NHS
Devon

Quality Management Handbook

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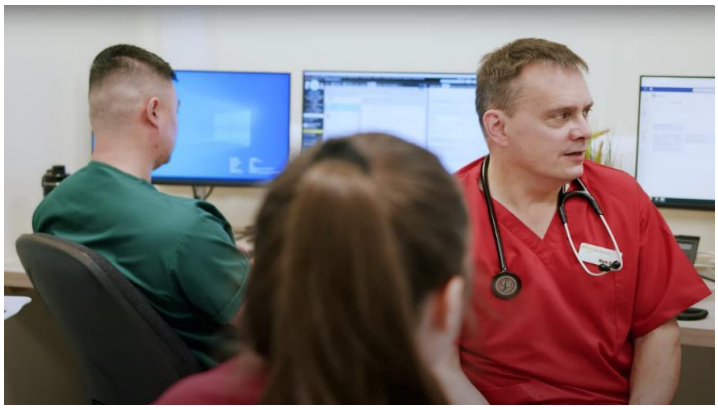


Executive Summary

Integrated Care Boards (ICBs), as strategic commissioners, have an overarching statutory duty for quality. This is specifically a duty to exercise their functions with a view to delivering continuous improvement in quality of services including:

- The prevention, diagnosis, and treatment of physical and mental illness
- The protection and improvement of public health

This handbook details the framework NHS Devon will use to deliver on its statutory duty for quality, including quality improvement and quality assurance.

It sets out how NHS Devon, as a strategic commissioner, will deliver on its quality duties through the use of a Quality Management System (QMS) approach. The Juran Trilogy with the addition of Quality Assurance provides the key aspects for quality management. The NHS Devon QMS is a key part of the overall Total Quality Management System which will be developed over time and will directly inform and guide our work as strategic commissioners.

The handbook sets out key pieces of national guidance from organisations such as the National Quality Board (NQB), the Care Quality Commission (CQC) and NHS England (NHSE). Our local NHS Devon quality improvement and quality assurance structures are set out, detailing how we will drive improvement whilst seeking appropriate assurance across the system.

The Quality Management System approach gives an opportunity to bring together the guidance, structures and other elements of quality to deliver on the ICB's statutory duty.

This handbook has been written whilst awaiting publication of the NHS Quality Strategy (noted in NHS England forward/26 priorities and operational planning guidance as in development) and therefore further changes to the NHS Devon approach may be necessary going forwards.

Background

In recent years, significant focus has been placed globally upon the quality of healthcare services, with a recognition of the gap between the quality of services received by populations and the potential to deliver safer care and better patient outcomes within the allocated resources.

In 2013, responding to the Francis Inquiry report, Professor Don Berwick called upon NHS leaders and senior government officials to 'place the quality and safety of patient care above all other aims for the NHS'. International thinking and research into the impact of Quality Improvement has shifted in this arena to acknowledge that traditionally conceived Quality Improvement in itself is insufficient to tackle the challenges we face.

There is recognition that Quality Improvement can solve complex adaptive problems in healthcare – but as part of a Quality Management System (QMS) that aims to meet the needs of service users whilst simultaneously improving the quality of care, reducing costs and ensuring sustainability. This sentiment is echoed internationally with the Institute for Healthcare Improvement (IHI) advocating for a holistic approach to managing quality, where 'quality is the organisational strategy, not merely a component of the strategy'. This approach aligns to ICBs and their strategic commissioner function going forwards. However, NHS Devon's approach entails a **strategic commissioning for quality** focus to deliver the highest possible standard of care to the greatest number of people in an equitable and sustainable way.

Utilising a Quality Management System approach enables the ICB to effectively discharge its statutory duty by focusing simultaneously on:

- Quality Planning
- Quality Control
- Quality Assurance
- Quality Improvement

The QMS currently forms part of a wider Total Quality Management System for NHS Devon which will directly inform and guide our work as strategic commissioners.

The Total Quality Management System will be developed further going forwards, as NHS Cornwall and Isles of Scilly (CIOS) ICB and NHS Devon ICB formally come together as a Cluster arrangement then formally merge in 2027.

About NHS Devon ICB

NHS Devon is the organisation responsible for the majority of the county's NHS budget, and develops a plan to improve people's health, deliver high-quality care and better value for money. The ICB is led by a diverse board, which includes representatives from local councils, primary care, acute hospital, mental health, learning disability, and neurodiversity.

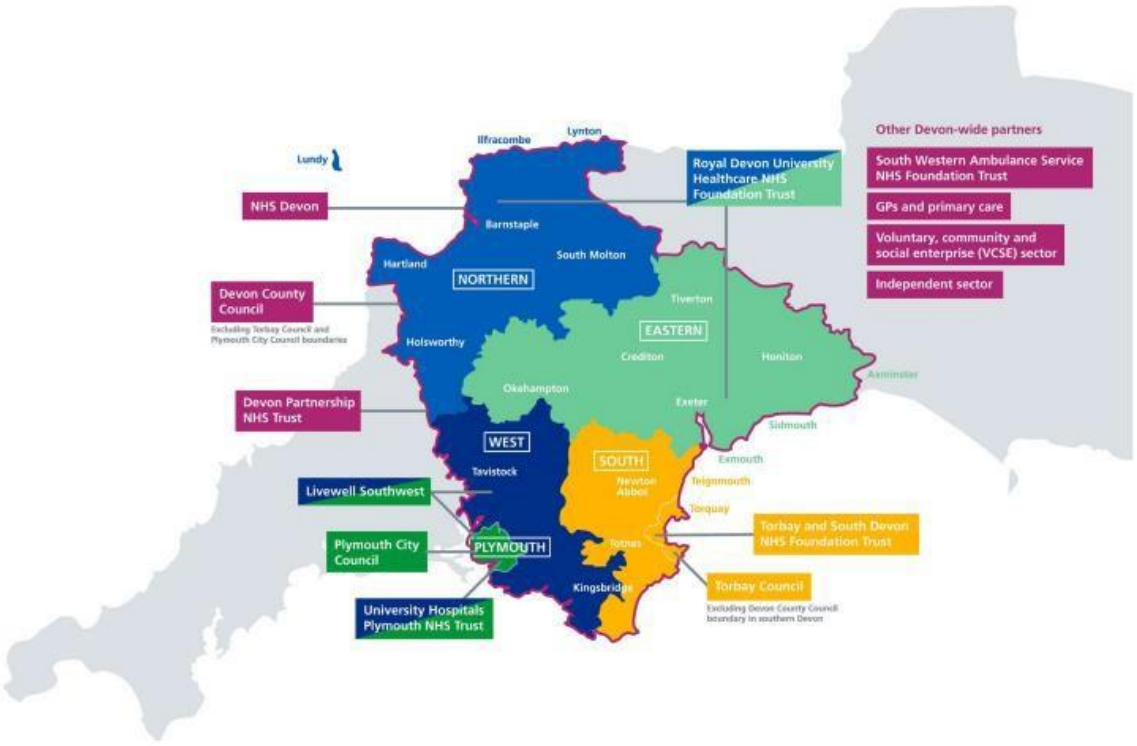
Devon is the fourth largest county in England with a diverse and growing population. It includes the cities of Plymouth and Exeter plus more than 45 towns (both urban and rural).

Our aim is to improve people's lives in Devon, to reduce health inequalities and make sure we can deliver those services for the long term.

