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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
Agenda

Date	Thursday 25 June 2026
Time	2.00 pm
Venue	J R Clynes Second Floor Room 1 - The JR Clynes Building
Notes	1. Declarations of Interest- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Alex Bougatef or Constitutional Services at least 24 hours in advance of the meeting.

2. Contact officer for this agenda is email constitutional.services@oldham.gov.uk

3. Public Questions - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Tuesday 23rd June 2026.

4. Filming - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Membership of the JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
Councillors Fitzgerald, Hunt and Simpson (Bury)
Councillors Brownridge, Klonowski and Sheldon (Oldham)
Councillors Dale and Joinson (Rochdale)

Item No

1 Election of Chair

The Panel is asked to elect a Chair for the 2026/27 Municipal Year.

2 Election of Vice Chair

The Panel is asked to elect a Vice Chair for the 2026/27 Municipal Year.

3 Apologies for Absence

4 Urgent Business

Urgent business, if any, to be introduced by the Chair.

5 Declarations of Interest

To receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

6 Public Question Time

To receive questions from the Public, in accordance with the Terms of Reference.

7 Minutes of the Previous Meeting (Pages 3 - 8)

To consider the minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance held on 26th February 2026.

8 Integrated Performance Report (Pages 9 - 30)

To note the Integrated Performance Report for April 2026.

9 Financial Update

To note the Financial update
Note: The papers for this item are included within the Integrated Performance Report (Item 8).

10 CQC update (Pages 31 - 46)

To note the updates on the Care Quality Commission (CQC) inspections.

11 2026/2027 Work Programme (Pages 47 - 48)

To note the draft 2026/27 work programme for the Scrutiny Committee and to consider items for inclusion.

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 18th 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 24/7and that this made it difficult to track in real time, although there are regular audits.

RESOLVED: That the report be agreed.

7 **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.

8 **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.

9 **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

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Integrated Performance Report

Published: April 2026

Northern Care Alliance
NHS Foundation Trust

Contents

Using Statistical Process Control

Statistical Process Control (SPC) is a method for viewing data over time to highlight variation. This methodology has long been associated with Quality Improvement and enables us to understand where variation is normal and also where variation is different and requires further actions. This is known as special cause variation.

SPC Charts have upper and lower process limits. Approximately 99% of data points will fall between these two control limits. If a target is outside of the control limits, it is unlikely that it will be achieved without a change in practice.

Icons are used on our SPC charts for ease of interpretation. As well as these icons giving an indication of whether variation is normal or not, there are also icons providing an indication of assurance in terms of performance targets.

SPC charts aren't always appropriate for all metrics and where this is the case, standard run charts will be used showing trends over time, including any applicable targets.

NHS England's SPC Icons

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Understanding the rules of SPC

There are a number of rules that help us interpret SPC charts. These rules indicate something that would not happen through natural variation:

- A single data point outside of the process limit
- Consecutive data points above or below the mean
- Six consecutive points increasing or decreasing
- Two out of three points close to the process limit – an early warning

These rules indicate *special cause variation.*

Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Matrix Summary

	Consistently achieving target	Inconsistently achieving target	Consistently failing target	No Target
Special Cause Improvement	% of Reviews where carers indicate their needs are being met	Staff 12-month Turnover PIFU C-diff 62 Day Cancer Performance 31 Day Cancer	Welcome Back Compliance Urgent Community Response 2-Hour Performance UEC - 4 hour Size of Waiting List RTT waits within 18 weeks RTT First attendance within 18 weeks Number of People Receiving Long term services (12-month rolling) 63 day waits Cancer	Temporary Staffing Spend
Natural Variation	Friends & Family Test Mandatory Training Time to Hire	28 Day Cancer Faster Diagnosis DNA Rate Falls Hand Hygiene Compliance Hospital Acquired Organisms - Ecoli My Time Compliance Pressure Ulcers G2-G4 Risks within review date	Diagnostics 6 week performance Sickness Absence (In Month) Sickness Absence (Rolling) Theatre Utilisation	Ambulance handover Cancelled Operations on the day Community Acquired Pressure Ulcers Discharge Ready Date Number of 12 hour waits in ED Number of Incidents with harm Overpayments Specialist Advice
Special Cause Concerning	Still Births per 1000 PPH	Complaints Response	PALS resolved within 5 days MRSA	Number of Significant Risks Number of Incidents with no harm Better Payment Practice Code

Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Gertie Nic Philib - Chief Strategy & People Officer: Drive Metrics

People & Learning

Highlights

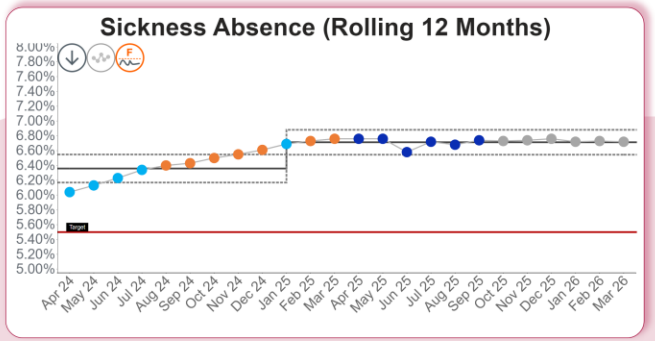
Workforce Planning is now complete for 2026/27 year and Mid Term Plan
Mandatory training at 93.51%
Foundation Leadership training at 77%
Medical Appraisal at 92%
Time to Hire remains below 20-day target across all areas
Continued progress in implementing our LMS and modernising mandatory training access
Mutually Agreed Resignation Scheme launched on 1 Apr

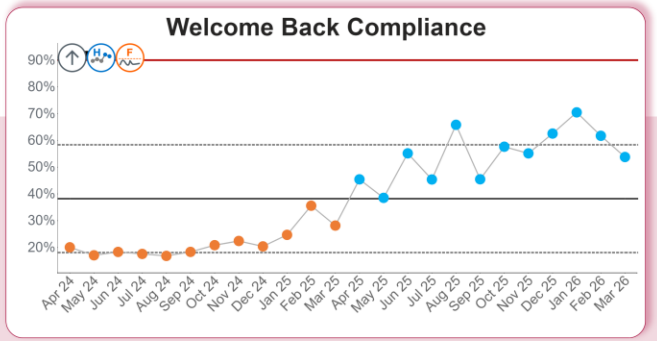
Areas of Concern

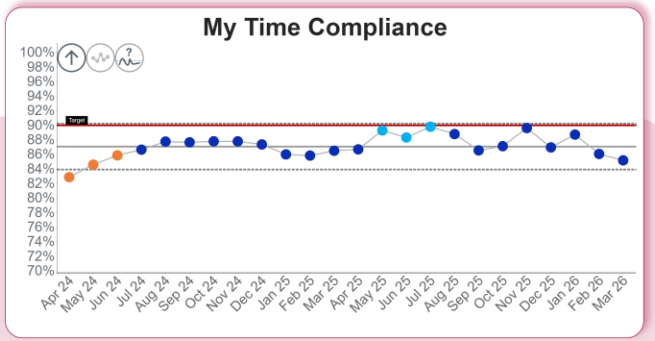
Sickness absence continues to be above target
My Time compliance has decreased in March to 85.18% and an area of continued focus in Performance Reviews
Whilst mandatory training is above 90% there are 18 modules that are non-compliant. Clinical Groups to developed trajectories to achieve compliance

Forward Look (with actions)

Clinical Groups/Corporate Services to establish monthly absence reviews in CSUs and departments from April 2026 to focus on short-term and long-term sickness management, to ensure every colleague has a robust management plan in place
Continued focus on increasing My Time compliance at Performance Reviews
Clinical Groups developing trajectory for achieving mandatory training in non-compliant modules







Technical Analysis

This remains static, having reduced by 0.01%.

Welcome back compliance decreased in March, falling to 53.79% however continued to demonstrate special cause (better) variation.
Continued focus on Welcome Back discussions at Performance Reviews and NOF Improvement Board

My Time Compliance decreased slightly in March, falling to 85.18%, continuing to demonstrate natural variation.

Actions

This remains static. Work continues to improve the compliance of Welcome Back Health Reviews to support colleagues and are managers are now able to record long-term absence plans for monitoring purposes. Extensive SCARF programme remains in place.

The 3 most challenged CSUs/departments in each Clinical Group/ Corporate Service for Welcome Back Conversation compliance to be identified and implement monthly Welcome Back Conversation data reviews with line managers. Top 3 identification reviewed on a monthly basis.

