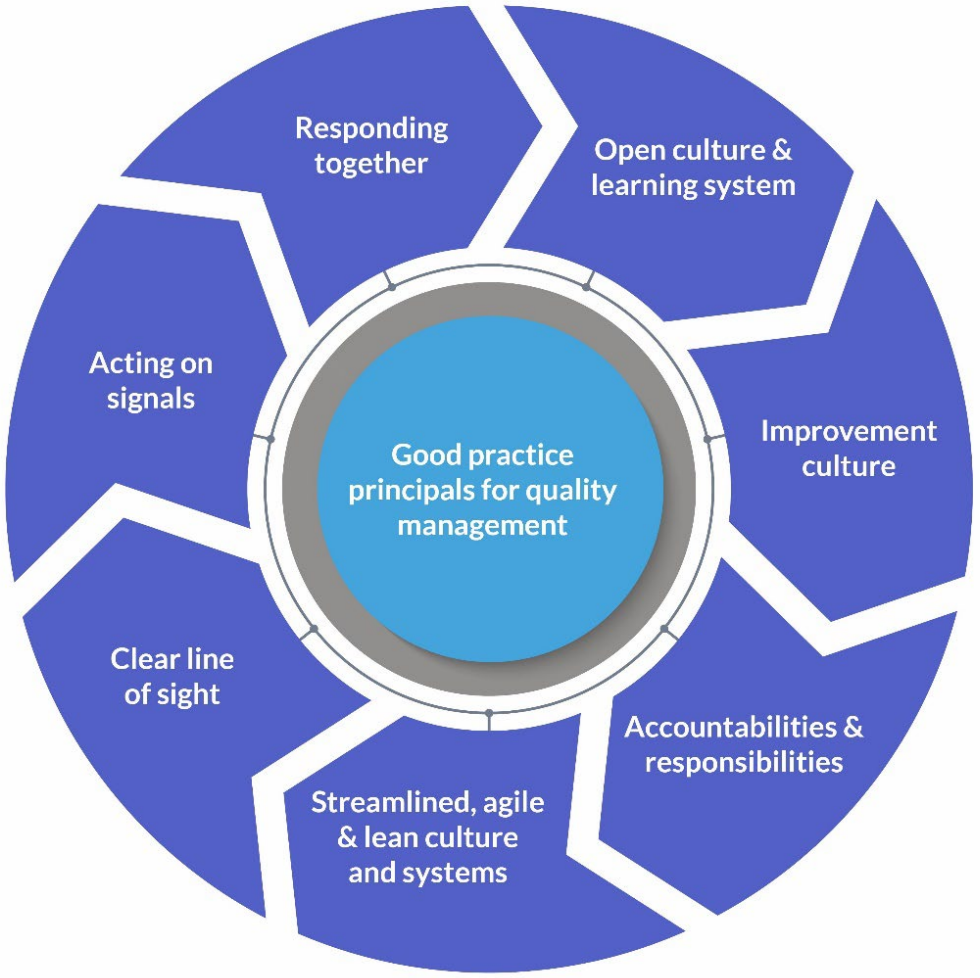
MIAA
2022/23 ICB Checklist Series
Quality Governance

January 2023

'The quality of health and care matters because we should all expect care that is consistently safe, effective, and provides a personalised experience. This care should also be delivered in a way that is well-led, sustainable and addresses inequalities. This means that it enables equality of access, experiences and outcomes across health and care services.'[1]

Integrated Care Systems (ICSs) must ensure they have effective arrangements to support all elements of quality management i.e. quality planning, quality assurance/ control and quality improvement functions. Integrated Care Board (ICBs) should implement quality structures that support integration, reduce bureaucracy and improve overall quality management.

MIAA has developed the checklist below to support newly formed ICBs in establishing and reviewing their quality management processes. The checklist is structured in line with the good practice principles for quality management structures endorsed by the National Quality Board (NQB).



[1] *National Guidance and System Quality Groups,* National Quality Board, January 2022

Quality Governance

Areas for ICBs to consider		ICB's Response
	**Create an open culture and learning system that enables improvement across a shared understanding of needs and issues**	
	Has/or how will the ICB develop/ed a shared vision for quality improvement across the ICS (including the System Quality Group)? What mechanisms have been established to ensure this vision is delivered and sustained?	
	What mechanisms has the ICB established to obtain appropriate advice to enable it to discharge its functions effectively from people who (taken together) have a broad range of professional expertise in the prevention, diagnosis or treatment of illness and the protection or improvement of public health?	
	How are clinical and care professional leaders fully integrated into decision-making on all aspects of ICS functions and governance at every level of the system?	

Areas for ICBs to consider		ICB's Response
	Has a local framework and plan been agreed for clinical and care professional leadership with ICS partners and promoted across the system?	
	How is the ICS building relationships based on shared values and behaviours? Do these approaches avoid performance management systems that drive closed cultures?	
	What mechanisms has the ICS established to ensure the care commissioned is equitable, focused on reducing inequalities and addressing wider determinants of poor health?	
	How does the ICB ensuring participates in the development and implementation, with other responsible authorities, of crime and disorder strategies and youth justice services?	

Areas for ICBs to consider		ICB's Response
	**Use an improvement culture to support assurance of sustained quality of care, rather than a performance management one.**	
	Does the ICS take a system perspective with regards to quality risk?	
	Have engagement and sharing intelligence processes been defined for quality improvement, including at least quarterly sharing through the SQG?	
	What is the membership of the SQG? Is it diverse and do all partners, including people with lived experience have an equal voice?	

