NHS Gloucestershire ICS Quality Framework

2022 to 2025

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Quality in the ICS

Everybody has a right to feel safe and to have confidence in the services commissioned or provided by NHS Gloucestershire Integrated Care System (ICS).

The NHS organisations involved in the ICS have a statutory duty to secure continuous improvement and must assure themselves that the services they commission or provide are of an appropriate quality and that they have robust mechanisms to intervene where quality and safety standards are not being met.

We know that Gloucestershire residents are able to access reasonably high quality, safe healthcare; indeed, the Care Quality Commission has rated both main providers as 'Good'. In Primary Care settings, residents can also access good quality GP services, most of which are rated as either 'Good' or 'Outstanding'. Those services not yet meeting the highest rating are actively challenging themselves to improve.

As the ICS draws people and organisations together, everybody is committed to reducing unwarranted variation so that wherever people access services, they can expect the same high quality, safe services across the county.

This framework sets out our ambition to secure the highest quality care possible as we emerge from the Covid-19 pandemic. While this document is intended to last for three years, due to the changing nature of the NHS, it will be reviewed annually. It encompasses all the work to be undertaken by the system partners (the Partners) within the ICS to ensure that statutory obligations continue to be met, sustainable quality improvements in healthcare are promoted and monitored and where necessary, appropriate interventions take place to safeguard quality now and for the future.

The National Picture

Over the last 25 years, there have been a number of national initiatives, policies and reports which have outlined the key responsibilities of the NHS in driving improvement in the quality of care, often in response to incidents or inquiry. Models often share ambition but use different language or concepts to formulate frameworks or strategy. As the Health Foundation noted in their 2016 report 'A Clear Road Ahead'[1] *there is no ideal model of what a quality strategy should look like.*

Our Gloucestershire ICS Quality Framework has been informed by various key publications. Notably:

- The Next Stage Review (2008)
- Quality in the New Health System (2013)
- Five Year Forward View (2014)
- The 6 Cs (2014)
- Shared Commitment to Quality (2016)
- Long Term Plan (2019)
- National Quality Board ICS Position Statement (2021)
- National Quality Board Guidance on System Quality Groups (2021)

While all of these documents put forward slightly different views on quality, they share many similarities around definition and the importance of Quality.

Our Definition of Quality

NHS Gloucestershire basis it's definition for Quality on the 2014 NHS Five Year Forward View. Taking the original NHS focused definition, we have widened references to ensure it speaks to the whole ICS:

The definition of quality in health & social care includes three key aspects: safety, effectiveness and experience. A high quality health & social care service exhibits all three.

However, achieving all three ultimately happens when a caring culture, professional commitment and strong leadership are combined to serve patients, citzens, staff and volunteers.

[1] AClearRoadAhead.pdf

The Principles of Quality

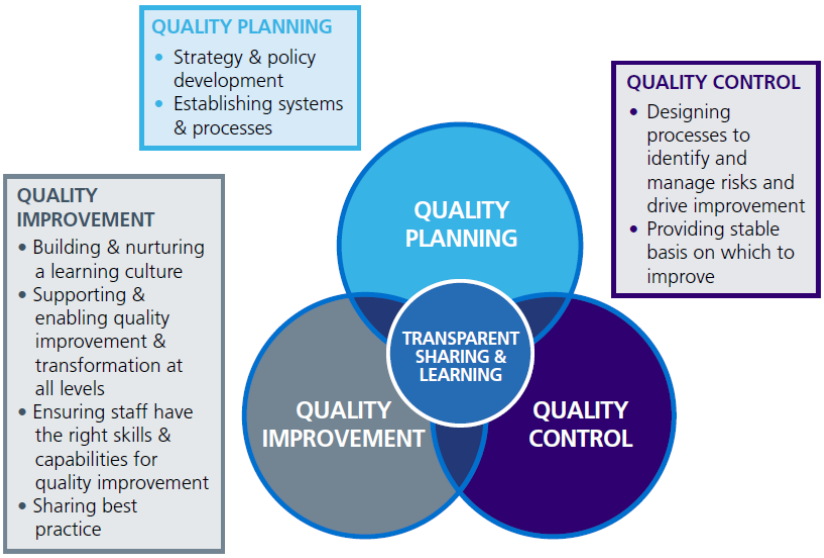
The most recent publication from the National Quality Board (NQB) set direction for Quality in Integrated Care Systems (ICS), with an aim to support delivery of the Long-Term Plan's ambition for Quality in the NHS. They have set out a position statement detailing principles and operational requirements:

	Principles	Consistent operational requirements
	**1. Quality is a shared commitment**	**1.** A designated executive clinical lead for quality, including safety, in the ICS, and clinical and care professional leadership embedded at all levels of the system.
	**2. Population focused vision**	**2.** A clear vision and credible strategy to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement and assurance functions to deliver care that is high-quality, personalised and equitable.
	**3. Coproduction with people using services, the public and staff**	**3.** A defined governance and escalation process in place for quality oversight – covering all NHS commissioned services and those commissioned jointly by the NHS and local authorities (included devolved direct commissioning functions)[5] and formally linked to regional quality oversight arrangements (Quality Committees / Joint Strategic Oversight Groups).
	**4. Clear and transparent decision-making**	**4.** An agreed way to measure quality, including safety, using key quality indicators triangulated with intelligence and professional insight, which is reported publicly and transparently at Board-level to inform decision-making and effective management of quality risks. Evidence must show that this is also mirrored by tracking of local metrics within services to inform progress and improvement.
	**5. Timely and transparent information-sharing**	**5.** A defined way to engage and share intelligence on quality, including safety – at least quarterly and delivered through a System Quality Group (refreshed Quality Surveillance Group), at least initially. This will not replace existing statutory responsibilities.
	**6. Subsidiarity**	**6.** A defined approach for the transfer and retention of legacy organisation information on quality in accordance with the Caldicott Principles.

Gloucestershire ICS will adopt these principles in delivering our overarching quality and safety responsibilities.

The Functions of Quality

The NQB has also set out three core quality 'functions' that need to be delivered by systems:



Central to these three functions are the principles of open sharing and learning. When delivered effectively, these functions work together in an integrated way to ensure that systems can:

- Identify and monitor early warning signs and risks to Quality
- Plan and coordinate transformation locally and at a system level
- Deliver ongoing improvement of quality experience and outcomes

This is the latest in a long history of setting out principles and systems for the management and development of Quality, which is based on the Juran Trilogy put forward in 1986 as a means to manage quality.

Gloucestershire ICS will use these functions to arrange how we manage Quality.

Improving Quality

In 2017, as part of the Five Year Forward view, the National Quality Board put forward seven steps to improve quality, which had been developed from the Health foundation's publication 'A Clear Road Ahead'.

These seven steps set out what all of us need to do together to maintain and improve the quality of care that people experience.

1.	**Setting clear direction and priorities** based on evidence.
2.	**Bringing clarity to quality,** setting standards for what high-quality care looks like across all health and care settings.
3.	**Measuring and publishing quality,** harnessing information to improve care quality through performance and quality reporting systems.
4.	**Recognising and rewarding quality.**
5.	**Maintaining and safeguarding quality.**
6.	**Building capability,** by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement.
7.	**Staying ahead,** by developing research, innovation and planning to provide progressive, high-quality care.

Gloucestershire ICS will follow these seven steps as we design Quality systems.

Local Development

ICS working is new to all parts of the NHS in Gloucestershire. We recognise that while the National Quality Board has set direction, we need to respond in a way that brings together system subject matter experts to discuss arrangements and help partners form views that are meaningful for Gloucestershire. We did by forming nine workstreams:

- Effectiveness
- Patient Experience
- Patient Safety
- Quality Assurance
- Governance, Oversight and Legacy
- Information and Data
- Infection Prevention and Control
- Medicines Optimisation
- Research and Development

These workstreams were asked to consider the opportunities the ICS brings, how the ICS could arrange itself and respond to emerging changes in the NHS landscape.

Across all workstreams, one central theme emerged; that **Quality and its constituent parts are a philosophy**. While we might organise ourselves through providers, commissioners or groups to deliver assurance and improvement, **the key to enabling success of the philosophy is through culture and leadership.**

This supports the NHS Gloucestershire definition of Quality. It also supports the existing CCG Quality Framework developed in 2019. This was arranged around the themes of Quality Improvement, Assurance, Intervention and Leadership.

How we organise ourselves

In order to deliver the NQB principles and functions of quality, as well as the local themes and principles, we will align ourselves to the three overarching 'pillars' of Quality:

- Experience
- Safety
- Effectiveness

As the ICS reach is further than just 'patients' this term has not been included. At system level three groups will be constituted from providers, commissioners and other interested parties to lead on a particular field.

