NHS Greater Manchester

# Agenda

## Greater Manchester People & Resource Committee (Public)

Date: 22 July 2026

Time: 14:00pm to 15:30pm

Venue: Microsoft Teams

| Item No. | Time | Duration | Subject | Paper/ Verbal | For Approval/ Discussion/ Information | By Whom |
|---|---|---|---|---|---|---|
| 1. | 14:00 | 5 mins | Welcome, Introductions and Apologies<br><br>Attendance Matrix | Verbal<br><br>Paper | Information | Kal Kay<br>*Chair* |
| 2. | | | Declarations of Interest | Paper | Noting | |
| 3. | | | Minutes, Action Log and Matters Arising | Paper | Approval | |
| **Strategic Updates** | | | | | | |
| 4. | 14:05 | 5 mins | People & Resource Committee Workplan | Paper | Information | Charlotte Bailey, *Chief Strategy, People and Partnerships Officer* |
| 5. | 14:15 | 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. | 14:45 | 10 mins | Finance Report – Month 3 | Paper | Discussion | Jackie Gardiner *Director of Operational Finance* |
| 7. | 14:55 | 5 mins | Joint Capital Resource Use Plan | Paper | Discussion | Stephen Downs *Deputy Chief Finance Officer* |
| 8. | 15:00 | 15 mins | Equality Impact Assessment Workforce Profile Report | Paper | Discussion | Charlotte Bailey, *Chief Strategy, People and Partnerships Officer* |
| 9. | 15:15 | 10 mins | Workforce Report | Paper | Discussion | Charlotte Bailey, *Chief Strategy, People and Partnerships Officer* |

| For Information | | | | | | |
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| 10. | 15:25 | 0 mins | Performance Report | Paper | Information | N/A |
| 11. | 15:25 | 5 mins | Any other business<br>Board Paper Escalations<br>Meeting Reflections | Verbal | Discussion / Noting | All |
| Date and time of next meeting:<br>**Wednesday 26 August 2026, 14:00pm – 16:00pm - MS Teams** | | | | | | |

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

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

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

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

# Minutes

## NHS Greater Manchester People & Resources Committee – Public

Date: Wednesday 24 June 2026

Time: 14:00 – 15:15

Venue: MS Teams

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| **MEMBERS:** | | |
| Kal Kay | **KK** | Non-Executive Director, Chair |
| Jackie Njoroge | **JN** | Non-Executive Director, Deputy Chair |
| 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:** | | |
| Manisha Kumar | **MK** | Chief Clinical Officer |
| Stephen Downs | **SD** | Deputy Chief Finance Officer |
| Chris Gaffey | **CG** | Associate Director of Corporate Services |
| Ross Baxter | **RB** | Governance Advisor (Minutes) |
| **APOLOGIES:** | | |
| Richard Paver | **RP** | Non-Executive Director |
| 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 |
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| | PUBLIC |
| 1. | **Introductions and Apologies**<br><br>KK welcomed everyone to the meeting and the apologies were noted.<br><br>The Attendance Matrix was shared for information. |
| 2. | **Declarations of Interest**<br><br>The People & Resources Committee Conflict of Interest Register was shared for information. There were no additional declarations or conflicts of interest declared at the meeting. |
| 3. | **Minutes of the Last Meeting and Action Log**<br><br>The minutes of the last People and Resource Committee were approved as an accurate record. There were no updates to the action log to be noted. |

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| 4. | **People & Resource Committee Workplan**<br><br>The Committee received a verbal update on the development of the People and Resources Committee workplan, which is being designed as part of a wider organisational planning framework aligned to the five-year commissioning plan. It was explained that the intention is to establish a clear "golden thread" linking the organisation's long-term strategic vision through to annual Board priorities, committee workplans, and ultimately individual staff objectives and risk management processes.<br><br>The Committee noted that Chief Officers had recently met to identify and refine a draft set of strategic objectives, with these due to be finalised imminently and formally presented to the Board in July. These strategic priorities will form the foundation for subsequent workplan development across all committees, including People and Resources. The approach seeks to ensure that committee activity is directly aligned to the organisation's overarching priorities, rather than being developed in isolation. It was emphasised that work to begin shaping committee workplans is already underway, but that finalisation will follow Board agreement of the strategic objectives to ensure full alignment.<br><br>The Committee further noted that this approach is intended to create a coherent cascade from strategy through to delivery, whereby committee workplans, team objectives, and individual performance objectives all reflect the same agreed priorities. This alignment will also inform the development of the Board Assurance Framework (BAF), with risks being explicitly mapped to the delivery of the strategic objectives. A detailed timetable supporting this process has been developed, with key milestones including presentation of strategic priorities to the July Board, finalisation of committee workplans in late July to early August, and subsequent BAF approval in September.<br><br>In discussion, members welcomed the proposed approach, recognising the benefits of strengthening the connection between strategy, performance, and governance oversight. It was highlighted that, alongside the definition of strategic objectives, equal importance should be placed on clearly identifying what will not be prioritised, in order to maintain organisational focus. The importance of aligning performance metrics and data with the agreed objectives was also emphasised, with the Committee noting the need for clear measures of success and visibility of how interventions will deliver outcomes. The Chief Officer confirmed that work is underway to align the organisation's performance dashboard accordingly, including input from the data and intelligence function.<br><br>The Chair sought assurance that the workplan development would also address committee governance arrangements, including the coordination of forward plans and the management of overlaps between committees, particularly between the People and Resources Committee and other committees such as Strategic Commissioning. In response, it was acknowledged that while this level of detail was not yet fully incorporated into the draft materials, further refinement would be undertaken to ensure appropriate synchronisation across the governance structure before circulation.<br><br>Overall, the Committee noted the progress made in developing a structured and aligned approach to the workplan and endorsed the direction of travel, subject to further detail being circulated to members following refinement.<br><br>**NHS GM People & Resources Committee provided comment and views on the current proposals on the Committee workplan.** |

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| 5. | **Chief Officers' Update Reports**<br><br>Chief Strategy, People & Partnerships Officer<br><br>The Committee received the Chief Strategy, People and Partnerships Officer's report and noted that there were no issues requiring escalation at this time. The update focused primarily on workforce, organisational development, and people-related priorities during a period of continued organisational change.<br><br>The Committee was advised that the workforce data infrastructure had been significantly rebuilt in response to reductions in staffing capacity, with a transition towards a more decentralised, line manager-led model of data access. Under this new approach, managers will be able to access and generate live workforce data for their teams directly, rather than relying on centrally produced reports. Whilst the system had been successfully developed, it had not yet gone live, pending completion of the final allocation panels and confirmation of the organisation's establishment. It was noted that once staff are fully aligned to roles within the Electronic Staff Record (ESR), the organisation will be in a stronger position to produce accurate and timely workforce reporting, including the reintroduction of routine reports to the Committee.<br><br>In terms of workforce metrics, the Committee noted that statutory and mandatory training compliance stood at 94.3% for May, slightly below the 95% target. It was anticipated that the new system would enable more targeted management action to address areas of lower compliance. The reported headcount was 1,232 whole-time equivalents, and sickness absence remained at 3.2%, below the national target of 3.4%, with the majority of absence attributed to long-term sickness. Members noted these figures and welcomed the intention to provide more comprehensive workforce reporting at future meetings once systems are fully operational.<br><br>The Committee also noted the planned programme of staff engagement and insight activity. This includes the introduction of a regular cycle of pulse surveys in January, April and July, alongside the national NHS Staff Survey scheduled for September. It was confirmed that national benchmarking data would be available through these mechanisms, including comparisons with other Integrated Care Boards where applicable, and that results could be analysed across the domains of the NHS People Promise. Members highlighted the importance of monitoring staff sentiment closely in light of the sustained period of organisational change and sought assurance that appropriate benchmarking and trend analysis would be available; the Chief Officer confirmed that national dashboards would support this.<br><br>Further updates were provided on key organisational initiatives. The Committee noted the launch of the second phase of the anti-racism campaign, which has now expanded from an internal focus to a system-wide, public-facing campaign. In addition, the annual appraisal process has commenced, with a revised and streamlined appraisal framework now in use. Early feedback from members indicated that the updated approach was an improvement on the previous system, offering a more effective structure for performance conversations. It was also noted that the organisation is preparing for staff to transition into new roles from 1 July, with line managers supported to facilitate this process, and that an all-staff away day is planned for September to support organisational development and engagement.<br><br>During discussion, members emphasised the importance of maintaining regular oversight of workforce indicators, including training compliance and sickness absence, |

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| | suggesting that these should be reviewed with similar regularity and rigour as financial performance data. The Committee also sought clarification on the scope of workforce data available through ESR, particularly in relation to protected characteristics. It was confirmed that demographic data, including ethnicity and other protected characteristics, is captured within ESR where staff have chosen to provide it. Members were also reminded that a final Equality Impact Assessment would be brought back to the Committee and Board following completion of the organisational change process, to assess the impact of reforms on the diversity and composition of the workforce.<br><br>The Chair additionally requested that Non-Executive Directors be invited to attend the forthcoming staff away day where possible, to support engagement across the organisation.<br><br>Overall, the Committee noted the report and the progress being made in strengthening workforce data systems, staff engagement mechanisms, and organisational development activity, recognising the importance of these elements in supporting the organisation through a period of transition.<br><br><u>Acting Chief Reform and Improvement Officer</u><br><br>This item was taken as read due to apologies received. Members were asked to direct any questions to NH outside of the meeting.<br><br><u>Chief Finance Officer</u><br><br>The Committee received the Chief Finance Officer's report and noted a broadly stable financial position at Month 2, with the ICB reporting a break-even position both year-to-date and on forecast. It was highlighted that, although the system reported an overall year-to-date variance of just under £21 million, this remained within the wider provider system and did not impact the ICB's reported financial balance. Members were advised that, notwithstanding this position, a number of financial risks were beginning to emerge, and these would require strengthened management attention over the coming months.<br><br>In presenting the report, the Chief Finance Officer drew attention to a number of key pressure areas, noting that the Committee would recognise recurring themes from previous discussions. These included pressures associated with the delivery of the Cost Improvement Programme (CIP), increasing expenditure on individual packages of care—particularly within Continuing Healthcare—and rising demand and cost pressures within mental health services. In addition, prescribing expenditure was identified as an area of concern, with a significant and unexpected increase observed in March, and further clarity on subsequent months awaited. The Committee was advised that a more rigorous and focused recovery approach would now be implemented across these areas to strengthen financial control and mitigate emerging risks.<br><br>The Committee noted that the current position must be understood in the context of organisational reform, which had resulted in a reduction of approximately one-third of the organisation's capacity. It was acknowledged that this had had an impact on operational oversight, particularly in high-risk financial areas, during the early months of transition as staff moved into new roles. The Chief Finance Officer confirmed that this reduced focus was now being addressed, with actions being developed and implemented to re-establish effective financial grip and control, supported by ongoing discussions at Chief Officer level. |

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| | Members also received an update on national requirements relating to deficit support funding (DSF), noting that NHS England had set expectations regarding the maturity and credibility of CIP schemes by the end of Quarter 1. The Committee was advised that, while there remained a level of risk across Greater Manchester in meeting these requirements in full, NHS England's assessment would not be entirely binary and would also take into account overall system performance, governance arrangements, and evidence of progress. It was noted that, across the system, approximately £100 million of DSF was at stake on a quarterly basis, with around £4 million applicable to the ICB. Members were advised that, even where thresholds were not met initially, there remained an opportunity to recover funding in subsequent periods, and further clarity would be provided following upcoming discussions with NHS England.<br><br>The Committee further discussed the ongoing work to deconstruct block contracts for community and mental health services, recognising this as a major and complex programme of work. It was explained that the aim of this exercise is to re-establish a clear line of sight between expenditure and activity delivered, addressing long-standing limitations in data quality and transparency. Members noted that, historically, block arrangements had obscured understanding of the value and outcomes associated with investment in these services, and that the move towards activity-based approaches would support improved commissioning, identification of unwarranted variation, and better-informed decision-making. The scale of the task was emphasised, including the absence of consistent national data sets and variation in existing provider approaches.<br><br>In discussion, members recognised both the opportunities and risks associated with this programme of work. It was noted that, while the primary objective was to improve transparency and understanding of activity and cost, it was also likely to expose areas where commissioned services or inputs were not aligned with expectations. Members highlighted the complexity of community service delivery, where outcomes may be achieved through a combination of inputs across different parts of the system, and emphasised the need to ensure that commissioning approaches appropriately reflect this complexity. It was further noted that the work would be of value to both commissioners and providers, enabling a more informed understanding of cost bases and supporting the shifting of resources into community settings as part of wider system transformation.<br><br>The Committee also received assurance regarding workforce changes within the strategic finance function, noting that, despite a reduction of more than 40 posts, all staff had been successfully redeployed without the need for compulsory redundancies. This was recognised as a positive outcome, particularly in the context of broader organisational change where this had not been universally achievable. Members were also advised of the successful submission of the annual accounts, which had been delivered ahead of deadline and supported through Audit Committee, resulting in a clean audit opinion. While the accounts reflected an underlying deficit position, this had been anticipated and managed, and the overall outcome was considered positive.<br><br>Finally, the Committee noted external recognition of the organisation's work through the Healthcare Management Awards, including commendations for the mental health integrated fund and ADHD programme, as well as the shortlisting of a senior finance colleague for an individual award. Members welcomed this recognition as evidence of the strength of collaborative working across the system.<br><br>Overall, the Committee noted the report and took assurance from the current financial position and progress made, while emphasising the importance of maintaining focus on |

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| | emerging risks, strengthening recovery actions, and ensuring that forthcoming national financial requirements are effectively managed.<br><br>**NHS GM People & Resource Committee;**<br>• **Noted the reports**<br>• **Supported the progress and direction of travel for establishing the new People and Culture Sub-Group**<br>• **Noted scrutiny of performance takes place at the Strategic Commissioning Committee and is presented to Board.** |
| 6. | **Finance Report – Month 2**<br><br>The Committee received the Month 2 Finance Report, outlining the key financial position and emerging risks. It was noted that, at Month 2, the ICB remained on plan, reporting a break-even position in line with its year-to-date target, with no change to the overall forecast outturn at this stage. The Committee was advised that while the headline position remained stable, a number of underlying pressures were beginning to emerge, particularly in relation to individual packages of care, including Continuing Healthcare and mental health placements. These pressures had been mitigated within the Month 2 position but were indicative of a trend that required close monitoring.<br><br>In presenting the report, it was highlighted that the Cost Improvement Programme (CIP) position at Month 2 appeared slightly ahead of plan; however, this was largely attributable to phasing effects, with schemes that had already been identified contributing earlier in the year. It was acknowledged that greater challenge would arise in subsequent months as delivery became increasingly dependent on schemes still in development. This position aligned with earlier discussion that there remained a degree of risk regarding the maturity and completeness of CIP schemes across the system.<br><br>The Committee noted that there were apparent variances between running costs and programme costs; however, Members were assured that this reflected timing differences associated with organisational restructuring and the realignment of budgets, rather than a substantive underlying financial issue. It was further noted that the capital programme remained at an early stage in the financial year, with no significant issues reported, and that cash drawdown was proceeding broadly as expected, albeit with some variation from a straight-line profile.<br><br>In discussion, Members sought clarification on the drivers behind the emerging pressure on packages of care. It was explained that, in part, this reflected increased demand, particularly within mental health, including delays associated with patients being clinically fit for discharge. Additionally, it was acknowledged that reduced organisational capacity during the transition period had impacted the level of operational scrutiny applied to these areas. The Committee was advised that this had led to the identification of instances where costs included within care packages may not have been appropriately challenged, for example where duplicate or already-funded elements had been incorporated. It was confirmed that work was underway to strengthen oversight and reintroduce greater operational grip in these areas.<br><br>Members further explored whether lessons identified in individual cases were being systematically applied across the system. Assurance was provided that the consolidation of locality teams into a single Greater Manchester function presented opportunities to standardise processes, identify inconsistencies, and improve value for money. This included the ability to benchmark practice across localities, identify |

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| | anomalies, and explore opportunities for market management and service redesign to reduce reliance on high-cost individual placements over the medium term.<br><br>The Committee also considered the position in relation to cash management, noting an apparent increase in cash drawdown compared to the expected profile. It was explained that this largely reflected the settlement of year-end creditor balances, with payments being made in the early part of the new financial year. It was further clarified that, given the ICB's underlying financial position, cash management required active balancing throughout the year, including engagement with providers regarding payment timing, while ensuring that smaller organisations were appropriately protected.<br><br>In concluding discussion, the Chair sought assurance on the approach to managing emerging financial risks, particularly in areas showing early signs of overspend. It was confirmed that more detailed monitoring arrangements would be put in place, including the development of run-rate analyses for key cost pressures such as Continuing Healthcare, prescribing, and acute spend. These would be presented to the Committee in future cycles to provide greater visibility of trends and trajectories. In addition, recovery actions would be developed and implemented where necessary, with further detail to be brought to the Committee, including through private session where appropriate due to commercial sensitivities.<br><br>Overall, the Committee noted that the financial position at Month 2 remained stable and on plan, but emphasised the importance of strengthening operational oversight, improving CIP delivery assurance, and closely monitoring emerging pressures to mitigate risks to the year-end position.<br><br>**NHS GM People & Resource Committee;**<br>• **Noted the Month 2 year to date and forecast reported financial position which is in line with the balanced plan.**<br>• **Noted and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.**<br>• **Noted the delivery of CIP as at Month 2 of £20.7m against a plan of £20.5m, a slight over delivery of £165k YTD.**<br>• **Noted that the forecast capital position is expected to deliver in line with the allocation.**<br>• **Noted the NHS GM cash position which continues to be closely monitored.**<br>• **Noted that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.** |
| 7. | **Financial Scheme of Delegation**<br><br>The Committee considered the update to the Financial Scheme of Delegation (FSOD), with a particular focus on clarifying the role and delegated authority of the Strategic Commissioning Committee (SCC). The update reflected previous Board discussions regarding the appropriate level of financial authority to be exercised by SCC and how this should operate within the wider governance framework.<br><br>The Committee was advised that the proposed approach would delegate authority to SCC to approve investments up to a threshold of £15 million, with any decisions above this value requiring escalation to the People and Resources Committee. It was further |

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| | noted that, to maintain appropriate visibility and assurance, all decisions above £5 million, although within SCC's delegated limits, would be formally reported to the Committee. This reporting mechanism was recognised as an important enhancement, addressing previous concerns regarding transparency and ensuring that significant decisions remained within the Committee's line of sight even where formal approval was not required.<br><br>In addition, the Committee noted that a gateway process would be established whereby proposals would require Chief Officer endorsement before progression to SCC. This was intended to ensure that SCC time was focused on fully developed and strategically aligned business cases, thereby strengthening decision-making quality and efficiency. Members acknowledged that this approach would provide a more structured and proportionate framework, aligning SCC's role with other established governance thresholds and supporting more effective delegation across the organisation.<br><br>The Committee also considered the conditionality of the proposed delegation. It was explained that the £15 million threshold would be subject to review in the event of deterioration in the organisation's financial position. In such circumstances, it may be necessary to reduce delegated limits or reintroduce tighter controls. Members welcomed this flexibility but emphasised the importance of clearly defining the conditions under which such changes would be triggered. In discussion, it was suggested that any review mechanism could be linked to the organisation's risk framework, including the Board Assurance Framework (BAF), with increases in risk scores acting as a potential prompt to revisit the delegation.<br><br>The Chair sought clarification regarding the Committee's authority to approve the proposed changes, noting that the Financial Scheme of Delegation is typically a Board-approved framework. In response, it was confirmed that the Board had previously delegated authority to the People and Resources Committee to determine the appropriate threshold for SCC, and therefore approval at Committee level was appropriate in this instance.<br><br>Members further discussed the importance of aligning this update with wider governance arrangements, including ensuring consistency across committees and appropriate engagement with the Audit Committee. It was acknowledged that Audit Committee members, particularly the Chair, would likely have an interest in the changes, given prior discussions on delegation and assurance. While it was agreed that formal approval from other committees was not required, the Committee supported the proposal to engage informally with Audit Committee leadership to ensure visibility and address any concerns.<br><br>Overall, the Committee considered the proposals to be pragmatic and proportionate, balancing the need for efficient decision-making with appropriate oversight and assurance. Members expressed support for the clarity provided by the updated framework, particularly the introduction of reporting thresholds and the gateway process.<br><br>The Committee formally approved the proposed update to the Financial Scheme of Delegation in respect of SCC thresholds, noting that the decision would be reported to the Board in line with the delegated authority, and that the arrangements would be kept under review with the ability to amend as necessary in response to changing circumstances. |

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| | **NHS GM People & Resource Committee;**<br>• **Approved the proposed financial delegation to the SCC, enabling approval of healthcare-related expenditure up to £15m, subject to the conditions and caveats outlined**<br>• **Approved the proposed framework for reporting financial decisions above £5m, ensuring a consistent, transparent, and proportionate approach across all decision-making forums.** |
| 8. | **Performance Report**<br><br>This report provided an update on key performance indicators for GM. The indicators included were those considered high risk and/or form part of the undertakings process.<br><br>**NHS GM People & Resources Committee noted the information provided.** |
| 8. | **Any Other Business**<br><br>There was no additional business raised.<br><br>**Board Paper Escalations**<br><br>It was noted that an Alert needed to be raised regarding the Financial Scheme of Delegation. There were no further specific escalations noted, and the Board Report would be drafted based on the discussions in the meeting.<br><br>**Meeting Reflections**<br><br>Members felt that the meeting had been effective with robust discussion and debate. |

## 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 & Resources Committee – Forward Plan

22 July 2026

# People & Resources Committee

## 22 July 2026

| Required information | Details |
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| **Title of report** | People & Resources Committee – Forward Plan |
| **Author(s)** | Chris Gaffey, Associate Director of Corporate Governance |
| **Presented by** | Charlotte Bailey, Chief Strategy, People and Partnerships Officer |
| **Contact for further information** | Chris Gaffey, Associate Director of Corporate Governance |
| **Executive summary** | This paper provides People & Resources Committee (PRC) with an overview of the PRC proposed forward plan. The plan reflects agenda items proposed by relevant Lead and Chief Officers, and outlines the breadth of key topics requiring collective discussion and leadership input. Following the consideration of an initial draft earlier in the year, the forward plan has been reviewed to ensure it better reflects the organisation's proposed Year-1 Deliverables, linked to the organisations proposed new Strategic Objectives and the 5-Year Commissioning Plan (note that the Strategic Objectives and Commissioning Plan are due to be considered by the Board on 22 July 2026, and further detail will be provided to the Committee on these areas at upcoming meetings).<br><br>Further work to develop the forward plan to consider longer term planning into future years of the Commissioning Plan will be considered in due course.<br><br>Work is also ongoing on the finalising of the Strategic Commissioning Committee's forward plan. Once established, both workplans will be reviewed against each other |

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| | to ensure alignment, appropriate cross working, and reduced duplication where possible. Further work is also planned to consider an improved presentational style.<br><br>The workplan will be reviewed regularly to ensure continued refinement and improvement, and will be presented at each meeting of the Committee.<br><br>The People & Resources Committee are asked to consider this forward plan to inform decisions regarding the future frequency and format of PRC meetings, ensuring sufficient capacity to support delivery of organisational priorities. |
| **The benefits that the population of Greater Manchester will experience.** | A structured and prioritised PRC workplan will support more effective system leadership, enabling timely decision-making, coordination, and oversight of key priorities across Greater Manchester. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | The forward plan includes a number of agenda items explicitly focused on reducing inequalities, including population health, anti-racism, and service review and transformation activity. |
| **The decision to be made and/or input sought** | The People & Resources Committee are asked to:<br><br>1. Consider and approve the proposed forward plan, noting the intention to continually review and refine this as part of the Committee's work. |
| **How this supports the delivery of the strategy and mitigates the BAF risks** | A clear and deliverable People and Resources Committee workplan supports system-wide alignment, governance, and oversight of strategic priorities and risks. |
| **Key milestones** | Key milestones are mapped out and reflected within the forward plan.<br><br>Further refinement of dates and presenters will continue as part of forward planning. |
| **Leadership and governance arrangements** | Chief Officer Members of the People and Resources Committee prepare the proposed |

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| | workplan, based on their portfolio responsibilities, ensuring proposed items align to the Committee's scope and duties.<br>The Committee, via direction from the Chair, considers and approves the forward plan. |
| **Engagement* to date**<br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees**. | Engagement has taken place via Lead and Chief Officers on the forward plan and its contents, linked to the organisational strategic objectives and 5-Year Commissioning Plan. |
| **Financial or Legal Implications** | There are no direct financial or legal implications arising from this paper. |

| Forward Plan Public Meeting | August | September | October | November | December | January | February | March |
|---|---|---|---|---|---|---|---|---|
| **Standing Items** | | | | | | | | |
| Apologies for Absence and Quoracy | X | X | X | X | X | X | X | X |
| Declarations of Interest | X | X | X | X | X | X | X | X |
| Matters Arising, Action Log & Minutes of Last Meeting | X | X | X | X | X | X | X | X |
| Forward Plan Review (at end of meeting in preparation for the next one) | X | X | X | X | X | X | X | X |
| **Committee Effectiveness** | | | | | | | | |
| Terms of Reference Review | | | | | | | X | |
| Agree Committee Priorities | | | | | | | X | |
| Committee Development Session /Review of Effectiveness | | | X | | | | | X |
| Good Governance Review | | | | | | | | X |
| **Strategy, People and Partnerships** | | | | | | | | |
| Organsiational Development and Design Plan | | | X | | | | | X |
| Workforce Transformation Plan | | X | | | | | X | |
| NHS Staff Survey Initial Findings | | | | | | X | | |
| Anti Racism Framework Implementation Deep Dive | | | | X | | | | X |
| Estates and Infrastructrue Strategy | | | | | | | X | |
| Green Plan | | | X | | | | | X |
| Public Health Investment Standard feasibility assessment | | | | | | | X | |
| Socio-Economic Duty: Work to date and next steps | X | | | | | | | |
| **Strategic Finance** | | | | | | | | |
| Finance Performance Update (including Jigsaw) | X | X | X | X | X | X | X | X |
| Place Partnership Agreements - Place Fund | | | | | | | X | |
| Standing Financial Instructions Annual Review | | | | | | | X | |
| Financial Strategy & Planning Deep Dive | | | | | | | X | |
| Estates and Environmental Sustainability Review | | | | | | | | X |
| Financial Planning & Efficiency Review | | | | | | X | | X |
| Chief Finance Officers Report (including investment decisions £5-£15m) | X | X | X | X | X | X | X | X |
| Contract Financial Performance | X | X | X | X | X | X | X | X |
| Capital Programme Review | | X | | | X | | | |
| Financial Scheme of Delegation | | | | | | | X | |
| Deconstructing Block Contracts | | X | | | | | | |
| **System Reform** | | | | | | | | |
| Digital Strategy Approval | | | | | X | | | |
| Digital & Data Annual Review | | | X | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Digital and IT (Reources) Assurance Briefing | X | | | | | | | |
| Data Assurance Briefing | | X | | | | | | |
| Digital & IT Oversight Session | | | X | | | | | |
| Data-Driven Decision Making Deep Dive | | X | | | | | | |
| Digital Workforce Capability Deep Dive | | | | X | | | | |
| **Other** | | | | | | | | |
| BAF and Risks (As Part of Regular COs' Reports) | X | | X | | X | | X | |
| Mersey Internal Audit Internal Audit Reports | X | X | X | X | X | X | X | X |

| **Key** | |
|---|---|
| Items Directly Linked to Y1 Deliverables and Strategic Objectives | |

NHS
Greater Manchester

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

17th June 2026

NHS Greater Manchester

**NHS Greater Manchester People and Resources Committee**

**22nd July 2026**

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

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| | |

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

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

## Key Updates and Escalations

| **Alert** |
|---|
| **Mandatory training** in May is **93.90%**, which is 1.1 percentage points below the national **95% target**, showing a slight decline from May's figure of **94.30%** |
| **Advise** |
| **Health and Safety**<br>Following organisational reform, work is ongoing to develop an alternative model for delivery and assurance of Health and Safety (H&S) arrangements for NHS GM. There will no longer be a dedicated Health, Safety and Security Lead role within the organisation, therefore an options appraisal is being progressed on how arrangements will be delivered going forward. Options include an external Service Level Agreement with a partner organisation, a shared H&S service across the North-West ICBs, a framework-based H&S support contract, or a potential hybrid model. A viability study of the options available is currently being conducted. Current H&S arrangements remain in place, with the Health, Safety and Security Lead still employed by the organisation, meaning NHS GM remains compliant in terms of having a named competent person and a Lead for H&S. Work continues to progress on the outstanding Internal Audit recommendations on H&S, and progress will continue to be reported via regular internal audit reports through the Audit Committee.<br><br>**Organisational Change**<br>The majority of colleagues within the organisation have now received their outcomes from the filling of posts process, including ring fenced interview. Supervisory organisation charts agreed and implemented in ESR. There are 69 colleagues who are currently displaced and have entered individual consultation, with all efforts being persue to secure suitable alternative employment.<br><br>**Anti-Racism**<br>Phase 2 of the No Space for Racism campaign is now underway, reinforcing the Greater Manchester Integrated Care Partnership's system-wide, zero-tolerance approach to racism and abuse. |

Following its initial launch in March 2026, focused on supporting health and care staff, the campaign has now moved into the public domain and is delivering strong early results. Activity has reached around one in ten Greater Manchester residents, with the social film receiving over 119,000 YouTube views, 650,000+ advertising impressions, and reaching 166,000 people through Meta, exceeding forecasts.

Digital engagement has also been strong, generating 1,076 webpage visits and 45 partner toolkit downloads, while extensive regional and sector media coverage has amplified key messages and demonstrated a collective commitment to tackling racism across health and care.

The campaign is now transitioning to an evergreen approach, maintaining year-round visibility while increasing activity around key events such as Black History Month and Race Equality Week to sustain awareness and momentum.

Discussions with NHS England have commenced around the campaign being adopted nationally.

**NHS Staff Standards and NHS Leadership and Management Framework**

The national NHS Staff Standards and NHS Leadership and Management Framework launched on 6 July 2026, introducing a national code of practice, standards and competencies for NHS leaders and managers, supported by online resources and a self-assessment tool. We are reviewing what this means for NHSGM and will update ELT in July on the proposed local approach, including alignment with appraisal, manager development and the wider OD&D delivery plan. OD resources supporting the new operating model — including the manager roadmap, appraisal resources, conversation guides and team canvas should now be being socialised through place and portfolio briefings to support managers and teams through transition. Key risk considerations include the additional organisational capacity required to ensure compliance with the national expectations, alongside a stronger and more explicit expectation for managers to actively pursue and evidence their own professional development.

**Assure**

**Workforce Position**

The following information is July's update with June's data at organisation level, taken from the attached Workforce Report. The workforce report including the new structures will be available in August based on July's data.

The organisational workforce position remains stable, with 1,344 headcount (1,219.40 WTE) and a predominantly permanent workforce profile. Annual turnover remains high at 30.45% (12-month), though June monthly turnover is 0.37%, indicating stabilisation following earlier peak leaver periods linked to voluntary redundancy activity. Sickness absence for June is 3.30%, 0.10 percentage points below the 3.40% target, and just below the 12-month average of 3.35%. Absence continues to be primarily driven by

long-term sickness, with 2.51% long-term vs 0.79% short-term absence in June, and is largely associated with mental health-related conditions

**People Pulse Survey**

The pulse survey is now live with staff communications having gone out and work is being undertaken at directorate level to increase uptake.

**Freedom to Speak Up**

Work continues on developing and improving our Freedom to Speak Up (FTSU) arrangements for NHS GM. Following the departure of the Director of Organisational Development and Culture and our full time FTSU Guardian, the Associate Director of Corporate Governance has been working closely with our volunteer FTSU Guardians to develop arrangements. The Q1 FTSU Report will be presented directly to the Board on 15 July 2026, setting out the refreshed approach, Q1 FTSU data, associated risks and next steps for further development. Colin Scales, Acting Chief Executive continues to be the NHS GM Executive Lead for FTSU, and following Jackie Njoroge's appointment as NHS GM's Acting Chair, Sue Bailey is now our Non-Executive Director Lead for FTSU. Regular meetings with the Executive and Non-Executive Lead and our Guardians will be re-established to ensure they remain sighted on data, trends and arrangements.

**Risks discussed and new risks identified**

**Current People & Culture Risks**

Key workforce risks remain centred on post-reform workforce sustainability, continued high turnover impact, and ongoing wellbeing pressures reflected in long-term absence trend

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

*Please note these risks have not been scored due to not scheduled meeting. These will be updated for the next report.*

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

**Learning for sharing**

No learning to share this month

**Achievements**

All appointed staff have now transitioned into their new roles on 1st July following a month long period focused on 'preparing to move'.

Our T-Level Industry Placement Programme has won Partnership Project of the Year at the GM Skills Awards 2026, and has been shortlisted for a HPMA Award 2026.

