

Overview of NHSEI's Quality Functions & Responsibilities of ICSs

January 2022

This paper summarises how core NHSEI quality functions are expected to be delivered through Integrated Care Systems from April 2022. The functions covered are not exhaustive and the work is ongoing. This paper is a **working draft** which represents the current position, based on workshops and engagement with national policy teams, regional teams and systems.

The functions covered are:

1. **Strategic quality requirements** – NQB Position Statement and National Guidance on System Quality Groups
2. **Operational quality systems and assurance** – Independent Investigations (including Mental Health Homicides); Regulation 28 reports; Professional Standards; Controlled Drugs Accountable Officer Function; Whistleblowing and Freedom to Speak Up; Quality Accounts; Infection Prevention and Control and Antimicrobial Resistance
3. **Patient safety** - Insight, involvement and improvement (including medical examiners, patient safety improvement programmes, PSIRF, 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; GIRFT
6. **Safeguarding** – Safeguarding assurance and accountability, including Children in Care/ Looked After Children; Child Death responsibilities

Note that the **complaints function** has not been included as arrangements for oversight and delivery are not yet confirmed.

The table below summarises expected responsibilities for these functions at provider, ICB, regional and national level. It aligns with the other guidance on quality for ICSs, notably the NQB's guidance and the Preparing for Handover note (see [ICS Quality Hub](#) Futures Site).

1. Overview of Accountabilities and Responsibilities Across to ICS - Strategic Requirements (NQB Position Statement)

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality and delivery of services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
NQB Position Statement & Guidance Sign Off: Executive Quality Group & National Quality Board	<p>Policy development and oversight to remain as current. National Quality Strategy Team lead on policy development for NQB and NHSEI, working closely with quality leads across the organisation.</p> <p>Strategic director and oversight at regional and system levels through National Quality Board, Executive Quality Group and wider structures.</p> <p>See key NQB policies on ICS Quality Hub Futures site, notably the National Guidance on System Quality Groups.</p>	<p>Continue to oversee and assure quality of care across region, and support ICBs to manage quality. This will include:</p> <ul style="list-style-type: none"> Helping to develop a culture of leadership and shared holding to account for quality Reviewing wider quality risks and sharing benchmarking data, learning and best practice Overseeing the ICB's assurance of quality, including management of concerns and risks (linked to the System Oversight Framework (SOF)) Providing coordinated support to the ICB to respond to concerns and risks Intervening, with other partners (e.g. CQC) when there are serious / persistent quality risks, tensions or conflicts of interest that require an immediate response and regulatory action. 	<p>ICBs will be statutorily responsible for delivering their functions in a way that secures the continual improvement in the quality of services.</p> <p>This includes commissioning to NICE quality standards, and overseeing and assuring care quality in accordance with the NQB Guidance requirements:</p> <ul style="list-style-type: none"> An ICB executive lead for quality A clear and credible strategy for improving quality A defined governance and escalation process for quality, which ensures that risks are identified, mitigated and escalated effectively A defined way to share intelligence within the system (System Quality Group) A defined approach to measuring quality 	<p>Continue to have place-based responsibilities for delivering quality care (particularly care that is safe, effective and provides a positive experience).</p> <p>Includes executive leadership; oversight, scrutiny, management and escalation; and enabling and sustaining continual improvement.</p>	<p>ICS – to understand new approach.</p>

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			<ul style="list-style-type: none"> Agreed way to transfer and systematically store and retain legacy information <p>Close working with Regional NHSEI teams, local authorities, regulators and wider stakeholders.</p>		

