

**Greater Manchester Integrated Care Board
Finance Committee**

AGENDA

26 January 2023

14:00-15:30

Microsoft Teams Meeting

Chair – Kal Kay

Item	Note	Action Required	Time	Lead	Papers
	PART A (PUBLIC)				
1.	Introductions and Apologies Apologies: Mandy Philbin, Sue Bailey, Steve Dixon Attendance Matrix	Noting For Information	14:00	Chair	Item 1
2.	Declarations of Interests/ Conflicts of Interests	Noting	14:00	All	
3.	Minutes of December Meeting (PUBLIC)	Approval	14:00	Chair	Item 3
4.	Action Log	Approval	14:05	Chair	Item 4
5.	GM Month 9 Financial Position	Approval	14:15	JM	Item 5
6.	Ockenden Funding 2022/23	Approval	14:25	KR	Item 6
7.	Estates Update	Noting	14:35	JLa	Item 7
8.	Finance Recovery Update incl Finance Recovery Committee	Noting	14:45	KR	Verbal
9.	Approach to Financial Planning 2023/24	Noting	15:05	SK	Presentation
10.	Work Plan	Information	15:15	Chair	Item 8
11.	Any new risks identified	Approval	15:20	Chair	
12.	Any Other Business	Discussion/Noting	15:25	All	
13.	Date and Time of Future Meeting 23 rd February 2023 - 9:30-11:00	Noting	15:30	Chair	

Minutes

NHS Greater Manchester Integrated Care Finance Committee

Date: Thursday 22nd December 2022

Time: 3.00pm - 4pm

Venue: Microsoft Teams

MEMBERS:		
Kal Kay	KK	Non-Executive Director, Finance Committee Chair
Mark Fisher	MF	Chief Executive
Manisha Kumar	MK	Chief Medical Officer
Paul Dennett	PD	Local Authority Partner Chair, Integrated Care Partnership
Sue Bailey	SB	Non-Executive Director
Steve Dixon	SD	Chief Delivery Officer
Vish Mehra	VM	GP/Partner Member
IN ATTENDANCE:		
Kathy Roe	KR	Deputy Chief Finance Officer
Jackie Murray	JM	Chief Finance Officer – GMSS
Stephen Kennedy	SK	Financial Strategic Lead
Anthony Bunting	AB	Minute Taker
APOLOGIES:		
Sam Simpson	SS	Chief Finance Officer
Ben Galbraith	BG	Finance Programme Director
Mandy Philbin	MP	Chief Nurse
Izhar Chaudhary	IC	Associate Chief Finance Officer, Finance Governance Lead

Item No	Item
PART B (PUBLIC)	
1.	<p>Introductions and Apologies (Chair)</p> <p>KK welcomed everyone to the meeting.</p> <p>Apologies were received from: Sam Simpson, Mandy Philbin, Ben Galbraith and Izhar Chaudhary.</p> <p>Action: Once the minutes are completed, the recordings of the meetings should be deleted (AB).</p> <p>Attendance Matrix This was for information.</p>

2.	<p>Declarations of Interest/Conflicts of Interest (All)</p> <p>No declarations or conflicts of interest were declared.</p>
3.	<p>Minutes of the Previous Meeting (Part A)</p> <p>Minutes of the meeting held on the 24th November 2022 were presented for sign off.</p> <p>GM ICB Finance Committee <i>APPROVED</i> the minutes from November's meeting.</p>
4.	<p>Action Log (Chair)</p> <p>Action 1 SD Social Value Framework is being taken forward through Population Health Board. SD to double check procurement policy and then advise if this can be marked as complete.</p> <p>Action 14 KK confirmed that there is now a forum in place for the chairs of committees and executive to meet. KK advised that this action should now be marked as complete.</p> <p>Action 15 KR will look to SK to pull together a brief position statement on which funding has been received for the pay award and the pressures we are facing.</p> <p>Action 17 & 18 KK advised that this action is now complete.</p> <p>GM ICB Finance Committee <i>APPROVED</i> the Action Log.</p>
5.	<p>GM Month 8 Financial Position (Jackie Murray)</p> <p>JM informed the Committee that GM ICS is reporting a deficit of £78.1m against planned deficit of £11.3m, being a year-to-date adverse variance of £66.m, which is an improvement of £8.7m due to improved efficiencies across both NHS GM ICB and the GM providers. The shortfall is mainly driven by delays in delivery of the efficiency savings programme along with some activity-based pressures.</p> <p>JM informed the Committee that the forecast position is still breakeven, and we continue to analyse the level of risk associated with actually delivering this by year end. JM added that significant work across the system to produce financial recovery plans and as a result of this gross risk has reduced to £130.8m. In terms of the gross risk, mitigations have been identified and worked on and this would reduce the risk to a net risk to £60.1m</p> <p>KK noted that the forecast is breakeven, and asked that at what point do we think we might have to change the forecast and what is the implication of this. KR advised that although the national guidance recommends Month 9 as being a final review point for changing forecast, we are still analysing and assessing the finance recovery plans recently received and therefore could justifiably argue whether or not to consider this at a later point in time if appropriate.</p> <p>GM ICB Finance Committee <i>NOTED</i> the GM financial position for Month 8 for both year to date and forecast. GC ICB Finance Committee also <i>NOTED</i> the high level of financial risk in the system.</p>
6.	<p>Financial Recovery Process including Financial Recovery Committee</p> <p>KR informed the Committee that we have placed ourselves into a formal recovery position</p>

