Public Document Pack

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
Agenda

Date	Thursday 24 September 2026
Time	2.00 pm
Venue	J R Clynes Building Second Floor Room 2 - 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 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 22nd September 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 (Chair), Hunt and Simpson (Bury)
Councillors Brownridge, Klonowski and Sheldon (Oldham)
Councillors Dale (Vice-Chair) and Joinson (Rochdale)

Item No

1 Apologies for Absence

2 Urgent Business

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

3 Declarations of Interest

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

4 Public Question Time

5 Minutes and actions of the Previous Meeting (Pages 3 - 12)

To consider the minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance held on 25th June 2026, and note the responses.

6 NCA Channel 4 programme, any early notice of the outcome or feedback of the well-led inspection and an update on industrial action (Pages 13 - 26)

To receive a briefing on the Northern Care Alliance.

7 Clinical Leadership Update - to include an update on the PALS / Customer complaints and any other known impacts (Pages 27 - 34)

Joint Health Overview & Scrutiny Committee is asked to**:**

1. Receive the Clinical Leadership Model (CLM) Implementation Update.
2. Note the progress made since go-live.
3. Note the arrangements in place to monitor patient experience, complaints, quality and safety.
4. Acknowledge the ongoing work to embed the model and realise benefits for patients and local communities.

8 Cost Improvement plans and patient impact (Pages 35 - 40)

To receive the Cost Improvement Plan update.

9 Integrated Performance Report (Pages 41 - 64)

To note the Integrated Performance report.

10 Work Programme (Pages 65 - 66)

To consider and note the Joint Health Overview and Scrutiny Committee for Northern Care Alliance's Work Programme for 2026/27.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
25/06/2026 at 2.00 pm

Present: Councillors FitzGerald (Chair), Hunt and Simpson (Bury)
Councillor Klonowski (Oldham)
Councillors Dale (Vice-Chair) and Joinson (Rochdale)

Also in Attendance:

Mike Barker	Executive Director Health and Care (Deputy Chief Executive)
Karen Coverley	Deputy Chief Nursing Officer
Jack Grennan	Constitutional Services
Steve Leech	Director of Finance - Group Reporting
Tamara Zatman	Associate Director – Post Transaction Integration (NCA)

1 **ELECTION OF CHAIR**

RESOLVED: That Councillor FitzGerald be appointed Chair of the Committee for the 2026/27 municipal year.

2 **ELECTION OF VICE CHAIR**

RESOLVED: That Councillor Dale be appointed Vice Chair of the Committee for the 2026/27 municipal year.

3 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Barbara Brownridge and Graham Sheldon (Oldham).

4 **URGENT BUSINESS**

There were no items of urgent business received.

5 **DECLARATIONS OF INTEREST**

There were no declarations of interest for the meeting.

6 **PUBLIC QUESTION TIME**

There were no questions received for the Committee to consider.

7 **MINUTES OF THE PREVIOUS MEETING**

The Chair requested that an update be provided on the outcomes of sexual safety incidents in relation to the Urgent Business item at the previous meeting.

RESOLVED: That the Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 26th February 2026 be approved as a correct record.

8 **INTEGRATED PERFORMANCE REPORT**

Members queried the sickness absence figures and asked if there were any reasons why it was above target, and why there had been a decrease in the Welcome Back compliance.

Members were advised that the main reasons were work-related stress, colds and coughs, and muscular-skeletal issues, and that there was work being done around staff wellbeing, especially SCARF (Support, Care, Assist, Recognise and Family), the NCA's wellbeing programme. Members queried whether the sickness absence rate was due to staff not accessing the existing support. It was noted that this was partly true but that there were also pressures generally, and debriefs were held with staff every day to see how best they could be supported. It was also highlighted that the Welcome Back reviews were the NCA's return to work scheme and that the meetings included an action plan and a review date for both staff and managers.

Members asked questions around the mutually agreed resignation scheme, and it was noted that the resignations would be allowed in cases where there was service need and a mix of skills already in the workforce. It was highlighted that this would in effect be a soft restructuring and was about whether the NCA could do something differently and whether the resignations would pay for themselves within 12 months. Members also noted it was positive that staff turnover was down.

Members questioned whether overpayments were paid back, and it was confirmed that they were. Members suggested that a net outstanding figure would be good for the Committee to see.

Members highlighted theatre productivity and asked what needed to be done to improve this. It was noted that there were struggles with staffing and capacity demands. A paper had gone to the executive around resourcing this issue and it was noted that some progress was being made with some additional staff having been recruited and were currently going through training. It was also highlighted that industrial action was having an impact, leading to a reduction in core activity.

Members queried why waiting lists were coming down, and it was highlighted that this was due to a focused effort. It was, however, noted that industrial action was unhelpful in this effort, and it was explained to members why the industrial action was happening.

Members also queried the variation in four hour standards across the hospitals under the NCA. It was noted that there was variation across the four sites but that the larger sites were improving. It was noted that one of the key issues at Oldham was the flow and the estate. Work was ongoing through groups such as the Bed Optimisation Group to improve the flow through the system.

Members requested a future item on urgent care across hospitals to go on the Work Programme.

Members noted that the 63+ days waiting list was dropping, which was a positive.

On the finance report, members noted the report highlighting 'no areas of major concern' was positive, and it was confirmed that the extra £4.9m in bonus funding would sit in reserves but could not be used as additional spend. Members queried the cash position (days) statistic, and it was confirmed that this was due to the timing of capital schemes. It was noted that there were underlying deficits of around £60m and that 2026/27 had a break even position set through deficit reductions, with 2026/27 being the last year in which the NCA would be in deficit, but noted that it would be a challenging year. Members were assured that every saving scheme was quality assessed, including its impact on patients. Members requested to see the plans and the effects on patients in a future meeting.

Members noted the 'forward look' for the Chief Nursing Officer's metrics, asking for some clarity around CDI. Members were informed that CDI was an infection connected to antibiotics. It was noted that there was a focused piece of work on this, particularly around switching to oral antibiotics from intravenous.

Members noted concerns around the decline in the timeliness of complaints and PALS (Patient Advice and Liaison Services), and were advised that there had been a real issue with timeliness leading to formal complaints. It was noted that there was a trajectory to get this back on track. Members requested an item to go on the Work Programme around a wider look at Complaints and the Patient Experience more broadly. Members queried whether there were any changes in the complaints procedure that caused the decline. It was noted that there had not been and it was due to a workforce issue due to a transition to clinical groups with staff getting used to new roles. It was also noted that the volume of complaints and the subsequent backlog was leading to more conversions into formal complaints. It was suggested that earlier intervention from PALS would help as would ensuring that staff were supported and felt confident to handle issues at a ward/departmental level. It was highlighted that a review is currently underway around what is required around complaints, especially regarding capacity and demand.

Members noted concern that higher turnover would lead to less experienced staff in particular areas. It was noted that the NCA expected senior leaders to support staff and that strong structures to encourage this were being put in place.

Members requested an update on the clinical leadership model be brought to the committee towards the end of the municipal year.

Members noted improvements around patient safety incidents and asked how this had been achieved. It was noted that the main driver of this was the sharing of information and linking between teams, including safety summit meetings each week, along with bespoke pieces of work for different areas.

Members noted that the report notes areas of concern around 'demanding is exceeding capacity in some services' and queried

which services this referred to. It was noted that this primarily related to Adult Social Care at Salford. Members suggested that for future reports, more information be given on points like this to help members.