NHS
Greater Manchester

# Acting Chief Reform & Improvement Officer Report

22nd July 2026

Part of Greater Manchester Integrated Care Partnership

**NHS Greater Manchester People & Resources Committee**

**July 2026**

| Required information | Details |
|---|---|
| **Title of report** | Acting Chief Reform & Improvement Officer Report |
| **Author** | Nicola Hepburn Acting Chief Reform & Improvement Officer, NHS GM<br>Malcolm Whitehouse CDIO NHS GM, Dan Gordon Director Elective Care, NHS GM |
| **Presented by** | Nicola Hepburn Acting Chief Reform & Improvement Officer, NHS GM |
| **Contact for further information** | Nicola.Hepburn1@nhs.net |
| **Executive summary** | This report provides assurance on how NHS Greater Manchester Integrated Care Board is discharging its statutory duties for quality, safety and clinical governance across the organisation and the system as a whole. It brings together intelligence from established governance routes and demonstrates how statutory clinical governance and quality functions are being exercised to identify and manage risk, reduce unwarranted variation, and support safe, effective and equitable care across Greater Manchester.<br><br>The report highlights key areas of assurance and oversight from the Reform & Improvement portfolio. |
| **The benefits that the population of Greater Manchester will experience.** | |
| **How health inequalities will be reduced in Greater Manchester's communities.** | The work described in this report aligns with NHS GM strategic priorities and the ICP strategy with the intention to deliver financial sustainability, improve our oversight arrangements with our commissioned providers and take forward our digital strategy. |
| **The decision to be made and/or input sought** | The Committee is asked to note the AAAA report and the position as of M4 |
| **How this supports the** | The areas within this report and progress made to improve these |

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

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

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

## Alert

**Elective**
Elective waiting list has seen an increase in Q1, reducing c50% of the improvement seen in the Q4 sprint. This is not limited to GM providers but has been seen regionally and nationally. Our assessment is that reduced levels of activity (following end of Q4 sprint), significantly reduced levels of waiting list validation and a historically high month for referral numbers in March have combined to drive this partial reversal in the waiting list reduction. Trusts have been asked to focus on validation and stepping up activity to contractual levels, referrals appear to have reduced in April and May in line with normal variation.

**Urgent and Emergency Care**
Delivery of 12 and 4 hour ED standards are behind plan. There is continued focus on improving discharge, optimising flow and reducing long waits across urgent care pathways. A deep dive into 12-hour waits was presented to the Strategic Commissioning Committee in July.

**Mental Health**
The proportion of patients reporting reliable recovery and improvement after talking therapies is lower than planned. To improve rates there is a focus on strengthening pathway delivery and treatment completion. Core actions include driving progress against System Maturity Tool plans with clear local ownership and oversight and improving efficiency across pathways by reducing 'Do not Attends', minimising administrative waste, and addressing variation in attrition and re-referral rates

**Learning Disabilities**
Too many people with learning disabilities and autism are reliant on inpatient care. Work is ongoing to reduce inpatient admissions, ensuring all patients are reviewed through Care and Treatment Reviews (CTRs) with a documents discharge trajectory, escalating individual discharge barriers through Multi Agency Discharge Events (MADEs), developing plans for an autism crisis and admission avoidance service and developing community step-down and housing solutions. Delivery remains dependent on effective system-wide collaboration and securing appropriate invest-to-save funding to expand crisis and admission avoidance provision.

## Advise

**Data Insight and Intelligence:**

DII Operating Model Transition:
DII is progressing transition to the new structure effective 1 July 2026, aligned to the ICB Blueprint and revised operating model. Expression of Interest (EoI) interviews have taken place and further activity is underway to fill other vacancies in the agreed structure

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

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

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

Federated Data Platform (FDP) Engagement and ADSP:

Matt Hennessey and the DII team continues to support the GM approach to the use of the Federated Data Platform (FDP), with DII contributing to system positioning and showcasing Greater Manchester's approach to digital transformation and data-led service improvement through the use of our ADSP (Advanced Data Science Platform)

**Digital and IT Services**

Digital and IT Operating Model Transition
D&IT is progressing transition to the new structure with a plan for managing through the "business continuity" phase during transition.

There are still 27 vacancies with the structure the next steps are to advertise these internally and then externally – the first of these will go though internal post filling processes during July. It is likely that the majority of posts will need to be filled externally due to the technical nature of the roles.

Work has started on the development of a refreshed digital strategy (2027 – 2032) for the GM Integrated Care Partnership/System – this is in alignment with the Strategic Commissioning Plan which is due to be signed off in July. This is being done in partnership with all parts of the system, with round table activities being set up and the initial meeting of a steering group taking place on the 30th June.

Procurement of a replacement for the main supplier (Graphnet) for our GM Shared Care Record is underway. The existing contract ends on the 31st March 2028.

**Mental Health**
There were four out of area placements which was worse than the plan of no more than two throughout the year. This means four adults requiring acute mental health inpatient care were admitted to hospital outside of GM because a suitable bed was not available inside GM. Reducing the number of patients clinically ready for discharge remains a key priority as well as a continued system focus admission avoidance.

**Cancer**
The proportion of patients receiving a cancer diagnosis within 28 days is behind plan. The focus is on speeding up access to diagnostics, implementing best timed pathways and targeted support from the Cancer Alliance for underperforming Trusts.

**Financial Recovery & Improvement**

There is a c.£22m unidentified gap against the £150m CIP. There is ongoing work to fully identify schemes to the £150m plan via a sprint team who are reviewing all existing plans in place to

ensure delivery of the agree targets as well as new opportunities.

We have been successful in securing Q2 deficit support funding (DSF) following discussions with NHSE regional colleagues and assurances given we have plans in place to mitigate risk, identify opportunities and continue delivery to achieve the plan.

**Assure**

**Data Insight and Intelligence Update:**

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

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

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

**Digital and IT Services**:

Two papers are being prepared for Chief Officers to provide assurance regarding:

1. The current position and sustainability of the GMCR and the SDE to agree our future approach to the funding and support of these key GM assets.
2. The outcome of the DSPT (Data Security Protection Toolkit) and a briefing in response to some new requirements from NHSE with regards to Cyber assurance

At the current time, services are operating to agreed service levels and we are seeking to open the service desk to ICB staff for longer hours during each working day.

A Digital and IT Services operating model is ready for discussion which identifies how services will be delivered and governed. In future, the outcome from the IT and Digital Assurance group will form the basis for updates to this committee. A digital and IT Services strategy to identify how services will be delivered over the next 5 years has commenced and will involve gathering input from the ICB, Neighbourhoods and general practices – this is to help manage the risk of change as NHSE transitions to DHSC and CSUs are closed by 2027/28.

**Headline planning metrics on track include**

- Category 2 response times
- RTT 18 weeks
- 62 day and 31 day cancer treatment standards
- Access to diagnostics within 6 weeks
- Waiting times for community services.

**Risk discussed and new risk identified**

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

- Reduced ability to deliver against statutory governance requirements

- Constraint on supporting key programmes (e.g. SDE, ICB governance assurance)

Mitigation:

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

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

**Digital and IT Services Update:**

Known corporate risks are

1. Capacity to deliver services effectively while we transition to new structure and continue to recruit to the 27 vacancies
2. A critical vacancy needs to be filled to lead our Cyber Security strategy and effective delivery of cyber defences – this is being covered in the interim (we have a mature capability and set of tools, but this will become weaker without the specific skills and knowledge needed in this post) – we are seeking to mitigate this risk through working with others across the GM system
3. Continued deprecation of devices across the system – we have increasing numbers of devices that are end of life and as a consequence these represent a risk as they are unpatched. We have funds to replace some of them but still have a funding gap that we need to fill during 26/27 along with additional people resources to configure and install them

**Elective**
Trusts and localities working together to develop plans for implementing community service provision in ENT and Gynaecology, in line with the Commissioning Intentions. Speed of mobilisation varies across each locality. Advice and Guidance (A&G) activity continues to be strong and growing despite withdrawal of the national GP payment for usage of A&G. Pan-GM Advice and Guidance service been running since October 2025, extended to the end of March 2027, will be subject to a contract review and recommendation for Commissioning Intentions to follow for 27/28.

**Achievements**

**Digital and IT Services**
All key service levels have been met during June 2026

**Elective**
June was a record month for Advice and Guidance requests in Greater Manchester with c11,000 requests for A&G compared to monthly baseline of 4,500 in 24/25 and 7,500 in 25/26.

NHS
Greater Manchester

# Chief Finance Officer Report

## July 2027

Part of Greater Manchester
Integrated Care Partnership

**NHS Greater Manchester People and Resources Committee**

**22nd June 2026**

| Required information | Details |
|---|---|
| **Title of report** | Chief Finance Officer Report |
| **Author** | Stephen Downs, Deputy Chief Finance Office, NHS GM |
| **Presented by** | Kathy Roe, Chief Finance Officer, NHS GM |
| **Contact for further information** | Stephen.Downs1@nhs.net |
| **Executive summary** | This report provides assurance on how NHS Greater Manchester Integrated Care Board is discharging its statutory duties for finance across the organisation and the system as a whole. It brings together intelligence from a number of resources to provide the Committee with an update on current pertinent issues and updates.<br><u>Alerts</u><br>• None to raise this month<br><u>Advise</u><br>• Month 3 – system position<br>• Financial Scheme of Delegation<br><u>Assure</u><br>• Month 3 – ICB<br>• Quarter 2 Deficit Support Funding<br>• ICB Reform<br><u>Risks</u><br>• Strategic Risk 3 - Inability to Delivery Financial Sustainability<br><u>Achievements</u><br>• None to note |
| **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 SR3 |
| **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 |

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| | from various senior managers within the ICB. |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | There has been no formal engagement on this paper. |
| **Financial or Legal Implications;** | There are no direct new financial or legal implications arising from this report. |

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

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

## Alert

None noted this month.

## Advise

**Month 3 System Financial Position**

As reported to NHS England at Month 3, the Greater Manchester system reported a year to date adverse variance of £2m, which is an improvement of £19.8m from Month 2; noting that the ICB reported a balanced position.

**Financial Scheme of Delegation**

The Financial Scheme of Delegation has now been updated and published to grant delegated authority to the Strategic Commissioning Committee for decisions between £5m-£15m.

## Assure

**2026/27 Month 3 – ICB**

The ICB is on plan at Month 3 but there continues to be pressures being reported across a number of key risk areas including Prescribing, and All Age Continuing Care and Mental Health packages, which are being offset with underspends in other areas of spend within the overall position. Further detail is provided in the separate finance report on the agenda.

**Quarter 2 Deficit Support Funding**

The ICB has been notified by NHS England that it will receive quarter 2 Deficit Support Funding of c£4.4m.

**NHS Reform**

All finance staff have now been assigned to a role. The finance team is implementing new ways of working through innovation and technology to meet the needs of the organisation with less capacity.

## Risk discussed and new risk identified

**Strategic risk 3 – Inability to Delivery Financial Sustainability**

| Risk Number | Risk Description | Current Score | Direction | Date Last Reviewed |
|---|---|---|---|---|
| 1 | There is a risk that the ICB does not achieve in-year and medium-term financial sustainability. This will impact on our ability to deliver on our Commissioning Strategy whilst also addressing our underlying deficit. This will then also result in our ability to invest in preventative care which will drive demand, and continued inequalities and variation in health and care. It should be noted that whilst the ICB is no longer responsible for the GM system financial position it still does retain shared responsibility with NHSE for influencing each provider Trusts financial positions as access to system funding and future opportunities and developments is often reliant upon a full GM system performance. | 20 | ↔ | 13 July 2026 |

The Committee is asked note the risk. Details on the risk along with the relevant actions and mitigations are being refined and will be presented next month

## Achievements

None noted this month.

## Chief Officer Approvals between £5-15m

There are no approvals to report

NHS
Greater Manchester

# Month 3 Finance Report

2026/27

Part of Greater Manchester
Integrated Care Partnership

# NHS GM People & Resources Committee - Public

## 22 July 2026

| Required information | Details |
|---|---|
| **Title of report** | Month 3 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 Chief Officers on the Month 3 financial position for NHS GM as at 30th June 2026. |
| **The benefits that the population of Greater Manchester will experience.** | Effective financial management will contribute to the delivery of the ICP strategy and delivery of health and social care services to the population of Greater Manchester. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | Effective financial management will support the delivery of the ICP strategy and the focus on commissioning decisions to reduce health inequalities. |
| **The decision to be made and/or input sought** | The People & Resources Committee is asked to:<br>1. Note the Month 3 year to date and forecast reported financial position which is in line with the balanced plan including Deficit Support Funding.<br>2. Note and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.<br>3. Note the delivery of CIP as at Month 3 of £36.5m against a plan of £32.0m, an over delivery of £4.5m YTD.<br>4. Note that the forecast capital position is expected to deliver in line with the |

| | |
|---|---|
| | allocation including the additional allocation notified for GPIT.<br>5. Note the NHS GM cash position which continues to be closely monitored.<br>6. Note that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.<br>7. Note and discuss the further information included in the extended report.<br>8. Note the information provided in the appendix relating to the GM NHS Provider Month 3 position. |
| **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 22nd June 2026.<br><br>Presented to People & Resources Committee on 22nd June 2026.<br><br>Will be presented to the NHS GM Integrated Care Board on 19th August 2026. |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | N/A, part of on-going monthly reporting. |
| **Financial or Legal Implications** | N/A as this is the monthly Finance Report. |

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

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

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

# 1. Introduction

1.1 The purpose of the report is to update the People & Resources Committee on the financial position for NHS GM as at 30th June 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 3 reported position

As at Month 3, NHS GM is reporting in line with plan.

| M3 2026/27 Surplus/(Deficit) £m | In Month Plan | In Month Actual | In Month Variance | YTD Plan | YTD Actual | YTD Variance | Full Year Plan | Full Year Forecast | Full Year Variance |
|---|---|---|---|---|---|---|---|---|---|
| NHS GM | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 |

Key messages are as follows:

- There continues to be a number of pressures being reported across a number of key risk areas including Prescribing, and All Age Continuing Care and Mental Health packages, which are being offset with underspends in other areas of spend within the overall position and over delivery against the CIP target YTD.
- Delivery against the efficiency target at Month 3 is £36.5m, which is £4.5m ahead of the target, with the current non-delivery risk standing at £34.4m using the NHSE risk approach. During Month 3 NHS GM has thoroughly reviewed all schemes and updated the target values based upon a robust evaluation of in year deliverability. Some schemes have been reduced in value, but where this has occurred other schemes have been identified in order to maintain the overall delivery trajectory. Delivery of CIP savings and reducing CIP delivery risk at pace, remains a high priority for NHS GM.
- Cash draw down at Month 3 is £31.5m ahead of the national straight-line profile, but with a closing balance of £32.4m. This is higher than normal as a result of delays in receipt of expected invoices. Future assumptions will continue to be reviewed with teams on a monthly basis.
- NHS GM has received a total capital allocation of £20.1m, with a forecast of £20.9m due to an additional allocation for GPIT. Governance is being reviewed to ensure all funding can be appropriately spent.
- Deficit Support Funding (DSF) has now been confirmed for Q2, but there remains a risk that this is subject to clawback if a balanced position for NHS GM is not delivered.
- An increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

2.3 Efficiencies / CIP

The overall efficiency target for NHS GM for 2026/27 is £150.0m. At Month 3 delivery is now ahead of the plan by £4.5m. Against the overall target, £21.8m is still being identified as an opportunity whilst schemes are still being scoped. This month a robust evaluation of all schemes has been undertaken to update target values based on expected delivery. The current risk adjusted forecast is £34.4m, which has reduced by £14.1m since last month.

2.4 Corporate Operating Costs

The NHS Reform Programme is nearer to being concluded and during July ESR is in the process of being updated to reflect the new structures and staff moving into their substantive roles. Until these changes are made, the Admin/Running Costs position continues to show an underspend which is offset with an overspend in Programme Operating Costs. YTD there is a slight underspend overall, due to the expected phasing of non-pay spend later in the year, with the forecast position reported in balance overall.

2.5 Capital

The NHS GM annual capital plan remains at £20.1m, which is split £6.6m for BAU, £10.5m relating to the first year of the 4-year Strategic Allocation and £3.0m relating to the Utilisation and Modernisation Fund. A further allocation of £0.8m for GPIT has been notified but not yet received and has been recognised in the forecast position. It is expected that all of this will be fully utilised in year.

2.6 Cash

At M3 NHS GM has drawn down £2,394.3m of cash against a straight-line national profile of £2,362.7m, reflecting an additional drawdown of £31.6m, which is a reduction compared to M2. The allowable cash balance at the end of M3 is £8.9m, with an actual closing balance of £32.4m, which is slightly lower than last month. Cash drawdown assumptions have been adjusted to take account of this cash balance and will be managed down over the next couple of months, to ensure the ICB remains within the allowable limits.

## 3. Recommendations

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

- Note the Month 3 year to date and forecast reported financial position which is in line with the balanced plan including Deficit Support Funding.
- Note and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.
- Note the delivery of CIP as at Month 3 of £36.5m against a plan of £32.0m, an over delivery of £4.5m YTD.
- Note that the forecast capital position is expected to deliver in line with the allocation including the additional allocation notified for GPIT.
- Note the NHS GM cash position which continues to be closely monitored.
- Note that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

NHS
Greater Manchester

# NHS Greater Manchester Finance Slide Pack Month 03 – June 2026

Part of Greater Manchester Integrated Care Partnership

Presented by: Kathy Roe
Date: 22nd July 2026

# NHS GM Financial Position

## Introduction

NHS Greater Manchester

As at Month 3 NHS GM is reporting in line with the year-to-date and annual plan, including receipt of Deficit Support Funding (DSF).

| M3 2026/27 Surplus/(Deficit) £m | In Month Plan | In Month Actual | In Month Variance | YTD Plan | YTD Actual | YTD Variance | Full Year Plan | Full Year Forecast | Full Year Variance |
|---|---|---|---|---|---|---|---|---|---|
| NHS GM | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 |

Key points to note for Month 3 are:

- There continues to be a number of pressures being reported across a number of key risk areas including Prescribing, and All Age Continuing Care and Mental Health packages, which are being offset with underspends in other areas of spend within the overall position and over delivery against the CIP target YTD.
- Delivery against the efficiency target at Month 3 is £36.5m, which is £4.5m ahead of the target, with the current non-delivery risk standing at £34.4m using the NHSE risk approach. During Month 3 NHS GM has thoroughly reviewed all schemes and updated the target values based upon a robust evaluation of in year deliverability. Some schemes have been reduced in value, but where this has occurred other schemes have been identified in order to maintain the overall delivery trajectory. Delivery of CIP savings and reducing CIP delivery risk at pace, remains a high priority for NHS GM.
- Cash draw down at Month 3 is £31.5m ahead of the national straight-line profile, but with a closing balance of £32.4m. This is higher than normal as a result of delays in receipt of expected invoices. Future assumptions will continue to be reviewed with teams on a monthly basis.
- NHS GM has received a total capital allocation of £20.1m, with a forecast of £20.9m due to an additional allocation for GPIT. Governance is being reviewed to ensure all funding can be appropriately spent.
- Deficit Support Funding (DSF) has now been confirmed for Q2, but there remains a risk that this is subject to clawback if a balanced position for NHS GM is not delivered.
- An increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

# Key Metrics Dashboard

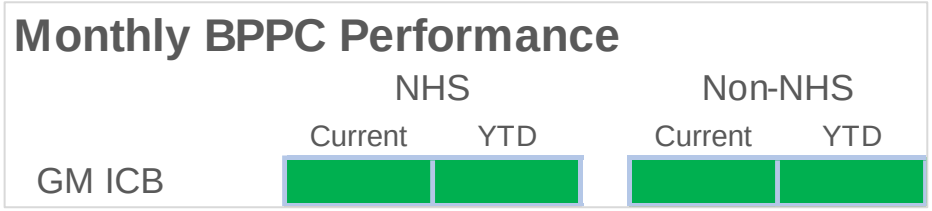
NHS Greater Manchester

| 2026/27 NHS GM Dashboard (£m) | YTD Budget M03 | YTD Actual M03 | YTD Variance M03 | Full Year Budget/ Allocation | Full Year Forecast | Full Year Variance | RAG |
|---|---|---|---|---|---|---|---|
| Financial position - inc DSF | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | £0.0 | G |
| Financial position - exc DSF | -£4.4 | -£4.4 | £0.0 | -£17.7 | -£17.7 | £0.0 | G |
| CIP | £32.0 | £36.5 | £4.5 | £150.0 | £150.0 | £0.0 | G |
| Capital - NHS GM | £3.4 | £3.4 | £0.0 | £20.1 | £20.9 | -£0.8 | G |
| **Key metrics** | | | | | | | |
| MHIS (excluding LD & Dementia) | £211.5 | £211.5 | £0.0 | £846.0 | £846.0 | £0.0 | G |
| MHIS - Delegated Specialised Commissioning* | £27.5 | £27.5 | £0.0 | £118.0 | £118.0 | £0.0 | G |
| Running costs** | £12.0 | £10.7 | £1.3 | £47.8 | £33.6 | £14.2 | G |

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

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

## Monthly BPPC Performance

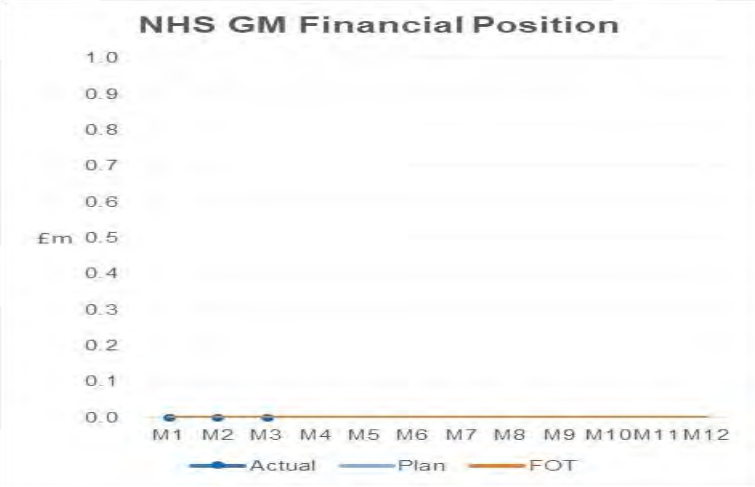


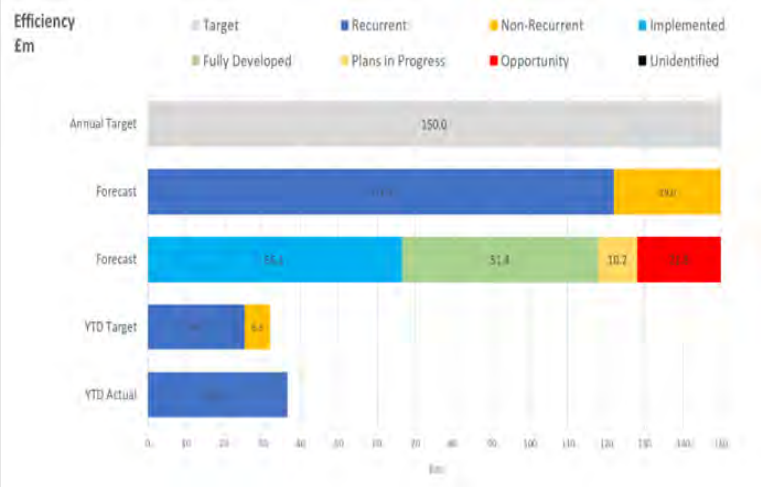

***Note:*** *all numbers are rounded to nearest £0.1m. This may result in small discrepancies when adding together columns/rows or reviewing variances in the table. But all values presented are* calculated using precise values, before rounding is applied.

# Key Metrics

# Analysis

NHS Greater Manchester





**NHS GM Financial Position**

- As at Month 3 NHS GM is reporting in line with the year-to-date and annual plan.
- This is after Deficit Support Funding (DSF) of £17.7m has been allocated to NHS GM. To date £8.9m for Q1 and Q2 has been confirmed, of which £4.4m is profiled to Month 3.
- DSF for the remainder of the year will be subject to delivery of the overall plan and identification of all schemes to deliver the savings target of £150.0m.

**NHS GM Efficiency**

- The chart above details the savings delivered against an overall savings target of £150.0m.
- YTD savings of £36.5m have been delivered against the target of £32.0m, of which 95.0% has been delivered recurrently.
- NHS GM is expected to deliver savings of £150.0m in full, albeit that at Month 3, £21.8m are flagged as an opportunity, where schemes are still being scoped. The current risk adjusted (NHSE risk approach) forecast outturn delivery is £34.4m which has reduced by £14.1m since last month.

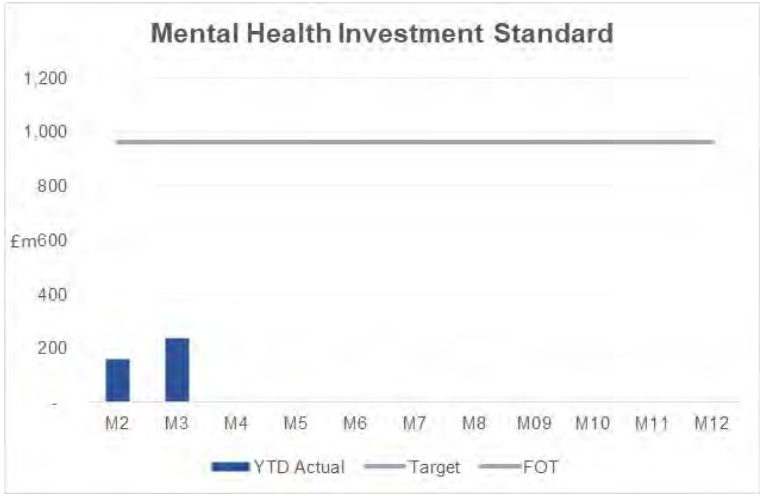
**NHS GM Running costs**

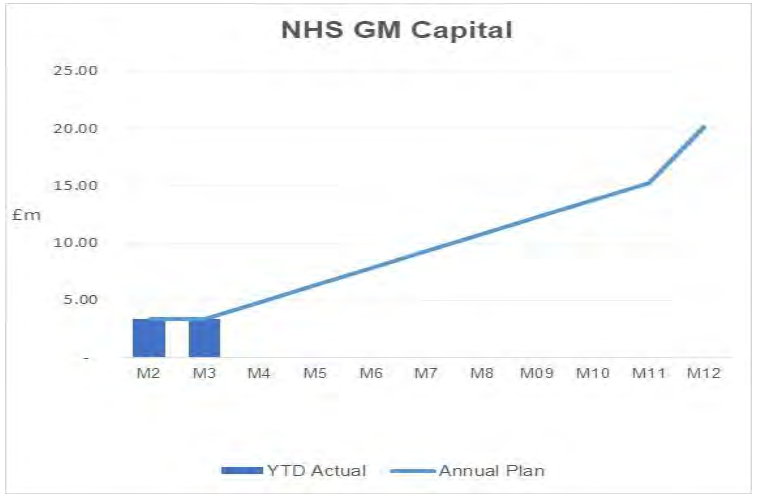
- The running cost allowance for NHS GM for 2026/27 is £47.8m.
- At Month 3 the running cost allowance is £12.0m with actual spend of £10.7m, a variance of £1.3m.
- Underspends are currently being reported within running costs, and these are being partially offset by overspends within Programme Operating Costs. This is until the NHS Reform programme has concluded, and all staff can be moved in ESR into their new substantive role (work starting in July) and charged appropriately.
- The FOT is shown in balance in the graph above to reflect the overall Operating Costs position.

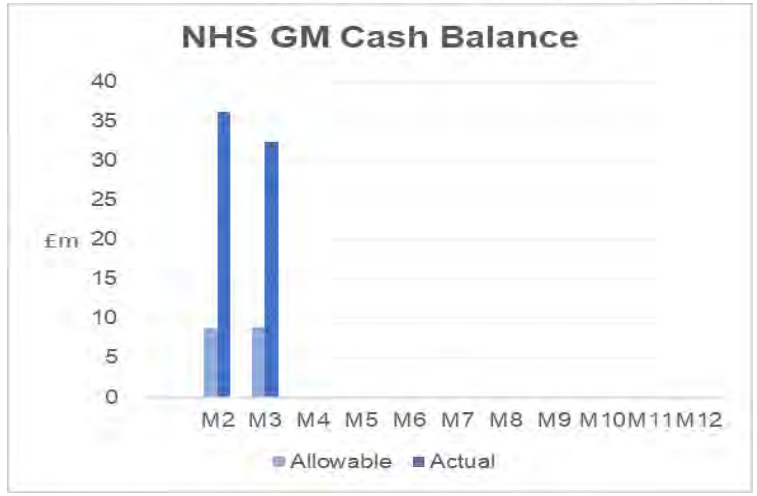
# Key Metrics

# Analysis

NHS Greater Manchester




**Mental Health Investment Standard**

- There are 2 targets relating to the Mental Health Investment Standard (MHIS) which are reported and monitored separately and not combined.
- The core MHIS target requires NHS GM to spend £845.9m on mental health provision in 2026/27.
- In addition, there is a Specialised Commissioning MHIS (SCMHIS) target of £115.7m. This target has not been updated by NHSE to reflect the additional allocations received since the opening budgets were posted, which now totals £118.0m.
- At Month 3 NHS GM has delivered both targets (i.e. minimum spend) with core MHIS at £211.5m and Specialised at £27.5m.

**NHS GM Capital**

- The chart above shows the entirety of the NHS GM Capital plan for 2026/27 which totals £20.1m.
- This is split £6.6m for BAU, £10.5m relating to the first year of the 4-year Strategic Allocation and £3.0m relating to the Utilisation and Modernisation Fund (UMF).
- At Month 3, YTD expenditure is reported in line with plan. Forecast is showing £0.8m overspend which is due to an anticipated allocation in relation to GPIT. All schemes are currently being finalised to ensure that the full allocation is utilised in year. Governance is also being reviewed to ensure all funding can be appropriately spent.

**Cash**

- At M3 NHS GM has drawn down £2,394.3m of cash against a straight-line national profile of £2,362.7m, reflecting an additional drawdown of £31.6m.
- The cash forecast for 2026/27 at M3 remains in line with the M3 confirmed cash limit of £9,450.9m, which will change as allocations are received during the financial year.
- The cash balance at the end of M3 is £32.4m, which is slightly lower than last month. This was due to forecast cash requirements being higher than actual payments made earlier in the year.
- Cash drawdown assumptions have been adjusted to take account of this cash balance and ensure the ICB remains within the allowable limits.

# NHS GM Financial Position

# Month 3

NHS Greater Manchester

The financial summary for NHS GM by expenditure type as at Month 3 is shown in the table below:

| NHS GM Financial Position £m | In Month Plan | In Month Actual | In Month Variance | In Month Variance % | YTD Plan | YTD Actual | YTD Variance | YTD Variance % | Full Year Plan | Full Year Forecast | Full Year Variance | Full Year Variance % | M02 Full Year Variance | Change in Forecast M02 to M03 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Allocations | £805.5 | £805.5 | £0.0 | 0.0% | £2,347.7 | £2,347.7 | £0.0 | 0.0% | £9,451.0 | £9,451.0 | £0.0 | 0.0% | £0.0 | £0.0 |
| Admin | | | | | | | | | | | | | | |
| Running Costs | £4.1 | £3.6 | £0.5 | 12.5% | £12.0 | £10.7 | £1.3 | 10.9% | £47.8 | £47.8 | £0.0 | 0.0% | £0.0 | -£0.0 |
| Total Admin | £4.1 | £3.6 | £0.5 | 12.5% | £12.0 | £10.7 | £1.3 | 10.9% | £47.8 | £47.8 | £0.0 | 0.0% | £0.0 | -£0.0 |
| Programme | | | | | | | | | | | | | | |
| Mental Health | £87.3 | £89.1 | -£1.9 | -2.1% | £252.9 | £256.1 | -£3.2 | -1.3% | £1,011.6 | £1,019.1 | -£7.5 | -0.7% | -£4.6 | -£2.9 |
| Acute | £366.8 | £366.9 | £0.0 | 0.0% | £1,054.6 | £1,054.6 | £0.0 | 0.0% | £4,219.5 | £4,219.5 | £0.0 | 0.0% | £0.2 | -£0.2 |
| Specialised Commissioning | £88.6 | £88.6 | £0.0 | 0.0% | £262.7 | £262.1 | £0.5 | 0.2% | £1,067.4 | £1,067.4 | £0.0 | 0.0% | £0.0 | £0.0 |
| Primary Care | £9.3 | £9.4 | £0.0 | -0.5% | £28.6 | £28.7 | £0.0 | -0.2% | £114.6 | £114.7 | -£0.1 | -0.1% | £0.0 | -£0.1 |
| GP Medical, Pharmacy, Dental and Optometry | £97.8 | £97.7 | £0.0 | 0.0% | £282.9 | £282.7 | £0.2 | 0.1% | £1,130.4 | £1,129.1 | £1.3 | 0.1% | £1.0 | £0.3 |
| Prescribing | £52.4 | £55.2 | -£2.8 | -5.3% | £150.4 | £154.4 | -£4.0 | -2.7% | £606.6 | £607.5 | -£0.9 | -0.1% | £0.0 | -£0.9 |
| All Age Continuing Healthcare | £24.7 | £25.6 | -£0.9 | -3.5% | £73.4 | £77.8 | -£4.4 | -6.0% | £293.6 | £302.9 | -£9.2 | -3.1% | -£5.6 | -£3.7 |
| Community Health Services | £65.4 | £64.1 | £1.3 | 1.9% | £198.4 | £197.9 | £0.6 | 0.3% | £793.4 | £793.2 | £0.2 | 0.0% | -£0.6 | £0.8 |
| Programme Operating Costs | £6.8 | £7.5 | -£0.7 | -10.8% | £20.1 | £21.2 | -£1.0 | -5.2% | £81.9 | £81.9 | £0.0 | 0.0% | £0.0 | £0.0 |
| Other expenditure | -£2.3 | -£2.3 | £0.0 | 0.9% | £1.5 | £1.5 | £0.0 | 0.0% | £19.0 | £19.1 | -£0.1 | -0.7% | £0.1 | -£0.2 |
| Earmarked commitments | £4.6 | £0.0 | £4.6 | 100.0% | £10.0 | £0.0 | £10.0 | 100.0% | £65.2 | £48.9 | £16.3 | 25.0% | £9.3 | £6.9 |
| Total Programme | £801.4 | £801.9 | -£0.5 | -0.1% | £2,335.7 | £2,337.0 | -£1.3 | -0.1% | £9,403.2 | £9,403.2 | -£0.0 | 0.0% | -£0.0 | £0.0 |
| **Total Expenditure** | **£805.5** | **£805.5** | **£0.0** | **0.0%** | **£2,347.7** | **£2,347.7** | **£0.0** | **0.0%** | **£9,451.0** | **£9,451.0** | **£0.0** | **0.0%** | **£0.0** | **£0.0** |
| | | | | | | | | | | | | | | |
| **Surplus / (Deficit)** | **£0.0** | **£0.0** | **£0.0** | | **£0.0** | **£0.0** | **£0.0** | | **£0.0** | **£0.0** | **£0.0** | | **£0.0** | **£0.0** |

- At Month 3, there continues to be a number of pressures being reported, some of which are a continuation of the pressures reported at the end of 2025/26:
  - Mental Health – relating to increases in costs of packages of care. In addition, £0.7m of 2025/26 costs have been identified this month due to late invoicing by providers.
  - Prescribing – including £3.8m of estimated additional costs relating to increases in NCSOs (including net impact of £0.75m from 2025/26).
  - All Age Continuing Care – a continuation of increased costs associated with additional packages and higher acuity.
  - Acute – flex and freeze activity data for Month 1 & 2 is now available from providers and is being validated but does indicate some under performance.
- Running Costs and Programme Operating Costs – continue to be offset until the outcomes of the NHS Reform programme are concluded and ESR is updated to reflect staff moving into their substantive roles (work due to commence in July). Overall, some slippage reported YTD but in balance in the forecast position.
- Offset with other areas of underspend in the overall position, over delivery of CIP of £4.5m YTD and the utilisation of centrally held allocations whilst investment decisions are confirmed.

