BOB ICB BOARD MEETING

Title	Quality Assurance Framework		
8 Se	8 September 2023	**Board Meeting Date:**	19 September 2023
Purpose:	Assurance	**Agenda Item:**	10
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Executive Summary
Following the establishment of the Integrated Care Board in July 2022 work commenced to standardise and align the quality and safety oversight of our commissioned services, placing the experience and outcomes of our population at the core of our business. The Joint Forward Plan sets out a clear mandate that places the quality and safety of our services central to all we do.
The responsibilities and accountabilities of the quality functions of the ICB is not solely the responsibility of a quality team and so this framework has been designed with our partners, providers, NHS England reflecting new and updated national guidance as appropriate. The National Quality Board (NQB) guidance is central to the development of this Framework.
Following a workshop in February 2023, supported by our Academic Health Science Network, the ICB led on the development of this Quality Assurance Framework, ensuring the principles and ambition were tested with all partners through the System Quality Group (SQG) that reports into the Population Health and Patient Experience sub-committee (PHPEC) of the ICB Board, as the overarching governance architecture for oversight of quality and safety. The framework is applicable to NHS commissioned services and where appropriate, will be used when considering quality oversight of our jointly commissioned services.
The principles set out within the Framework are relevant and applicable to all four core functions and aims of the ICB. ICBs have an overarching statutory duty to ensure continuous improvement in the quality of services and to this end the Framework aligns with the recently published NHS Impact Framework.
Our service users, public, patients and carers have been at the core of the development of this Quality Assurance Framework, and this will continue as the framework becomes embedded in practice.

Action Required
The board are asked to: • Note and acknowledge the work undertaken by the ICB and partners in the development of the Quality Assurance Framework • Be assured by the strengthened governance processes in place to seek oversight of quality and safety of care in the services commissioned by the ICB and services received by our population.

Conflicts of Interest:	Conflict noted: conflicted party can participate in discussion and decision.
The Quality Assurance Framework will be used by and applied to organisations that the partner members (Steve MacManus, Partner member – NHS Trusts/Foundation Trusts; Minoo Irani, Member for Mental Health; George Gavriel, Partner member – Primary Medical Services) lead/ work for. The perspective of these members remains an important aspect to ensuring our oversight is undertaken in an effective and systematic way.	

| **Date/Name of Committee/ Meeting, Where Last Reviewed:**	Approved by System Quality Group – 17 May 2023; Approved by Population Health and Patient Experience Committee – 27 June 2023

Quality Assurance Framework

August 2023

Framework developed and evolving from learning from national investigations to ensure good oversight across our system

Using combination of metrics, patient feedback and soft intelligence

Utilising national sources of intelligence: NHS Impact, Model hospital and NHS Futures Collaboration Platform

Trust statement on Lucy Letby investigation

Time for Change
The Challenge Ahead
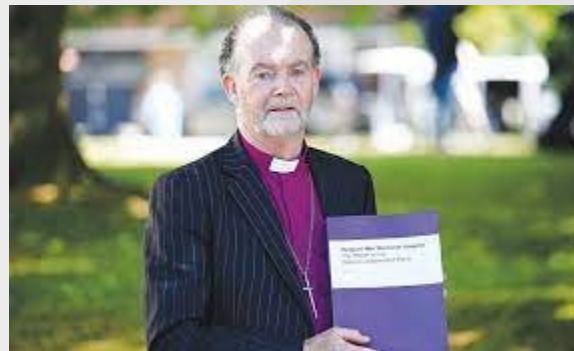
What do we expect?

01 — A Shared Standard
The National Quality Board has set out a shared view of quality and good practice principles which everyone has the right to expect when using health and care services.

02 — Quality
We use the National Quality Board definition of quality; care that is high quality, personalised and equitable for all, now and in the future.

03 — Comprehensive care
For service users this means care is safe, effective, delivers a positive experience (caring, responsive and personalised), is well-led, sustainably resourced, and equitable.

04 — Quality care
Providers and commissioners have a responsibility to ensure they are delivering high-quality care through quality assurance.

05 — Quality assurance
A vital component of the quality system, it reduces unwarranted variation and identifies areas for support.

