

Bundle Quality, Patient Experience and Safety Committee 13 June 2025

Agenda attachments

- ITEM 00 Agenda 13 June 2025
- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apols and Quorum
- 2 Declarations of Interest
 - ITEM 02 Board Member Register of Interests – Updated 26 March 2025
- 2.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 3 09:35 – Duty of Quality Annual Report 2024/25
 - ITEM 03 Executive Summary Duty of Quality Annual Report 2024–25
 - ITEM 03.1 ANNEX 2 Duty of Quality Annual Report 2024–2025
 - ITEM 03.2 ANNEX 3 The Duty of Quality Statutory Guidance 2023 & Quality Standards 2023 (3)
 - (1)
 - ITEM 03.3 ANNEX 4 Annual Quality Reports Review 202324 (1)
- 3.1 10:25 – CLOSING ITEMS
- 4 Key Messages for the Board
- 5 Reflections and Summary of Decisions/Actions
- 6 Any Other Business
- 7 Date & Time of the Next Meeting: 5 August 2025

Length of Meeting: 01:00		Agenda Status: AGREED		[OPEN] QUEST COMMITTEE - 13 June 2025						Deadline for Papers: 4 June 2025	
Time	Mins allotted	Agendum	Rec'd?	Title	Format	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc	
OPENING ITEMS											
09:30	00:05	1	n/a	Chair's Welcome, Apols and Quorum	Verbal	Information	Standing	n/a	Chair		
		2	n/a	Declarations of Interest	Verbal	To State Conflicts	Standing	n/a	Chair		
FOR APPROVAL, ASSURANCE AND DISCUSSION											
09:35	00:50	3		Duty of Quality Annual Report 2024/25	Paper	Endorsement	CoB	Quality	Liam Williams	Alison Kelly, Kate Blackmore	
CONSENT ITEMS											
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.											
CLOSING ITEMS											
10:25	00:05	4	n/a	Key Messages for the Board	Verbal	Discussion	Standing	n/a	Chair	n/a	
		5	n/a	Reflections and Summary of Decisions/Actions	Verbal	Discussion	Standing	n/a	Chair	n/a	
		6	n/a	Any Other Business	Verbal	Discussion	Standing	n/a	Chair	n/a	
		7	n/a	Date & Time of the Next Meeting: 5 August 2025	Verbal	Information	Standing	n/a	Chair	n/a	
10:30	01:00			CLOSE							

LEAD PRESENTERS

Name	Position
Bethan Evans	Chair and Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	Executive Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board – National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member – Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair – Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015		
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
		Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021		
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
		Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at RHA (Social Housing Organisation – Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	Chief Executive	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
		Nil Declaration				
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		

AGENDA ITEM No	3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

DUTY OF QUALITY ANNUAL REPORT 2024/25

MEETING	Quality, Patient Experience & Safety Committee
DATE	13 June 2025
EXECUTIVE	Liam Williams, Executive Director of Quality & Nursing
AUTHOR	Kate Blackmore, Assistant Director of Quality Governance
CONTACT	Kate.blackmore@wales.nhs.uk

EXECUTIVE SUMMARY

1. As part of the Duty of Quality Statutory Guidance 2023 there is a requirement for each Local Health Board, NHS Trust and Wales-only Special Health Authority to publish an annual report on the steps it has taken to comply with the Duty of Quality.
2. Section 9 of the Duty of Quality Statutory Guidance 2023 (Annex 2) sets out the quality reporting requirements for the Duty of Quality.
3. Feedback on the Duty of Quality Annual Report 2023-24 was sought directly from NHS Wales as well as through the National Reference Group.
4. The first section of the report sets out our quality management system and reflects on our achievements against our intentions for 2024-25.
5. The second section sets out evidence of our endeavours to improve quality of services across the 12 Health and Care Quality Domains.
6. Finally, we have set out our intentions for 2025-26.

RECOMMENDATION, That the Quality, Patient Experience & Safety Committee reviews and comments on the Duty of Quality Annual Report 2024/25 for onward approval at Trust Board.

KEY ISSUES/IMPLICATIONS

1. Accessibility requirements and resourcing capacity (including financial) have impacted on the format of production of this report.

REPORT APPROVAL ROUTE

Executive Leadership Team – 11 June 2025
 Clinical & Quality Governance Group – 12 June 2025
 Quality, Patient Experience and Safety Committee (Extraordinary Meeting) – 13 June 2025
 Trust Board – 26 June 2025

REPORT APPENDICES

ANNEX 1 – SBAR providing background information.
 ANNEX 2 - Duty of Quality Annual Report 2024-25
 ANNEX 3 - Duty of Quality Statutory Guidance 2023
 ANNEX 4 - Annual Quality Reports Review 2023-24

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	Yes
Environmental/Sustainability	n/a	Legal Implications	yes
Estate	n/a	Patient Safety/Safeguarding	Yes
Ethical Matters	Yes	Risks (Inc. Reputational)	Yes
Health Improvement	Yes	Socio Economic Duty	n/a
Health and Safety	Yes	TU Partner Consultation	n/a

SITUATION

1. On 1 April 2023, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into power introducing the Duty of Quality, Duty of Candour and Citizens Voice.
2. The Duty of Quality Statutory Guidance 2023 requires each Local Health Board, NHS Trust and Wales-only Special Health Authority to publish an annual report on the steps it has taken to comply with the Duty of Quality.
3. The Duty of Candour Statutory Guidance 2023 requires NHS bodies to report annual on compliance with the duty and to publish these reports specifying if the duty has been triggered within the reporting period and, if so, how often, in what circumstances and the action taken to mitigate similar circumstances in future. To streamline annual reporting in Wales and reduce duplication of content of candour reporting should be included in the Putting Things Right which should be published in line with regulation 51 of 2011 Regulations by 31 October each year.
4. This paper sets out the approach taken to produce the Duty of Quality Annual Report for 2024-25.

BACKGROUND

5. Section 9 of the Duty of Quality Statutory Guidance 2023 (**ANNEX 3**) sets out the quality reporting requirements for the Duty of Quality.
6. This stipulates that the Annual Report should articulate the steps we have taken to comply with the duty to exercise our functions with a view to securing improvement in the quality of health services.
7. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.
8. The report allows the actions taken by the Welsh Ambulance Services University NHS Trust (the Trust) and any quality improvements to be monitored transparently. We should describe the progress and challenges on our quality journey to our population and stakeholders.
9. Quality reporting should reflect the breadth of the domains of quality, quality enablers and quality management system within its structure and content.

10. The Annual Report is intended to summarise and reflect the Trust's progress to improve the quality of our services and population outcomes. It is anticipated that we will sign-post readers to the information provided through the 'Always on' Reports that outline learning and improvements that have been made at regular intervals through the year.
11. The report should include a look back at what has been achieved together with a forward look about our quality priorities and ambitions for the upcoming year alongside how progress will be monitored. There should be continuity between Annual Reports across subsequent years.
12. Following the publication of our first Duty of Quality Annual Report in July 2024 we sought feedback from the Quality & Performance Improvement Manager for NHS Wales as well as the Chair of the Duty of Quality National Reference Group.
13. Subsequently the Duty of Quality National Reference Group met to discuss the Duty of Quality Annual Report and provide opportunities for feedback and learning in the absence of a standardised template for this report.
14. The feedback from the Quality & Performance Improvement Manager for NHS Wales was that we had provided a good annual report that was easy to read in a nice format that clearly articulated our position and future planning for care quality. An area for improvement would have been to have an overview of the key elements of quality management which would have supported our QMS in action page.
15. The feedback from the Chair of the Duty of Quality National Reference Group was that we had created a very informative and comprehensive report with all components included. The report was felt to be a good foundation on which to build, with the content important to the population and stakeholders in place with the ability to develop in time. Overall, the Trust report was thought to be a good example.
16. The National Reference Group met in February 2025 to discuss the approaches taken to the Duty of Quality Annual Report and to identify lessons learned. The review document was provided to the reference group on 1 April 2025 (**ANNEX 4**).

ASSESSMENT

17. In approaching the Duty of Quality Annual Report 2024-25 we have considered the feedback received and any learning identified from the production of the Duty of Quality Annual Report 2023-24.

18. The first section of the report sets out our quality management system and how we approach quality across the organisation as well as reflecting on our progress against our intentions for 2024-25 (reported in section 3 of the 2023-24 report).
19. The Quality Management content includes the NHS Executive definitions of the four quadrants of the Quality Management System.
20. The second section sets out evidence of our endeavours to improve quality of services across the 12 Health and Care Quality standards. The initial content of the Health & Care Quality Standards self-assessment has helped to inform the framing of the content for this year's report.
21. Finally, we have set out our intentions for 2024-25.
22. We have continued to use simple language that would be easily understood by all of our population as well as stakeholders. We have included a blend of stories and metrics and aligned the content with our Integrated Medium-Term Plan (IMTP) and annual filings including the Performance Report.
23. Whilst the Duty of Candour will be aligned with the Putting Things Right report due for publication in October, we have continued to include content aligned with this activity as it helps us hear our citizen's voice and produces opportunities to learn and drive improvement.
24. Feedback from our Partnership & Engagement team indicates that reports published on our website need to be generated in a platform that includes accessibility functions. Our last report was generated in Powerpoint and published in PDF format (in line with a number of other publications in the organisation) this is not suitable for this year's report. (**ANNEX 2** is available both as a word export of the sway document and as a sway visual link)
25. As a result, whilst the initial draft followed the same structure the publication has now been translated on the Sway platform to support accessibility tools for publication, as recommended by our Partnership & Engagement Team.
26. Last year we endeavoured to create a concise video summary to augment the written document however, the capability and capacity within the organisation impacted on the ability to achieve this within appropriate timeframes and, whilst external support was procured as part of end of year discretionary funding to ensure we delivered on this commitment, recurrent funding has not been achieved to support this as an ongoing element of the annual reporting.
27. Following benchmarking with other NHS Wales organisations that approval route for the report has been amended slightly. The guidance agreed by the

Director of Corporate Governance is that the Duty of Quality Annual Report would not be included in approvals through Audit Committee, instead it will receive endorsement from the Quality, Patient Experience & Safety Committee (QuEST) only. All other approvals have remained the same as last year's report and are included in the Executive Summary.



Duty of Quality Annual Report 2024-2025

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Quality Management

The Duty of Quality created through the Health & Social Care (Quality & Engagement) (Wales) Act 2020 defines quality as:

‘Continuously, reliably and sustainably meeting the needs of the population we serve’

This includes but is not limited to the effectiveness of health services; the safety of health services; and the positive experience of individuals to whom health services are provided.

Quality Control	Quality Planning	Quality Improvement	Quality Assurance
Daily management to monitor quality and sustain results by creating and maintaining the culture and processes for those closest to the work to take action to keep the system in control, escalating when appropriate.	Planning to improve the quality of services and outcomes for the population, by understanding and prioritizing the needs of citizens and stakeholders. Designing policies, structures, systems and processes to achieve this.	Consistent implementation of strategic and everyday improvements by those closest to the work, using a standardised methodology to test, learn, implement, scale and spread improvements in the quality of services and population outcomes.	Effective structure, systems and standards provide a clear line of sight across the organisation giving assurance both internally, and externally to stakeholders, that the desired improvements to services and population outcomes are being achieved and sustained.

Trust Approach

Our quality governance infrastructure enables all teams to communicate about quality, learning and improvement, the infrastructure is made up of several different groups at all levels with risks, issues and intelligence escalated to our Quality, Patient Experience & Safety Committee who provide assurance to our Trust Board.

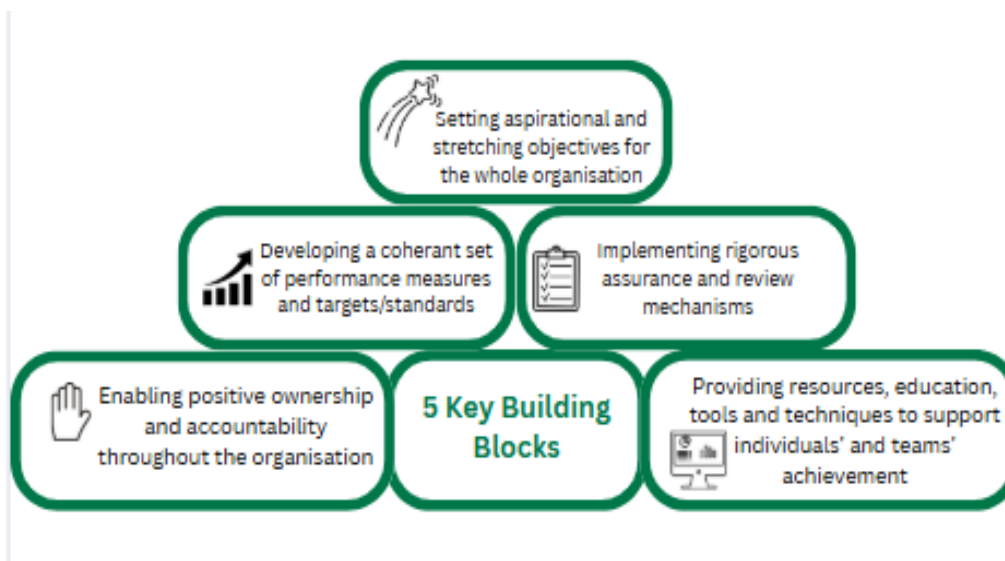
The governance infrastructure is supported by digital tools & systems to help us collaborate, monitor, and report on the services we offer to the population of Wales. By doing this, we can share quality information and intelligence in a timely manner, identify best practice, risks and/or priorities for improvement.



Quality Framework

Our organisational Quality, Performance and Management Framework provides a quality policy for the organisation setting out the building blocks for continual improvement. Our quality management system is built around these principles and aligns to the guidance set out by Welsh Government.

This year we reviewed our Framework and strengthened the language used to better support our response to the Duty of Quality and to refer to the 12 Health & Care Quality Standards which help us to guide and measure quality across the services we provide.



Our website includes information on our services, our committees and our Trust Board. You can also find documents and papers that have been discussed and the decisions we have taken over the last year. There is also a section dedicated to our response to the Duty of Quality. [Welsh Ambulance Services University NHS Trust](#)

Quality Assurance - Audit and Inspection



The Trust develops an annual Internal Audit plan in conjunction with Internal Auditors to provide the Trust Board with a flow of assurance on our system of internal control. The plan is agreed with the Audit, Risk & Assurance Committee and the Executive Leadership Team and is focused on areas of significant risk and local improvement priorities.

In 2024/25 we completed 20 internal audits across a range of subjects from data quality to energy management. Whilst the majority of audits provided reasonable assurance or above, two identified limited assurance.

Vehicle Accident Management

The purpose of the audit was to evaluate how accidents involving Trust vehicles are managed and to identify the steps taken to reduce their frequency. Areas for improvement included developing formal guidance and checklists for consistent investigations and ensuring evidence of third-party damage is collected. The implementation of actions to address these findings will be monitored by the Finance & Performance Committee.

Resourcing Policy

The purpose of this audit was to review the Trust's Resourcing Policy, ensure it aligns with national standards, and evaluate how well it supports efficient resource management. Whilst the audit acknowledged governance and assurance activity improvements were required across areas including the inconsistent application of the policy and the review and reporting of Working Time Directive breaches. The implementation of actions to address these findings will be monitored by the People & Culture Committee

Inspection

Last year we told you about a ***Review of Patient Flow – A Journey Through the Stroke Pathway*** report published by Health Inspectorate Wales (HIW) in 2023/24. We explained that our actions to meet these recommendations would be monitored by our Quality, Patient Experience and Safety Committee. The last of these actions were completed in March 2025. **We received no HIW reports during 2024/25.**

External Audit (Audit Wales)

Audit Wales undertook a review of our **Quality Governance** in 2022 and identified that improvements were required to ensure the Trust was fully informed on issues related to quality and safety. In 2024 a **follow-up audit** was completed to assess our progress in addressing the recommendations, as well as to consider the assurance provided to the Trust Board on steps taken to respond to the requirements of the Health & Social Care (Quality & Engagement) (Wales) Act 2020 (the Act).

In the overall findings it stated **“the Trust has made some improvements to its quality governance structures, including responding to the duties of quality and candour. However, there is scope for further improvements in some areas to strengthen assurance relating to the quality and safety of its services.”**

As a result of these findings, we reviewed our actions across not only the outstanding recommendations from the previous audit but also any new recommendations related to our response to ‘the Act’. These updated actions will be monitored by our Quality, Patient Experience and Safety Committee

Joint Escalation and Intervention Arrangements

The Cabinet Secretary for Health and Social Care determines the escalation status of NHS bodies. This is based on an evaluation by Health Inspectorate Wales, Audit Wales and Welsh Government. We were advised in March 2025 that following the most recent assessment the Trust remained in an unchanged position of ‘routine arrangements’.

Listening to our Citizens

We are focused on ensuring people have as positive an experience as possible. Our [Patient Experience & Community Involvement Team](#) (PECI) are responsible for capturing and sharing experience information and intelligence across the organisation to provide a better understanding of how our services affect and impact the people of Wales.

People’s experience and feedback are essential components of our quality indicators helping us to monitor the quality of our service. PECI use a variety of methods to capture experiences including:

- Face to face engagement
- Experience surveys
- Patient Stories
- A ‘Have your Say’ online facility

Peoples' experiences are influenced by the many interactions they have with our staff, their expectations, and their first and lasting impressions.

Peoples experience is defined by what it feels like to access and receive care from WAST, it is based on people's own perceptions of the care and treatment received

People & Community Network

We've been focusing on growing the Network. Plans have been made to grow the Network with a focus on:

- Age
- Geographic location
- Diversity, equity and inclusion
- Welsh language

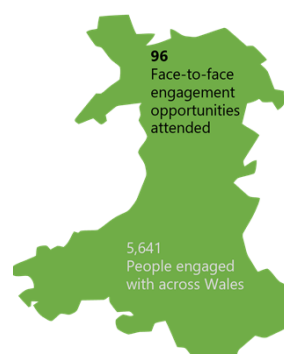
Looking ahead our action plan has been drafted to include engaging with young people in formal and informal education and using population health data to highlight key geographic areas across Wales.

Engagement Activity over the Year

The team has continued to engage the public across Wales to listen and capture their experiences although the number of face to face engagement opportunities reduced this year. This is because some of our team were absent due to ill health which impacted on our physical ability to hold sessions. We have also focused some of our team on improving our systems to allow service users to feedback to us. This work was required as part of our preparation for the People's Experience Framework which will be launched across NHS Wales from 1st April 2025.

We have used each engagement as an opportunity to listen to people's feedback and ask them to tell us what matters most to them if they should ever feel they need to use our service.

Data from the events has been used as part of our experience reporting.



People & Community Voice Group

Members of the 'People and Community network' can opt to be part of the Trusts 'People and Community Voice Group'.

The group have undertaken an annual effectiveness review to ensure there is a clear vision of reflection, learning and improvement to capture the Trust's aim of meaningful engagement as set out by the Trust's strategic goals.

We have identified actions to ensure these meetings provide the most value for Network members and the Trust.

Members have participated in a readers panel to co-draft a public information bereavement leaflet to provide helpful information and guidance to families to help them understand and make sense of what will happen following an unexpected loss.

Network members have also taken part in a Service User Experience review of the NHS 111 Wales website. They completed four short tasks looking at its use, ease of navigation and information contained within the website. Results were used to inform the overhaul of the public information website.

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We have identified actions to ensure these meetings provide the most value for Network members and the Trust.

Members have participated in a readers panel to co-draft a public information bereavement leaflet to provide helpful information and guidance to families to help them understand and make sense of what will happen following an unexpected loss.

Network members have also taken part in a Service User Experience review of the NHS 111 Wales website. They completed four short tasks looking at its use, ease of navigation and information contained within the website. Results were used to inform the overhaul of the public information website.

Welsh Language

Our Welsh Language Policy describes the steps the Trust will take to:

- Foster a bilingual ethos within the organisation,
- Provide guidance on compliance with the Welsh Language Standards, and
- Implement Welsh Government's 'Mwynageiriau/More than just words' action plan in delivering the active offer for Welsh language services to our service users.

To further improve our compliance with the Welsh Language Standards a baseline was developed and approved by the Trust's People and Culture Committee.



Rhwyd-iaith

Our new Welsh Language network 'Rhwyd-iaith' has been set up to support our Welsh speaking staff and those learning Welsh. By joining Rhwyd-iaith they can increase their confidence in using their Welsh skills, make useful contacts with colleagues and have access to useful resources. The network is being promoted during the Chief Executive Roadshows during April 2025.



2 - Rhwyd-iaith/Welsh Language Network

Welsh Language Awareness Training

As part of our focus to create a cultural change that normalises the use of Welsh language within our organisation we have committed to further promote the mandatory Welsh language awareness course. Throughout 2024/25 we have seen increasing numbers of staff completing the course.