	<p>which has incurred a request to undertake a more detailed financial analysis in a more formal way and resulting in a deep dive process of all parts of the integrated care system. All areas have been asked for a key set of information.</p> <p>KR advised that we are starting to pull together initial assessments – MF and SS will be going out to meet all of the providers and localities to discuss the relevant issues and possible solutions / support which the ICB can assist with.</p> <p>KK asked for an update on the process and engagement with Trusts on this issue. KR advised that all conversations are very collaborative and that we have good working relationships in Greater Manchester.</p> <p>GM ICB Finance Committee NOTED the Finance Recovery Process including Financial Recovery Committee</p>
7.	<p>Review of Service Development Funding 2022/23</p> <p>KR informed the Committee that as part of the increased financial scrutiny taking place, this piece of work has been undertaken working with all the programme leads.</p> <p>KR updated the Committee to advise that the team are working with programme leads to identify any slippage.</p> <p>KR advised the Committee that this shows there is extra grip and rigor in the system.</p> <p>GM ICB Finance Committee NOTED the Review of Service Development Funding 2022/23</p>
8.	<p>Approach to Financial Planning 2023/24</p> <p>KR informed the Committee that we have started this process, looking at a top-down assessment across the full system, as the level of challenge that we are currently experiencing tells us we cannot wait and leave it too long before we try and get to grip with the scale and level of decision making which will be required. KR highlighted that it will potentially be the toughest planning year known.</p> <p>KR advised the Committee that more information will be brought to the January 2023 meeting.</p> <p>KK enquired when will the planning guidance be received and asked if this will detail how the NHS has distributed the autumn statement money of £3bn. KR noted that discussions have been taking place around how this money will be allocated and felt that there is a risk this will not be new funding. This will be explained once the planning guidance has been received.</p> <p>SD felt that it was important to have the transparency on this money, and we should show how much of the £3bn has made its way into the ICB budget.</p> <p>VM noted that as 2023/24 will be the first full financial year of the ICS, will we be in a position to consider any transformational requests? KR advised of the importance to not sacrifice all of the longer-term health improvement strategies which are currently being developed and that appropriate financial plans will need to underpin these. KR highlighted this was discussed in detail at the December 2022 Board meeting.</p>

	<p>GM ICB Finance Committee <i>NOTED</i> the Approach to Financial Planning 2023/24</p>
9.	<p>Work Plan</p> <p>KK noted that as per Action 16 on the Action Log, there is some work still to be done on this document and some of these items will have slipped. KK requested that management spend some time on this to be able to plan the agendas better.</p> <p>Action: KR to work with colleagues to update the work plan.</p> <p>GM ICB Finance Committee <i>NOTED</i> the Work Plan</p>
10.	<p>Key Risks from Audit Committee</p> <p>KK advised the Committee that the document has been updated from the one presented to Board yesterday. KR highlighted that this has been created as a first attempt for the Committee to review and advise on the financial risks.</p> <p>VM noted that Risk 2 references ongoing COVID challenges, and asked if it needs to be amended to be wider than COVID including flu, strep a etc. SD advised that infectious diseases would be included in another risk register – not a finance one.</p> <p>VM queried if we need to add strikes and industrial action to the risk log as he suspects this will be with us for a while yet. SD advised that this risk is captured within the Emergency Preparedness Response Risk Register (EPRR) which would not be the responsibility of Finance Committee to monitor.</p> <p>KK raised a query relating to the likelihood and impact scoring. SD noted that the process will be to try to embed the risks, so that the relevant Committee takes ownership of these. SD added that any risks which score 16 and above will go to Board for discussion, but noted that Audit Committee will provide a sense check on any risk scoring.</p> <p>SD raised a query relating to the scoring of Risk 2 detailed in the document and highlighted that there were two risks which scored 16 and 15 respectively and felt that both risks should be scored at 16. KR agreed to make the amendment to the risk which was scored as 15.</p> <p>GM ICB Finance Committee <i>NOTED</i> and <i>APPROVED</i> the following recommendations as outlined in the report:</p> <ul style="list-style-type: none"> • Note the progress over recent months to embed the ICB’s Risk Management Framework • Consider the risks highlighted and the mitigating actions concerned • Approve that the assessed Risk score as correct for feeding into the overall ICB Risk Register • Consider whether there any other Strategic risks need adding to the ICB’s Financial risk register
11.	<p>GM Analytics and Data Science Platform</p> <p>MF informed the Committee of the business need to continue to fund the GM Analytics and Data Science Platform which incorporates a consolidation of various funding streams into one.</p>

