Mid and South Essex Integrated Care System

NHS
Mid and South Essex

Mid and South Essex ICS

Quality strategy implementation plan

Full year 2022-2023

Introduction

The Mid and South Essex Quality Strategy has been co-produced across system partners with its foundations in the National Quality Board's (NQB) Shared Commitment to Quality, as our framework for quality improvement and assurance in the developing landscape of our Integrated Care System (ICS).

The strategy sets out a vision for our future, using the solid foundations from the Mid and South Essex Clinical Commissioning Groups and creating new and innovative ways of working to build a framework enabling us to improve quality for all, recognise and reduce inequality, and to manage risk effectively.

The strategy was developed during the Covid pandemic which challenged the NHS and care services. This significantly impacted on our ability to deliver our aspired and usual levels of service and has resulted in a need to plan system recovery. It has also provided the opportunity to capture any learning from and that continues to come from the pandemic, to transform, raise standards and improve outcomes.

The Mid & South Essex System is now establishing how to implement and measure our Quality Strategy which was developed in 2021, but due to legislative delays was not formally implemented. The following implementation plan is for Year 1 of 3 (2022/23) sets out our ambitions and priorities to improve health and wellbeing for people in Mid and South Essex, supporting our residents to live healthier and more independent lives; promoting self-care and prevention by putting quality at the heart of decision making, whilst keeping up with the challenges of a rapidly changing world.

This first iteration of our NHS implementation plan focusses on our main healthcare provider ambitions and the delivery of quality by developing our local system in line with national guidelines.

Rachel Hearn
Executive Director of Nursing & Quality

Quality - Core Functions & Responsibilities

There are noted core functions and responsibilities that were reflected in NHS England's' Quality Functions & Responsibilities of Integrated Care Systems' published in January 2022, which summarises how quality functions are expected to be delivered through Integrated Care Systems from July 2022. The functions covered were not exhaustive and it is understood that work is ongoing, as systems mature.

The functions covered are:

1. Strategic quality requirements –NQB Position Statement and National Guidance on System Quality Groups
2. Operational quality systems and assurance – Independent Investigations (including Mental Health Homicides); Regulation 28 reports; Professional Standards; Controlled Drugs Accountable Officer Function; Whistle blowing and Freedom to Speak Up; Quality Accounts; Infection Prevention and Control and Antimicrobial Resistance
3. Safety -Insight, involvement and improvement (including medical examiners, patient safety improvement programmes, Patient Safety Incident Response Framework (PSIRF), Learn From Patient Safety Events (LFPSE)
4. Experience –Improving peoples, service user and unpaid carer experience of care; insight and feedback
5. Effectiveness –National Clinical Audits; NICE technologies appraisals and guidance; Get It Right First Time (GIRFT)
6. Safeguarding –safeguarding assurance and accountability, including Children in Care/ Looked After Children; Child Death responsibilities

Arrangements for complaint shave not been confirmed to date and responsibilities for transformation and quality improvement programmes (e.g. LeDeR, CYP)

Quality Performance Monitoring

For our Quality Strategy be implemented, we need to determine and develop our quality governance within the new integrated care landscape. The National Quality Board and NHS England have released a number of papers to help formulate a cohesive approach.

This means that the way in which we report our **quality performance** is under development and will be periodically reviewed as a matter of course. Good performance reporting is based on quality not just quantity and '..is a means to an end, never an end in itself. The purpose of information is to promote action.' *

A significant development in reporting **key performance indicators** will be available via the national quality dashboard ^ to which providers Nationally enter their specific data, aiding reporting for experience, safety and effectiveness and supports the provision of monthly summary data, more detailed quarterly data, and annual performance review data and moving towards a single locally developed system dashboard. These quality indicators will be the foundations of our **Quality Management System** and transforming services which will assist in improving quality and reducing inequality across the system.

Work will now focus on developing our new **reporting structure**, integrating peoples experience, people's safety and clinical effectiveness data to reflect themes, trends and learning from across these areas. In addition, this new reporting framework will become the main vehicle for on-going reporting of progress against quality improvement priority goals, with the resulting Quality Report providing a vehicle for our annual report.

