





| Meeting Date                      | 22 <sup>nd</sup> Novembe   | r 2022          | Agenda Item    | 4.5      |
|-----------------------------------|--|-----------------|----------------|----------|
| Report Title                      | Duty of Cando  | our and Duty of | Quality Update | Report   |
| Report Author                     | Hazel Lloyd, Director of Corporate Governance and Hazel Powell, Deputy Director of Nursing & Patient Experience  |                 |                |          |
| Report Sponsor                    | Gareth Howells, Executive Director of Nursing & Patient Experience and Hazel Lloyd, Director of Corporate Governance   |                 |                |          |
| Presented by                      | Hazel Lloyd, Director of Corporate Governance  |                 |                |          |
| Freedom of Information            | Open   |                 |                |          |
| Purpose of the Report             | The purpose of this report is to provide the Quality and Safety Committee with an update on the Duty of Candour and Duty of Quality consultation and a draft implementation plan for consideration and approval. |                 |                |          |
| Key Issues                        | · · · · · · · · · · · · · · · · · · ·  |                 |                |          |
| Specific Action                   | Information  | Discussion      | Assurance      | Approval |
| Required (please choose one only) |  | ☒               | ×              |          |

# Recommendations

Members are asked to:

- NOTE and DISCUSS the requirements of the Duty of Candour and Duty of Quality;
- AGREE the establishment of a Task & Finish Implementation Group; and
- **NOTE** the high level implementation plan which was approved on 2<sup>nd</sup> November 2022 as it evolves through the work of the Task & Finish Implementation Group.

## **Duty of Candour and Duty of Quality Update Report**

# 1. INTRODUCTION

The purpose of this report is to provide the Management Board with an update on the Duty of Candour and Duty of Quality and draft implementation plan, which will evolve through the work of the Task & Finish Group reporting to the Patient Safety Group. This report follows the presentation to the Quality Management Board in October 2022 setting out the requirements of both duties.

## 2. BACKGROUND

The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by April 2023. Its intention is to:

- support an ongoing, system-wide approach to quality improvement within the NHS in Wales;
- further embed a culture of openness and honesty; and
- help drive continual public engagement in the design and delivery of health and social care services.

The Act received Royal Assent in April 2022 marking a milestone in the recovery and reform of how health and care services work together.

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. It aims to improve and protect the health, care and well-being of both current and future populations of Wales by focusing on:

- Securing Improvement in Health Services;
- Implementing a Duty of Candour requiring providers of NHS services to be open and honest with patients and service users when things go wrong;
- Establishing a Citizen Voice Body for health and social care; and
- The appointment of Vice Chairs for NHS Trusts bringing them in line with Health Boards.

The Duty of Quality requires NHS bodies and Welsh Ministers to exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis in the services they provide. Quality is more than just meeting service standards. It needs to be a system-wide way of working. Quality means safe, timely, effective, efficient, equitable and person-centred health care which is embedded within a culture of continuous learning and improvement.

The duty of quality requires Welsh Ministers and NHS bodies to actively consider these domains of quality 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 as well as promoting the well-being goal of A Healthier Wales.

Additionally, the Duty seeks to strengthen governance arrangements by requiring NHS bodies and Welsh Ministers to report annually on the steps they have taken to comply with the Duty and assess the extent of any improvement in outcomes that have been achieved.

The launch of the consultation on the Duty of Candour commenced on 20<sup>th</sup> September 2022 and ends on 13<sup>th</sup> December 2022 (<a href="https://gov.wales/duty-candour">https://gov.wales/duty-candour</a>) and the launch of the Duty of Quality consultation was released on 25<sup>th</sup> October 2022 and closes on 17 January: <a href="https://gov.wales/duty-quality">https://gov.wales/duty-quality</a> The consultation also incorporates the new Quality standards 2023 replacing the previously published Health and Care Standards 2015.

#### 3. STATUS UPDATE

## 3.1 Duty of Candour

The duty requires NHS providers to follow a process – to be set out in Regulations – when a service user <u>suffers an adverse outcome which has or could result in unexpected or unintended harm that is more than minimal and the provision of health care was or may have been a factor.</u> There is no element of fault, enabling a focus on learning and improvement, not blame.

The key intention of the duty is to promote a culture of openness, learning and improving that is owned at organisational level. This is in alignment with the work the Health Board has been taking forward in 2022 to develop and implement a Quality Management System, the development of the Quality Strategy and promoting the culture change through Our Big Conversation work.

