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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>25 April 2023</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Implementation of the Duty of Candour and Duty of Quality</b>		
<b>Report Author</b>	Nicola Anthony, Assistant Head of Concerns Management Angharad Higgins, Interim Head of Quality & Safety		
<b>Report Sponsor</b>	Gareth Howells, Executive Director of Nursing and Patient Experience Hazel Lloyd, Director of Corporate Governance		
<b>Presented by</b>	Nicola Anthony, Assistant Head of Concerns Management Angharad Higgins, Interim Head of Quality & Safety		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide the committee with assurance around the steps that have been taken to prepare for the implementation of the Duty of Candour and the Duty of Quality.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 and will be implemented from 1st April 2023</li> <li>The Act creates two duties: Duty of Candour and Duty of Quality. The four parts of the Act are intended to have a cumulative positive benefit for Welsh residents supporting a culture, and the conditions, that focus on driving improvement in health and social care.</li> <li>The Act places a Duty of Candour on NHS bodies at an organisational level and will support existing professional duties.</li> <li>The Duty of Candour ensures that the NHS is open and honest if the care provided has, or may have, contributed to unexpected or unintentional moderate or severe harm or death with the focus on learning from outcomes</li> <li>The Act requires NHS providers to report annually on the Duty of Candour and delivery of the Duty of Quality</li> </ul>		

	<ul style="list-style-type: none"> <li>The Act requires that information on the quality of our care is readily available for the public through 'always on' reporting</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <p><b>NOTE</b> the progress made in preparing for the implementation of the Duty of Candour and Duty of Quality</p> <p><b>NOTE</b> the risks in relation to the delay in training material on the Duty of Candour not being made centrally available from Welsh Government until mid-March and the mitigation in terms of awareness sessions being held in the Service Groups; and</p> <p><b>NOTE</b> the risk relating to resources to fully implement Duty of Candour which has been raised nationally by health organisations in Wales with the national Duty of Candour Implementation Group.</p>			
<b>Appendix</b>	Appendix 1: Duty of Candour and Duty of Quality Road Map update March 2023			

## **Implementation of the Duty of Candour and Duty of Quality**

### **1. INTRODUCTION**

The purpose of the report is to set out the steps taken to support implementation of the Duty of Candour and Duty of Quality throughout the health board.

### **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 reframes and broadens the existing duty of quality on NHS bodies and also 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.

#### **Duty of Candour: Summary**

The key intention of the Duty of Candour is to promote a culture of openness, learning and improving that is owned at organisational level.

The Duty will mean that NHS bodies will be required to follow a procedure when the Duty is triggered. The Duty requires NHS providers to report annually about 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. Triggering the Duty does not mean an NHS body accepts any fault or blame.

The Duty of Candour comes into effect in relation to an NHS body if it appears to the body that both of the following conditions are met:

- The first condition is that a person (the 'service user') to whom health care is being, or has been, provided by the body has suffered an adverse outcome;
- The second condition is that the provision of the health care was, or may have been, a factor in the service user suffering that outcome

For the purpose of the first condition, a service user is to be treated as having suffered an adverse outcome if the user experiences, or if the circumstances are such that the user could experience, any unexpected or unintended harm that is more than minimal.

The Candour Procedure Regulations prescribe the actions that must be taken and supports the existing processes for 'Putting Things Right'

### **Duty of Quality: Summary**

The Duty of Quality aims to ensure that NHS bodies secure improvement in the quality of services that they provide and represents an ambition to achieve ever-higher standards of person-centred care. The duty sets out the collective responsibility of health boards to ensure

- Quality driven decision making
- System-wide application of the Duty of Quality
- Focus on learning and sustainable quality improvement
- Better quality of services and improved outcomes for people
- Appropriate maintenance to ensure quality improvements are maintained

Within the duty, quality is described as a system wide way of working, requiring health boards to actively consider the following five domains of quality in health care when in their decision making:

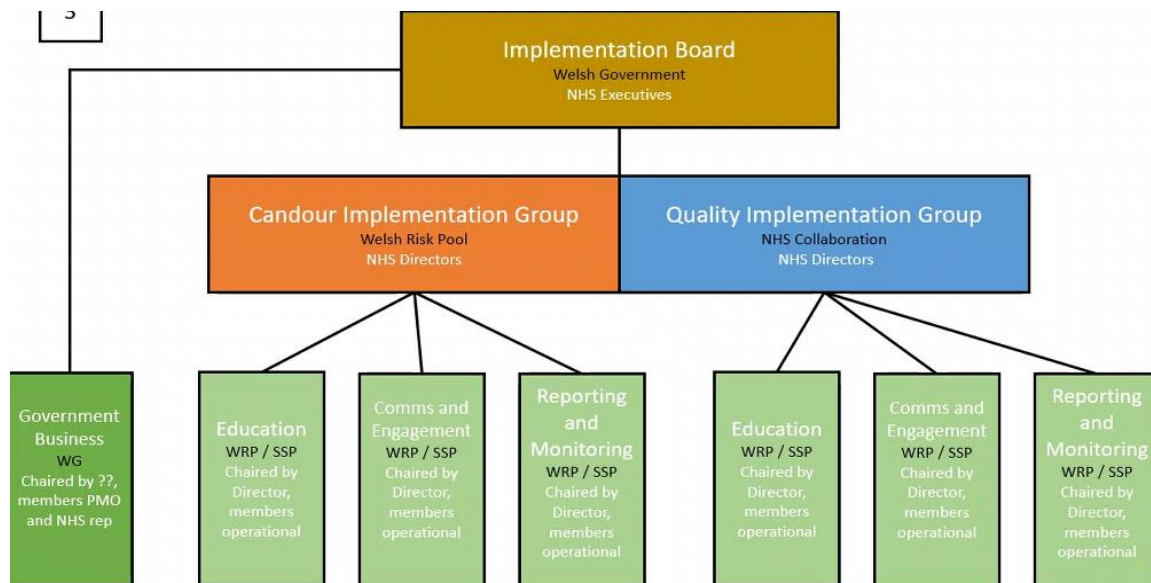
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centred

Guidance on the Duty of Quality includes the new Quality Standards, which replace the previous Health and Care Standards. This approach is to put in place a clear framework for quality management across health services.

### **Preparedness for Implementation of Duty of Candour and Duty of Quality**

- **National Duty of Candour and Quality Implementation Groups**

The health board is represented at the monthly Duty of Candour and Duty of Quality implementation groups. The purpose of these groups is to engage widely with NHS bodies, offering support, guidance and sourcing the development of the necessary tools required for NHS bodies to prepare for and successfully implement the duties as part of the Quality Act. The groups monitor progress and provide Welsh Government (WG) with highlight reports on progress. Specific sub-groups have been established beneath the implementation groups to lead on specific work programmes including communication and engagement, education and training and reporting and learning. The SBUHB monthly update to the Implementation Board against a road map for both duties is included as Appendix 1.



- **Staff awareness / training**

WG has produced staff training and awareness raising materials for both duties.

On 16<sup>th</sup> March 2023, an e-learning training package on the Duty of Candour was received from WG. The training is to support staff in delivering against the duty; and support the wider leadership, cultural and behavioural changes needed to implement the duty. The e-learning training package is available for all staff via ESR. It is also available for Primary Care contractors via Learning@Wales. Information on how to access the training package has been shared across the organisation. Throughout April, staff awareness sessions will continue along with virtual drop-in sessions throughout to support staff in implementing the candour procedure. Investigator training delivered by the Patient Safety Investigation Team will also be available for staff.

An awareness raising video and a one page summary of the Duty of Quality has been received from WG and added to the Quality, Safety and Improvement intranet pages. The link to which has been circulated to all service groups for their onward cascade.