* Chartered Institute for Management Accountants (2003). Performance Reporting to Boards: A Guide to Good Practice. Available at: http://www.cimaglobal.com/documents/importeddocuments/perfrpttoboards_techguides_2003.pdf ^ Appendix 1

At the heart of our reporting will be:

- developing anew set of **person-driven/ system linked quality measures**, ensuring that we are measuring what matters most to our people focussing on co-production
- the ability to **benchmark** our performance nationally so that we know where we stand relative to the best
- reporting at place/locality level so that we know whether and where there is variation in performance, providing early warning signs to support action planning or escalation of issues/risks
- focussing on **improving** services and sharing **learning**, for the system to be empowered -assured rather than reassured.

In addition, the following considerations will be built into our review of reporting:

- developing **pathway-based reporting** and whole pathway metrics through determining, measuring and reporting the most important measures of quality relevant to each pathway over the whole pathway of care
- routine **triangulation** of user data and any other relevant data, including soft intelligence from regulators/system partners including our Local Authorities
- a review of **data quality**, to ensure that it is fit for purpose, accurate, valid, timely and comprehensive
- identifying any **disparity** in reporting to ensure comprehensive and equitable reporting without duplication

Quality – MSE ICS/ICB Proposed Objectives: Top 6 for System Quality Group

1 Developing and maturing System relationships

- Maturing the System Quality Group and quality governance structure for system partner accountability and ownership
- Developing a single quality assurance framework and surveillance tool dashboard in collaboration with system partners
- Use lived experience and the quality of interaction with those accessing our services to understand the quality of care provided in MSE ; including shared decision making, treatment planning and access to services
- Working with Regulators to support the development of system oversight –including the oversight of quality improvement plans and working together to produce an early warning surveillance system
- Continue to horizon scan for any changes to national guidance to ensure compliance with national directives.

2 Quality support recovery from Covid

- Completion of Harm reviews and quality oversight of Referral to Treatment and cancer waiting lists, including shared learning locally, regionally and Nationally
- Infection Prevention and Control oversight of outbreaks –understanding learning and providing support/training assurance across all partners
- Re-introduce the Adopt, Adapt, Abandon (AAA) concept to ensure continued oversight from a quality perspective regarding new ways of working adopted as a result of Covid, to ensure quality / outcome improvements and innovation continues.

3 Maternity services improvements and transformation

- Delivery of the Maternity Improvement Plan
- Support exit from the CQC warning notice and Maternity Safety Support Programme
- Oversight of the Immediate and Essential Actions from the final Ockenden report (and any other national reports)
- Continued delivery of the National Maternity Transformation Programme priorities

4 Care Sector support

- Quality support to care sector providers (training and support) working collaboratively across systems partners
- Improving the lived experience of discharge from inpatient settings to care sector placements –the key being that lived experience is a driver for change
- Oversight of the outcomes for individuals of the Enhanced Health in Care Homes programme of work

5 Learning from incidents, serious incidents, Never Events, complaints and plaudits

- Share learning from Safeguarding Boards, providers, and system reviews –understanding and using the overarching themes including any identified inequalities to support safer care
- Provide a platform for and produce a collaborative system learning programme to support sharing, training, innovation and effectiveness
- Ensure successful implementation of Patient Safety Incident Response Framework (PSIRF) across all providers, along with the closing down of the Serious Incident Framework

6 Provision of safe Mental Health care for all ages

- Ensuring robust quality oversight and monitoring is integrated within the transformation of mental health all age pathways
- Ensuring appropriate integrated teams across the system are involved to ensure safe care of children and people in the right setting, using the quality lens as a determinate of suitable care
- Ensure learning and evidence assurance of risk mitigation in mental health inpatient settings and community services is clearly focused and embedded in practice.

Measuring the success of this strategy

The success of the strategy will be measured against its key principles.

1 **A shared commitment to quality** – having a single understanding of quality, which is shared across all services. Working together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges.

2 **Population-focused** - Clear quality improvement priorities based on a sound understanding of quality issues within the context of our local resident's needs, variation and inequalities.

3 **Co-production with people using services, the public and staff** - Meaningful engagement ensures that people using services, the public and staff shape how services are designed, delivered and co-evaluated. **ALWAYS.**

4 **Clear and transparent decision-making** – working together in an open way with clear accountabilities for quality decisions, including ownership and management of risks, particularly relating to serious quality issues.