3 - Welsh Language Awareness Training Compliance 2024/25

Clinical Improvement

On going collaborative work with colleagues in PEGI, the Welsh Language Lead and service users has enabled a review of the non-conveyance form. This form is completed for every patient who receives a face-to-face assessment by our clinicians but not conveyed to hospital. The completed form is left with the patient, a relative or carer to refer to once we have left the patients' side. The Welsh Language lead and their team have worked proactively providing strategic direction and advice on this initiative to provide a revised form for Welsh Language users which is scheduled for release in 2025 in alignment with the publication of the non-conveyance policy.

Wider Communities

Whilst we are committed to providing an offer in Welsh, we are also aware of the diversity of our communities and the desire to offer services that allow users to communicate with us effectively, particularly in an emergency.

As an organisation all staff have access to live interpreting services from Language Line Solutions® who offer remote on demand interpreting services in more than 240 languages, 24 hours a day, 365 days a year.

We also have arrangements in place with NHS England for British Sign Language service users to call 999 and 111.

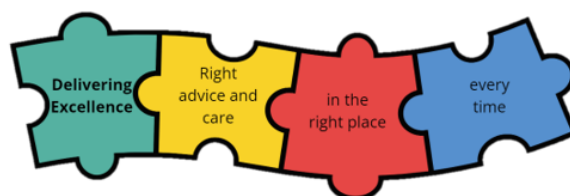
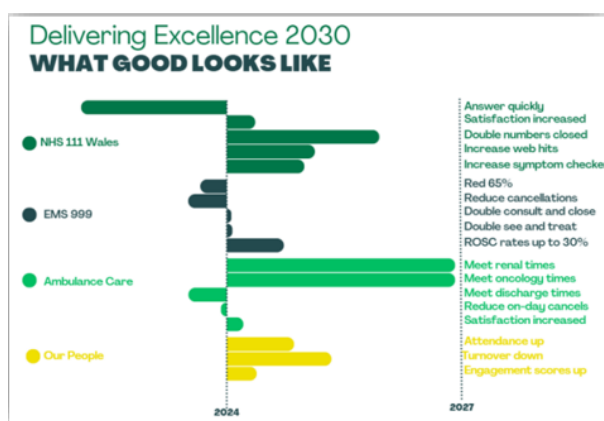
The Wales Interpretation and Translation Service (WITS) provide in-person interpreters for events and can provide written translations for patient information such as leaflets.



Looking Back at 2024/25

Our Long-Term Strategic Framework for 2030, 'Delivering Excellence' set out our ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care. We know that too many patients continue to come to harm, have poor experiences of care, and have difficulties in navigating our complex health and care system meaning they don't always get the right care or advice in the right place at the right time.

In our Duty of Quality Annual Report for 2023-24 we told you about the pressing requirement to change the way in which we meet our patients' needs. Over the last 12 months staff from across the organisation have come together with our commissioners to create an integrated clinical service model, which sees our 999, NHS 111 and Ambulance Care services all contributing to the transformation of care.



We have started the work to implement this evolved model including introducing new senior clinical navigator roles in our contact centres to strengthen our clinical leadership and decision making in this environment. We have also begun to connect systems and processes across all of our services so that patients receive the right care regardless of whether they contact us through our digital platforms, ring 111 or call 999.

As an organisation we can identify improvements within our own practices to lessen the risk of patient harm but alone we can't resolve the wider system challenges. We have been collaborating with Health Boards and the 6 goals programme to transform our services and reduce the risk to our patients.

We know that supporting and enabling our people is fundamental to delivering on service improvement and we have continued to focus on doing everything in our gift to improve our people's workplace experience, enabling them to be the best they can be.

2024/25 What's Happened Since Our Last Report

Clinical Response Model

We committed to targeting our time to develop and agree a new clinical services model that will provide our patients with the right advice and care, in the right place, every time and reducing harm. This update tells you about some of the changes we have been making as part of this commitment



Clinically Led Dispatch Decision Making

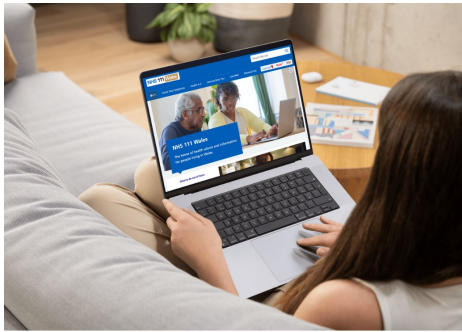
Last year we told you about our intention to develop clinically led dispatch decision making as part of our transformation from a response model to a clinical service model. The intention of this change was to ensure we use our responding resources efficiently and effectively. In December 2024 we began to introduce Rapid Clinical Screening to our 999 environment, initially focused on low acuity calls we gradually expanded the initiative through winter months until we introduced this service for higher acuity patients in February 2025. This allowed us to prioritise our responding resources more effectively for our most seriously ill patients whilst reducing the harm for patients who may previously have waited long periods of time for a face-to-face response.

Digital Expansion

In our 2023/24 Duty of Quality Annual Report we told you that we would explore how we can enhance and develop our digital services for NHS 111 Wales. We listened to the feedback of your experiences and know that our current digital health platform is not fit for purpose, has limited engagement, an outdated design & content and insufficient

functionality. We are working to change that, but we know it can't happen overnight and are taking a phased approach to achieve our goals, address immediate needs and lay the groundwork for long-term improvements.

As part of phase one we are introducing a pilot initiative for a virtual assistant on our NHS 111 Wales website to help you easily access advice to common enquiries. The virtual assistant is currently being tested for real-world feedback so that we can be assured it provides our service users with easy access to accurate information and advice.



On Scene Community Urgent Response Service

The 2023/24 report explained that we intended to explore how we can use our highly skilled clinicians such as Advanced Paramedic Practitioners to better support our patients at home.

Through 2024/25 we have made significant progress in strengthening our urgent community response capabilities. We have introduced Senior Advanced Paramedic Practitioners who provide enhanced clinical leadership and supervision.

We have also embedded our rotational APP model within both primary care and palliative care settings, in partnership with our Health Boards, allowing our clinicians to gain skill and experience in community settings as well as supporting our vision of reducing conveyance to Emergency Departments where patients can be managed safely at home.

Health Transport

In our last report we committed to work with commissioners to agree a strategic vision for the future of health transport ensuring that we understand the demands for our services, our commissioning arrangements and the capacity we require to deliver these effectively.

We have undertaken work to understand what health transport is, ensuring that regardless of how you access our service, if health transport is the most appropriate outcome for you it can be accessed. We have developed delivery plans for how we will make these changes including how we can link our systems to make processes more efficient.



Remote Integrated Care

Remote Integrated Care

During the first quarter of 2024/25 we introduced a new Clinical Assessment Software system to our NHS 111 Wales service. This involved linking three distinct pieces of software through collaborative work with existing system suppliers, re-engineering and clinically reassuring existing systems and content and creating an up-to-date resilient infrastructure that will allow us to integrate effectively across our services and with urgent primary care providers to develop a more seamless experience for our service users. This development of a Remote Integrated Care service has brought our Clinical Support Desk and NHS 111 Wales teams together and has enabled us to work closely with health board remote clinical hubs to deliver a whole system approach to patient care.

Call Prioritisation Streaming

A group of expert clinicians and users collaborated with an experienced clinical decision support system provider to develop the Call Prioritisation Streaming System (CPSS) for use in our NHS 111 Wales contact centres. Our existing system which had been in operation for over 20 years was used as the basis to develop an updated, assured, safe and modern system. Each protocol underwent a detailed review and external peer reviewers also checked the protocols to ensure they were accurate and safe.

Using LowCode™ software to support the system provided a robust auditable system to ensure quality assurance and learning improvements across our NHS 111 Wales service.

The new system was tested by end users to provide assurance of functionality, and it was then adopted by the International Academies of Emergency Dispatch (IAED) who provided additional support and validation.

Since its introduction the CPSS system has managed over 530,000 cases and has proven to be an efficient and safe system helping to direct patients to the right services



Emergency Communication Nurse System

The IAED Emergency Communication Nurse System (ECNS) is a comprehensive clinician triage system supporting our remote clinicians to undertake a symptom based clinical assessment to best determine the recommended care level for our patients. Based on the information provided and the clinical judgement of our registered clinicians outcomes can range from sending a face-to-face response in the form of an ambulance (either now or later) to self-care instructions, with many referral pathways in between.

This system was already in place within our Clinical Support Desk environment, by introducing it to our NHS 111 Wales teams we have created a system which allows our remote clinicians to work closer together. Like CPSS this system provides a robust, auditable tool to provide quality assurance and opportunities for learning.

Expanding our Clinical Workforce

Last year we told you about our intentions to expand our clinical workforce for remote clinical decision making. In 2024/25 we expanded the role of clinical specialists in our contact centres by introducing Clinical Navigators to screen 999 calls as well as enhancing remote integrated care with additional professional roles such as respiratory, paediatric and mental health specialists. These posts not only provide a clinical 'safety net' for patients but also support our commitment to bring your care closer to home.



Connected Support Cymru

SBRI Centre of Excellence

In our 2023/24 Duty of Quality Annual Report we told you about our partnership with the Small Business Research Initiative Centre of Excellence, inviting industry and academic partners to develop innovative solutions to change the way we delivery Emergency Care. Our challenge was to seek to use digital technology to enable the Trust to provide care to patients in their own home, in a community setting, or allow integration into Health Board services. This collaboration led to the introduction of remote monitoring technologies through Luscii virtual ward solutions.



Luscii Virtual Ward Solutions

LUSCII is digital health software that has been introduced to enable the remote monitoring of patients accessing 999. The platform is designed to enhance remote clinical decision making and improve patient care enabling our integrated care teams to undertake clinical assessment and monitoring, helping inform clinical decision-making and identifying suitable patients for referral into community-based teams enabling patients to get the right care, in the right place, every time.



The remote monitoring technology includes a managed iPad, monitoring equipment and a clinical dashboard to flag deterioration in patient conditions. An initiative was initially implemented across care homes in North Wales who were provided with Luscii equipment, providing our remote integrated care clinicians with patients' observations to monitor their condition through real-time data. We have since expanded to include care homes without Luscii equipment and patients in our communities who access the application via personal devices to enable remote observation sharing. For patients in our communities who don't have access to personal devices our volunteer Community Welfare Responders support them by collecting and inputting data.

Early findings show that this initiative has enabled care closer to home, improved clinical decision-making, and positively impacted patient outcomes. Many patients were managed effectively within their community settings through the involvement of GPs, community teams and advanced practitioners, avoiding unnecessary hospital visits.

Work is now continuing as part of our Care Planning approach with a final evaluation report expected to be shared with Welsh Government Ministers in March 2026.

Community Welfare Responders (CWRs)

Last year we told you about the introduction of a new volunteer role within WAST. Community Welfare Responders (CWRs) act as the 'eyes and ears' of Integrated Care Clinicians, supporting the assessment of a patient's condition. CWRs provide essential information to enable access to the appropriate onward pathway or recognise the clinical need for ambulance intervention or response.

CWRs play a fundamental role in providing welfare support and in-person connection for patients accessing our services providing reassurance, supporting hydration and nutrition, and enabling comfort for patients.

The CWR role strengthens community connections, allowing neighbours to support patients in their time of need. WAST have received funding from NHS Charities Together to support the recruitment of CWRs and aims to recruit 400 volunteers by Winter 2025/26.



What we planned for 2024/25

Citizens Voice

Last year we told you that we wanted to understand the experience of the public, patients, their carers and families and how they experience the services provided by the Trust.

Over the last 12 months we have installed QR codes in our Ambulance Care vehicles so that you can easily access feedback platforms and surveys. We also added dementia specific codes to a select number of our vehicles in Ceredigion, Wrexham and Cardiff & Vale.

Having seen the positive effect this can have on the volume of valuable feedback we have received from our service users we will be launching general experience QR codes to a number of our Emergency Ambulance vehicles in the spring of 2025.

Podcast

In our 2023/24 report we explained how we were researching opportunities for presenting extended patient experience stories. Developing a Patient Stories podcast would be an effective way of expanding the scope of our patient storytelling, and we have identified a suitable story with appropriate patient consent. Our Patient Experience and Community Involvement team are currently undergoing training in podcast production and techniques, prior to producing our first podcast.

Patient Stories

In our last report we committed to launching a dedicated Patient Stories page for our people. The Patient Stories Page is now live on the WAST Learning Launchpad. We are also re-writing and updating the Patient Stories page on the public-facing WAST website.

Safety Culture

The Duty of Quality Annual Report for 2023/24 described how our Manual Handling advisor was undertaking an investigation into manual handling incidents over a three-year period to produce an improvement plan. As a result of this work a number of workstreams have been identified to improve the health & safety of our people. These include:

- Training in the use of Lucas Device to apply the latest clinical evidence for their use.
- Assessing the introduction of the motorised Furno Chairs to minimise the manual handling injuries for all our frontline staff
- Undertaking a refresh of the Manual Handling Group to assess the use of existing and new equipment for use within the Trust
- Supporting improvements for complex case risk assessments for patients transferred by both our emergency and non-emergency responders.

A diesel fume mitigation project has implemented a more efficient method to keep our people and patients at a comfortable temperature within emergency vehicles when delayed at Emergency Departments. We have worked with all Health Boards across Wales to install infrastructure to implement the use of bladeless fans to regulate the temperature in our ambulances without needing to have the engine running, significantly improving air quality for our people, our patients and health board staff.

Non-Emergency Patient Transport

Last year we told you we were reviewing our booking process to positively impact our overall capacity to provide transport for those patients with a medical need. Guidance issued from Welsh Government in 2007 set out the criteria for eligibility for Non-Emergency Patient Transport provision and defined 'medical need' of a patient for transport. This guidance is the basis of our Patient Needs Assessment (PNA), a set of questions we ask our patients when booking non-emergency transport. This year we have undertaken a trial to 'Fast Track' patients who have travelled with us recently (within 30 days) and are frequent users of our service. The intention is to improve our capacity to answer calls for new service users by reducing the length of time our call handlers spend completing a PNA when patient details have been recorded previously. We have also identified learning through our quality assurance processes where the PNA has not been accurately applied, leading to inappropriate allocation of resources for patients who did not meet the eligibility

criteria. This learning has led to updates in our PNA processes to improve accuracy in the information recorded.

What we planned for 2024/25 in EMS Coordination

In last years report we told you about our plans to invest in a range of transformation workstreams, initially identified in the 2019 Demand and Capacity Review, designed to enhance the stability of the service, improve the experience of our people and deliver a range of efficiency improvements. Our teams have worked hard to deliver these changes to provide a structure and environment that will support our aim to deliver our target culture, and importantly, improve the experience of our colleagues working within the EMSC environment.

Enhanced Management & Career Structure

Having heard the feedback from our people working in EMS Coordination we understood their concerns about the opportunities for career development. In June 2024 we began a collaborative process, working with our people and our Trade Union partners, to review the management & career structure. The purpose of this initiative was to offer our people a long & progressive career, as well as developing future leaders for tomorrow, and to bring our structures in line with the changing face of 999 demand in Wales.

Our teams were given the opportunity to co-produce the revised structure through verbal & written feedback as well as through engagement sessions held via digital communication platforms. Job descriptions were reviewed with our people and a number of new roles were created to provide a supportive career structure and more appropriate role alignment that recognised the evolving innovative digital environment in which our EMS Coordination teams work.

Single Allocator Model

To ensure we are using the capability & capacity of our skilled dispatch teams efficiently and effectively following investment in digital technology and innovative system designs we reviewed the way in which our people work. This change was informed by intelligence from our demand & capacity reviews which included benchmarking ourselves against other UK ambulance services. The new process was trialled across all our EMS Coordination centres on a number of occasions prior to implementation to allow our people to experience the new way of working and provide feedback to inform learning and development.

Roster Review

As a result of the transformative changes implemented, in both the structure of our teams and the way in which they work, we worked with our people to review our roster arrangements to ensure we were efficient and effective. Working collaboratively with our people and our Trade Union partners our rosters were co-designed by the teams that work them, based on design principles informed by our data and intelligence. Our people were then given the opportunity to vote on a range of rosters that met both the needs of our people and the needs of the organisation. Following a transparent and thorough selection process the new rosters were implemented from November 2024.

Dispatch Boundaries

As part of our transformation journey in EMS Coordination centres a review of how we balanced the management of EMS resources across our dispatch areas. Historically dispatch areas have been aligned with our health board areas but this led to an inequity in the number of resources each Response Coordinator was expected to manage as well as a wide variation in the number of incidents managed.

We know that our ambulance stations are placed in areas where we are likely to see demand however we are also aware that as our demand grows our EMS resources spend less time at station. Following modelling completed as part of demand and capacity reviews we realigned our dispatch boundaries to the receiving hospitals our resources are likely to attend.

These changes created better equity in the number of incidents and resources managed by each Response Coordinator and also increased the visibility of the most appropriate incidents for allocation based on the location of the resource rather than the station at which they are based.

Estate Investment

Next steps for our transformation journey is to review the estate in which our teams work with investment already underway for our centres in North Wales and West Wales creating an environment which not only meets the wellbeing needs of our people but allows us the space to work better together and grow our teams to address the needs of the future.

Duty of Candour

The Duty of Candour is a legal requirement for all NHS organisations in Wales to be open and transparent with service users when they experience harm. The Duty of Candour applies

if the care we provide has, or may have, contributed to unexpected or unintended moderate or severe harm, or death.



The Trust's Patient Safety Team attempt to make contact with every patient or their loved ones where the Duty of Candour is triggered, offering an individualised apology and support during the investigation process.

Team members are committed to ensuring that each contact provides meaningful and compassionate engagement with the person affected.



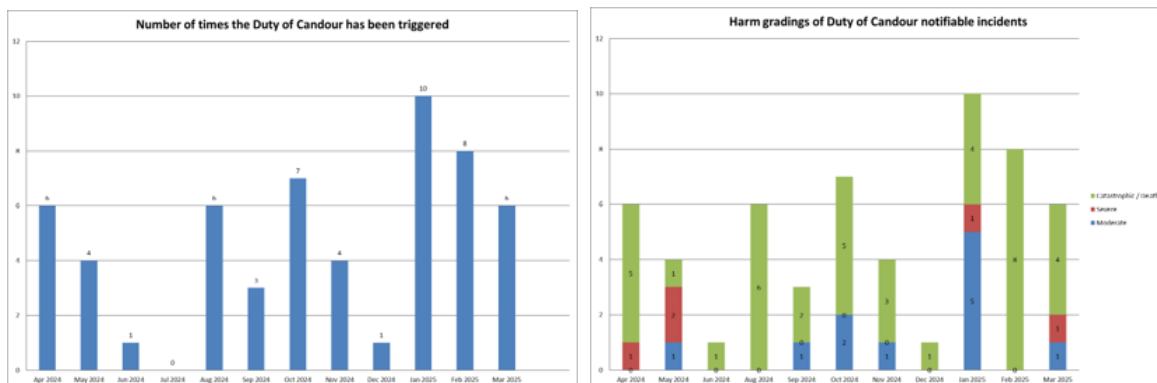
Building our culture of candour

While the Trust's Patient Safety Team lead on enacting and monitoring the implementation of the Duty of Candour, all Trust staff should understand their responsibilities. A dedicated training module has been launched on the Trust's electronic learning platform and the education package is now part of mandatory training requirements for all staff.

Notifiable Incidents

The Trust identified **56 instances** during the last year that required us to enact the Duty of Candour. This is **10** further cases than during the previous year. These cases originated from a range of sources including patient safety incidents reported by staff, complaints raised by members of the public and referrals sent to the Trust from the Medical Examiner Service.

The Trust attempted to enact the Duty on all occasions, although in some instances we were unable to obtain contact details or make successful contact with some service users or families



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Consistent response and application

Due to investment in the Patient Safety team, we have been able to dedicate greater effort into using a national electronic clinical database (Welsh Clinical Portal) to improve our understanding of patient outcomes. This means we have improved our ability to identify instances where Moderate harm (for example an extended length of hospital stay or additional treatments) may be linked to actions or inactions in the care we have provided.

The Duty of Candour is an integral part of our Adverse Event Policy and procedures. The Trust’s multi-professional Serious Case Incident Forum reviews all cases where the Duty of Candour may need to be undertaken, providing consistent decision-making about enactment and ensuring staff feel sufficiently supported and prepared when reaching out to affected service users or their families.

The impact and importance of candour

The Trust, has reflected deeply on the principles of candour and openness following the publication this year of **two Public Interest reports** by the Public Service Ombudsman for Wales. While the statutory Duty of Candour was not in place at the time of those cases, delays with information sharing or a lack of completeness in investigations compounded the poor experience and lack of trust experienced by the families involved. The monitoring and

oversight associated with the statutory implementation of the Duty of Candour offers safeguards for future families that we will follow through on our commitment to supporting all service users or families affected by health care harm.

