



**North East and
North Cumbria**

ICB Quality Strategy

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Quality Strategy headlines



Quality strategy underpins our ICB strategy, Better health and wellbeing for all



Link between health inequalities and avoidable harm



Five strategic themes to enable us, as a system to continue to improve and be 'the best at getting better'



Culture and Climate are key



Focus on what it means for our citizens and what it means for our system



Working together across the system

Our Strategic Themes



Culture and Climate

- Culture matters
- Safety and high-quality care needs to be a priority for all
- Enabling factors and enacting behaviours that will help us to build a safer culture
- We will adopt the following principles:-
 - Professional Curiosity
 - Just Culture
 - Freedom to speak up
 - NHS People promise
 - Equality, diversity and inclusion
- Tackle closed cultures

Creating the culture

System/ Organisations

- * Leadership commitment
- * Prioritisation of patient safety
- * Policies and resources for safety
- * Learning culture and communities
- * Working together with collaborative decision making
- * Aligned vision and values and shared endeavour
- * Shared commitment to system-based performance and priorities
- * Leadership at all levels

Services/ Teams

- * Teamwork and cohesion
- * Psychological safety
- * Empowered to deliver safe high-quality care
- * Engaged and motivated staff
- * Clearly defined and embedded systems to keep people safe
- * Risks to quality and safety are assessed, monitored and managed on a day-to-day basis

Individuals

- * Safety knowledge, expertise and skills
- * Individual commitment and prioritisation of safety
- * Empowered to drive quality improvements
- * Understand their role in delivering safe high-quality care

Enabling
factors

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graph TD; A[System/Organisations] --> D((Enabling factors)); B[Services/Teams] --> D; C[Individuals] --> D;
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I/ we statements- enhancing people's experience of care

I statements:

- help people understand what a good experience of care looks and feels like
- They reflect on what people say matters to them

We statements:

- highlight the collective efforts of individuals, teams, services, organisations and the system in fostering a culture of unity, mutual respect, and shared responsibility in delivering high-quality care.
- From a CQC perspective; the standards against which they hold providers, LA's and ICSs to account



‘I’ statement: When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.



‘We/quality’ statement: We work in partnership with others to establish and maintain safe systems of care in which people's safety is managed, monitored and assured, especially when they move between different services.

Patient Safety

Patient safety

- Safety is a priority for everyone with a clear commitment to improve safety.
- We will embed processes and systems across the ICS that promotes high quality, safe and effective care.
- We foster a culture of openness, transparency and learning to improve safety for people.
- Care across the system is delivered in a way that minimises things going wrong and maximises things going right.
- We will recognise and celebrate outstanding health and care so we can learn when things go well and when things have not gone well.
- We identify risks and use these as an opportunity to put things right, learn and improve.
- We will consider the impact of health inequalities on patient safety and identify actions that reduce the risks of harm.

What this means to our citizens

- I feel safe and am supported to understand and manage any risks.
- If something goes wrong, I will be supported in an open and honest way and will receive an apology.
- I understand the service recognises when things haven't gone well and uses these to improve the service.
- I am cared for by staff who have the skills and experience to support me.
- I am empowered to be a partner in my care and staff understand my individual needs that promotes my safety.
- I know staff understand my specific needs and vulnerabilities; they tailor care that promotes and delivers better outcomes for me, and that reduces the risk of avoidable harm.

What this means for the system

- We have a culture of safety and learning where staff can raise concerns, these are investigated and learning opportunities are identified.
- There is an environment where we can share learning across organisational boundaries.
- We can demonstrate improvements have been driven across the system that improves people experiences of care, reduces variation and health inequalities.
- We deliver care to meet the individual needs of people, that improves outcomes by reducing disadvantage and the risks of avoidable harm.
- We have encompassed human factors to underpin our approach to patient safety and quality improvement.
- The approach to the patient safety incident response framework across the system has been embedded.
- We have established and developed our communities of practice.
- Staff understand their role and responsibilities in delivering safe care and contributing to quality improvements.

