NHS Greater Manchester

Agenda

Greater Manchester People & Resource Committee (Public)

Date: 27 May 2026

Time: 14:00pm to 15:15pm

Venue: Microsoft Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	14:00	5 mins	Welcome, Introductions and purpose of first meeting	Verbal	Information	Kal Kay *Chair*
2.			Declarations of Interest	Paper	Noting	
3.			Minutes and Action Log from People and Resources Committee meeting held on 22 April 2026	Paper	Approval	
Strategic Updates						
4.	14:05	15 mins	Sub-Groups and Workplan	Paper	Information	Charlotte Bailey, *Chief Strategy, People and Partnerships Officer*
5.	14:20	30 mins	Chief Officers Update Reports	Paper	Discussion	Charlotte Bailey, *Chief Strategy, People and Partnerships Officer /* Nicola Hepburn *Acting Chief Reform and Improvement Officer /* Kathy Roe *Chief Finance Officer*
6.	14:50	15 mins	Finance Report – Month 1	Paper	Discussion	Kathy Roe *Chief Finance Officer*
For Information						
7.	15:05	0 mins	Performance Report	Paper	Information	N/A
8.	15:05	10 mins	Any other business Board Paper Escalations Meeting Reflections	Verbal	Discussion / Noting	All
Date and time of next meeting: **Wednesday 24 June 2026, 14:00pm – 16:00pm** **MS Teams**						

Employee Name	Interest Declared	Interest Category	Interest Situation	Interest Description	Comments	CoI Date From	CoI Date To
Bailey, Ms. Charlotte Elizabeth	Y			Nil			
Kumar, Dr Manisha	Y	Financial Interest	Outside employment	Salaried GP at the Robert Darbishire Practice - 1 session per week		2004	Ongoing
Kumar, Dr Manisha	Y	Non-financial professional interest	Loyalty interests	Honorary Professor University of Salford		01/05/2023	Ongoing
Kumar, Dr Manisha	Y	Non-financial personal interest	Loyalty interests	Husband has the following roles: • Operations Director - Primary Eye Care Services LTD • Case Examiner – General Optical Council		2021 2019	Ongoing
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
Sheerin, Mrs. Katherine Mary (Katherine)	Y	Non-financial professional interest	Loyalty interests	Trustee and Deputy Chair of the Board of the The Whitechapel Centre, a charity which works to prevent homelessness and support people who are homeless, operating across the Liverpool City Region.	This is a voluntary role with no remuneration or expenses paid.	01/01/2025	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			
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		
Kay, Mrs. Khalida (Kal)	Y	Non-financial personal interests	Outside employment	Great Academies Education Trust	Trustee (non remunerated)		
Kay, Mrs. Khalida (Kal)	Y	Non-financial professional interest	Shareholdings and other ownership interests	Association of Camerados	Non Exec, non remunerated director		
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 22 April 2026

Time: 14:00 – 16:00

Venue: Teddy Webb Room, Manchester Deaf Centre

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
Colin Scales	**CS**	Acting Chief Executive 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
Chris Gaffey	**CG**	Associate Director of Corporate Services
Ross Baxter	**RB**	Governance Advisor (Minutes)
APOLOGIES:		
Owen Williams	**OW**	Partner Member - Chief Executive Officer, Northern Care Alliance
Nicola Hepburn	**NH**	Acting Chief Reform and Improvement Officer
Jackie Gardiner	**JG**	Corporate Director of Operational Finance – Financial Management

Item No	**Item**
	PUBLIC
1.	**Introductions and Apologies** KK welcomed everyone to the meeting and the apologies were noted. **Attendance Matrix** The Attendance Matrix was shared for information.
2.	**Declarations of Interest** 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** The minutes of the final Finance Sub-Committee meetings were approved as an accurate record, subject to typographical amendments to the attendance list.

4.	**Terms of Reference – Update & Next Steps** The Committee considered the Terms of Reference for the People and Resources Committee. It was noted that this was the Committee's first formal meeting since establishment and that the Terms of Reference had been approved by the Board on 18 March. Members were advised that only minor, non-material amendments had been made since Board approval, primarily typographical corrections and minor clarifications identified through feedback, and that these did not alter the substance or intent of the document. The Committee was reminded of the previously agreed commitment to undertake a formal review of the Terms of Reference after three months of operation. It was confirmed that comments, learning and feedback arising during this initial period would be captured and considered as part of that review, with any substantive changes subject to further Board approval. The Committee discussed areas where further clarity may be required, particularly in relation to the description of workforce oversight and the accessibility of language used in the document. It was noted that certain acronyms referenced in the Terms of Reference may benefit from clearer explanation given the public nature of the document. Members also reflected on the definition of the Committee's "oversight" role, recognising that differing interpretations could influence the Committee's future work programme. In this context, it was outlined that while the ICB retains formal accountability for its own financial position, NHS England continues to assess performance at a wider system level. As a result, the ICB maintains an ongoing role in influencing, coordinating and assuring system performance and financial sustainability, rather than managing operational delivery directly. The Committee additionally discussed a potential concern with the ambiguity of the membership on who the deputy was, and this leading to ambiguity with the quoracy. It was agreed that this would be reviewed as part of the planned review, and monitored in the meantime to ensure there are no unexpected issues. It was agreed that this balance between oversight, influence and accountability should be kept under review and revisited as part of the planned three-month review of the Terms of Reference to ensure they continue to reflect both national expectations and practical system realities. **NHS GM People & Resources Committee noted the Terms of Reference.**
5.	**Sub Groups & Draft Workplan – Introductory Discussion** The Committee received an update on the proposed sub-group structure and the development of the draft workplan. It was noted that discussions had taken place with Committee Chairs at the end of March, ahead of the Strategic Commissioning Committee, with a focus on establishing clear principles rather than revisiting the overall governance model. April and May were described as transitional months, during which a pragmatic approach would be taken while arrangements were embedded. The proposed sub-groups reporting into the People and Resources Committee were outlined as including the Finance and Contracts Group, Estates and Sustainability Group, People and Culture Group, Data and Intelligence Group, and the IT and Digital Group. It was confirmed that these proposals would be tested further with Chief Officers

	and relevant leads. The Committee also noted that where sub-groups already exist to meet statutory or regulatory accountability requirements, these would continue to operate, avoiding unnecessary duplication. The Committee discussed the approach to sub-group reporting and expressed strong consensus that reporting should be thematic, focused and by exception, rather than routine reporting from each sub-group at every meeting. This was seen as essential to maintaining strategic focus and avoiding overly dense committee agendas. Members were advised that work was underway on draft workplans, with a similar co-production approach involving Chief Officers and lead officers. A meeting had been scheduled shortly to review draft workplans, with the intention of bringing more formalised proposals to the May committee meetings for consideration. The approach was described as deliberately lean, recognising the risk of overloading committees early in the year with extensive programmes of work that may not be deliverable, particularly while legacy activities from predecessor committees continue. Further discussion highlighted the importance of improved visibility and transparency of sub-group activity without increasing reporting burden. Members emphasised the value of having a clear, accessible repository for papers, decisions, action logs and supporting information, enabling Non-Executive Directors to seek assurance where required without reliance on large committee packs. The Committee discussed options for a shared digital repository, noting that this could reduce pressure on committee administration and improve both internal and public transparency around decision-making. It was suggested that clearer forward planning of decisions, aligned to committee agendas, could support transparency and scrutiny while maintaining appropriate delegation. The Committee also reflected on the need to ensure strong alignment between committee workplans, strategic objectives and organisational risks. Members highlighted the importance of Chairs having a clear line of sight to interdependencies across committees and assurance that workplans collectively support delivery of strategic priorities. It was suggested that joint agenda-setting discussions between Committee Chairs and senior officers could help ensure alignment and coherence across the governance framework. Feedback from committee self-assessment activity was also referenced, noting a perceived lack of coordination and feedback between committees, which reinforced the importance of the proposed approach. The Committee noted that a draft workplan would be brought back to the next meeting for further consideration. **NHS GM People & Resources Committee noted the update.**
6.	**Risk Report** The Committee received the Risk Report, which was presented as a landing report for the Committee's first meeting, intended to set out the scope of risks falling within the Committee's remit. It was explained that the report outlined, in Section 3, the Board Assurance Framework (BAF) risks and corporate risks that the Committee would be responsible for overseeing. Members were reminded that the allocation of BAF risks to committees had previously been considered by the Transition Committee in March and subsequently discussed and agreed by the Board. The risks presented reflected those already approved by the Board, with an updated position scheduled to be reported to the May Board. It was noted that, due to transition timing, the usual process of Committee consideration of BAF risks ahead of Board review had not been fully