2. Overview of Accountabilities and Responsibilities Across to ICS - Quality Systems and Assurance

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality and delivery of services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
Independent Investigations and Mental Health Homicides Sign Off: National Director of Patient Safety (tbc)	Expected to remain within NHSEI. Overall governance, process and learning led nationally. Some nationally commissioned independent investigations managed nationally.	Continue to commission, oversee and assure investigations, including ensuring learning and actions are implemented to support change and improvement.	Commission as required in line with PSIRF and respond to resulting recommendations and assurance again those recommendations.	Continue to have same role – inputting into Independent Investigations and ensuring that learning and actions from Investigations are implemented to support change and improvement.	ICS – to understand new approach.
Regulation 28 reports Sign Off: National Medical Director (reports) Executive Quality	Existing arrangements remain. The national Quality Strategy Team coordinates the response to national Regulation 28 Prevention of Future Death Reports, in collaboration with policy and	<p>To contribute to the organisational response and provide information and insight (when relevant and requested).</p> <p>Sharing learning and actions from reports to support improvement to</p>	<p>Responding to system Regulation 28 reports (if ICB a named recipient).</p> <p>Sharing learning from Regulation 28 reports across the ICB footprint, to support improvement</p>	<p>Responding to provider Regulation 28 reports (if provider a named recipient).</p> <p>Implementing learning and actions from own Regulation 28 reports to</p>	For ICS to determine how it can gather, use and then share learning with wider applicability across the ICS footprint. There may be a role for the SQG or regional

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Group (process and learning)	<p>clinical leads (national and regional).</p> <p>Supporting the sharing of learning and intelligence from Regulation 28 reports to Regional teams and national policy teams. Supports the R28 Working Group to consider R28:PFD processes and actions.</p>	patient safety within their sphere of influence.	to patient safety. This may be reports received by providers within the ICB, or relevant R28 learning from elsewhere.	<p>support improvement to patient safety.</p> <p>Learning from, and where applicable implementing actions from other R28 reports.</p>	Learning from Deaths/Mortality forum to play in coordinating this.
<p>Controlled Drugs Accountable Officer Function</p> <p>Sign Off: National Medical Director and Chief Pharmaceutical Officer (overall) Regional Medical Directors (Regional operations)</p>	<p>Expected that NHSE will remain a designated body. It must continue to ensure that it meets its regulatory duties under the Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI 2013/373)</p> <p>NHSE as a single organisation must establish arrangements to oversee the safe and effective use of controlled drugs.</p>	Expected that operational delivery of the function will remain at region as set out in the Single Operating Framework.	<p>Expected that ICBs will be responsible bodies under the Regulations.</p> <p>The roles and responsibilities of a “responsible body” are set out in the Regulations.</p> <p>Identified controlled drugs leads expected to be in place in ICSs to enable linkages.</p>	<p>Secondary care</p> <p>Providers are likely to be designated bodies. Duties and responsibilities flow from the Regulations.</p> <p>Primary care</p> <p>Incident and concern reporting about the safe use and management of controlled drugs.</p> <p>Social care</p> <p>Incident and concern reporting about the safe use and management of controlled drugs.</p>	ICS – to understand existing requirements.

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Professional Standards Management of GPs, dentists, optometrists, & ophthalmic medical practitioners	Responsibility under NHS (Performers Lists) (England) Regulations 2013, as amended remains as a reserved function to NHSEI National team will continue to lead on policy development, oversight and assurance of compliance with the regulation and policy	Regions will continue to manage performance cases in accordance with policy and regulation and link to the ICB as appropriate	Expected that ICBs will have governance leads that will provide the conduit for information about independent contractors to be shared in a timely way between ICB and NHSEI	Providers are accountable for safe and effective delivery of primary care services. Where they are a DB with and RO, providers will be required to comply with The Medical Profession (Responsible Officer) Regulations 2010, as amended	Relationship to be developed between Region and ICS
Tier 1 RO responsibilities (medical appraisal and revalidation)	National team will continue to lead on policy development, oversight and assurance of medical revalidation as set out in the Medical Profession (Responsible Officer) Regulations 2010, as amended	Tier 1 RO in regions retain prescribed connection with all GPs on the Performers List in accordance with Medical Profession (Responsible Officer) Regulations 2010, as amended	Expected that ICBs will have governance leads that will facilitate the development of primary care governance to support the doctor in being able to deliver and evidence safe and effective care	Expected that providers will have ROs, MDs, governance leads that will support the doctor in being able to deliver and evidence safe and effective care	Relationship to be developed between Region and ICS
Tier 2 RO responsibilities (medical appraisal and revalidation)	National team will continue to lead on policy development, oversight and assurance of medical revalidation as set out in the Medical Profession (Responsible Officer) Regulations 2010, as amended	Tier 2 RO in regions retain prescribed connections with all ROs set out in Part 1 and Part 2 of the Medical Profession (Responsible Officer) Regulations 2010, as amended	Expected that ICBs will develop effective relationships with Designated Bodies to ensure a governance structure is in place		
Tier 3 responsibilities	National team provide support to London Region who manage prescribed connections to National Medical Director	London region only			

