

DDICB Quality Strategy 2025 - 2028

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Introduction

Derby and Derbyshire Integrated Care Board (DDICB) is a statutory NHS body with those functions and duties conferred to it as set out within the Health and Care Act 2022. The national definition of an Integrated Care Board (ICB) is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.

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

The Joined Up Care Integrated Care System (ICS) brings together a range of partners who are responsible for planning and delivering health and care and for improving the lives of people who live and work in our area. The ICS is the geographical area in which health and care organisations work together.

Our five-year plan for NHS Derby and Derbyshire sets out how we will:

- improve population and healthcare outcomes
- reduce inequalities
- enhance productivity
- support broader social and economic development

The plan sets our five “guiding policies” that all NHS organisations will follow.

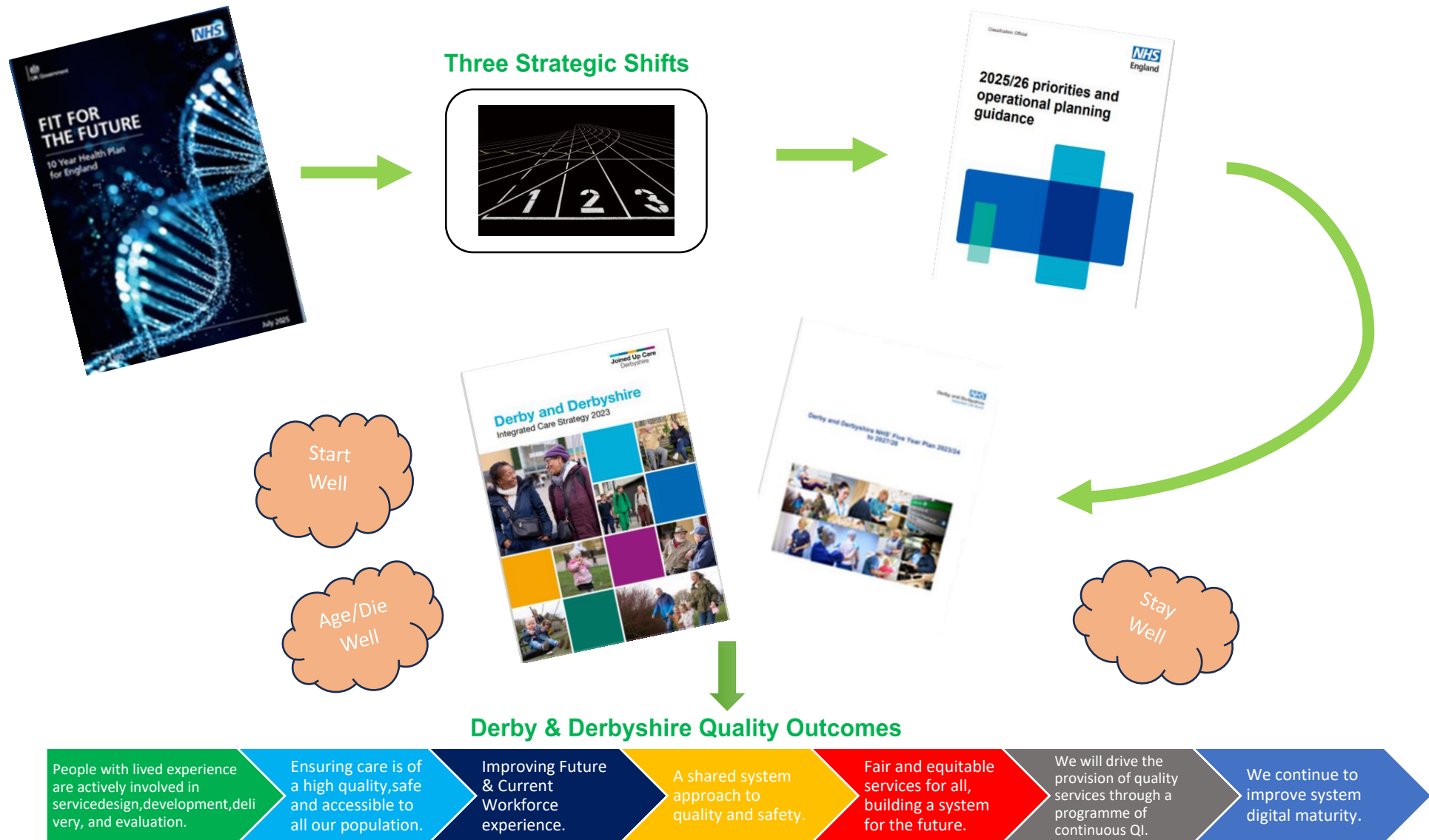
- More resources for prevention of ill health
- Empower local teams
- More control over your care
- Improve productivity and efficiency
- Use data and intelligence better.

