



Humber and North Yorkshire
Health and Care Partnership



Humber and
North Yorkshire
Integrated Care Board (ICB)

Quality Assurance and Improvement Framework 2023 – 2026



Contents

1. Executive Summary	3
2. Introduction	4
2.1 Overview of the Integrated Care Partnership	4
2.2 The ICB Strategy	7
2.3 Our Accountability for Quality Governance	8
2.4 A Shared Single View of Quality	9
2.5 Quality Assurance	9
3. National Guidance on Quality Governance and Quality Functions	10
3.1 National Quality Board	10
3.2 Care Quality Commission	10
3.3 Patient Safety Incident Response Framework (PSIRF)	11
3.4 NHSE Quality Functions	11
4. Translation and Adoption of National Guidance	12
4.1 The 7 Step Model Applied in HNY ICB	13
4.2 Governance Arrangements for Quality in HNY ICB	15
5. Quality Ambitions and Priorities for 2023 – 2026	16
5.1 Long Term Priorities through to 2026	16
5.2 Creating the Environment for Quality	17
5.3 Provider Priorities	18
5.4 HNY ICB Quality Priorities 2023 – 2024	19
5.5 Operational Priorities	20
6. Driving Quality Improvements	21
6.1 Escalation Arrangements	21
6.2 Quality Governance Arrangements	22
6.3 Innovation, Research And Improvement System (IRIS)	23
6.4 Driving Quality Improvement	23
6.5 Measuring and Assessing Quality	24
7. Summary	25
8. Glossary	26



1. Executive Summary

Integrated Care Boards (ICB) 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 the Humber and North Yorkshire (HNY) 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 as well as the Innovation, Research & Improvement System (IRIS) for HNY.

It is expected that the **Quality Assurance Improvement Framework (QAIF)** will be refreshed annually to support ongoing quality improvement and emerging concerns across the Integrated Care System (ICS).



2. Introduction

2.1 Overview of the Integrated Care Partnership

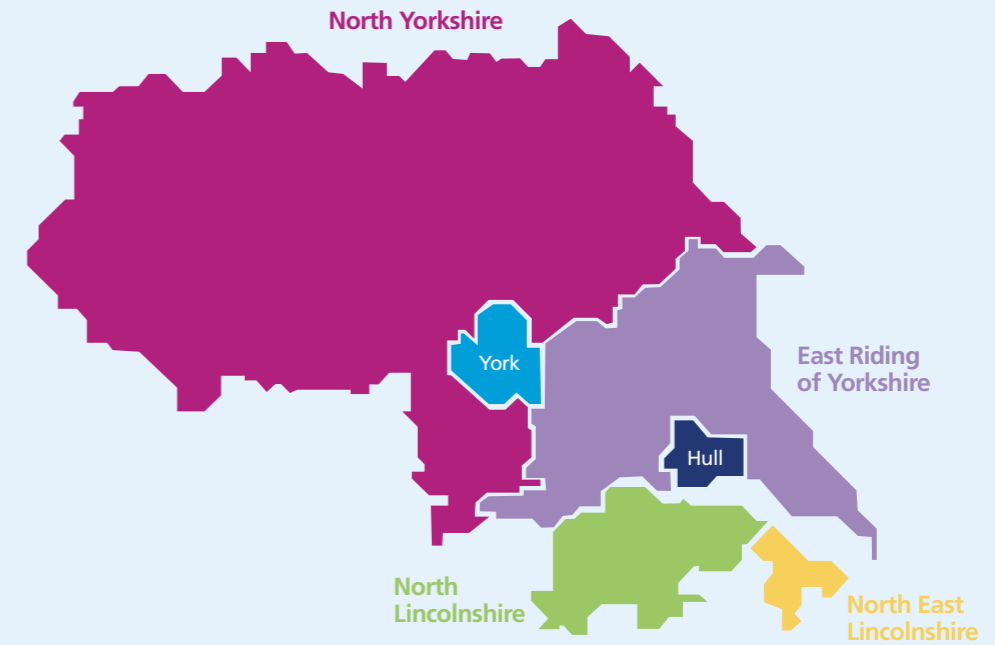
The **NHS Humber and North Yorkshire Integrated Care Board (ICB)** is a statutory NHS body with those functions and duties conferred to it as set out within the **Health and Care Act 2022**.

The ICB operates as a partnership with the Local Authorities, with wider system partners, adopting a collective and shared approach to decision-making and facilitating mutual accountability across the **Integrated Care System (ICS)**.

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 the local population in each of our six 'places'.

Our purpose is to improve the lives of the people who live and work in Humber and North Yorkshire. We will do this by:

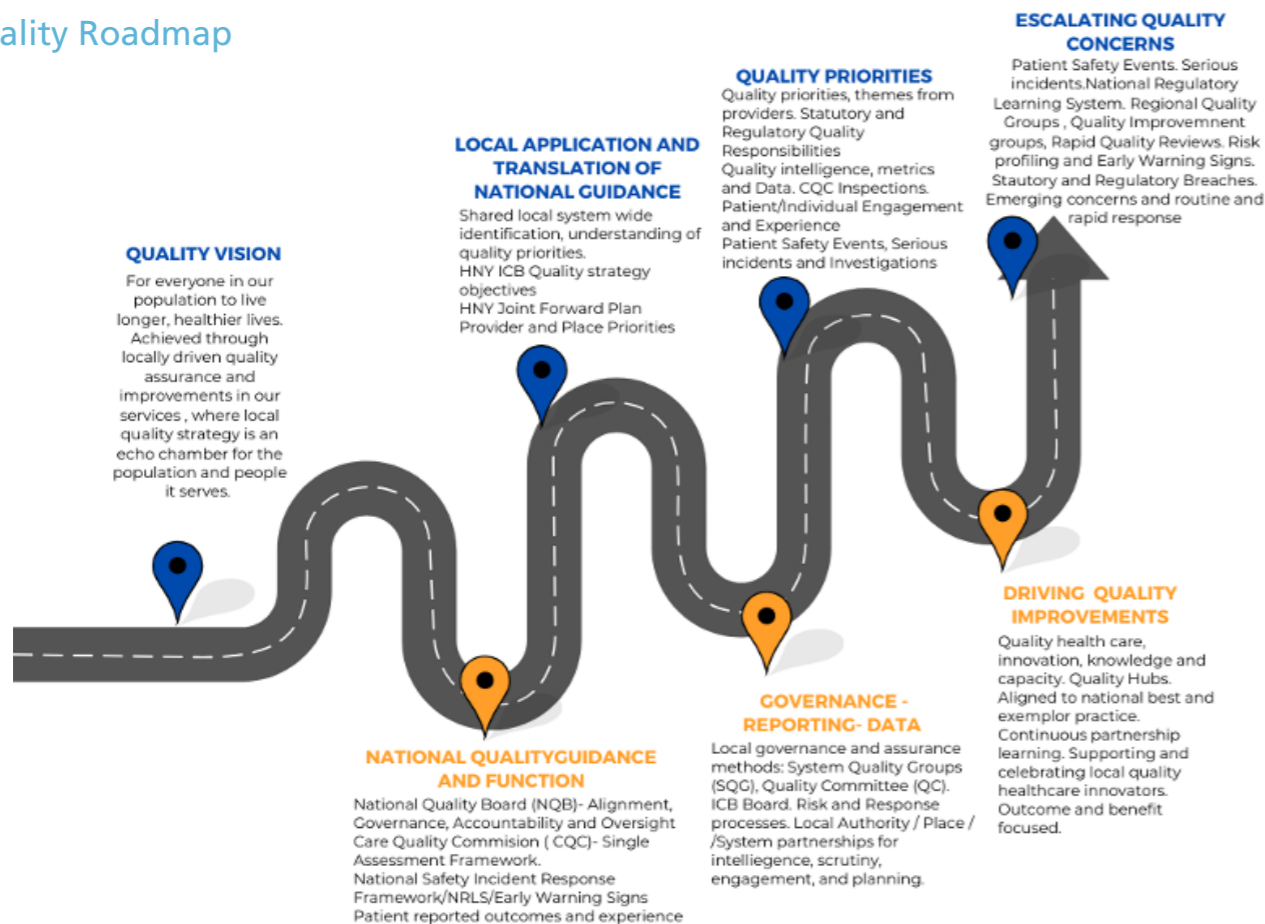
- Improving outcomes
- Tackling inequalities
- Enhancing quality and productivity
- Supporting social and economic recovery



