

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR
NORTHERN CARE ALLIANCE
26/06/2025 at 2.00 pm



Present: Councillors Hamblett and McLaren (Oldham)
Councillors Dale and Joinson (Rochdale)

Also in Attendance:

Judith Adams	Chief Delivery Officer (NCA)
Jack Grennan	Constitutional Services
Gertie NicPhilib	Chief People & Strategy Officer (NCA)
Mina Patel	Director of Finance OCO & RCO (NCA)
Tamara Zatman	Associate Director – Post Transaction Integration (NCA)

1 **ELECTION OF CHAIR**

Item deferred to next meeting due to lack of quorum.

2 **ELECTION OF VICE CHAIR**

Item deferred to next meeting due to lack of quorum.

3 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Anstee (Rochdale) and Councillor Fitzgerald (Bury).

4 **URGENT BUSINESS**

Due to a lack of quorum, the meeting did not proceed formally. However, it was decided amongst the members present that the meeting would continue informally as no decisions were due to be made.

Councillor McLaren was agreed as chair for the duration of the session.

No other items of urgent business were received.

5 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

6 **PUBLIC QUESTION TIME**

There were no public questions received.

7 **MINUTES OF PREVIOUS MEETING**

This item was deferred due to the lack of quorum.

8 **PERFORMANCE DASHBOARD**

Jude Adams presented the item, noting the metrics and progress made. Areas highlighted in the report included cancer services, staff and urgent care. It was noted that wait times continued to fall, and that outpatient services showed sustained improvement.

Members noted the progress made, particularly on waiting times. Questions were asked on the elective A&P process, cancellations, bed capacity, benchmarking and treatment pressures. Members were advised that national and local problem solving practice was being looked at, particularly good practice and ways to reduce variation. It was highlighted that the two main reasons for cancellations were patients not being clinically fit for surgeries and patients not showing up, and the idea of a stand by list was suggested. It was noted that a significant issue with bed capacity was physical capacity issues, particularly regarding RAAC and a lack of space.

9 **STAFFING SURVEY**

Gertie NicPhilib presented the report on the Staff Survey. Highlights of the report included an increased response rate of 55%, improved flexible working and Next Steps. It was also noted that it was positive that there had been no material decline in figures.

Members asked questions on the Speaking Up guardians, protected characteristics and the design of the questionnaire. Members were advised that the 'Freedom to Speak Up' guarantee was in place and that Speaking Up guardians were independent non-executive staff members who could raise issues if things don't feel right. It was noted that the design of the questionnaire is nationally set, and that employees are free to fill in their own details, particularly around protected characteristics, as they see fit and update them accordingly.

10 **FINANCE REPORT**

Mina Patel provided an update on finance. It was noted that the NCA position is a deficit of £4.4m and that the Trust is working on its 2025/26 financial plan. Issues that were highlighted included a reduction in the use of bank and agency staff.

Members noted the report and asked questions on payments, financial governance, the deficit and how to balance budget and delivery. Members were advised that payments to agency were as a last resort, and that financial governance, especially around fraud, was audited and part of a positive process. It was noted that plans were in place to reduce the deficit by looking at how to use resources better and more productively. It was also noted that accounting for leases had changed. It was highlighted that balancing budget against service delivery was challenging, but that tracking against complaints were in place to ensure that service delivery continued.

11 **WORK PROGRAMME**

Items were considered for future meetings. Items suggested for the work programme included:

Community outreach

Growing your own – Apprenticeships and widening access

Patient and staff stories.

Patient surveys.

The meeting started at 2.00 pm and ended at 3.45 pm