NHS Greater Manchester

# Agenda

## Greater Manchester People & Resource Committee (Public)

Date: 24 June 2026

Time: 14:00pm to 15:30pm

Venue: Microsoft Teams

| Item No. | Time | Duration | Subject | Paper/ Verbal | For Approval/ Discussion/ Information | By Whom |
|---|---|---|---|---|---|---|
| 1. | 14:00 | 5 mins | Welcome, Introductions and Apologies<br><br>Attendance Matrix | Verbal<br><br>Paper | Information | Kal Kay<br>*Chair* |
| 2. | | | Declarations of Interest | Paper | Noting | |
| 3. | | | Minutes and Action Log from People and Resources Committee meeting held on 27 May 2026 | Paper | Approval | |
| **Strategic Updates** | | | | | | |
| 4. | 14:05 | 15 mins | People & Resource Committee Workplan | Verbal | Information | Charlotte Bailey,<br>*Chief Strategy, People and Partnerships Officer* |
| 5. | 14:20 | 30 mins | Chief Officers Update Reports | Paper | Discussion | Charlotte Bailey,<br>*Chief Strategy, People and Partnerships Officer /*<br>Nicola Hepburn<br>*Acting Chief Reform and Improvement Officer /*<br>Kathy Roe<br>*Chief Finance Officer* |
| 6. | 14:50 | 15 mins | Finance Report – Month 2 | Paper | Discussion | Stephen Downs<br>*Deputy Chief Finance Officer* |
| 7. | 15:05 | 15 mins | Financial Scheme of Delegation | Paper | Discussion | Kathy Roe<br>*Chief Finance Officer* |
| **For Information** | | | | | | |
| 8. | 15:20 | 0 mins | Performance Report | Paper | Information | N/A |
| 9. | 15:20 | 10 mins | Any other business<br>Board Paper Escalations<br>Meeting Reflections | Verbal | Discussion / Noting | All |

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| Date and time of next meeting:<br>**Wednesday 22 July 2026, 14:00pm – 16:00pm**<br>**MS Teams** |



Tootal Buildings, 56 Oxford Street, Manchester M1 6EU
www.gmintegratedcare.org.uk

## Item A - People & Resource Committee (Public) Attendance Matrix 2026/27

Key:
Present
Apologies
Attendance Not Required
No Explanation
Member as per Terms of Reference
Apologies provided but Substitute attended on behalf

| *Member:* | *Title* | *April* | *May* | *June* | *July* | *August* | *September* | *October* | *November* | *December* | *January* | *February* | *March* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kal Kay | Non Executive Director- Chair Finance Committee | | | | | | | | | | | | |
| Jackie Njoroge | Non Executive Director- Vice Chair | | | | | | | | | | | | |
| Richard Paver | Non Executive Director | | | | | | | | | | | | |
| Vish Mehra | NHS GM Partner Member | | | | | | | | | | | | |
| Owen Williams | NHS GM Partner Member | | | | | | | | | | | | |
| Colin Scales | Acting Chief Executive Officer | | | | | | | | | | | | |
| Kathy Roe | Chief Finance Officer | | | | | | | | | | | | |
| Charlotte Bailey | Chief Strategy, People and Partnerships Officer | | | | | | | | | | | | |
| Nicola Hepburn | Acting Chief Reform and Improvement Officer | | | | | | | | | | | | |

| Employee Name | Interest Declared | Interest Category | Interest Situation | Interest Description | Comments | CoI Date From | CoI Date To |
|---|---|---|---|---|---|---|---|
| Bailey, Ms. Charlotte Elizabeth | Y | | | Nil | | | |
| Roe, Mrs. Kathryn Anne | Y | Non-financial personal interest | Loyalty interests | My son works in the finance department at Tameside and Glossop NHS Foundation Trust. | | 14/10/2024 | Ongoing |
| Hepburn, Mrs. Nicola | Y | Financial interests | Clinical private practice | From 29 April 2025 I have been an associate clinical nurse assessor for MHS clinical services. MHS often complete work for MIAA. I do not complete any work on behalf of MHS across Greater Manchester or work commissioned by NHS GM. I complete all work via my own personal company outside of my contracted substantive role. | | 29/04/2025 | Ongoing |
| Hepburn, Mrs. Nicola | Y | Non-financial professional interest | Outside employment | I am a volunteer Clinical Board Advisor for Now Your Talking a talking based National therapy service. | | 07/10/2025 | Ongoing |
| Scales, Mr. Colin | Y | I have no interests to declare | | Honorary Professor at UCLan | | 2024 | |
| Scales, Mr. Colin | Y | Indirect interests | Outside employment | Wife works at NCA as a nurse | | 19/09/2024 | Ongoing |
| **Non-Executive Directors** | **Interest Declared** | **Interest Category** | **Interest Situation** | **Interest Description** | **Comments** | **CoI Date From** | **CoI Date To** |
| Kay, Mrs. Khalida (Kal) | Y | Financial interests | Outside employment | Interim FD Derian House Childrens Hospice | | 06/10/2025 | |
| Kay, Mrs. Khalida (Kal) | Y | Financial interests | Shareholdings and other ownership interests | Director and Shareholder of GSD Financial Consulting Ltd | Set up my own consultancy firm | 01/04/2025 | |
| Kay, Mrs. Khalida (Kal) | Y | Non-financial personal interests | Outside employment | Great Academies Education Trust | Trustee (non remunerated) | 20/04/2020 | |
| Kay, Mrs. Khalida (Kal) | Y | Non-financial professional interest | Shareholdings and other ownership interests | Association of Camerados | Non Exec, non remunerated director | 22/10/2018 | |
| Paver, Mr. Richard | Y | I have no interests to declare | | | | | |
| Njoroge, Jackie | Y | Financial professional interest | Outside employment | Chief Strategy & Data Officer University of Salford | | 2016 | |
| Njoroge, Jackie | Y | Financial professional interest | Outside employment | First Choice Homes Oldham (FCHO) Independent Non Exec | | 2025 | |
| Njoroge, Jackie | Y | Financial professional interest | Outside employment | GMCA Independent Audit Committee member | | 2025 | |
| Njoroge, Jackie | Y | Non-financial professional interest | Outside employment | Transforming Access & Student Outcome (TASO) Trustee | | 2025 | |
| Njoroge, Jackie | Y | Non-financial professional interest | Outside employment | Deputy Chair Higher Education Strategic Planning Association (HESPA) | | 2015 | |
| **Partner Members** | **Interest Declared** | **Interest Category** | **Interest Situation** | **Interest Description** | **Comments** | **CoI Date From** | **CoI Date To** |
| Williams, Dr Owen | Y | Non-financial professional interest | Loyalty interests | Co-Chair of the Chairs and CEO NHS Ethnic Minority Network | | 2021 | Ongoing |
| Williams, Dr Owen | Y | Non-financial professional interest | Loyalty interests | Acute Partner Member of the NHS Greater Manchester Integrated Care Board (ICB) | | 2022 | Ongoing |
| Williams, Dr Owen | Y | Non-financial professional interest | Loyalty interests | Chair - Yorkshire and Hmber PSRC Strategic Advisory Board | | Jan-24 | Ongoing |
| Williams, Dr Owen | Y | Financial interests | Loyalty interests | Chief Executive Officer – Northern Care Alliance NHS Foundation Trust | | Nov-21 | Ongoing |
| Mehra, Dr Vishal | Y | Financial interests | Outside employment | Chief Medical Officer for Health Innovation Manchester | Ongoing | Dec-25 | Ongoing |
| Mehra, Dr Vishal | Y | Financial interests | Outside employment | Clinical Director, Gorton and Levenshulme Primary Care Network | Ongoing | Apr-19 | Ongoing |
| Mehra, Dr Vishal | Y | Financial interests | Outside employment | Executive Committee Member, Manchester Local medical Committee | Ongoing | Jan-26 | Ongoing |
| Mehra, Dr Vishal | Y | Financial interests | Outside employment | Salaried GP, West Point Medical Centre | Ongoing | Apr-23 | Ongoing |

NHS Greater Manchester

# Minutes

## NHS Greater Manchester People & Resources Committee – Public

Date: Wednesday 27 May 2026

Time: 14:00 – 15:15

Venue: MS Teams

| | | |
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| **MEMBERS:** | | |
| Kal Kay | **KK** | Non-Executive Director, Chair |
| Jackie Njoroge | **JN** | Non-Executive Director, Deputy Chair |
| Richard Paver | **RP** | Non-Executive Director |
| Vish Mehra | **VM** | Partner Member - GP |
| Owen Williams | **OW** | Partner Member - Chief Executive Officer, Northern Care Alliance |
| Nicola Hepburn | **NH** | Acting Chief Reform and Improvement Officer |
| Kathy Roe | **KR** | Chief Finance Officer |
| Charlotte Bailey | **CB** | Chief Strategy, People and Partnerships Officer |
| **IN ATTENDANCE:** | | |
| Stephen Downs | **SD** | Deputy Chief Finance Officer |
| Jackie Gardiner | **JG** | Director of Operational Finance |
| Chris Gaffey | **CG** | Associate Director of Corporate Services |
| Ross Baxter | **RB** | Governance Advisor (Minutes) |
| **APOLOGIES:** | | |
| Colin Scales | **CS** | Acting Chief Executive Officer |

| Item No | Item |
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| | PUBLIC |
| 1. | **Introductions and Apologies**<br><br>KK welcomed everyone to the meeting and the apologies were noted.<br><br>**Attendance Matrix**<br><br>The Attendance Matrix was shared for information. |
| 2. | **Declarations of Interest**<br><br>The People & Resources Committee Conflict of Interest Register was shared for information. There were no additional declarations or conflicts of interest declared at the meeting. |
| 3. | **Minutes of the Last Meeting and Action Log**<br><br>The minutes of the last People and Resource Committee were approved as an accurate record. There were no updates to the action log to be noted. |