We plan and buy the majority (two-thirds) of the hospital and community NHS services for the county, including:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- general practice (GP)
- most community health services, such as community nursing and physiotherapy
- maternity and new-born services (excluding neonatal intensive care)
- infertility services
- children and young people's health services
- mental health and learning disability services
- continuing healthcare for people with ongoing health needs, such as nursing care

We involve local patients, carers, the public, and organisations such as the Healthwatch Devon, Plymouth and Torbay, to help us better understand local need and commission high-quality care that is safe, effective and focused on the patient experience.



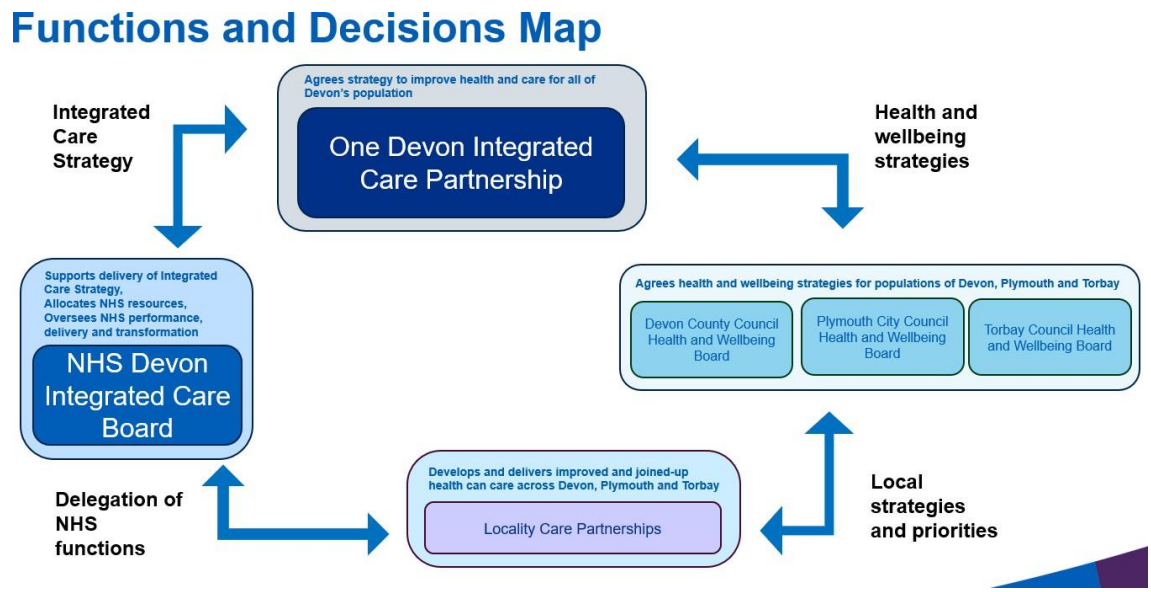
The Integrated Care System (ICS) for Devon brings together all the county's local authorities, NHS organisations, and the voluntary sector to create the One Devon Partnership. The ICS is responsible for planning and delivering health and care, and for improving the lives of people who live and work in Devon. The overarching aim of this partnership is to ensure:

'Equal chances for everyone in Devon to lead long, happy, and healthy lives.'

The four key aims of ICSs are to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The Functions and Decisions Map sets out the high-level ICS landscape and how partners work together to deliver against the mandate across the system:



Strategic Commissioning

ICBs are best placed to convene partners and facilitate the shift towards a different way of commissioning.

We define strategic commissioning as:

> 'The pursuit of the best possible health outcomes for a given population and experience for patients through the planning, purchasing, evaluation, integration, and transformation of services, promotion of self-care, and exercising system leadership to that end.'

It means:

- Proactively addressing populations' health needs by developing a strong understanding of need, harnessing quantitative and qualitative insights.
- Shifting a greater share of resources from downstream acute services to anticipatory interventions in the community and better support for longer-term and complex conditions.
- Collaborating across local government, the VCSE sector and the breadth of the NHS and involving patients and communities.
- Transforming services and commissioning whole pathways for population cohorts.
- Achieving better value and focusing on outcome measures.
- Empowering local leaders to lead, innovate, and listen, rather than just look upwards for instruction.

Five key high-level issues have been highlighted nationally to enable effective strategic commissioning:

1. **It is right to evolve current systems** – locally-driven, evolution of the healthcare system rather than rapid, unsustainable developments.
2. **National support for an evolved approach is essential** – national work should be enabling and facilitative, bringing clarity and clear direction.
3. **Maintain clinical commissioning leadership and engagement** – continuity and clinical expertise is key to effective strategic commissioning. Engagement of clinicians in primary, secondary and community care settings is key to creating a common vision and purpose.
4. **Place the patient at the centre with a focus on quality –** International evidence points to the positive impact of strategic approaches to planning and resource management to focus health and care systems on the end user, supported by quality improvement.

5. **Hold the delivery model to account on behalf of the local population –** as strategic commissioners, we will hold our partners to account and maintain a continued focus on quality and improvement within local areas.

The three strategic shifts

As the NHS moves forward, there are three **key strategic shifts** which will form the foundation of the ICB's purpose and direction, as outlined by Lord Darzi:

- **Treatment to prevention:** A stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before they require costly medical intervention and reducing inequalities in health. This involves proactive community and public health initiatives, working closely with local authorities, to keep people healthy.

- **Hospital to primary care & community:** Moving care closer to home by building more joined-up, person-centred, care in local neighbourhoods, reducing reliance on acute care.

- **Analogue to digital:** Harnessing technology and data to transform care delivery and decision-making. From digital health services for patients, to advanced analytics (population health management, predictive modelling)

for planners, the focus is on smarter, more efficient, and more personalised care.

These shifts set the direction for how ICBs need to operate going forward.

The NHS needs strong, strategic commissioners who can better understand the health and care needs of their local populations, who can work with users and wider communities to develop strategies to improve health and tackle inequalities, and who can contract with providers to ensure consistently high-quality and efficient care, in line with best practice.

Quality management is integral to **strategic commissioning** functions, including understanding drivers of improved health, range of health outcome measures, and elements of high-quality care (safety, effectiveness, user experience). Key to this is ensuring quality management is embedded into the commissioning cycle, duplication is minimised, and wherever possible automated data is used to generate a **single version of the truth**.