The **System Experience Group** will

- collaborate across providers and settings
- use agreed data sets to measure, learn and assure
- work across pathways rather than focus on providers
- ensure the culture of experience is embedded across the ICS
- will simplify and combine patient facing service wherever possible and practicable

The **System Safety Group** will

- Oversee the implementation of PSIRF at system level
- Help the system by being proactive
- Include digital safety
- Inspire safety culture across the ICS

The **System Effectiveness Group** will

- Understand standards we measure ourselves against
- Measure current provision against standards
- Describe variance
- Discuss and report why there are variants
- Work towards closing variance
- Challenge system partners to measure the benefit of our work to demonstrate the value

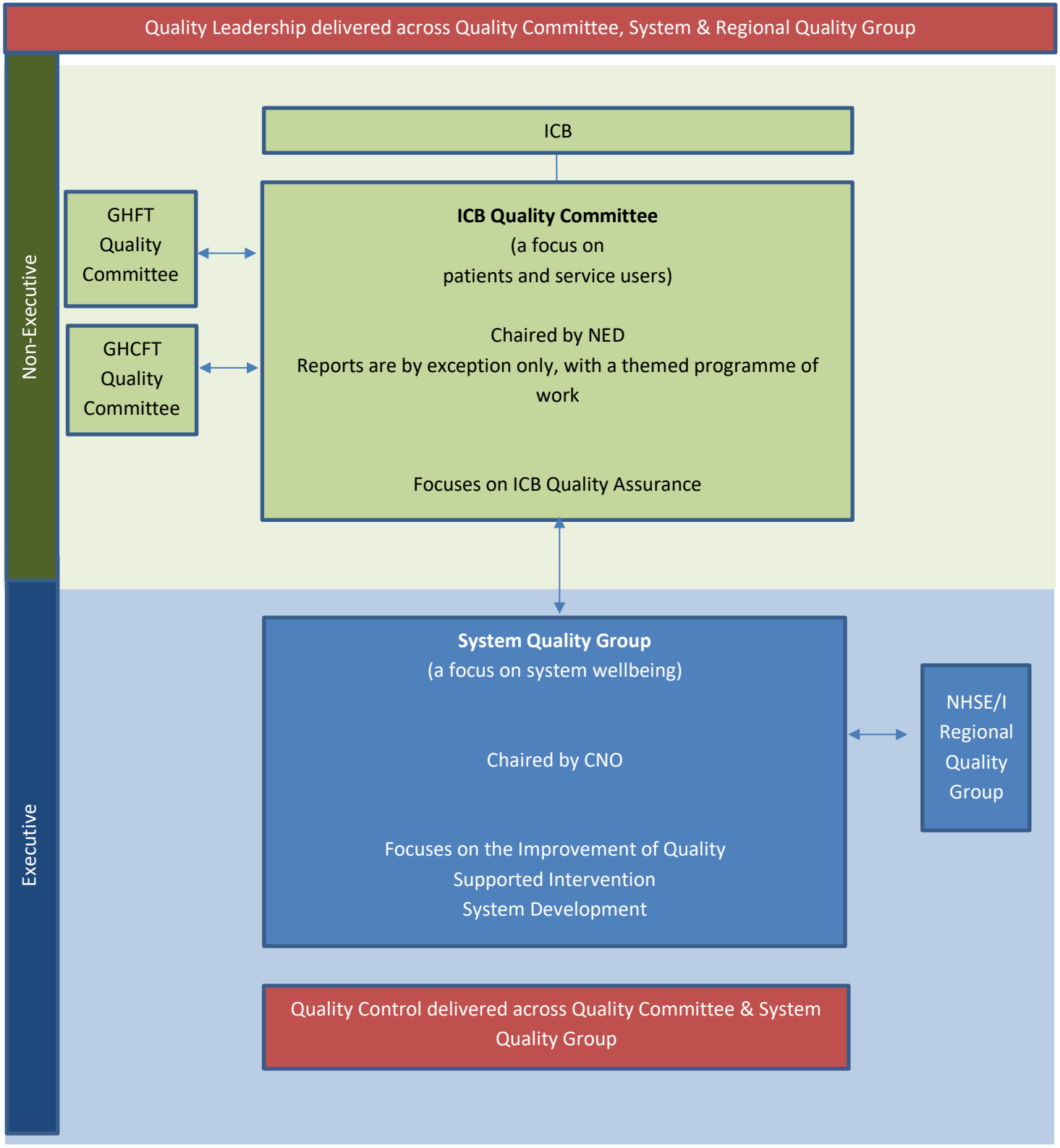
Each group will be chaired by a nominated system expert and will be accountable to the Integrated Care Board (ICB) Quality Committee, to whom they will provide assurance. A separate, but linked System Quality Group will also be established to focus on system wellbeing.