5 **Timely and transparent information sharing** – sharing data and intelligence across the system in a transparent and timely way.

6 **Subsidiarity** - Management of quality largely takes place locally; and is undertaken at scale where there is a need to improve the health and wellbeing for the local population

Additionally, **performance indicators** for measuring the success of the strategy will be developed and refined, together, through the Quality governance structure. These will include specific measures to evaluate the impact of the strategy for example **experience of our residents, mortality, population health outcomes, cancer survival, CQC ratings**

Local Performance sitting alongside National Performance, indicators may include:**

- % quality improvement goals achieved within agreed timescales
- Numbers of people and staff who are involved in the process
- Numbers of people from hard-to-reach groups who are involved in the process
- Views of the Quality Committee on its effectiveness

Patient experience impact measures may include:

- National and local patient survey scores
- Decrease in complaints relating to issues addressed through quality improvement goals
- % quality priorities selected which are high priority for people and staff

Whilst planning to build on current good practice, timescales will be dependent on the formalisation of ICBs, currently planned for 1stJuly 2022.

** Appendix 2

Timescales for Implementation (2022/2023)

Delivering Quality Key Principles	Objective	By When	Delivering (so what?)
Identify & monitor early warning signs & quality risks; Plan & coordinate transformation locally & at system level; Deliver ongoing improvement of quality experience & outcomes			
• A shared commitment to quality • Population focused • Co-production • Clear and transparent decision-making • Timely and transparent information-sharing • Subsidiarity	Establishment of the Integrated Care Board (ICB)Part of structure reporting to Integrated Care Partnership (ICP); Regional and National Quality Governance	• Formally July 2022 –subject to agreement through Parliament	Board high level oversight of system quality issues
	Establish ICB Quality Committee - Draft Terms of reference available from NHS England - Schedule of Business; Agree measures for the success of the strategy including specific impact measures in relation to peoples experience across pathways	• Formal sub committee of the ICB Commence July 2022 frequency TBC	Delegated responsibility for quality, escalation point for serious concerns in providing safe care
	Development of System Quality Group (SQG) - ToRs for adoption - Blending and integration across health, social care, public health and the wider ICS - Agree quality improvement priorities 2022/2023 - To include metrics, National Quality Dashboard extracts and Quality Toolkit	Further development as system matures throughout 2022/2023 January 2022 B0894-nqb-guidance-on-system-quality-groups.pdf (england.nhs.uk) By end Q1 2022/2023	System workhorse
	Place Quality Forum –led by Place Quality Lead - Sharing local intelligence and identifying opportunities	Planned to commence in 2022/2023 frequency TBC	For agreement including local focus on key issues at place and escalation from providers to SQG
	Provider Assurance at provider level - Development of own Quality Strategies, including accountability, delivery, information gathering and reporting including Quality Assurance Visits	Already in place MSEFT Strategy, specific programmes, metrics and deliverables for 2022/23 going to Trust Board March 2022	
	Annual Report review of reporting across experience, effectiveness and safety.	End 2022/2023	
	System progression, using provider Quality Accounts as a vehicle to bring cohesive approach for quality priorities	As per NHSE timetable –QAs due for publication June 2023	Working with NHSE/NQB to develop system maturity into the future

Timescales for Implementation (2022/2023)