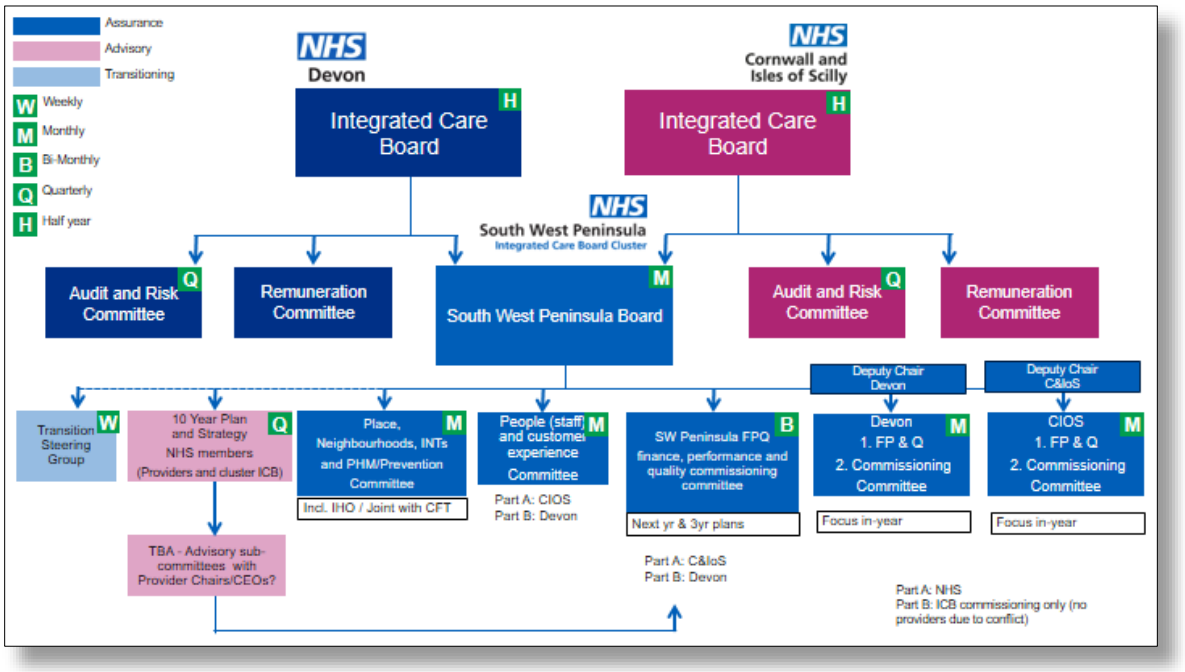
NHS Devon's Accountability for Quality Governance

NHS Cornwall and Isles of Scilly (CIOS) ICB and NHS Devon ICB formally established a cluster arrangement on September 1st , 2025**,** aimed at reducing running costs by 50% and improving efficiency, as part of a national NHS England directive.

While remaining separate legal entities, we now function as a single unit with shared leadership and governance. The two ICBs operate through a joint committee known as the South West Peninsula Board.

As statutory bodies, our unitary boards have collective and corporate responsibility for the performance of our organisation, and are responsible for ensuring its functions are effectively discharged. For Devon, this is discharged by the Finance, Performance and Quality Committee (FPQC).

The diagram below describes the above governance arrangements for both NHS Devon and CIOS ICBs:



As an Integrated Care Board (ICB) and strategic commissioners, we have a statutory duty to improve the quality of services within Devon.

- Preventing, diagnosing, and treating mental and physical illness
- Improving and protecting public health

By improving **quality**, we mean improving safety, **effectiveness**, and **experience** of care, plus ensuring care is **equitable**, **well led**, and **sustainable**.

National Guidance on Quality Governance and Quality Functions

NHS England has stated the NQB guidance will be refreshed in line with the 10 Year Health Plan for England and the review of patient safety across the health and care landscape. This handbook will be reviewed and updated once the guidance is updated and published.

The National Quality Board (NQB) outline the key requirements for ICSs in relation to quality oversight which identified two key requirements:

- **To ensure the fundamental standards of quality are delivered** – managing quality risks, including safety risks, and addressing inequalities and variation.
- **To continually improve the quality of services** in a way that makes a real difference to the people using them.

Providers of NHS services will continue to be individually accountable for:

- The quality, safety, use of resources, and compliance with standards through the provider licence (or equivalent in the case of NHS Trusts) and Care Quality Commission (CQC) registration requirements.
- The delivery of any services or functions commissioned from or delegated to them, including by our NHS ICS body, under the terms of an agreed contract and/or scheme of delegation.

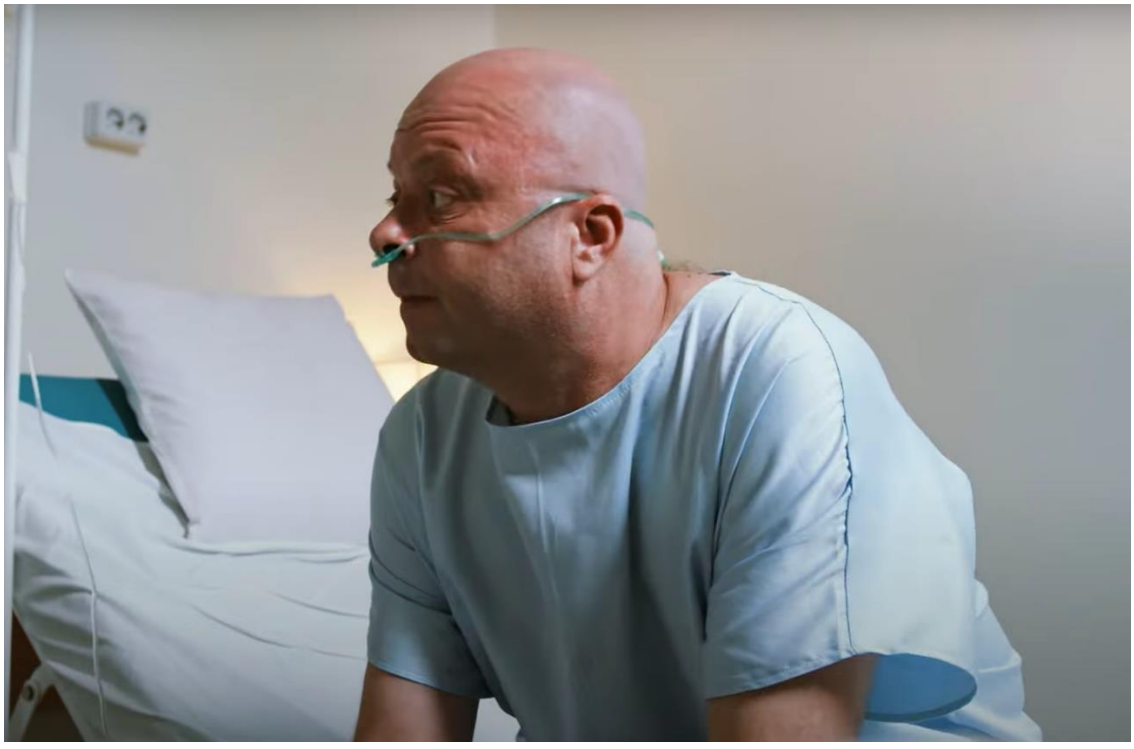
Defining Quality

The underlying Lord Darzi definition of quality describes care across three key domains of:

- **Safety** – minimising things that go wrong, reducing risk, empowering, supporting and enabling people to make safe, evidence-based choices. Protecting people from harm, neglect, abuse, and breaches of their human rights. Ensuring improvements happen when problems occur.
- **Effectiveness** – consistent, up to date care provision, underpinned by effective training, guidance, evidence and research, benchmarking, and clinical audit.
- **Experience** – responsive and personalised care, shaped by what matters to people, their preferences and strengths. Enabling people to make informed decisions about their care, ensuring care is coordinated, inclusive and equitable.