# Recommendations

## Month 3

NHS Greater Manchester

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

- Note the Month 3 year to date and forecast reported financial position which is in line with the balanced plan including Deficit Support Funding.
- Note and discuss the areas of key risks and pressures and the requirements for early intervention and mitigations to bring spend back in line with plan.
- Note the delivery of CIP as at Month 3 of £36.5m against a plan of £32.0m, an over delivery of £4.5m YTD.
- Note that the forecast capital position is expected to deliver in line with the allocation including the additional allocation notified for GPIT.
- Note the NHS GM cash position which continues to be closely monitored.
- Note that an increased financial control framework of enhanced grip and control still remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the Chief Officers continues.

NHS
Greater Manchester

# Joint Capital Resource Use Plan

2026-2027

**Part of** Greater Manchester
Integrated Care Partnership

# People & Resource Committee

## 22nd July 2026

| Required information | Details |
|---|---|
| **Title of report** | Joint Capital Resource Use Plan |
| **Author** | Gareth Jones – Director of Provider Finance & Contracting |
| **Presented by** | Kathy Roe - CFO |
| **Contact for further information** | Gareth Jones – Director of Provider Finance & Contracting<br>Gareth.jones42@nhs.net |
| **Executive summary** | In line with the amended 2006 Act, ICBs are required to publish the joint capital resource use plan before or soon after the start of the financial year and report against them within their annual report.<br><br>This paper describes the background to the Joint Capital Resource Use Plan 2026/27 and provides a copy of the plan itself. |
| **The benefits that the population of Greater Manchester will experience.** | • Modern, safer facilities<br>• Faster diagnostics and treatment<br>• Expanded mental health and community services<br>• Operational efficiency<br>• Digital transformation<br>• Sustainability and cost savings |
| **How health inequalities will be reduced in Greater Manchester's communities.** | Improving access in underserved areas, expanding diagnostic and treatment capacity and enhancing digital infrastructure |
| **The decision to be made and/or input sought** | People & Resource Committee are asked to:<br>1. Note the content of this report and the Joint Capital Resource Use Plan 2026-27.<br>2. Formally approve the report before publication. |
| **How this supports the delivery of the strategy and mitigates the BAF risks** | |
| **Key milestones** | Business cases are in the process of being approved by NHSE and are at various stages in that process. As at month 2 the forecast is to spend the full capital allocation. |

| | |
|---|---|
| **Leadership and governance arrangements** | The responsibility for provider capital sits with individual Trust Boards. ICB capital is the responsibility of the ICB CFO. The system position overall is overseen by the Estates and Sustainability Group chaired by the ICB deputy CFO. |
| **Engagement* to date**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | The report is being presented to Chief Officers before onward referral to People & Resources for formal approval for publication of the plan. |
| **Financial or Legal Implications** | The revenue implications of capital plans are built into ICB and provider financial plans. |

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

*Table 2 - checklist of engagement carried out, advice sought, conflict of interest and accessiblity of report*

*Table 1 - core information relating to the content and creation of paper*

## Background

1.1 The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS Trusts and Foundation Trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use.
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England.
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

1.2 In line with the amended 2006 Act, ICBs are required to publish these plans before or soon after the start of the financial year and report against them within their annual report.

## Recommendations

**2.0** People & Resource Committee are asked to:

- Note the content of this report and the Joint Capital Resource Use Plan 2026-27.
- Agree that People & Resources Committee will formally approve the report before publication.

**Appendix 1**

# Joint capital resource use plan 2026/27

| | |
|---|---|
| **Region** | North West |
| **ICB / System** | Greater Manchester (ICB) |
| **Date published** | Following approval by People & Resources Committee |
| **Version** | DRAFT |

## Introduction

The Greater Manchester Integrated Care Board (ICB) was established on 1 July 2022 under the Government's Health and Care Act 2022. The ICB has responsibility for planning and buying NHS services for the 3.3 million people living in Greater Manchester.

The NHS Trusts and NHS Foundation Trusts that form part of the Integrated Care Sysem (ICS) are as follows:

- Manchester University Hospitals NHS Foundation Trust.
- Tameside and Glossop Integrated Care NHS Foundation Trust.
- Northern Care Alliance NHS Foundation Trust.
- Greater Manchester Mental Health NHS Foundation Trust.
- The Christie NHS Foundation Trust.
- Wrightington, Wigan and Leigh NHS Foundation Trust.
- Pennine Care NHS Foundation Trust.
- Stockport NHS Foundation Trust.
- Bolton NHS Foundation Trust.

The Greater Manchester Integrated Care Board and its partner NHS Trusts and Foundation Trusts have prepared this Joint Capital Resource Use Plan in accordance with statutory requirements. The plan aligns with Greater Manchester strategic priorities, infrastructure planning and NHS England capital guidance.

One of the key strategic priorities included in the Strategy is to reduce critical infrastructure risk and

backlog maintenance to enable secondary care, primary care and GP Practices to maintain their equipment and premises safely. Investments in a number of key strategic areas are planned to improve Urgent Emergency Care, Diagnostics and Elective facilities as well as the eradication of Reinforced Autoclaved Aerated Concrete (RAAC) from Trust premises by 2035. Further priorities involve reducing mental health Out of Area Placements, digital solution implementation and progression of the New Hospital Programme.

The Greater Manchester ICS Capital Pipeline is made up of current and future priorities that partners have identified as their key estates needs to provide health and care for the growing population. The aims will continue to deliver on strategic criteria such as population benefit, service integration & alignment, access and operational benefit in conjunction with the Estates, Clinical, Digital, People and Green plans.

The overall responsibility for estates in the ICB sits with the Chief Strategy, People and Partnesrships Officer. The Estates Team, supports strategic estates and NHSE capital investment planning in supporting Primary Care.

The Greater Manchester system informs infrastructure planning and agrees key aims and objectives covering key estate or capital priorities by:

- The NHS Greater Manchester Integrated Care Board. This is a statutory NHS organisation responsible for managing the NHS budget and arranging for the provision of health services whilst supporting the integration of NHS services with our partners.
- The ten Place Based Partnerships work locally to support the integration of health and care services in support of local Joint Health and Wellbeing Strategies
- NHS Greater Manchester People and Resources Committee supports oversight of financial delivery and development of financial strategy including recommendations covering capital, investment and digital investment priorities.
- During 2025/26, the GM Capital Resources Assurance Group (CRAG) oversaw the capital resource allocation across GM.
- For 2026/27, there is no longer and system envelope for operational capital and each organisation will manage operational capital expenditure using established internal governance arrangements. Oversight of the delivery of system capital will be through the Financial Assurance Committee (FAC).

## 2026/27 CDEL allocations and sources of funding

The system has a total Net CDEL resource of £460.352m comprising operational capital (£223.420m), national programme capital (£213.686m) and PFI capital charges (£23.246m).

| **Funding Source** | **£000** |
|---|---|
| Operational Capital | 223,420 |
| National Programme Capital | 213,686 |
| PFI Capital Charges | 23,246 |
| Net CDEL Total | 460,352 |

## Capital prioritisation

Investment priorities include RAAC remediation, estates safety, diagnostics, urgent and emergency care improvements, mental health infrastructure, frontline productivity and digital transformation. Provider operational capital continues to be deployed against local strategic priorities and asset replacement programmes.

## Capital planning

The largest areas of nationally funded investment are RAAC remediation (£91.2m), Estates Safety (£39.2m), Diagnostics (£34.5m), Urgent and Emergency Care (£14.9m), Frontline Productivity (£12.5m) and the New Hospital Programme (£12.5m).

**Operational Capital by Organisation**

Operational capital allocations for 2026/27 are shown below.

| **Organisation** | **£000** |
|---|---|
| Greater Manchester ICB | 17,145 |
| Bolton FT | 9,158 |
| Greater Manchester Mental Health FT | 16,639 |
| Manchester University NHS FT | 48,791 |
| Northern Care Alliance NHS FT | 48,094 |
| Pennine Care FT | 6,298 |
| Stockport NHS FT | 14,878 |
| Tameside & Glossop IC FT | 11,125 |
| The Christie NHS FT | 37,162 |
| Wrightington Wigan & Leigh NHS FT | 14,130 |
| Total | 223,420 |

*See appendix 1*

## Overview of ongoing scheme progression

The 2026/27 programme includes continued delivery of estate risk reduction programmes, diagnostic expansion, urgent and emergency care schemes, mental health infrastructure schemes, RAAC replacement programmes and nationally funded productivity initiatives.

## Risks and contingencies

The principal risks relate to construction inflation, procurement timing, business case approvals, scheme affordability and delivery capacity. These risks will be managed through established governance arrangements in each organisation and routine monitoring via FAC.

## Business cases in 2026/27

National programme schemes will progress through the relevant NHS England business case approval process where required. Local capital expenditure remains subject to provider and ICB governance arrangements.

## Net zero carbon strategy

NHS GM organisations continue to support delivery of sustainability objectives through estate investment, energy efficiency initiatives and reduction of carbon emissions in line with NHS net zero ambitions.

## Conclusion

The Joint Capital Resource Use Plan 2026/27 sets out a balanced and affordable capital programme of £460.352m to support delivery of safe, productive and sustainable healthcare services across Greater Manchester.

Appendix 1

| Index Category | Provider National Programme Spend | Bolton Total Capital | Greater Manchester ICB Total Capital | Greater Manchester MHealth Total Capital | Manchester University Total Capital | Northern Care Alliance Total Capital | Pennine Care Total Capital | Stockport Total Capital | Tameside & Glossop Total Capital | The Christie Total Capital | Wrightington Wigan & Leigh Total Capital | System Total Total Capital |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total System Operational Capital | Operational Capital - ICB | | 17,145 | | | | | | | | | 17,145 |
| | Operational Capital - Provider | 9,158 | | 16,639 | 48,791 | 48,094 | 6,298 | 14,878 | 11,125 | 37,162 | 14,130 | 206,275 |
| | Total | 9,158 | 17,145 | 16,639 | 48,791 | 48,094 | 6,298 | 14,878 | 11,125 | 37,162 | 14,130 | 223,420 |
| Total National Programme Capital | Ambulance Replacement | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Cancer LINAC Replacement | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Estates Safety | 4,811 | | 637 | 9,134 | 0 | 724 | 10,485 | 6,626 | 468 | 6,272 | 39,157 |
| | Diagnostics | 1,323 | | 0 | 21,332 | 5,844 | 0 | 675 | 887 | 0 | 4,405 | 34,466 |
| | Elective Recovery | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mental Health | 0 | | 3,129 | 1,555 | 0 | 1,290 | 0 | 0 | 0 | 0 | 5,974 |
| | Mental Health Dormitories | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mental Health: Reducing Out of Area Placements | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | NHP | 0 | | 0 | 12,517 | 0 | 0 | 0 | 0 | 0 | 0 | 12,517 |
| | RAAC | 17,750 | | 0 | 21,419 | 52,030 | 0 | 0 | 0 | 0 | 0 | 91,199 |
| | STP - Hospital Upgrades | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Frontline Productivity | 0 | | 0 | 0 | 0 | 0 | 5,583 | 6,900 | 0 | 0 | 12,483 |
| | UEC | 3,632 | | 0 | 1,060 | 6,403 | 0 | 0 | 0 | 0 | 3,795 | 14,890 |
| | Community | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Other Adjustments - Provider | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Utilisation and Modernsation Fund | | 3,000 | | | | | | | | | 3,000 |
| | Total | 27,516 | 3,000 | 3,766 | 67,017 | 64,277 | 2,014 | 16,743 | 14,413 | 468 | 14,472 | 213,686 |
| PFI capital charges | PFI capital charges | 0 | | 0 | 18,769 | 3,329 | 344 | 0 | 804 | 0 | 0 | 23,246 |
| | Total | 0 | | 0 | 18,769 | 3,329 | 344 | 0 | 804 | 0 | 0 | 23,246 |
| Net CDEL incl. intra-DHSC group eliminations | Total | 36,674 | 20,145 | 20,405 | 134,577 | 115,700 | 8,656 | 31,621 | 26,342 | 37,630 | 28,602 | 460,352 |
| Return to Constitutional Standards Total | Return to Constitutional Standards: Community | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Return to Constitutional Standards: Diagnostics (provider allocation only) | 1,323 | | 0 | 21,332 | 5,844 | 0 | 675 | 875 | 0 | 4,405 | 34,454 |
| | Return to Constitutional Standards: Elective Recovery | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Return to Constitutional Standards: Mental Health | 0 | | 3,129 | 1,555 | 0 | 1,290 | 0 | 0 | 0 | 0 | 5,974 |
| | Return to Constitutional Standards: UEC | 3,632 | | 0 | 1,060 | 6,403 | 0 | 0 | 0 | 0 | 3,795 | 14,890 |
| | Total | 4,955 | | 3,129 | 23,947 | 12,247 | 1,290 | 675 | 875 | 0 | 8,200 | 55,318 |

NHS
Greater Manchester

# Equality Impact Assessment Workforce Profile Report - Comparison of NHS GM Workforce Demographics - December 2025 (Pre-Reform) to June 2026

July 2026

| | |
|---|---|
| **Meeting:** | People & Resources Committee |
| **Date:** | July 2026 |
| **Title:** | Equality Impact Assessment Workforce Profile Report - Comparison of NHS GM Workforce Demographics - December 2025 (Pre-Reform) to June 2026 |
| **Author:** | Jane Seddon – Interim Chief People Officer<br><br>Claire Hines - Head of Strategic Workforce Planning - Workforce Planning, Intelligence & Education Team |
| **Presented by:** | Charlotte Bailey – Chief Strategy, People & Partnership Officer |
| **Purpose:** | The purpose of this paper is to provide the People & Resources Committee with an interim Equality Impact Assessment workforce profile update, comparing NHS Greater Manchester workforce demographics at December 2025, prior to implementation of organisational reform, with the position at June 2026.<br><br>The paper provides assurance on the demographic impact of reform activity completed to date, identifies areas requiring continued monitoring, and sets out the proposed actions to ensure any emerging equality impacts are identified, reviewed and mitigated.<br><br>It is important to note that the organisational change programme remains ongoing. No compulsory redundancies have yet been processed and a number of reform-related activities, including individual consultation, suitable alternative employment processes, redeployment activity and final appointment outcomes, are still progressing. The analysis therefore represents an interim position and does not constitute the final Equality Impact Assessment for the overall change programme. A further report will be brought to the Committee once the programme has concluded. |
| **Executive Summary:** | The comparison of workforce demographic data between December 2025, the pre-reform baseline, and June 2026 demonstrates that NHS Greater Manchester has maintained broadly representative workforce characteristics following organisational reform activity completed to date.<br><br>This paper has been prepared in response to the Committee's request for an Equality Impact Assessment update at this stage of the programme. However, the Committee is asked to note that this is an interim assessment only. The change programme is not yet complete, no compulsory redundancies have been processed, and further workforce movement may occur as individual consultation, suitable alternative employment, redeployment and final appointment processes conclude.<br><br>The most significant changes include an increase in disability declaration rates (+2.1 percentage points), increased representation of staff from Black and Minority Ethnic backgrounds (+2.0 percentage points), a reduction in the proportion of employees aged 56 years and over, and a greater concentration of employees within AfC Bands 6–8a.<br>Based on the workforce profile data available at June 2026, there is currently no evidence of disproportionate adverse impact at organisational level across protected |

| | |
|---|---|
| | characteristics. However, this conclusion is necessarily provisional and should not be read as a final assessment of the full equality impact of the change programme.<br><br>Continued monitoring will be undertaken over the next phase of the programme, with particular focus on compulsory redundancy outcomes, suitable alternative employment, redeployment, final appointment outcomes, flexible working patterns, disability-related adjustments, age profile changes and any emerging trends across protected characteristics. A final post-implementation EIA report will be presented once the organisational change programme has concluded. |

## 1. Executive Summary

This section provides the Committee with a summary of the interim workforce profile analysis and the key equality considerations arising from the comparison between the December 2025 pre-reform workforce baseline and the June 2026 workforce position. It should be read in the context of an ongoing change programme and does not represent the final equality assessment of the reform programme.

The comparison of workforce demographic data between December 2025, the pre-reform workforce baseline, and June 2026 demonstrates that NHS Greater Manchester has maintained broadly representative workforce characteristics following organisational reform activity completed to date.

At this stage, the available data does not indicate disproportionate adverse impact at organisational level across the protected characteristics reviewed. However, the programme remains live and no compulsory redundancies have yet been processed. The final equality impact of the programme will therefore need to be assessed following completion of all reform-related processes.

The most significant changes include an increase in disability declaration rates (+2.1 percentage points), increased representation of staff from Black and Minority Ethnic backgrounds (+2.0 percentage points), a reduction in the proportion of employees aged 56 years and over, and a greater concentration of employees within AfC Bands 6–8a.

The Committee is therefore asked to note the interim assurance provided by the June 2026 data, alongside the need for continued oversight, monitoring, and mitigating action until the programme has fully concluded.

## 2. Ongoing Monitoring and Review

This section sets out how equality impacts will continue to be monitored during the remaining stages of organisational reform. This is particularly important because the workforce position at June 2026 reflects a point-in-time assessment and does not yet include the full impact of compulsory redundancy, redeployment, suitable alternative employment or final appointment outcomes.

Whilst the analysis presented within this Equality Impact Assessment has not identified any evidence of disproportionate adverse impact on employees with protected characteristics at this stage, organisational reform activity remains ongoing. Further operational reform change activity is scheduled to continue over the coming months as the organisation works towards completing implementation of the operational reform programme.

No compulsory redundancies have yet been processed. As such, it would be premature to conclude the final equality impact of the programme. The organisation will therefore continue to assess demographic data and individual outcomes throughout the remaining stages of the change programme.

To ensure that any emerging impacts are identified and addressed promptly, workforce equality data will continue to be monitored monthly over the next four months. This monitoring will include

analysis of workforce demographics across protected characteristics, including age, sex, disability, ethnicity, religion or belief, sexual orientation and working patterns.

Monitoring will also include review of reform outcomes by protected characteristic where data allows, including appointment outcomes, displacement, suitable alternative employment, redeployment, trial periods, compulsory redundancy outcomes and any appeals or review processes.

The findings from ongoing monitoring will be reviewed to assess whether subsequent organisational changes result in any material shifts in workforce representation or indicate potential adverse impact for any protected group. Where necessary, appropriate mitigating actions will be considered and implemented.

Following completion of operational reform appointment activity, a final review of workforce demographic data will be undertaken to confirm the overall equality impact of the reform programme and determine whether any further action is required.

A final post-implementation EIA report will be brought back to the People & Resources Committee once the programme has been concluded.

### 3. Key Reform Timeline:

This section provides the key programme milestones to support the Committee's understanding of the timing of workforce movement and the limitations of the June 2026 data. The June data reflects workforce changes completed to date but does not yet capture the full effect of all remaining organisational change processes.

| Month | ACTIVITIES |
|---|---|
| December 2025 | Baseline of Organisation Data collected prior to any organisational movement. Voluntary Redundancy (VR) Window 1 Opens completed; outcomes are issued, and settlement agreements progressed. |
| January 2026 | Collective consultation ongoing; proposed structures published on 28 January 2026 and staff consultation commenced. First VR leavers exited the organisation on 31 January 2026. |
| February 2026 | Voluntary Redundancy Window 2 opened on 2 February and closed on 15 February 2026. Consultation feedback reviewed and final structures prepared. |
| March 2026 | Final organisational structures published on 11 March 2026. Indicative outcome letters and at-risk notifications issued by 31 March 2026. VR Window 2 exits completed by 31 March 2026. |
| April 2026 | Reform appointment and organisational change processes progressed; Expressions of Interest (EOI) and First Opportunity Preference Process (FOPP) activity undertaken. Operational reform appointments commenced. |
| May 2026 | Majority of EOI allocation panels completed, and appointment outcomes communicated. |
| June 2026 | New structures increasingly operational; workforce transition activity continued. Individual consultation, suitable alternative employment, redeployment, and final appointment activity remained ongoing. No compulsory redundancies had been processed at this point. |

| Month | ACTIVITIES |
|---|---|
| July 2026 - onwards | Further monitoring of workforce profile data, reform outcomes, and potential equality impacts to continue. A final post-implementation EIA report will be prepared once the organisational change programme has concluded. |

## 4. Equality Impact Assessment Summary December 2025 – June 2026 Position

This section provides a high-level summary of the key changes identified when comparing the NHS Greater Manchester workforce profile at December 2025, prior to implementation of organisational reform, with the interim position at June 2026. The assessment highlights areas where workforce representation has remained stable, where positive movement has occurred, and where continued monitoring is required. As the organisational change programme is not yet complete and no compulsory redundancies have been processed, the findings should be regarded as an interim position rather than a final assessment of the overall equality impact of the programme.

| Category | Key Change | Assessment | Status |
|---|---|---|---|
| Age | Reduction in staff aged 56+ | Monitor workforce age profile. No evidence of adverse impact identified at this stage; however, further review is required once final redundancy and redeployment outcomes are known. | Monitoring required |
| Sex | Minimal change (+/-0.5pp) | No impact identified | No impact identified |
| Disability | Increase from 11.4% to 13.5% | Positive increase in representation/disclosure. Continue to monitor reasonable adjustments, suitable alternative employment and redeployment outcomes for disabled staff. | Positive – monitoring |
| Ethnicity | BME representation increased from 19.5% to 21.4% | Positive increase in workforce diversity. Continue to monitor appointment and redundancy outcomes by ethnicity where data allows. | Positive – monitoring |
| Religion/Belief | Minor fluctuations only | No impact identified | No impact identified |
| Sexual Orientation | Stable profile | No impact identified | No impact identified |
| Marital Status | Stable profile | No impact identified | No impact identified |
| Working Pattern | Slight increase in full-time workers | No material impact identified. Ongoing focus required to ensure flexible working practices remain actively supported and consistently applied. | Monitoring required |
| AfC Band | Growth in Bands 6–8a | Requires ongoing monitoring but no protected characteristic impact identified | Monitoring required |
| Service | Shift towards employees with shorter organisational tenure | Requires ongoing monitoring; no evidence of adverse impact identified | Monitoring required |

Interim position only. Further review required as organisational change activity concludes.

## 5. Age Profile: Data Source - NHS GM Electronic Staff Record

This section considers whether the reform programme has resulted in any material change to the age profile of the organisation. Age profile is a key area for continued monitoring, particularly given the interaction between organisational tenure, retirement eligibility, voluntary redundancy decisions and potential compulsory redundancy outcomes.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| < 21 | 0.06% | 0.21% | +0.15 pp | ▲ | | | | |
| 21 - 25 | 0.66% | 1.07% | +0.41 pp | ▲ | | | | |
| 26 - 30 | 4.15% | 4.67% | +0.52 pp | ▲ | | | | |
| 31 - 35 | 8.66% | 9.49% | +0.83 pp | ▲ | | | | |
| 36 - 40 | 12.09% | 13.52% | +1.43 pp | ▲ | | | | |
| 41 - 45 | 15.81% | 16.97% | +1.16 pp | ▲ | | | | |
| 46 - 50 | 16.78% | 17.69% | +0.91 pp | ▲ | | | | |
| 51 - 55 | 14.85% | 15.89% | +1.04 pp | ▲ | | | | |
| 56 - 60 | 16.18% | 13.02% | -3.16 pp | ▼ | | | | |
| 61 - 65 | 8.48% | 6.61% | -1.87 pp | ▼ | | | | |
| 66 - 70 | 1.68% | 0.79% | -0.89 pp | ▼ | | | | |
| 71+ | 0.60% | 0.07% | -0.53 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The age profile has shifted towards younger and mid-career age groups, with increases across all age bands up to age 55. The most significant increases were within the 36–40 age group (+1.43 percentage points), 41–45 (+1.16 percentage points),and 51–55 (+1.04 percentage points). Conversely, there was a notable reduction in staff aged 56–60 (-3.16 percentage points), with smaller reductions across all age groups aged over 60.

This suggests a modest reduction in the proportion of older workers within the organisation compared with the pre-reform workforce profile.

## 6. Sex Profile: Data Source - NHS GM Electronic Staff Record

This section reviews the sex profile of the workforce and considers whether the reform programme has resulted in any material shift in the balance of female and male employees. The analysis is particularly relevant given the predominantly female composition of the NHS GM workforce and the need to ensure that reform outcomes do not disproportionately affect women.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Female | 69.21% | 68.71% | -0.50 pp | ▼ | | | | |
| Male | 30.79% | 31.29% | +0.50 pp | ▲ | | | | |

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| **Total** | **100%** | **100%** | | | | | | |

The workforce remains predominantly female. Female representation decreased marginally from 69.2% to 68.7% (-0.5 percentage points), while male representation increased from 30.8% to 31.3% (+0.5 percentage points).

The changes are minimal and do not materially alter the overall gender profile of the organisation.

### 7. Disability Profile: Data Source - NHS GM Electronic Staff Record

This section considers the disability profile of the workforce, including declaration rates. Disability data requires careful interpretation, as changes may reflect actual workforce movement, improved disclosure, or increased confidence in recording disability status. Continued monitoring will be important throughout suitable alternative employment, redeployment, and any redundancy processes to ensure that reasonable adjustments are identified and applied appropriately.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Yes | 11.43% | 13.52% | +2.09 pp | ▲ | | | | |
| No | 81.12% | 79.21% | -1.91 pp | ▼ | | | | |
| Not Declared | 5.83% | 5.54% | -0.29 pp | ▼ | | | | |
| Prefer Not to Answer | 1.44% | 1.65% | +0.21 pp | ▲ | | | | |
| Unspecified | 0.18% | 0.08% | -0.10 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The proportion of staff declaring a disability increased from 11.4% to 13.5%, representing a rise of 2.1 percentage points. This was accompanied by a reduction in the proportion of staff declaring no disability (-1.9 percentage points).

The increase may indicate improved disclosure rates and/or a higher proportion of disabled staff within the workforce. Levels of non-disclosure remained broadly stable.

### 8. Ethnicity White /BME Staff: Data Source - NHS GM Electronic Staff Record

This section considers the high-level ethnicity profile of the workforce and whether there has been any material change in White and BME representation following reform activity to date. Ethnicity will remain an important area of monitoring as final appointment; redeployment and redundancy outcomes are completed.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| White | 78.71% | 76.69% | -2.02 pp | ▼ | | | | |
| BME | 19.48% | 21.44% | +1.96 pp | ▲ | | | | |
| Not Stated | 1.68% | 1.87% | +0.19 pp | ▲ | | | | |
| Blank | 0.12% | 0.00% | -0.12 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The White/BME analysis demonstrates increasing ethnic diversity within the workforce.

- White staff reduced from 78.7% to 76.7% (-2.02 percentage points).
- BME staff increased from 19.5% to 21.4% (+1.96 percentage points).
- Not stated, ethnicity increased marginally from 1.7% to 1.9%.

The increase in BME representation represents one of the most significant demographic changes identified within the workforce profile and reflects greater ethnic diversity compared to the pre-reform position.

9. **High-Level Ethnicity Profile**: **Data Source - NHS GM Electronic Staff Record**

This section provides a more detailed breakdown of ethnicity categories to support a more nuanced understanding of workforce representation. While the overall White/BME comparison provides a useful summary, the more detailed profile helps identify whether any specific ethnic groups have experienced greater change.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Asian, Asian British or Asian Welsh | 13.5% | 15.2% | +1.7pp | ▲ | | | | |
| Black, Black British, Black Welsh, Caribbean or African | 3.2% | 3.5% | +0.3pp | ▲ | | | | |
| Mixed or Multiple ethnic groups | 2.2% | 2.3% | +0.1pp | ▲ | | | | |
| Other ethnic group | 1.0% | 0.4% | -0.6pp | ▼ | | | | |
| White | 78.4% | 76.7% | -1.7pp | ▼ | | | | |
| Not Stated | 1.6% | 1.9% | +0.3pp | ▲ | | | | |
| **Total** | **100.0%** | **100.0%** | | | | | | |

Analysis of workforce ethnicity data indicates that the overall ethnic composition of the organisation has remained broadly stable following reform. The most notable changes were a 1.7

percentage point increase in the proportion of staff identifying as Asian, Asian British or Asian Welsh (from 13.5% to 15.2%) and a corresponding 1.7 percentage point decrease in the proportion identifying as White (from 78.4% to 76.7%). Representation within Black, Black British, Black Welsh, Caribbean or African and Mixed or Multiple ethnic groups remained largely unchanged, with movements of 0.3 percentage points or less. The proportion of staff recorded as Other ethnic group decreased by 0.6 percentage points, while the proportion of records with ethnicity recorded as Not Stated increased slightly from 1.6% to 1.9%.

Overall, the analysis does not identify evidence of disproportionate adverse impact on any ethnic group as a result of organisational reform. However, workforce diversity metrics will continue to be monitored over the coming months as reform implementation and recruitment activity conclude.

### 10. Religion or Belief Profile: Data Source - NHS GM Electronic Staff Record

This section reviews the religion or belief profile of the workforce and considers whether there have been any material changes following reform activity to date. The data should be interpreted alongside declaration patterns, as non-disclosure can affect the reliability of conclusions in this area.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Atheism | 17.02% | 17.48% | +0.46 pp | ▲ | | | | |
| Buddhism | 0.42% | 0.50% | +0.08 pp | ▲ | | | | |
| Christianity | 50.93% | 49.71% | -1.22 pp | ▼ | | | | |
| Hinduism | 2.10% | 2.30% | +0.20 pp | ▲ | | | | |
| Islam | 9.32% | 10.94% | +1.62 pp | ▲ | | | | |
| Jainism | 0.06% | 0.07% | +0.01 pp | ▲ | | | | |
| Judaism | 0.48% | 0.65% | +0.17 pp | ▲ | | | | |
| Sikhism | 0.24% | 0.14% | -0.10 pp | ▼ | | | | |
| I do not wish to disclose my religion/belief | 12.75% | 12.09% | -0.66 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The religion profile remains relatively stable overall. The most notable changes include:

- Islam increased from 9.3% to 10.9% (+1.62 percentage points).
- Christianity decreased from 50.9% to 49.7% (-1.22 percentage points).
- Staff choosing not to disclose their religion reduced from 12.8% to 12.1% (-0.66 percentage points).

Other religious groups experienced only minor fluctuations. Overall, the workforce continues to demonstrate a diverse range of religious and belief backgrounds.

### 11. Sexual Orientation Profile: Data Source - NHS GM Electronic Staff Record

This section considers the sexual orientation profile of the workforce. As with other sensitive data categories, the analysis should be interpreted carefully, recognising that disclosure rates may be influenced by staff confidence and the quality of ESR data.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Bisexual | 1.02% | 0.86% | -0.16 pp | ▼ | | | | |
| Gay or Lesbian | 2.47% | 2.23% | -0.24 pp | ▼ | | | | |
| Heterosexual or straight | 88.33% | 88.99% | +0.66 pp | ▲ | | | | |
| Not stated | 7.76% | 7.48% | -0.28 pp | ▼ | | | | |
| Other sexual orientation not listed | 0.30% | 0.37% | +0.07 pp | ▲ | | | | |
| Undecided | 0.06% | 0.07% | +0.01 pp | ▲ | | | | |
| Null | 0.06% | 0.00% | -0.06 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The sexual orientation profile remains stable. The proportion of staff identifying as heterosexual increased slightly from 88.3% to 89.0% (+0.66 percentage points). Small reductions were observed amongst staff identifying as bisexual and gay or lesbian, while declaration rates remained high overall.

There are no significant changes affecting the overall profile in this area.

### 12. Marital Status Profile: Data Source - NHS GM Electronic Staff Record

This section reviews marital status data as part of the broader workforce equality assessment. While marital status is not expected to be directly affected by organisational reform, continued monitoring supports a rounded assessment of workforce composition.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Civil Partnership | 1.08% | 1.05% | -0.03 pp | ▼ | | | | |
| Divorced | 7.04% | 5.82% | -1.22 pp | ▼ | | | | |
| Legally Separated | 1.14% | 0.86% | -0.28 pp | ▼ | | | | |

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Married | 61.27% | 61.06% | -0.21 pp | ▼ | | | | |
| Single | 25.32% | 25.82% | +0.50 pp | ▲ | | | | |
| Unknown | 2.95% | 3.81% | +0.86 pp | ▲ | | | | |
| Widowed | 1.02% | 1.51% | +0.49 pp | ▲ | | | | |
| Null | 0.18% | 0.07% | -0.11 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The marital status profile remained broadly consistent between the two reporting periods. Notable changes included:

- A reduction in divorced staff (-1.22 percentage points).
- An increase in staff recorded as unknown marital status (+0.86 percentage points).
- Small increases in widowed (+0.49 percentage points) and single (+0.50 percentage points) staff.