	<p>KK queried if this is the top-level data view of the system, and whether there was confidence that other parts of the system do not have their own local view. MF noted the this is a fundamental data system for the business operations of the ICB but there are more efficiencies that could be delivered around this.</p> <p>PD queried whether we could develop our own expertise in the public sector for this? MF advised that this is an area to explore further but we cannot wait to do this. He made reference to the positive experience of previously having outsourced well run and developed services like these.</p> <p>SD noted that through the efficiency group there is a digital and IMT workstream which is lead by Malcolm Whitehouse. SD advised that this group is looking into potential mergers of any relevant systems. SD noted that all localities benefit from this software and felt that Tableau will have assisted in creating efficiencies.</p> <p>SB suggested that the NEDs have a development session around this area and KK supported this approach,</p> <p>Action: KK to link in with John Herring to take this forward.</p> <p>GM ICB Finance Committee <i>APPROVED</i> and <i>NOTED</i> the following as outlined within the recommendations of the report:</p> <ul style="list-style-type: none"> a) Agree the proposed in-year investment of £440k and associated recurrent commitment so that we can renew the upcoming contracts before 31 December b) Agree the 3-year proposed revenue cost for the ADSP so that we can plan and commission accordingly c) Note that this 3-year proposal does not cover the totality of non-pay data and intelligence investment and that further work is ongoing to fully capture and streamline legacy CCG costs
12.	<p>Any Other Business</p> <p>No other business was raised, under Part B of the agenda.</p>
13.	<p>Date and Time of Future Meeting</p> <p>26th January 2023, 14:00-16:00</p>

GM ICB FINANCE COMMITTEE PUBLIC MEETING - ACTION LOG						Item 4
ACTION NUMBER	Date Set	Date to be completed By	Action	Person Responsible	Comment/ Update	Status
1	03/08/2022	26/01/2023	TOR - IC to link in with SD to include a reference to a social value framework within the TOR.	SD/IC	22/12: SD Social Value Framework is being taken forward through Population Health Board. SD to double check procurement policy and then advise if this can be marked as complete.	In Progress
15	27/10/2022	26/01/2023	SS and DW to work together to create a paper which PD can then take to Greater Manchester Leaders to provide an update to leaders across Greater Manchester relating to the pressures of the pay award.	SK	22/12: KK handed this action over to SK. 18/01: SK has drafted the briefing to share with SS and KR	In Progress
16	24/11/2022	26/01/2023	BG to update the work programme and ensure the document shows when items were presented at the committee.	BG		In Progress
19	22/12/2022	22/12/2023	Once the minutes are complete and have been agreed as a true reflection of the meeting, the recordings of the meeting needs to be deleted.	AB		Ongoing
20	22/12/2022	26/01/2023	KR to work with colleagues to update the work plan.	KR		In Progress
21	22/12/2022	26/01/2023	KK to link in with John Herring to take forward arranging a NEDs development session on GM Analytics and Data Science Platform	KK		Complete

NHS Greater Manchester Integrated Care

MEETING:	Finance Committee
TITLE OF REPORT:	Month 9 Finance Report
DATE OF MEETING:	26/01/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: 1 19/01/2023
AUTHOR/S:	Jackie Murray Kaye Abbott
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	Finance team
PRESENTED BY:	Sam Simpson
PURPOSE OF PAPER:	
Decision Requested:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
For Discussion:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
For Noting/Information:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Financial Implication:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

PURPOSE OF REPORT:

The purpose of the report is to update the Finance Committee on the financial position of NHS Greater Manchester and the overall ICS financial position as at month 9 and any future implications.

KEY ISSUES TO BE DISCUSSED:

System YTD Financial Position

The Month 9 position for the system is a deficit of £67.8m against a planned deficit of £8.0m, representing a year to date overspend of £59.7m. This equates to a £7.0m improvement within the YTD position, from the position reported at month 8, which is predominantly driven by increased delivery of efficiencies in both NHS GM and providers.

The following table presents the position by sector:

	Budget YTD £m	Actual YTD £m	Variance YTD £m	Budget Annual £m	Full Year Forecast £m	Variance FOT £m
GM NHS Providers	(45.2)	(89.2)	(44.0)	(63.6)	(63.6)	0.0
NHS GM (incl Q1 CCGs)	37.2	21.5	(15.8)	63.6	63.6	0.0
Total ICS Surplus/(Deficit)	(8.0)	(67.8)	(59.7)	0.0	0.0	0.0

The GM system wide YTD adverse variance against plan of £59.7m, based upon a targeted focus on delivering a best-case position, includes:

- GM Provider efficiency shortfall £13.9m
- NHS GM efficiency shortfall £15.8m
- Activity based pressures £30.0m

System Forecast Financial Position

The forecast financial position for the system remains at breakeven overall, although there is significant risk associated with this:

- Total gross risk of £117.1m has been reported, with potential mitigations available which would bring this down to £40.1m, reflecting a £20m improvement from the risk position reported at month 8.
- Whilst this includes risk around operational pressures, the main risk relates to efficiency savings.
- NHS GM has a savings target of £118.8m, with an associated gross risk of £31.8m (which includes £17.9m system risk).
- A further £18.0m income target is in place with an associated risk of £9.3m, plus other risks relating to dental and other operational pressures of £26.0m. This takes total gross risk for NHS GM to £67.1m.
- Providers have an efficiency target of £310.0m, with a gross risk of £20.0m. Providers are also holding £48.5m of system risk, with £30.0m of associated risk. This takes total gross risk of providers to £50m.

Mitigations have been identified, but in order to achieve this plan, there are net risks of £40.1m which need to be managed. This is a £20m reduction compared to month 8, as a

result of a detailed review and further scrutiny of the forecast position and is based upon a targeted focus on delivering increased efficiencies.

