

## Greater Manchester Joint Health Scrutiny Committee

Date: 16 September 2025

Subject: Supporting our workforce: An update from NHS Greater Manchester

Report of: Charlotte Bailey, Chief People Officer, NHS Greater Manchester

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### Purpose of Report

This report provides an update on the following:

- (i) Key updates and developments since presenting in January
- (ii) An overview of progress made to deliver our priorities over the last six months.
- (iii) An overview of the more long term strategic activity to support good work.

### Recommendations:

The GM Joint Health Scrutiny Committee is requested to:

1. Endorse the approach being taken to implement NHS Reform in Greater Manchester
2. Scrutinise and support the delivery of workforce efficiency improvements and leadership development, ensuring risks (such as sickness absence and reliance on temporary staffing) are actively addressed.
3. Champion and promote the alignment of workforce priorities with the wider GM Strategy, particularly around the Good Employment Charter, fair pay, and opportunities for skills and career development.

### Contact Officer

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# 1. Introduction/Background

Following the update in January, there have been a series of significant national announcements which has shaped the direction of travel within Greater Manchester.

## NHS Reform

In March, the Government made a series of announcements which would lay the foundations for national reform of the NHS. These included the abolition of NHS England, as well as the reduction in the size and cost of Integrated Care Boards (ICBs). It has since been confirmed that the reduction in funding for ICBs would be made on the basis of the average costs per head. The changes for ICBs range from 27% to 63% reductions in running and programme costs. For NHS Greater Manchester, the calculated reduction is 39%.

At the end of May, NHS GM submitted a high-level plan on how we could deliver reform inline with the published ICB Blueprint. An operating model has now been developed in partnership with key stakeholders. This model will deliver a strategic commissioning function as well as supporting further integrated delivery at place. The model builds on Greater Manchester's well-established place-based- health and care partnerships and aims to further enhance our 'Live Well' work.

During September and October wider staff and partnership engagement and involvement around the model will commence now it has been designed.

Transparency and openness with staff have been prioritised throughout the transition programme and there has been strong partnership working with trade union members.

In relation to workforce the Model ICB Blueprint details the transfer of strategic workforce planning and education and training to regional teams and workforce development to NHS Trust Providers, with a new relationship forming between the two that removes ICBs role in workforce planning and development.

As part of the reforms, all NHS providers have also been tasked to reduce their corporate cost growth by 50% during Quarter 3 2025/26

## NHS 10 Year Health Plan

In July, NHS England launched the NHS 10 Year Health Plan. The key focus for workforce in Chapter 7 of the plan includes:

| Headline                      | Summary   |
|-------------------------------|---|
| Multidisciplinary Teams       | Promotes integrated teams across primary, secondary, and community care to improve patient outcomes and reduce silos.     |
| Flexible Career Pathways      | Introduces modular training and career progression routes to support lifelong learning and adaptability.                  |
| Retention and Wellbeing       | Focuses on improving staff wellbeing, reducing burnout, and enhancing retention through better support systems.           |
| Technology-Enabled Workforce  | Encourages use of AI, automation, and digital tools to reduce administrative burden and enhance clinical decision-making. |
| Workforce Planning Reform     | Aligns workforce planning with population health needs, local service models, and future demand forecasts.                |
| Diversity and Inclusion       | Commits to building a more inclusive NHS workforce, addressing disparities in recruitment, progression, and leadership.   |
| Local Autonomy and Leadership | Empowers Integrated Care Systems (ICSs) to lead workforce transformation tailored to local needs.                         |

A full 10-year workforce plan is expected later this year.

## 2. Delivery of key priorities over the last six months

### 2.1 Workforce Efficiency Programme

During Covid all hospitals experienced a growth in headcount to manage increased demand, as well as high staff sickness levels and a growing patient backlog. Greater Manchester saw an increase in headcount, particularly in non-clinical roles, but without a positive increase in productivity. Between March 2020 to March 2022 our NHS Trust Providers saw an increase of 8,675.7 wte (11.2%) from 77,222.3 wte to 85,898.0 wte.

