our SOMERSET
Together we care

NHS
Somerset
Integrated Care Board

Quality Assurance and Improvement Framework
2025 – 2027

www.nhssomerset.nhs.uk

Contents

1. Executive summary

Integrated Care Boards (ICBs) have an overarching statutory duty for quality – this is a duty to exercise their functions with a view to securing continuous improvement in the quality of services for or in connection with:

- The prevention, diagnosis, and treatment of physical and mental illness.
- The protection and improvement of public health.

This document describes the framework adopted by NHS Somerset ICB to deliver on our statutory duty for quality.

It sets out our vision for quality, the application of the National Quality Board (NQB) guidance, our governance arrangements, and quality priorities. Additionally, it sets out the approach to driving quality improvement via the utilisation of our assurance processes.

Whilst this Quality Assurance and Improvement Framework (QAIF) covers three years, we envision it being refreshed annually to support ongoing quality improvement and emerging concerns across the Somerset Integrated Care System (ICS).

2. Introduction

2.1. Overview of Somerset Integrated Care Partnership

The **NHS Somerset Integrated Care Board (ICB)** is a statutory NHS organisation responsible for developing plans aimed at meeting the health needs of our Somerset population. We are responsible for managing the NHS budget and arranging for the provision of health services in Somerset. We are also the statutory NHS organisation responsible for implementing the Somerset Health and Care Strategy.

Somerset **Integrated Care System (ICS)** is a partnership of organisations, including Somerset Council, the NHS, and the voluntary, community, faith and social enterprise (VCFSE) sector. The purpose of the ICS is to remove barriers to providing joined up care for local people and communities.

The ICS will build collaborative leadership; a focus on quality improvement; innovations in the workforce; in the use of digital solutions and information sharing; and work with communities where the impact of decisions is best understood.

Our approach is based on the belief that we will be more successful in bringing about change if we work together. The partnership has subscribed to a principle of subsidiarity, which means that most of our focus will be on continuing our work together to improve the health and wellbeing of Somerset's local population.

Working across Somerset

- 580,000 Somerset Population
- 1 'Place' - Somerset
- 13 Primary Care Networks
- 1 Foundation Trust
- 1 Integrated Care Board (ICB)
- 1 Tier 1 Local Authority
- 1 Health and Wellbeing Board

Neighbourhoods

Working with people at a local level; hearing from and working with local people to develop local solutions.

Somerset Integrated Care System (ICS)

A strategic approach across Somerset; ensuring the public Somerset voice influences and shapes system wide priorities, plans and programmes of work.

If Somerset was a village of 100 people...

5 people would be aged 0 - 4

16 people would be aged 5 - 19

4 people would be aged 20 - 24

17 people would be aged 25 - 39

33 people would be aged 40 - 64

13 people would be aged 65 - 74

12 people would be aged 75+

9 people would live in a deprived neighbourhood

14 children would be in low income families

20 people would not have access to a car

15 people would live with depression

62 adults would be obese or overweight

Inequality in life expectancy would be **6 years for men** and **5 years for women**

80 years would be the average male life expectancy at birth

84 years would be the average female life expectancy at birth

48 people would live in a rural area

Much of South West Somerset would be at risk of **digital exclusion**

11 adults would smoke

3 people would identify as lesbian, gay or bisexual

19 people would have a long term health problem or disability

3 people would not speak English as their first language

11 adults would identify themselves as carers

64 people would be Christian and **27** would not have a religion or belief

14 people aged 65 or over would live alone

95 people would identify themselves as white British

3 people would be veterans of working age

Quality vision

In Somerset we want people to live **healthy, independent** lives, supported by **thriving communities**, with **timely** and **easy access** to **high quality** and **efficient** public services when they need them.

Quality roadmap

QUALITY VISION
For our population to live healthy, independent lives, with timely access to quality services. Achieved through locally driven quality assurance and improvements in our services.

LOCAL APPLICATION AND TRANSLATION OF NATIONAL GUIDANCE
Shared local system wide identification and understanding of quality priorities.
Somerset ICB's Quality Strategy and objectives.
Quality governance processes.
Somerset's Joint Forward Plan
Provider and Place based priorities.

QUALITY PRIORITIES
Quality and safety themes from providers.
Statutory and Regulatory quality responsibilities.
Quality intelligence, metrics and data. CQC inspections.
Patient engagement and experience.
Patient safety events and investigations.

ESCALATING CONCERNS
Patient safety events.
Regional Quality Groups.
Quality Improvement.
Risk profiling.
Early warning signs.
Statutory and regulatory breaches.
Emerging concerns.
Enhanced and intensive support.

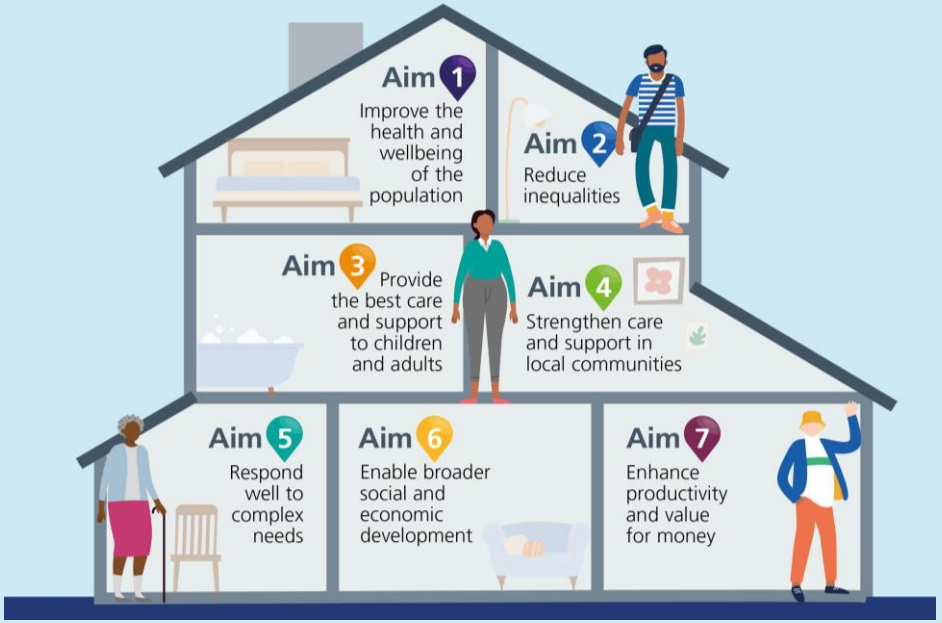
NATIONAL QUALITY GUIDANCE AND FUNCTION
National Quality Board (NQB) alignment, governance, accountability and oversight.
Care Quality Commission (CQC) Single Assessment Framework.
National Patient Safety Incident Response Framework (PSIRF).
Horizon scanning.
Patient reported outcomes and experience.