	implemented for this meeting; however, it was confirmed that this process would be reinstated going forward, with BAF risks being reviewed by the Committee prior to consideration by the Board. The Committee discussed the intention to re-establish a more meaningful and effective approach to risk reporting, drawing on learning from the recent deep dive into Strategic Risk 1 at the Audit Committee. Members noted that the deep-dive discussion had been helpful in surfacing key issues and agreed that the learning from this exercise should be used to strengthen the way BAF risks are articulated and monitored, with the aim of making the BAF a practical management and assurance tool rather than a largely transactional document. Further discussion on this approach was planned at the Audit Committee, with outputs to be shared with relevant committees for alignment and agreement. Members noted that work was also underway to refresh the BAF risks more broadly, to ensure they are clearly aligned to future population health and care priorities, with initial discussions to take place with Chief Officers before being brought forward through the governance structure. The Committee considered the impact of recent changes in national accountability arrangements, noting the shift away from consolidated system reporting towards a clearer distinction between ICB and provider accountability. It was acknowledged that many of the risks currently captured within the BAF and corporate risk register retain a strong system element. Members discussed the need to reflect this transition appropriately within the risk framework, ensuring that ICB-specific risks are clearly defined while continuing to recognise system-level dependencies and interrelationships. It was noted that the finance risk position reflected the 2025/26 year-end position and was consistent with information being presented through the Month 12 accounts and audit process. A separate risk narrative had been developed for 2026/27, explicitly focusing on the ICB position rather than the wider system, to reflect the evolving accountability model. Further discussion focused on the framing and clarity of individual risks. Members reflected on the articulation of the finance risk, particularly the relationship between financial pressures and the delivery of mandated requirements, noting that the direction of cause and consequence should be carefully considered when refreshing risks for 2026/27. The Committee also discussed the distinction between risks and issues, particularly in relation to people and culture challenges arising from organisational change and reform. It was noted that where adverse impacts have already materialised, there may be a need to reassess whether these should continue to be described as risks or instead managed as operational issues, with appropriate actions and controls in place. Clarification was also provided that some workforce risks reflected legacy positions from the previous People and Culture Committee and had been managed dynamically during the transition period. Members highlighted the importance of strengthening the quality of mitigations and sources of assurance within the risk framework. It was noted that mitigations often reference the existence of meetings or reports, which may not in themselves constitute robust assurance. The Committee agreed that greater emphasis should be placed on clear, tangible sources of assurance, including lead indicators and performance metrics that demonstrate whether controls are functioning effectively. This was seen as a significant opportunity arising from the transition to rethink and improve risk reporting, rather than simply updating existing registers. It was also noted that accessibility considerations, including font size and presentation, should be addressed as part of the refresh to ensure risk information is clear and usable for all readers. The Committee

	noted the approach proposed and endorsed the intention to further develop the risk framework as part of the ongoing governance transition. **NHS GM People & Resources Committee considered and noted the risks presented in the report.**
7.	**Chief Officers' Update Reports** Chief Strategy, People & Partnerships Officer The Committee received an update from the Chief Strategy, People & Partnerships portfolio, highlighting key workforce, equality, culture and assurance matters. The Committee noted the discussion of the latest Gender Pay Gap report, which showed no improvement over the past three years; however, it was emphasised that the data was now out of date due to organisational change. Members were advised that, once the post-reform staffing position has stabilised and a refreshed organisational sample is available, an updated analysis would be undertaken. It was further noted that if the refreshed analysis similarly indicates no progress, consideration would be given to targeted interventions within six months. The Committee also acknowledged its statutory responsibilities in respect of disability and ethnicity pay gap reporting, and it was explained that while these analyses had not yet been produced, this reflected capacity constraints within the team. Work remained in progress to address these requirements, and members sought reassurance that future reporting would demonstrate how reform decisions had impacted workforce composition across protected characteristics, supported by equality impact assessments and live workforce data dashboards. The Committee noted that mandatory training compliance was largely on track, with the exception of safeguarding training, where compliance appeared slightly below target. It was explained that this was likely to be attributable to data lags within the Electronic Staff Record, including training records for staff who had recently left the organisation, and that work was underway to validate the data and obtain a more accurate position. Members were reassured that no safeguarding concerns had been identified, but that the issue would continue to be monitored. An update was provided on progress with the system-wide anti-racism agenda. Members noted that the ICB was working with the Mayor and the Greater Manchester Combined Authority on a system anti-racism plan, with a wider campaign expected to launch across the system in late May or early June. In parallel, the ICB had already launched its internal health and care anti-racism campaign, including a dedicated website with campaign materials, and had developed a 12-month internal action plan. This included leadership objectives for Chief Officers and planned training for staff, with an external organisation engaged to support leadership-level development. The Committee welcomed the proactive approach and noted the intention to integrate this work into routine organisational assurance. The Committee also noted commentary on people and culture-related risks arising from organisational reform and transition, recognising that some risks reflected time-limited impacts associated with change. Members highlighted the importance of actively closing down risks where appropriate, rather than allowing legacy risks to persist unnecessarily as the organisation moves into a more stable operating phase. The positive contribution of Wellbeing Champions during the period of reform was also noted, with recognition of their active role in supporting staff and contributing to organisational resilience.

	A substantive discussion took place on Freedom to Speak Up arrangements. Members expressed concern that Freedom to Speak Up was not explicitly referenced in the report, particularly given recent organisational changes, including the departure of the substantive Guardian and the senior manager previously overseeing the function. It was acknowledged that national guidance on Freedom to Speak Up had been in flux, with earlier reform assumptions subsequently overtaken by newly issued national policy. Members were advised that Freedom to Speak Up responsibilities had been integrated into corporate governance arrangements in order to provide greater oversight alongside themes emerging from complaints, and that a network of trained Freedom to Speak Up Champions remained in place to continue casework. While capacity had reduced following recent staffing changes, assurance was provided that staff were still able to raise concerns through established routes and that Guardians had protected time to fulfil their roles. It was noted that interim arrangements were in place to oversee the process and that further work was required to reassess capacity, governance and compliance with updated national expectations. Members requested that a clearer and more explicit update on Freedom to Speak Up arrangements be brought back to a future meeting to provide assurance on accountability, visibility and staff awareness during this period of transition. <u>Acting Chief Reform and Improvement Officer</u> This item was taken as read due to apologies received in advance of the meeting. <u>Chief Finance Officer</u> The Committee received an update from the Chief Finance Officer, covering estates, capital, contracts, financial performance and system financial sustainability. Members were advised that responsibility for certain social care-related services was in the process of transferring back to the relevant local authority following the conclusion of legacy contractual arrangements, noting that this had been under discussion for several months and that transitional arrangements were already in place. An update was provided on the system's four-year capital allocation, including receipt of Public Dividend Capital across a number of priority categories. It was noted that capital allocations are now being issued directly to providers by NHS England, which was expected to reduce complexity and system-level negotiation, although the ICB retains a role in coordinating priorities and influencing deployment where there are system-wide implications. Work was underway to reset capital strategic ambitions as a system and to establish appropriate governance through the Estates and Sustainability Sub-Group, including engagement with providers on both transformational and more transactional investment proposals. The Committee was advised of progress on 2026/27 contract values, noting that Greater Manchester was in a stronger position than many systems nationally and regionally. While the initial national deadline for contract signing fell on the day of the meeting, it was acknowledged that the scale and complexity of contract schedules, combined with recent workforce reductions, meant that not all contracts would be signed by that date. Members were reassured that the majority of providers were expected to sign shortly thereafter and that progress remained significantly ahead of the position at the same point in the previous year. Specific challenges were noted in relation to specialist commissioning, associate commissioner arrangements involving organisations outside Greater Manchester, and the detailed allocation of activity across contract schedules; however, there was no concern over overall contract values. The Committee was