Clinical Effectiveness

Clinical Effectiveness

- Across the system people receive the right care, at the right time, in the right place.
- We will adopt and share evidence-based practices to the care and treatment people receive.
- We will use data and intelligence to drive improvements to ensure effective high-quality care.
- We will measure and publish quality-measuring what matters to people, monitoring quality and safety consistently and use data to inform decision-making.
- We will set clear standards for what high quality care and outcomes look like based on what matters to people and communities.
- We ensure there's co-ordination of services across the system, that considers the needs and preferences of different people, including those with protected characteristics and those at most risk of a poorer experience of care.
- We are alert and responsive to health inequalities, and social determinants of health which may lead to poorer outcomes and premature deaths.

What this means to our citizens

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I am empowered to get the care, support and treatment that I need.
- I know my care is the most effective it can be and is in line with recognised standards.
- I know the services that care for me, are working together to ensure I receive high quality care.
- When I move between services, there is a plan for what happens next, and all the arrangements are in place.

What this means for the system

- We have systems to use data, intelligence and knowledge to inform our decision making.
- Our clinical conditions strategic plans are improving outcomes for people and reducing variation and health inequalities.
- We are staying ahead by embedding research and adopting innovation to ensure progressive high-quality care across the system.
- We have a quality improvement methodology to support our improvement work across the system.
- We design services to meet the needs of our diverse population by promoting equitable access, excellent experience and better outcomes for all, that reduce disadvantage, and the risks of avoidable harm.
- Staff keep up to date with best practice, by delivering care that optimises people's health and improves patient experience and outcomes.

Positive Experiences

Positive Experiences

- We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support.
- We involve people in decisions about their care and tell them what's changed as a result.
- We actively seek out and listen to information about people who are most likely to experience inequalities in experience or outcomes.
- Services across the system are designed by what matters to people, that empowers them to make informed choices and is delivered with compassion, dignity and respect.
- We will co-produce with people with 'lived-experience' as they are often best placed to advise on what support and services will make a positive difference to their lives

What this means to our citizens

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am supported to manage my health in a way that makes sense to me.
- I am involved in decisions about my care.
- My feedback was taken seriously, and I know what changes have been made as a result.
- I felt that my voice was heard and that I was listened to and understood.
- I am encouraged and enabled to feedback about my care in ways that work for me, and I know how it was acted on.
- My individual needs and preferences are understood, and these are reflected in my care, treatment and support, and takes account of my personal, cultural, social and religious needs.

What this means for the system

- We listen to people's views and experiences, and they are seen as an integral part of our quality improvement work.
- We use people's experiences as a central component to quality assurance and identification of risk.
- We recognise people's experience could be early warning signs of poor care.
- We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- Our patient and public involvement strategies are embedded into our work across the system.
- Staff understand their role in supporting and empowering people to make informed decisions about their care.

Clinical and Multi-Professional Leadership

Clinical and Multi-Professional Leadership


- We will be driven by collective and compassionate leadership which champions a shared vision, values, and learning, delivered by accountable organisations and systems.
- We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of the system.
- Clinical and care professionals are involved in all aspects and every level of system decision-making.
- We have a transparent approach to identify and recruit leaders that promotes equity of opportunity, that also recognises the different kinds of leadership styles required, when working across professional and organisational boundaries.

What this means to our citizens

- When I receive care, services meet my needs and that of the wider community, and all leaders and staff support this.
- I will be involved in designing services and my feedback is heard and valued by leaders in the system.
- I am confident leaders and staff are able to identify poor care and address this quickly.
- I know that staff and leaders with the right skills and experience are making decisions about care services.

What this means for the system

- We have high-quality leadership throughout the system which is sustained through safe, effective and inclusive recruitment and succession planning.
- Our leaders are skilled and confident and can contribute effectively to quality improvement.
- We are alert to examples of poor culture that may affect the quality of people's care and have a detrimental impact on staff and our leaders address this quickly.
- We have embedded leadership strategies and development opportunities within the system.
- Leadership is front and centre of system and service delivery; all staff understand their role and contributions to delivering high quality care.