Members queried why urgent community 2-hour performance had increased, and it was noted that there had been a focus amongst the adult social care team about getting people home sooner. Members also highlighted the drop in Community CYP (Children and Young People) wait times, and it was noted that this was due to a focus on children's services, particularly speech and language. Members asked whether given the consistency of the 52 weeks+ metric, could it be revised down to capture a lower target, for example 26 weeks. It was noted that the 52 weeks+ metric was a nationally set metric.

9 **FINANCIAL UPDATE**

The content of Item 9 was covered during the discussions on Item 8 (Integrated Performance Report).

10 **CQC UPDATE**

The Deputy Chief Nursing Officer presented the report, providing updates on each organisation and their CQC inspection.

Members noted that it was positive to see that, particularly regarding Rochdale, actions were already making improvements, and it was noted that the areas for improvement were being addressed in a timely manner.

Members also queried what a Section 29A was, in relation to Oldham. It was noted that a Section 29A was an immediate warning notice, and that Oldham had stopped their continuous flow work, and the NCA was looking at full capacity protocols across all sites.

Members queried whether staff and patients were happy with the changes and it was noted that whilst there was some upset in the emergency departments, there was a more positive feeling in Outpatients, due to the nature of the changes.

Members queried why some issues not occur at all hospitals, and it was noted that different hospitals have different offers, which can impact bed deficits and lengths of stay.

Members requested a breakdown of KPIs by the four areas and the context as to what each hospital offers. Members also requested that the Constitutional Services officer contact Salford to reinvite their members to these meetings.

Members noted that Salford's 'Requires Improvement' rating and the comments in the report seemed to suggest that it was far worse than Oldham's despite the same 'Requires Improvement' rating and asked when it was expected that the hospital would be out of this position. It was noted that there had

been considerable improvement already and that bespoke work was being done.

Members noted concerns around senior leadership visibility and a lack of interactions with staff, and it was noted that there was an effort to go back to basics, including having a more visible presence from leaders.

It was noted that there were no immediate concerns at Fairfield but that learning was being taken from the inspections at Oldham and Salford and escalation areas were being looked at.

Members noted the recommendations but highlighted that the KPI information was different to the outcomes, meaning that the CQC outcomes came as a surprise to the committee. It was noted that it may be worth examining what information the committee gets to ensure useful oversight.

Members noted the ongoing well led inspection for an overall rating, with an expectation for inspections in July 2026, and requested an update to the staff survey and the Well Led inspections once they had been completed.

Members noted an issue of culture, with people not feeling listened to or able to speak out.

11 **2026/2027 WORK PROGRAMME**

The Chair asked for a list of items requested during the meeting to be read out. The following had been requested during the meeting as future items for the Committee's Work Programme.

- Urgent care across hospitals.
- Saving scheme plans and the effects on patients.
- Patient Experience (including complaints)
- Clinical Leadership update
- Breakdown of Key Performance Indicators by the four areas (Oldham, Rochdale, Bury and Salford) and the context as to what the offer is in each area
- Staff experience, including the staff survey and follow-up to Well Led inspections.

An additional item of a deep dive on community services was also suggested.

The meeting started at 2.00 pm and ended at 3.40 pm

This page is intentionally left blank

NCA response to query raised by committee members in the Joint Health Overview and Scrutiny Committee Meeting on 24 June 2026 - Sexual Safety

Question 1: Sexual Safety Incidents
The Chair requested that an update be provided on the outcomes of sexual safety incidents in relation to the Urgent Business item at the previous meeting.

NCA Response – NCA contact: Gertie Nic Philib (Chief People and Strategy Officer)
Earlier this year, the NCA launched its Unwanted Behaviours Campaign as part of our commitment to creating a culture where everyone feels safe, valued and respected. Unwanted behaviours have no place within our Trust, and all colleagues are expected to demonstrate our values of Care, Appreciate and Inspire, treat others with kindness and respect, and take action if they experience or witness inappropriate, unwanted or harmful behaviour. Clear and accessible reporting routes are available, and every voice matters.

In support of the national NHS campaign encouraging survivors of sexual assault to seek support, the NCA has also launched its Sexual Safety at Work Policy. The policy outlines expected standards of behaviour and our commitment to taking all concerns seriously and investigating reports appropriately. Creating a safe workplace is a shared responsibility, and support is available for anyone who needs it.

The slides being used as part of the Unwanted Behaviours Communication Strategy are attached for information.


Unwanted_Behavio
urs_Stage_2_Screens

It would not be appropriate to provide details of the outcomes relating to specific cases. An item on staff experience is on the workplan for the JHOSC meeting in December 2026, where we will provide a further update.

Previous Update provided to JHOSC (For Information):
Below is the NCA response to a query raised at the JHOSC meeting on 26 February 2026.

JHOSC Question (26 February 2026)
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.

NCA Response (shared with Jack Grennan, 11 June 2026)
The Northern Care Alliance (NCA) is signed up to the NHS sexual safety charter and has made significant progress towards compliance with national expectations. Strong foundations are in place with named executive and operational leads in place, a comprehensive sexual safety policy has been

launched with supporting wellbeing tools. National e-learning training is available to colleagues alongside an active allyship programme. Anonymous reporting mechanisms are available, and a developing communications and culture programme is in motion. Feedback from our colleagues through the national staff survey is used to inform action and incidences are monitored. Oversight on numbers of cases is currently delivered through the People Governance structures. Further work is being considered to strengthen executive/board reporting on specific cases including relevant data and learning. Quarterly reporting is submitted to the regional Improving Sexual Safety Forum established to discuss serious cases. This information is not appropriate for inclusion in the Integrated Performance Report (IPR), however cases are monitored via the relevant NCA People Governance routes.

NCA response to query raised by committee members in the Joint Health Overview and Scrutiny Committee Meeting on 24 June 2026 – Integrated Performance Report

Question 2: Integrated Performance Report – Adult Social Care (Salford only) & Community
Members noted that the report notes areas of concern around 'demand is exceeding capacity in some services' and queried which services this referred to. Members suggested that for future reports, more information be given on points like this to help members.

NCA Response – NCA contact: Leah Robins (Chief Operating Officer)
Services that have had capacity shortfalls have varied over time. The current pressure is dietetics; actions include standardising process and rebalancing capacity across localities.

Good progress has been made for community 52 week waits over the last 18 months where we have moved from being in the worst quartile nationally to being just below the national average. We are better than average for community 18 weeks performance and already meeting the new national target for March 2027.

We have disparate IT systems across community services which makes it more difficult to manage community waiting lists. Work has been undertaken to improve systems over the last year and will continue.

Trust-wide Access & Performance meeting have helped to bring our services together and provide guidance on RTT rules, which has helped to make waiting list information more accurate through validation. More recently a chatbot pilot has taken place to test if it could help in validating up PTLs. Services want to see if text reminders can be used to reduce DNAs but the technical feasibility of this is dependent on the functionality of community digital systems.

This page is intentionally left blank

Northern Care Alliance
NHS Foundation Trust

Edition one (monthly) 11th September 2026

A briefing for NCA stakeholders following System Improvement Board 03/09/26

Prepared by NHSE, GM Integrated Care Board and Northen Care Alliance

Please send queries to NCA.questions@nca.nhs.uk

The creation of the System Improvement Board demonstrates the seriousness with which the Northern Care Alliance NHS FT, NHS Greater Manchester ICB and NHS England North West are treating the challenges facing Northern Care Alliance NHS FT, and their shared commitment to coordinated, pace-driven improvement.

