Classification: Official

Publication approval reference: PAR1497

National Guidance on Quality Risk Response and Escalation in Integrated Care Systems

National Quality Board

6 June 2022

Contents

Introduction, purpose, and aims

This guidance builds on the National Quality Board's (NQB) Guidance on System Quality Groups (SQGs) and sets out how quality concerns and risks should be managed within Integrated Care Systems (ICSs) in collaboration with NHS England (NHSE) and wider partners. It supersedes and brings together the NQB Guidance on Risk Summits and NHSE Quality Escalation Framework and Trigger Tool, and aligns with the NHS Oversight Framework (NHSOF), Perinatal Quality Surveillance Model and Patient Safety Incident Response Framework[1].

The document is for system leaders as they develop their approach to quality management, providing clarity on:

- The expected approach to managing system-level concerns and risks – including categorising concerns, reporting, escalating, de-escalating and monitoring
- The expected role of Integrated Care Systems (namely Integrated Care Boards (ICBs) and local authorities), working with NHS England (NHSE) and wider partners in managing quality concerns and risks - this includes expected roles when there are multiple commissioners (e.g. Integrated Care Boards (ICBs) and Local Authorities; NHSE and ICBs; multiple ICBs)
- What should happen when there are quality concerns that justify escalation to a regional or national response due to the consequences or potential for learning, including complex, significant or recurrent concerns that may require regulatory action and service closures. Examples: significant quality failings across a pathway, material concerns about the leadership or culture within a provider or ICB, lack of timely and sustained traction to address regulatory non-compliance.

Quality care is understood in the guidance according to the NQB Shared Commitment's definition, as care that is **safe, effective**, provides a **personalised experience,** is **well-led** and **sustainably resourced**. The NQB is also clear that quality care must be **equitable,** focused on reducing inequalities and addressing wider determinants. Based on this definition, **this guidance considers the full range of health and care services and providers**, including services commissioned by the NHS (either ICB or NHSE), jointly commissioned by the NHS and local authorities, and commissioned by local authorities from NHS providers and non-NHS providers (e.g. under public health grant).

[1] The PSIRF is the framework for responding to patient safety incidents in providers.

As per the Guidance on System Quality Groups, this document will be updated as the new operating model evolves. Three annexes are included: a) Glossary of Key Terms; b) TORs for Rapid Quality Review Meetings; c) TORs for Quality Improvement Groups.

Key principles for effective quality management

In the Guidance on System Quality Groups, the NQB emphasised the importance of all ICSs having effective structures and infrastructure in place to support quality management, combining quality planning, quality assurance/ control and quality improvement functions. The NQB set out the role that System Quality Groups and wider forums (e.g. ICB Quality Committees) would play in quality management (see Figure 2), providing model Terms of Reference and clarifying the expected relationships between Integrated Care Boards (ICBs), Local Authorities and other partners (e.g. NHSE). It also highlighted the significant opportunity that ICBs now have to **improve quality structures in order to reduce bureaucracy and support integration.**

These same principles, responsibilities, governance arrangements and relationships are the basis for this document and must be taken on board by system leaders as they develop their approach to managing quality risks within ICSs[2]. Figure 2 provides an overview of the expected responsibilities for quality risk management at different geographies.

To work effectively, there is a need for strong partnership working and intelligence-sharing across organisations, including shared ownership of risk. Clear reporting and governance arrangements must be in place within and beyond ICSs, including alignment with Regional Quality Groups[3].

Below we set out the expected approach to management of system-level quality concerns and risks. This aligns with the forthcoming **NHSE Guidance on System Quality Risk Management**, which will set out key principles and examples of good practice for risk management, including: agreed system risk appetite statements; common language and scoring; and risk frameworks which clearly link to associated accountability and governance frameworks, and which cover quality alongside wider risk frameworks (e.g. performance, operational, financial).