No substantial demographic shifts are evident within this characteristic.

### 13. Agenda for Change Banding Profile: Data Source - NHS GM Electronic Staff Record

This section considers whether the reform programme has resulted in any material change in the distribution of staff across Agenda for Change bands. Banding profile is not itself a protected characteristic, but it is important to monitor because changes in grade distribution may interact with protected characteristics and could indicate differential impact if particular groups are concentrated in affected bands**.**

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Band 2 | 0.18% | 0.43% | +0.25 pp | ▲ | | | | |
| Band 3 | 4.51% | 4.10% | -0.41 pp | ▼ | | | | |
| Band 4 | 7.22% | 7.12% | -0.10 pp | ▼ | | | | |
| Band 5 | 12.09% | 12.30% | +0.21 pp | ▲ | | | | |
| Band 6 | 13.89% | 14.60% | +0.71 pp | ▲ | | | | |
| Band 7 | 20.81% | 22.10% | +1.29 pp | ▲ | | | | |
| Band 8a | 14.85% | 15.47% | +0.62 pp | ▲ | | | | |
| Band 8b | 9.56% | 8.92% | -0.64 pp | ▼ | | | | |
| Band 8c | 4.15% | 3.96% | -0.19 pp | ▼ | | | | |
| Band 8d | 3.37% | 3.30% | -0.07 pp | ▼ | | | | |
| Band 9 | 1.50% | 1.51% | +0.01 pp | ▲ | | | | |
| Other | 7.88% | 6.19% | -1.69 pp | ▼ | | | | |

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| **Total** | **100%** | **100%** | | | | | | |

The workforce profile indicates a greater proportion of staff within higher AfC bands.

Notable increases include:

- Band 7: +1.29 percentage points.
- Band 6: +0.71 percentage points.
- Band 8a: +0.62 percentage points.

Reductions were observed in:

- Other staff groups: -1.69 percentage points.
- Band 8b: -0.64 percentage points.

These changes suggest a modest shift towards a workforce concentrated within Bands 6–8a.

### 14. Full Time/ Part Time Profile: Data Source - NHS GM Electronic Staff Record

This section considers the workforce working pattern profile and whether there has been any material change in full-time and part-time representation. Working pattern is an important equality consideration because part-time and flexible working arrangements may be more prevalent among colleagues with caring responsibilities, disabled colleagues, older workers and colleagues seeking adjustments or work-life balance.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| Full Time | 75.59% | 76.98% | +1.39 pp | ▲ | | | | |
| Part Time | 24.41% | 23.02% | -1.39 pp | ▼ | | | | |
| **Total** | **100%** | **100%** | | | | | | |

The proportion of full-time employees increased from 75.6% to 77.0% (+1.39 percentage points), while part-time working decreased from 24.4% to 23.0% (-1.39 percentage points).

The organisation therefore remains predominately full-time, with a small reduction in part-time representation. An ongoing focus is required to ensure that flexible working practices continue to be actively supported, promoted and applied consistently, enabling colleagues to access working patterns that support both service needs and individual circumstances.

### 15. Length of Service: Data Source - NHS GM Electronic Staff Record

This section considers whether the reform programme has resulted in any material change in organisational tenure. Length of service is not a protected characteristic, but it may interact with age, retirement eligibility, redundancy entitlement, institutional knowledge, and workforce stability. Continued monitoring is therefore required, particularly in relation to the reduction in staff with longer service.

| Category | All Staff Pre Reform (Dec 2025) | All Staff June 2026 | Variance (Dec/June) | | All Staff July 2026 | Variance (Dec/July) | All Staff Aug 2026 | Variance (Dec/Aug) |
|---|---|---|---|---|---|---|---|---|
| < 1 year | 2.1% | 1.4% | -0.7pp | ▼ | | | | |
| 1 - 5 years | 20.9% | 22.7% | +1.8pp | ▲ | | | | |
| 6 - 10 years | 25.6% | 26.0% | +0.4pp | ▲ | | | | |
| 11 - 15 years | 15.3% | 15.2% | -0.1pp | ▼ | | | | |
| 16 - 20 years | 15.4% | 15.4% | 0.0pp | ► | | | | |
| 21+ years | 20.3% | 18.9% | -1.4pp | ▼ | | | | |
| Null | 0.3% | 0.3% | 0.0pp | ► | | | | |
| **Total** | **100.0%** | **100.0%** | | | | | | |

The length of service profile has remained broadly stable following reform. The most notable changes are an increase in employees with 1–5 years' service (+1.8 percentage points) and a reduction in those with 21+ years' service (-1.4 percentage points). Staff with less than one year's service decreased by 0.7 percentage points, while all other length of service categories changed by 0.4 percentage points or less, indicating no significant shift in the overall workforce tenure profile.

## 16. Conclusion

The June 2026 workforce profile represents an interim position whilst operational reform activity remains ongoing. A further review will be undertaken following completion of all reform-related appointments to confirm whether the trends identified within this report have been sustained and to ensure that no disproportionate adverse impacts emerge across any protected characteristic.

The Committee is asked to note that no compulsory redundancies have yet been processed. The full equality impact of the organisational change programme cannot therefore be concluded at this stage. The analysis within this report provides an evidence-based assessment of the workforce profile as at June 2026 and gives interim assurance that no disproportionate adverse impact is currently evident at organisational level.

Comparison of the pre-reform workforce profile (December 2025) and the June 2026 workforce profile demonstrate broadly stable representation across protected characteristics. The most significant changes comprise:

- Increased disability representation (+2.1 percentage points).
- Increased BME representation (+2.0 percentage points).

- Reduced representation of staff aged 56 years and over, particularly within the 56–60 age band (-3.2 percentage points).
- Increased concentration of staff within AfC Bands 6–8a.
- A small reduction in part-time representation, requiring continued focus on flexible working.

Overall, the findings suggest that organisational reform has not resulted in substantial changes to workforce diversity at organisational level based on June data. However, this remains an interim conclusion. Continued monitoring is required until all reform-related outcomes, including compulsory redundancy, suitable alternative employment, redeployment, trial periods and final appointments, have concluded.

A final post-implementation EIA report will be presented to the People & Resources Committee once the organisational change programme is complete.

## 17. Equality Monitoring and Action Plan

The following action plan sets out the proposed steps to ensure that equality impacts continue to be monitored and mitigated during the remaining stages of organisational reform.

| Action | Rationale | Lead | Timescale | Outcome |
|---|---|---|---|---|
| Continue monthly workforce demographic monitoring across protected characteristics. | To identify any emerging shifts in workforce representation. | People Services / Workforce Information | Monthly until programme completion | Ongoing assurance and early identification of potential adverse impact. |
| Review reform outcomes by protected characteristic, including appointment, displacement, suitable alternative employment, redeployment and redundancy outcomes. | To ensure that process outcomes do not indicate disproportionate adverse impact. | People Services / Change Programme Team | Monthly and at programme closure | Evidence base for final EIA report. |
| Monitor compulsory redundancy outcomes once processed. | No compulsory redundancies have yet been processed, so this remains a key area of future assurance. | People Services / HR Business Partners | As redundancy outcomes are confirmed | Assurance that final outcomes have been equality assessed. |
| Review reasonable adjustments across consultation, interview, redeployment and trial period processes. | To ensure disabled colleagues are appropriately supported and that adjustments are consistently applied. | HR Business Partners / Recruiting Managers | Ongoing | Reduced risk of disadvantage for disabled colleagues. |

| Action | Rationale | Lead | Timescale | Outcome |
|---|---|---|---|---|
| Monitor working pattern changes, with particular focus on part-time and flexible working. | To ensure the reduction in part-time representation does not indicate reduced access to flexible working. | People Services / Directorate Leadership Teams | Monthly | Assurance that flexible working remains supported and accessible. |
| Review age profile trends, particularly reductions in staff aged 56 and over. | To understand whether reductions are linked to voluntary redundancy, retirement, reform outcomes or other factors. | Workforce Information / People Services | At July, August and final review points | Clearer understanding of age-related workforce movement. |
| Improve data quality and encourage completion of ESR equality fields. | To strengthen reliability of future EIA analysis. | People Services / Workforce Information | Ongoing | Improved confidence in workforce equality data. |
| Engage staff networks and Trade Union colleagues on emerging themes. | To test whether workforce data aligns with lived experience and staff feedback. | People Services / Engagement Leads | Ongoing | Qualitative insight informs mitigating actions. |
| Present final post-implementation EIA report to People & Resources Committee. | To provide final assurance once all reform outcomes are complete. | Interim Chief People Officer | Following programme completion | Committee receives final assessment and any further recommended actions. |

**18. Risk Assessment**

The following risks have been identified in relation to the interim EIA position and the remaining stages of the organisational change programme.

| Risk | Potential Impact | Current Mitigation | Risk Rating |
|---|---|---|---|
| The interim EIA is interpreted as a final assessment of the full change programme. | Committee may receive premature assurance before compulsory redundancy and final outcomes are known. | Clear wording added to confirm that this is an interim assessment and that a final report will return after programme completion. | Medium |
| Disproportionate adverse impact emerges during compulsory redundancy, redeployment or suitable | Legal, employee relations, reputational and workforce equality risk. | Monthly monitoring of outcomes by protected characteristic; HR oversight of consultation | Medium |

| Risk | Potential Impact | Current Mitigation | Risk Rating |
|---|---|---|---|
| alternative employment processes. | | and SAE processes; final post-implementation EIA planned. | |
| Reduction in representation of staff aged 56 and over continues. | Potential concern regarding age-related impact, loss of organisational knowledge and challenge from affected staff. | Continued monitoring of age profile and analysis of reasons for workforce movement, including VR, retirement and redundancy outcomes. | Medium |
| Disabled staff are disadvantaged through appointment, redeployment, consultation or trial period processes. | Potential failure to make reasonable adjustments; increased risk of grievance, appeal or legal challenge. | HR support in consultation processes; reasonable adjustment review; monitoring of outcomes for disabled staff. | Medium |
| Reduction in part-time representation indicates reduced access to flexible working. | Potential adverse impact on carers, disabled staff, older workers and colleagues requiring flexible working arrangements. | Continued monitoring of working patterns; reinforcement of flexible working expectations with managers. | Medium |
| Equality data quality limits the strength of conclusions. | Incomplete or inaccurate data may obscure emerging equality impacts. | Continued ESR data quality work and encouragement of staff to update equality information. | Low / Medium |
| Change fatigue and staff perception of unfairness undermines confidence in the process. | Increased employee relations activity, reduced engagement and reputational risk. | Continued communication, consultation, TU engagement and transparent reporting to Committee. | Medium |
| Banding profile changes create unintended equality impact. | Particular groups may be disproportionately concentrated in bands affected by reform. | Continued review of banding profile alongside protected characteristic data. | Low / Medium |

## 19. Recommendations

The People & Resources Committee is asked to:

1. Note the interim Equality Impact Assessment workforce profile report and the comparison between the December 2025 pre-reform baseline and June 2026 workforce position.
2. Note that the organisational change programme remains ongoing and that no compulsory redundancies have yet been processed.
3. Note that, based on June 2026 workforce profile data, there is currently no evidence of disproportionate adverse impact at organisational level across the protected characteristics reviewed.

4. Recognise that the findings are provisional and that the full equality impact of the change programme cannot be concluded until all appointment, consultation, suitable alternative employment, redeployment and compulsory redundancy outcomes are complete.
5. Endorse the proposed equality monitoring and action plan, including continued monthly review of workforce demographic data and reform outcomes by protected characteristic where data allows.
6. Support continued focus on flexible working, reasonable adjustments, age profile monitoring, data quality and staff engagement as key mitigating actions during the remaining stages of reform.
7. Agree that a final post-implementation Equality Impact Assessment report will be brought back to the Committee once the organisational change programme has concluded.

NHS
Greater Manchester

# Workforce Executive Summary – June 2026

**Part of** Greater Manchester
Integrated Care Partnership

# NHS GM People and Culture Committee

## 1 July 2025

| Required information. | Details. |
|---|---|
| **Title of report.** | People & Culture Workforce Executive Summary – Month 03 (June 2026) Reporting Period |
| **Author.** | Kay Wilkes |
| **Presented by.** | Kay Wilkes |
| **Contact for further information.** | Kay.wilkes1@nhs.net |
| **Executive summary.** | This paper presents an overview of the progress to achieve organisational workforce targets 2026-2027: June 2026 (Month 03).<br><br>Workforce Area Focus identified in the paper:<br><br>• Mandatory Training<br>• Appraisals<br>• Sickness Absence |
| **The benefits that the population of Greater Manchester will experience.** | Supporting workforce sustainability, to support the best possible patient care. |
| **How health inequalities will be reduced in Greater Manchester's communities.** | Creating a workforce that is representative of the communities it serves.<br><br>Addressing inequalities to improve equality, diversity and inclusion. |
| **The decision to be made and/or input sought.** | Members of the Committee are requested to review and discuss the paper. |

| | |
|---|---|
| **How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.** | Identifies actions taken to tackle organisation workforce risks, which supports the wider BAF. |
| **Key milestones.** | Targets set for the year. |
| **Leadership and governance arrangements.** | Review at P&C Group and Committee |
| **Engagement* to date.**<br><br>***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.** | N/A |
| **Financial or Legal Implications** | N/A |

*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* | *No* | *No* | *No* | *No* | *No* | *Yes* |

*Table 2: Assurance needed about the document.*

# NHS Greater Manchester Mandatory Training Compliance: June 2026

NHS Greater Manchester

## YTD Mandatory Training Compliance compared to national target


| | | Compliance June 2026 | Variance to Target | Variance to Prev Month |
|---|---|---|---|---|
| Locality | Stockport | 97.4% | 2.4% | 0.6% |
| | Bolton | 96.7% | 1.7% | 0.0% |
| | Oldham | 95.8% | 0.8% | 0.6% |
| | Heywood, Middleton & Rochdale | 95.1% | 0.1% | -2.5% |
| | Wigan | 93.9% | -1.1% | 0.4% |
| | Bury | 93.2% | -1.8% | 0.7% |
| | Salford | 92.7% | -2.3% | 0.0% |
| | Trafford | 91.1% | -3.9% | -1.0% |
| | Tameside | 90.6% | -4.4% | -1.3% |
| | Manchester | 88.3% | -6.7% | 1.0% |
| Directorate | Finance | 96.9% | 1.9% | -1.3% |
| | Strategy & Innovation | 96.6% | 1.6% | 0.6% |
| | Nursing & Quality | 95.6% | 0.6% | -1.3% |
| | People & Culture | 94.0% | -1.0% | -2.9% |
| | Commissioning | 92.2% | -2.8% | -2.3% |
| | Medical | 91.8% | -3.2% | 0.0% |
| | Deputy CEO | 90.5% | -4.5% | -0.2% |
| | Executive | 68.0% | -27.0% | -19.0% |

# NHS Greater Manchester Mandatory Training Compliance: June 2026

NHS Greater Manchester

| | | Locality / Directorate Total Compliance | Equality, Diversity and Human Rights - 3 Years | Fire Safety - 2 Years | Fraud Awareness - 3 Years | Health, Safety and Welfare - 3 Years | Infection Prevention and Control - Level 1 - 3 Years | Information Governance and Data Security - 1 Year | Moving and Handling - Level 1 - 3 Years | NHS Conflict Resolution (England) - 3 Years | Preventing Radicalisation - Basic Prevent Awareness - 3 Years | Preventing Radicalisation - Basic Prevent Awareness - No Specified R. | Resuscitation - Level 1 - No Specified Renewal | Safeguarding Adults (Version 2) - Level 1 - 3 Years | Safeguarding Adults (Version 2) - Level 1 - No Specified Renewal | Safeguarding Adults (Version 2) - Level 2 - 3 Years | Safeguarding Adults (Version 2) - Level 2 - No Specified Renewal | Safeguarding Children (Version 2) - Level 1 - 3 Years | Safeguarding Children (Version 2) - Level 1 - No Specified Renewal | Safeguarding Children (Version 2) - Level 2 - 3 Years | Safeguarding Children (Version 2) - Level 2 - No Specified Renewal | The Oliver McGowan Mandatory Training on Learning Disability and ... |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Locality | Bolton | 96.7% | 100.0% | 97.2% | 97.2% | 94.4% | 97.2% | 83.3% | 97.2% | 97.2% | 93.8% | 100.0% | 100.0% | 93.8% | 100.0% | 94.1% | 100.0% | 100.0% | 100.0% | 87.5% | 100.0% | 100.0% |
| | Bury | 93.2% | 89.7% | 94.9% | 84.6% | 87.2% | 92.3% | 79.5% | 94.9% | 94.9% | 100.0% | 94.1% | 100.0% | 90.9% | 100.0% | 90.9% | 94.1% | 95.5% | 100.0% | 95.5% | 100.0% | 100.0% |
| | Heywood, Middleton & Rochdale | 95.1% | 94.7% | 92.1% | 97.4% | 94.7% | 97.4% | 78.9% | 92.1% | 94.7% | 85.7% | 100.0% | 100.0% | 92.9% | 100.0% | 100.0% | 100.0% | 85.7% | 100.0% | 92.9% | 100.0% | 100.0% |
| | Manchester | 88.3% | 94.7% | 88.2% | 80.3% | 89.5% | 85.5% | 67.1% | 86.8% | 84.2% | 84.2% | 91.9% | 97.4% | 92.1% | 91.9% | 89.5% | 89.2% | 92.1% | 94.6% | 89.5% | 91.9% | 97.4% |
| | Oldham | 95.8% | 97.0% | 93.9% | 87.9% | 100.0% | 97.0% | 84.8% | 100.0% | 93.9% | 92.3% | 100.0% | 100.0% | 100.0% | 95.0% | 92.3% | 95.0% | 100.0% | 95.0% | 92.3% | 100.0% | 100.0% |
| | Salford | 92.7% | 89.5% | 97.4% | 94.7% | 86.8% | 89.5% | 81.6% | 94.7% | 86.8% | 89.5% | 100.0% | 100.0% | 94.7% | 100.0% | 84.2% | 100.0% | 94.7% | 100.0% | 84.2% | 100.0% | 97.4% |
| | Stockport | 97.4% | 97.7% | 93.2% | 93.2% | 100.0% | 100.0% | 86.4% | 97.7% | 100.0% | 100.0% | 100.0% | 100.0% | 94.1% | 100.0% | 100.0% | 96.3% | 94.1% | 100.0% | 100.0% | 100.0% | 100.0% |
| | Tameside | 90.6% | 100.0% | 94.4% | 88.9% | 91.7% | 80.6% | 86.1% | 86.1% | 86.1% | 81.8% | 100.0% | 97.2% | 81.8% | 95.7% | 72.7% | 95.7% | 72.7% | 95.7% | 72.7% | 95.7% | 97.2% |
| | Trafford | 91.1% | 88.2% | 94.1% | 97.1% | 82.4% | 88.2% | 79.4% | 94.1% | 79.4% | 90.9% | 100.0% | 100.0% | 72.7% | 100.0% | 72.7% | 100.0% | 81.8% | 100.0% | 72.7% | 100.0% | 100.0% |
| | Wigan | 93.9% | 95.7% | 93.5% | 80.4% | 95.7% | 97.8% | 78.3% | 93.5% | 93.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 82.6% | 100.0% | 95.7% | 100.0% | 87.0% | 100.0% | 97.8% |
| Directorate | Commissioning | 92.2% | 93.5% | 87.1% | 87.1% | 95.2% | 93.5% | 69.4% | 95.2% | 93.5% | 98.2% | 57.1% | 95.2% | 98.2% | 71.4% | 100.0% | 71.4% | 100.0% | 57.1% | 100.0% | 57.1% | 96.8% |
| | Deputy CEO | 90.5% | 93.2% | 91.5% | 83.1% | 96.6% | 93.2% | 78.0% | 93.2% | 91.5% | 91.3% | 100.0% | 98.3% | 89.1% | 100.0% | 84.8% | 88.9% | 89.1% | 88.9% | 82.6% | 77.8% | 98.3% |
| | Executive | 68.0% | 71.4% | 85.7% | 42.9% | 71.4% | 57.1% | 28.6% | 71.4% | 57.1% | 75.0% | 50.0% | 85.7% | 100.0% | 0.0% | 75.0% | 50.0% | 100.0% | 50.0% | 100.0% | 50.0% | 85.7% |
| | Finance | 96.9% | 97.2% | 97.2% | 94.4% | 96.5% | 96.5% | 90.8% | 97.2% | 97.2% | 98.6% | 100.0% | 100.0% | 97.9% | 100.0% | 97.9% | 100.0% | 97.2% | 100.0% | 96.5% | 100.0% | 99.3% |
| | Medical | 91.8% | 92.4% | 91.4% | 87.1% | 92.9% | 91.9% | 76.7% | 91.9% | 91.4% | 100.0% | 93.1% | 96.7% | 100.0% | 93.1% | 100.0% | 93.1% | 100.0% | 93.1% | 100.0% | 92.6% | 97.1% |
| | Nursing & Quality | 95.6% | 96.7% | 96.7% | 90.0% | 96.7% | 93.3% | 86.7% | 93.3% | 93.3% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 93.3% | 100.0% | 93.3% | 100.0% | 86.7% | 100.0% | 100.0% |
| | People & Culture | 94.0% | 92.0% | 92.0% | 94.0% | 94.0% | 90.0% | 82.0% | 92.0% | 96.0% | 98.0% | 100.0% | 100.0% | 93.9% | 100.0% | 95.9% | 100.0% | 93.9% | 100.0% | 95.9% | 100.0% | 100.0% |
| | Strategy & Innovation | 96.6% | 97.0% | 92.1% | 93.7% | 97.0% | 97.0% | 86.1% | 98.0% | 98.3% | 98.9% | 93.8% | 99.3% | 98.9% | 93.3% | 98.2% | 93.3% | 99.3% | 93.3% | 97.2% | 93.3% | 99.0% |
| Qualification Total Compliance | | | 94.9% | 92.7% | 90.0% | 94.3% | 93.6% | 81.2% | 94.5% | 93.6% | 96.6% | 95.4% | 98.7% | 96.4% | 95.2% | 95.0% | 94.5% | 96.4% | 95.2% | 94.2% | 94.7% | 98.5% |

# NHS Greater Manchester Mandatory Training Compliance: June 2026

NHS Greater Manchester

| Choose breakdown level | Filter to Org Level 3 | Filter to Org Level 4 | Filter to Org Level 5 | Select Metric(s) |
|---|---|---|---|---|
| Org Level 3 | All | All | All | All |

| | | Equality, Diversity and Human Rights - 3 Years | Fire Safety - 2 Years | Fraud Awareness - 3 Years | Health, Safety and Welfare - 3 Years | Infection Prevention and Control - Level 1 - 3 Years | Information Governance and Data Security - 1 Year | Moving and Handling - Level 1 - 3 Years | NHS Conflict Resolution (England) - 3 Years | Preventing Radicalisation - Basic Prevent Awareness - 3 Years | Preventing Radicalisation - Basic Prevent Awareness - No Specified Renewal | Resuscitation - Level 1 - No Specified Renewal | Safeguarding Adults (Version 2) - Level 1 - 3 Years | Safeguarding Adults (Version 2) - Level 1 - No Specified Renewal | Safeguarding Adults (Version 2) - Level 2 - 3 Years | Safeguarding Adults (Version 2) - Level 2 - No Specified Renewal | Safeguarding Children (Version 2) - Level 1 - 3 Years | Safeguarding Children (Version 2) - Level 1 - No Specified Renewal | Safeguarding Children (Version 2) - Level 2 - 3 Years | Safeguarding Children (Version 2) - Level 2 - No Specified Renewal | The Oliver McGowan Mandatory Training on Learning Disability and Autism Part 1 Elearning |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stockport | 97.4% | 97.7% | 93.2% | 93.2% | 100.0% | 100.0% | 86.4% | 97.7% | 100.0% | 100.0% | 100.0% | 100.0% | 94.1% | 100.0% | 100.0% | 96.3% | 94.1% | 100.0% | 100.0% | 100.0% | 100.0% |
| Finance | 96.9% | 97.2% | 97.2% | 94.4% | 96.5% | 96.5% | 90.8% | 97.2% | 97.2% | 98.6% | 100.0% | 100.0% | 97.9% | 100.0% | 97.9% | 100.0% | 97.2% | 100.0% | 96.5% | 100.0% | 99.3% |
| Bolton | 96.7% | 100.0% | 97.2% | 97.2% | 94.4% | 97.2% | 83.3% | 97.2% | 97.2% | 93.8% | 100.0% | 100.0% | 93.8% | 100.0% | 94.1% | 100.0% | 100.0% | 100.0% | 87.5% | 100.0% | 100.0% |
| Strategy & Innovation | 96.6% | 97.0% | 92.1% | 93.7% | 97.0% | 97.0% | 86.1% | 98.0% | 98.3% | 98.9% | 93.8% | 99.3% | 98.9% | 93.3% | 98.2% | 93.3% | 99.3% | 93.3% | 97.2% | 93.3% | 99.0% |
| Oldham | 95.8% | 97.0% | 93.9% | 87.9% | 100.0% | 97.0% | 84.8% | 100.0% | 93.9% | 92.3% | 100.0% | 100.0% | 100.0% | 95.0% | 92.3% | 95.0% | 100.0% | 95.0% | 92.3% | 100.0% | 100.0% |
| Nursing & Quality | 95.6% | 96.7% | 96.7% | 90.0% | 96.7% | 93.3% | 86.7% | 93.3% | 93.3% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 93.3% | 100.0% | 93.3% | 100.0% | 86.7% | 100.0% | 100.0% |
| Heywood, Middleton & Rochdale | 95.1% | 94.7% | 92.1% | 97.4% | 94.7% | 97.4% | 78.9% | 92.1% | 94.7% | 85.7% | 100.0% | 100.0% | 92.9% | 100.0% | 100.0% | 100.0% | 85.7% | 100.0% | 92.9% | 100.0% | 100.0% |
| People & Culture | 94.0% | 92.0% | 92.0% | 94.0% | 94.0% | 90.0% | 82.0% | 92.0% | 96.0% | 98.0% | 100.0% | 100.0% | 93.9% | 100.0% | 95.9% | 100.0% | 93.9% | 100.0% | 95.9% | 100.0% | 100.0% |
| Wigan | 93.9% | 95.7% | 93.5% | 80.4% | 95.7% | 97.8% | 78.3% | 93.5% | 93.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 82.6% | 100.0% | 95.7% | 100.0% | 87.0% | 100.0% | 97.8% |
| Bury | 93.2% | 89.7% | 94.9% | 84.6% | 87.2% | 92.3% | 79.5% | 94.9% | 94.9% | 100.0% | 94.1% | 100.0% | 90.9% | 100.0% | 90.9% | 94.1% | 95.5% | 100.0% | 95.5% | 100.0% | 100.0% |
| Salford | 92.7% | 89.5% | 97.4% | 94.7% | 86.8% | 89.5% | 81.6% | 94.7% | 86.8% | 89.5% | 100.0% | 100.0% | 94.7% | 100.0% | 84.2% | 100.0% | 94.7% | 100.0% | 84.2% | 100.0% | 97.4% |
| Commissioning | 92.2% | 93.5% | 87.1% | 87.1% | 95.2% | 93.5% | 69.4% | 95.2% | 93.5% | 98.2% | 57.1% | 95.2% | 98.2% | 71.4% | 100.0% | 71.4% | 100.0% | 57.1% | 100.0% | 57.1% | 96.8% |
| Medical | 91.8% | 92.4% | 91.4% | 87.1% | 92.9% | 91.9% | 76.7% | 91.9% | 91.4% | 100.0% | 93.1% | 96.7% | 100.0% | 93.1% | 100.0% | 93.1% | 100.0% | 93.1% | 100.0% | 92.6% | 97.1% |
| Trafford | 91.1% | 88.2% | 94.1% | 97.1% | 82.4% | 88.2% | 79.4% | 94.1% | 79.4% | 90.9% | 100.0% | 100.0% | 72.7% | 100.0% | 72.7% | 100.0% | 81.8% | 100.0% | 72.7% | 100.0% | 100.0% |
| Tameside | 90.6% | 100.0% | 94.4% | 88.9% | 91.7% | 80.6% | 86.1% | 86.1% | 86.1% | 81.8% | 100.0% | 97.2% | 81.8% | 95.7% | 72.7% | 95.7% | 72.7% | 95.7% | 72.7% | 95.7% | 97.2% |
| Deputy CEO | 90.5% | 93.2% | 91.5% | 83.1% | 96.6% | 93.2% | 78.0% | 93.2% | 91.5% | 91.3% | 100.0% | 98.3% | 89.1% | 100.0% | 84.8% | 88.9% | 89.1% | 88.9% | 82.6% | 77.8% | 98.3% |
| Manchester | 88.3% | 94.7% | 88.2% | 80.3% | 89.5% | 85.5% | 67.1% | 86.8% | 84.2% | 84.2% | 91.9% | 97.4% | 92.1% | 91.9% | 89.5% | 89.2% | 92.1% | 94.6% | 89.5% | 91.9% | 97.4% |
| Executive | 68.0% | 71.4% | 85.7% | 42.9% | 71.4% | 57.1% | 28.6% | 71.4% | 57.1% | 75.0% | 50.0% | 85.7% | 100.0% | 0.0% | 75.0% | 50.0% | 100.0% | 50.0% | 100.0% | 50.0% | 85.7% |

## Tier 2 - Staff Breakdown

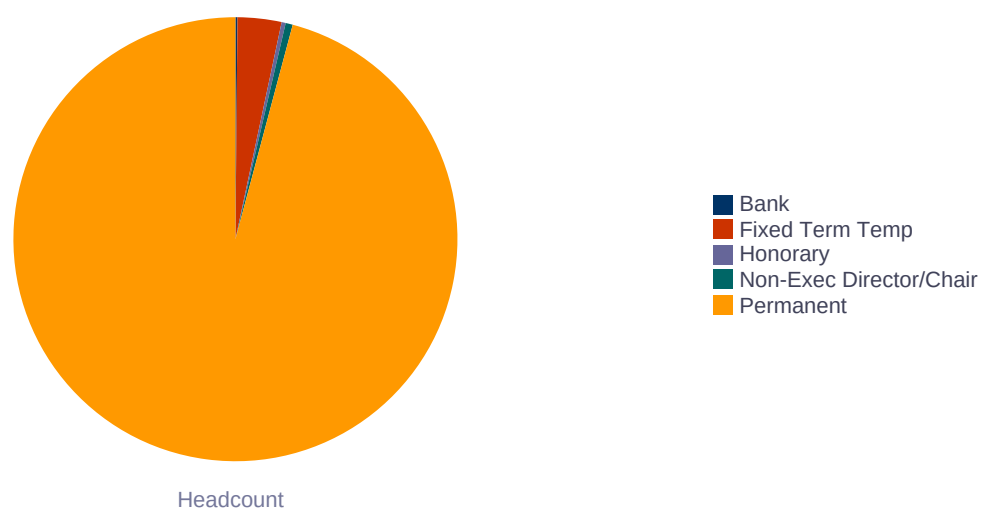
**Date** 30/06/2026 00:00:00

**Org L2** (All Column Values) **Portfolio** (All Column Values)

### Employment Composition

| Assignment Category | Headcount | FTE |
|---|---|---|
| Permanent | 1,291 | 1185.13 |
| Fixed Term Temp | 40 | 32.83 |
| Non-Exec Director/Chair | 7 | 1.44 |
| Honorary | 4 | 0.00 |
| Bank | 2 | 0.00 |
| **Total** | **1,344** | **1219.40** |

**Assignment Category Composition**

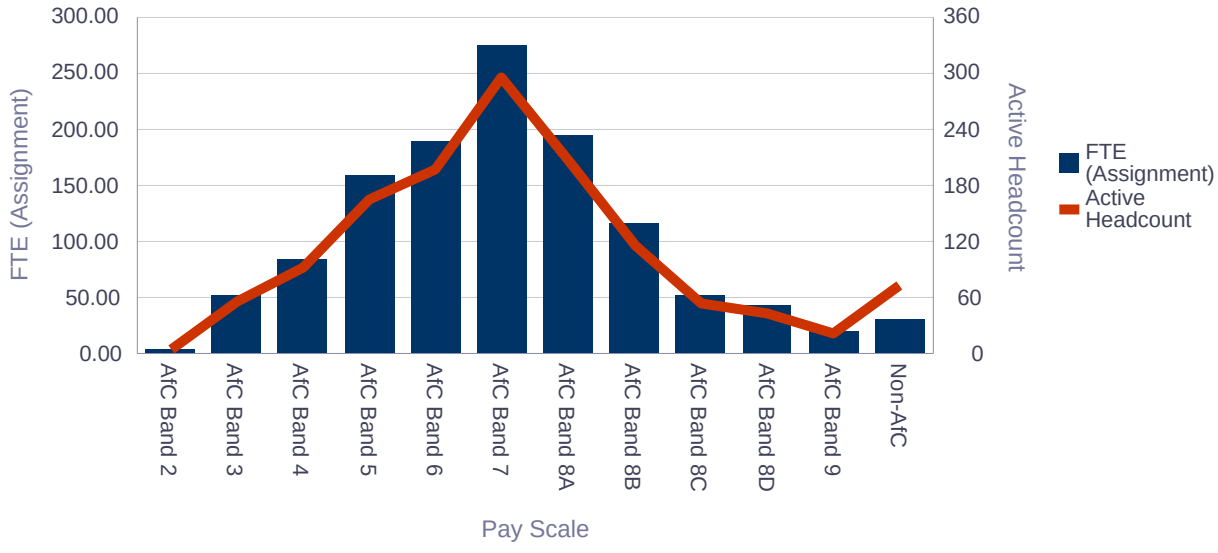



### AfC FTE and Headcount

| Month | Headcount | FTE |
|---|---|---|
| 2026 / 06 | 1,344 | 1219.40 |

| Pay Scale | Headcount | FTE |
|---|---|---|
| AfC Band 2 | 5 | 3.40 |
| AfC Band 3 | 57 | 51.81 |
| AfC Band 4 | 92 | 84.31 |
| AfC Band 5 | 166 | 157.89 |
| AfC Band 6 | 198 | 189.62 |
| AfC Band 7 | 295 | 274.10 |
| AfC Band 8A | 205 | 194.67 |
| AfC Band 8B | 117 | 115.46 |
| AfC Band 8C | 54 | 52.62 |
| AfC Band 8D | 44 | 42.80 |
| AfC Band 9 | 22 | 20.63 |
| Non-AfC | 89 | 32.09 |
| **Total** | **1,344** | **1219.40** |

**FTE (Assignment), Active Headcount**



**Turnover**
The Turnover report is run over a period of 12 months - enter To and From Dates to reflect this.

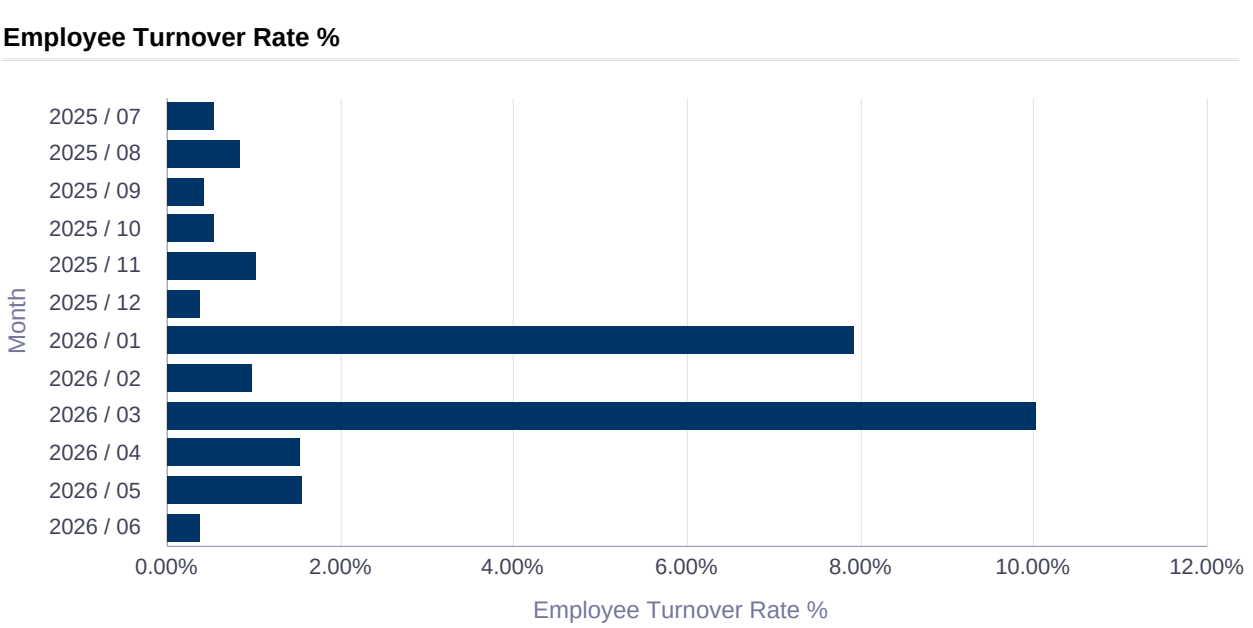
**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00 | **Org L2** (All Column Values) **Portfolio** (All Column Values)

## Annual Turnover (12m)

| Leavers (12m) | Ave Headcount (12m) | Employee Turnover Rate % |
|---|---|---|
| 409 | 1,343 | 30.45% |

## Monthly Turnover Breakdown

| Month | Employee Turnover Rate % |
|---|---|
| 2025 / 07 | 0.53% |
| 2025 / 08 | 0.83% |
| 2025 / 09 | 0.41% |
| 2025 / 10 | 0.53% |
| 2025 / 11 | 1.02% |
| 2025 / 12 | 0.36% |
| 2026 / 01 | 7.92% |
| 2026 / 02 | 0.97% |
| 2026 / 03 | 10.01% |
| 2026 / 04 | 1.52% |
| 2026 / 05 | 1.55% |
| 2026 / 06 | 0.37% |
| **Grand Total** | **30.45%** |



**Tier 2 Staff Movements**

The Starters and Leavers reports are run over a period of 12 months.
Enter To and From Dates to reflect this.

