

Quality & Patient Safety

Overview of our current system

The ICB has overarching quality responsibilities: to ensure the fundamental standards of quality are delivered – including managing quality and safety risks, addressing inequalities, reducing communicable infections, assuring that the ICB is meeting its statutory responsibilities for Safeguarding, Children Looked After, Children with Special Educational Needs and those with a Learning Disability and Autism, and to reduce variation and to continually improve the quality of services, in a way that makes a real difference to the people using them. This is currently carried out by strengthening collaboration and working in partnership across health, social and care providers to improve quality outcomes for patients and provide a common definition and vision of quality to ensure high quality care as being safe, effective and providing a positive experience with greater emphasis on population health and health inequalities.

Strengths / opportunities

- Patient safety, IPC and safeguarding clearly defined national priority areas/statutory functions
- Have a clear evidence base and demonstrable positive outcomes
- Strong partnership working collaboratively across the system including regulators, Local Care Partnerships and NHSE
- Quality framework for primary care including delegated services from April 23
- Strong partnership with local authorities and potential for much more e.g. around quality in care homes
- Strong relationships with partners with good collaboration, information and intelligence sharing through the System Quality Group (SQG) and borough based Safeguarding Boards
- Integration of patient safety partners representing the patient view
- Open relationships with HealthWatch partners allowing challenge and community view
- Integration of safeguarding concerns
- Collaborative approach and strong relationships forged through the CHC strategic group.

Challenges

- Changing behaviours, ways of working that have been in place for a considerable amount of time
- Availability, sharing and lack of standardisation of data collection and collation
- Competent interrogation, analysis and interpretation of data
- Embedding a robust safety culture across SEL
- Ensuring learning is shared and embedded across SEL to effect change and encourage quality improvement and patient outcomes and experience
- Disintegration of structures e.g. Laboratory changes has had a negative impact on close working relationships and can lead to delayed diagnosis
- Large number of primary care providers (with more contracts delegated in 2023 community pharmacy, dentistry and opticians) to engage with
- Workforce challenges across health and social care with high vacancy rates and turnover
- Disparate CHC/CYPCC digital information systems and increasing national data demand
- Communication and information flow regarding quality, safety and safeguarding

What we've heard from the public

Through our Patient Safety Partners, ContactUs colleagues and strong links with Healthwatch, we know that patients are concerned about access to primary care services, long waits for hospital care, poor communication and not being listened to when things go wrong.

Quality & Patient Safety - our vision and objectives

Our vision

To work in partnership to drive high quality care and patient safety across our ICS to promote a culture of continuous learning and improvement.

We aspire to build a seamless, collaborative and productive way of working with all our partners that will further improve patient outcomes and experiences whilst reducing health inequalities across our population.

Our key objectives – what we want to achieve over the next five years

Over the next five years, we want to develop a shared single view of quality which means:

- Development of joint quality priorities and quality improvements across the system which reflect and are informed by the patient voice through Patient Safety Partners across the ICS.
- Foster an embedded learning culture which improves patient safety across infection control, safeguarding and quality.
- Reduce repetitive patient safety incidents and preventable communicable diseases.
- Improved communication and engagement with all stakeholders to ensure embedding and sustainability of national and local obligations.
- Encourage and promote an open and inclusive culture for staff, patients and system partners which will enable those to speak up and challenge without fear.
- Drive forward the national All Age Continuing Care (AACC) programme to ensure local policy change and reform: Everyone being assessed for NHS Continuing Healthcare and NHS-funded Nursing Care and Children and Young People's Continuing Care receive an equitable, transparent, person-centred experience of a consistent high standard.
- Develop all digital systems to facilitate effective communication and information flow to improve quality, safety and safeguarding.

Our priority actions – what we will do

1

Implementation and embedding of the national Patient Safety Strategy: Working with system, independent, primary & social care and regulatory partners to establish ways to engage the ICS to ensure clear oversight and challenge around quality failure, that fundamental standards of quality are delivered, including managing risks, learning from deaths and national reviews to promote a robust patient safety culture leading to a consistent approach to address concerns which are managed effectively and learning is achieved that is shared across the ICS.