- NHS England North West has established a System Improvement Board, supported by NHS Greater Manchester ICB, to provide a formal, structured forum for driving improvement in patient outcomes, staff experience and organisational sustainability at Northern Care Alliance NHS FT.
- This is a partnership-based improvement aimed at supporting the Trust in its efforts to make focused, sustained progress.
- The Trust Board retains full statutory accountability and sovereignty over decision-making. The System Improvement Board's role is to test and challenge evidence of progress against the Trust's integrated improvement plan and regulatory actions.
- The additional layer of oversight provided by the System Improvement Board brings together national, regional, system and Trust leadership so that support is coordinated, avoids duplication, and is targeted where it will have the most impact.

Overall improvement context

The Northern Care Alliance NHS FT is open and transparent about the challenges it faces, and is taking clear, coordinated action to address those issues at pace.

- The Trust has brought together a number of separate regulatory actions and improvement requirements into a single integrated improvement plan, built around the principles of listening, learning and partnerships.
- The plan currently spans six strategic themes and 17 programmes of work, with clear ownership, outcomes and evidence requirements set to be finalised over the coming weeks.

- The Trust and its regional partners are clear success will be measured by demonstrable, sustained improvements in patient and staff outcomes, not simply by the completion of actions on a checklist.
- This work is being carried out against the backdrop of a significant organisational change, with the Trust having introduced a new clinically led operating model on 1 April 2026 following 18 months of preparation, moving from a hospital-group structure to one organised across six clinical domains.

CQC findings and regulatory concerns

The Trust has responded constructively to regulatory feedback and is taking clear, evidenced steps to address the concerns raised.

- Following a CQC well-led assessment in July, the Trust received a Section 29A warning notice covering issues related to learning from incidents and complaints, staff listening and speaking up, patient safety, staff wellbeing, and equality, diversity and inclusion.
- The CQC identified early signs of improvement, and the Trust is building on this by ensuring governance and evidence of sustained impact for patients are strengthened further.
- The Trust is not waiting for the full well-led report, expected by the end of October, to progress its improvement plan, though the plan will be refined further once the complete findings are available.
- Regulatory actions are being explicitly linked to measurable outcomes for patients and staff, creating a clear ‘golden thread’ from action taken to demonstrable impact.

Specific clinical service concerns (spinal, gynaecology, incident learning, contracted services)

Where specific clinical concerns have been identified, the Trust is taking targeted, evidence-based action to strengthen services and demonstrate sustained improvement.

- Regulatory concerns regarding spinal services relate to specific surgical services and not the spinal service as a whole. A new approach to delivering the service is being established.
- The gynaecology service, which operates across Bury and Salford Royal, has a developing improvement plan that combines targeted improvements to internal processes with other direct measures, including translating patient complaints directly into service changes.
- The Trust has seen improvement in a number of areas related to learning from incidents and has commissioned specific work to ensure those improvements are embedded, sustained and demonstrably improving outcomes for patients.

- Following an incident involving a subcontracted renal dialysis service (where the patient came to no harm) the Trust identified the need to strengthen escalation and quality-assurance arrangements for contracted-out services. The integrated improvement plan will apply the same assurance standards to commissioned services as it does to services provided directly by the Trust.

Industrial action and elective recovery

The Trust is working with system partners to provide a level of resilience during periods of industrial action, whilst working collectively on the recovery of elective performance as quickly as possible while prioritising patient safety throughout.

- Industrial action affecting theatres has created additional pressure on elective services, with the Trust prioritising trauma and time-critical patients throughout.
- The Trust is modelling a range of recovery scenarios, including additional mutual aid from across Greater Manchester, to address the backlog as quickly as possible.
- While an accelerated recovery by January remains possible, a return to expected performance levels by March is considered a more realistic timeframe, reflecting a responsible and evidence-based approach to planning rather than over-promising.
- System partners across Greater Manchester (and outside of GM for some specialisms) are providing a level of mutual aid, and detailed plans are now being agreed. Any continuation of Industrial Action will add to this challenge.

Workforce culture and staff wellbeing

The Trust is taking a proactive, evidence-led approach to understanding and improving staff wellbeing, recognising that a supported workforce is central to safe, high-quality patient care.

- The Trust has moved from simply monitoring staff sickness absence to actively understanding and addressing its underlying causes, including stress, anxiety and depression, which account for the majority of long-term absence.
- Monthly, line-by-line reviews are now in place across nursing, allied health professional and wider healthcare teams, with a move towards shared ownership of staff wellbeing across the organisation from this month.
- Independent freedom-to-speak-up and safeguarding support is in place to ensure staff have a clear, trusted route to raise concerns.
- The Trust is increasing visibility of its senior leaders with staff and supporting clinical leaders to speak openly about both problems and progress, reflecting a genuine culture of listening and learning.

Financial sustainability

The Trust's financial position remains broadly in line with plan, and robust governance is in place to manage emerging pressures.

- At month four, the Trust remains broadly in line with its financial plan, supported by non-recurrent measures, though it continues to face pressures from industrial action, inflation and rising demand.
- Significant financial governance improvements have been introduced for 2026 to 2027, including revised delegation arrangements, additional training for leaders and strengthened governance meetings that link financial oversight directly to operational recovery planning.

Stakeholder and partner communications

The Trust and its system partners are committed to open, coordinated communication with local representatives and communities throughout this improvement process.

- The Trust is committed to communicating openly with local political leaders, MPs and stakeholders about the challenges it faces and the actions being taken to address them.
- A stakeholder engagement plan is being finalised covering staff, localities, primary care and clinical partners, ensuring consistent messaging that avoids duplication and reinforces a single, coordinated narrative.
- The Trust and its partners operate on a ‘no surprises’ basis, ensuring that emerging risks and incidents are shared transparently and proportionately through appropriate governance channels.
- Local leaders and elected representatives can be reassured that oversight of this improvement work involves the Trust Board, the System Improvement Board, NHS England Northwest and NHS Greater Manchester ICB, each with clear and distinct responsibilities, ensuring no gaps in accountability.

End

Northern Care Alliance
NHS Foundation Trust

Northern Care Alliance NHS Foundation Trust

September 2026
Key messages

NCA hospital sites

All our sites have different demand and capacity characteristics

Salford Royal Hospital

Provides NEL and EL tertiary services in addition to DGH services - Type 1 ED, Major Trauma Centre and co-located UTC (Urgent Treatment Centre)

Royal Oldham Hospital

Provides Medical, Surgical, Paediatric and Maternity services and has been significantly affected by NMGH disaggregation – The site accommodates MFT Vascular Surgery on site –Trauma Unit – Type 1 ED but UTC not co-located

Fairfield General Hospital

Is medically dominated and includes Stroke services, whilst also providing EL-IP Orthopaedic and ENT surgery - Type 1 ED with co-located UTC

Rochdale Infirmary

Provides short stay NEL services with pathways to other NES sites and is our main elective surgical hub site (DC and 23 hours), Type 3 UCC ED open 24 x 7 x 365

Stakeholder communications

Northern Care Alliance
NHS Foundation Trust

- **NCA, NHSE and GM ICB will work together to update stakeholders during the second week of every month via the Integrated Care Partnership Board (see separate paper for Edition one – 11th September 2026).**
- **Updates will be aligned to the NCA Board (first Wed of the month) and System Improvement Board cycle (first Thursday of the month).**
- **Focus will be on NHS England undertakings, improvement programme, clinical model, leadership transition, industrial action and legacy inquests.**
- **Supports a "no surprises" approach, providing timely, transparent and consistent information directly from the NCA.**

Safety, quality and governance

Northern Care Alliance
NHS Foundation Trust

- Media coverage, regulatory feedback and internal reviews identify common themes.
- Patient safety, quality governance, risk, complaints, Freedom to Speak Up, workforce wellbeing and inclusion.
- The Trust is tackling quality and safety issues raised through regulatory feedback, internal reviews and concerns from colleagues and patients.
- Incident, investigation, learning and escalation are being strengthened.