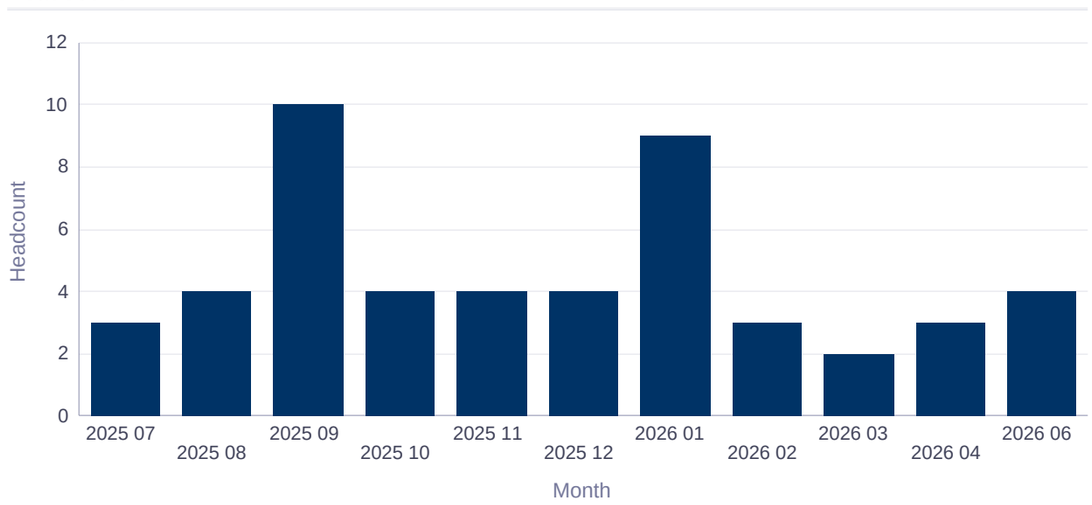
**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00

**Org L2** (All Column Values) **Portfolio** (All Column Values)

## Starters

| Month | Headcount |
|---|---|
| 2025 07 | 3 |
| 2025 08 | 4 |
| 2025 09 | 10 |
| 2025 10 | 4 |
| 2025 11 | 4 |
| 2025 12 | 4 |
| 2026 01 | 9 |
| 2026 02 | 3 |
| 2026 03 | 2 |
| 2026 04 | 3 |
| 2026 06 | 4 |

**Headcount**



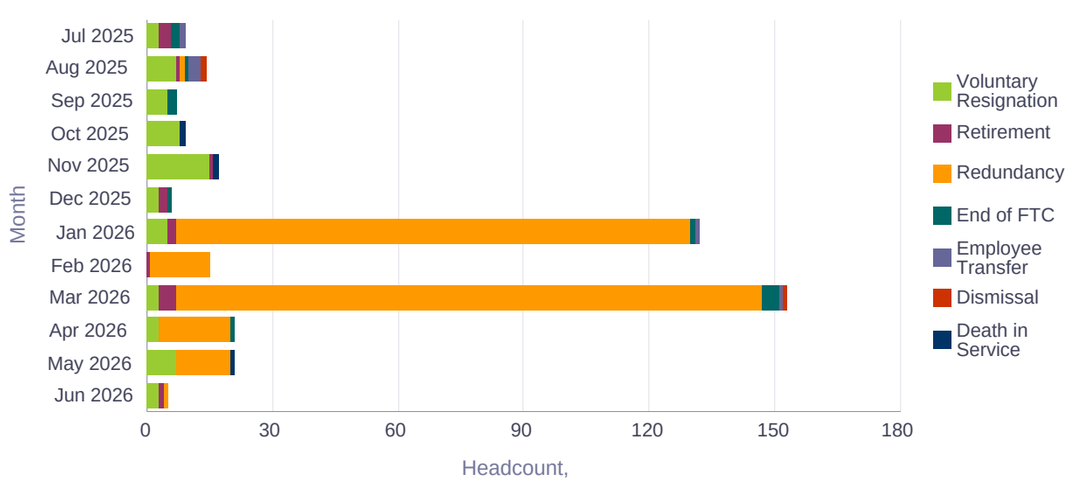

## Leavers

| | Headcount | | | | | | | | | | | | Headcount Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 202507 | 202508 | 202509 | 202510 | 202511 | 202512 | 202601 | 202602 | 202603 | 202604 | 202605 | 202606 | |
| Leaving Reason | Jul 2025 | Aug 2025 | Sep 2025 | Oct 2025 | Nov 2025 | Dec 2025 | Jan 2026 | Feb 2026 | Mar 2026 | Apr 2026 | May 2026 | Jun 2026 | |
| Death in Service | | | | 1 | 1 | | | | | | 1 | | **3** |
| Dismissal | | 1 | | | | | | | 1 | | | | **2** |
| Employee Transfer | 1 | 3 | | | | | 1 | | 1 | | | | **6** |
| End of FTC | 2 | 1 | 2 | | | 1 | 1 | | 4 | 1 | | | **12** |
| Redundancy | | 1 | | | | | 123 | 14 | 140 | 17 | 13 | 1 | **309** |
| Retirement | 3 | 1 | | | 1 | 2 | 2 | 1 | 4 | | | 1 | **15** |
| Voluntary Resignation | 3 | 7 | 5 | 8 | 15 | 3 | 5 | | 3 | 3 | 7 | 3 | **62** |
| **Grand Total** | **9** | **14** | **7** | **9** | **17** | **6** | **132** | **15** | **153** | **21** | **21** | **5** | **409** |

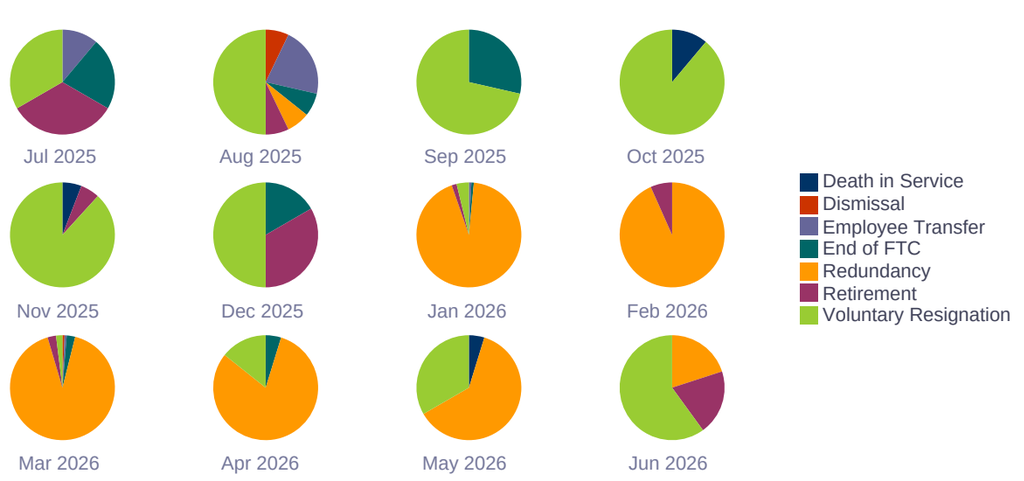
Leaving Reason **All Values**

Org L3 **All Values**

**Headcount**



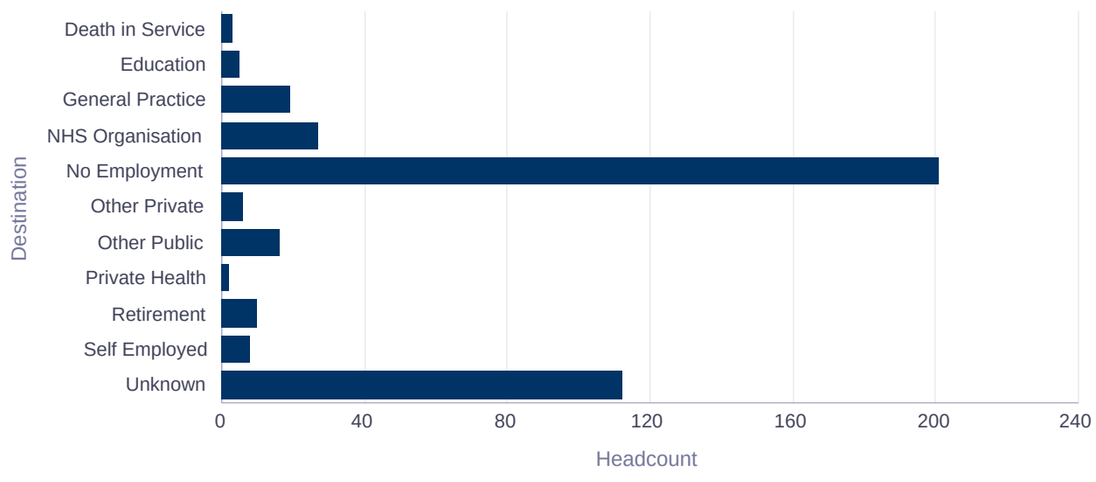

**Headcount**




## Leavers' Destinations

| Destination | Headcount |
|---|---|
| Death in Service | 3 |
| Education | 5 |
| General Practice | 19 |
| NHS Organisation | 27 |
| No Employment | 201 |
| Other Private | 6 |
| Other Public | 16 |
| Private Health | 2 |
| Retirement | 10 |
| Self Employed | 8 |
| Unknown | 112 |
| **Grand Total** | **409** |

**Headcount**

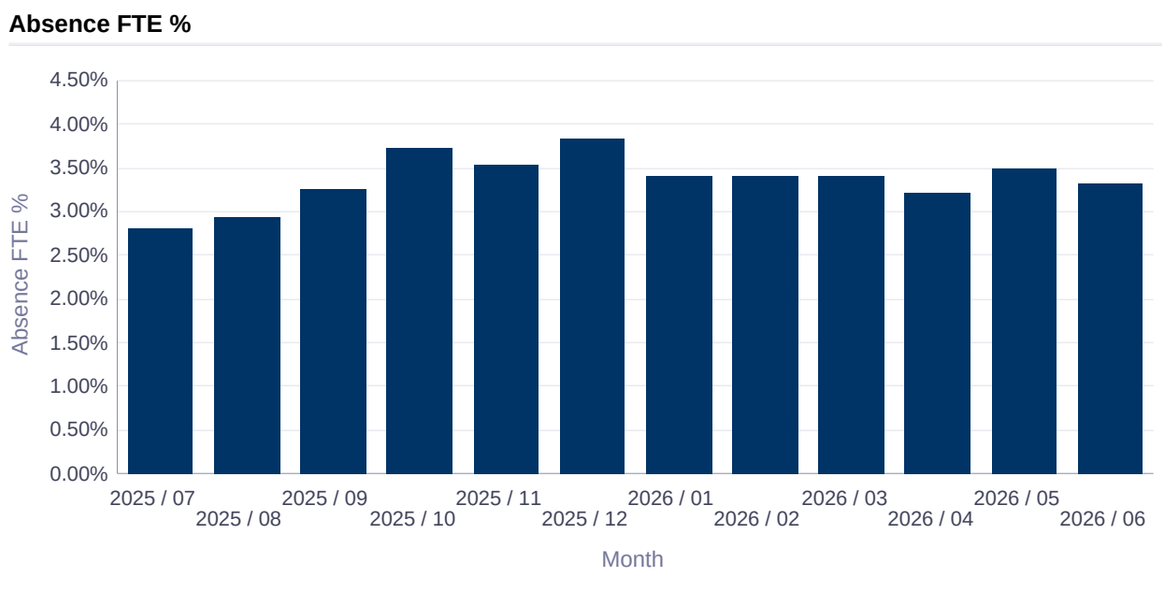


**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00

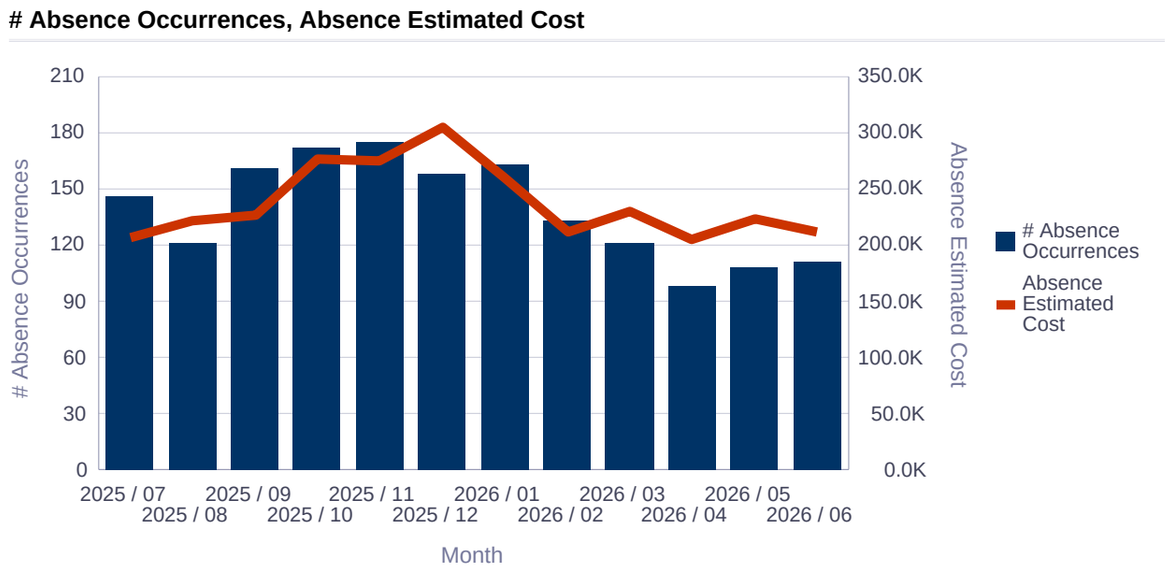
**Org L2** (All Column Values) **Portfolio** (All Column Values)

## Absence Rates and Costs - Organisation Overall

| Month | Absence FTE % |
|---|---|
| 2025 / 07 | 2.80% |
| 2025 / 08 | 2.93% |
| 2025 / 09 | 3.25% |
| 2025 / 10 | 3.72% |
| 2025 / 11 | 3.52% |
| 2025 / 12 | 3.83% |
| 2026 / 01 | 3.40% |
| 2026 / 02 | 3.40% |
| 2026 / 03 | 3.39% |
| 2026 / 04 | 3.21% |
| 2026 / 05 | 3.48% |
| 2026 / 06 | 3.30% |




| Month | Absence FTE | Available FTE | Absence FTE % | # Absence Occurrences | Absence Estimated Cost |
|---|---|---|---|---|---|
| 2025 / 07 | 1328.15 | 47429.4 | 2.80% | 146 | £206,380 |
| 2025 / 08 | 1385.25 | 47258.2 | 2.93% | 121 | £222,000 |
| 2025 / 09 | 1483.06 | 45630.7 | 3.25% | 160 | £226,860 |
| 2025 / 10 | 1752.59 | 47130.5 | 3.72% | 171 | £277,069 |
| 2025 / 11 | 1598.14 | 45353.6 | 3.52% | 174 | £274,536 |
| 2025 / 12 | 1787.74 | 46703.4 | 3.83% | 157 | £304,487 |
| 2026 / 01 | 1589.33 | 46683.9 | 3.40% | 162 | £259,200 |
| 2026 / 02 | 1323.71 | 38966.5 | 3.40% | 133 | £212,123 |
| 2026 / 03 | 1449.80 | 42719.5 | 3.39% | 121 | £230,540 |
| 2026 / 04 | 1207.40 | 37610.8 | 3.21% | 98 | £205,202 |
| 2026 / 05 | 1330.73 | 38269.4 | 3.48% | 108 | £224,022 |
| 2026 / 06 | 1207.24 | 36582.0 | 3.30% | 111 | £211,087 |
| **Grand Total** | **17443.13** | **520337.8** | **3.35%** | **1,154** | **£2,853,506** |

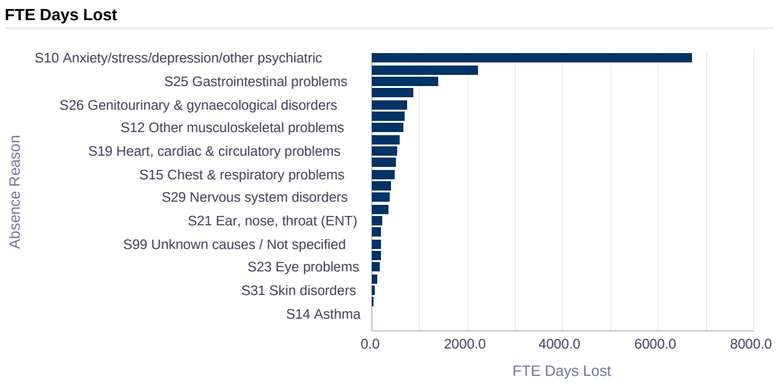


**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00

**Org L2** (All Column Values) **Portfolio** (All Column Values)

## Sickness Absence Reasons

| Absence Reason | FTE Days Lost |
|---|---|
| S10 Anxiety/stress/depression/other psychiatric | 6703.9 |
| S98 Other known causes - not elsewhere classified | 2224.4 |
| S25 Gastrointestinal problems | 1369.6 |
| S13 Cold, Cough, Flu - Influenza | 873.4 |
| S26 Genitourinary & gynaecological disorders | 731.6 |
| S17 Benign and malignant tumours, cancers | 670.1 |
| S12 Other musculoskeletal problems | 663.0 |
| S11 Back Problems | 569.8 |
| S19 Heart, cardiac & circulatory problems | 514.0 |
| S16 Headache / migraine | 484.4 |
| S15 Chest & respiratory problems | 461.9 |
| S28 Injury, fracture | 382.1 |
| S29 Nervous system disorders | 366.6 |
| S30 Pregnancy related disorders | 346.6 |
| S21 Ear, nose, throat (ENT) | 197.4 |
| S24 Endocrine / glandular problems | 194.6 |
| S99 Unknown causes / Not specified | 171.0 |
| S18 Blood disorders | 170.0 |
| S23 Eye problems | 151.8 |
| S27 Infectious diseases | 99.4 |
| S31 Skin disorders | 45.9 |
| S22 Dental and oral problems | 32.6 |
| S14 Asthma | 18.8 |
| No of Lines | 23.0 |




**Reasons (by Portfolio)…** Org L3 **All Values**

**Absence Reason** **All Values**

| Org L3 | Absence Reason | FTE Days Lost |
|---|---|---|
| 896 L3 Strategy & Innovation Directorate ( GM ) | S10 Anxiety/stress/depression/other psychiatric | 1505.2 |
| | S98 Other known causes - not elsewhere classified | 455.0 |
| | S19 Heart, cardiac & circulatory problems | 322.0 |
| | S25 Gastrointestinal problems | 298.6 |
| | S13 Cold, Cough, Flu - Influenza | 253.0 |
| | S12 Other musculoskeletal problems | 161.0 |
| | S26 Genitourinary & gynaecological disorders | 151.0 |
| | S28 Injury, fracture | 143.0 |
| | S24 Endocrine / glandular problems | 117.6 |
| | S30 Pregnancy related disorders | 64.0 |
| | S27 Infectious diseases | 59.0 |
| | S16 Headache / migraine | 51.4 |
| | S23 Eye problems | 50.0 |
| | S21 Ear, nose, throat (ENT) | 39.4 |
| | S99 Unknown causes / Not specified | 33.0 |
| | S11 Back Problems | 26.0 |
| | S17 Benign and malignant tumours, cancers | 22.0 |
| | S15 Chest & respiratory problems | 18.0 |
| | S14 Asthma | 16.0 |
| | S31 Skin disorders | 12.6 |
| | S22 Dental and oral problems | 5.0 |
| | No of Lines | 21.0 |
| 896 L3 Medical Directorate ( GM ) | S10 Anxiety/stress/depression/other psychiatric | 974.5 |
| | S25 Gastrointestinal problems | 134.1 |
| | S13 Cold, Cough, Flu - Influenza | 122.0 |
| | S28 Injury, fracture | 117.0 |
| | S30 Pregnancy related disorders | 106.0 |
| | S98 Other known causes - not elsewhere classified | 102.9 |
| | S15 Chest & respiratory problems | 98.0 |
| | S12 Other musculoskeletal problems | 88.0 |
| | S16 Headache / migraine | 84.2 |
| | S18 Blood disorders | 54.0 |
| | S26 Genitourinary & gynaecological disorders | 40.6 |
| | S24 Endocrine / glandular problems | 35.0 |

Rows 1 - 34

| Absence Reason | FTE Days Lost | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 896 L3 Bolton Locality | 896 L3 Bury Locality | 896 L3 Commissioning Directorate ( GM ) | 896 L3 Deputy CEO Directorate ( GM ) | 896 L3 Finance Directorate ( GM ) | 896 L3 Heywood, Middleton & Rochdale Locality | 896 L3 Manchester Locality | 896 L3 Medical Directorate ( GM ) | 896 L3 Nursing & Quality Directorate ( GM ) | 896 L3 Oldham Locality | 896 L3 People & Culture Directorate ( GM ) | 896 L3 Salford Locality | 896 L3 Stockport Locality | 896 L3 Strategy & Innovation Directorate ( GM ) | 896 L3 Tameside Locality | 896 L3 Trafford Locality | 896 L3 Wigan Locality |
| S10 Anxiety/stress/depression/other psychiatric | 6.5% | 6.5% | 9.1% | 2.7% | 3.7% | 1.8% | 10.6% | 14.5% | 4.2% | 3.0% | 4.4% | 3.5% | 1.8% | 22.5% | 1.1% | 2.5% | 1.6% |
| S11 Back Problems | 1.7% | 2.5% | 3.3% | | 0.7% | | 0.2% | 5.8% | 28.3% | 11.8% | 0.4% | | 1.8% | 4.6% | 30.2% | 0.1% | 8.8% |
| S12 Other musculoskeletal problems | 14.8% | 16.7% | 0.2% | | 12.7% | | 3.0% | 13.3% | | 0.2% | 12.4% | 0.3% | | 24.3% | | 2.2% | |
| S13 Cold, Cough, Flu - Influenza | 5.8% | 1.6% | 5.4% | 4.1% | 10.8% | 1.4% | 4.6% | 14.0% | 1.7% | 1.6% | 9.0% | 1.0% | 1.1% | 29.0% | 1.6% | 3.1% | 4.2% |
| S14 Asthma | | | 5.3% | | | 9.6% | | | | | | | | 85.1% | | | |
| S15 Chest & respiratory problems | 3.2% | 0.2% | 23.2% | | 3.9% | | 30.7% | 21.2% | 0.4% | 2.6% | 3.0% | 1.1% | 5.6% | 3.9% | 0.9% | | |
| S16 Headache / migraine | 1.1% | 1.1% | 0.5% | 0.6% | 6.2% | 0.9% | 10.6% | 17.4% | 1.4% | 1.9% | 13.6% | 0.4% | 5.1% | 10.6% | 0.2% | 17.9% | 10.4% |
| S17 Benign and malignant tumours, cancers | 10.4% | | 1.0% | | 44.0% | | 6.6% | | 0.3% | | 10.0% | 1.3% | | 3.3% | | | 23.1% |
| S18 Blood disorders | | | | | | | 68.2% | 31.8% | | | | | | | | | |
| S19 Heart, cardiac & circulatory problems | 5.4% | | | | 2.5% | 3.9% | | | 1.0% | | | | 20.9% | 62.6% | | | 3.7% |
| S21 Ear, nose, throat (ENT) | | 13.5% | | 0.8% | 1.0% | | 11.7% | 13.7% | 3.5% | 12.7% | 3.5% | 10.6% | | 20.0% | 2.3% | | 6.6% |
| S22 Dental and oral problems | | | 3.7% | | 49.1% | | | 7.4% | | | 9.2% | | 15.3% | 15.3% | | | |
| S23 Eye problems | | | | | 1.3% | | 5.3% | 15.7% | | 21.7% | 13.8% | | | 32.9% | | | 9.2% |
| S24 Endocrine / glandular problems | | | | | | | | 18.0% | | | | | 21.6% | 60.4% | | | |
| S25 Gastrointestinal problems | 4.4% | 1.0% | 3.9% | 1.2% | 9.3% | 0.7% | 11.8% | 9.8% | 2.9% | 5.6% | 3.5% | 1.6% | 6.3% | 21.8% | 1.4% | 3.6% | 11.1% |
| S26 Genitourinary & gynaecological disorders | 2.3% | 0.5% | 7.9% | | | | 2.2% | 5.5% | 0.7% | | 14.4% | 9.3% | 12.7% | 20.6% | 2.2% | 21.6% | |
| S27 Infectious diseases | | | | | 13.1% | | 2.0% | 25.6% | | | | | | 59.4% | | | |
| S28 Injury, fracture | | | 1.3% | | | | 27.0% | 30.6% | 2.6% | | | 0.2% | 0.8% | 37.4% | | | |
| S29 Nervous system disorders | | | 54.6% | | 39.7% | | | 5.7% | | | | | | | | | |
| S30 Pregnancy related disorders | 11.1% | | 8.4% | | | | 16.7% | 30.6% | | | 1.7% | | 12.5% | 18.5% | | | 0.6% |
| S31 Skin disorders | | | 32.5% | | 7.0% | | | 12.2% | | | | | 20.9% | 27.4% | | | |
| S98 Other known causes - not elsewhere classified | 10.2% | 0.2% | | 12.7% | 4.3% | 4.2% | 0.5% | 4.6% | 0.1% | 6.0% | | 0.8% | 4.2% | 20.5% | 6.2% | 10.8% | 14.8% |
| S99 Unknown causes / Not specified | | | 1.8% | 60.2% | 13.5% | | | 0.6% | | | | | 4.7% | 19.3% | | | |
| No of Lines | 52.2% | 43.5% | 69.6% | 30.4% | 73.9% | 30.4% | 69.6% | 87.0% | 52.2% | 43.5% | 56.5% | 47.8% | 65.2% | 91.3% | 39.1% | 34.8% | 47.8% |

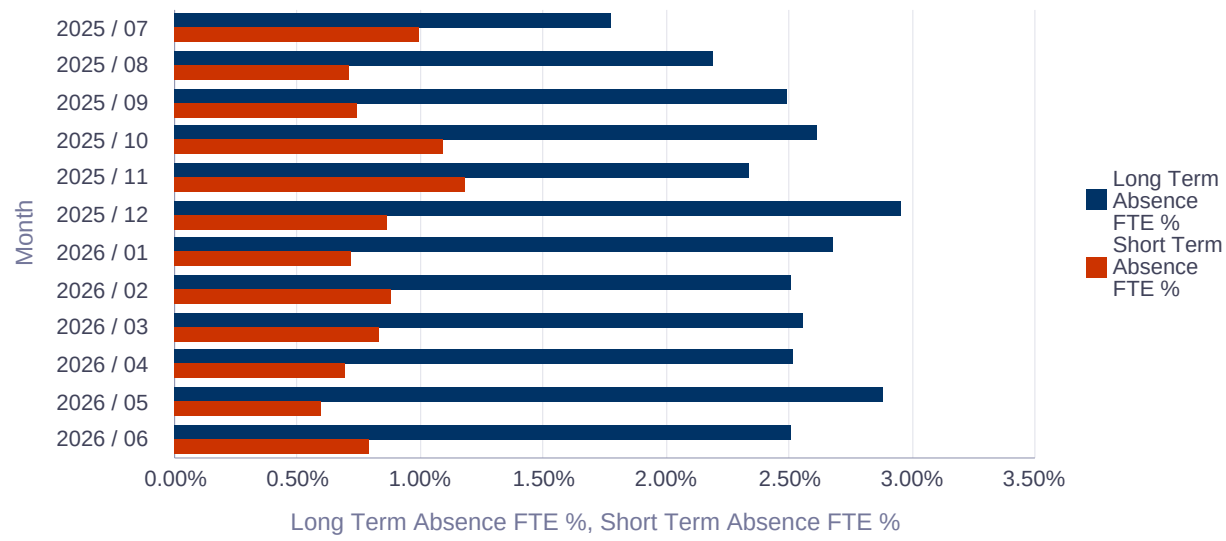
**Portfolio** (All Column Values) **Absence Type** Sickness **Primary Assignments Only** Y

**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00

**Long Term Absence >= (days)** 28 **Long Term Period End Date =** Period To Date

| Month | Long Term % | Short Term % | Total Absence % |
|---|---|---|---|
| 2025 / 07 | 1.77% | 0.99% | 2.77% |
| 2025 / 08 | 2.19% | 0.71% | 2.90% |
| 2025 / 09 | 2.49% | 0.74% | 3.23% |
| 2025 / 10 | 2.61% | 1.09% | 3.71% |
| 2025 / 11 | 2.34% | 1.18% | 3.51% |
| 2025 / 12 | 2.96% | 0.86% | 3.82% |
| 2026 / 01 | 2.68% | 0.72% | 3.39% |
| 2026 / 02 | 2.51% | 0.88% | 3.39% |
| 2026 / 03 | 2.56% | 0.83% | 3.38% |
| 2026 / 04 | 2.52% | 0.69% | 3.21% |
| 2026 / 05 | 2.88% | 0.60% | 3.48% |
| 2026 / 06 | 2.51% | 0.79% | 3.30% |

