



**Integrated  
Care System**  
Nottingham & Nottinghamshire

# Nottingham & Nottinghamshire Integrated Care System

## Quality Strategy 2022/23



Last updated 26th April 2022



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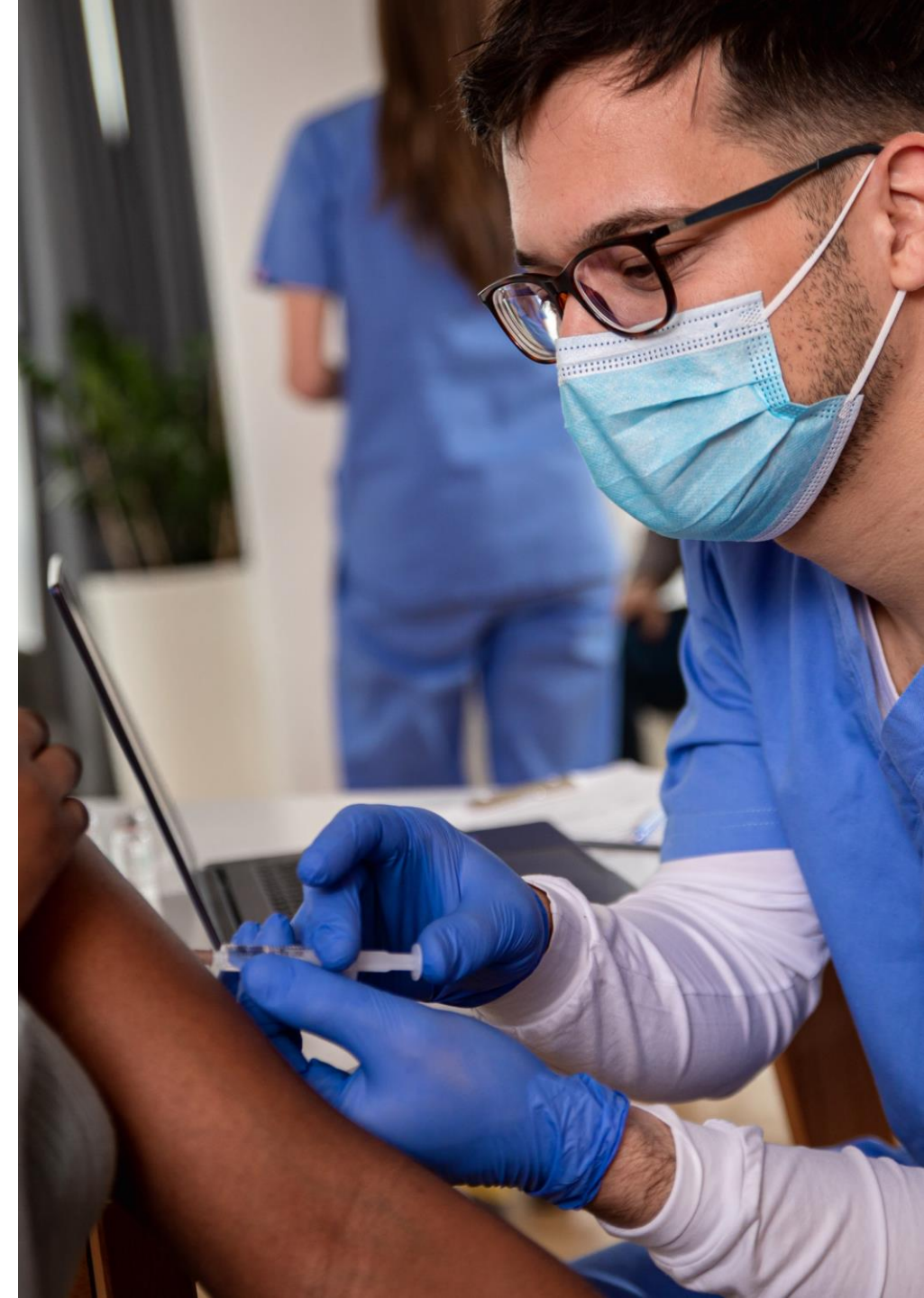
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# Introduction

We recognise that a move to a shared system means we must co-create and co-produce a shared system strategy, and use it as a living, co-created approach rather than a document on the shelf.

