NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

ICB Quality Strategy

"Quality must be the organising principle of our health and care service"

National Quality Board 2016

September 2023

Table of Contents

1.Introduction

The formation of an Integrated Care System (ICS) leads to an expectation of a strong and effective care system, that sees partners working together to meet health and care needs across the county.

The Staffordshire and Stoke-on-Trent Integrated Care System brings together a range of partners who are responsible for planning and delivering health and care and for improving the lives of people who live and work in our area. The ICS is the geographical area in which health and care organisations work together.

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare.
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money.
- help the NHS support broader social and economic development.

The Health and Care Act 2022 created a statutory basis for ICSs by creating a statutory Integrated Care Partnership (ICP) and an NHS Integrated Care Board (ICB) for each ICS.

The Staffordshire and Stoke on Trent Integrated Care Board (ICB) holds responsibility for planning NHS services, including those previously planned by CCGs, managing the NHS budget and arranging for the provision of health services.

The national definition of an Integrated Care Board (ICB) is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.

This system wide ICB working extends the definition of quality across all partner services and facilitates a focussed and robust emphasis on quality, viewed through a population health and health inequalities lens. It also affords the opportunity for a greater focus on Quality Improvement activities and joint accountability for the quality and safety of services.

The ICB in Staffordshire and Stoke-on-Trent is expected to ensure high quality care whilst achieving the best possible health outcomes for the population it serves, and all within an agreed financial envelope. The ICB, through its strategies and committees, needs to be assured that the management assurance systems are operating effectively and not be the assurance system itself.

High quality care continues to be defined as care that is safe, effective and provides a good patient experience.

2.Our Vision, Values and Objectives

2a. ICB Mission, Vision and Purpose

2b. ICB Quality Ambition and Vision

The ICB Quality Strategy is designed to complement the overarching priorities of the ICS and the ICB Joint Forward Plan, with quality and safety being the golden thread running through them all. The quadruple aims of the ICB are:

- Improve Population Health and Wellbeing Outcomes
- Address inequalities, experience and outcomes from health and social care services.
- Achieve a sustainable and resilient integrated care system.
- Working in partnership with communities to achieve social, economic, and environmental community development.

The key clinical priorities of the quality strategy are to address and work to improve:

- Growing health inequalities.
- An increasing population of people with complex health and care needs.
- An increasing demand on primary care and variation in access
- An increasing unplanned and emergency care demand
- The recovery of elective and cancer care services

Staffordshire and Stoke-on-Trent ICB are committed to high quality delivery of the priorities set out and intend to achieve this by:

- Ensuring quality is everyone's business.
- Being committed to working closely with all system partners and stakeholders.
- Ensuring the best possible outcomes and experience for all our patients, their families, and carers.

The Staffordshire and Stoke on Trent Integrated Care Boards vision for quality is to ensure that services provided are safe, effective, and meet the needs of the population, providing the best experience and outcomes possible.

This Quality Strategy has been developed to ensure it adheres to the requirements detailed by the National Quality Board in their shared commitment to quality document.

3. Quality Strategy Summary

Quality Ambition and Vision

Quality Outcome	What will this look like?	How will we do this?	How will we know?
People with lived experience are actively involved in service design, development, delivery and evaluation.	People with relevant lived experience, carers and communities are involved in shaping what quality and what safety looks like. Opportunities are given to people to work alongside system providers as mutual, reciprocal partners, with their expertise being fully recognised, in shaping the design of services.	Implementation of patient safety partners across the system. People are working in partnership, at the earliest opportunity, to shape priority programmes within the ICB. Increasing the opportunity for our region's population to engage in research and shape health and care research needs.	People with lived experience and communities have increased confidence in services demonstrated by co-designed satisfaction metrics. People are consistently involved in all elements of service design, delivery, evaluation, and implementation of best evidence throughout. Communities are actively engaged in co-production - programmes are co-produced with people from relevant protected characteristic groups and those who face health inequalities.
The promotion of safe care ensuring care is of a high quality, safe and accessible to all our population.	We will work to continually improve the reliability and effectiveness of our clinical systems and processes. We will learn when things go wrong and, will ensure that learning is shared across system partners to maximise opportunities to improve safety for users.	Implementation and embedding of NHS Patient Safety Strategy and other relevant quality and safety requirements.	System partners work together to share learning and drive improvement and innovation. Improved safety culture measurement.