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| 4. | **Sub-Groups and Workplan**<br><br>The Committee received a report outlining the proposed People and Resources Committee workplan and supporting sub-group structure. The report set out progress to date in developing draft workplans, mapping statutory and assurance requirements, and establishing an overarching framework for committee business.<br><br>Members noted that the current workplans remain in draft and, while comprehensive in capturing required assurance items, require further development to ensure a more strategic focus. It was reported that work is underway to move away from an itemised approach towards a streamlined model centred on strategic oversight, including the introduction of thematic deep dives aligned to key organisational priorities and risks.<br><br>The Committee considered the proposed organising framework for committee business, comprising governance; statutory and annual reporting; process and pipeline items; thematic deep dives; and items for decision. Members also noted the alignment of sub-groups to the two main committees, with reporting to be consolidated through Chief Officer reports to improve efficiency and reduce duplication.<br><br>Members raised concerns regarding whether the proposed thematic deep dive approach would provide sufficient depth to enable robust assurance, noting the need for the Committee to maintain clear oversight of key risks and priority areas. It was emphasised that certain significant issues, including staff survey outcomes and Freedom to Speak Up arrangements, should retain visibility at Committee or Board level rather than being managed solely through sub-group structures. The Committee noted the decision not to undertake a full staff survey in the current year due to organisational change, with pulse surveys used as an alternative; however, members highlighted the importance of transparency and advocated for a return to full survey participation in future to align with wider NHS practice.<br><br>Further discussion highlighted the importance of maintaining independence in reporting on Freedom to Speak Up and whistleblowing, with a preference for assurance to be provided separately from senior management reporting. Members also sought clarity on how items would be escalated through Chief Officer reports, including whether existing reporting formats would be adapted to align with the new framework. The need for strong interdependencies and effective communication between sub-groups, as well as between this Committee and the Strategic Commissioning Committee, was emphasised. In addition, it was suggested that agendas should be structured to prioritise decision-making items earlier in meetings to ensure adequate time for strategic discussion.<br><br>The Committee acknowledged that the proposed structure represents a pragmatic approach and supported a test-and-learn methodology. It was confirmed that formal reviews of the new arrangements will take place after three and six months to assess effectiveness and make any necessary refinements.<br><br>**NHS GM People & Resources Committee provided comment and views on the current proposals on the Committee workplan and supporting groups.** |

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| 5. | **Chief Officers' Update Reports**<br><br>Chief Strategy, People & Partnerships Officer<br><br>The Committee received the Chief Strategy, People & Partnerships Officer's report, which provided an update on progress across the people and culture agenda, including the establishment of the People and Culture sub-group, progress on key organisational priorities, and developments in relation to Freedom to Speak Up arrangements.<br><br>The Committee noted that the People and Culture sub-group had now been established to support delivery and oversight of the people agenda, with current priority areas focused on the organisational development plan, anti-racism programme, and wider reform activity. Members were advised of ongoing work across Greater Manchester on a system-wide anti-racism programme, including initiatives relating to leadership behaviours, bystander training, and improvements in reporting and data.<br><br>The Committee also received an update on changes to Freedom to Speak Up arrangements, noting the forthcoming closure of the national Guardian's Office and the transition of responsibilities at regional and local levels. It was reported that Freedom to Speak Up functions had been incorporated within the corporate governance portfolio to enable triangulation with other sources of staff insight, including complaints, workforce data, and staff feedback mechanisms, while maintaining appropriate independence through governance oversight.<br><br>In discussion, members emphasised the importance of ensuring strong alignment between Freedom to Speak Up, whistleblowing, staff feedback, and wider colleague voice mechanisms, to provide a comprehensive view of organisational culture. The Committee also reiterated the importance of maintaining sufficient independence in assurance arrangements.<br><br>Members sought assurance on the impact of organisational reform on workforce equality, particularly in relation to gender and ethnicity, and were advised that a full equality impact analysis, covering staff starting, remaining and leaving the organisation, would be reported to the Board at an appropriate point following completion of the reform programme.<br><br>The Committee further noted the absence of a comprehensive workforce data dashboard and highlighted the importance of receiving clear, accessible metrics to support oversight of workforce performance, including indicators such as sickness, appraisal rates, and overall staff experience. It was acknowledged that work is underway to develop a dashboard; however, data quality challenges associated with organisational change were noted, and it was agreed that an initial high-level position could be provided, with further refinement over time.<br><br>Acting Chief Reform and Improvement Officer<br><br>The Committee received the Acting Chief Reform and Improvement Officer's report, noting that this initial submission primarily reflected Quarter 4 performance and achievements from the previous financial year, with further development of reporting planned for future meetings. Members were advised that, as the portfolio continues to evolve, future reports will present a more integrated view linking performance outcomes, strategic commissioning priorities, and the financial impacts of cost improvement programmes. It was noted that work is underway to enhance reporting through the use |

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| | of more meaningful performance tracking, including the introduction of statistical process control charts to better demonstrate trends and the impact of interventions over time.<br><br>The Committee noted the positive performance position at year end, with the system concluding 2025/26 strongly. Early indications from Month 1 of the new financial year were also encouraging, with the majority of trusts performing above plan in key areas, including four-hour performance, reflecting the impact of recovery actions implemented in the latter part of the previous year. Members were advised that this positive trajectory has been recognised regionally, with continued support being provided through oversight arrangements with providers.<br><br>The report also highlighted ongoing work to strengthen oversight of performance and delivery, including continued collaboration with finance colleagues to align performance improvement with financial sustainability and cost improvement plans. The Committee noted that emerging risks associated with delivery of prior recovery plans are already being identified in the early part of the year, and that a proactive approach is being taken to intervene early and support delivery.<br><br>In discussion, members noted that the current report format did not consistently include supporting data alongside narrative reporting, particularly within the alert and advise sections, and emphasised the importance of strengthening quantification and evidence in future iterations. It was acknowledged that enhanced reporting, including clearer metrics and trend data, would be incorporated in forthcoming reports to improve transparency and support effective oversight.<br><br><u>Chief Finance Officer</u><br><br>The Committee received the Chief Finance Officer's report, noting that the content would continue to develop as the supporting sub-committee structure becomes fully established. It was reported that existing financial governance arrangements were already operating in practice through established forums, particularly in relation to financial management, contracting, and delivery of the cost improvement programme, with these expected to be formally reflected within the evolving governance framework. The Committee noted progress in relation to neighbourhood health development, including ongoing work to establish a pipeline of neighbourhood health centres. Members were advised that an initial proposal for ten developments had been submitted to ensure continued access to national funding allocations, with a provisional £44m available to support delivery. It was emphasised that this represents an early stage in the process, with detailed business cases yet to be developed and further engagement required across partners to determine delivery models, funding contributions, and the use of existing estate. The Committee was informed that national expectations in relation to neighbourhood health are continuing to evolve, and that maintaining flexibility and readiness to access further funding opportunities is a key priority.<br><br>The Committee discussed the importance of partnership working in the development of neighbourhood health centres, including alignment with wider system partners such as local authorities, housing providers, and GMCA. It was noted that initial engagement has taken place at locality level; however, timelines for submission have required an accelerated approach, with further collaboration and co-design expected as the programme progresses. Members also emphasised the importance of maximising the use of existing public estate in line with one public estate principles. |

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| | The Committee noted positive progress in a number of financial areas, including the timely submission of required national returns, successful contract sign-off with Greater Manchester providers ahead of previous years, and ongoing budget finalisation. Early feedback from external audit indicated no material issues at this stage, and the Committee acknowledged the significant achievement in delivering a compliant financial plan for 2025/26 across the system. It was further noted that deficit support funding had been secured for Quarter 1 for both the ICB and providers, reflecting compliance with national requirements, including timely contract agreement.<br><br>In discussion, members sought clarification on the operation of deficit support funding arrangements and were advised that funding is now assessed at an organisational level, allowing different parts of the system to qualify independently. It was confirmed that all Greater Manchester organisations had secured support for Quarter 1, although future quarters will require continued delivery against challenging plans, particularly within the provider sector.<br><br>The Committee also considered broader issues of financial risk and system delivery, noting that early engagement and robust management will be required to sustain financial performance and respond to emerging pressures.<br><br>**NHS GM People & Resources Committee;**<br>• **Noted the reports**<br>• **Supported the progress and direction of travel for establishing the new People and Culture Sub-Group**<br>• **Noted scrutiny of performance takes place at the Strategic Commissioning Committee and is presented to Board.** |
| 6. | **Finance Report – Month 1**<br><br>The Committee received the Month 1 Finance Report, noting that the reported position is subject to a number of caveats due to ongoing organisational transition and the current stage in the financial reporting cycle. It was explained that the month 1 position reflects a high-level view pending finalisation of budget uploads with NHS England, with a mix of on-ledger and off-ledger reporting in place. The Committee was advised that, due to continued staff movement and system changes, some costs may not yet be fully aligned to the correct areas, although this is expected to stabilise in subsequent months.<br><br>The Committee noted that the organisation is reporting a balanced position at Month 1 year-to-date; however, forecast information is not yet available. Members were advised that early pressures have been identified in specific areas, including ADHD, autism services and all-age continuing care, largely driven by an increase in high-cost packages observed at the end of the previous financial year. It was noted that this position reflects a cautious, worst-case view at this stage, and further detailed analysis and recovery actions are underway. Additional pressures were also identified in community health services relating to undelivered cost improvement programmes carried forward from the previous year.<br><br>The Committee discussed the Cost Improvement Programme (CIP), noting that the current position is marginally ahead of plan but that a number of schemes remain in development. Members emphasised the importance of clear visibility on the trajectory and phasing of delivery and sought greater detail on both the areas where savings have been realised and those being targeted going forward. It was confirmed that a more refined approach to CIP delivery has been adopted, focusing on fewer, larger thematic |

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| | schemes with clear ownership and strengthened oversight across portfolios. The Committee also noted the intention to provide enhanced reporting on CIP progress through future reports.<br><br>Members were advised that the current financial position remains volatile, reflecting the use of exit run-rate assumptions in budget setting and the sensitivity of expenditure in key areas. It was acknowledged that, while variances are not currently material, there is a risk of escalation if mitigating actions are not delivered. The Committee noted that these risks have been identified early and are being actively managed through strengthened financial grip, prioritisation of key issues, and alignment with the overarching recovery and improvement programme.<br><br>The Committee further discussed improvements to financial reporting, including the intention to reintroduce more structured dashboards and performance metrics from Month 2 onwards, albeit focused on the ICB position rather than the wider system. Members also noted the planned reintroduction of the 'jigsaw' resource allocation tool in a revised format, with a longer-term ambition to support more needs-based resource allocation and improved linkage between financial inputs and outcomes.<br><br>The Committee emphasised the importance of developing a more integrated and transparent reporting framework, including clearer articulation of financial risks, cost improvement delivery, and the relationship between financial performance and system priorities. It was also agreed that further development of the 'jigsaw' approach and needs-based allocation methodology would benefit from dedicated discussion at Board level.<br><br>**NHS GM People & Resources Committee;**<br>• **Noted the summary nature of the Month 1 financial report.**<br>• **Noted the 2026/27 NHS GM financial plan is balanced following the receipt of £17.7m of deficit support funding.**<br>• **Noted the Month 1 year to date reported financial position is in line with the balanced plan.**<br>• **Noted and discuss the areas of pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.**<br>• **Noted the delivery of CIP in Month 1 of £12.8m against a plan of £12.8m, a slight over delivery of £84k in month.** |
| 7. | **Performance Report**<br><br>This report provided an update on key performance indicators for GM. The indicators included were those considered high risk and/or form part of the undertakings process.<br><br>**NHS GM People & Resources Committee noted the information provided.** |
| 8. | **Any Other Business**<br><br>There was no additional business raised.<br><br>**Board Paper Escalations**<br><br>There were no specific escalations noted, and the Board Report would be drafted based on the discussions in the meeting. |