2

Communication and Engagement: Through various networks and collaborations increase the knowledge of stakeholders to support the delivery of quality at Place with engagement with communities and their representatives to enable them to embed and sustain the implementation of the National Patient Strategy, reduce the spread of preventable infectious diseases and ensure the patient voice is heard.

3

All Age Continuing Care (AACC): To have an optimised sustainable and resilient AACC workforce with professionals undergoing standardised training that supports appropriate competencies and consistency/ compliance of processes. Develop AACC digital systems to facilitate effective communication and information flow to improve quality, safety and safeguarding and address increasing national data demand.

4

Learning and Development: Working with Health & Social Care Partners to embed learning using triangulation of key quality measures/indicators and professional insight to inform improvements and monitor progress. Work with our system and statutory partners through the ICS System Quality Group and borough based Safeguarding Boards.

5

Reduce the occurrence of preventable infections: Working collaboratively with partners to reduce healthcare associated infection, reduce antimicrobial resistance using standardised tools and ways of working and to develop common objectives to achieve reduction.

6

Safeguarding and Special Educational Needs (SEND): Working collaboratively with all partners across SEL to seek common solutions to the changing landscape of safeguarding and SEND enabled by a governance structure that supports delivery of the NHS Long Term Plan and identifies opportunities within safeguarding and SEND for improving outcomes for the population of SEL.

Implementation of the Patient Safety Strategy

Working with system and regulatory partners ensure learning is shared and patient and service outcomes are improved.

How we will secure delivery

Actions for 23/24

- Collaborative working with Local Care Partnerships, primary and secondary care providers, local authorities, regional and internal stakeholders to develop ways of working to ensure clear and concise sharing of intelligence and outcomes .
- Understand the needs of each Borough and identify system blockages and develop an approach to address these
- Conduct a training needs analysis across SEL in relation to PSIRF and LFPSE and facilitate workshops as required.
- Use of data to identify services with poorer patient outcomes that will benefit from a Quality Improvement Project or adjustment to delivery.
- Engagement with the Patient Safety Partners to ensure inclusion of the patient/community voice
- Implement data gathering to support reporting on patient safety events and incidents
- Establishment of a patient safety group and mortality, morbidity group to review incidents, deaths and outcomes

Actions for 24/25

- Implementing patient engagement plans including sustainable ways of building in patient involvement in service design
- Implement processes to ensure early risk identification, detection and intervention and proactive planned care support particularly where these are identified as part of Core20
- Provide education resources and training for health professionals in SEL

Intended outcomes in 5 years time

- Established reporting methods that will demonstrate improvement in patient outcomes
- Seamless working between Place Based and SEL partners
- An embedded safety and learning culture
- Reduction of repetitive themes and trends.
- Improved data collection, interrogation and intelligence sharing
- As near as possible, real-time reporting

Communication and Engagement

Through various network and collaborations increase the knowledge of stakeholders to support the delivery of quality at place with engagement with community and a representative to enable them to embed and sustain implementation of the National patient safety strategy and ensure the patient’s voice is heard

How we will secure delivery

Actions for 23/24

- Develop a clear communications plan across SEL that informs stakeholders about the patient safety strategy and its requirements for implementation
- Facilitation of workshops to communicate the patient safety strategy
- Design a method of communication that provides an update against progress.
- Develop a concise method of communication that uses data to enable reporting on themes, trends and investigation outcomes.
- Facilitation of learning events

Actions for 24/25

- Continued review of communication and engagement and identification of lessons learnt to improve collaboration and information sharing

Intended outcomes in 5 years time

- The National patient safety strategy is fully embedded
- All staff are aware of their responsibilities against strategy and how their concerns or issues will be addressed.
- Safeguarding and infection control issues/concerns are clearly communicated and lessons learnt shared

Quality priority action 3 – Embed All Age Continuing Care

Embed All Age Continuing Care

AACC: To have an optimised sustainable and resilient AACC workforce with professionals undergoing standardised training that supports appropriate competencies and consistency/ compliance of processes. Develop AACC digital systems to facilitate effective communication and information flow to improve quality, safety and safeguarding and address increasing national data demand.

