



# Quality and Safety Strategy

2018-2020

# Forward

At ICS Insourcing, we provide clinical services to support sustainable delivery of referral to treatment, cancer and diagnostic targets for NHS trusts. Consequently, our services support better access to the elective treatments over 4 million patients need. It is vitally important that we invest our expertise and energy in ensuring that the services we design and deliver on behalf of our NHS clients are of the highest quality.

This strategy places quality and safety at the heart of the ICS Insourcing agenda and provides us with a framework through which continuous improvements to our services can be focused and measured. It will also contribute to the achievement of our overall mission, to be the most valued and preferred insourcing provider to the NHS.

**The strategy is supported by our core values which are excellence, innovation, integrity and agility.**

**Excellence:** To be recognised as a high performing organisation in everything we do from our operational processes to the front-line delivery of our clinical services.

**Innovation:** We are relentless in looking for new and better ways of doing things. We seek out and implement clinical pathway innovations that improve outcomes and patient experience.

**Integrity:** We are determined to always conduct ourselves in a manner consistent with the highest standards of integrity. We believe that our reputation is more important than any other short-term rewards. We do the right thing for patients every time and put them first in everything we do. We are transparent in all areas affording our clients with assurance of capability and skill in all areas.

**Agility:** We are committed to responding rapidly and flexibly to our client's needs. We recognise the need to be able to sense, adapt and respond to changes in the healthcare landscape so that we can innovate and continue to provide high quality services to our clients.

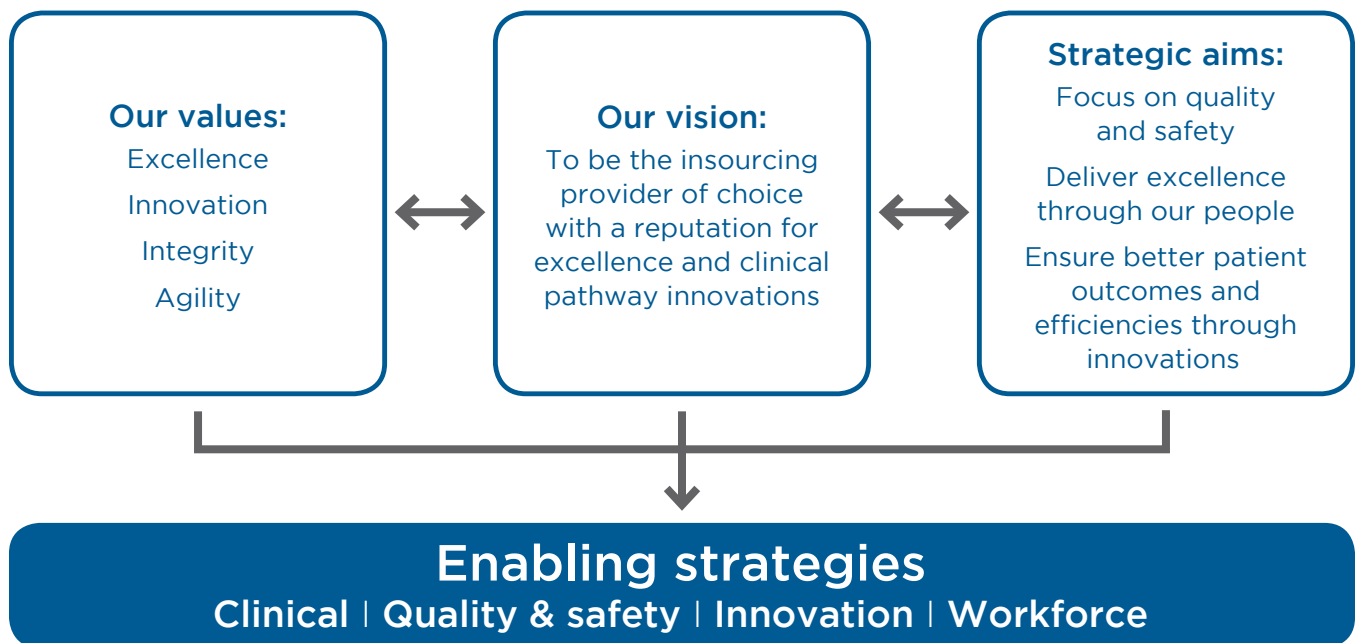
It is important that we develop world-class services that can be seamlessly integrated within the NHS so our client trusts can achieve their performance goals but more importantly, patients have timely access to the treatment they need.