- **Communication / Engagement**

The Department for Insight Communication and Engagement are working with the Quality, Safety and Improvement Hub to develop a communication plan to support socialising messages regarding quality across the organisation. This work will be reported into the Quality and Safety Group.

To support the implementation of the Duty of Candour a staff awareness video is available and shared via the intranet. A designated SharePoint site is now available. The WG web team will be updating their Candour page to signpost to the SBU public-facing website in readiness for 1<sup>st</sup> April 2023. WG have also made available a dedicated resource library on the Shared Service SharePoint at [Shared Services Partnership Intranet - Duty of Candour Materials - All Documents \(sharepoint.com\)](#)

- **Operationalising**

Over the course of 2022, the health board commenced a series of work-streams to review and revise our quality and safety governance structures in order to develop our quality management system. Service groups are now in the process of formalising their quality and safety structures within service groups in order that they mirror the corporate structures.

In March 2023 we have launched our five year Quality Strategy including a series of implementation actions. This strategy sets our commitment to achieving improvements in the quality and safety of our services and aligns with the requirements of the Duty of Quality.

A soft launch of the Duty of Candour questions on the incident functionality of Datix Cymru was undertaken on 22<sup>nd</sup> March 2023. Further plans are in place for Spring 2023 for Once for Wales Concerns Management System (OfWCMS) to develop refresher awareness training material for grading of incidents and validation and management of candour procedure

Weekly meetings are in place to discuss the operationalisation of the Duty of Candour attending by Heads of Quality, Safety and Patient Experiences and their representatives. Standard operating procedures and process maps developed by each service group and going through local review process with service directors.

As of 1<sup>st</sup> March 2023, the OfWCMS put in place one national website for all contractors within Primary Care to access and provide a consistent mechanism for all to report incidents. The OfWCMS have completed drop in sessions throughout March 2023 to address any concerns.

Work is underway in partnership with the commissioning team to include the requirements of both acts into our contracting arrangements, this is being undertaken based on learning from other health boards in order to promote synergy in arrangements where possible.

The Concerns Management Policy is under review to incorporate the Duty of Candour Regulations.

The current position statement on implementation of both duties can be found in Appendix 1.

### **3. GOVERNANCE AND RISK ISSUES**

There is a known resource requirement for the administration and co-ordination for the work along with the effective day-to-day compliance with the Duty of Candour, to provide the board with assurance. Service groups have highlighted that without additional resource to support the implement of the duty, other key performance indicators will suffer as a result, for example complaint performance. Service groups are considering how they integrate this work and streamline what is already in place.

Service groups have also identified a risk to the ability of key individuals to undertake the e-learning due to the date of issue of the training from WG.

Process maps for the implementation within individual service groups have been requested in order to provide assurance on the delivery of the Duty of Quality.

#### **4. FINANCIAL IMPLICATIONS**

While there are no financial implications arising from this report specifically, the outcome of the actions taken in implementing the Duty of Candour may result in additional resources being required to take forward the work needed, either as a temporary measure for implementation or as a permanent role to ensure delivery, accountability and consistency

#### **5. RECOMMENDATIONS**

Committee members are asked to:

- **NOTE** the progress made in preparing for the implementation of Duty of Candour and Duty of Quality;
- **NOTE** the risks in relation to the training material for the Duty of Candour not being centrally available from WG and the mitigation in terms of awareness sessions being held in the Service Groups; and
- **NOTE** the risk relating to resources to fully implement Duty of Candour which has been raised nationally by health organisations in Wales with the national Duty of Candour Implementation Group.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The Health and Social Care (Quality and Engagement) (Wales) Act 2020 give a clear commitment to improving the quality and safety of our care, and improving patient experience.		
<b>Financial Implications</b>		
Potential financial implications for the implementation of the Duty of Candour.		
<b>Legal Implications (including equality and diversity assessment)</b>		
The Health Board is required to comply with the Duty of quality and Duty of Candour and Duty of Quality as part of the Quality and Engagement Act which comes into effect April 2023.		
<b>Staffing Implications</b>		
Additional resource may be required to take forward the work needed, either as a temporary measure for implementation or as a permanent role to ensure delivery, accountability and consistency.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Duty of Candour will support learning and improvement.		
<b>Report History</b>	Quality Management Board April 2023 Quality and Safety Group April 2023 Quality and Safety Committee April 2023	
<b>Appendices</b>	Appendix 1: Duty of Candour and Duty of Quality Road Map March 2023	