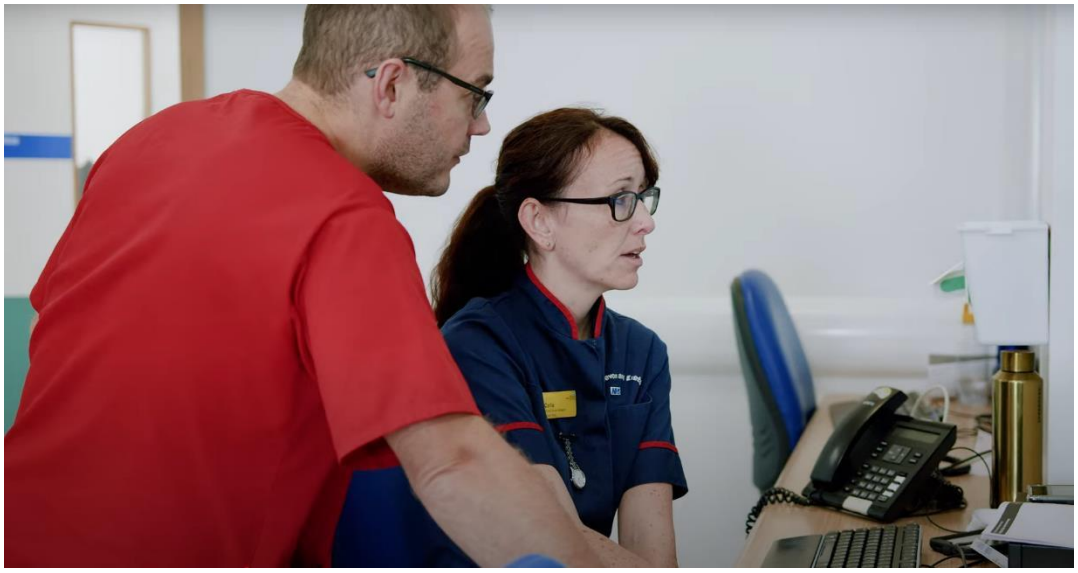
In addition, quality must also be considered in the context of:

- **Equity** of care provision – ensuring everyone has access to care of the highest possible quality. Understanding and addressing variation and inequalities in provision through effective strategic commissioning.
- **Leadership** (including culture) – driving improvement through compassionate leadership, shared vision and values. Promotion of Just Cultures across the system, focusing on learning rather than blame.
- **Sustainable** use of available resources – living within our financial means whilst reducing impacts on public health and the environment.



NHS IMPACT Framework

NHS IMPACT (Improving Patient Care Together) is the single, shared NHS improvement approach. The five key pillars of NHS IMPACT underpin and compliment the NHS Devon Quality Management Framework acting as a key enabler for the system.



Building a shared purpose and vision.

Our workforce, trainees and learners understand the direction and strategy of the organisation, enabling an ongoing focus on quality, responsiveness and continued learning

Building improvement capability

All our people (workforce, trainees and learners) have access to improvement training and support, whether embedded within the organisatioin/system or via a partner collaboration

Developing leadership behaviours for improvement

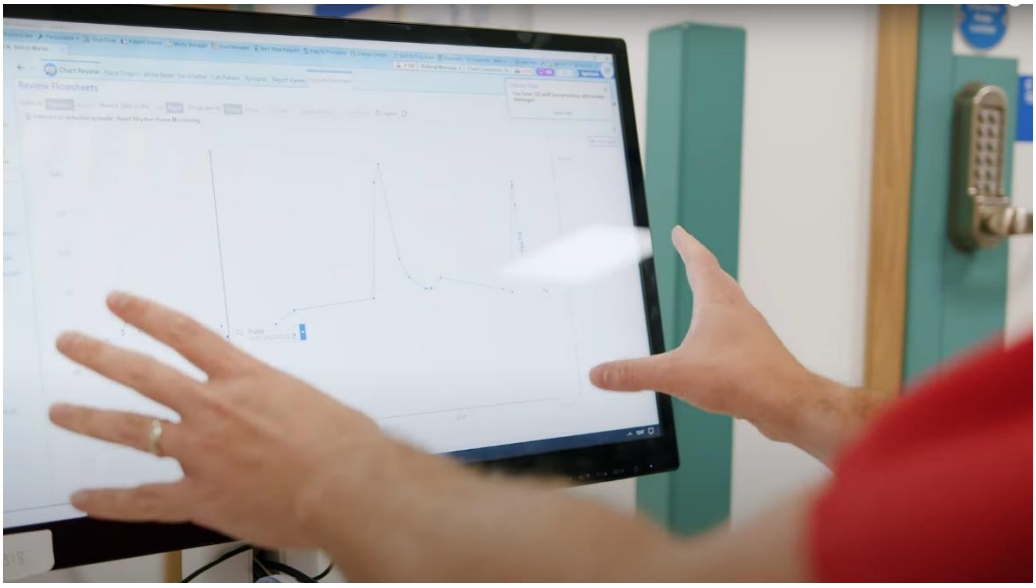
A focus on instilling behaviours that enable improvement throughout organisations and systems, role-modelled consistently by our Boards and Executives.

Investing in culture and people

Clear and supported ways of working, through which all staff are encouraged to lead improvements.

Embedding a quality management system

Embedding approaches to assurance, improvement, and planning that co- ordinate activities to meet patient, policy, and regulatory requirements through improved operational excellence.



Care Quality Commission (CQC) Single Assessment Framework

The CQC uses 5 key questions to assess the extent to which services are:

- ✓ Safe
- ✓ Effective
- ✓ Caring
- ✓ Responsive
- ✓ Well led

For ICS assessments, CQC focuses on 3 key themes:

Quality & Safety	• Supporting people to live healthier lives • Learning culture • Safe and effective staffing • Equity in access • Equity in experience and outcomes • Safeguarding
Integration	• Safe systems, pathways and transitions • Care provision, integration and continuity • How staff, teams, and services work together
Leadership	• Shared direction and culture • Capable, compassionate, and inclusive leaders • Freedom to speak up. • Governance, management, and sustainability • Partnerships and communities • Learning, improvement, and innovation • Environmental sustainability (sustainable development) • Workforce equality, diversity, and inclusion

ICB Quality Functions (NHS England)

NHS England have set out seven key functional quality domains for ICBs as follows:

Strategic management of quality	✓ NQB and NHSE guidance ✓ Joint Forward Plans (JFPs) ✓ NHS Oversight Framework (NOF) ✓ Workforce, Training and Education quality
Operational management of quality	✓ Independent Investigations (including Mental Health Homicides) ✓ Regulation 28 reports ✓ Professional Standards ✓ Controlled Drugs Accountable Officer function Whistleblowing & Freedom to Speak Up (FTSU) ✓ Quality Accounts ✓ Medicines Optimisation ✓ Infection Management ✓ Antimicrobial Resistance
Patient Safety	✓ Insight, Involvement & Improvement ✓ Medical examiners ✓ Patient Safety Incident Response Framework (PSIRF) ✓ Learning from Patient Safety Events (LfPSE) including ICB-level investigations. ✓ Patient Safety Improvement Priorities
Patient Experience	✓ Improving patient, service user, and unpaid carers' experience of care ✓ Insights ✓ Feedback ✓ Complaints.
Effectiveness	✓ National Clinical Audits ✓ NICE guidance

	✓ Getting It Right First Time (GIRFT)
Safeguarding	✓ Safeguarding Assurance and Accountability Framework (SAAF) including Child Protection Information Sharing, ✓ Child death overview process, ✓ Female Genital Mutilation, ✓ Prevent, ✓ Working together to safeguard children ✓ Modern Slavery & Human Trafficking ✓ Domestic abuse, ✓ Duty to collaborate to prevent serious violence ✓ Mandatory reports of child sexual abuse
Mental Health, Learning Disability & Autism	✓ Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) ✓ Stopping the Over-Medication of children and young People with a learning disability, autism or both (STOMP) ✓ Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) ✓ Special Educational Needs and Disabilities (SEND) ✓ Mental health

How we deliver quality care in Devon

Taken from NQB: A Shared Commitment to Quality (2021)

Together with our system partners, we will work to deliver the ambitions set out by the National Quality Board (NQB) using the seven key steps:

1. **Setting clear direction and priorities –** To deliver a new service model for Devon for the 21st century, which delivers better services in response to local needs, invests in keeping people healthy and out of hospital, and is based on clear priorities, including a commitment to reducing health inequalities.
2. **Bringing clarity to quality –** Setting clear standards across Devon for what high quality care and outcomes look like, based on what matters to people and communities of Devon.