For 2022/23, as the system embeds and our ICS develops and formalises an overall system strategy, we are keen to develop a quality strategy. However, we recognise that it will need to be developed further over the coming year.

**We are committed to continuing to do this as partners, building on the co-creation thus far and increasing the amount of co-production with citizens in 2022/23.**



# The basis of our strategy

Our quality strategy is based in:

- Shared system quality principles
- A clear outcomes framework which guides our work and ensures that we have a focus on improvement and impact for our citizens
- System priorities for quality which acknowledge and reflect wider priorities and transformation
- Agreed ways of working across system, place and neighbourhood with a quality focus, agreeing activities which take place in each.
- Whilst principles and priorities are agreed we recognise that delivery in a new landscape will be an iterative approach
- Recognising the balance between ICB statutory responsibilities and a system response to developing a shared approach to quality and cultural development







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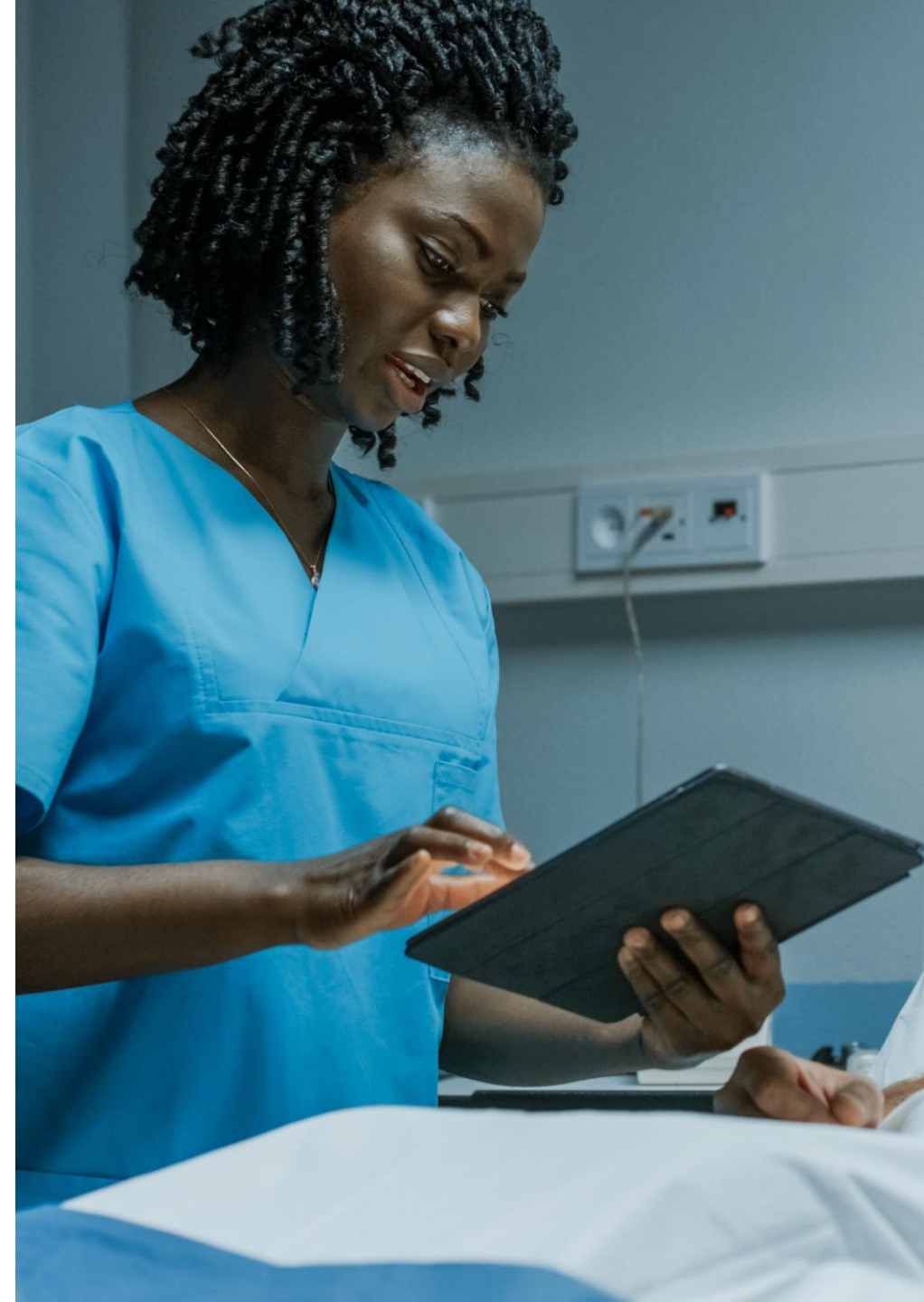
# About Nottingham & Nottinghamshire Integrated Care System (ICS)