Performance

Northern Care Alliance
NHS Foundation Trust

- Safe services are being maintained while required improvements are delivered.
- Patient flow at Salford is part of the improvement and assurance work.
- Workforce pressures and absences are monitored alongside operational risks.
- Performance and service risks are reviewed through operational and governance routes.
- Patients affected by disruption or delays are contacted directly.

Regulatory action

Northern Care Alliance
NHS Foundation Trust

- **NHS England issued formal enforcement undertakings in the summer.**
- **Undertakings cover spinal services, gynaecology services, quality governance and patient flow at Salford.**
- **CQC has issued a Section 29A Warning Notice on quality assurance arrangements.**
- **NHS England has established a System Improvement Board with NCA and NHS Greater Manchester ICB. The first meeting was on Thursday 3rd September.**
- **The Board will publicly oversee undertakings and the wider improvement programme.**

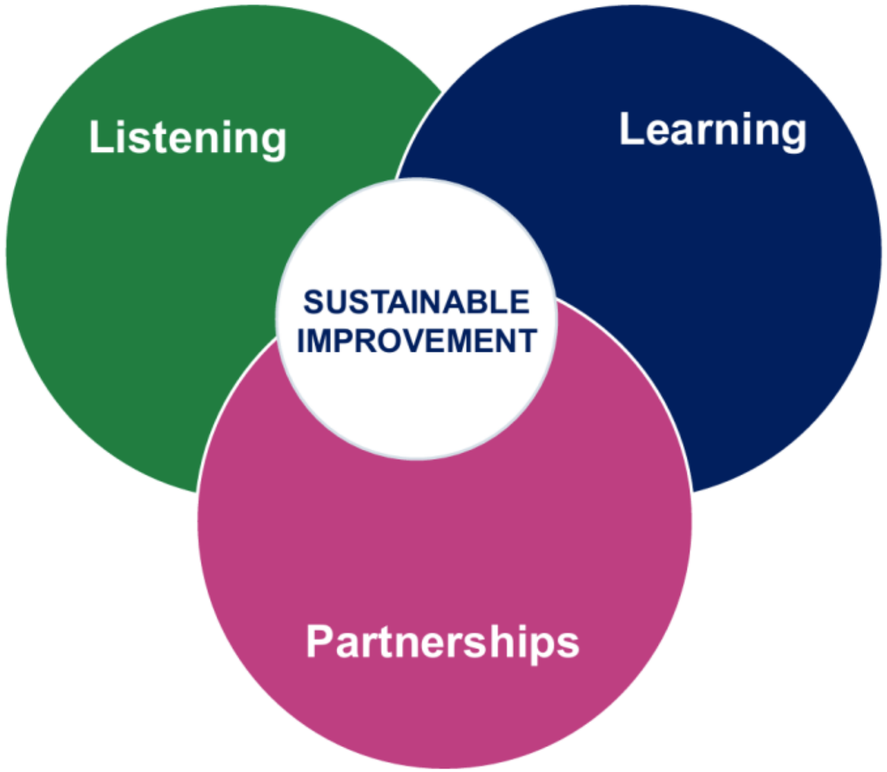
Improvement

Northern Care Alliance
NHS Foundation Trust

- The Integrated Improvement Plan is our plan improvement.
- It brings together NHS England undertakings, the CQC Section 29A notice, Well-Led feedback, internal reviews and other improvement areas.
- It will include actions, owners, milestones, success measures and assurance routes.
- Delivery will be overseen by the Trust Board, executive team, system partners and System Improvement Board, with partners engaged because improvement will require joint working.
- The Trust launched a new Clinical Leadership Model, directly involving clinical leaders in safety, quality and improvement decisions.

Our Approach to Improvement

Northern Care Alliance
NHS Foundation Trust



How the model works

Listening

Hear openly from clinicians, patients, colleagues and partners to understand what matters most.

Learning

Use evidence, data and experience to adapt quickly and embed lasting change.

Partnerships

Turn learning into action through purposeful collaboration and shared ownership.

Strategic Improvement Themes

Northern Care Alliance
NHS Foundation Trust

Six themes focus our collective improvement effort

Safe & Effective Care	People & Culture	Governance	Digital, Data & Information	Operational Delivery & Performance	Financial Sustainability & Productivity
Gynaecology Services	Executive & Senior Leadership effectiveness	Risk Management & Assurance	Digital Safety & Infrastructure	UEC and Patient Flow	Financial Recovery
Spinal Services	Clinical Leadership & medical engagement	Integrated Planning, Performance & Improvement Governance	Data Quality & Information Management	Access and waiting time recovery	Underlying deficit / Cost Improvement
Quality Governance	Culture, speaking up & Inclusion				Productivity
Patient Safety, Complaints & Learning	Colleague Health, attendance & wellbeing				

Industrial action

Northern Care Alliance
NHS Foundation Trust

- The Trust is managing local industrial action within theatres.
- The Trust is currently in negotiations with UNISON.
- GM bank rates triggered staff concern and UNISON involvement.
- Bank rates are outside UNISON's remit and were not part of the ballot.
- Critical care agreements were based on the small number of shifts involved and the view that extra overtime would not be needed if sickness is managed.
- Overtime is available and paid for shift overruns across NCA.

Northern Care Alliance
NHS Foundation Trust

Meeting	**Joint Health Overview & Scrutiny Committee**
Paper Title	**Clinical Leadership Model Update**
Prepared by **Presented by**	Hazar Rouached, Programme Manager Dr Alistair Craig, CLM Clinical Lead and Director of Clinical Strategy and Development
Date	24 September 2026

Recommendations

Joint Health Overview & Scrutiny Committee is asked to:

1. Receive the Clinical Leadership Model (CLM) Implementation Update.
2. Note the progress made since go-live.
3. Note the arrangements in place to monitor patient experience, complaints, quality and safety.
4. Acknowledge the ongoing work to embed the model and realise benefits for patients and local communities.

Which NCA Ambition(s) does this support?

The report supports the following NCA Ambitions:

1. **Improving Population Health in all our Places, working with partners:** We are working with our partners within the design process to ensure the NCA can meet the changing landscape of Health and Care, and meet the ambitions set out in the Darzi report.
2. **Caring for and inspiring our people**: Increasing the clinical voice and listening to colleagues is integral to meeting the NCA People ambitions. CLM is a fundamental part of our cultural change.
3. **Improving Performance – meeting and exceeding standards:** Through standardising our processes and bringing services together across our entire footprint, we will ensure that we have a mechanism for driving out unwarranted variation whilst ensuring that service excellence and patient experience are central to our decision making.
4. **Financial Sustainability – of our Organisation and Places:** CLM has a stated ambition to eradicate unwarranted variation, to reduce duplication and ineffective processes. Through this work a sustainable and efficient NCA can be realised.

Where has this paper been reviewed?