As part of Covid recovery, it was identified that NHS trusts needed to do more to tackle sickness absence, as well bank and agency spend to improve workforce efficiency.

Over the last two years, NHS GM has been working closely with Trust HR Directors to tackle this challenge and meet a set of nationally agreed targets to reduce the workforce back to pre-pandemic levels with a particular emphasis on non-clinical roles. Further, stretch targets have been set nationally to further reduce the cost of temporary staffing, with a commitment across all GM Trusts to work together to improve workplace attendance.

Our GM NHS Trusts have collectively delivered against the majority of workforce performance and national temporary staffing targets, focussing on a reduced reliance of temporary staffing and associated high-cost agency spend. This has been achieved through implementation of the GM Temporary Staffing Strategy, resulting in a demonstrable shift from agency to bank. Key performance as reported at the end of 2024/25 is set out below:

- Substantive Workforce - 2,246.1 wte over plan - reflecting a 2.7% increase (2,234.2 increase)
- Bank - 1,593.9 wte over plan - reflecting a 11.6% decrease overall (892.1 WTE)
- Agency - target of 727 wte achieved with a 30.3% decrease overall (280.4 WTE decrease)
- Sickness absence - 0.9% above plan (overall 6.0% against a target of 5.1% - lower is better)
- Turnover - target of 10.1% achieved (overall 10.1% against a target of 10.9% - lower is better)

New targets have been set for 2025/26. The target dates for Greater Manchester are for delivery by March 2026. National and regional targets are ongoing monthly / year to date.

## Targets for 25/26

| Workforce Movements                     |            | GM       | ICB     | GM Total |
|---|------------|----------|---------|----------|
| All Workforce WTE, % growth / reduction | Mar-25     | 91,030.2 | 1,604.0 | 92,634.3 |
|   | Mar-26     | 88,800.0 | 1,569.7 | 90,369.7 |
|   | Difference | -2,230.2 | -34.3   | -2,264.5 |
|   | % Diff     | -2.4%    | -2.1%   | -2.4%    |
| Substantive WTE, % growth / reduction   | Mar-25     | 84,095.7 | 1,589.5 | 85,685.2 |
|   | Mar-26     | 83,536.3 | 1,557.7 | 85,094.0 |
|   | Difference | -559.3   | -31.8   | -591.1   |
|   | % Diff     | -0.7%    | -2.0%   | -0.7%    |
| Bank WTE, % growth / reduction          | Mar-25     | 6,278.7  | 2.0     | 6,280.7  |
|   | Mar-26     | 4,841.2  | 0.0     | 4,841.2  |
|   | Difference | -1,437.4 | -2.0    | -1,439.4 |
|   | % Diff     | -22.9%   | -100.0% | -22.9%   |
| Agency WTE, % growth / reduction        | Mar-25     | 655.9    | 12.5    | 668.4    |
|   | Mar-26     | 422.5    | 12.0    | 434.5    |
|   | Difference | -233.5   | -0.5    | -234.0   |
|   | % Diff     | -35.6%   | -4.0%   | -35.0%   |
| Sickness Rate                           | Mar-25     | 6.0%     | 3.2%    | 5.4%     |
|   | Mar-26     | 5.4%     | 3.0%    | 4.9%     |
|   | % Diff     | 0.6%     | 0.2%    | 0.4%     |
| Turnover Rate                           | Mar-25     | 11.1%    | 12.0%   | 10.4%    |
|   | Mar-26     | 10.9%    | 12.0%   | 10.5%    |
|   | % Diff     | -0.3%    | 0.0%    | 0.1%     |
| Establishment                           | Mar-25     | 90,411.4 | 1,557.7 | 91,969.1 |
|   | Mar-26     | 89,336.3 | 0.0     | 89,336.3 |
|   | % Diff     | -1.2%    | -100.0% | -2.9%    |
| Vacancy rate                            | Mar-25     | 7.0%     | -2.0%   | 6.8%     |
|   | Mar-26     | 6.5%     | #DIV/0! | 4.7%     |
|   | % Diff     | -0.5%    | #DIV/0! | -2.1%    |

## Latest update – Month 3 (June)

The substantive workforce remains nearly 200 WTE above the Month 3 plan, with a reduction of over 30 WTE between Month 2 and Month 3, requiring a further reduction of over 650 WTE to achieve the end of year plan.

