide a steppingstone to the new duty of quality.

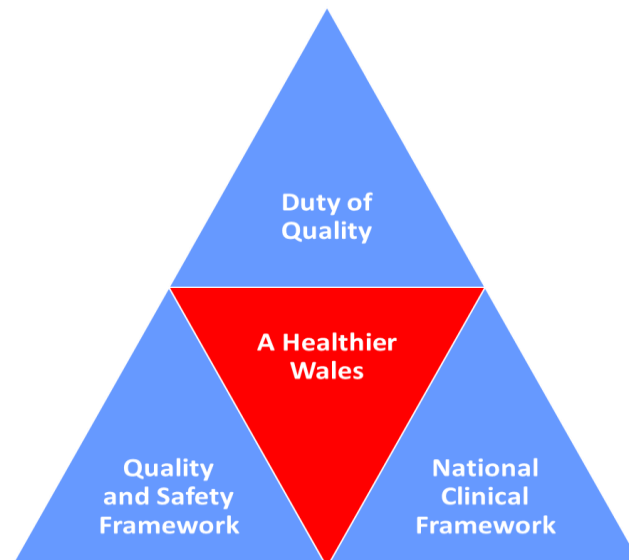
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<sup>18</sup> Welsh Government 2021 Quality and Safety Framework learning and improving. <https://gov.wales/nhs-quality-and-safety-framework>

Figure 1  
Diagram to demonstrate the quality management cycle as referred to in the Welsh Government's Quality and Safety Framework (2021).



Figure 2  
Diagram to demonstrate the central strategic context of A Healthier Wales alongside the duty of quality, National Clinical Framework and Quality and Safety Framework



### **Key messages**

- We must put the quality and safety of our health services above everything else
- The duty of quality influences many health-related policies and frameworks
- In turn, these also affect how we approach delivering quality in healthcare services
- Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services

## **5. Who does the duty of quality apply to?**

5.1 The Act lists the following individuals and NHS bodies in Wales as being subject to the duty in Part 2 of the Act:

- Welsh Ministers (in relation to their health functions).
- Local Health Boards.
- NHS Trusts.
- Special Health Authorities that operate on a Wales-only basis.

### **5.2 The duty of quality and Welsh Ministers**

The Welsh Ministers, with regards to their health-related functions, have responsibility for oversight of the NHS in Wales. They must ensure that health services are organised and delivered in such a way that system-wide, continuous improvement in the quality of health services is achieved.

5.3 Welsh Ministers will have to actively consider whether their decisions in relation to the health service are taken with a view to securing improvement in the quality of health services.

5.4 Welsh Ministers must ensure that national bodies with regulatory, performance management or support responsibilities have a cohesive and collaborative approach to system-wide improvement.

5.5 Welsh Ministers must issue guidance to NHS bodies in relation to the requirement to exercise their functions with a view to securing improvement in the quality of health services, and the requirement to publish an annual report on the steps they have taken to comply with this duty. The latter is described in section 9 Reporting requirements.

5.6 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 service and within that report to include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.

### **5.7 The duty of quality and NHS bodies**

The NHS in Wales delivers health services through 7 Local Health Boards and 3 NHS Trusts.

5.8 The Health Boards and Trusts work in partnership with 2 Special Health Authorities – Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

5.9 Several Local Health Boards and NHS Trusts host national organisations that support the delivery of health services. In hosting the national organisations, the Local Health Boards and NHS Trusts are exercising functions in relation to

the health service and therefore must do so with a view to securing improvement in the quality of health services. The hosted organisations must comply with the duty of quality in line with the governance of their hosting arrangements.

- 5.10 The duty of quality applies to Local Health Boards who are responsible for planning and delivering NHS services in their areas with the aims of:
- Improving physical and mental health outcomes.
  - Promoting well-being.
  - Reducing health inequalities across their population.
  - Commissioning services from other organisations to meet the needs of their residents.
- 5.11 The 3 NHS Trusts and 2 SHAs have their own specific service delivery responsibilities to which the duty of quality will apply.
- 5.12 Accountability for compliance with the duty of quality ultimately rests with the Chief Executive of an NHS body.
- 5.13 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. It should be noted however, that the responsibility to ensure due consideration is given to the duty of quality applies to all officer and non-officer board members whilst exercising the functions within their roles.
- 5.14 A designated operational lead to support the implementation of the duty of quality is also recommended.
- 5.15 There is a collective responsibility of all Board members to support the Chief Executive to: -
- 5.15.i) comply with the duty of quality by internal governance and assurance arrangements that are structured within a robust quality management system;
  - 5.15.ii) ensure that health services are organised and delivered in such a way that system-wide, continuous improvement in the quality of health services is achieved;
  - 5.15.iii) actively consider whether the Board's decisions will improve service quality and secure improvement in outcomes for the population;
  - 5.15.iv) demonstrate how they have exercised their functions and improved the quality of services in accordance with the duty of quality. This is described in section 9 Quality reporting requirements.