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| | **Meeting Reflections**<br><br>The reflections indicated that the committee is functioning well in its new form, with strong foundations in place, but with clear areas for refinement, particularly around data richness, system visibility, and governance clarity. |

## Actions Log: People & Resource Committee

| No | Date | Section | Details of the issue | Details of action agreed | Action Lead | Completion Date | Status | Further Detail |
|---|---|---|---|---|---|---|---|---|
| P&R-001 | 22/04/2026 | 9. NHS GM Financial Scheme of Delegation Amendments | Financial scheme of delegation flow charts | Arrange for new flow charts to be shared with KK when ready. | Stephen Downs | 27/05/2026 | Ongoing | |

**Completed at Previous Meeting (Audit Trail)**

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# Chief Strategy, People and Partnerships Officer - Alert Report P&C

17th June 2026

NHS Greater Manchester

**NHS Greater Manchester People and Resources Committee**

**17th June 2026**

| Required information | Details |
|---|---|
| **Title of report** | Chief Strategy, People and Partnerships Officer - Alert Report P&C |
| **Author** | Rachel Watkin, Strategy & Partnerships Delivery Lead |
| **Presented by** | Charlotte Bailey, Chief Strategy People and Partnerships Officer |
| **Contact for further information** | Charlotte.bailey37@nhs.net |
| **Executive summary** | This paper alerts, assures and advises the People and Resources Committee regarding key people and culture priorities, risks and mitigations as overseen by the People and Culture Sub-Group. All programmes are currently on track. |
| **The benefits that the population of Greater Manchester will experience.** | To support our staff to be their best in order to deliver our ambitions for GM. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | To support our staff to be their best in order to deliver our ambitions, including tackling health inequalities for GM and leading by example. |
| **The decision to be made and/or input sought** | The PRC is asked to:<br>Note the report |
| **How this supports the delivery of the strategy and mitigates the BAF risks** | Relates to the ability of our workforce to perform at their best and supports the organisation's ability to manage all BAF risks. |
| **Key milestones** | New model commenced in April 2026 – priorities and associated KPIs to be reviewed. |
| **Leadership and governance arrangements** | This paper is produced for this committee and has not been elsewhere. Governance arrangements are still in development. |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | There has been no formal engagement on this paper as it is produced for The Committee and has not been elsewhere. |
| **Financial or Legal Implications;** | n/a. |

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| Public engagement | Clinical engagement | Sustainability impact | Financial advice | Legal advice | Conflicts of Interest | Report accessible |
|---|---|---|---|---|---|---|
| N | N | N | N | N | N | Y |

*Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessiblity of report*

## Key Updates and Escalations

| **Alert** |
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| Nothing to alert this month |
| **Advise** |
| **Learning and Development (L&D) Governance**<br>There is an emerging view that the current L&D governance arrangements may no longer be proportionate or operationally sustainable within the future operating model of the organisation. A proposal has been drafted regarding the future operating model for L&D governance, commissioning, funding and approval arrangements. This proposal will be discussed at appropriate forums in the coming month and brought to P&C group at its next meeting.<br><br>**Workforce Reporting**<br>A proposed future approach to workforce reporting for NHS Greater Manchester Integrated Care Board, aligned to the new ICB operating model following recent organisational restructure has been drafted. The proposed approach establishes a sustainable workforce reporting model for NHS GM following organisational restructure, creates self-service model for leaders to access timely data. Workforce report will only be able to capture data stored on ESR and bespoke workforce reports will no longer be created<br><br>It maintains essential organisational assurance during transition while moving towards a digital-first, self-service model aligned to the new ICB operating framework.<br><br>**People Pulse and Staff Survey**<br>Following CO's agreement in July 2025 to run the National Staff Survey (NSS) in 2026, IQVIA have been commissioned and the survey to be live from September to November, with staff communications from August. Data releases will be from December to March 2027 and will be available by Portfolio / Place.<br><br>NHS GM will be utilising the nationally developed NHS People Pulse instead of the previously internally run pulse surveys during Live Leadership Briefings. Using the NHSE national system will support reduced capacity in the People & Culture and DII teams and enable benchmarking. The first Pulse will run in July, via a link to the national website, and focuses on whether staff feel motivated, involved and willing to recommend their organisation as a place to work. Data will be available by Portfolio/Place, and the People Pulse will run in January, April and July, with September being the National Staff Survey quarter. |

**Equality and Diversity**

The No Space for Racism campaign continues to provide the visible, system-wide anchor for the GM anti-racism programme, combining a mayoral-backed public commitment with coordinated delivery across the ICB and wider health and care system. The public campaign was formally launched at the ICP on 29 May, receiving full system endorsement. Delivery is now focused on embedding the infrastructure that underpins impact, including incident reporting (via Datix), alignment of active bystander training, and strengthened staff support pathways. Governance has been strengthened through the No Space for Racism Programme Board co-chaired by the Chair of Pennine Care and the North West Race Equity Assembly and the establishment of the Inclusive Leadership Steering Group (ILSG), providing clear executive and non-executive oversight and reporting into Committee. This is supported by a phased communications approach, with co-produced materials, digital assets and partner toolkits ensuring consistent messaging and sustained reach, alongside alignment with organisational standards, leadership expectations and Anti-Racist Framework accreditation.

The Lord Mann Review (4 June 2026), accepted in full by Government and NHS England, strengthens national expectations and reinforces the direction of travel of the GM programme, particularly in relation to board-level accountability, data quality and consistent organisational response to racism. The consolidated plan is being refreshed to align with these requirements across clear delivery themes, with priorities focused on strengthening board oversight of workforce data and incidents, embedding equality objectives into leadership appraisal frameworks, improving the consistency and application of data, and preparing for forthcoming national staff standards and training. Taken together, this positions the GM programme as the primary delivery vehicle for translating statutory duties, mandated standards and new national policy expectations into coherent, organisation-wide action and assurance

**Assure**

**Appraisal process changes**

The appraisal approach for 2026 has been streamlined to better reflect the pace and context of organisational reform, with a clear emphasis on the quality of conversation rather than completion of documentation. The revised template and process focuses on core areas including wellbeing, clarity of expectations/objectives, strengths and contributions, and future development priorities. A simplified template has been introduced to support this, alongside a separate mechanism for capturing any critical development needs requiring organisational oversight. This approach is intended to enable more meaningful, future focused discussions between colleagues and managers while reducing administrative burden and improving the consistency of experience across the organisation. Information about this new approach, including links to the key documents were shared in the most recent Keep Connected and with ELT.

**Support for line managers during transition**

A range of targeted support has been put in place to equip line managers to lead their teams effectively through the transition period. This includes practical tools such as conversation guides, checklists, and team-based resources such as a team canvas designed to support clarity and connection. These resources are designed to be flexible and used in a way that reflects where managers and teams are now.

They should be used alongside this year's appraisal conversations to connect team priorities to individual focus, and create space for more meaningful, ongoing dialogue. All the resources are available on a dedicated SharePoint resource library & were shared in the most recent Keep Connected and with ELT.

**All staff away day planning**

Planning for the all-staff away day is progressing well, with a clear focus on creating a purposeful event that supports reconnection, shared understanding, and alignment following organisational reform. A task and finish group made up of representatives from portfolios and place is being established to shape the design and content, incorporating learning and feedback from last years' away day to strengthen both the experience and logistical delivery. The event will provide an important opportunity to bring colleagues together at scale, reinforcing organisational priorities and supporting a renewed sense of collective direction.

## Risks discussed and new risks identified

**Current People & Culture Risks**

- **Risk 001:** Loss of talent and organisational knowledge due to voluntary redundancies, restructures and staff departures.
- **Risk 002:** People and culture Teams Lack of Capacity to Deliver BAU
- **Risk 003:** Uncertainty in P&C Responsibilities and impact on system commitments
- **Risk 004:** Workforce wellbeing and leadership capacity, including interim leadership arrangements, wellbeing communications and sustaining the network of wellbeing champions.
- **Risk 005:** Widening inequalities due to reduced organisational focus
- **Risk 006:** Inaccurate Workforce Data. Data becomes inaccurate or misleading due to high turnover and limited capacity for ESR maintenance.
- **Risk 007:** Mandatory training Compliance, particularly around IG and safeguarding, where compliance may fall due to inaccurate ESR data and reduced capacity.

*These dynamic risks will be monitored on an ongoing basis to ensure they remain responsive to the organisation and emerging people and culture risks.*

## Learning for sharing

No learning to share this month

## Achievements

All staff have received their EOI outcomes, with only 80 ringfenced interviews to take place before the end of June.

Organisational Design and Delivery plan implementation roadmap endorsed by COs and ELT.