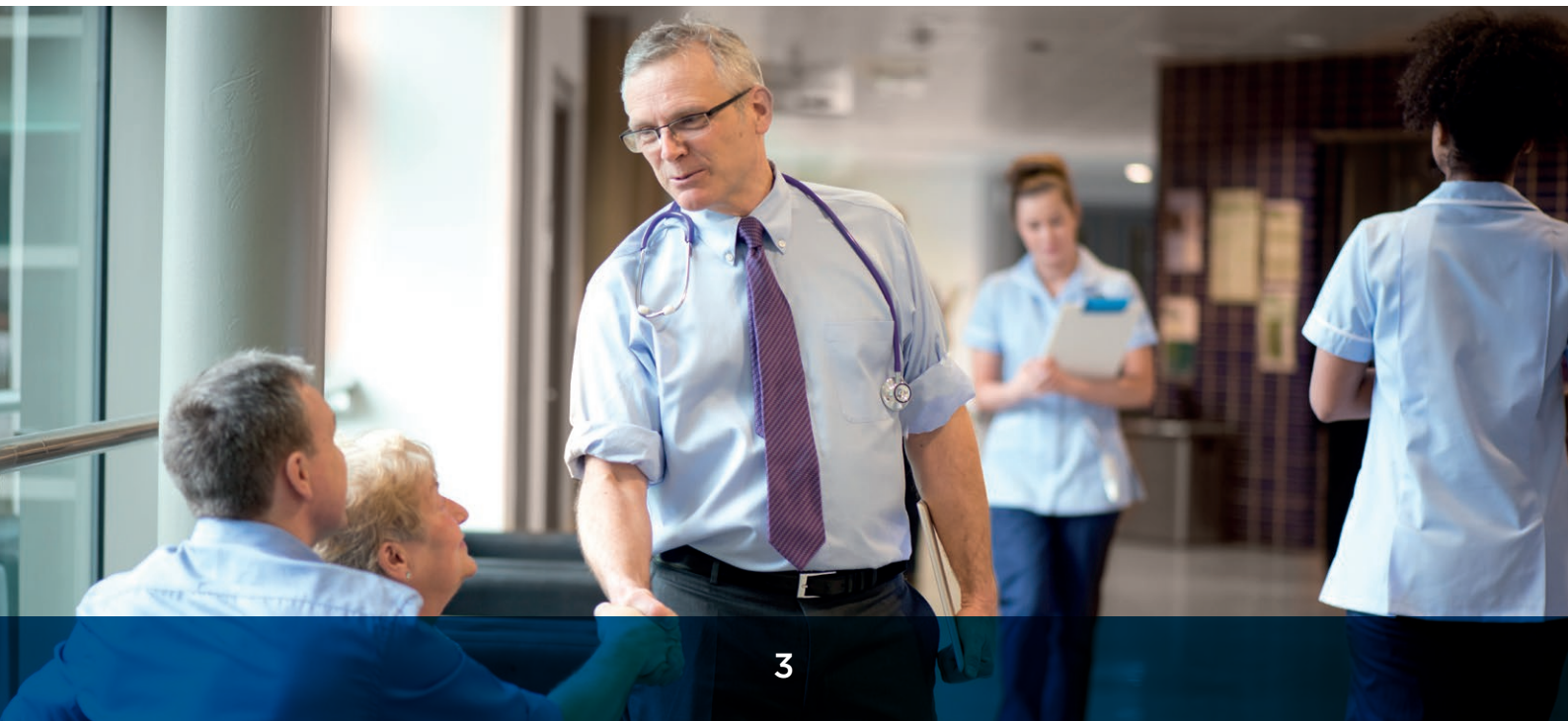
Nicola Ellis-Webb  
Clinical Operations Director  
ICS Insourcing

# Introduction

This strategy details the quality and safety agenda for the next two years. It is one of four enabling strategies that will support our vision to be well regarded for excellence and clinical pathway innovations. It is supported by a detailed implementation plan to ensure that those critical actions necessary to deliver the strategic aims and objectives are taken. We have considered all clinical, non-clinical, financial or other risks that are likely to affect successful implementation of this strategy and have built control mechanisms into our plan to mitigate against these risks.