Not Applicable

Impact of the requirements of the protected groups identified

The stated aims of the programme include eliminating unwarranted variation, improving colleague experience – creating inclusive leadership opportunities for all, and enhancing patient involvement in organisational decision making. A programme level Equality and Quality Impact Assessment (EQIA) was completed and approved by the programme board. The EQIA action plan has

by the Equality Act?	been reviewed by the programme team to ensure that agreed actions are actively monitored and embedded into the M&T workstreams delivery plans.
Freedom of Information Status	Public
Link to Board Assurance Framework Risks	BAF Principal Risk 5: Change Portfolio IF we do not successfully implement the programmes within the NCA Change Portfolio in line with agreed timescales and deliverables, THEN we may fail to be a safe and sustainable organisation and be subject to regulatory oversight.

1. Introduction

1.1 The purpose of this report is to provide the Joint Health Overview and Scrutiny Committee with an update on the implementation of the Clinical Leadership Model (CLM), which went live on 1 April 2026

1.2 The report outlines the changes introduced through the programme, progress since implementation, the impact on patients and services, and the arrangements in place to monitor patient experience, complaints, quality and safety.

2. Background

2.1 The Clinical Leadership Model was introduced to strengthen clinical leadership, improve accountability, reduce unwarranted variation in care, and create a more consistent approach to service delivery across the NCA.

2.2 As part of the programme, the previous Care Organisation structure was replaced by six Clinical Groups and 34 Clinical Service Units (CSUs), bringing together services under clinically led management teams with responsibility for quality, operational delivery, workforce and performance.

2.3 The model was developed following extensive engagement with colleagues, trade unions, patients and partners, with changes made to the final design following feedback received during consultation.

3. Go-Live and Progress Since Implementation

3.1 In preparation for go-live, a significant programme of mobilisation and transition activity was undertaken including 9 workstreams as follows: governance, finance, HR and people, digital readiness, transition to Clinical Groups, patient co-production, place, business partnering and 24/7 site management. This work included aligning financial and reporting arrangements, implementing digital and system changes, supporting recruitment and leadership appointments, establishing new governance arrangements and ensuring services were appropriately aligned within the new Clinical Group structure. The Patient Co-Production workstream supported the inclusion of patient and public voices in the programme and established arrangements to ensure patient insight continues to inform decision-making within the new Clinical Group model. The mobilisation and transition programme helped ensure the organisation was operationally prepared for the introduction of the Clinical Leadership Model and transition to the new organisational structure.

3.2 The Clinical Leadership Model went live on 1 April 2026. Leadership teams were established across all six Clinical Groups and responsibility for operational delivery, workforce, finance and performance transferred into the new structure. The transition was completed without significant disruption to patient services. All Managing Directors are clinical – either practising medical consultants or a Nursing Director.

3.3 A three-month post go-live review and assurance processes have confirmed that the core organisational redesign and go-live objectives were delivered as planned, while also identifying

areas that require ongoing development as the programme moves into a phase focused on embedding the model and realising the intended benefits.

4. Impact on Patients and Services

4.1 The Clinical Leadership Model has been designed to improve care for patients through stronger clinical leadership, clearer accountability and greater consistency across services. A single leadership team is responsible for the services the NCA provides, regardless of location.

4.2 What has changed for patients so far?

The transition was completed without significant disruption to patient services, PALS or complaints handling. Early changes include clearer routes into service leadership for external partners, stronger Clinical Group oversight of complaints and patient feedback, and a reduction in overdue and long-waiting complaints. These are encouraging early signs, but it remains too soon to demonstrate an improvement in patient outcomes or overall service performance.

4.3 Immediate positive impacts

- The model provides clearer points of contact within service leadership for external stakeholders, including primary care and system partners, although these arrangements continue to embed.
- Early programme feedback, including survey feedback, indicates clearer service accountability, increased opportunities for cross-organisational learning and a more visible clinical voice in decision-making.
- Recent CQC inspection feedback included positive observations about aspects of the new model.
- These early observations will be tested through the six- and twelve-month reviews.

4.4 Initial challenges and NCA response

- The site management model requires further development. Additional Site Managers have recently been recruited.
- Further alignment of corporate teams with the Clinical Group model is required. The relevant CLM workstream will remain open until this is completed.

- New leaders have reported spending excessive time in meetings, partly due to the continued operation of legacy governance arrangements. Governance simplification is being addressed through the CQC and regulatory undertakings improvement work.
- The loss of familiar local structures has affected some interactions with system partners. Arrangements such as the Four Localities Partnership are being strengthened in response.
- Many intended benefits are medium- to long-term and cannot yet be demonstrated. The organisation will assess impact through the three-, six- and twelve-month reviews.

4.5 The anticipated benefits of a fully embedded CLM model include:

- Reducing unwarranted variation in care across NCA sites.
- Improving patient experience and ensuring the views of patients, service users and the communities are heard.
- Better connectivity between the Board, leaders and communities.
- Strengthening clinical leadership and decision-making.
- Improving collaboration between services and localities.
- Supporting more effective use of workforce and organisational resources.

4.6 While many of these longer-term benefits will take time to be fully realised, the new leadership and governance arrangements are now established and are supporting further service integration across the organisation.

5. PALS and Customer Complaints

5.1 The transition to the Clinical Leadership Model included aligning Patient Advice and Liaison Service (PALS) and complaints processes to the new Clinical Group structure. New complaints are now allocated through Clinical Group leadership teams, who appoint an investigating officer. Complaints and PALS activity are regularly discussed through Group Safety Summit meetings, where progress is reviewed and updates are sought on open cases. This has increased senior leadership focus and engagement with complaints management. Clinical Groups and Clinical Service Units are also making greater use of Datix dashboards to monitor complaint activity, identify themes, manage workloads and support service improvement.

5.2 The organisation is not aware of any complaints received specifically related to the introduction of the Clinical Leadership Model.

5.3 The organisation continues to receive a high volume of complaints and recognises that complaint closures are not yet keeping pace with demand in all areas. Some services continue to receive higher volumes of complaints than others, and as a result these cases can remain open longer. Work is underway to improve timeliness, strengthen oversight and ensure learning from complaints continues to support service improvement.

5.4 PALS services, patient experience processes and complaint handling arrangements remained operational throughout implementation, with no disruption to how patients, carers and the public raise concerns, seek advice or provide feedback.

5.5 Since April 2026, the number of overdue complaints and long-waiting cases has reduced, improving the age profile of the backlog. This improvement cannot yet be attributed directly to CLM, but it has occurred alongside increased Clinical Group oversight. Challenges remain, particularly within high-volume specialties such as Surgery, and continued focus is required to improve response times.

6. Quality and Safety

6.1 Quality, safety and governance arrangements remained operational throughout implementation of the Clinical Leadership Model. Governance, risk management and reporting systems were aligned to the new organisational structure.

6.2 Routine monitoring of patient safety, complaints, patient experience and quality indicators continues through established governance arrangements across Clinical Groups and Clinical Service Units.

6.3 The organisation will continue to assess the impact of the Clinical Leadership Model through programme reviews, including a three-month, six-month and twelve-month reviews, which will consider operating model maturity, governance effectiveness and delivery of intended benefits.

7. Next Steps

7.1 The organisation is now focused on embedding the Clinical Leadership Model and delivering the intended benefits for patients, colleagues and local communities. Areas of ongoing work include:

- Completion of the alignment of corporate services.
- Enhancement and iteration of the 24/7 site management model.
- Further embedding and standardisation of governance arrangements.
- Delivery of a comprehensive benefits realisation framework.
- Working with partners to improve the Place operating model.