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# Our goals

In order to realise our vision, we must deliver each of the following goals effectively and efficiently:

- Serve 1.2m people
- Support 70,000 staff in NHS and social care roles
- Integrate GP Practices into 23 Primary Care Networks (PCNs)
- Create four Place Based Partnerships (PBPs)
- Develop a Provider Collaborative at Scale
- Manage an annual budget of over £3billion for the commissioning and provision of health and care services



# Our ICS family

The organisations and professionals that have come together to form our ICS are now part of a family and will work together to achieve our goals.

**All parts of our family have different and vital roles, all rely on each other to maximise their potential, and all are equally valued.**



# Our family portrait

This table highlights all the key organisations that make up our ICS.

Nottingham and Nottinghamshire ICS							
Nottingham City PBP 396,000 population		South Nottinghamshire PBP 378,000 population		Mid Nottinghamshire PBP 334,000 population		Bassetlaw PBP 118,000 population	
8 PCNs		6 PCNs		6 PCNs		3 PCNs	
Nottingham and Nottinghamshire CCG						Bassetlaw CCG	
Nottingham University Hospitals NHS Trust				Sherwood Forest NHS Foundation Trust		Doncaster and Bassetlaw NHS Foundation Trust	
Nottinghamshire Healthcare NHS Foundation Trust (mental health)							
Nottingham CityCare Partnership (community provider)		Nottinghamshire Healthcare NHS Foundation Trust (community provider)					
East Midlands Ambulance NHS Trust							
Nottingham City Council (Unitary)	Nottinghamshire County Council						
	Broxtowe Borough Council	Gedling Borough Council	Rushcliffe Borough Council	Ashfield District Council	Mansfield District Council	Newark & Sherwood District Council	Bassetlaw District Council
Voluntary and community sector input	Voluntary and community sector input		Voluntary and community sector input			Voluntary and community sector input	

# Our principles

The way our ICS works together will be guided by three key principles:

1. We will work with, and put the needs of, our **citizens** at the heart of the ICS
2. We will be **ambitious** for the health and wellbeing of our local population
3. We will work to the principle of **system by default**, moving from operational silos to a system wide perspective

# Our values

Our principles will be underpinned by three core values:

1. We will be **open** and **honest** with each other
2. We will be **respectful** in working together
3. We will be **accountable**, doing what we say we will do and following through on agreed actions





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# Our quality strategy



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# Our commitment to quality

We are committed to:

- Ensuring the fundamental standards of quality are delivered, including managing quality risks and addressing inequalities
- Continually improving the quality of services, in a way that makes a real difference to the people using them
- Working in line with the approach and values stated in our ICS partnership compact