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# Acting Chief Reform & Improvement Officer Report

## 24th June 2026

Part of Greater Manchester Integrated Care Partnership

**NHS Greater Manchester People & Resources Committee**

**24th June 2026**

| Required information | Details |
|---|---|
| **Title of report** | Acting Chief Reform & Improvement Officer Report |
| **Author** | Nicola Hepburn Acting Chief Reform & Improvement Officer, NHS GM |
| **Presented by** | Nicola Hepburn Acting Chief Reform & Improvement Officer, NHS GM |
| **Contact for further information** | Nicola.Hepburn1@nhs.net |
| **Executive summary** | This report provides assurance on how NHS Greater Manchester Integrated Care Board is discharging its statutory duties for quality, safety and clinical governance across the organisation and the system as a whole. It brings together intelligence from established governance routes and demonstrates how statutory clinical governance and quality functions are being exercised to identify and manage risk, reduce unwarranted variation, and support safe, effective and equitable care across Greater Manchester.<br><br>The report highlights key areas of assurance and oversight from thr Reform & Improvement portfolio. |
| **The benefits that the population of Greater Manchester will experience.** | |
| **How health inequalities will be reduced in Greater Manchester's communities.** | The work described in this report aligns with NHS GM strategic priorities and the ICP strategy with the intention to deliver financial sustainability, improve our oversight arrangements with our commissioned providers and take forward our digital strategy. |
| **The decision to be made and/or input sought** | The Committee is asked to note the AAAA report and the position as of M3. |
| **How this supports the delivery of the** | The areas within this report and progress made to improve these relate to BAF risk |

| | |
|---|---|
| **strategy and mitigates the BAF risks** | |
| **Key milestones** | These are set out within the different sections of the report. |
| **Leadership and governance arrangements** | This paper is produced for Strategic Commissioning Committee and has not been elsewhere but is formulated from intelligence and papers from |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | There has been no formal engagement on this paper as this paper is produced for Strategic Commissioning Committee and has not been elsewhere. The intelligence and papers used to formulate this report have come from the functions workplans within the portfolio. |
| **Financial or Legal Implications;** | There are no direct new financial or legal implications arising from this report. Decisions with a material financial impact, including medicines optimisation and gainshare opportunities, are being progressed through the appropriate executive and financial governance routes in line with existing NHS GM policies.<br><br>The report reflects continued work to improve patient standards and the ICBs delivery and improvement against the agreed strategic priorities. |

| Public engagement | Clinical engagement | Sustainability impact | Financial advice | Legal advice | Conflicts of Interest | Report accessible |
|---|---|---|---|---|---|---|
| N | Y | N | N | N | N | Y |

*Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessiblity of report*

## Alert

Nil alerts for June 2026.

## Advise

**Data Insight and Intelligence:**

DII Operating Model Transition:
DII is progressing transition to the new structure effective 1 July 2026, aligned to the ICB Blueprint and revised operating model. Expression of Interest (EoI) interviews are taking place this week to support role alignment and workforce stabilisation.

Digital Enablement & Governance (TaskFlow):
DII has developed TaskFlow, a new workflow management tool which will:

- Track all requests, risks, issues and Data Quality (DQ) items
- Provide end-to-end visibility of demand and delivery
- Strengthen governance reporting and escalation routes

This will underpin improved prioritisation and oversight as part of the new operating model.

Federated Data Platform (FDP) Engagement:
Matt Hennessey hosted a recent parliamentary visit to demonstrate regional progress on the Federated Data Platform (FDP), with DII contributing to system positioning and showcasing Greater Manchester's approach to digital transformation and data-led service improvement.

**Elective:**

**GIRFT ICB visit**
GIRFT GM ICB virtual visit scheduled for 28 September 2026. This will need to be a joint presentation / discussion between the ICB, TPC and the GIRFT team.

Action: Elective and UEC teams to work with providers and TPC to co-develop GM presentation

**Clock starts increase following end of Q4 sprint**
Nationally and regionally, there has been a spike in clock starts in April following the sprint and waiting lists have increased.

Initial analysis of GM data suggests March was a large referral month (similar to July 2025 when waiting lists also increased) and the waiting list change maybe driven by a spike in delayed additions to waiting list (admin processed after 30 March) plus reduced validation compared to March (when validation period increased 80%).

April and May clock start volumes and generated e-RS referrals are below Q4 levels therefore this maybe a seasonal spike compounded by the actions taken to deliver Q4 sprint position.

Elective team are working with DII to analyse GM position and will provide an analysis in the coming week.

**UEC:**

The outcomes of the review of impact and value for money of all capacity and discharge schemes for 2025/26 have now been completed.
These outcomes will be presented to Chief Officers to inform decisions on funding for 2026/27 and to ensure all schemes contribute to reducing inequalities, improving outcomes, and delivering the left shift agenda.
This will support patients in our communities over the winter period**.**

## Assure

**Data Insight and Intelligence Update:**

A DII position statement has been presented to OLG, outlining:

- Priority areas aligned to the new ICB Blueprint
- Workforce requirements and current gaps
- Proposed areas to stop or reduce activity to enable new demand

Next step: Chief Officers to review and provide feedback to confirm direction and prioritisation.

## Risk discussed and new risk identified

**DII Update:**
Known corporate risk: insufficient Data Governance capacity. External recruitment unsuccessful to the Data Governance Manager role.
Impact:

- Reduced ability to deliver against statutory governance requirements
- Constraint on supporting key programmes (e.g. SDE, ICB governance assurance)

Mitigation:

- Role re-advertised
- Prioritisation of demand through TaskFlow
- Resource discussions underway with the GMCA

**Demand vs Capacity Pressure:**
The need to stop or pause lower-priority activities (as outlined in the position statement) introduces risk of stakeholder dissatisfaction or delays in non-priority areas.

## Achievements

**DII Updates:**

The Data Insight and Intelligence team were awarded with “System Partner Award” from Health Innovation Manchester.

Recognising an organisation or group that consistently enabled delivery, opened doors, or removed barriers across the life cycle of the Programme.”

**UEC**
The new EPRR On-Call model went live on 1st June 26

NHS
Greater Manchester

# Chief Finance Officer Report

## June 2026

**Part of** Greater Manchester
Integrated Care Partnership

**NHS Greater Manchester People and Resources Committee**

**24th June 2026**

| Required information | Details |
|---|---|
| **Title of report** | Chief Finance Officer Report |
| **Author** | Stephen Downs, Deputy Chief Finance Office, NHS GM |
| **Presented by** | Kathy Roe, Chief Finance Officer, NHS GM |
| **Contact for further information** | Stephen.Downs1@nhs.net |
| **Executive summary** | This report provides assurance on how NHS Greater Manchester Integrated Care Board is discharging its statutory duties for finance across the organisation and the system as a whole. It brings together intelligence from a number of resources to provide the Committee with an update on current pertinent issues and updates.<br><u>Alerts</u><br>• Month 2 System Position<br>• Deconstructing the blocks – Community and Mental Health<br><u>Advise</u><br>• CIP identification<br>• Financial Scheme of Delegation<br><u>Assure</u><br>• Month 2 – ICB<br>• NHS Reforms<br><u>New risks</u><br>• No new risks highlighted. CIP delivery continues to be the main risk<br><u>Achievements</u><br>• Submission of 2025/26 audited accounts<br>• HFMA Awards |
| **The benefits that the population of Greater Manchester will experience.** | The ICB will operate within the resources available for the Greater Manchester population and deliver the best value possible. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | The work described in this report aligns with NHS GM strategic priorities and the ICP strategy. |
| **The decision to be made and/or input sought** | No decisions are required |
| **How this supports the delivery of the strategy and mitigates the BAF risks** | The areas within this report and progress made to improve these relate to BAF risk SR7 |
| **Key milestones** | These are set out within the different sections of the report. |

| | |
|---|---|
| **Leadership and governance arrangements** | This paper is produced for the People and Resources Committee and covers the finance aspects of the Committee business. It has not been elsewhere but is formulated from intelligence gathered from various senior managers within the ICB. |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | There has been no formal engagement on this paper. |
| **Financial or Legal Implications;** | There are no direct new financial or legal implications arising from this report. |

| Public engagement | Clinical engagement | Sustainability impact | Financial advice | Legal advice | Conflicts of Interest | Report accessible |
|---|---|---|---|---|---|---|
| N | N | N | Y | N | N | Y |

*Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessiblity of report*

## Alert

### Month 2 System Financial Position

As reported to NHS England at month 2, the Greater Manchester system reported an adverse variance of £20.8m, noting that the ICB reported a balanced position.

### Deconstructing the block contracts – Community and Mental Health

NHS England will shortly be launching a national programme on deconstructing the community and mental health block contracts. Similar to the acute work, this is about re-establishing greater line of sight and transparency between the amount being paid to providers and the services being delivered. Given the historical challenges with data quality in these services, this will be a challenge for all organisations, but a national working group has been developing guidance over the previous 12 months to support this work. The programme will run over the summer months with reporting to NHS England in the Autumn.

## Advise

### CIP Identification

NHSE have set a target that by the end of quarter 1 that all CIP schemes should have a status of implemented or fully developed. If this is not achieved quarter 2 deficit support funding may be at risk.

A small multi-disciplinary team has been established to focus on fully developing all existing CIP schemes and identifying any further CIP schemes which may close the gaps and start to progress schemes in advance of the next financial year.

### Financial Scheme of Delegation

The updated Financial Scheme of Delegation was approved at Board in May, but a further update is proposed to give the Strategic Commissioning Committee delegated limits. These will be kept under review during the year.

## Assure

### 2026/27 Month 2 (M2) – ICB

NHS GM is on plan at M2 but there are emerging pressures in Continuing Health Care, ADHD and mental health packages. These pressures have been mitigated at M2, and action is being taken to address these with existing recovery plans being reviewed to ensure that they are still achievable.

### NHS Reform

Following the Expression of Interest process most of the finance staff slotted into their first choice of post leaving only 8 staff needing to progress through an interview process. These interviews are now complete, and staff will commence in their new roles by 1st July at the latest leaving only a small number of top priority posts subject to recruitment.

## Risk discussed and new risk identified

### Delivery of the 2026/27 CIP Programme

The risk to the ICB plan continues to be the delivery of the CIP programme for 2026/27 and for at least 65% to be recurrent, in line with the plan submitted to NHSE. This will continue to be a risk during 2026/27, and delivery will be tracked through the People and Resources Committee.

## Achievements

### 2025/26 Audit Accounts

Following the approval of the Annual Report and Accounts for 2025/26 at the Audit Committee on 17th June 2026, NHS GM submitted the audited financial statements on the same day, ahead of the deadline of 19th June.

### HFMA Awards – Highly Commended

At the North West HFMA Conference, the work with the two Mental Health Trusts on the Mental Health Integrated Fund was shortlisted in the Collaboration category. The work on ADHD was also shortlisted in the same category. Both applications were highly commended. A member of the Finance Team was also shortlisted for the Outstanding Individual Award.