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Whistleblowing and FTSU arrangements Concerns about providers	Continue to receive concerns as they are 'prescribed' to do so. In 22/23 the national team will primarily work with the regions to handle speaking up concerns, but will work with a few ICBs to trial a case handling process that could be rolled out to other ICBs from April 2023 Pass professional standards cases on to the regional prof standards teams. Provide a thematic report and any learning from any FTSU investigations occurring in other ICBs.	Lead on making enquiries with providers and liaise with ICBs as appropriate. Evaluate concerns that relate to an Executive or senior leader that has dual role in a provider and the ICB.	Oversee the implementing of actions, learning and improvement from investigations. Potentially carry out independent investigations for other ICBs	Role of providers remains the same.	
Concerns about the ICB	Receive concerns and support the region to make decisions consistent with other regions, in the same way we do other high risk concerns. Provide a thematic report to NHSE/I executives	Lead enquiries with the ICB. Assess what the concern might indicate if it is about an Executive that has dual role in a provider and the ICB. Oversee the implementing of actions from investigations.			
Monitoring FTSU arrangements across ICBs	Provide guidance and support to ICBs. Provide intensive support for Trusts in segment 4 and 3	Provide support and constructive challenge to ICBs to support assurance of arrangements.	Oversee the effectiveness of the FTSU cultures within the organisations in their patch – both from a quality and a cultural angle		

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	Capture and learning around innovation related to FTSU		– identify emerging issues and react to them. Disseminating learning from one provider to another.		
Quality Accounts Sign Off: National Quality Board	NHSEI oversees guidance and communications for Quality Accounts (through the Quality Strategy Team and National Medical Director's office).	TBC	ICB reviews, scrutinises and signs off Quality Accounts from providers. Ensures that quality improvement priorities align with system priorities.	Role of providers remains the same – submitting Quality Accounts on annual basis (to ICBs rather than CCGs).	
Infection Prevention and Control IPC Strategy and Policy	Development and dissemination of national strategy and policy with user engagement	Provide IPC technical and leadership skills to influence ICS and regional policy and direction Assist systems to translate national policy and guidance to local delivery.	Provide IPC technical and leadership skills to influence ICS and regional policy and direction Assist providers to translate national policy and guidance to local delivery	Adapt local policy and practice in line with national/regional/ICS policy and strategy. Engage in local/regional and national networks to influence policy and strategy development	ICS IPC Leads/systems to be supported in development
IPC Governance	Establish and maintain clear structures for governance, information sharing and escalation through NHS services	Establish and maintain clear structures for governance, information sharing and escalation with National team and ICSs Oversight of ICS governance structures	Establish and maintain clear structures for governance, information sharing and escalation with Regional team, partners, and stakeholders Oversight of provider governance structures	Establish and maintain clear structures for governance, information sharing and escalation with ICS and regulators	Responsibilities and governance need to align with broader NHS agenda e.g. Quality, Patient Safety, AMR
IPC Intelligence, Learning and Improvement	Development and dissemination of clear data sets and improvement ambitions to ensure standardised approach to intelligence, learning and improvement.	Oversight of Regional and ICS progress against IPC related ambitions / thresholds / regulatory and contractual requirements / intelligence and improvement programmes.	Oversight of ICS and individual provider progress against IPC related ambitions / thresholds / regulatory and contractual requirements / intelligence and improvement programmes.	Oversight of organisational progress against IPC related ambitions / thresholds / regulatory and contractual requirements / intelligence and improvement programmes at provider, site and individual service level.	National dashboards / data sets and work programme to be established. In the interim region and ICS to review local data against ambitions / thresholds / regulatory and contractual