# Our approach so far

- We have been **led by people**; an integral part of our quality approach is our focus on **co-production** which is supported by a shared ICS approach and toolkit
- In April 2021 we developed and agreed our shared principles based around NQB advice
- We have worked together as partners to **co-create our priorities and structures so that they maximise alignment and minimise duplication** and developed relationships and principles that support us to have a positive approach
- We have agreed and developed **quality priorities that translate across system strategies**, recognising that each part of our system will interpret and implement in a place-focussed way.
- We have convened a number of system specialist groups which are supporting **collaborative shared leadership and accountability for improvement** (i.e. ICS Patient Safety Collaborative) alongside some more directly delegated system programme leadership (i.e. LMNS)
- We are working to develop **single shared understanding of quality** issues across health and social care that informs future priorities
- We have established a system Quality Assurance and Improvement Group which all partners participate in and which has been an essential part of developing a new and different approach
- Developing and embedding a '**we are assured by what assures you**' approach to move away from traditional CCG behaviours around quality assurance and improvement, including:
  - Integrated assurance through place and provider functions and approach
  - Open door and meeting approach based on mutual trust
  - Use of existing provider (quality committee) and place based processes
  - Removing additional reporting and duplication of effort

# Our philosophy

Our approach to quality will be underpinned by five key principles.

These reflect [NHS national guidance on system quality groups](#), as well as the ICS partnership compact.

**A shared commitment to quality:** We will work to have a single understanding of quality, which is shared across all services, places and partners, working collaboratively to deliver aligned patient and citizen improvement priorities with collective ownership of the risks, issues and quality challenges as well as our successes.

**Population focused:** We will co-create a clear vision to deliver quality improvement across the ICS, which draws together an understanding of population need and health inequalities with quality planning, quality control, quality improvement and assurance functions to deliver care that is high quality, personalised and equitable.

**Coproduction with people using services, the public and staff:** We will make co-production an integral part of all our work, agreeing both definitions, processes and approaches that support both improved patient experience and outcomes through person centred delivery of high quality, responsive and sustainable services.

**Clear and transparent decision-making:** We will work as a system to agree clear metrics that measure quality, including inequities and disparities in care, and safety within our system. We will be open and accountable, sharing intelligence and professional insight in a timely way which is reported publicly and transparently.

**Open and just culture:** We will work together to create a culture that is supportive and focuses on quality and outcomes for people. Our focus will be on improvement and sustaining quality of care rather than performance management. We will value citizens and staff within our system and work to maximise equity and minimise health inequalities.

# Our priorities

**Our ICS has 12 shared priorities for quality in 2022-23.**

We must ensure all these priorities articulate and recognise the different health needs and inequities in the local population, highlighting unwarranted variation, inequalities and risks to quality of care.

These will be reviewed annually to ensure they remain fit for purpose.

1. Actively support improvement to quality in partners on SOF 4 of the national framework
2. Develop and embed a just culture across our system
3. Focus on improving access to, and quality of, maternity services through the LMNS
4. Ensure that the system provides quality support to those who experience mental ill-health
5. Improve health and wellbeing for people with a learning disability and/or autism
6. Ensure we are protecting the most vulnerable
7. Support the restoration of health and care services inclusively
8. Ensure we focus on digitally enabling care which increases inclusion
9. Work to accelerate and maximise preventative programmes across our system
10. Develop a shared system understanding of quality supported by an integrated assurance and improvement function
11. Ensure the system adopts personalised approaches to care and does this in an integrated and co-produced way
12. Embed the Core20PLUS5 approach as part of our principles and quality process.



# Our plans

We have identified several key activities against each of our twelve priorities.

Examples of these are shown on this page, with further details available in Appendix A.

## Examples:

- Build upon work done around civility and Freedom to Speak Up
- Perinatal Quality Surveillance / Maternity and Neonatal Operational Activity and Demand is visible and focused on safety
- Learn from the COVID 19 pandemic to increase the pace of digital and technological solutions / options
- Establishing Quality Framework and Accountability Structure through the ICB and ICP Governance arrangements
- Delivery against the outcome metrics and roadmap identified in the ICS Signature Scheme – Integrated Person Centred Commissioning
- A Vaccination Programme for the future which learns from the previous roll out

# Aligning with partners

We will continue to align our plans with those of our partner organisations and integrate wherever possible for the benefit of all.