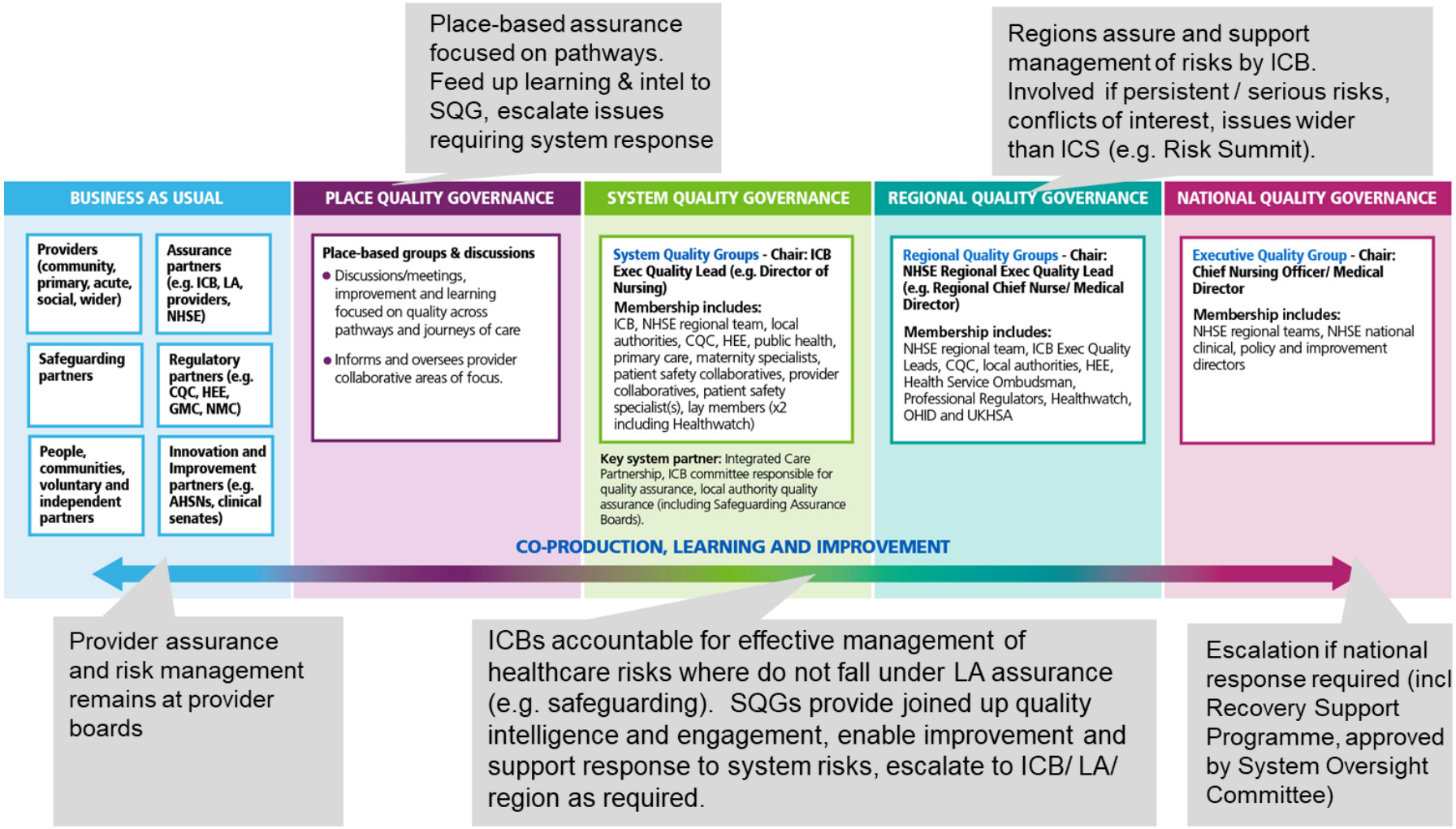
[2] Key principles include: having a clear line of sight, including concerns and risks; investing in building an improvement culture; having streamlined, agile and lean quality structures which are standardised where possible and support partnership working and intelligence sharing; and working closely with staff and people drawing on services to support effective quality management.

[3] Regional Quality Groups have replaced Regional QSGs to align with changes at system level. We expect these to include discussion about independent providers with a view to use existing contractual levers to bring about improvement.

It is crucial that NHSE regional and national teams adopt a system-first approach wherever possible when managing risks. Risks should be managed as close to the point of care as possible, where successful mitigation is not possible then escalation and management at the next level occurs as linked to the designated risk framework and overseen by the ICS. However, as the Guidance on System Quality Groups made clear, there will be situations in which **NHSE and other regulators have the right to intervene,** particularly if there are complex, significant and/or recurrent risks. Further details on triggers for NHSE involvement are provided below.

Note that for independent sector providers as there is no NHSE regulatory remit for oversight of quality or quality governance, other regulators and commissioners must use their contractual levers to influence place, ICS and regional quality governance.