Whilst reported net risk has improved by £20.0m since month 8, there remains significant risk within the system position:

- The key risk to the forecast financial position is the delivery of efficiencies. The annual savings target across the system is £495.3m, against which £30m of net risk has been reported, which is an improvement of £25m from month 8.
- Higher than budgeted activity relating to private sector surgical activity alongside higher volumes and average costs for mental health placements. £10.1m operational risk is included in the total net risk position, which is a deterioration of £5.1m from the position reported at month 8.
- There are continuing pressures in Urgent and Emergency Care and operational pressures on pay due to COVID related sickness and recruitment difficulties leading to higher levels of premium pay. In addition, there is a risk of additional costs related to the on-going and expected industrial action.

RECOMMENDATIONS:

The Finance Committee is asked to

- Note the financial position presented for both year to date and forecast
- Note the high level of financial risk in the system

CONTACT OFFICER:

Sam Simpson, Chief Finance Officer

NHS Greater Manchester Integrated Care

MEETING:	Finance Committee
TITLE OF REPORT:	Distribution of Ockenden funding 22/23
DATE OF MEETING:	26/01/2023
FILE CLASSIFICATION:	Draft
FILE VERSION NUMBER/DATE:	Version: 1 13/01/2023
AUTHOR/S:	Julie Flanagan Craig Marshall
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	Finance team
PRESENTED BY:	Sam Simpson
PURPOSE OF PAPER: Decision Requested: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Discussion: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Noting/Information: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Financial Implication: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

PURPOSE OF REPORT:

This report provides a brief background which instigated the Ockenden review and subsequent report to address the quality and safety standard gaps in maternity services. The Ockenden report identifies 15 immediate and essential actions for which NHS GM has received recurrent funding of £5.6m. This report focuses on meeting the first 7 actions targeting staffing levels in the maternity units and presents the recurrent and in year costs of delivery. Further work is underway to review the implications of the remaining essential actions and will be presented in a future report.

KEY ISSUES TO BE DISCUSSED:

In 2021/22 NHSE undertook with each provider a review of current maternity staffing levels compared to the number of births to identify the additional staffing required to address the gaps in quality and safety standards. This resulted in support for an additional 64.5wte posts of which 60.3wte are midwives and 4.2wte obstetricians. Part year funding of £2.6m was released directly to providers from NHSE in 2021/22 but recurrent funding has transferred to ICBs for their approval and distribution.

The recurrent cost of £4.3m (see table 2 for detail by provider) is requested to be approved for inclusion in provider contracts in 2023/24.

Given the financial position of the ICS a key point for discussion is the funding required to meet the forecast cost to be incurred in 2022/23. Although providers collectively are forecasting to spend £4.3m, for Stockport and WWL the cost is above plan therefore a number of options are presented in the paper for consideration. Option 3 under section 4 of the report to release only £4m in 22/23 is the preferred option. Slippage of £1.6m would be available to support the financial position in 2022/23.

RECOMMENDATIONS:

The Finance Committee is asked to

- Approve the recurrent funding request of £4.3m required in 23/24 to meet the immediate and essential actions 1 to 7 of the Ockenden report resulting in an increase in maternity service staffing.
- To consider releasing funding in 22/23 based on actual forecast costs up to a maximum of the plan level as per option 3 totalling £4m
- To note slippage in year of up to £1.6m on the allocation received and available to support the financial position in 2022/23
- To note the ongoing work with GM providers to ensure that the delivery of all the Ockenden actions are met within the available allocation of £5.6m

CONTACT OFFICER:

Julie Flanagan (julie.flanagan2@nhs.net)
Craig Marshall (craig.marshall1@nhs.net)

Distribution of funding to meet Ockenden immediate and essential actions 1 to 7

1. Background

Since 2015 there have been several confidential enquires into maternity services following women's and families concerns. Most recent reports include the Morecambe Bay Investigation in 2015, followed by Shrewsbury and Telford (Ockenden reports 2020 & 2022), and most recently, East Kent (2022). Nottingham's investigation is expected in the next 12-18 months. Since the publication of these reports Maternity Services have been subject to several policy initiatives in attempts to improve safety within maternity services and maternity providers throughout England are working to implement the actions and recommendations from the enquiries with the overall aim to improve services for women and families.

The Ockenden interim report (2020) was published following the independent review of the maternity services at The Shrewsbury and Telford Hospital NHS Trust. The report was based on the serious failings in maternity care raised by bereaved families in 2016. The report found a series of failings within maternity services which included a lack of:

- Compassion and kindness,
- Assessment of risk and place of birth,
- Management of complex care, and
- Management of labour,

In addition to issues around:

- Traumatic birth,
- Caesarean section low rates,
- Bereavement care,
- Obstetric anaesthesia, and
- Maternal deaths.