5.16 The duty of quality applies to all health service functions in both clinical and non-clinical settings. Therefore, all staff have responsibility for complying with the duty within their role and service function. It is a collective responsibility to comply with the duty of quality.

### **5.17 The duty of quality in commissioned services**

It is recognised that health services may be provided across geographical boundaries through commissioning arrangements with NHS and non-NHS service providers. Local Health Boards, NHS Trusts and SHAs must exercise their functions with a view to securing improvement in the quality of health services. The NHS body that is commissioning the health service is exercising its functions and must therefore ensure it is doing so with a view to securing improvement in the quality of the health service. Regardless of who is delivering health services when they are commissioned, the duty is the responsibility of the commissioning body.

#### **5.17.i) Services commissioned by an NHS body from another NHS body in Wales:**

The NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The duty of quality is the responsibility of the commissioning body. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services. The Welsh NHS body providing services on behalf of the commissioner must also ensure that they are compliant with the duty that will also apply directly to them for the services they are providing.

**5.17.ii) Services provided by primary medical, dental, optical and pharmaceutical services in Wales:** In accordance with the 2006 Act, each Local Health Board must, to the extent that it considers necessary to meet all reasonable requirements, provide primary medical, dental, optical and pharmaceutical services within its area. Local Health Boards enter into arrangements with primary care providers for the delivery of primary care services in pursuit of those duties. The duty of quality does not directly apply to primary care providers. The duty of quality rests with the Local Health Boards to secure improvement in the quality of health services, and this extends to the services that are delivered by primary care providers on behalf of the Local Health Board. Local Health Boards must therefore exercise their duties in relation to primary care, with a view to securing quality in the provision of services.

#### **5.17.iii) Services commissioned from non-NHS bodies:**

The NHS body that is commissioning the health service from an independent provider is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The duty of quality is the responsibility of the commissioning NHS body. The commissioning body will

wish to ensure that health services delivered by the alternative or independent provider will secure improvement in the quality of health services. This may be a consideration in contracting arrangements.

**5.17.iv) Services commissioned outside of Wales:**

The Welsh NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services. The service provider will be responsible for the quality of health services they directly provide under the relevant jurisdiction within which the services are provided.

- 5.18 Welsh Ministers and NHS bodies have a responsibility to encourage shared learning and expertise as they progress along their quality improvement journey. Much can also be learnt from high performing care systems globally.
- 5.19 There is a need at all levels to ensure that the health system has the resources, capacity, time and autonomy needed to develop their approaches to improving quality. This is supported by the World Health Organisation's Quality health services: a planning guide in the foundational requirements for quality initiatives<sup>19</sup>.

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<sup>19</sup> World Health Organisation (2020) Quality Health Services: a planning guide  
<https://www.who.int/publications/i/item/9789240011632>

## Key messages

- The duty of quality applies to Welsh Ministers (in relation to their health functions)
- The duty of quality also applies to Local Health Boards, NHS Trusts and Special Health Authorities that operate on a Wales-only basis
- Accountability for the duty of quality ultimately rests with the Chief Executive of an NHS body who may designate a lead officer and senior operational lead to oversee the implementation of the duty in the organisation
- All Board members are collectively responsible for the implementation of the duty of quality
- Several Local Health Boards and NHS Trusts host national organisations that support the delivery of health services. The hosted organisations must comply with the duty of quality in line with the governance of their hosting arrangements. The duty does not apply directly to primary care providers, non-NHS providers of health services or to NHS providers outside of Wales
- The NHS bodies are responsible for exercising their functions with a view to securing improvement in the quality of health services. This includes services that they commission from other providers
- The duty of quality will ensure that health services are organised and delivered in a way that seeks to secure continuous improvement in quality and improves outcomes for the population
- Welsh Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and improve outcomes
- Welsh Ministers and NHS bodies will need to be able to demonstrate, supported by evidence, how they have complied with the duty of quality
- All staff have a role in achieving improved service quality; the duty of quality applies to all health service functions in both clinical and non-clinical settings
- System-wide learning and sharing is actively encouraged

