



Birmingham and Solihull  
Integrated Care System  
Caring about healthier lives

# **Birmingham and Solihull Integrated Care System Quality Approach**

1<sup>st</sup> November 2023

# Birmingham and Solihull Integrated Care System (ICS) Quality Framework

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## Background

The Birmingham and Solihull ICS Quality Framework was approved by Quality Committee on the 15th February 2023. This framework constituted of the following five elements is intended to support the improvement of outcomes for our population:

- Safety
- Effectiveness
- Equity
- Patient Experience
- Value

## Quality Framework Purpose

The ICB has overall accountability for ensuring provision of quality care across the ICS. This has two components:

- Ensuring that individual providers and, in time, provider collaboratives or service integrators are providing care of appropriate quality in their own organisations, within frameworks of suitable quality governance. Providers retain statutory responsibility for the quality of such care.
- Ensuring that the ICS is working together as a whole to provide care of appropriate quality for its entirety. This will need collaboration between providers and may on occasion, across a whole system pathway, need an individual provider to change how it delivers care due to significant risks experienced by another provider.

## This Framework:

- Ensures that the ICB is sighted on major system quality risk, concerns, their mitigations, and controls.
- Assures NHS England (NHSE) of quality governance within the ICS.
- Provides the foundation for system working around quality – based on collaboration, trust, transparency, and ongoing learning.
- Champions the need to ensure that quality is a shared goal that requires us all to commit and act whilst respecting organisational needs.

The Quality Framework does not change the statutory responsibilities of individual organisations, nor undermine their independence, but highlights the strategic importance of working together to measure, champion and drive improvements in quality.

# Birmingham and Solihull Integrated Care System (ICS) Quality Framework Governance Design

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The following groups form part of the Birmingham and Solihull ICS Quality Framework:

## **Quality Committee (QC)**

A committee of the ICB with delegated authority for quality oversight. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there are effective systems of quality governance and risk management, both at provider and system levels, to support it to effectively deliver its strategic objectives and provide sustainable, high-quality care. Members are: Non-executive Director (chair), ICB Chief Nursing Officer, ICB Chief Medical Officer, and representation from acute, primary care, mental health, community services, local authorities and children and young people. This meeting is monthly. Partner organisations must ensure attendance with deputies attending if needed.

## **System Quality Group (SQG)**

A strategic, multi-stakeholder, system forum to share quality insight and intelligence, identify opportunities for improvement, and, on escalation, provide structured review and oversight of quality concerns. Levels of risk and concern, using a RAG rating approach (Slide 5), will drive topic discussion, frequency of review and stakeholders present; escalation and de-escalation mechanisms are established to guide proportionate oversight. Members are: ICB Executive Quality Lead (chair), ICS partners, regional NHS England teams, CQC, Health Education England, Public Health and Healthwatch. This meeting is weekly. The System Quality Group will report directly to both the NHSE Regional Quality Group (monthly) and to the BSOL ICB Quality Committee. The outputs and conclusions of this group will also be reported to the BSOL ICB Board

## **ICB Quality Improvement and Assurance Group**

An internal ICB group, co-chaired by the ICB Chief Medical Officer and ICB Director of Nursing for Quality Improvement. This group has two functions:

- To ensure quality oversight of ICB provided services e.g., Continuing Health Care.
- To act as an escalation filter for ICB Quality Committee sub-committees and provider quality meetings by reviewing the outputs, holding, and maintaining the ICB quality risk register.

## **Quality and Risk Groups are sub-committees of the Quality Committee.**

System groups responsible for overseeing quality assurance and improvement linked to care programmes as defined by the ICS Operating Model. These groups are responsible for:

- Defining and recording risk associated with the care programme
- Defining appropriate measures of quality and their monitoring.
- Structured reporting and escalation to the Quality Committee.
- Identifying opportunities for improvement.