The improvement trajectories continue to be monitored through performance review meetings, with a targeted focus on areas of lowest compliance and staff groups. Medical Appraisal compliance has increased to 99%. Weekly appraisal compliance reports are shared with all line managers

Integrated Performance Report: April 2026

Northern Care Alliance
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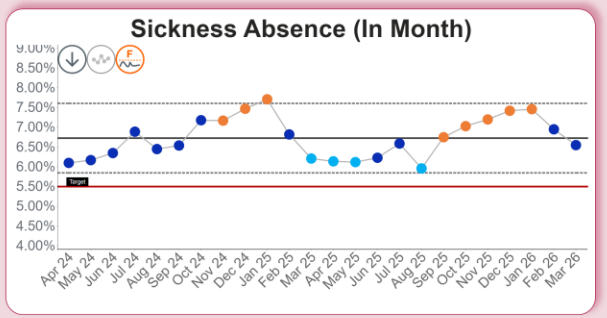
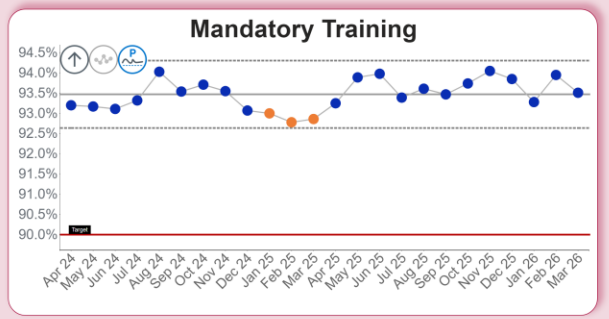
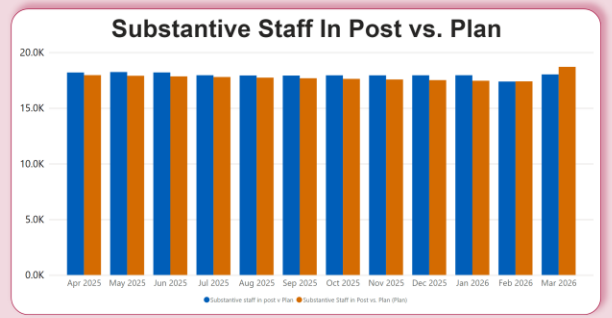
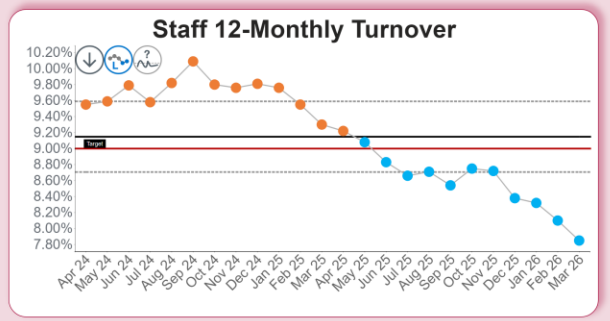
Watch Metrics

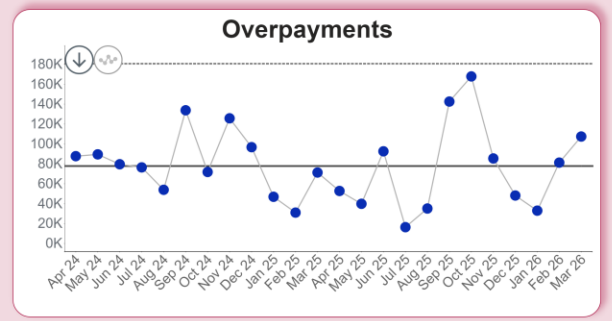
People & Learning











Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Drive Metrics

Elective Care & Productivity

Highlights

The positive impacts of the Q4 Sprint has resulted in better 18 weeks performance, with a significant improvement in waits for first outpatient appointments. The total waiting list size also reduced to the lowest it has been in over 4 years. Outpatient productivity also improved during this year.

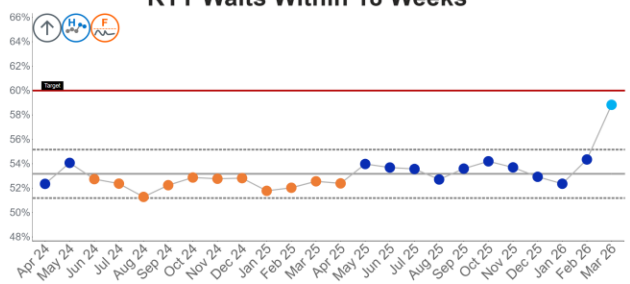
Areas of Concern

The RTT trajectory becomes more challenging next year. Admitted capacity reduced during Q4 adversely affecting RTT long waits. We need to do more to improve theatre productivity.

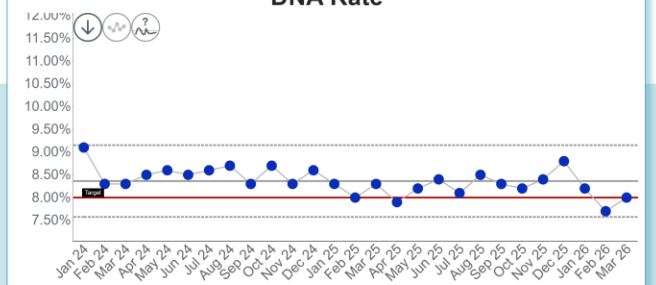
Forward Look (with actions)

We will be building on the learning from the Q4 Sprint to develop improvement actions for deployment over the next year.

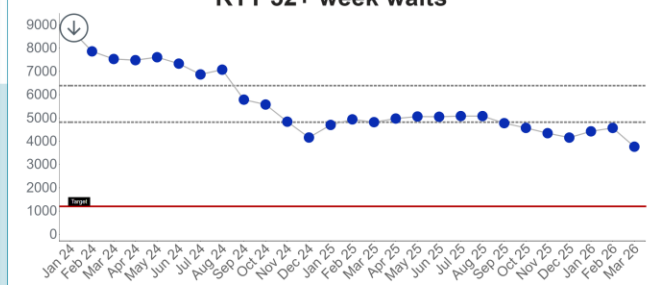
RTT Waits Within 18 Weeks



DNA Rate



RTT 52+ week waits



Technical Analysis

Performance is provisional for March due to ongoing year end validations; latest position highlights 58.8% of patients waiting less than 18 weeks.

The DNA rate continued to demonstrate natural variation, increasing slightly to 8% in March.

52 week waits have decreased by 806 from last month.

Actions

1) My Recovery Plan process implemented (2) National validation sprint - Q4 - complete (3) GM Mutual Aid patients sending since Sep at reduced levels vs 24-25 (4) Non-core capacity 25-26 (5) Outpatient disruption – Phase 2 paused ; (6) Clinic template changes phase 2 - paused

1) Text reminders - complete; (2) Validation of waiting lists national sprint – Q4 complete; (3) Develop & implement invite to book processes across services for News - Mar-26; (4) Service level review of DNA reasons started May-25, being used to identify further improvement actions

1) Increase validation capacity during Q4; (2) NHSE funded sprint actions - Q4

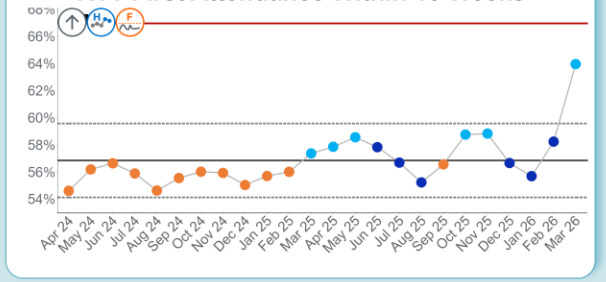
Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

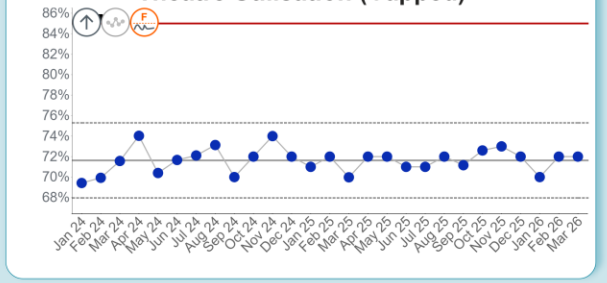
Watch Metrics

Elective Care & Productivity

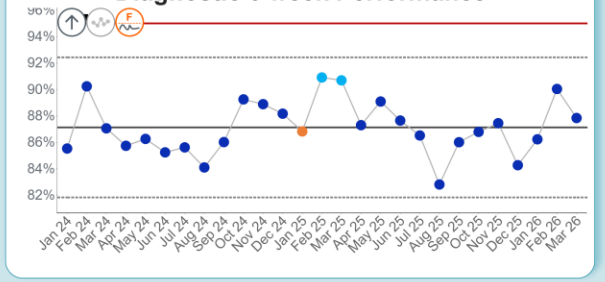
RTT First Attendance Within 18 Weeks



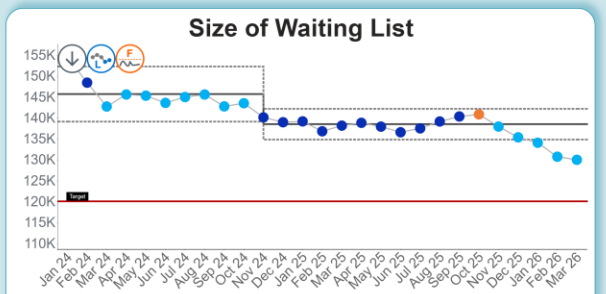
Theatre Utilisation (Capped)



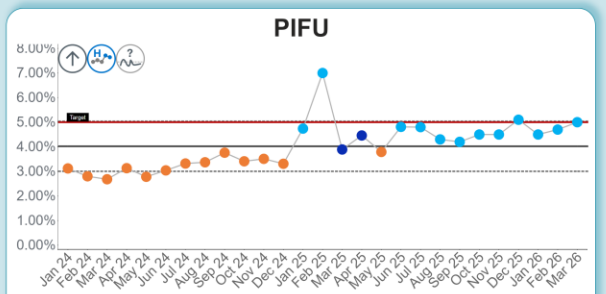
Diagnostic 6 week Performance



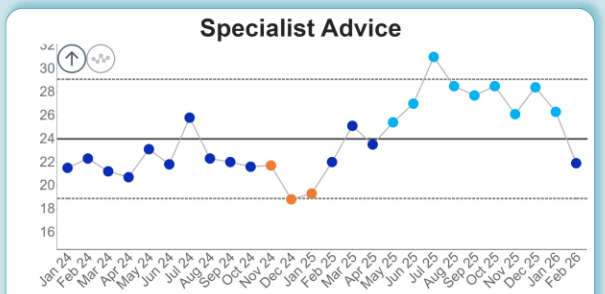
Size of Waiting List



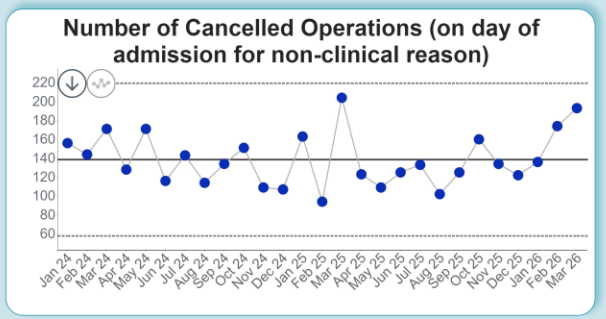
PIFU



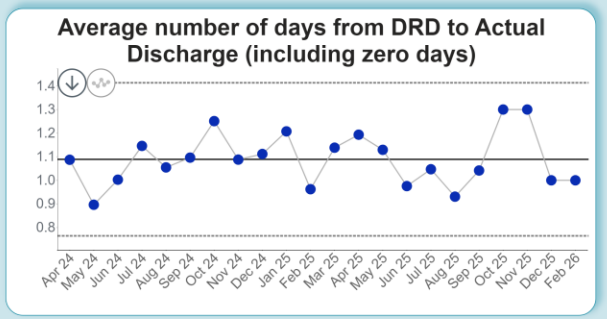
Specialist Advice



Number of Cancelled Operations (on day of admission for non-clinical reason)