Quality Vision for HNY ICB

“Our unwavering commitment is to empower every member of our population to not only live longer but also to lead healthier, more fulfilling lives. We will achieve this by fostering a culture of locally-driven quality assurance and continuous improvement in our services. Our local quality strategy will resonate as a powerful echo chamber, amplifying the needs and aspirations of the community it serves. Quality focus will provide the mechanism where together, we will transform the future for our population, making it one where health and well-being thrive for all.”

Quality Roadmap



2.2 The ICB Strategy

Our ambition is:

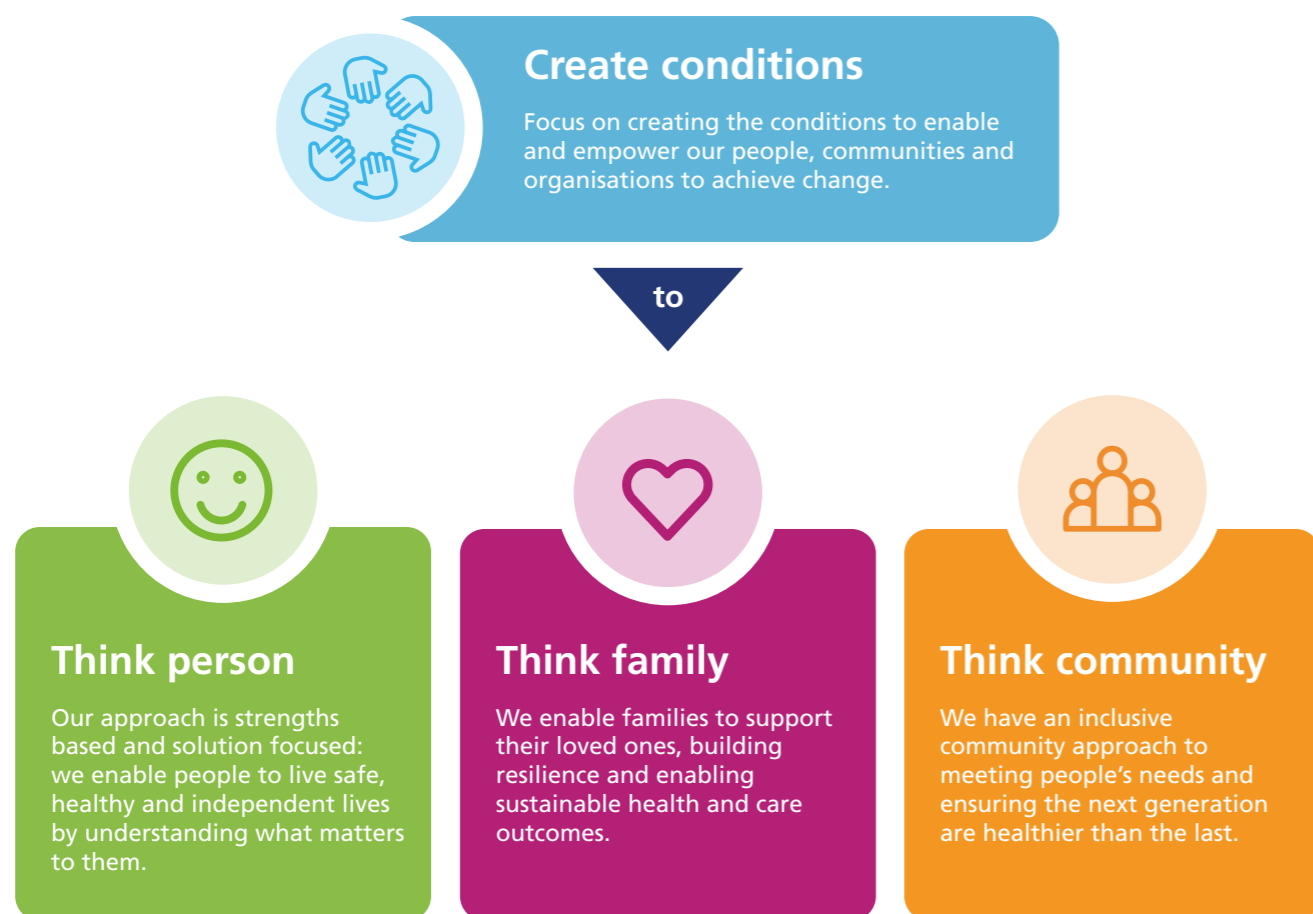
For everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach that ambition our vision is to ensure that all our people:



Our intentions are:

To achieve our ambition and vision, our Partnership through our six Places working with their communities and partners will reimagine health, care and wellbeing services and we will...



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 in its position statement for ICSs has outlined two key requirements for quality oversight in an ICS:

1. To ensure the fundamental standards of quality are delivered managing of quality risks, including patient safety risks and address inequalities and variation.

2. 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
- For 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. **Shared commitment to quality** (NQB 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 well being 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

Focused 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 (Kings Fund 2011).



3. National Guidance on Quality Governance and Quality Functions

3.1 National Quality Board

The NQB guidance, in addition to the shared single view of quality, discussed in section 2.5, provides guidance on:

- Working together on quality
 - Setting 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
 - The 7-step model to deliver quality care in systems. This is set out in more detail in section 4.1 which describes the adoption in HNY
 - The Juran trilogy model of Quality Planning, Quality Control and Quality Improvement
- National Priorities
- Governance arrangements for System Quality Groups, Place Quality Committees, Escalation arrangements and Quality Committee. Our adaptation of this governance guidance is shown at section 4.2.

3.2 Care Quality Commission

The Care Quality Commission (CQC) has developed a **single assessment framework** which replaces four previous frameworks and will use this to assess all service types.