The report resonated across maternity services in England and resulted in the Government providing an additional £92 million to maternity services in 2021/22 to address the items highlighted above by the Ockenden report. Much of this funding has focused on actions 1 to 7 which supports workforce expansion. The essential actions include the following:

- I. Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.
- II. Maternity services must ensure that women and their families are listened to with their voices heard.
- III. Staff who work together must train together. There must be robust pathways in place for managing women with complex pregnancies
- IV. There must be robust pathways in place for managing women with complex pregnancies
- V. Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.
- VI. All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.
- VII. All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery

2. Development of plans

In 2021/22 the nursing director of NHSE wrote to all providers confirming funding would be released directly to providers from NHSE on the submission and approval of their workforce plan in response to publication of the Donna Ockenden initial report on the emerging findings and recommendations from the independent panel. This funding was intended to:

- Increase the Band 5/6 midwifery workforce establishment nationally by 1200 FTE midwives in 2021/22
- Increase obstetric leadership to promote and develop monitoring of fetal wellbeing and twice daily consultant led ward rounds
- Ensure training to be undertaken as a multidisciplinary team

In the memorandum of understanding underpinning the release of funding in 2021/22, NHSE advised that systems should plan on the basis that the additional funding supplied in 21/22 will be put into CCG baselines at a national level on a full year basis for a fair shares distribution in the longer term to ensure that all systems can continue to meet their obstetric workforce requirement, the Birth Rate + (BR+) recommendation for midwifery workforce, and training and development requirements.

The increased staffing supported by NHSE in 2021/22 for GM providers was 60.3 wte midwives and 4.2 wte obstetricians. The analysis by provider is shown below in table 1.

NHS Trust	Midwifery			Obstetricians		
	Ockenden - Midwife - Establishment uplift (FTE)	Ockenden - Midwife - MDT (FTE)	Ockenden - Midwife - Total (FTE)	Ockenden - Obstetrician - Establishment uplift (FTE)	Ockenden - Obstetrician - MDT (FTE)	Ockenden - Obstetrician - Total (FTE)
BOLTON NHS FOUNDATION TRUST	3.8	0.8	4.6	0.0	0.3	0.3
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	9.2	4.1	13.3	0.3	0.3	0.6
NORTHERN CARE ALLIANCE (PENNINE ACUTE HOSPITALS NHS TRUST)	19.0	0.8	19.9	0.1	0.1	0.2
STOCKPORT NHS FOUNDATION TRUST	12.3	1.4	13.8	1.4	0.3	1.7
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST			0.0	0.7	0.0	0.7
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	8.7	0.0	8.7	0.8	0.0	0.8
TOTAL GM	53.1	7.2	60.3	3.2	1.0	4.2

Table 1

3. Recurrent Financial Cost

In 2021/22 NHSE released £2.6m to GM providers reflecting a part year effect of implementing the increased staffing structure in table 1. NHS GM has received an allocation of £5.6m in 2022/23 to recurrently support the Ockenden actions commenced in 2021/22.

The recurrent cost of the additional staff is £4.3m, analysed by provider in table 2 overleaf.

Table 2

21/22 PYE & 21/22 FYE Uplifted using pay award calculations

NHS Trust	PYE 21/22 allocated costs £000's	22/23 FYE Recurrent costs £000's
BOLTON NHS FOUNDATION TRUST	£201	£333
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	£584	£950
NORTHERN CARE ALLIANCE (PENNINE ACUTE HOSPITALS NHS TRUST)	£712	£1,226
STOCKPORT NHS FOUNDATION TRUST	£662	£1,082
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	£77	£106
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	£371	£626
Total	£2,607	£4,324

The LMS undertake clinical oversight of the programme and recommend funding be recurrently applied in line with the increased staffing levels detailed in table 1.

4. Progress review in 2022/23

In April 2022, the Maternity providers were asked to report to the LMNS Group their compliance against the 7 Immediate and essential actions and progress in relation to the earlier recommendations outlined in the Morecambe Bay (Kirkup) report. The provider reports demonstrated that although progress had been made against most of the actions, further work was required, and each provider submitted an action plan to address those gaps.

Further assurance was sought, and the Northwest Regional Team undertook 'insight' visits to each of the individual maternity units in GMEC, from June to August 2022. Following the visits, recommendations were made by the team to the providers and a summary of the findings were presented at the GMEC LMNS Group in September 2022. During the insight visits, the team observed a significant amount of innovation and good practice across Greater Manchester and Eastern Cheshire because of the work undertaken to date against the Ockenden Actions. However, the visits also demonstrated variance in what was self-reported by the providers and some areas that required further work. Ongoing monitoring of implementation by the LMNS will occur via our modified Governance structures. Progress reports will be submitted to the LMNS Maternity Programme Group on a regular basis.

From a financial perspective, Greater Manchester providers have provided details of their expenditure in year which has been reviewed by both finance and clinical colleagues, the summary of forecast costs by provider are shown in table 3 overleaf.

Table 3 Total forecast costs 22/23

NHS Trust Code	NHS Trust	full year forecasted costs £000's
RMC	BOLTON NHS FOUNDATION TRUST	£345
R0A	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	£934
RW6	NORTHERN CARE ALLIANCE (PENNINE ACUTE HOSPITALS NHS TRUST)	£955
RWJ	STOCKPORT NHS FOUNDATION TRUST	£1,176
RMP	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	£76
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	£855
Total		£4,341

Although overall the forecast spend is in line with the recurrent cost of implementation there is variability by provider with both Stockport and WWL forecasting costs more than the plan value.

Given the financial position of the ICS table 4 below, presents 3 options for consideration in distributing funds in 22/23 only with the recurrent requested value being applied from 23/24.