## 6. Defining quality

- 6.1 Numerous definitions of quality relating to health and care services have been described by various global organisations, including the Institute for Healthcare Improvement<sup>20</sup> and World Health Organisation<sup>21</sup>.
- 6.2 For the purposes of this guidance, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable and person-centred**<sup>22</sup>.
- 6.3 NHS bodies and Welsh Ministers will need to continually seek to understand the needs of their population to inform their decision-making and secure improvement in outcomes. The population too, will have their own part to play to inform the process.
- 6.4 **Domains of quality**

Welsh Ministers and NHS bodies should ensure the decisions they make deliver care that is **safe, timely, effective, efficient, equitable and person-centred**. These quality dimensions provide a framework to assess quality and guide improvement. Therefore, it is important to explain what the quality dimensions aspire to achieve and what we intend them to mean in Wales as part of the duty of quality.

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<sup>20</sup> Sampath B, Rakover J, Baldoza K, Mate K, Lenoci-Edwards J, Barker P. Whole System Quality: A Unified Approach to Building Responsive, Resilient Health Care Systems. IHI White Paper. Boston: Institute for Healthcare Improvement; 2021. <https://www.ihl.org/resources/Pages/IHIWhitePapers/whole-system-quality.aspx>.

<sup>21</sup> WHO (2020) Quality health services: a planning guide  
<https://www.who.int/publications/i/item/9789240011632>

<sup>22</sup> Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press; 2001.

#### 6.4.1 **Safe**

##### **Safe**

Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.

#### 6.4.2 **Timely**

##### **Timely**

Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.

#### 6.4.3 **Effective**

#### **Effective**

Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.

#### 6.4.4 **Efficient**

#### **Efficient**

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.

#### 6.4.5 **Equitable**

#### **Equitable**

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system and promote.

#### 6.4.6 **Person-centred**

### **Person-centred**

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. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.

#### **6.5 Quality enablers**

A system-wide approach to quality requires a culture that embeds continuous learning and improvement at its heart. This should be underpinned by a clear definition and understanding of what good quality looks like utilising national and benchmarked standards, peer review and audit.

- 6.6 Learning from internationally recognised organisations that have well-established and effective approaches to quality provides a blueprint for what good quality should look like. The quality enablers underpin and influence this blueprint to ensure a system-wide approach to improving quality.
- 6.7 Experience has shown that maturing and embedding these concepts can take a number of years. It is recognised that there has been a positive culture with quality being “at the heart of the Welsh health system”<sup>23</sup>.
- 6.8 The quality enablers that underpin this blueprint to ensure a system-wide approach to improving quality are:

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<sup>23</sup> Organisation for Economic Co-operations and Development (OECD) Reviews of Health Care Quality: United Kingdom 2016: Raising Standards at <https://www.who.int/publications/i/item/9789240011632>

### 6.8.1 Leadership

#### **Leadership**

Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.

### 6.8.2 Workforce

#### **Workforce**

Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.

### 6.8.3 Culture



### **Culture**

Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.

#### **6.8.4 Information**

### **Information**

Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.

#### **6.8.5 Learning, improvement and research**

### **Learning, improvement and research**

Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.

## 6.8.6 Whole systems approach

### Whole systems approach

Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all of our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

6.8.7 The six quality enablers complement the implementation of a methodology and approach to managing quality, as set out in the Quality and Safety Framework (2021).

6.8.8 Together, the domains of quality and quality enablers create our new Health and Care Quality Standards. See also section 7.

6.8.9 Welsh language needs and choice of people must be considered through the quality lens. See also section 11.

6.8.10 The insights, learning and expertise created within NHS organisations across primary, community and secondary care will drive improvements in quality within Regional Partnership Board footprints and accelerate efforts to improve

### Key messages

- Quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve
- Welsh Ministers and NHS bodies will need to ensure that health services are **Safe, Timely, Effective, Efficient, Equitable and Person-centred**
- These quality dimensions provide a framework to assess quality and guide improvement
- Quality enablers have been identified which underpin and influence a blueprint to ensure a system-wide approach to improving quality
- The quality enablers are **Leadership; Workforce; Culture; Information; Learning, improvement and research and Whole-systems approach**

- Together, the quality domains and enablers comprise the **Health and Care Quality Standards**
- Maturing and embedding a quality management system takes time, vision, ambition, and an active commitment to learning and improving

quality across the whole health and care system in NHS Wales.

