	Name of Meeting
	Quality, Safety and
	Improvement Committee
	Date of Meeting
	15/02/23
	Agenda item:
	4.1.1

Update from the Duty of Quality SRO Group

Executive lead/SRO:	Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety / Director Improvement Cymru
Authors:	Felicity Hamer, Head of Strategy and Innovation, and Karen Field, Strategy Lead

Approval/Scrutiny route:	Business Executive Team – 08 February 2023

Purpose
This paper provides an update from the Duty of Quality SRO Group leading the implementation of the Duty of Quality within Public Health Wales.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒
The Quality, Safety and Improvement Committee is asked to: • **Take assurance** from the update and progress of implementation of the Duty of Quality within Public Health Wales.				

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	Not required
Risk and Assurance	None identified

Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes
	
	    Governance, Leadership and Accountability
	    Theme 2 - Safe Care
	    Theme 3 - Effective Care

Financial implications	None identified
People implications	None identified

1. Purpose / situation

This paper provides an update from the Duty of Quality SRO group leading the implementation of the Duty of Quality within Public Health Wales (PHW). This paper excludes national activities to support the Duty of Quality that Improvement Cymru are leading.

This paper was approved by BET on 8 February and takes into account minimal changes by the Executive Team prior to submission to QSIC.

2. Background

The Health and Social Care (Quality Engagement) (Wales) Act (2020) reframes and broadens the existing Duty of Quality on NHS bodies and places an overarching Duty on Welsh Ministers in relation to their health functions. Organisations are required to implement the Duty of Quality from April 2023.

3. Description

The Duty of Quality SRO group in PHW provides governance and oversight for all work supporting implementation of the Duty of Quality in Public Health Wales to ensure compliance, delivery of projected outcomes and realisation of the required benefits.

The SRO group has the following membership:
- Chair/Senior Responsible Officer
- Vice Chair
- Leads for each key Duty of Quality implementation theme
- Leadership Team Lead(s)
- Duty of Candour representative

Preparatory meetings with most members and the inaugural SRO meeting took place in January and early February, focused upon agreeing the Terms of Reference for the Group (see Appendix 1) and working through the national roadmap for the implementation of key actions for the Duty. The SRO group will work with a range of colleagues as required to ensure involvement across the organisation. In addition, the Duty of Quality and all key actions are noted on the Corporate Risk Register. The most recent All Wales Duties of Quality & Candour Implementation Board Highlight Report is provided in Appendix 2 and further detail is provided below against each of the implementation themes.

3.1 Leadership and Culture

Accountability for compliance with the Duty in PHW sits with the Chief Executive. Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru is the identified Executive lead responsible for supporting and driving implementation of the Duty. A pan-organisation SRO

Group has been established to enable sustainable implementation, aligned to existing programmes of work within the organisation.

Rhiannon Beaumont-Wood, Executive Director of Nursing and AHPs, represents PHW for both the Duty of Quality and Candour at the All Wales Duties of Quality & Candour Implementation Board. Felicity Hamer and Dominique Bird, Improvement Cymru, represent the organisation at the All Wales Duty of Quality Implementation Group.

There are a number of pan-organisational programmes of work already underway which are enablers for cultural change and support the Duty, including the Organisational Cultural Assessments, the Behavioural Framework, Work How It Works Best, Transforming Management and Leadership, and the Values Framework. Work is commencing to plan the integration of the Duty into these programmes of work.

3.2 Decision Making and Governance and Accountability

The lead for decision-making and accountability is undertaking a review to ensure the Duty of Quality is integrated into existing corporate governance frameworks, processes and procedures. This includes ensuring that all committees and the Board have clear designated processes for considering the Duty of Quality to embed decision making across the system. Quality will be a key element as the Board Assurance Framework is further developed.

All governance documentation will be assessed and revised where necessary to support the Duty of Quality. It is also anticipated that there will be a discussion regarding this theme at the national Board Secretaries Peer Group meeting, where the potential for a common approach will be discussed.

The group will also explore how quality can be embedded in meetings at every level of the organisation and there is the potential to embed quality into PMO documentation and the broader Integrated Governance work.

3.3 Reporting and Information

The reporting criteria outlined in the Duty of Quality Guidance comprises two elements:
- An annual report which outlines the steps that each organisation has taken to comply with the Duty of Quality.
- An 'always on' reporting mechanism where each organisation collates, monitors and makes information about the quality of its services readily available to its population.

The expectation by Welsh Government is that by April 2023 PHW will have identified a mechanism for sharing data externally. The organisation has the opportunity to define what information is reported and shared locally and publicly.