GOVERNANCE, REPORTING AND DATA
Local governance and assurance methods; System Quality Group (SQG), ICB Quality Committee, ICB Board.
Reporting aligned with NQB.
Risk and response processes.
System partnerships for intelligence sharing, engagement, oversight and planning.

DRIVING IMPROVEMENTS
Quality health care, innovation, knowledge and capacity.
Aligned to national best practice.
Continuous learning and sharing.
Supporting and celebrating local good practice.
Outcome focussed.

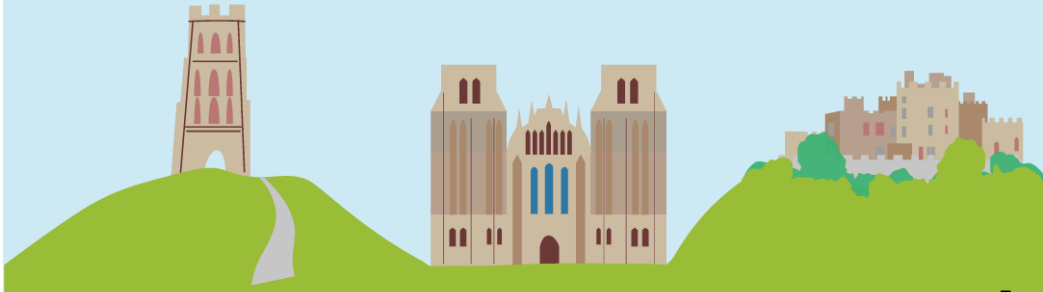
2.2. The Somerset Integrated Health and Care Strategy

Working together, Somerset has identified **seven key strategic aims**, focused on achieving the ambition of enabling people to live healthier lives.



To help achieve our vision and aims, Somerset has developed **three design principles** around which to orientate our services:

- Prevention – living well with healthier lives for longer.
- Reduce inequalities of access and experience – creating equity and fairness.
- Integration in all we do.



Our intentions are

- A thriving and productive Somerset that is ambitious, confident and focused on improving people's lives.
- A county of resilient, well-connected and safe and strong communities working to reduce inequalities.
- A county infrastructure that supports affordable housing, economic prosperity and sustainable public services.
- A county and environment where all partners, private and voluntary sector, focus on improving the health and wellbeing of all our communities.

2.3. Our accountability for quality governance

As a statutory body our unitary board members have the collective and corporate responsibility for the performance of our organisation and are responsible for ensuring its functions are discharged.

This includes the requirements set out by the National Quality Board (NQB) shown below.

The **NQB's position statement for ICSs** outlines **two key requirements** for quality oversight in an ICS:

- To ensure the fundamental standards of quality are delivered – including managing quality risks, including patient safety risks, and addressing inequalities and variation.
- To continually improve the quality of services, in a way that makes a real difference to the people using them.

Providers of NHS services will continue to be individually accountable for:

- Quality, safety, use of resources and compliance with standards through the provider licence (or equivalent conditions in the case of NHS Trusts) and Care Quality Commission (CQC) registration requirements.
- Delivery of any services or functions commissioned from or delegated to them, including by our NHS ICS body, under the terms of an agreed contract and/or scheme of delegation.

2.4. A shared single view of quality

There is a single shared goal to maintain and improve health outcomes, **NQB's Shared commitment to quality (2016)**.

The aim, set out by the NQB is to ensure **high quality, personalised and equitable care for all**, now and into the future. To deliver this, care should be:

Safe

Delivered in a way that minimises things that go wrong and maximises things that go right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur.

Effective

Informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

A positive experience

Responsive and personalised – shaped by what matters to people, their preferences and strengths, empowers people to make informed decisions and design their own care, coordinated, inclusive and equitable;
Caring – delivered with compassion, dignity and mutual respect.

Well led

Driven by collective and compassionate leadership, which champions a shared vision, values and learning, delivered by accountable organisations and systems with proportionate governance, driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainably resourced

Focussed on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

Equitable

Everybody should have access to high quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

2.5. Quality assurance

Quality assurance is:

- An assessment of quality of care, by an external body often in terms of comparison against agreed threshold standards, to determine whether the quality of care is acceptable.
- A judgement which leads to further discussion as to whether and where improvement actions are required to maintain or improve quality.
- Quality assurance also ensures that these actions are implemented through monitoring and review of progress.

2.6. The principles of quality

The **NQB have set out some key principles** for systems to adopt in delivering overarching quality, including safety responsibilities. Alongside these, systems are expected to adopt some **consistent operational requirements** for quality oversight.