## 7. Health and Care Quality Standards

- 7.1 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.<sup>24</sup>
- 7.2 Section 47(4) of the 2003 Act (as amended by Part 2 of the 2006 Act) requires 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) 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 have withdrawn the Health and Care Standards (April 2015) and replaced them with the Health and Care Quality Standards, 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. The revised Health and Care Quality Standards are designed to simplify the requirements and be flexible with the wide remit of the duty of quality.
- 7.3 Healthcare 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 the provision of health care in Wales under section 70 of the 2003 Act. The Health and Care Quality Standards provide a high-level framework for describing, implementing and monitoring the duty of quality. The Health and Care Quality Standards set out what people in Wales can expect when they access health services.
- 7.4 The Health and Care Quality Standards provide a structure on which to implement the duty of quality, whether at a national policy level or by service providers and are relevant in all clinical and non-clinical services and settings. The Health and Care Quality Standards integrate with the wider health system.
- 7.5 It should be noted that A Healthier Wales introduced 'quality statements' to describe the outcomes and standards expected in high quality, person-

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<sup>24</sup> Welsh Government (2015) Health and Care Standards  
<https://www.gov.wales/sites/default/files/publications/2019-05/health-and-care-standards-april-2015.pdf>

focussed services, setting out the ambitions to be delivered consistently across Wales.

- 7.6 This was further described in the National Clinical Framework. It explained that quality statements will set out the policy expectations for the future planning and accountability arrangements for the NHS in Wales.
- 7.7 The Health and Care Quality Standards are high level organisational standards. Detailed service standards are usually produced by professional and advisory bodies.

### Figure 3

Visual to illustrate the six domains of quality supported by six quality enablers. Together, these comprise the Health and Care Quality Standards.



## **Key messages**

- **Welsh Ministers have a duty to review standards issued under section 47 of the 2003 Act and may publish amended statements of standards whenever it considers appropriate**
- **The Health and Care Standards (2015) are withdrawn and replaced by the Health and Care Quality Standards, comprised of six domains of quality and six quality enablers, to reflect the inextricable relationship between the duty of quality and standards**
- **The revised Health and Care Quality Standards ensures direct alignment between the duty of quality and standards, ensuring the simplified framework can be widely and flexibly applied**
- **The Health and Care Quality Standards set out the high-level standards that people in Wales can expect when they access health services**
- **The wide remit of the Health and Care Quality Standards is intended to provide a structure on which to implement the duty of quality, whether at national policy level or by service providers and they are intended to apply to all clinical and non-clinical services and settings. They integrate with the wider health system.**
- **It is anticipated that the duty of quality will ensure an aligned approach to improving the quality of our services to achieve better outcomes for the population, applied through the Health and Care Quality Standards**

## **8. Meeting the duty of quality**

8.1 The duty of quality requires:

8.1.1) Welsh Ministers to exercise their functions in relation to the health service with a view to securing improvement in quality of health services.

8.1.2) 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.

8.2 This means that the duty of quality requires the Welsh Ministers (in respect of its functions in relation to the health service) and NHS bodies (in respect of all its functions) to:

8.2.1) Ensure that all strategic decisions are made through the lens of improving the quality of health services and outcomes for the population.

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

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

8.2.4) 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.

8.2.5) 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.

8.3 In accordance with section 47(4) of the 2003 Act, NHS bodies must take into account the Health and Care Quality Standards described in this guidance and issued under section 47(1) of the 2003 Act in discharging the duty of quality.

8.4 Furthermore, there are six steps that an NHS body should take to plan, deliver and sustain the necessary focus on improving quality, which should be



underpinned by a clear understanding of what good quality looks like for the organisation<sup>25</sup>:

#### **8.4.1) Securing Board support**

The Board has collective responsibility for ensuring the duty of quality is delivered and they must demonstrate this in their actions and behaviours. They must demonstrate their long-term commitment to improving quality when setting the strategic direction and seeking assurance of delivery. This should be underpinned by a willingness and financial support to develop the skills and infrastructure for implementation. The Board should prioritise national and regional initiatives along with recommendations that fit the organisation's way of working. The Board needs to ensure they adhere to the duty of quality in their decision-making and seek assurance with regard to decisions made by others.

#### **8.4.2) Assessing readiness**

There needs to be system-wide understanding of what good quality looks like for the broad range of services. NHS bodies should understand their 'readiness for change' to be clear about where the capability gaps are and have a plan to address them. They should use regular assessments, investigations and measurement over time to identify areas to improve quality. The NHS body should consider psychological readiness in addition to having the infrastructure, governance, system understanding and leadership in place for change.