06 — Data
Quality assurance uses data, public, patient and staff feedback, peer reviews and visits, governance systems and cultures - and triangulates all this information regularly.

07 — Transparency
Quality assurance depends on operational transparency, honesty with failures and successes, with honest conversations between partners.

08 — Organisational Support
Systems must work to support partners to ensure all organisations feel respected, valued and contribute to the success of the system.

What are our principles?

…As system leaders, we will work tirelessly on behalf of all the people of Buckinghamshire, Oxfordshire and Berkshire West to create meaningful improvements in health, wellbeing and equity.

Quality Assurance Framework:

01 What is the Quality Assurance Framework?

The Quality Assurance Framework is a system framework applicable across the various organisations within BOB Integrated Care System (ICS).

02 What does it do?

It encompasses our commitment to the work to be undertaken by the partners within the ICS to achieve our ambitions which include meeting statutory obligations, sustainable quality improvements in health and care, and addressing inequality and inequity.

The framework acts as a support and reminder of the key areas that require focus to ensure successful and sustainable high-quality care even in the most challenging environments.

03 What are its aims?

We have co-created this framework and a clear set of responsibilities and accountabilities so we can all respect the roles of each partner organisation and understand how the system interacts.

04 Our behaviours

- A set of metrics that are proportionate and monitored in a way to determine significant change and focus on quality improvement

- A set of values/behaviours that each organisation ascribes to

- We strive for equity of services at all levels and to seek those with a silent voice

- We recognise that where transformation of how we operate is needed this will take real change, reflection and role modelling

- As leaders we will ensure there is a resource for QA across the system and will continue to develop and support the teams that work in this specialty.

- Time and contributions to meetings are respected and understood by all members ensuring there is value added to each conversation

Our behaviour pledge

> *We pledge to be transparent in the way we operate and when things go wrong, to have honest conversations about the failure. We aim to ensure each partner organisation feels respected and valued and can contribute to the success of the wider system.*

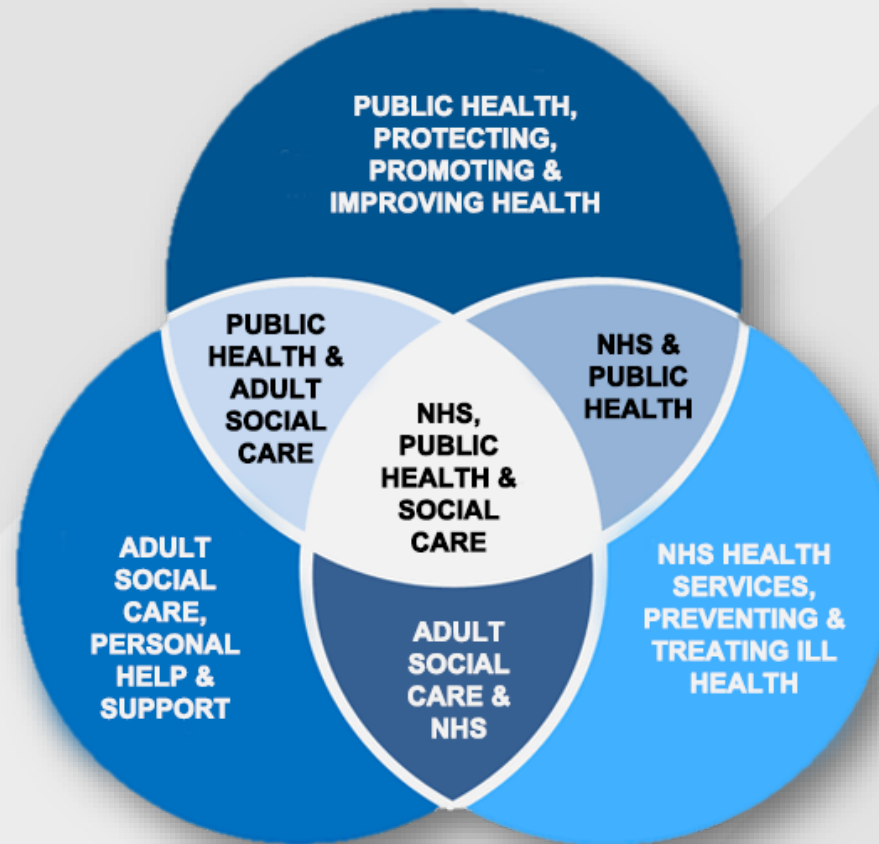|	
Safety	Psychologically safe, allowing for honest conversation
Professionalism	Professional relationships between organisations at all times
Quality Assurance	Sharing appropriate data between/across organisations for quality assurance and improvements
Transparency	Transparency when things go wrong and open discussions between partners (no secrets/closed meetings)
Staff Development	Opportunities for development at all levels to enhance staffs experience and skills
Organisational Support	Support and advice offered between organisations, when required
Innovation	Welcoming challenge, scrutiny and fresh perspectives on problems. Respecting the independency of partner roles and being aware that objectivity adds value.
Trust	To use and trust where there are lead arrangements in place for QA for organisations to reduce burden and duplication
Empowerment	Empowering, engaging and enabling