The **5 key questions** – used by CQC, assesses whether services are:

- Safe
- Effective
- Well led
- Responsive
- Caring

Specifically in assessing ICS's CQC will be reviewing the following 3 domains:



Leadership

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



Integration

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



Quality and Safety

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

3.3 Patient Safety Incident Response Framework (PSIRF)

- National Reporting and Learning System (NRLS)
- Learning From Patient Safety Events (LFPSE)

3.4 NHSE Quality Functions

NHS England (NHSE) have developed a working document that sets out the Quality functions and responsibilities of ICBs in their delivery. This covers the following areas;

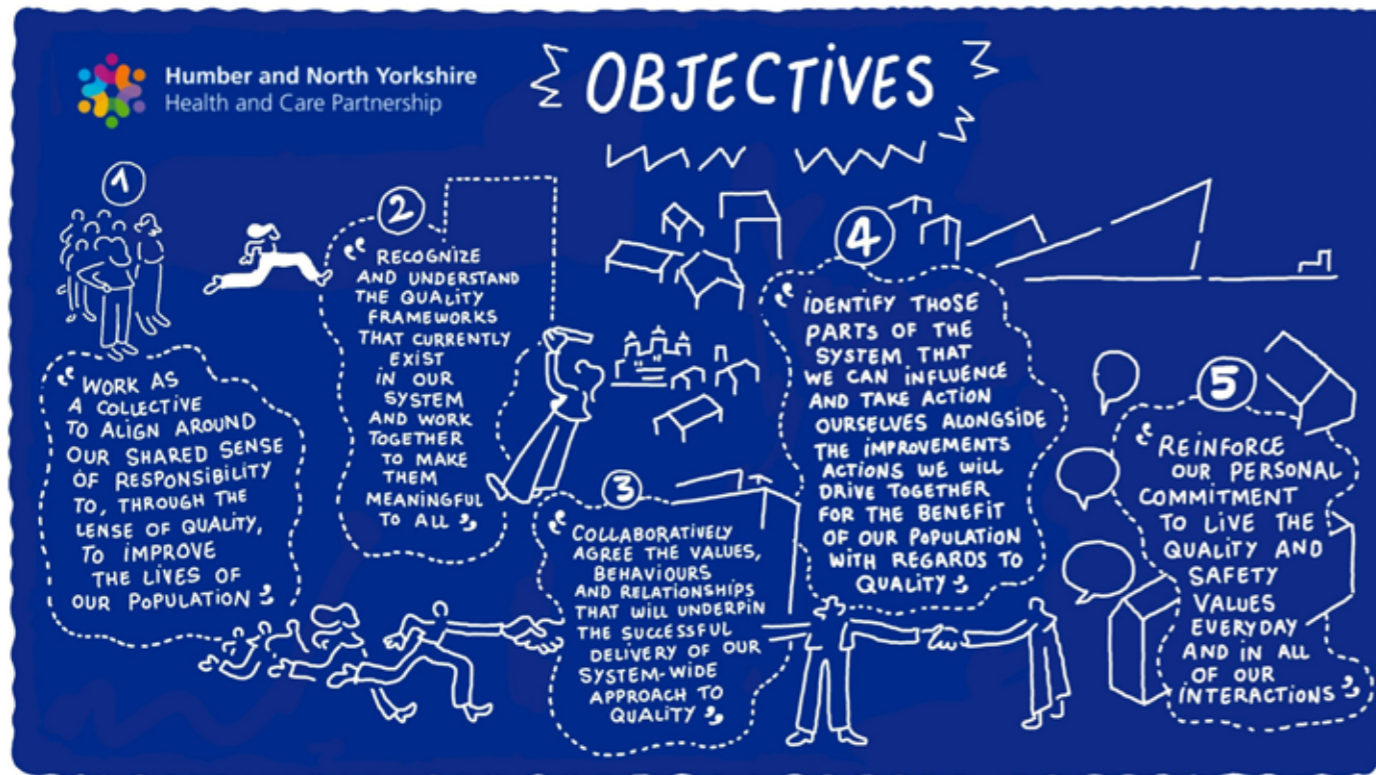
1. **Strategic management of quality** – National Quality Board and NHS England guidance.
2. **Operational management of quality** – Independent Investigations (including Mental Health Homicides); Regulation 28 reports; Professional Standards; Controlled Drugs Accountable Officer Function; Whistleblowing 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**



4. Translation and Adoption of National Guidance

The guidance mentioned in section 3 from the NQB, CQC and NHSE have shaped the approach used in HNY ICB. We kickstarted the translation and adoption of national guidance at an Ignition event in September 2022 where we worked with over 70 delegates from across all stakeholders.

The objectives of the day are illustrated below.



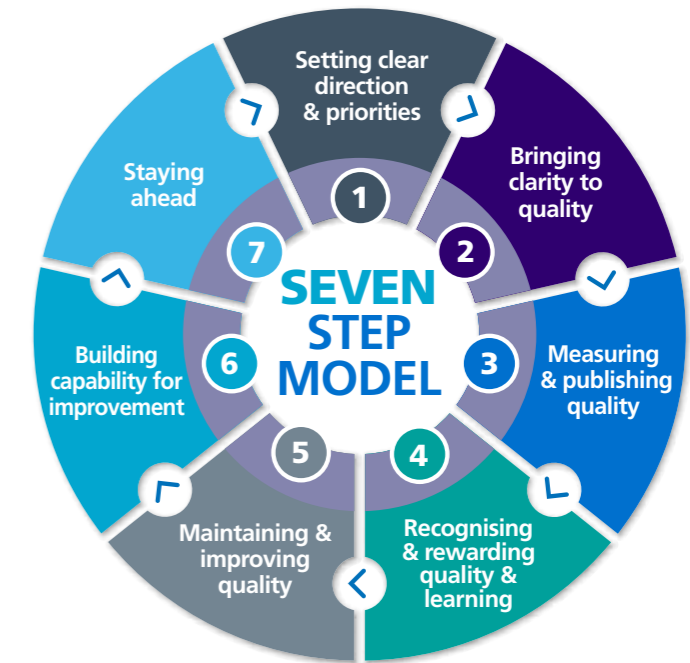
The event delivered agreement on 7 priority actions that shaped our approach through 22/23:

Safety – whilst recognising importance of effectiveness and experience, at this time priority focus should be given to safety.	Building trust – across all stakeholders and how we will know we are being successful in building trust.	Delivering value through quality – the quality premium!	Risk sharing/success sharing.	Delivery a quality improvement approach across the ICS.	Open and honest communication.	Defining personalisation and how we deliver it.

Continuous refinement of our approach has been undertaken because of a range of meetings, workshops and via discussion at Place and System Quality Groups.

4.1 The 7 Step Model Applied in HNY ICB

The NQB 7 step model to deliver quality care in systems is noted at section 3.1. The table below describes how we have translated this for HNY ICB.