This system wide ICB working extends the definition of quality across all partner services and facilitates a focussed and robust emphasis on quality, viewed through a population health and health inequalities lens. It also affords the opportunity for a greater focus on Quality Improvement (QI) activities and joint accountability for the quality and safety of services.

The ICB in Derby and Derbyshire ensures high quality care whilst achieving the best possible health outcomes for the population it serves, and all within an agreed financial envelope. The ICB, through its strategies and committees, needs to be assured that the management assurance systems are operating effectively and not be the assurance system itself.

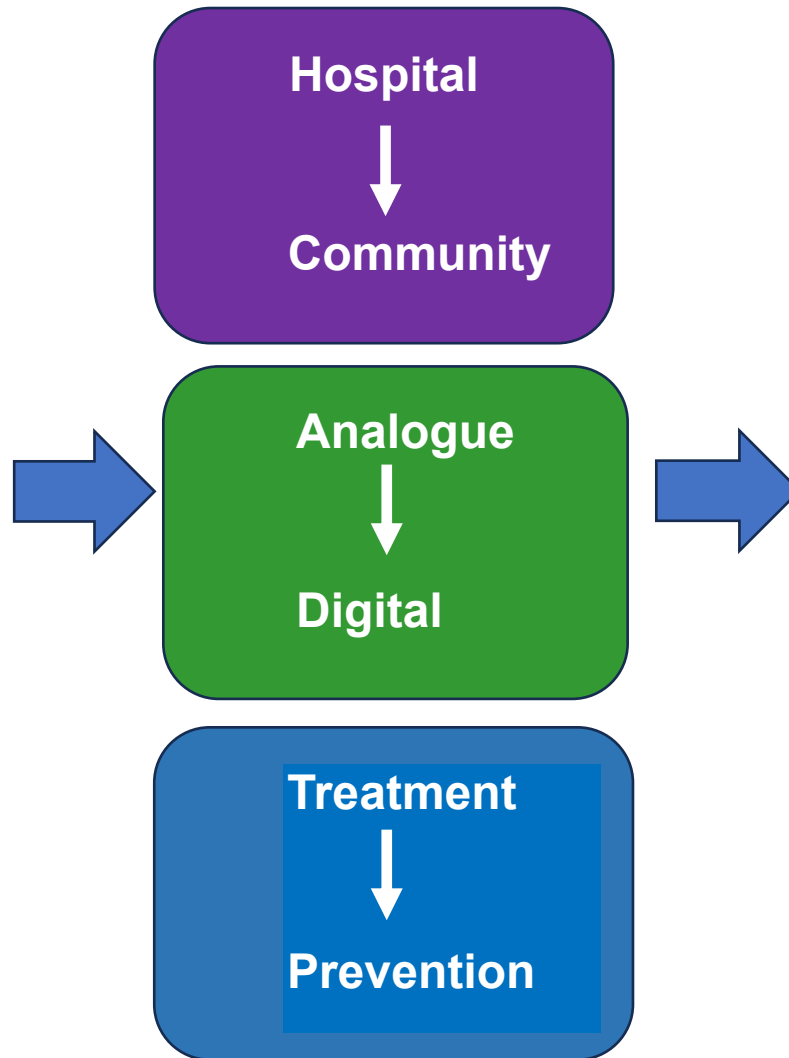
In 2025, Integrated Care Boards (ICBs) in England are set to cluster into fewer entities to enhance efficiency and reduce costs. Once the clustering of Derby & Derbyshire, Nottingham & Nottinghamshire and Lincolnshire ICBs is completed the Quality Strategy will be realigned to reflect the revised strategic plans.

Derby & Derbyshire Quality Strategy Plan on a Page



The 10 Year Health Plan for England

Three Strategic Shifts



Key Points

Moving Care from Hospital to Community

- Shifting the pattern of health spending with greater investment in out-of-hospital care.
- Establishing a neighbourhood health centre in every community.
- Introducing two new GP contracts, with roll-out beginning in 2026.