How do our health and social care partnerships work together?

…Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West, to have the best possible start in life, to live happier, healthier lives, and to get the right support when they need it.

Our Integrated Care System (ICS) is a group of organisations that provide health and care services for nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire West.

IN AN INTEGRATED CARE PARTNERSHIP

THROUGH JOINED-UP CARE

Members include local authorities, local NHS organisations and GPs, public health, Healthwatch, care providers, the voluntary sector, the Oxford Academic Health Science Network and other research partners.

What do we mean when we talk about 'Quality'?
…A shared single view

High-quality, personalised and equitable care for all, now and into the future

Safe
Delivered in a way that reduces risk and enables people to make safe choices. Ensure that it protects from harm, neglect, abuse, and breaches of their human rights; and that improvements are made when problems occur.

Effective
Informed by up-to-date, high-quality training, guidelines and evidence; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

Positive

- **Responsive and personalised –** shaped by an individual's preferences and strengths; allowing people to make informed decisions and design their own care.

- **Caring** – delivered with compassion, dignity and mutual respect.

Well-led
Driven by collective and compassionate leadership, delivered by accountable organisations and systems with proportionate Governance. Driven by a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainably-resourced
Focused on delivering optimum outcomes within financial envelopes, reducing the impact on public health and the environment.

Equitable
Everybody should have access to high-quality care and outcomes and those working in systems must be committed to understanding and reducing variation and equalities.

What are the principles of Quality Assurance?

Planning

Quality planning relates to planning and adapting services within organisations responding to needs as well as procuring and commissioning new services

Management

A Quality management system incorporates quality planning, assurance and improvement