Average number of days from DRD to Actual Discharge (including zero days)



Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

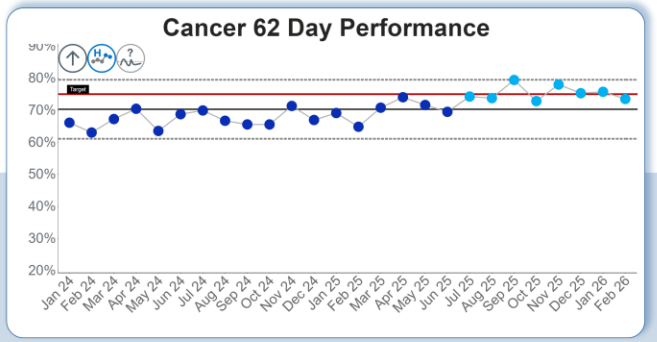
4 Hour performance was consistently better this year versus last year, improving faster then the national average for the 2nd year- Mar-26 performance was the best since the NCA was formed, over 4 years ago. Cancer access for our patients also improved & is ranked in the best quartile nationally for 62 days and 31 Days & 28 Day FDS being the best it has ever been (better than the national target).

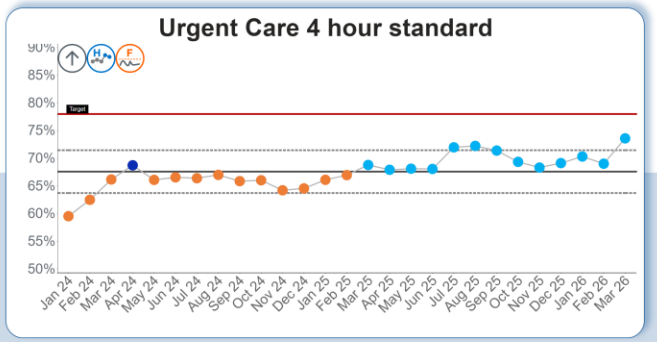
Areas of Concern

Whilst we have delivered better performance, improvements are more challenging next year across urgent care & cancer standards.

Forward Look (with actions)

Newly formed Clinical Leadership Model Teams will identify and implement improvement actions, building on the significant improvement already delivered over the last 2 years.





Technical Analysis

February's 62 day confirmed position decreased, falling to 73.50%, the lowest since August 2025.

Performance increased in March, achieving 73.61%, the highest performance seen during this reporting period. Performance continues to demonstrate special cause (better) variation.

Actions

1) Prioritise ROH Colorectal treatment capacity – started Q1; (2) Improve Best Timed Pathways compliance – Q3 & Q4, - LGI Straight To Test Sep & step down of benign polyps H2; (3) Support GM to implement community Dermatology model - across 25-26 - now 26-27

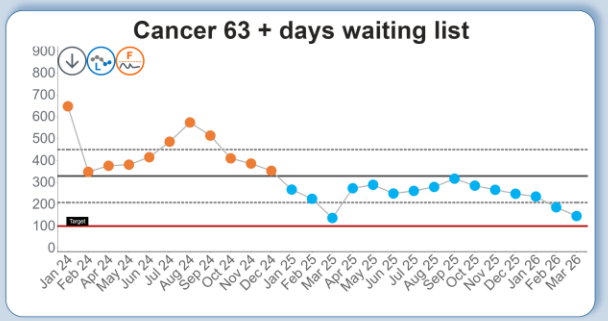
1) Ambulance SPoA started June; (2) Care by appointment phased rollout started Nov-25; (3) ROH extended UEC GP hours - started Dec-25; (4) LoS collaborative started Feb-26; (5) SRH test of change front door streaming

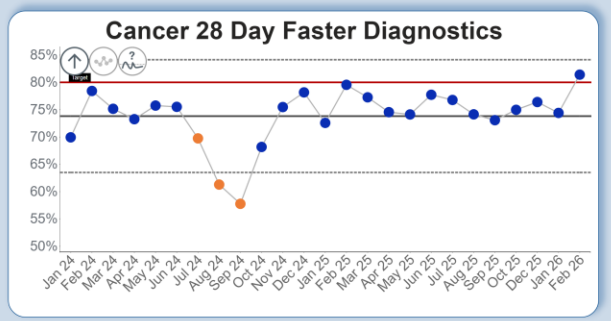
Integrated Performance Report: April 2026

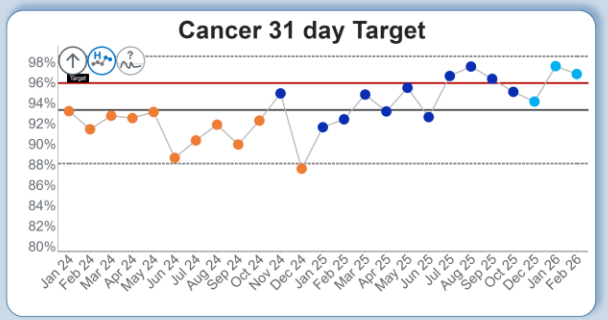
Northern Care Alliance
NHS Foundation Trust

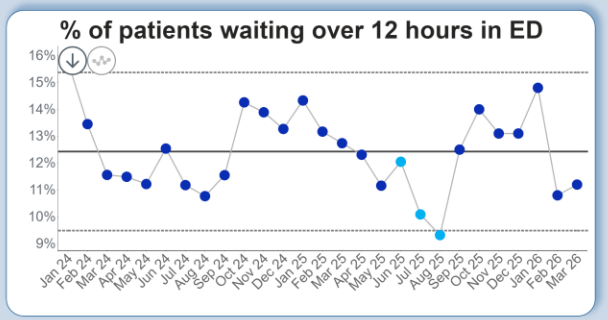
Watch Metrics

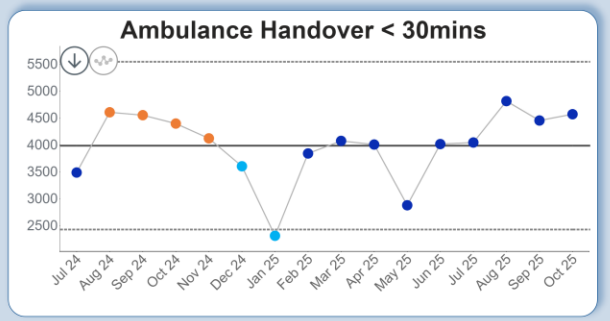
Urgent & Emergency Care & Cancer











Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

The NCA delivered a £5.1m surplus in 2025/26. The Trust's position at the end of March was supported by an additional £4.9m of bonus deficit support funding, which was allocated to Trusts that achieved their planned financial positions. Excluding deficit support funding, the underlying outturn position for the year was a £57.7m deficit

Areas of Concern

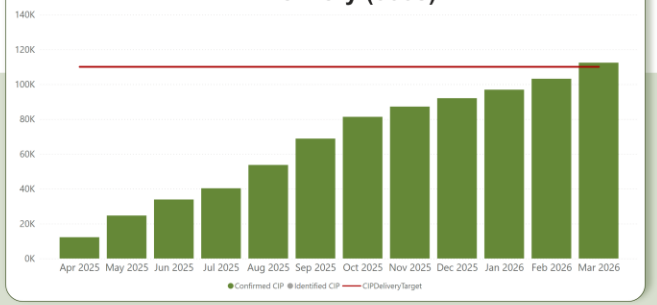
There are no areas of major concern in delivering the 2025/26 position.

Forward Look (with actions)

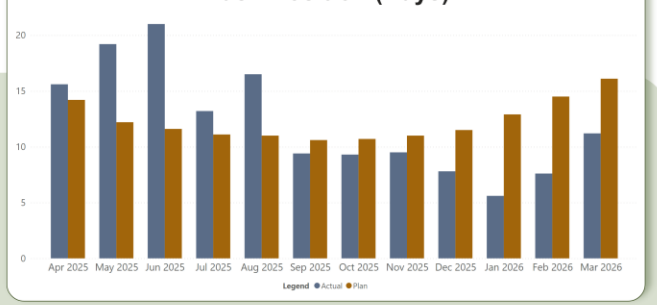
The final position for 2025/26 is subject to audit.

Monthly Revenue position including Outturn

CIP Delivery (000s)



Cash Position (Days)



Technical Analysis

For Month 12, NCA Group is reporting a position £4.4m better than plan, with a net surplus of £12.7m. Excluding Deficit Support Funding (DSF) = £3.0m Surplus

In total at the end of March £112.4m delivered against target of £110.0m - £2.4m better than plan.

The cash position in March was £59.4m , equating to 11.2 cash days.

Actions

The focus is now on delivering the 2026/27 financial position.