	advised that NHS England colleagues had been informed of the position. The Committee discussed the Cost Improvement Programme (CIP) as a key area of risk and focus. It was noted that progress had been affected by the scale of wider reform activity, although a substantial proportion of the overall target had already been identified through existing schemes. Further work was underway to accelerate delivery, with senior leadership engagement and a series of meetings scheduled to strengthen grip and oversight. Members were advised that more detailed updates would be provided at future meetings, and it was noted that some aspects of CIP delivery may need to be discussed in private session due to commercial sensitivity. Positive assurance was provided on overall financial performance. Members were advised that a compliant system financial plan for 2026/27 had been agreed, with one organisation assessed as non-compliant but appropriately managed within the system plan, enabling more constructive engagement with regional NHS England colleagues. Subject to audit confirmation, it was also reported that the 2025/26 financial plan had been delivered, representing the strongest financial position achieved in the past three years. This was recognised as a significant achievement given the scale of reform and operational challenge, and Members noted that this placed the organisation in a more stable position to support delivery of future strategic priorities. Further discussion focused on estates and capital matters. The Committee noted proposals relating to the transfer of certain NHS Property Services assets to provider organisations, recognising potential benefits in terms of estate management capability while noting the importance of commissioner oversight to avoid inappropriate risk transfer. Members discussed the implications for primary care estates, particularly ongoing challenges associated with service charges, and sought clarity on future opportunities to address these issues. The Committee also discussed significant primary care capital allocations, noting the scale of investment proposed to support neighbourhood-based development and requesting further detail on programme governance and engagement. In addition, Members raised the implications of national dental contract reform, seeking assurance that improvements previously delivered through local Greater Manchester arrangements would not be lost through transition to national contractual models. It was agreed that further clarification would be brought back once additional advice had been obtained. **NHS GM People & Resources Committee;** • **Noted the reports** • **Supported the progress and direction of travel for establishing the new People and Culture Sub-Group** • **Noted scrutiny of performance takes place at the Strategic Commissioning Committee and is presented to Board.**
8.	**Finance Report – Month 12** The Committee received the Month 12 Finance Report, which provided the year-end financial position for 2025/26. It was reported that, subject to final audit confirmation and ongoing dialogue with NHS England regarding the treatment of late-year allocations, the organisation had delivered its financial plan for the year. Members were reminded that the way in which the year-end position was achieved differed in several respects from the original delivery assumptions, and that not all recovery actions had been implemented as planned. While the overall position had been achieved, a number of pressures remained unresolved at year end, including those associated with elective

	activity, independent sector arrangements and wider system challenges. These pressures had been managed through compensating actions elsewhere, which mitigated risk but did not remove the underlying structural challenges. The Committee reflected on the fact that some end-of-year activity growth had been justified in operational terms, recognising the need to address backlogs and service pressures, but noted that this contributed to ongoing financial risk entering 2026/27. Members discussed the importance of maintaining a clear understanding of the residual pressures carried forward into the new financial year and ensuring that these were fully reflected within planning, contracting and risk management arrangements. It was noted that delayed national guidance in relation to elements such as independent sector activity had constrained the organisation's ability to manage certain aspects of delivery earlier in the year, thereby increasing reliance on late-stage mitigations. The Committee recognised the significance of achieving the year-end position in the context of continued organisational growth and system reform, and noted that this had been achieved through considerable collective effort across the organisation and wider system. Members welcomed the improved financial stability relative to previous years but emphasised that the position remained fragile. It was highlighted that relatively small changes in delivery assumptions or performance could materially impact the financial position going forward, and that continued focus would be required to manage this level of risk. The Committee requested further insight into the scale and nature of specific risks that could cause the position to deteriorate, including worked examples of the potential financial impact of non-delivery against key plans, particularly in relation to elective activity and associated performance standards. Further clarification was sought on the treatment of additional deficit support funding received during the year, including how this had been applied at organisational and system level and the extent to which it improved the underlying position. It was explained that this support formed part of a national approach to balancing the overall NHS position and was applied in a way that improved the reported financial position of organisations while contributing to the national balance position. Members noted the importance of understanding how such funding translated into genuine financial resilience and cash benefit, rather than masking underlying pressures. In concluding the discussion, the Committee emphasised the need for continued transparency about the actions taken to achieve the year-end position, the sustainability of those actions, and the implications for delivery in 2026/27. Members requested that future reports provide clearer articulation of how the previous year's actions had shaped the starting position for the new year, alongside enhanced assurance on the management of residual risks and delivery of recovery plans. **NHS GM People & Resources Committee;** • **Noted the draft outturn position of a £24.1m surplus following the receipt of additional deficit support funding by GM NHS Providers.** • **Noted the delivery of CIP in full for NHS GM at £175.0m.** • **Noted the achievement of the requirement to remain within the allowable cash balance at the end of the year for NHS GM, with a cash balance of £36k.** • **Noted the delivery of the provider operational capital position in line with the allocation of £201m.**

9.	**NHS GM Financial Scheme of Delegation Amendments** The Committee considered proposed amendments to the Financial Scheme of Delegation, which had been brought forward to reflect the implementation of the new operating model, revised committee structures and changes to delegated budgets across the system. It was explained that the Scheme was being updated to ensure it remained aligned with the transfer and consolidation of a number of budgets previously delegated to place, and to avoid creating unnecessary approval burdens at Committee level. Members were advised that without revising thresholds and authority levels, the Committee would risk spending a disproportionate amount of time approving routine transactional decisions that were already within approved budgets and strategic plans. The amendments were therefore intended to support effective operational decision-making while maintaining appropriate governance and assurance. It was noted that the revised Scheme clarified roles and terminology, including replacing references to “statutory chief officers” with clearer descriptions of Board Officers, while ensuring that the Accountable Officer and Chief Finance Officer remained explicitly included within decision-making authorities. Members were also informed that elements of the previous Scheme which had not been used in practice had been removed in order to simplify and streamline the document. The Committee welcomed the inclusion of clear introductory sections setting out the changes made, recognising that this supported transparency and ease of review. The Committee discussed the application of delegation thresholds, including the rationale for changes to approval limits for certain types of decisions. Members acknowledged that the organisation had previously operated with relatively low thresholds compared to its scale, which had supported financial control during a period of significant challenge. It was recognised, however, that as the organisation stabilises, there is a need to allow a smoother flow of business and avoid bottlenecks that could impede delivery. It was emphasised that the revised Scheme did not represent a dilution of accountability, but rather a proportionate adjustment, with the option to tighten controls again should adverse impacts arise. Specific points were raised in relation to consultancy approvals, with concern expressed that proposed delegation limits should remain aligned with NHS England approval thresholds. Members queried whether consultancy proposals requiring external approval should also be subject to Committee oversight, and it was agreed that this aspect should be reviewed to ensure consistency and assurance. The Committee also discussed circumstances where items represent “money-in, money-out” transactions and questioned whether such items should routinely require Committee approval. It was noted that previous discussions had supported reducing unnecessary approvals in these circumstances, and members sought reassurance that the revised Scheme appropriately reflected this principle. The Committee also identified minor drafting issues within the document, including legacy references to the Finance Committee where these should now reflect the People and Resources Committee. It was agreed that these would be corrected. Further discussion touched on the interface between the People and Resources Committee and the Strategic Commissioning Committee, with members reiterating the principle that commissioning decisions should be considered in the appropriate forum, with financial implications escalated as required. It was acknowledged that this boundary would continue to be refined in practice as the new governance arrangements bed in.

	Overall, the Committee supported the direction of travel set out in the amended Financial Scheme of Delegation, recognising the need to balance strong financial control with efficient decision-making. Members emphasised the importance of ongoing monitoring to ensure the revised arrangements operate as intended and deliver appropriate assurance, particularly during the early phase of the new operating model. **Action: Arrange for new flow charts to be shared with KK when ready.** **NHS GM People & Resources Committee endorsed the proposed amendments to the NHS GM Financial Scheme of Delegation.**
10.	**Performance Report** 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. **NHS GM People & Resources Committee noted the information provided.**
11.	**Any Other Business** KK thanked everyone for the hard work that had gone in to establishing this committee. **Board Paper Escalations** There were no specific escalations noted, and the Board Report would be drafted based on the discussions in the meeting. **Meeting Reflections** It was felt that some additional data and information could be included in the Chief Officer's Reports, but aside from that it was a good level of information and suitable for future meetings.

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)

NHS Greater Manchester

People and Resources Committee Work Plan and Supporting Groups

Part of Greater Manchester Integrated Care Partnership

NHS
Greater Manchester

NHS GM People and Resources Committee

27 May 2026

Report information.