**Long Term Absence FTE %, Short Term Absence FTE %**




| Month | Absence % |
|---|---|
| 2025 / 07 | 2.77% |
| 2025 / 08 | 2.90% |
| 2025 / 09 | 3.23% |
| 2025 / 10 | 3.71% |
| 2025 / 11 | 3.51% |
| 2025 / 12 | 3.82% |
| 2026 / 01 | 3.39% |
| 2026 / 02 | 3.39% |
| 2026 / 03 | 3.38% |
| 2026 / 04 | 3.21% |
| 2026 / 05 | 3.48% |
| 2026 / 06 | 3.30% |

**Total Absence FTE %**

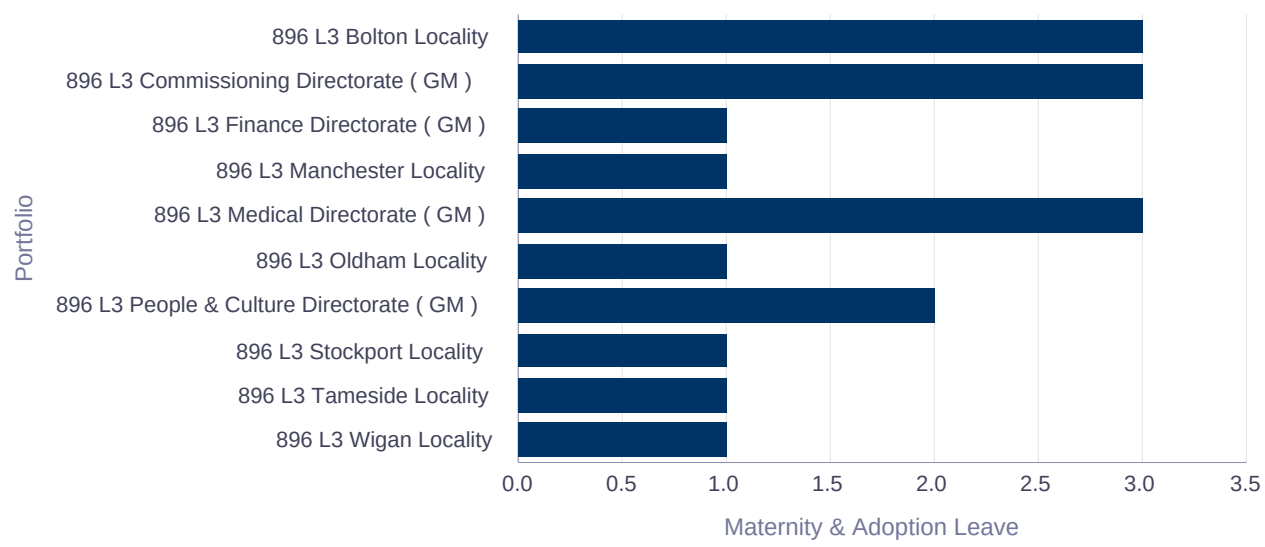
**Tier 2 - Staff Breakdown**

**Date** 30/06/2026 00:00:00

**Org L2** (All Column Values) **Portfolio** (All Column Values)

## Maternity & Adoption Leave

| Portfolio | Maternity & Adoption Leave |
|---|---|
| 896 L3 Bolton Locality | 3 |
| 896 L3 Commissioning Directorate ( GM ) | 3 |
| 896 L3 Finance Directorate ( GM ) | 1 |
| 896 L3 Manchester Locality | 1 |
| 896 L3 Medical Directorate ( GM ) | 3 |
| 896 L3 Oldham Locality | 1 |
| 896 L3 People & Culture Directorate ( GM ) | 2 |
| 896 L3 Stockport Locality | 1 |
| 896 L3 Tameside Locality | 1 |
| 896 L3 Wigan Locality | 1 |
| **Grand Total** | **17** |



**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00

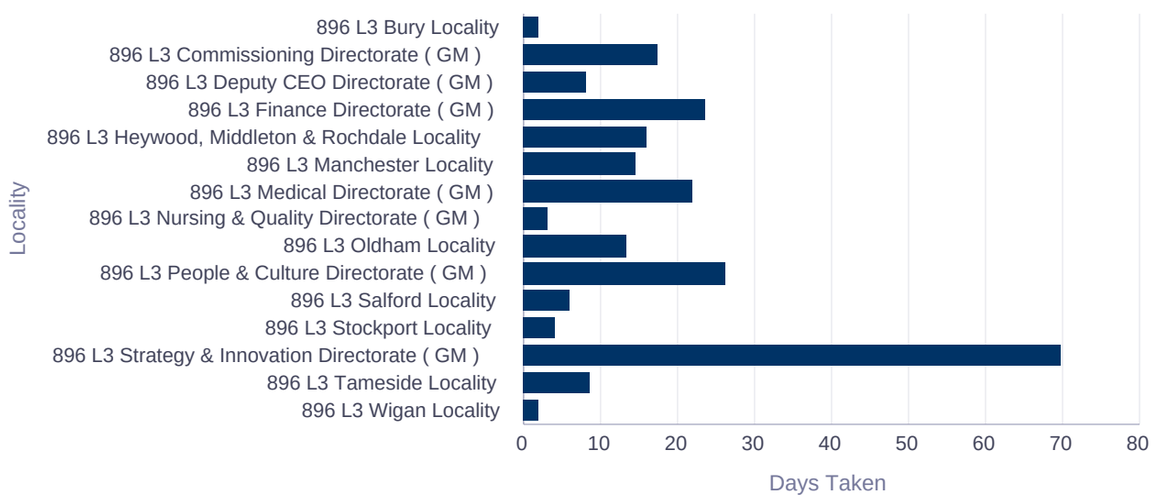
| | |
|---|---|
| **Absence Type** | Special Decreasing Bal, Special Increasing Bal |
| **Absence Reason** | (All Column Values) |
| **Structure (Org L2)** | (All Column Values) |
| **Portfolio** | (All Column Values) |

**Absence Reason** Volunteer Leave

Volunteer Leave

| Locality | Days Taken |
|---|---|
| 896 L3 Bury Locality | 2 |
| 896 L3 Commissioning Directorate ( GM ) | 18 |
| 896 L3 Deputy CEO Directorate ( GM ) | 8 |
| 896 L3 Finance Directorate ( GM ) | 24 |
| 896 L3 Heywood, Middleton & Rochdale Locality | 16 |
| 896 L3 Manchester Locality | 15 |
| 896 L3 Medical Directorate ( GM ) | 22 |
| 896 L3 Nursing & Quality Directorate ( GM ) | 3 |
| 896 L3 Oldham Locality | 13 |
| 896 L3 People & Culture Directorate ( GM ) | 26 |
| 896 L3 Salford Locality | 6 |
| 896 L3 Stockport Locality | 4 |
| 896 L3 Strategy & Innovation Directorate ( GM ) | 70 |
| 896 L3 Tameside Locality | 9 |
| 896 L3 Wigan Locality | 2 |
| **Grand Total** | **236** |

**Days Taken**



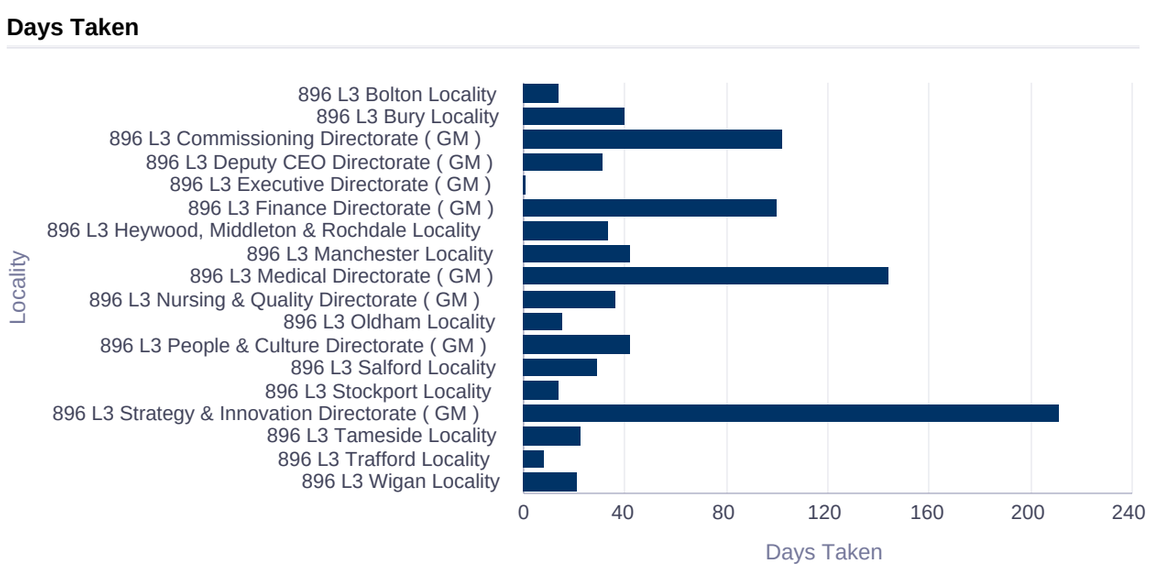
**Date** Between 01/07/2025 00:00:00 - 30/06/2026 00:00:00

| | |
|---|---|
| **Absence Type** | Special Decreasing Bal, Special Increasing Bal |
| **Absence Reason** | Other, Time Off in Lieu - Other |
| **Structure (Org L2)** | (All Column Values) |
| **Portfolio** | (All Column Values) |

**Absence Reason** Time Off in Lieu - Other

Time Off in Lieu - Other

| Locality | Days Taken |
|---|---|
| 896 L3 Bolton Locality | 14 |
| 896 L3 Bury Locality | 40 |
| 896 L3 Commissioning Directorate ( GM ) | 102 |
| 896 L3 Deputy CEO Directorate ( GM ) | 31 |
| 896 L3 Executive Directorate ( GM ) | 1 |
| 896 L3 Finance Directorate ( GM ) | 100 |
| 896 L3 Heywood, Middleton & Rochdale Locality | 33 |
| 896 L3 Manchester Locality | 42 |
| 896 L3 Medical Directorate ( GM ) | 144 |
| 896 L3 Nursing & Quality Directorate ( GM ) | 37 |
| 896 L3 Oldham Locality | 15 |
| 896 L3 People & Culture Directorate ( GM ) | 42 |
| 896 L3 Salford Locality | 29 |
| 896 L3 Stockport Locality | 14 |
| 896 L3 Strategy & Innovation Directorate ( GM ) | 211 |
| 896 L3 Tameside Locality | 23 |
| 896 L3 Trafford Locality | 8 |
| 896 L3 Wigan Locality | 21 |
| **Grand Total** | **905** |



NHS GM Appraisal Review by Portfolio (01-JUL-2025 - 30-JUN-2026)

| Organisation | Assignment Count | Reviews Completed | Reviews Completed % |
|---|---|---|---|
| 896 L3 Bolton Locality | 37 | 9 | 24.32 |
| 896 L3 Bury Locality | 41 | 31 | 75.61 |
| 896 L3 Commissioning Directorate ( GM ) | 57 | 35 | 61.40 |
| 896 L3 Deputy CEO Directorate ( GM ) | 58 | 29 | 50.00 |
| 896 L3 Finance Directorate ( GM ) | 142 | 56 | 39.44 |
| 896 L3 Heywood, Middleton & Rochdale Locality | 38 | 8 | 21.05 |
| 896 L3 Manchester Locality | 73 | 44 | 60.27 |
| 896 L3 Medical Directorate ( GM ) | 223 | 109 | 48.88 |
| 896 L3 Nursing & Quality Directorate ( GM ) | 30 | 20 | 66.67 |
| 896 L3 Oldham Locality | 33 | 17 | 51.52 |
| 896 L3 People & Culture Directorate ( GM ) | 50 | 35 | 70.00 |
| 896 L3 Salford Locality | 38 | 23 | 60.53 |
| 896 L3 Stockport Locality | 38 | 23 | 60.53 |
| 896 L3 Strategy & Innovation Directorate ( GM ) | 301 | 178 | 59.14 |
| 896 L3 Tameside Locality | 35 | 19 | 54.29 |
| 896 L3 Trafford Locality | 34 | 24 | 70.59 |
| 896 L3 Wigan Locality | 46 | 29 | 63.04 |
| **Grand Total** | **1,274** | **689** | **54.08** |

NHS
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# Performance and Quality Delivery Report
# Strategic Commissioning Committee

July 2026

Part of Greater Manchester
Integrated Care Partnership

# Reporting Approach for Strategic Commissioning Committee

NHS Greater Manchester

**Purpose of this report**

- This report provides a system overview of performance across key NHS standards using the Alert / Advise / Assure (AAA) framework
- Focus is on areas requiring system oversight and delivery improvement

**Alert / Advise / Assure (AAA) framework**

- Alert – metrics off plan requiring focused system oversight and delivery action
- Advise – metrics requiring continued oversight due to emerging risk or variation
- Assure – metrics broadly on track or stable against plan

**Reporting principles**

- Reporting is based on latest published data, with in-month intelligence where available
- Narrative is provided for Alert metrics only to support Committee focus
- A consistent set of core metrics is tracked across domains
- Reporting aligns to a consistent system level framework

**Application of the AAA framework**

- A defined set of core system metrics is used to assess delivery across Urgent & Emergency Care, Elective, Cancer, Diagnostics and Mental Health
- Metrics are categorised as Alert, Advise or Assure based on performance against plan and trajectory
- Detailed metric-level position is summarised within the Executive Summary

**Data availability**

- Some 26/27 metrics are early in the reporting cycle and data is not yet available for a small number of measures.

# Executive Summary

**Overall position**

- System delivery shows early variation against plan across a small number of core metrics
- A focused set of Alert measures require system oversight, with the majority of metrics either stable or improving

**Alert (focused system oversight)**

- 12-hour waits remain above plan, reflecting ongoing system flow and discharge pressures
- 4-hour A&E performance remains below plan across most providers
- Total waiting list remains above trajectory despite continued reduction
- Reliable recovery and reliable improvement are below plan, indicating ongoing delivery challenge
- Inpatient care for Learning Disability (LD) and autistic adults remains above plan, reflecting continued reliance on inpatient provision

**Advise (continued oversight required)**

- Out of Area Placements (OAPs) require continued oversight due to ongoing pressure on inpatient capacity and flow
- Faster Diagnosis Standard (FDS) below plan with provider variation

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

- Category 2 ambulance response times within plan
- Referral to Treatment (RTT) 18-week performance is improving and better than plan
- 62-day and 31-day cancer standards remain on trajectory
- Diagnostic waiting times are better than plan, reflecting improved delivery across key modalities
- Community waits improving, though early in reporting cycle

**Ask of the committee**

Committee is asked to agree the recommended status of partial assurance. This reflects a small number of Alert metrics requiring focused system oversight, alongside stable or improving performance across the majority of metrics. Committee is also asked to agree levels of assurance and delivery risks.

*A separate update on system performance against the NHS Oversight Framework (NOF) metrics is provided later in this report.*

# 2026/27 ICB Headline Planning Metrics (SCC oversight)

| ICB | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Area | KPI | Period | Actual | Plan | Variance (latest **published** data vs same period in previous year) | | | ICB Benchmarking (latest **published** data) |
| | | | | | 2025 | Variance | Movement | Apr-26 |
| Elective | Percentage of RTT waiting list within 18 weeks | Apr-26 | 63.4% | 61.9% | 54.9% | 8.5% | ↑ | 24/36 |
| | Total waiting list | Apr-26 | 408,510 | 372,212 | 430,720 | -22,210 | ↓ | |
| Diagnostics | Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over | Apr-26 | 12.7% | 16.9% | 13.9% | -1.2% | ↓ | 4/36 |
| Cancer | 28-day cancer Faster Diagnosis Standard | Apr-26 | 77.0% | 79.9% | 78.7% | -1.7% | ↓ | 16/36 |
| | Percentage of patients receiving a first definitive treatment for cancer within 62 days | Apr-26 | 76.8% | 74.9% | 72.6% | 4.2% | ↑ | 6/36 |
| | Percentage of people treated beginning first or subsequent treatment of cancer within 31 days | Apr-26 | 96.1% | 93.0% | 94.9% | 1.2% | ↑ | 4/36 |
| Mental Health | NHS Talking Therapies: Reliable recovery rate for those completing a course of treatment and meeting caseness | Apr-26 | 44.5% | 51.0% | 48.0% | -3.5% | ↓ | 32/36 |
| | NHS Talking Therapies: Reliable improvement rate for those completing a course of treatment | Apr-26 | 67.0% | 69.0% | 69.0% | -2.0% | ↓ | 27/36 |
| | NHS Talking Therapies: No. completed courses of treatment (YTD) | Apr-26 | Not yet available | 3,846 | | | | |
| | Number of patients accessing Individual Placement Support services (12-month rolling metric) | Apr-26 | Not yet available | 3,109 | | | | |
| | Number of active inappropriate adult acute out of areas placements (OAPs) at the end of the reporting period | May-26 | 3 | 2 | 19 | -16 | ↓ | |
| Learning Disability and Autism | Inpatient care for Adults with Learning Disabilites (who may also be autistic) | Apr-26 | 45 | 42 | 50 | -5 | ↓ | |
| | Inpatient care for Autistic Adults (with no learning disability) | Apr-26 | 55 | 50 | 55 | 0 | ↔ | |
| Primary Care | Urgent Dental Appointments | Apr-26 | Not yet available | 20,500 | | | | |
| Community Health Services | Percentage of people on waiting list for Community Services per system who are waiting 18 weeks or less | Apr-26 | 85.0% | 84.6% | 82.9% | 2.1% | ↑ | |

NHS Greater Manchester

These metrics define the core measures underpinning the Alert / Advise / Assure framework and system oversight for 2026/27

Benchmarking against the previous year not included due to change in ICB cohort (42 to 36), preventing direct comparison

# 2026/27 GM Provider Headline Planning Metrics (SCC oversight)

NHS Greater Manchester

| GM Providers / Ambulance Trust | | | | | | | |
|---|---|---|---|---|---|---|---|
| Area | KPI | Period | Actual | Plan | Variance (latest **published** data vs same period in previous year) | | |
| | | | | | 2025 | Variance | Movement |
| Urgent and Emergency Care (UEC) | CAT 2 ambulance response times | May-26 | 00:22:38 | <00:25:00 | 00:20:27 | 00:02:11 | ↑ |
| | 4-hour A&E performance | May-26 | 72.3% | 73.3% | 69.1% | 3.2% | ↑ |
| | 12-hour A&E performance (type 1&2) | May-26 | 9.8% | 7.8% | | | |
| Elective | Percentage of RTT waiting list within 18 weeks | Apr-26 | 61.7% | 60.6% | 53.6% | 8.1% | ↑ |
| | Total waiting list | Apr-26 | 435,293 | 431,979 | 474,727 | -39,434 | ↓ |
| Diagnostics | Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over | Apr-26 | 12.3% | 13.6% | 14.6% | -2.3% | ↓ |
| Cancer | 28-day cancer Faster Diagnosis Standard | Apr-26 | 77.0% | 80.2% | 78.8% | -1.8% | ↓ |
| | Percentage of patients receiving a first definitive treatment for cancer within 62 days | Apr-26 | 77.3% | 74.8% | 73.1% | 4.2% | ↑ |
| | Percentage of people treated beginning first or subsequent treatment of cancer within 31 days | Apr-26 | 96.0% | 94.0% | 95.6% | 0.4% | ↑ |

These metrics define the core measures underpinning the Alert / Advise / Assure framework and system oversight for 2026/27

# 26/27 Alert, Assure and Advise framework

NHS Greater Manchester

| Area | Metric | Alert | Advise | Assure |
|---|---|---|---|---|
| Urgent and Emergency Care (UEC) | CAT 2 ambulance response times | | | |
| | 4-hour A&E performance | | | |
| | 12-hour A&E performance | | | |
| Elective | Percentage of RTT waiting list within 18 weeks | | | |
| | Total waiting list | | | |
| Diagnostics | Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over | | | |
| Cancer | 28-day cancer Faster Diagnosis Standard | | | |
| | Percentage of patients receiving a first definitive treatment for cancer within 62 days | | | |
| | Percentage of people treated beginning first or subsequent treatment of cancer within 31 days | | | |
| Mental Health | Mental Health Support Team coverage of total pupils/learners (annual metric) | Annual metrics data not yet available | | |
| | NHS Talking Therapies: Reliable recovery rate for those completing a course of treatment and meeting caseness | | | |
| | NHS Talking Therapies: Reliable improvement rate for those completing a course of treatment | | | |
| | NHS Talking Therapies: No. completed courses of treatment (YTD) | Data not yet available | | |
| | Number of patients accessing Individual Placement Support services (12-month rolling metric) | Data not yet available | | |
| | Number of active inappropriate adult acute out of areas placements (OAPs) at the end of the reporting period | | | |
| Learning Disability and Autism | Inpatient care for Adults with Learning Disabilites (who may also be autistic) | | | |
| | Inpatient care for Autistic Adults (with no learning disability) | | | |
| Primary Care | Urgent Dental Appointments | Data not yet available | | |
| Community Health Services | Percentage of people on waiting list for Community Services per system who are waiting 18 weeks or less | | | |

NHS
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# Summary of delivery against NHS Oversight Framework (**NOF)** Metrics - **Q4**

# Q4 NHS Oversight Framework (NOF) – Quarterly Update

NHS Greater Manchester

**Overall position**

- NOF is reported to SCC on a quarterly basis, with this update reflecting Q4 2025/26
- Changes in provider segmentation are seen this quarter, alongside broader improvement in provider performance
- Overall system position reflects positive movement across a number of providers, with some areas requiring continued focus

**Current assurance**

- Manchester University NHS Foundation Trust (MFT) has improved to Segment 1, reflecting strong performance across key domains, and has moved into the top 20 trusts nationally
- Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) has improved to Segment 3, demonstrating positive progress in performance and domain scores
- Pennine Care NHS FT (PCFT) has deteriorated to Segment 4, indicating areas requiring focused improvement, with key drivers set out on slide 10-13
- Across providers:
    - 2 trusts improved (Manchester University NHS Foundation Trust; Wrightington, Wigan and Leigh NHS Foundation Trust)
    - 1 trust deteriorated (Pennine Care NHS Foundation Trust)
    - 6 trusts remain unchanged in overall segmentation (Bolton NHS Foundation Trust; The Christie NHS Foundation Trust; Northern Care Alliance NHS Foundation Trust; Stockport NHS Foundation Trust; Tameside and Glossop Integrated Care NHS Foundation Trust; Greater Manchester Mental Health NHS Foundation Trust)
- Improvements in average metric scores across the majority of providers indicate wider system progress, despite some variation in segmentation

**Next steps**

Continued monitoring of provider performance will take place through NOF metrics and internal assurance processes, with a targeted focus on supporting recovery in providers demonstrating deterioration, including Pennine Care NHS Foundation Trust. System oversight will also remain focused on sustaining improvement trajectories in providers demonstrating strong performance, including Manchester University NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust, with a further NOF update to be reported to SCC as part of the next scheduled quarterly cycle.

# Provider NOF segment / scores Q1-Q4

| Trust | | Overall Segment | Average Score | Trust Rank | Trust in financial deficit | Domain Segment Scores | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Access to services | Effectiveness and Experience of Care | Patient Safety | People and Workforce | Finance and Productivity |
| Bolton NHS Foundation Trust | Q1 | 3 | 2.28 | 59 / 134 | Yes | 2 | 3 | 1 | 2 | 4 |
| | Q2 | 3 | 2.23 | 55 / 134 | Yes | 2 | 3 | 1 | 2 | 4 |
| | Q3 | 3 | 2.45 | 76 / 134 | Yes | 2 | 3 | 1 | 3 | 4 |
| | Q4 | 3 | 2.23 | 63 / 134 | Yes | 2 | 3 | 2 | 4 | 2 |
| The Christie NHS Foundation Trust | Q1 | 1 | 1.51 | 3 / 134 | No | N/A | 1 | 1 | 1 | 2 |
| | Q2 | 1 | 1.59 | 7 / 134 | No | N/A | 1 | 1 | 1 | 3 |
| | Q3 | 1 | 1.36 | 3 / 134 | No | N/A | 1 | 1 | 1 | 1 |
| | Q4 | 1 | 1.26 | 2 / 134 | No | N/A | 1 | 1 | 1 | 1 |
| Manchester University NHS Foundation Trust | Q1 | 3 | 2.41 | 71 / 134 | No | 3 | 2 | 2 | 4 | 1 |
| | Q2 | 3 | 2.5 | 85 / 134 | Yes | 4 | 1 | 2 | 4 | 2 |
| | Q3 | 3 | 2.36 | 65 / 134 | No | 3 | 2 | 2 | 4 | 2 |
| | Q4 | 1 | 1.94 | 19 / 134 | No | 1 | 2 | 2 | 3 | 1 |
| Northern Care Alliance | Q1 | 4 | 2.81 | 116 / 134 | Yes | 4 | 4 | 3 | 4 | 2 |
| | Q2 | 4 | 2.82 | 112 / 134 | Yes | 4 | 3 | 3 | 4 | 3 |
| | Q3 | 4 | 2.87 | 115 / 134 | Yes | 4 | 3 | 3 | 4 | 3 |
| | Q4 | 4 | 2.72 | 111 / 134 | Yes | 4 | 3 | 3 | 4 | 3 |
| Stockport NHS FoundationTrust | Q1 | 3 | 2.48 | 86 / 134 | Yes | 3 | 2 | 2 | 3 | 4 |
| | Q2 | 3 | 2.33 | 62 / 134 | Yes | 2 | 3 | 2 | 3 | 2 |
| | Q3 | 3 | 2.20 | 45 / 134 | Yes | 2 | 3 | 2 | 3 | 2 |
| | Q4 | 3 | 2.09 | 48 / 134 | Yes | 2 | 3 | 1 | 3 | 2 |
| Tameside and Glossop IC NHS Foundation Trust | Q1 | 3 | 2.28 | 59 / 134 | Yes | 1 | 3 | 4 | 3 | 3 |
| | Q2 | 3 | 2.17 | 44 / 134 | Yes | 2 | 2 | 4 | 3 | 2 |
| | Q3 | 3 | 2.09 | 40 / 134 | Yes | 2 | 2 | 4 | 3 | 2 |
| | Q4 | 3 | 1.97 | 43 / 134 | Yes | 1 | 1 | 3 | 3 | 2 |
| Wrightington Wigan and Leigh NHS Foundation Trust | Q1 | 3 | 2.54 | 92 / 134 | Yes | 3 | 2 | 3 | 4 | 4 |
| | Q2 | 4 | 2.86 | 119 / 134 | Yes | 3 | 4 | 4 | 3 | 4 |
| | Q3 | 4 | 2.89 | 117 / 134 | Yes | 4 | 4 | 3 | 4 | 4 |
| | Q4 | 3 | 2.56 | 99 / 134 | Yes | 3 | 4 | 3 | 4 | 3 |
| Greater Manchester Mental Health NHS FoundationTrust | Q1 | 5 | 3.02 | 58 / 61 | Yes | 4 | 4 | 4 | 4 | 2 |
| | Q2 | 4 | 2.94 | 58 / 61 | Yes | 4 | 4 | 4 | 4 | 2 |
| | Q3 | 4 | 2.99 | 58 / 61 | Yes | 4 | 3 | 4 | 4 | 2 |
| | Q4 | 4 | 2.98 | 56 / 61 | Yes | 4 | 4 | 4 | 4 | 1 |
| Pennine Care NHS Foundation Trust | Q1 | 3 | 2.41 | 36 / 61 | No | 4 | 3 | 3 | 3 | 1 |
| | Q2 | 3 | 2.5 | 39 / 61 | No | 4 | 4 | 3 | 3 | 1 |
| | Q3 | 3 | 2.47 | 40 / 61 | No | 4 | 4 | 3 | 3 | 1 |
| | Q4 | 4 | 2.67 | 51 / 61 | No | 4 | 3 | 4 | 4 | 1 |

# PCFT deterioration – key drivers (NOF Q4)

Pennine Care NHS FT (PCFT) has deteriorated to Segment 4, reflecting a worsening position across key domains, particularly workforce, access and patient safety.

However, a recent CQC inspection (February 2026) has rated the Trust as Good for Well Led (previously Requires Improvement), recognising improvements in leadership, culture and strategic direction (not yet published on the CQC website).

**Overall performance**

- Segment worsened to 4, with average metric score deteriorating (2.47 → 2.67) and ranking falling (40/61 → 51/61)

**Key areas of deterioration**

- Access to services, patient safety and people & workforce domains have deteriorated
- Workforce indicators show worsening staff engagement, raising concerns and sickness absence
- Access and patient safety pressures include deterioration in CYP access and 24-hour crisis response

**Offsetting movement**

- Effectiveness and experience has improved, driven by improvement in long length of stay
- Recent CQC inspection (Feb 2026) rated Well Led as Good (from Requires Improvement), highlighting stronger leadership, culture and focus on improvement

Overall position: deterioration is driven by a small number of key domains, despite improvement in effectiveness and experience, indicating a need for targeted recovery focus

# Pennine Care NHS Foundation Trust Specific – Q4

NHS Greater Manchester

- Overall Segment - Changed deteriorated (4)
- Average Metric Score deteriorated from 2.47 to 2.67
- Overall Trust Ranking deteriorated from 40/61 to 51/61
- Financial deficit – remains No

Domain Segments - Movement from Q3

- Effectiveness and experience – 4 to 3
- People and workforce – 3 to 4

Domain Metric Scores – 1 Improved / 3 Deteriorated / 1 No Change

- Access to Services – 2.94 to 3.09
- Effectiveness and experience – 2.71 to 2.42
- Patient Safety – 3.66
- People and Workforce – 2.59 to 3.31
- Finance and Productivity – 1.34

- Metric score change for individual indicators – 5 Deteriorated / 1 Improved / 5 No Change
- Indicator Rankings – 6 Deteriorated / 1 Improved / 4 No Change

Significant change in indicator ranking

- % inpatients with LOS > 60 days – 38 to 24
- Variance year to date to financial plan – 18 to 35
- NHS staff survey - raising concerns sub-score – 22 to 45
- NHS staff survey engagement theme sub- score – 10 to 40

# Pennine Care NHS Foundation Trust Specific – Q4

**Select a trust**

Pennine Care NHS Foundation Trust (RT2)

View the glossary page

## Average score

**2.67**

Higher by 0.20 from previous quarter

Trusts are scored on up to 30 measures of performance (metrics).
Scores range from 1.00 (high performing) to 4.00 (low performing).

How has average score been calculated?

## Trust in financial deficit?

**No**

No change from previous quarter

If an organisation is reporting a financial deficit or in receipt of deficit support, that organisation's segment can be no greater than 3.

How is financial deficit applied?

## Segment

**4 - Low performing**

Previous quarter's segment: 3

Each trust is assigned to a segment ranging from 1 – 4 based on average metric score and taking into consideration the financial deficit override.

How has segment been calculated?

## Trust rank

**51 out of 61**

Previous quarter's rank: 40 out of 61

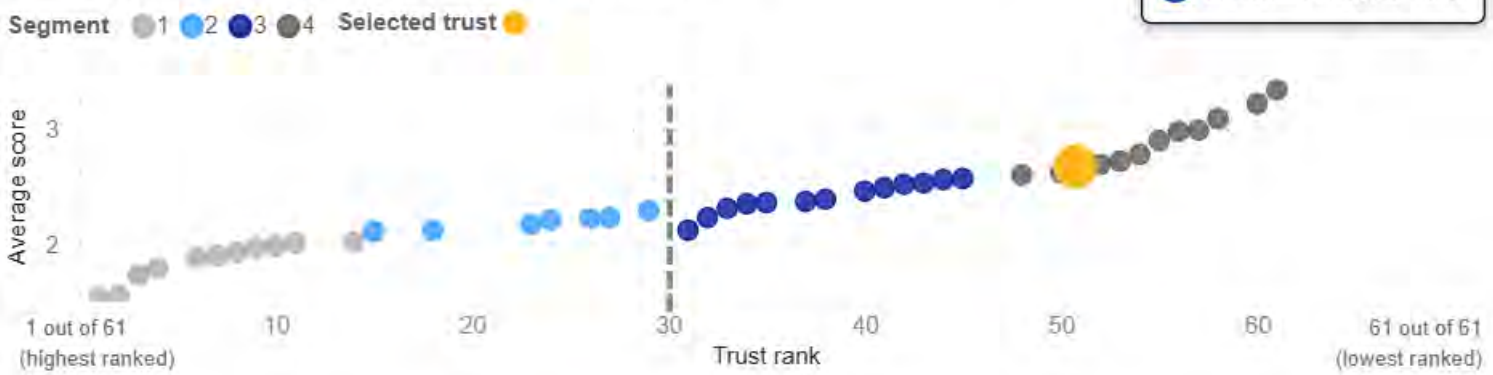
Trusts are ranked first on their segment and then their average score within that segment. Ranks range from 1 (the segment one trust with lowest average score) to 61 (segment four trust with the highest average score).
How has rank been calculated?