7.2 Formal six-month and twelve-month reviews will be undertaken to assess progress, operating model maturity and benefits realisation.

8. Conclusion

8.1 CLM was implemented without significant disruption to patient services, complaints handling or established quality and safety processes. Immediate changes are principally organisational, including clearer service leadership and strengthened Clinical Group oversight. Early positive observations are emerging, including increased focus on complaints and older cases, but it is too early to demonstrate that CLM has improved patient outcomes or service performance. These benefits will be tested through the six- and twelve-month reviews.

Recommendations

The Joint Health Overview and Scrutiny Committee is asked to:

- Receive the Clinical Leadership Model (CLM) Implementation Update.
- Note the progress made since go-live.
- Note the arrangements in place to monitor patient experience, complaints, quality and safety.
- Acknowledge the ongoing work to embed the model and realise benefits for patients and local communities.

This page is intentionally left blank

Northern Care Alliance
NHS Foundation Trust

Northern Care Alliance (NCA)

Cost Improvement Programme (CIP) Summary

CARE APPRECIATE INSPIRE

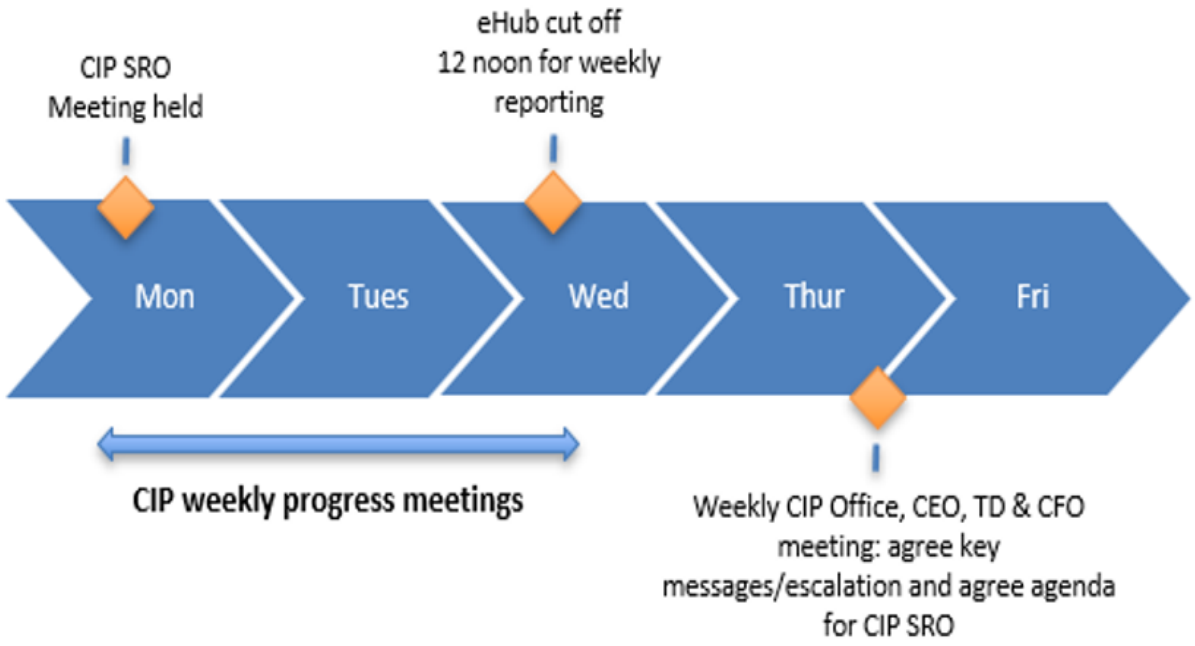
Cost Improvement Introduction & Governance

Northern Care Alliance NHS Foundation Trust

The NCA has developed a robust infrastructure to support identification, development and delivery of cost improvement target, supporting delivery of the NCA's Financial Sustainability Plan (FSP).

There is a weekly cycle, as shown, monitoring progress of CIP scheme identification, development, and delivery. This was established in 2024 and ensures there is adequate planning, support, and oversight throughout the financial year.

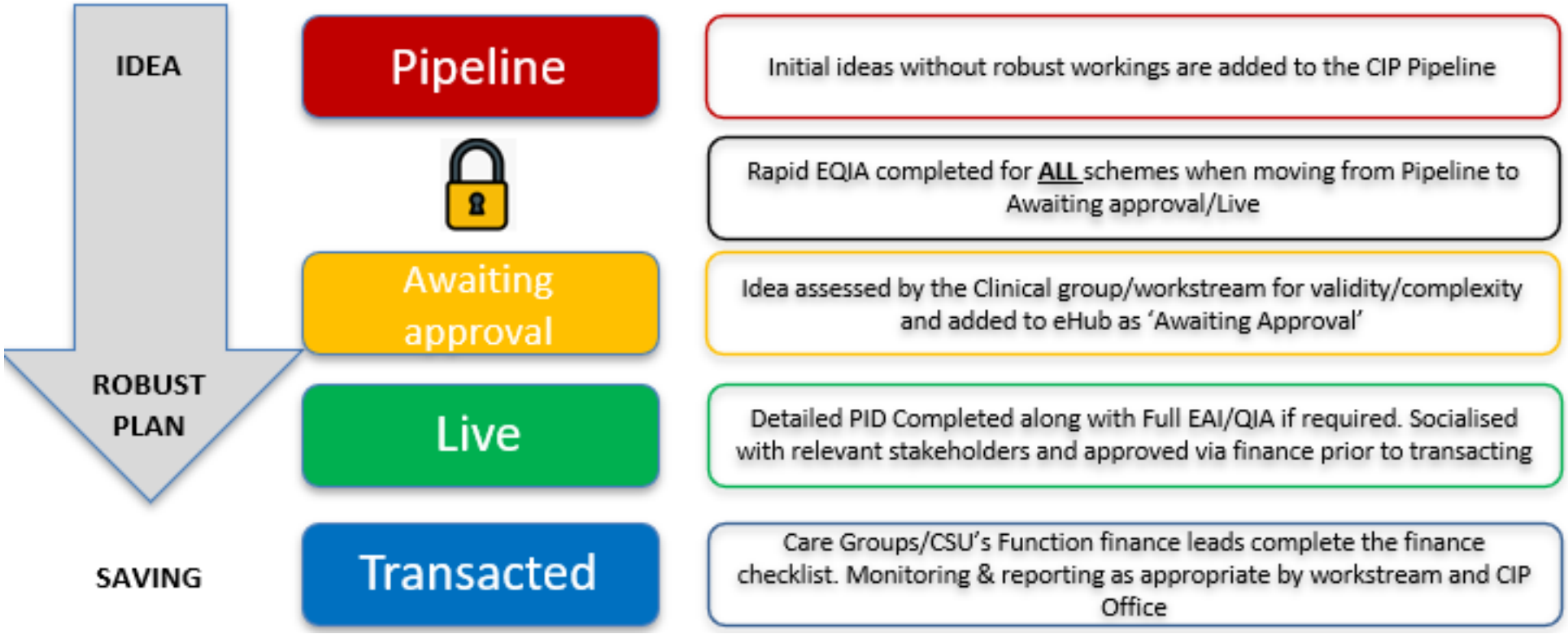
Monthly updates are taken to the Finance and Performance Committee as well as to Trust Board through the finance update.