Principles	Consistent operational requirements
1. Quality is a shared commitment	**1.** A designated executive clinical lead for quality, including safety, in the ICS, and clinical and care professional leadership embedded at all levels of the system.
2. Population focused vision	**2.** A clear vision and credible strategy to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement and assurance functions to deliver care that is high-quality, personalised and equitable.
3. Coproduction with people using services, the public and staff	**3.** A defined governance and escalation process in place for quality oversight – covering all NHS commissioned services and those commissioned jointly by the NHS and local authorities (including devolved direct commissioning functions) and formally linked to regional quality oversight arrangements (Quality Committees/ Joint Strategic Oversight Groups).
4. Clear and transparent decision-making	**4.** An agreed way to measure quality, including safety, using key quality indicators triangulated with intelligence and professional insight, which is reported publicly and transparently at Board-level to inform decision-making and effective management of quality risks. Evidence must show that this is also mirrored by tracking of local metrics within services to inform progress and improvement.
5. Timely and transparent information-sharing	**5.** A defined way to engage and share intelligence on quality, including safety – at least quarterly and delivered through a System Quality Group, at least initially. This will not replace existing statutory responsibilities.
6. Subsidiarity	**6.** A defined approach for the transfer and retention of legacy organisation information on quality in accordance with the Caldicott Principles.

3. National guidance – quality governance and quality functions

3.1. National Quality Board (NQB)

In addition to the shared single view of quality, the **NQB's Shared commitment to quality (2016)** outlines guidance on:

- **Working together to deliver quality**
  - Sets out expectations of; commissioners & funders, providers, regulators, professionals & staff, and research & innovation partners, both in terms of how services are organised and delivered, and the behaviours expected.
- **Delivering high quality care in systems**
  - The seven-step model to deliver quality care in systems.
  - The key principles of quality.
  - The Juran trilogy model of Quality Planning, Quality Control, and Quality Improvement.
- **National priorities**

Furthermore, the **NQB's National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (2022)** provides guidance on governance and escalation arrangements.

Quality and safety

- Supporting people to live healthier lives.
- Learning culture.
- Safe and effective staffing.
- Equity in access.
- Equity in experience and outcomes.
- Safeguarding.

Integration

- Safe systems, pathways and transitions.
- Care provision, integration and continuity.
- How staff, teams and services work together.

Leadership

- Shared direction and culture.
- Capable, compassionate and inclusive leaders.
- Freedom to speak up.
- Governance, management and sustainability.
- Partnerships and communities.
- Learning, improvement and innovation.
- Environmental sustainability – sustainable development.
- Workforce equality, diversity and inclusion.

3.2. Care Quality Commission (CQC)

The CQC has developed a **single assessment framework** replacing their prior four separate frameworks. The five key questions remain central to the CQC's approach (Safe, Effective, Well led, Responsive, Caring) but the key lines of enquiry have changed. This single assessment framework will be applied to all types of services at all levels.

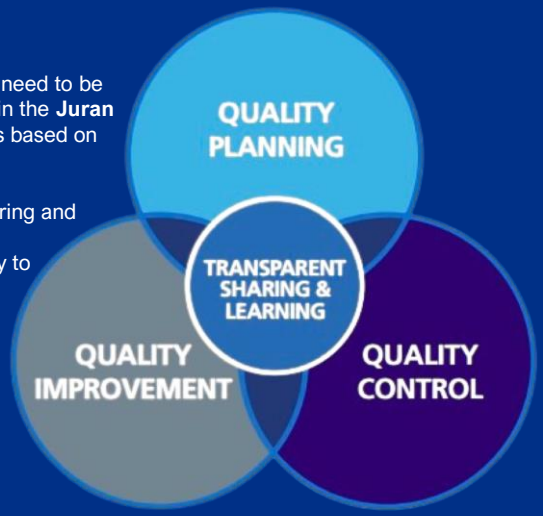
Specifically, when assessing ICSs, the CQC will be reviewing these three domains:

3.3. The Juran trilogy

There are three core quality 'functions' that need to be delivered by systems. These are described in the **Juran Trilogy**, a quality management model that is based on international best practice.

Central to these three functions is open sharing and learning. When delivered effectively, these functions work together in an integrated way to ensure that systems can:

- Identify and monitor early warning signs and quality risks.
- Plan and coordinate transformation locally and at a system level.
- Deliver ongoing improvement of quality experience and outcomes.



Quality Planning
- Strategy and policy development.
- Establishing systems and processes.

Quality Control
- Designing processes to identify and manage risks and drive improvement.
- Providing stable basis on which to improve.

Quality Improvement
- Building and nurturing a learning culture.
- Supporting and enabling quality improvement and transformation at all levels.
- Ensuring staff have the right skills and capabilities for quality improvement.
- Sharing best practice.

3.4. NHSE quality functions

NHS England (NHSE) have developed a **Quality Functions paper (2023)**, which sets out the responsibilities, accountabilities and statutory duties of providers, ICBs and NHSE. The functions are:

1. **Strategic management of quality** – National Quality Board and NHSE guidance.
2. **Operational management of quality** – Independent Investigations (including Mental Health Homicides); Regulation 28 reports; Professional Standards; Controlled Drugs Accountable Officer Function; Whistleblowing and Freedom to Speak Up; Quality Accounts; Medicines Optimisation; Infection Prevention and Control and Antimicrobial Resistance.
3. **Patient safety** – Insight, involvement and improvement (including Medical Examiners, patient safety improvement priorities, Patient Safety Incident Response Framework (PSIRF), Learning from Patient Safety Events (LFPSE).
4. **Experience** – Improving patient, service user and unpaid carer experience of care; insight and feedback.
5. **Effectiveness** – National Clinical Audits; NICE technologies appraisals and guidance.
6. **Safeguarding** – Safeguarding Assurance & Accountability Framework (SAAF), including Child Protection information System (CPIS) which includes all children on a protection plan (CPP) and Looked After Children (LAC); Child Death Overview Process (CDOP); Child Safeguarding Practice Reviews (CSPRs); Domestic Homicide Reviews (DHRs); Female Genital Mutilation (FGM); Prevent & Counter Terrorism and Modern Slavery & Human Trafficking; Serious Violence Duty.
7. **Mental health, learning disabilities and autism.**

3.5. Mapping the quality functions in Somerset

A gap analysis of the nationally set quality functions for ICBs has been undertaken locally. We aim to sustain progress with those functions we have mapped ourselves positively against, and plan to focus more attention on the below areas where there is opportunity for our work to be strengthened.