Work will be taken forward to assess existing reporting and information mechanisms and identify any gaps which need to be addressed. This will involve multiple teams across PHW including the Performance and Value Team, QNAHPs and Knowledge. The process will also ensure PHW makes use of information and reporting mechanisms already in place wherever possible e.g. PAD and DAD.

The Delivery Unit is developing a national dashboard of key quality indicators which all organisations are encouraged to use as part of the always on reporting and PHW is exploring this opportunity.

It is expected that an annual report will be published as soon as possible after each financial year with the first one published in April/May 2024. Additional information will be available from Welsh Government in a supplementary reporting framework when the Duty is implemented in April 2023. A report is required for both the duties of Candour and Quality, and their alignment will also be factored into the planning process.

3.4 Commissioning and Hosting

PHW will need to ensure the Duty is considered as part of all commissioning and hosting agreements as the responsibility sits with the primary organisation. Discussions have begun as to how this is approached within the organisation and it is hoped that a standardised approach will be shared through the national Implementation Group.

3.5 Quality Standards

The existing Healthcare Standards will be replaced by the Quality Standards set out in the Duty of Quality from April 2023. Organisations are awaiting further guidance following the consultation period and once this is available, the Standards will be taken forward as part of the QNAPs programme of work. This will align to the Clinical Governance Framework which is in development.

3.6 Quality Management System

Quality as an Organisational Strategy (QOS) provides Public Health Wales with the methodology to operate as a system designed for managing quality, focused on continuous improvement and innovation and driven by the needs of the population we serve. This in turn creates a culture and environment that supports our staff and provides a great place for staff to work and thrive.

The QOS programme is underway with the Leadership Workshops which explore theory behind the five Leadership Activities in QOS now established. The membership of these workshops has been extended to include those at Assistant

Director level along with members of the Executive Team and the Leadership Team. Two introductory workshops and a Purpose workshop have been delivered and the group is currently working through the 'Purpose' action period activity. Action periods consolidate and ratify the work undertaken in each workshop. The Purpose workshops and action period have been co-designed and delivered by Improvement Cymru and the Head of Communications, with support from other colleagues with relevant knowledge and expertise. This refreshed delivery model ensures a sustainable, pan-organisational approach and was approved by BET in February.

The Improvement and Innovation Hub (I & I Hub) is supporting the concurrent Improvement Efforts workstream as part of QOS and three strategic improvement priorities have been identified by the group for intensive, just-in-time improvement coaching from the hub:
- Decreasing the numbers of data breaches
- Decreasing overpayments and underpayments by wagestream
- Increasing the timely payments of invoices (by increasing the number of invoices that have matching purchase orders)

Initial meetings between the I&I Hub lead and project leads have taken place, project charters are being completed and project teams identified. A programme of coaching support from the Hub spanning six months has been shared with project leads (March – August).

In addition, it was agreed that, in the first year, the I&I Hub's support would principally be provided to the Health Protection and Screening Services directorate. Hub staff have delivered the first phase of process mapping support to Diabetic Eye Screening Unit (DESW). Some recommendations have been shared with the DESW Team and Hub staff are currently working with the DESW Team to establish next phase of support. An offer has been made to DESW to join the coaching cohort if an appropriate project can be identified. Additional training, ideas sharing and funding opportunities have been supported since the Hub was established in April 2022.

3.7 Communication and Engagement

The development of a communications plan and local communications and engagement material is required by April 2023 to ensure Duty of Quality messages are cascaded throughout the organisation. The plan will focus on incorporating key messaging regarding the Duty into all relevant communications across the organisation. A suite of national materials will be made available for PHW to use to promote the Duty in the coming weeks. It is anticipated that there will be a national soft launch in April by the Minister for Health and Social Services and core messaging will be available on the national intranet webpage. The Duty will feature as core business on the weekly Heads of Communications call with Welsh Government to share learning and resources.

3.8 Training and Education

Scoping is underway to develop a training plan including undertaking an organisational training needs analysis. This workstream will ensure that all Public Health Wales staff have the required knowledge and understanding of the Duty.

The Board received an introduction to the Duty of Quality by Welsh Government in January and a session on Duty in more detail, led by the SRO, is scheduled for the Spring. National training is being provided for Executive Directors of Nursing, Medical Directors and Director of Therapies in March and a national e-learning module will be available by the Autumn.

The e-learning module will be rolled out by PHW as part of the wider review of statutory and mandatory e-learning within the organisation. The Duty of Quality will also be embedded into other mechanisms including induction and My Contribution conversations.

4. Risks

There are two risks that are being actively monitored and mitigated against in relation to this work:

Risk	Mitigation
There is a risk that the move of Improvement Cymru into the NHS Executive may impact upon the senior responsible leadership and implementation in PHW	Pan-organisational engagement via SRO group; PHW representation on Implementation Board from QNAPs. Discussions to commence regarding handover in due course.
There is a risk that the actions may not be achieved by April 2023 due to the impact of competing priorities such as responding to the external review into the Covid response	Clear timeline and milestones to monitor progress.