Figure 2: Overview of Quality Governance, NQB Guidance on SQGs



Overarching approach to quality risk response and escalation

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

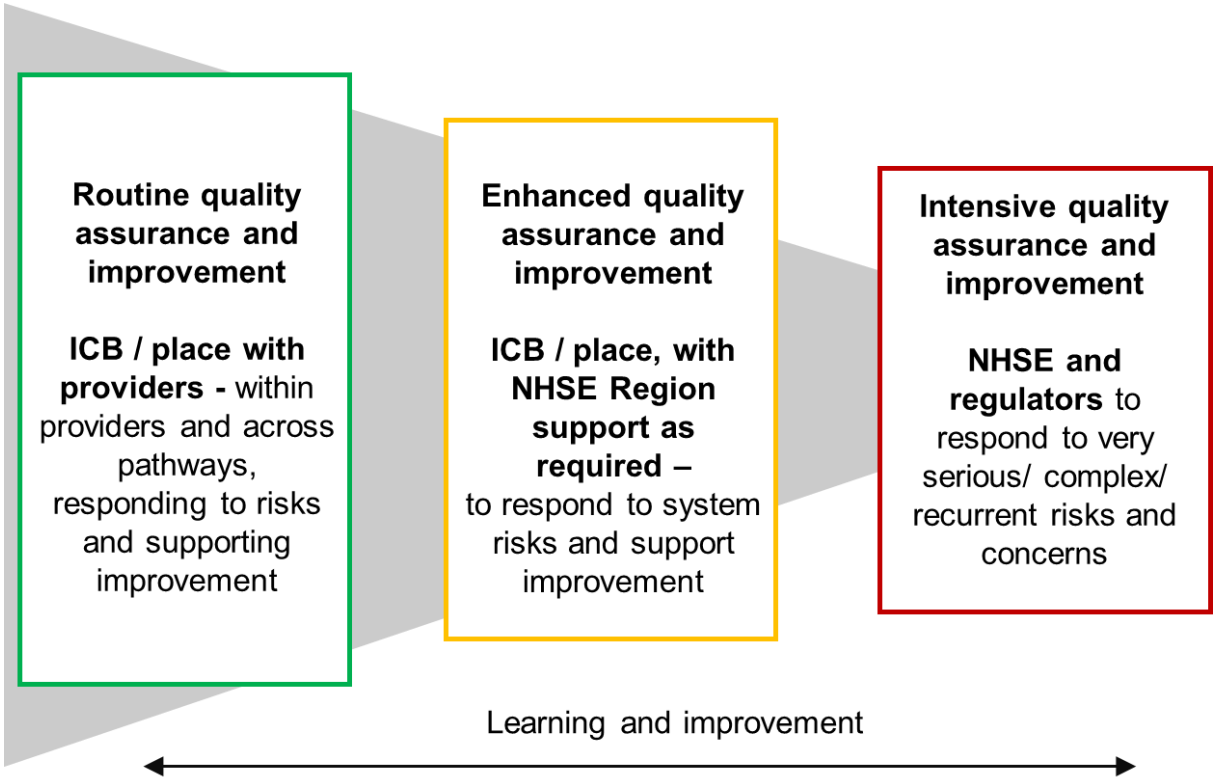
1. **Routine quality assurance and improvement** – activity when there are no risks or minor risks which are being addressed effectively. Includes standard monitoring and reporting, due diligence and contract management

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 (e.g. Intensive Support Team, maternity support).

The three levels apply to different geographies – places, ICSs, pathways and journeys of care. Figure 4 provides an overview of the three levels.

Figure 4: Overview of main levels of quality assurance and improvement



Decisions on how to move through the escalation process must be taken as close to the point of care as possible, reflecting effective risk profiling and accountability arrangements. 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. However, the decision will need to reflect the risk profile and regulatory and accountability arrangements.