We will also formally adopt the existing ICS groups for Infection Prevention & Control, Anti-Microbial Stewardship(AMS) and Research4Gloucestershire, plugging them into formal governance structures. IPC will be linked with the Safety Group, AMS with Effectiveness and Research4Gloucesterhsire will be accountable directly to the Quality Committee.

Quality Control will be delivered across both Committee and Group, with Quality Leadership also reaching across both Commit and Group, and also the NHSEI regional Quality Group.

The diagram on the next page shows this in more detail.

Governance, Committee and Group Structure



ICB Quality Committee

The primary function of the ICB Quality Committee is to provide assurance of the Quality of care across the ICS, to the ICB. It will not duplicate the functions or agendas of provider Quality committees which remain the primary mechanism for them to assure each providers respective Boards. Assurance is achieved though:

- **Listen to voices of patients and public**

Intelligence from public will include information from GP Practices in day to day contact with patients to provide insight into the quality of local services, patient groups attached to Practices, Healthwatch, involvement networks and focus groups. Learning from complaints and results of the Friends and Family Test will also be used.

- **Triangulate data and intelligence**

The triangulation of qualitative and quantitative data to obtain a rounded view of services will include feedback from patient and public and intelligence gained from “Walking the Service”. Data will be drawn from provider supplied information and external regulators such as the CQC and NSHEI. The Quality Toolkit will be the core data set for the assurance of Quality.

- **Make use of the levers available**

Quality and outcome measures are built into contractual requirements and providers will be held to account for their delivery. The NHS National contract provides a framework through which the ICB will address quality concerns with individual providers.

- **Share concerns and take action**

When the ICS has concerns about the quality of any service, these will be shared with the provider and with the ICB, and through the systems Governance processes. If intervention is needed, this will be delivered in a supportive way through the System Quality Group.

Through the analysis, subsequent actions and reporting, the ICS will be given assurance that quality services are being maintained. A robust, contemporaneous Risk Register will be maintained, which will include all risks to the ICS, with mitigation measures being detailed and updated at least monthly.

Quality reports will be submitted by the system groups, to the ICB Quality Committee when required. These will include assurance on the system and providers statutory responsibilities.

Provider information will continue to be obtained through development and monitoring of quality schedules. Consistent quality indicators will be included within each contract and the schedules will include nationally mandated standards, CQUIN schemes and locally agreed standards.

Information, both hard and soft, which is received via complaints, PALS enquiries, Quality Alerts, Serious Incidents, safeguarding alerts and via other channels will be collated and managed through existing systems. This allows for triangulation of the information which in turn leads to the ICS Chief Nursing Officer being able to provide assurance (or instigate intervention if required) and to identify themes and trends which can be addressed, in order to drive quality improvement.

System Quality Group

System Quality Groups (SQG) are mandated by the National Quality Board. These groups will provide an important strategic forum within ICSs at which partners from across health, social care and wider can:

- routinely and systematically share and triangulate intelligence, insight and learning on quality matters across the ICS