			2022/22	2022/23			
			Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Objectives		By whom	March	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Objective 1	**Establishment of Integrated Care Board**				July		
Tasks	1.1 Confirmation of date for ICB	Royal Assention					
	1.2 ICB established	Governance Team					
Objective 2	**Establishment of ICB Quality Committee**						
Tasks	*Recommended but not mandatory*						
	2.1 Terms of Reference Draft	NHSE					
	2.2 Membership	EDON/DONs					
	2.3 Schedule of Business	Committee					
	2.4 Terms of Reference Final	Committee					
	2.5 Improvement Priorities	Committee					
	2.6 Metrics	Committee					
	2.7 Go Live -tentative	Chair/admin			July		
	2.8 Proposed bi-monthly	Chair/admin			Sept	Nov	Jan Mar
Objective 3	**Development of System Quality Group**						
Tasks	3.1 Terms of Reference Final	From NHSE Draft					
	3.2 Membership	SQG					
	3.3 Schedule of Business	SQG					
	3.4 Improvement Priorities	SQG					
	3.5 Metrics	SQG					
	3.6 Meetings Planned - Monthly 1st Wed	Chair/admin	2nd	6/4/22 4/5/22 1/6/22	6/7/22 3/8/22 7/9/22	5/10/22 2/11/22 7/12/22	1/1/23 1/2/23 1/3/23
Objective 4	**Place Quality Forum**						
Tasks	4.1 Terms of Reference Draft	NHSE					
	4.2 Membership	Forum					
	4.3 Schedule of Business	Forum					
	4.4 Terms of Reference Final	Forum					
	4.5 Improvement Priorities	Forum					
	5.6 Metrics	Forum					
	4.7 Go Live -tentative	Forum					
	4.8 Proposed frequency	Forum					

			2022/22	2022/23			
			Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Objectives		By whom	March	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Objective 5	**Provider Assurance**						
	Provider Quality Committees	CCG attendance		MSEFT Monthly	MSEFT Monthly	MSEFT Monthly	MSEFT Monthly
	Quality Assurance Visits	Provider/ICB Qlty		Monthly	Monthly	Monthly	Monthly
	Provider Quality Accounts - compliation/Publication	Provider/ICB		30/06/2022			
Objective 6	**Annual Report -compliation/ Publication**	CCG/ICB					

Appendices

Appendix 1 – Quality Dashboard Example

Quality Toolkit - Indicator Trends

NHS

I want to look for a:	The 'ICS/STP' I want to see is:	
ICS/STP	Mid And South Essex STP	Apply

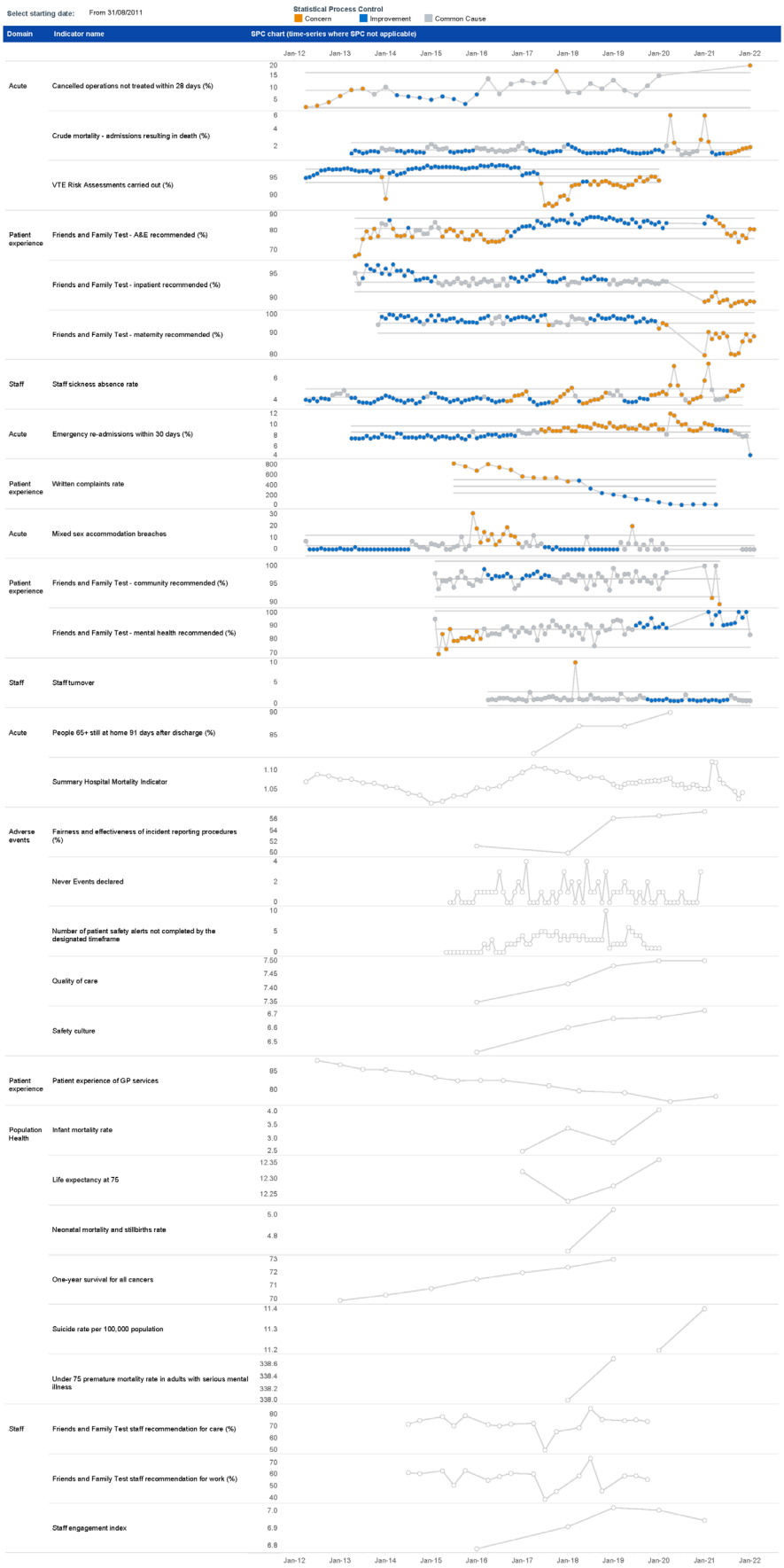
Filter to reduce the number of indicators presented in the table and SPC charts