#### **8.4.3) Securing wider organisational buy-in and co-creating a vision**

NHS bodies should create a compelling vision for improved quality that is recognised and intrinsically motivates staff at each level of the organisation. A culture of distributed leadership gives staff at all levels the permission, opportunity and confidence to test new ideas to improve quality that are aligned to the organisation's vision. Leaders should champion improvements in quality that are strategically aligned, driven and owned by the teams responsible for delivering health services.

#### **8.4.4) Developing improvement skills and infrastructure**

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25 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>

NHS bodies need a systematic approach to managing quality that includes building improvement capability to ensure teams at each level of the organisation have the general and specialist improvement skills needed. This should be accompanied by a suite of measures and a system that collects, analyses and feeds back on the impact of the improvements. Standard operating models to standardise core processes and activities should also be developed to address variations in quality.

#### **8.4.5) Aligning and coordinating activity**

NHS bodies need to ensure that initiatives to improve quality are consistent with their overall strategy and mission and barriers are identified and unlocked. A leader with oversight of all the organisation's activity should ensure that all strands of activity align over time. They should ensure that learning from success and weaker areas continue to shape the improvements in quality that are required.

#### **8.4.6) Sustaining an organisation-wide approach**

NHS bodies must invest in maintaining the momentum for improvements in quality and recognise that this is a longer-term journey. A focus on early wins shifts to the challenge of maintaining success and continuing to engage staff and stakeholders, with the Board managing expectations and supporting staff to maintain a focus on improvements aligned to the organisation's purpose. The Board should seek assurance that quality improvement activities are sustainable with appropriate assurance mechanisms to maintain the improvements.

### **Key messages**

- **Welsh Ministers must exercise their functions in relation to the health service with a view to secure improved quality of health services**
- **NHS bodies must exercise its functions with a view to securing improvement in the quality of health services**
- **Welsh Ministers and NHS bodies will need to ensure that strategic decisions are made through a quality lens**
- **Welsh Ministers and NHS bodies must exercise their functions in a way that considers improvement in quality and outcomes on an ongoing basis**
- **The focus must be on improving the quality of services and outcomes for the population**
- **NHS bodies should develop their quality management system and create a culture of quality within their organisations**
- **There are six steps an NHS body should take to plan and sustain the focus on improving quality, underpinned by a clear understanding of what good quality looks like for the organisation. These are:**
  1. **Securing Board support**
  2. **Assessing readiness**
  3. **Securing wider organisational buy-in and co-creating a vision**
  4. **Developing improvement skills and infrastructure**
  5. **Aligning and coordinating activity**
  6. **Sustaining an organisation-wide approach**

## 9 Quality reporting requirements

9.1 The Welsh Ministers are required to publish an annual quality 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.

9.2 Each Local Health Board, NHS Trust and Wales-only Special Health Authority is required to publish an annual quality 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 services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.

9.3 This section of the guidance provides guidance about the requirement to publish an annual quality report, the evidence to be used in support of an assessment and the conduct of an assessment.

9.3.1 The annual quality report allows actions taken by Welsh Ministers and NHS bodies and quality improvements to be monitored transparently. The report should describe the progress and challenges on the quality journey to their respective population and stakeholders. Quality reporting needs to be meaningful for NHS bodies, their stakeholders and our population if it is to optimise real time learning, improvement and sharing opportunities. Quality reporting should reflect the breadth of the Health and Care Quality Standards and quality management system within its structure and content.

9.4 In addition to the annual quality reporting requirement, it is proposed that NHS bodies develop a so-called 'always on' reporting mechanism. 'Always on' means that organisations collate, monitor and make information about the quality of their services readily available to their population and stakeholders, both within the organisation and externally.

9.4.1 'Always on' reporting requires organisations to have a whole system approach to the routine use of information across their quality management system. 'Always on' encourages recognition and sharing of good practice and early escalation and intervention when signals suggest that action is necessary.

9.5 NHS bodies may choose to use various qualitative and quantitative data and information to support their quality reporting duty. They should focus on information that will demonstrate the duty of quality in decision-making, action taken following learning, quality improvement and ultimately, improved outcomes

for the population. The Health and Care Quality Standards and quality management system components provide a quality report structure.