5. Recommendation

The Quality, Safety and Improvement Committee is asked to:
- **Take assurance** from the update and progress of implementation of the Duty of Quality within Public Health Wales.

Appendix 1 – Duty of Quality SRO Terms of Reference

Public Health Wales

Duty of Quality Senior Responsible Officer (SRO) Group

Terms of Reference and Membership

1.	ROLE OF THE DUTY OF QUALITY SRO GROUP

The SRO Group will oversee the implementation of actions taken forward by Public Health Wales in response to the Duty of Quality and in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Act reframes and broadens the existing Duty of Quality on NHS bodies and places an overarching Duty on Welsh Ministers in relation to their health functions. The Duty of Quality will be implemented from April 2023. The aims of the Duty of Quality are:

- To achieve a system wide approach to quality in the health service to secure improvement and shift the focus away from the narrower interpretation of quality which has a particular focus on quality assurance.
- To require NHS bodies to exercise their functions in a way that requires them to consider how they can improve quality on an on-going basis. The aim is that improving quality and therefore outcomes for people will become an embedded and integral part of the decision-making process.
- To ensure that decisions taken by the Welsh Ministers support and contribute to this system wide approach to quality, by placing the Welsh Ministers under a corresponding Duty of Quality to that of NHS bodies.

Accountability for compliance with the Duty in Public Health Wales sits with the Chief Executive. Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru is the identified Executive lead responsible for implementation of the Duty.

The specific role of the group is to provide governance and oversight for the implementation of the Duty of Quality in Public Health Wales.

2.	RESPONSIBILITIES

All organisations are expected to:
- Ensure that all strategic decisions are made through the lens of improving the quality of health services and outcomes for the population;
- Exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis;
- Actively monitor progress on the improvement of quality services and outcomes and routinely share this information with their population;

- Strengthen governance arrangements by reporting annually on the steps taken to comply with the duty of quality and assess the extent of improvements in outcomes;
- Ensure that NHS organisations develop their quality management system with appropriate focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning environment; and
- Create a culture of quality within organisations.

The key responsibilities of the SRO Group include:

a) Ensure that Public Health Wales meets the requirements of the Duty of Quality.
b) Oversee the implementation of organisation-wide actions by Public Health Wales to meet the Duty of Quality themes outlined in the Duty of Quality Roadmap.
c) Each member is responsible for coordinating implementation of actions for their area of the Duty of Quality Roadmap and the SRO is accountable for implementation.
d) Submit a monthly highlight report to the Welsh Government Duties of Quality and Candour Implementation Board.
e) Report on a quarterly basis to the PHW Business Executive Team (BET) and Quality, Safety & Improvement Committee (QSIC) to provide assurance of the organisation's fulfilment of the Duty of Quality.
f) Responsible for risk and issue management within Duty of Quality, escalating when necessary to BET and QSIC.
g) Provide advice to BET and QSIC on the Duty of Quality in Public Health Wales.

3.   WAYS OF WORKING

Meetings
- The group will meet to discuss core deliverables with dates agreed as far in advance as possible. The meetings will take place monthly, and preferably in the first week of the month to align with the cycle of activities for QOS.
- Meetings will take place via Microsoft Teams and be recorded to aid record keeping.
- An agenda and papers will be circulated in advance of each meeting.
- Action notes of the meeting will be kept by the secretariat and agreed by all members who attended the meeting. Key decisions will be noted.
- A Risk, Actions, Issues, Decisions (RAID) log will be maintained.
- A Teams Channel will be established to share documents, comments and aid collaborative working by the group.

Quorum
- At least half of the members must be present to ensure the quorum of the SRO Group, one of whom should be the Chair or Vice Chair.
- Deputies are not part of the quorum.

4.   MEMBERSHIP

The SRO Group will comprise of the following members (see Appendix 1 for further detail):
- Chair/Senior Responsible Officer
- Vice Chair
- Leadership Team Leads(s)
- Duty of Candour Lead
- Board and Business Unit Lead
- Communication and Engagement Lead
- Improvement and Innovation Hub Lead
- Performance and Reporting Lead
- People and OD Lead
- Quality as an Organisational Strategy Lead
- Business and Planning Representative

The Chair may invite other individuals as appropriate, taking into account the matters under consideration at each meeting.

Members should ensure a deputy attends meetings in their absence.

5.   GOVERNANCE & REPORTING

The SRO Group will:

1. Develop and maintain a project plan and supporting documentation with identified milestones and deliverables.

2. Ensure appropriate record-keeping to support good governance.

3. Report monthly to the Duties of Quality and Candour Implementation Board.

4. Report to BET and QSIC on a quarterly basis providing a Delivery Confidence Assessment which outlines progress with the project plan, escalating risks and issues where appropriate.