Analogue to Digital and Pursuing Innovation

- Transformation of the NHS App to include a wide variety of new functions
- A recommitment to roll out the 'single patient record' with legislation planned to give patients the right to access their record.
- Rollout of a range of technological tools for staff, including artificial intelligence (AI).
- A focus on five 'big bets' – transformative technologies to drive new model of care by aligning research, investment and innovation.
- Establishing new global institutes to become world leading centres of excellence in research.

Shifting from Sickness to Prevention

- Acting on some of the determinants of health
- Continuing to roll out mental health support teams for children in schools, with full national coverage by 2029/30.
- Testing new delivery models for secondary prevention through the neighbourhood health service
- ICBs will be expected to develop population health improvement plans with local partners.

FIT FOR THE
FUTURE

10 YEAR
HEALTH PLAN
FOR ENGLAND



NHSE Priorities and Operational Planning Guidance – National Priorities

2025/26 ICBs and Providers are asked to focus on:

Drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future

- Reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
- Making full use of digital tools to drive the shift from analogue to digital
- Addressing inequalities and shift towards secondary prevention

Live within the budget allocated, reducing waste and improving productivity.

- Work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners.

Maintain a collective focus on the overall quality and safety of our services

- Pay particular attention to challenged and fragile services including Maternity and Neonatal services, delivering the key actions of the 'Three Year Delivery Plan' and continue to address variation in access, experience and outcomes




Our Purpose, Vision, and Goals

Purpose	To support people in Derby and Derbyshire to live their healthiest lives, creating a sustainable, joined-up health and social care system for now and the future.			
Vision	We will improve the health and wellbeing of people across all communities in Derbyshire by leading and supporting change, being a great partner and making progress easier across all sectors.			
Goals	Enable and prevent Support people across all communities in Derbyshire to maximise their health and wellbeing, with a shift from treatment to prevention.	Health and care equity Reduce health inequalities throughout Derbyshire communities by working with partners to address the factors influencing people's health.	Impact and learnings Prioritise evidence-based actions that will have the greatest sustainable impact, utilise data and digital solutions, and share our learnings across organisations, populations and sectors.	Clarity and connection Consistently provide clarity to our people, partners, and Derbyshire communities on the ICB's contributions and its overarching ambitions, priorities and responsibilities.

Five guiding policies – NHS Derby and Derbyshire 5-Year Plan

Allocate greater resource to activities that will prevent, postpone, or lessen disease complications and reduce inequity of provision.	Give the teams working in our localities, the authority to determine the best ways to deliver improvements in health and care delivery for local people.	Give people more control over their care.	Identify and remove activities from the provision of care which result in time and cost being expended but do not materially improve patient outcomes.	Prioritise the improvement of the System's Intelligence Function and the capacity and capability of its research programme.
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Three Key Areas of Focus – Integrated Care Strategy

 <p>• Start Well - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness</p>	 <p>• Stay Well - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer</p>	 <p>• Age/ Die Well - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations</p>
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DDICB Strategic Aims for Integrated Care

DDICB Quality Ambition & Vision 2025-2028

- Reduce inequalities in outcomes, experience, and access.
- Develop care that is strengths based and personalised.
- Improve connectivity and alignment across Derby and Derbyshire, to ensure peoples experience joined up care, and to create a sustainable health and care system.