Support primary care services and the care sector to report patient safety events to the Learn From Patient Safety Events service, and to undertake appropriate incident responses in line with the Patient Safety Incident Response Framework.

Improve patient, service user, and unpaid carer experience of care following the launch of the Commitment to Carers in Somerset.

Provide a high-quality complaints handling service, seeking feedback that evidences this.

Improve the capturing and sharing of learning from complaints with system partners and ensure actions arising from Parliamentary Service Health Ombudsman (PHSO) upheld complaints are completed.

Ensure that relevant processes are established to review and respond to National Clinical Audits and other clinical effectiveness publications.

Work with partners across the system to improve the notification of deaths of autistic people to the LeDeR programme.

4. Adopting national guidance locally

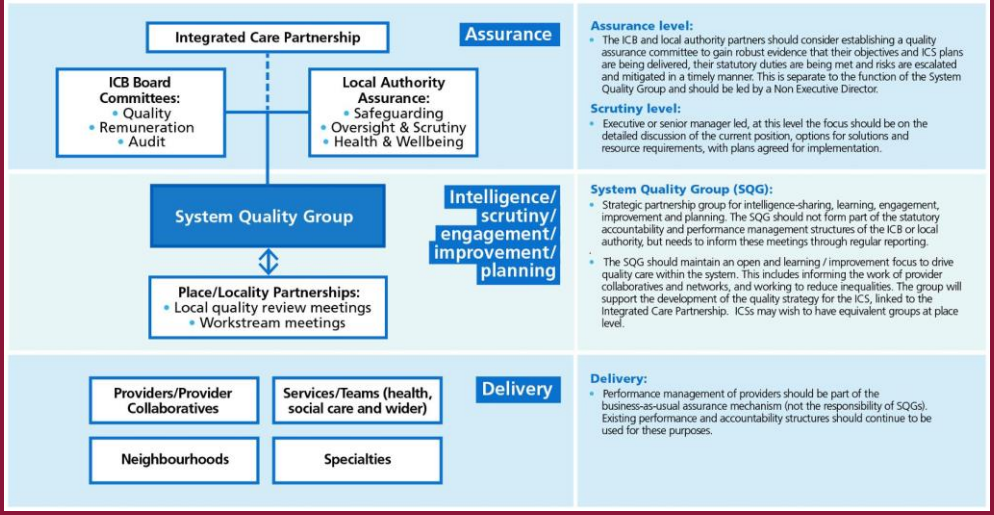
4.1. The seven step model applied in Somerset

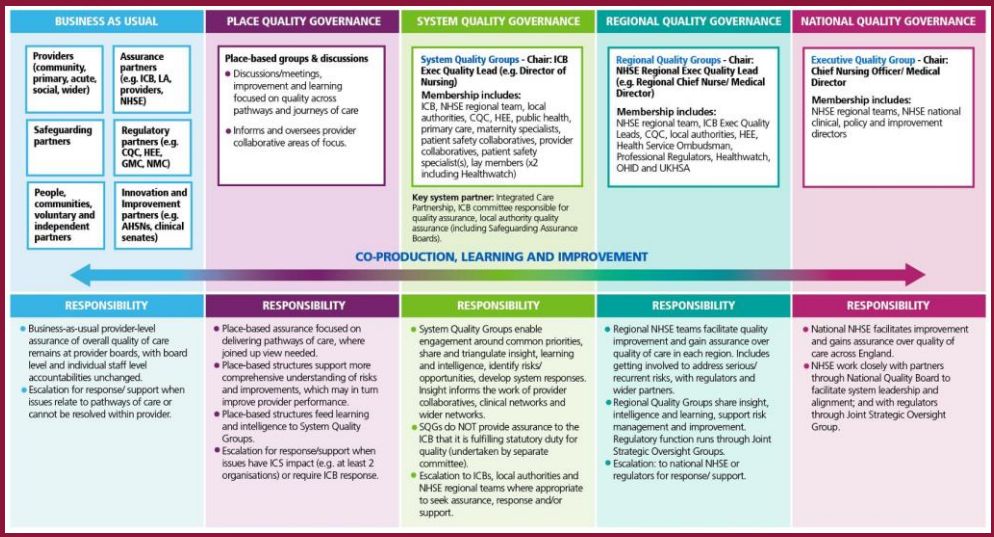
The NQB seven step model to deliver quality care in systems is noted in section 3.1. This table describes how we translate these seven steps into practice at Somerset ICB.

Step	Title	Delivering this step at Somerset ICB
1	Setting clear direction & priorities	We will have early involvement and engagement in the design and delivery of services, including a quality schedule which will lead to SMART outcomes.
2	Bringing clarity to quality	We will define the role of quality within Somerset ICB, our wider system partners and our population.
3	Measuring & publishing quality	We will identify relevant and proportionate quality metrics, triangulate insights, and role model professional curiosity to inform quality improvement activity. We will align our quality reporting with national and regional governance frameworks.
4	Recognising & rewarding quality & learning	We will engage with our system partners to achieve positive working relationships. We will recognise, facilitate the sharing of, and celebrate excellent practice and meaningful learning, to support continuous improvement across the Somerset system.
5	Maintaining & improving quality	We will build positive relationships based on openness and trust to improve, sustain and develop service standards, governance and quality outcomes.
6	Building capability for improvement	We will promote and support multi professional leadership in quality, facilitating service co-production, opportunities for improvement, measurable outcomes, and staff development, retention and wellbeing.
7	Staying ahead	We will identify horizon scanning opportunities, and consider, encourage and test innovation in practice to improve health outcomes and service safety and quality. We will take every opportunity to identify areas of improvement that could inform the health education curriculum.