Quality Ambition and Vision

Quality Outcome	What will this look like?	How will we do this?	How will we know?
Improved staff experience.	A culture of transparent sharing and learning. Staff have the time and tools to deliver safe care and feel valued and empowered.	(ICS People Plan and NHS Long term Workforce plan) Consistent training for staff across system in relation to all recommended quality tools and processes e.g. PSIRF. Implementation of Freedom to Speak Up across the system. Monitored and managed post staff survey action plans.	Improved staff survey results showing that staff feel empowered to deliver safe care in a just and inclusive organisation. Improved key workforce metrics around workforce. Evidence of celebrating success and shared learning. Staff leading on innovation.
A shared system approach to quality and safety.	Collaborative working towards quality across the system. An understanding of what quality looks like with a mutual approach to sharing and escalation of quality concerns and need for focus via QI.	Joined up Risk Management Approach. System Quality Group. Shared learning events. Quality focus in all delivery portfolios.	Strong and transparent relationships Robust identification of quality issues for improvement. Quality oversight arrangements functioning effectively. Shared intelligence. Shared Safety Culture.

Quality Ambition and Vision

Quality Outcome	What will this look like?	How will we do this?	How will we know?
Fair and equitable services for all, building a system for the future.	Reducing health inequalities and variation.	Embed a system oversight framework to ensure that equality and quality are the central principles in how health and care services are designed and delivered.	An embedded QI approach based on learning from previous experience, best practice, and benchmarking. Evidenced learning from a robust LeDeR Programme system wide.
We will drive the provision of quality services through a high-quality programme of research and continuous quality improvement.	Within the system our aligned Quality Improvement principles will guide change at all levels. Through the development of a collaborative integrated research and innovation partnership, we will develop the capacity and capability for evidence-based health and care. System collaboration will generate new learning and insights that will shape how we deliver services and continuously improve them.	The ICS will agree and develop a jointly owned improvement programme guided by those that use our services, led by staff and aligned to the ICS priorities. We will build capacity and capability to practice Quality Improvement and Research & Innovation at all levels within the ICB. Develop an infrastructure that supports engagement in research for staff and communities where through routine transparent sharing we will learn from each other and continuously improve.	By monitoring data and insights from feedback our improvement programme will be focussed on what is important to our population. Our ICS Quality Improvement principles will be routinely used to tackle strategic priorities and quality challenges at all levels. Our Staff will feel confident and competent to be involved in research and Quality. Improvement and learning from training opportunities and improvement work is shared. With Collaborative research proposals co-developed with system partners and our communities.

4. Quality Strategy Delivery Plan

A comprehensive Quality Strategy Delivery Plan will be designed following stakeholder and staff engagement to determine detailed actions in achieving the aims of the Quality Strategy. This plan will be an adjunct to this strategy and will be used as a marker for achievements and presented to the Quality and Safety Committee bi-monthly to demonstrate adherence with actions required and any blocks to achieving the aims of the strategy.

5. Quality Risk Escalation

The National Quality Board sets out that:

> *It is crucial that NHSE regional and national teams adopt a system-first approach wherever possible when managing risks. Risks should be managed as close to the point of care as possible, where successful mitigation is not possible then escalation and management at the next level occurs as linked to the designated risk framework and overseen by the ICS. However, as the Guidance on System Quality Groups made clear, there will be situations in which NHSE and other regulators have the right to intervene, particularly if there are complex, significant and/or recurrent risks.*

The Quality Risk Response Process below sets out how any quality concerns and risks shall be managed within the ICB in collaboration with NHS England (NHSE) and wider partners.

This approach will be based upon three main levels of assurance and support from the NHSE Regions and ICB partners. The levels will apply to all the different geographies e.g. Place, pathways, and journeys of care.