Domain: All Indicator: All

Statistical Process Control
Concern Improvement Common Cause

Domain	Indicator Name	Reporting period	Frequency	Indicator value (latest period)
Acute	Cancelled operations not treated within 28 days (%)	Dec-21		19.1%
	Crude mortality - admissions resulting in death (%)	Jan-22	Monthly	1.9%
	VTE Risk Assessments carried out (%)	Dec-19	Monthly	94.2%
	Emergency re-admissions within 30 days (%)	Jan-22	Monthly	4.3%
	Mixed sex accommodation breaches	Jan-22	Monthly	0
	People 65+ still at home 91 days after discharge (%)	Mar-20	Annual	89.7%
	Summary Hospital Mortality Indicator	Oct-21	Monthly	1
Adverse events	Fairness and effectiveness of incident reporting procedures (%)	Dec-20	Annual	57.4%
	Never Events declared	Nov-20	Monthly	3
	Number of patient safety alerts not completed by the designated timeframe	Jan-20	Monthly	1
	Quality of care	Dec-20	Annual	7
	Safety culture	Dec-20	Annual	7
Patient experience	Friends and Family Test - A&E recommended (%)	Jan-22	Monthly	80.7%
	Friends and Family Test - inpatient recommended (%)	Jan-22	Monthly	89.1%
	Friends and Family Test - maternity recommended (%)	Jan-22	Monthly	88.5%
	Written complaints rate	Mar-21	Quarterly	23
	Friends and Family Test - community recommended (%)	Jan-22	Monthly	
	Friends and Family Test - mental health recommended (%)	Jan-22	Monthly	
	Patient experience of GP services	Mar-21	Annual	78.3%
Population Health	Infant mortality rate	Dec-19	Annual	4
	Life expectancy at 75	Dec-19	Annual	12
	Neonatal mortality and stillbirths rate	Dec-18	Annual	5
	One-year survival for all cancers	Dec-18	Annual	73.0%
	Suicide rate per 100,000 population	Dec-20	Annual	11
	Under 75 premature mortality rate in adults with serious mental illness	Dec-18	Annual	339
Staff	Staff sickness absence rate	Oct-21	Monthly	5.3%
	Staff turnover	Jan-22	Monthly	0.8%
	Friends and Family Test staff recommendation for care (%)	Sep-19	Quarterly	74.4%
	Friends and Family Test staff recommendation for work (%)	Sep-19	Quarterly	55.9%
	Staff engagement index	Dec-20	Annual	7

Summary table at ICS level



Appendix 2 - Provider Quality Priorities

Alongside the national quality reporting requirements, to provide an overview of quality areas that are important to MSE providers locally, providers have outlined some of their ambitions to deliver their quality priorities mainly via their annual Quality Accounts/Reports and via their own Quality Strategies. In compiling our implementation plan, we recognise that timings may require adjustment and revision due to system pressures, mainly from the on-going impact of Covid 19.