**Appendix 1**  
**Duty of Candour and Duty of Quality Road Map March 2023**

**DUTY OF CANDOUR**

Overall

Period Ending		RAG Status			Previous RAG Status		
February 2023							
Theme	Roadmap Milestones	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			Director of Corporate Governance
	Strategic lead identified and trained (IM or Non-Exec)	4	4	4			Chair of Q&S Committee (Approved at management board November 2022).
	Operational lead identified (executive officer level)	4	4	4			Chief Executive
	Board awareness training completed	3	4	4			Board level training for Board members and Service Group triumvirate completed December 2022

Governance and accountability structures	Fully developed and signed off Implementation plan for the duty	4	4	4			Agreed at Management Board November 2022
	Implementation of the actions in the implementation plan due to enable duty to be enacted in April.	1	2	3			Ongoing – SBU awareness / training presentation delivered widely within Health Board. WG staff awareness video shared throughout HB 6/3/23
	Policy-ratified and published	1	2	3			Ongoing – to be completed by 1 <sup>st</sup> April 2023
	Any additional SOP's or policies completed	1	2	3			Ongoing – to be completed by 1 <sup>st</sup> April 2023
Reporting and information (data to knowledge)	Training Needs analysis for reporting requirements for the duty	1	2	3			Ongoing
	Candour-related information validation and mechanisms for escalation in place, with	1	1	3			Ongoing

	plans for review and consideration at appropriate level						
	Facilities for primary care providers in place and functionality tested	1	2	3			OfWCMS team leading training sessions to be completed by 1 <sup>st</sup> April 2023
	Mechanism and publication schedule / plan in place for Candour Reporting Requirements.	1	1	3			Ongoing
Commissioning	A clear and corporately agreed understanding of changes required to incorporate DoC requirements into all commissioning arrangements	1	1	3			Ongoing
Hosting	A clear and corporately agreed understanding of changes required to incorporate DoC requirements into	1	1	3			Ongoing

	hosting arrangements						
Communication and engagement	All staff are aware of key DoC messages tailored to their organisation	1	1	4			Ongoing
	Engagement with workforce and key stakeholders e.g. Service Users	2	3	4			Ongoing – to continue past 1 <sup>st</sup> April 2023 to provide support and guidance for staff
Training and education	Training Needs analysis for the duty	2	3	4			Completed
	Based on training needs analysis Key and specialist staff training identified and completed	1	1	3			Ongoing - Staff training programme with use of WG training package to commence March 2023

## DUTY OF QUALITY

Overall

Period Ending		RAG Status				Previous RAG Status	
10 <sup>th</sup> January 2023							
Theme	Roadmap Milestones	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				Director of Nursing and Patient Experience
	All staff recognise and understand the organisation's Quality vision, and their roles within it		4				Quality strategy launched 2.3.23. Audio visual materials available on line to promote the strategy.
	Commitment, resources and infrastructure in place to implement Duty effectively		2				Scoping exercise of quality roles and functions across the organisation underway
Decision-making	Processes and systems in place to provide demonstrable		2				QIA process in place. Consideration being given to

	e evidence that Board decisions have been made through Quality lens						reviewing board templates to reflect D of Q
Governance and accountability structures	Board are assured that DoQ is being considered across system	4	4				<p>A Quality Hub has been established within the Health Board which combines the following quality activities; Quality Improvement; Quality Assurance, Quality Planning.</p> <p>Quality Management System being developed. Stock take of progress being presented in March task and finish group.</p> <p>Quality Impact Assessment tool to be revised to reflect DofQ</p>