4.2. Overview of NHS quality governance

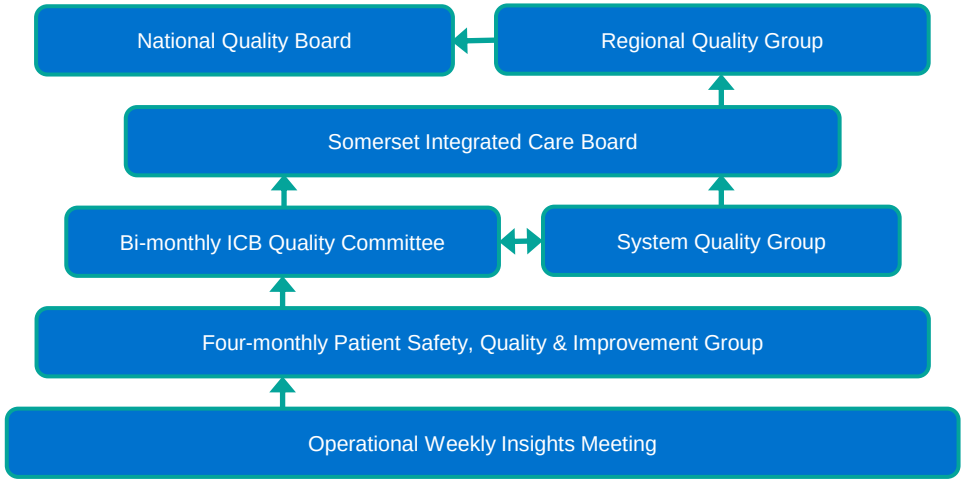
These figures, taken from **NQB's national guidance on System Quality Groups** summarise the indicative relationships between quality structures within an ICS, recognising the need for flexibility and sets these out in the wider quality landscape from provider to national level.





4.3. Quality governance arrangements at Somerset ICB

The below diagram demonstrates the oversight route of quality governance through Somerset ICB, and the escalation routes beyond.



New emerging intelligence and quality concerns are discussed weekly at the Insights Meeting. Intelligence is able to be triangulated. Decisions are made regarding any required intervention or action and items are routinely followed up at this meeting for progress updates.

Focussed quality reports for each service area are produced bi-monthly. These reports follow the NQB's Routine, Enhanced, and Intensive structure, set out in the **National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (2022)**.

The quality reports and items of escalation are brought to the ICB Quality Committee, chaired by a Non-Executive Director. The System Quality Group (SQG), chaired by our Chief Nursing Officer, feeds into this committee. Assurance to the Quality Committee is achieved through:

- **Listening to the voices of the patients and public** – intelligence from the public will include information from primary care, patient groups, Healthwatch, learning from complaints, concerns and compliments and through the implementation of patient safety champion roles.
- **Triangulating data and intelligence** – this will include insight, provider, regulator and other produced reports, ICB quality reports and working with and supporting services alongside patient/service user feedback.
- **Making use of the contracting arrangements** – this will be used as a last resort with providers being held to account for their delivery.
- **Sharing concerns and taking action** – concerns raised by the ICS will be shared with providers and the ICB through system governance processes along with triangulated data and intelligence. If intervention is required this will be delivered in a supportive way by the ICB quality, safety and improvement team and enhanced / intensive surveillance will be tabled through the SQG. A robust system risk register will be developed and maintained and updated.

4.4. Quality reporting

As noted in 4.3 the NQB's overarching approach to quality risk response and escalation is based on three main levels of assurance and support. The three levels apply to different geographies – Places, ICSs, pathways and journeys of care. Generally, it is expected that for health services the move into enhanced assurance will be authorised by the ICB, and the move into intensive assurance by NHSE. These decisions will reflect the risk profile and regulatory and accountability arrangements.

Intensive
Last resort, when there are very complex, significant or recurrent risks, which require mandated intensive support led by NHSE and regulators. For health services, this includes mandated support from NHSE for recovery and improvement (e.g. Intensive Support Team, maternity support).

NHSE and regulators

Enhanced
Undertaken when there are quality risks that are complex, significant and/ or recurrent and require action/ improvement plans and support.

ICB/ Place, with NHSE Region support as required

Routine
Activity when there are no risks or minor risks which are being addressed effectively. Includes standard monitoring and reporting, due diligence and contract management.

ICB/ Place with providers

The quality reports we produce for each of our service areas include assurance on system and provider statutory responsibilities and how quality services are being maintained and/or mitigated.

The quality reports are split into sections; a section for routine, a section for enhanced, and a section for intensive.

Within these sections, the following reporting structure adapted from the **NHS Patient Safety Strategy (2019)** is encouraged:

- **Insight** – where the intelligence is coming from and what it is telling us.
  This includes both hard and soft intelligence; complaints, PALS, alerts, incidents and any other insights from other channels.
- **Involvement** – what active workstreams and interventions are underway to further improve and mitigate risk.
- **Improvement** – what those workstreams and interventions are achieving or hoping to achieve and how these improvements will be sustained.

A robust Risk Register is maintained and is reviewed by the ICB Quality Committee. The register includes all risks relevant to the ICB and the mitigation measures in place. Those risks with a score of 15 or above will be reviewed and updated by the risk owner at least monthly.

4.5. Somerset System Quality Group

System Quality Groups (SQGs) are mandated by the NQB. These groups provide an important strategic forum within ICSs at which partners from across health, social care and wider can:

- Routinely and systematically share and triangulate intelligence, insight and learning on quality matters across the ICS.
- Identify ICS 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 NHSE and NHS Improvement teams as appropriate.
- Develop ICS 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, and using ICS resources, to deliver improvement programmes/ solutions to the intelligence identified above (e.g. health innovation networks/ provider collaboratives/ clinical networks).

SQGs are not statutory bodies and do not serve as the ICB's formal assurance committee for quality. This will be undertaken by Somerset's Quality Committee. However, SQG discussions and scheduled reports will inform the process of assurance for the ICB.

The SQG is chaired by Somerset ICB's Chief Nursing Officer.

4.6. Improvements and outcomes

We recognise that the ICS needs to have increased emphasis on system performance and quality outcomes than ever before.

We intend to develop an outcomes-based approach which starts with the outcomes that are important to the population of Somerset. We will gather data and people's lived experience to establish baselines and will develop ways of measuring progress against population outcomes.