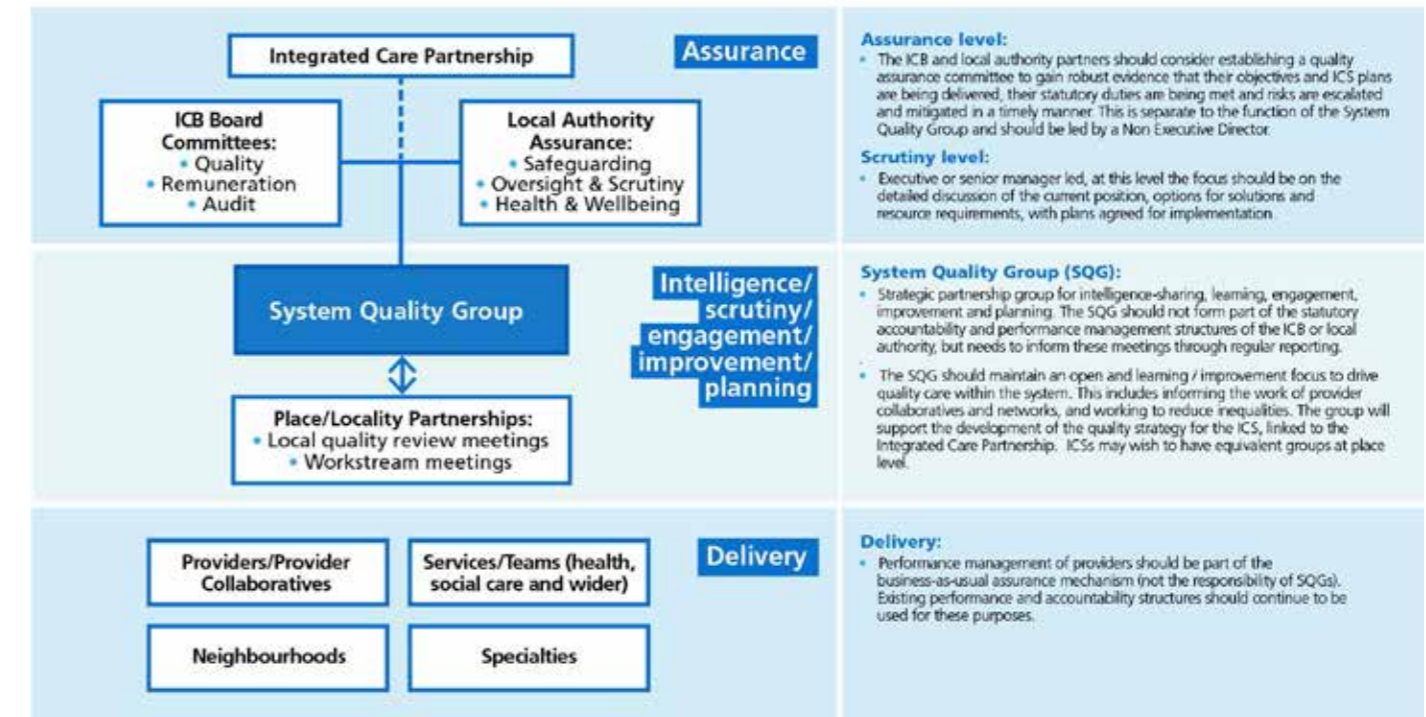
Step	Title	Delivering this step in HNY
1	Setting clear direction & priorities	We will use local intelligence and agreed national standards to identify priorities to ensure that we can deliver our ambition for our population to start well, live well, age well and die well.
2	Bringing clarity to quality	We will use our clinical and professional structures informed by the voices of our service users and population to establish 'what good looks like', giving clarity to the quality of services people can expect.
3	Measuring & publishing quality	We will triangulate all available data, including service user feedback to ensure that we measure what matters and the population can see the data relating to quality, that we are using to inform our decisions.
4	Recognising & rewarding quality	We will ensure any financial incentives are aligned to delivery of the service and pathway requirements with a focus on delivering the required clinical outcomes, such as Cquin. We will link with wider NHS England financial incentives where this support delivery of national priorities. We will facilitate learning and sharing to support the continuous quality improvement process.
5	Maintaining & safeguarding quality	We will establish sound Quality Assurance arrangements in line with NQB guidance that provides the robust infrastructure to ensure we can maintain and safeguard quality. We will do this by identification of where service delivery falls short of expectations or where intelligence indicates that quality is at risk. We will use the resources of the ICB including collaboratives and IRIS to drive quality improvement.
6	Building capability	We will ensure that our people have the support, training and development to deliver success with the implementation of this framework, this includes Quality Improvement training and engagement in the development of a continuous improvement approach.
7	Staying ahead	We will undertake horizon scanning to ensure that we are best placed to plan for future quality challenges. We will use our collective insight to learn, inform, adapt and respond to quality challenges and innovations.



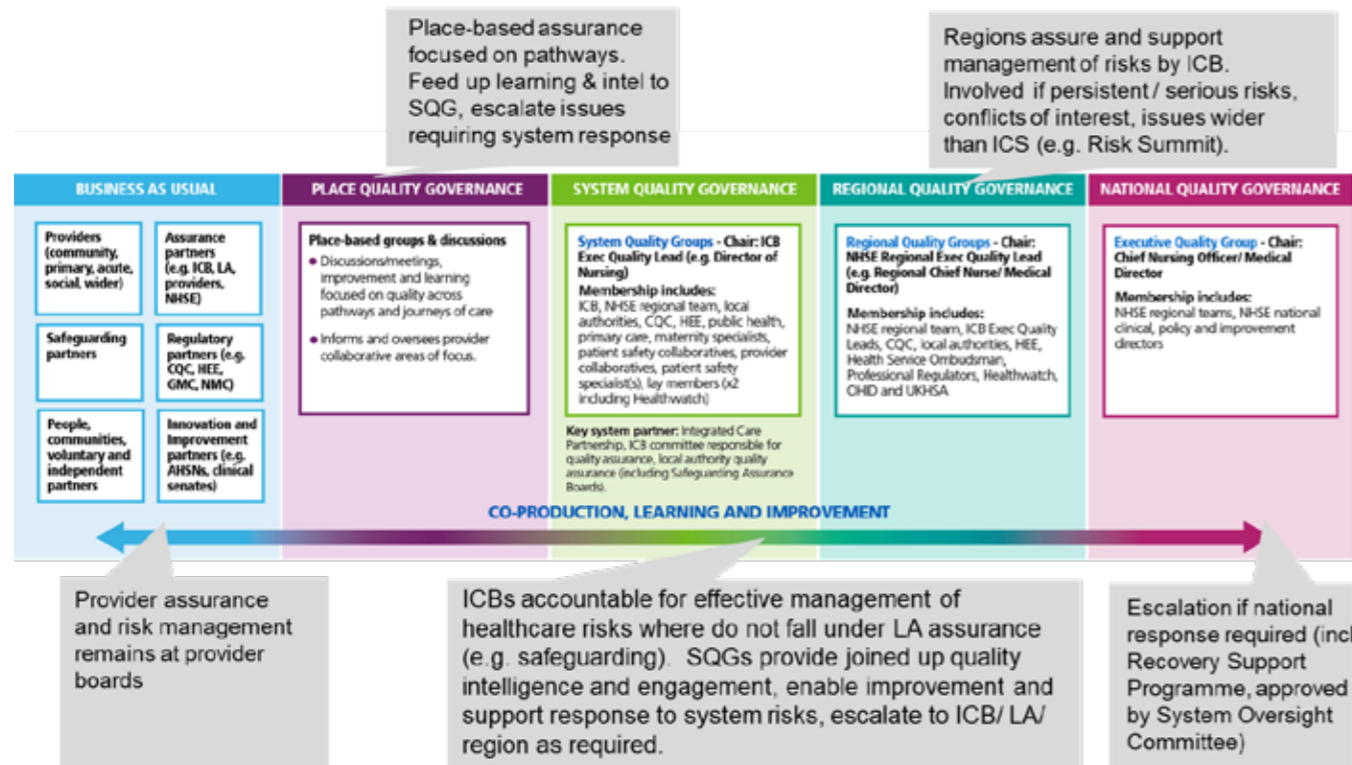
4.2 Governance Arrangements for Quality in HNY ICB – NQB Guidance on Establishing System Quality Groups

In line with NQB guidance we have established;

- Place quality groups and a System Quality Group
- Quality Committee as a NED chaired Assurance committee on behalf of the Board
- A number of sub-committees fulfilling specific assurance functions including safeguarding, IPC and patient safety.