Monitoring arrangements

Transferrable learning from experiences shared by families bereaved by COVID-19, recommendations of the Hillsborough disaster report, the Infected Blood Inquiry and the Thirlwall Inquiry all inform our robust approach to organisational oversight of the Duty of Candour. We recognise the need for adequate systems and senior level accountability for monitoring its application and supporting organisational learning following patient safety events. Our Putting Things Right Report is presented and discussed at the [Quality, Patient Experience and Safety Committee](#) on a quarterly basis and includes details on our enactment of the Duty of Candour and of how the Trust learns effectively from adverse events and feedback.

Learning from Deaths



Learning from Deaths Forum

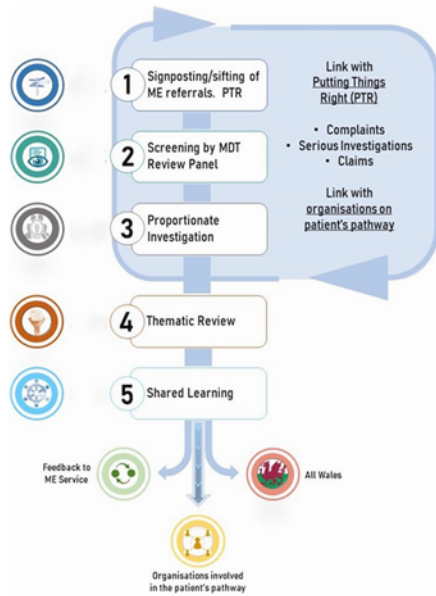
Learning from Deaths is broad and includes capturing good practice, improvement opportunities, any patterns, themes and trends including early warning signals, whilst considering potential inequalities in access to care or experience.

The Trust's Learning from Deaths Forum continues to develop its Work Programme, encompassing mortality learning from across the organisation, coronial work, clinical audit, patient experience and concerns management (complaints, incidents and claims). The Forum has a clear remit to drive increased access, visibility and triangulation of mortality intelligence through digital and data insights.

The Learning from Death Forum also oversees external learning sources from Prevention of Future Death reporting, National Clinical Audit, National Learning Reports and National Inquiries. Our twice yearly Learning from Deaths Report is publicly available on our internet site the as part of reporting to the Trust's [Quality, Patient Experience and Safety Committee](#)

Mortality Reviews

Following the publication in May 2024 of the All-Wales Learning from Mortality Reviews Model Framework (Second Edition), the Trust has established an effective clinical governance structure to discharge all 5 levels of the Framework.



Level 1

WAST Medical Examiner Triage
Signposting and sifting referrals

Level 2

WAST Medical Examiner Learning Panel
MDT Review Panel

Level 3

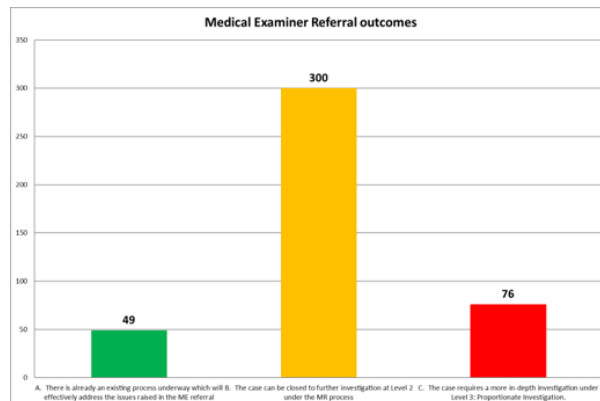
Pre-existing WAST investigation processes
Proportionate investigation

Levels 4 and 5

WAST Learning from Deaths Forum
Thematic Review and Shared Learning

Medical Examiner Service Referrals

The Trust received 464 referrals from the Medical Examiner during 2024-25. 76 cases were assessed as requiring further investigation



Thematic learning

Learning themes include:

- Patients being on the floor for long periods of time after falling and deconditioning as a result
- Possible opportunities for alternative care pathways and avoiding conveyance to hospital, particularly outside of normal working hours.
- Absence of Advanced Care Planning and end of life care packages, education and preparation

- Number of patients opting to self-convey because of long Estimated Time of Arrivals (ETAs)
- Disproportionate impact on older people
- Very poor patient and family experiences, predominately due to delays in responding in the community because of system demands and pressure at Emergency Departments. Some cases demonstrate the intensely distressing nature of the situations families find themselves in as they are waiting.

Positive feedback has been received from the Medical Examiner Service regarding the quality and comprehensiveness of ePCR (electronic Patient Care Record) completion and the holistic nature of assessments at scene.

Learning disability and neurodevelopmental data is now being collected on WAST ePCRs. This is an essential step in expanding our data capture and awareness of possible interplay between potential vulnerabilities and mortality and responds to last year's report 'An overview of mortality amongst People with a Learning Disability in Wales, 2012-2022'.



Clinical Audit

Clinical Audit Programme

NHS Wales has set out a programme of national clinical audits. These are a series of measurements against an evidence-based standard, a patient must have been diagnosed with a specific condition to be able to undertake an audit. Whilst ambulance data from our clinical record is available to feed into the national audit information, the range of diagnostic tests available to ambulance clinicians are limited. As a result WAST has developed a separate programme of clinical audits and clinical indicators that enable us to measure audit compliance against a range of clinical conditions. The Clinical Audit Plan is

approved by our Quality, Patient Experience & Safety committee who monitor progress on a quarterly basis. We regularly monitor clinical indicators and audit outcomes to identify clinical improvement initiatives.

Audits completed include:

- Follow up audit on Clinical Frailty Scale in patients ≥ 65 years
- Older fallers discharged at scene- ePCR clinical data assurance
- Major Trauma Tool audit
- ROLE form images in ePCR re-audit
- Drug administration documentation in ePCR

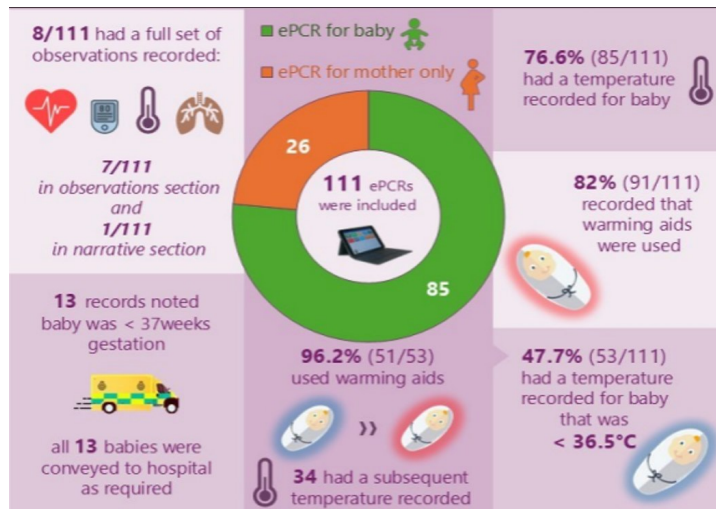
Included in the Trusts 2024/25 Clinical Audit Plan were two audits that supported assurance and improvement initiatives. These were for newborn normothermia monitoring and maintaining in the pre-hospital setting, and Tranexamic Acid (TXA) administration.

Newborn Normothermia

In October 2023, as part of our Maternity and Neonatal Safety Programme, we introduced new equipment onto every emergency vehicle to enable our staff to measure and maintain the temperature of a newborn baby.

The audit identified 76.6% compliance with documenting the baby's temperature of these babies 47.7% had a low temperature ($<36.5^{\circ}\text{C}$) and 96.2% of these received support from the use of warming aids.

One area for learning identified through this audit is that in 23.4% of incidents a separate clinical record was not created for the baby, instead information was recorded on the mothers record instead.

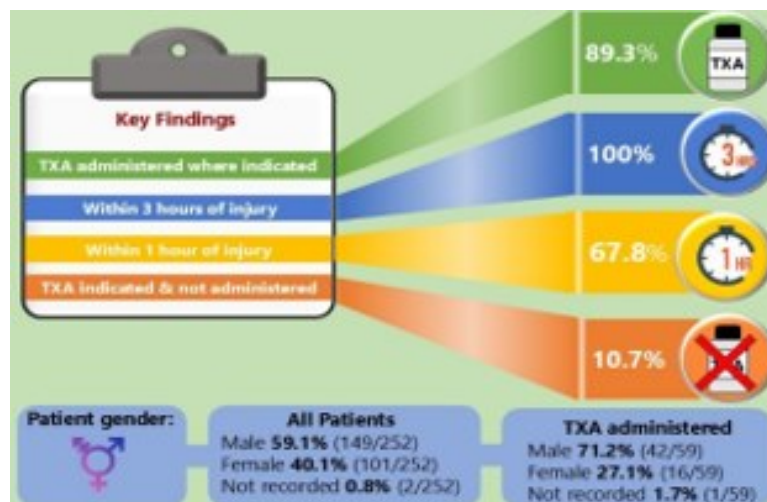


Tranexamic Acid

Since the implementation of the South Wales Trauma Network in September 2020, major trauma patients are being sent to the most appropriate hospital which is not necessarily the nearest. Tranexamic Acid (TXA) is a medication primarily used to treat or prevent excessive bleeding and as such is a key component of the package of care for these types of patient.

The audit was undertaken across the whole Trust and included incidents where TXA was indicated but not administered. The audit identified that compliance with TXA administration was 89.3% and all of these patients received the medication within 3 hours of sustaining the injury, with the majority (67.8%) receiving the medication within 1 hour of injury.

A disparity was identified between the administration of TXA between men and women, part of this disparity can be explained by a higher number of justifiable exceptions being identified in female patients, however this inequity in administration was identified as an area for learning.



Our Patients Story



Required Action

1. Redesign process of an unwell child questions.
2. Clinical Review/assessment of online symptom checkers.
3. Review education and training of Sepsis within the Trust.
4. Review PTR letter template and response (especially where child has died).
5. Record further digital story focusing solely on sepsis awareness for staff
6. From discussion with Corrine Cope
 - a. Improve governance process regarding release of call/s
 - b. Introduce appropriate grief phrases in letters where child has died.
 - c. Deliver training/refresher session on sepsis /think sepsis'/develop public resources/leaflet
 - d. Create Podcast of Dylan's story.



Themes

1. Amendments to PTR response, letter templates to ensure processes are not put before humanity and compassion and that wording is appropriately sensitive particularly regarding preventable death of a young child.
2. Improvement to triage of children presenting with symptoms (rapid temperature drop/sign of circulatory failure) and the need for call back times from a clinician from NHS 111.
3. Sepsis awareness improvements for NHS 111/999 staff.

Dylan's story

Dylan's GP referred him to A&E Grange Hospital, 6 Dec 2022, with suspected appendicitis. He was discharged, appendicitis ruled out, but symptoms worsened by 10th Father rang NHS 111 Wales, recorded message advised of a possible 45-min wait before call answered. It would be 2 hours before call answered..

111-call handler failed to record red-flag symptoms, giving the family false reassurance they could wait for a clinician to call back. His symptoms worsened and he was taken back to A&E, from where he was transferred by ambulance to UHW with sepsis. He died on 14th Dec.

The family believe Dylan's chances of survival would've been greater had 111 service not made errors. Letters from WAST/111 were felt to be impersonal, lacking humanity and failed to acknowledge catastrophic nature of what had happened to Dylan because of the errors and omissions.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
University NHS Trust



Progress

- Meetings held with family to progress learning and improvements ensuring close working and clear communication with them throughout every step.
- Demonstration of the new NHS 111 system, to Dylan's family.
- New website will support multiple languages, provide tailored triage results, and offer links to the Directory of Services based on the symptom checker disposition. Changes aim to ensure symptom checkers are fit-for-purpose, compliant with regulations, and provide an improved experience
- Changes to PTR letters but remaining balanced with regulations.



Outcome

1. Assurance and evidence of changes made including: how Red Flag signs of Sepsis are identified at multiple points.
2. CAS changes made to questioning and escalation for sepsis, meaning it is highly unlikely a case like this could occur again.
3. Changed wording within PTR responses letters.
4. Improved staff understanding of grief/bereaved families
5. Ongoing improvements following conversations with Corrine Cope.

Our Peoples Story

GIG CYMRU
NHS WALES
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Required Action

1. Continue to progress with WAST Voices and support in network organisational and delivery
2. Explore how best my research project for my Masters can benefit WAST (hoping to focus research on organisational culture).
3. Continue to manage compassionately and be a positive role model for colleagues.

Themes

- Career progression
- People & Culture
- Organisational development
- Compassionate practice and Leadership development

Kayleigh's Story

Kayleigh has demonstrated exceptional leadership, initiative and commitment since joining the Trust in 2014. Over the years, she has held several key roles, including Operational Team Leader and Operations Manager, consistently making a positive, tangible difference in her colleagues' workplace experience. Known for her passion and dedication, Kayleigh is highly respected by her peers, who often speak to her significant contributions and compassionate leadership style. Beyond her formal roles, Kayleigh is deeply committed to diversity and inclusion. As a neurodivergent individual, diagnosed with dyslexia and autism, she has become a powerful advocate for neurodiversity and LGBTQ+ rights within the Trust, volunteering extensively with Space Careers UK and championing roles that support underrepresented communities. Her advocacy work has earned her numerous awards, highlighting her unwavering commitment to creating an inclusive and positive work environment. Kayleigh's leadership journey is also distinguished by her involvement as a Planet Champion at McDonald's, her contributions to the London Olympics and her service as an adult leader for St John Ambulance. In response to facing challenges, including instances of homophobia, misogyny and harassment, Kayleigh channelled her energy into constructive activism. She became co-chair of the WAST Voices Network, where she supports colleagues and advocates for positive cultural change across the organisation.

Next Steps

My next biggest goal is to find something that I want to play a real part in changing within WAST – this is likely to be related to people and organisational culture.

Focus my time and energy into understanding bullying and harmful cultures that may be within my team and wider teams and try to understand how I can help be a part of influencing and changing that.

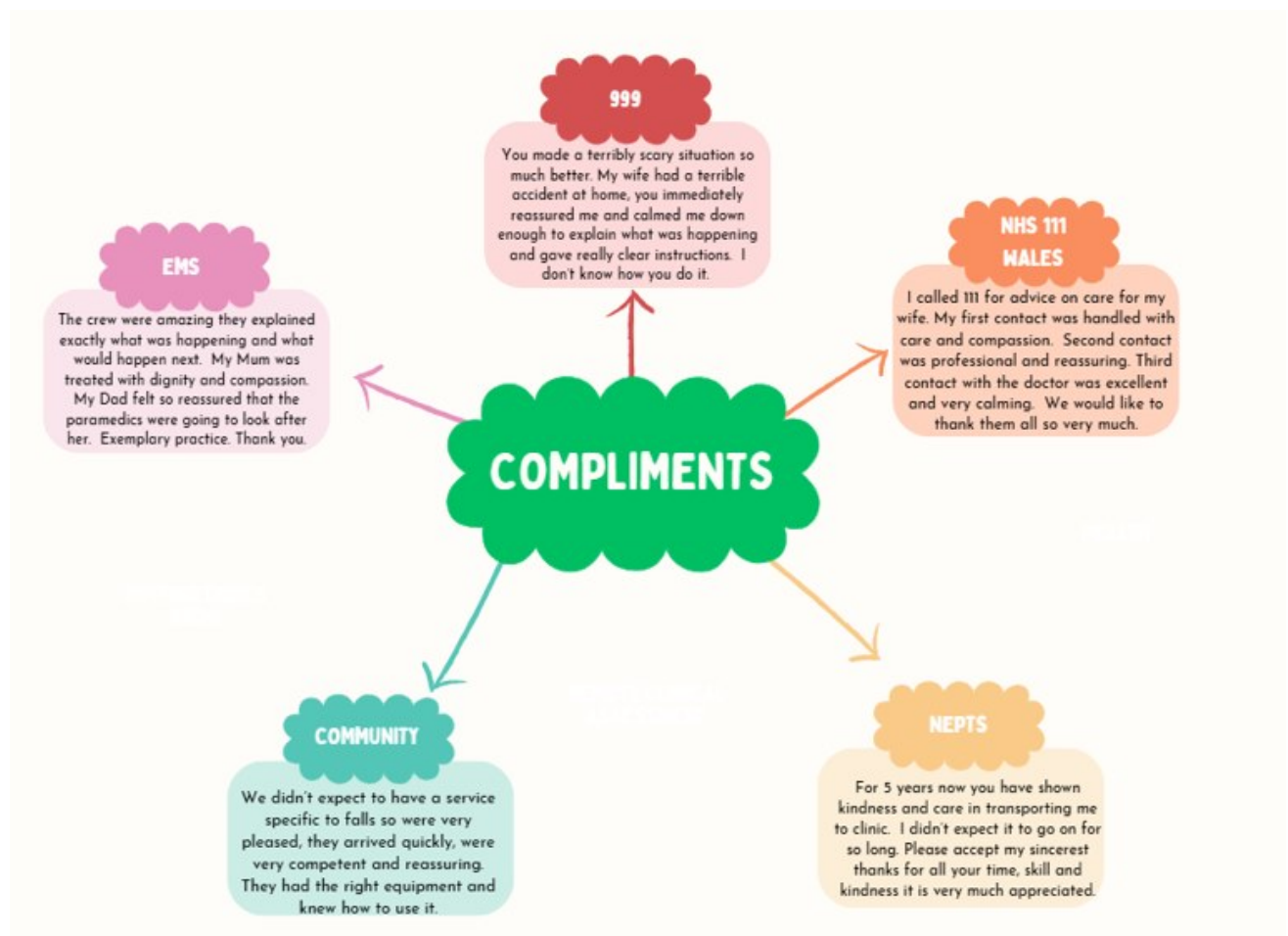
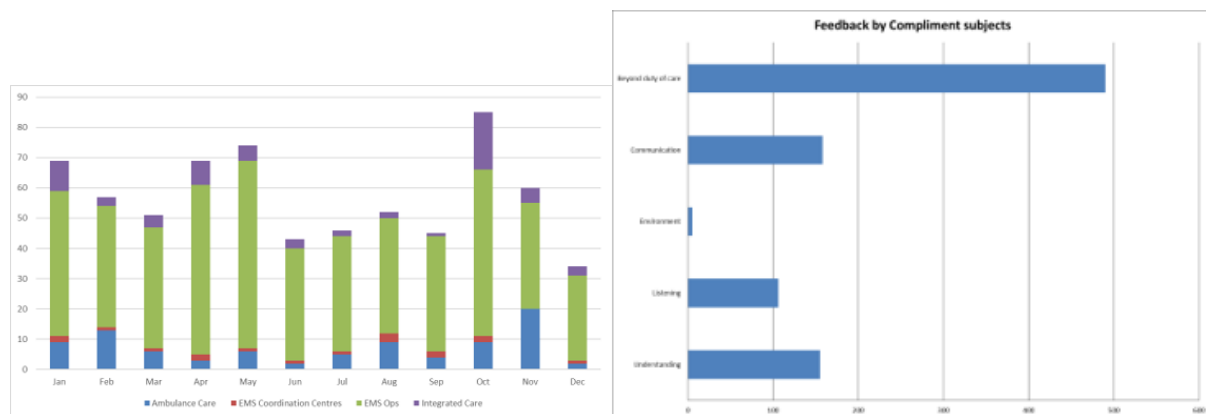
Continue to build my learning and experience to ensure I can be a well rounded manager of the future – I would like to move into more strategic roles that are focused on culture and the people of our organisation.

Continue with my role in operations and learn to use my passion here.

Continue to network and make noise in the right places.

Compliments

It is important for us to know when something has worked well. This information could assist us in sharing good practice and improving services and is also great for our teams to hear. There will of course be a significant number of compliments that our teams receive on a daily basis which are not necessarily captured in our systems.



Health & Care Quality Standards



The 12 Health & Care Quality Standards help us to understand what good quality means and how we can apply it in practice.

They provide a guide to measure quality across the services we provide to the population and our stakeholders, helping us to plan, make decisions, deliver and monitor quality.

Leadership



Visible Leadership

Over the last 12 months members of the Trust Board have undertaken 68 visits to our ambulance stations and corporate buildings as part of engagement events, individual visits and observational ride-outs, this is less than the 104 visits last year.

However they have also provided 131 visits through Roadshows and Awards events which is an increase from the 79 visits last year, as well as 24 hospital visits.

Our WAST Way

At WAST, we know that compassionate, inclusive, and collaborative leadership is more than a set of ideals, it is grounded in research that consistently links this leadership approach to better patient outcomes and high performing teams. Over the last 12 months we have continued our journey to establish a comprehensive framework for targeted leadership development around three core principles:

- **Care:** Supporting others, understanding their challenges and looking after personal wellbeing to perform at our best.
- **Connect:** Strengthening collaboration, communicating purpose, leading through change and inspiring others to deliver results.
- **Valuing Everyone:** Building an inclusive, respectful culture where diverse perspectives are sought, heard and acted upon.

