



## NHS QUALITY IMPROVEMENT, OVERSIGHT AND GOVERNANCE STRUCTURES

### SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

18 APRIL 2023

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<b>Sponsor</b>	<b>Emma Latimer, Executive Place Director for Sheffield</b>	
<b>Purpose of Paper</b>		
To inform Sheffield Health and Care Partnership Board of the Quality Improvement, Oversight structures and frameworks.		
<b>Key Issues</b>		
The transfer and delegation of statutory accountability and responsibility of Clinical Commissioning Groups and NHS England.		
<b>Is your report for Approval/Consideration/Noting</b>		
For noting		
<b>Recommendations/Action Required by the Sheffield Health and Care Partnership Board</b>		
Sheffield Health and Care Partnership Board is asked to note the paper.		
<b>What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024</b>		
		<b>Please</b>
		✓
Every child achieves a level of development in their early year for the best start in life		✓
Every child is included in their education and can access their local school		✓
Every child and young person has a successful transition to independence		✓
Everyone has access to a home that supports their health		✓
Everyone has a fulfilling occupation and the resources to support their needs		✓
Everyone can safely walk or cycle in their local area regardless of age or ability		
Everyone has equitable access to care and support shaped around them		✓
Everyone has the level of meaningful social contact that they want		✓
Everyone lives the end of their life with dignity in the place of their choice		✓
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>		
None		
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>		
Not required for this paper.		
<b>Have you involved patients, carers and the public in the preparation of the report?</b>		
N/A		



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#### 1. Introduction

Quality Improvement, Oversight and Governance is mandated by governmental legislation under the Department of Health and Social Care (DHSC) and NHS England (NHSE). These include but are not limited to the NHS 2006 Act, Children's, and Families Act (2014) and The Care Act (2014).

Compliance of acts including health and social care policy within the NHS are overseen by statutory bodies. NHSE and The Care Quality Commission (CQC) are the statutory bodies and regulators of these organisations.

The establishment of Integrated Care Boards (ICB) in July 2022 resulted in the statutory duties of Clinical Commissioning Groups being transferred along with some NHSE delegated responsibilities to an ICB. Also, from 1 April 2023 ICBs and Social Care Local Authorities are subject to CQC inspections.

ICB also have duties as commissioners to ensure commissioned providers meet the requirements of the NHS Standard contract; detailed within NHS standard contracts are the acts of law and policies established by government and NHSE. It is also a duty of an ICB to share information and update regulators and these requirements are set out by The National Quality Board (NQB) within NHSE.

#### 2. Current Position

NHSE has over recent years merged with NHS Improvement and Health Education England and more recently NHS Digital. In doing so NHSE has assumed the responsibilities for the activities and duties of all the previous organisations.

The streamlining of work enables the organisation to be more responsive and effective to changing demands. In the main the assessment of NHS providers and ICB are directly undertaken by NHSE as the regulator utilising [NHS System Oversight Framework for 2022/23](#).

The NHS System Oversight Framework (SOF) is used by NHSE to assess organisations and a SOF rating will be applied called a segmentation grade 1-4. To note, if an acute provider within the ICB footprint receives a segmentation 4 grading then the ICB itself is also graded as a 4 for the region.

These segmentation gradings determine what level the offer of support is required by NHSE. Segmentation 1 being no support required and segmentation 4 being mandated support required <https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/>



### **3. Care Quality Commission (CQC)**

The role of CQC in regulation of care providers, assessments and outcomes and for all health and care services is well known. As stated, ICBs and Local Authorities become assessed organisations from the 1 April 2023, although the process of these assessments continue to be developed.

### **4. Integrated Care Boards (ICB)**

Statutory organisations that have legislative accountabilities and responsibility for quality improvement and oversight for services it commissions, also has delegated authority from NHSE in its direct commissioned services. ICB also support CQC as a lead commissioning organisation for services that are not commissioned by the ICB but may require improvement support.

ICBs are mandated to establish a System Quality Group (SQG) where regulators and commissioners share information relevant to the area it covers, this group is mandated to share information and agree a level of scrutiny required. Risk assessments may be undertaken to support/determine the level of concern and required level of scrutiny.

The classification of scrutiny at SQG are Routine, Enhanced and Intensive and align to the SOF levels 1 and 2 being routine, SOF 2 and 3 is Enhanced and SOF 4 is intensive, and support being mandated.

In addition, the ICB has a QPPIE (Quality, Performance, Patient Involvement and Experience Committee (QPPIE)), that seeks quality oversight assurance and improvement from Place based teams that provide information on the oversight measures in place, this is also related to its own accountable functions eg; Safeguarding as a statutory executive accountability, New Duty Violence Reduction Boards, Serious Incidents oversight and process, CHC delivery, primary care research etc.

### **5. ICB Place**

Within South Yorkshire there are four place teams for quality that sit under the SY ICB SQG, but also established is QPPIE (Quality, Performance, Patient Involvement and Experience Committee (QPPIE)), The place-based teams' action and oversee the ICBs accountabilities.

Within this Sheffield Partnership structure there is the Oversight Committee that receives high level information from a Sheffield perspective which then comes to this Board through the oversight paper and then to SQG and QPPIE.

It is worth noting that this is the current oversight governance agreed by the ICB executive board however is subject to change as Place and South Yorkshire system develop.

### **6. Recommendation**

The Sheffield Health Care Partnership Board is asked to note this paper.

Paper prepared by: Alun Windle, Chief Nurse, Sheffield Place  
For and on behalf of: Emma Latimer, Executive Director, Sheffield Place  
April 2023



## Quality/Governance/Oversight

**NHS ENGLAND**  
Regulator for ICB / NHS  
– issue SOF ratings

**CQC**  
Regulator for all Health &  
Care services

**ICB**  
Commissioner lead for services accountable for Quality Oversight and statutory processes, ICB Quality Performance and Patient Involvement and Experience Committee receives system information

System Quality Groups (Information Sharing)

System Quality Groups  
Membership includes ICB, CQC, NHSE

Oversight/Scrutiny  
*Place Partnership*

Quality Review Meetings /  
Contract Boards

Quality intelligence quantitative and  
qualitative