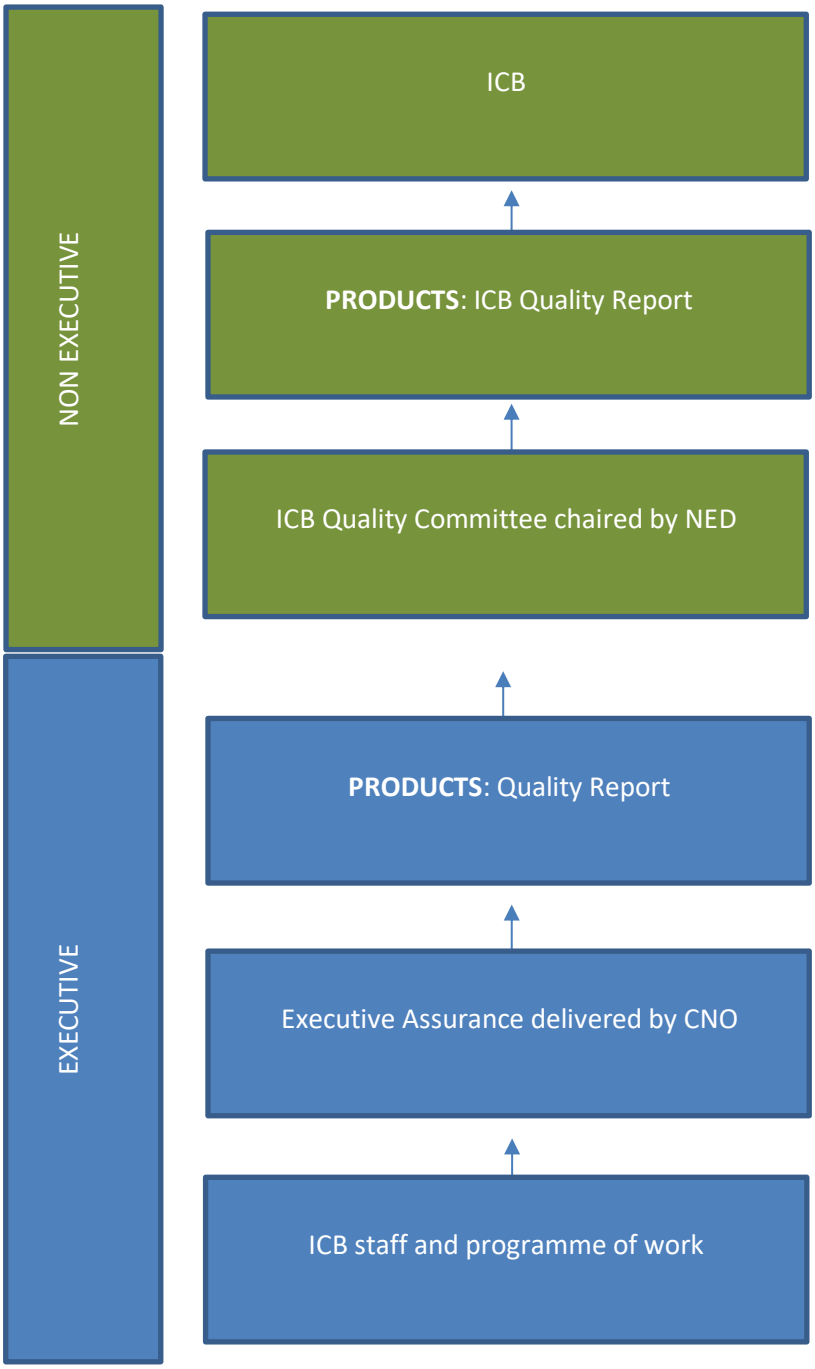
- identify ICS quality concerns/risks and opportunities for improvement and learning, including addressing inequalities. This includes escalating to the ICB, local authority assurance (eg safeguarding assurance boards) and regional NHS England and NHS Improvement teams as appropriate

- Develop ICS responses and actions to enable improvement, mitigate risks (respecting statutory responsibilities) and demonstrate evidence that these plans have had the desired effect. This includes commissioning other agencies, and using ICS resources, to deliver improvement programmes/solutions to the intelligence identified above (eg academic health science networks (AHSNs)/provider collaboratives/clinical networks)

SQGs are not statutory bodies and will not serve as the ICB's formal assurance committee for quality. This will be undertaken by the ICS Quality Committee. However, SQG discussions and scheduled reports will inform the process of assurance for the ICB. The ICB will received information and escalation form the SQG via the Quality Committee.

The SQG will be chaired by the ICB CNO.

How Quality Assurance information moves through the ICS



Intervention

The ICS CNO will receive information from numerous sources including external resources, provider information and information shared across directorates within the organisation. The analysis of this information will be carried out by the ICB Nursing and Quality Directorate in conjunction with the provider quality teams, who will analyse this information and present to System Quality Group and ICS Quality Committee. When adequate standards are not met the ICB may intervene in a supportive way. The level of intervention and support will be dependent upon the individual issue or nature of concern. This will be led by the SQG.

If there are significant concerns about a care provider we may inform the Care Quality Commission who have their own powers of intervention.

