

NHS Gloucestershire

ICS Quality Strategy

Our ICS Journey of Quality

2022 to 2025

Version	Date	Author	Comment
0.1	14/02/22	Robert Mauler	First draft
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Introduction

As we prepare to become an Integrated Care System (ICS) in July 2022, this strategy sets out how we will work towards our shared commitment for a single vision for quality, based on the need to provide high-quality, evidence based, personalised care for all.

NHS Gloucestershire bases its definition for Quality on the 2019 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, citizens, staff and volunteers.*

This strategy sets out the key things we will do over the next three years across the three pillars of quality and the reasons why we will do them.

Our ICS Journey for Quality 2022 to 2025

*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, citizens, staff and volunteers.*

Introduction

Our ICS Journey for Quality is a strategy for all ICS system partners.

While each system partner will retain the ownership of their respective strategy's and frameworks, this document should be read as a collection of principles that support the work we all aspire to undertake.

Our continued aim is to weave Quality throughout the operation of the ICS.

This strategy document should be read in conjunction with the ICS Quality Framework.

Safety

In One Gloucestershire ICS 'Safety' refers to the quality of care which is delivered so as to avoid all avoidable harm and risks to an individual's safety. We want our system to be one people run towards not way from, which is appropriately resourced to be the best.

- We will have a culture of safety where discussion can happen in non-judgmental spaces. We will be innovative and brave in the approaches we take using effective evidence based learning to effect change
- We will create space to reflect and learn, supporting staff during and following events with a focus on civility, health and wellbeing and compassion.
- 'Safety' thinking will be built into design of pathways, patient perspective, clinician variation, technology support
- We will fully implement PSIRF across the ICS

Experience

'Experience' is what the process of giving and receiving care feels like for a patient, resident or service user, their family, staff and carers. When excellent staff experience is achieved, staff become inspired to be the best people they can be at work which in turn delivers the best service and care

- We will promote a culture that values experience and
- We will collaborate across providers and settings
- We will use agreed data sets to measure, learn, improve and assure
- We will work across pathways, not just providers
- We will promote a shared commitment to develop and embed the culture of learning from experience throughout the Health and Social Care community
- We will simplify and combine patient facing services wherever possible and practicable
- Service will be codesigned and coproduced wherever possible
- Patients will be able to recognise change as a result of sharing their experiences

Effectiveness

We believe the effectiveness of how individual services run, the way they work together and their impact on quality, should be the main objective of local systems.

- One Gloucestershire aims to do the right thing, at the right time, for the right patient
- We will continue to develop a culture where clinical effectiveness underpins the decisions we make
- Patients know the pathway they're on is the most effective it can be to achieve the best outcome
- We will utilise evidence, guidelines and standards to identify and implement best practice, working with CPGs on pathway development

Making It Happen

This is our commitment to follow through on our plans

- We will develop an ICS Quality Framework which all system partners support
- We will aim to develop a 'System Quality Account' that recognises the Quality priorities of partners and demonstrates our commitment to Quality.
- We will work closely with commissioning colleagues to embed 'Our Journey for Quality' in the work of the ICS
- We will work to ensure that Quality is seen as central to all of our work
- **We will adopt the 6 National Quality Board (NQB) Principles**
- **We will use the NQB Functions of Quality**
- **We will follow the National Quality Board 'Seven Steps' as we design Quality Systems**

Assurance, Data & Measurement

Strong, system wide, assurance process are central to understanding the three pillars of Quality.

While the formal process of 'Quality Assurance' is delegated by the ICB to the Quality Committee, system partners will use a range of evidence to provide confidence in the provision of care across the county.

- We will use the NHS Quality Toolkit as our core data source
- Provider Assurance become the formal assurance process (eg Quality Committee)
- ICB assurance will focus on environments and culture, asking are we capable of improving
- We will design our systems to enable people to do the right thing.
- We will triangulate risk across the ICS
- We will Stand down processes that don't add value
- Develop shared values where system partners can hold each other to account.

Recognising the past, focusing on the future

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.

- We will have due regard to what has gone before
- We will build on successes and look to the horizon
- As a whole system, we will be innovative and aim to be recognised as a leader of Quality and Safety amongst other ICSs.