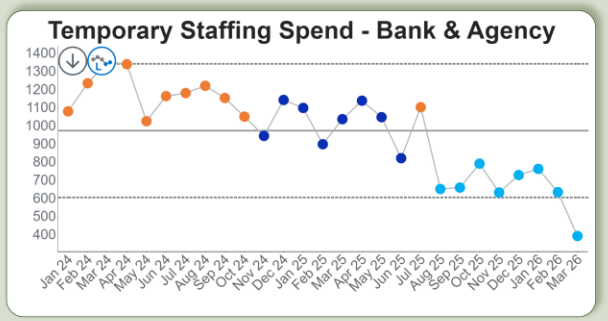
Work on identifying 2026/27 CIP schemes is now the primary focus and is underway.

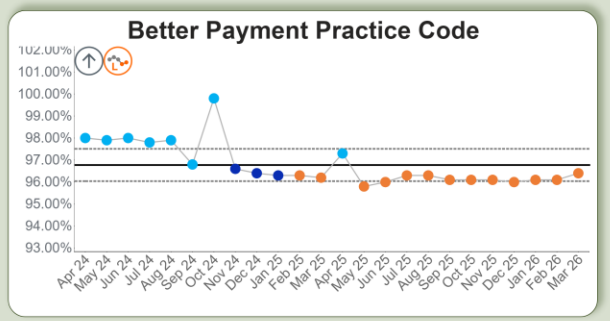
The cash position continues to be monitored on a daily basis with the cash management group meeting every two weeks. Given the scale and phasing of the 2026/27 CIP program cash will need to continue to be monitored closely.

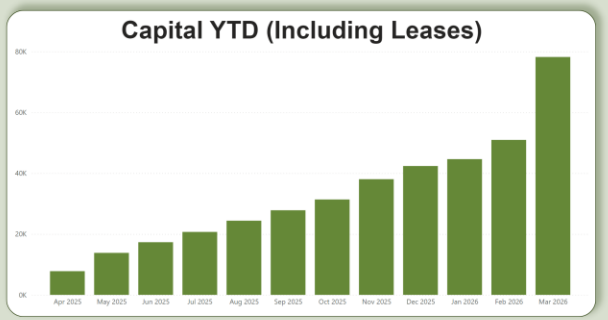
Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Finance







Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

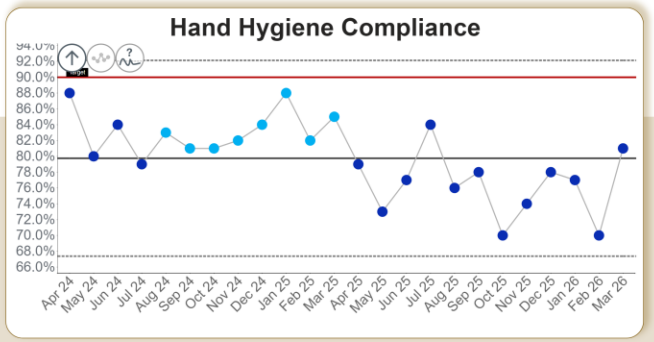
CDI performance continues to show sustained improvement, with an 8% reduction compared with last year and consistent improvement over the past six months. Hand hygiene compliance improved in March, with assessments now mandatory for all staff and embedded as an annual requirement for patient-facing colleagues.

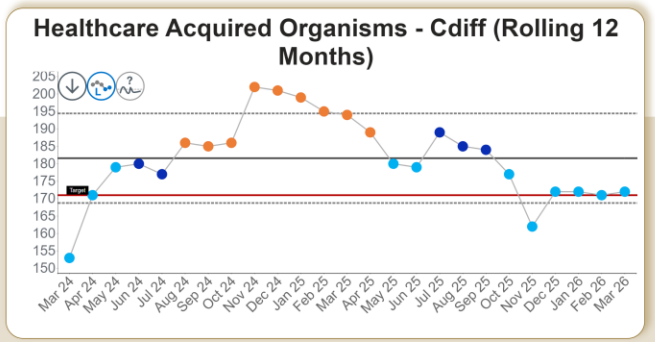
Areas of Concern

One stillbirth increased the rolling 12-month rate above the upper control limit; the case was not linked to care failings and the Quality Committee received assurance on governance and actions. PPH shows reduced performance but the target is still being met, with an action plan to return to 24/25 levels. A new MRSA case at Oldham highlighted gaps in admission screening following transfer from a high-risk setting.

Forward Look (with actions)

Targeted review of CDI relapse cases to be undertaken in partnership with Microbiology and the AMS lead to identify learning and further reduce recurrence. Quarterly point-prevalence reviews of MRSA and CPE risk assessment are now embedded through the IPCT to strengthen early identification and prevention. Delivery of the PALS and complaints improvement plan continues, with improved compliance and responsiveness expected Q2.





Technical Analysis

Hand hygiene performance continues to demonstrate natural variation with 81% reported in March, the highest compliance reported since July 2025.

We have exceeded our external threshold by 2 cases, which demonstrates that with some focus improvement is achievable. However this is an improvement on last years performance. NHSE have not yet set new thresholds, however these are likely to remain the same at 171 cases.

Actions

Hand hygiene added to mandatory competences for all staff. Audits now on AMAT system. Change package to support local QI due for publication May 2026

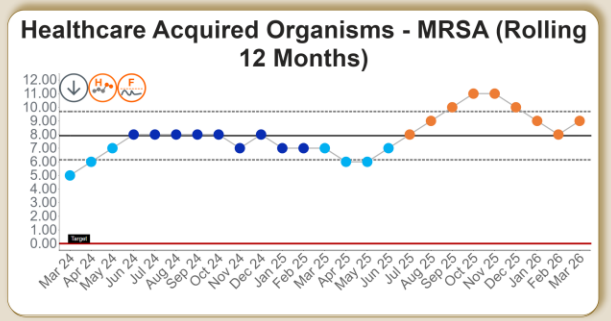
To review rates of CDI relapse and agree and set an improvement ambition for 2026/7 in the June IPCG

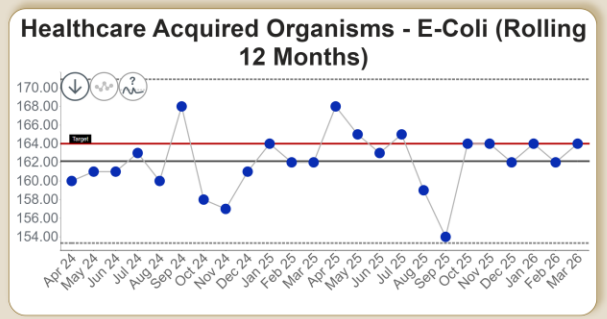
Integrated Performance Report: April 2026

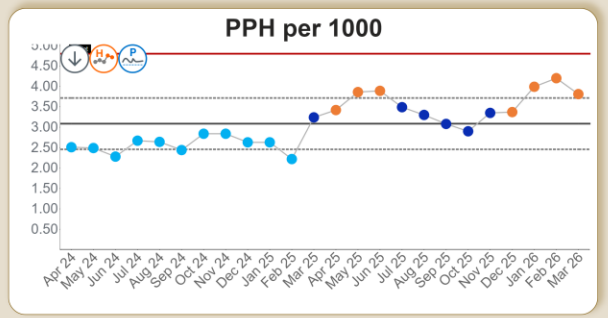
Northern Care Alliance
NHS Foundation Trust