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# Month 2 Finance Report

2026/27

**Part of** Greater Manchester
Integrated Care Partnership

# NHS GM People & Resources Committee – Public

## 24 June 2026

| Required information | Details |
|---|---|
| **Title of report** | Month 2 Finance Report |
| **Author** | Jackie Gardiner – Director of Operational Finance |
| **Presented by** | Stephen Downs – Deputy Chief Finance Officer |
| **Contact for further information** | Jackie Gardiner – Director of Operational Finance |
| **Executive summary** | The purpose of the report is to update the People & Resources Committee on the Month 2 financial position for NHS GM as at 31st May 2026. |
| **The benefits that the population of Greater Manchester will experience.** | Effective financial management will contribute to the delivery of the ICP strategy and delivery of health and social care services to the population of Greater Manchester. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | Effective financial management will support the delivery of the ICP strategy and the focus on commissioning decisions to reduce health inequalities. |
| **The decision to be made and/or input sought** | The People & Resources Committee is asked to:<br>1. Note the Month 2 year to date and forecast reported financial position which is in line with the balanced plan.<br>2. Note and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.<br>3. Note the delivery of CIP as at Month 2 of £20.7m against a plan of £20.5m, a slight |

| | |
|---|---|
| | over delivery of £165k YTD.<br>4. Note that the forecast capital position is expected to deliver in line with the allocation.<br>5. Note the NHS GM cash position which continues to be closely monitored.<br>6. Note that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues. |
| **How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks** | The report provides an update aligned to the strategic risk to ensure financial balance for NHS GM for 2026/27. |
| **Key milestones** | Monthly reporting within 2026/27 Financial Year. |
| **Leadership and governance arrangements** | Presented to Chief Officers on 24th June 2026.<br><br>Presented to People & Resources Committee on 24th June 2026.<br><br>Will be presented to the NHS GM Integrated Care Board on 15th July 2026. |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | N/A, part of on-going monthly reporting. |
| **Financial or Legal Implications** | N/A as this is the monthly Finance Report. |

*Table 1 – core information relating to the content or creation of paper*

| Public engagement | Clinical engagement | Sustainability impact | Financial advice | Legal advice | Conflicts of Interest | Report accessible |
|---|---|---|---|---|---|---|
| N | N | N | Y | N | N | Y |

*Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessiblity of report*

# 1. Introduction

1.1 The purpose of the report is to update the People & Resources Committee on the financial position for NHS GM as at 31st May 2026.

# 2. Key Messages

2.1 Plan

NHS GM has submitted a breakeven plan to NHS England (NHSE) for 2026/27, which includes the receipt of deficit support funding of £17.7m.

2.2 Month 2 reported position

As at Month 2, NHS GM is reporting in line with plan.

| M2 2026/27 Surplus/(Deficit) £m | In Month Plan | In Month Actual | In Month Variance | YTD Plan | YTD Actual | YTD Variance | Full Year Plan | Full Year Forecast | Full Year Variance |
|---|---|---|---|---|---|---|---|---|---|
| NHS GM | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 |

Key messages are as follows:

- There are indications of pressures across a number of key risk areas including Prescribing, Community Health Services and All Age Continuing Care and Mental Health packages, which are being offset with underspends in other areas of spend within the overall position.
- The efficiency target at Month 2 is £20.5m, and a slight over delivery of £165k is being reported.
- Cash draw down at M2 is £68.0m ahead of the national straight-line profile, but with a closing balance of £36.2m. This is higher than normal as a result of delays in receipt of expected invoices. Future assumptions will continue to be reviewed with teams on a monthly basis.
- NHS GM has received a total capital allocation of £21.4m and is expected to fully utilise all funding in 2026/27.
- An increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

2.3 Efficiencies / CIP

The overall efficiency target for NHS GM for 2026/27 is £150.0m. As at Month 2 delivery continues to be slightly ahead of the plan by £165k. Weekly monitoring continues to be in place for all NHS organisations to submit updates to NHSE NW on the progress being made to identify efficiency schemes to fully deliver against the plan and to provide assurance that schemes are moving into developed and implemented schemes by the end of June 2026.

2.4 Corporate Operating Costs

Until the NHS Reform Programme concludes and ESR is updated to reflect the new structures and staff are moved into their substantive roles, the Admin/Running Costs position is showing an underspend which is offset with an overspend in Programme Operating Costs. YTD there is a slight underspend overall, due to the expected phasing of non-pay spend later in the year.

2.5 Capital

The NHS GM annual capital plan is £20.1m, which is split £6.6m for BAU, £10.5m relating to the first year of the 4-year Strategic Allocation and £3.0m relating to the Utilisation and Modernisation Fund. It is expected that all of this will be fully utilised in year.

2.6 Cash

At M2 NHS GM has drawn down £1,628.0m of cash against a straight-line national profile of £1,560.0m, reflecting additional drawdown of £68.0m. The allowable cash balance at the end of M2 is £8.8m, with an actual closing balance of £36.2m. This was due to forecast cash requirements being higher than actual payments made, with a number of invoices not received before the end of the month. Future assumptions will continue to be reviewed with teams on a monthly basis.

## 3. Recommendations

3.1 For the NHS GM Financial position, the People & Resources Committee is asked to:

- Note the Month 2 year to date and forecast reported financial position which is in line with the balanced plan.
- Note and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.
- Note the delivery of CIP as at Month 2 of £20.7m against a plan of £20.5m, a slight over delivery of £165k YTD.
- Note that the forecast capital position is expected to deliver in line with the allocation.
- Note the NHS GM cash position which continues to be closely monitored.
- Note that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

NHS
Greater Manchester

# NHS Greater Manchester Finance Slide Pack Month 02 – May 2026

Part of Greater Manchester Integrated Care Partnership

Presented by: Stephen Downs
Date: 24th June 2026

# NHS GM Financial Position

## Introduction

NHS Greater Manchester

As at Month 2 NHS GM is reporting in line with the year-to-date and annual plan, including receipt of Deficit Support Funding (DSF).

| M2 2026/27 Surplus/(Deficit) £m | In Month Plan | In Month Actual | In Month Variance | YTD Plan | YTD Actual | YTD Variance | Full Year Plan | Full Year Forecast | Full Year Variance |
|---|---|---|---|---|---|---|---|---|---|
| NHS GM | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 |

Key points to note for Month 2 are:

- There are indications of pressures across a number of key risk areas including Prescribing, Community Health Services and All Age Continuing Care and Mental Health packages, which are being offset with underspends in other areas of spend within the overall position.
- The efficiency target at Month 2 is £20.5m, and a slight over delivery of £165k is being reported. Weekly monitoring continues to be in place for all NHS organisations to submit updates to NHSE NW on the progress being made to identify efficiency schemes to fully deliver against the plan and to provide assurance that schemes are moving into developed and implemented schemes by the end of June 2026.
- Cash draw down at M2 is £68.0m ahead of the national straight-line profile, but with a closing balance of £36.2m. This is higher than normal as a result of delays in receipt of expected invoices. Future assumptions will continue to be reviewed with teams on a monthly basis.
- NHS GM has received a total capital allocation of £21.4m and is expected to fully utilise all funding in 2026/27. Governance is being reviewed to ensure all funding can be appropriately spent.
- An increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

# Key Metrics Dashboard

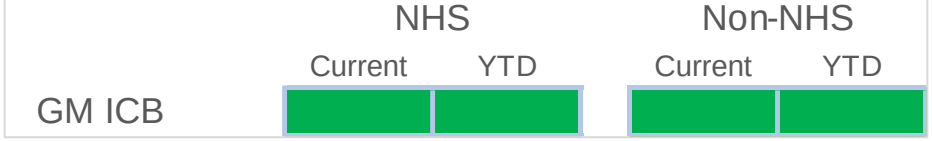
NHS Greater Manchester

| 2026/27 NHS GM Dashboard (£m) | YTD Budget M02 | YTD Actual M02 | YTD Variance M02 | Full Year Budget/ Allocation | Full Year Forecast | Full Year Variance | RAG |
|---|---|---|---|---|---|---|---|
| Financial position - inc DSF | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | G |
| Financial position - exc DSF | -£2.9 | -£2.9 | £0.0 | -£17.7 | -£17.7 | £0.0 | G |
| CIP | £20.5 | £20.7 | £0.2 | £150.0 | £150.0 | £0.0 | G |
| Capital - NHS GM | £2.9 | £2.9 | £0.0 | £17.1 | £17.1 | £0.0 | G |
| **Key metrics** | | | | | | | |
| MHIS (excluding LD & Dementia) | £141.0 | £141.0 | £0.0 | £846.0 | £846.0 | £0.0 | G |
| MHIS - Delegated Specialised Commissioning* | £18.3 | £17.8 | £0.6 | £118.0 | £118.0 | £0.0 | G |
| Running costs** | £7.9 | £7.1 | £0.8 | £47.8 | £32.6 | £15.2 | G |

- NHSE have confirmed that the target in the IFR file is the opening plan and does not yet include any additional allocations received, the budget for NHS GM does include those additional allocations.

** Running Cost underspend is currently offset with Programme Operating Costs until ESR has been updated to reflect the new Operating Model and structures.

## Monthly BPPC Performance

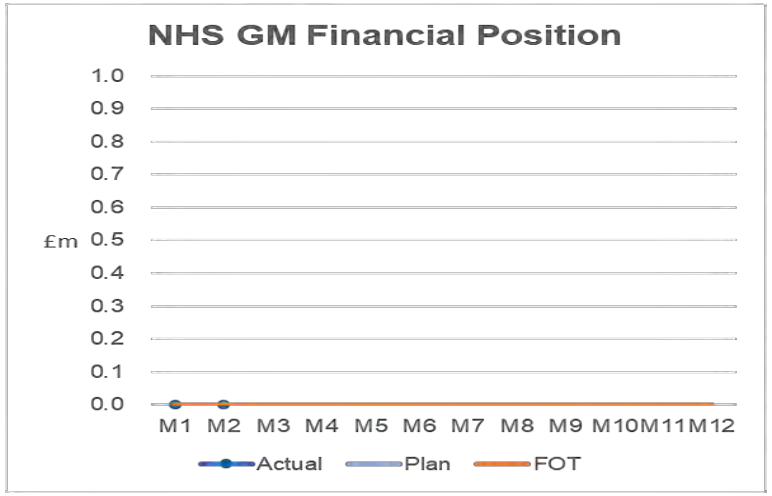


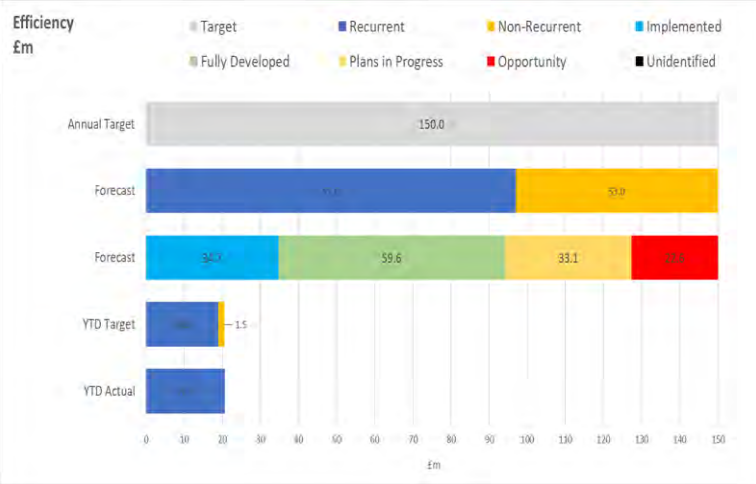

***Note:*** *all numbers are rounded to nearest £0.1m. This may result in small discrepancies when adding together columns/rows or reviewing variances in the table. But all values presented are* calculated using precise values, before rounding is applied.