Key Areas of Focus



Quality Drivers



- **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness

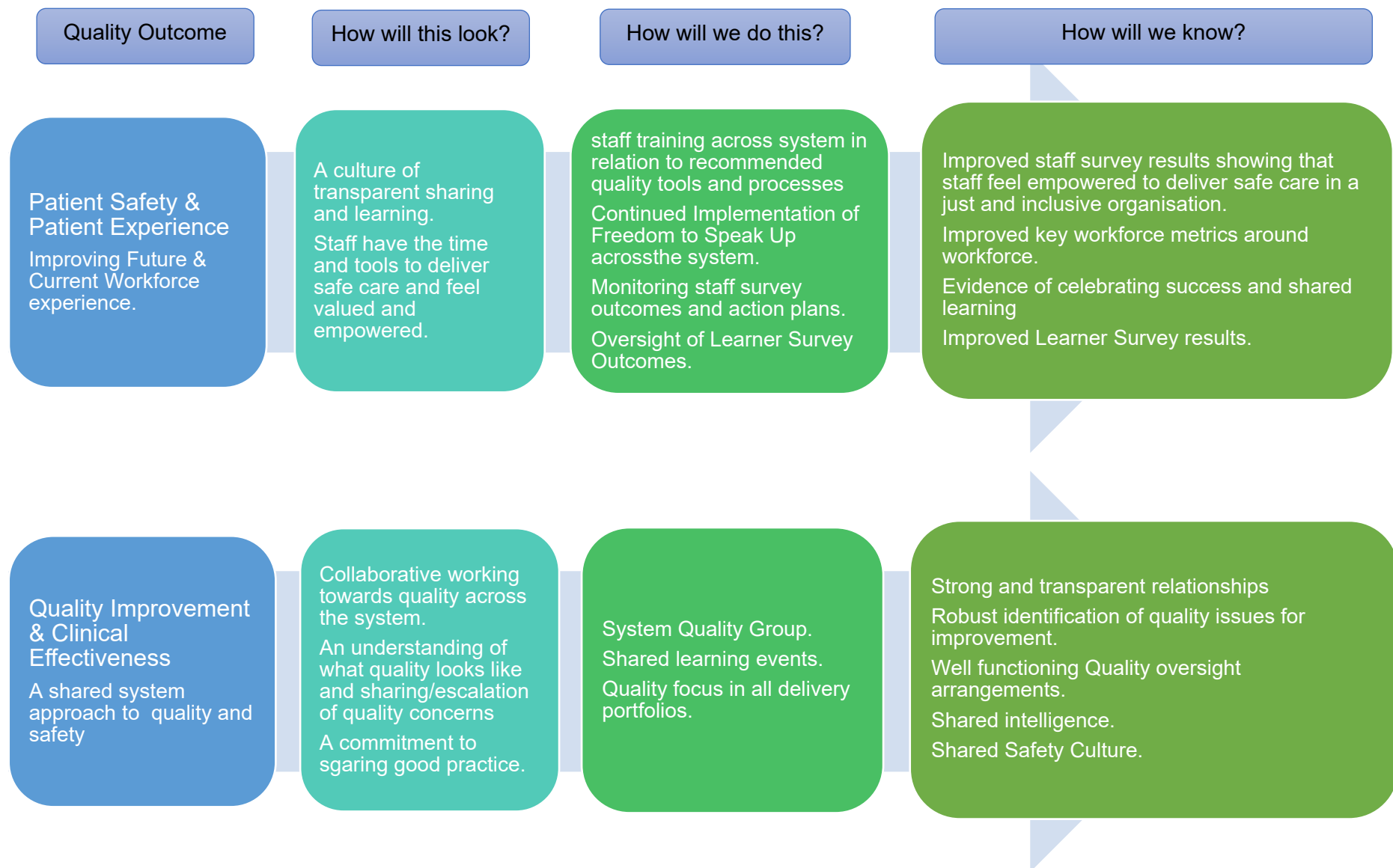


- **Stay Well** - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer

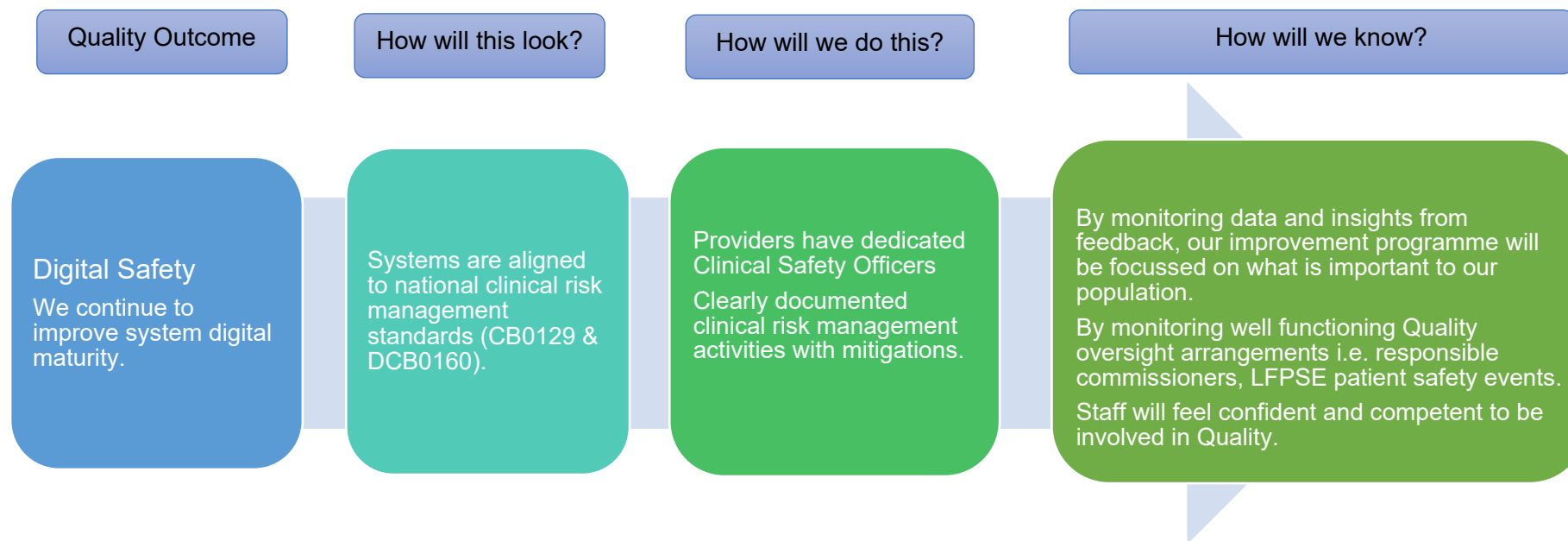


- **Age/ Die Well** - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations









System Approach to Quality

The National Quality Board (2021) sets out the quality expectations of Integrated Care Systems (ICS) and the principles which we will adhere to. JUCD has established a governance structure that will hold all parts of the ICS accountable for delivery of high-quality services. The overall responsibility for Quality sits with the ICB Chief Nursing Officer and the Non-Executive member for Quality.

Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable. An organisational approach to improvement consists of an overarching improvement vision that is understood and supported at every level of the system. This vision is then realised through a coordinated and prioritised programme of interventions aimed at improving the quality, safety, efficiency, timeliness and person-centredness of the organisation's care processes, pathways and systems.

High-quality, personalised and equitable care for all, now and into the future

What does this mean in practice? That people working in systems deliver care that is:

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.
- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
- **Positive experience**
 - **Responsive and personalised** - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.
 - **Caring** - delivered with compassion, dignity and mutual respect.
- **Well-led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.
- **Sustainably-resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Quality care is also equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.



Quality Strategy Framework

A comprehensive Quality Framework has been developed following stakeholder engagement to determine the detailed actions required to achieve the aims of the Quality Strategy.

This framework will be an addition to this strategy and will be used as a marker for achievements and presented to the System Quality Group and Quality, Safety & Improvement Committee on a regular basis to demonstrate adherence with actions required and any blocks to achieving the aims of the strategy.

Quality Risk Escalation

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 National Quality Board sets out that: *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.*