The approach is based on the following core components:

Component	Description
Effective risk profiling	• To determine the approach and actions required. Timely, triangulated data, aligned with the Patient Safety Strategy for healthcare concerns/ risks • Each ICS must have commonly agreed metrics to measure quality and an active list of quality risks at each level. These may be agreed through the SQG, with risks relating to health services integrated in the main risk register for the ICB. • The Quality Risk Profiling Tool is an analytical tool which triangulates key data to profile risks. The tool is currently being updated to support ICSs.
Rapid Quality Review Meetings (See TORs in Annex B).	• Meetings to rapidly share intelligence, diagnose, profile risks and develop action/improvement plans • May be stood up at short notice by ICBs or wider partners (e.g. Local Authority, NHSE, other regulators), where there is deemed to be a significant or immediate risk to quality, including safety, which is not being addressed in wider discussions (e.g. oversight) • Replace former Single Item QSGs and Risk Summits.
Action/ improvement plans	• Set out the required actions for mitigation and actions. Must include KPIs, action owners, timescales and success criteria, and reflect contractual processes and requirements and regulatory frameworks • Where multiple commissioners (e.g. ICB / local authorities or multiple ICBs), must include coordinated actions for improvement • For healthcare risks, plans should align with any existing improvement plans or support offers to prevent duplication or misalignment of effort. Where the system or trust is already in receipt of mandated national support via the NHS Recovery Support Programme the relevant System Improvement Director (system) or Improvement Director (trust) must be consulted.
Quality Improvement Groups (See TORs in Annex C).	• Set up to plan, co-ordinate and facilitate the delivery of the required changes / improvement. May be standalone groups or integrated into wider improvement /assurance processes (e.g. NHS Oversight Framework).

Below we provide further information on expected roles/ responsibilities of the different partners. This is primarily for services by ICBs and of course will need to be adapted to reflect different commissioning and accountability arrangements (e.g. local authority commissioned services, NHSE commissioned services).

Routine Quality Assurance and Improvement – Led by provider/ ICB
Business as usual activity and reporting within providers (including independent sector providers), provider collaboratives/ networks for service delivery, place-based structures, ICB/ICSs, including independent providers, provider collaboratives and networks.

Overview	ICB-led action, with providers, at place level	ICB-led action, with providers, at system level	Regional NHSE action	National NHSE/ other regulatory action
Category of risk: • **No risks**: The quality of care is meeting expected standards • **Minor risks:** There are one or more areas where care is not meeting the required standards. However, these concerns can be managed at place level (e.g. GP practice assurance) and there are active action/ improvement plans to meet the required standards which are consistently delivered against.	**Activity:** • Integrated quality review meetings, specific meetings (e.g. Local Safeguarding Children Partnerships, Safeguarding Adult Boards, case management reviews), oversight meetings, contract management • Dynamic monitoring of quality. Focus on trajectories, variation and inequalities • Effective assurance processes in place that align with consistent indicators used at different geographies • Contractual actions to improve quality **Reporting:** • Minor and moderate concerns reported to place-based structure and ICB/ICS. Shared through SQGs and wider discussions.	**Activity:** • Integrated quality review meetings, specific meetings, SQG meetings, ICB Quality Committee meetings, oversight meetings, (sub-) contract management • Dynamic monitoring of quality. Focus on trajectories, variation in quality and outcomes, and inequalities • Liaison with ICB/ICS to agree/ accept contractual actions to improve quality • Advice and suggestions for quality improvement may be made by the organisations within the ICS with a view to preventing low-level risks developing into more significant concerns **Reporting:** • Minor and moderate concerns may be included on ICB risk registers.	**Activity:** • Limited involvement from NHSE regions where NHSE is not commissioner. Focused on supporting cross-ICB/ICS learning and intelligence • Where NHSE is commissioner (or joint commissioner), quality meetings dynamic monitoring, contractual actions and improvement actions must be undertaken **Reporting:** • Minor concerns in NHSE-commissioned services may be on regional or national risk registers (not the case for non-NHSE commissioned services).	**Activity:** N/A **Reporting:** • Minor concerns in NHSE-commissioned services may be on national risk registers where nationally commissioned (not the case for non-NHSE commissioned services) • The Emerging Concerns Protocol, used by regulators to share intelligence and information when there are emerging concerns, may provide a source of intelligence for enhanced assurance discussions. It is important that this intelligence is shared in a timely manner with all relevant partners.

Enhanced Quality Assurance and Improvement – Led by provider/ ICB in most circumstances

Implemented when concerns/ risks are identified that require more frequent and intensive oversight to gain confidence that care is of sufficient and consistent quality, that action/ improvement plans are leading to the desired outcome and that the improvements in care are sustained. May include regulatory action, including enforcement action (aligned with NHSOF segment 3) and contractual actions (e.g. service development and improvement plans, suspension of service, termination of contract). The enhanced approach will be agreed and supported by Regional NHSE teams, based on the risk profile and support needs. See triggers for regional involvement in Overview column.