Moving forward for future priorities it is anticipated that the whole system will work together to prioritise further those areas that will impact on all health and care sectors.

Delivery of their priorities and any impact on quality will be presented via the ICB reporting and accountability structure, which is being finalised prior to our formal transition to an ICB in 2022.

Key:

(QA) Quality Account/Report –due end June 2022. Outcomes from QA are reported annually these will be reviewed and renewed for2022/2023 in 2021/2022 Quality Account publications

Strategic Ambitions

Immediate, Short term –three months, Medium term –by March 23 and Long term –within 3 years

Safety First, Safety Always –ends 2023

Documentation used to compile Implementation Plan:

Provider 2020/21 Quality Accounts, 2021/2022 Quality Priorities –anticipated as carried forward due to Covid 19 impacts additional priorities to be established from 2022/2023 Quality Accounts once published (June 2022)

Provider Quality Strategies where available

MSE Local quality priorities

Quality Priorities (from Published Quality Accounts/Strategies	
Patient Safety	
Mid and South Essex Foundation Trust (MSEFT)	**QA** i. Improving the safety of maternity services Reducing avoidable harm events by reducing incidence **Strategy** i. Reducing avoidable harm events increasing visibility of performance and sharing of learnings ii. Improve staffing levels, confidence, and competence across high-risk areas iii. Implement Employee Value Proposition and Strategic Workforce Plan to attract and retain staff iv. Work with our ICS to support patient safety
North East London Foundation Trust (NELFT)	**QA** i. Access to consistent, high quality patient safety resources according to role ii. Update strategy on the use of restrictive interventions iii. To reduce the violence and aggression within our Mental Health Inpatient wards
Essex Partnership University Trust (EPUT)	**QA** i. Reducing Restrictive practices; ii. Learning from Deaths; iii. Sexual Safety; iv. Physical Health Pathways; v. Continuous Learning **Safety First, Safety Always** i. Creating a working environment where staff feel safe, happy and empowered to provide the best quality of care ii. Facilitating and inspiring patient safety initiatives through new ways of working iii. Building the foundations for safety through governance, processes and availability of information that put safety first

Quality Priorities (from Published Quality Accounts/Strategies	
Patient Safety	
Provide CIC	**QA** i. To undertake quality review audits to assess the level of quality delivered and identify actions for improvement. ii. To continue to support the national response to the pandemic iii. To continue to embed good practice in wound care and enhanced through participation in wound strategy groups
East of England Ambulance Services Trust (EEAST)	**QA** i. Developing the Learning from Deaths programme further ii. Complete the development of and start to embed the Patient Safety Response Framework (PSRF)
Hospices	**QA** i. Digital Transformation of Farleigh clinical services to improve quality, safety and efficiency of service delivery. ii. St Lukes –Increase awareness and access to people with learning disabilities iii. St Lukes –new hospice site in Thurrock iv. St Francis –occupational and physiotherapy new model of care
Integrated Care Board	Date of ICB establishment delayed to 1stJuly 2022 Collaborative approach for Quality Strategy development **Interim** i. Support for Serious Incidents via SINE panel ii. Attendance at provider quality committees and associated meetings iii. Harm Review participation **System** i. Workforce ii. Tier 4 Children iii. Eating Disorders iv. Patient Safety issues