## Performance domains

| | |
|---|---|
| Access to services | 4 - Low performing |
| Finance and productivity | 1 - High performing |
| Effectiveness and experience | 3 - Below average |
| Patient safety | 4 - Low performing |
| People and workforce | 4 - Low performing |

## Average score by trust rank placement

View full league table



# PCFT Specific – Indicator Metric Score Change – Q3 to Q4

NHS Greater Manchester

| Change in Metric Score | Improved | Deteriorated | No Change / No Update |
|---|---|---|---|
| Access to services | | Annual change in the number of children and young people accessing NHS-funded MH services | |
| | | | |
| Effectiveness and experience | % of inpatients with >60 day length of stay | | CQC community mental health survey satisfaction rate |
| | | | |
| Finance and productivity | | | Combined finance |
| | | | Planned surplus / deficit |
| | | | Variance year to date to financial plan |
| | | | Relative difference in costs |
| | | | |
| Patient safety | | NHS staff survey - raising concerns sub-score | |
| | | % of patients in mental health crisis to receive face to face contact within 24 hours | |
| | | | |
| People and workforce | | Sickness absence rate | |
| | | NHS staff survey engagement theme sub- score | |

NHS
Greater Manchester

# Domain Performance – Elective Care & Diagnostics

# Domain Performance – Elective Care & Diagnostics

Narrative provided for alerts only

NHS Greater Manchester

| | Current position / performance | Issues of concern | Key actions taken/improvement programmes and impact | Links to BAF risks |
|---|---|---|---|---|
| Alert | • The total waiting list has reduced year-on-year; however, remains above plan, with 4 of 7 providers above trajectory | • Delivery of total waiting list reduction is not consistent across providers, with variation in performance against plan<br>• 4 of 7 providers remain above trajectory, impacting system delivery<br>• Ongoing demand and pathway pressures continue to influence waiting list position<br>• Capacity and flow constraints continue to limit the pace of sustained improvement | • Strengthened system oversight of elective performance, with focused delivery against total waits trajectories<br>• Targeted support to providers above plan, including trajectory review and recovery actions<br>• Continued focus on validation and demand management to improve waiting list accuracy and flow<br>• Use of Independent Sector capacity to support backlog reduction and elective recovery<br>• Ongoing focus on productivity and pathway optimisation across providers | SR2 |

Elective recovery continues at a system level; however, the total waiting list remains above plan, with variation in delivery across providers. System actions are focused on strengthening oversight, addressing provider variation and improving flow to support delivery of the planned trajectory.

# Elective Care system group Actions & Delivery

| System Action / Programme | Oversight (System Board) | Expected Outcome (measurable / directional) | Actions | Delivery Risk / Status |
|---|---|---|---|---|
| Beyond Core Contact Review, Elective Quality Improvement Scheme (BeCCoR EQIS) | Elective Recovery Board | 2-5% reduction in referrals from 10 high volume specialties, reducing demand by 9,000 – 22,000 | Complete 25/26 appeals and Elective Board reporting; 25/26 review now complete, learning to be shared with Primary Care. Fully embed 2026-27 EQIS; target Primary Care Networks with rising referrals and low Consultant Connect usage. Align learning and feedback loops with Advice and Guidance and SPoA communications | **Green / Amber**: Elective lead left during VR and lack of elective team capacity to pick up whilst posts are being filled; capacity of Place-based and Primary Care teams to receive routine reporting and follow-up on lines of enquiry with GP providers |
| Advice & Guidance (A&G) | Elective Recovery Board | | Stabilise reporting (merge consultant connect and ERS A&G data); begin formal service review; target promotion in low-uptake PCNs | **Green / Amber**: Capacity of Place-based teams to receive routine reporting and follow-up on lines of enquiry with GP providers; delay in contractual clarity for 2027-28 could undermine confidence and behaviour change |
| Community Services | Elective Recovery Board | Eea Nose and Throat (ENT) – incrementally avoid 5,000 pathways Gynae – incrementally avoid 10,000 pathways | ENT – Funding now confirmed, MOU's with Trusts and Localities for signing; Agree KPIs and reporting; move ENT SPoA into initial delivery; early Wigan & Bolton phases to be implemented<br>Gynae – Service Specification completed & approved. Additional funding earmarked for 26/27 but not yet agreed | **Amber**: Slippage in funding, contracting or SPoA decisions may materially delay delivery |
| Single Point of Access (SPoA) | Elective Recovery Board | In Trust Plans | Trusts developing implementation plans for Cardiology, Gastro, ENT and Gynae (for go live by end of July). GM led work underway to develop common condition pathways for each speciality which include clear diagnostic responsibilities for primary and secondary care. Work also underway to develop and agree a simple, GM-wide minimum standard for both sides of the A&G interaction to support a faster, more consistent, and more clinically meaningful triage process | **Green / Amber**: Trust readiness (e-Referral service job planning) and specialty variation could delay implementation, GP capacity to be involved in the co-production of clinical pathways |

# Diagnostic group Actions & Delivery

| System Action / Programme | Oversight (System Board) | Expected Outcome (measurable / directional) | Actions | Delivery Risk / Status |
|---|---|---|---|---|
| Reduce waiting times for Cardiac CT | Diagnostics and Pharmacy Partnership Group | Waiting times reduction for Cardiac CT (a specific GM capacity issue) and CT generally | Comprehensive Capacity and Demand review<br>• Capacity and demand exercise started 1st June<br>• Positive meeting with cardiology leads to improve engagement with cardiology networks | Amber / Green: financial considerations may reduce options |
| THRIVE implementation and improvement | Diagnostics and Pharmacy Partnership Group | Improvement in key productivity measures: utilisation, late starts, turnaround times, tests, reduction in IS costs | Endo network focus on increasing list capacity (10.5 pts) and patient cancellations<br>Echo – most Trusts now online, monthly meeting set up to drive improvement<br>Sleep and respiratory – workshops held with pilot sites (outliers) to identify network actions – action plans now developed, clear actions to bring greater productivity | **Green** |
| Did not attend improvement across all modalities | Diagnostics and Pharmacy Partnership Group | Reduction of Did not Attends (DNAs) to maximum 5% for all modalities. Increase in capacity and activity. DM01 improvement. | Meetings completed with all 14 service leads across imaging and endoscopy to review booking processes<br>A best practice presentation and report for imaging has been completed; to be presented at June's DPPG.<br>Meetings with 3 of the 6 audiology teams completed, meetings with the remaining teams to be scheduled.<br>Testing of new trust submission to include additional detail such as cancellations and reasons, attendances and site being completed with NCA | **Green** |
| Reduce unwarranted Endoscopy referrals | Diagnostics and Pharmacy Partnership Group | Reduce unwarranted referrals by 20% and / or % referrals returned | Right test, right time: Joint working with GM Elective Single Point of Access (SPoA) implementation plan, to map current diagnostics and access and develop common conditions pathways (including triage and re-direction processes). Pathways workshop is scheduled for 24 June. | **Green** |
| Review of Non Obstetric Ultrasound | Diagnostics and Pharmacy Partnership Group | Reduce acute NOU referrals<br>Improve NOU DM01 | Review existing commissioning model and options appraisal<br>Agreement of new commissioning model to inform future Direct Access Diagnostics (DAD) contracts<br>Sonography - Governance has been established, steering group and subgroups due to commence beginning of July<br>• Commissioning meeting taking place 16th June | Amber / Green: financial considerations may reduce options |

NHS
Greater Manchester

# Domain Performance – Urgent and Emergency Care (UEC)

# Domain Performance – Urgent and Emergency Care (UEC)

Narrative provided for alerts only

NHS Greater Manchester

| | Current position / performance | Issues of concern | Key actions taken/improvement programmes and impact | Links to BAF risks |
|---|---|---|---|---|
| Alert | • 4-hour and 12-hour waits remain above plan, with 5 of 6 providers remain below plan for 4-hour performance and 2 of 6 for 12-hour waits | • 4-hour performance below plan across the system, reflecting sustained flow challenges and ED pressures<br>• 12-hour waits remain above plan in a subset of providers, reflecting ongoing challenges in flow and timely patient progression<br>• System flow and limited operational headroom continue to constrain improvement across the pathway<br>• Delays in admission, discharge and onward care contribute to extended waits in urgent care pathways<br>• Variation in provider performance is impacting overall system position | • Strengthened system oversight and escalation through UEC governance, with focus on improving ED flow and reducing 4- and 12-hour waits<br>• Targeted support to providers above plan, aligned to areas of greatest pressure<br>• Continued focus on discharge improvement and flow optimisation, including work with community and social care partners<br>• Ongoing system actions to improve patient flow and reduce long waits across urgent care pathways | **SR2** |

UEC performance continues to experience system pressure, with 4-hour and 12-hour waits above plan, driven by flow constraints and delays across the pathway. System actions remain focused on improving discharge, optimising flow and reducing long waits across urgent care pathways.

# Urgent and Emergency Care (UEC) system group Actions & Delivery

NHS Greater Manchester

The UEC Reform Board is the primary system-level forum driving urgent and emergency care improvement across NHS Greater Manchester (GM). UEC performance remains a key barometer of overall system effectiveness, reflecting how well the whole health and care system functions together rather than the performance of any single area. The GM approach is explicitly system-wide, bringing together acute providers, mental health, primary care, adult social care, children and young people's services, diagnostics, prevention, and palliative and end-of-life care within a single system oversight plan.

The GM UEC single system oversight plan is focused on a small number of core improvement objectives: reducing avoidable demand on emergency departments, improving discharge and patient flow, and strengthening access to timely and appropriate community-based alternatives. Each programme and intervention within the plan is designed to contribute to one or more of these objectives, supporting a sustained shift towards care being delivered in the most appropriate setting and reducing reliance on hospital-based urgent and emergency care.

In light of the ICB's ongoing organisational change programme, there is a planned refresh and relaunch of both the UEC Reform Board and the underpinning single system oversight plan. This refresh will ensure clarity of purpose, updated membership and accountabilities, and alignment with the ICB's emerging operating model and reform portfolio. The GM UEC Reform Programme Development Session has been rescheduled to the end of June 2026 to support this work. **Despite the formal stand down of the May Board, work has continued at pace with system partners to ensure a robust, refreshed plan is in place for consideration and sign-off at the June Board.**

Further detail on specific actions, delivery trajectories and supporting schemes will be shared following the development session and formal relaunch of the Board, once the refreshed governance and programme structure has been agreed.

It is recognised that performance continues to vary across the system and that some providers and places face more significant challenges than others. These issues are addressed through established provider oversight arrangements and place-based improvement processes, supported by tailored organisational action plans and system escalation where required. This ensures that targeted delivery and recovery actions sit alongside, and are complementary to, the overarching GM UEC reform programme.

NHS
Greater Manchester

# Domain Performance – Cancer

# Domain Performance – Cancer

Narrative provided for alerts only

NHS Greater Manchester

**No Alert metrics**

- Cancer performance is broadly on track
- 62-day and 31-day standards are above plan and on trajectory
- 28-day Faster Diagnosis Standard (FDS) is below plan and being managed through routine oversight

# Cancer Alliance Actions & Delivery

NHS Greater Manchester

| System Action / Programme | Oversight (System Board) | Expected Outcome (measurable / directional) | Actions | Delivery Risk / Status |
|---|---|---|---|---|
| Cancer Faster Diagnosis & Waiting Times Improvement | Greater Manchester Faster Diagnosis, Operational Performance & Treatment Variation Programme Board | Improved 28-day FDS, 31-day & 62-day standards; reduced pathway delays | Targeted provider improvement plans; alliance-wide pathway actions; enhanced breach analysis | **Green –** April published position (GM)<br>FDS = 79.96%<br>31 = 96.04%<br>62 = 77.35%<br>FDS under plan – driven by Skin services at NCA, Recovery plan implemented and May forecast improved. |
| Diagnostics Modernisation – CXR AI (Artificial Intelligence Diagnostics Fund) | As above | Faster diagnosis; improved detection; reduced unnecessary CT demand | Extend AI solution; transition to business as usual commissioning; pathway refinement | **Green** |
| Multidisciplinary Team Reform & Pathway Efficiency | As above | Faster, more efficient cancer pathways. | MDT process standardisation; escalation protocols; pathway board oversight | **Amber -** Residual risk from variable MDT timeliness and post-MDT delays. |
| Cancer Workforce Capability (ACCEND) | As above | Improved workforce resilience and consistency across cancer pathways | Provider implementation plans; quarterly reporting; e-Portfolio assurance | **Green** |
| Cancer Governance & System Assurance | Cancer Alliance / ICB Performance Group | Clear accountability and earlier escalation of cancer risks | Updated terms of reference; escalation framework; alignment with ICB performance oversight | **Green** |

NHS
Greater Manchester

# Domain Performance – Mental Health & Learning Disabilities and Autism

# Domain Performance – Mental Health & Learning Disabilities and Autism

Narrative provided for alerts only

NHS Greater Manchester

| | Current position / performance | Issues of concern | Key actions taken/improvement programmes and impact | Links to BAF risks |
|---|---|---|---|---|
| Alert | • Talking Therapies performance is below plan for reliable recovery and reliable improvement<br>• Out of area placements remain above plan<br>• Learning Disability and Autism inpatient numbers remain above plan across both cohorts | • Outcomes remain below plan, indicating continued challenge in improving recovery and improvement rates<br>• Ongoing pressure on mental health bed capacity and discharge flow<br>• Continued reliance on inpatient provision, reflecting challenges in community alternatives and flow | • Targeted work to improve Talking Therapies outcomes and service delivery<br>• Continued focus on reducing inappropriate out of area placements through improved discharge planning and patient flow<br>• Continued system focus on reducing inpatient numbers through strengthened community support and alternatives to admission<br>• Ongoing system oversight through established governance arrangements<br>• Monitoring of emerging performance to support early intervention where delivery is off plan | **SR2** |

Mental Health and Learning Disability and Autism performance shows ongoing delivery risk across outcomes, flow and inpatient reliance. Talking Therapies outcomes remain below plan, while out of area placements and inpatient numbers continue to reflect pressure on capacity and discharge pathways. System actions are focused on improving outcomes, reducing reliance on inpatient care and strengthening flow across mental health services.

# Mental Health and Learning Disabilities and Autism Group Actions & Delivery

NHS Greater Manchester

| System Action / Programme | Oversight (System Board) | Expected Outcome (measurable / directional) | Actions | Delivery Risk / Status |
|---|---|---|---|---|
| Inpatient care for Autistic Adults (with no learning disability) | Learning Disability & Autism Transforming Care Group | • Reduction in inpatient admissions through community alternatives<br>• Avoidance of admission where clinically appropriate<br>• Reduction of current inpatients to achieve NHSE targets through improved discharge pathways and removal of discharge barriers | • Complete review of all autistic adults currently in inpatient settings and identify discharge barriers by Q3 2026.<br>• Develop and agree a GM autism admission avoidance and crisis response model through the LDA Transforming Care Programme by Q4 2026.<br>• Progress development of community step-down and housing solutions to support discharge and prevent avoidable admissions.<br>• Ensure 100% of autistic adults in inpatient settings are reviewed through Care and Treatment Reviews (CTRs) and Dynamic Support Registers (DSRs) processes with a documented discharge trajectory. | **Red** - Delivery remains dependent on development of community alternatives, housing solutions and step-down capacity. Current inpatient numbers remain above trajectory. |
| Average Length of Stay in Adult Acute, Older Adult Acute and Psychiatric Intensive Care beds | GM Mental Health Partnership Group (via GM Inpatient Quality Transformation Group) | • Reduce average length of stay from 64.9 days towards the planned trajectory of approximately 57 days.<br>• Improve patient flow and reduce delayed discharges through delivery of Clinically Ready for Discharge (CRFD) and flow improvement plans. | • Deliver locality CRFD reduction plans with a minimum 25% reduction in CRFD patients across GM during 2026/27.<br>• Continue weekly review of long-stay patients, delayed discharges and discharge barriers through GM flow and escalation arrangements.<br>• Deliver provider recovery trajectories to reduce reliance on independent sector placements and improve discharge flow.<br>• Expand utilisation of step-down pathways and community alternatives to support discharge and reduce avoidable bed days.<br>• Monitor delivery through the GM Inpatient Quality Transformation Group with monthly reporting of Length of Stay (LOS), CRFD and lost bed days. | **Red** – Length of stay remains above plan, driven by discharge delays, placement availability and community capacity constraints. Delivery of CRFD reduction plans and flow improvement actions remains critical to achieving recovery. |

NHS
Greater Manchester

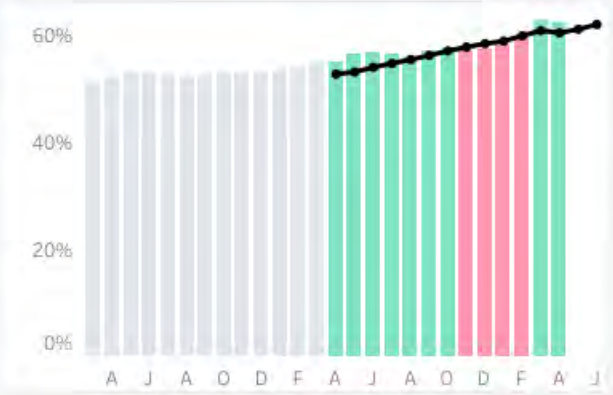
# Appendices: Performance Charts

Note: Charts are included where April data is available.

# Elective – RTT Incomplete: % within 18 weeks

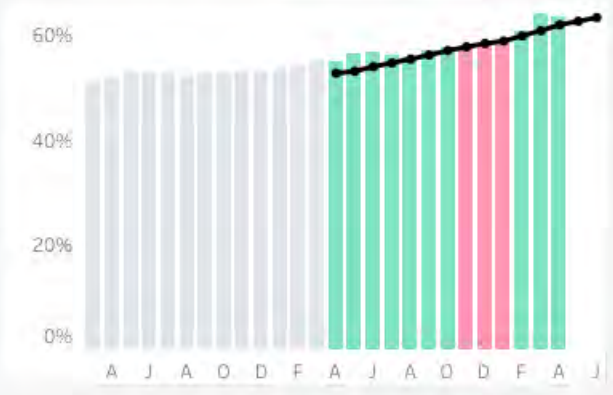
**GM Acute Providers**

**61.7%**
▼-0.51%
Previous 62.2%




**GM Registered**

**63.4%**
▼ -0.4%
Previous 63.8%



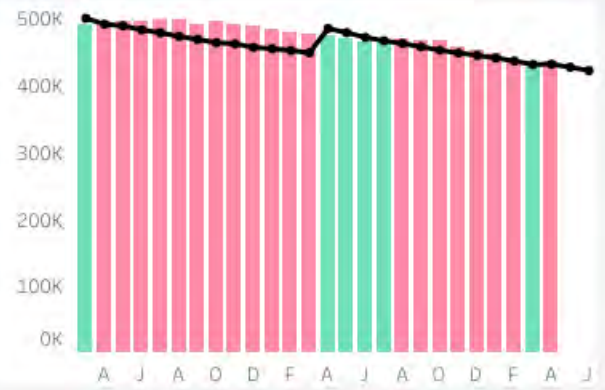

Within the 26/27 national planning guidance, one of the priorities is to reduce the proportion of people waiting over 18 weeks for treatment. In April 61.7% of pathways were seen within 18 weeks, exceeding the April plan of 60.6%.

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 54.9% | 55.8% | 56.9% | 57.2% | 58.0% | 59.1% | 59.1% | 58.6% | 57.4% | 57.5% | 59.8% | 62.1% | 60.8% | |
| | Plan | 55.8% | 56.2% | 56.7% | 57.0% | 57.5% | 57.9% | 58.4% | 58.7% | 59.2% | 59.5% | 60.0% | 60.3% | 61.5% | 61.7% |
| MFT | Actual | 51.0% | 52.4% | 53.2% | 53.3% | 52.7% | 53.8% | 53.8% | 54.1% | 56.1% | 57.6% | 60.0% | 63.0% | 63.0% | |
| | Plan | 50.3% | 50.7% | 51.7% | 52.7% | 53.7% | 54.7% | 55.6% | 56.6% | 57.6% | 58.6% | 59.5% | 60.5% | 62.1% | 62.7% |
| NCA | Actual | 52.4% | 54.0% | 53.7% | 53.6% | 52.7% | 53.6% | 54.2% | 53.7% | 52.9% | 52.4% | 54.4% | 59.1% | 58.3% | |
| | Plan | 52.6% | 52.7% | 53.3% | 54.0% | 54.7% | 55.3% | 56.0% | 56.7% | 57.3% | 57.3% | 58.7% | 60.0% | 55.5% | 56.5% |
| Stockport FT | Actual | 55.2% | 56.6% | 57.1% | 56.8% | 56.0% | 57.0% | 57.8% | 57.1% | 58.4% | 59.6% | 60.1% | 62.1% | 61.7% | |
| | Plan | 54.2% | 54.4% | 56.1% | 56.3% | 55.9% | 56.9% | 58.5% | 58.8% | 58.2% | 57.9% | 58.9% | 60.0% | 60.6% | 61.0% |
| T&G ICO FT | Actual | 70.8% | 71.8% | 72.2% | 71.6% | 70.4% | 72.7% | 73.7% | 73.6% | 72.8% | 73.3% | 74.7% | 76.4% | 76.6% | |
| | Plan | 68.5% | 69.0% | 70.1% | 70.6% | 71.5% | 72.0% | 72.4% | 72.5% | 71.6% | 71.4% | 72.5% | 73.3% | 77.0% | 77.4% |
| WWL FT | Actual | 56.6% | 58.2% | 57.9% | 56.5% | 56.5% | 57.4% | 57.7% | 58.4% | 57.5% | 58.0% | 59.0% | 61.2% | 60.2% | |
| | Plan | 53.0% | 53.6% | 54.2% | 54.9% | 55.5% | 56.2% | 56.8% | 57.4% | 58.1% | 58.7% | 59.4% | 60.0% | 60.6% | 61.2% |
| Christie | Actual | 94.6% | 94.6% | 94.2% | 93.6% | 94.3% | 95.7% | 97.1% | 97.1% | 97.1% | 97.5% | 97.1% | 97.1% | 97.0% | |
| | Plan | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 97.2% | 92.0% | 92.0% |
| GM Acute Providers | Actual | 53.6% | 55.0% | 55.4% | 55.2% | 54.7% | 55.7% | 56.1% | 56.1% | 56.5% | 57.1% | 59.0% | 62.2% | 61.7% | |
| | Plan | 52.9% | 53.2% | 54.1% | 54.8% | 55.6% | 56.3% | 57.2% | 57.9% | 58.5% | 59.0% | 60.0% | 61.0% | 60.6% | 61.2% |
| GM Registered | Actual | 54.9% | 56.3% | 56.6% | 56.2% | 55.8% | 57.0% | 57.5% | 57.4% | 57.8% | 58.5% | 60.7% | 63.8% | 63.4% | |
| | Plan | 52.7% | 53.0% | 53.9% | 54.6% | 55.4% | 56.1% | 57.0% | 57.7% | 58.3% | 58.8% | 59.8% | 60.8% | 61.9% | 62.6% |

# Elective – RTT Incomplete: total waiting list

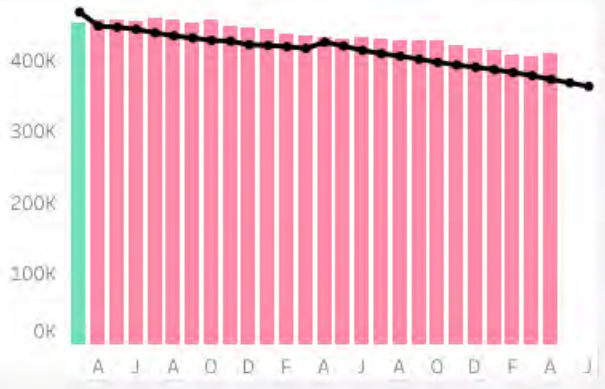
**GM Acute Providers**

**435,293**
▲ 1.2%
Previous 430,171




**GM Acute Providers**

**408,510**
▲ 1.4%
Previous 402,771




Performance against the RTT total waiting list was 435,293 in May, worse than the plan of 431,979.

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sep 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 38,173 | 37,308 | 37,252 | 37,565 | 37,521 | 37,555 | 37,366 | 37,478 | 37,532 | 38,836 | 37,369 | 37,849 | 36,779 | |
| | Plan | 39,439 | 39,126 | 38,813 | 38,500 | 38,187 | 37,874 | 37,561 | 37,248 | 36,967 | 36,686 | 36,405 | 36,124 | 36,415 | 35,113 |
| MFT | Actual | 192,230 | 190,129 | 186,865 | 186,088 | 187,912 | 185,690 | 183,865 | 179,651 | 178,093 | 174,556 | 171,407 | 165,568 | 167,994 | |
| | Plan | 198,821 | 195,045 | 191,270 | 189,494 | 187,719 | 185,944 | 184,168 | 182,393 | 180,617 | 178,842 | 177,066 | 175,291 | 167,292 | 165,703 |
| NCA | Actual | 138,712 | 137,853 | 136,427 | 137,339 | 139,016 | 140,404 | 140,935 | 137,786 | 135,354 | 134,110 | 130,603 | 129,021 | 132,806 | |
| | Plan | 138,022 | 136,394 | 134,766 | 133,138 | 131,510 | 129,882 | 128,254 | 126,626 | 124,998 | 123,370 | 121,742 | 120,110 | 133,000 | 131,828 |
| Stockport FT | Actual | 35,190 | 34,798 | 34,356 | 34,772 | 35,231 | 34,954 | 35,049 | 34,647 | 34,556 | 34,319 | 34,274 | 33,981 | 34,315 | |
| | Plan | 36,229 | 36,046 | 34,795 | 33,570 | 33,361 | 32,164 | 30,992 | 30,452 | 30,510 | 30,569 | 30,029 | 28,932 | 33,664 | 33,569 |
| T&G ICO FT | Actual | 17,206 | 17,152 | 17,017 | 17,203 | 17,096 | 17,273 | 17,116 | 17,009 | 16,808 | 16,984 | 16,400 | 16,393 | 16,283 | |
| | Plan | 17,530 | 17,320 | 17,405 | 17,321 | 17,295 | 17,483 | 17,482 | 17,605 | 17,835 | 17,723 | 17,420 | 17,210 | 16,749 | 16,854 |
| WWL FT | Actual | 50,409 | 50,200 | 49,368 | 48,840 | 49,337 | 48,473 | 48,514 | 47,410 | 46,450 | 45,540 | 44,382 | 44,346 | 44,088 | |
| | Plan | 52,765 | 52,634 | 52,503 | 52,372 | 52,241 | 52,110 | 51,979 | 51,848 | 51,717 | 51,586 | 51,455 | 51,324 | 41,770 | 41,289 |
| Christie | Actual | 2,807 | 2,834 | 2,766 | 2,735 | 2,700 | 2,786 | 3,652 | 3,525 | 3,266 | 3,437 | 3,248 | 3,013 | 3,028 | |
| | Plan | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 2,573 | 3,089 | 3,089 |
| GM Acute Providers | Actual | 474,727 | 470,274 | 464,051 | 464,542 | 468,813 | 467,135 | 466,497 | 457,506 | 452,059 | 447,782 | 437,683 | 430,171 | 435,293 | |
| | Plan | 485,379 | 479,138 | 472,125 | 466,968 | 462,886 | 458,030 | 453,009 | 448,745 | 445,217 | 441,349 | 436,690 | 431,564 | 431,979 | 427,445 |
| GM Registered | Actual | 430,720 | 427,956 | 429,227 | 428,230 | 426,679 | 425,600 | 424,909 | 418,560 | 414,419 | 413,376 | 405,873 | 402,771 | 408,510 | |
| | Plan | 424,249 | 418,794 | 412,665 | 408,157 | 404,589 | 400,345 | 395,956 | 392,229 | 389,145 | 385,765 | 381,692 | 377,212 | 372,212 | 367,212 |

# 28 Day Wait from Referral to Faster Diagnosis: All Patients

**GM Acute Providers**

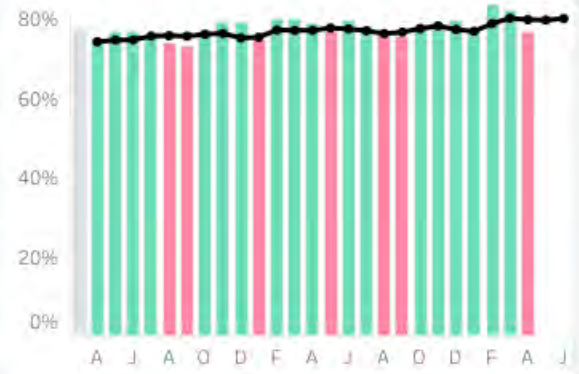
**77.0%**

▼ -5.2% Previous 82.2%


**GM Registered**

**77.0%**

▼ -5.1% Previous 82.1%




In April, 28-day FDS performance was delivered at 77.0% below the 80.2% plan

The NHS Greater Manchester Integrated Care Board (GM ICB) ranked 16th out of 36 nationally.

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 88.4% | 89.3% | 87.7% | 86.8% | 84.4% | 85.8% | 87.0% | 87.7% | 86.6% | 81.0% | 84.5% | 81.6% | 79.6% | |
| | Plan | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% |
| MFT | Actual | 76.3% | 75.2% | 78.4% | 75.3% | 73.3% | 72.1% | 78.1% | 80.8% | 80.3% | 78.7% | 84.5% | 83.4% | 79.1% | |
| | Plan | 76.3% | 76.7% | 76.7% | 77.0% | 75.8% | 77.4% | 78.3% | 79.3% | 75.4% | 75.2% | 78.9% | 80.7% | 80.0% | 80.0% |
| NCA | Actual | 74.6% | 74.2% | 77.7% | 76.8% | 74.2% | 73.1% | 74.2% | 72.8% | 75.7% | 73.2% | 80.7% | 80.1% | 68.6% | |
| | Plan | 75.8% | 75.7% | 75.5% | 74.1% | 71.9% | 71.6% | 73.6% | 75.6% | 76.6% | 74.6% | 77.3% | 80.0% | 80.0% | 80.0% |
| Stockport FT | Actual | 79.5% | 77.6% | 80.3% | 79.2% | 82.4% | 83.7% | 85.3% | 84.7% | 82.7% | 80.9% | 85.1% | 84.0% | 81.6% | |
| | Plan | 77.0% | 77.5% | 78.0% | 78.0% | 78.6% | 78.5% | 79.0% | 79.0% | 79.0% | 79.0% | 79.6% | 80.0% | 80.9% | 80.7% |
| T&G ICO FT | Actual | 85.8% | 84.3% | 85.2% | 84.2% | 80.8% | 80.3% | 80.8% | 82.2% | 82.5% | 80.1% | 85.8% | 82.5% | 81.8% | |
| | Plan | 79.1% | 80.0% | 80.1% | 80.1% | 80.3% | 80.1% | 80.0% | 79.0% | 78.8% | 78.9% | 79.8% | 80.1% | 81.0% | 81.0% |
| WWL FT | Actual | 81.5% | 76.2% | 76.3% | 76.5% | 75.2% | 76.2% | 73.6% | 71.6% | 76.4% | 72.8% | 84.1% | 81.8% | 80.8% | |
| | Plan | 78.8% | 81.4% | 79.7% | 78.3% | 79.7% | 80.2% | 80.4% | 78.6% | 80.5% | 81.7% | 80.0% | 80.2% | 80.0% | 80.0% |
| Christie | Actual | 94.7% | 82.6% | 89.3% | 84.2% | 87.5% | 91.7% | 94.4% | 94.4% | 79.5% | 80.6% | 90.6% | 92.5% | 100.0% | |
| | Plan | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.6% | 80.6% |
| GM Acute Providers | Actual | 78.8% | 77.6% | 79.8% | 78.2% | 76.3% | 75.7% | 78.3% | 78.7% | 79.7% | 77.2% | 83.6% | 82.2% | 77.0% | |
| | Plan | 77.2% | 77.8% | 77.5% | 77.1% | 76.4% | 76.7% | 77.6% | 78.3% | 77.4% | 76.9% | 78.9% | 80.3% | 80.2% | 80.1% |
| GM Registered | Actual | 78.7% | 77.0% | 79.7% | 77.9% | 76.1% | 75.7% | 78.4% | 78.8% | 79.8% | 77.2% | 83.6% | 82.1% | 77.0% | |
| | Plan | 77.2% | 77.8% | 77.5% | 77.1% | 76.4% | 76.7% | 77.6% | 78.3% | 77.4% | 76.9% | 78.9% | 80.2% | 79.9% | 79.8% |

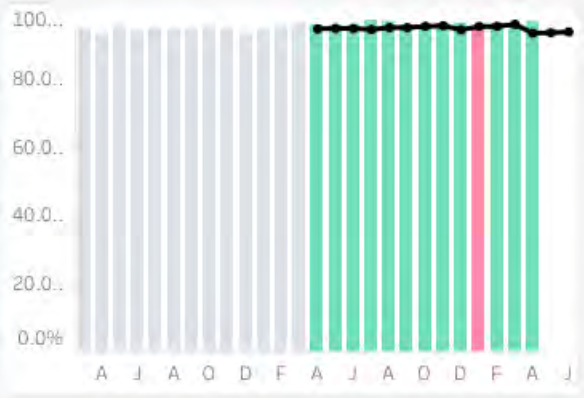
# 31 Day Wait from Decision to Treat to Treatment

**GM Acute Providers**


**96.0%**

▼ 0.0% Previous 96.1%

**GM Registered**




**96.1%**

▲ 0.2% Previous 95.9%

In April, performance for 31 day wait from decision to treat to treatment for All GM NHS Acute Providers was 96.0%, better than the April plan 94.0%

The NHS Greater Manchester Integrated Care Board (GM ICB) ranked 4th out of 36 nationally