Overview	ICB-led action, with providers, at place level	ICB-led action, with providers, at system level	Regional NHSE action	National NHSE/ other regulatory action
Category of risk: • **System concerns:** there are a number of areas where the quality of care does not meet the required standards, plans (e.g. PSIR policy and plans) in place are not delivering sustainable improvement at the pace required and /or there are recurrent quality issues that are not being addressed • **Triggers include:** quality concerns across pathways of care, PSIR policy and plans not in place, significant safety concerns, significant contract breaches/ contractual notices, issues outside of the providers' / ICBs' control, lack of confidence in improvement, conflicts of interest, recurrent failure to meet CQC standards **Triggers for NHSE regional involvement:**	**Activity:** • Rapid Quality Review meetings, replacing Single Item QSGs. Providers, ICBs/ ICSs (including local authorities) and regulators (including NHSE regions) may be at these discussions, with reporting linkages to System Quality Groups and ICB Quality Committees. Rapid Quality Reviews may be stood up rapidly at the request of partner organisations (e.g. NHSE, CQC) and may result in links to NHSOF processes where regulatory action may be being considered. • Action/ Improvement Plans must be developed to address risks/ issues. Providers/ provider collaboratives are expected to develop these plans collaboratively with commissioners (e.g. ICB/ NHSE). Should align with wider improvement plans as required • Quality Improvement Groups may be set up to	**Activity:** • Enhanced approach is place or system-led unless there is a conflict of interest or rationale why this should not be the case. See triggers for regional involvement in Overview column. • Rapid Quality Review meetings • Action/ Improvement Plans • Quality Improvement Groups **Reporting:** • System concerns must be shared with System Quality Groups and be included on system and ICB/ICS risk registers and shared with affected NHSE regions.	**Activity:** • For services commissioned by ICB, Regional NHSE involvement agreed with ICBs. Trigger to review of NHSOF segment allocation. May also include a 'check and challenge' function through the Regional Quality Groups and wider discussions (e.g. oversight). • Where NHSE is commissioner (or joint commissioner), arrangements again agreed with ICB based on accountabilities. • Rapid Quality Review meetings, Action/ Improvement Plans, Quality Improvement Groups (or equivalent oversight). **Reporting:** • Significant concerns must be shared with Regional Quality Groups (or	**Activity:** • Risks/ concerns requiring national attention / involvement reported regional and national NHSE governance (as appropriate) • Regional Support Groups/ System Oversight Committee will decide on NHSE regulatory action. Other regulators may also act. **Triggers for NHSE national involvement:** • Requires national action - e.g. outdated policy, national commissioning issue • NB: if national regulatory action is required, would move into level 3 intensive, aligned with NHSOF segment 4.

• Lack of assurance that the material issue/ concern is being addressed or managed in a timely and effective manner by the ICB/ ICS • Material concerns regarding the structure, leadership, and culture of an ICB • System tensions or conflicts of interest, e.g. significant whistleblowing report about ICB exec lead • Significant failings representing a threat to service users/ staff and requiring immediate response, including within independent providers • Same risk recurs in close proximity (6-12 months)/ programmes not led to sustainable improvement, including within independent providers • Issues outside of ICB control. Or service is commissioned by NHSE.	oversee delivery of action/ improvement plans, with clear success criteria. For healthcare risks, these should be integrated into wider improvement and assurance groups where they are in place • Contractual actions to improve quality • Additional activity: inspection visits, walk arounds, targeted quality assurance visits • For providers spanning ICS boundaries (e.g. ambulance trusts, specialist services) or with multiple commissioners, must be agreement as to who leads the process (e.g. coordinating commissioner under relevant contract, or one ICB on behalf of all where multiple affected contracts) and to agreed actions being applied across boundaries.	equivalent) and may be escalated nationally. • System concerns may be on regional or national risk registers.

Intensive Quality Assurance and Improvement – Led by NHSE and other regulators

Implemented as a last resort, when there are very significant, complex or recurrent risks, which require mandated or immediate support from NHSE for recovery and improvement, including support through the Recovery Support Programme, or from wider regulators. The intensive approach must be agreed based on the risk profile and support needs within the ICB. This assurance level covers previous **NHSE Risk Summits**.