3. **Measuring and publishing –** Measuring what matters to the people of Devon using services, monitoring and triangulating quality and safety data consistently, sharing information in a timely and transparent way, using data effectively to inform improvement and decision-making.
4. **Recognising and rewarding quality and learning –** Recognising, sharing outstanding health and care, learning from others and helping others learn, recognising when things have not gone well. Ensuring financial incentives in Devon are focused on delivering the right clinical outcomes for the population.
5. **Maintaining and improving quality –** Working together across Devon to maintain quality, reduce risk, and drive improvement through embedding NQB guidance in the system's governance arrangements. Utilisation of the system's full assets to safeguard and improve quality.
6. **Building capability for improvement –** Providing system-wide, multi-professional leadership for quality; building learning and improvement cultures; supporting staff and people using services to engage in co-production; supporting staff development and wellbeing. This includes the provision of tailored system quality improvement training and coaching to drive local, sustainable improvements.
7. **Staying ahead –** By adopting innovation, embedding research and monitoring care and outcomes to provide progressive, high-quality health and care policy. Horizon scanning to pre-empt and respond to new and emerging issues in a proactive and proportionate way, working with key partners such as universities and the South West Health Innovation Network (HIN).

This is further supported by NQB's six key operational requirements to drive quality oversight within systems. These principles underpin and help strengthen the quality management function within the ICB:

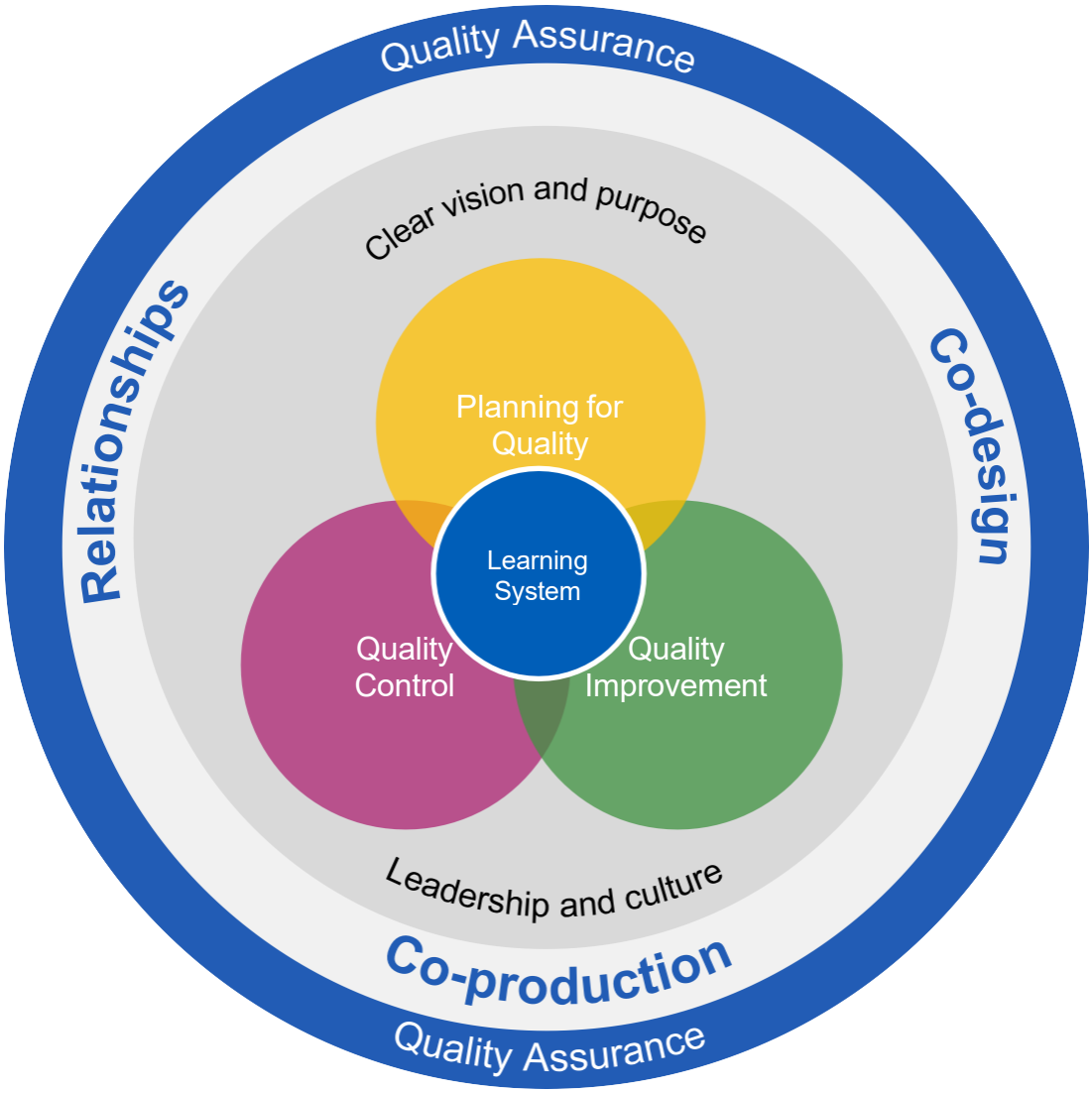
	Principles	Consistent operational requirements
	**1. Quality is a shared commitment**	1. A designated executive clinical lead for quality, including safety, in the ICS, and clinical and care professional leadership embedded at all levels of the system.
	**2. Population focused vision**	2. A clear vision and credible strategy to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement, and quality assurance functions to deliver care that is high-quality, personalized, and equitable

	3. Coproduction with people using the service, the public, and staff	3. A defined governance and escalation process in place for quality oversight – covering all NHS commissioned services and those commissioned jointly by the NHS and local authorities (including devolved direct commissioning functions) and formally linked to regional quality oversight arrangements (Quality Committees / Joint Strategic Oversight Groups).
	4. Clear and transparent decision-making	4. An agreed way to measure quality, including safety, using key quality indicators with intelligence and professional insight, which is reported publicly and transparently at Board-level to inform decision-making and effective management of quality risks. Evidence must show that this is also mirrored by tracking local metrics within services to inform progress and improvement.
	5. Timely and transparent information-sharing	5. A defined way to engage and share intelligence on quality, including safety – at least quarterly and delivered through a System Quality Group. This will not replace existing statutory responsibilities.
	6. Subsidiarity	6. A defined approach for the transfer and retention of legacy organisation information on quality in accordance with the Caldicott Principles.