Safeguarding

- We will work across the ICS to safeguard children, young people and vulnerable adults in Gloucestershire
- We will ensure we link to education and training and proactively build relationships
- As laid out in our policies and procedures, we will work within a series of principles that are equally applicable to the safeguarding of children, young people and adults, recognising that safeguarding is everyone's responsibility.
- We will ensure responsibilities are assigned to individual roles and fully support the Multi Agency Safeguarding Hub (MASH)

Innovation and Research

- We will establish a robust framework to enable and support research and development
- We will engender a culture of encouragement for research and innovation.
- We will strength the government arrangements of Research4Gloucestershire and recognise it as the ICS leader of research
- We will be more innovative through streamlined behaviours and processes, horizon scanning and encouragement to become early adopters where effective and appropriate.
- We will strengthen links with local universities to support the ICS

Experience

Historically known as 'patient experience' we recognise that 'experience' is wider than just being about patients.

Health and Social Care Experience

'Experience' is what the process of receiving care feels like for a patient, resident or service user, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care. The way that the health and care system delivers its care and support services – from the way the phone is answered, to the way the GP examines you or the nurse or social worker explains what is happening – has an impact on the experience the patient, resident or service user has. If safe care and clinical excellence are the 'what' of health and social care, then experience is the 'how'.

Starting with the patient, resident or service user, listening to their needs, and designing the experience to meet these needs is achievable and results in an environment where individuals feel cared for and supported.

Staff Experience

When excellent staff experience is achieved, staff become inspired to be the best people they can be at work which in turn delivers the best service and care. To achieve excellent staff experience employers must create an environment where staff can succeed, feel valued, supported, and encouraged.

WHY IS 'EXPERIENCE' IMPORTANT

- the impact of experience weighs heavily on organisational reputation
- experience is improved when people have more control over their care and the ability to make informed choices about their treatment
- there are strong links between experience, health outcomes and the cost of care
- the relationship between staff and patient/resident/service user experience is vital. (i.e. if patients are having a poor experience, then it has a negative impact on staff experience as well).

WHAT WE WILL ACHIEVE

What this means for patients

- I am a person not a number
- My carers and I am listened to
- I have a personal experience
- I am informed and have options
- I am supported
- I have continuity in my care
- My experience counts and I can see change as a result of my feedback
- Service as codesigned and coproduced with me wherever possible

WHAT WE WILL ACHIEVE

What this means for the system

- We will collaborate across providers and settings
- We will use agreed data sets to measure, learn, improve and assure
- We will work across pathways
- The culture of experience is embedded across the ICS
- We will simplify and combine patient facing services wherever possible and practicable
- Improved streamlined governance for ICB to assure itself

HOW WE WILL ACHIEVE IT

Areas for actions

- Constitute a System Task and Finish Experience Group
- Arrange an ICB wide workshop to develop ToR and programme of work
- Agree priority reporting
- Request technical/analyst support to analyse data sources.

Safety

In One Gloucestershire ICS 'Safety' refers to the quality of care which is delivered so as to circumvent all avoidable harm and risks to an individual's safety.

We will have a culture of safety where discussion can happen in non-judgmental spaces. We will be innovative and brave in the approaches we take using effective evidence based learning to effect change. Our approach will be one of continual learning, that places great importance on Human Factors.

We will create space to reflect and learn, supporting staff during and following events with a focus on civility, health and wellbeing and compassion.

Ultimately, we want our system to be one people run towards not away from, which is appropriately resourced to be the best.

WHY IS 'SAFETY' IMPORTANT

- 'First, do no harm'
- Develop trust, confidence and reputation
- Safety is a whole system priority
- We can actively demonstrate and reflect the behaviours we aspire to
- Teams will feel confident in work well done
- To create space to reflect and learn - support staff during and following events; civility, health & well-being, compassion.