There is also professional responsibility to be honest with patients when things go wrong, already in place and the Duty of Candour makes this statutory.

Key actions to be taken as part of implementation include:

- Policy development When the duty is triggered staff will need to follow a procedure, which will be set out and supported by policy;
- Education training and awareness will initially be provided by Welsh Government and then taken forward by organisations;
- Annual Report covering when the duty has come into effect; how often the
  duty has been triggered; a description of the circumstances leading to the event
  and the steps taken by the provider with view to preventing any further
  occurrence. <u>Triggering the duty does not mean an NHS body accepts any fault</u>
  or blame.
- Welsh Government also plans to make separate regulations (under the Care Standards Act 2000) to place a duty of candour on regulated independent healthcare providers. This will align the NHS and regulated independent healthcare, whilst complementing the duty placed on providers of regulated services (under the Regulation and Inspection of Social Care (Wales) Act 2016), to create a whole system approach to candour.

 Accountability - Executive Lead and Independent Member to be identified to be assured of the NHS body's approach. However, all staff are responsible for complying with the duty, and consideration should be given to what that means for individuals.

# 3.2 Duty of Quality

The objectives are to achieve a system wide approach to quality to improve quality on an ongoing basis. This will improve outcomes and embed quality as an integral part of the decision-making process and planning. In turn, this strengthens learning and sharing responsibilities and opportunities. The purpose of the duty overall is to improve outcomes for our population.

The duty of quality statutory guidance incorporating the new six domains of quality safe, (timely, effective, efficient, equitable and person-centred) and five quality enablers (Leadership; Culture and valuing people; Data to knowledge; Learning) which will supersede the Health and Care Standards 2015 to form the new health and care quality standards which will be taken into account by NHS bodies in discharging the new duty of quality.

As stated above the Health Board has already started work on developing and implementing a Quality Management System and the detail provided in the consultation will be used to align with the work already carried out and also into the work planned.

## 3.3 Next Steps

Establishment of a Task & Finish Group to take forward the implementation plan and consider the resource requirements to implementation of both the Duty of Candour and Duty of Quality and also requirements for the maintenance phase.

Table 1 sets out the draft implementation plan for Task & Finish Group to consider.

Table 1

| Requirement             | Action   | Target Date   | Lead                                   | Present Position   |
|-------------------------|--|---------------|--|--|
| 1. Executive leadership | Appoint Executive Director of Nursing     Patient Experience as the Executive     Lead and Director of Corporate     governance to oversee     implementation, both roles will     provide leadership for the     implementation of Duty of Candour. | November 2022 | Chief<br>Executive                     | To be approved in<br>Management<br>Board –<br>November 2022. |
|                         | Notify Welsh Government of Health<br>Board representative on the National<br>Implementation Board for Duty of<br>Candour – Director of Corporate   | November 2022 | Director of<br>Corporate<br>Governance |  |

|   | I   | 1                 | 1   | 1   |
|---|---|-------------------|---|---|
|   | Governance and Duty of Quality – Director of Nursing/Deputy.  • Chair of Quality & Safety Committee Independent Member to be the lead IM for the Duty of Quality and Duty of Candour.     | November 2022     | Chair   |   |
| 2. Local<br>Implementati<br>on Group    | <ul> <li>Patient Safety Group to be to oversee<br/>the implementation and report to the<br/>Quality Management Board and<br/>Quality &amp; safety Committee.</li> </ul>                   | November 2022     | Director of<br>Corporate<br>Governance  | To be approved in Management Board – November 2022.   |
|   | Task & Finish Group, reporting to the<br>Patient Safety Group, to be<br>established.  | November 2022     |   |   |
|   | Primary Care representatives to be<br>members of the Patient Safety Group<br>and Task & Finish Group.   | November 2022     |   |   |
| 3. Infrastructure                       | Task & Finish Group (Candour<br>Implementation Group) to consider<br>infrastructure and resource<br>implications and make<br>recommendations for the Patient<br>Safety Group to consider. | December 2022     | Director of<br>Corporate<br>Governance  | Work being undertaken by the corporate team to scope out resource required to commence duty of candour                          |
|   | Six month review to be undertaken,<br>following the commencement of Duty<br>of Candour to assess impact and<br>resources required from April 2024 to<br>inform IMTP plans.                | September<br>2023 | Director of<br>Corporate<br>Governance  | on 1 <sup>st</sup> April 2023<br>until March 2024.  |
| 4. Quality Management System/ Standards | Review Health Boards Quality     Management System against the Duty     of Quality requirements and identify     any further work to be undertaken to     comply with the legislation.    | December 2022     | Director of Nursing supported by Director of Therapies & Health Science and Medical Director                      | To be considered<br>by the Task &<br>Finish Group   |
| 5. Policy and Procedure                 | Health Boards Concerns Management<br>Policy to be updated to incorporate<br>Duty of Candour requirements.   | March 2023        | Director of<br>Corporate<br>Governance  | Review of policy<br>and changes<br>required has<br>commenced and<br>will be reported<br>through the<br>Patient Safety<br>Group. |
| 6. Reporting and Decision making        | Consider how we demonstrate in the<br>Health Board that the decisions we<br>make have adequately been<br>considered in relation to quality<br>improvement of our services.                | February 2023     | Director of<br>Nursing<br>supported by<br>Director of<br>Therapies &<br>Health Science<br>and Medical<br>Director | To be considered as part of the Task & Finish Groups work.  |