Our WAST Way places emphasis not on the technical skills of a leader's role, but on how they lead and interact with others. By promoting clear and consistent leadership

behaviours, Our WAST Way will transform WAST into an organisation where people are inspired to work, grow, and lead.



Committee Effectiveness

Annual effectiveness reviews are designed to evaluate the efficacy of our committees, review their operating arrangements and propose changes to improve the support, challenge, scrutiny and oversight responsibilities. In April 2024 our Audit, Risk and Assurance Committee (ARAC) agreed a different approach to undertaking effectiveness reviews to garner further engagement of members. The new approach includes discussions on the delegated remit of the committee and its assurance reporting and an interactive committee session on best practice and improvement that could be made.

Our Quality, Patient Experience and Safety (QuEST) committee completed their effectiveness review in February 2025 and any proposals for change will be considered by ARAC in May 2025.

Health & Wellbeing Plan

We know that ambulance staff are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. We know there are risks associated with supporting people in their most distressing moments and that the expectations & challenges our people face have increased alongside the pressures on health and social care.

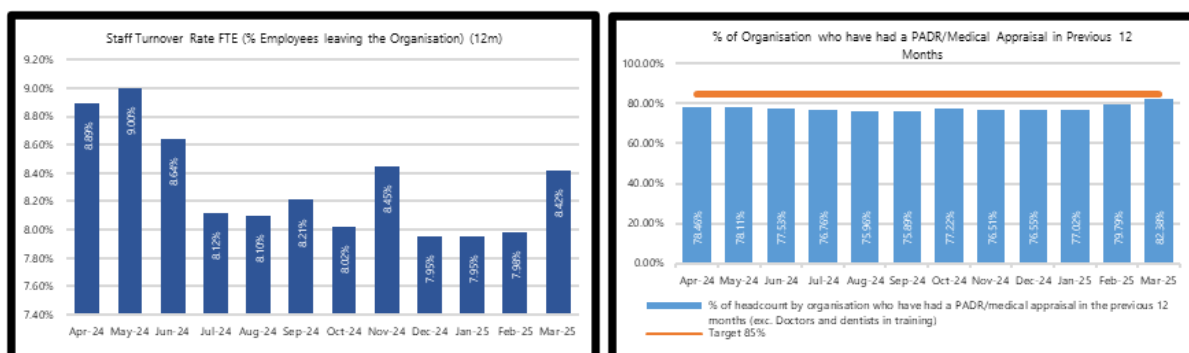
This year we published Our Health & Wellbeing plan for 2025-29 which steps out our objectives and actions to enhance colleague health & wellbeing across the Trust. These objectives include a commitment to leadership development which will incorporate wellbeing skills ensuring managers are equipped to support and engage teams effectively.

Workforce



Staff Retention

The number of staff leaving the organisation has reduced over the last 12 months to 8.8% in March 2025. However we continue to monitor high levels of staff attrition in the contact centre environments of Integrated Care and EMS Coordination. A pilot initiative for a new type of moving on interview was undertaken in our 111 team (part of Integrated Care), some initial data highlights that a proportion of those leaving the team move to other roles within the Trust to support career progression or a new challenge.



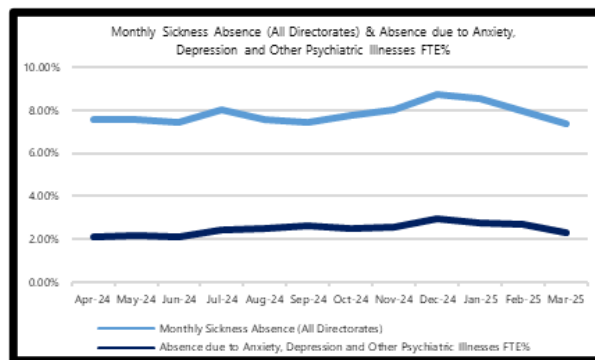
Personal Appraisal Development Review (PADR)

Our Quality & Performance Monitoring Framework requirements stipulate every member of staff should receive an annual Personal Appraisal Development Review. Engagement in this process serves as a key metric for understanding the cultural health of our teams. Some minimal variation is demonstrated month on month but over the last year we have not made a significant improvement towards to our target of 85%.

Sickness Absence

A key workforce area which impacts our ability to deliver high quality services is sickness absence, this also provides an indicator of our people's wellbeing. To support our people there has been an ongoing focus on wellbeing activities across all areas of the Trust. Whilst we continue to see seasonal variation in our sickness absence rates there has been positive progress made with average monthly sickness during 2024/25 reducing to 7.86% compared to 8.54% in the previous year.

Absence associated with Anxiety/Stress/Depression continues to be a leading factor in sickness absence rates.



Capacity

In 2024 we produced the WAST Strategic Workforce Plan 2024-30 which outlines our workforce challenges and priorities including actions on Welsh Language recruitment, creating volunteering opportunities and developing our internal career pathways.

Part of this work has seen the introduction of a new Emergency Ambulance Practitioner role which will positively impact on patient experience and alongside the increased opportunities for advanced practice, will support our vision to provide patients with the right advice and care, in the right place, every time, with the intention of reducing harm and reducing the numbers of patients being transported to Emergency Departments.

Capability

Compliance with Statutory and Mandatory Training has gradually improved since January 2024 achieving the 85% target overall for the year and exceeding the target between December 2024 and March 2025.

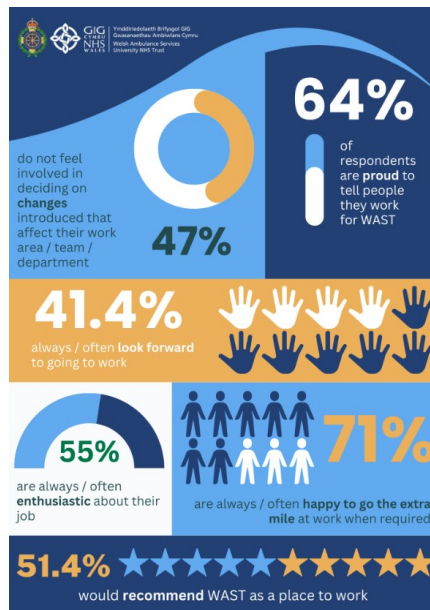
Culture



Our People and Culture plan commits to creating an environment with wellbeing, compassion and a positive enriching employee experience at the heart. By building and sharing our desired culture across the organisation we will help our people feel that they belong and are valued. We are also committed to seeking opportunities to improve the working environment including where and how our people work so that they are confident to raise concerns, make decisions and have control in their roles.

Staff Survey

Feedback is invaluable in helping us shape our workplace culture and improve the experience of our people. To ensure this feedback drives meaningful changes we identified individuals across the organisation to facilitate local conversations and focus on small impactful changes to improve our day to day experience. **In 2024 more of our people contributed to the NHS Wales staff survey to help inform these insights with 35% completion compared to 23.2% the year before.**



Networks

We are committed to fostering a culture where everyone feels they belong and can actively participate. As such we have a growing number of networks as well as increasing levels of membership from our people. In the last 12 months we have **increased the membership of our networks from 184 to 511**. We take assurance from this improvement as an indicator of a developing sense of community and belonging for our people.

We currently have 8 networks:

- WAST Voices
- Culture Champions
- Women's Health
- Rhwydwaith Cymraeg/Welsh Language Network
- BEAM People Network
- LGBTQ+
- WAST Purple Space
- Carers Network



Employee Relations

As an organisation we monitor open disciplinary cases as an indicator of our cultural health. Our indicators show that we have had a consistent level of open cases over the last year, averaging **40 open cases per month**. These cases include a mixture of existing cases being investigated and new cases that have been reported. The majority of these cases relate to allegations of inappropriate behaviour.

We also monitor our Respect & Resolution cases which form part of our people's reporting structures to resolve the issues that are important to them. In a similar pattern to our open disciplinary cases the number of formal requests for resolution has been consistent over the last 12 months, averaging **13 cases per month**.

It is important that we consider this information with caution. Increases and decreases in cases may not be a result of changes in behaviour or experience but instead an indicator of the psychological safety our people feel in being able to raise concerns. Last year we told you about launching our Sexual Safety Guiding Principles which has encouraged people to raise concerns.

Working in WAST

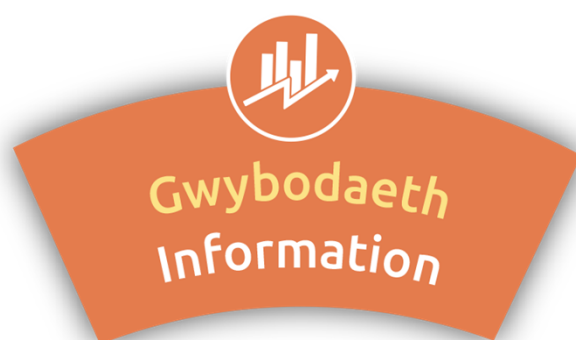
Over the last 12 months, 79 colleagues have anonymously shared their experience of their first 3 months in their new role. During this time the average experience rating was 7.92 (1 being poor, 10 being excellent). This is a slight reduction in our overall rating of 8.01. Amongst the feedback we received were positives including the rewarding nature of the role and working environment, neutral responses including the challenges of shift working and negative experiences including working in isolation without the ability to meet team members in person.

Cultural Early Warning Score (CEWS)

The CEWS tool uses indicators to help assess the cultural health of our teams and is designed as an initial assessment to prompt more in-depth conversations about team culture and potential actions.

The current tool is framed around Capability, Capacity, Culture in line with our People & Culture plan. For the purpose of this report the key indicators of capability and capacity are aligned with the standard for Workforce.

Information



Digital Plan

In September 2024 we published our Digital Plan for 2024-2029. At the heart of our plan is a commitment to excellence, investing in cutting edge technology to ensure our teams are equipped with the best tools to do their jobs effectively and delivery exceptional care to our patients. We recognise that transformation is a collective effort and our plan is the result of invaluable feedback from our staff, patients and stakeholders.

Our plan incorporates five key pillars to ensure a comprehensive and balanced approach to digital transformation. Data, Information & Insight is one of these key pillars emphasising the use of data and intelligence to inform decision making and enhance service delivery.



Monthly Integrated Quality & Performance Report (MIQPR)

Our MIQPR dashboard and associated reports provide senior decision makers in the Trust a focused view of the key metrics which provide us intelligence and assurance. The MIQPR aims to provide an integrated view of both quality & performance with an overarching summary dashboard supported by more specific and detailed indicators and information.

Earlier in this report we told you about the significant amount of change and improvement we have been undertaking over the last 12 months. As a result of some of these changes, and through the quality assurance work we undertake to make sure the information we use is accurate, some challenges with reporting metrics have been identified over the last 12 months. Our digital teams, supported by our leaders, are working hard to resolve these challenges. We have also continued to develop our 'Always On' dashboard for internal reporting with the next updated reports due to be included from April 2025.

Our Patients				Our People							
Tensions Indicators				Capacity							
Indicator	Target	2 Year Average	March 2025	April 2025	Indicator	Target	2 Year Average	March 2025	April 2025		
999/111 Call handling abandonment rates	< 7%	0.71%	11.18%	18.08%	Miles Produced for Emergency Ambulances	35-100%	92.98%	91.45%	93.83%		
111 Clinical Triage Call Back Time (P1)	90%				Health & Staff Safety						
999 Call Answer Times P10 Percentile	90/30/05	01:00:22	01:00:27	01:00:46	Indicator	Target	2 Year Average	March 2025	April 2025		
999/111 Response within 8 minutes	61%	49.96%	58.02%	59.04%	Screen Absence (P10)	0%	0.58%	1.73%			
999/111/112 Median	90/90/03	01:03:11	01:03:32	01:48:40	Mental Health Absence Rates	Reducing Trend	2.42%	2.11%			
OncoLOGY Arrivals within 45 mins and up to 15 mins late	70%	70.02%	75.09%	79.70%	Staff Turnover Rate	Reducing Trend	8.70%	8.62%	8.23%		
Discharge & Transfer Collected in 60 mins (Advanced)	95%	77.05%	71.07%	72.07%	Statutory & Mandatory Training	+ 0%	81.76%	87.94%	87.81%		
Clinical Outcomes / Quality Indicators				RCA/Medical Approval				Number of MRD Owners			
Indicator	Target	2 Year Average	March 2025	April 2025	Inclusion & Engagement / Culture						
Return of Spontaneous Circulation (ROSC)	Increasing Trend	10.87%	18.74%	13.87%	Indicator	Target	2 Year Average	March 2025	April 2025		
Stroke Patients with Appropriate Care	95%	82.02%	93.03%	90.07%	99/111 % of Total Calls Answered in 45s	Increasing Trend	2.07%	2.02%	2.04%		
Stroke Call to Hospital Door Times	Reducing Trend	00:02:15	01:41:08	01:33:28	Ambulance Care % of Total Calls Answered in 45s	Increasing Trend	1.00%	0.82%	0.70%		
STEM Patients with Appropriate Care	95%	74.23%	78.02%	83.07%	Value						
MRIs closed within reporting month	No Target				Finance and Resources						
Care is Shared & Coordinated by Patient Issues	Reducing Trend	1.94%	6.43%	6.41%	Indicator	Target	2 Year Average	March 2025	April 2025		
Concerns Response within 30 Days	75%				Financial Review % FY22 Expenditure of Budgeted FY23	100%	98.88%	100.00%			
Treatment within 24hrs of Golden Time	No Target				MRD Allocation MRD1, MR2, MR3, MR4, MR5 & MR6	Increasing Trend	37.89%	35.98%	35.34%		
Partnerships / System Contribution				Average Inpatient Shift BA, Oncall, APP & UCC				Ambulance Care on the Day Callouts			
Indicator	Target	2 Year Average	March 2025	April 2025	Finance and Resources						
999/111 Clinical Calls	Increasing Trend				Indicator	Target	2 Year Average	March 2025	April 2025		
Successful Consult & Care Outcome	10%				Financial Review % FY22 Expenditure of Budgeted FY23	100%	98.88%	100.00%			
% of Total Consultations taken to a Service other than a Type 11 Emergency Department	Increasing Trend	11.23%	10.44%	10.99%	MRD Allocation MRD1, MR2, MR3, MR4, MR5 & MR6	Increasing Trend	37.89%	35.98%	35.34%		
Number of Handover Last Month	10,800	21,760	21,850	21,580	Average Inpatient Shift BA, Oncall, APP & UCC	Increasing Trend	2.21	2.17	2.21		
				Ambulance Care on the Day Callouts				Indicator			
								Target			
								2 Year Average			
								March 2025			
								April 2025			
								Description			
								Green			
								Yellow			
								Red			
								To Be Determined			

PowerBI Migration

Last year, as part of our next steps, we told you about refreshing our reporting functions and migrating dashboard tools to the PowerBI platform. The PowerBI migration initiative was undertaken to help modernise, streamline and secure our intelligence. More than 120 WAST colleagues were trained on the new platform ahead of the change, supporting our teams to self-serve intelligence, and a “playlist” of short training videos was produced and made available on our internal sharing platform ‘SharePoint’. This migration project was completed in Q3 2024/25, along with the development of an additional dashboard for commissioners giving daily access to WAST information.

Performance Model Framework

Several of the internal and external reports are now undergoing refresh and update following the new Performance Model Framework outlined by Welsh Government. New metric definitions are in the process of being agreed, and then data engineering and development work on the reports and dashboards will begin

Information Governance Training

As an organisation we have access to sensitive patient data and it is crucial that we handle all personal data appropriately and safely at all times. As part of our assurance activity, we submit an Information Governance Toolkit to Welsh Government to demonstrate the levels of awareness throughout the Trust and our performance against national standards. Part of the Information Governance Toolkit relates to mandatory training compliance by our people relating specifically to Information Governance. In 2024/25 Welsh Government increased the ‘minimum expectation’ of compliance with this training from 75% to 85%. Whilst compliance did improve from 73.34% in 2023/24 to **78.98% in 2024/25** we have not reached the minimum expectation of compliance set. Whilst this is the only element of the IG Toolkit where we did not meet or exceed expectations for 2024/25, failure to meet this standard creates reputational consequences for the Trust and we continue to monitor this as a risk through our Trust Board Assurance Framework.

Whole System Approach



Academic Partnership

In last years report we told you that from 1st April 2024 we had university status conferred recognising our longstanding commitment to education, research and innovation. As a result of this status change our Academic Partnership Committee reviewed our academic partnership priorities for inclusion in our Integrated Medium-Term Plan (IMTP).

These priorities were agreed as:

1. **Commitment to learning**
2. **Academic and industry partnerships**
3. **Centre(s) of excellence**

Each of these priorities as been reviewed to identify the benefits which University Trust Status will deliver from a patient and people perspective. High level outputs, outcomes, benefits and measures have been identified in order to support our delivery of the IMTP and to ensure clear measurements and monitoring arrangements are in place.

Wellbeing of Future Generations Act

Whilst we have worked within the spirit of the Wellbeing of Future Generations Act since its introduction in 2015, we formally became subject to the well-being duty from 30th June 2024. The aim of the Act is to ensure that public bodies across Wales are working together to develop Wales as a prosperous, culturally rich, economically vibrant, healthy and well-educated country, where people can thrive both at work, and at home.

This year we have been working collaboratively with our Trust Board, our people, our trade union partners, our community networks and our broader stakeholders to develop wellbeing objectives that reflect our commitment to delivering the wellbeing goals outlined in the Act.

Our agreed objectives are:

1. **A Socially Responsible and Inclusive Employer**

2. An Innovative and Sustainable Organisation

3. A Proactive, Accessible and Equitable Care Provider

These long-term, evolving objectives will guide our strategy and plans, ensuring sustained focus and measurable progress. We recognize that we can't achieve these goals alone and so we will follow the sustainable development principle of the Act including the five ways of working. You can read more about our objectives [here](#).

WAST SICAT

In our 2023/24 Duty of Quality Annual Report we told you about our commitment to develop a new clinical services model that will provide our patients with the right advice and care, in the right place, every time and reducing harm. As part of this commitment we undertook a pilot initiative to explore embedding GPs within ambulance control rooms to assess selected patients who have called 999. The provision of a Single Integrated Clinical Assessment & Triage (SICAT) service for 999 calls was a collaborative initiative undertaken with Betsi Cadwaladr University Health Board, which aimed to improve patient safety and care, ensure efficient use of ambulance resources, enhance patient experience and reduce emergency department attendances.

Our Place in NHS Wales

The Trust is now a member of all seven Welsh Regional Partnership Boards or their substructures, meaning that we can better engage with our stakeholders, statutory partners, communities and the third sector on strategic decisions. Our membership in these spaces helps us engage, influence and understand common challenges and opportunities.

Learning, Improvement & Research



Duty of Quality

Last year we told you that all colleagues are required to engage with Duty of Quality eLearning that is hosted on ESR. We monitored the level of engagement with this training through our Quality Management Group and other forums.

To improve engagement we increased accessibility by including the training on our Learn365 platform. Engagement with the training has continued month on month.

Having experienced challenges with the Duty of Candour eLearning we have taken the same approach and now seeing increasing completion rates.



Paramedic-3 Trial

As a Trust we have been engaged with the PARAMEDIC-3 trial which is designed to investigate the best way to administer drugs to adults who suffer cardiac arrest outside of a hospital environment. Researchers are comparing two strategies: using access into a bone (intraosseous) or access into a vein (intravenous). The study involves 15,000 patients across England and Wales, randomly assigned to one of these methods. The main goal is to determine which method improves survival rates 30 days after cardiac arrest. Secondary goals include assessing the return of the natural heart function (spontaneous circulation), brain function (neurological) outcomes, and quality of life. This study aims to provide crucial

information on the most effective way to administer drugs during out-of-hospital cardiac arrests and has helped inform national resuscitation guidelines. You can read more about the study [here](#).



RELIEF Study

We are currently sponsoring and delivering a research project, in collaboration with the University of Swansea, Swansea Bay University Local Health Board, Cardiff and the Vale Local University Health Board, University of Southampton, and Dorothy Hospice House, which aims to evaluate the 'Just in Case' medicines initiative we launched in response to the Covid-19 pandemic. This research aims to understand the experiences and perspectives of paramedics and doctors who care for patients in the community facing challenging end-of-life symptoms like pain, breathlessness, and agitation.

Additionally, the study seeks to gather insights from informal carers (family or friends) and paid care workers who have witnessed paramedics administering 'Just In Case' (JIC) medicines to their loved ones or patients. Now, thirty months into the ambulance JIC intervention, there is an opportunity to evaluate its impact on patient care, the workload and role of paramedics, and the perceived benefits, anxieties, and risks from the viewpoints of clinical staff, informal carers, and paid carers.



Education & Development

As a University Trust, our commitment to becoming a learning organisation remains a clear strategic priority. The pursuit of quality in education, learning, and development is reflected across a spectrum of activities—from ensuring compliance with mandatory training to fostering behavioural change and enhancing overall experience.