We will agree a set of outcome measures to evidence successful and sustained delivery of the services developed and delivered across our geographical boundaries. This will be detailed in a number of overarching and interconnected strategies. The five-year ICS Quality Strategy is informed by Somerset Improving Lives, the Integrated Care Strategy and others as required. The objectives within the strategy address our current risks and strategic aims of the ICS.

We are committed to the co-production in the review and development of existing and new services, working with partner agencies such as Maternity and Neonatal Voices Partnership, Healthwatch and our Patient Safety Partners. The voice of the child and those from inclusion health groups, where equitable access to health and care services is also a priority and factored into all commissioning and contracting quality outcome metrics.

4.7. Our quality values

As a Quality, Safety and Improvement Team at Somerset ICB, we have set four quality values, set out in our Quality Strategy.

Safety
In Somerset safety and quality improvement will exist in partnership in order to ensure that avoidable harm is reduced, that people feel safe to be treated within and/or work within our system, and that continuous learning and improvement is embedded in all that we do.

Effectiveness/ Outcomes
In Somerset the effectiveness of our services and the outcomes these deliver to our whole population is an increasing area of focus for all partners. We will evaluate the effectiveness of all that we do ensuring that equity and quality of outcome becomes an increasing important measure in our system.

Experience
In Somerset we will increase our focus on understanding the experiences our population have when using our services ensuring that we have agreed data sets to measure, learn, improve and evaluate the effectiveness of changes made.

Safeguarding
In Somerset we will work seamlessly across our ICS to safeguard children, young people and vulnerable adults, linking with other services outside of health including education and the justice system to effectively safeguard our population.




4.8. Measuring and assessing quality

Governance, systems and processes

Involved assurance / Understand narrative / Check and challenge / Engage with stakeholders / Work within defined structures / Thematic analysis / Appreciative enquiries / Solution focussed / Quality enquiry / Defined priorities / Aligned improvement methods / Test of evidence.

Measuring and assessing

What do we need to measure and how can it be organised? / Is the data we collect useful and of sufficient quality? / Do indicators meet criteria? / What is data telling us? / How will data be used for improvement? / Where should intervention and implementation start? / Are we able to use data to answer important questions about the quality of care? / Does it tell a story? / Does it contribute to informed decisions to make improvements? / Are lessons continuously captured and learned from appropriately?

CQC “We” and “I” statements and lived commitments	NHS Digital Outcomes Framework/ Model Health System	Patient experience and patient safety events	National data sets and scorecards
Statutory and regulatory requirements	Local quality performance indicators and metrics	Qualitative, quantitative and experiential	Outcomes, lessons and improvements