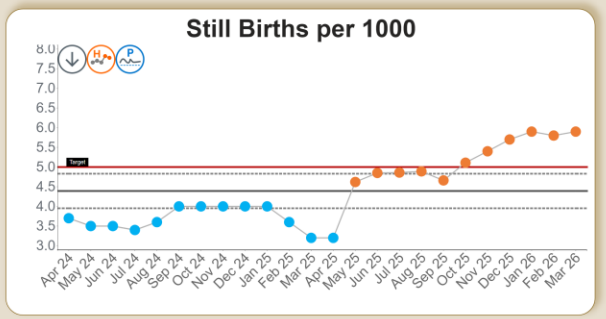
Watch Metrics

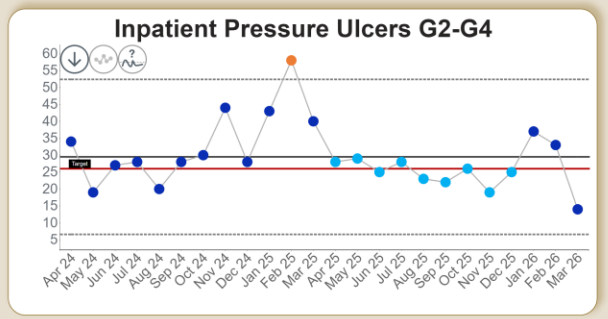
Quality

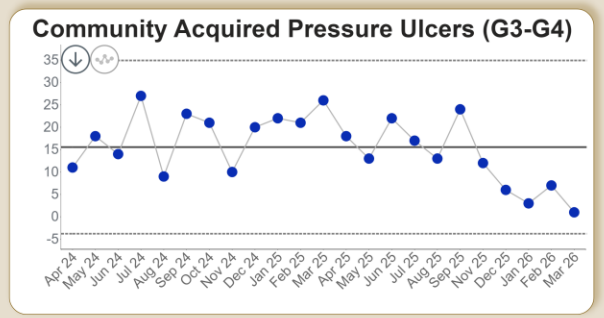


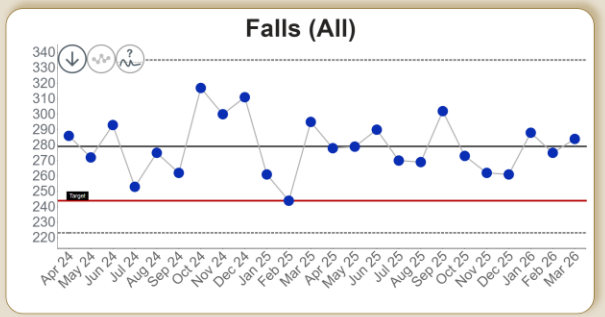


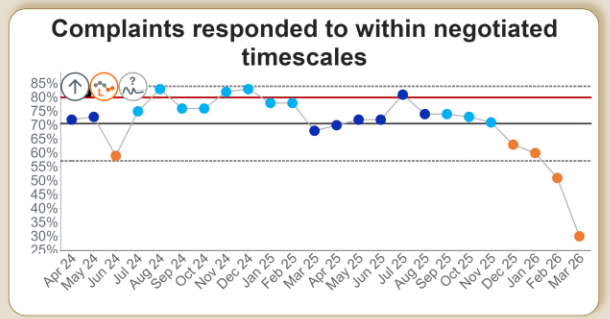


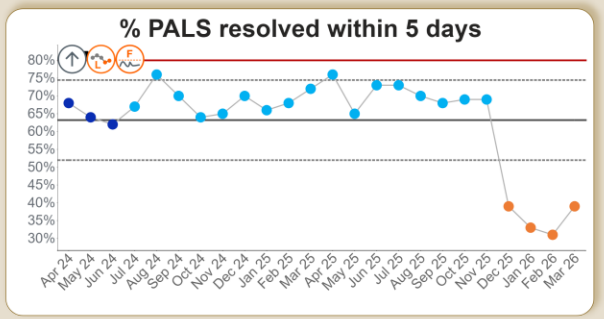










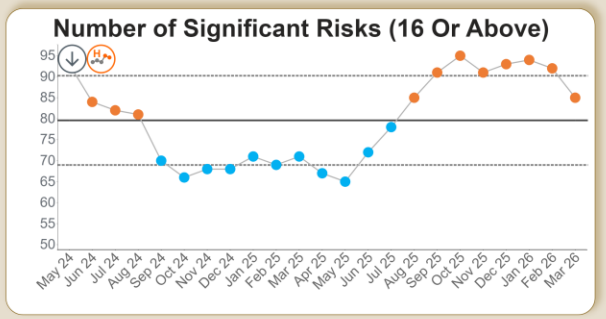


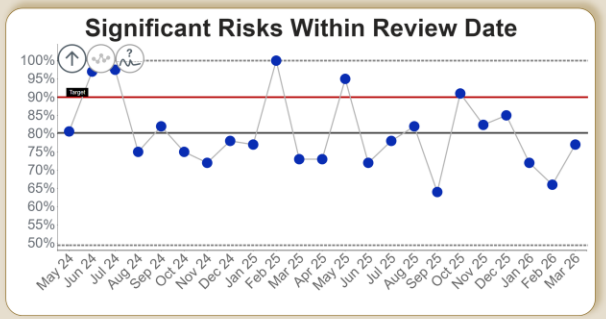
Integrated Performance Report: April 2026

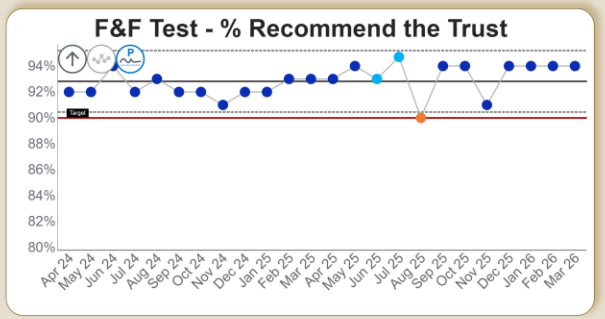
Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Quality







Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

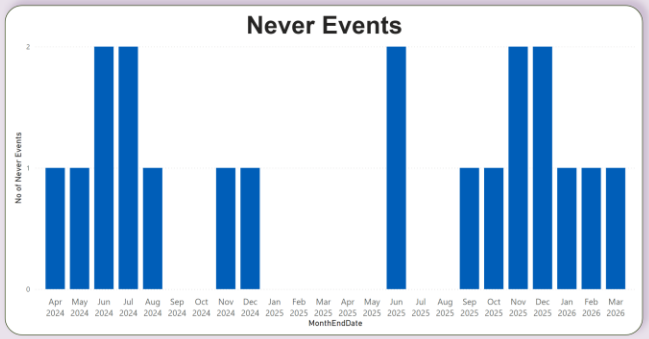
3,241 patient safety incidents reported, a reduction from previous month reflecting changes to ED reporting of 12 hour breaches and fewer pressure ulcer and skin injury incidents, particularly in Salford, reviewed via the QSIG. Moderate and above harm fell from 59 to 37, indicating an improving safety profile. Ligature risk work continues, with the NCA wide assessment completed and awaiting Risk Group approval.

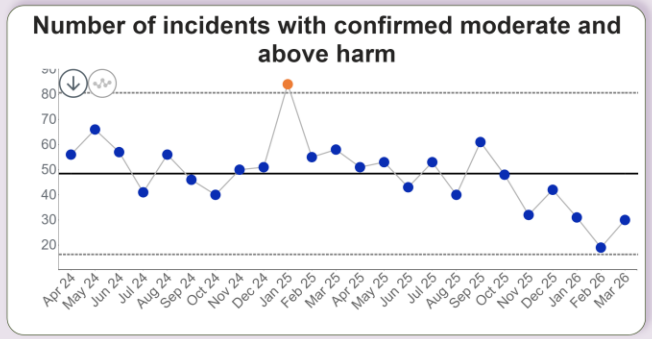
Areas of Concern

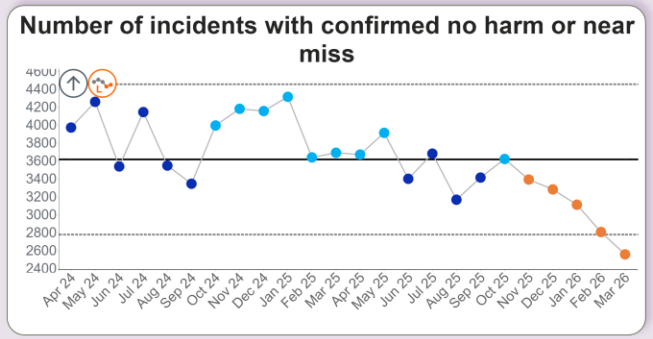
A Never Event at Salford, where oral oxycodone was administered intravenously, mirrors a similar incident at Bury and highlights a recurring system risk. Contributing factors include confusion between oral and IV medicines and failures in second checking. External review commissioned. Capacity and organisational pressures have delayed PSIRF priorities, including WL Surveillance, and led to slippage in endpoint reports

Forward Look (with actions)

A Governance Quality Manual has been developed and is now being implemented to standardise governance arrangements across the organisation, aligned to national requirements and internal frameworks. It supports quality, safety, risk and assurance at all levels, embedding clear expectations into routine practiceThe Duty of Candour policy remains on track for completion by end of April.







Integrated Performance Report: April 2026

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

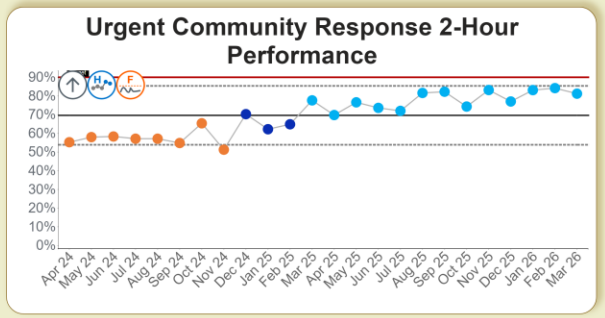
We have seen sustained positive progress being made in reducing RTT community waiting times including children & young people. Urgent community response s within 2 hours has also improved this year.

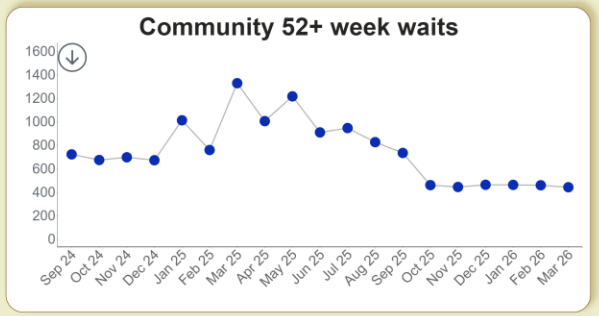
Areas of Concern

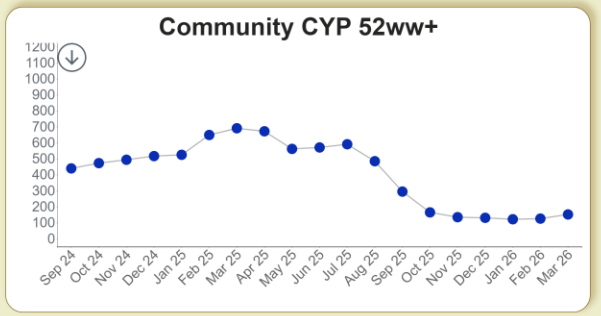
Digital systems & validation capacity are constraints that we are working to improve. Demand is exceeding capacity in some services.