In Month 3 there was a reduction of nearly 600 WTE bank usage across the system, meaning over 250 below the month 3 plan, but still requiring a further 500 WTE reduction to achieve the end of year figure.

Utilisation of agency staff has remained stable between month 2 and month 3 and on

plan, although requiring a further reduction of 60 to achieve the end of year figure.

Further changes to substantive workforce numbers are expected with MARS and VR schemes taking effect in Q2 and Q3 across providers to reduce the substantive corporate workforce, but we also anticipate an increase in clinical staff to further reduce the requirement for temporary staffing.

Sickness absence and turnover rates are in line with targets.

There is a waterfall methodology in place, as well as monthly Provider Assurance Meetings to mitigate risks and support providers to successfully achieve 25/26 targets.

## **2.2 Leadership and Governance**

Great progress has been made in the Leadership and Governance Pillar of the Single Improvement Plan (undertakings). NHS England have confirmed that they are assured with the evidence for 42 of 52 actions for the leadership and governance pillar.

The focus of this pillar is a broader approach to leadership, which looks at how our leaders work together across the integrated care system (ICS) and includes how NHS Greater Manchester develops a high functioning Board to best support the wider system. The work to embed this leadership approach includes:

- (1) Board development of the NHS GM Board, including completion of Affina Team Performance Inventory (ATPI) to assess Board effectiveness completed by all Board members, including Partner members; individual and team 360 feedback reviews to inform Board member appraisals for all Board members (excluding Partner members) and development of an recommended Board Development Plan to incorporate all of the feedback from ATPI, group 360, PAT, Well Led Review, National Staff Survey data and NHS Reform and associated transition plans.
- (2) Inter-organisational partnerships – supported by the GM System Leadership Group, which meets monthly to enable the development of relationships, collaborative working, and a collective focus on transformation across the health and care system.
- (3) Working with the Good Governance Institute to review our governance processes

The Leadership and Governance working group presented a deep dive to the System Improvement Board and a review of this was shared with NHS England on 30 June. We were rated as compliant and it was supported that the remaining activities will be achieved

in line with the arrangements developed by NHS GM as part of the NHS Reform transition programme.

## 2.3 Staff survey results

In spring the latest NHS National Staff Survey Results were published. The response rate for the Staff Survey 2024 for the GM Integrated Care System (ICS) (NHS Trusts and the ICB) was 45.8%. This was an improvement of 4.6k people or 2.3% from 2023. It was slightly below the Northwest average of 47.9%

Table Four below summarises the GM ICS performance and trend by Staff Survey theme. Based on national advice, only changes more than 0.098 are classed as statistically significant (meaning that they can be assumed to show a change of trend):

**Table Four**

| Survey Themes                      | 2021 | 2022 | 2023 | 2024 | Change between<br>23 - 24 | Change<br>Between<br>21 - 24 |
|------------------------------------|------|------|------|------|---------------------------|------------------------------|
| We are compassionate and Inclusive | 7.21 | 7.18 | 7.28 | 7.29 | 0.01                      | 0.08                         |
| We are recognised and rewarded     | 5.89 | 5.78 | 6.01 | 6.02 | 0.01                      | 0.13                         |
| We each have a voice that counts   | 6.71 | 6.65 | 6.71 | 6.74 | 0.03                      | 0.03                         |
| We are safe and healthy            | 5.94 | 5.94 | 6.15 | 6.17 | 0.02                      | 0.23                         |
| We are always learning             | 5.14 | 5.24 | 5.56 | 5.60 | 0.04                      | 0.46                         |
| We work flexibly                   | 6.01 | 6.02 | 6.26 | 6.36 | 0.1                       | 0.35                         |
| We are a team                      | 6.60 | 6.64 | 6.80 | 6.84 | 0.04                      | 0.24                         |
| Staff engagement                   | 6.78 | 6.70 | 6.84 | 6.83 | -0.01                     | 0.05                         |
| Morale                             | 5.72 | 5.68 | 5.92 | 5.95 | 0.03                      | 0.23                         |