- 9.5 It is recognised that there is already significant work underway across the health system relating to indicators and measures. The intention is that NHS bodies will make use of information and reporting mechanisms already in place wherever possible. They will need to adopt an agile approach to mature their quality report as outcome measures develop, aligned to the Health and Care Quality Standards.
- 9.6 The annual quality report is intended to summarise and reflect an NHS body's progress to improve the quality of their services and population outcomes. It is anticipated that NHS bodies will sign-post readers to the information provided through the 'Always on' reports that outline learning and improvements that have been made at regular intervals through the year.
- 9.7 The annual quality report should include a look back at what has been achieved, including where things may not have gone well, together with a forward look about the organisation's quality priorities and ambitions for the upcoming year, alongside how progress will be monitored. There should be continuity between annual reports across subsequent years.
- 9.8 The annual quality report will describe what key strategic decisions have been taken by the NHS body, and how the duty of quality has informed these decisions.
- 9.9 The annual quality report should be prepared as soon as practicable after the end of each financial year. To streamline reporting requirements and reduce duplication, it is suggested that NHS bodies align the annual quality report to their Annual Report and Accounts process.
- 9.10 Additional information will be available in a supplementary reporting framework, as a supporting resource.
- 9.11 Examples of evidence to be used to assess the duty of quality and the extent of any improvement in outcomes includes:**
  - 9.11.1) Existing performance, outcome and delivery indicators and measures from the quality management system
  - 9.11.2) Patient Reported Outcome Measures and Patient Reported Experience Measures (PROMS and PREMS)
  - 9.11.3) Mortality data
  - 9.11.4) Information contained within the Once for Wales Concerns Management System such as incidents and concerns
  - 9.11.5) Patient and staff stories

- 9.11.6) Strategic decision-making that has been driven by the Health and Care Quality Standards
- 9.11.7) Reports following external reviews or inspections by inspectorate and licensing bodies
- 9.11.8) Consideration of the recommendations and implications of significant national reports, for example, following national inquiries
- 9.11.9) It should be noted that this list provides illustrative examples and is not exhaustive

**9.12 NHS bodies will conduct the assessment of the extent of any improvement in outcomes achieved through:**

- 9.12.1) Self-assessment
- 9.12.2) Peer review and feedback
- 9.12.3) National clinical audit
- 9.12.4) Internal audit
- 9.12.5) External review, for example, Wales Audit Office
- 9.12.6) Inspections, for example, Healthcare Inspectorate Wales
- 9.12.7) It should be noted that this list provides illustrative examples and is not exhaustive.
- 9.12.8) It is recognised that there are strengths and weaknesses to the various forms of assessment outlined. Thus, NHS bodies should seek to ensure a range of assessments are considered.

- 9.13 It is of crucial importance that NHS bodies actively engage with their population to ensure their voice is heard and to promote working in partnership to achieve the aims of the duty of quality.
- 9.14 Information about the provision of services through the Welsh language should be included in quality reports. Uptake of the Active Offer<sup>26</sup> and capturing people's experience through patient and staff stories provide monitoring opportunities through quality reporting requirements.

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<sup>26</sup> The Active Offer is described in the Welsh Government (2022) More than just words: Five Year Plan 2022 – 2027 as providing a service in Welsh without someone having to ask for it. It means creating a culture that places the responsibility on health and social care providers to provide a proactive language offer so that people can access care, as equal partners, through the medium of Welsh.  
<https://www.gov.wales/sites/default/files/publications/2022-07/more-than-just-words-action-plan-2022-2027.pdf>

- 9.15 It is important to ensure that UK General Data Protection Regulation (UK GDPR) is adhered to when accessing and processing information to prepare for the duty of quality reports.

### **Key messages**

- **Welsh Ministers and NHS bodies must exercise their functions with a view to secure improved quality of health services**
- **Welsh Ministers and NHS bodies must publish an annual quality report that sets out the steps they have taken to secure improved quality of health services**
- **The annual quality report must include an assessment of the extent of any improvement in outcomes achieved**
- **This guidance sets out guidance about the conduct of this assessment and evidence to support it, as well as the requirement to submit an annual quality report**
- **Annual quality reports must be a transparent reflection of progress and challenges on the quality journey. Forthcoming quality priorities and how they will be monitored should be set out**
- **The annual quality report must assess any improvement in outcomes**
- **It should demonstrate how the duty of quality has informed strategic decision-making**
- **It should outline action taken as a result of learning and describe how that has been shared**
- **The annual quality report should be prepared as soon as practicable after the end of the financial year to coincide with the Annual Report and Accounts process**
- **It is recognised that data to support the quality reporting process is a developing area and it will take time for a suite of outcome measures to be in place. Therefore, an agile approach to use of indicators and measures will be required**
- **In addition to annual quality reporting, NHS bodies are encouraged to develop an ‘always on’ reporting process where they collate, monitor and share quality information with their population at regular intervals during the year**
- **‘Always on’ reporting promotes routine use of information to inform decision-making and quality improvement. It supports recognition and sharing of good practice as well as allowing early escalation and intervention when action is necessary**
- **It is of crucial importance that NHS bodies actively engage with their population to ensure their voice is heard and to promote working in partnership to achieve the aims of the duty of quality**