- Recovery & Restoration associated with C-19
- Maternity Improvement
- Electronic Prescribing & Management
- Safety Priorities: Handover; Responding & Recognising Deterioration; Pressure Ulcers; Medicine Management; Nutrition
- Experience Priorities: Communication; Noise @ Night; Dementia Care

**NUH**

- Recognising and acting upon the deteriorating patient
- Patient & family involvement in care/ care planning
- Clinical risk assessment

**NHT**

- Reduction in the number of medication incidents
- Trauma informed practice: safeguarding both adults and children
- Strengthen clinical supervision model

**City Care**

- Pathway to Excellence & Harm Free Care
- Promote Carers Passport
- Respond to Complaints & Improve FFT Rates
- Roll Out Patient Safety II & SCORE
- Reduce experience of Violence & Aggression

**SFH**

- Promote health and wellbeing in line with legal duties safeguard
- To ensure the voice and lived experience of the child & Adults are heard
- To deliver the Neglect Strategy
- Reduce Child Exploitation
- Ensure we are operating as partners as outlined in Working Together
- Develop joint effective strategies to promote and reduce the abuse & neglect

**Safeguarding  
Board /  
Partnerships**

- Collaborate and adopt a Quality Assurance & Support Framework
- Market Engagement and coproduction
- Workforce Development including pipeline

**Care Sector**

- Quality Assurance & Quality Improvement (incl. PODs)
- Meeting CQC Regulation Standards
- Performance against standards & deliverables – QOF, GP Indicators, ED attendances and Referrals
- Reducing Variation
- Learning from incidents and near misses

**Primary Care**

- To give everyone a good start in life
- To have healthy and sustainable places
- To enable healthier decision making
- To work together to improve health and care service
- A city where people feel safe to live and work, that is an exciting and welcoming place to play, study and visit, a city that is clean and environmentally sustainable, where we are ambitious for Nottingham people and businesses, and where local

**Local Authority /  
Public Health**

- Respond, Develop, and Collaborate: Optimisation of pathways and personalisation of care; digital technology to improve outcomes; continuous learning, improvement and innovation

**EMAS / DHU / NEMS**

# Delivering quality across the system

In order to deliver quality across our system we will adhere to the seven step model set out by the National Quality Board. In line with this we will:

- Use 2022/2023 to continue to develop a vision and framework to deliver quality and safety at system, place and neighbourhood level
- Design a structure that supports the delivery of the framework and the governance requirements
- Agree ways to measure quality based on the seven steps
- Define governance and escalation



# System quality in action

We will integrate quality improvement, quality control and quality assurance at System, Place and Neighbourhood levels.

## System

**QUALITY IMPROVEMENT** Working in collaboration and monitoring of an agreed set of National & Local Quality Requirements to improve outcomes

**QUALITY CONTROL** Work together to maintain quality, reduce risk and drive improvement

**QUALITY ASSURANCE** participation and oversight in all procurement processes for new services / providers, including evaluation and impact assessments

Safeguarding, LAC,  
SEND Assurance Group

Infection Prevention &  
Control Assurance  
Group

Patient Safety Specialist  
Steering Group

Care Sector Quality /  
Taskforce

Learning Disability,  
Autism, and Mental  
Health Quality

Perinatal Surveillance

System View of Quality  
(aligned to SOF, LTP,  
ICS OF, Statutory  
Requirements)

Single Item Quality  
Surveillance / Quality  
Assurance Groups

System Equality &  
Quality Impact  
Assessment

## Place

Work with PHM team for identification of priorities – health inequalities and local population with targeted plans e.g. Vaccination Programme

Quality Insight –  
Developing a Proactive &  
Responsive Framework

Quality & Safety  
Touchpoints

Care Sector Market  
Engagement / Support

Shared Accountability -  
Provider Risk Profile Tool  
/ Key Issues and Risks

Multi-Agency Case  
Reviews (focus on  
pathways of care)