**Working together to
deliver Quality
How we will do this
together?**

As an ICB and commissioner

- Set clear quality standards and expected outcomes when commissioning as part of quality and performance management.
- Developed the system as the 'best at getting better' with established communities of practice.
- Have clear governance frameworks for quality.
- Quality assurance gives a clear and accurate picture of safety, and there are steady improvements in safety over time.
- Develop a positive safety culture that is embedded at all levels of the system.
- Work together across the system to ensure seamless pathways between services that focus on delivery of high-quality care.
- To co-produce with communities to shape services to meet their needs.
- Share learning, best practice, and innovations across the system to influence and improve the quality of services.
- We have consistency in approaches which leads to more standardised practices in services.

For people and communities

- People in our communities know what good care looks like, what they have a right to expect, and what to do when their experience doesn't meet expectations.
- People are partners in their care and are supported in making decisions about the care they want to receive.
- People have care that is personalised, and they are treated with dignity and respect.
- People's voices are heard, listened to, and understood and feedback is used to drive improvements in quality.
- People are included in reviews and contribute to improvements in care.

For all health and care providers

- Experience a coherent system of quality assurance and performance management.
- Are accountable for the quality of care they provide, and driving quality improvements which translates into improved health outcomes.
- Care is co-ordinated across services, organisations and the system and they work collaboratively to meet people's needs.
- Support the system to continually improve and maintain quality and safety standards.
- Work as system partners and understand their role in improving health outcomes, reducing variation and health inequalities.

For all staff

- Staff are seen as partners in delivering safe high-quality care,
- Staff feel safe and confident to speak up without fear of retribution.
- Staff are supported to learn and make improvements to care at every level of the system.
- Staff are engaged and motivated to develop and drive improvement plans.
- Staff are supported to learn and develop to embed quality and safety practices in their everyday work.



**Our Quality Strategy
foundations and next
steps**

Culture and Climate

Strategic theme Culture and climate

Foundations

- *Established FTSU processes across the ICB
- *ICB assessment of FTSU processes in NHS trusts
- *Adoption and implementation of NHS People promise/ Just culture.
- *Quality assurance tools developed for some services with specific prompts around closed cultures.
- *Recognise the need for clear values and behaviours both within the ICB and across the system
- *Closed cultures highlighted as a strategic quality priority.
- *Intelligence sharing between stakeholders

Next steps

- *Clear set of values and behaviours for the ICB as an organisation and the wider system.
- *Review of tools for both commissioning and quality assurance to ensure they include key culture prompts.
- *Staff at all levels, regardless of role understand their roles and responsibilities.
- *Learning packages about culture/ closed cultures for all staff in the system.
- *Staff at all levels understand the inherent risk factors and warning signs of a closed culture.
- *Cultural assessment of the system against the 37 features of an open culture and develop culture metrics .
- *Develop system wide plan to tackle closed cultures.

Patient Safety

Strategic theme Patient Safety

Foundations

- *Concept developed for our patient safety centre.
- *Development and implementation of the ICB PSIRF policy and approach. This includes:-
- *Support to organisations and sign off PSIRP plans,
- *Training and development including raising awareness, patient safety specialist training and patient safety partner identified and agreed.
- *System wide never event deep dive
- *System approach identified to the implementation of Martha's rule.
- *Data and intelligence monitoring information available for the ICB.

Next steps

- *Launch of our patient safety centre in September 2024; the centre will be our focal point to drive patient safety improvements.
- *Develop the ICB and system wide patient safety framework.
- *Roll out of PSIRF training for all staff, existing patient safety specialists to complete training, approval of the model for patient safety specialists, and learning support specialists.
- *Specific learning and improvement sessions starting with never events and sepsis.
- *Development and embedding communities of practice.
- *Patient safety improvement plans developed, identified by people's experience, data and intelligence.
- *Further enhancements to data and intelligence monitoring to incorporate people's experiences.
- *Enhance routine reporting requirements for all commissioned services as part of contracts.