5. Quality ambitions for 2024 – 2027

5.1. Our quality commitments

Safety	Continue to monitor the implementation of the Learn From Patient Safety Events service across Somerset, including small providers and primary care	Continue to embed the Patient Safety Incident Response Framework across Somerset with a focus on developing a toolkit for our smaller providers	Champion the importance of psychological safety and just culture across the ICB and the wider system	Utilise our Patient Safety Partners in project and service redesign work to ensure the patient voice is considered throughout all we do in patient safety	Establish and develop a Somerset ICS patient safety network that encourages networking, information sharing, and enables improvement
Quality governance	Improve information and access to our patient advice and complaints service and work with system providers to develop a joined up, and consistent approach to complaints management	Continue to strengthen relationships with system partners to improve patient experience reporting, theme identification and shared learning from patient feedback	Work with our primary care colleagues across the system to embed the Parliamentary and Health Service Ombudsman (PHSO) Standards into primary care complaints handling	Develop robust process to seek evidence and assurance of actions taken as a result of patient experience feedback	Enhance systems for the identification, monitoring and assurance of clinical effectiveness activities across our providers, to include NICE guidelines, national clinical audit, and GIRFT
	Strengthen risk management processes for the validation, scoring, escalation and monitoring of risks in line with the NQB. Including supporting the implementation of dynamic risk assessment	Review tools and resources to ensure a consistent approach in the use of equality and quality impact assessments (E/QIAs) in the development of policies, projects, and service redesign	Develop a toolkit of experience, safety, and outcome quality metrics for use within contract and specification reviews and which enhances identification of areas for improvement	Develop a suite of policies and standard operating procedures to support a unified approach for the quality team in their engagement with quality governance activities	Develop systems for the collation, interpretation, and presentation of quality governance data to support quality leads in their identification of emerging themes and risks
Safeguarding	Continue to facilitate the completion of all safeguarding statutory reviews and ensure identified learning is embedded across the system	Continue to carry out insight visits to providers, identifying good practice and opportunities for further learning and improvement	Continue to develop the effectiveness of the Safeguarding Assurance Meeting ensuring that all ICB services consider safeguarding in their roles, improving the quality of the ICB's safeguarding offer	Regularly review the Safeguarding Integrated Data Dashboard as new data is added, to identify gaps and opportunities for improvement within Somerset	Continue to develop relationships with system safeguarding partners to facilitate more effective and efficient working driving up standards and reducing duplication
Infection prevention	Map the burden of infections and their impact across the population of Somerset to enable development of priorities and workstreams	Collaborate, develop, and identify resources that can be shared across the Somerset system to promote selfcare and prevent transmission	Work collaboratively across Somerset with all system partners to further reduce Health Care Acquired Infections across the Somerset population	Further develop the Infection Prevention sustainability workstream, including launching the Gloves Off Campaign across primary care	Develop an education for Infection Prevention Champions within the Adult Social Care sector
Primary care	Continue to develop a culture of positive and supportive relationships with all primary care providers within Somerset	Improve the collection and collation of data for quality monitoring and identification of good practice and areas for improvement	Support a portfolio of improvement projects in line with local programmes and the three key areas identified within the Primary Care Patient Safety Strategy	Enhance systems and processes for the sharing of learning across primary care providers	Continue to support primary care with improvement, resilience, and recovery programmes in line with local priorities and national delivery directives
Acute and independent services	Know and understand patient safety harm & risk within the urgent care system, working within the NQB guidelines on prioritising improvement	Implement the Elective Care Recovery Strategy, ensuring appropriate quality assurance, risk & harm monitoring is included	Understand the CQC and regulatory status of all organisations, including patient safety, risk, & policies management, and support improvement	Engage in the development of the clinical strategy, ensuring inclusion of clinical effectiveness & quality outcomes monitoring systems & processes	Continue to review and update all systems and processes as per the NQB, with involved assurance at all acute & independent providers
Care sector	Standardise system responses to Quality Assurance Framework (QAF) returns across all four QAFs in collaboration with the Local Authority	Strengthen effective system wide decision making through the Commissioning and Quality Board and the implementation of the Care Providers Quality Assurance Policy	Develop the prevention agenda by evaluating data from the care sector and identifying opportunities to improve health outcomes for people receiving care	Collaborate with LARCH to develop the service redesign proposals, to include the outcomes required for the Enhanced Health in Care Homes framework	Coordinate the network of support available to providers to reduce duplication and increase capacity in the health and social care system
Children & young people (CYP)	Implement the National Improvement Programme for Paediatric Audiology, including completion of audit, risk assessment and any subsequent actions	Continue the involved assurance and improvement role in relation to Paediatric Services at Somerset Foundation Trust, participating in the Paediatric Quality Improvement Group	Manage emerging risk and collaborate with Education, Public Health and Health system partners to develop shared agreements for the SEND population in schools	Implement the Elective Care Recovery Strategy, ensuring the voice of CYP is evident. Know and understand risk and mitigations for long wait times	Plan and implement National Deliverables, including Neighbourhood Health Models, Long Term Conditions, Transition, CEW/PEWS, Asthma, Diabetes & Epilepsy
Integrated & intermediate care	Improve utilisation and quality outcomes in prehospital/ admission avoidance pathways	Embed the statutory Medical Examiner Service and local escalation process for drawing themes and responding to learning	Define quality priorities and quality input for frailty, supporting development and outcomes from frailty workstreams	Build on existing processes and triangulate learning to improve intermediate care pathways and outcomes	Monitor quality metrics and outcomes from integrated urgent community support services to support improvement
Learning disabilities (LD) & autism	Continue the implementation and roll out of the mandatory Oliver McGowan Training working with the Somerset system	Continue the roll out of the quality improvement project to address health inequalities for people with LD and autistic people	Work to ensure that patient/carer experience is embedded and used to inform services for people with LD and autistic people	Continue to complete LeDeR reviews to reduce health inequalities and improve outcomes for people with LD and autistic people	Continue to support service improvement initiatives related to LeDeR learning
Maternity & neonatal services	Continued implementation of national programmes to include Saving Babies Lives Year 3, Maternity Incentive Scheme Year 7, and full compliance with Ockenden actions	Full implementation of Perinatal Quality Surveillance Model, including system planning, governance, performance, and reducing unwanted variation	Know and understand the provider strategy for improvement under the Maternity Safety Support Programme & support this process	Know and understand the status of the CQC action plan, monitoring risk, patient safety, and quality improvement requirements, in line with the NQB	Provide quality and safety monitoring and fulfil the assurance role for the ICB at the Local Maternity & Neonatal System
Mental health	Contribute to and support the roll out of the NHSE Quality Transformation Programme	Contribute to and support the Somerset Dementia Pathway Review	Work with primary care and Rethink to promote the Open Mental Health pathway and resources	Work to ensure that patient/carer experience is embedded and used to inform services for people with mental health issues	Develop the Mental Health Homicide independent investigation process to ensure local learning opportunities are maximised
Women's services	Work with the British Pregnancy Advisory Service and NHSE to achieve exit criteria and step the service down to routine assurance and support	Support local delivery of the Women's Health Strategy, to improve health outcomes for women and girls, and ensure the voices of those accessing women's services are heard	Monitor the quality and safety of local Perinatal Pelvic Health Service provision to meet the needs of the local population	Understand Specialist Menopause service provision and monitor outcomes for service users. Provide education to local GPs/HCPs to offer high quality, safe menopause services	Work in partnership with the Local Authority and other system partners to review contraceptive services demand to improve availability and equitable access

5.2. Year one quality priorities

1. Raise awareness in the organisation of the need for Quality and Patient Safety engagement and involvement in all aspects of ICB service, design, development and delivery

- Review the ICB corporate induction programme.
- Update the ICB website.
- Develop resources and communication tools.
- Review and amend governance and assurance reporting.

2. Standardise the role of the Quality Lead to ensure consistency and develop resilience in the team

- Review and update job descriptions to reflect roles and responsibilities following phase two of the organisational restructure.
- Review and update all relevant policies and procedures.
- Develop Standard Operating Procedures to support the Quality Assurance and Monitoring function.
- Undertake a training needs analysis and develop a training programme.

3. Review the ICB Statutory Quality Functions

- Map and prioritise workplans to meet and sustain the needs of the statutory duties.
- Develop action plans to support improvement and monitor this at ICB Quality Committee.
- Strengthen relationships with NHSE and CQC and other regulatory bodies.
- Provide a robust Quality Impact Assessment programme.

4. Design a Quality Assurance Framework

- Develop a suite of resources to support the understanding of quality metrics and outcome reporting.
- Review all performance metrics in dashboards and other reporting to ensure quality metrics and outcomes are considered and accurate, and that appropriate data and intelligence is factored into all.

5. Develop robust Quality Governance and Risk Management processes

- Review risk management processes to ensure it's clear how to escalate issues.
- Dedicate resource to ensuring risk reporting is consistent.
- Introduce the dynamic risk tool and robust governance in relation to all decision making.
- Encourage and champion information sharing and continuous learning, using insight to identify areas for improvement and have pathways in place for where improvements will be monitored.