Governance Reporting and Data



5. Quality Ambitions and Priorities for 2023 – 2026

5.1 Long Term Priorities Through to 2026

The **Joint Forward Plan** identified the specific in year priorities for 2023 – 2024. These are shown in more detail in section 5.4. However, there are a range of strategic priorities that will assist with the delivery of specific in year goals and that will require multi-year effort to deliver.

Clinical effectiveness priorities

Priority 1: Develop an accessible, user-friendly patient information page on the ICB website.

Priority 2: Improve timely and effective review/update of Trust clinical policies.

Priority 3: Increase oversight, review and implementation of clinical effectiveness recommendations.

Quality priorities

Priority 1: We will focus improvements in a patient-centred way and ensure QI is delivered in a way that we target interventions and improvements to tackle healthcare inequalities as part of the Core 20 plus 5 initiatives.

Priority 2: Provide a Quality Improvement training and education structure, from beginner to expert.

Priority 3: Develop mechanisms for sharing and celebrating success following involvement in Quality Improvement.

Priority 4: Enable easy access to the data required for measurement of improvement.

Patient experience priorities

Priority 1: Develop a patient experience 5-year plan.

Priority 2: Develop a suite of resources, e.g. patient experience toolkit and training resources to equip members of staff to feel more confident in facilitating patient involvement/engagement.

Priority 3: Develop an accessible digital and offline communications/materials, including a user-friendly patient experience page on the Trust website.

Priority 4: Evidence learning from patient feedback and ‘closing the loop’, including communication of outcomes to patients and carers.

Patient safety priorities

Priority 1: Complete the transition to the Patient Safety Incident Framework (PSIRF).

Priority 2: Enhance patient safety systems and culture.

Priority 3: Improve our delivery and monitoring of sepsis.

Priority 4: Increase staff training and education in pressure ulcer prevention and management to 90% via the pressure ulcer e-learning package.

Priority 5: Achieve CQUIN12 – assessment and documentation of pressure ulcer risk for inpatients in acute and community hospital settings (trajectory 70-85%).

Priority 6: Reducing pressure ulcer incidence by 25% of all categories of pressure ulcer over a 12 month period.

Priority 7: Increase staff training and education in falls prevention and management to 90%, via the falls e-learning package.

Priority 8: Improve lying and standing blood pressure assessments for all patients aged over 65 years (or under 65 years with increased risk of falls).

3 year plan:

Year 1 2023/24 – 50%
Year 2 2024/25 – 75%
Year 3 2025/26 – 90%

Priority 9: Increase access to, and provision of, walking aids for all patients who need walking aids from the time of admission, 24/7.

Priority 10: Reduce the number of post-partum haemorrhage.

Priority 11: Reduce the number of term admissions to the neonatal unit.

The Nursing & Quality Directorate will work alongside colleagues across the ICB to deliver on these priorities under each of these domains.

5.2 Creating the Environment for Quality

The Ignition event in September 2022 started the discussion regarding how the ICB set the context – culture and behaviour, within the system for delivering on our quality ambitions. The following statements have been agreed as requirements for achieving the right environment:

Create constant quality and improvement opportunities.

Champion a culture curiosity.

Quality is everyone's responsibility.

Develop and embed strategic quality governance arrangements.

Embed operational quality systems to include statutory and regulatory responsibilities.

Safety insight, involvement, and improvement.

Safeguarding- assurance of system arrangements.

Focus on service user experience.

5.3 Provider Priorities

NHS healthcare Providers are required annually to publish a quality account describing the quality of services offered and delivered and to set out their quality priorities for the following year.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The Quality Accounts for providers across HNY ICB were submitted and signed off by the Quality Committee in summer 2023. Following thematic analysis of the provider accounts, collective quality shared priorities were identified across the HNY ICB footprint. These have contributed to the ICB in year priorities.



5.4 HNY ICB Quality Priorities 2023 – 2024

The summary strategic priorities for 2023 – 2024 were first set out in the Joint Forward Plan.

a. Creating constant quality and improvement opportunities – championing a culture of curiosity, ensuring quality is everyone’s responsibility and striving to be better

We will do this by – continuing to develop and embed the strategic quality governance arrangements for example Place Quality Group and the Quality Committee (Board Assurance Framework) and by linking with Innovation, Research and Improvement System (IRIS) to build specific Quality Improvement opportunities and capabilities.

b. Embed the operational quality systems

We will do this by:

- Actioning the recommendations from internal audit from their advisory audits of our newly implemented systems; and
- Include the range of statutory and regulatory responsibilities on reporting so that there is clarity as to where improvements are required and oversight of actions as they are delivered.

c. Focus on Safeguarding

We will do this by – Establishing the ICB safeguarding hub, to co-ordinate functions to support delivery, provide mutual aid and deliver programmes of work at scale to articulate best clinical practice in safeguarding.

d. Further develop the safety insight involvement and improvement

We will do this by – Fully implementing the patient safety incident response framework and Learning from the Patient Safety Events (LPSE) and the full implementation of PSIRF.

e. Harness service user experience

We will do this by:

- Developing a focus on service user experience, including better use of insight and feedback;
- Ensuring the voice of service users is represented at all meetings; and
- Utilise available data and wider engagement opportunities to broaden and strengthen the voice of service users.

f. Build trust across the system

We will do this by – Working in partnership with all stakeholders supporting mutual accountability and mutual responsibility, holding each other to account and ensuring all interactions are in accordance with our agreed values and behaviours.

5.5 Operational Priorities

Acute providers

There are a number of common themes across the services delivered by our acute providers. These include;

a. Maternity services

The delivery of the Maternity and Neonatal Strategy that includes achieving:

- The implementation of the Okenden (1&2) and East Kent reports.
- Meeting the Maternity Improvement standards.
- Meeting the requirements of the 'saving babies lives' toolkit.
- Meeting the core competency standards.

b. Basic standards of care in keeping with CQC regulatory requirements

A number of acute providers are subject to enhanced support and oversight as part of the Quality Assurance escalation arrangements. Each organisation with enhanced oversight will be:

- Supported across the system with practical support tailored to their specific needs.
- Participate in a system Quality Improvement Group on a monthly basis where a clear plan to meet specified improvement criteria over an agreed period of time will see transition out from such arrangements.

Quality incidents common to all

A number of quality incidents that can cause harm are common across providers (not just acute providers however). These include:

- Infection prevention and control incidents.
- Falls.
- Pressure ulcers.

These will form the basis of some focussed cross system work to improve harm free care.

Mental Health / Learning Disability (LD) and Autism

The detailed ambitions for the Mental Health, Learning Disability and Autism services are set out in the **Joint Forward Plan**. The key actions for 23/24 include:

- The review of the configuration of services across the system to address variation in access, quality and experience of these services.
- The rollout of a number of initiatives including:
 - Oliver McGowan training
 - National in patient review recommendations
 - Annual health checks for people with a Learning Disability
 - Safe and well reviews for in patients with a learning disability
 - Improvements to Dementia diagnosis rates
 - Improvements to assessments for Learning Disability & Autism and other neurodevelopmental disorders.

ICB / Local Authority (LA) operational priorities

The operational priorities for joint working with Local authority services include:

- Special Educational Needs and Disability (SEND)
- Complex Children and Young People (CYP) Mental Health (MH), Learning Disability (LD) and Autism and crisis response with the aim of identifying a joined up approach across Health and Care that can respond swiftly and uniformly to identify and deliver the needs of CYP avoiding in patient care as the default approach
- Continuing Healthcare (CHC)
- Safeguarding.

