

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 16 May 2023</p> <p>Agenda item: 4.1b</p>
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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:	Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety / Director Improvement Cymru Business Executive Team
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Purpose
This paper provides an update from the Duty of Quality SRO Group on progress to meet the requirements of the Duty of Quality within Public Health Wales.

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Quality, Safety and Improvement Committee is asked to:</p> <ul style="list-style-type: none"> • Take assurance from the update on progress to meet the requirements 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
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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 on progress to meet the requirements 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.

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 Duty of Quality controls and key actions are noted on the Corporate Risk Register. The most recent Duty of Quality Highlight Report submitted to Welsh Government is provided in Appendix 1 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.

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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 following work is in progress to revise governance documents:

- Committee Terms of Reference are being reviewed to ensure quality is embedded within, and a further analysis is being undertaken to identify cross over areas between the Committees (such as quality) which will clearly define to the role of each of the Committee's where there is cross over. For Quality, this will include clarity of QSIC's role in taking assurance of the overall implementation of both the Act in relation to quality and candour. This will be achieved through regular reporting for assurance. For the other Committees, it will make clear how the reporting on the work of the organisation should consider quality, as a matter of course within the remit of the Committee. This will also include confirmation of the escalation arrangements in place currently to escalate any areas of concern, or if the remit areas require further exploration. (25 May 2023)
- Update of the guidance for the Committee Deep Dives to require any deep dive reports to include how the service is ensuring quality is embedded into the work and assurance on compliance with the act. (June 2023)
- Development of a Board Assurance Framework to map the assurance provided to the Board, which will include an overview of how quality is reported, and issues escalated. (September 2023)
- Internal Groups – Review of all reporting groups terms of reference as part of the decision-making review that has been undertaken. (September 2023)

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

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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 Performance and Value Team is leading an organisational assessment of information and reporting mechanisms and methods to identify any gaps which need to be addressed. This provides an opportunity to assess the effectiveness of information provided and how it is shared. The process ensures PHW makes use of information and reporting mechanisms already in place wherever possible.

Following an initial assessment, a paper has been developed for the SRO Group summarising the existing reporting of quality information that is currently being undertaken at a corporate level, including information that is shared in the public domain. The paper also sets out plans to strengthen our reporting and governance arrangements during the first phase of implementation, with the aim of driving forward improvements in our quality reporting. This will support the organisation to develop an 'always on' reporting mechanism, allowing us to collate, monitor and make information available to the public in a transparent way. It will require a whole system approach to the routine use of information, encouraging recognition and sharing of good practice and early escalation and intervention where required.

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. Work will progress in May / June to revise the Joint Working Framework which will help support this consistent approach.

3.5 Quality Standards

The existing Healthcare Standards were replaced on 1st April 2023 with the new Quality Standards as set out in the Duty of Quality. Although further guidance is anticipated shortly from Welsh Government on these, preparatory work is already

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underway as part of the Clinical Governance Framework programme within QNAHPs. This will support the reporting and assurance programme required as part of the quality standards implementation.

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. A number of Leadership Workshops and Action Period workshops have been delivered. Action periods have consolidated and ratified the work undertaken in each workshop.

Work underway includes agreement of the key products and services of PHW, ratification of the definition of user for PHW and further development of the PHW system map/linkage of processes.

QOS Projects

One of the five key leadership activities within QOS is the establishment of improvement projects. Work has taken place since October to develop a number of improvement projects identified at the QOS intent day. However, capacity and timing of the projects has meant that only one of the three original pan-organisational projects (reducing the number of data breaches) is continuing to progress with coaching support from the Hub. At the recent QOS workshop, it was agreed that the longlist of change programmes already identified in the IMTP will be scrutinised by representatives from the Hub and Strategy & Planning to identify a shortlist of potential improvement projects. Project outlines will be created for each project on the shortlist which will be reviewed by SBET in early June and 2-3 projects selected for coaching support from the Hub.

Building capability

The Improvement and Innovation Hub provides the leadership to support Public Health Wales with a defined and strategic approach to sustainable continuous improvement and innovation. The Hub is launching its improvement and innovation training in May:

- Improvement Team Training– bespoke training programme with objectives set between Hub and Division managers. The overall aim is to embed improvement knowledge within formal or informal improvement teams working with managers to identify appropriate improvement projects linked

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to strategic aims of the division. Teams will be coached through improvement efforts by Hub staff. In conjunction with this, the Hub will work with division managers on how to create conditions for improvement efforts and provide clarity on the role of a project sponsor. Impact of Hub's approach will be measured longitudinally and reported at the end of quarter 4. This approach is being tested in DESW at the start of May.

- Fundamentals of Improvement Science (half day) – open to whole organisation (delivered twice a month). This will be tested in May followed by roll out to the whole organisation.
- Leading Improvement and Innovation (two day) – open to whole organisation (5 cohorts planned for 2023/2024)
- Improvement and Innovation Clinics – monthly clinic open to whole organisation for staff wanting to get started on improvement/innovation work

The Hub is also launching its new SharePoint site at the start of May which will include access to a full range of tools and templates for anyone undertaking improvement work. This will also include a section to highlight the 'Bright spots' of Improvement and Innovation work being undertaken within the organisation.

Ideation Platform

To enable staff across the organisation to share innovative ideas and implement these ideas to improve how we work, an ideation platform (SimplyDo) will be launched at the end of April in Health Protection Services. This will be a 6-8 week test period with a view to launching to the whole of PHW at the end of this pilot.