Our vision of excellence is contingent upon us achieving high quality care for all the patients who use our services.





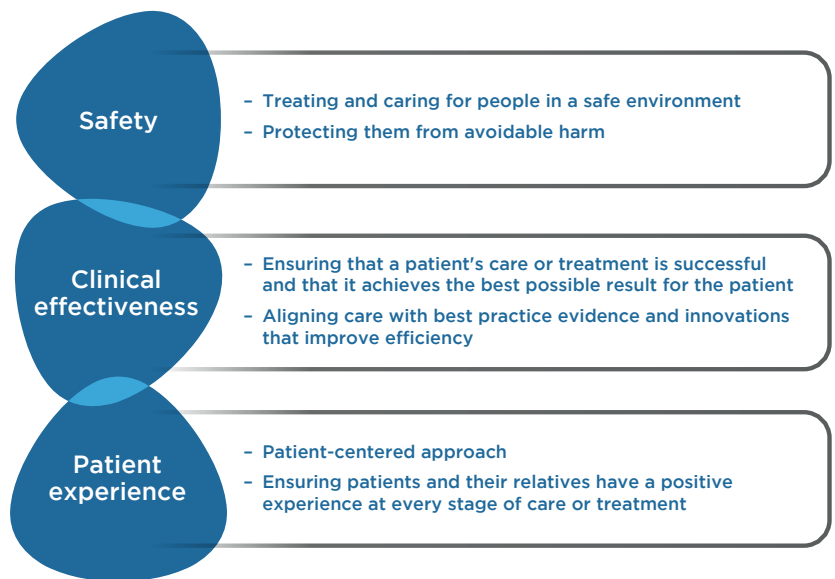
## What is high-quality care?

Quality was defined by Lord Darzi in the final report “High Quality Care for All – NHS next stage review (2008) and this has widely become the supported definition. It sets out three domains to quality that are required to provide a high-quality service; safety, clinical effectiveness and patient experience. We will accept the view that achievement of high-quality care requires balancing of all three domains equally.

The strategy brings together learning from a variety of national reports and the framework of regulation and performance metrics that shape the way we set and monitor quality outcomes. In particular, Verita’s independent review into Ian Paterson has implications for all independent healthcare providers, particularly with regards to the work of medical advisory groups, recruitment and selection of consultants, monitoring of their performance, consultant appraisals and the decision-making framework to address poor performance.

The following diagram references the key reports and data sources that have supported the development of this strategy.

The learnings from the adjacent reports and data sources have informed the strategic aims and objectives which are highlighted on the following pages.



# Safety

- Integrate clinical governance, quality and risk management into organisational culture and everyday operational practice
- Maintain a strong focus on initiatives that encourage a culture of reporting of incidents and near misses
- Sustaining zero tolerance for never events
- Consistently achieving over 95% of harm free care
- Identify patient safety metrics and expand our ability to benchmark ourselves against national performance
- Maintain robust recruitment processes that are geared at establishing expert competencies in all clinical staff
- Manage clinical governance via the ICS Insourcing Medical Advisory Groups (MAG), Audit and Risk Committee and Quality and Safety Committee (QSC)
- Clearly document roles and responsibilities and a governance structure for delivering the clinical governance agenda
- Create a culture where all staff and patients feel supported to speak out safely particularly about patient safety concerns
- Use best practice tools to carry out annual safe-staffing reviews
- Develop staff engagement strategies that meet the unique challenges of dealing with a virtual workforce
- Consistently achieve higher staff survey metrics that exceed the national average
- Encourage a culture of continuous learning with focus on eradicating repeated causes of serious incidents
- Ensure bi-annual review of performance data for medical staff as part of their appraisal process
- Ensure a robust decision-making framework to deal with poor performance