The Education & Development function places particular emphasis on the learner experience, while also maintaining a strong focus on performance and productivity metrics. During 2024/25, internal and external evaluations indicate a marked improvement in learner experience. We have a well-established feedback mechanism in place, offered to learners upon completion of their programmes. Engagement with these feedback opportunities consistently exceeds 80%, and the sentiment expressed is overwhelmingly positive.

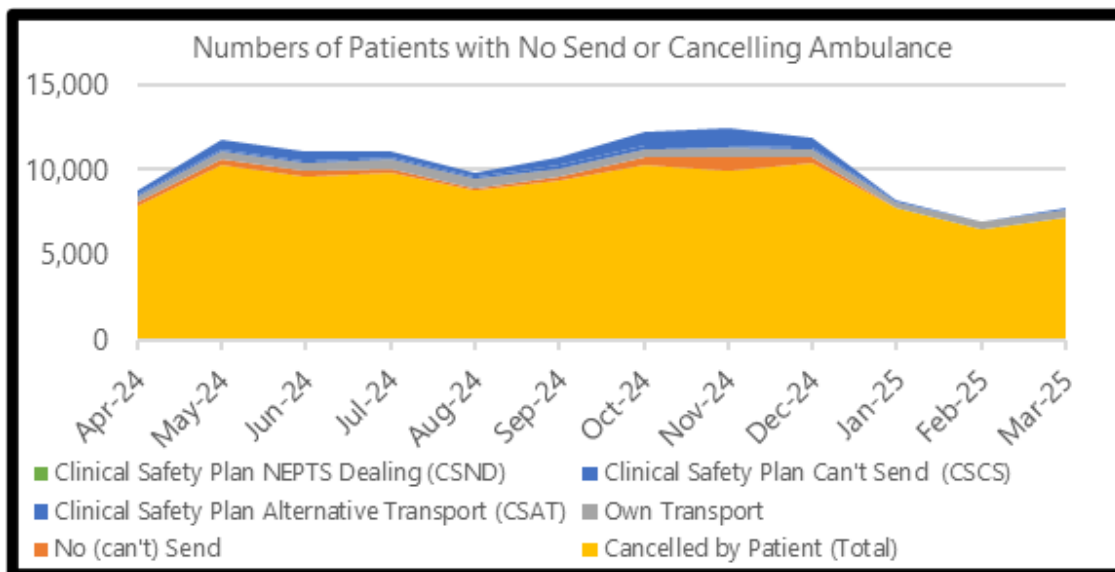
Safe



Avoidable Harm

We know that patients, who have waited too long for a response in the community, who have to wait in an ambulance to be handed over at Emergency Departments, or to whom we can't send an ambulance at times of highest demand, can experience harm.

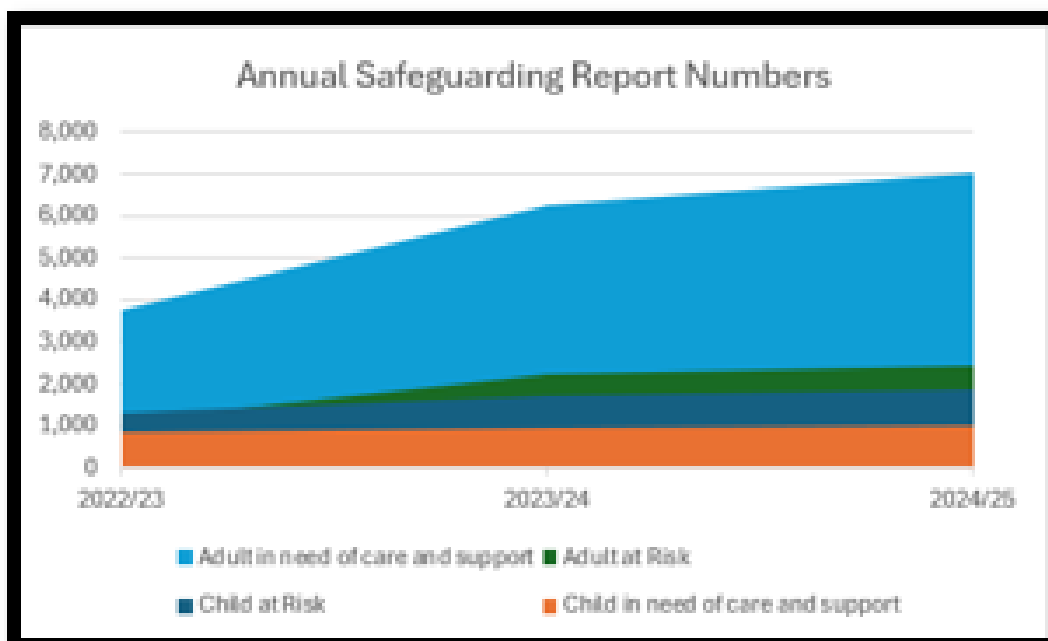
In 2024/25 we took the decision to work quickly to implement transformational change in the way we deliver our services in order to make change ready for increased demands expected over winter. The introduction of clinical oversight (screening) for dispatch decisions and the removal of our 'can't send' process during high escalation has led to a reduction in patients cancelling their 999 calls.



Safeguarding Children & Adults

Our Safeguarding Team’s priority is to ensure that our people provide safe and effective care which protects people at risk of abuse and neglect, as well as those in need of care and support. Last year we told you about the implementation of our digital platform ‘Docworks Scribe’ which was making it easier for our people to submit referrals across the Health & Social Care system.

Our data for 2024/25 shows a continued increase in the annual safeguarding reports submitted to local authorities. These increased numbers may also be attributed to the growing inequalities in Wales (noted by Public Health Wales) and the heightened awareness of safeguarding concerns among our people.



Managing Risks

The Trust monitors Risk within the organisation and the services we provide. Our Board Assurance Framework provides a clear line of sight to the controls, assurances and actions we are able to take to mitigate or reduce these risks for our Trust Board.

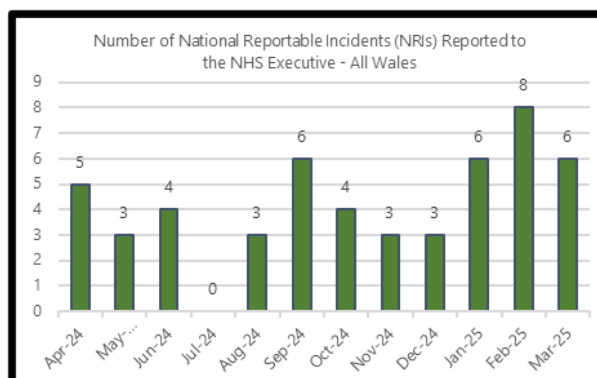
Through 2024/25 work began on developing statements to define the level of risk the Trust is willing to take or accept in pursuing strategic objectives to ensure better outcomes for our patients, our people and our communities.

Our highest scoring risks relate to delays in emergency response causing harm to patients and the impact of ambulances being held outside emergency departments. Whilst system pressures are largely beyond our control we continue to work with Health Board partners and our commissioners to mitigate these risks.



Nationally Reported Incidents

We reported 53 of the most serious incidents to the NHS Executive in 2024/25, these Nationally Reported Incidents (NRIs) mostly related to the Trust's 999 service. This is similar to the level reported last year (56).



Public Interest Reports

During March 2025 the Public Services Ombudsman for Wales published two public interest reports into our care and treatment of two patients. A public interest report is issued when an investigation reveals serious issues in public service delivery that warrant broader public awareness and accountability.

The reports issued (one of which was a joint report with Swansea Bay University Health Board) identified areas for improvement in the standard of call handling, clinical advice and record keeping. Recommendations were also made in respect of the Trust's complaints handling. The organisation worked closely with the ombudsman over many months to maximise the learning from these events and have already implemented a number of the measures that were agreed.

Timely



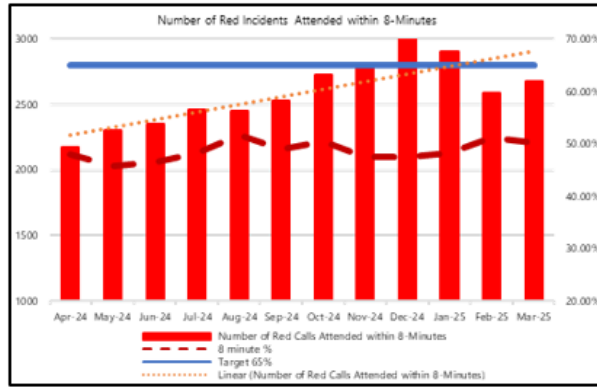
Welsh Government Announcement

In March 2025 the Welsh Government announced changes to ambulance response in order to focus on saving more lives. The Senedd's Health & Social Care Committee recommended changes having concluded that the existing targets are no longer appropriate or fit for purpose.

As a result, a new purple category is being introduced for responses to life-or-death cardiac and respiratory arrests. In addition our response targets will focus on outcomes, especially for patients who are in immediately life-threatening situations, rather than a time-based target of 8 minutes which was first introduced in 1974.

This new approach aims to improve survival rates for cardiac arrests experienced outside of hospital in Wales.

Our new Clinical Service Model will be piloted from July 2025 and following evaluation could be introduced permanently from August 2026



Immediately Life Threatening 999 Calls (Red Calls)

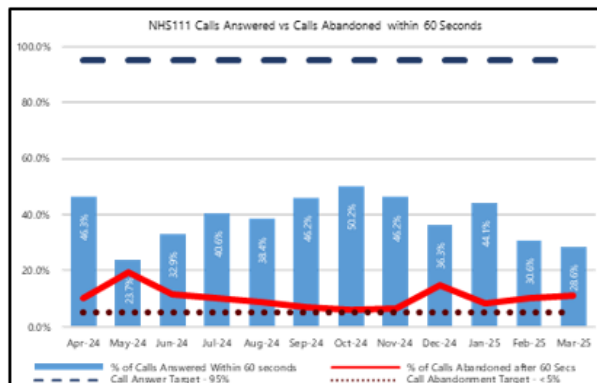
The number of incidents prioritised as immediately life threatening has continued to rise during 2024/25 meaning that we are responding to 20% more Red calls than last year. Whilst we are responding to more immediately life-threatening calls in 8 minutes than ever before we have not improved our performance against the target of 65% of Red calls receiving a response within 8 minutes

NHS 111 Wales Call Answering

For many of our patients the first point of contact is our 111 service which has been live across the whole of Wales since 2022. The number of calls received into NHS 111 Wales during 2024/25 rose to 1,002,211.

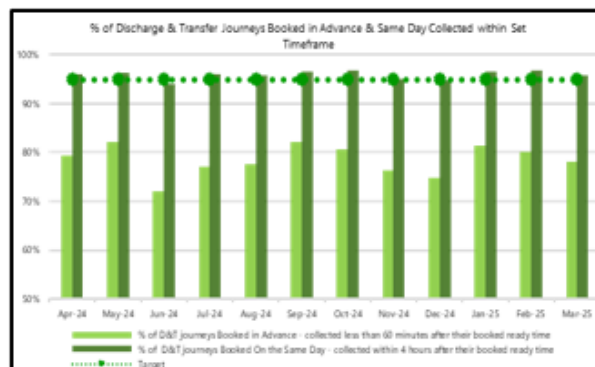
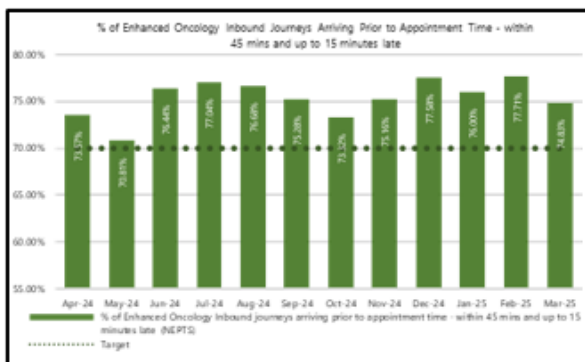
We know that the time it takes to answer your call is a key part of a positive patient experience and helps to provide confidence in the service we provide. During 2024/25 our ability to answer calls within the 60 second target reduced to only 38.7% of calls. In addition 10.4% of calls were abandoned (meaning the caller cleared the line before being answered) which is significantly above our target of 5%.

The introduction of our new system impacting recruitment and training at the start of the year as well as high levels of pressure and sickness absence during winter months have impacted in this area.



Non-Emergency Patient Transport

Throughout the year we have consistently achieved our 70% target for Oncology patients arriving at their appointment times. However, for our Renal patients we have been less consistent and didn't manage to achieve our target during times of pressure during the last 3 months of 2024. Our performance has been impacted by the complexity of the services provided and the reconfiguration of Health Board services which have increased the distances our patients travel. We are currently undertaking a review of how our Ambulance Care staff are rostered, whilst this could create greater levels of efficiency it will impact our people and be challenging to deliver.

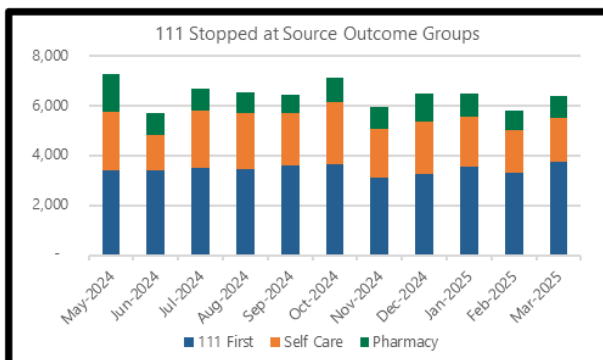


Effective



Palliative Care

Last year we told you about a project we had undertaken with Swansea Bay University Health Board to develop Palliative Care Paramedics to support Palliative and end of life patients in the community. Following the success of the initiative we have supported these clinicians to develop advanced practice. This creates a new specialist Advanced Paramedic Practitioner (APP) career pathway focussed in palliative care and frailty. In recognition of this work, and to help support the rollout of the new APP role we have collaborated with Marie Curie to create an exciting new project that will see funding to support the growth of these specialist clinicians around Wales over the next five years.



NHS 111 Wales Outcomes

Our long-term strategy includes the aim of providing our patients with the right service the first time. In NHS 111 Wales one way of monitoring this is in the number of patients we manage to support without referring to an alternative care pathway or attending an emergency department. In 2024/25 the number of patients helped in this way increased from 47,626 to 71,312, this figure equates to around 10.5% of all known outcomes.

Clinical Indicators

Last year we explained about our new electronic Patient Clinical Record (ePCR) and how this helps collect data about how we treat our patients. We identified that some of the bespoke

areas of the ePCR were not being utilised and we explored how to improve data being entered to improve data compliance.

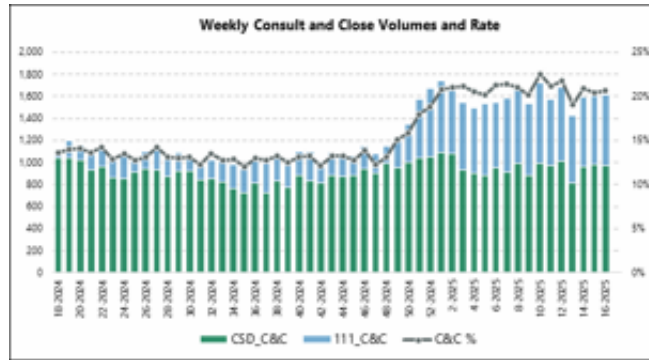
Throughout 2024/25 we have seen an increase in compliance across all of our clinical indicators. The ePCR Compliance Approval Group, led by the Clinical Intelligence and Assurance Team (CIAT), has been pivotal in managing and enabling targeted prompts from within the ePCR to improve compliance but there is still work to do to meet our intended targets



Consult & Close

In our report last year we told your about our commitment to getting patients the right care in the right place, every time and how we review the impact of our remote integrated care teams.

During 2023/24 we resolved 13.9% of 999 calls through telephone and video triage and committed to increasing this performance with a target of 17%. In 2024/25, whilst there have been challenges collecting data on this metric, recent data suggest that as part of the changes we have made to our Clinical Services Model since October 2024 we resolved around 20% of 999 calls in this way.

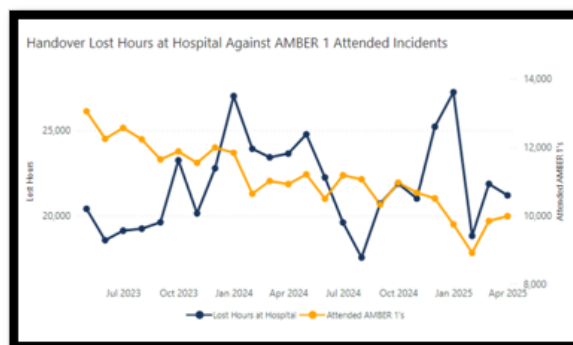


Efficient



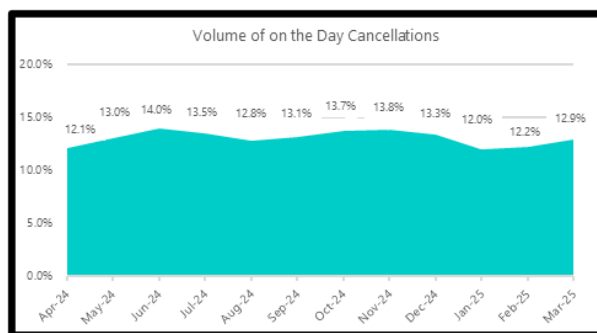
Hours lost to handover

In our 2023/24 Duty of Quality Annual Report we told you how we consider the wider system impact on our service as part of our 'whole system approach'. Last year we recognized that hours lost waiting to handover patient care at Emergency Departments had reduced compared to the previous year. However, in 2024/25, **they have risen again averaging 22,003 hours per month**. This is the same as 1,834 twelve-hour shifts for our responding clinicians and meant that we could have responded to over 3,454 more patients each month if handover times were reduced. The impact of delays handing over patient care at emergency departments can have catastrophic outcomes for patients as they wait longer to receive a face-to-face response.



labelling="Section-Header">Cancelling your Request

Last year we told you that our data indicated that the number of non-emergency transport journeys cancelled on the day was increasing. We have been working, with health board colleagues and in response to your feedback, to reduce these kind of cancellations. Our data shows that cancellations over the last 12 months have begun to level, and our operational teams continue to focus on delivering a range of efficiencies and improvements including the introduction of two-way SMS messaging with non-emergency service users.



Financial Savings

As a public sector organisation, it is important for us to demonstrate how we provide our services within our statutory financial duties ensuring they are of high value and efficiency. In 2024/25 we set the target of achieving £6.421m gross savings against our budget.

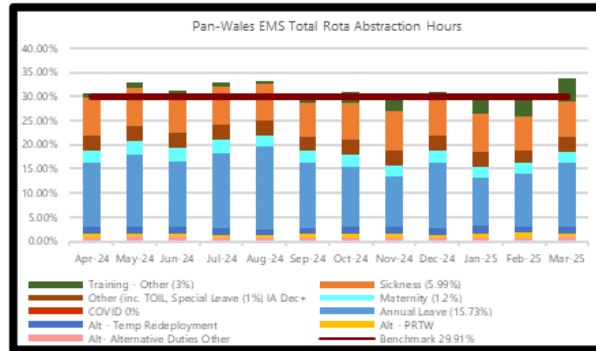
We exceeded this target by achieving £6.838m of gross savings, equating to around **6.5% more than expected**. You can read more about our financial performance through our Annual Report and Accounts in the [Publications](#) section of our website.



EMS Rota Abstractions

A key factor in our ability to provide capacity to meet our emergency demand is the impact of roster abstractions such as sickness, annual leave and training. Last year we told you about our focus on reducing these abstractions.

This year we have reduced the monthly average from 33.7% in 2023/24 to 31.3% in 2024/25. Importantly we have achieved our 30% target in 3 of the last 6 months



Equitable



Carer Confident Level 1

This year we became the first Ambulance Service in the UK to be recognized for the support it gives to carers in the workforce by being named a Carer Confident Employer by Carers UK. This widely recognized bench-marking scheme demonstrates our commitment to supporting carers in the workplace and provides a framework for enhancing existing support.



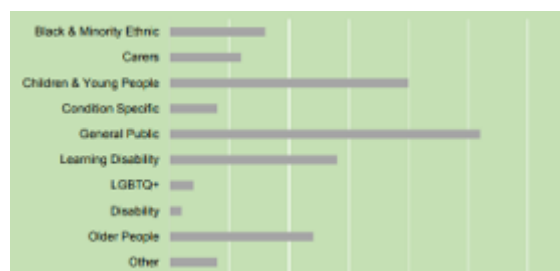
Learning Disabilities

Following developments to our electronic patient care record (ePCR) we introduced an Additional Learning Needs dashboard in October 2024. The dashboard helps to sort information from 999 incidents for patients recorded as having additional learning needs and theme intelligence relating to patient demographics, outcomes and needs. This data is

valuable in understanding the wider national picture of health amongst the learning disability population and the impact on patient experience

Community Involvement

Earlier in this report we told you about the face-to-face engagement opportunities our Patient Experience and Community Involvement team completed in 2024/25. The experiences and feedback captured through this engagement covered a large cross section of our communities. They also targeted engagement with groups known to experience health inequalities, barriers to accessing care and those who have poorer health outcomes. Through this work we ensure the voices of the most vulnerable in society had an opportunity to share their views and experiences.