External information will be obtained from all, although not exclusively, of the following:

- Care Quality Commission
- NHS England/Improvement
- NHS Resolution
- Healthcare Safety Investigation Branch
- Quality Dashboards
- Clinical Networks and Senate;
- Best practice publications including NICE guidance, Technology Appraisals and quality standards
- Royal College and professional body publications
- Nursing and Care Quality Forum
- Audits
- Public websites, for example NHS choices which records patient and carer feedback on provider organisations
- Health care education establishments e.g. Deanery, UWE, University of Gloucestershire

Information produced by regulators of health care including the Care Quality Commission (CQC) and NHS EI will continue to be used to ensure providers act upon review findings and complies with expected standards. Reviews undertaken by any external regulator, peer reviewers or monitoring agency will also be used to inform key aspects of the service development function.

The ICS Quality functions will map escalation to the Oversight and Assurance Framework and will use the same levels of escalation:

1 . Normal Operations	2. Improvement Identified	3. Escalation	4. Serious Concern
Coordinate routine national submissions and queries Provision of routine monitoring and assurance Identify issues that trigger escalation	Assess issues and risk Assure production of robust recovery plans and monitor plans Identify issues that may trigger escalation Provide assurance on the corrective action taken by the ICS	Similar to non-routine actions but also exploring opportunities for linking into regional/national team support Identify issues that may trigger external escalation	ICS asks an arm's length body to step in In exceptional circumstances arm's length body would retain the right to notify the ICS that it will be intervening directly to take regulatory action.

Improvements in Quality

Improvements in Quality will be focused on the on-going development of care pathways and innovations developed in localities, ensuring that as new ways of working are explored, Quality and risk is a principle element in the prospective planning of new or amended services.

While Quality Improvement (QI) is fundamentally linked to the wider topic of Quality, responsibility for QI sits with the Strategy and Transformation directorate of the ICB. However, a key element of the role of all the Quality teams will be to keep ahead of the curve ensuring that new innovations or Quality requirements are received, shared and assimilated in the organisations and plans put in place to implement across all relevant organisations. This will be achieved through QI methodology supporting QI work already underway in stakeholder organisations through Gloucestershire Hospitals NHS Foundation Trust's Quality Academy and through the One Gloucestershire 'Quality Service Improvement Redesign' courses and approach.

In care homes and domiciliary care providers the ICB will help drive Quality Improvement in performance which will be monitored against agreed national specification enshrined within agreed contracts.

All service developments will include robust stretching quality indicators aligned to the Outcomes Framework, the ICS's priorities and ambitions.

We will promote involvement in Safety campaigns. Clinical effectiveness will be maintained by adopting best practice including the assessment and implementation of National Guidance, including NICE publications. The quality teams will continue to disseminate good practice though hosting learning events within any aspect of care.

Close links with education and the University will be maintained and developed. A focus on strengthening and improving professional healthcare education across all disciplines remains key to quality improvement.

Research and Development are key to enabling continue improvement. Research4Gloucesterhsire will be tasked with championing this and will form part of the SQG membership.

Outcomes

We recognise that the ICS needs to have a greater emphasis on system performance and quality outcomes than ever before.

We intend to develop an outcomes based approach which starts with the outcomes that are important to our patients and citizens. We will gather data and people's lived experience to establish baselines and will develop ways of measuring progress against population outcomes.

The idea of focusing on Outcomes links closely to the 'Effectiveness' element from our definition of Quality. As we review outcomes as part of our ICB assurance processes, we will need to answer three questions:

- How much did we do?
- How well did we do it?
- Did our work improve outcomes for patients and citizens?

By focusing on patient and citizen outcomes we can demonstrate the value we have added.

Leadership

The Quality Framework is underpinned by successful professional leadership.

Professional leaders will ensure that professional advice is available to all areas within the scope of the organisations. These leaders will continue to maintain external links with their professional bodies to ensure they remain abreast of new developments and disseminate this information within the organisation.

Leaders will also be responsible for sharing good practice and promoting the development of professional practice through local, regional and national networks, conferences and training events.

Leadership runs across all the elements of the Quality Framework and is pivotal to the success of the quality agenda. Our values align to the values of the '6 Cs'; Care, compassion, courage, communication, commitment and competence. The Quality leadership style of the ICS will continue to foster a culture of shared responsibility ensuring that all members of staff receive appropriate support and personal development in line with the corporate objectives.

The ICS Executive and Directors of each organisation will ensure that the structure within their areas of responsibility support the quality functions described in the framework with the expectation that all quality outcomes are delivered.