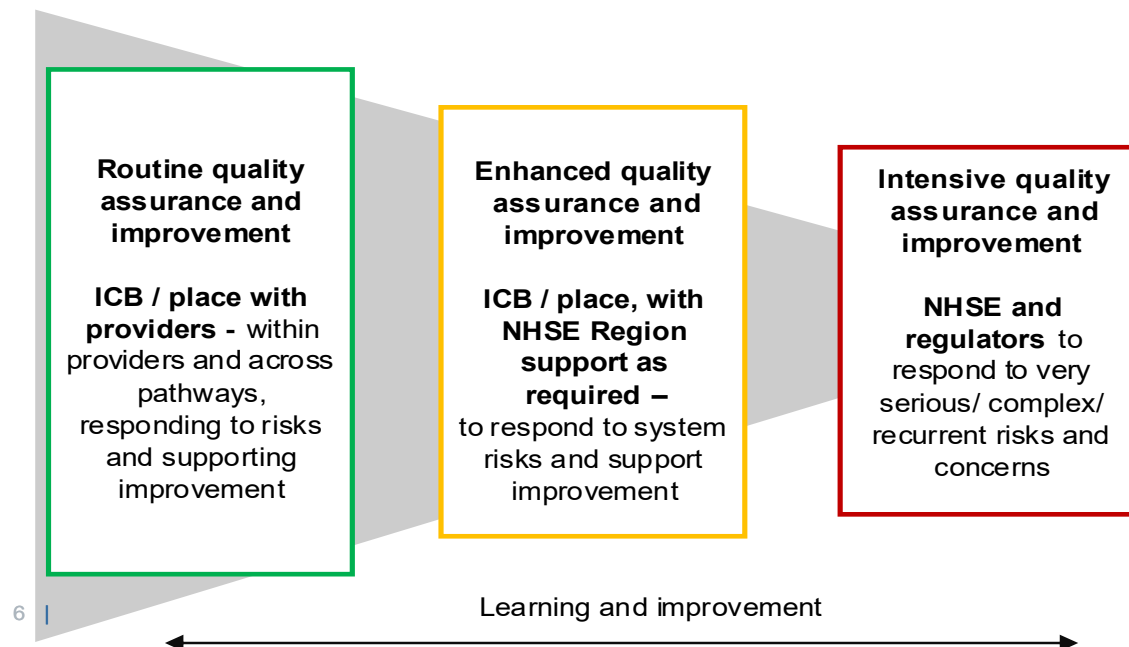


The Quality Risk Response Process below sets out how any quality concerns and risks will be managed within the ICB in collaboration with NHS England (NHSE) and wider partners. This approach will be based upon three main levels of assurance and support from the NHSE Regions and ICB partners. The levels will apply to all the different geographies e.g., Place, Neighbourhoods, pathways, and journeys of care.

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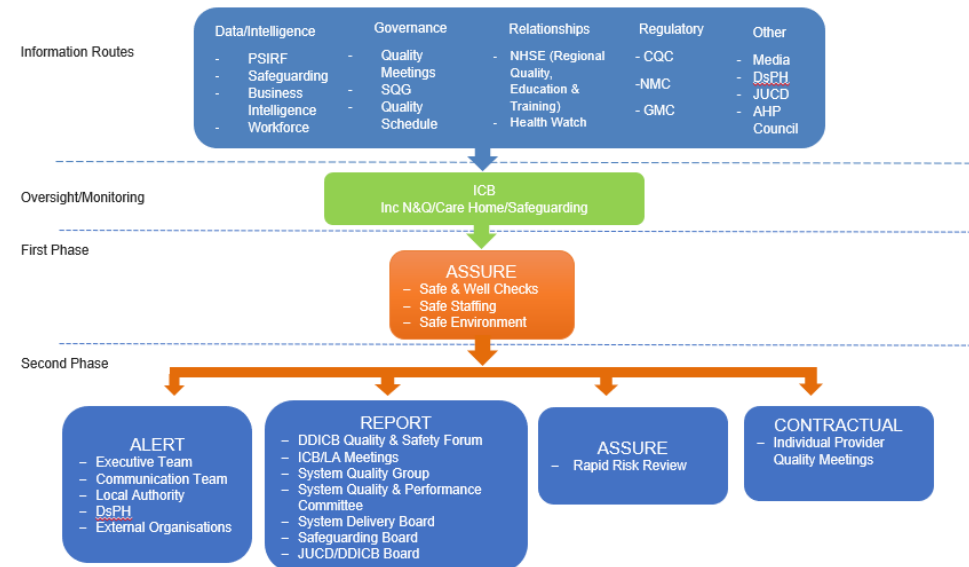
NQB Quality Risk Guidance

The Risk Guidance is based on three levels of assurance and improvement:



Quality Escalation Process

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Routine Quality Assurance

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/ICSSs, including independent providers, provider collaboratives and networks.

This process will be monitored by the ICB System Quality Group with reporting to the ICB Quality, Safety & Improvement Committee. Types of monitoring include CQRGs, quality visits, review of data and information including complaints and regular triangulation of quality, performance, and patient experience data.

Enhanced Quality Assurance

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. This process will be monitored via ICB System Quality Group with reporting to the ICB Quality, Safety & Improvement Committee and be supported by Regional NHSE Teams. Types of monitoring include Rapid Quality Review Meetings.

Rapid Quality Review Meetings

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 because 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.

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.

This process will be supported via ICB System Quality Group with reporting to the ICB Quality, Safety & Improvement Committee and be Led by Regional NHSE Teams.

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).

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.

Monitoring

The ICB Quality Strategy will be reviewed annually by the System Quality Group to ensure adhere to its requirements and the DDICB Quality Framework will be monitored to ensure actions are completed as required. Reporting of the actions from the Framework will be undertaken to the System Quality Group with exceptions and concerns escalated to the DDICB Quality, Safety & Improvement Committee.