



Integrated Care Webinar series 2021/2022

Webinar Six: Improving the quality of care through ICSs

Wednesday 8 December 2021

NHS England and Improvement System Transformation, in partnership with the Social Care Institute for Excellence (SCIE)

NHS England and NHS Improvement



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Your Panel today

Chair: Cathy Hassell, Cathy Hassell, Director of Clinical Policy, Quality and Operations

Steve Powis, National Medical Director NHS England and NHS Improvement

David Levy, Regional Medical Director, NHS England and NHS Improvement

Kathryn Lupton, NHS England and NHS Improvement

Brigid Stacey, Chief Nurse, Derby & Derbyshire

Val Janson, Chief Nurse, Somerset.

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National Quality Board Guidance on System Quality Groups

December 2021



National Quality Board

Key deliverables

Published April 2021:

1. [Position Statement for ICSs](#)
2. [Shared Commitment to Quality](#)
3. [System case studies](#)

Published December 2021:

4. NQB Guidance on System Quality Groups

Plus accompanying good practice on [ICS Quality Hub](#) Futures Site:

- [Quality Toolkit](#) – library of quality data and metrics
- [Preparing for Handover Note for Quality](#)



Key principles for improving quality through ICSs



See in NQB Position Statement: NHS [England » National Quality Board Position Statement on Quality in Integrated Care Systems](#)

System Quality Groups (SQGs): Principles

The NQB supports flexibility in how ICSs set up their quality structures, but expects these good practice principles to be followed.

PRINCIPLE 01

Create an open culture and learning system that enables improvement across a shared understanding of needs and issues.

PRINCIPLE 02

Use an improvement culture to support assurance of sustained quality of care, rather than a performance management one.

PRINCIPLE 03

Be clear on accountabilities and responsibilities for quality.

PRINCIPLE 04

Ensure quality structures and systems are streamlined, agile and lean, as well as standardised as appropriate.

PRINCIPLE 05

Ensure a clear line of sight of quality performance, good practice, concerns, risks and mitigations from the point of care to leaders.

PRINCIPLE 06

Have a clear and agreed understanding of when to act on signals.

PRINCIPLE 07

Respond together in a timely and proactive way, addressing any gaps in intelligence.