Table 4

Options for payment this in 22/23

NHS Trust	Option 1 21/22 FYE Inclusive of 22/23 pay award	Option 2 22/23 FOT	Option 3 22/23 FOT Capped at NHSE Proposal
BOLTON NHS FOUNDATION TRUST	£333	£345	£333
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	£950	£934	£934
NORTHERN CARE ALLIANCE (PENNINE ACUTE HOSPITALS NHS TRUST)	£1,226	£955	£955
STOCKPORT NHS FOUNDATION TRUST	£1,082	£1,176	£1,082
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	£106	£76	£76
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	£626	£855	£626
	£4,324	£4,341	£4,006

Option 1 represents the funding agreed directly with NHSE for staffing levels which is supported by table 1.

Option 2 represents the FOT based expenditure that the providers supplied at the end of December 2022. This would be reflective of the payments required to cover costs in year

Option 3 combined the above two options where total payment will be based on FOT but capped by the maximum total value agreed by NHSE.

The committee is requested to consider releasing funding in 22/23 based on forecast costs incurred up to a maximum of the plan level as per option 3.

5. Further action required

In addition to the existing improvements on safety and quality of care that came out of the 2020 Ockenden report, it is expected that in 23/24 there will need to be further improvements and investments within the maternity system related to Ockenden actions 8 to 15. This will include and support the following

- Complex antenatal care
- Preterm birth
- Labour and birth
- Obstetric anaesthesia
- Postnatal care
- Bereavement care
- Neonatal care
- Supporting families

The balance of funding received in 2022/23 will be required as a commitment in 2023/24 to fund any further costs in relation to the remaining Ockenden actions.

6. Recommendations

The Finance Committee is asked to

- Approve the recurrent funding request of £4.3m required in 23/24 to meet the immediate and essential actions 1 to 7 of the Ockenden report resulting in an increase in maternity service staffing.
- To consider releasing funding in 22/23 based on actual forecast costs up to a maximum of the plan level as per option 3 totalling £4m
- To note slippage in year of up to £1.6m on the allocation received
- To note the ongoing work with GM providers to ensure that the delivery of all the Ockenden actions are met within the available allocation of £5.6m

NHS Greater Manchester Integrated Care

MEETING:	Finance Committee
TITLE OF REPORT:	Estates Update
DATE OF MEETING:	27/01/2023
FILE CLASSIFICATION:	Draft
FILE VERSION NUMBER/DATE:	Version: 1.0 12/01/2023
AUTHOR/S:	Jo Larkin
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	NA
PRESENTED BY:	Jo Larkin
PURPOSE OF PAPER: Decision Requested: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> For Discussion: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For Noting/Information: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Financial Implication: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

1) PURPOSE OF REPORT:

This report provides an update on the NHS GM) estates programme and in particular the areas which support delivery of GM and Local System priorities. It advises on work being undertaken at pan GM and in collaboration with Local system partners.

2) KEY AREAS FOR DISCUSSION

a) NHS GM ESTATES FUNCTION DESIGN

The proposed estates model and structure have been supported by Transformation function groups and Deputy Place Based Leads and are to go through a Check and Challenge process in February alongside all other functions. Formal consultation will commence in March with the expectation that models are fully implemented by the end of June.

A Locality workshop was held on November 28th which focussed on the transition from current to future model arrangements with stakeholders from each Locality, NHSE and Local Authorities. The workshop content included current state, SWOT analysis of the proposed estates operating model and making the model work; and the identification of priority areas to progress. Engagement and enthusiasm at the event was good. The key priorities will be taken forward through the established estates function forum.

b) SYSTEM ESTATES EFFICIENCIES

There is significant opportunity for the ICS to deliver efficiencies from the reduction in property company charges for voids and subsidies for the under-utilisation of community health centres.

The team are meeting monthly with GM Trust colleagues i.e., the Chair of NHS Trust Directors of Estates and the NHS Trust Directors of Finance estates lead, to progress this as an integrated workstream and have developed a draft ICS estates efficiencies project plan. Clarification meetings are taking place to understand the Trust provider reporting and monitoring of efficiencies to determine which elements should be included in the GM system efficiency work to avoid double counting and duplication.

Work is now being progressed to analyse the detail of the void spaces and under-utilised areas across the Greater Manchester estate recognising that some may not be immediately usable spaces. The data available is also to be broken down by locality to allow more specific and informed discussions to happen with regard to the reasons for the voids/under-utilisation in existence and also the measures required to address these moving forward.

c) ESTATE UTILISATION PROGRAMME

A draft GM Utilisation Programme framework document has been produced and further required amendments were discussed at the monthly multi stakeholder utilisation meeting. Programme meeting membership has been extended to include NHS PS, GMCA and NHS Trusts to the existing NHS GM, CHP, and the LIFT Company members.

Over the next month focus will be upon:

- Understanding the data needed and identifying information gaps, with an aim to over the next few months developing a dashboard to assist Localities and Strategic Estates Groups SEGs in decisions and actions to improve use of estate
- Outlining the actions which could be employed to remove or mitigate key blockers preventing better use of estate
- Articulating the key milestones required for pilot utilisation studies

d) SUPPORT TO PROGRESS CHP TENANT ISSUES

The team is providing ongoing support to Trusts and Localities with estates issues particularly in relation to unblocking / progressing lease or occupancy issues in CHP buildings.

Regular meetings are now in place with all key partners to resolve specific issues that are existent currently. The focus is on moving towards immediate solutions that provide the right service to patients often where a longer term, transferable contractual solution may need to be developed.