# Birmingham and Solihull Integrated Care System (ICS) Quality Framework Governance Design - continued

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## **Statutory sub-committees of the ICB Quality Committee**

These groups will meet as per their Terms of Reference and report in a structured manner into the Quality Committee. These include:

- Heath Safeguarding Board holds the Statutory responsibility.
- Medicines Management and Optimisation Group.
- Infection, Prevention and Control Committee.

Chairing will be via a distributed leadership model with attendance as per the Terms of Reference.

## **Other Quality sub-committees**

These include Learning from Deaths, Patient Experience (to be established), and system CQC (to be established). These will be focussed on system wide learning and improvement.

## **Provider Collaboratives/Service Integrators**

From April 1st, 2023, a Mental Health Provider Collaborative was formed with the Lead Provider as Birmingham and Solihull Mental Health Foundation Trust. Quality oversight remains with the ICB Quality Committee with arrangements for collaborative oversight as felt appropriate to risk. Attendance at all system meetings will remain. A similar process will occur on formal delegation to further collaboratives.

## Quality Framework - RAG Rating Approach

RAG Rating	Focus	Attendance	Considerations	Interventions
Red - targeted	Significant and serious concerns Significant Quality Concerns – consider need to act rapidly to protect patients or staff.	Provider, ICB, CQC, NHSE, WTE, GMC, NMC & Healthwatch	Contractual, regulatory/ enforcement action and/or provide improvement support and performance management.  <i>(including actions at amber and green)</i>	Consideration of embedded external support to provide direct improvement support, wider stakeholder visits for insight and assurance.
Amber – enhanced	Quality concerns identified.  Ensure action is taken to mitigate / resolve issues and drive improvement in quality.	Provider, ICB, NHSE & Healthwatch	Do we need to do more to address concerns, or collect more information? Provide improvement support <i>(building on green)</i>	ICB visit to agree practice standards with agreed audit. Clear agreed actions. Hold quality or practice summits.
Green – routine	Review quality of services; any concerns or risks to quality, ensure action is taken to mitigate resolve issues locally and drive improvement in quality.	Provider & ICB – ‘business as usual approach’	Triangulation of information and intelligence	Routine quality assurance, visits and audit.
<u>Quality Improvement Support:</u> Quality Improvement Summit for deep dive into areas and tiered to levels of escalation. i.e. flow and discharge, mental health beds, workforce. <b>Once quality concerns have been addressed return providers to a ‘routine’ level of surveillance.</b>				

## Quality Improvement (QI) Approach

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- The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.
- Formalised Quality Improvement (QI) is a key component of our quality framework. A stocktake of capacity and capability across the ICS was conducted in 2022. Each large provider has its own methodology with varying degrees of integration into internal operating models. This will be further developed with the introduction of NHS IMPACT.
- Our QI approach, underpinned using Quality, Service Improvement and Redesign (QSIR) methodology, will be linked to the development of person-centred system linked Practice Standards where agreed metrics will be developed across pathways of care. Audit against these standards will facilitate benchmarking of performance and identify areas for further QI. There will be a focus on improving services and sharing of learning to enable assurance and empowerment across the system.

## Current Areas of Focused Quality Improvement

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Weekly, ICB-chaired, multi-stakeholder, System Quality Group meetings now streamline regulatory and external stakeholder oversight. Red-rated items from these meetings are documented alongside progress of improvement

Areas of key concern are reported to the Quality Committee, and Actions and oversight arrangements are identified. Any remaining red rated items are reported to the ICB Board.

The following key quality concerns are highlighted below enable the Birmingham City Council Health, Adult and Social Care Overview and Scrutiny Committee to prioritise system focussed quality reports to future meetings:

- Learning Disability and Autism Quality Improvement Programme
- Children with special educational needs and disabilities (SEND) Wait Lists
- Mental Health Crisis Pathways
- Maternity and Neonatal Improvement Plans
- Urgent & Emergency Care Pathways
- Safer Staffing / Workforce