Overview	ICB-led action, with providers, at place level	ICB-led action, with providers, at system level	Regional NHSE action	National NHSE/ other regulatory action
Categories of risk: • **Very significant, complex of recurrent risks:** care quality has fallen, or is at risk of falling, well below the standards expected. All options are exhausted to respond to recurrent/ significant quality risks, conflicts of interest, or risks / concerns. The provider/ group or providers has not delivered on the improvement trajectory agreed; there is a significant risk to, or significant impact on, the quality of care **Triggers include:** • Very significant failings, representing a threat to service users/ staff and requiring immediate response, including within independent providers • A need to act rapidly to protect service users and / or staff.	**Activity:** • Rapid Quality Review meetings • Action/ Improvement Plan, with clear objectives and success/ success criteria • Quality Improvement Groups For healthcare risks, these may be incorporated in wider oversight forums set up by ICBs e.g. linked to a broader set of mandated support measures.	**Activity:** • Rapid Quality Review meetings • Action/ Improvement Plan • Quality Improvement Groups For healthcare risks, these may be incorporated in wider oversight forums set up by ICBs e.g. linked to a broader set of mandated support measures.	**Activity:** • Includes commissioner action (e.g. suspension or termination of contract), regulatory action (e.g. CQC enforcement action) • Support via regions, for trusts/ ICBs in NHSOF 3. Recovery plans must be in place. **Reporting:** • Very significant, complex or recurrent concerns shared with Regional Quality Groups for inclusion on regional risk registers and escalated nationally. • Concerns relating to challenged providers/ ICSs reported to Regional Support Groups/ System Oversight Committee. ICBs and provider chairs must be notified and kept informed.	**Activity:** • Risks/ concerns requiring national attention / involvement reported through regional and national NHSE governance (as appropriate) • System Oversight Committee will decide on NHSE regulatory action in consultation with Regional Support Groups. Other regulators may also act. **Triggers for NHSE national involvement:** • Very significant, complex or recurrent risks in challenged providers/ ICBs (NHSOF segment 4) • Requires national action, e.g. outdated policy, national commissioning issue

Annex A: Glossary of Key Terms

Rapid Quality Review Meeting	Multi-stakeholder meetings set up to give specific, focused consideration to quality concerns/ risks, facilitate rapid diagnostic work and agree action and improvement plans. The meetings can be called at short notice by ICBs or wider partners (e.g. Local Authorities, NHSE, CQC). The meetings may inform regulatory action. **These meetings replace Single Item QSGs and Risk Summits**.
Emerging Concerns Protocol	A protocol through which a wide range of health and care regulators can share intelligence on emerging/ existing quality concerns. This includes setting up a Regulatory Review Panel to share and assess information and inform next steps.
NHS Oversight Framework	NHS England's Oversight framework applying to Integrated Care Boards (ICBs), NHS trusts and foundation trusts. The framework is based on a single set of oversight metrics, used to flag potential issues and prompt further investigation of support needs. The metrics align with five national themes: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.
Recovery Support Programme	NHS England's mandatory support provided when there are significant quality concerns or risks within a Trust or ICB, as defined by the NHS Oversight Framework.
Quality Improvement Group	Multi-stakeholder group set up to plan, coordinate and facilitate the effective and sustained delivery of action/ improvement plans to mitigate and address quality concerns and risks. Quality Improvement Groups are organised by ICSs with system partners (e.g. NHSE, CQC, HEE, GMC, NMC).
Quality	The NQB defines of quality according to five elements: safe, effective, positive experience, well-led and sustainable, plus equitable.
Risk Appetite	The Institute of Risk Management defines the risk appetite as "The amount of risk that an organisation is willing to seek or accept in the pursuit of its long-term objectives". Normally set against categories of risk rather than individuals of risk.
System Quality Group	A forum at ICS level that brings together system partners to engage, share intelligence on learning, opportunities for improvement and concerns/risks, and develop system responses to deliver and mitigate them. This replaces existing Quality Surveillance Groups (QSGs) See the NQB's Guidance on System Quality Groups.

Annex B: TORs for Rapid Quality Review Meetings

Purpose:

Rapid Quality Review Meetings are multi-stakeholder meetings set up to facilitate rapid diagnosis of quality concerns/ issues and to agree next steps, including action/ improvement plans.