Improvement

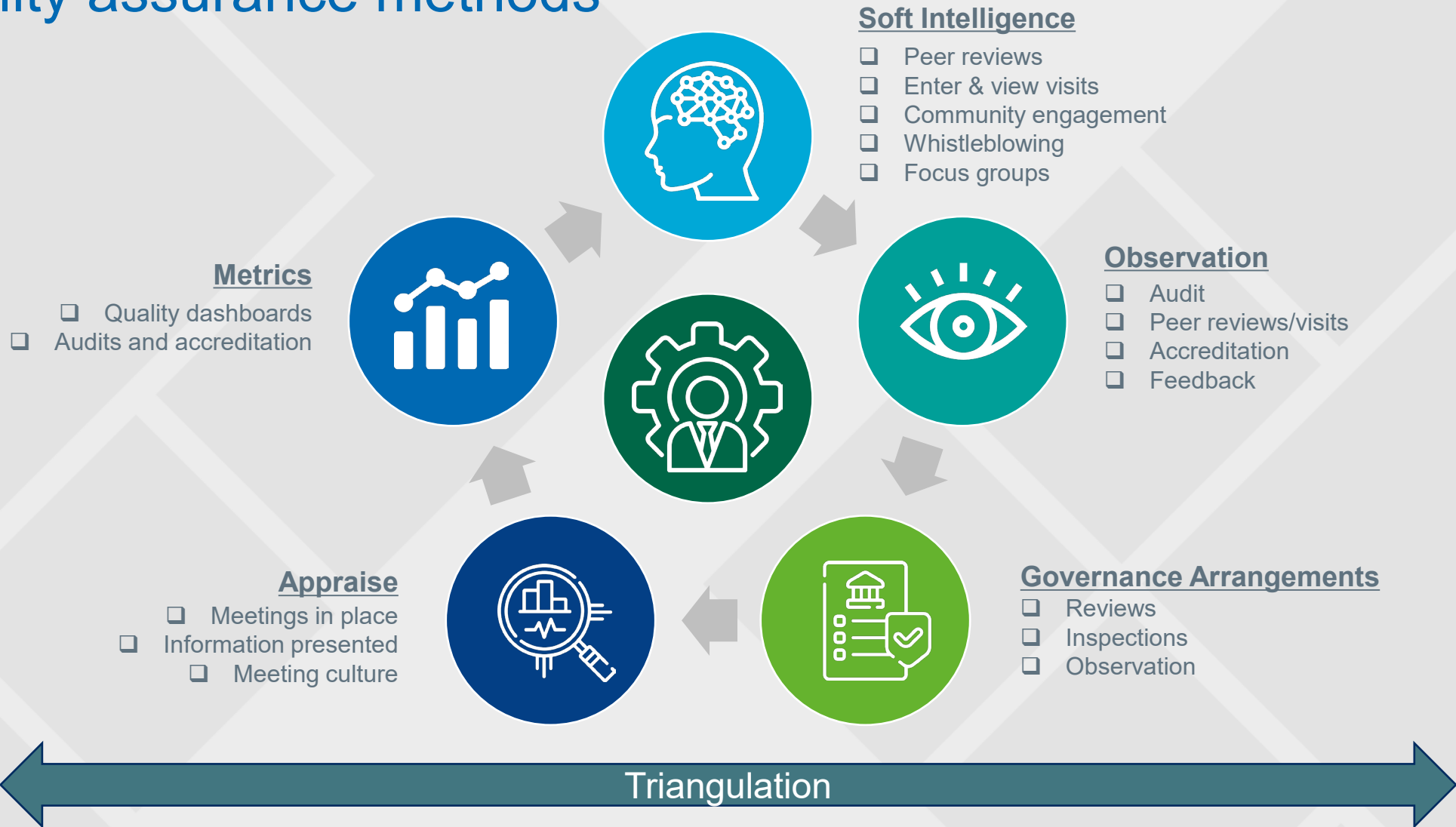Quality improvement methodologies are instigated where improvement to services is required

Assurance

Quality assurance is the system that gives confidence that the services provided or commissioned are of high quality

*All four are equally important and feed into each other

Quality assurance methods

Soft Intelligence
- ❑ Peer reviews
- ❑ Enter & view visits
- ❑ Community engagement
- ❑ Whistleblowing
- ❑ Focus groups

Metrics
- ❑ Quality dashboards
- ❑ Audits and accreditation

Observation
- ❑ Audit
- ❑ Peer reviews/visits
- ❑ Accreditation
- ❑ Feedback

Appraise
- ❑ Meetings in place
- ❑ Information presented
- ❑ Meeting culture

Governance Arrangements
- ❑ Reviews
- ❑ Inspections
- ❑ Observation

Triangulation

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Methods of Quality Assurance

Area	Methods
Primary care	Contract/performance monitoring with dashboard includes Care Quality Commission (CQC) ratings and patient feedback
Community care	Variable methods including formal meetings, attendance at quality committees of organisations, use of data and dashboards, peer review, patient feedback, external regulation
Secondary care	Variable methods including formal meetings, attendance at quality committees of organisations, use of data and dashboards, peer review, patient feedback, external regulation
Tertiary care	Data analysis, national peer reviews, self-certificated quality standards – Delegation for some service lines April 24
Nursing homes	• ICB team supports the local authority. • Direct contact from local authority contract teams, safeguarding, primary care and CQC. • Weekly information sharing and system intelligence meetings to discuss risks/issues and agree on actions. • Database includes red, amber, green (RAG) CQC rating and associated GP practice CQC rating.
Public health (national and local)	• CQC rating • additional visits and information for assurance • Review themes from feedback and complaints from users, system stakeholders and staff. • Review learning from incidents and progress on related action plans. • Look at expected outcomes to see if the service is delivering. • Contract review quarterly
Private providers	Contract monitoring - NHS England
Charities & third sector services	Contract monitoring
Out of area placements	As above with process for working with other ICBs developed
Pharmacy, optometry & dentistry	Delegated July 22

How do we arrange Quality Assurance for our providers?