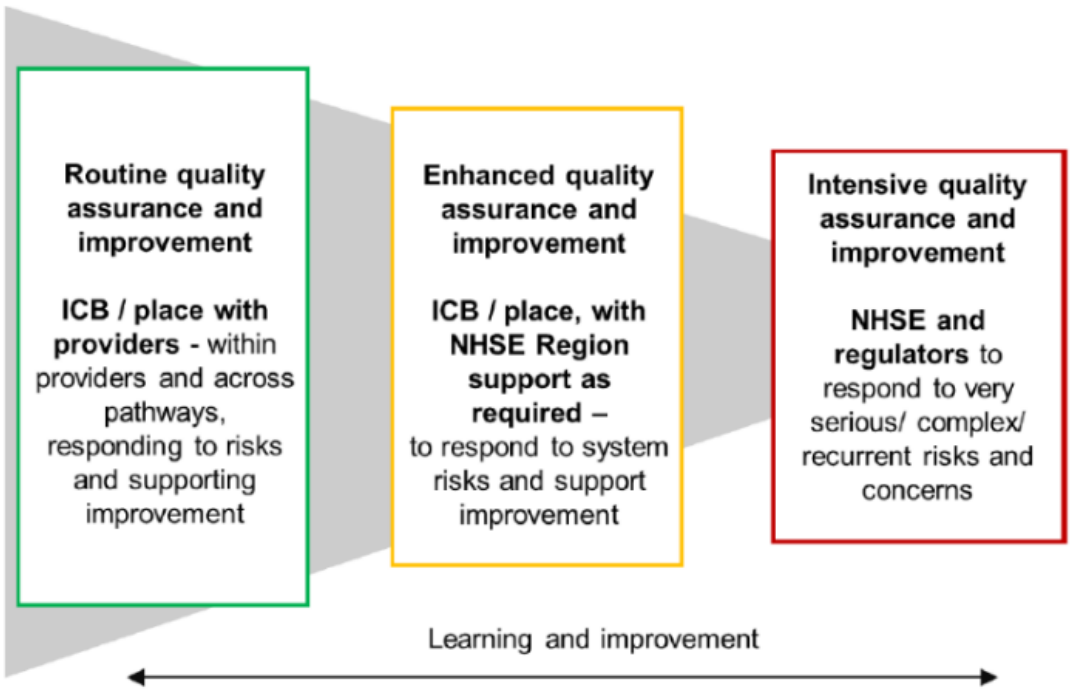

Table 1

5a. **Routine Quality Assurance**

Led by provider/ ICB Business as usual activity and reporting within providers (including independent sector providers), provider collaboratives/networks for service delivery, place-based structures, ICB/ICSs, including independent providers, provider collaboratives and networks.

This process will be monitored via ICB System Quality Group with reporting to ICB Quality and Safety Committee. Types of monitoring include CQRMs, quality visits, review of data and information including complaints and regular triangulation of quality, performance and patient experience data.

ICB Executive Owner *ICB Chief Nursing and Therapies Officer*

5b. **Enhanced Quality Assurance**

Led by provider/ ICB in most circumstances implemented when concerns/ risks are identified that require more frequent and intensive oversight to gain confidence that care is of sufficient and consistent quality, that action/ improvement plans are leading to the desired outcome and that the improvements in care are sustained.

May include regulatory action, including enforcement action (aligned with NHSOF segment 3) and contractual actions (e.g. service development and improvement plans, suspension of service, termination of contract).

The enhanced approach will be agreed and supported by Regional NHSE teams, based on the risk profile and support needs.

This process will be monitored via ICB System Quality Group with reporting to ICB Quality and Safety Committee and be supported by Regional NHSE Teams. Types of monitoring include Rapid Quality Review Meetings.

ICB Executive Owner *ICB Chief Nursing and Therapies Officer.*

5c. **Intensive Quality Assurance and Improvement**

Led by NHSE and other regulators implemented as a last resort when there are very significant, complex or recurrent risks, which require mandated or immediate support from NHSE for recovery and improvement, including support through the Recovery Support Programme, or from wider regulators.

The intensive approach must be agreed based on the risk profile and support needs within the ICB. This assurance level covers previous NHSE Risk Summits.

This process will be supported via ICB System Quality Group with reporting to ICB Quality and Safety Committee and be Led by Regional NHSE Teams.

Please note: As NHSE delegate more to ICBs, ICBs will take an increased lead on Intensive Quality Assurance and Improvement.

ICB Executive Owner *ICB Chief Nursing and Therapies Officer*