Clinical Effectiveness	
Mid and South Essex Foundation Trust (MSEFT)	**QA** i. Improving patient outcomes reducing inpatient cardiac arrests due to delay in recognition of patients at risk **Strategy** i. Improve clinical coding to improve the accuracy of our mortality data ii. Embed action plans for improving emergency laparotomies iii. Embed action plans for improving our hip fracture pathways iv. Further understand and improve our mortality rate v. Strengthen our maternity services –support, training and staffing vi. Work with our ICS to improve cancer outcomes reducing waiting times and working collaboratively vii. Reduce the likelihood of patients being readmitted in an emergency viii. Improve stroke services in line with best practice ix. Work with system, regional and national partners to participate in more research programmes x. Establish service-specific quality improvement programmes xi. Improving patient outcomes reducing inpatient cardiac arrests due to delay in recognition of patients at risk
North East London Foundation Trust (NELFT)	**QA** i. Access to consistent, high quality patient safety resources according to role ii. Update strategy on the use of restrictive interventions iii. To reduce the violence and aggression within our Mental Health Inpatient wards
Essex Partnership University Trust (EPUT)	**QA** i. Transformation: Ensure the right services are in the right place at the right time across Mental and Community Health Services
Provide CIC	QA i. Embed and build on the delivery of virtual services and use of technology and innovation to increase access to and versatility of services ii. Work in collaboration with colleagues across mid and south Essex integrated care system to review the community nursing service structure

Clinical Effectiveness	
East of England Ambulance Services Trust (EEAST)	**QA** i. Using learning from Covid, revise the Trust Clinical Strategy and combine it with the new Urgent and Emergency Strategy ii. Publication of Public Health Strategy in collaboration with UK Health Security Agency iii. Implementation of clinical supervision iv. Mobile stroke unit v. Enhanced clinical audit programme to cover a wider range/number of audits
Hospices	**QA** i. Developing new ways of working to provide 24/7 care and support for people at the end of life. –Virtual Ward and support in Care Homes. ii. Digital Transformation of Farleigh clinical services to improve quality, safety and efficiency of service delivery iii. New Locality Care Team Structure –consolidating multi professional locality teams and supporting cross organisational working iv. Collaborative education to support other organisations to better support people at end of life v. St Lukes –Increase awareness and access to people with learning disbabilities Vi. St Francis –widening access to people with dementia
Integrated Care Board	Date of ICB establishment delayed to 1stJuly 2022 Collaborative approach for Quality Strategy development

Patient Experience	
Mid and South Essex Foundation Trust (MSEFT)	**QA** i. Improving patient feedback and patient engagement, aiming to improve our national inpatient survey scores **Strategy** i. Improve adherence to patient consent procedures; ii. Improve communication with patients on waiting lists iii. Develop mechanisms for understanding our patients' everyday experiences v. Improve our response to complaints and processes for less-formal concerns vi. Improve timeliness of care continuing to focus on initiatives to reduce waiting times across all specialties vii. Improve overall patient experience, learning from patients, redesign services and embed this process into business-as-usual QI through our QMS. viii. Ensure shared decision making is carried out i. Develop a strong customer contact offering ii. Develop a strong outreach network across our ICS
North East London Foundation Trust (NELFT)	**QA** i. To make the NELFT 5 x 5 patient survey more accessible for all our service users and carers ii. To continue to acknowledge the receipt of complaints, evidence where we have listened, acted and learnt from complaints and compliments
Essex Partnership University Trust (EPUT)	**QA** **innovation:** Increased use of new technologies, system and processes to improve safety and experience
Provide CIC	**QA** i. Develop acustomer engagement strategy ii. We will be creating purpose designed and built video conferencing suites iii. We will progress our digitalisation programme and bring about greater access to online health records, online booking and improved video consultation functionality
East of England Ambulance Services Trust (EEAST)	**QA** i. Obtain feedback from more difficult hear groups of patients ii Improving experience andquality of care for people with learning disabilities/autism iii. Obtain the involvement of dementia patients and their carers in the new PTS vehicle specification for future procurement

Patient Experience	
Hospices	**QA** i. New Locality Care Team Structure consolidating multiprofessional locality teams and supporting cross organisation working ii. Bereavement support –developing new ways of working and supporting clients iii. Collaborative education to support other organisations to better support people at end of life iv. New Locality Care Team Structure v. Collaborative education to support other organisations to better support people at end of life vi. St Lukes–new hospice site in Thurrock Vii. St Francis - Individual patient feedback - Sleep well initiative - Widening access for people experiencing homelessness -Widening access for the people of the BAME community - Keyring keepsake
Integrated Care Board	Date of ICB establishment delayed to 1stJuly 2022 Collaborative approach for Quality Strategy development