## **10. Decision-making, monitoring and assurance**

- 10.1 The duty of quality requires the Welsh Ministers and NHS bodies to think and act differently by applying the concept of quality across all functions within the context of the health services and health needs of their populations.
- 10.2 The duty requires quality-driven decision-making and planning to ultimately deliver better outcomes for all people who require health services. It means involving people in decisions that affect them and balancing short-term needs with planning for the longer-term; it requires action to prevent problems occurring or getting worse.
- 10.3 It needs a system-wide approach with acknowledgement that the duty of quality is a collective responsibility.
- 10.4 The focus of the duty of quality is on learning and improving, not on punitive sanctions when those to whom the duty applies fall short in their implementation of it.
- 10.5 However, NHS bodies must consider how effective implementation and monitoring of the duty of quality can be integrated into existing corporate governance frameworks, processes and procedures. This includes existing performance and quality reports.
- 10.6 When designing or introducing new structures and processes it will be necessary to embed the duty of quality within them.
- 10.7 When considering review processes and assurance mechanisms they must also take account of the duty of quality. This includes, for example, planning of the annual internal audit and clinical audit programmes.
- 10.8 In respect of NHS bodies, the Board will be required to seek assurance that the duty of quality is being appropriately discharged as a system-wide and collective responsibility. As such, it is for all committees to report to the Board regarding the duty of quality; it is not only for the quality and safety committee.
- 10.9 In seeking assurance in NHS bodies, the committees will look to ensure that sustainable quality improvement is being made and quality improvements are maintained.
- 10.10 When the Board considers and agrees the Board Assurance Framework and strategic risk register, it should also comply with the duty of quality.
- 10.11 Welsh Ministers and NHS bodies must ensure the effective implementation and monitoring of the duty of quality. It must be integrated into existing governance frameworks, processes and procedures with regular updates to the relevant committees and board meetings for assurance purposes.
- 10.12 Compliance with the duty will also form part of the matters considered by Healthcare Inspectorate Wales (HIW) when inspecting and reviewing the provision of health care.



10.13 The annual quality report and 'always on' approach provides information to the public, the NHS body itself, the Welsh Government and other key partners to ensure transparency and accessibility to information about the implementation of the duty of quality.

#### **Key messages**

- **The duty of quality requires Welsh Ministers and NHS bodies to ensure quality-driven decision-making and planning is in place to ultimately deliver better outcomes for all people who require health services**
- **Quality needs to be system-wide; applied across all clinical and non-clinical services within the context of the well-being and health needs of the population**
- **The focus is on learning and improvement rather than punitive sanctions when the duty of quality has been compromised**
- **The duty must be integrated into existing corporate procedures, including but not limited to, planning, performance, quality, Internal Audit reviews**
- **It must be embedded within all structures and processes that are established**
- **The Board will be required to seek assurance that the duty of quality is being appropriately discharged as a system-wide and collective responsibility**
- **The Board will need to seek assurance that sustainable quality improvement is being made, with appropriate assurance mechanisms in place to ensure that quality improvements are maintained**
- **When the Board considers and agrees the Board Assurance Framework and strategic risk register, it should also comply with the duty of quality**
- **Compliance with the duty of quality will be monitored. It will be integrated into existing monitoring mechanisms. The various monitoring mechanisms across the health system must embed the duty of quality within their processes**
- **The annual quality report and 'always on' approach will be integral to the monitoring process to ensure the duty of quality is being delivered**