Primary and community care

Formal quality assurance systems and processes for ICB oversight of quality in primary and community care are not as well developed as those for hospitals and other in patient services. This is an area of work for 2023–2026 that we will undertake jointly with the Primary & Community Care Collaborative.

6. Driving Quality Improvements

The effective implementation of systems and processes for Quality Assurance and the effective utilisation of good governance arrangements are an essential basis for the delivery of improvements in quality.

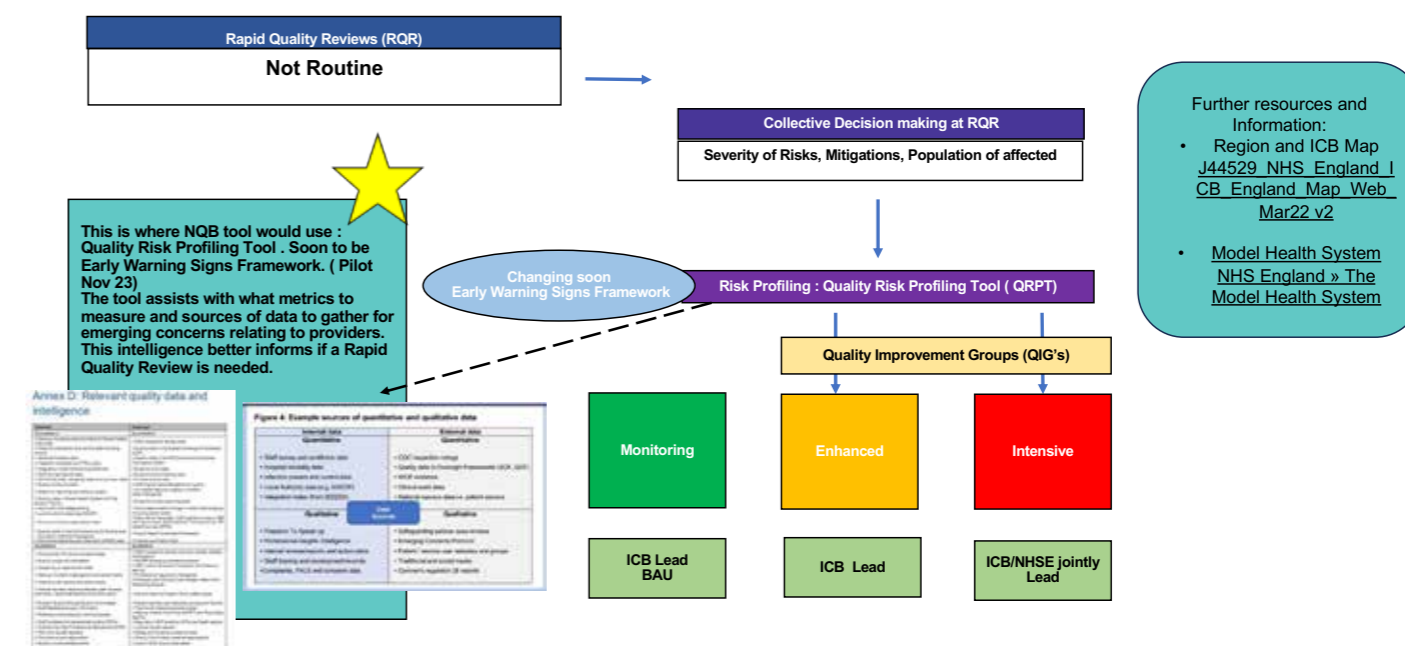
There are two other elements that need to be considered however. The first is the availability and use of escalation arrangements where quality concerns need to be formally addressed and the second is the use of ICB wide quality improvement initiatives as part of our Innovation, Research and Improvement System (IRIS).

6.1 Escalation Arrangements

Where quality concerns exist within an organisation and are greater than an individual service – for example where a CQC report identifies quality risks across a range of services – formal escalation arrangements need to be put in place.

The NQB guidance on **quality risk response and escalation** in integrated care systems has set out what these arrangements should look like.

Rapid Quality Reviews and Risk Profiling Governance



The refreshed approach to quality risk management is based on three main levels of assurance and support from the NHSE regions with the ICB:

1. **Routine quality assurance and improvement** – activity when there are no risks or minor risks which are being addressed effectively. Includes standard monitoring and reporting, due diligence, and contract management.

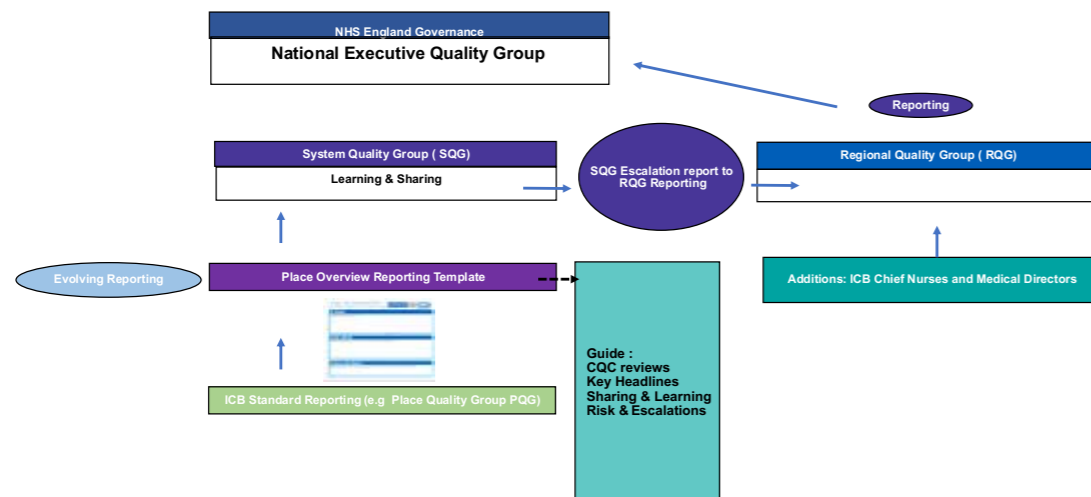
2. **Enhanced quality assurance and improvement** – undertaken when there are quality risks that are complex, significant and/ or recurrent and require action/ improvement plans and support.
3. **Intensive quality assurance and improvement** – a last resort, when there are very complex, significant, 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.

These escalation arrangements have been implemented across HNY ICB in partnership with NHSE North East & Yorkshire region.

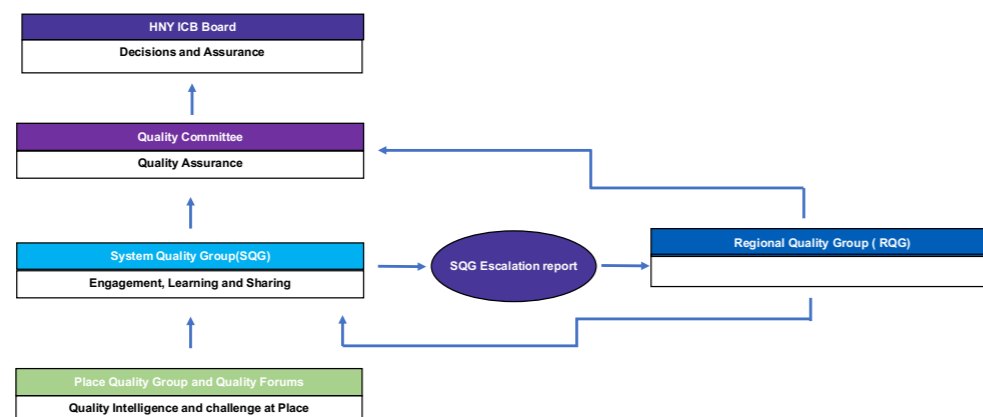
6.2 Quality Governance Arrangements

To prevent the emergence of quality concerns and the need to reactively respond to concerns, the ICB Nursing and Quality Directorate along with system partners routinely deliver effective governance forums, functions and mechanisms to support proactive assurance of high quality and safe care practice.