| 7. Training | Board level training for Board        | December 2022 | Director of | Training booked               |
|-------------|---------------------------------------|---------------|-------------|-------------------------------|
|             | members and Service Group             |               | Corporate   | for 15 <sup>th</sup> December |
|             | triumvirate.                          |               | Governance  | 2022, to be delivered by      |
|             | Task & Finish Group to complete a     | December 2022 |             | Public Health                 |
|             | training needs analysis.              |               |             | Wales.                        |
|             | Health Board to work with Welsh       | March 2023    |             |                               |
|             | Government to deliver the training in |               |             |                               |
|             | accordance with the training needs    |               |             |                               |
|             | analysis.                             |               |             |                               |

#### 4. FINANCIAL IMPLICATIONS

The resource implications will be considered by the Duty of Candour and Duty of Quality Implementation Group and recommendations made to the Patient Safety Group to consider resources needed to implement and embed the duties in 2023/24 and thereafter what resource it will need as we move into the maintenance phase.

## 5. RECOMMENDATIONS

Members are asked to:

- NOTE and DISCUSS the requirements of the Duty of Candour and Duty of Quality;
- **Agree** the establishment of a Task & Finish Implementation Group; and **AGREE** the high level implementation plan which was approved by management board on 2<sup>nd</sup> Novemebr 2022 as it evolves through the work of the Task & Finish Implementation Group.

| Governance and Assurance  |  |                |  |  |
|---|--|----------------|--|--|
|   | Supporting better health and wellbeing by actively empowering people to live well in resilient communities | promoting and  |  |  |
| _   | Partnerships for Improving Health and Wellbeing  | $\boxtimes$    |  |  |
| (please choose)   |  |                |  |  |
|   | Digitally Enabled Health and Wellbeing   |                |  |  |
|   | Deliver better care through excellent health and care service outcomes that matter most to people          |                |  |  |
|   | Best Value Outcomes and High Quality Care  | $\boxtimes$    |  |  |
|   | Partnerships for Care  |                |  |  |
|   | Excellent Staff  |                |  |  |
|   | Digitally Enabled Care   |                |  |  |
|   | Outstanding Research, Innovation, Education and Learning   |                |  |  |
| Health and Care   | e Standards  |                |  |  |
| (please choose)   | Staying Healthy  |                |  |  |
|   | Safe Care  | $\boxtimes$    |  |  |
|   | Effective Care   | $\boxtimes$    |  |  |
|   | Dignified Care   | $\boxtimes$    |  |  |
|   | Timely Care  | $\boxtimes$    |  |  |
|   | Individual Care  | $\boxtimes$    |  |  |
|   | Staff and Resources  | $\boxtimes$    |  |  |
| Quality, Safety a   | and Patient Experience   |                |  |  |
| Ensuring that the Board and its Sub-Committees make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making the decisions. Informed decisions are most likely to impact favourably on the quality, safety and experience of patients and staff. |  |                |  |  |
| Financial Implic  | ations   |                |  |  |
| The financial implica<br>Patient Safety Group   | tions for the implementation phase and maintenance will be cons  | sidered by the |  |  |
| Legal Implication   | ons (including equality and diversity assessment)  |                |  |  |
| To be worked through  | gh in the Task & Finish Group  |                |  |  |
| Staffing Implica  | tions  |                |  |  |
| To be worked through  | gh in the Task & Finish Group  |                |  |  |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)  |  |                |  |  |
|   | Taxa.  |                |  |  |
| Report History  | N/A  |                |  |  |
| Appendices  | N/A  |                |  |  |