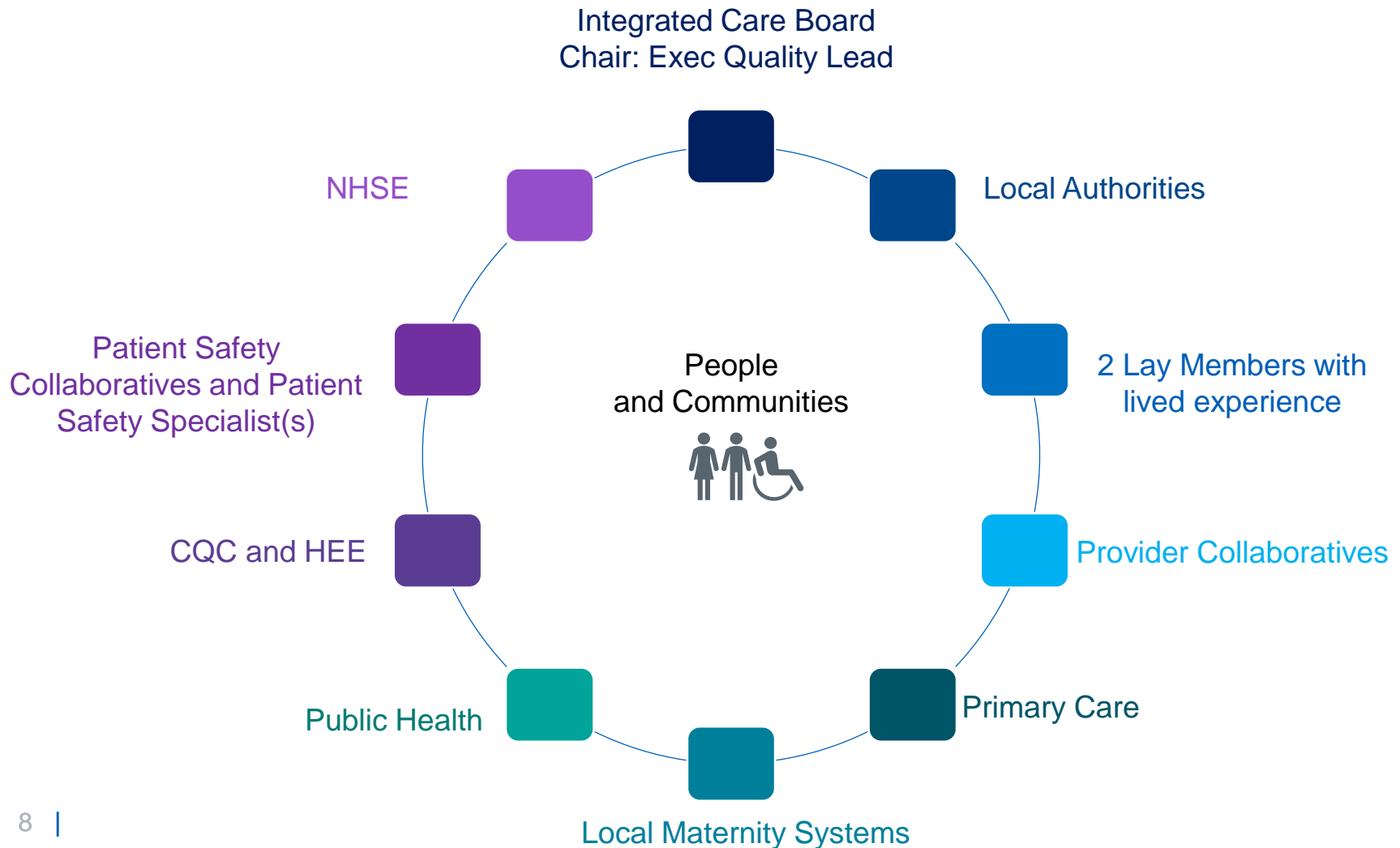
System Quality Groups (SQGs): Purpose

SQGs will provide a strategic forum at which partners from across health, social care and wider can:

- 1. Routinely and systematically share and triangulate intelligence, insight and learning** on quality matters across the system
- 2. Identify system quality concerns/ risks and opportunities for improvement and learning**, including addressing inequalities. This includes escalating to the ICB, local authority assurance (e.g. Safeguarding Assurance Boards) and Regional NHSEI teams as appropriate
- 3. Develop system 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 / use system resources to deliver improvement programmes/ solutions to the intelligence identified above (e.g. AHSN / provider collaboratives / clinical networks)
- 4. Test new ideas**, sharing learning and celebrating best practice.