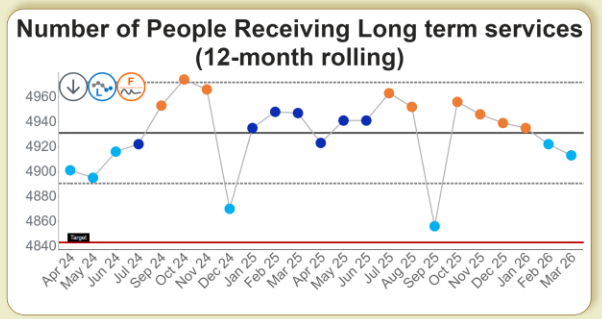
Forward Look (with actions)

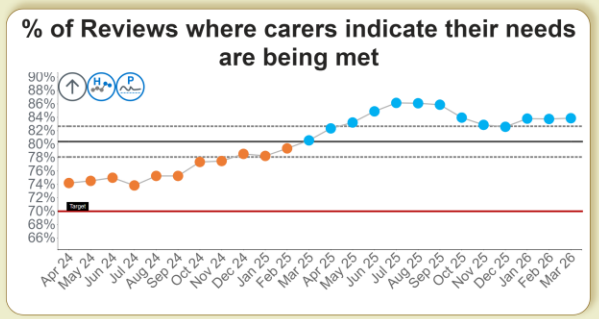
Access & Performance meetings will continue to drive standardisation of processes, & support the development of plans for Digital systems. Service specific plans will be reviwed by teams within the new CLM structures.





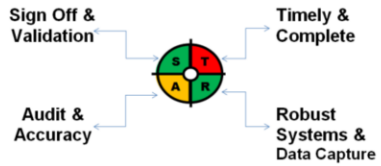






STAR Factors - Part 1

How to read the STAR Factors Icon



Domain	Assurance sought
S - Sign Off & Validation	Is there a named accountable executive, who can sign off the data as a true reflection of the activity? H for validity and consistency with executive officer oversight?
T - Timely & Complete	Is the data available and up-to-date at the time of submission or publication? Are all the elements of the present in the designated data source, where no elements need to be changed later?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data, and how often do these oc accuracy checks built into the collection and reporting processes?
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data a sufficiently granular level?

People & Learning	STAR Factors
Welcome Back Compliance	
Staff 12-Monthly Turnover	
Sickness Absence (Rolling 12 Months)	
Sickness Absence (In Month)	
Substantive Staff In Post vs. Plan	
Overpayments	
Mandatory Training	
My Time Compliance	
Time to Hire	

Urgent & Emergency Care & Cancer	STAR Factors
Cancer 62 Day Performance	
Cancer 28 Day Faster Diagnostic	
Cancer 31 Day Target	
Cancer 63+ Day Waiting List	
Urgent Care 4 hour standard	
% of 12 hour waits in ED	
Ambulance Handover <30 mins	

Finance/Cost	STAR Factors
Monthly Revenue position including Outturn	
Temporary Staffing Spend - Bank & Agency	
CIP Delivery	
Cash Position	
BPPC	
Capital YTD (Including Leases)	

STAR Factors - Part 2

Elective Care & Productivity	STAR Factors
RTT Waits Within 18 Weeks (First attendance)	
RTT First Attendance Within 18 Weeks	
RTT 52+ week waits	
DNA Rate	
Theatre Utilisation (Capped)	
Size of Waiting List	
Number of Cancelled Operations (on day of admission for non-clinical reason)	
Diagnostic 6 week Performance	
PIFU	
Specialist Advice	
Discharge Ready Date	

Quality	STAR Factors
Hospital Acquired Organisms - MRSA	
Hospital Acquired Organisms - Cdiff	
Hospital Acquired Organisms - Ecoli	
Hand Hygiene Compliance	
Falls (All)	
Still Births per 1000	
PPH per 1000	
Inpatient Pressure Ulcers G2-G4	
Community Acquired Pressure Ulcers G3-G4	
F&F Test - % Recommend the Trust	
Complaints Responded to within negotiated timescales	
% PALS resolved within 5 days	
Number of Significant Risks (16 or above)	
Significant Risks Within review date	

Safety	STAR Factors
Number of incidents confirmed with moderate and above harm	
Number of incidents confirmed with no harm or near miss	
Never Events	

STAR Factors - Part 3

Community & Adult Social Care	STAR Factors
Urgent Community Response 2-Hour Performance	
Community 52ww+	
Community CYP 52ww+	
Number of People Receiving Long term services (12-month rolling)	
% of Reviews where carers indicate their needs are being met	

Glossary

AMS	Acute Medical Service
BAF	Board Assurance Framework
BCO	Bury Care Organisation
CTG	Cardiotocograph
CO	Care Organisation
CQC	Care Quality Commission
CEO	Chief Executive Officer
Cdiff	Clostridium Difficile
CDI	Clostridium Difficile Infection
CRR	Corporate Risk Register
CIP	Cost Improvement Programme
DKAFH	Days Kept Away From Home
DNA	Did not Attend
ESR	Electronic Staff Record
ED	Emergency Department
FGH	Fairfield General Hospital
F&F	Friends and Family
FFT	Friends and Family Test
GIRFT	Getting It Right First Time
GM ICB	Greater Manchester Integrated Care Board
HCAI	Healthcare-associated infections
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
KPI	Key Performance Indicator
LocSSIPs	Local Safety Standards for Invasive Procedures
Lower GI	Lower Gastro-Intestinal
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MHS	Model Health System
NG	Nasogastric
NE	Never Event
NHSE	NHSE England
NCA	Northern Care Alliance
OCO	Oldham Care Organisation
PALS	Patient Advice and Liaison Services
PIFU	Patient Initiated Follow Up
PSG	Patient Safety Group
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PPH	Postpartum Haemorrhage
QMEG	Quality & Management Executive Group
RTT	Referral To Treatment
RCO	Rochdale Care Organisation
ROH	Royal Oldham Hospital
SOP	Standard Operating Procedure
SPC	Statistical Process Control
T&GICFT	Tameside and Glossop Integrated Care NHS Foundation Trust
TVN	Tissue Viability Nurse
UEC	Urgent and Emergency Care
YTD	Year to Date

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Northern Care Alliance
NHS Foundation Trust

Meeting	**Joint Health Overview & Scrutiny Committee**
Paper Title	**CQC Inspection Update**
Prepared by **Presented by** **Date**	Caroline Greenhalgh, Director of Quality Governance Juliette Cosgrove, Chief Nursing Officer 20th March 2026
Recommendations	**The Joint Health Overview & Scrutiny Committee is asked to:** **1.** note the report **2.** acknowledge the improvement work that is ongoing and the improvements to date
Which NCA Ambition(s) does this support?	The report supports the following NCA Ambitions: • Caring for and Inspiring our People • Improving Quality - Safety, Experience and Outcomes • Improving Performance – meeting and exceeding standards
Where has this paper been reviewed?	Not Applicable
Impact of the requirements of the protected groups identified by the Equality Act?	Not Applicable
Freedom of Information Status	Public
Link to Board Assurance Framework Risks	BAF Risk 6: Quality Systems IF we fail to identify, act and respond to quality standard and quality system failures THEN we will not achieve CQC and national best practice outcomes and deliver on our Mission of Saving and Improving Lives

1.Introduction

1.1 The purpose of this paper is to provide the committee with an overview of the CQC inspection activity across the Northern Care Alliance between July 2025 and January 2026. The report will outline all the inspections with a more detailed focus on the Surgical Services inspection at Salford Royal Hospital.

1.2 The CQC inspections undertaken have been completed using a focused inspections approach. These are more targeted, examining specific areas of concern, often triggered by complaints, incidents, or changes in circumstances. Each of the key lines of enquiry, safe, effective, caring, responsive and well led can be explored. The individual reports can be found at this link https://www.northerncarealliance.nhs.uk/about-us/Care-Quality-Commission-inspections

1.3 These ratings are based on triangulation of information in relation to the 5 key lines of enquiry of safe, effective, caring, responsive and well led.

2.0 Medical Care (including older people's care) Rochdale Infirmary – Rated GOOD

2.1 The CQC undertook a comprehensive routine assessment of medical care (including older people's care) at Rochdale Infirmary between 8 and 24 July 2025. A comprehensive assessment covers all five key areas of care (safe, effective, caring, responsive, well-led). The onsite inspection took place between 8 and 10 July with senior leader interviews taking place on 24 July 2025. During the visit the CQC inspected the clinical assessment unit (CAU), Oasis Unit (for medical care patients living with dementia), and the endoscopy unit.

2.2 The service demonstrates a strong safety culture, compassionate care, and effective management of risk. Key challenges relate to workforce deployment and communication with transferred patients.

2.3 Areas of Good Practice

- Positive safety-focused culture with effective learning from incidents and complaints. This supports fast learning across services and prevents future harm.
- Rapid escalation and response to deteriorating patients demonstrating safe care for the most acutely ill patients.
- Care aligned to national guidance and evidence-based practice providing patients with the most up to date care.
- Strong infection prevention and control standards which provides a safe environment for patients to be cared for in.
- Care planned and coordinated with stakeholders to maintain safety and continuity.
- High compliance with mandatory training.
- Leaders have the skills and experience required, despite constrained resources.
- Patients reported kindness, dignity and respect from staff and felt involved in treatment and able to raise concerns.

- Environment described as clean, with equipment available.
- Care considered individualised, respecting protected characteristics.

2.4 Areas for Improvement

- Staffing, while meeting establishment, does not consistently match activity peaks and may not always meet patient need. A staffing establishment is underway to address the mismatch.
- Some patients transferred to Rochdale Infirmary did not understand the reason for their transfer. A patient transfer leaflet has been co-produced with patients that explains the pathway and the need for transfer to the Rochdale site for ongoing treatment and care. The impact of this will be assessed during quarter 3.

3.0 Medical Care, Royal Oldham Hospital – Rated REQUIRES IMPROVEMENT.

3.1 The CQC carried out an unannounced assessment between 8 to 10 July 2025. This was a follow up inspection following the Section 29A warning notice[1] issued in October 2024 and Requires Improvement rating assigned in October 2024.

3.2 The Section 29A warning notice issued in October 2024 was due to concerns in relation to the continuous flow model (CFM). CFM was introduced to support patient flow and alleviate pressure on the emergency department. Patients are allocated to a ward and following a risk assessment are moved to the ward prior to the bed being available.