WHAT WE WILL ACHIEVE

What this means for patients

- I know I won't come to harm
- If something does go wrong, I will be supported through the relevant processes in an open and honest way.
- My voice will be heard
- I will receive an apology where things have gone wrong, with assurance of learning and change, appropriate compensation where needed, but not at individual clinical expense
- Patient Safety Partners will be a voice for the patient

WHAT WE WILL ACHIEVE

What this means for the system

- We will develop a whole ICS view of Safety structures, systems and terminology so we can all talk and learn from each other
- Deliver innovation at pace, but safety
- Develop a culture of safety where discussions can happen in non-judgemental space.
- Properly integrated investigation of 'events' but in particular learning from excellence across the system.
- We will work across the Health and Care system to create an environment where patients feel safe.
- Cross pollination of intelligence and learning

HOW WE WILL ACHIEVE IT

Areas for actions

- Move to a person centred approach
- Implement Patient Safety Incident Response Framework (PSIRF)
- Safety thinking built into design of pathways, patient perspective, clinician variation, technology support
- appropriately resourced to aim to be the best
- Bring the principles of safety together across the ICS.

Effectiveness

We believe the effectiveness of how individual services run, the way they work together and their impact on quality, should be the main objective of local systems.

The core national components of effectiveness relate to:

- National Clinical Audits
- NICE Health and Care guidance, Quality Standards and Technology Appraisals, and
- Getting it Right First Time (GIRFT) reports.

Locally we will augment these to focus on how One Gloucestershire can build upon provider assurance processes to go further, taking system priorities and reviewing opportunities to look at effectiveness across pathways. Ultimately, our aim is our services should be in the upper quartile.

We will have a clear focus on outcomes and challenge ourselves to measure the benefit of our work, to demonstrate the value we deliver.

WHY IS 'EFFECTIVENESS' IMPORTANT

- One Gloucestershire aims to do the right thing, at the right time, for the right patient
- Key for system assurance
- Helps achieve system priorities
- Supports Quality Account requirements

WHAT WE WILL ACHIEVE

What this means for patients

- I know the pathway I'm on is the most effective it can be to achieve the best outcome
- I know the system is evaluating and finding ways to improve
- National standards are applied to my care

WHAT WE WILL ACHIEVE

What this means for the system

- Clear links to NHS Priorities
- Use data to inform our questions, which influences and underpins our decisions
- Find opportunities to look at CE across a pathway
- We will work across organisational boundaries

HOW WE WILL ACHIEVE IT

Areas for actions

- Whole system task and finish Effectiveness group
- Continue to build 'effectiveness' discussions into CPG approach
- Test a pathway approach to review and improving effectiveness.

Assurance

Strong, system wide, assurance process are central to understanding the three pillars of Quality.

While the formal process of 'Quality Assurance' is delegated by the ICB to the Quality Committee, system partners will use a range of evidence to provide confidence in the provision of care across the county.

Assurance process will be streamlined across system partners, but are influenced from across a wide spectrum of assurance mechanisms, including:

- Identifying and commissioning Independent Investigations including Mental Health Homicides where appropriate.
- Responding to Regulation 28 reports
- Responding to judicial reviews
- Supporting Controlled Drugs Assurance and Oversight
- Assuring effective complaint management within Trusts; managing complaints (future responsibility for primary care complaints TBC)
- Maintaining Whistleblowing and
- Freedom to Speak Up arrangements
- Reviewing provider Quality Accounts
- Overseeing Learning from Deaths policy
- Supporting Medical Examiners

WHY IS 'ASSURANCE' IMPORTANT

- Continual improvement
- Horizon scanning
- Balance responses to risk during periods of escalation
- Quality is a philosophy

WHAT WE WILL ACHIEVE

What this means for patients

- I know the NHS is open and transparent
- I receive high quality service which have been Quality Assured
- My lived experience is central to assurance processes

WHAT WE WILL ACHIEVE

What this means for the system

- We understand and triangulate risk
- Quality Priorities run throughout organisations
- We achieve all 'Must dos' & aim for the 'Like to Dos'
- We pre-empt future issues and look to horizon.
- We connect with colleagues
- ICB assurance will focus on environments and culture
- Provider Assurance become the formal assurance process (eg Quality Committee)
- Widen our view on what is assurance – not just a report.

HOW WE WILL ACHIEVE IT

Areas for actions

- A streamlined process of Quality Improvement, Quality Control and Quality Assurance.
- Develop a 'System Quality Account' with System set Quality Priorities
- Think of assurance across pathways
- Design our systems to enable people to do the right thing.
- Stand down meetings that don't add value – eg CQRG
- Develop shared values where system partners can hold each other to account.