3.7 Communication and Engagement

A communications plan was developed in advance of April 2023 to ensure Duty of Quality messages were cascaded throughout the organisation. Key messages and the suite of materials were made available for PHW staff via the PHW Intranet site. This went live on 24 March, alongside complementing material on Duty of Candour. Regular reports on our progress have been core business on the weekly Heads of Communications call with Welsh Government.

Further communications activity is being planned or explored for May including the development of a dedicated website page, and dedicated intranet page to update news and resources. A video interview with key staff about the Duty of Quality is also planned.

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.

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The Board have received training on the Duty and national training was provided for Executive Directors of Nursing, Medical Directors and Director of Therapies in February and Independent Board Members in March. A national e-learning awareness module will be available in the Summer. 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 Onboarding and Induction and My Contribution conversations, Leadership and Management Development and the Being Our Best (Behavioural) Framework when launched this year.

4. Risks

There is one risk that is 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 have commenced regarding handover with a paper discussed at BET in April and a detailed discussion scheduled for SBET in early June to agree continuity plans for the work from April 2024.

5. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Take assurance** from the update on progress to meet the requirements of the Duty of Quality within Public Health Wales.

Appendix 1 – April Highlight Report to Welsh Government

DUTY OF QUALITY

Overall

Period Ending	RAG Status		Previous RAG Status				
April							
Theme	Minimum requirement by April 2023	Baseline @ Dec 2022	Position @ January 2023	Position @ February 2023	Position @ March 2023	Position @ April 2023	Comments for latest update
Leadership and culture	Senior responsible leadership in place and driving implementation work	4	4	4	4	4	Exec and Operational lead identified
	All staff recognise and understand the organisation's Quality vision, and their roles within it	3	3	3	3	3	Addressed through Foundations in Improvement but will be re-visited once e-learning is available; and as part of PHW Strategy refresh
	Commitment, resources and infrastructure in place to implement Duty effectively	2	2	3	3	3	Pan-org DoQ SRO meeting established with leads across Comms, POD, Performance and Quality and actions identified against implementation plan
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Decision-making	Processes and systems in place to provide demonstrable evidence that Board decisions have been made through Quality lens	2	2	3	3	3	<p>Work is ongoing to review the Committee work plans through a Quality Lens for next year. This will also be incorporated into the planning for the other Committee work plans (will be reported to May Board)</p> <p>QSIC has received regular reporting on Updates for assurance will be received at QSIC meetings, and monthly reporting to the Business Executive Team.</p>
Governance and accountability structures	Board are assured that DoQ is being considered across system	3	3	3	3	3	<p>Updates for assurance are planned for each QSIC meeting, and monthly reporting to the Business Executive Team. Work plans to programme the updates have been developed for QSIC and BET.</p>

	Routine governance documentation is DoQ-ready	2	2	3	3	3	<p>Work in progress to update the governance documentation. Report template will be completed in April, with the further work on the BAF to follow in July.</p> <p>Each of the TOR for the Committees have been reviewed and updated to ensure quality is reflected. These are complete and will be reported to Board in May for final approval</p>
Reporting and information (data to knowledge)	Mechanism and publication schedule / plan in place for sharing DoQ progress information externally	2	2	2	2	2	Scoping web options for sharing routine “always on” qualitative and quantitative information
	Quality-related information escalation mechanisms in place, with plans for review and consideration at appropriate level	2	2	2	2	2	Existing reporting and escalation mechanisms in place. Work ongoing to assess effectiveness of current arrangements.

Commissioning	A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into all commissioning arrangements	2	2	2	2	2	Work has begun to scope this, to explore the need for a central repository for commissioning activities, this will include how quality is ensured within the approval / assurance process
Hosting	A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into hosting arrangements	2	2	3	3	3	Alignment with existing requirements anticipated. The Joint working Framework is being updated to reflect this requirement to provide the appropriate framework for future arrangements.
Quality Standards	A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023	2	2	2	2	2	2 workshops held to progress PHW clinical governance framework and a further consolidating event scheduled for May to determine a suitable draft framework that will support and align with the quality standards.
Quality management	A clear understanding of, and commitment to, a quality management	3	3	3	4	4	Clear plan to complete all QOS Leadership and

system – general	system, with plans in place to identify requirements and current gaps						Action Period workshops to implement an approach to managing quality now agreed and being implemented.
Communication and engagement	All staff are aware of key DoQ messages tailored to their organisation	3	3	3	4	4	A communications plan was developed in advance of April 2023 to ensure Duty of Quality messages were cascaded throughout the organisation. Key messages and the suite of materials were made available for PHW staff via the PHW Intranet site. This went live on 24 March, alongside complementing material on Duty of Candour. Regular reports on our progress have been core business on the weekly Heads of Communications call with Welsh Government. Further ongoing comms activity is being

							planned or explored for May.
Training and education	At least one member of Board trained, knowledgeable and able to influence Board in relation to DoQ	4	4	4	4	4	Executive lead for Duty has also led Workstream 1 and 5; has led several Board Development sessions on Quality and DoQ.

Progress Against Deliverables – This table details the key deliverables / minimum requirements for the implementation of the Duty of Quality by April 2023. The table should be completed using the key below:

Stage	Definition	
1	Exploring and preparing	
2	Planning and resourcing	
3	Implementing and operationalising	
4	Full implementation	