## 11. Welsh Language

- 11.1 It is recognised that health services in Wales are delivered within a bilingual nation.
- 11.2 **More than just words** (2022) is the Welsh Government's plan to strengthen Welsh language provision in health and social care. Its aim is to support Welsh-speakers to receive services in their first language, because receiving services in Welsh should be an integral part of person-centred care.
- 11.3 The ambition is to Actively Offer people their care in Welsh. It is the responsibility on health and social providers to offer services in Welsh rather than people having to request it.
- 11.4 Being able to access services in the Welsh language makes a significant positive difference to the quality of the overall experience and health and well-being outcomes for many Welsh-speakers.
- 11.5 People have reported that it can be difficult to access services they need in the Welsh language and can feel reluctant to ask if Welsh-language services are not offered.
- 11.6 The Welsh Government's plan to strengthen the provision of Welsh language in health and social care aligns to the duty of quality. It is important for Welsh language considerations to be embedded in culture and leadership, quality planning, supporting and developing the skills of the workforce and sharing best practice through an enabling approach.
- 11.7 Welsh language requirements must also be considered through the lens of the Health and Care Quality Standards and as an integral component of the quality management system.
- 11.8 Welsh language must also be included in quality reports. Uptake of the Active Offer and capturing people's experience through patient and staff stories provide monitoring opportunities through quality reporting requirements.

### Key messages

- **Being able to access services in the Welsh language makes a significant positive difference to the overall experience for many Welsh-speakers**
- **Being able to access services in the Welsh language can improve the quality, safety and outcomes for Welsh-speakers**
- **Welsh language considerations must be embedded in the culture of quality**
- **Welsh language responsibilities must be embedded in quality reports**

## 12. Conclusion

- 12.1 The fundamental intention of the duty of quality is to build on the positive culture of quality at the heart of the Welsh health system.
- 12.2 The duty of quality strengthens system-wide decision-making, action, improvement with the intention of ultimately improving outcomes for the population.
- 12.3 The duty of quality applies to Welsh Ministers with regards to their functions in relation to the health service and NHS bodies (Local Health Boards, NHS Trusts and Special Health Authorities that operate on a Wales-only basis) in relation to all their functions.
- 12.4 The duty of quality does not directly apply to primary care services or non-NHS providers of health services. The NHS body that directly provides or commissions the service holds the duty of quality responsibility.
- 12.5 Whilst accountability for implementing the duty of quality ultimately rests with the Welsh Ministers and Chief Executive of an NHS body, responsibility for operational implementation and oversight may be delegated to appropriate leaders.
- 12.6 Implementation of the duty of quality is a collective responsibility. It applies to everyone in clinical and non-clinical services, including Welsh Government policy makers.
- 12.7 The guidance provides a definition for quality for guidance purposes. It outlines a framework through which quality can be assessed and improved using the Health and Care Quality Standards. These, in turn, support the maturing of our quality management systems.
- 12.8 The Health and Care Quality Standards set out in the guidance are high level aspirations that describe what people in Wales can expect when they access health services. In order to ensure alignment between standards and the duty of quality, the Health and Care Standards (April 2015) are withdrawn and replaced with the Health and Care Quality Standards. NHS bodies are required to take into account the Health and Care Quality Standards in discharging the duty of quality, and HIW (on behalf of the Welsh Ministers) are required to take into account the Health and Care Quality Standards in conducting reviews and investigations of the provision of health care by and for those NHS bodies.
- 12.9 There are several steps an organisation should take to prepare to meet the duty of quality<sup>27</sup>.

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<sup>27</sup> The Health Foundation (2019) The improvement journey: Why organisation-wide improvement in health care matters, and how to get started

- 12.10 NHS bodies are placed under a duty to report on the steps they have taken to comply with the duty of quality on an annual basis.
- 12.11 NHS bodies should develop a so-called ‘always on’ reporting mechanism to provide timely information about the quality of their services to their population and stakeholders.
- 12.12 NHS bodies must ensure the effective implementation and monitoring of the duty of quality. It must be integrated into existing governance frameworks, processes and procedures with regular updates to the relevant committees and board meetings for assurance purposes.
- 12.13 Welsh language considerations must be embedded in the culture of quality.
- 12.14 It is acknowledged that culture change takes time. The duty is in force from the 1 April 2023 at which point NHS bodies will need to be able to demonstrate how they are complying with the duty. Developing the infrastructure to progress ‘always on’ quality reporting with appropriate outcome-focused measures will need to be an agile and iterative process.
- 12.15 Essentially however, principles of quality improvement methodology will need to be robustly in place for Welsh Ministers and NHS bodies to build quality as a broad system-wide way of working that is embedded in a culture of continuous learning and improvement.
- 12.16 Our active and heightened efforts to ensure a relentless focus on quality and safety, as a priority above all else, are needed more than ever in the history of the NHS.