Contracting &  
Commissioning  
Information Sharing

## Neighbourhood

Raising the  
Profile of  
General  
Practice  
Nursing &  
Allied Health  
Professionals

Enhanced  
Health in Care  
Homes Delivery

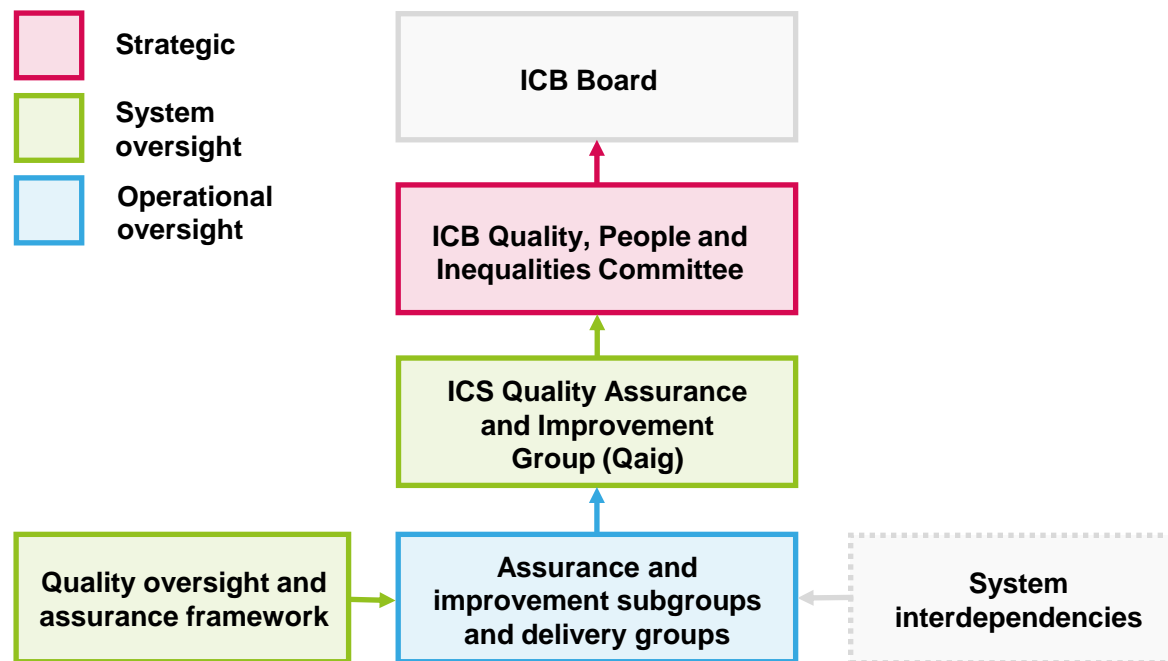
Practice-Level  
Targeted  
Support &  
Improvement  
e.g. screening  
programme

PCN-Level  
Assurance  
Framework  
(Quality &  
Sustainable  
Services)

Subject Matter  
Expertise &  
Specialist  
Interest (i.e.  
patient safety,  
maternity,  
children and  
young people)

# Governance and oversight

All our quality activity will be underpinned by robust governance and clear oversight at all levels. Greater detail is shown in Appendix B.





# Additional activity

As well as delivering our quality strategy in 2022/23, we will:

- Maintain a focus on ensuring equitable access, exceptional experience and optimal outcomes.
- Co-create and co-produce a 5-year quality strategy aligned to the ICP strategic plan which improves quality outcomes for the citizens of Nottingham and Nottinghamshire.
- Ensure that there are clear information flows between all parts of our system that provide robust and meaningful assurance without duplication.
- Support the development of quality structures and support at place, and support the continued development of the shared assurance model with provider collaboratives and system partners.
- Use CQUINS and our local quality requirements through the NHS planning process as tools to further develop our trusted partner approach to quality.
- Work through our partnership arrangements within safeguarding to develop system priorities that link into quality objectives and plans as well as the system strategy.



