To: The Board

For meeting on: 30 September 2015

Agenda item: 10

Report by: Helen Buckingham, Chief of Staff

Report on: Progress with establishment of NHS Improvement

1. As the Board is aware, NHS Improvement will bring together Monitor, the NHS Trust Development Authority (NHS TDA), the Patient Safety function from NHS England, the Advancing Change Team from NHS Improving Quality, and the Intensive Support Teams from NHS Interim Management and Support (NHS IMAS) to make a single integrated enterprise. It will be a concentration of healthcare transformation, regulatory and patient safety expertise with the resources and the mandate to work right across the NHS, with all kinds of providers and commissioners - sometimes as individual organisations, but increasingly in combinations as networks and whole health economies.

2. The principal focus for NHS Improvement will be to drive and support both urgent operational improvement at the frontline and the long term sustainability of the healthcare system, working collaboratively with partners to achieve this. Alongside that, NHS Improvement will be the health sector regulator. While recognising and celebrating our diversity, everyone at NHS Improvement will share a single set of values and behaviours centred on providing the healthcare system with support, development and constructive challenge.

3. The attached slides set out the programme structure which has been established in order to make this vision a reality. Our plan is to build on the achievements of all the successful organisations and functions being brought together as NHS Improvement. We are proposing to move at pace to achieve an ambitious timetable which will enable NHS Improvement to be operational by April 2016.

4. To achieve the integration of people, resources and responsibilities in a phased manner up to April and beyond, a joint working group made up of senior leaders from all the organisations involved and a full time Integration Director will run the programme. All staff across Monitor, TDA and relevant teams in NHS England will have the opportunity to be involved, whether directly working on a particular project or through consultation and engagement. We will also be working closely with key partners across the NHS, and with representative bodies such as NHS Providers and the NHS Confederation.
5. The programme will be overseen by a Steering Group made up of senior executives from Monitor, TDA and functions transferring from NHS England, which will be chaired by Ed Smith.

6. The Board is asked to note this update.

Helen Buckingham
Chief of Staff
Public Sector Equality Duty:

Monitor has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

As this report is for information, it is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Exempt information:

None of the information in this report is exempt from publication under the Freedom of Information Act 2000.
The steer from the Department of Health about NHS Improvement’s role

- **Support providers to improve the quality and efficiency of services**, in particular:
  - enable as many providers as possible to achieve “Good” or “Outstanding” CQC ratings and ensure there are no providers in special measures
  - support the alignment of patient safety priorities across the healthcare system and focus on the reduction of harm for all those in NHS funded care
  - support significant improvements in provider productivity as a core component of meeting the £22 billion challenge
  - support the development of more, more effective and better supported Boards and leaders
  - support providers to deliver effective, locally-owned improvement methods; increasing scope for the identification and promulgation of good/best practice
  - support providers to deliver sustainable performance standards, maintain financial control and demonstrate high standards of governance, while engaging effectively with staff and stakeholders.

- **Support the changes to the structure and form of providers** which will enable quality and productivity improvement, embracing and enabling the new care models set out in the Five Year Forward View.

- **Through high levels of collaboration with NHS England and other system partners**, will
  - ensure the payment system promotes quality and efficiency across health economies
  - ensure the rules governing procurement, choice and competition operate to incentivise system behaviours which are in the best interests of patients
  - take a health economy wide approach to ensuring sustainable healthcare services.
Work stream leads and counterparts

This is currently being reviewed to ensure colleagues from the functions and teams joining from NHS England are appropriately represented.

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<th>Work stream</th>
<th>Lead</th>
<th>Counterpart</th>
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<td>Culture and Values</td>
<td>Helen Buckingham, Chief of Staff, Monitor</td>
<td>Rob Checketts, Director of Communications, NHS TDA</td>
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<td>Organisational Design</td>
<td>Ralph Coulbeck, Director of Strategy, NHS TDA</td>
<td>Philippa Harding, Director of Operations and Performance (Provider Regulation), Monitor</td>
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<tr>
<td>Infrastructure: Estates</td>
<td>Liz Dimond, Head of Assurance, NHS TDA</td>
<td>Fiona Knight, Executive Director of Organisational Transformation, Monitor</td>
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<td>Infrastructure: IT and Integrated Information Systems</td>
<td>Peter Sinden, Chief Information Officer, Monitor</td>
<td>Iain Wallen, Director of Information and Analytics, NHS TDA</td>
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<td>Legal &amp; Governance</td>
<td>Kate Moore, Executive Director of Legal Services, Monitor</td>
<td>Lynne Burgess, Senior Governance Manager, NHS TDA</td>
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<td>HR</td>
<td>Fiona Knight, Executive Director of Organisational Transformation, Monitor</td>
<td>Maria Robson, Head of HR, NHS TDA</td>
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<td>Transfer of new functions</td>
<td>Maria Robson, Head of HR, NHS TDA</td>
<td>Fiona Knight, Executive Director of Organisational Transformation, Monitor</td>
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<td>External Engagement</td>
<td>Jeremy Mooney, Executive Director of Strategic Communications, Monitor</td>
<td>Rob Checketts, Director of Communications, NHS TDA</td>
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<td>Internal Finance</td>
<td>Elizabeth O Mahony, Finance Director, NHS TDA</td>
<td>Jason Dorsett, Director of Financial Risk and Reporting, Monitor</td>
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High level timetable for establishing NHS Improvement

**Critical path**
- Core structure and methodology design
- Establishment of new leadership arrangements

**Design**
- Structure, governance and resourcing
- Values and behaviours developed
- Single oversight and support system (by April 2016)

**Transition**
- Transition of new functions
- Early integration opportunities
- HR/IT/Estates: planning

**Implement**
- Oversight system finalised
- Staff transition process

**‘Live’**
- NHS Improvement in operation
- Ongoing integration process
- HR / Estates and IT: implementation
- 2016/17 planning guidance issued to trusts and foundation trusts

Enablers
- Core business, and staff and stakeholder engagement continue throughout the process