Utilise Place Quality Groups
Place quality groups have oversight of quality for primary and secondary care, third-party, voluntary services and joint commissioning arrangements with local authorities.

Provide Quality Maternity Services
The oversight of maternity services is delegated to the Local Maternity & Neonatal System (LMNS).

Programme Boards
Programme boards are in early development and will have a role in quality assurance.

Provider Collaboratives
Provider collaboratives are not responsible for quality assurance.

Out of Area Placements
The quality of out of area placements in providers should be sought through the hosting ICB

Provider Services
Providers who subcontract services must align their quality assurance processes to this framework.

Place Quality Groups
Place quality groups have oversight of quality in nursing homes; responsibility sits with local authorities.

Pharmacy, Optometry and Dentistry
Pharmacists, optometrists and dentists have been delegated since July 22, and ongoing support is in place with NHS England as an early adopter.

Specialised Commissioning
Specialised commissioning services are overseen by the NHS England team but working towards the delegation of some service lines from April 24.

Health In Justice
Health in justice services are overseen by NHS England.

What are our accountable organisations and committees?

Accountable Body

	PROVISION
Population Health and patient experience (PHPE)	Will include dentistry, pharmacy and optometry from 1.4.23 – the quality framework to be transferred with services
PHPE	Primary care
PHPE	Secondary care
PHPE	Community care
PHPE	Transformation programmes • Maternity • Urgent and emergency committee • Out of area placements

	PROVISION
NHS England	Tertiary care: Some specialised service lines transfer from April 2024
ICB	Private providers
Local Authority	Nursing homes
Contract Holder	Third sector/charitable services
ICB/NHS England	Pharmacy, optometry and dentistry

Note: organisations are accountable to their own Boards/partners, CQC and engage in system oversight group

*PHPE is an ICB committee and the ICB is the accountable body
*maternity has delegated quality remit from NHSE in line with Perinatal quality surveillance model

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What is RASCI?

A RESPONSIBLE PERSON

The organisation, team or individual assigned to do the work. This person is the project owner.

ACCOUNTABLE

The designated individual or team makes the final decision with ultimate ownership. They will assign and delegate project work responsibilities.

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SUPPORTING

The organisation, team, or individual that gives support to Responsible team members. They work with the Responsible Person to see the project to completion.

CONSULTED

The Responsible Person must be consulted before a decision or action is taken. A role that is "Consulted" is an adviser to a task. They give advice to Responsible members.

INFORMED

The Responsible Person must be informed that a decision or action has been taken. A role that is "Informed" is kept up to date on task completion.

	Provider	Commissioner	Regulator	NHS England	Local authority
Primary care	Responsible/accountable	accountable	informed	Consulted and supporting	informed
Community care	Responsible/Accountable	Accountable	informed	Consulted & supporting	informed
Secondary care	Responsible/Accountable	Accountable	informed	Consulted & supporting	informed
Tertiary care	Responsible/accountable	Consulted and supporting	Informed	Accountable	informed
POD	Responsible/accountable	accountable	informed	Consulted and supporting	informed
Nursing homes CHC packages	Responsible/accountable	Consulting and supporting Accountable	informed	informed	accountable
Independent providers	Responsible/accountable	Accountable	Informed	Consulted and supporting	informed
Third sector and voluntary	Responsible/accountable	Accountable	Informed	Consulted and supporting	informed
Out of area NHS placements	Responsible/accountable	Accountable	Informed	Consulted and supporting	Informed in geography

Who governs the ICB committees?