Their purpose is to:

- Give specific and focused consideration to quality concerns/risks raised, sharing intelligence, including with providers where quality risks have been identified
- Facilitate rapid, collective judgements to be taken about quality within the provider / sector/ pathway in question
- Identify actions needed as a result of the risk(s) identified, summarised in an Action/ Improvement Plan, which may be taken forward by a **Quality Improvement Group**. This may include actions at provider, sector or pathway level. Clear success criteria must also be agreed in the Action/ Improvement Plan, which align with NHSOF criteria for health as appropriate.

The role of attendee organisations:

Rapid Quality Review Meetings should be ICB-led where possible, subject to accountability arrangements (e.g. NHSE commissioned services) and regional involvement considerations (e.g. conflicts of interest).

Participants in Rapid Quality Review meetings will have sufficient authority to take the necessary decisions on behalf of their respective organisations and actions to help drive actions at pace. Where decisions are required to be approved by additional bodies / structures, the participants must drive this decision making at pace so as not to become the time-limiting factor in making necessary changes.

Minimum members:

- Relevant provider(s) (including independent providers) / provider collaboratives
- ICB/ place - Executive Lead for Quality, contract managers, System Improvement Director
- Local Authorities

- NHSE Regional Clinical Director
- CQC
- HEE
- Lay members with relevant lived experience

Other system partners will be invited depending on the issue, e.g. regulators (e.g. NMC, GMC, OFSTED, PHSO), public health, police, primary care, maternity and neonatal, specialised or direct commissioning, deaneries.

There may be some circumstances in which system partners may wish to meet without providers.

Chair:

Rapid Quality Review meetings should be chaired by the ICS (ICB Exec Lead for Quality and/or Local Authority representative). NHSE Regional teams may co-chair or chair where the agreed triggers for regional involvement have been met. Conflicts of Interest must also be considered when deciding chairing arrangements (e.g. the ICB cannot chair if the ICB is the subject of the quality concern).

Reporting:

- Agreed actions made in Rapid Quality Review meetings must be summarised in an action/ improvement plan and reported to System Quality Groups and ICBs/ Local Authority assurance (as appropriate).
- The actions may be incorporated into wider processes or taken forward by a Quality Improvement Group as relevant.
- The key themes and outcomes should also be reported to the Regional Quality Group (RQG).

Annex C: TORs for Quality Improvement Groups

The establishment of a Quality Improvement Group may be instigated by the ICB, a local authority, NHSE or wider regulators; or a provider or group of providers may request that the ICB establish a Quality Improvement Group. The group should usually be convened by the ICB, but may be convened by the NHSE region if necessary (e.g. where services are commissioned/ jointly commissioned by NHSE).

Purpose:

The key purpose of the Quality Improvement Group is to support planning, coordination and facilitate the sustained delivery of actions to mitigate and address the quality risks/ concerns within an individual provider or across the providers in the local system more generally. It will do this by:

- Providing advice and support to the provider(s)/ ICB to address quality risks/ concerns, including identifying required responses and planning for mitigation of risks
- Providing a mechanism for facilitating direct assurance of the achievement of milestones within the action/ improvement plan, including ensuring that there are clear arrangements for confirming that the action / improvement plan has been successfully delivered
- Reviewing and challenging outstanding actions, ensuring that the most robust approaches are being considered
- Escalating to System Quality Group, ICB, Regional Quality Group and wider partners (e.g. NHSE, local Authority, CQC) where appropriate.
- Ensuring that learning is embedded in ongoing continuous improvement.

The Group will meet monthly until most or all of the following conditions are met:

- Achievement of the milestones in the Action/ Improvement Plan and assurance that these have been embedded in a sustainable way

- All members, and the ICS/B/ Regional Quality Group, agree that the relevant milestones have been achieved and there is a clear plan and capacity to deliver any outstanding milestones.

The role of member organisations:

Members of the group will have sufficient delegated authority to take the necessary decisions and actions on behalf of their respective organisations to help drive actions at pace. Where decisions are required to be approved by additional bodies / structures, the role of the group members is to drive this decision making at pace so as not to become the time-limiting factor in making necessary changes.

Minimum members:

- Relevant providers (including independent sector providers)/ provider collaboratives
- ICB/ place-based Executive Lead for Quality, senior contract manager, System Improvement Director
- Local Authorities – adult and children's services
- NHSE Regional Clinical Director
- CQC
- HEE
- Healthwatch/ lay members with relevant lived experience

Other partners will be invited depending on the issue, e.g. public health, primary care, maternity and neonatal, OFSTED, police other professional regulators, deaneries.