# Clinical effectiveness

- Ensure strong and effective clinical leadership from the Board to frontline clinical staff
- Maintain exceptional performance in relation to clinical effectiveness and patient outcomes
- Maintain compliance with national guidance from National Institute for Clinical Excellence (NICE), royal colleges and clinical societies
- Annual peer review of clinical decisions of our medical consultants as part of our audit programme by our MAG
- Use technology to support timely provision of operational performance data to clinicians
- Implement and audit compliance with all NICE guidance
- Ensure learning from audit findings with delivery of robust action plans and documented clinical pathways
- Maintain a quality dashboard that improves visualisation of all quality metrics. Ensure good practice is shared and highlight areas requiring focus for improvement
- Building in clinical pathway innovations that drive efficiencies and improve patient outcomes





# Patient experience

- Routinely collect patient feedback during each service episode
- Maintain exceptional patient satisfaction results. Ensure results are fed into monthly quality dashboard
- Ensure safe staffing levels are consistently maintained during service provision
- Develop key strategic alliances with healthcare partners who can help us deliver clinical pathway innovations that improve the patient experience
- Develop non-technical skills training and assessment to be rolled out to all clinical staff. The focus will be to reduce the level of patient complaints and ensure a better patient experience
- Ensuring information governance and confidentiality standards



The Care Quality Commission's (CQC) new inspection approach goes further to build on the three dimensions of quality with five fundamental standards. We are confident that the programme of activities detailed within our strategic plan, will ensure our strong performance against the CQC fundamental standards which asks the following questions:

Is the service safe?

Are services effective?

Are services responsive to people's needs?

Are services caring?

Are services well led?

Being good in one or two of the five standards of quality is simply not good enough. To ensure that we remain focused, we take responsibility for quality assurance by holding ourselves to account. We do so by incorporating quality Key Performance Indicators (KPIs) into our contractual obligations. Performance against these KPIs is then reported in our monthly quality report which we provide to our clients.



# Organisational structure and accountability

The [Independent Clinical Services \(ICS\) Board](#) (the Board) has overall responsibility for the clinical quality agenda and outcomes, and for meeting all statutory requirements and adhering to guidelines issued by NHS England with regards to governance.

The [Chief Executive](#) has overall accountability for governance (corporate and clinical) and will discharge his responsibilities through the ICS Group Integrated Governance Committee. He will delegate specific areas of clinical quality governance to the [Group Clinical Director](#) to discharge on his behalf.

The [Group Clinical Director](#) has delegated responsibility for managing the strategic development and implementation of organisational risk management, clinical effectiveness and clinical quality governance. She will delegate specific areas of her duties to [ICS Insourcing's Clinical Operations Director](#) to discharge on her behalf.

The [Medical Advisory Groups](#) have the delegated responsibility for the management of clinical standards within each service (specialty based). The MAG will meet regularly to discuss and oversee all governance issues within the service. The MAG is also responsible for national clinical performance indicators, performance and peer reviews.

The [Head of Nursing and Governance \(HNG\)](#) is accountable for the delivery of patient safety and quality of care within each service and to ensure that quality governance values are embedded through awareness, compliance, assurance and good practice.



**Awareness:** All [clinical staff](#) should be aware that quality improvement and patient safety are key priorities for ICS and understand how they can contribute to the agenda. They will participate when required, in the delivery of the quality agenda thus ensuring that quality is delivered from the Board to the front-line. They will ensure compliance with all policies and procedures. They will provide safe clinical practice in diagnosis and treatment in line with protocols. They will report all patient safety concerns with urgency.

**Compliance:** The HNG in collaboration with the MAG will ensure that each service plans a programme of quality governance activity to ensure continuous improvement.

**Assurance:** The HNG will collaborate with the operational manager for each service to ensure that evidence is collected in the form of site visits during service delivery, audits and surveys to demonstrate compliance.