# Key Metrics

# Analysis

NHS Greater Manchester





**NHS GM Financial Position**

- As at Month 2 NHS GM is reporting in line with the year-to-date and annual plan.
- This is after Deficit Support Funding of £17.7m has been allocated to NHS GM. To date £4.4m for Q1 has been confirmed, of which £2.9m is profiled to month 2.
- DSF for the remainder of the year will be subject to delivery of the overall plan and identification of all schemes to deliver the Savings target of £150.0m.

**NHS GM Efficiency**

- The chart above details the savings delivered against an overall savings target of £150.0m.
- YTD savings of £20.7m have been delivered against the target of £20.5m, of which 65.0% has been delivered recurrently.
- NHS GM is expected to deliver savings of £150.0m in full, albeit that at Month 2, £22.6m are flagged as an opportunity, where schemes are still being scoped. The current risk adjusted (NHSE risk approach) forecast outturn delivery is £48.4m which has reduced by £7.9m since last month.

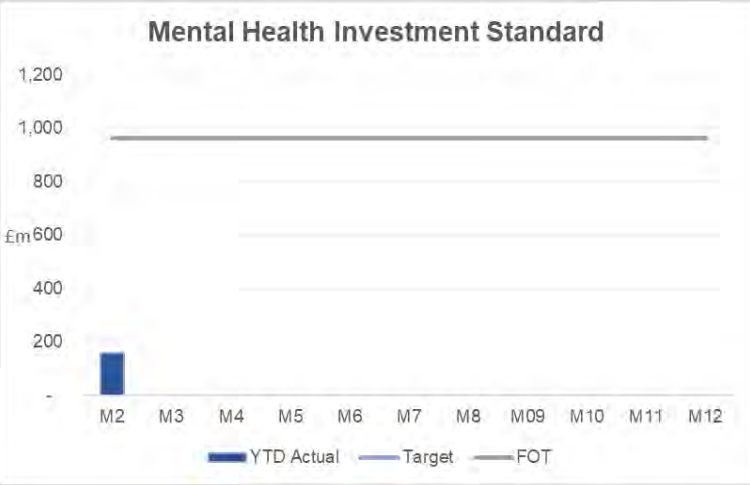
**NHS GM Running costs**

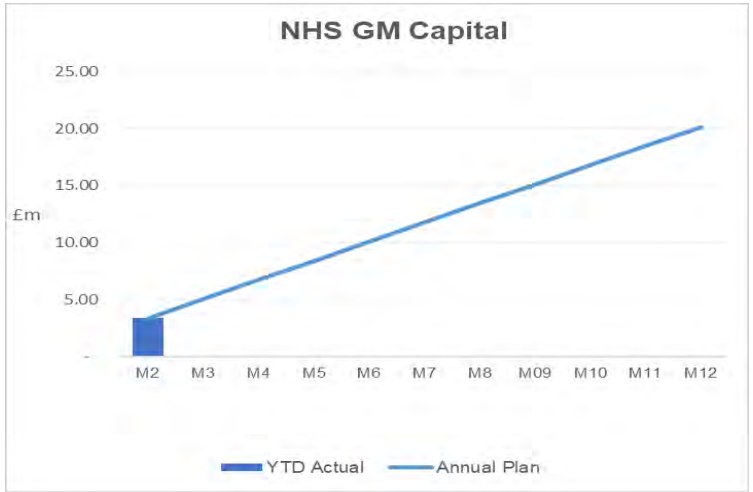
- The running cost allowance for NHS GM for 2026/27 is £47.7m.
- At Month 2 the running cost allowance is £7.9m with actual spend of £7.1m, a variance of £0.8m.
- Underspends are currently being reported within running costs, and these are being partially offset by overspends within Programme Operating Costs. This is until the NHS Reforms programme has concluded and all staff can be moved in ESR into their new substantive role and charged appropriately.
- The FOT is shown in balance in the graph above to reflect the overall Operating Costs position.

# Key Metrics

# Analysis

NHS Greater Manchester





**Mental Health Investment Standard**

- There are 2 targets relating to the Mental Health Investment Standard (MHIS) which are reported and monitored separately and not combined.
- The core MHIS target requires NHS GM to spend £845.0m on mental health provision in 2026/27.
- In addition, there is a Specialised Commissioning MHIS (SCMHIS) target of £115.7.4m. This target has not been updated by NHSE to reflect the additional allocations received since the opening budgets were posted, which now totals £118.0m.
- At Month 2 NHS GM has delivered both targets (i.e. minimum spend) with core MHIS at £141.0m and Specialised at £17.8m.

**NHS GM Capital**

- The chart above shows the entirety of the NHS GM Capital plan for 2026/27 which totals £20.1m.
- This is split £6.6m for BAU, £10.5m relating to the first year of the 4-year Strategic Allocation and £3.0m relating to the Utilisation and Modernisation Fund.
- At Month 2, expenditure is reported in line with plan whilst all schemes are being finalised to ensure that the full allocation is utilised in year. Governance is being reviewed to ensure all funding can be appropriately spent.

**Cash**

- At M2 NHS GM has drawn down £1,628.0m of cash against a straight-line national profile of £1,560.0m, reflecting additional drawdown of £68.0m.
- The cash forecast for 2026/27 at M2 remains in line with the M2 confirmed cash limit of £9,359.9m, which will change as allocations are received during the financial year.
- The allowable cash balance at the end of M2 is £8.8m, with an actual closing balance of £36.2m. This was due to forecast cash requirements being higher than actual payments made, with a number of invoices not received before the end of the month. Future assumptions will continue to be reviewed with teams on a monthly basis.

# NHS GM Financial Position

## Month 2

NHS Greater Manchester

The financial summary for NHS GM by expenditure type as at Month 2 is shown in the table below:

| NHS GM Financial Position £m | YTD Plan | YTD Actual | YTD Variance | YTD Variance % | Full Year Plan | Full Year Forecast | Full Year Variance | Full Year Variance % |
|---|---|---|---|---|---|---|---|---|
| Allocations | £1,542.2 | £1,542.2 | £0.0 | 0.0% | £9,360.0 | £9,360.0 | £0.0 | 0.0% |
| Admin | | | | | | | | |
| Running Costs | £7.9 | £7.1 | £0.8 | 10.0% | £47.8 | £32.6 | £15.1 | 31.7% |
| Total Admin | £7.9 | £7.1 | £0.8 | 10.0% | £47.8 | £32.6 | £15.1 | 31.7% |
| Programme | | | | | | | | |
| Mental Health | £165.7 | £167.0 | -£1.3 | -0.8% | £993.9 | £998.5 | -£4.6 | -0.5% |
| Acute | £687.8 | £687.8 | £0.0 | 0.0% | £4,123.9 | £4,123.7 | £0.2 | 0.0% |
| Specialised Commissioning | £174.1 | £173.5 | £0.6 | 0.3% | £1,067.4 | £1,067.4 | £0.0 | 0.0% |
| Primary Care | £19.3 | £19.3 | £0.0 | 0.0% | £115.9 | £116.0 | £0.0 | 0.0% |
| GP Medical, Pharmacy, Dental and Optometry | £185.1 | £184.9 | £0.2 | 0.1% | £1,100.8 | £1,099.8 | £1.0 | 0.1% |
| Prescribing | £98.0 | £99.2 | -£1.2 | -1.2% | £606.2 | £606.2 | £0.0 | 0.0% |
| All Age Continuing Healthcare | £48.7 | £52.2 | -£3.5 | -7.2% | £292.1 | £297.7 | -£5.6 | -1.9% |
| Community Health Services | £133.0 | £133.7 | -£0.7 | -0.5% | £798.2 | £798.8 | -£0.6 | -0.1% |
| Programme Operating Costs | £13.4 | £13.7 | -£0.3 | -2.3% | £80.8 | £95.9 | -£15.1 | -18.7% |
| Other expenditure | £3.8 | £3.8 | £0.0 | 0.5% | £22.8 | £22.7 | £0.1 | 0.4% |
| Earmarked commitments | £5.4 | £0.0 | £5.4 | 100.0% | £110.0 | £100.7 | £9.3 | 8.5% |
| Total Programme | £1,534.3 | £1,535.1 | -£0.8 | -0.1% | £9,312.2 | £9,327.3 | -£15.1 | -0.2% |
| **Total Expenditure** | **£1,542.2** | **£1,542.2** | **£0.0** | **0.0%** | **£9,360.0** | **£9,360.0** | **£0.0** | **0.0%** |
| **Surplus / (Deficit)** | **£0.0** | **£0.0** | **£0.0** | | **£0.0** | **£0.0** | **£0.0** | |

- As at Month 2, there are a number of emerging pressures being reported, some of which are a continuation of the pressures reported at the end of 2025/26:
  - Mental Health – relating to increases in costs of packages of care.
  - Prescribing – reflecting £1.2m of additional cost from 2025/26 relating to increases in NCSOs.
  - All Age Continuing Care – a continuation of increased costs associated with additional packages and higher acuity.
  - Acute – activity data for Month 1 & 2 is not yet available from providers.
- Running Costs and Programme Operating Costs – are currently offset until the outcomes of the NHS Reform programme are concluded and ESR is updated to reflect staff moving into their substantive roles.
- Offset with other areas of underspend in the overall position, and the utilisation of centrally held allocations whilst investment decisions are confirmed.