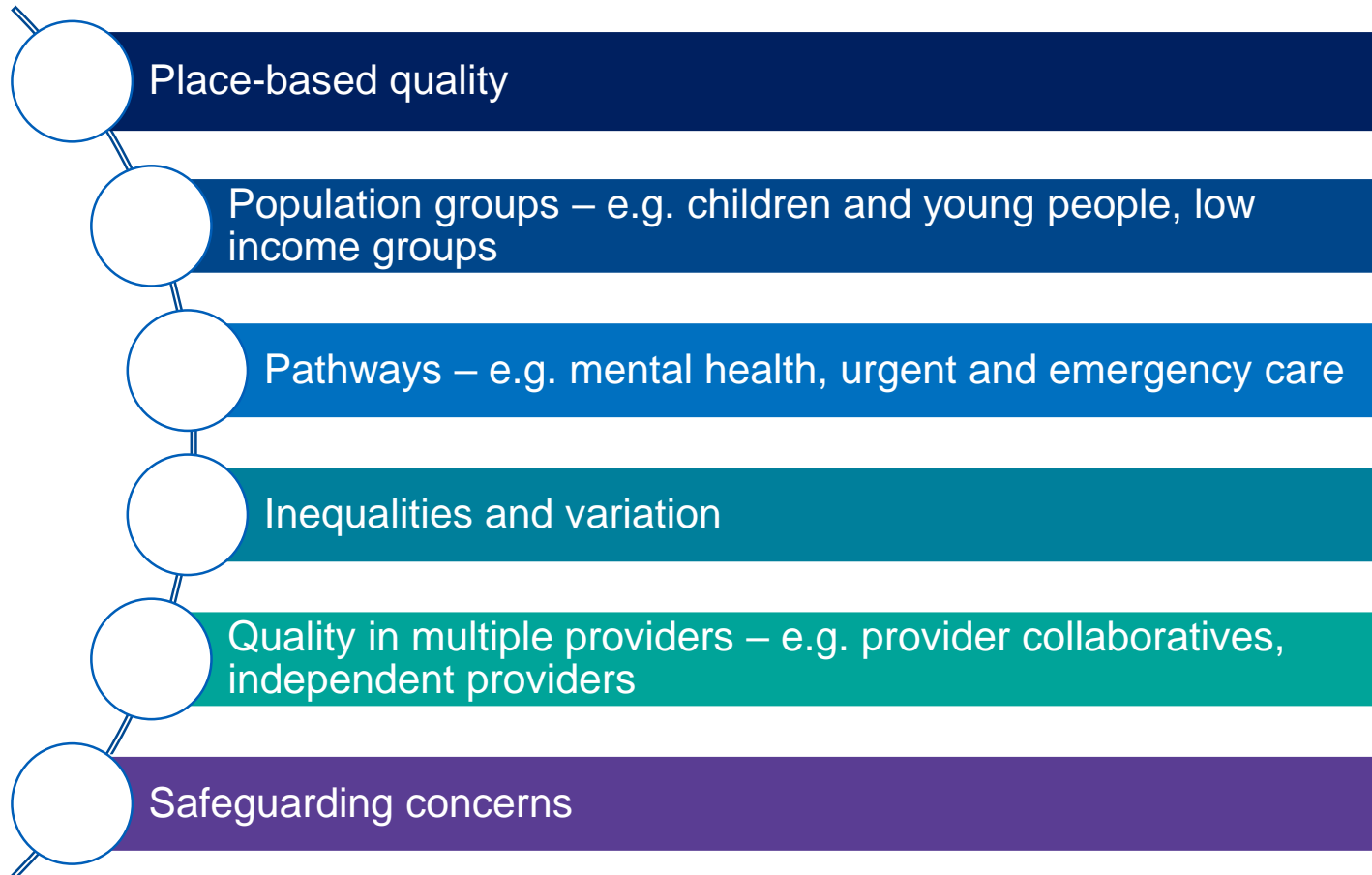
System Quality Groups (SQGs): Members

Minimum membership:



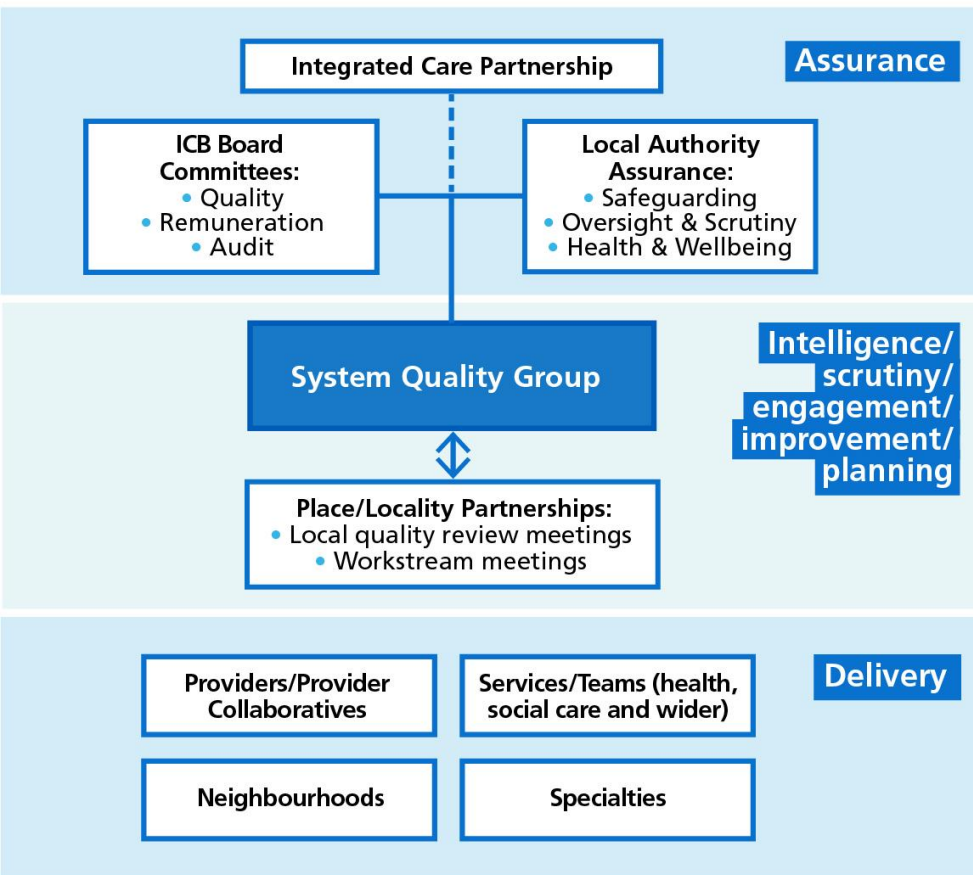
System Quality Groups (SQGs): Scope

The types of issues, actions and outcomes that come through an SQG are:



9 Learning points/ actions would be implemented by the SQG with partners.

System Quality Group (SQGs): Governance



Each ICS must have:

1. A designated **ICB Executive Lead for Quality** (e.g. Medical Director, Director of Nursing), responsible for ensuring that the ICB delivers its statutory responsibility for quality
2. A **System Quality Group (SQG)**, chaired by ICB exec quality lead, focused on improvement
3. **Defined governance, risk and response process for quality**, which ensures that risks are managed in a timely and proactive way. ICBs must have a **committee for quality assurance**, which is separate to SQG.

Next steps

8 December 2021 –
ICS quality webinar



Feb/ March 2022 –
NHSE Guidance on Quality Risk
Response and Escalation



12 & 19 January 2021 – NQB
Guidance drop-in sessions for
systems for Q&A



Mar/ April 2022-
Community of practice for
ICS Quality leads



Thank you – any questions?

Please contact the Quality Strategy team at england.qualitystrategy@nhs.net

Please also visit the ICS Quality Hub workspace, where you can access the NQB's documents:

<https://future.nhs.uk/connect.ti/ICSQualityHub/grouphome>

Val Janson
Director of Quality and Nursing
Somerset CCG

Somerset System Quality Group

Shared purpose and improving the culture

Enablers

- Agenda planning
- Risk focussed
- Open and transparent
- So what? Next steps
- Clear process of escalation and links to system working
- The power of story telling



Challenges

- Time/ full agenda's
- Capacity of all members
- Expanding membership
- Tricky issues
- Grenades
- Breadth of change



Case study: Engaging Local Authorities in System Quality Groups

In terms of **local authority assurance**, System Quality Groups are asked to consider:

- How they will ensure effective engagement with LA representatives on the group?
- How they will ensure that issues, risks, learning and trends from LA assurance (incl safeguarding concerns) are brought to the SQG and triangulated with wider intelligence?
- How they will partner with local authority assurance (eg HWBs, Scrutiny Committees) on areas and concerns of mutual interest.