HNY IBC, Regional, National Governance Oversight

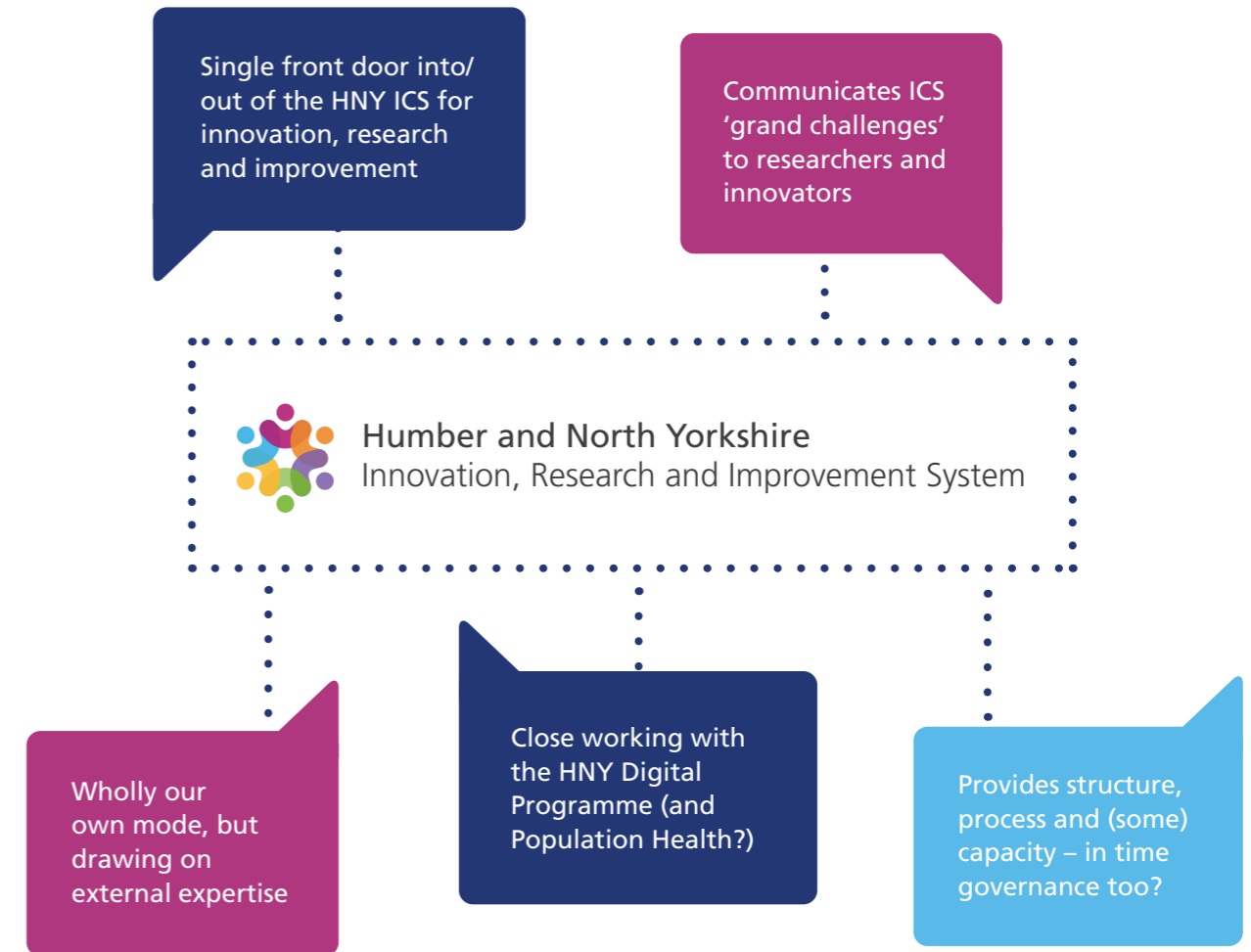


HNY IBC, Local Governance Oversight



6.3 Innovation, Research and Improvement System (IRIS)

The vision for **Innovation, Research & Improvement System (IRIS)** for HNY is to create a system wide supporting structure and culture, which allows research, innovation, and improvement to become core business and as a result ensure the HNY ICS health and social care challenges are addressed.



