Northern Care Alliance
NHS Foundation Trust

Meeting	Board of Directors
Paper Title	**Integrated Improvement Plan**
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Presented by	Juliette Cosgrove, Chief Nursing Officer
Date	Wednesday, 4 November 2026
Recommendations	**The Board of Directors is asked to:** **1. review and receive the draft Integrated Improvement Plan (IIP) (Appendix 1), noting that the IIP will be further refined and presented to the Board of Directors in January 2027 for approval.** **2. note the progress that has been made on: IIP programme mobilisation; IIP development; assurance, reporting and governance; and engagement and communications.**
Which NCA Ambition(s) does this support?	The report supports the following NCA Ambitions: • Improving Population Health in all our places, working with partners • Caring for and Inspiring our People • Improving Quality - Safety, Experience and Outcomes • Improving Performance – meeting and exceeding standards • Supporting Social and Economic Development in all our Places • Financial sustainability – of NCA and our Places
Where has this paper been reviewed?	The IIP progress has been discussed at Exec Directors and at the Integrated Improvement Board (IIB) on 27 October, but this paper has not been reviewed previously.
Impact of the requirements of the protected groups identified by the Equality Act?	An EQIA will be completed as required by each of the 16 programmes. Equality, diversity and inclusion considerations will continue to be reflected throughout the development and delivery of the programme.
Freedom of Information Status	Public
Link to Board Assurance Framework Risks	All BAF risks.

Integrated Improvement Plan

1. Introduction

1.1. The Integrated Improvement Plan (IIP) is a strategic initiative designed to enhance the quality, efficiency, and sustainability of healthcare services. It provides a structured framework for driving improvement by bringing together multiple improvement initiatives under one cohesive framework and is overseen by the Board of Directors. The IIP identifies the key challenges facing the organisation, sets out the actions required to address them, and defines measurable outcomes to track progress and impact.

1.2. The IIP is a three-year plan made up of six themes with the aim of:

- **Year 1:** Stabilising immediate safety and regulatory risks, strengthen governance and assure delivery.
- **Year 2:** Optimising performance, embed consistent ways of working, strengthen accountability, and deliver measurable improvements across all themes and programmes.
- **Year 3:** Transforming organisational capability, culture and outcomes, embedding sustainable improvement and delivering long-term strategic change.

1.3. In Year 1, sixteen programmes have been identified under the six themes. In the first year, the focus is on stabilising the immediate safety and regulatory risks relating to: CQC Section 29A – October 2024 (Continuous Flow); CQC Section 29A – October 2025 (Salford Surgery); NHSE Undertakings – June 2026 (Spinal, Gynaecology, Quality Governance, Reporting & Assurance) and CQC Well-Led 29A – August 2026 (Risk Management, Patient Safety, Complaints, Freedom to Speak Up, Workforce Wellbeing / EDI).

1.4. The current draft of the IIP is included at Appendix 1 to this paper.

1.5. This paper provides an overview of the proposed governance and structured assurance approach for oversight of the IIP. It also outlines the IIP stakeholder engagement plan and provides an update on progress made to develop the IIP and its associated infrastructure.

2. Governance approach

2.1. The Integrated Improvement Board (IIB) will be the principal executive-led forum for oversight of the IIP. It will meet monthly and will be chaired by the Chief Executive and comprise Executive Directors, programme Senior Responsible Owners and Subject Matter Experts as required. It will be underpinned by robust programme architecture to ensure delivery of the programmes of work. The Change Portfolio Board, the existing forum for oversight of delivery of the NCA's major change programmes, will move to a quarterly cadence.

2.2. Reporting will be standardised, exception-based and principally assurance-focused. Assurance will flow from operational teams and workstreams, through defined programme governance, to the IIB. The IIB will review aggregate assurance, resolve cross-organisational barriers and escalate matters requiring collective executive decision.

2.3. The Board of Directors retains direct oversight and accountability of the IIP with the existing Board Committee structure being utilised for assurance and scrutiny.

3. Assurance framework

3.1 A structured assurance approach will support oversight of the IIP, providing a consistent basis for assessing progress against defined assurance criteria (outcomes), evidence requirements (outputs) and success measures (SMART Key Performance Indicators) at a programme and theme level.