## Appendix A: Quality plans (Part 1)

Actively support improvement to quality in partners on SOF 4 of the national framework

- Ensure that there are clear and collaborative approaches to oversee improvements
- All system partners support improvement
- Clear and measurable improvements in access, outcomes and experience of citizens, patients and staff are recorded

Develop and embed a just culture across our system

- Build upon work done around civility and Freedom to Speak Up
- Work with our Patient Safety Specialists and Medical Examiners to learn and improve
- A consistent set of system principles
- Understand health inequalities and the impact across access, experience and outcomes

Focus on improving access to, and quality of maternity services through the LMNS

- Perinatal Quality Surveillance / Maternity and Neonatal Operational Activity & Demand is visible and focused on safety
- Recommendations from Ockenden and Kirkup are implemented
- The Better Births agenda is implemented, including embedding of personalised care and developing the building blocks for Continuity of Carer
- Increased utilisation of digital technology and developing care at community / neighbourhood for families which includes emotional wellbeing and support
- Women are involved in quality improvement and transformation activity
- High quality postnatal and neonatal co-ordinated care is seamless and holistic
- Better Perinatal Mental Health provided for families who experience mental health issues

## Appendix A: Quality plans (Part 2)

Ensure that the system  
provides quality  
support to those who  
experience mental ill-  
health

- Citizens are supported to live well
- Transition should be safe and personalised with support for carers and families
- Widen and diversify support offers through social prescribing
- Attention to physical healthcare is improved in mental health settings

Ensure we focus on  
digitally enabling care  
which increase  
inclusion

- Learn from the COVID 19 pandemic to increase the pace of digital and technological solutions / options
- Confidence and competence in digital and health literacy
- Influence service and pathway design to release time to care and improve safety
- Every patient to be offered digital-first in primary care
- Develop a shared system understanding of quality supported by an integrated assurance and improvement function

Delivering on the NQB  
Seven Steps ICS  
Ambitions

- Establishing Quality Framework & Accountability Structure through the ICB & ICP Governance arrangements
- Working towards One Quality Narrative (One Version of the Truth) with an agreed escalation and emerging concerns protocol
- System Wide Quality Insight Programme
- Ensure readiness as part of delegated commissioning functions such as pharmacy, dentistry, and optometry

## Appendix A: Quality plans (Part 3)

Ensure the system  
adopts personalised  
approaches to care and  
does this in an integrated  
and co-produced way

- Delivery against the outcome metrics and roadmap identified in the ICS Signature Scheme – Integrated Person Centred Commissioning
- Agreement of the Co-production strategy and Toolkit
- Scaling up person centred approaches i.e. personal health budgets, shared decision making

Work to accelerate and  
maximise preventative  
programmes across our  
system

- Full commitment to the Ageing Well Programme including working with Primary Care Networks / Neighbourhoods and Local Councils to build enhanced support offers
- Reducing reliance on inpatient care and ensuring we're responding to population health and care needs
- Developing Communities of Practice focusing on unmet need including contextual safeguarding
- Continue to improve uptake in cancer screening and vaccination programmes

Ensure we are protecting  
the most vulnerable in  
our communities

- A Vaccination Programme for the future which learns from the previous roll out
- Maintaining the momentum with IPC ensuring our Board Assurance Frameworks are prioritised, in addition to system wide readiness, support, and oversight
- Embed a system wide harms prevention approach as an adjunct to the patient safety agenda
- Targeting resources to population need – recognising the opportunity in proportional universalism
- Addressing inequities and disparities in care

## Appendix A: Quality plans (Part 4)

Support the restoration  
of health and care  
services inclusively

- An agreed Plan
- Local Quality Requirements which support restoration
- Focus on impact and harm

Improve health and  
wellbeing for people  
with a learning  
disability and/or  
autism

- Reduction in reliance on inpatient care and development of community services to support admission avoidance and timely discharge.
- Increased number of annual health checks to support people with LDA to live well
- More support for autistic services and minimised waiting times for diagnosis
- Implement actions from LeDeR mortality reviews to tackle inequalities



## Appendix B: Governance and oversight detailed view

