

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR  
NORTHERN CARE ALLIANCE**  
**26/02/2026 at 2.00 pm**



**Present:** Councillor McLaren (Chair) Councillor Hamblett (Vice-Chair)  
(Oldham)  
Councillors Dale and Joinson (Rochdale)  
Councillor Fitzgerald (Bury)

Also in Attendance:

Jack Grennan	Constitutional Services
Peter Marshall	Programme Director of the Clinical Leadership Model redesign (NCA)
Gertie NicPhilib	Chief Strategy & People Officer (NCA)
Steve Taylor	Oldham care Organisation, NHS
Tamara Zatman	Associate Director – Post Transaction Integration (NCA)

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ali (Oldham), Councillor Anstee (Rochdale) and Councillor Harris (Bury). Apologies were also received from Mike Barker.

2           **URGENT BUSINESS**

Two items of Urgent Business were received.

The first was a request for an update on the Care Quality Commission (CQC) inspections around the NCA. Members were informed that four CQC inspections had taken place, and it was highlighted that the Oldham, Rochdale and Salford inspection reports were available online, but that Bury's report was not yet available online.

It was highlighted that Salford's rating was 'Requires Improvement' and that a Section 29a warning had been issued. It was noted that there had been an immediate response from the Trust, with recruitment across the Trust being increased. It was noted that a Trustwide action plan was being developed.

Rochdale had been rated good in all areas inspected, but issues had been raised, for example around patients not understanding why they were being moved. It was noted that the 'Good' rating was a retention of the previous rating.

Oldham had been inspected during Summer 2025, retaining a rating of 'Requires Improvement' overall. It was highlighted that despite retaining this rating, there was a more positive narrative within the report. It was noted that there were issues around communication and ward moves.

Members noted concern at Salford's rating and the Section 29a warning and asked whether it was in the remit of the committee to scrutinise this. It was agreed that the Chief Nurse would

provide an update to the committee, and it was highlighted that there was the option for the Trustwide Action Plan to come to the Committee in the future.

Members queried whether high waiting times had been picked up in any of the Inspection reports. It was noted that the CQC focus for these inspections was not on urgent care but that they would be sighted on the issue. It was highlighted that high wait times were a system issue manifesting as an A+E issue, and that this was a national issue too.

The second item of Urgent Business was a request from Councillor Fitzgerald around media reports of 200 sexual safety incidents at the NCA, and it was queried whether this should be on the IPR. It was agreed that a response to this would be circulated to the committee via Constitutional Services.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF THE PREVIOUS MEETING**

RESOLVED: That the Minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance meeting held on 18<sup>th</sup> December 2025 be approved as a correct record.

The answers to questions from the previous meeting were noted.

6 **INTEGRATED PERFORMANCE REPORT AND NATIONAL OVERSIGHT FRAMEWORK**

The Integrated Performance Report was received. Members queried at what point absences become a 'long term absence'. It was noted that this was after a continuous absence of 28 days. Members also noted the good news around the fall in overpayments, but it was noted that it was still higher than previous and members queried why this was the case. It was noted that the overpayments were a small percentage of the NCA's overall turnover but that lots of work had been done to reduce this. It was highlighted that the main reasons for these overpayments were late notifications of terminations, absences etc. and that there had been success in recouping. It was noted that this had historically been poor but there was an improving situation.

Members queried what the impact on sickness absence was, particularly around cancellations of appointments and surgeries. It was noted that there was cover for absence through bank and agency staffing to ensure that safe staffing levels were met. It was noted that whilst there was a financial implication to agency staffing and bank staff, there was far less of an impact on theatre performance.

Members queried the break ins at Oldham's old maternity unit, and it was queried whether the sites had been secured and whether the equipment was usable in other settings. It was highlighted that security had been stepped up since the break in, but unfortunately, urban exploring was becoming a new phenomenon. It was also noted that the equipment was old and not fit for clinical purposes and that the inventory was being managed. An offer was made to the committee to visit the new training facilities.

Members queried theatre productivity, and it was noted that the service was already being streamlined as much as possible to maximise utilisation. It was also noted that better data on theatres was coming soon.

Members queried outpatient innovation work, and it was noted that there were virtual pods being tried out, reductions being made in the Did Not Attend rate and work was being done to reduce referrals through advice and guidance.

Members queried why there had been a drop in temporary staffing, and it was noted that there had been some seasonal variation. It was noted that the situation was being kept under review.

Members noted the success around MRSA and queried whether there were any reasons for the CDI and still births and how this was being managed. It was noted that handwashing and antibiotics were the two big factors on this and that a deep dive had been done on the still births, with no obvious common themes. It was highlighted that monthly numbers were returning to normal levels.

Members queried several of the data marks, particularly around hand hygiene. It was noted that it was difficult to monitor handwashing 24/7 and that this made it difficult to track in real time, although there are regular audits.

RESOLVED: That the report be agreed.

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## **WIDENING ACCESS, INCLUSIVE RECRUITMENT AND PARTICIPATION**

The report was introduced by Gertie Nic Philib, noting a focus on improving recruitment, particularly around NEET and young people. It was noted that work was being done around apprenticeships and work experience opportunities, with lots of pathways and careers being opened up.

Members queried whether 'grow your own' was working and how new posts would work within the existing structure. It was noted that this would be done on levels of attainment, and there would be outreach for schools and colleges around careers. It was noted that there were a sizable breadth of apprenticeships. It was also noted that there would be on the job training for those joining.

Members queried how the midwifery T-Levels would work, and it was noted that the NCA was the first trust to hold the T-Level for midwifery. It was highlighted that this contained learning on the job and that there were opportunities to progress to becoming a midwife.

Members queried what would happen at the end of the trailblazer, and it was agreed that the answers would be fed back to Constitutional Services to be circulated.

Members noted approval of the sharing of interview questions ahead of an interview. It was also agreed that an update would be brought back in 12 months time.

RESOLVED: That the Report be noted.

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### **INTEGRATED CARE AND UPDATE ON CLINICAL LEADERSHIP MODEL WORK AND ITS IMPACT ON EACH LOCALITY**

The report was presented by Steve Taylor and Peter Marshall, noting the increased demand which was leading to a poorer experience for patients and poorer performance. An overview of the Integrated Care service and its activities was presented. The operating model of Rochdale was discussed as was the development of a clinical strategy.

Members noted that this process resembled the integrated care system of the past, and it was noted that although greater integration was returning, the system was going way beyond this. Members also noted that the success of Rochdale was due to a commitment to get the best care.

Members queried whether virtual wards usage was increasing. It was highlighted that yes, across the country they were, with Cambridge having opened a virtual hospital that takes different needs.

The Clinical Leadership Model was discussed, and it was noted that this would involve 250 colleagues through a bottom-up approach and ensuring that clinicians were at the heart of the decision making. It was noted that there would be six clinical groups in place by April.

It was agreed that Constitutional Services would share the NCA Survey amongst members, and that the item would be brought back to the committee in around 12 months' time with case studies.

RESOLVED: That the report be noted.

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### **WORK PROGRAMME**

Potential items were discussed and it was agreed that a separate meeting would be arranged to discuss items and the Work Programme further.

RESOLVED: That the Work Programme for 2025/26 be noted.

The meeting started at 2.00 pm and ended at 4.05 pm