Detailed discussions with CHP colleagues have been constructive in both considering longer term flexibilities that could be applied across the Greater Manchester estate but, also recognising the historical issues that need resolving in partnership to enable funder agreement to be secured e.g., reduction in unregulated leases across existing estate.

A follow-up meeting with CHP legal colleagues is being scheduled to agree some key next steps and to understand and agree the opportunities that exist moving forward

e) STRATEGIC ESTATES GROUP (SEG) RELAUNCH

SEGs and SEG Operational Working Groups (OWGs) are a crucial means of improving utilisation within localities and can present study data when facilitating service moves and public sector co-location opportunities.

It's imperative to the delivery of improved utilisation, disinvestment, and cost reduction that Locality SEGs are effective, accountable and are focused on delivery of strategic priorities. However, not all Localities have effective SEGs or operational subgroups, and it is timely with the newly established ICB to review and relaunch arrangements in GM.

NHS GM and GMCA recognise the importance of effective Local systems working to deliver our key estates aims and seek to review and relaunch the SEGs in 2023.

The relaunch with Locality SEGs will seek to review and refresh:

- Governance and accountability arrangements
- Essential core membership and frequency / timing of meetings
- Core strategic objectives
- Core deliverables
- Core work plan
- Timely and consistent BI information reporting and monitoring

Engagement is key to ensure that the review and proposed relaunch is successful. This will be undertaken through Wider Leadership Team, Local Authority Directors of Place, NHS GM Place teams, SEG members and estates leads.

The team have been progressing work to hold a SEG relaunch workshop in early March. An engagement plan has been created and the team have been actively seeking engagement from SEG Chairs, SEG Deputies, Directors of Estate (DOE)s and other key stakeholders involved in the operation of SEGS at Place and Localities. Draft proposals for future governance, core membership of SEGs and a possible new SEB have been drafted and shared with several groups to date, including the DOEs and several SEG meetings. There are still more meetings to take place for further engagement and these are all now firmed up and scheduled to take place before the end of February.

The ICB Organisational Development team have been engaged and the team are working closely with them assist with the planning and delivery of the SEG workshop. Feedback to date has been mixed but in general it has been positive with good feedback for the overall rationale in re-launching the SEGs. In particular the overall feedback received on the ground is in favour of reducing the number of SEGs and combine localities. Strong opinions have also been voiced about the need to align aims, principals and vision to all SEG to ensure that there is alignment with the GM NHS strategy, principals, and commitments.

f) URGENT ESTATES SUPPORT TO PRIMARY CARE

In primary care practice there are sometimes events which although infrequent could significantly disrupt delivery of patient services, and to which an urgent estates response is required. Where GP practices are a tenant in a building and NHS PS or CHP is the landlord, the landlord responds with a facilities Management solution. Where the GP practice owns the building or is in a lease with a private landlord, the practice will need to organise the appropriate estates actions and under their GP contract it is the practices' responsibility. This should be manageable under most circumstances.

Where there has been a violent incident, the practice may be unable to provide an adequate response. This could not only delay recommencement of service delivery, but also have a detrimental impact and pressure upon practice staff. Discussions have taken place with NHS PS to explore whether NHS PS could provide an FM response where needed following a significant violent incident. This work could include making buildings safe, replacing windows, cleaning services, and organising security for a limited period. The cost model is being explored currently with a view to submitting a proposal. It should be noted that whilst costs are minimal as this has not been in place, there is no budget.

g) PRIMARY CARE NETWORK (PCN) ESTATES TOOLKIT PROGRAMME

The main risk to the programme is the capacity and engagement from PCNs and Localities in the implementation particularly as this takes place over what will be a very pressurised winter in the health and care system. It's extremely important for Localities to be actively involved in the programme and engage directly with the PCNs and CHP to mitigate the risks.

Roll out of phase one of this project continues and ongoing work is happening to ensure lessons learnt, in particular relating to clinical/PCN colleagues' availability and engagement, are reflected in phase two plans.

h) NET CARBON ZERO

Work is underway to review the Net Zero Delivery Plan Technical Annex that identifies targets and actions for the ICB, Primary Care and Provider Trusts to deliver. The ICB Estates Team is working with NHSPS and CHP to gather baseline data and identify deliverables and next steps that can be taken forward in this estate. The remaining estate that is privately owned by GPs needs to be included in the work plan and ways of ensuring this is done in a timely manner is being investigated.

Energy Reduction Pilot

The Salford CCG GP Practice Energy Reduction Project secured £330k in 2021. The project funded a rapid 'walk through' energy survey of 19 GP practice estates in Salford to identify areas where quick, low-cost energy reduction actions could be taken to reduce CO2 emissions. The plan was to then implement those changes and following this to monitor the impact of the changes on energy use and carbon emissions.

'Quick win' changes should be easy to implement, low cost and likely to deliver the most carbon reduction and the most energy cost reduction to practices. The GP practices in Salford that were invited to take part in the project were those for whom there was historic energy data, and in which it was deemed changes identified could be rapidly implemented due to their building ownership/leasehold arrangements.