Quality Management in Devon

Devon ICB will deliver its quality improvement and assurance obligations through a Quality Management System approach, encompassing four key activities aligned to the Juran trilogy, with the additional assurance domain. The national guidance from a range of key sources will be integrated into a single Quality Management approach as described here.

Quality Planning	Quality Improvement
A process for leadership to annually plan and prioritise the design and redesign of processes, services and products, allocate resources and identify capacity and capability to meet population needs. It includes: • A relentless focus on customer need, staff wellbeing, and culture informed by internal and external feedback.	**Standardised training and coaching approach incorporating established methodologies for continuous improvement for our populations.** It includes: • Development of improvement skills throughout the organisation, from Board to frontline, with a small cadre of experts to support. • Improvement designed and delivered as close to the frontline as possible by those involved with its delivery – staff, service users, family, and carers.
Quality Control	**Quality Assurance**
Connected daily operational management to monitor and maintain quality, including the use of real-time measures over time. It includes: • Those closest to the work develop standardised processes to ensure reliability and reduce variation. • Making real-time corrections to processes if required and clear escalation routes if necessitated. • Visual management to focus efforts and identify issues early.	**A process to ensure that the system is operating effectively and providing quality care in line with standards, guidelines, and policy.** It includes: • Providing a clear line of sight across the organisation and identifies gaps against the purpose and customer need. • Reviewing data retrospectively. • Can be both internal and external.


Quality Assurance
Clear vision and purpose
Relationships
Co-design
Planning for Quality
Learning System
Quality Control
Quality Improvement
Leadership and culture
Co-production
Quality Assurance

Devon ICB will discharge its responsibilities using the Quality Management System below:

Domain	Key features	What does this mean in practice?
Quality Planning	• Effective identification of population needs • Developing effective models of care delivery to meet population needs • Support structures to oversee and manage services	• Effective **strategic commissioning for quality, embedding quality within our Planning Processes, including Commissioning Intentions.** • Driver processes – designed to prepare organisations to meet service user needs – strategic planning, service user feedback, horizon scanning, and information collection systems. • Use of Joint Strategic Needs Assessment (JSNA) to inform commissioning intentions • Quality as an integral part of contracting and service specifications including **Equality Quality Impact Assessments (EQIA)** • Quality as an integral part of everyone's role • Identifying appropriate measures (outcome, structure, & process) • Effective risk management to inform commissioning for quality (e.g. Board Assurance Framework) • Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes. • Health and care strategy
Quality Control	• Identification of clear measures of quality for services	• Promotion of regular quality huddles (across teams and traditional organisational boundaries) • Transparent, non-punitive escalation processes aligned to NQB principles • Displaying visual 'how are we doing' data • Intelligent triangulation of data (e.g. SPC) – **Quality Dashboards**

	• Monitoring of measures over time
	• Proportionately and effectively intervening when appropriate
		• Use of NQB guidance in responding to actual or potential risks to quality (escalation):
		  ○ Rapid Quality Reviews (RQR)
		  ○ Quality Improvement Groups (QIG)
		  ○ Action / Improvement plans
		  ○ Active risk profiling
		• NHS Devon Performance Management System

Quality Assurance	• Periodic assurance checks to ensure the needs of the population are being met • Address gaps with effective, SMART actions	• Use of South West Peninsular Board to drive quality assurance • NHS Devon Performance Management System • Triangulation of audit (internal and external) and data for assurance • Inspection - CQC/regulatory intelligence • Gap analysis with best practice • Effective governance (e.g. action tracking, quality contract reviews) • Cause & effect, including interdependencies • Site visits with targeted key lines of enquiry (KLOE) • Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations. • Effective surveillance of 'watch' metrics to detect issue early
Quality Improvement	• Convening teams • Identification of what matters most (to the	• Building a shared quality purpose and vision for the system • Use of System Quality Group to drive intelligence sharing and improvement activities • NHS IMPACT resources to support local improvement • Multidisciplinary workforce upskilling in quality improvement methodology/science

	population & staff) • Subsidiarity in approach to find solutions, test, implement, scale up	• Intelligent use of data for improvement (e.g. SPC) – **Quality Dashboards** • Project charters • Model for improvement • Spreading & embedding Quality Improvement capability across the organisation (e.g. Quality, Service Improvement & redesign training (QSIR)) • Investing in people and culture • Developing positive leadership behaviours • Convening system partners to support learning and sharing

To note the four key areas above are not independent of one another. They are interdependent and should be considered in a sequential way.

With intentional focus and observing quality as the guiding principle, NHS Devon will become a higher performing organisation, and we should expect to see:

- Reduced assurance activity
- Intentional annual planning focused on commissioning for quality.
- Quality improvement approaches and rapid learning are increasingly used to solve intractable and complex system- wide problems.

Key enablers to the Quality Management System approach

Enabler	What does this mean in practice?
Knowledge	• Ensuring the South West Peninsular Board understands: ✓ The organisation's chosen quality improvement approach and methodology ✓ The definition of quality ✓ Key metrics used to monitor quality • Ensuring leaders with Devon ICB hold appropriate subject-matter expertise, together with an understanding of the aim of the organisation and how it works. This should include an understanding of variation and its impact on quality and the theory and psychology of change. • Staff need to have experience of day-to-day processes and how these function together to deliver the objectives of the ICB. • Staff should understand improvement methodology and how to implement small tests of change to support continuous improvement, noting Deming's work on 'The System of Profound Knowledge' ✓ Appreciation for a system ✓ Theory of knowledge ✓ Understanding of variation ✓ Psychology of change
Skills & infrastructure	• Board level skills to review data and engage with executives about trends in care quality • Leaders must understand how system-wide priorities are being met, and be enabled to make effective resource and planning (commissioning) decisions

	• Staff need to be skilled to understand if their work is 'in control' and be able to act if they see unwarranted variation. Where they are required to, they must be enabled to act to tackle unwarranted variation and improve processes. • Planning and commissioning activities must be undertaken alongside the planning and management of improvement efforts. This requires **effective matrix working** between key colleagues. • Staff will have access to a map of the ICB showing connections and interdependencies that support (or inhibit) the ICB in delivering on its duties and strategic aims • Daily huddles to review progress and align local improvement efforts to the ICB's strategic aims will be supported by visual data for improvement • Staff will be skilled in collecting continuous real-time feedback from staff, partner organisations, patients and key stakeholders, supporting effective horizon scanning for insights and intelligence • Metrics will be used to maintain effective surveillance across the system via a Quality Dashboard to help spot problems early and allow timely and proportionate intervention • Staff will receive upskilling support in quality improvement methodology (e.g. Quality Service Improvement & Redesign- QSIR) to broaden the improvement capability • The ICB will have an effective system for identifying and learning from improvements and those changes that have not resulted in sustained improvement.
Leadership, culture, & behaviours	• Visible, consistent internal and external leadership is key to reinforce the priorities and pace. Utilising data and softer signals of quality • Promotion of QMS by the ICB's leaders, encouraging curiosity and inquiry. • Celebrate system successes, learn from things that have gone wrong or have not worked.