How we will secure delivery

Actions for 23/24

- Develop an AACC strategy and action plan
- Optimise links with key stakeholders ensuring interface with other Children policy reform including Safeguarding and SEND supported by an Engagement and Communication Management Plan
- Harmonise local CHC/CYPCC policies and processes via the AACC Quality working Group
- Understand the needs of each Borough and identify system blockages and develop an approach to address these
- Conduct a training needs analysis across SEL in relation to digital capability
- Develop a digital system action plan

Actions for 24/25

- Actions for 24/25 will be determined through the National AACC Collaborative and the SEL AACC strategy and action plan.

Intended outcomes in 5 years time

- Embed the All Age Continuing Care (AACC) programme to ensure local policy change and reform: Everyone being assessed for NHS Continuing Healthcare and NHS-funded Nursing Care and Children and Young People's Continuing Care receive an equitable, transparent, person-centred experience of a consistent high standard.

Learning and Development

Working with health and social care partners to develop a method to measure learning using key triangulation measures/indicators and professional insight to inform improvements and monitor progress

How we will secure delivery

Actions for 23/24

- Working with system partners conduct a training needs analysis to identify gaps in learning and sharing lessons
- Working with system partners develop a rolling programme of education related to patient safety and outcomes
- Participate and contribute to existing training delivery programmes to increase and embed learning
- Develop technological skills and abilities to enable interpretation, interrogation and analysis of data
- Work with and through borough based Safeguarding Boards to learn from safeguarding reviews and ensure this learning is shared

Actions for 24/25

- Continuation of above

Intended outcomes in 5 years time

- Robust programme of learning from patient safety events, incidents, national reviews which reduces and mitigates against recurrence of repetitive themes
- Oversight of quality improvement initiatives
- Quality is embedded within all ICS contracts and service review workstreams
- Triangulation of data and information is collated, collected and presented in a cohesive way.
- Increased reporting on the LFPSE platform which will allow identification of repetitive and key themes in SEL allowing for national, regional and local comparison.

Quality priority action 5 – Reduce the occurrence of preventable infections

Reduce the occurrence of preventable infections

To work with the system to reduce the occurrence of preventable infections: Working collaboratively with partners to reduce healthcare associated infection, reduce antimicrobial resistance using standardised tools and ways of working and to develop common objectives to achieve reduction.

How we will secure delivery

Actions for 23/24

- Codesign and agree shared IPC priorities with system partners to address identified gaps, themes and trends that affect SEL.
- To ensure that a programme of IPC training is in place across all SEL ICS settings.
- Monitor HCAI infection rates and benchmark against SEL targets/London/national rates and identify areas with higher than expected incidence.
- Work with key partners to develop integrated workstreams to reduce infection where there is higher than expected incidence.
- Support borough based primary care teams to achieve GP practice CQC requirements relating to IPC through a programme of audit.
- Facilitate appropriate antimicrobial use and stewardship to optimise patient outcomes and prevent antimicrobial resistance.
- Develop a system for sharing information on infections for prompt follow-up to prevent further spread and share lessons learnt.

Actions for 24/25

- Continued codesign of quality priorities as being 23/24
- Monitor and review the IPC training programme across SEL ICS.
 - Continue monitoring HCAI infection rates and benchmark against SEL targets.
 - Strengthen working relationships with key partners to fine tune integrated workstreams to reduce infection.
 - Maintain the programme of IPC audit in primary care to support continuous improvement.
 - Ensure that infections are identified promptly and appropriate treatment provided to reduce the risk of cross infection.
 - Support services to ensure lessons are learnt and best practice embedded.