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					requirements / intelligence and improvement programmes
IPC Improvement Support	Development and provision of national IPC Improvement Support as indicated by national performance against ambitions / emerging themes	Develop and agree explicit escalation triggers for regional / national support offer including emerging threats outside of established improvement programmes Support delivery and oversight of national support Develop regional improvement support programmes as indicated	Contribute to development of escalation triggers for ICS / regional / national support offer including emerging threats outside of established improvement programmes Support delivery and oversight of regional / national support Develop ICS level improvement support programmes as indicated	Be clear on escalation triggers for ICS / regional / national support offer including emerging threats outside of established improvement programmes Support delivery and oversight of regional / national support Develop internal improvement programmes as indicated	ICS IPC Leads to be supported in development re IPC support to provider organisations / escalation as required
Antimicrobial Resistance (AMR)	<p>Accountability to UK AMR Board (via national Medical Director as SRO) for delivery of the Human Health ambitions in the UK AMR Plan</p> <p>Set strategic direction and priorities via NHSEI AMR Board. Identifies and develops implementation arrangements for key improvement actions via individual workstream leads (inc. Prescribing, Diagnostics, IPC, Data, new Drugs and UTIs)</p>	<p>Each region asked to designate a group with governance responsibility for delivery of the AMR Programme regionally (may be dedicated or wider existing group) to:</p> <p>a) Work with ICBs on progress against key AMR deliverables (as identified by the UK AMR Plan and the AMR Board), including a) supporting ICBs to understand and test/implement best practice in relation to AMR and infection management; b) ensure a co-ordinated approach to AMR and infection management across relevant workstreams and teams, and link with wider NHSEI priorities and</p>	<p>ICBs asked to make provision for AMR oversight in their governance arrangements, to support collective accountability between partners for whole-system delivery and performance.</p> <p>ICBs asked to identify an AMR lead, whom the region engages with regularly to support them in making progress on key priorities</p> <p>Make progress against key AMR improvement ambitions. Inc. testing/implementing best practice.</p> <p>Consider key HCAI and AMR surveillance and other data to</p>	<p>Ensure clarity of responsibility for AMR within governance responsibilities, including how AMR aspect of CQC Reg 12 guidance is being addressed.</p> <p>Consider patterns and trends of specific infections and antimicrobial use, the impact of early, accurate diagnosis upon outcomes and lengths of stay, and where there is variation with other providers which requires attention.</p> <p>Meet NHS Standard Contract improvement requirements for reductions in infections and in antimicrobial use.</p>	<p>Ensure clarity of governance arrangements and mutual regional/ICBs responsibilities.</p> <p>Mutually consider data on patterns of bacterial infections and antimicrobial prescribing, and actions required.</p> <p>National datasets and dashboards are used to identify priorities, and identify specific communities and localities where action</p>

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		LTP interdependencies as appropriate; and c) Work with ICBs to develop regional and ICB strategies for AMR and infection management. d) Develop and agree escalation triggers for regional/national support e) Consider participating in national improvement programmes e.g. Hydration	<p>inform local priorities and engagement with providers, and identify where action across a specific infection type or population is required.</p> <p>Consider AMR/Infection Management when drafting key strategic plans, together with <i>Joint Strategic Needs Assessments</i> developed with local authority directors of public health.</p> <p>Take into account the impact AMR and bacterial infections have upon primary and secondary care demand in considering wider prioritisation of resources.</p> <p>Develop ICB (or jointly with region) improvement resources as required.</p>	<p>Work within ICB and regional strategies to reflect best practice in AMR and in infection management.</p>	<p>is required. Consider links to wider inequalities work.</p> <p>Ensure clarity on where responsibilities for key specialities (inc. IPC, Prescribing, Diagnostics lies) and how they should work together to co-ordinate work.</p>