	• Drive quality planning as strategic commissioners on what matters most, informed by feedback and focused on strategic improvements. Organisational culture is key to delivering QMS effectively and considerations in this domain include: • The integration of ICB aims and vision into everyone's daily work with an effective connection between the frontline efforts and the ICB's overarching goals/aims • Creating time and space for ICB staff to learn, grow and coach others (internally and externally) around quality management • Understanding that improvement across the ICS is a blend of large-scale improvements and local, smaller incremental changes • Focusing on the health and wellbeing of our people • Continuously supporting teamwork, and role-modelling a culture of respect, integrity, trust and open communication • Focusing on the psychological safety of everyone in the organisation, and those we interact with. Create the conditions to allow colleagues to test new ideas and ways of working without fear when something goes wrong. • Instill a coaching approach in all the ICB does, focusing on system issues, rather than individuals • Recognise, celebrate and share success. Acknowledge failure as an opportunity to learn and grow • Formally recognise the contribution all staff play in delivering quality and the principles of quality management • Engage patients, citizens and other key stakeholders in the design of services, and improving quality and care delivery • Empower, listen to, and support staff with the skills, resources and permission to improve their own work (across the ICB spectrum) and take ownership of the quality they deliver.

Method for managing quality	• Enabling the systematic application of the QMS approach within the ICB to achieve the desired outcomes, experience and value that matters most to patients, citizens, stakeholders, and staff. • Situate **quality as a catalyst for effective strategic commissioning** for the ICB

NHS Devon Contract Review Process

To support the system to deliver quality outcomes to the population of Devon, the ICB has designed a Contract Review Process to enable system leaders to **monitor, escalate,** and (where necessary) **ensure appropriate mitigation** and **remedial actions** are in place.

To support the NHS Devon process, a set of balancing quality performance metrics have been agreed, alongside a number of operational, finance, and workforce metrics. The ICB will monitor the quality performance metrics, escalating to the provider leadership team as required through these forums. The ICB suite of quality 'watch' metrics, spanning the quality domains of safety, experience and effectiveness. Data reviewed by the ICB, triangulating with data and narrative published in Board papers, published national datasets and other sources as appropriate. Outcomes of these reviews will inform key lines of enquiry between the ICB and the relevant provider, aligned to the principles set out in The Insightful Provider Board guidance and The Insightful ICB Board guidance, bringing a healthy degree of professional curiosity to discussions/interactions.

The metrics will be reviewed on a six-monthly basis to ensure continued relevance and appropriate sensitivity.

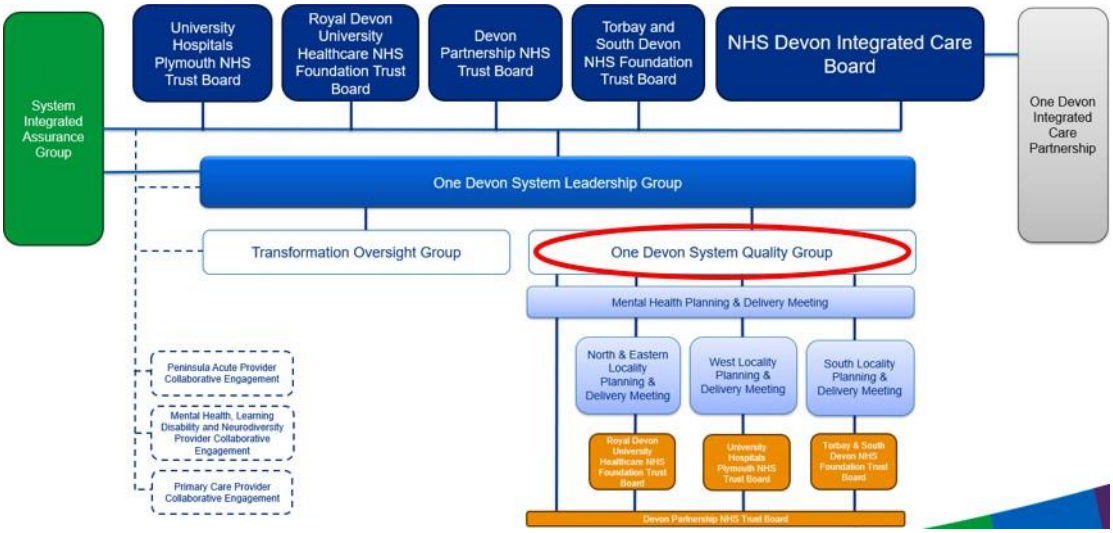
NHS Devon's underpinning Quality Governance arrangements

To support the discharge of the ICB's statutory responsibilities, NHS Devon's governance arrangements have been designed to support effective planning, oversight, and escalation of actual or potential risks to quality. As set out in the Insightful ICB Board guidance, effective quality governance enables the ICB Board to:

- ✓ be assured the organisation is meeting its statutory duties
- ✓ spot early warning signs of quality, performance or financial issues across the system
- ✓ ensure that care provided across the system is continuously improving and services meet the population's current and future needs
- ✓ stand back and consider whether the ICB's leadership, culture, systems and processes are getting the right results

The following diagrams show the arrangements within the ICB and wider ICS in relation to quality matters, separated into quality **improvement** and quality **assurance**.

Quality Improvement



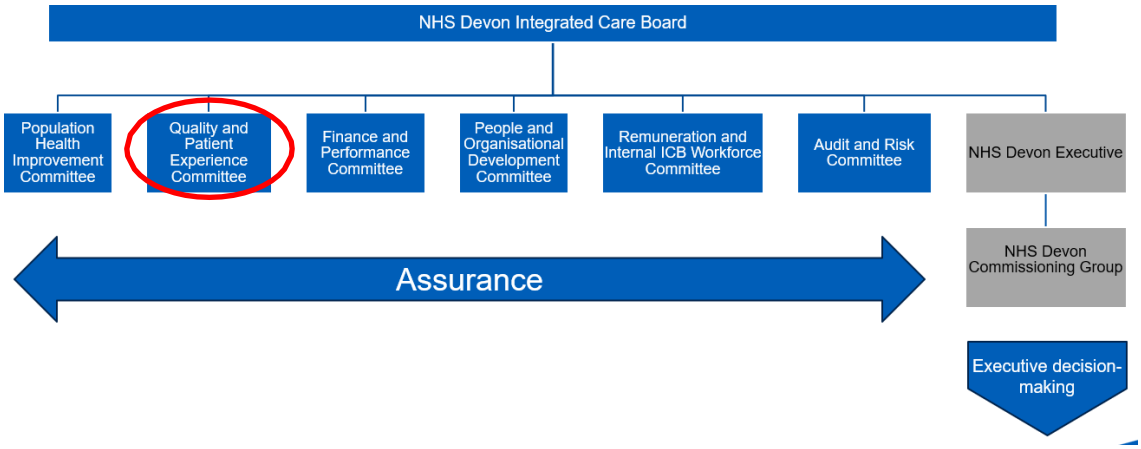
System Quality Group (SQG)
The One Devon System Quality Group (SQG) is mandated by the National Quality Board. The One Devon SQG provides an important strategic forum within the ICS at which partners from across health, social care and wider can:

- Routinely and systematically share and triangulate intelligence, insight and learning on quality matters across the Devon ICS
- Identify Devon ICS quality concerns/risks and opportunities for improvement and learning, including addressing inequalities. This includes escalating to the ICB, local authority assurance (e.g. safeguarding assurance boards) and regional NHS England teams as appropriate
- Develop Devon ICS responses and actions to enable improvement, mitigate risks (respecting statutory responsibilities) and demonstrate evidence that these plans have had the desired effect. This includes commissioning other agencies, and using ICS resources, to deliver improvement programmes/solutions to the intelligence identified above (e.g. academic health science networks (AHSNs)/provider collaboratives/clinical networks).

