

## **Greater Manchester Joint Health Scrutiny Committee**

Date: 10 December 2024

Subject: Update on the NHS Greater Manchester Single Improvement Plan

Report of: Sir Richard Leese, Chair, NHS Greater Manchester, Integrated Care Board (ICB)

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### **Purpose of Report:**

This report provides an update on the development of the NHS Greater Manchester Single Improvement Plan and progress to date against the delivery of the Plan .

### **Recommendation:**

The GM Joint Health Scrutiny Committee is requested to note:

- The application of enforcement undertakings on NHS Greater Manchester and their acceptance by the NHS GM Integrated Care Board
- The response of NHS GM and the arrangements that have been put in place to ensure the delivery and sustainability of the actions required as set out in the enforcement undertakings, noting the foundation of the Single Improvement Plan at the heart of these arrangements
- The progress to date of the Single Improvement Plan
- The mechanisms by which NHS GM will continue to oversee the progress against plan, and the 6 month review in conjunction with NHSE in January 2025

### **Contact Officers:**

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## **1.0 BACKGROUND**

- 2.1. At the start of 2024/25, NHS England identified reasonable grounds to suspect that NHS Greater Manchester (NHS GM) was failing – or had failed – to discharge some of the Integrated Care Board (ICB) functions as set out in the National Health Service Act (2006). In line with their regulatory duties, NHSE requested that the ICB accept direct undertakings to support improvement.
- 2.2. NHS England issued NHS GM with enforcement undertakings setting out the grounds for this decision and clear requirements for changes required within a range of areas.
- 2.3. NHS GM Integrated Care Board formally accepted these enforcement undertakings at its public board on 17<sup>th</sup> July.
- 2.4. Work had already commenced within the ICB on the development of improvements against the grounds for the undertakings. The NHS GM Single Improvement Plan sets out the actions required by the system to deliver the improvements required to allow NHS GM to exit the enforcement undertakings within an appropriate timeline.
- 2.5. This paper sets out the programmes of work within the Single Improvement Programme, describes progress to date and outlines how the programme is being governed in order to allow the Joint Health Scrutiny Committee to be assured that the mechanisms are in place to deliver the improvements required in the interests of the citizens of Greater Manchester.

## **2.0 ENFORCEMENT UNDERTAKINGS**

2.6. In identifying the grounds to suspect that NHS was failing to discharge some of the ICB functions as set out in the Health and Care Act (2006), the Regional Director set out in a letter to the ICB an assessment of these grounds and the key areas action was required to be taken. These were:

- Leadership and Governance
- Financial Planning
- Performance Assurance
- Quality of Care

**Appendix A** sets out the letter in full.

2.7. NHS GM was required to establish governance arrangements and provide sufficient programme management capacity to enable delivery of the requirements within the Undertakings

2.8. The NHSE Provider Oversight Assurance Framework clearly sets out the expectations and impact for compliance against the enforcement undertakings. Failure to comply with the requirements of the undertakings will result in further formal action being taken by NHS England

2.9. NHS GM Board formally accepted the enforcement undertakings at the Public Board on 17<sup>th</sup> July

## **2.0 NHS GM SINGLE IMPROVEMENT PLAN**

2.1. NHS GM has developed the delivery arrangements, through an appropriately resourced Improvement Plan to ensure delivery arrangements are in place to secure a robust response to the enforcement undertakings. This consists of:

### **Governance**

The NHS GM ICB Board is accountable for the oversight and delivery of the System Improvement Plan

An NHS GM System Improvement Board, chaired by the NHS GM Chief Executive with system wide representation, provides assurance to the NHS GM ICB Board.

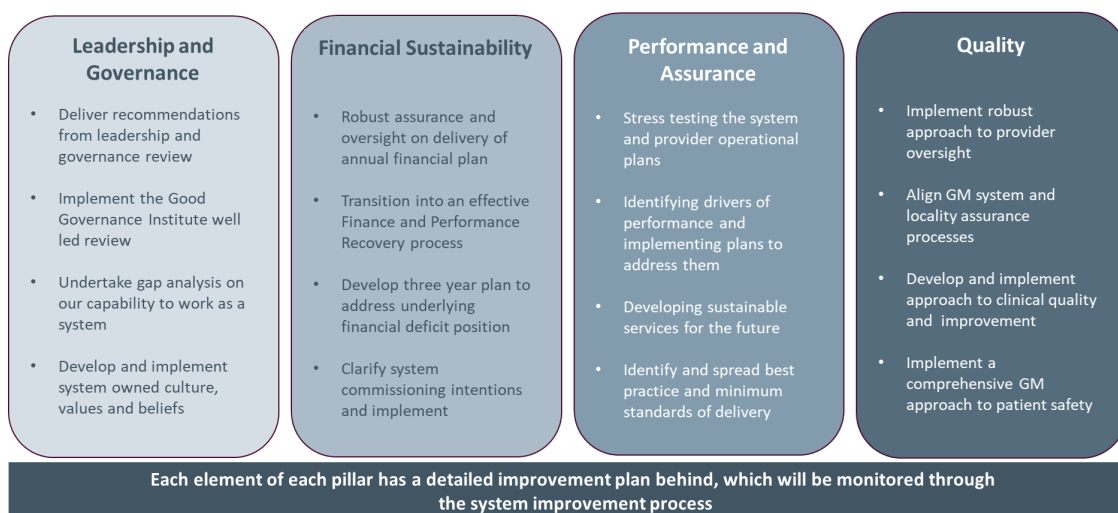
An improvement team has been established based around four programme pillars reflecting the four key areas set out in the undertakings. These draw on the existing expertise across the system. The improvement team reports into the NHS GM System Improvement Board