# Recommendations

## Month 2

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For the NHS GM Financial position, the People & Resources Committee is asked to:

- Note the Month 2 year to date and forecast reported financial position which is in line with the balanced plan.
- Note and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.
- Note the delivery of CIP as at Month 2 of £20.7m against a plan of £20.5m, a slight over delivery of £165k YTD.
- Note that the forecast capital position is expected to deliver in line with the allocation.
- Note the NHS GM cash position which continues to be closely monitored.
- Note that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

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# Strategic Commissioning Committee - Financial Scheme of Delegation Approval & Reporting Key Financial Decisions Over £5M

Part of Greater Manchester Integrated Care Partnership

# People & Resources Committee

## 24 June 2026

| Required information. | Details. |
|---|---|
| **Title of report.** | Strategic Commissioning Committee - Financial Scheme of Delegation Approval & Reporting Key Financial Decisions Above £5m. |
| **Author.** | Izhar Chaudhary & Sam Evans |
| **Presented by.** | Sam Evans |
| **Contact for further information.** | Izhar Chaudhary |
| **Executive summary.** | This paper outlines the FSD to be assigned to the Strategic Commissioning Committee and the process of reporting key financial decisions above £5m. |
| **The benefits that the population of Greater Manchester will experience.** | Ensures expenditure is approved and reported in line with governance processes, reduces financial risk and improves transparency. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | N/A |

| | |
|---|---|
| **The decision to be made and/or input sought.** | **The People & Resources Committee is requested to:**<br>1. Approve the proposed financial delegation to the SCC, enabling approval of healthcare-related expenditure up to £15m, subject to the conditions and caveats outlined in this paper; and<br>2. Approve the proposed framework for reporting financial decisions above £5m, ensuring a consistent, transparent, and proportionate approach across all decision-making forums. |
| **How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.** | Ensures financial sustainability. |
| **Key milestones.** | N/A |
| **Leadership and governance arrangements.** | To be discussed and approved at:<br>1. Chief Officers (27/5/26)<br>2. P&R Committee (24/6/26)<br>Strategic Commissioning Committee (1/7/26) (For Information Only) |
| **Engagement* to date.**<br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | Senior Finance Team (21/5/26)<br>Chief Officers (27/5/26) Approved |
| **Financial or Legal Implications** | N/A |

| Public engagement | Clinical engagement | Sustainability impact | Financial advice | Legal advice | Conflicts of interest | Report accessibility |
|---|---|---|---|---|---|---|
| No | No | No | Yes | No | No | Yes |

## Introduction

Following the NHS Greater Manchester Board meeting held on 20 May 2026, at which the amended Financial Scheme of Delegation (FSD) was discussed and approved, the Board requested:

1. The establishment of an appropriate financial delegation threshold for the Strategic Commissioning Committee (SCC), noting that no explicit financial limit is currently defined; and
2. The implementation of a clear and consistent process for reporting key financial decisions.

This paper addresses both requirements and sets out recommendations for consideration and approval by the People & resources Committee.

## Strategic Commissioning Committee (SCC)

It is proposed that the SCC be granted a defined financial delegation, subject to the following parameters:

- The SCC will hold delegated authority solely for healthcare-related expenditure, aligned to Table 6 of the FSD.(Appendix 1, outlines the application of the FSD for Table 6 through a flowchart)
- This delegation will apply only where:
    - There is a continuation of an existing commissioned service with established funding; or
    - The investment has been previously identified and approved as part of the annual planning process.
- The proposed financial delegation threshold is £15m over the lifetime of the contract.

*Exceptions and Escalation*

- Where a proposal relates to a new service without an existing approved budget, thereby creating a financial pressure, in line with the approved FSD:
    - Proposals below £15m will require approval by three Chief Officers as per the FSD, which will take place at the Chief Officers meeting.
    - Proposals above £15m will require approval by the People and Resources Committee (PRC).
    - If significant financial pressures emerge in year, the financial approval threshold for the SCC may need to be reviewed. The financial delegation for the SCC may be subject to review or withdrawal where NHS Greater Manchester is forecasting a significant overspend, or where there is insufficient assurance regarding its

ability to meet statutory financial duties. In such circumstances, the PRC will determine whether any amendments to the SCC's financial delegation are required. Any changes agreed by the PRC will be reported to the NHS Greater Manchester Board at the earliest opportunity.

*Governance Assurance*

All proposals and business cases presented to SCC or PRC will have:

- Progressed through established internal governance processes first.
- Been scrutinised by both the Operational Leadership Group (OLG) and Chief Officers.

The governance route should be clearly stated on the front cover of all papers to evidence appropriate review and assurance.

**Reporting of Key Financial Decisions Above £5m**

To ensure transparency and consistency, it is proposed that all financial decisions exceeding £5m will be formally reported through the following routes:

- Decision required by three Chief Officers' (Approval threshold, £500k - £15m) → Reported to PRC monthly via the Chief Finance Officer update.
- SCC decisions (Approval threshold, £500k - £15m) → Reported via the SCC Chair's monthly update to the Board and to PRC.
- PRC decisions (Approval threshold, £15m - £100m) → Reported via the PRC Chair's monthly update to the Board.
- Board decisions (Approval threshold, Greater than £100m) (Private session) → Reported, where appropriate, within the Board's Public session via the Chair and/or Chief Executive update.

*Confidentiality Considerations*

- All decisions of a commercially sensitive or confidential nature will first be discussed and agreed in private session.
- Subsequent public reporting will be appropriately summarised to balance transparency with the need to protect commercial and contractual sensitivities.

## Recommendations

**The People and Resources Committee is requested to:**

1. Approve the proposed financial delegation to the SCC, enabling approval of healthcare-related expenditure up to £15m, subject to the conditions and caveats outlined in this paper; and
2. Approve the proposed framework for reporting financial decisions above £5m, ensuring a consistent, transparent, and proportionate approach across all decision-making forums.

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# GUIDANCE IN APPLYING THE NHS GM FINANCIAL SCHEME OF DELEGATION

Part of Greater Manchester Integrated Care Partnership

Date: April 2026

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# TABLE 6 (HEALTH CARE BUSINESS CASES AND PROPOSALS)
# AND
# TABLE 7 (NON HEALTH CARE/ REQUEST FOR FUNDING AND CONTRACTS)

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# Overview

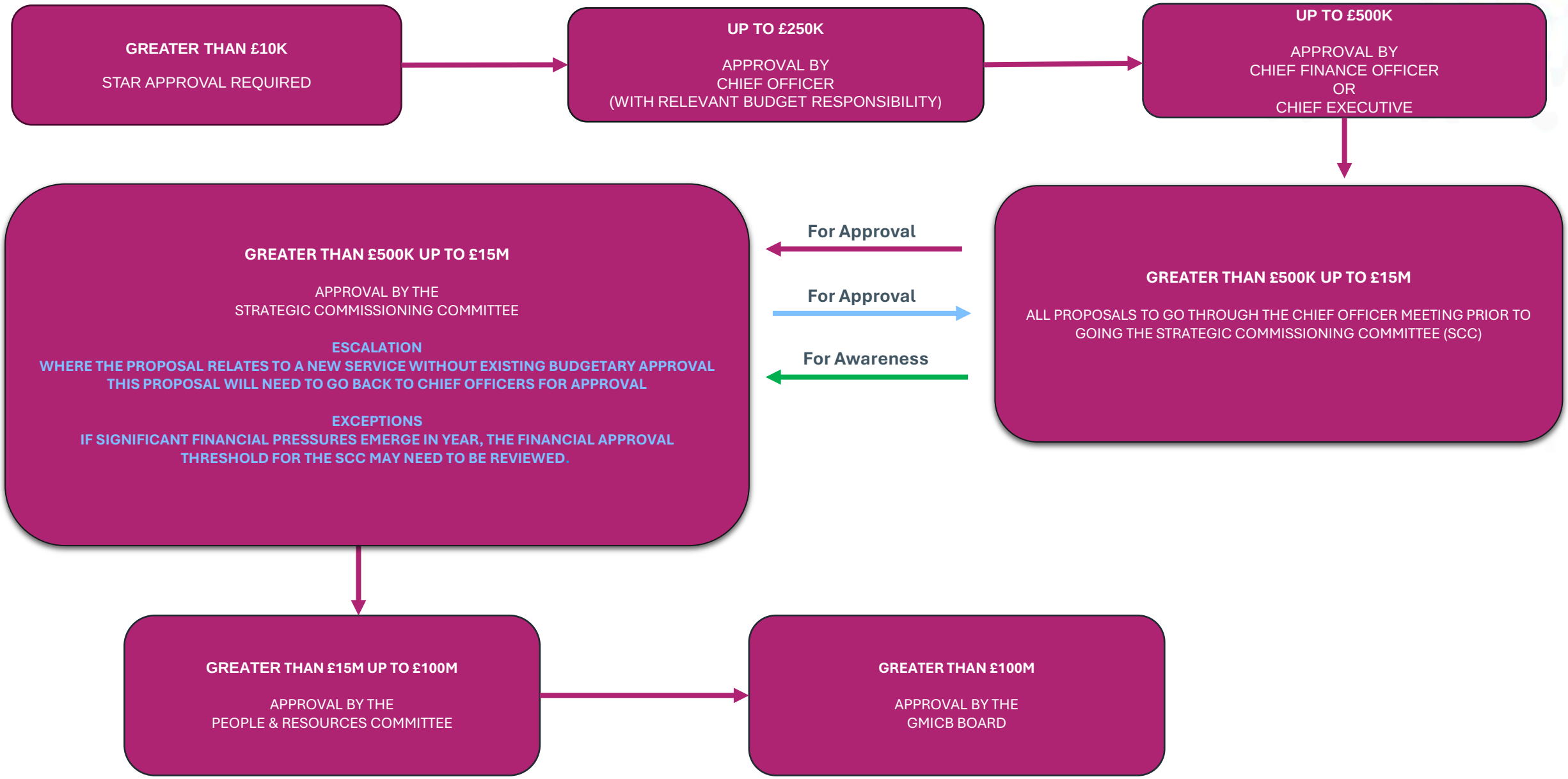
This guidance provides an overview in applying the NHS GM Financial Scheme of Delegation (FSD) for approving funding proposals for goods and services. The attached flow charts provide a step-by-step guide on the steps to follow when seeking approval for a financial decision.