The Somerset System Quality Group supports engagement in a variety of ways:

- Routine review of 'top 3 risks'
- Inviting presentations from LA representatives (e.g. Adult Social Care) to outline risks and contextual information for the benefit of system partners

Critical risks and issues facing Adult Social Care

As a result of:

- Rising demand for care and support, particularly home care
- Growing workforce pressures and challenges

...3 key 'system risks' have emerged:

1. Escalating levels of unmet or under-met care need
2. Insufficient capacity within (external) Adult Social Care provider workforce to meet demand
3. Insufficient capacity within (internal) Adult Social Care workforce to meet growing demand for care and support



improving
LIVES

- Hosting focused sessions on topics of mutual interest (e.g. Support to and outcomes for individuals with Learning Disabilities)

improving
LIVES

Derby and Derbyshire Journey to an ICS

Brigid Stacey

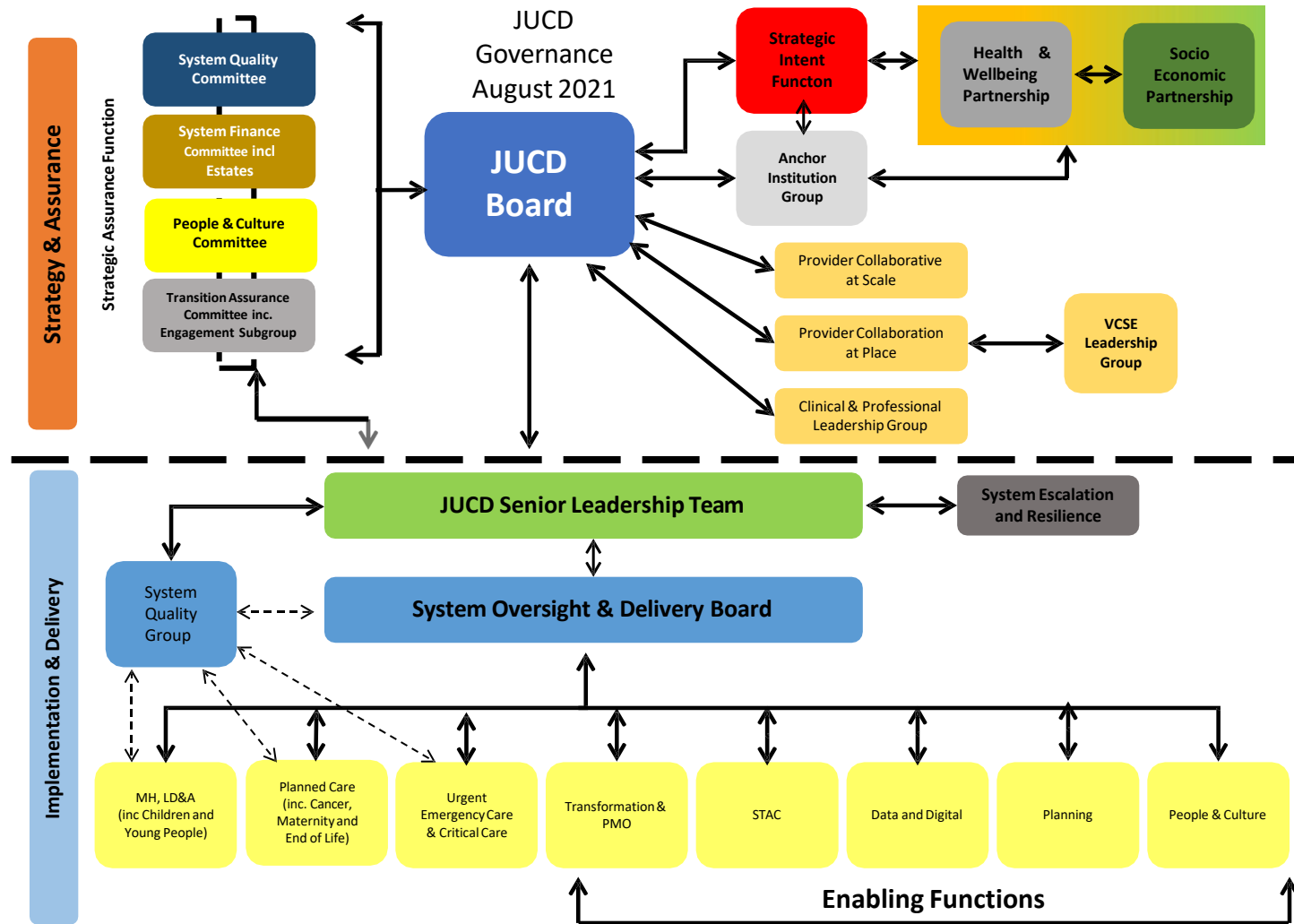
Journey so far

- System Quality and Performance Group
- System Quality Group
- Providers in the same room
- Relationships and trust
- Shifting conversation from organisation to system