Required information.	Details.
Title of report.	People and Resources Committee Workplan and Supporting Groups
Author.	Chris Gaffey, Associate Director of Corporate Services Jo Street, Programme Director – Transition
Presented by.	Charlotte Bailey, Chief Strategy, People and Partnerships Officer
Contact for further information.	Chris Gaffey, Associate Director of Corporate Services chris.gaffey@nhs.net
Executive summary.	This report provides the Committee with progress on the development of the Workplan and Supporting Groups for the People and Resources Committee.
The benefits that the population of Greater Manchester will experience.	Ensuring good governance arrangements are in place will ensure NHS GM is a well-led organisation, which will benefit the population of Greater Manchester.
How health inequalities will be reduced in Greater Manchester's communities.	Ensuring good governance arrangements are in place will ensure NHS GM is a well-led organisation, which will support the delivery of the ICP Strategy, and in turn, reduce health inequalities in GM communities.

The decision to be made and/or input sought.	The Committee is asked to: 1. Provide comment and views on the current proposals on the Committee workplan and supporting groups.
How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.	Ensuring good governance arrangements are in place will ensure NHS GM is a well-led organisation, and one of the objectives of moving to a new Committee structure is to ensure that the Board and its Committees have the required strategic focus. This will support the delivery of the ICP Strategy, as well as ensure focus on the Board Assurance Framework.
Key milestones.	17 December 2025 – Agreement of Transition Arrangements by Board 18 March 2026 – Board approval to establish new Committee structure 1 April 2026 – Implementation of new Committee structure
Leadership and governance arrangements.	The Chief Strategy, People and Partnerships Officer is responsible for Corporate Governance arrangements, supported by the Associate Director of Corporate Services. The People and Resources Committee is chaired by Kal Kay, Non-Executive Director.
Engagement* to date. ***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.**	Proposals were initially drafted via working group meetings including officers from across functions, which were followed by working group meetings between NEDs and lead Chief Officers. Further discussions have taken place with Committee Chairs, as well as a meeting of Chief Officers on 26 April 2026.

Financial or Legal Implications	No formal legal or financial implications as part of this report.

Table 1: Information needed about the document and its purpose.

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

Table 2: Assurance needed about the document.

1.0 INTRODUCTION

Following the establishment of the new Committee structure, implemented from April 2026, further work has been done to progress the establishment of the supporting structures for these Committees, as well as developing the workplan.

This report sets out the progress made to date, with drafts of the supporting groups and workplan appended.

2.0 WORKPLANS AND SUPPORTING GROUPS

2.1 Purpose and shape of Committee workplan

- The current draft workplan (Appendix One) captures all necessary assurance and statutory items, but are too long and insufficiently strategic at present.
- It is proposed that workplans should not translate into standalone agenda items for every line; instead, items should flow through supporting groups and into Chief Officer reports, with committees receiving the relevant assurance rather than operational detail.
- The intention is to move away from exhaustive itemisation towards strategic oversight, triangulated through supporting groups and reporting mechanisms (e.g. assurance / AAAA-style reports).

2.2 Inclusion of cross-cutting “thematic deep dives”

- To support the movement to a more strategic approach, it is proposed that the Committee requires a small number of cross-cutting thematic deep dives focused on transformation, outcomes and impact (e.g. mental health, primary care transformation, population groups).
- These deep dives would be seen as distinct from statutory / annual assurance items and would be critical to demonstrating strategic value.
- A list of themes is in development, based on the 5-Year Commissioning Plan, with an initial long list prepared by lead officers for refinement through Chief Officer discussion at their away day in May.

2.3 Categories of business coming to Committees

- It is proposed that there would be **five categories** of business for committees:
    1. Governance, standing business, and assurance (e.g. ToR, BAF, risk, minutes, Chief Officer reports)
    2. Statutory and annual reports/plans

3. Process and pipeline items (e.g. commissioning plans, procurement pipelines)
4. Thematic deep dives (cross-cutting, transformational)
5. Items for decision

- This would provide a shared organising framework for simplifying and restructuring workplans.

2.4 Nature of supporting groups

- The proposed supporting groups are not necessarily new meetings – many already exist as part of day-to-day business; the emphasis will be on using existing forums pragmatically to provide assurance, rather than creating additional layers.
- Supporting groups can function as both working and oversight mechanisms, provided they support escalation of strategic risks, decisions and assurance to the Committee.

2.5 Chief Officer reporting

- It is proposed that the Chief Officer reports will be the primary mechanism for bringing together inputs from multiple supporting groups, as opposed to each group providing their own report for the Committee.
- These reports will describe key quality, risk and performance issues, rather than replicate papers considered by the supporting groups.
- For now, separate Chief Officer reports will continue to be taken to each Committee meeting, aligned to the Committee's remit, with the option to revisit convergence once arrangements bed in.

3.0 AREAS OF FURTHER WORK REQUIRED

3.1 Finalisation of workplans

- Further comments on the current workplan are expected from lead officers.
- Workplans will then be updated to:
  - simplify structure,
  - reflect the five agreed categories of business, and
  - explicitly include a section on thematic deep dives (further information on this in the next section).

3.2 Development of thematic deep dive list

- An initial long list of thematic areas has been developed by lead officers.
- This list was informed by:
    - the operational and five-year commissioning plans, and
    - known strategic pressures and transformation priorities.
- The draft list will support discussion and prioritisation by Chief Officer.

3.3 Standing up of Supporting Groups

Work is now actively ongoing to stand up the remaining supporting groups. Further work is required in some areas to clarify the of some of these groups, including:

- **Commissioning Development Group (formerly Commissioning Oversight Group)** – requires further clarity of purpose and role in relation to the five-year commissioning strategy.
- **Estates and Environmental Sustainability** – needs continued oversight to ensure set-up and scope are appropriate.
- **Population Health, Neighbourhood Health, and Place Partnerships Groups (working title)** – proposal to broaden the Population Health Group to also oversee Neighbourhood Health and Place Partnerships.
- **System-level groups** (e.g. UEC, electives, mental health) – need clearer visibility within the overall assurance picture.

3.4 Reporting pathways (data, digital, performance)

- Further work is needed to map how data intelligence, digital/IT and performance activity:
    - feeds operational commissioning work, and
    - provides proportionate assurance to both Strategic Commissioning and People & Resources Committees, without generating duplicate reporting or excessive burden.

4.0 RECOMMENDATIONS

The Committee are asked to:

1. Provide comment and views on the current proposals on the Committee workplan and supporting groups.

Forward Plan Public Meeting		April	May	June	July	August	September	October	November	December	January	February	March
Standing Items	**Comments**												
Apologies for Absence and Quoracy		X	X	X	X	X	X	X	X	X	X	X	X
Declarations of Interest		X	X	X	X	X	X	X	X	X	X	X	X
Matters Arising, Action Log & Minutes of Last Meeting		X	X	X	X	X	X	X	X	X	X	X	X
Forward Plan Review (at end of meeting in preparation for the next one)	Review upcoming items; ensure alignment to ToR	X	X	X	X	X	X	X	X	X	X	X	X
Committee Effectiveness													
Terms of Reference Review													
Agree 2025/26 Committee Priorities													
Committee Development Session /Review of Effectiveness													
Good governance review													
Committee handover	Handover from closed committees- QPC, Population Health and Primary Care Commissioning Committee												
Strategy, People and Partnerships													
People Plan Implementation Update	ToR: oversight of GM People Plan, culture, wellbeing, workforce strategy												
Workforce Performance & Experience Report	Required workforce monitoring function of the Committee												
Equality, Diversity & Inclusion Update (WRES/WDES/PSED/	EDI monitoring and statutory compliance duties												
Freedom to Speak Up and Staff Experience Updates	ToR requirement (FTSU Guardian insight)												
Green Plan	ToR requires oversight of enabling strategies												
Annual Review of GM People Plan Priorities													
Disciplinary & Employment Policy Assurance Update	Statutory duties around employee processes, legislative changes												
Statutory HR Frameworks Review	Terms & Conditions oversight, Remuneration Committee recommendations linkage												
Workforce Efficiency & Productivity Review	ToR requirement to oversee system workforce efficiencies												
CQC 'Well Led' & Workforce Governance Review	(Strategic oversight of standards and workforce governance)												
People & Culture Working Group Annual Assurance Report	ToR requires the committee to oversee this group												
Annual Workforce Strategy & People Plan Deep Dive	Review implementation trajectory, workforce sustainability, 10 year plan alignment												
Workforce Transformation & Change Portfolio Review	Oversight of workforce redesign, new roles, transformation programmes												
Organisational Culture & Staff Experience Review	Includes annual staff survey analysis, action planning, wellbeing evaluation												
People, Culture and EDI Annual Consolidated Assurance Review	WRES/WDES/PSED/pay gap outputs + Anti Racism Framework + Sexual Safety Charter progress												
Anti Racism Framework Implementation Deep Dive													
Sexual Safety Charter Progress													
Workforce Modelling & Demand/Supply Forecasting													
System Level Agency/Banks Workforce Management													
Estates Assurance Briefing	ToR requires oversight of enabling strategies												
Estates Utilisation & Modernisation Programme													
Strategic Finance													
Finance Performance Update	Financial statutory duty assurance for ICB and system financial targets, and will cover CIP and capital.												
ICB Financial Strategy Review													
Business Cases & Investment/Disinvestment Assurance Round Up	Oversight of major investments, disinvestments, non healthcare contracts per scheme of delegation												
Standing Financial Instructions Annual Review													
Financial Strategy & Planning Deep Dive	Medium term financial plans, strategic financial framework scrutiny												
Estates and Environmental Sustainability Review	ToR: assurance on capital and estates enabling strategy delivery												
Financial Planning & Efficiency Review	For year end alignment and new year budget assurance; resource allocation proposals												
System Reform													
BAF and Risk Register - Assurance	Review BAF risks assigned to the Committee; monitor mitigations												
Digital & Data Annual Review	Information governance, digital operating model responsibilities												
Digital and IT (Reources) Assurance Briefing	ToR requires oversight of enabling strategies												
Data Assurance Briefing	ToR requires oversight of enabling strategies												
Digital & IT Oversight Session	Digital and IT operational performance, systemwide digital alignment												
Data-Driven Decision Making Deep Dive	Ensuring that the organisation (and system) are using data/intel appropriately to inform decisions.												
Digital Workforce Capability Deep Dive													
Other													

Mersey Internal Audit Agency Plan	Required annual assurance on internal audit coverage and risk based assurance.												
Number of agenda items:													

People and Resources Committee - Proposed Supporting Structure

- People and Resources Committee
  - Strategic Finance Portfolio
    - Finance and Contracting Group
      - Proposed Chair: Kathy Roe
      - Lead Officer: Stephen Downs
    - Estates and Environmental Sustainability Group
      - Proposed Chair: Stephen Downes
      - Lead Officer: Paul Lynch / Claire Igoe
  - Strategy, People and Partnerships Portfolio
    - People and Culture Group
      - Proposed Chair: Charlotte Bailey
      - Lead Officer: Jane Seddon / Kay Wilkes
  - System Reform and Improvement Portfolio
    - Data and Intelligence Group (Intelligence Element)
      - Chair: Nicola Hepburn
      - Lead Officer: Matt Hennesey
    - Digital and IT Services Group (Strategy Elements)
      - Chair: Nicola Hepburn
      - Lead Officer: Laura Hosey-Davies

NHS Greater Manchester

Chief Strategy, People and Partnerships Officer - Alert Report

May 2026

Part of Greater Manchester Integrated Care Partnership

NHS
Greater Manchester

NHS Greater Manchester People and Resources Committee

21st May 2026

Required information	**Details**
Title of report	Chief Strategy, People and Partnerships Officer - Alert Report
Author	Charlotte Bailey, Chief Strategy People and Partnerships Officer
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.
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 People and Resources Committee is asked to: • Note the report • Support the progress and direction of travel for establishing the new People and Culture Sub-Group
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	People & Culture Sub-Group Terms of Reference have been agreed. Freedom to Speak Up responsibility has transferred to Corporate Governance.

Leadership and governance arrangements	This paper is produced for the People and Resource Committee and has not been elsewhere.
Engagement* to date ***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 The People and Resources Committee and has not been elsewhere.
Financial or Legal Implications;	n/a.

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

Report from:	People & Culture Sub-Group
Date of Meeting:	Thursday 21st May
Chair:	Charlotte Bailey
Quoracy Achieved:	Yes

Key escalations and discussion points from the meeting:

Alert
None this month.
Advise
• Terms of Refence for the People and Culture Subgroup were discussed and agreed by the group. These will be refreshed to reflect the current scope, purpose and priorities of the group and will reflect clearly how the group will operate, and how it connects with the emerging OD plan and supporting staff engagement mechanisms. The revised ToR will be produced with a clearer and more fully articulated framework for the group's ongoing work. • Discussions around The Anti-Racism Plan highlighted the importance of using clear, credible language to support culture change and staff engagement. It emphasised the need for an inclusive approach shaped with staff and leaders, supported by practical action, visible leadership, and appropriate organisational conditions. The discussion also reinforced the importance of psychological safety and effective mechanisms for speaking up, which are essential to ensuring concerns about inequity and discrimination can be raised and addressed appropriately. • OD Plan discussions highlighted practical enablers for delivery, including the need to align the work with estates planning so that teams have appropriate opportunities and spaces to come together. • There are significant changes currently taking place in relation to Freedom to Speak Up, (F2SU), both nationally and within the organisation. This includes changes associated with the National Guardian Office, the move of responsibility for Freedom to Speak Up from People and Culture to Corporate Governance, and the transition away from a full-time guardian model. All mandated actions to meet new ICB responsibilities are in progress. A refresh to the F2SU champions network is proposed, encouraging new champion and greater involvement from leaders, alongside existing grassroots participation, to enhance visibility and impact.

Assure
• Senior responsibility for arrangements related to Freedom to Speak Up (F2SU) remain robust and have been transferred to the Associate Director of Corporate Governance, with appropriate training provided. F2SU Guardians continue to meet regularly to ensure arrangements remain effective, proactively identifying opportunities for improvement. Ongoing assurance on the effectiveness of F2SU arrangements will be provided by the Associate Director of Corporate Governance in collaboration with the Guardians. • The OD plan will be framed in clearer, more accessible language to support staff understanding and engagement. The plan is to be constructive and inclusive, with recognition that staff have been through a significant period of change and that the approach should help re-engage people positively. Importance was placed on aligning the work with practical delivery considerations, including estates and budget planning, and agreed that a peer staff network should be established to help inform the next phase of development.
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** 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

- The discussion around Freedom to Speak Up reinforced that psychological safety and clear speaking-up mechanisms are essential to wider cultural improvement. The meeting highlighted the need for leadership involvement, strong champion networks, and visible support structures to sustain that environment. There was also learning around the importance of leaders not only sponsoring this work, but actively participating in it, by taking on champion roles and helping embed the values and behaviours the organisation wants to strengthen.

- A key learning was the importance of the language used to describe improvement work. Discussions highlighted that terms may not always resonate as intended, and that using clearer, more accessible language can support staff understanding and engagement.

- Practical enablers, such as the right spaces for teams to come together, alignment with estates planning, are important to making change real and achievable, and need further consideration.

- Discussion reflected that colleagues have been through a great deal of change, and that future work should include approaches that feel constructive, engaging and, where possible, enjoyable. This was seen as important in helping people reconnect with the organisation and its priorities.

Achievements

- The first stages of the Organisational Development plan are now in place, with a shared understanding of a clear set of next actions including engagement with ELT, and further development of the approach.

- Discussions highlighted that F2SU Guardians are working collectively to lead the agenda, including progressing a refreshed approach to the Champions network. This includes reviewing current capacity, recruiting new champions, and encouraging greater leadership participation.