This will ultimately depend on what is being purchased (healthcare or non-healthcare) and value.

There are two flow charts which highlight the steps to follow when procuring goods or services:

- Flow Chart 1 – Incurring healthcare expenditure.
- Flow Chart 2 – Incurring non-healthcare expenditure.

# FLOWCHART 1: HEALTH CARE EXPENDITURE (FINANCIAL SCHEME OF DELEGATION TABLE 6)



# FLOWCHART 2: NON-HEALTH CARE EXPENDITURE (FINANCIAL SCHEME OF DELEGATION TABLE 7)

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**UP TO £10K**

APPROVAL BY
BUDGET HOLDERS BANDS 8A AND 8B
(WITH RELEVANT BUDGET RESPONSIBILITY)

→

**GREATER THAN £10K**

STAR APPROVAL REQUIRED

→

**UP TO £15k**

APPROVAL BY
BUDGET HOLDERS BANDS 8C AND 8D
(WITH RELEVANT BUDGET RESPONSIBILITY)

→

**UP TO £25K**

APPROVAL BY BUDGET HOLDERS
OTHER OFFICER VSM AND BAND 9
(WITH RELEVANT BUDGET RESPONSIBILITY)

↓

**UP TO £100K**

APPROVAL BY
CHIEF OFFICER
(WITH RELEVANT BUDGET RESPONSIBILITY)

←

**UP TO £150K**

APPROVAL BY
CHIEF FINANCE OFFICER
OR
CHIEF EXECUTIVE

←

**GREATER THAN £150K AND UP TO £5M**

**(APPROVAL TO BE GAINED THROUGH THE CHIEF OFFICERS MEETING)**

APPROVAL BY
ICB CHIEF OFFICER AND CHIEF FINANCE OFFICER AND CHIEF EXECUTIVE (OR NOMINATED DEPUTIES)
(ALL THREE SIGNATURES REQUIRED)

←

**GREATER THAN £5M AND UP TO £20M**
**(APPROVAL TO BE GAINED THROUGH THE CHIEF OFFICERS MEETING FIRST)**

APPROVAL BY
PEOPLE & RESOURCES COMMITTEE

↓

**GREATER THAN £20M**
**(APPROVAL TO BE GAINED THROUGH THE CHIEF OFFICERS MEETING FIRST, PEOPLE & RESCOURCES COMMITTEE SECOND)**

APPROVAL BY
GMICB BOARD

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# Other Key Considerations

# Procurement

It is important to note that once financial approval has been gained, any goods and services must be procured in line with the NHS GM Procurement policy. There must be a clear audit trail on how any goods and services have been procured in line with the current procurement legislation.

If further support is required on procurement or on the classification of goods or services, then the Procurement and Market Management Team should be contacted.

# Contract Agreement

Contracts for any goods and services procured must be agreed through the NHS GM Contracting team.

# Contract Signature

## Financial Value Contracts

Only the Chief Executive and the Chief Finance Officer, and those NHS GM Officers nominated by the Chief Finance Officer are authorised to sign contracts (i.e. those contracts that commit to expenditure) on behalf of NHS GM as outlined in the FSD. All contracts, Service Level Agreements, or Memorandum of Understanding (MOU's) that require signature must be presented for authorisation via the NHS GM Contracting team using the Contract Signature Request process.

## Non-Financial Contracts

Non Financial contracts can only be authorised by NHS GM officers that have been nominated by the Chief Finance Officer. This will include Primary Care Contracts (Medical, Dentistry, Pharmacy, Optometry, Community Dental and Specialist Dental), Signing of data processing/ sharing agreements.

# Planning Ahead

To ensure the timely approval of a proposal sufficient time should be factored into gaining approval through the NHS GM governance processes for financial approval, procurement compliance, and contract signature.

# Financial Value

The financial value that will be taken into consideration for financial approval purposes in line with the FSD will be the total value that is being put forward in the proposal.

For example, if a proposal has an annual value of £1 million but requires a three year contract. The approval required will be for £3 million.

Alternatively, if there is a proposal that looks to gain approval for a number of providers for the same or similar services; but is captured in one proposal, the total value will require approval.

For example, Provider A annual value, £5 million and Provider B annual value, £1 million, then a combined approval will be required for £6 million.

# Additional Support

Further support and guidance can be obtained from the Finance Team.

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# Performance Report People and Resources Committee

2026-27

**Part of** Greater Manchester Integrated Care Partnership

# NHS GM People and Resources Committee

## June 2026

| Required information | Details |
|---|---|
| **Title of report** | Performance Report |
| **Author** | Miladur Rahman Head of Performance |
| **Presented by** | |
| **Contact for further information** | Miladur.rahman@nhs.net |
| **Executive summary** | This paper updates the Committee on key performance indicators for Greater Manchester. |
| **The benefits that the population of Greater Manchester will experience.** | Achievement of performance objectives will improve access to services and drive-up standards of care for the Greater Manchester population. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | Ensuring delivery of standards across Greater Manchester Trusts will equalise geographical variation. |
| **The decision to be made and/or input sought** | For information. |
| **How this supports the delivery of the strategy and mitigates the BAF risks** | Deliver key standards of care and operational plans. |
| **Key milestones** | Monthly and Quarterly milestones are in place. |
| **Leadership and governance arrangements** | The Strategic Commissioning Committee receive a more comprehensive performance report every month. |
| **Engagement* to date<br>*Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | Not applicable |

## 1. Introduction

1.1 For 26/27, the key high-level metrics have been categorised using the "Assure, Alert and Advise" approach

- ALERT: metrics off plan requiring focused system oversight and delivery action
- ADVISE: metrics requiring continued oversight due to emerging risk or variation
- ASSURE: metrics broadly on track or stable against plan

1.2 The report advises the Committee on NHS Greater Manchester's (GM) performance focussing on high-risk areas for 26/27. It references the most recent published data but also highlights more up to date but unvalidated data or forecasts where we have it.

## 2. Key Messages

**Alert** (focused system oversight)

2.1 In May, 72.1% of patients attending A&E were admitted, transferred, or discharged within **four hours,** worse than the May plan of 73.3%. More recent unvalidated data shows between the 1st and 14th June, performance was at 70.6%. GM ICB is benchmarked 27th out of 36 ICBs in May. The plan is to improve to 82% by March 2027.

2.2 In May, 9% of patients waited **over 12 hours** for admission or discharge from a type 1 and 2 emergency department, worse than May plan of 7.9%. GM ICB benchmarked at 11 out of 36 ICBs in May. More recent unvalidated data shows that between the 1st and 14th of June, performance deteriorated to 9.8%. The plan is to improve to 7.7% by March 2027.

2.3 At the end of April, there were 55 patients across GM Trusts waiting **over 65 weeks** for treatment against a target of zero. Unvalidated provider forecasts from the 14th of June shows an anticipated increase to 165 patients waiting over 65 weeks at the end of June: 99 at Northern Care Alliance NHS Foundation Trust, 64 at Wrightington, Wigan and Leigh NHS Foundation Trust, and 2 at Stockport NHS Foundation Trust.

2.4 The total number of patients in GM providers **waiting for elective treatment** stood at 435,293, worse than April plan of 431,979.

2.5 At the end of April there were 55 adults with **autism** (with no learning disability) in an inpatient bed, worse than the Q1 plan of no more than 50 adults. There were also 45 adults with a **learning disability** (and may also be autistic) in an inpatient bed, worse than the Q1 plan of no more than 42 adults. Published data for LD metrics are rounded to nearest 5 to prevent identification of vulnerable individuals. Access to the actual unrounded figure shows GM still worse than Q1 plan for both these metrics.

2.6 People with mild to moderate mental health problems such as anxiety or depression are referred to talking therapy for treatment. In April, 67% of people discharged after treatment showed a **reliable improvement** in their symptoms, meaning they felt noticeably better. This was worse than the 69% target. Also 44.5% of people discharged **reliably recovered**,

meaning they showed a lasting improvement in their mental health. This was worse than the 51% target.

**Advise** (continued oversight required)

2.7 The 28-day cancer faster diagnosis standard saw 77% of patients **diagnosed within 28 days** in GM providers in April, which was worse than the April plan of 80.2%. GM ICB is ranked 16th out of 36 ICBs in April. May forecast improves to better than plan at 80.6%.

2.8 There were three **out of area placements** in April, meaning three adults requiring acute mental health inpatient care were admitted to hospital outside of GM because a suitable bed was not available inside GM. This was worse than April plan of no more than two.

**Assure** (on track / stable delivery)

2.9 In April, 96% of cancer patients in GM providers started treatment **within 31 days** of receiving a decision to treat. This was better than April plan of 94% and ranked GM ICB 4th out of 36 ICBs nationally. May forecast remains better than plan at 96.2%.

2.10 In April 77.3% of **cancer** patients in GM providers received **treatment within 62 days**, which was better than the April plan of 74.8% and ranked GM ICB 6th out of 36 ICBs nationally. May forecast is 75.1%, slightly worse than plan (75.2%).

2.11 GM achieved the 25-minute target for **Category 2** ambulance calls. In May, the average response time was 22 minutes and 38 seconds.

2.12 In April, 12.3% of patients were waiting more than six weeks for a **diagnostic test** at GM NHS providers, better than April plan of 13.6% and ranking GM ICB 4th out of 36 ICBs nationally. The year end plan to reduce to 3.9% by March 27.

2.13 In April, 61.7% of GM Trust patients were waiting less **18 weeks for treatment,** which was better than the April plan of 60.6%. Also, 1.6% of the patients in GM Trusts were waiting over **52 weeks** for treatment, better than the April plan of 1.8%.

2.14 The percentage of people waiting less than 18 weeks to start treatment in a community health service was 85% in April, which was better than the April plan of 84.6%.

2.15 The number of **children and young people accessing mental health services** in the 12 months to April 2026 was 56,580, which was better than the April plan of 56,000.

2.16 The **average length of stay** in a mental health acute inpatient bed for GM registered **adults** discharged in the three months to April, was 56 days, better than the April plan of 60 days. For GM registered **older adults**, it was 133 days, better than the April plan of 134 days.

## 3. Recommendation

3.1 The Committee is asked to note the current and forecast position against these high-risk performance areas.