The GM Estates Team are now looking at means of securing reliable energy data for practices across the whole of GM and will bid for further funding to carry on this vital work on an 'invest to save' basis.

k) SECTION 106 FUNDING

The Salford Estates Project Manager and members of the NHS PS national planning team are liaising with Salford City Council to secure a fair share of funding for Primary Care, from planning approvals for new residential units which impact on capacity to provide adequate service delivery. An ask of just under £1m has already been submitted across two housing allocation sites and further discussions will be taking place as the Council work with developers to deliver large scale masterplans within the Salford Innovation Zone. The GM Estates is now working on a proposal to secure a formal agreement with NHS PS roll this initiative out across the rest of GM. The Net Carbon Zero programme includes an Estates and Facilities workstream. Most of the action plan relates to the Trust provider estate, however there is an action to progress decarbonisation of the Primary Care estate.

National funding in phases, has been made available for application by NHS Trusts to support for example boiler replacements. Primary care providers as non-NHS providers have not previously had access to the national funding though it is hoped that future rounds will be wider.

The PCN estates toolkit implementation should provide the information to inform the development of a prioritised multi-year phased sustainability plan for primary care.

i) RISKS

The estates risks identified by the former CCGs have been collated. We have now reviewed most of these risks and categorised into both operational and strategic. The strategic risks will be forwarded for inclusion in the Finance Committee risk register.

There are capacity and resilience issues in the team which may lead to primary care premises not delivering the required building standards, sustainability, and Value for Money; and could lead to missed opportunities to deliver more effective use of resources. However, the team are busy working their way through these risks and identifying mitigations.

As well as corporate risks there are several operational / team risks including a lack of capacity and expertise within the team in areas such as lease events and regulatory compliance. Work is being carried out through a working group with the property companies to help mitigate the regulatory compliance elements

3) RECOMMENDATIONS:

Finance Committee are requested to receive and note the contents of this update paper.

CONTACT OFFICER: JO LARKIN

Finance Committee (Public) - Workplan to December 2023

Quarter					Q4			Q1			Q2			Q3		
Meeting #					6	7	8	9	10	11	12	13	14	15	16	17
Month					Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Committee Responsibility	Topic	Frequency	Executive Lead	Lead Officer												
Financial monitoring information	ICB finance report (revenue and capital)	Monthly	Sam Simpson	Kathy Roe	X	X	X	X	X	X	X	X	X	X	X	X
	GM system finance report (revenue and capital)	Monthly	Sam Simpson	Kathy Roe	X	X	X	X	X	X	X	X	X	X	X	X
	Risk register	Monthly	Sam Simpson	Kathy Roe		X	X	X	X	X	X	X	X	X	X	X
Performance	Contract and procurement report	Bimonthly	Sam Simpson	Kathy Roe	X		X		X		X		X		X	
	Contracting approach and principles	As required	Sam Simpson	Kathy Roe	X						X					
	Social Value and VFM	As required	Sam Simpson	Kathy Roe		X					X					
System efficiencies	Financial recovery plan	Monthly	Sam Simpson	Kathy Roe	X	X	X	X	X	X	X	X	X	X	X	X
	Value for Money (VFM) assurance	As required	Sam Simpson	Kathy Roe						X						X
System financial management framework	1 Year Operational financial plan	Annually	Sam Simpson	Kathy Roe			X									
	3-5 Year Strategic financial plan	Annually	Sam Simpson	Kathy Roe					X							
	Impact of financial decision making on health and social inequalities.	Annually	Sam Simpson	Kathy Roe					X							
	Financial governance arrangements are fit for purpose (ICB, Place, Partners).	Annually	Sam Simpson	Kathy Roe					X							
Resource allocations (revenue & capital)	Approach to distribute resource allocation through commissioning and direct allocation to drive agreed change based on ICB Strategy.	Annually	Sam Simpson	Kathy Roe			X		X							
	Approach to deployment of system wide transformation funding.	Annually	Sam Simpson	Kathy Roe			X		X							
	Investment/ disinvestment business cases for material service change or efficiency schemes.	As required	Sam Simpson	Kathy Roe												
Estates strategy/ update	System estates strategy	Annually	Sam Simpson	Kathy Roe		X										
	Estates update report	Quarterly	Sam Simpson	Kathy Roe	X			X			X			X		
IT strategy/ update	System IT strategy	Annually	Warren Heppollette	Warren Heppollette		X										
	IT update report	Quarterly	Warren Heppollette	Warren Heppollette	X			X			X			X		
National framework	Update on national policy changes in relation to NHS and Non-NHS funding regimes.	Monthly	Sam Simpson	Kathy Roe	X	X	X	X	X	X	X	X	X	X	X	X
	Submission of national/ regional financial returns	Monthly	Sam Simpson	Kathy Roe	X	X	X	X	X	X	X	X	X	X	X	X
People	Finance training and awareness	Monthly	Sam Simpson	Kathy Roe	X	X	X	X	X	X	X	X	X	X	X	X
	Finance staff development strategy	Annually	Sam Simpson	Kathy Roe												X
	Finance department accreditation	Annually	Sam Simpson	Kathy Roe												X
	Finance department feedback/ survey	Annually	Sam Simpson	Kathy Roe	X											
Other	Review Finance Committee TOR	Annually	Sam Simpson	Kathy Roe			X									
	Review Financial Recovery Sub Committee TOR	Annually	Sam Simpson	Kathy Roe			X									
	Finance Committee Self Assessment	Annually	Sam Simpson	Kathy Roe		X										
Frequency					As required	Monthly	Bimonthly	Quarterly	Annually							