Ramadan & Iftar Event

Our Black, Ethnic Asian and other Minority communities (BEAM) network hosted a Ramadan Awareness and Iftar Event to celebrate the start of Ramadan for our Muslim colleagues. The event allowed our people and leaders to come together with members of our Muslim communities to learn more about the Muslim culture, Ramadan and how it can impact our people and our patients. Colleagues joined together for the breaking of fast, shared authentic food, witnessed staff in prayer and received a short educational speech about the importance of fasting during Ramadan by Dr Aziz, Assistant Secretary General of the Muslim Council of Wales.



Population Health

Between September 2024 and March 2025 we have hosted a Speciality Registrar in Public Health to help us define the population health vision for our organisation and to support our progress towards reducing health inequalities.

The Association of Ambulance Chief Executives (AACE) developed a national consensus approach to support ambulance services in reducing health inequalities which was launched in June 2023. As part of this work AACE released an implementation toolkit and a maturity matrix to assist ambulance services in undertaking a self assessment to gauge progress against the key objectives.

We first undertook the self-assessment in April 2024 and have updated this in 2025, the results indicate that we have made progress moving from 'emerging' to 'developing' but opportunities remain particularly when we consider data and insights. The findings from the self-assessment and the work carried out by the Speciality Registrar have helped to develop our Strategic Quality Plan for 2025-2028.



Person Centred



Quality Impact Assessments

The Duty of Quality requires NHS bodies like the Welsh Ambulance Services University NHS Trust to ensure all our strategic decisions are made with the intention of improving the quality of health services and outcomes for the people of Wales.

The Trust use Quality Impact Assessments (QIAs) as a tool to understand the impact any decisions we make could have on the quality of the services we provide. These assessments are aligned to our 12 [Health and Care Quality Standards](#).

During the period April 2024 to March 2025 our Quality Governance forums reviewed 17 Quality Impact Assessments to support service changes.

The types of decision being supported in this way include service improvement initiatives, organisational/transformational change and patient safety/experience improvements.

Social Partnership Conference

In 2023, the Senedd approved the Social Partnership and Public Procurement (Wales) Act which focuses on public sector employers and employees working together to improve public service delivery and achieve the goals set out in the Wellbeing of Future Generations Act. Over the past two years we have been working to strengthen relationships with Trade Union Partners and improve collaboration. As part of our action plan, developed to build relationships, trust and improve how we work together we held a Social Partnership Conference in March 2025 which included workshops, collaborative engagement sessions and a keynote address from the Minister for Culture, Skills and Social Partnership, Jack Sargent and the General Secretary for TUC Cymru Shavanah Taj.

Patient and Staff Stories

Last year we told you about the three main activities of our Patient Experience & Community Involvement team and how we use patient stories to learn from and improve our services. One of the ways we use patient stories is through digital storytelling, such as

using video, audio, images and multimedia involving patients, carers and staff sharing their experiences.

Our patient and staff stories are shared across the organisation at all levels including at our committees and Trust Board, they often include an action plan demonstrating what we have learned and how we are making improvements based on what we have heard. Allowing patients, carers and our staff to share their journeys and experiences in their own words helps us to understand the emotional and practical aspects of care beyond data, creating empathy and a deeper connection between leaders, staff and the communities we serve.

Violence & Aggression

Three members of our team have successfully completed the new NVQ in Violence & Aggression Management. The education in this area has been used to improve our violence & aggression management and support for both our frontline responders and our contact centre teams.

Looking Forward 2025/26

Our Integrated Medium-Term Plan

Since launching our long-term strategy, *Delivering Excellence*, in 2019, we've remained committed to transforming the way we deliver care. Over the past year, this ambition has gathered pace. Teams from across our organisation have worked closely with our commissioners to shape a more joined-up clinical service model—bringing together our 999, NHS 111, and Ambulance Care services to improve how we support patients.

We're determined to keep moving forward, working with our partners to improve how we respond to people's needs—now and in the future. Too many patients continue to face harm, delays, or confusion when trying to access the right care at the right time. This not only affects their experience, but also adds pressure on our people. We hear directly from them about the challenges they face. Their feedback matters, and we're committed to improving their working lives—so they can continue to deliver the best possible care.

Our top priority remains the same: providing a world-class emergency response service. Our updated clinical model is designed to ensure we have the right resources in place to respond quickly and effectively, giving every patient the best chance of a positive outcome.

The next section of this report offers a snapshot of some of the key work planned for 2025/26, with a strong focus on improving the quality of our services.

Evolving the Clinical Model

We're transforming how we deliver clinically led care, putting patients at the centre and ensuring our services work seamlessly together. We are committed to embedding clinical

decision-making from the very first patient contact, ensuring timely more personalised care, fewer unnecessary interventions and better outcomes for patients. We are improving how our systems, processes and teams work together across our organisation. With the help of digital tools we're creating a more consistent experience for patients and using our resources more efficiently. We're expanding the ways we respond to patients, working with partners across the NHS to offer safe community-based care where appropriate, whilst keeping ambulances available for the most urgent cases. We are building closer links with Health Boards, commissioners and community services and together we're creating shared care pathways that help patients access the right local support, at the right time.

111 Demand & Capacity Review

High Quality and rapid call answering is key to excellent patient experience and provides a confidence in the services we deliver. We have been undertaking a review of rostering practices, which has included a demand and capacity element. We expect to undertake a full roster review in 2025/26 connected to the findings.

Working in Partnership

This year is important as we evolve our services to meet our ambitions as a clinically led and community based service. Whilst we continue to refresh our approach to service delivery we know that we can't deliver the full benefits of these changes without the support and engagement of commissioners, Welsh Government and the wider NHS in Wales. We are committed to collaborating and working in partnership across our health service together with the support of our people, our patients and our communities.

Emergency Response

Following the Welsh Government review of the Red-8 response target we will respond to the recommendations and transition our traditional emergency response to a clinically prioritised system incorporating Rapid Clinical Screening for 999 calls. As part of this work we will develop a new performance framework shaped around two new categories (purple cardiac arrest and red emergency) moving away from time-based targets and focussing on clinical outcomes.

Taking a Population Health Approach

Although people are living longer, many are spending more years in poor health. This continues to place pressure on health and care services. As we plan and deliver services, we are considering how best to support population health and address these challenges.

We are working with partners such as Digital Health Care Wales and Public Health Wales to make better use of linked data through the National Data Resource. This will help us gain clearer insights into clinical outcomes, operational performance, and patient experience.

As part of this work, we are developing a *Population Health Plan* that will outline opportunities to improve health outcomes across Wales. We are also exploring ways to strengthen public health expertise within our organisation.

This includes:

- Hosting a fixed-term project with a public health specialty registrar
- Considering future roles for public health specialists
- Promoting public health approaches in new projects
- Supporting staff development in public health-related areas

Public and Patient Reference Group

Over the course of the year we have spent time with stakeholders and partners to test out our ideas. Whilst there is much that is supported, we hear that there is more to do. Stronger collaboration with patient and community groups is a priority and, in support of our Wellbeing Objectives, we intend to develop a formal public and patient reference group. This will give representatives the opportunity to help shape our service priorities and service standards and hold us to account for delivery.

Feedback

For more information about Welsh Ambulance Services University NHS Trust visit our website at

To provide us with feedback on our services you can follow the links below

[Calling 999 Survey](#)

[Calling 111 Survey](#)

[111 Website Survey](#)

[Non-Emergency Transport Survey](#)

[Communicating in your language of choice](#)

[Virtual Video Booth](#)





Llywodraeth Cymru
Welsh Government

WG46246

**The Duty of Quality Statutory Guidance 2023
and Quality Standards 2023**

The Health and Social Care (Quality and Engagement) (Wales) Act 2020

Date of issue: October 2022

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Figure 1

Diagram to demonstrate the quality management cycle

Figure 2

Diagram to demonstrate the central strategic context of the duty

Figure 3

Diagram to illustrate the six domains of quality supported by the five quality enablers.

Glossary

Interpretation, in this guidance:

- The 2003 Act means the Health and Social Care (Community Health and Standards) Act 2003.
- “Health care” for the purposes of the 2003 Act means (a) services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and (b) the promotion and protection of public health.
- The 2006 Act means the National Health Service (Wales) Act 2006;
- The Act means the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- NHS body, in the context of the duty of quality in Wales, means -
 - (a) a Local Health Board.
 - (b) an NHS Trust.
 - (c) Wales-only Special Health Authority.
- Where the word **must** is used, it refers to actions that are a legal requirement, as set out in Part 2 of the Act;
- Part 2 of the Act amends the National Health Service (Wales) Act 2006 to insert new provisions 1A, 12A, 20A and 24A into the 2006 Act. For the purposes of those new provisions:
 - “Health services” means any services provided or secured in accordance with the 2006 Act: and
 - “Quality” includes, but is not limited to, quality in terms of –
 - (a) The effectiveness of health services,
 - (b) The safety of health services, and
 - (c) The experience of individuals to whom health services are provided.

FOREWORD

Introducing a duty of quality through the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ¹ ('the Act'), highlights the Welsh Government's commitment to safe, effective and person-centred health services. The Act places an overarching duty of quality on the Welsh Ministers regarding their health-related functions. It broadens the existing duty on NHS bodies (Local Health Boards, NHS Trusts and Welsh Special Health Authorities).

Ultimately, the purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents our ambition of achieving ever-higher standards of person-centred health services in Wales.

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 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 ² as well as promoting the well-being goal of A Healthier Wales³.

The Welsh Government published the Quality and Safety Framework⁴ in September 2021. This was intended to serve as a steppingstone to the new duties of quality and candour under the Act whilst we emerged from the coronavirus pandemic.

The duty of quality is interdependent with the Health and Care Standards (April 2015) for Wales. To build clear connections between the duty and the standards, this guidance now incorporates the new Quality Standards 2023 that will replace the Health and Care Standards (April 2015). This new approach sets out a clear and simple framework for quality management that will strengthen the connection between the duty, standards and the wider quality management process in Welsh health services.

I am proud that 'Putting quality and safety above all else' is the first core value described in "A Healthier Wales", our long-term strategy for integrated health and care in Wales. As Dr Tedros Adhanom Ghebreyesus, World Health Organisation

¹ Welsh Government (2020) Health and Social Care (Quality and Engagement) (Wales) 2020 Act
<https://www.legislation.gov.uk/asc/2020/1/contents>

² Welsh Government (2015) Well-being of Future generation (Wales) Act
<https://www.futuregenerations.wales/about-us/future-generations-act/>

³ Welsh Government (2019) A Healthier Wales: our Plan for Health and Social Care
<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

⁴Welsh Government (2021) Quality and Safety Framework: Learning and Improving
https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf

Director General recently reminded us, “Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring, from the national level to the smallest, remotest clinic.”⁵

We have a significant opportunity to refresh and strengthen our commitment to “A Healthier Wales” through the new duty of quality. We have a collective responsibility to achieve improved quality of services and outcomes for our population.

Eluned Morgan, Minister for Health and Social Services

⁵ World Health Organisation (2022) Fundamentals of Quality <https://qualityhealthservices.who.int/quality-toolkit/new-to-health-system-quality-thinking/fundamentals-of-quality>

1. Introduction

- 1.1 The duty of quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, will come into force on 1 April 2023. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. It aims to ensure a stronger citizen voice and to improve the accountability of services to deliver a better experience and quality of care. Doing so contributes to a healthy and more prosperous country. The Act is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care.
- 1.2 This statutory guidance aims to help NHS bodies in Wales deliver the requirements of the duty of quality.
- 1.3 The legal basis for the duty is set out in Part 2 of the Act.
- 1.4 The duty of quality supports all people in Wales. The new duty of quality requires the Welsh Ministers and NHS bodies to think and act differently by applying the concept of “quality” across all functions within the context of the health service and health needs of their populations. It requires quality-driven decision-making and planning, to ultimately deliver better outcomes for all people who require health services. It requires involving people in decisions that affect them, balancing short-term needs with planning for the longer-term, with action to prevent problems occurring or getting worse.
- 1.5 The duty also supports the application of prudent and value-based healthcare principles, referred to in the National Clinical Framework as ‘prudent in practice’. This increasingly shifts the focus to person centred care that can support people to stay well, self-manage their condition and, when necessary, provide seamless and appropriate specialist support. The focus is on the person rather than the setting in which the service is delivered.
- 1.6 Value-based health care encourages us to focus on meeting the goals of our patients and to help manage expectations throughout their care or treatment⁶. Value in health encourages us to improve how patients are involved in decision making using the best evidence available, avoiding any unnecessary variation in care, and becoming more creative to determine where our resources are best spent to improve patient outcomes. By working with patients and teams from across the healthcare system in Wales, and collaborating with industry and third sector, we can deliver the outcomes that matter to people with the resources available to us in a way that is sustainable.

⁶ Welsh Value in Health Care (2022) Value-based Healthcare for Wales at <https://vbhc.nhs.wales/value-based-healthcare-for-wales/policy-and-culture/>

- 1.7 The prevailing intention is to build on the positive culture of quality at the heart of the Welsh health system⁷, enacting a broader system-wide duty of quality which strengthens decision-making, action, improvement and ultimately, improved outcomes for the population.

⁷ Organisation for Economic Co-operations and Development (OECD) Reviews of Health Care Quality: United Kingdom 2016: Raising Standards at [OECD Reviews of Health Care Quality: United Kingdom 2016 : Raising Standards | OECD Reviews of Health Care Quality | OECD iLibrary \(oecd-ilibrary.org\)](#)

2. Purpose of the guidance

- 2.1 Improving the quality of our services to achieve better outcomes for people is the right thing to do.
- 2.2 The guidance sets out best practice to assist Welsh Ministers with regards to their health-related functions and NHS bodies in the implementation and application of the duty of quality. NHS bodies must have regard to the guidance issued by the Welsh Ministers.
- 2.3 The guidance provides a foundation on which quality management systems, relevant policies and procedures, training and support requirements will be built. It facilitates clarity about the duty of quality, consistency of approach and equity of response by promoting an 'All-Wales' approach to improve the quality of health services.
- 2.4 The guidance sets out a definition of quality and describes the overarching requirements to strengthen our quality management systems with quality-driven decision-making and planning. In turn, this strengthens our learning and sharing responsibilities and opportunities. The purpose of the duty overall is to improve outcomes for our population.
- 2.5 It is intended as a reference for our workforce as well as our population and partner organisations, so we develop a common understanding about the duty of quality.
- 2.6 It is not intended to be a prescriptive document, nor is it intended to be a quality manual or 'how to' guide. It is ultimately for NHS bodies to satisfy themselves that they are complying with the new duty to secure quality in the provision of health services imposed on them in the 2006 Act, though it is envisaged that this guidance will provide a helpful framework to assist such bodies accordingly. Furthermore, the guidance also sets out six domains of quality and the five quality enablers which will replace the Health and Care Standards (April 2015) issued under section 47(1) of the 2003 Act (which is a power which permits the Welsh Ministers to publish statements of standards in relation to the provision of health care). NHS bodies will be required to take these new standards into account for the purpose of discharging the duty of quality.
- 2.7 It is acknowledged that implementation of the duty of quality will need to be monitored over the course of several years to determine its success. Welsh Ministers and NHS bodies will need to be able to demonstrate incremental improvements aligned to the duty for implementation to be assessed and monitored.
- 2.8 To that end, Welsh Ministers and NHS bodies must publish an annual quality report on the steps they have taken to comply with the duty of quality.

3. Legislative background

- 3.1 The key purpose of Part 2 of the Act is to reframe and broaden the duty of quality which was first set out in section 45(1) of the Health and Social Care (Community Health and Standards) Act 2003⁸ (“the 2003 Act”). Section 45(1) of the 2003 Act imposes a duty on Welsh NHS bodies to ensure that appropriate arrangements are in place to monitor and improve the quality of health care⁹ provided by or for those bodies.
- 3.2 Section 45(1) of the 2003 Act will be repealed and replaced with a revised duty to secure quality in health services in sections 1A (Welsh Ministers’ duty), 12A (Local Health Board’s duty), 20A (NHS Trust’s duty) and 24A (Special Health Authority’s duty) of the National Health Service (Wales) Act 2006¹⁰ (“the 2006 Act”). The 2006 Act will also require those bodies to publish an annual report on the steps it has taken to comply with the duty of quality.
- 3.3 The 2006 Act (as amended by Part 2 of the Act) requires that the Welsh Ministers issue guidance to the Welsh NHS bodies in relation to the duty of quality and the requirement to publish an annual report. Therefore, this guidance is issued by the Welsh Ministers under Sections 12A (5), 20A (5) and 24A (5) of the 2006 Act in pursuance of that requirement.
- 3.4 The revised duty of quality (which also applies to the Welsh Ministers, as well as NHS bodies) reframes the concept of “quality” by ensuring that it is used in its broader definition. Quality includes quality in terms of the effectiveness and safety of health services and the quality of the experience of users of health services. However, it is not limited to the quality of services provided to an individual nor to service standards. It relates to securing improvement in the quality of “health services” which means any services provided or secured in accordance with the 2006 Act. Accordingly, the revised duty intends quality to be a system-wide way of working with focus placed on outcomes. Inserting the new duty into the 2006 Act reflects the importance that the Welsh Ministers place on the new, broader duty, and the Welsh Ministers’ wish to further strengthen and embed quality at the heart of decision making for health services.
- 3.5 Welsh Ministers have a duty to exercise any of their functions that relate to the health service with a view to securing improvement in the quality of health services.¹¹

⁸ UK Government (2003) Health and Social Care (Community Health and Standards) Act
<https://www.legislation.gov.uk/ukpga/2003/43/contents>

⁹ For the purposes of the 2003 Act, “health care” means (a) services provided to individuals for or in connection with the prevention, diagnosis or treatment or illness; and (b) the promotion and protection of public health.

¹⁰ UK Government (2006) National Health Service (Wales) Act.
<https://www.who.int/publications/i/item/9789240011632>

¹¹ Section 1A of the 2006 Act

- 3.6 Local Health Boards¹², NHS Trusts¹³ and Welsh Special Health Authorities¹⁴ have a duty to exercise **all** of their functions with a view to securing improvement in the quality of health services provided. The duty of quality applies to all clinical and non-clinical functions and therefore differs from the duty in section 45(1) of the 2003 Act.
- 3.7 Reframing and strengthening the duty of quality represents a further step on the journey towards ever-higher standards of person-centred health services in Wales.
- 3.8 Part 2 of the Act also makes consequential amendments to section 47 and section 70 of the 2003 Act.
- 3.9 Section 47(1) of the 2003 Act permits the Welsh Ministers to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Ministers are required to keep the standards under review and may publish amended statements whenever it considers appropriate. The last standards were published under this provision in April 2015.¹⁵ Section 47(4) of the 2003 Act require that the standards set out in statements are to be taken into account by every Welsh NHS body in discharging its duty under section 45 of the 2003 Act. Given that section 45(1) is repealed, section 47(4) is amended such that the standards set out in statements are to be taken into account by a Welsh NHS body in discharging the revised duty of quality in the 2006 Act.
- 3.10 To fulfil the Welsh Ministers' duty to review and the power in section 47 of the 2003 to publish amended statements of standards, the Health and Care Standards (April 2015) are withdrawn and replaced with the six domains of quality and the five quality enablers as set out in this guidance. This is to reflect the inextricable relationship that exists between the duty of quality and the standards, albeit that the standards themselves relate only to the provision of "health care"¹⁶ whereas the duty of quality applies to the exercise of all functions. Accordingly, the six domains of quality and the five quality enablers have a far wider remit and will be relevant when exercising non-clinical functions, as well as clinical functions.
- 3.11 Furthermore, section 70(1) of the 2003 Act provides that the Welsh Ministers have the function of conducting reviews of, and investigations into, the provision of health care by and for Welsh NHS bodies. In practice this function is carried out by Health Inspectorate Wales (HIW) on behalf of the Welsh Ministers. Section 70(3) of the 2003 Act also imposes a specific function of conducting reviews into the arrangements made by Welsh NHS bodies for the

¹² Section 12A of the 2006 Act

¹³ Section 20A of the 2006 Act

¹⁴ Section 24A of the 2006 Act

¹⁵ [Health standards framework English \(wales.nhs.uk\)](http://www.wales.nhs.uk/health-standards-framework-english)

¹⁶ See footnote above on the definition of "health care" for the purposes of the 2003 Act

purpose of discharging the duty of quality. Section 70(3) is amended such that this relates to the revised duty of quality under the 2006 Act.

