

NHS GM Single Improvement Plan

17 July 2024



NHS GM Integrated Care Board

The benefits that the population of Greater Manchester will experience by April 2025	Improvements in leadership, performance, financial sustainability and quality across health and care in GM.		
How health inequalities will be reduced between Greater Manchester's local people	Reducing health inequalities will be a key focus in developing and implementing the improvement		
and communities	plan. A health inequalities representative has a		
	key role in the governance arrangements to ensure this is addressed.		
The decision to be made and/or input sought:	2.12.4.12.4.12.4.12.4.12.4.12.4.1		

The decision to be made and/or input sought:

- Support the initial focus on delivering against the grounds for the undertakings and the intention to build on this in phase 2 by embedding change and continuous improvement.
- Agree to the four pillars of the improvement plan and the priorities identified within each in response to the grounds for the undertakings.
- Agree delivery arrangements for the improvement plan.

How this supports the delivery of the strategy and mitigates the BAF risks	Delivery against the enforcement undertakings is a key risk in the BAF. This improvement plan is essential to ensuring the undertakings are delivered and the risk is mitigated.	
	The programme of work will also focus on improved service provision against key constitutional standards. These are also risks set out in the BAF.	
Key milestones	Fortnightly meetings of the NHS GM System Improvement Team will have oversight of delivering the improvement plan. Highlight reports will be taken on a monthly basis to the NHS GM System Improvement Board and reported to NHSE for assurance.	
	Detailed milestones for each action in the improvement plan have been identified.	
	Delivery of the overall improvement plan is likely to be over a 12 to 18 month period.	
Leadership and governance arrangements	Chief Executive SRO leadership. NHS GM System Improvement Board in place to oversee delivery, with representation from across the system. NHS GM System Improvement Team with representation from across the GM system established to deliver detail of the improvement	



	plan. Executive leads and leads from the System Improvement Team identified for each of the four pillars of the improvement plan.
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Public	Clinical	Sustainability	Financial advice	Legal advice	Conflicts of
engagement	engagement	impact			Interest
N	N	N	Υ	N	N

Executive summary including key messages:

NHS England have issued enforcement undertakings to NHS GM. This is being formally reported to the ICB Board on 17 July 2024.

Since May the GM ICB has been working on the development of a detailed improvement plan to support the response to the enforcement undertakings issued by NHS England.

The Improvement plan consists of four pillars:

- Leadership and governance
- Performance and assurance
- Financial sustainability
- Quality

The priority areas set out within the plan have been shared across GM to ensure wide input, engagement and ownership of the content.

Robust governance arrangements and programme infrastructure have been put in place to ensure oversight and delivery of the plan.

Delivery of the improvement plan will create the platform for further transformation and continuous improvement allowing the ICB to move to the second phase of embedding change.



1.0 Background

- 1.1 NHS England has identified reasonable grounds to suspect NHS GM is failing or has failed to discharge some of the ICB functions as set out in the Health and Care Act 2006. The GM ICB will be asked to adopt the enforcement undertakings at its board meeting on 17 July 2024.
- 1.2 Since May the ICB has been developing an improvement plan to respond to the grounds for the undertakings. This is structured around the four pillars against which NHS England is looking for additional assurance:
 - Leadership and governance
 - Performance and assurance
 - · Financial sustainability and
 - Quality
- 1.3 The improvement plan is the start point of a continuous improvement journey to ensure the GM ICB is 'Fit for the Future'.
- 1.4 The draft improvement plan has been shared with NHS England as part of ongoing assurance processes. NHS England are supportive of the content and focus of the plan.
- 1.5 Appendix A contains a representation of the NHS GM improvement plan on a page.

2.0 Governance and oversight of the GM Improvement Plan

- 2.1 The GM ICB Board will have overall accountability for the implementation of the improvement plan and assurance to NHS England.
- 2.2 Specific governance has been established to support the response to the enforcement undertakings process. This includes:
 - SRO GM ICB Chief Executive
 - GM System Improvement Board with system representation and oversight of the development and implementation of the improvement plan, ensuring it drives desired improvements across all pillars
 - GM System Improvement Team system representatives with operational responsibility for delivering the actions within the improvement plan
- 2.3 These arrangements are temporary and will be stood down as the ICB comes out of the enforcement undertakings process.
- 2.4 NHS England have established monthly meetings with GM ICB to update on delivery against the grounds for the undertakings.

3.0 NHS GM Single Improvement Plan

3.1 Each of the four pillars of the improvement plan has an allocated lead Executive from the GM ICB. Working alongside them are two leads from the GM System Improvement Team. This team



draws together expertise and capacity from across GM health and social care organisations to ensure the plan is developed in collaboration.