6.   REVIEW

The Terms of Reference will be reviewed every six months.

Duty of Quality Senior Responsible Officer (SRO) Group

Membership

Role	Role description	Assigned
Chair / Senior Responsible Officer (SRO)	SRO for this work ensuring it meets the objectives, delivers the projected outcomes and realises the required benefits.	Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru
Deputy Chair	Support SRO on this work to meet its objectives, deliver the projected outcomes and realise the required benefits.	Felicity Hamer, Head of Strategy and Innovation, Improvement Cymru
Quality as an Organisational Strategy (QOS) Lead	Lead for the PHW QOS Implementation Plan; will provide a monthly update on progress	Karen Field, Strategy Lead, Improvement Cymru
Improvement and Innovation Hub Lead	Lead for the I&I Hub Delivery Plan; will provide a monthly update on progress	Caroline Browne
People and OD Lead	Lead for delivery of Duty of Quality education to all staff; will provide a monthly update on progress	Kelly McFadyen
Performance and Reporting Lead	Coordinate pan-organisational activity to meet the reporting requirements of the Duty of Quality; will provide a monthly update on progress	Ioan Francis/Neil Stoodley
Comms and Engagement	Lead for comms and engagement supporting implementation of the Duty of Quality; will provide a monthly update on progress	Leah Morantz/Kenneth Smith
Leadership Team Lead	Represent Leadership Team and be a conduit to LT on the Duty of Quality.	Felicity Hamer, Head of Strategy and Innovation, Improvement Cymru

Duty of Candour Lead	To enable collaborative thinking across the Duty of Quality and Duty of Candour	Angela Cook
Board and Business Unit Lead	To advise and enable effective governance	Liz Blayney
Business and Planning Leads Representative	To advise on operationalising the actions and alignment with pan-organisational programmes	TBC

Attendees:

Programme Management	Proactively coordinate all scheduling, communication, project management, and data and artifact collection.	Karen Field, Strategy Lead, Improvement Cymru Terri Willis, Project Manager, Improvement Cymru

Appendix 2 – January Report to Welsh Government

Implementation Theme	Minimum requirement by April 2023	Position @ January 2023	Comments for latest update
Leadership and culture	Senior responsible leadership in place and driving implementation work	4	Current Executive lead (Professor John Boulton) and Operational lead (Felicity Hamer) identified
	All staff recognise and understand the organisation's Quality vision, and their roles within it	3	Staff have undertaken Improving Quality Together bronze but this will be re-visited once the national e-learning is available. The and as part of PHW Strategy refresh
	Commitment, resources and infrastructure in place to implement Duty effectively	2	Pan-org SRO DoQ meeting convening from January, with leads across Comms, POD, Performance and Quality.
Decision-making	Processes and systems in place to provide demonstrable evidence that Board decisions have been made through Quality lens	2	There are clear processes and systems in place that this can be incorporated into to meet the April deadline.
Governance and accountability structures	Board are assured that DoQ is being considered across system	3	Board meeting and paper presented earlier in the year. Board session planned for March/April.
	Routine governance documentation is DoQ-ready	2	Routine governance documentation has clear process that can align to DoQ.
Reporting and information (data to knowledge)	Mechanism and publication schedule / plan in place for sharing DoQ progress information externally	2	Alignment with reporting and other mechanisms (e.g. Open Board) to be worked through as part of the Pan Organisational Group. Complemented by Communications plan to be developed.
	Quality-related information escalation mechanisms in	2	Alignment with reporting dashboard. Performance

	place, with plans for review and consideration at appropriate level		representative on SRO Group to lead.
Commissioning	A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into all commissioning arrangements	2	Alignment with existing requirements anticipated
Hosting	A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into hosting arrangements	2	Alignment with existing requirements anticipated.
Quality Standards	A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023	2	Alignment with existing requirements anticipated.
Quality management system – general	A clear understanding of, and commitment to, a quality management system, with plans in place to identify requirements and current gaps	3	PHW has committed to implementing the Quality as an Organisational Strategy methodology to achieve this.
Communication and engagement	All staff are aware of key DoQ messages tailored to their organisation	3	DOQ guidance has been shared across organisation as part of consultation process. Directorate and divisional awareness presentations provided. Executive team briefed. Currently drafting communication relating to DoQ and Communications plan will be developed as part of SRO Group.
Training and education	At least one member of Board trained, knowledgeable and able to influence Board in relation to DoQ	4	Executive lead for Duty has also led Workstream 1 and 5; has led several Board Development sessions on Quality and DoQ.