3.3 The CQC reviewed the changes made to the continuous flow model with the introduction of My Next Patient. Although the CQC noted improvements were still required, no further action in relation to the Section 29A warning was required.

3.4 The CQC reviewed 21 quality statements[2] across the safe, effective, responsive and well-led key questions. They did not review the caring key line of enquiry during this assessment. The CQC visited areas across respiratory, general medicine, cardiology & coronary care, haematology, endoscopy, gastroenterology.

3.5 The CQC noted that the service has made notable progress in addressing risks highlighted in the Section 29A Warning Notice, including improvements to nutrition, premises and equipment. However the service needs to undertake further work in relation to safe care and treatment, staffing and governance.

3.6 Areas of Good Practice

[1] A CQC Section 29A Warning Notice is a formal, written enforcement action issued when the quality of healthcare requires significant, rapid improvement. It sets strict, legally binding timescales for improvement, often followed by further inspection
[2] Quality statements are the commitments that providers, should live up to. They are expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

- Improvements made in response to the Warning Notice, including relaunch of Temporary Escalation Spaces (TES) spaces using the My Next Patient (MNP) process.
- My Next Patient was introduced in response to concerns about CFM with a clearer process. Further work has taken place across the NCA to understand where all our temporary escalations spaces are and when they are used. A working group has been established with clear terms of reference and membership to produce a full capacity protocol that is operational and is used at times of pressure.
- Nutrition, premises and equipment are no longer in breach.
- Positive safety culture with engagement in improvement work.
- Most patients and relatives reported warm, kind and respectful care.
- Environment generally clean and met needs.
- Patients in TES spaces said staff were accommodating and used privacy measures appropriately.
- Most patients felt their needs were appropriately assessed and they were involved in assessments.

3.7 Areas for Improvement

- Safe care and treatment (medication omissions), staffing and governance in relation to the management of incidents and timeliness of duty of candour (DoC) notification breaches. Further improvements have been made to support timely completion of duty of candour and incident management oversight through the care organisation safety summits.
- Sustained adherence to the new MNP/TES processes is required. Following the CQC visit a protocol has been developed to strengthen the governance around the use of escalation spaces. Prior to using escalation spaces this must be agreed by the director on call and the NCA executive
- Some patients experienced multiple ward moves or were admitted to wards not aligned to their speciality. A programme of work has commenced to look at the ensuring the patients are able to be transferred to the correct ward first time. This includes looking at the number of beds allocated to each speciality to ensure each speciality has the appropriate number of beds.
- Some issues with patients obtaining information about their treatment plans.
- Staffing levels do not consistently match peak activity or patient acuity. A Trust wide review of staffing establishments is underway.
- Leadership experienced but operating within resource constraints. The Clinical Leadership model has enabled a review of the way we manage our services. Our leaders will have capacity to support service development and delivery going forward. The model is due to start transitioning on 1st April 2026.

4. Surgical services, Salford Royal Hospital – Rated REQUIRES IMPROVEMENT

4.1 The CQC undertook a responsive assessment of the surgical services at Salford Royal Hospital between 23 and 25 September 2025. The inspection was in response to concerns

the CQC had received about governance and safety processes in the gynaecology, spinal and neurosurgery services, and to re-rate the surgical services following a rating of Requires Improvement from their previous inspection in December 2022. The specifics of the concerns are not shared with the organisation but responsive inspections are usually triggered by specific complaints, whistleblowing, or concerns about a service which can be from members of the public, staff members or through reviewing data such as incident reporting. It is usually a combination of information that will prompt the inspection.

4.2 Surgical services at Salford Royal Hospital sit across two divisions:
Division of Surgery: General surgery, gynaecology, urology, plastics, trauma & orthopaedics.
Manchester Centre for C Neurosciences (MCCN) Division: Major trauma, spinal, neurosurgery, head & neck, ENT. Salford Royal Hospital is the regional centre for major trauma and neurosurgery and the tertiary referral centre for complex spinal surgery.

4.3 A Section 29A Warning Notice was issued on 21 October 2025 due to concerns that significant improvement was required to reduce the risk of harm to patients. The warning notice focused on:

- Staffing levels across surgical wards.
- Inadequate systems and processes for identifying and managing risks to quality and safety.

4.4 The service was formally required to make significant improvements to the quality of healthcare provision by 31 January 2026. The CQC will make a judgement on information provided to them on 9th Aptl 2026 whether the progress is sufficient.

4.5 A number of immediate actions were implemented following the inspection to ensure that the services were safe.

- **Enhanced Staffing Oversight -** Review of safer staffing systems and processes to ensure there are sufficient staff, with the appropriate skills and competency to meet the needs of our patients. Oversight of daily staffing provided by Divisional Directors of Nursing.
- **Additional Governance Support -** Governance support provided by Director of Nursing for Continuous Improvement and the wider governance teams from Bury, Rochdale and Oldham to address the gaps in the governance team at Salford Care Organisation.
- **Senior Nurse Walk Rounds-**Introduced Walk rounds to increase leadership visibility, enable real-time feedback, and escalate frontline concerns.
- **Strengthened Surgical Nursing Leadership -** Support provided from Bury Care Organisation Director of Nursing for the Salford Surgical Nursing Team. Deputy Chief Nursing Officer providing senior leadership support to Divisional Directors of Nursing.

4.6 Longer term improvement actions have been implemented to ensure sustainable improvement across the surgical services. These are being overseen in the Salford Care Organisation with reporting to the NCA wide CQC Oversight Group.

- **Bed Reconfiguration and Expertise** - Bed reconfiguration to co-locate specialties and ensure expert care for surgical patients. This will reduce the number of specialty surgical patients being cared for on general surgical wards ensuring staff have the right skills and competency for the patient cohort. This will ensure the correct number of beds are allocated to each speciality with a workforce that is skilled and competent to look after the patients.

- **Enhanced Nursing Leadership** - Increased senior nursing presence with extended shifts to strengthen leadership during low staffing periods. Interim Director of Nursing for Salford Care Organisation employed to provide senior leadership oversight. This will ensure the Care Organisation has a senior nurse to support ward areas at times of pressure.

- **Workforce Development** - Focused workforce transformation through staffing reconfiguration, recruitment, and staff development programs. 9 WTE registered nurses have been recruited to the surgical division with ongoing recruitment and benchmarking work being led by the Deputy Chief Nurse.

- **Governance and Quality Assurance** - Introduced governance reforms including oversight groups, management structures, and daily assurance checklists.

- **Leadership visibility** - Salford Care Organisation director team walk rounds. These are designed to engage and communicate with staff and provide an opportunity to “go see” and test the evidence. The Medical Director has spent time observing the surgery governance meeting and has advised on improvements needed to ensure the correct systems and processes are in place to provide assurance and escalation.

4.7 The impact of these improvements is being seen in the improvements noted below within the Surgical Services.

- Reduction in open Patient Safety Incident Investigations and faster completion times show significant progress. Improved Duty of Candour compliance. An interim Associate Director of Governance (ADG) is in post to support the development of robust processes across both the division and into NCA.

- Enhanced governance with monthly Safety Summits and new enquiry management procedures to improve oversight and transparency. NCA wide daily governance huddle which brings together the ADGs to escalate any concerns providing better oversight. Weekly Safety Oversight Group brings together the senior clinicians, nurses and AHPS and governance team across the NCA to understand whether we are safe today and will be tomorrow, where our risks are and opportunities for improvement.

- Registered nurse recruitment has seen the vacancy position significantly improve; short term absence and maternity leaves continue to increase overall unavailability (over and above headroom of 22%).

- Fill rates for unregistered and registered staffing (planned versus actual) is monitored on a monthly basis as part of the safer staffing return to NHS England. Registered nurse staffing levels have consistently been maintained above 90% day and nights.. Unregistered fill rates on days have been consistently above 100% due to additional staff required to care for patients who require 1:1 care.

- 24/7 surgical triage to support emergency flow and decision making for patients to enable improved emergency pathways and patient experience, and upcoming recruitment initiatives aim to stabilize operations

- A ward-based training and education programme is in place across the surgical division for unregistered and registered staff delivered by the practice-based education team and specialist nurses against the role specific training needs analysis for each ward. The programme has increased the visibility and accessibility of subject matter experts within ward areas, enabling staff to raise practical concerns in real time. Training has subsequently been tailored to the key themes identified and is directly linked to quality assurance findings and the ward incident profile. Staff report increased confidence in managing patients where skills have been refreshed, such as pain management and blood transfusion.

- A series of listening events in January enabled clinical teams to share concerns about staff redeployment and daily staffing processes, prompting an in-depth review of frequent staff moves and a redesign of the staffing management approach. A new staffing dashboard has been developed to highlight links between staffing levels and potential patient harm, alongside strengthened standards, role modelling, and senior visibility to support fundamentals of care. A ‘you said, we did’ summary is being produced to share the feedback received and the improvements now underway. 4.8 The inspectors did find a number of areas of good practice.

4.9 Areas of Good Practice

- High compliance with mandatory training; staff received regular appraisals.
- Adequate medical staffing.
- Teams followed national guidelines, including effective sepsis management.
- Staff promoted healthy lifestyle advice and considered inequalities.
- Evidence of learning, innovation, and good engagement with partners and the wider community.
- Some patients reported staff were kind, respectful, sought consent, and worked well as a team.

- Patients felt staff kept them informed, met their needs, and they understood how to raise concerns.

4.10 Areas for Improvement

- Mixed feedback regarding care and experience.
- Most people reported insufficient nursing and support staff, especially at night.
- Staffing shortages affected: emotional wellbeing, willingness to seek help, delays in pain relief and delays in personal care

4.11 The CQC will return to understand if the improvements necessary to remove the Section 29A warning notice have been made. This is usually within a period of 6 – 12 months, at the time of writing the CQC have not reinspected. In part, assurance to the CQC is provided through updates on the action plan that the areas of improvement have been addressed.