SQGs are not statutory bodies and will not serve as Devon ICB's formal assurance committee for quality. This will be undertaken by the NHS Devon Finance, Performance and Quality Committee (FPQC). However, SQG discussions and scheduled reports will inform the process of assurance for the ICB. The ICB will receive information and escalation from the SQG via the FPQC.

The SQG will be chaired by the ICB Chief Nursing Officer or designated deputy.

Quality Assurance



NHS Devon's Finance, Performance & Quality Committee

Purpose: To provide assurance that NHS Devon is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022.

Key responsibilities:

- Provide assurance around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect quality of care, access and outcomes under the NHS Oversight Framework 2025/26.
- Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect of the following themes under NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England: Strategic management of quality, Operational management of quality, Patient safety, Experience, Effectiveness, Safeguarding, Mental health, learning disabilities and autism.
- Provide assurance that there are mechanisms in place that enable inclusive patient feedback to influence NHS Devon planning and commissioning arrangements and subsequent provider arrangements and the arrangements for discharging NHS Devon responsibilities in relation to securing continuous improvement in the quality of services.
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively, and

timely action is taken to address areas of concern.

- Oversee and scrutinise the NHS Devon response to all relevant directives, regulations, national standards, policies, reports, reviews, and best practice as issued by regulatory bodies / external agencies to gain assurance that they are appropriately reviewed, embedded and sustained
- Oversee and seek assurance on the delivery of the NHS Devon's key statutory requirements together with the effective and sustained delivery of the NHS Devon Quality Improvement Programmes and ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.
- Scrutinise the robustness of the arrangements for and assure compliance with NHS Devon's statutory responsibilities for safeguarding adults and children; medicines optimisation and safety; and infection prevention and control.
- Review and identify themes / issues resulting from all forms of patient feedback and associated action plans.
- Receive assurance that that lessons are learned from Never Events, Serious Case Reviews, Safeguarding Reviews, domestic homicides and inquests.
- Receive assurance that people drawing on services are effectively involved as equal partners in quality activities and seek assurance as to compliance with NHS Devon's statutory responsibilities for equality and diversity for those people.
- Review and monitor those risks on the Board Assurance Framework which relate to quality, maintain an overview of changes in the methodology employed by regulators and changes in legislation / regulation.

Quality reports will be submitted by the system groups, to the ICB Finance, Performance and Quality when required. These will include assurance on the system and providers statutory responsibilities.

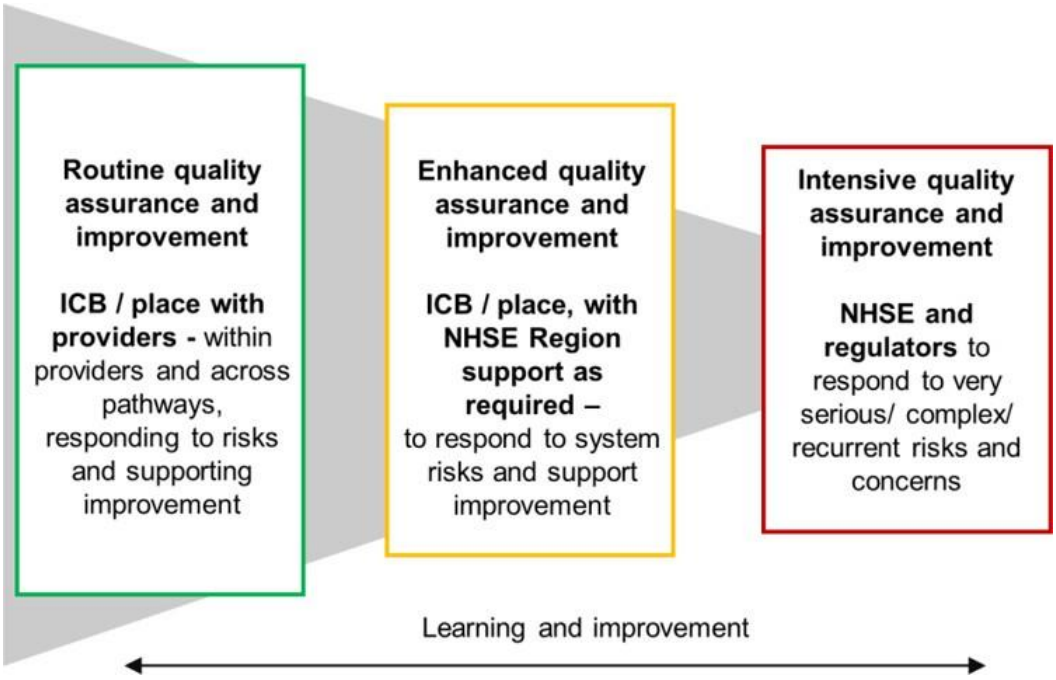
Consistent **quality indicators** will be included within each contract and will include nationally mandated standards, and locally agreed standards. These will be monitored through the Contract Review Process.

Information, both hard and soft, which is received via complaints, PALS enquiries, Quality Alerts, Patient Safety Incident Response Framework (PSIRF), safeguarding alerts and via other channels will be collated and managed through existing systems. This allows for triangulation of the information which in turn leads to the ICB Chief Nursing Officer being able to provide assurance (or instigate intervention if required) and to identify themes and trends which can be addressed, in order to drive quality improvement

Responding to actual or potential risks to quality – National Quality Board

Where actual or potential risks to quality are identified through the Devon ICB governance processes, the NQB sets out three key levels for quality risk management based on 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.



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 components shown below supports the risk response, ensuring proportionate and timely responses from system partners, aligned to the Quality Control domain of the Quality Management System:

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 • Commonly agreed metrics to measure quality and an active list of quality risks at each level. These may be agreed through the Devon 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.
Rapid Quality Review (RQR) meetings	• Meetings to rapidly share intelligence, diagnose, profile risks and develop action/improvement plans • May be stood up at short notice by NHS Devon ICB or wider partners (e.g. Local Authority, NHSE, other regulatory bodies), 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) • Outputs from RQRs are reported through SQG and upwards to Regional Quality Group (RQG)
Action / Improvement Plans	• Set out the required actions for mitigation and actions. Must include Key Performance Indicators (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 will 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 Program the relevant System Improvement Director (system) or Improvement Director (trust) must be consulted
Quality Improvement Groups (QIGs)	• Set up to plan, co-ordinate and facilitate the delivery of the required changes / improvement. These may be standalone groups or integrated into wider improvement / assurance processes (e.g. NHS Oversight Framework) • A Quality Improvement Group (QIG) may follow an initial RQR process

NHS England's 2025/26 priorities and operational planning guidance reiterates that an NHS Quality Strategy is in development, setting out how the NHS will listen to, learn from and work with patients, carers and communities to drive improvements in experience and reduce inequalities. This handbook will be reviewed and updated once the national strategy is published.

It is therefore noted that the guidance referenced in this handbook is subject to change and therefore the NHS Devon Quality Management Handbook will be kept under review at six-monthly intervals to ensure the content is contemporary.

January 2026

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