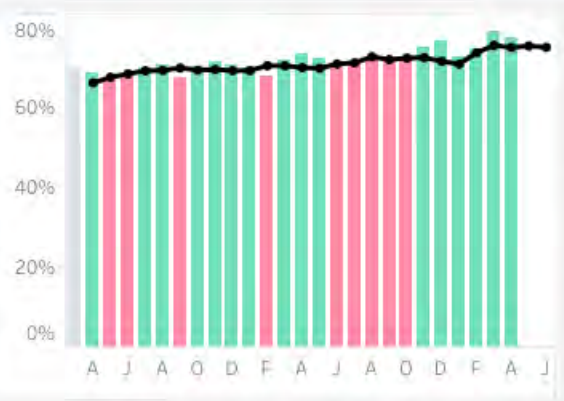
| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 99.3% | 96.7% | 98.6% | 98.1% | 96.5% | 97.9% | 97.4% | 100.0% | 97.1% | 98.7% | 99.1% | 96.8% | 97.6% | |
| | Plan | 96.4% | 96.1% | 96.7% | 96.1% | 96.5% | 96.7% | 96.6% | 96.5% | 96.5% | 96.6% | 96.6% | 96.7% | 96.4% | 96.3% |
| MFT | Actual | 88.1% | 88.0% | 90.2% | 89.9% | 89.8% | 88.3% | 89.3% | 90.5% | 90.6% | 86.4% | 89.9% | 91.0% | 90.3% | |
| | Plan | 86.4% | 87.8% | 89.0% | 89.8% | 89.7% | 91.0% | 89.6% | 90.5% | 87.1% | 88.8% | 88.6% | 90.7% | 91.0% | 91.2% |
| NCA | Actual | 93.2% | 95.6% | 92.7% | 97.0% | 97.6% | 96.4% | 95.1% | 96.0% | 94.2% | 97.7% | 96.9% | 97.2% | 95.4% | |
| | Plan | 90.6% | 90.7% | 87.3% | 88.2% | 90.1% | 87.4% | 92.9% | 93.5% | 91.0% | 93.6% | 94.7% | 96.0% | 92.8% | 93.4% |
| Stockport FT | Actual | 89.2% | 88.5% | 86.6% | 92.7% | 87.5% | 88.1% | 89.3% | 93.1% | 92.1% | 88.0% | 90.8% | 91.9% | 93.2% | |
| | Plan | 92.6% | 95.1% | 94.5% | 92.5% | 92.2% | 93.9% | 94.4% | 90.7% | 88.9% | 91.6% | 90.6% | 91.3% | 89.3% | 90.3% |
| T&G ICO FT | Actual | 97.1% | 97.3% | 98.4% | 96.4% | 100.0% | 95.2% | 96.9% | 100.0% | 97.5% | 100.0% | 96.4% | 98.9% | 98.4% | |
| | Plan | 97.4% | 97.4% | 97.5% | 97.3% | 97.3% | 97.4% | 97.3% | 97.4% | 97.1% | 97.3% | 97.2% | 97.2% | 96.9% | 94.7% |
| WWL FT | Actual | 94.2% | 91.3% | 93.5% | 92.9% | 90.2% | 83.2% | 87.9% | 89.2% | 82.5% | 75.8% | 89.8% | 89.2% | 87.0% | |
| | Plan | 89.1% | 89.1% | 89.0% | 88.8% | 89.1% | 88.9% | 88.8% | 89.1% | 89.0% | 89.0% | 89.1% | 88.9% | 87.0% | 87.6% |
| Christie | Actual | 99.2% | 98.7% | 98.7% | 99.6% | 99.1% | 98.8% | 98.9% | 98.6% | 99.5% | 98.7% | 99.1% | 99.0% | 99.2% | |
| | Plan | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 99.1% | 96.0% | 96.0% |
| GM Acute Providers | Actual | 95.6% | 95.1% | 95.5% | 96.7% | 95.9% | 95.1% | 95.3% | 96.0% | 95.6% | 94.4% | 96.0% | 96.1% | 96.0% | |
| | Plan | 94.9% | 95.0% | 95.0% | 94.6% | 95.2% | 95.2% | 95.5% | 95.6% | 94.5% | 95.4% | 95.4% | 96.0% | 94.0% | 94.1% |
| GM Registered | Actual | 95.5% | 95.2% | 95.6% | 96.6% | 96.3% | 95.1% | 95.3% | 95.6% | 95.7% | 94.3% | 95.8% | 95.9% | 96.1% | |
| | Plan | 94.3% | 94.4% | 94.4% | 94.1% | 94.7% | 94.7% | 95.0% | 95.2% | 94.0% | 95.0% | 95.0% | 95.6% | 93.0% | 93.1% |

# 62 Day Wait from Referral to First Treatment: All Patients

**GM Acute Providers**

**77.3%**

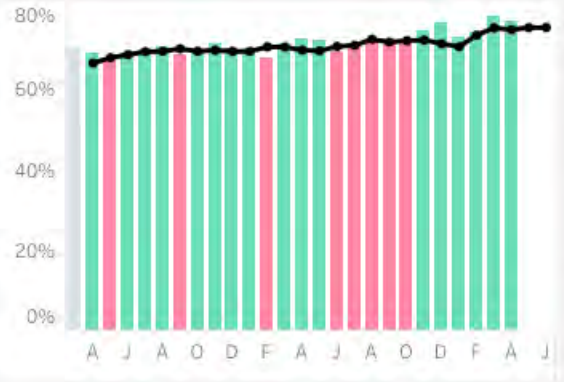
▼ -1.5% Previous 78.8%




**GM Registered**

**76.8%**

▼ -1.4% Previous 78.2%




In April, performance for 62-day referral to treatment for All GM NHS Acute Providers was 77.3%, better than the April plan 74.8%

The NHS Greater Manchester Integrated Care Board (GM ICB) ranked 6th out of 36 nationally

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 87.0% | 87.7% | 87.3% | 83.4% | 81.7% | 77.4% | 80.4% | 82.9% | 85.4% | 79.1% | 67.8% | 80.4% | 83.8% | |
| | Plan | 75.4% | 75.2% | 75.5% | 75.2% | 75.5% | 75.0% | 75.0% | 75.0% | 75.0% | 75.2% | 75.2% | 75.2% | 80.7% | 80.5% |
| MFT | Actual | 64.9% | 65.5% | 61.4% | 61.4% | 63.1% | 62.7% | 64.2% | 66.2% | 73.3% | 70.1% | 74.0% | 76.3% | 75.5% | |
| | Plan | 62.4% | 63.8% | 66.1% | 67.2% | 68.7% | 68.4% | 71.8% | 69.6% | 66.9% | 66.3% | 71.0% | 75.3% | 75.6% | 76.1% |
| NCA | Actual | 74.0% | 71.7% | 69.6% | 74.4% | 74.0% | 78.9% | 72.8% | 78.0% | 75.3% | 75.7% | 73.5% | 79.8% | 77.9% | |
| | Plan | 69.0% | 65.6% | 68.9% | 68.9% | 70.1% | 69.4% | 68.0% | 68.7% | 69.6% | 68.6% | 72.4% | 75.0% | 72.0% | 71.9% |
| Stockport FT | Actual | 71.1% | 72.1% | 62.6% | 70.2% | 76.7% | 72.1% | 83.3% | 77.7% | 79.6% | 79.7% | 81.1% | 75.9% | 74.0% | |
| | Plan | 70.0% | 70.2% | 70.8% | 71.2% | 71.7% | 72.1% | 72.5% | 72.6% | 72.3% | 71.8% | 73.0% | 75.0% | 73.5% | 73.0% |
| T&G ICO FT | Actual | 76.6% | 80.6% | 81.6% | 78.6% | 79.2% | 83.1% | 78.9% | 78.4% | 78.5% | 77.4% | 82.6% | 82.6% | 80.4% | |
| | Plan | 75.0% | 75.5% | 75.0% | 76.7% | 77.4% | 77.8% | 76.2% | 75.0% | 75.8% | 75.8% | 76.1% | 76.3% | 78.5% | 80.5% |
| WWL FT | Actual | 82.3% | 77.1% | 73.2% | 68.8% | 68.7% | 66.8% | 71.5% | 67.2% | 67.8% | 61.3% | 66.1% | 79.2% | 65.1% | |
| | Plan | 80.3% | 81.6% | 76.0% | 74.6% | 81.0% | 76.5% | 74.0% | 81.0% | 77.3% | 75.3% | 78.2% | 75.9% | 71.2% | 72.0% |
| Christie | Actual | 72.3% | 68.9% | 74.3% | 78.1% | 77.1% | 75.1% | 76.5% | 85.6% | 83.5% | 69.0% | 81.2% | 82.5% | 86.3% | |
| | Plan | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 75.2% | 76.0% | 76.0% |
| GM Acute Providers | Actual | 73.1% | 72.1% | 69.5% | 70.9% | 71.8% | 71.5% | 71.8% | 74.7% | 76.4% | 72.4% | 74.3% | 78.8% | 77.3% | |
| | Plan | 69.8% | 69.6% | 70.7% | 71.0% | 72.5% | 71.8% | 72.1% | 72.3% | 71.4% | 70.6% | 73.5% | 75.3% | 74.8% | 75.2% |
| GM Registered | Actual | 72.6% | 72.2% | 69.2% | 70.9% | 71.8% | 71.4% | 71.7% | 74.7% | 76.6% | 73.1% | 74.0% | 78.2% | 76.8% | |
| | Plan | 69.8% | 69.6% | 70.7% | 71.0% | 72.5% | 71.8% | 72.1% | 72.3% | 71.4% | 70.6% | 73.5% | 75.3% | 74.9% | 75.4% |

# Diagnostics: % waiting 6 weeks+

**GM Acute Providers**

**12.3%**
▲ 2.1% Previous
10.1%


**GM Registered**

**12.7%**
▲ 2.5% Previous
10.2%


In April, the GM Acute Providers' 6-week wait (6ww) performance across all DM01 tests was 12.3%, better than the April plan of 13.6%

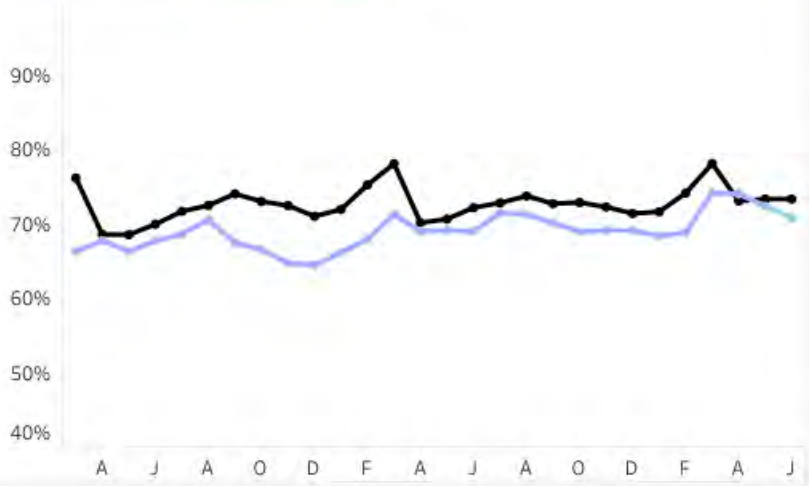
The NHS Greater Manchester Integrated Care Board (GM ICB) ranked 4th out of 36 nationally.

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 10.8% | 13.6% | 14.8% | 17.8% | 14.3% | 12.7% | 6.3% | 4.3% | 5.0% | 3.5% | 2.6% | 2.6% | 10.8% | |
| | Plan | 7.7% | 8.0% | 8.0% | 8.0% | 9.0% | 9.0% | 10.0% | 9.0% | 10.0% | 9.0% | 8.0% | 5.0% | 14.0% | 12.4% |
| MFT | Actual | 13.3% | 14.2% | 13.2% | 12.7% | 13.9% | 13.0% | 11.7% | 11.9% | 13.5% | 12.5% | 8.2% | 7.4% | 8.7% | |
| | Plan | 13.2% | 12.5% | 11.9% | 12.9% | 13.3% | 11.9% | 12.0% | 10.0% | 11.0% | 13.0% | 7.0% | 5.0% | 8.6% | 8.6% |
| NCA | Actual | 12.8% | 10.9% | 12.3% | 13.4% | 17.2% | 14.0% | 13.2% | 12.5% | 15.7% | 13.8% | 10.0% | 12.2% | 15.7% | |
| | Plan | 1.3% | 12.2% | 11.4% | 10.7% | 9.9% | 9.1% | 8.0% | 8.0% | 7.0% | 7.0% | 6.0% | 5.0% | 17.8% | 17.0% |
| Stockport FT | Actual | 27.4% | 21.1% | 22.0% | 22.7% | 24.2% | 21.3% | 18.6% | 16.3% | 16.1% | 16.4% | 16.3% | 15.2% | 16.3% | |
| | Plan | 25.8% | 24.5% | 24.2% | 25.4% | 27.6% | 25.7% | 22.0% | 18.0% | 15.0% | 12.0% | 9.0% | 5.0% | 11.9% | 6.1% |
| T&G ICO FT | Actual | 1.6% | 3.2% | 2.6% | 2.7% | 1.6% | 0.8% | 0.6% | 0.6% | 0.0% | 1.1% | 0.3% | 0.7% | 2.1% | |
| | Plan | 1.3% | 3.1% | 3.9% | 3.7% | 4.3% | 4.4% | 4.0% | 4.0% | 4.0% | 5.0% | 5.0% | 4.0% | 3.4% | 4.0% |
| WWL FT | Actual | 18.0% | 25.0% | 30.4% | 33.5% | 38.6% | 37.0% | 34.5% | 30.6% | 35.2% | 30.4% | 18.9% | 18.6% | 17.9% | |
| | Plan | 9.9% | 9.7% | 9.5% | 9.2% | 9.0% | 8.8% | 9.0% | 8.0% | 8.0% | 8.0% | 8.0% | 7.0% | 26.6% | 24.6% |
| Christie | Actual | 1.7% | 1.7% | 2.1% | 2.6% | 3.1% | 1.3% | 0.6% | 0.8% | 1.4% | 2.6% | 3.8% | 2.2% | 0.9% | |
| | Plan | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% |
| GM Acute Providers | Actual | 14.6% | 15.3% | 16.1% | 17.1% | 19.4% | 17.5% | 15.8% | 14.5% | 16.6% | 14.7% | 10.3% | 10.1% | 12.3% | |
| | Plan | 13.4% | 12.9% | 12.4% | 12.6% | 12.7% | 11.9% | 11.2% | 9.9% | 9.8% | 10.4% | 7.1% | 5.0% | 13.6% | 12.5% |
| GM Registered | Actual | 13.9% | 14.6% | 15.4% | 16.3% | 18.5% | 16.6% | 14.8% | 13.7% | 15.7% | 13.9% | 10.0% | 10.2% | 12.7% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 16.9% | 15.7% |

# A&E - percentage of patients managed within 4 hours (All types)

**Performance from 2024 onwards**

GM Acute Providers | Unvalidated M Month | Plan |




**Regional Benchmarking**

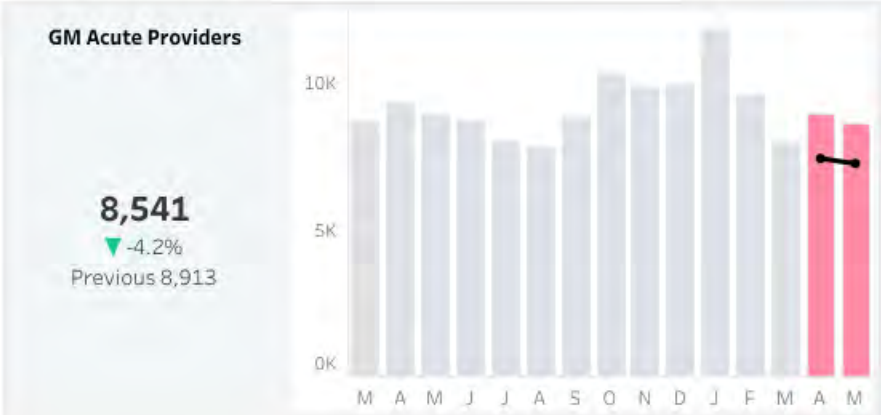
| | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|
| Greater Manchester | 68.7% | 74.1% | 74.0% | 72.3% |
| North West | 71.1% | 74.9% | 74.9% | 73.9% |
| England | 73.9% | 77.0% | 76.9% | 75.7% |

A&E 4-hour wait performance was 72.3% in May 2026, below the 73.3% target. Performance in June (1–15) has declined further to 70.7%. In April, NHS Greater Manchester Integrated Care Board ranked 27th out of 36 nationally.

| | | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 | 15 Jun |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 70.3% | 64.9% | 64.8% | 64.6% | 65.7% | 62.1% | 61.0% | 60.2% | 62.2% | 63.8% | 68.1% | 72.4% | 68.7% | 63.9% |
| | Plan | 72.0% | 75.0% | 75.0% | 76.0% | 75.0% | 74.0% | 74.0% | 73.0% | 75.0% | 77.0% | 78.0% | 68.0% | 72.0% | 72.0% |
| MFT | Actual | 71.4% | 71.3% | 74.3% | 72.2% | 70.6% | 71.7% | 72.4% | 73.3% | 71.6% | 72.7% | 77.2% | 76.9% | 74.4% | 74.1% |
| | Plan | 72.2% | 73.9% | 74.6% | 75.1% | 72.6% | 73.0% | 71.2% | 70.1% | 70.1% | 73.2% | 78.1% | 78.0% | 78.1% | 78.2% |
| NCA | Actual | 68.1% | 68.1% | 72.0% | 72.2% | 71.4% | 69.4% | 68.3% | 69.1% | 70.3% | 69.0% | 73.6% | 73.8% | 74.3% | 70.0% |
| | Plan | 69.5% | 70.9% | 72.3% | 73.7% | 74.7% | 75.3% | 75.8% | 76.1% | 76.6% | 76.0% | 78.0% | 70.0% | 70.5% | 70.6% |
| Stockport FT | Actual | 65.4% | 74.0% | 68.0% | 69.4% | 68.1% | 67.1% | 69.5% | 69.0% | 66.3% | 69.2% | 70.1% | 69.1% | 67.6% | 69.3% |
| | Plan | 64.8% | 68.5% | 64.9% | 68.3% | 62.9% | 64.9% | 65.6% | 65.9% | 63.5% | 67.0% | 78.0% | 71.3% | 71.4% | 72.6% |
| T&G ICO FT | Actual | 61.6% | 58.8% | 63.6% | 66.0% | 65.1% | 61.0% | 64.7% | 63.9% | 60.3% | 61.0% | 68.9% | 65.9% | 62.4% | 66.3% |
| | Plan | 69.5% | 69.3% | 71.4% | 71.0% | 70.6% | 68.2% | 67.5% | 65.6% | 65.3% | 71.0% | 78.0% | 67.7% | 63.3% | 60.5% |
| WWL FT | Actual | 72.2% | 71.6% | 75.6% | 77.0% | 74.6% | 72.5% | 70.8% | 66.8% | 65.7% | 65.0% | 78.1% | 76.5% | 75.5% | 72.0% |
| | Plan | 71.4% | 72.0% | 72.6% | 73.3% | 74.0% | 74.7% | 74.0% | 71.1% | 72.3% | 77.4% | 78.0% | 75.0% | 76.0% | 77.0% |
| GM Acute Providers | Actual | 69.1% | 68.9% | 71.4% | 71.2% | 70.1% | 68.9% | 69.1% | 69.0% | 68.3% | 68.7% | 74.1% | 74.0% | 72.3% | 70.7% |
| | Plan | 70.6% | 72.1% | 72.7% | 73.7% | 72.6% | 72.8% | 72.2% | 71.3% | 71.6% | 74.1% | 78.0% | 73.0% | 73.3% | 73.3% |
| GM Registered | Actual | 68.3% | 68.0% | 70.2% | 70.0% | 68.9% | 67.8% | 68.2% | 68.1% | 67.5% | 68.0% | 73.4% | 73.2% | 71.5% | 69.8% |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

Data up to 1st Jun 26 is published and validated, data onwards is unvalidated.

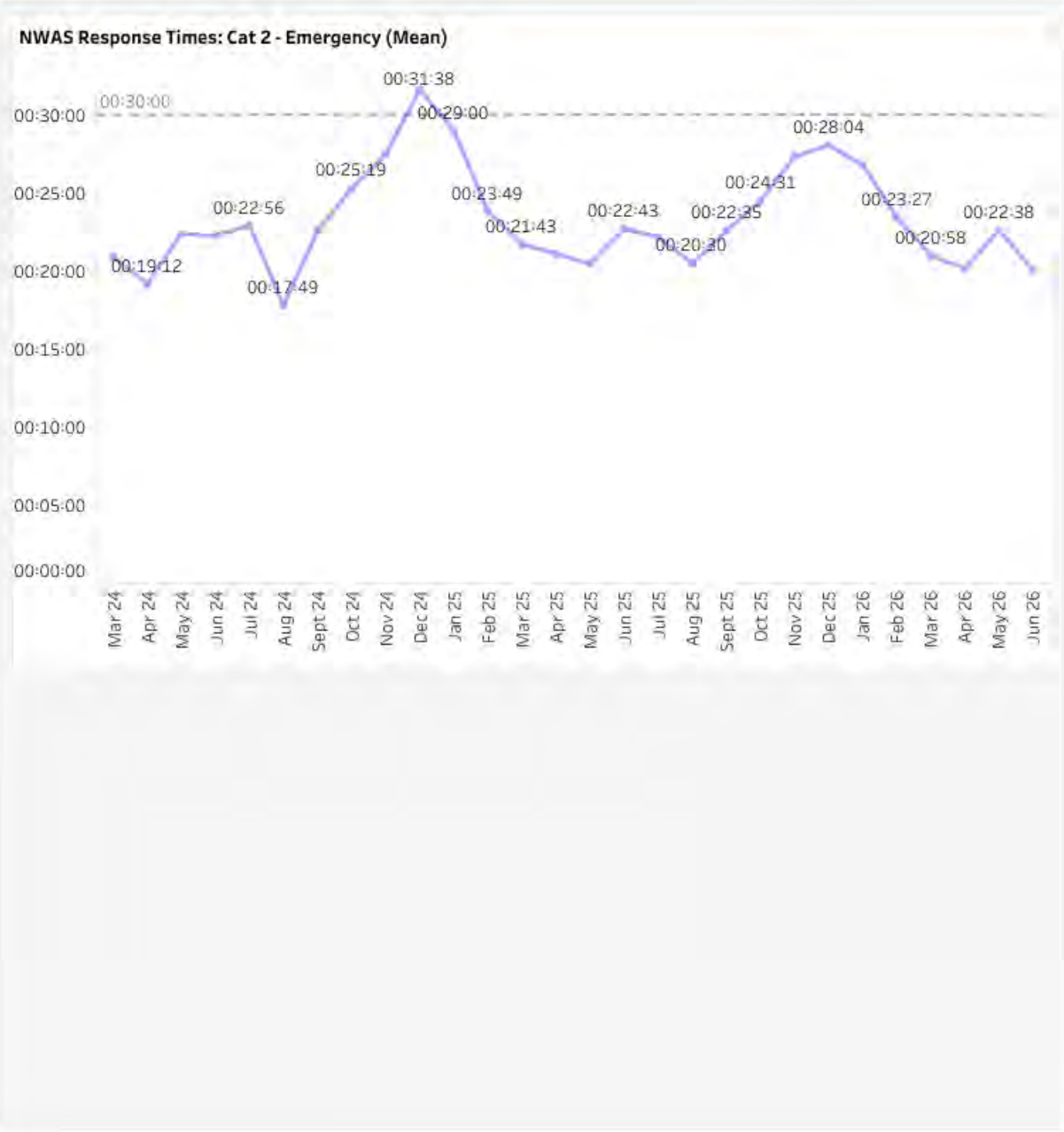
# Number of type 1 & 2 patients spending 12+ hours in an emergency department




Performance against the 12-hour emergency care standard was worse than plan in May 2026, with 8,451 Type 1 and 2 patients spending more than 12 hours in the emergency department compared with a plan of 7,216. This represents 9.8% of attendances.

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 991 | 532 | 735 | 779 | 870 | 706 | 987 | 1,075 | 1,250 | 1,242 | 1,022 | 919 | 960 | 1,077 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 600 | 250 |
| MFT | Actual | 1,815 | 1,455 | 1,477 | 1,106 | 1,441 | 1,625 | 1,675 | 1,733 | 1,549 | 2,267 | 1,672 | 1,277 | 1,232 | 1,478 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 558 | 576 |
| NCA | Actual | 3,213 | 3,060 | 3,243 | 2,825 | 2,807 | 2,987 | 3,571 | 3,258 | 3,179 | 3,643 | 2,998 | 2,786 | 2,945 | 2,948 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 3,293 | 3,063 |
| Stockport FT | Actual | 954 | 1,077 | 495 | 912 | 644 | 1,032 | 1,321 | 1,174 | 1,061 | 1,390 | 974 | 930 | 1,264 | 913 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 892 | 964 |
| T&G ICO FT | Actual | 863 | 1,420 | 1,387 | 1,061 | 911 | 1,140 | 1,260 | 1,169 | 1,305 | 1,548 | 1,323 | 643 | 1,222 | 1,095 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 813 | 1,107 |
| WWL FT | Actual | 1,449 | 1,352 | 1,335 | 1,294 | 1,081 | 1,269 | 1,454 | 1,382 | 1,509 | 1,680 | 1,546 | 1,343 | 1,290 | 1,030 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 1,233 | 1,256 |
| GM Acute Providers | Actual | 9,285 | 8,896 | 8,672 | 7,977 | 7,754 | 8,759 | 10,268 | 9,791 | 9,853 | 11,770 | 9,535 | 7,898 | 8,913 | 8,541 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 7,389 | 7,216 |
| GM Registered | Actual | 8,823 | 8,393 | 8,225 | 7,539 | 7,438 | 8,318 | 9,693 | 9,259 | 9,357 | 11,096 | 8,967 | 7,545 | 8,422 | 8,118 |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

# Cat 2 Ambulance Response Times




In May, average Category 2 ambulance response times across Greater Manchester were 21 minutes and 38 seconds, better than plan.

The new 26/27 target has reduced from 30 minutes to 25 minutes.

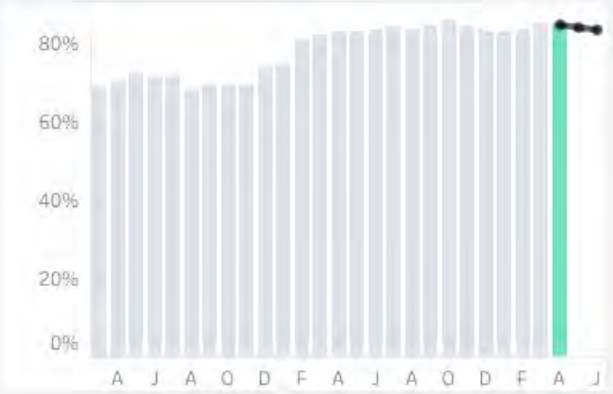
## Percentage of people on waiting list for Community Services per system who are waiting 18 weeks or less

GM ICB

**85.0%**

▲0.3%

Previous 84.7%




Performance against the 18-week community waiting time standard was better than plan, with 85.0% of patients waiting over 18 weeks compared with the April plan of 84.6%.

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolton FT | Actual | 86.9% | 89.6% | 89.7% | 87.1% | 85.3% | 81.7% | 83.4% | 81.7% | 80.3% | 80.6% | 81.6% | 84.8% | 85.8% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 90.2% | 90.6% |
| MFT | Actual | 80.0% | 78.7% | 79.7% | 81.1% | 82.0% | 83.4% | 82.9% | 78.0% | 76.4% | 75.5% | 76.4% | 79.3% | 79.9% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 82.5% | 82.6% |
| NCA | Actual | 77.2% | 76.2% | 78.3% | 79.3% | 76.6% | 79.5% | 83.3% | 84.0% | 82.2% | 82.4% | 82.3% | 83.1% | 83.8% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 77.1% | 77.2% |
| Stockport FT | Actual | 93.6% | 94.9% | 95.2% | 95.0% | 95.1% | 96.0% | 96.2% | 94.9% | 94.4% | 94.8% | 95.3% | 97.1% | 97.4% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 94.2% | 94.6% |
| T&G ICO FT | Actual | 98.0% | 98.3% | 97.9% | 97.3% | 95.8% | 95.8% | 96.7% | 95.6% | 96.1% | 95.3% | 92.2% | 91.0% | 89.0% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 94.5% | 94.8% |
| WWL FT | Actual | 83.5% | 84.3% | 84.2% | 86.2% | 88.4% | 88.2% | 89.7% | 90.7% | 91.7% | 91.7% | 93.1% | 92.3% | 91.0% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 89.8% | 90.2% |
| GM Registered | Actual | 82.9% | 82.7% | 83.2% | 83.9% | 83.2% | 84.4% | 85.8% | 84.2% | 82.9% | 83.0% | 83.2% | 84.7% | 85.0% | |
| | Plan | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 84.6% | 83.9% |

# Active inappropriate adult acute out of areas placements (OAPs) - local data

**GM Registered**

**3**

▼ -72% Previous 11


| | | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GMMH | Actual | 6 | 3 | 4 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 4 | 2 |
| | Plan | 14 | 14 | 13 | 13 | 12 | 12 | 11 | 11 | 10 | 7 | 5 | 2 | 2 |
| PCFT | Actual | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 1 | 7 | 1 |
| | Plan | 5 | 5 | 4 | 4 | 4 | 3 | 3 | 3 | 2 | 2 | 2 | 0 | 0 |
| GM Registered | Actual | 7 | 5 | 5 | 3 | 2 | 2 | 2 | 3 | 4 | 4 | 2 | 11 | 3 |
| | Plan | 19 | 19 | 17 | 17 | 16 | 15 | 14 | 14 | 12 | 9 | 7 | 2 | 2 |

Performance against active inappropriate adult acute out of area placements was 3 in May, slightly worse than the plan of 2.

# Reliable recovery rate for those completing a course of treatment

**GM Providers**

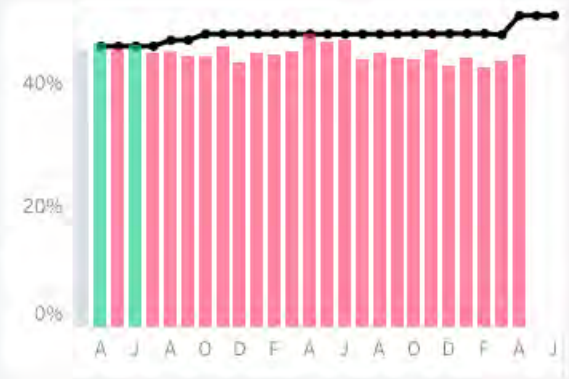
**44.5%**

▲ 1.7% Previous 42.8%


**GM Registered**

**44.5%**

▲ 1.1% Previous 43.5%




| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GMMH | Actual | 49.0% | 47.0% | 47.0% | 46.0% | 48.0% | 45.0% | 46.0% | 46.0% | 42.0% | 45.0% | 46.0% | 43.0% | 45.0% | |
| | Plan | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 47.8% | 51.1% | 51.1% |
| PCFT | Actual | 46.0% | 47.0% | 49.0% | 47.0% | 46.0% | 47.0% | 41.0% | 48.0% | 47.0% | 48.0% | 46.0% | 50.0% | 48.0% | |
| | Plan | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 51.1% | 51.1% |
| GM Acute Providers | Actual | 47.7% | 46.3% | 46.7% | 43.3% | 44.7% | 43.6% | 43.1% | 45.3% | 42.5% | 43.7% | 42.6% | 42.8% | 44.5% | |
| | Plan | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 47.9% | 51.1% | 51.1% |
| GM Registered | Actual | 47.8% | 46.6% | 46.9% | 43.6% | 44.9% | 43.9% | 43.6% | 45.3% | 42.7% | 43.9% | 42.4% | 43.5% | 44.5% | |
| | Plan | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.0% | 48.1% | 48.1% | 48.1% | 47.9% | 51.0% | 51.0% |

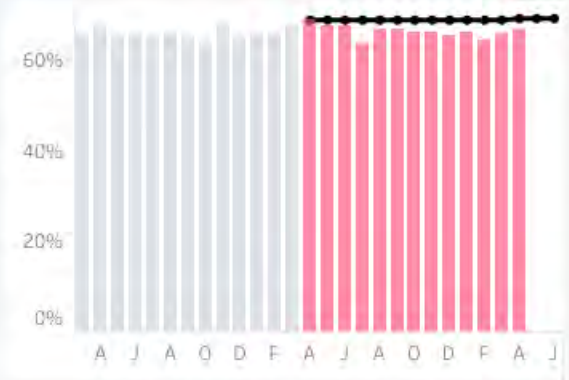
Performance against the reliable **recovery** standard was worse than plan, with 44.5% of those completing courses achieving reliable recovery compared with the April plan of 51.1%.

# Reliable improvement rate for those completing a course of treatment

**GM Providers**

**66.9%**

▲ 1.4% Previous 65.5%




**GM Registered**

**67.0%**

▲ 1.3% Previous 65.7%


| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GMMH | Actual | 72.0% | 71.0% | 71.0% | 71.0% | 71.0% | 71.0% | 70.0% | 70.0% | 69.0% | 69.0% | 68.0% | 69.0% | 70.0% | |
| | Plan | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.8% | 69.1% | 69.1% |
| PCFT | Actual | 68.0% | 66.0% | 67.0% | 65.0% | 67.0% | 68.0% | 67.0% | 69.0% | 68.0% | 71.0% | 69.0% | 69.0% | 68.0% | |
| | Plan | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 67.1% | 69.1% | 69.1% |
| GM Acute Providers | Actual | 68.7% | 67.6% | 67.4% | 63.7% | 66.6% | 66.6% | 66.0% | 65.9% | 65.2% | 66.1% | 64.2% | 65.5% | 66.9% | |
| | Plan | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 68.8% | 69.1% | 69.1% |
| GM Registered | Actual | 68.7% | 67.3% | 67.2% | 63.4% | 66.3% | 66.5% | 65.7% | 65.9% | 64.9% | 65.9% | 63.9% | 65.7% | 67.0% | |
| | Plan | 66.8% | 66.5% | 66.2% | 65.9% | 66.8% | 66.5% | 66.2% | 65.9% | 65.6% | 66.6% | 66.3% | 65.9% | 69.0% | 69.0% |

Performance against the reliable **improvement** standard was worse than plan, with 66.9% of those completing courses achieving reliable improvement compared with the April plan of 69.1%.