3. Overview of Accountabilities and Responsibilities Across to ICS - Patient safety

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
Serious Incidents/Patient safety Incident response (SIF/PSIRF)	<p>The Patient Safety Incident Response Framework (PSIRF) outlines a new approach to responding to patient safety incidents. An introductory version of the framework was published in March 2020 and is currently being tested with early adopters who will inform the creation of the final version. We anticipate publishing the final version in Spring 2022 when roll out will commence. Provide clarification of accountability and responsibility for incident response at each role (Region/ ICB/ provider).</p> <p>Ongoing review of PSIRF implementation</p>	<p>Continue to have a system oversight role, with advice provision and support for the development of system and processes for incident response across ICSs. This will include systems to ensure there is oversight and monitoring of change to support improvement as well as the ability to support improvement at a regional level in circumstances where this is required</p> <p>Continue to support/ commission independent system-based investigation</p> <p>Ongoing review of PSIRF implementation</p> <p>Oversight to ensure system in place to support the processing of SI backlog identified during transition from CCG to ICB</p>	<p>Responsible for oversight of systems and processes for incident response (according to current and further frameworks) at place/provider level. This will include systems to ensure there is oversight and monitoring of change to support improvement as well as the ability to support/enable improvement at a system level in circumstances where this is required</p> <p>To support GP, dental, optometry and community pharmacy services to undertake relevant incident response</p> <p>To support the relevant incident response in relation to NHS-funded patients in other relevant healthcare sectors eg independent, CHC</p> <p>Ongoing review of PSIRF implementation</p> <p>Ensure system in place to support the processing of SI backlog</p>	<p>Continue to have place-based responsibilities for recording and responding to incidents (including implementation of actions to support demonstrable change and improvement)</p> <p>Conduct a gap analysis to ensure current skills, capability, and capacity within the organisation are aligned with PSII standards</p> <p>Ensure structures and systems are in place to involve</p> <ul style="list-style-type: none"> patients, families and carers throughout the incident response process staff involved in patient safety incidents throughout the incident response process <p>Ongoing review of PSIRF implementation</p> <p>Ensure system in place to support the processing of SI backlog identified during transition from CCG to ICB</p>	<p>ICS – to understand new PSIRF approach.</p> <p>Until instructed to change to the PSIRF, non-early adopter organisations must continue to use the existing Serious Incident Framework (2015).</p> <p>Ensure system in place to support the processing of SI backlog identified during transition from CCG to ICB</p>

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			identified during transition from CCG to ICB		
Patient safety specialists (PSS)	<p>Registration of patient safety specialists and continued evaluation of the benefits of this role</p> <p>Developmental support via monthly webinars</p> <p>Provision of monthly update bulletin</p> <p>Notification of emerging national patient safety issues and emerging priorities</p> <p>Support of providers/ICS to work with patient safety specialists effectively.</p> <p>Sharing local practice and initiatives at a national level</p> <p>Strategic influence on the role of patient safety specialists and their involvement in national strategy</p>	<p>Patient safety specialists supported by the development of Regional patient safety specialist networks</p> <p>Support patient safety specialists in the establishment of networks at ICS level</p>	<p>Patient safety specialist(s) identified at ICB to attend System Quality Group</p> <p>Support NHS patient safety strategy implementation and improving patient safety at system level (and across care pathways)</p> <p>Ensure good communication and information sharing with the patient safety specialist network via the ICS identified patient safety specialist</p>	<p>700+ patient safety specialists are in post (from Nov-20) within region, provider, CCG and ALBs.</p> <p>Support NHS patient safety strategy implementation and improving patient safety at system level (and across care pathways)</p> <p>Enable patient safety specialist to focus on nationally described PSS priorities (Apr-21)</p> <p>Enable PSS work in networks to share good practice; creating networks as required, including across their ICS, if not already in place.</p> <p>Ensure provision of sufficient support and Board access for patient safety specialist</p>	<p>ICS – to identify patient safety specialist</p> <p>CCG transition to ICS role of patient safety specialist clearly articulated in structures/ governance</p> <p>ICB to ensure provision of sufficient support and Board access for patient safety specialist</p>
Patient safety syllabus	<p>Supporting delivery of the National patient safety syllabus;</p> <ul style="list-style-type: none"> Level 1 (Essentials) for all staff available at e-LfH Hub 	<p>Staff to be trained to the relevant level of the patient safety syllabus</p> <p>Oversight of numbers trained</p>	<p>Staff to be trained to the relevant level of the patient safety syllabus</p> <p>Oversight of numbers trained</p>	<p>Staff to be trained to the relevant level of the patient safety syllabus</p> <p>Oversight of numbers trained</p>	<p>Staff to be trained to the relevant level of the patient safety syllabus by Q1 2023/24.</p>