PRIMARY CARE

TBC

N/A

PLACE QUALITY GROUP

In development

Operational quality group and QSG

ICB QUALITY GROUP

The Quality group's purpose is to ensure processes are in place for the effective management of quality across the system

The group will have 4 functions:

- To review commissioned providers and agree on strategies to support
- To ensure the performance of ICB quality functions
- To ensure governance is robust and supports the identification of issues and quality improvements
- To scan for initiatives, policies and directives relevant to clinical quality and ensure we have systems in place to deliver

Reports to PHPE

The Population Health and Patient Experience (PHPE)

Assure the board that the right things are being done in the right way, to the right quality, to increase population health and well-being and to reduce health inequalities.
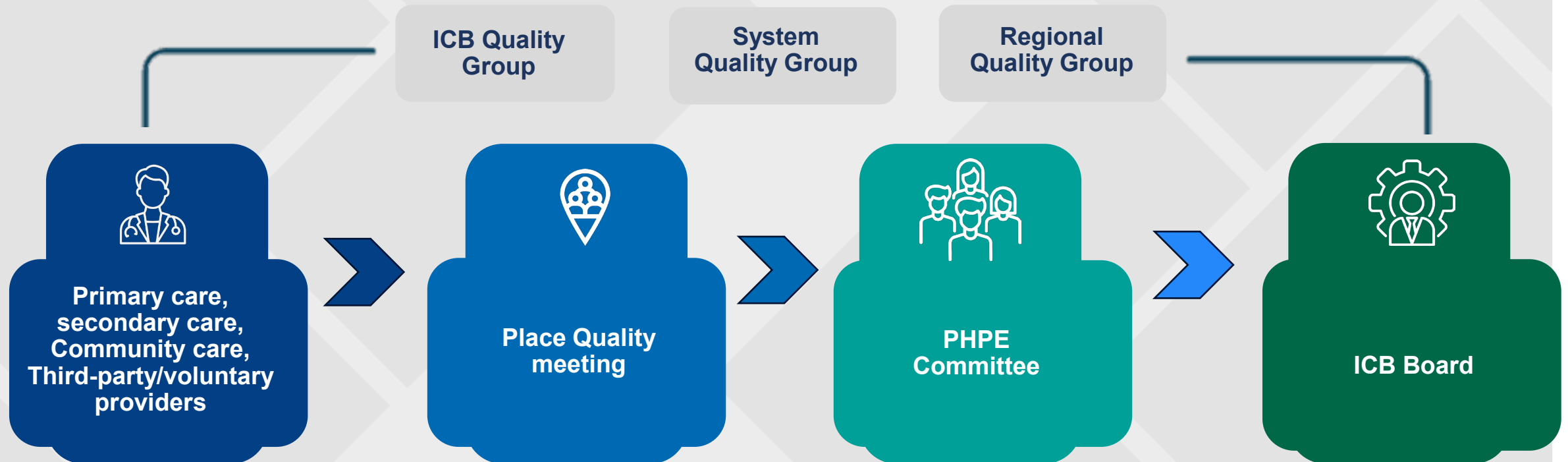
Reports to ICB Board

SYSTEM QUALITY GROUP

A strategic partnership group for intelligence sharing, learning, engagement, improvement and planning.

The SQG should not form part of the statutory accountability and performance management structure of the ICB or local authority but needs to inform these meetings through regular reporting. This includes informing the work of provider collaboratives and networks and working to reduce inequalities. The group will support the development of the quality strategy for the ICS, linked to the ICP.

Reports to PHPE & regional system quality group

Committee reporting and escalation

What is the report pathway?