3.2 The Integrated Improvement Assurance Framework establishes a consistent approach for determining whether the IIP is delivering the improvements and outcomes expected by the Board and regulators. Importantly, the framework is designed as an outcome-focused approach which tests whether improvement has actually been achieved, evidenced, embedded and sustained as well as the level of confidence that assurance criteria (outcomes) can be achieved by the target date.

3.3 It also defines the framework for evaluating confidence in delivering outcomes via: first line assurance, providing an overall assessment generated by individual programmes, and second line assurance, an independent assessment by the NCA's Portfolio Assurance Office. A common assurance scale from Low through to Full Assurance and transfer to business as usual will provide a consistent assessment of both demonstrated improvement and confidence in achieving the required outcomes.

3.4 Regulatory requirements, including Care Quality Commission (CQC) Section 29A Warning Notices, NHS England Undertakings and Good Governance Institute (GGI) recommendations, are mapped directly into the relevant IIP programmes so that regulatory compliance forms part of the evidence of successful improvement rather than operating as a separate process.

4. Stakeholder engagement plan

4.1 The NCA is committed to making sure the IIP delivers real, lasting change. The engagement strategy sets out how we will involve all our stakeholders, including colleagues, patients, communities and place partners to create a plan that reflects what matters to them and the improvements they need to see. This means listening to their experiences and ideas, welcoming questions and challenge, and using their feedback to shape both the plan and the action we take. Through regular conversations, clear updates and local partnership and scrutiny meetings, we will show how people's views have influenced the plan, share progress and be open about the challenges that remain.

5. Progress Update

5.1 Significant progress has been made in developing the NCA's integrated improvement approach. This is outlined below:

Integrated Improvement Plan

5.2 A core delivery team has been mobilised to rapidly progress the IIP. The team will be expanded as required, drawing on additional expertise where needed.

5.3 The six themes and sixteen programmes have been further developed to review and confirm status, governance and infrastructure, programme development and identify any gaps or support required to accelerate progress.

5.4 A draft of the IIP has been developed (Appendix 1) and will be further refined following engagement with colleagues and stakeholders before being finalised and approved.

Assurance, reporting and governance

5.5 An Integrated Improvement Assurance Framework has been developed in conjunction with NHS England and is being populated with the programme level assurance criteria (outcomes), evidence (outputs) and success measures.

5.6 This will be used by the IIB, Board of Directors and System Improvement Board (SIB) to provide assurance and evidence of improvement.

5.7 The framework for evaluating IIP delivery confidence via first line assurance has been defined and a framework for second line assurance by which delivery confidence will be independently assessed by the NCA's Portfolio Assurance is being developed.

5.8 A template for an Integrated Improvement Assurance Report has been developed in conjunction with NHS England.

5.9 The first IIB took place on Tuesday 27 October.

5.10 Governance architecture designed including mapping of IIP themes to existing executive-led management forums for oversight at a theme level and mapping to Board sub committees for assurance and scrutiny.

Engagement and communications

5.11 First and second edition of the System Improvement Board briefing shared with stakeholders and being presented at Oldham Bury, Rochdale and Salford Integrated Care Partnership Committees (Locality Boards).

5.12 Paper on approach to IIP engagement presented at Oldham Bury, Rochdale and Salford Locality Boards.

5.13 Engagement strategy developed and shared with the Place Partnership Directors to agree and join up approach.

6. Conclusion

6.1 Good progress has been made in developing and mobilising the IIP and its associated approach to delivery and assurance, with governance arrangements established, programmes defined, and stakeholder engagement underway. The IIP provides a clear framework for delivering priority improvements, with an initial focus on addressing immediate regulatory, quality and performance requirements. The plan will continue to be refined ahead of final approval, providing a structured and coordinated approach to delivering sustainable improvement across the organisation.

7. Recommendations

7.1 The Board of Directors is asked to:

- review and receive the draft Integrated Improvement Plan (IIP) (Appendix 1), noting that the IIP will be further refined and presented to the Board of Directors in January 2027 for approval.
- note the progress that has been made on: IIP programme mobilisation; IIP development; assurance, reporting and governance; and engagement and communications.