Responsibilities of members:

Providers/ provider collaboratives May include: Chief executive; Medical Director; Director of Nursing and Midwifery;	• Work with the ICS/B, NHSE and partners to agree the action / improvement plan • Share progress and provide assurance against key milestones relating to quality and performance • Update the group if there are concerns that key milestones may not be achieved • Escalate any new quality or performance concerns to the group including information on steps taken by the provider to manage and mitigate risk.

Director of Midwifery; Director of Quality Governance; Director of Finance; Chief Operating Officer, or each provider	• Work with partners to deliver, enable and support quality and performance improvement • Ensure that learning is embedded in ongoing improvement.
ICB/ Place-based Executive Lead for Quality (or nominated deputy)	• Chair the group as appropriate. Where the service is jointly commissioned with the Local Authority, the Local Authority may chair or co-chair • Regional NHSE teams may co-chair or chair where regional triggers for involvement have been agreed (e.g. conflicts of interest) or the service is commissioned/ jointly commissioned by NHSE • Ensure that services commissioned from providers meet the quality and performance requirements of contracts • Manage risks and mitigations within the contractual arrangements and ensure pace in quality and performance actions • Where there are multiple commissioners (e.g. health commissioners and local authorities), ensure that action/ improvement plans include coordinated actions and take account for the different contractual and regulatory frameworks • Lead commissioner engagement in respect to provider issues and outcomes on behalf of the local population • Work with the providers and partners to develop action/ improvement plans, track progress against milestones relating to quality and performance • Work with the providers and partners to agree direct assurance processes for relevant milestones • Engage and communicate with relevant stakeholders. • Work with partners to establish and sustain processes to deliver quality and performance improvement • Ensure that learning is embedded in ongoing improvement.
Local Authorities	• Co-chair the group where services are commissioned by the Local Authority • Work with health commissioners to ensure that services commissioned from providers meet the quality and performance requirements of contracts • Manage risks and mitigations within the contractual arrangements and ensure pace in quality and performance actions • Where there are multiple commissioners (e.g. health and local authorities), ensure that action/ improvement plans include coordinated actions and take account for the different contractual and regulatory frameworks • Lead commissioner engagement in respect to provider issues and outcomes on behalf of the local population • Work with the provider and partners to develop action/ improvement plans, track progress against milestones relating to quality and performance. • Work with the provider and partners to agree direct assurance processes for relevant milestones • Engage and communicate with relevant stakeholders. • Work with partners to establish and sustain processes to deliver quality and performance improvement • Ensure that there are effective information flows between co-opted Local Authorities and other relevant stakeholders • Ensure that learning is embedded in ongoing improvement.
NHSE Regional Clinical Quality May include Regional Chief Nurse; Regional	• May co-chair or chair the group (as above) • Work with the provider(s), ICB and partners to track progress against milestones relating to quality and performance • Work with the provider(s), ICB and partners to agree direct assurance processes for relevant milestones • Provide subject matter expertise • Engage and communicate with relevant stakeholders • Escalate where national involvement / action is required

Medical Director; Regional Chief Midwife and Lead Obstetrician	• Work with partners to ensure systems and processes are in place to deliver quality and performance improvement • Ensure that systems and processes are in place to continually review changes and that they are embedded in practice
Care Quality Commission	• Ensure that the necessary actions are taken, and timely progress is being made against milestones relating to quality and performance, in line with the CQC inspection methodology • Engage and communicate with relevant stakeholders. • Where appropriate to share information/flag concerns identified as part of CQCs routine monitoring to support quality and performance improvement • Consider need for a regulatory response, engaging with all key partners in process
Health Education England	• To report on progress in assuring the milestones within the action/ improvement plan related to relevant workforce education and training elements. • To report on progress in trainee educational issues that impact on the delivery of services within the provider or ICS.
Healthwatch/ lay members with relevant lived experience	• Work with partners to ensure patient voices are heard and included as part of the meeting and progress.

It is the responsibility of each member representative to ensure that information and reporting on progress and outcomes is disseminated to appropriate individuals within their own organisations and back into the group. All parties will ensure relevant wider stakeholder engagement is in place.

Chair:

The Group should normally be chaired by the ICB Exec Lead for Quality or Local Authority representative. NHSE Regional teams may co-chair or chair, where the triggers for regional involvement have been met.

Reporting:

The Quality Improvement Group is accountable to the System Quality Group/ ICB (or ICB Quality Committee) and the Regional Quality Group.

Contact details TBC