Intended outcomes in 5 years time

- Reduction in NHSE mandated reportable healthcare associated infections across all settings.
- Improvements in antimicrobial stewardship resulting in a reduction in prescribing and overuse of antimicrobials in all SEL settings.
- Seamless work programmes across SEL settings to prevent infections, outbreaks and ensure patient safety and public health protection.
- Ongoing comprehensive IPC training for SEL ICS which provides staff with core/basic IPC knowledge and skills.
- All GP practices would have had a baseline IPC audit with ongoing support for improvements.

Improve outcomes within Safeguarding and SEND

To support the work of Place Based Teams and System Partners to seek opportunities and common solutions to the changing context of Safeguarding and SEND: Ensure effective systems and processes are in place to support evidence-based practice and implementation of shared learning across the system and that ICB governance arrangements are consistent with NHS England Safeguarding requirements.

How we will secure delivery

- Review and agree ICB safeguarding and SEND governance arrangements that ensure the ICB is fully compliant with the Safeguarding Commissioning Assurance Toolkit (S-CAT) and Safeguarding Accountability and Assurance Framework (SAAF).
- Hold a series of engagements workshops across ICB safeguarding teams to identify challenges and opportunities for shared learning and working that supports delivery of both Place based Plans and the development of a SEL shared development plan.
- As part of the above, and recognising that Place based plans are already live, set up a safeguarding development programme to support delivery of NHS England, Place Based and SEL priorities on a shared learning basis including: Child Protection Information System (CP-IS) – SEL ICB has expressed an interest to NHS England to be an early adopter of the expansion programme. Female Genital Mutilation, Prevent Programme, Domestic Abuse, Mental Capacity Act and Deprivation of Liberty, Serious Violence Duty, Modern Slavery, Child Sexual abuse, Improving outcomes for Children Looked After, and Working Together (Statutory Standards).
- Programme of work to review data requirements for reporting and improved analysis of data to better inform areas for development and need including Population Health.
- Set up a SEL Safeguarding workforce group to develop career pathways for Safeguarding professionals. Reduce variation across SEL and develop succession plans.
- Increase in the reporting of all types of abuse, a reduction in serious violence.
- Continue to work with the Child Sexual Exploitation Working Group to develop to procure emotional support and advocacy service.

Actions for 23/24

Actions for 24/25

- Continue to develop the maturity of ICB SEL working and shared learning processes across our system with a continued focus on the priorities and development programme set out for 23/24.

Intended outcomes in 5 years time

- SEL Wide Governance framework well established that supports the delivery of improved health outcomes from safeguarding, Children Looked After, and SEND at Place.
- Process SEL wide for learning from safeguarding reviews and child safeguarding practice reviews embedded to continually inform and develop practice with a greater focus on prevention.
- The voice of people with lived experience is embedded in all areas of safeguarding practice.
- Safeguarding pathways in place across SEL ICB to reduce variation in delivery of care.
- Consistent use and analysis of data across SEL safeguarding programmes that informs practice, identifies areas for development and is used to track improvement.
- Children & Young People with special educational needs and disabilities (SEND) are identified early, reducing the need for escalation to more specialist services and are supported to access education in their borough.
- SEL wide Mortality Group well established that takes learning from all death reviews to support an increased focus on prevention.
- Professional career development and progression pathways established for those in safeguarding, Children Looked After and SEND services and for those wishing to enter these specialisms.
- Increase in the reporting of all types of abuse, support a reduction in serious violence.

Quality & Patient Safety - enabler requirements

Workforce

- Training and support for staff across the ICS to ensure knowledge and familiarity with the patient safety strategy and implementation, including PSIRF, LFPSE and quality improvement

Digital

- Integration of systems where possible to reduce repetition of input and human error inputting data
- Robust data sharing agreements and access for GPs and ME's to allow for review of information as and when required
- Patient access for booking GP /Primary Care appointments

Estates

- Improved estate across the system to reduce infection risk, improve the monitoring of patients waiting to be seen, and initiatives such as reducing ligature risks across our estate.

Data

- Data that provides quality outcomes rather than purely performance
- Access to data to support targeted population approaches to support reduction in inequalities, early risk identification, detection and intervention and proactive support
- Development of key data sets to support quality oversight and early identification of quality failure