This means that GM ICS remained statistically consistent (meaning that changes are not enough to assume a trend) for most Staff Survey themes between 2023 and 2024.

However, there was a statistical improvement for “We Work Flexibly” which is how our people feel about opportunities for flexible working and if their organisation supports them with this.

GM ICS were in line with regional and national benchmark averages for all 9 Staff Survey themes in 2024.

Since 2021 GM ICS have seen statistical improvements in most Staff Survey themes. Most improved areas are organisational commitment to work life balance, teams meeting to discuss effectiveness and number of people having had appraisals. There has also been statistical improvement in compassionate leadership scores.

There has been no statistical improvement since 2021 for Staff Survey scores relating to compassionate cultures, inclusion, raising concerns or people recommending their organisation as a place to work or be treated.

We have two trusts that received results amongst the highest in the country across staff survey domains, these are Pennine Care NHS Trust and the Christie NHS Foundation Trust.

Skills for Care undertook a national staff survey in 2023 of 7000 social care staff. The results were only shared at a national level and can be viewed [in full here](#). The survey results looked at the following six areas, which are rated on a scale of 1-5.

- (1) General wellbeing (GWB), with an average score of 3.15 for the ASC workforce, which indicates low to moderate levels of wellbeing
- (2) Control at work (CAW), with an average score of 3.16, which indicates low to moderate levels of control at work - this is in line with the ASCOT-workforce measure on autonomy
- (3) Stress at work (SAW), which has the lowest mean score (2.36) across the 6 factors, which indicates fairly high levels of stress among the ASC workforce
- (4) Home-work interface (HWI) - this factor addresses issues relating to work-life balance and the extent to which an employer is perceived to support someone's home life, and has a mean score of 3.41
- (5) Working conditions (WCS), with a mean score of 3.53
- (6) Job and career satisfaction (JCS), with a mean score of 3.55

A survey for 2025 is currently being undertaken.



## 2.4 Workforce Race Equality

The Workforce Race Equality Standard (WRES) was introduced in 2015 to help NHS organisations identify improvements to manage and monitor inequalities through nine workforce indicators. It aims to support a more inclusive NHS workforce and improving care quality, patient satisfaction and workforce experience. Annual reporting is required for NHS commissioners and NHS healthcare providers. The most common themes in Greater Manchester are around experience of harassment, bullying and abuse, equal opportunities and discrimination at work. Key results from the providers 2024 return included:

### Harassment, Bullying or Abuse

- On average 25% of BME staff report more incidents, compared with 21.6% of white staff.

### Equal Opportunities for Career Progression

- White staff consistently report higher belief in equal opportunities than BME staff, with an average of 58.3%, compared with 47.8% for BME staff.

### Discrimination at Work

- BME staff report significantly higher rates of discrimination from staff, at 15.4%, compared with an average of 6.1% for white staff.

The NHS Equality Professionals Network was established in Greater Manchester in June 2024. It met monthly for the first six months with a key theme chosen by equality leads from each of the provider Trusts across GM.

From January 2025 three working groups were agreed to be established as key themes emerged across all trusts around workplace/reasonable adjustments, bullying and harassment and inclusive recruitment

Workforce Race Equality is now being measured in social care, with 23 local authorities taking part in 23/24 and 83 taking place in 24/25. However, it is important to note that it is currently being rolled out only for local authority employed staff and doesn't include the independent sector which accounts for over 80% of the workforce. The work is still very much in early development and is supported by a continuous improvement programme led by Skills for Care and supported by the NHS GM Adult Social Care Team.

