

Consultation Response
The Duty of Quality
Welsh Government
January 2023

Question 1

Is the Guidance clear on what we are trying to achieve with NHS bodies through the introduction of the Duty of Quality?

- **Yes**

The guidance is clear in setting out the intentions behind the duty of quality; we welcome them. As the most frequent users of the NHS and social care, older people have a strong interest in ensuring that the duty of quality is met by NHS bodies and Welsh Ministers. Wales has the oldest population in the UK; therefore, demand for provision is uniquely high, however the public should still be able to expect a good quality of service. This involves providing care and treatment quickly when it is needed and doing so in a way which retains the dignity of older people and allows them to feel respected.

Question 2

Is the Guidance on to whom the Duty of Quality applies clear?

- **Yes**

Question 3

Is the guidance sufficiently clear on the governance structures needed?

- **Yes**

Question 4

Will this governance structure support NHS bodies to comply with the duty?

- **Yes**

Question 5

Does the guidance outline clearly the level of leadership required in organisations?

- **Yes**

Question 6

Is it clear where responsibility for the duty of quality lies in commissioned and hosted services?

- **Yes**

The guidance is clear that responsibility lies with the commissioning NHS bodies rather than the companies directly providing these services. However, it is unclear how the management of external providers will be held to account for the quality of their services. It is important that whether they are in receipt of internally or externally provided services, patients can feel confident in their quality. To maintain patient confidence and quality, resources should be allocated both by NHS bodies and external providers to regularly communicate and ensure that patients are receiving the same quality of services.

Question 7

Are the expectations of quality clear within the definition and six domains of quality?

- **Yes**

The expectations of quality are clearly set out within the definition and the domains of quality. However, the definition of 'timely' could be expanded to include a commitment to provide care at an appropriate of day for an individual, to sit alongside the respond quickly once a need is identified. In our 2022 national survey with older people in Wales, we learned of an individual who was unable to receive domiciliary care because it could only be offered at an inconvenient time, and therefore their condition worsened¹.

'Accessing carers for my dad and stepmother was straightforward and the agency was good. But the agency's limited staff left no choice on timings of visit. They could

¹ age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf (ageuk.org.uk)

only call at 7am, my dad who was caring for my stepmother was exhausted anyway - the early wake ups (6am) after difficult nights further tired my dad cancelling carers which ultimately led to my stepmother being hospitalised. She is now in a care home'

Question 8

We have outlined five quality enablers that we believe are necessary to support the implementation of the six domains of quality. Is this explanation clear in the guidance?

- **Yes**

Question 9

Are there other potential 'enablers' that we should consider including in the guidance?

- **No**

Question: 10

What supporting tools and materials will assist NHS bodies to fulfil their duty of quality under the Act?

The intention of introducing Duty of Quality within the Health and Social Care (Quality & Engagement) Act is to meet the ambitions set out in A Healthier Wales. The Quality and Safety Framework was published in 2021 as a precursor to the implementation to the Duty of Quality. The guidance demonstrates that these documents will help NHS bodies meet their responsibilities.

The 2019 Welsh Language Standards in Primary Care guidance will also assist NHS bodies in planning how to help front-line staff deliver adequate Welsh language services to patients. NHS bodies will need to include information about the provision of Welsh language services in their annual quality reports.

Question 11

The new Quality Standards 2023 are based on high-level aspirations through the six domains of quality and five quality enablers. Are the quality standards clear?

- **Yes**

Question 12

Is the guidance clear about how the Quality standards 2023 will support development of the quality management system and assessment of progress with the duty of quality?

- **Yes**

Question 13

Do you think the incorporation of the new model for Quality Standards 2023 and the withdrawal of the 2015 Health and Care Standards is the appropriate measure to take?

- **Yes**

Condensing the Quality Standards into one piece of legislation is the correct measure to take. Furthermore, the wider remit of the domains and enablers, as well as their relevance when exercising both clinical and non-clinical functions, is important.

Question 14

Do you think a transition phase would be advisable to NHS bodies in the adoption of the new Quality domains and enablers?

- **Yes**

We welcome the suggestion for a transition phase before the domains and enablers are adopted. During this period, it may be of benefit for the NHS bodies who are responsible for fulfilling the duty of quality to find examples of good practice from other countries where similar legislation is already in place.

Question 15

Is the guidance clear on how an NHS body would meet the six steps listed above?

- **Yes**

The guidance gives clear definitions of the quality enablers and how they can be followed to ensure the duty of quality is met. However, doing this in practice could prove challenging. The Royal College of Nursing's March 2022 survey revealed that 78% of nurses had witnessed standards of care being compromised due to a lack of staff² and the same organisation estimates that there are currently over 2900 registered nursing vacancies in Wales³. Although Social Care Wales published a

² [NHS staffing: More than half of Welsh nurses demoralised - BBC News](#)

³ [Nursing in numbers - English | Royal College of Nursing \(rcn.org.uk\)](#)

workforce strategy in March 2021⁴, the sector is also struggling with recruitment, which implies that both the NHS and social care may struggle to implement the duty of quality.

Additionally, the guidance is unclear as to whether any external support will be provided to NHS bodies who are struggling to fulfil their requirements under the Duty of Quality. Without this, it could be difficult to encourage learning, improvement and research as described within the quality enablers.

Question 16

Is the guidance clear on what is meant by ‘always on’ reporting?