ICB Quality Group

System Quality Group

Regional Quality Group

Primary care, secondary care, Community care, Third-party/voluntary providers

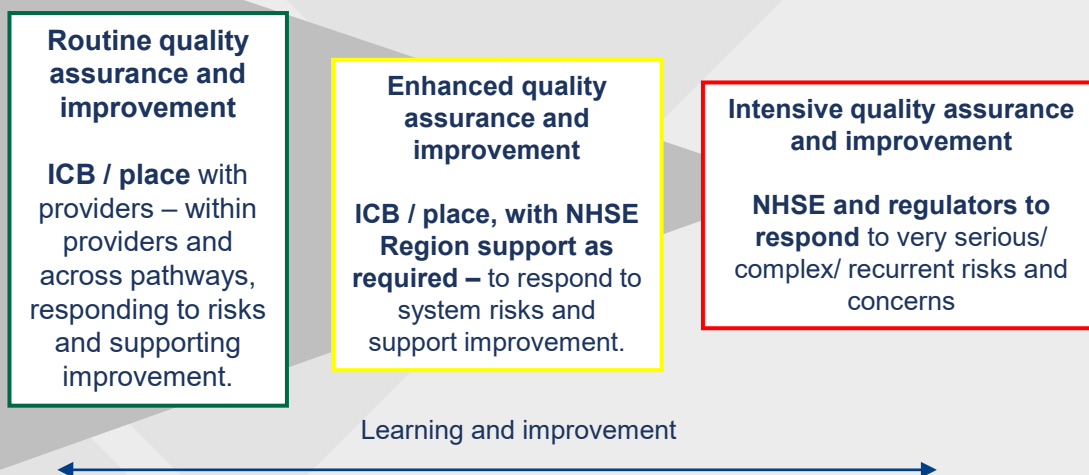**Place Quality meeting**

PHPE Committee

ICB Board

For more information on quality risk response and escalation visit 'NHS England Guidance' at www.england.nhs.uk/guidance-on-quality-risk-response-and-escalation-in-ics.pdf

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What is segmentation?

…A segmentation decision indicates the scale and general nature of support needs, from no specific support needs to a requirement for mandated intensive support.

Accountability and Powers

- ✓ NHS England remains accountable for decisions on segmentation and mandated support for providers.
- ✓ NHS England regional teams will oversee ICBs and work with them to advise on provider segmentation decisions.
- ✓ ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at Single Oversight Framework (SOF) 3.
- ✓ NHS England regional and national teams will lead on support and intervention at SOF 4. from the operating framework

Routine quality assurance and improvement

ICB / place with providers – within providers and across pathways, responding to risks and supporting improvement.

Enhanced quality assurance and improvement

ICB / place, with NHSE Region support as required – to respond to system risks and support improvement.

Intensive quality assurance and improvement

NHSE and regulators to respond to very serious/ complex/ recurrent risks and concerns

Learning and improvement

Provider	Current segmentation (Aug 23)	Oversight arrangement
BHFT	1	ICB oversight
RBH	2	ICB oversight
BHT	3	NHS England and ICB
OH	2	ICB oversight
OUH	2	ICB oversight
SCAS	4	NHS England

Note: The framework for SOF 3 & 4 working in partnership with NHS England is being developed

What is quality governance?

Business As Usual

Provider assurance and risk management remain at provider boards

Place Quality Governance

Place-based assurance focused on pathways. Feed up learning and intel to System Quality Group (SQG), escalate issues requiring system response

System Quality Governance

ICBs are accountable for the management of healthcare risks where they do not fall under Local Authority assurance (e.g., safeguarding).

SQGs provide joined-up quality intelligence and engagement, enable improvement and support response to system risks and escalate to ICB/ LA/ region as required.

Regional Quality Governance

Regions assure and support the management of risks by the ICB.

They become involved when there are persistent/serious risks, conflicts of interest, or issues wider than ICS (e.g., Risk Summit).

National Quality Governance

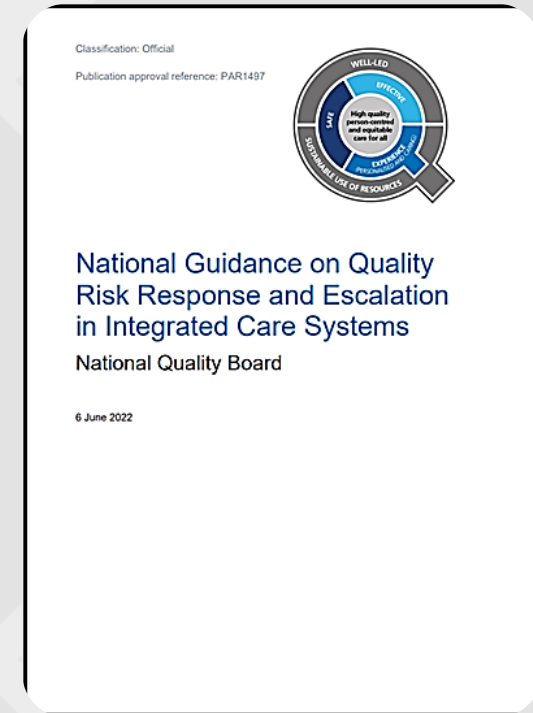Quality assurance is the system that gives confidence that the services provided or commissioned are of high quality
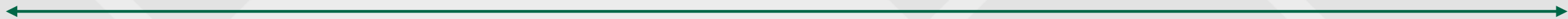
CO-PRODUCTION, LEARNING AND IMPROVEMENT

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What is the role of system quality groups?