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	<ul style="list-style-type: none"> Level 2 (Access to Practice) for those who wish to progress further - available at e-LfH Hub Levels 3-5 educational modules for patient safety specialists - March 2022 Oversight of numbers trained				
Patient safety partners (PSP)	<p>The Framework for Involving Patients in Patient Safety (Jun-21).</p> <p>Support providers/ICS to implement the framework, work with patient safety partners effectively and improve patient involvement in their own safety.</p>	Regions to include two patient safety partners on their safety related clinical governance committees (or equivalent) by June 2022.	ICS to include two patient safety partners on their safety related clinical governance committees (or equivalent) by June 2022.	<p>Local systems to include two patient safety partners on their safety related clinical governance committees (or equivalent) by June 2022.</p> <p>Develop implementation plans for part A (involving patients) and part B (patient safety partners) of the framework</p>	<p>Organisations who haven't previously started involving patients in organisational safety are recommended to undertake a safety culture assessment to assess their readiness for working with patient safety partners (PSPs).</p> <p>ICS to understand the approach to patient involvement described in the framework and consider how they can support providers in implementation</p>
Patient safety improvement (including national programmes)	<p>There are currently five National Patient Safety Improvement Programmes:</p> <ul style="list-style-type: none"> Managing deterioration Maternity and neonatal Adoption and spread Medicines safety Mental health 	Managing system variation for NHS patient safety improvement by ICS with oversight from regions, supported by patient safety networks	System safety improvement led by ICS with National patient safety team support as required	<p>Programme delivery by local systems/providers supported by the national patient safety team and patient safety networks (networks facilitated by patient safety collaboratives)</p> <p>To participate in all relevant improvement networks</p>	ICS – to understand the approach to patient safety improvement and consider how they can support providers to actively participate in and deliver positive outcomes through national programmes

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	<p>These programmes are supported by the Patient Safety Collaboratives (PSCs), who develop Local Improvement Plans collaboratively with relevant local stakeholders.</p> <p>Planning, design and overview for safety improvement is undertaken by National patient safety team</p>				To engage with relevant Patient Safety Collaboratives (PSCs) to jointly develop improvement plans
Medical Examiners (ME)	<p>National Medical Examiner and Programme and Policy lead provide national leadership and guidance.</p> <p>Statutory system expected after April 2022</p>	<p>NHSE/I regional medical examiners/ officers provide support to local medical examiners. They help agree the geographical coverage of each medical examiner office, and which healthcare providers should link to it (eg GP practices, MH and community trusts).</p> <p>Responsible for learning and improvement at Region.</p>	<p>Support/ facilitate medical examiners to provide independent scrutiny of all non-coronial deaths in their locality.</p> <p>Support NHSE/I regional medical examiners/ officers in making links between providers in a system.</p> <p>Responsible for learning and improvement at system level.</p>	<p>Medical examiners are employed by acute trusts to provide independent scrutiny of non-coronial deaths.</p> <p>From June 2021, this started extending to non-coronial deaths under the care of all other (non-acute) healthcare providers. During 2021/22, non-acute providers should work with local medical examiner offices on processes to refer deaths to them for independent scrutiny.</p>	ICS – to understand impact of forthcoming statutory medical examiner system and reflect this in relevant work plans including for providers in each system.
National Patient Safety Alerts (NatPSAs)	National responsibilities for identifying new or under recognised risks to patient safety remain with the national patient safety team and with other ALB partners for their respective areas of responsibility (e.g MHRA for	Oversight of National Patient Safety Alert implementation	ICS to ensure local mechanisms exist to support compliance with the actions required in NatPSAs in line with NHS standard contract and national patient safety strategy	Each organisation has a system for the receipt and actioning of NatPSAs. This must have an organisational-wide coordination of response, with executive oversight, led by appropriate senior healthcare professional(s); and that this system can respond	Ensuring regions and ICS have sight of providers with NatPSAs not complete by action required date and agreed processes for providing support and assurance if this occurs