**Shared learning:** The HNG in collaboration with the MAG should ensure that each service shares good practice and learning across the organisation.



The key quality governance structures that will support the Board in ensuring that the quality of care is being routinely monitored across all ICS Insourcing's services and that poor performance or variation in quality is challenged are:

## Group Integrated Governance Committee

This Committee monitors and reviews on behalf of the Board, the clinical and quality governance arrangements across all the businesses within ICS including ICS Insourcing. It specifically monitors performance with regards to risk assessments, risk registers complaints, health and safety, quality and clinical performance.

## ICS Insourcing Quality and Safety Sub-Committee

This sub-committee carries out a deep dive review at each meeting on the key aims of the quality and safety strategy. At the sub-committee meeting, the chair of each MAG presents on quality issues, discusses areas of risk, reviews performance against key quality indicators and provides an update on learning from the risk and audit sub-committee regarding clinical incidents and audits.

## Audit and Risk Sub-Committee

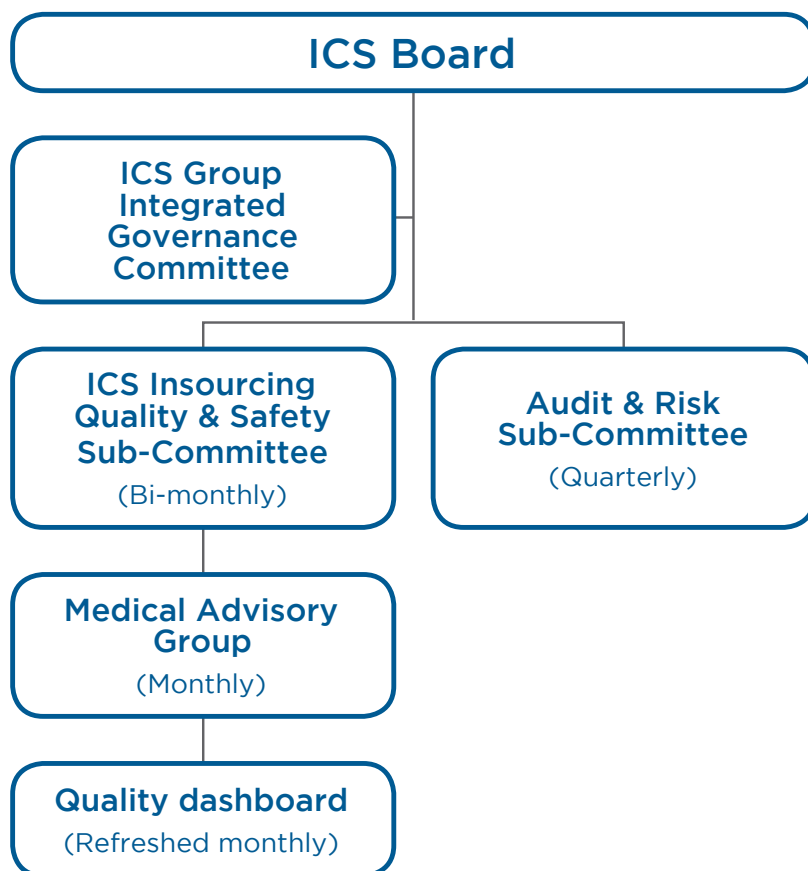
This sub-committee has responsibility for overseeing and providing independent review of ICS Insourcing's systems and controls. It oversees risk management arrangements and considers all clinical, non-clinical and all other risks and maintains an up-to-date risk register. It ensures that there is a structured process for investigating and reporting of adverse incidents and the follow up of outcomes and action plans. It carries out quarterly reviews of complaints and extracts themes and lessons learned. It ensures that a rolling audit framework is in place for all services within ICS Insourcing.

The Chair is responsible for ensuring the Board is provided with independent and objective review of the necessary assurances on the adequacy of governance arrangements.



## Medical Advisory Groups

Each service has an MAG which meets monthly to discuss and oversee all governance issues within that service. To ensure accountability, the MAG is required to submit a summary of their meeting and detailed reports to the Quality and Safety Sub-Committee.





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