System Quality Group

- Open and honest conversations
- Accountability and responsibility
- Early indicator of concerns
- Triangulation of intelligence
- System learning
- Quality improvement
- Rapid decision making and actions

Governance



Complex Children in ED

- System issue over many years
- Referral to System quality group
- New process identified
- Open and honest discussions
- Data to evidence improvement

Weekly Meetings Commenced



CED/MH by Week Beginning	01/04/21	08/04/21	15/04/21	22/04/21	29/04/21	06/05/21	13/05/21	20/05/21	27/05/21	03/06/21	10/06/21	17/06/21	24/06/21	01/07/21	08/07/21	15/07/21	22/07/21	29/07/21	05/08/21	12/08/21	19/08/21	26/08/21	02/09/21	09/09/21	16/09/21	23/09/21	30/09/21	07/10/21	14/10/21	21/10/21
All CED Attendances	575	635	685	794	711	809	814	799	893	982	971	821	832	887	875	811	763	744	838	829	781	790	854	1,111	1,181	1,189	1,088	1,252	1,116	967
CAMHS CED Attendances	30	37	46	45	48	36	35	31	20	24	25	36	27	34	30	21	14	13	11	17	14	24	11	30	23	28	28	26	29	14
CAMHS CED % All CED	5.22%	5.83%	6.72%	5.67%	6.75%	4.45%	4.30%	3.88%	2.24%	2.44%	2.57%	4.38%	3.25%	3.83%	3.43%	2.59%	1.83%	1.75%	1.31%	2.05%	1.79%	3.04%	1.29%	2.70%	1.95%	2.35%	2.57%	2.08%	2.60%	1.45%
CAMHS Admissions	10	8	4	10	8	6	5	8	4	3	7	9	3	6	3	3	3	5	1	5	3	4	5	2	7	9	5	4	3	1
CAMHS Admit %	33.33%	21.62%	8.70%	22.22%	16.67%	16.67%	14.29%	25.81%	20.00%	12.50%	28.00%	25.00%	11.11%	17.65%	10.00%	14.29%	21.43%	38.46%	9.09%	29.41%	21.43%	16.67%	45.45%	6.67%	30.43%	32.14%	17.86%	15.38%	10.34%	7.14%
CAMHS LoS 0 to 6 day	8	8	4	8	7	5	4	7	4	2	6	9	2	4	2	2	1	3	1	4	2	2	4	2	7	5	3	3	3	1
CAMHS LoS 7 day +	2	0	0	2	1	1	1	1	0	1	1	0	1	2	1	1	0	2	0	1	1	2	1	0	0	4	2	1	0	0
Ave LoS 7+ Day CAMHS	23.12	n/a	n/a	30.83	8.08	79.00	61.37	7.76	n/a	15.21	47.00	n/a	37.00	25.00	29.00	7.00	n/a	19	n/a	31	8	20	50	n/a	n/a	23	19	21	n/a	n/a
CAMHS OBD (reported at CED date)	61	11	4	85	19	85	70	15	7	17	58	26	36	65	30	8	1	40	1	15	14	42	57	1	12	103	43	25	2	2

Any questions?



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Poll 1

How much would you say this webinar has increased your understanding of improving the quality of care through ICSs?





Poll 2

Has much would you say this ICS webinar met your expectations?

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Integrated Care Webinar series 2021/2022

Next webinar

Tuesday 25 January 2022 at Midday.

Invites will be sent via SCIE's newsletter, SCIELine.

Register for SCIELine www.scie.org.uk/myscie/register

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Integrated Care Webinar series 2021/2022

A recording of the webinar, slides and resources will be shared on the **Integrated Care Learning Network**.

To join the network email

integratedcare-manager@future.nhs.uk.

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