The most recent report in 2024 revealed challenging data, in line with some of the key themes from the WRES in the NHS: with staff from minoritised ethnic backgrounds 48% less likely to be appointed from shortlist, 37% more likely to face formal disciplinary action and are underrepresented in senior management (12% vs. 20% overall workforce).

## **2.5 Transforming People Services**

Transforming People Services (TPS) is one of eight Transformation Programmes that sit within the wider Corporate Services review led by the Trust Provider Collaborative (TPC).

This is a significant GM-wide programme aimed at scaling services through collaboration and partnership enabled by digital. NHS Reforms mean that how our people services are configured will need to change, be more efficient and cost effective. This is a significant system change programme for people services and covers shared working opportunities across areas such as recruitment, occupational health, payroll, learning and development. The work is being developed with NHS Trusts and there is significant scope to further involve partners in primary care, social care and the voluntary sector.

National work continues to develop the future NHS People Services Target Operating Model from NHS England, in collaboration with KPMG and CIPD. Enhancing service quality and improving the experience for people teams and customers remains a priority.

The TPS Programme of work continues to drive progress across the four priority project areas, ESR, Occupational Health, Recruitment and People Portal Chatbot with measurable improvements in system integration and user experience being developed.

## **3. Wider system delivery**

The requirement to deliver on key priorities such as workforce efficiency and the delivery of the Single Improvement Plan in response to the NHS England undertakings, as well as prepare for significant NHS Reform have limited the delivery of activity across the wider health and care system this year. However, more long-term strategic delivery continues in two key areas:

### **A. Good Employment – to improve membership across health and social care.**

Work continues to support access to good work for all our residents, including working in partnership with the Good Employment Charter to increase members and supporters from within health and care. It was recently confirmed that Greater

Manchester Mental Health NHS Trust have committed to the paying the Real Living Wage until 2030 and on 2 September they were confirmed as members of the Charter. The health and social care sector is now the largest business sector in the Charter with 28 members, compared with just two in 2022, along with 173 registered supporters. 36,900 staff are now experiencing the benefit of charter membership - with better opportunities to grow, develop and thrive in the workplace and demonstrating the value of good work.

NHS GM delivered the sixth annual Health and Care Champion Awards on behalf of the system in July. This year saw a significant increase in nominations, with almost 700 nominations received from over 140 different organisations. This is the only GM-wide awards for the entire health and care workforce and the awards ceremony is fully funded by external sponsorship. More information on the shortlist and winners can be found [here](#).

**B. Skills – supporting the MBaccalaureate in health and care and increase T Level placement capacity.**

Currently, there are over 300 T Level placements across Greater Manchester. This initiative will help increase that number, supporting pathways from nursing and maternity to estates and finance. The work also aligns with the region's 2025–2035 Strategy and the Manchester Baccalaureate (MBacc), preparing young people for future careers.

For the first time in Greater Manchester, learners are able to undertake a Midwifery T Level and gain direct clinical experience within midwifery teams during their 10 week placement. The Northern Care Alliance is the first NHS Trust in GM to host midwifery T level cadets at The Royal Oldham Hospital while they continue their midwifery studies at Oldham College.

NHS GM have worked with Stockport NHS Foundation Trust to recently secure £184,000 of funding to support a new role dedicated to expanding high-quality T Level industry placements across Greater Manchester's health and care system. The coordinator will work closely with placement providers and education partners to grow capacity, tackle inequalities, and ensure placements are accessible, consistent, and impactful.

The GM People and Culture Strategy for our health and care workforce is due to be refreshed by the end of 2025. This is currently being deferred until transition to our new operating model is completed. This will be in line with the publication of the national 10 year workforce plan. The current priorities set out in the strategy are:

- Good Employment
- Workforce Wellbeing
- Addressing Inequalities
- Workforce Integration
- Growing and Developing our Workforce