- 3.2 The plan has been established in two stages:
 - 1. A detailed assessment of current position against the grounds for the undertakings
 - 2. Identifying actions to address the gaps and drive required improvement.
- 3.3 The resulting plan priorities within each of the pillars is set out below:

Leadership and Governance

- Deliver recommendations from leadership and governance review
- Implement the Good Governance Institute well led review
- Undertake gap analysis on our capability to work as a system
- Develop and implement system owned culture, values and beliefs

Performance and Assurance

- Stress testing the system and provider operational plans
- Identifying drivers of performance and implementing plans to address them
- Developing sustainable services for the future
- Identify and spread best practice and minimum standards of delivery

Financial Sustainability

- Robust assurance and oversight on delivery of annual financial plan
- Transition into an effective Finance and Performance Recovery process
- Develop three year plan to address underlying financial deficit position
- Clarify system commissioning intentions and implement

Quality

- Implement robust approach to provider oversight
- Align GM system and locality assurance processes
- Develop and implement approach to clinical quality and improvement
- Implement a comprehensive GM approach to patient safety
- Independent external challenge from Health Innovation Manchester and the Good Governance Institute has been invited on the priorities and content of the plan to ensure it addresses the grounds for the undertakings as set out by NHS England.
- 3.5 It is anticipated implementation of the improvement plan is likely to be a 12-to-18-month period. During this time the changes made will provide a stable platform from which further continuous improvement can be achieved.
- 3.6 Completion of the actions within the improvement plan will require sign off by NHS England through the monthly assurance meetings. The ICB is committed to taking an evidence-based approach to completion of actions. Evidence will be signed off through the relevant existing GM governance group and made available to NHS England to ensure it covers the specific element



of the grounds for undertakings it is intended to address. This approach to sign off is supported by NHS England.

4.0 Next steps

- 4.1 The next steps for the single improvement plan are:
 - Establishment of clear and agreed outcomes statements and metrics to measure change.
 These will ensure delivery of agreed actions will have a clear and measurable impact on improvement.
 - Establishment of a highlight report that will be reported to the GM ICB Board on a regular basis to demonstrate delivery of actions, mitigation of risk and changes in performance.
 - The highlight report will also be used to escalate any requirements of the ICB Board itself.

5.0 Recommendations

- 4.1 The NHS GM Integrated Care Board is asked to:
 - Support the initial focus on delivering against the grounds for the undertakings and the intention to build on this in phase 2 by embedding change and continuous improvement.
 - Agree to the four pillars of the improvement plan and the priorities identified within each in response to the grounds for the undertakings.
 - Agree delivery arrangements for the improvement plan.

Appendix A: NHS GM Improvement Plan on a page

Priorities for 2024/25:

- Leadership and governance: Delivering recommendations from the leadership and governance and Good Governance Institute well led reviews, undertaking gap analysis on capability to work as a system and developing and implementing system owned culture, values and beliefs.
- Performance and assurance: Stress testing current operational plans, Identifying drivers of performance and address them, developing sustainable services for the future, implementing best practice and minimum standards of delivery.
- Financial Sustainability: Robust assurance and oversight on delivery of annual financial plan, transition into an effective ICB FPRM process, develop three year plan to address underlying financial deficit position and clarify system commissioning intentions.
- Quality: Implement robust approach to provider oversight, align GM system and locality assurance processes, develop and implement approach to clinical quality and improvement and implement a comprehensive GM approach to patient safety.

Risks to the priorities:

- Capacity to deliver right capacity not in place to deliver and provide oversight to the undertakings process and implementation of the single improvement plan
- System ownership lack of system ownership to drive collective improvement across GM
- ICB Financial position reduced ability to invest and drive transformational change due to system financial position
- Cost Improvement Plans Changes required to deliver the CIPs will impact on ability to deliver outcomes
- Interdependencies Not recognising the interdependencies between the pillars and being able to make strategic decisions on how these are prioritized could impact on delivery.

Context driving the priorities

NHS GM is failing or has failed to discharge its statutory functions as set out in the National Health Service Act 2006. In particular functions relating to: Leadership, performance, financial and quality.

Successes:

- ✓ Governance: System governance in place to deliver against the requirement of the undertakings and informed CQC.
- ✓ System leadership: Executive level ownership and leadership
- ✓ Rapid review of current position: Rapid review of current position undertaken providing clear gap analysis
- ✓ Single improvement plan: Improvement plan developed with system wide input to deliver the agree priorities and is supported by NHS England through System Improvement Board and quarterly assurance meetings

Future plans: Phase 2 transformation

- Phase 1 of the plan will deliver against the requirement of the grounds for undertakings
- · Phase 2 embedding robust processes to ensure continuous improvement