## **Improvement Plan**

This includes a detailed assessment of required actions against the grounds for undertakings

The diagram below sets out the structure and headline content of the plan. A large print version is available as **Appendix B**

### **Improvement Plan – 4 Pillars**



The Single Improvement Plan incorporates a detailed project plan for each pillar to address all required actions with key milestones, owners and risks identified

The plan will be delivered in two phases – the current phase which focuses on the delivery of action with phase 2 demonstrating the embedding and sustainability of the changes.

## **Dedicated Support**

Initial programme support has been established from within existing resources to ensure the delivery of the plan. Pillar leads have been drawn from the most appropriate system expertise

A dedicated role, Chief Officer for System Improvement, has responsibility for delivery of the Single Improvement Plan. This role was recruited to in September 2024

### 3.0 PROGRESS AGAINST PLAN

- 2.1. It is anticipated that the implementation of the improvement plan and subsequent delivery of the four key areas for action is likely to be a 12 to 18 month period. An initial 6 month review of progress is scheduled for completion in conjunction with NHSE in January 2025
- 2.2. The latest NHS GM System Improvement Board (25<sup>th</sup> November, 2024) noted significant progress against the four key pillars as set out in the diagram below. A large print version is available as **Appendix C**



**Complete** All element of the actions have been delivered and evidence is in place to give assurance of this position  
**On track** Action will be delivered and completed by the agreed delivery date  
**Behind** Actions is off track but could still be delivered within the agreed date with additional focus  
**Off track** Action not likely to be delivered by agreed deadlines and it is not possible to get this position back on track even with additional focus

- 2.3. The key risks to the successful implementation of the Single Improvement Plan, whilst currently being mitigated through the action plans, remain the ability to deliver a three year plan that addresses the underlying deficit and the ability of the system to deliver the required improvement in operational performance. The actions of the Single Improvement Plan are designed to address these areas.

## **4.0 RECOMMENDATIONS**

The GM Joint Health Scrutiny Committee is requested to note:

- The application of enforcement undertakings on NHS Greater Manchester and their acceptance by the NHS GM Integrated Care Board
- The response of NHS GM and the arrangements that have been put in place to ensure the delivery and sustainability of the actions required as set out in the enforcement undertakings, noting the foundation of the Single Improvement Plan at the heart of these arrangements
- The progress to date of the Single Improvement Plan
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## .APPENDIX B: SINGLE IMPROVEMENT PLAN – PLAN ON A PAGE

### Improvement Plan – 4 Pillars

#### 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

#### 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

#### 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

#### 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

Each element of each pillar has a detailed improvement plan behind, which will be monitored through the system improvement process



APPENDIX C: PROGRAMME HIGHLIGHT REPORT SUMMARY

## Overall Position on delivery of actions by pillars

Grounds	Leadership and Governance	Financial Sustainability	Performance and Assurance	Quality
Improvement Plan	Deliver the recommendations from the leadership and governance review	Robust assurance and oversight on delivery of annual financial plan	Stress testing the system and provider operational plans	Implement robust approach to provider oversight
	Implement the Good Governance Institute well led review	Transition into ICB FPRM process	Identifying drivers of performance and implementing plans to address them	Align GM system and locality assurance processes
	Undertake gap analysis on our capability to work as a system	Develop three year plan to address underlying financial deficit position	Developing sustainable services for the future	Develop and implement approach to clinical quality and improvement
	Develop and implement system owned culture, values and beliefs	Clarify system commissioning intentions and implement	Identify and spread best practice and minimum standards of delivery	Implement a comprehensive GM approach to patient safety

- Complete** All element of the actions have been delivered and evidence is in place to give assurance of this position
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