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	medical device faults) including issuing National Patient Safety Alerts when the criteria for these is met.			to alerts designated as 'complex' and as 'straightforward'	
Patient safety incident recording (LFPSE)	<p>Learn from patient safety events (LFPSE) service – previously known as PSIMS, the replacement for the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS)</p> <p>Continue to review recorded events and develop the service to offer new tools including machine learning to enable further identification of new issues.</p>	<p>Support improved recording</p> <p>Sharing learning where relevant.</p>	<p>ICS to ensure local recording mechanisms exist to support national patient safety strategy overall aim of continuous increase in effective recording in line with NHS standard contract</p> <p>Sharing learning where relevant.</p> <p>Identify significant gaps in data submissions and support improvement</p>	<p>Local systems, including current non-recorders, to connect to the new system by end Q4 2021/22 subject to local software compatibility.</p> <p>Increase recording, especially within primary care, and respond to and learn from locally recorded events; sharing learning where relevant.</p>	ICS – to understand timeframes around LFPSE implementation
Digital Clinical Safety	<p>The Digital Clinical Safety Strategy - NHSX (2021) National commitments are to:</p> <ul style="list-style-type: none"> Collect information about digital clinical safety, including from the Learn from patient safety events (LFPSE) service and use it to improve system-wide learning. Develop new digital clinical safety training materials and expand access to training across the health and care workforce (with 	<p>Staff to be trained to the relevant level of digital clinical safety training</p> <p>Relevant staff to be trained to the appropriate level of digital clinical safety training</p>	<p>ICB to have clinical safety officer in place</p> <p>Relevant staff to be trained to the appropriate level of digital clinical safety training</p>	<p>Clinical safety officer in place</p> <p>Relevant staff to be trained to the appropriate level of digital clinical safety training</p>	<p>ICS to nominate a clinical safety officer ie a clinician with a current professional registration who has been trained in digital clinical safety and is accountable for clinical safety</p> <p>Understand timeframes around digital clinical safety training implementation.</p> <p>Consider the safety and management of medical</p>

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
	<p>NHSD and HEE in line with the patient safety syllabus) by 2023</p> <ul style="list-style-type: none"> • Create a centralised source of digital clinical safety information, including optimised standards, guidelines and best practice blueprints. • Accelerate the adoption of digital technologies to record and track implanted medical devices through the Medical Devices Safety Programme (MDSP) which includes the Medical Devices Information System (MDIS) led by NHSD • Generate evidence for how digital technologies can be best applied to patient safety challenges. 				<p>devices within the ICS quality and safety function.</p>