…To work effectively, there is a need for strong partnership working and intelligence-sharing across organisations, including shared ownership of risk

Clear reporting and governance arrangements must be in place within and beyond ICSs, including alignment with Regional Quality Groups

Classification: Official

Publication approval reference: PAR1497

National Guidance on Quality Risk Response and Escalation in Integrated Care Systems
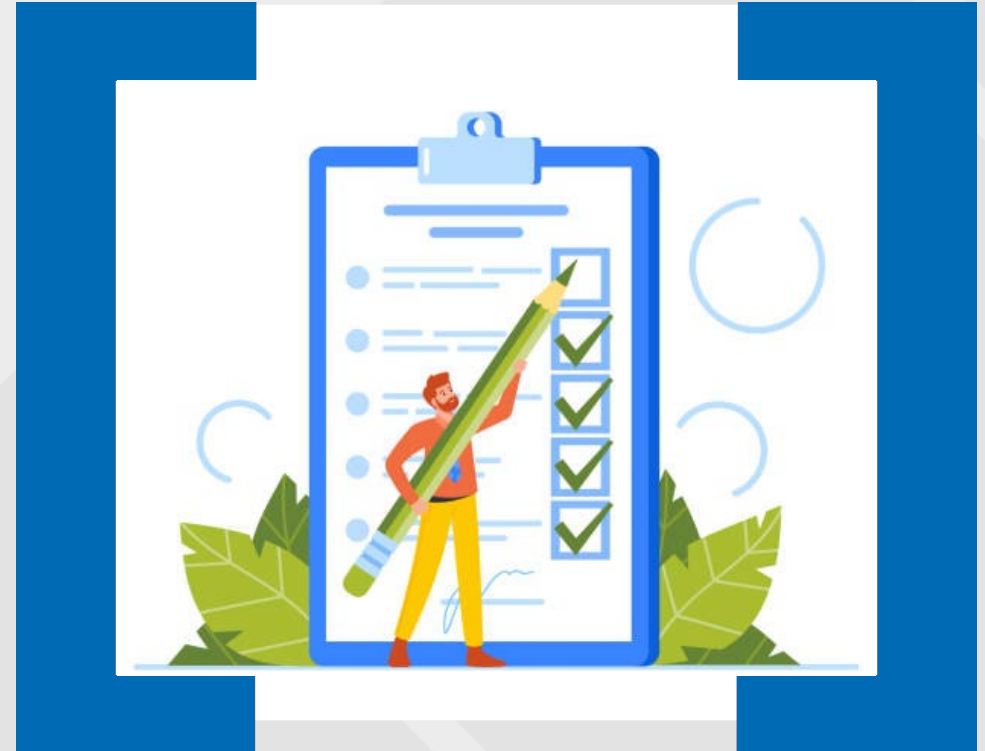National Quality Board

6 June 2022

Generally, it is expected that for health services, the move into enhanced assurance will be authorised by the ICB and the move into intensive assurance by NHSE.

Next steps…

Some reflections on what quality assurance staff will be working on:

- Developing a communication plan for the framework

- Identify any organisational development support needed

- Commencing National Quality Board pilot with Early Warning System to explore approach and use of NHS Scotland quality assurance analytical framework – utilising learning from service failures over 30 years reporting warning signs and outcome measures.

- Develop in partnership operating model for quality oversight of NHS providers

- All groups and committee Terms of Reference clear about accountabilities, escalations and membership reviewed (note system quality group)

- Strengthen appropriate quality committee agendas to incorporate time for assurance, horizon scanning and key national learning and policy

- Identify all out-of-area providers and confirm key points of contact

- Reset responsibilities and accountabilities with all partners

- Provide Quality Assurance training/support for staff that identify knowledge deficits

Q&A

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