- **Yes, in part.**

The guidance is clear on the definition of ‘always on’ reports. However, while section 9.6 of the guidance states that “it is anticipated that NHS bodies will signpost readers to the information provided through the ‘always on’ reports” – it is unclear whether there is any requirement for them to do this.

Similarly, section 9.3 states that ‘always on’ “encourages recognition and sharing of good practice” but the responsibility to do so is not clearly defined, nor is it delegated to a specific NHS body or minister. If regular meetings to share good practice were an obligation rather than a choice, it would ensure that examples of good practice can be shared across Wales.

While health boards have a deep understanding of the needs of their local populations, a 2021 report from the Royal College of Physicians highlighted the disparity in healthcare outcomes between different areas within Wales⁵. Although these inequalities will be influenced by wider factors, a more robust system of sharing examples of good practice between health boards could help to reduce them and make sure that there is a national approach to improving quality across health and social care in Wales.

Question 17

Are the intended reporting systems (‘always on’ and a narrative yearly report) sufficient for NHS bodies to assure Welsh Ministers and the public?

- **Yes, in part.**

The reporting systems are sufficient for NHS bodies. However, as previously stated, there is no clear requirement to make information from the ‘always on’ reports available to the public. Resources should be allocated to make this happen because otherwise it is unclear how the public can be adequately assured.

⁴ [A healthier Wales \(socialcare.wales\)](https://socialcare.wales)

⁵ [Ending the postcode lottery: the case for an independent NHS Wales executive | RCP London](#)

This information also needs to be made accessible to everybody. While many older people are digitally literate, Age Cymru's June 2022 report showed that only 40% of over-80s access information online⁶. As the age group most likely to use NHS and social care services, it is vital that older people feel assured that the duty of quality is being met. Therefore, as well as making the information from the 'always on' reports available, NHS bodies should publicise it in a way that older people can access.

Similarly, robust procedures should be in place to ensure that any failings can be reported by patients throughout the year. Like the 'always on' reports, these procedures should be publicised and made accessible to everyone, including older people.

Question 18

Is the guidance clear on the collective responsibility of the Board to ensure:

- quality-driven decision-making
- system-wide application of the duty of quality
- focus on learning and sustainable quality improvement
- ensure better quality of services and improved outcomes for people
- with appropriate monitoring in place to ensure quality improvements are maintained

- **Yes**

Question 19

Is the guidance clear on how monitoring of the duty of quality will be embedded into existing Welsh Government procedures and those of Healthcare Inspectorate Wales?

- **Yes**

Question 20

What are your views on how the proposals in this consultation might impact?

- on people with protected characteristics as defined under the Equality Act 2010⁷;
- on health disparities; or
- on vulnerable groups in our society.

⁶ [age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf](https://ageuk.org.uk/wp-content/uploads/2022/06/age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf) (ageuk.org.uk)

⁷ The following characteristics are protected characteristics from the Equality Act 2010—age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Please provide your comments here:

The commitment to providing person-centred care implies that people with protected characteristics and vulnerable groups will be treated with dignity, despite often being among those with the most complex needs.

If the sharing of good practice relating to the Duty of Quality is effective, then regional health disparities will be reduced. As previously stated, it is critical that all health boards are made aware of examples of good practice, especially during the early stages of implementation.

Meeting the six domains of quality could also address socio-economic health disparities. In our recent work, we have discovered that increasing numbers of older people are choosing to access private treatment due to long waiting lists for NHS services. This means that the health outcomes of people who can afford to pay are superior to those who cannot. While all six domains of quality are factors in this, providing timely care is particularly crucial in closing this inequality gap.

Question 21

We would like to know your views on the effects that the duty of quality proposals would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English.

For example, what effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Please provide your comments here:

The Duty of Quality, along with the 2019 Welsh Language Standards in Primary Care demonstrate the intention to ensure equal treatment for Welsh speakers. Age Cymru welcomes this; being able to access services in their language of choice is important to older people.

However, there are potential issues with implementation. Despite the Welsh Government's ambition for there to be 1 million Welsh speakers by 2050, the 2021 census data showed that this number had fallen from 562,000 to 538,000 since 2011⁸. Much of this reduction has come from a drop in Welsh speakers between the ages of 3 and 15 – people who will enter the jobs market in the future. Recruiting from a smaller pool of people who can speak the language will make it harder to ensure the NHS workforce has the appropriate language skills and will make it difficult for the person-centred care domain of quality to be fulfilled. This could lead to

⁸ <https://www.bbc.com/news/uk-wales-63860772#:~:text=The%20number%20of%20Welsh%20speakers,Office%20for%20National%20Statistics%20found.>

individuals feeling like they are not being treated with dignity and respect when accessing these services.

Being given an opportunity to speak Welsh when required is particularly important for older people with dementia, due to the comfort and familiarity it can provide.

Furthermore, without this opportunity, there is the risk of any unusual behaviour which may arise from the frustration of being unable to communicate in their language of choice being misdiagnosed as a possible sign of poor mental health rather than a symptom of their neurological condition.

Currently, the standards of Welsh language NHS services being provided varies between health boards. This is another area of the Duty of Quality which could benefit from a regular platform for information sharing, especially when making plans to help NHS staff deliver an “active offer” of these services, as set out in the 2019 Welsh Language Standards in Primary Care.

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