	Routine governance documentation is DoQ-ready		2				Quality framework to be revised in line with D of Q
Reporting and information (data to knowledge)	Mechanism and publication schedule / plan in place for sharing DoQ progress information externally		2				Department of Insight and Engagement leading on comms plan to support the duty
	Quality-related information escalation mechanisms in place, with plans for review and consideration at appropriate level	3	3				Quality dash board developed for roll out from April 23
Commissioning	A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into all commissioning arrangements		2				Quality reporting and escalation process in place for commissioned services, these will be reviewed in line with the D of Q
Hosting	A clear and corporately agreed understanding of		2				Meeting arranged to look at D of Q and

	changes required to incorporate DoQ requirements into hosting arrangements					hosted services
Quality Standards	A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023		2			Commitment to ensure that Quality standards are built into our Q and S structures
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		2			Quality Management System being rolled out
Communication and engagement	All staff are aware of key DoQ messages tailored to their organisation		2			Comms plan being developed. WG produced video to be shared across organisation once available



Training and education	At least one member of Board trained, knowledgeable and able to influence Board in relation to DoQ		2				Board member training 15.3.23
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Description	Score	Mitigation / Action
Resources to implement the DOC process	3	Revised SBU Concerns Management Policy to be shared widely for reference. National changes to Datix Cymru made to support the process. Wide scale training within SBU for senior teams with responsibility for management of incidents
Incorrect grading of incidents by reporter	3	Supportive training around grading; training video available via SBU SharePoint site. DoC process includes review of grading which should mitigate incorrect grading
Awareness and staff training - Operational pressures can restrict attendance at awareness sessions / meetings	3	10-minute awareness video developed by implementation lead shared with key stakeholders / responsible persons for discussion and sharing further. WG E-learning training package awaited
Risk to systems not being in place and training provided for incident reporting by primary care contractors by 1 <sup>st</sup> April 2023.	3	Ongoing work with OfWCMS Nationally using a link for PC contractors. Drop in training sessions organised by OfWCMS throughout March 2023

## Guidance on Completion

Highlight reports should be very simple presentations of the key achievements, issues and risks. The principle of reporting by exception (only those items outside of plan or expectation) should be used when reporting.

The RAG (red, amber, green) status key below should be used to establish a rating for the reporting period. RAG is not a detailed breakdown of risk but rather a considered assessment of the likelihood of meeting the objectives in the agreed timeframes.

<b>RAG Status key</b>	
<b>Description</b>	<b>Status</b>
Organisation is confident that Deliverable/Key milestone can be delivered	
Organisation has identified that delivery is at risk but manageable OR behind schedule but within tolerance	
Organisation has identified that delivery is at risk with certain aspects having no mitigation or outside of tolerance.	
Organisation has little confidence on delivery AND/OR significantly behind schedule AND/OR critical issue with no mitigation currently available	

The scores and colours in the issue and risk tables are not drawn from this key but from the risk register and risk management plan and therefore do not necessarily read across. Top 3 risks and issues with scores should be drawn from your risk register and issues log (see example Risk Management Protocol from NWSSP below).



NWSSP Risk Protocol  
2021.doc

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

<b>Stage</b>	<b>Definition</b>
1	Exploring and preparing
2	Planning and resourcing
3	Implementing and operationalising
4	Full implementation

**Achievements** - This should be kept to only those items achieved, tasks complete. Reporting on a latest meeting or draft out to stakeholders is too detailed for a highlight report.

**Issues** - Issues are those risks that have already happened so in essence the worst that have now come to pass. This will be where the group is directed to focus their energies.

**Tasks for next period** - Keep this to key definable and achievable tasks. ie consultation to have begun, training needs analysis to be agreed.