Clinical Effectiveness

Strategic theme Clinical Effectiveness

Foundations

- *Clinical conditions strategic plans for adults and children developed.
- * NENC healthy and fairer programme including:- prevention, health inequalities and broader social and economic determinants.
- * Part of CQC stakeholder forum for the development of the health inequalities self-assessment.
- *Women's health conference/ collaborative
- *Development of clinical effectiveness committee within the ICB
- *Medicine optimisations
- *Monitoring of mortality themes and trends.
- *Quality improvement methodology approach being developed.

Next steps

- *Launch our clinical conditions strategic plans with monitoring of progress.
- *Programmes from healthy and fairer including :- tobacco, CORE20PLUS5, and poverty proofing.
- *Women's health innovation conference July 2024
- * Quality improvement methodology developed and used as part of our quality improvement work

Positive Experiences

Strategic theme Positive Experiences

Foundations

- *Patient and public engagement ongoing work
- *Healthwatch- programme of activities
- *ICB- complaints management
- *Ongoing monitoring of patient experience surveys including CQC.
- *Work with voluntary sector groups
- *Assessment tool developed to assess the quality of provider complaints systems.
- *National learning from the resuscitation council on outcomes for people in our communities.
- *In response to patient feedback, identified a need for further work to support those waiting for a CAMHS appointment.

Next steps

- *Continue to gather and learn from people's experiences to improve quality of care
- *Quality of complaints to be part of quality assurance framework for commissioned services.
- *Roll out of restart a heart campaign to targeted groups/ places to tackle health inequalities.
- *Develop a practical waiting well approach to support people waiting for CAMHS.

Clinical and Multi-Professional Leadership

Strategic theme Clinical and Multi- Professional Leadership

Foundations

- *Clinical and Multi-professional leadership framework developed.
- *System leadership group established across the system.
- *Senior leaders meetings/ forums within ICB
- *Clinical and Multi-professional leadership framework - wider engagement to take place on the framework.
- Boost our learning community offers leadership development to be effective convenors of system change.
- *AHP council established

Next steps

- *Clinical and Multi-professional leadership framework - wider engagement to take place on the framework.
- *Self-assessment/ gap analysis to be undertaken.
- *Decision making map to be developed - to show how clinical leaders are involved in every level of decision making.
- *Learning and development needs to be reviewed- including generic and profession specific.
- *System leadership development at every level.

Quality Governance framework

Quality Governance framework

Foundations

- *Quality assurance and monitoring; developing a consistent approach across the ICB- pilot tools developed.
- *Standardised tool developed to support assessment of complex care caseload and responsive safety assessment tool.
- *System Equality and Quality Impact assessment policy developed including equality and health inequalities- pilot of tool being undertaken.
- *Internal audit in relation to governance of commissioned services.
- *Independent investigation reports reviewed, and thematic analysis completed of ICB recommendations.
- *Some policies identified as requiring updating- tools developed and process established to review all ICB policies.
- *Incidents and risk registers- gaps in assurance identified.
- *Quality governance meeting proposal developed- engagement started.

Next steps

- *Quality assurance and monitoring of commissioned services; developing a consistent approach across the ICB- programme to develop tools for all service types.
- *Independent reviews- Key themes identified and plan to be developed to identify actions/ action owners.
- *Training and development for all staff about governance.
- *Overarching improvement plan linked to audit plan to improve quality governance arrangements and how this correlates with corporate governance.
- *NHSE ICS quality functions- Self-assessment tool developed to assess our compliance with the quality functions, this needs to be undertaken.
- *Self-assessment against CQC standards- tool to be developed for Key ICS quality statements and also CQC well-led framework for NHS trusts.