6.4 Driving Quality Improvement

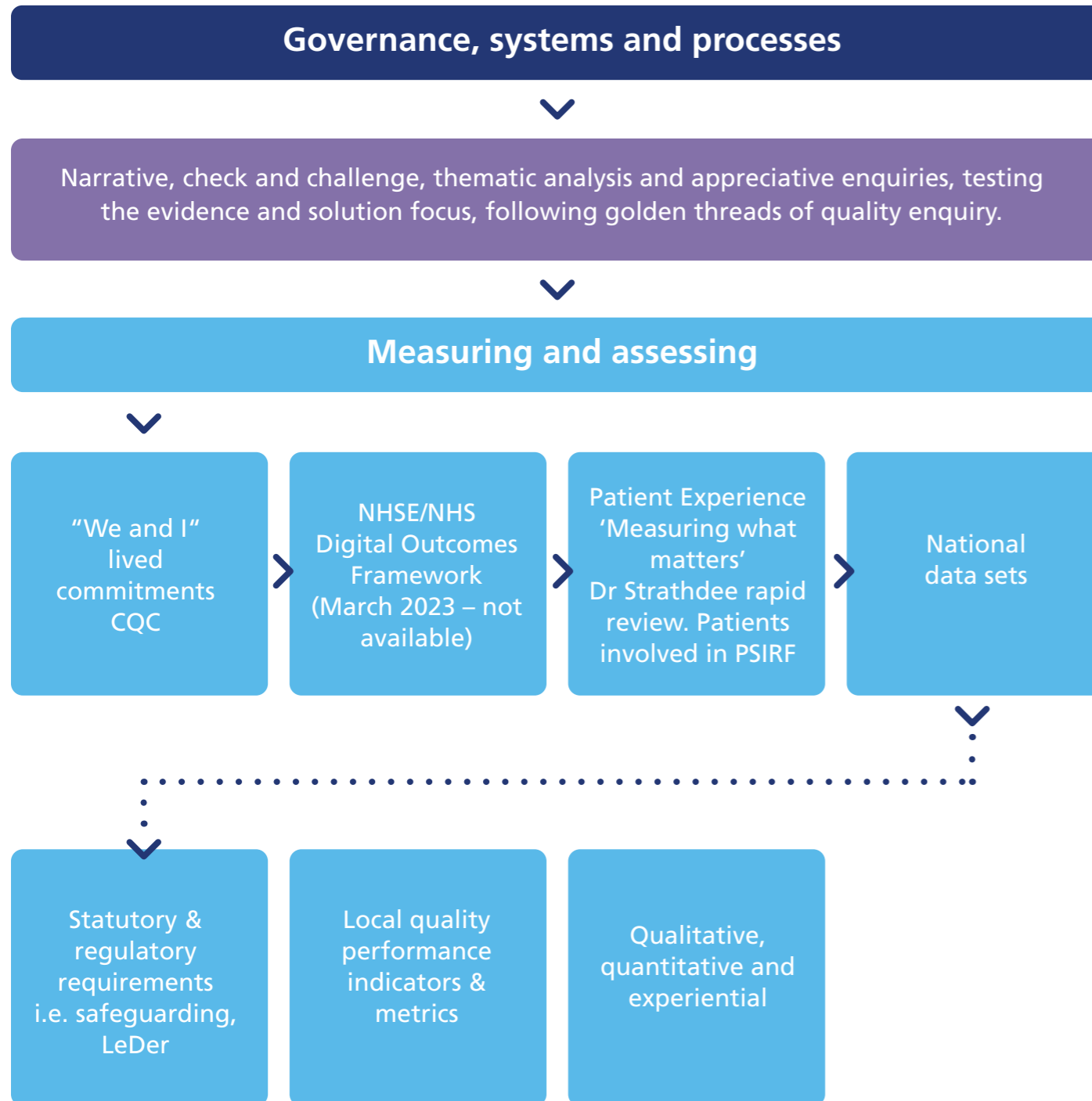
Governance, System and Process

Governance systems and processes e.g through SQG identified risks and review actions in Place and assigned actions to drive improvement.

- LMNS
- Networks
- Collaboratives
- Quality Improvement Groups (QIG's)

Support directly into providers e.g maternity support programme, support from Directors of Nursing/Midwifery, support from regions e.g workforce teams.

6.5 Measuring and Assessing Quality



7. Summary

This document illustrates the framework used to deliver the ICB duties in relation to quality. It is not intended to be comprehensive in terms of noting all national and local guidance documents but to provide enough of the pieces of the jigsaw to view the picture.

It is intended to be an iterative document as quality assurance systems and processes are core business and new challenges or risks to quality may emerge – giving rise to changing priorities. The core framework approach however of using and adapting national guidance, working with our partners and being responsive to change will remain.



8. Glossary

Accountability	Providers of NHS services will continue to be individually accountable.
Autism	Autism is sometimes referred to as a hidden disability. Having Autism can cause lifelong difficulties which affect how people communicate and interact with the world.
Care Quality Commission (CQC)	Independent regulator of health and social care in England.
CQC Single Assessment Framework	Framework built on five key questions and ratings system to set out quality view and make judgements. The 5 key questions – used by CQC, assesses whether services are 1) Safe; 2) Effective; 3) Well led 4) Responsive; 5) Caring.
Children and Young People (CYP)	Children and young people (CYP) represent a third of our country, and their wellbeing will determine our future. Improving their health and wellbeing is a key priority for NHS England, Integrated Care Boards, and wider partner organisations.
Continuing Healthcare (CHC)	NHS continuing healthcare is for adults. Children and young people may receive a “continuing care package” if they have needs arising from disability, accident, or illness that cannot be met by existing universal or specialist services alone.
Framework	Structure provided to strategy or programs for improving specific areas of health and social care or offering guidance.
Governance Arrangements	Manage and implement compliance with statutory and regulatory responsibilities.
Governance Arrangements for Quality in HNY ICB	NQB Guidance on establishing System Quality Groups
Health and Care Act 2022	Statute/Law which was created with the aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services. ICB Strategy
Humber and North Yorkshire ICB HNY ICB	Statutory organisation accountable for NHS spend and performance.
Innovation, Research & Improvement System (IRIS) for HNY	Bring together and harness existing networks, activity, and resources to create a system that encourages, promotes and enables research, innovation and improvement.
Integrated Care Partnership	Brings together all the resources across Humber and North Yorkshire, to best serve our population.
Integrated Care System (ICS)	Joining up care leads to improve health and care services with a focus on prevention, better outcomes and reducing health inequalities.
Joint Forward Plan	Outlines how the ICB will deliver its strategy from 2023 – 2028
Juran Trilogy Model	(2016) One definition of Quality and how this can be applied to healthcare quality management systems.

Learning Disability (LD)	A learning disability is to do with the way someone’s brain works. It makes it harder for someone to learn, understand or do things. is a reduced intellectual ability and difficulty with everyday activities. We know this population can require additional support and personalized considerations to help people fulfil their potential.
Local Authority (LA)	Made up of councillors who work with local people and partners, such as local businesses and other organisations, to agree and deliver local priorities. Local Authorities formed part of Integrated Care Boards in July 2022.
Mental Health (MH)	Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. People can suffer from mental health difficulties and mental health conditions and can require support and treatment to support their recovery.
National Quality Board (NQB) guidance	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 to mandated NHS England Policy. NQB guidance on quality risk response and escalation . (NQB 2022)
Oliver McGowan Training	The training is named after Oliver McGowan. Oliver was a young man whose death shone a light on the need for health and social care staff to have better skills, knowledge and understanding of the needs for autistic people and people with a learning disability.
Ockenden Review Reports	The report provides an extensive overview of findings, including the failings identified within antenatal care, intrapartum care, postnatal care, maternal deaths, obstetric anaesthesia, and neonatal care, which each helped to inform the subsequent recommendations they outline.
Provider Priorities and Quality accounts	Annual published quality accounts describing the quality of services offered and delivered including setting out quality priorities for the following year and are an important way for local NHS services to contribute to strategic objectives and measure the quality of services.
Regulatory requirements Quality functions	Delivering Quality Functions. ICB’s are nationally mandated by NHS England to discharge their statutory accountability and responsibility in key areas of quality care and treatment within systems and through Integrated Care Boards
Safeguarding	Protecting people’s (especially children and young people) health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect; an integral part of providing high-quality health care. There are 6 main principles of safeguarding as outlined in the Care Act; empowerment, prevention, protection, proportionality, partnerships and accountability.
Shared commitment to quality	A Nursing and Quality Board (NQB) Publication (2016) to illustrate the refreshed NQB Shared Commitment in aligning with the two quality frameworks for Public Health and Adult Social Care, the NHS Patient Safety Strategy and the People Plan. This updated version does not change the statutory responsibilities of individual organisations, nor undermine their independence, but highlights the strategic importance of working together to champion and drive improvements in quality.
Special Educational Needs and Disability (SEND)	A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support
Strategy	A healthcare strategy is a plan that guides the actions and goals of a healthcare organisation or system. It can help improve the quality, efficiency, and effectiveness of healthcare services, as well as address the challenges and opportunities in the changing healthcare environment. NQB guidance on quality risk response and escalation . (NQB 2022)



Humber and North Yorkshire Health and Care Partnership

Humber and North Yorkshire Health and Care Partnership
Health House
Grange Park Lane
Willerby
HU10 6DT

Email: hnyicb.nursingandquality@nhs.net

Web: www.humberandnorthyorkshire.org.uk

X: @HNYPartnership

Version number: V3

First published: 17 April 2024

Prepared by: Quality and Nursing Team, Humber, and North Yorkshire Integrated Care Board Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages upon request. Please contact the nursing and quality office (NHS Humber and North Yorkshire integrated care board) hnyicb.nursingandquality@nhs.net