Key messages

- The key purpose of the Act is to reframe and broaden the duty of quality which was first set out in the 2003 Act
- The duty of quality set out in section 45(1) of the 2003 Act is repealed and replaced with a revised duty to secure quality in health services in the 2006 Act
- The revised duty requires that the Welsh Ministers must exercise their health-related functions with a view to secure improvement in the quality of health services
- The revised duty also requires that NHS bodies must exercise all of their functions with a view to securing improvement in the quality of health services
- The Act makes consequential amendments to section 47 and section 70 of the 2003 Act such that any standards that are issued under the 2003 Act are taken into account by an NHS body in discharging the revised duty of quality in the 2006 Act, and that the Welsh Ministers has the function of conducting reviews of the steps taken by an NHS body for the purpose of discharging the revised duty of quality. The latter function is delegated to Health Inspectorate Wales (HIW).
- The Health and Care Standards (2015) that were issued under section 47 of the 2003 Act are withdrawn and replaced with the six domains of quality and five quality enablers to reflect the inextricable relationship between the duty of quality and the standards

4. Strategic and policy context

- 4.1 A Healthier Wales: our Plan for Health and Social Care ("A Healthier Wales") sets out the vision for a whole system approach to health and social care in Wales.
- 4.2 It lays out the Welsh Government's ambitions for progress and improvement and describes the core values that underpin the NHS in Wales. These are:
 - Putting quality and safety above all else
 - Integrating improvement into everyday working
 - Focusing on prevention, health improvement and inequality
 - Working in true partnerships
 - Investing in our staff
- 4.3 The Act supports the ambitions in A Healthier Wales by setting out the requirements for the improvement in the quality of health services.
- 4.4 The Act describes that quality includes, but is not limited to, the safety and effectiveness of health services and the experience of individuals who receive health services.
- 4.5 The Welsh Government published the Quality and Safety Framework in September 2021¹⁷.
- 4.6 It provides an overview of quality principles and arrangements that need to be in place to ensure high quality services are being delivered.
- 4.7 It requires the NHS to establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.
- 4.8 The intention was for the Framework to provide a steppingstone to the new duty of quality.

4.9 Figure 1

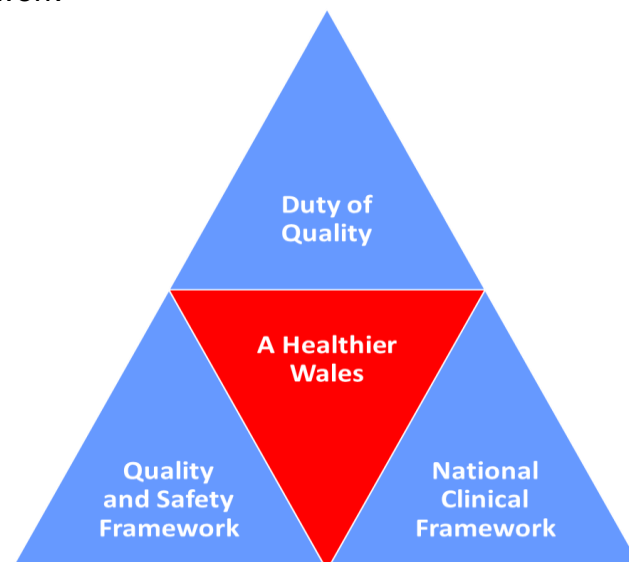
¹⁷ Welsh Government 2021 Quality and Safety Framework learning and improving. <https://gov.wales/nhs-quality-and-safety-framework>

Diagram to demonstrate the quality management cycle



4.10 Figure 2

Diagram to demonstrate the central strategic context of A Healthier Wales alongside the duty of quality, National Clinical Framework and Quality and Safety Framework



Key messages

- We must put the quality and safety of our health services above everything else
- The duty of quality influences many health-related policies and frameworks
- In turn, these also affect how we approach delivering quality in healthcare services
- Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services

5. Who does the duty of quality apply to?

5.1 The Act lists the following individuals and NHS bodies in Wales as being subject to the duty in Part 2 of the Act:

- Welsh Ministers (in relation to their health functions).
- Local Health Boards.
- NHS Trusts.
- Special Health Authorities that operate on a Wales-only basis.

5.2 The duty of quality and Welsh Ministers

The Welsh Ministers with regards to their health-related functions have responsibility for oversight of the NHS in Wales. They must ensure that health services are organised and delivered in such a way that system-wide, continuous improvement in the quality of health services is achieved.

5.3 Welsh Ministers will have to actively consider whether their decisions in relation to the health service are taken with a view to securing improvement in the quality of health services.

5.4 Welsh Ministers must ensure that national bodies with regulatory, performance management or support responsibilities have a cohesive and collaborative approach to system-wide improvement.

5.5 Welsh Ministers must issue guidance to NHS bodies in relation to the requirement to exercise of their functions with a view to securing improvement in the quality of health services, and the requirement to publish an annual report on the steps they have taken to comply with this duty. The latter is described in section 9 Reporting requirements.

5.6 Welsh Ministers will also be required to publish an annual report on the steps they have taken to comply with the duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health service and within that report to include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.

5.7 The duty of quality and NHS bodies

The NHS in Wales delivers health services through 7 Local Health Boards and 3 NHS Trusts.

5.8 The Health Boards and Trusts work in partnership with 2 Special Health Authorities – Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

5.9 Several Local Health Boards and NHS Trusts host national organisations that support the delivery of health services. In hosting the national organisations, the Local Health Boards and NHS Trusts are exercising functions in relation to the health service and therefore must do so with a view to securing

improvement in the quality of health services. Therefore, the host organisations will ultimately be caught by the duty of quality in delivering the services and should therefore have regard to the duty.

5.10 The duty of quality applies to Local Health Boards who are responsible for planning and delivering NHS services in their areas with the aims of:

- Improving physical and mental health outcomes.
- Promoting well-being.
- Reducing health inequalities across their population.
- Commissioning services from other organisations to meet the needs of their residents.

5.11 The 3 NHS Trusts and 2 SHAs have their own specific service delivery responsibilities to which the duty of quality will apply.

5.12 Accountability for compliance with the duty of quality ultimately rests with the Chief Executive of an NHS body.

5.13 Similar in approach to other legislation, it is recommended that NHS bodies designate appropriate senior leads to hold responsibility for the strategic implementation and oversight of the duty of quality. An officer member of the board should be delegated the responsibility to ensure the necessary strategic implementation and oversight. It should be noted however, that the responsibility to ensure due consideration is given to the duty of quality applies to all officer and non-officer board members whilst exercising the functions within their roles.

5.14 A designated operational lead to support the implementation of the duty of quality is also suggested.

5.15 There is a collective responsibility of all Board members to support the Chief Executive to: -

5.15.i) comply with the duty of quality by internal governance and assurance arrangements that are structured within a robust quality management system;

5.15.ii) ensure that health services are organised and delivered in such a way that system-wide, continuous improvement in the quality of health services is achieved;

5.15.iii) actively consider whether the Board's decisions will improve service quality and secure improvement in outcomes for the population;

5.15.iv) demonstrate how they have exercised their functions and improved the quality of services in accordance with the duty of quality. This is described in section 9 Quality reporting requirements.

5.16 The duty of quality applies to all health service functions in both clinical and non-clinical settings. Therefore, all staff have responsibility for complying with

the duty within their role and service function. It is a collective responsibility to comply with the duty of quality.

5.17 The duty of quality in commissioned services

It is recognised that health services may be provided across geographical boundaries through commissioning arrangements with NHS and non-NHS service providers. Local Health Boards, NHS Trusts and SHAs must exercise their functions with a view to securing improvement in the quality of health services. The NHS body that is commissioning the health service is exercising its functions and must therefore ensure it is doing so with a view to securing improvement in the quality of the health service. Regardless of who is delivering health services when they are commissioned, the duty is the responsibility of the commissioning body.

5.17.i) Services commissioned by an NHS body from another NHS body in Wales:

The NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The duty of quality is the responsibility of the commissioning body. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services. The Welsh NHS body providing services on behalf of the commissioner must also ensure that they are compliant with the duty that will also apply directly to them for the services they are providing.

5.17.ii) Services provided by primary medical, dental, optical and pharmaceutical services in Wales:

In accordance with the 2006 Act, each Local Health Board must meet all reasonable requirements to provide primary medical, dental, optical and pharmaceutical services within its area. Contractual arrangements are provided for within the 2006 Act. The duty of quality does not directly apply to primary care providers. The duty of quality rests with the Local Health Boards to secure improvement in the quality of health services, and this extends to the services that are delivered by primary care providers on behalf of the Local Health Board. Local Health Boards will wish to ensure that health services delivered by primary care providers will secure improvement in the quality of health services.

5.17.iii) Services commissioned from non-NHS bodies:

The NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The duty of quality is the responsibility of the commissioning body. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services.

5.17.iv) Services commissioned outside of Wales:

The Welsh NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services. The service provider will be responsible for the quality of health services they directly provide under the relevant jurisdiction within which the services are provided.

- 5.18 Welsh Ministers and NHS bodies have a responsibility to encourage shared learning and expertise as they progress along their quality improvement journey. Much can also be learnt from high performing care systems globally.
- 5.19 There is a need at all levels to ensure that the health system has the resources, capacity, time and autonomy needed to develop their approaches to improving quality. This is supported by the World Health Organisation's Quality health services: a planning guide in the foundational requirements for quality initiatives¹⁸.

¹⁸ World Health Organisation (2020) Quality Health Services: a planning guide
<https://www.who.int/publications/i/item/9789240011632>

Key messages

- The duty of quality applies to Welsh Ministers (in relation to their health functions)
- The duty of quality also applies to Local Health Boards, NHS Trusts and Special Health Authorities that operate on a Wales-only basis
- Accountability for the duty of quality ultimately rests with the Chief Executive of an NHS body who may designate a lead officer and senior operational lead to oversee the implementation of the duty in the organisation
- All Board members are collectively responsible for the implementation of the duty of quality
- Several Local Health Boards and NHS Trusts host national organisations that support the delivery of health services. The host national organisations will ultimately be caught by the duty of quality in delivering the services and should therefore have regard to the duty. The duty does not apply directly to primary care providers, non-NHS providers of health services or to NHS providers outside of Wales
- The NHS bodies are responsible for exercising their functions with a view to securing improvement in the quality of health services. This includes services that they commission from other providers
- The duty of quality will ensure that health services are organised and delivered in a way that seeks to secure continuous improvement in quality and improves outcomes for the population
- Welsh Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and improve outcomes
- Welsh Ministers and NHS bodies will need to be able to demonstrate, supported by evidence, how they have complied with the duty of quality
- All staff have a role in achieving improved service quality; the duty of quality applies to all health service functions in both clinical and non-clinical settings
- System-wide learning and sharing is actively encouraged

6. Defining quality

- 6.1 Numerous definitions of quality relating to health and care services have been described by various global organisations, including the Institute for Healthcare Improvement¹⁹ and World Health Organisation²⁰.
- 6.2 For Welsh Ministers regarding their health-related functions and NHS bodies, quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable and person-centred**²¹.
- 6.3 NHS bodies and Welsh Ministers will need to continually seek to understand the needs of their population to inform their decision-making and secure improvement in outcomes. The population too, will have their own part to play to inform the process.

6.4 Domains of quality

Welsh Ministers and NHS bodies should ensure the decisions they make deliver care that is **safe, timely, effective, efficient, equitable and person-centred**. These quality dimensions (so-called STEEEP) provide a framework to assess quality and guide improvement. Therefore, it is important to explain what the quality dimensions aspire to achieve and what we intend them to mean in Wales as part of the duty of quality.

6.4.1 Safe

Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce,

¹⁹ Sampath B, Rakover J, Baldoza K, Mate K, Lenoci-Edwards J, Barker P. Whole System Quality: A Unified Approach to Building Responsive, Resilient Health Care Systems. IHI White Paper. Boston: Institute for Healthcare Improvement; 2021. <https://www.ihl.org/resources/Pages/IHIWhitePapers/whole-system-quality.aspx>.

²⁰ WHO (2020) Quality health services: a planning guide <https://www.who.int/publications/i/item/9789240011632>

²¹ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press; 2001.

6.4.2 **Timely**

Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.

6.4.3 **Effective**

Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.

6.4.4 **Efficient**

Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.

6.4.5 **Equitable**

Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

6.4.6 Person-centred

Person-centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.

6.5 Quality enablers

A system-wide approach to quality requires a culture that embeds continuous learning and improvement at its heart. This should be underpinned by a clear definition and understanding of what good looks like utilising national and benchmarked standards, peer review and audit.

6.6 Learning from internationally recognised organisations that have well-established and effective approaches to quality provides a blueprint for what good quality should look like. The quality enablers underpin and influence this blueprint to ensure a system-wide approach to improving quality.

6.7 Experience has shown that maturing and embedding these concepts can take a number of years. It is recognised that there has been a positive culture with quality being “at the heart of the Welsh health system”²².

6.8 The quality enablers that underpin this blueprint to ensure a system-wide approach to improving quality are:

6.8.1 Leadership

Leadership

Embed a clear vision for the organisation that creates the conditions for a functioning quality management system ensuring that governance, leadership and accountability are fully matured and embedded.

Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our

²² Organisation for Economic Co-operations and Development (OECD) Reviews of Health Care Quality: United Kingdom 2016: Raising Standards at <https://www.who.int/publications/i/item/9789240011632>

governance, leadership and accountability is effective in sustainably delivering care within which the domains of quality are embedded.

6.8.2 Culture and valuing people

Culture and valuing people

Create a culture across the organisation that encourages quality and system safety in a supportive, inclusive, collaborative way that welcomes the sharing of new ideas and raising of concerns.

Our health care system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture. Our workforce is inclusive, engaged, sustainable, flexible and responsive.

6.8.3 Data to knowledge

Data to knowledge

Triangulate data into information and knowledge to develop an understanding of the quality of services which will inform learning, strategic decision-making and guide quality improvement.

Our health care system ensures information is available and shared appropriately for all who need it. We use information to triangulate quantitative, qualitative, performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators and measures through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.

6.8.4 Learning, improvement and research

Learning, improvement and research

Create and embed opportunities for system-wide learning from quality improvement to deliver improved quality services and outcomes for the population.

Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.

6.8.5 Whole-systems perspective

Whole-systems perspective

Commit to improved quality across the healthcare system by learning from quality planning, quality control and quality improvement activities to deliver the goal of improved outcomes for the population.

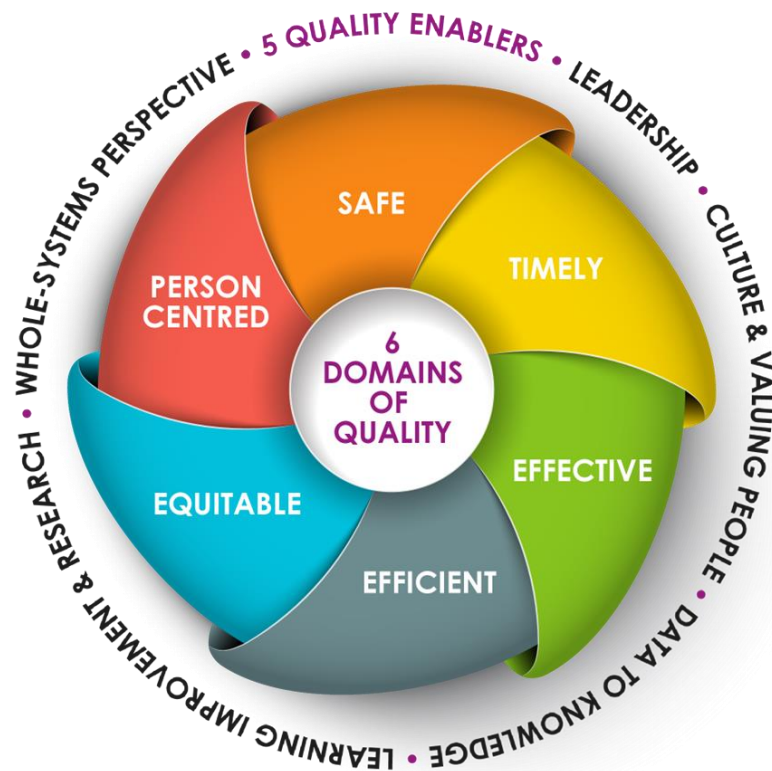
Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all of our partners to achieve the outcomes expected across the domains of quality. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

- 6.8.6 The five quality enablers complement the implementation of a methodology and approach to managing quality, as set out in the Quality and Safety Framework (2021).
- 6.8.7 Welsh language needs and choice of people must be considered through the quality lens. See also section 11.
- 6.8.8 The insights, learning and expertise created within NHS organisations across primary, community and secondary care will drive improvements in quality

within Regional Partnership Board footprints and accelerate efforts to improve quality across the whole health and care system in NHS Wales.

6.9 Figure 3

Diagram to illustrate the six domains of quality supported by the five quality enablers.



Key messages

- Quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve
- Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable and person-centred**
- These quality dimensions (so-called STEEEP) provide a framework to assess quality and guide improvement
- Quality enablers have been identified which underpin and influence a blueprint to ensure a system-wide approach to improving quality
- The quality enablers are **leadership; culture and valuing people; data to knowledge; learning, improvement and research and whole-systems perspective**
- Maturing and embedding the quality management system takes time, vision, ambition, and an active commitment to learning and improving

7. Quality Standards

- 7.1 Section 47(1) of the 2003 Act permits the Welsh Ministers to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Ministers are required to keep the standards under review and may publish amended statements whenever it considers appropriate. The last standards were published under this provision in April 2015.²³
- 7.2 Section 47(4) of the 2003 Act (as amended by Part 2 of the 2006 Act) requires that the standards set out in statements are to be taken into account by a Welsh NHS body in discharging its duty of quality in the 2006 Act. Accordingly, there is an inextricable relationship that exists between the duty of quality and the standards issued under section 47(1) and such standards should therefore align with and support the duty of quality. In developing the Duty of Quality Guidance and reviewing the April 2015 Standards the Welsh Ministers have withdrawn the Health and Care Standards (April 2015) and replaced them with the Quality Standards 2023 (i.e. the six domains of quality and the five quality enablers) as set out in section 6 of this guidance. This change is being made as the introduction of the Duty of Quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in health. The domains as described in this guidance are widely used in health care and are being implemented in the wider Welsh health system. Feedback from stakeholders indicates the 2015 Standards are overly detailed, often secondary care specific and limited in their relevance to the wide range of services provided by the integrated health boards. The new Quality Standards 2023 are designed to simplify the requirements and be flexible with the wide remit of the Duty of Quality.
- 7.3 Health Inspectorate Wales (who exercise functions on behalf of the Welsh Ministers) will also have to take these standards into account for the purpose of undertaking reviews and investigations relating to Wales under section 70 of the 2003 Act. Therefore, the six domains of quality together with the five quality enablers provide a high-level framework for describing, implementing and monitoring the duty of quality, as well as comprising the high-level Quality Standards 2023 that people in Wales can expect when they access health services.
- 7.4 The Quality Standards 2023 provide a structure on which to implement the duty of quality, whether at a national policy level or by service providers. NHS bodies should be aware that whilst the standards issued under the 2003 Act relate to the provision of “health care” by and for Welsh NHS bodies, the duty of quality applies to the exercise of all functions in relation to the health service. Accordingly, the six domains of quality and the five quality enablers have a far wider remit in the context of the duty of quality as a whole and will be relevant in all clinical and non-clinical services and settings.

²³ [Health standards framework english \(wales.nhs.uk\)](https://www.wales.nhs.uk/health-standards-framework-english)

- 7.5 It should be noted that A Healthier Wales introduced 'quality statements' to describe the outcomes and standards expected in high quality, person-focussed services, setting out the ambitions to be delivered consistently across Wales.
- 7.6 This was further described in the National Clinical Framework. It explained that quality statements will set out the policy expectations for the future planning and accountability arrangements for the NHS in Wales.
- 7.7 The expectation is that service specifications will be developed through the NHS Executive structures to form the NHS response to quality statements in due course.

Key messages

- **Welsh Ministers have a duty to review standards issued under section 47 of the 2003 Act and may publish amended statements of standards whenever it considers appropriate**
- **The Health and Care Standards (2015) are withdrawn and replaced with the six domains of quality and five quality enablers collectively called the Quality Standards 2023 to reflect the inextricable relationship between the duty of quality and the standards**
- **The new Quality Standards 2023 simplify the framework so it can be widely and flexibly applied and also directly align the standards to the duty.**
- **The six domains of quality and five quality enablers set out the high-level standards that people in Wales can expect when they access health services**
- **The wide remit of the six domains of quality and five quality enablers is intended to provide a structure on which to implement the duty of quality whether at national policy level or by service providers and are intended to apply to all clinical and non-clinical services and settings**
- **Quality statements were introduced in 'A Healthier Wales'; they set out policy direction and expectations. Service specifications will be developed as the NHS response to the quality statements. This will be coordinated through the NHS Executive structures in due course**
- **It is anticipated that the duty of quality through the six domains of quality and five quality enablers will complement each other to ensure a collaborative approach to improving the quality of our services to achieve better outcomes for the population**

8. Meeting the duty of quality

8.1 The duty of quality requires:

8.1.1) Welsh Ministers to exercise their functions in relation to the health service with a view to securing improvement in quality of health services.