5.3. Year two quality priorities

1. Engagement and involvement to embed the role of Quality and Patient Safety in the commissioning and contracting of new services/pathways and partnerships

- Develop relationships, networks and connections with fellow ICB colleagues, and partner organisations.
- To take every opportunity to raise awareness of quality and patient safety requirements.

2. Engage and involve the Transformation and Digital Directorate to support Quality Improvement opportunities

- Provide Quality Improvement support to transformation programmes.
- Inform and influence service and pathway development so that these have clear quality outcomes embedded.

6. Glossary

Adult/Children's Social Care (ASC/CSC) – a range of services that help vulnerable people to stay independent and safe, and to live well. ASC and CSC are provided by the Local Authority (LA).

Care Quality Commission (CQC) – the independent regulator of health and ASC in England, assessing whether services are safe, effective, compassionate, well-led, and of high-quality.

CEW – Complications from Excess Weight, clinics that use a holistic approach to treating conditions related to obesity in children and young people.

Enhanced assurance and support – undertaken by the ICB with regional NHS England (NHSE) support when there are quality risks that are complex, significant and/or recurrent.

GIRFT – Getting It Right First Time, a national NHSE programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

Health and Wellbeing Board – drives joined up working at a local level between health and care, establishes a sense of place, improves the wellbeing of the population, and sets strategic direction.

Inequalities – unfair and avoidable differences in health across the population, and between different groups within society, including how long people are likely to live, the health conditions they may experience, and the care that is available to them.

Integrated Care Board (ICB) – a statutory NHS organisation responsible for developing plans aimed at meeting the health needs of the local population, managing the NHS budget, and arranging for the provision of health services.

Integrated Care System (ICS) – a partnership of organisations, including the LA, the NHS, and the voluntary, community, faith and social enterprise (VCFSE) sector, with the purpose of removing barriers to providing joined up care.

Intensive assurance and support – undertaken as a last resort, when there are very complex, significant or recurrent risks, which require mandated intensive support led by NHSE and regulators.

Joint Forward Plan – articulates the steps the ICS will take over the next five years to achieve our ambition for a healthier future in Somerset.

LARCH – Somerset's Care Home in-reach team made up of Registered Nurses and Occupational Therapists.

LeDeR – learning from lives and deaths of people with a learning disability and autistic people.

Local Authority (LA) – our LA is Somerset Council, responsible for governing Somerset and providing public services and facilities, including Adult and Children's Social Care, safeguarding services, and Somerset's SEND offer.

National Quality Board (NQB) – provides advice, recommendations and endorsement on matters relating to quality, and acts as a collective to influence, drive and ensure system alignment of quality programmes and initiatives. Consists of: NHSE, the CQC, the UK Health Security Agency, NICE, the Office for Health Improvement and Disparities, the Department of Health and Social Care, Healthwatch England, the National Guardians Office and the Health Services Safety Investigations Body.

NQB Guidance on System Quality Groups (SQGs) (2022) – provides further clarity to guide the development of quality governance arrangements in ICSs, particularly SQGs.

NQB Guidance on Quality Risk Response and Escalation in Integrated Care Systems (2022) – sets out how quality concerns and risks should be managed within ICSs in collaboration with NHSE and wider partners, including categorising concerns as routine, enhanced and intensive, reporting, escalating, de-escalating and monitoring.

NQB Shared Commitment to Quality (2016) – a single vision of quality based on the need to provide high-quality, personalised care for all, summarising the changes needed within health and care to achieve this and confirming the commitment of national bodies to support it.

NICE – the National Institute for Health and Care Excellence, produce evidence-based guidance for the NHS and wider health and care system, considering clinical effectiveness and value for money, and helping practitioners and commissioners deliver the best care.

Non-Executive Director – independent members of the Board with a collective responsibility in the success of the organisation, they provide strategic oversight and advice and seek assurance that we are fulfilling our statutory responsibilities, including in relation to the quality of services.

Neighbourhoods – areas which are smaller than a 'place', where services are delivered in a coordinated, integrated and patient-centred way. This could be as small as a housing estate, village or collection of houses, or as large as a Primary Care Network involving the population of several GP practices.

PEWS – Paediatric Early Warning Score, a national standardised approach of tracking the deterioration of children in hospital.

Place – an area usually covered by a Local Authority.

Primary Care Network (PCN) – GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas to enable greater provision of proactive, personalised, coordinated and integrated care for people close to home.

Quality Committee – provides the ICB with assurance that it's delivering its functions in a way that secures continuous improvement in the quality of services, scrutinising whether there is an effective system of quality governance and internal control that supports the ICB to effectively deliver its strategic objectives and provide sustainable, effective, safe high-quality care.

Quality Functions – key statutory duties, accountabilities and responsibilities that providers, ICBs and NHSE hold for quality.

Quality Governance – the monitoring and reporting of systems, processes and structures, to provide assurance on the quality of care delivered to the population of Somerset. Quality includes patient experience, patient safety, and clinical effectiveness. Quality governance involves ensuring required standards are met, investigating when they are not met, driving continuous improvements, sharing best practice, and managing risk.

Quality Improvement (QI) – a systematic approach to improving the quality, efficiency, and morale of health and social care services, aiming to make healthcare safer, more effective, and more equitable.

Routine assurance and support – Activity when there are no risks, or minor risks which are being addressed effectively. Includes standard monitoring and reporting, due diligence and contract management.

SEND – children with Special Educational Needs and/or Disabilities.

SMART – Specific, Measurable, Achievable, Relevant and Time-bound. Often used when referring to recommendations and actions for change.

Somerset Improving Lives – strategy published by Somerset Health and Wellbeing Board setting out the vision, priorities, and approach to improve lives in Somerset.

Somerset Integrated Health and Care Strategy – strategy published by Somerset Health and Wellbeing Board which sets out our ambition for a healthier future in Somerset.

System Quality Groups – a strategic forum at which partners from across health, social care, public health and wider join up to consider common priorities, routinely and systematically share insight and intelligence, identify opportunities for improvement, identify concerns/risks to quality, and develop system responses to enable ongoing improvement.