4. Overview of Accountabilities and Responsibilities Across to ICS - Experience of care

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
Improving patient, service user and unpaid carer experience of care through co-production	<p>There are currently four national Experience of Care programmes supporting improvement in experience of care:</p> <ul style="list-style-type: none"> • Delivering Long Term Plan commitments to improve unpaid carer experience • Embedding improving experience of care in priority clinical improvement programmes • Supporting widespread coproduction of improvement in experience of care in quality improvement • Supporting NHS providers to improve experience of care 	<p>Model and support improving experience of care, including coproduction with people with lived experience, being embedded in relevant programmes (clinical quality, improvement and transformation)</p>	<p>Embed improving experience of care in all quality, improvement and transformation programmes, including coproduction with people with lived experience.</p>	<p>Continue to have place-based responsibilities for recording and responding to incidents (including implementation of actions)</p>	<p>Region/ICS – to understand and act on ‘<i>Improving experiences of care: Our shared understanding and ambition</i>’ (NQB 2015, due to be revised early 2022); to share learning regionally and nationally.</p>
Insight and feedback	<p>Responsibilities remain the same:</p> <ul style="list-style-type: none"> • Support data production that enables quality monitoring nationally and also at ICS level where possible • Support national teams with new experience collections <p>Supporting local teams on issues of insight collection (eg capability, interpretation of guidance etc).</p> <p>Provide guidance and support to ICSs on how to measure experience of integration of</p>	<p>Engaging with patient experience feedback and metrics; oversight of local practice with a view to spreading good practice where appropriate</p>	<p>Engage with patient experience feedback and metrics, with reference to the work of the Kings Fund in good practice insight work: Understanding integration: how to listen to and learn from people and communities The King's Fund (kingsfund.org.uk)</p> <p>Measuring the experience of integration of care and services (with expected mandatory ‘Integration Index’ data collection from 2023/24).</p>	<p>Responsibilities remain the same.</p> <p>Gathering and acting on patient and unpaid carer feedback, including patient surveys and FFT.</p> <p>Gathering and acting on staff surveys and feedback</p>	<p>Identify a single point of contact for patient experience feedback & insight work.</p>

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
	care and services (with expected mandatory 'Integration Index' data collection from 2023/24)				

5. Effectiveness

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
National Clinical Audits Sign Off: Executive Quality Group	Commissioning to remain as current, although data will be presented, shared and acted on by ICS.	Regional role will remain the same.	Supporting and responding to National Clinical Audits.	Continue to have place-based responsibilities for recording and responding to incidents (including implementation of actions)	
NICE technologies appraisals and guidance	Commission the development of NICE technology appraisals and guidance.		Commissioning against NICE technologies appraisals and guidance (note that the funding requirement stands for highly-specialised technologies guidance).	Make available treatments within 3 months of technology appraisal being recommended. Ensuring there are governance structures in place to review, authorise and monitor the introduction of interventional procedures in line with NICE interventional procedures guidance, which look at safety and efficacy. https://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-	

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
				guidance/NICE-interventional-procedures-guidance	

6. Overview of Accountabilities and Responsibilities Across to ICS - Safeguarding

Area	Role of the national team	Role of the region	Role of the ICB <i>* The ICB will remain accountable for NHS resources deployed at place-level</i>	Role of providers <i>* Providers of NHS services will continue to be accountable for quality, safety and delivery of any services or functions commissioned from or delegated to them.</i>	Actions needed at Region/ICS
Safeguarding Assurance and Accountability Framework Sign Off: National Safeguarding Assurance Group	<p>A statutory assurance process at an clinical executive level for child protection information systems; female genital mutilation; Prevent (stopping radicalisation); modern slavery & human trafficking and soon to be domestic abuse (from May 2021), tackling serious violence (from December 2021) and liberty protection safeguards (from April 2022)</p> <p>Blueprints being developed to clarify how safeguarding functions will be delivered going forward. Refreshed Safeguarding Accountability and Assurance Framework & associated toolkit being</p>	<p>Regional role expected to be high-level scrutiny and overview</p>	<p>ICB executive leadership is oversight, scrutiny and escalation, and improvement support as per the Safeguarding Accountability and Assurance Framework due December 2021.</p> <p>ICB role in oversight of learning and implementation of recommendations from all death reviews and Serious Case Reviews, Child Safeguarding Practice reviews, Safeguarding Adult reviews</p>		

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	developed (due December 2021).				