5. **Medicine and Urgent & Emergency Care, Fairfield General Hospital – Rated AWAITING RATING**

5.1 The CQC carried out an unannounced onsite inspection of the two core areas of Medicine and Urgent & Emergency Services at Fairfield General Hospital between 20 to 22 January 2026.

5.2 Verbal Care Organisation feedback was delivered at the end of each day with verbal high-level feedback provided by the CQC at the end of day three.

5.3 A response to immediate patient safety concerns was sent to the CQC on 23 January 2026 who were assured that the immediate actions had addressed their concerns and the plans developed for any longer term actions were proportionate.

5.4 Following an on site inspection the CQC request information, in this inspection over 300 individual pieces of information to assist them in triangulating their observations, interviews with staff and stakeholders. Once this has been reviewed alongside the inspection findings, a draft report will be issues for factual accuracy. The report is currently awaited.

6. Conclusion

6.1 This report outlines the CQC inspections that have taken place in the NCA between July 2025 and January 2026. It also describes the findings and the actions taken to address the areas of concerns.

7. Recommendations

7.1 The Committee is asked to note the report and acknowledge the improvement work that is ongoing and the improvements to date.

Northern Care Alliance
NHS Foundation Trust

Meeting	**Joint Health Overview & Scrutiny Committee**
Paper Title	**CQC Inspection Update**
Prepared by **Presented by** **Date**	Caroline Greenhalgh, Director of Quality Governance Karen Coverley, Deputy Chief Nursing Officer 25 June 2026
Recommendations	**Joint Health Overview & Scrutiny Committee is asked to:** **1.** The Committee is asked to acknowledge the report **2.** acknowledge the improvement work that is ongoing and the improvements to date
Which NCA Ambition(s) does this support?	The report supports the following NCA Ambitions: • Caring for and Inspiring our People • Improving Quality - Safety, Experience and Outcomes • Improving Performance – meeting and exceeding standards
Where has this paper been reviewed?	Not Applicable
Impact of the requirements of the protected groups identified by the Equality Act?	Not Applicable
Freedom of Information Status	Public
Link to Board Assurance Framework Risks	BAF Risk 6: Quality Systems IF we fail to identify, act and respond to quality standard and quality system failures THEN we will not achieve CQC and national best practice outcomes and deliver on our Mission of Saving and Improving Lives

1.Introduction

1.1 This report provides an update on the progress made by the organisation since the paper provided in March 2026 and should be considered alongside that submission. A summary of the key findings is set out in Appendix One.

1.2 The Clinically Led Model has now been fully implemented across the NCA. A consolidated corporate action plan has been developed to promote standardisation across all Clinical Groups. While it is recognised that certain actions are specific to individual areas, the majority are applicable across multiple Clinical Groups.

1.3 Responsibility for the Salford Royal Surgical Services Section 29A improvements spans three Clinical Groups: Neurosciences and Major Trauma; FACT (Families, Anaesthetics, Critical Care and Theatres); and Surgery. Oversight is exercised within each Clinical Group, with formal reporting to the NCA-wide CQC Oversight Group

2.0 **High Level Progress March – June 2026**

2.1. **Bed Reconfiguration and Expertise** - Bed reconfiguration to co-locate specialties and ensure expert care for surgical patients. Surgical bed reconfiguration will be completed by the end of June 2026. The reconfiguration will create an additional ten surgical beds. It will also ensure that patients are cared for in the most appropriate area.

2.2 **Full Capacity Protocol** – Concerns were raised during the Oldham inspection regarding My Next Patient and Temporary Escalation Spaces. In response, a Full Capacity Protocol is being developed to provide clear and consistent guidance. Aligned to the OPAL escalation framework, the protocol will improve clarity for staff and patients, ensuring patient safety remains central while supporting effective patient flow.

2.3 **Workforce stability has improved** - significant reduction in registered nurse vacancies (from 30.28 WTE to 11.49 WTE), improved fill rates (now averaging 89%), and reduced reliance on agency staffing, increased continuity of care, and enhanced patient safety and staff experience.

2.4 **Fundamental aspects of care have strengthened** - improvements in pain management, hydration and risk assessment processes, although performance remains variable. This leading to better patient outcomes, including improved comfort, hydration, and earlier recognition and escalation of deterioration.

2.5 **Infection prevention and control -** compliance has increased most notably in MRSA screening (17% to 86%) and hand hygiene (55% to 83%), reducing the risk of healthcare-associated infections and improving overall patient safety.

2.6 **Governance arrangements have been strengthened -** reductions in policy backlog and the introduction of improved oversight structures and the Trust's ability to identify and respond to risks in a timely way.

2.7 **Operational performance has improved** – improved Referral to Treatment (RTT) and theatre utilisation, supporting better patient flow and reduced waiting times, although performance below national standards continues to impact access and timeliness of care. although still below national benchmarks.

3.0 **Surgical services, Salford Royal Hospital Reinspection 19th – 21st May 2026**
3.1 The CCQ undertook an unannounced comprehensive assessment including a follow up to the warning notice issued in September 2025.

3.2 The initial feedback did not highlight any immediate concerns, with evidence of improvement noted, particularly in relation to patient experience. It was felt that there is still progress to be made to with regard to risk assessments and staffing.

3.3 Interviews are scheduled for leadership teams across the Clinical Groups and Clinical Service Units. Once all the information has been triangulated the CQC will share the draft report. There is no expected date at the time of writing.

4.0 CQC Well Led Inspection May to July 2026
4.1 The Well-Led domain is critical in determining the organisation's overall CQC rating. A well led inspection looks at the following areas:

- Shared direction and culture: A shared vision prioritizing person-centred care.
- Capable, compassionate, and inclusive leaders:
- Effective leadership with integrity and honesty.
- Freedom to speak up: Openness and a culture where staff feel safe raising concerns.
- Workforce equality, diversity, and inclusion: Fair treatment and opportunity for all staff.
- Governance, management, and sustainability: Robust systems for identifying and managing risks.
- Partnerships and communities: Collaborative working to deliver integrated care
- Learning, improvement, and innovation: Commitment to continuous development and sustainability.
- Environmental sustainability: Proactive measures toward sustainable improvement

4.2 The onsite inspection is 21st – 23rd July 2026. The CQC will observe meetings and meet with staff. The CQC have requested data to support them in undertaking the inspection, including identifying stakeholders to gain feedback from them.

4.3 The Trust is supporting staff to be undertake constructive conversations with the CQC.

5. Recommendations

5.1 The Committee is asked to consider the report and acknowledge the improvement work that is ongoing and the improvements to date.

5.2 The Committee is asked to note the date of the onsite CQC well led inspection.

Appendix One – CQC Inspection key areas of good practice and areas of improvement

Medical Care (including older people's care) Rochdale Infirmary – Rated GOOD. July 2025

Areas of Good Practice

- Positive safety-focused culture with effective learning from incidents and complaints. This supports fast learning across services and prevents future harm.
- Rapid escalation and response to deteriorating patients demonstrating safe care for the most acutely ill patients.
- Care aligned to national guidance and evidence-based practice providing patients with the most up to date care.
- Strong infection prevention and control standards which provides a safe environment for patients to be cared for in.
- Care planned and coordinated with stakeholders to maintain safety and continuity.
- High compliance with mandatory training.
- Leaders have the skills and experience required, despite constrained resources.
- Patients reported kindness, dignity and respect from staff and felt involved in treatment and able to raise concerns.
- Environment described as clean, with equipment available.
- Care considered individualised, respecting protected characteristics.

Areas for Improvement

- Staffing, while meeting establishment, does not consistently match activity peaks and may not always meet patient need. A staffing establishment is underway to address the mismatch.
- Some patients transferred to Rochdale Infirmary did not understand the reason for their transfer. A patient transfer leaflet has been co-produced with patients that explains the pathway and the need for transfer to the Rochdale site for ongoing treatment and care. The impact of this will be assessed during quarter 3.

Medical Care, Royal Oldham Hospital – Rated REQUIRES IMPROVEMENT. July 2025

The Section 29A warning notice issued in October 2024 was due to concerns in relation to the continuous flow model (CFM). CFM was introduced to support patient flow and alleviate pressure on the emergency department. Patients are allocated to a ward and following a risk assessment are moved to the ward prior to the bed being available. The CQC noted that the service has made notable progress in addressing risks highlighted in the Section 29A Warning Notice.

Areas of Good Practice

- Improvements made in response to the Warning Notice, including relaunch of Temporary Escalation Spaces (TES) spaces using the My Next Patient (MNP) process.

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Surgical services, Salford Royal Hospital – Rated REQUIRES IMPROVEMENT. September 2025

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- Staffing levels across surgical wards.

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Medicine and Urgent & Emergency Care, Fairfield General Hospital – Rated AWAITING RATING January 2026

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Joint Health Overview and Scrutiny Committee

Work Programme 2026/2027

Agenda item	Purpose	Portfolio lead & officer lead	Method of scrutiny	Additional information
Thursday 25th June 2026				
Integrated Performance Report		Karen Coverley (Deputy Chief Nursing Officer)		
CQC update		Karen Coverley (Deputy Chief Nursing Officer)		
Financial update		Steve Leech (Director of Finance)		
Thursday, 24th September 2026				
Integrated Performance Report		Leah Robins (Interim Chief Operating Officer)		
Thursday, 17th December 2026				
Integrated Performance Report		Leah Robins (Interim Chief Operating Officer)		
Winter plan overview and impact on localities		Leah Robins (Interim Chief Operating Officer)		
Financial update		Steve Leech (Director of Finance)		
Thursday 25th February 2027				
Integrated Performance Report		Rafik Bedair (Chief Medical Officer)		

Task and finish groups

Deep dive area:	Expanded proposal:

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