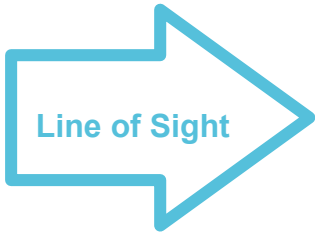
Areas for ICBs to consider		ICB's Response
	**Be clear on accountabilities and responsibilities for quality**	
	Are individuals in clinical and/or care professional roles on the ICB board, including the nursing director and medical director?	

Areas for ICBs to consider		ICB's Response
	How do these individuals ensure that leaders from all clinical and care professions are involved and invested in the vision, purpose and work of the ICS?	
	Where does decision making responsibility and accountability for quality sit in the ICS?	
	Has the ICS appointed a designated executive lead for quality (e.g. medical director, director of nursing)?	
	Has the ICB established a formal assurance committee for quality (this should not be the SQG)? Is this led by a Non Executive Director?	
	If the ICB has not established a formal assurance committee for quality what mechanisms have been established to ensure the ICB gains robust evidence that their objectives and plans are being delivered, their statutory duties are being met and risks are escalated and mitigated in a timely manner?	
	Has a SQG been established?	

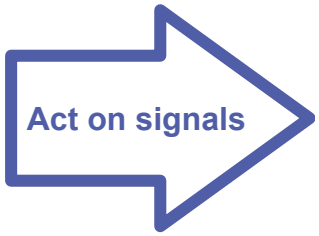
Areas for ICBs to consider		ICB's Response
	Has a regional-ICB memorandum of understanding (MoU) or similar been established documenting how the SQGs will escalate risks or concerns to the ICB?	
	Does the SQG cover the whole ICS footprint?	
	Is the SQG chaired by the ICB exec quality lead?	
	Does the SQG have objectives and priorities? Are these SMART?	
	Has the SQG clearly defined in its Terms of Reference how conflicts of interest will be managed?	

Areas for ICBs to consider		ICB's Response
Quality Structures	**Ensure quality structures and systems and streamlined, agile and lean, as well as standardised as appropriate**	
	How is clinical and care leadership embedded at all levels of the ICS?	
	Has a quality improvement strategy been established for the ICS?	
	Have a quality governance and risk and response processes been defined? Are these processes linked to regional NHS England quality governance and wider forums?	
	Have quality structures been reviewed to reduce duplication?	
	Are Quality Improvement (QI) methodologies and behavioural science being embedded into ways of working? Are joint committees/committees in common being explored?	
	What mechanisms has the ICS established to maximise the focus on quality in all ICB forums?	

Areas for ICBs to consider		ICB's Response
	How do place quality leads feed into ICS structures (including SQG visibility)?	
	Does SQG membership meet minimum requirements. These include: • the ICB • local authorities • provider collaboratives • regional NHS England teams • regulators • primary care • local maternity systems • patient safety specialist(s) • at least two lay members with lived experience (including Healthwatch)	
	Are the key points from SQG meetings recorded and publicly available?	
	Is the Terms of Reference for the SQG inline with the model document issued by the NQB?	

Areas for ICBs to consider		ICB's Response
	**Ensure a clear line of site of quality performance, good practice, concerns, risks and mitigations from the point of care to leaders**	
	What mechanisms has the ICB established to obtain a broad range learning, insights and intelligence on quality of care including feedback from staff, compliments, complaints, safeguarding, incidents, safety culture measures and audits and risk management?	
	Is routine quality monitoring and management primarily done at place level? If not, what quality monitoring systems have been established and how does the ICB ensure sufficient place level input?	
	How do place based structures enable quality improvement and unblock barriers across pathways?	
	What processes has the ICB established for the effective oversight and management of healthcare risks, including risks within independent healthcare providers?	

Areas for ICBs to consider		ICB's Response
	Are local authorities represented and engaged with the activities of SQGs?	
	How is the ICS assured that risk management structures and focus of the SQG sit within and complement the normal risk management processes of partners within the ICS?	

Areas for ICBs to consider		ICB's Response
	**Have a clear and agreed understanding of when to act on signals**	
	How do the SQG and ICB quality assurance meetings interact?	
	Does the SQG: • routinely and systematically share a triangulate intelligence, insight and learning on quality matters across the ICS	

Areas for ICBs to consider		ICB's Response
	• identify and escalate quality concerns/risks and opportunities for improvement and learning including addressing inequalities • develop ICS responses and actions to enable improvement, mitigate risks (with regards to statutory duties) and demonstrate evidence that these plans have the desired effect • test new ideas, share new ideas and celebrate best practice	
	What mechanisms are in place to ensure ICB exec quality leads consistently escalate quality issues identified by SQGs and other mechanisms to regional teams are appropriate?	
	Does the SQG have mechanisms in place to set up task and finish groups to take forward priority work in areas such as patient safety, infection prevention and control, frailty and older people etc…?	
	Have processes been established for quality risk management based on the three main levels of assurance and support outlined in *National Guidance on Quality Risk Response and Escalation in Integrated Care Systems*?	

Areas for ICBs to consider		ICB's Response
	Has the ICS developed an agreed SQG statement in relation to quality risk appetite which reconciles to wider risk appetite?	

Areas for ICBs to consider		ICB's Response
Responding together	**Respond together in a timely and proactive way, addressing any gaps in intelligence**	
	Has the ICB assessed its quality management system data requirements to keep the burden of data collection minimal and maximise the use of shared data sets as standard?	
	How is this intelligence triangulated, shared, embedded and impact reviewed?	
	How do SQG discussions and reports inform the assurance process for quality of the ICB?	
	Does the SQG maintain an action log with SMART actions, clear timeliness, action holders etc…? Are actions logs reviewed at each SQG meeting?	