NHS Greater Manchester

Acting Chief Reform & Improvement Officer Report

2026

Part of Greater Manchester Integrated Care Partnership

NHS Greater Manchester People and Resources Committee

April 2026

Required information	Details
Title of report	Acting Chief Reform & Improvement Officer Report
Author	Gill Baker – GM UEC Programme Director Dan Gordon – Director of elective care Ed Dyson – Director of performance, improvement and assurance
Presented by	Nicola Hepburn Acting Chief Reform & Improvement Officer, NHS GM
Contact for further information	Nicola.Hepburn1@nhs.net
Executive summary	This report provides an analysis of assurance relating to NHS Greater Manchester Integrated Care Board discharging its statutory duties for performance. It follows the Alert, Advise, Assure framework. It brings together intelligence from established governance routes and illustrates examples of actions taking place to deliver performance. The report shows varying levels of assurance in delivery of standards. It demonstrates Greater Manchester continues to show continuous improvement against standards.
The benefits that the population of Greater Manchester will experience.	The Greater Manchester population will gain improved health outcomes and experience as the Greater Manchester system makes continuous improvement in key standards.
How health inequalities will be reduced in Greater Manchester's communities.	A focus on reducing variation in provision across Greater Manchester will narrow variation in outcomes across geographical boundaries. Deep dives take place to look at variation across protected characteristic groups.
The decision to be made and/or input sought	The Committee is asked to: • Receive and discuss the report. • Note scrutiny of performance takes place at the Strategic Commissioning Committee and is reported to Board.
How this supports the delivery of the strategy and mitigates the BAF risks	Performance is held within BAF risk SR2.
Key milestones	These are set out within the different sections of the report.
Leadership and governance arrangements	Performance reports to Strategic Commissioning Committee and Board.
Engagement* to date ***Engagement: public,**	Development of the operational plan and its work programmes incorporate these aspects of engagement.

clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	
Financial or Legal Implications;	There are no direct new financial or legal implications arising from this report. Financial impacts are reported as required. Financial decisions are taken through the appropriate governance. There is a relationship between achievement of financial objectives and delivery of performance standards due to the required levels of funded activity to require standards.

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

The following national priority metrics are currently rated as Alert and continue to be monitored through established recovery and performance arrangements:

- Urgent and Emergency Care – A&E 4-hour performance (GM providers)
- Urgent and Emergency Care – A&E 12-hour waits
- Elective – Incomplete RTT pathways of 52 weeks or more
- Diagnostics – 6-week diagnostic wait performance
- Mental Health – Average length of stay in adult acute mental health beds
- Learning Disabilities – Inpatient care for autistic adults

Advise

The following metrics are rated as Advise, with improvement plans in place and ongoing system oversight:

- Elective – Incomplete RTT pathways within 18 weeks
- Elective – Pathways waiting over 18 weeks for a first appointment
- Cancer – Patients receiving treatment within 62 days
- Learning Disabilities – Inpatient care for adults with learning disabilities
- Primary Care – Appointments in general practice
- Primary Care – Population access to NHS dentistry

Urgent Care focused update:

- System pressures: The UEC system has remained stable month to date. Isolated escalations have been managed effectively through the System Control Centre (SCC) and local escalation arrangements, with no sustained system-wide pressures identified.
- NEPTS: Procurement activity has progressed in line with plan. The evaluation phase has concluded, with moderation scheduled to commence w/c 20 April.
- Winter review: System-wide input has been completed, engaging locality partners and acute providers. Learning is being consolidated and will be shared through the UEC Reform Board to inform future planning and improvement.
- UEC Capacity Fund: Evaluation of funded schemes is underway using a standardised methodology. Completed proformas are due by the end of April, with system-level review and reporting planned for May through agreed governance routes.
- UEC Capital: NHS England has provided an update on UEC capital bids submitted as part of the wider capital programme. Letters of Key Engagement (LKOEs) have been requested from providers, with decisions on progression expected by the end of April.

EPRR on-call model: A revised on-call model has been agreed, supported by a new Standard Operating Procedure (SOP) and engagement through the Partnership Forum. Phased implementation will commence from 20 April to support an orderly transition.

Elective care focused update:

- Q4 sprint ended 31st March demonstrating significant improvement in performance especially RTT 18 weeks and total list size - Trusts are validating March position to the end of April to ensure most accurate position possible is reported
- Through planning round trusts have been funded to deliver target RTT performance to March 27,

NCA were lagging but have had a significant investment and should continue to improve, improving overall GM position

- **Consultant Connect** platform continues to see strong growth (March 15% above February levels) and being extended to March 27 (current annualised activity is c24,000 which is 50% above 24/25 levels)
- **BeCCoR** scheme approved for 2nd year, with a focus on targeted reduction in new referral rates and increase use of Trust SPOAs and Advice and Guidance
- **Community services**: ENT business case approved and mobilisation underway, Gynaecology service provision

Assure

The following metrics remain rated as Assure and are performing within national expectations:

- Cancer – Patients receiving communication of diagnosis, or ruling cancer out, within 28 days
- Mental Health – Access to Children and Young People's Mental Health Services
- Prevention – Hypertension treated in line with NICE guidance
- Prevention – Cholesterol management for patients with recorded cardiovascular disease

Governance, escalation, and assurance arrangements across UEC remain robust. Key programmes and workstreams continue to progress as planned, and there are no issues requiring escalation to Chief Officers beyond routine reporting at this time.

Risk discussed and new risk identified

Focus is now turning to 27/28 delivery. Many of the core standards, including the four-hour target, 18 weeks and 62 day cancer, have had target extended. This means a similarly challenging year ahead in terms of operational focus, productivity and transformation. As with 26/27 there is friction between delivery of financial and performance objectives. Focus on demand management brings the opportunity to mitigate these in a mutually inclusive way in some instances.

This risk is set out in BAF risk SR2.

Achievements

GM has continued to show continuous improvement over the last three years in all key indicators. We expect to see an improvement in relative performance to other ICBs when March rankings are published. Other than the A&E 4 hour target all year end figures are currently forecast. Final published figures and national rankings can be between eight and ten weeks following the year end. A summary of key indicators is as follows.

Standard	Target	Forecast achievement	Improvement from March '25
A&E 4 hour	> 78%	74.1% (confirmed)	+2.9%
18 week RTT	> 60.7%	61.4%	+8%
52 week RTT	<1%	1.75%	-2%
Cancer 62 day	>75%	75.6%	+3.9%
Cancer FDS	>80%	82.3%	+2%

UEC Focus
System working and the UEC March Sprint processes supported the delivery of the 4hr standard of care in March achieving 74.1%. This is an almost 3% improvement on the previous year and the table below highlights that all but 1 provider delivered improvement on the previous year.

Provider	March 26	March 25 Actual	Difference
Bolton FT	68.1%	71.8%	--3.7%
MFT	77.2%	73.9%	+3.3%
NCA	73.6%	68.8%	+4.5%
Stockport	70.1%	69%	+2.1%
Tameside	68.9%	67.1%	+2.8%
Wigan (WWL FT)	78.1%	71.7%	+6.3%
GM Total	**74.1%**	71.2%	+2.9%

Ambulance performance and the delivery of the Cat 2 response time remains higher than national average and Ambulance handovers are delivered in a timely manner across the GM footprint.

Throughout 25/26 the GM UEC Reform Programme has worked with system partners to achieve a fully implemented single telephony platform for Integrated Care Coordination. A number of localities have implemented a true Single Point of Access model to support the redirection of patients to more appropriate urgent community services, with other localities working through phased implementation plans.

It is too early to provide Trust specific figures across other indicators. These will be provided when published data is available.

NHS Greater Manchester

Chief Finance Officer Report

May 2026

Part of Greater Manchester Integrated Care Partnership

NHS Greater Manchester People and Resources Committee

27th May 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. Alerts • Neighbourhood Health Centres Advise • Better Care Fund • Special Educational Needs and Disabilities Assure • 2026/27 Month 1 • 2026/27 provider contracts • Chief Officer Budget Sign Off • Progress with the 2025/26 External Audit New risks • No new risks highlighted. CIP delivery continues to be the main risk Achievements • Delivery of the 2025/26 financial plan • Deficit Support Funding (DSF) for Q1
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 ***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
Neighbourhood Health Centres NHS England launched a national programme on Neighbourhood Health Centres (NHCs) in April 2026. This builds on the “Return to Constitutional Standards 4 Year Capital Allocation” that was reflected in the ICB medium-term financial plans but provides further details on what services should be within NHCs. There is also the ability to access further national capital for refurbishments as well as the opportunity for “new builds” using “Public-Private Partnership” (PPP) funding. The ICB has access to £44m of strategic capital over four years and the medium-term plan includes proposals for 10 NHCs across Greater Manchester utilising existing estate. These plans are being reviewed in light of the new guidance and working closely with Local Authority and Combined Authority Colleagues. A submission to NHS England is due on the 28th May.
Advise
Better Care Fund (BCF) Work has been undertaken to standardise the categories of spend included within the BCF funded by NHS contributions. The 10 BCFs were signed off by the ICB Acting Chief Executive on behalf of the ICB on the 19th May. **Special Educational Needs and Disabilities (SEND) Return** The SEND Reform Plan data template was submitted for all 10 localities on the 15th May. A further submission is due to the Department for Education by the middle of June.
Assure
2026/27 Month 1 (M1) NHS GM is on plan at M1 but there are emerging pressures in Continuing Health Care, ADHD and mental health packages. These pressures have been mitigated at M1 and action is being taken to address these. **Signing of 2026/27 Provider Contracts** NHS GM has signed all the NHS Provider contracts that we lead on. This has meant quarter 1 deficit support funding (DSF) has been secured (see achievements section below). **2026/27 Chief Officer Budget sign-off** Opening budget books for each Chief Officer have now been issued and requested sign-off by 22nd May 2026. **Progress on the 2025/26 external audit** The external audit on the 2025/26 financial accounts has commenced and there are currently no issues to report.