8.2 Each Local Health Board, NHS Trust and Wales-only Special Health Authority to exercise their functions with a view to securing improvement in the quality of health services. This means that the duty of quality requires the Welsh Ministers (in respect of its functions in relation to the health service) and NHS bodies (in respect of all its functions) to:

8.2.1) Ensure that all strategic decisions are made through the lens of improving the quality of health services and outcomes for the population.

8.2.2) Exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis.

8.2.3) Actively monitor progress on the improvement of quality services and outcomes and routinely share this information with their population.

8.2.4) 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.

8.2.5) 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 and improving environment; and Create a culture of quality within organisations.

8.3 NHS bodies will have regard to the Quality Standards 2023 described in this guidance and issued under section 47(1) of the 2003 Act.

8.4 Furthermore, there are six steps that an NHS body should take to plan, deliver and sustain the necessary focus on improving quality, which should be underpinned by a clear understanding of what good quality looks like for the organisation²⁴:

8.4.1) Securing Board support

The Board has collective responsibility for ensuring the duty of quality is delivered and they must demonstrate this in their actions and behaviours. They must demonstrate their long-term commitment to improving quality when setting

24 The Health Foundation (2019) The improvement journey: Why organisation-wide improvement in health care matters, and how to get started <https://www.health.org.uk/publications/reports/the-improvement-journey>

the strategic direction and seeking assurance of delivery. This should be underpinned by a willingness and financial support to develop the skills and infrastructure for implementation. The Board should prioritise national and regional initiatives along with recommendations that fit the organisation's way of working. The Board needs to ensure they adhere to the duty of quality in their decision-making and seek assurance with regard to decisions made by others.

8.4.2) Assessing readiness

There needs to be system-wide understanding of what good quality looks like for the broad range of services. NHS bodies should understand their 'readiness for change' to be clear about where the capability gaps are and have a plan to address them. They should use regular assessments, investigations and measurement over time to identify areas to improve quality. The NHS body should consider psychological readiness in addition to having the infrastructure, governance, system understanding and leadership in place for change.

8.4.3) Securing wider organisational buy-in and co-creating a vision

NHS bodies should create a compelling vision for improved quality that is recognised and intrinsically motivates staff at each level of the organisation. A culture of distributed leadership gives staff at all levels the permission, opportunity and confidence to test new ideas to improve quality that are aligned to the organisation's vision. Leaders should champion improvements in quality that are strategically aligned, driven and owned by the teams responsible for delivering health services.

8.4.4) Developing improvement skills and infrastructure

NHS bodies need a systematic approach to managing quality that includes building improvement capability to ensure teams at each level of the organisation have the general and specialist improvement skills needed. This should be accompanied by a suite of measures and a system that collects, analyses and feeds back on the impact of the improvements. Standard operating models to standardise core processes and activities should also be developed to address variations in quality.

8.4.5) Aligning and coordinating activity

NHS bodies need to ensure that initiatives to improve quality are consistent with their overall strategy and mission and barriers are identified and unlocked. A leader with oversight of all the organisation's activity should ensure that all strands of activity align over time. They should ensure that learning from success and weaker areas continue to shape the improvements in quality that are required.

8.4.6) Sustaining an organisation-wide approach

NHS bodies must invest in maintaining the momentum for improvements in quality and recognise that this is a longer-term journey. A focus on early wins shifts to the challenge of maintaining success and continuing to engage staff and stakeholders, with the Board managing expectations and supporting staff to maintain a focus on improvements aligned to the organisation's purpose. The Board should seek assurance that quality improvement activities are sustainable with appropriate assurance mechanisms to maintain the improvements.

8.5 Examples of awards or certification programmes that recognise organisations for their quality efforts will be available in supporting resources. These examples will act as a helpful roadmap for NHS bodies to work through these six steps of the improvement journey.

Key messages

- **Welsh Ministers must exercise their functions in relation to the health service with a view to secure improved quality of health services**
- **NHS bodies must exercise its functions with a view to securing improvement in the quality of health services**
- **Welsh Ministers and NHS bodies will need to ensure that strategic decisions are made through a quality lens**
- **Welsh Ministers and NHS bodies must exercise their functions in a way that considers improvement in quality and outcomes on an ongoing basis**
- **The focus must be on improving the quality of services and outcomes for the population**
- **NHS bodies should develop their quality management system and create a culture of quality within their organisations**
- **There are six steps an NHS body should take to plan and sustain the focus on improving quality, underpinned by a clear understanding of what good quality looks like for the organisation. These are:**
 1. **Securing Board support**
 2. **Assessing readiness**
 3. **Securing wider organisational buy-in and co-creating a vision**
 4. **Developing improvement skills and infrastructure**
 5. **Aligning and coordinating activity**
 6. **Sustaining an organisation-wide approach**

9. Quality reporting requirements

- 9.1 The Welsh Ministers are required to publish an annual report on the steps they have taken to comply with the duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps, and the Welsh Ministers must lay a copy of the report before the Senedd.
- 9.2 Each Local Health Board, NHS Trust and Wales-only Special Health Authority is required to publish an annual report on the steps it has taken to comply with the duty to exercise its functions with a view to securing improvement in the quality of health services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps. This section of the guidance provides detail on the requirement to publish an annual report, the evidence to be used in support of an assessment and in the conduct of an assessment.
- 9.21 The annual report allows actions taken by Welsh Ministers and NHS bodies and quality improvements to be monitored transparently. NHS bodies should describe the progress and challenges on their quality journey to their population and stakeholders. Quality reporting needs to be meaningful for NHS bodies, their stakeholders and our population if it is to optimise real time learning, improvement and sharing opportunities. Quality reporting should also reflect the breadth of the domains of quality, quality enablers and quality management system within its structure and content.
- 9.3 In addition to the annual reporting requirement, it is proposed that NHS bodies develop a so-called ‘always on’ reporting mechanism. ‘Always on’ means that organisations collate, monitor and make information about the quality of their services readily available to their population.
- ‘Always on’ reporting requires organisations to have a whole system approach to the routine use of information across their quality management system. ‘Always on’ encourages recognition and sharing of good practice and early escalation and intervention when signals suggest that action is necessary.
- 9.4 NHS bodies may choose to use various qualitative and quantitative data and information to support their quality reporting duty. They should focus on information that will demonstrate the duty of quality in decision-making, action taken following learning, quality improvement and ultimately, improved outcomes for the population. The six domains of quality, five quality enablers and quality management system components provide a quality report structure.
- 9.5 It is recognised that there is already significant work underway across the health system relating to indicators and measures. The intention is that NHS bodies

will make use of information and reporting mechanisms already in place wherever possible. They will need to adopt an agile approach to mature their quality report as outcome measures develop, aligned to the six domains of quality and five quality enablers.

- 9.6 The annual quality report is intended to summarise and reflect an NHS body's progress to improve the quality of their services and population outcomes. It is anticipated that NHS bodies will sign-post readers to the information provided through the 'Always on' reports that outline learning and improvements that have been made at regular intervals through the year.
- 9.7 The annual quality report should include a look back at what has been achieved, including where things may not have gone well, together with a forward look about the organisation's quality priorities and ambitions for the upcoming year, alongside how progress will be monitored. There should be continuity between annual reports across subsequent years.
- 9.8 The annual quality report will describe what key strategic decisions have been taken by the NHS body, and how the duty of quality has informed these decisions.
- 9.9 The annual quality report should be prepared as soon as practicable after the end of each financial year. To streamline reporting requirements and reduce duplication, it is suggested that NHS bodies align the annual quality report to their Annual Report and Accounts process.
- 9.10 Additional information will be available in a supplementary reporting framework, as a supporting resource.

9.11 Examples of evidence to be used to assess the duty of quality and improvement in outcomes includes:

- 9.11.1) Existing performance, outcome and delivery indicators and measures from the QMS
- 9.11.2) Patient Reported Outcome Measures and Patient Reported Experience Measures (PROMS and PREMS)
- 9.11.3) Mortality data
- 9.11.4) Information contained within the Once for Wales Concerns Management System such as incidents and concerns
- 9.11.5) Patient and staff stories
- 9.11.6) Strategic decision-making that has been driven by the quality principles outlined in this guidance
- 9.11.7) Reports following external reviews or inspections by inspectorate and licensing bodies

9.11.8) Consideration of the recommendations and implications of significant national reports, for example, following national inquiries

9.11.9) It should be noted that this list provides illustrative examples and is not exhaustive

9.12 NHS bodies will conduct the assessment of the extent of any improvement in outcomes achieved through:

9.12.1) Self-assessment

9.12.2) Peer review and feedback

9.12.3) National clinical audit

9.12.4) Internal audit

9.12.5) External review, for example, Wales Audit Office

9.12.6) Inspections, for example, Healthcare Inspectorate Wales

9.12.7) It should be noted that this list provides illustrative examples and is not exhaustive

9.13 Information about the provision of services through the Welsh language should be included in quality reports. Uptake of the Active Offer and capturing people's experience through patient and staff stories provide monitoring opportunities through quality reporting requirements.

9.14 It is important to ensure that UK General Data Protection Regulation (UK GDPR) is adhered to when accessing and processing information to prepare for the duty of quality reports.

Key messages

- **Welsh Ministers and NHS bodies must exercise their functions with a view to secure improved quality of health services**
- **Welsh Ministers and NHS bodies must publish an annual quality report that sets out the steps they have taken to secure improved quality of health services**
- **The annual quality report must include an assessment of the extent of any improvement in outcomes achieved**
- **This Guidance sets out information about the conduct of this assessment and evidence to support it, as well as the requirement to submit an annual report**
- **Annual quality reports must be a transparent reflection of progress and challenges on the quality journey. Forthcoming quality priorities and how they will be monitored should be set out**
- **The annual quality report must assess any improvement in outcomes**
- **It should demonstrate how the duty of quality has informed strategic decision-making**
- **It should outline action taken as a result of learning and describe how that has been shared**
- **The annual quality report should be prepared as soon as practicable after the end of the financial year to coincide with the Annual Report and Accounts process**
- **It is recognised that data to support the quality reporting process is a developing area and it will take time for a suite of outcome measures to be in place. Therefore, an agile approach to use of indicators and measures will be required**
- **In addition to annual quality reporting, NHS bodies are encouraged to develop an ‘always on’ reporting process where they collate, monitor and share quality information with their population at regular intervals during the year**
- **‘Always on’ reporting promotes routine use of information to inform decision-making and quality improvement. It helps with recognition and sharing of good practice as well as allowing early escalation and intervention when action is necessary**

10. Decision-making, monitoring and assurance

- 10.1 The duty of quality requires the Welsh Ministers and NHS bodies to think and act differently by applying the concept of quality across all functions within the context of the health services and health needs of their populations.
- 10.2 The duty requires quality-driven decision-making and planning to ultimately deliver better outcomes for all people who require health services. It means involving people in decisions that affect them and balancing short-term needs with planning for the longer-term; it requires action to prevent problems occurring or getting worse.
- 10.3 It needs a system-wide approach with acknowledgement that the duty of quality is a collective responsibility.
- 10.4 The focus of the duty of quality is on learning and improving, not on punitive sanctions when those to whom the duty applies fall short in their implementation of it.
- 10.5 However, NHS bodies must consider how effective implementation and monitoring of the duty of quality can be integrated into existing corporate governance frameworks, processes and procedures. This includes existing performance and quality reports.
- 10.6 When designing or introducing new structures and processes it will be necessary to embed the duty of quality within them.
- 10.7 When considering review processes and assurance mechanisms they must also take account of the duty of quality. This includes, for example, planning of the annual internal audit and clinical audit programmes.
- 10.8 In respect of NHS bodies, the Board will be required to seek assurance that the duty of quality is being appropriately discharged as a system-wide and collective responsibility. As such, it is for all committees to report to the Board regarding the duty of quality; it is not only for the quality and safety committee.
- 10.9 In seeking assurance in NHS bodies, the committees will look to ensure that sustainable quality improvement is being made and quality improvements are maintained.
- 10.10 When the Board considers and agrees the Board Assurance Framework and strategic risk register, it will also have due regard to meeting the duty of quality.
- 10.11 Implementation of, and compliance with the duty will be scheduled for discussion at quality and delivery group meetings between Welsh Government and individual NHS bodies, the national quality and delivery group and will inform the Joint Executive Team (JET) meetings and the Minister for Health and Social Service's appraisals with the Chairs of Health Boards, Trusts and Special Health Authorities.

- 10.12 The Welsh Government will monitor the content of annual quality reports alongside other sources of information which will help triangulate the application of the duty across policy areas.
- 10.13 Compliance with the duty will also form part of the matters considered by Healthcare Inspectorate Wales (HIW) when inspecting and reviewing the provision of health care.
- 10.14 The annual quality report and ‘always on’ approach provides information to the public, the Welsh Government and other key partners about the duty to ensure transparency and accessibility to information about the implementation of the duty of quality.

Key messages

- **The duty of quality requires Welsh Ministers and NHS bodies to ensure quality-driven decision-making and planning is in place to ultimately deliver better outcomes for all people who require health services**
- **Quality needs to be system-wide; applied across all clinical and non-clinical services within the context of the well-being and health needs of the population**
- **The focus is on learning and improvement rather than punitive sanctions when the duty of quality has been compromised**
- **The duty must be integrated into existing corporate procedures, including but not limited to, planning, performance, quality, Internal Audit reviews**
- **It must be embedded within all structures and processes that are established**
- **The Board will be required to seek assurance that the duty of quality is being appropriately discharged as a system-wide and collective responsibility**
- **The Board will need to seek assurance that sustainable quality improvement is being made, with appropriate assurance mechanisms in place to ensure that quality improvements are maintained**
- **When the Board considers and agrees the Board Assurance Framework and strategic risk register, it will also have due regard to meeting the duty of quality**
- **Compliance with the duty of quality will be monitored. It will be integrated into existing monitoring mechanisms. The various monitoring mechanisms across the health system must embed the duty of quality within their processes**
- **The annual quality report and ‘always on’ approach will be integral to the monitoring process to ensure the duty of quality is being delivered**

11. Welsh Language

- 11.1 It is recognised that health services in Wales are delivered within a bilingual nation.
- 11.2 More than just words is the Welsh Government's plan to strengthen Welsh language provision in health and social care. Its aim is to support Welsh-speakers to receive services in their first language, because receiving services in Welsh should be an integral part of person-centred care.
- 11.3 The ambition is to Actively Offer people their care in Welsh. It is the responsibility on health and social providers to offer services in Welsh rather than people having to request it.
- 11.4 Being able to access services in the Welsh language makes a significant positive difference to the quality of the overall experience and health and well-being outcomes for many Welsh-speakers.
- 11.5 People have reported that it can be difficult to access services they need in the Welsh language and can feel reluctant to ask if Welsh-language services are not offered.
- 11.6 The Welsh Government's plan to strengthen the provision of Welsh language in health and social care aligns to the duty of quality. It is important for Welsh language considerations to be embedded in culture and leadership, quality planning, supporting and developing the skills of the workforce and sharing best practice through an enabling approach.
- 11.7 Welsh language requirements must also be considered through the lens of the six quality domains and as an integral component of the quality management system.
- 11.8 Welsh language must also be included in quality reports. Uptake of the Active Offer and capturing people's experience through patient and staff stories provide monitoring opportunities through quality reporting requirements.

Key messages

- **Being able to access services in the Welsh language makes a significant positive difference to the overall experience for many Welsh-speakers**
- **Being able to access services in the Welsh language can improve the quality, safety and outcomes for Welsh-speakers**
- **Welsh language considerations must be embedded in the culture of quality**
- **Welsh language responsibilities must be embedded in quality reports**

12. Conclusion

- 12.1 The fundamental intention of the duty of quality is to build on the positive culture of quality at the heart of the Welsh health system.
- 12.2 The duty of quality strengthens system-wide decision-making, action, improvement with the intention of ultimately improving outcomes for the population.
- 12.3 The duty of quality applies to Welsh Ministers with regards to their health-related functions and NHS bodies (Local Health Boards, NHS Trusts and Special Health Authorities that operate on a Wales-only basis).
- 12.4 The duty of quality does not directly apply to primary care services or non-NHS providers of health services. The NHS body that directly provides or commissions the service holds the duty of quality responsibility.
- 12.5 Whilst accountability for implementing the duty of quality ultimately rests with the Welsh Ministers and Chief Executive of an NHS body, responsibility for operational implementation and oversight may be delegated to appropriate leaders.
- 12.6 Implementation of the duty of quality is a collective responsibility. It applies to everyone in clinical and non-clinical services, including Welsh Government policy makers.
- 12.7 The guidance provides a definition for quality. It outlines a framework through which quality can be assessed and improved using the six domains of quality and five quality enablers. The domains and enablers in turn support the maturing of our quality management systems.
- 12.8 The quality domains and enablers are high level aspirations that describe what people in Wales can expect when they access health services. To directly align the standards with the duty as well as the wider quality management system, the Health and Care Standard (April 2015) are being removed and replaced with the quality domains and enablers in this guidance collectively called the Quality Standards 2023.
- 12.9 There are several steps an organisation should take to prepare to meet the duty of quality²⁵.
- 12.10 Welsh Ministers with regards to their health-related functions and NHS bodies will be placed under a duty to report on the steps they have taken to comply with the duty of quality on an annual basis.

²⁵ The Health Foundation (2019) The improvement journey: Why organisation-wide improvement in health care matters, and how to get started <https://www.health.org.uk/publications/reports/the-improvement-journey>

- 12.11 NHS bodies should develop a so-called 'always on' reporting mechanism to provide timely information about the quality of their services to their population.
- 12.12 Welsh Ministers and NHS bodies must ensure the effective implementation and monitoring of the duty of quality. It must be integrated into existing governance frameworks, processes and procedures with regular updates to the relevant committees and board meetings for assurance purposes.
- 12.13 Welsh language considerations must be embedded in the culture of quality.
- 12.14 It is acknowledged that culture change takes time. Developing the infrastructure to progress 'always on' quality reporting with appropriate outcome-focused measures will need to be an agile and iterative process. The duty of quality is closely aligned to other policy areas that are developing over different timeframes; this has influence over the implementation of the duty.
- 12.15 Essentially however, principles of quality improvement methodology will need to be robustly in place for Welsh Ministers and NHS bodies to build quality as a broad system-wide way of working that is embedded in a culture of continuous learning and improvement.
- 12.16 Our active and heightened efforts to ensure a relentless focus on quality and safety, as a priority above all else, are needed more than ever in the history of the NHS.



GIG
CYMRU
NHS
WALES

Y Weithrediaeth
Executive

Annual Quality Reports 2024/25

Review & Learning

Andy Long – Quality Assurance

Review Process

Step 1

NHS Exec sought annual reports online to test ease of access

Organisations provided the NHS exec with copies of reports where required

Step 2

The NHS Exec conducted a review of all quality annual reports to identify what had worked & what had not worked

Step 3

National workshop session with representatives from all organisations for them to identify what worked well/what did not work well/what will they do differently next time

Learning identified to take forward into the 2024/25 Quality Annual Reports

Review of Duty of Quality Annual reports 2023/24

What worked well - Review

All organisations completed a published annual quality report

Some good use of infographics across the reports

Many reports were structured around the new quality standards

Some took the opportunity to embed short videos

Some reports included the use of patient stories

Strong internal collaboration, coordination and buy in at senior levels

Effective internal resourcing to support the development of the reports

What did not work well - Review

Reports very long – average of 50 pages across all reports

Quite technical in focus – key audience is Wales citizens.

Reports very much reflected being of benefit to internal audiences – NHS/WG

Not all reports were easily accessible – hard to find on organisation websites

Not enough use of patient stories across the reports

Constructing the reports often collided with other annual report writing – competing priorities for Q&S teams

First time and often no critical friend to help guide and steer the content and format of the reports – no template to follow

Translating the reports challenging – citizens voice

What would you do differently next time - Learning

Think more about the primary target audience – citizens

Use more visuals to help make reports an easy read and drawing the audience into key focus areas – learn from the big 5 audit companies

Use peoples experience feedback more – learning from complaints/experience surveys etc.

Collaborate more with organisations like Llias to help advise on how best structure reports best for citizens

Engage with comms teams to help create more visual reports

Gain an understanding on how many times the 2023/24 reports have been accessed and get feedback

Next Steps



National DoQ Network to transition to a community of practice.



The community of practice agreed an early focus will be a peer support process to constructing the 2024/25 Quality Annual reports using the learning identified & sharing best practice.



Accessible & easy to understand 2024/25 Quality Annual reports for the citizens of Wales.