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
Delivery of the 2025/26 financial plan The ICB submitted the Integrated Financial Return (IFR) to NHS England on 20th April 2026 and the draft accounts on 27th April 2026, both of which demonstrated delivery of the 2025/26 financial plan. **Deficit Support Funding (DSF) – Q1** The ICB has been notified by NHS England that it will receive DSF for quarter 1 on the basis of a compliant plan and achieving contract signatures.

NHS Greater Manchester

Month 1 Finance Report

2026/27

Part of Greater Manchester Integrated Care Partnership

NHS
Greater Manchester

NHS GM People & Resources Committee (Public)

27 May 2026

Required information	Details
Title of report	Month 1 Finance Report
Author	Jackie Gardiner – Director of Operational Finance
Presented by	Jackie Gardiner – Director of Operational Finance
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 1 financial position for NHS GM as at 30th April 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: 1. Note the summary nature of the Month 1 financial report. 2. Note the 2026/27 NHS GM financial plan is balanced following the receipt of £17.7m of deficit support funding. 3. Note the Month 1 year to date reported financial position is in line with the balanced plan. 4. Note and discuss the areas of pressures

	and the requirements for early intervention and mitigations to bring spend back in line with plan. 5. Note the delivery of CIP in Month 1 of £12.8m against a plan of £12.8m, a slight over delivery of £84k in month.
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 20th May 2026. Presented to People & Resources Committee on 27th May 2026. Will be presented to the NHS GM Integrated Care Board on 17th June 2026.
Engagement* to date ***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 30th April 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 1 reported position

At Month 1 financial reporting is at a high level and will revert back to more detailed reporting from Month 2 onwards.

As at Month 1, NHS GM is reporting in line with plan.

M1 2026/27 Surplus/(Deficit) £m	YTD Plan	YTD Actual	YTD Variance
NHS GM	£0.0	£0.0	£0.0

Key messages are as follows:

- Whilst the position overall in is balance, there are some indications of pressures which have continued from the previous financial year, including All Age Continuing Care, Mental Health packages and ADHD & Autism, along with the impact of undelivered CIP from 2025/26 in Community Health Services.
- All NHS contracts where NHS GM is the lead commissioner have been signed.
- An increased financial control framework 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 1 delivery is slightly ahead of the plan by £84k. Weekly monitoring is 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 Month 2.

3. Recommendations

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

- Note the summary nature of the Month 1 financial report.
- Note the 2026/27 NHS GM financial plan is balanced following the receipt of £17.7m of deficit support funding.
- Note the Month 1 year to date reported financial position is in line with the balanced plan.
- Note and discuss the areas of pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.

- Note the delivery of CIP in Month 1 of £12.8m against a plan of £12.8m, a slight over delivery of £84k in month.
- Note that all NHS contracts where NHS GM is the lead commissioner have been signed.

NHS Greater Manchester

NHS Greater Manchester Finance Slide Pack Month 01 – April 2026

Presented by: Jackie Gardiner
Date: 27th May 2026

Part of Greater Manchester Integrated Care Partnership

As part of the NHS Reforms and a result in changes in reporting requirements, NHS GM will no longer be reporting a system position, and this report will focus on the financial position for NHS GM going forward.

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, and an efficiency target of £150.0m.

Due to access to the national ledger system, the opening budgets have not yet been uploaded to the ledger system, but this will be done for Month 2 reporting and NHSE will sign-off on the opening budgets ensuring that they reconcile to the submitted plan. This Month 1 finance report is therefore a high-level summary of the financial position for NHS GM based on in month figures only, as limited data is available for the forecast position at this stage.

M1 2026/27 Surplus/(Deficit) £m	YTD Plan	YTD Actual	YTD Variance
NHS GM	£0.0	£0.0	£0.0

As at Month 1 NHS GM is reporting in line with the plan, albeit with some indications of pressures which are being offset within the overall position.

The efficiency target at Month 1 is £12.8m, and a slight over delivery of £84k is being reported. Weekly monitoring is 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 Month 2.

All NHS contracts where NHS GM is the lead commissioner have been signed.

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 GM Financial Position

Month 1

NHS Greater Manchester

The Month 1 financial position for NHS GM is in line with the M1 plan of £0.0m. Full year budget and forecast outturn are not included as part of Month 1 reporting.

M1 2026/27 (£m)	YTD Plan	YTD Actual	YTD Variance
Allocations	£757.7	£757.7	£0.0
Admin			
Running Costs	£3.9	£3.6	£0.3
Total Admin	£3.9	£3.6	£0.3
Programme:			
Mental Health	£83.1	£83.8	-£0.7
Acute	£342.3	£342.3	£0.0
Specialised Commissioning	£87.8	£87.8	£0.0
Primary Care	£8.5	£8.5	£0.0
GP Medical, Pharmacy, Dental and Optometry	£92.5	£92.4	£0.1
Prescribing	£50.2	£50.2	£0.1
All Age Continuing Care	£25.6	£25.9	-£0.3
Community Health Services	£66.8	£67.1	-£0.2
Programme Operating Costs	£6.9	£7.2	-£0.3
Other expenditure	£1.8	£1.8	£0.0
Earmarked commitments / CIP	-£11.8	-£12.8	£1.0
Total Programme	£753.8	£754.1	-£0.3
Total Expenditure	**£757.7**	**£757.7**	**£0.0**
Surplus / (Deficit)	**£0.0**	**£0.0**	**£0.0**

The main drivers of the M1 position for NHS GM are as follows:

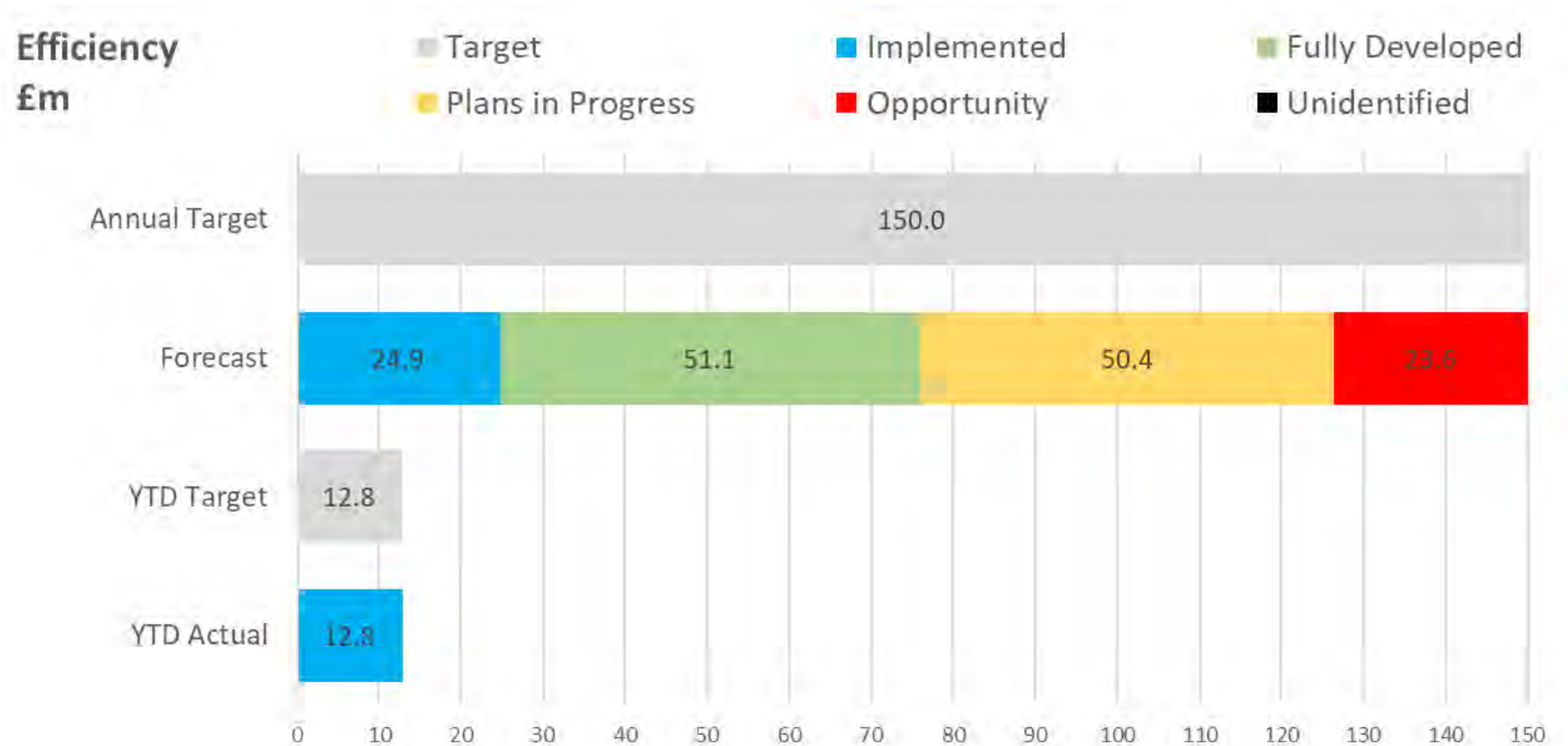
Expenditure Area - £m	M1 Var	M1 Overview
Mental Health	-£0.7	The reported pressure at M1 relates to on-going increased costs for ADHD and ASD. The recovery plan from 2025/26 continues to be implemented to reduce costs. In addition, there are pressures as a result of a number of high-cost placements reported by localities at the end of 2025/26.
All Age Continuing Care	-£0.3	This is as a result of a number of high-cost placements reported by localities at the end of 2025/26 which continue to be in place.
Community Health Services	-£0.2	The small pressure reported is as a result of a roll forward of CIP targets which weren't delivered in 2025/26, with a focus required to identify new schemes.
Programme Operating Costs	-£0.3	The overspend at M1 is being offset with an equivalent underspend in Running Costs. Until the Reforms Programme has concluded actual costs are not yet aligned to the new budgets.
Other Variances	£1.5	The reported under spends relates to Running Costs, Primary Care Delegated and Prescribing, along with benefits reported for budgets held centrally.
M1 Variance	**£0.0**	

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.

NHS GM Financial Position

Efficiencies

NHS Greater Manchester



NHS GM Efficiency

- The chart above details the savings delivered against a target of £150.0m, identifying that £23.6m remains as an opportunity as at Month 1, where schemes are still being scoped.
- On a YTD basis, delivery is £84k ahead of the £12.8m target, which is in line with the planned trajectory

Recommendations

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

- Note the summary nature of the Month 1 financial report.
- Note the 2026/27 NHS GM financial plan is balanced following the receipt of £17.7m of deficit support funding.
- Note the Month 1 year to date reported financial position is in line with the balanced plan.
- Note and discuss the areas of pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.
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- Note that all NHS contracts where NHS GM is the lead commissioner have been signed.

NHS Greater Manchester

Performance Report People and Resources Committee

2026-27

Part of Greater Manchester Integrated Care Partnership

NHS
Greater Manchester

NHS GM People and Resources Committee

May 2026

Required information	Details
Title of report	Performance Report
Author	Alexandra Barber, Performance Manager
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 Performance and Quality Committee receive a more comprehensive performance report every month.
Engagement* to date ***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.**	Not applicable

1. Introduction

1.1 For 25/26, the key high-level metrics have been categorised using the "Assure, Alert and Advise" approach

- ALERT: Alert to matters that require escalation for the board's attention or action
- ADVISE: Advise of areas of ongoing monitoring or development
- ASSURE: Inform the board where assurance has been achieved

1.2 The report advises the Committee on NHS Greater Manchester's (GM) performance focussing on high-risk areas for 25/26 and 26/26 where available. 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

2.1 In April, 73.8% of patients attending A&E were admitted, transferred, or discharged within **four hours,** achieving the April plan of 73%, the first time GM has performed better than plan in the previous 12 months. GM ICB benchmarked 32/42 for 'all types', and 23/42 for 'type 1' in April. The plan is to improve to 82% by March 2027. This metric will remain in alert until we start seeing consistent improvement against plan.

2.2 In April, 10.3% of patients waited **over 12 hours** for admission or discharge from a type 1 emergency department, worse than April plan of 8.8%. GM ICB benchmarked at 24 out of 42 ICBs in April for this standard. More recent unvalidated data shows that between the 1st and 15th of May, performance was at 9.1%. The plan is to improve to 7.7% by March 2027.

2.3 At the end of March, there were 28 patients across GM Trusts waiting **over 65 weeks** for treatment against a target of zero. Unvalidated provider forecasts from the 12th of May indicates 68 patients waiting over 65 weeks at the end of May: 40 at Northern Care Alliance NHS Foundation Trust, 28 at Wrightington, Wigan and Leigh NHS Foundation Trust.

2.4 In March, 1.6% of the patients in GM Trusts were waiting over **52 weeks** for treatment, worse than the end of year plan of 1%. This was largely driven by Northern Care Alliance NHS Foundation Trust (NCA), and Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) as the providers farthest from plan. The latest local data indicates that NCA is forecasting to achieve their 3% plan in April, and that WWL is currently forecast to achieve circa 2.35% in April, worse than their plan of 1.63%.

2.5 The **average length of stay** in a mental health acute inpatient bed for adults and older adults discharged in the three months to March, remained high at 68.4 days for GM registered patients, which was worse than the March plan of 57.3 days. GM ICB did not benchmark favourably for this metric, ranking 41/42 in March.

2.6 At the end of March there were 55 adults with **autism** (with no learning disability) in an inpatient bed. This failed to achieve the quarter four plan of no more than 39 adults. Published data for LDA metrics are rounded to nearest 5 to prevent identification of vulnerable individuals. Larger numbers are also rounded to ensure uniformity across the national datasets.

Advise

2.7 In March, 10.1% of patients were waiting more than six weeks for a **diagnostic test** at GM NHS providers. GM benchmarks favourably in March compared to other ICBs, ranked 4th best performing out of the 42 ICBs. This metric was not an operational planning metric for 25/26 but is for the 26/27 financial year, with plan to improve to 3.9% for all GM NHS providers by March 2027.

2.8 GM providers were better than plan for the **cancer faster diagnosis** with 82.2% diagnosed within 28 days in March 26. GM ICB benchmarked at 12/42 for this metric in March. Local data from the 8th of May forecasts that GM will fail to meet plan in April at 78.2% against a plan of 80.2%.

Assure

2.9 GM achieved the 25-minute target for **Category 2** ambulance calls. In April, the average response time was 20 minutes and 11 seconds. Unvalidated data shows that between the 1st and 10th of May the average response time was 20 minutes and 21 seconds.

2.10 In March, 62.2% of GM Trust patients were waiting less **18 weeks for treatment,** which was better than the March plan of 61%.

2.11 In March, 68.5% of elective patients in GM Acute Trusts were waiting less than **18 weeks for a first appointment**, which was better than the March plan of 68.2%.

2.12 In March 78.8% of **cancer** patients in GM providers received treatment within **62 days**, which was better than the March plan of 75.3%. GM ICB benchmarked 8/42 for this metric in March. Local data from the 8th of May forecasts that GM will achieve plan in April.

2.13 The number of **children and young people accessing mental health services** in the 12 months to March 2026 was 56,370, which was better than the March plan of 55,000.

2.14 At the end of March, there were 45 adults with a **learning disability** (and may also be autistic) in an inpatient bed, better than the quarter four plan of no more than 46 adults. Published data for LD metrics are rounded to nearest 5 to prevent identification of vulnerable individuals. Larger numbers are also rounded to ensure uniformity across the national datasets.

3. **Recommendation**

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