Cost Improvement Programme Development & Engagement

Northern Care Alliance NHS Foundation Trust

Cost improvement ideas are developed as outlined below ensuring all relevant colleagues are engaged as part of the idea development, scheme delivery and post implementation review.



CIP Summary Position FY26/27

Northern Care Alliance
NHS Foundation Trust

FY26/27 - Pipeline (£m)

£18.8M
Pipeline total

FY26/27 programme value (£m)

£29.0M
Awaiting approval

£16.5M
Live

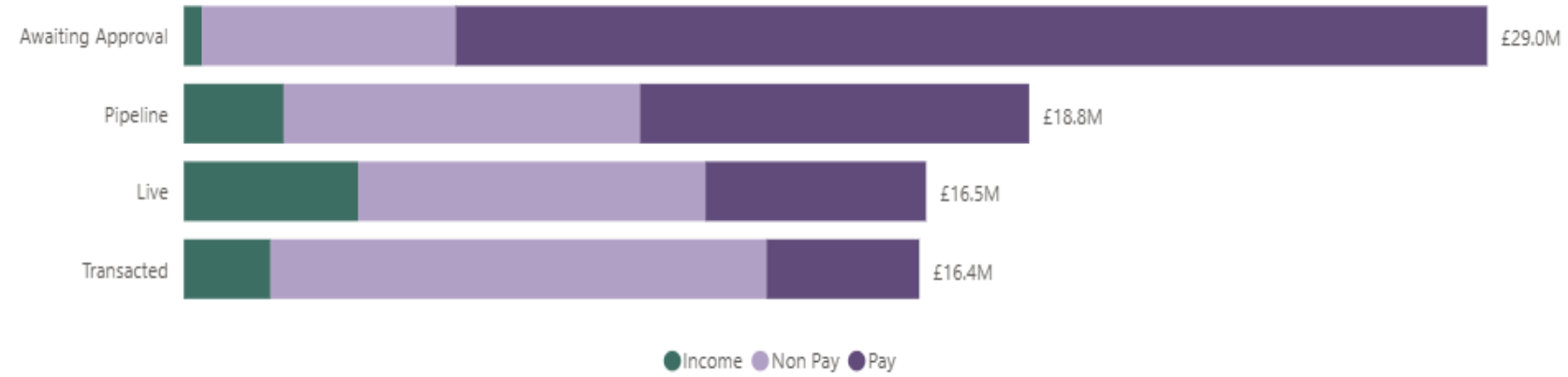
£16.4M
Transacted

FY26/27 programme savings (£m)

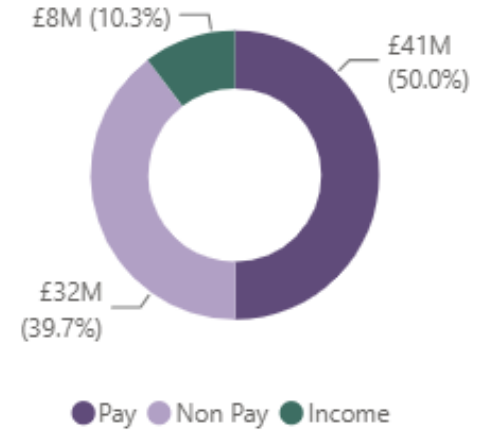
£80.6M
Total Savings

-£23.5M
Gap to Target

FY26/27 (eHUB) Status & Pay vs Non Pay (£Ms)



FY26/27 (eHUB) Pay vs Non-pay vs Both (% of sum)



CIP Programmes – FY26/27

Northern Care Alliance NHS Foundation Trust

Within the FSP, a number of opportunities were identified around some key programmes, established to support delivery of improvements contributing to the delivery of financial efficiencies.

Medical Workforce Programme Aim: To work collaboratively with colleagues across clinical services, to identify and support the delivery of projects to improve the efficiency and experience for our medical colleagues and ensure the safety and wellbeing of all our patients.

Nursing & AHP Programme Aim: To provide good quality standard services across the NCA and reducing variation while ensuring compliance with national best practice and safe staffing requirements.

Medicines Management Programme Aim: To ensure there are robust processes for the procurement of medications and ensuring we are using the best value medication, utilising appropriate procurement frameworks and regional or national contracts enables the Trust to ensure we are utilising the best value treatments for patients.

Digital Programme Aim: To rationalise the number of individual applications in use across services, streamlining systems, improving data quality, and enhance patient and workforce experience.

CIP Programmes – FY26/27

Northern Care Alliance NHS Foundation Trust

Estates & Facilities Programme Aim: To optimise the estates and facilities across multiple acute and community sites of varying size and flexibility by investing in the estate and maximising economies of scale.

Procurement Programme Aim: To enhance procurement practices by negotiating favourable terms with suppliers, fostering competition, and identifying cost effective alternatives, influencing the supply chain to achieve the lowest cost of ownership while upholding high standards of quality.

Outpatients Programme Aim: To improve patient access, experience, and outcomes, while supporting financial sustainability and environmental responsibility.

Length of Stay Programme Aim: To deliver a sustained reduction in inpatient length of stay across the Northern Care Alliance (NCA), supporting both quality of care and long-term financial sustainability.

Theatres Programme Aim: To maximise the productivity of elective and day case theatres, directly supporting elective recovery, improved patient access, workforce sustainability, and financial resilience.

Northern Care Alliance
NHS Foundation Trust

Integrated Performance Report

Published: August 2026

CARE APPRECIATE INSPIRE

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: August 2026

Northern Care Alliance
NHS Foundation Trust

Matrix Summary

	Consistently achieving target	Inconsistently achieving target	Consistently failing target	No Target
Special Cause Improvement	Staff 12-month Turnover	Urgent Community Response 2-Hour Performance Community RTT 18 Week %	Welcome Back Compliance UEC - 4 hour RTT waits within 18 weeks RTT First attendance within 18 weeks RTT % 52 week waits	% Corridor Care >45 Minutes Number of High Risks Specialist Advice
Natural Variation	% of Reviews where carers indicate their needs are being met Friends & Family Test Mandatory Training PPH Time to Hire	% of 12 hour waits in ED 28 Day Cancer Faster Diagnosis 31 Day Cancer 62 Day Cancer Performance C-diff Discharge Ready Date DNA Rate Falls Hand Hygiene Compliance Hospital Acquired Organisms - Ecoli My Time Compliance PIFU Pressure Ulcers G2-G4 Risks within review date Still Births per 1000	63 day waits Cancer Ambulance handover >45 Mins Diagnostics 6 week performance MRSA Number of People Receiving Long term services (12-month rolling) RTT 52 week waits Sickness Absence (In Month) Size of Waiting List Theatre Utilisation UEC 4 Hour - CYP	Community Acquired Pressure Ulcers Number of Incidents with harm Number of Significant Risks Overpayments Temporary Staffing Spend
Special Cause Concerning			Sickness Absence (Rolling) PALS resolved within 5 days Complaints Response	Number of Incidents with no harm Cancelled Operations on the day Better Payment Practice Code

Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

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

People & Learning

Highlights

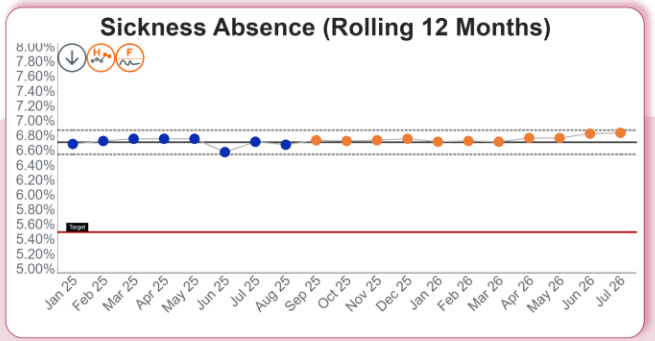
Workforce Planning is now complete for 2026/27 year and Mid Term Plan
Mandatory training at 93.50%
Foundation Leadership training at 78%
Medical Appraisal at 97.50%
Time to Hire remains below 20-day target across all areas
Continued progress with our LMS and modernising mandatory training access and appraisal recording
Mutually Agreed Resignation Scheme launched on 1 Apr. All colleagues to have left by end of August

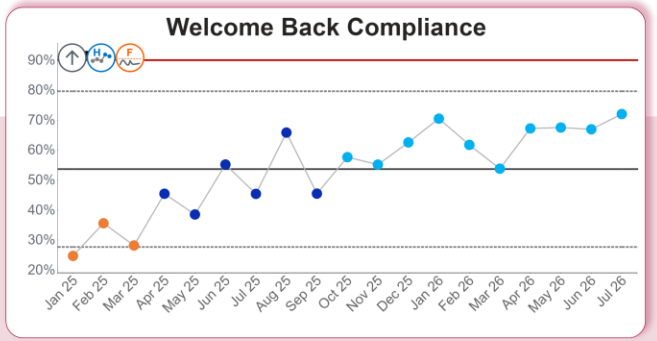
Areas of Concern

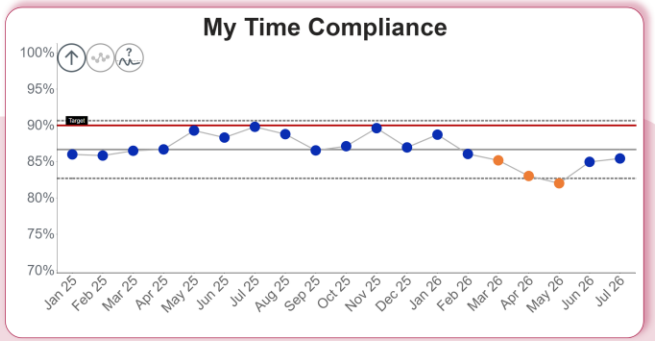
Sickness absence continues to be above target
Whilst Welcome Back discussions have increased this month to 72.02%, this is still below the target
My Time compliance has slightly improved to 85.44% and an area of continued focus in Performance Reviews
Whilst mandatory training is above 90% there are 22 modules that are non-compliant. Clinical Groups to developed trajectories to achieve compliance

Forward Look (with actions)

Clinical Groups and Corporate Services will implement monthly absence reviews, improvement plans and reduction trajectories, supported by Absence Review Panels (COO, CFO, Deputy CPO). Long-term absence plans, including reducing nil-pay cases, will be in place by 31 Aug 2026. Progress will be monitored through People Groups, PEOG and performance reviews. Staff Survey, WRES/WDES action plans being developed locally with CGs







Technical Analysis

Sickness Absence is consistently not achieving it's target and demonstrating special cause variation of a declining trend. It increased again in July to 6.84%, the highest seen in this reporting period.

Welcome back compliance is consistently failing it's target and demonstrating special cause variation of an improving trend. Performance increased in July to 72.02%

My Time Compliance is inconsistently achieving it's target and demonstrating natural variation. Performance increased again in July to 85.44%

Actions

We have increased focus and oversight of sickness management and continue to work to improve the compliance of Welcome Back Health Reviews to support colleagues and have launched a standardised process for recording and monitoring all long-term absence

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.

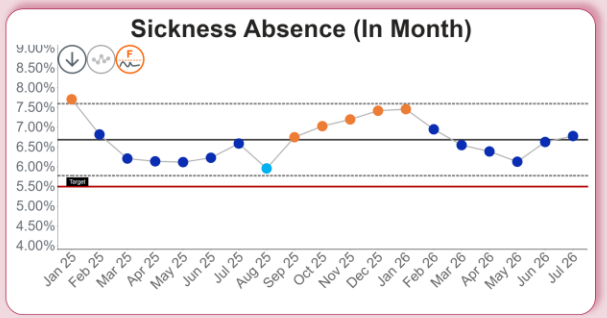
The trajectories for improvement continue to be monitored via performance review meetings with a specific focus on areas of lowest compliance and staff groups against the target.

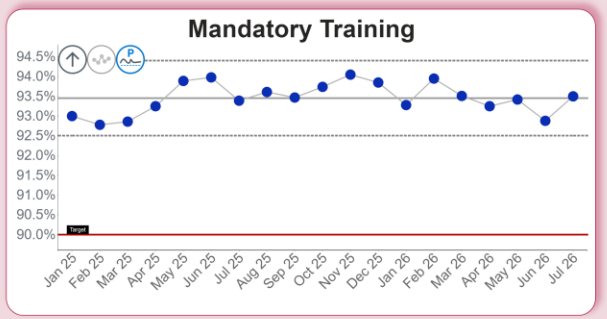
Integrated Performance Report: August 2026

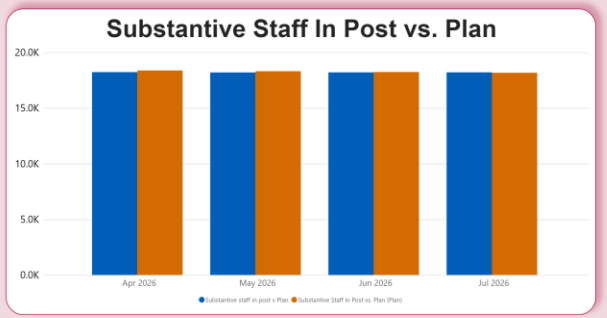
Northern Care Alliance
NHS Foundation Trust

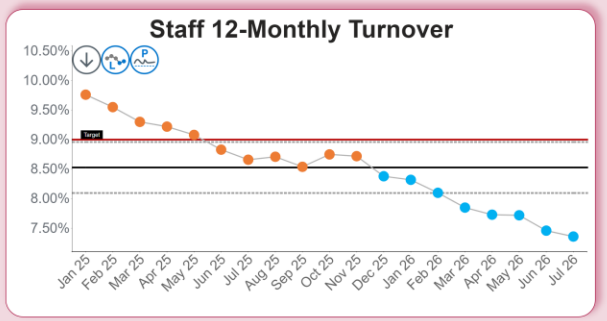
Watch Metrics

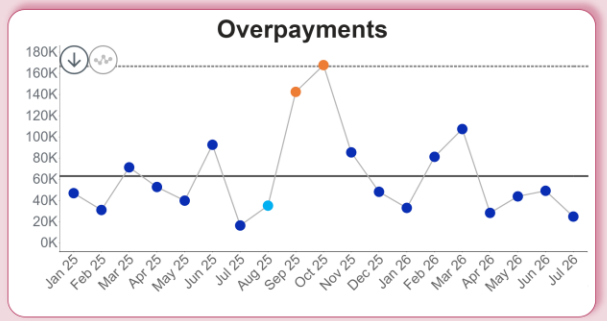
People & Learning











Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Drive Metrics

Elective Care & Productivity

Highlights

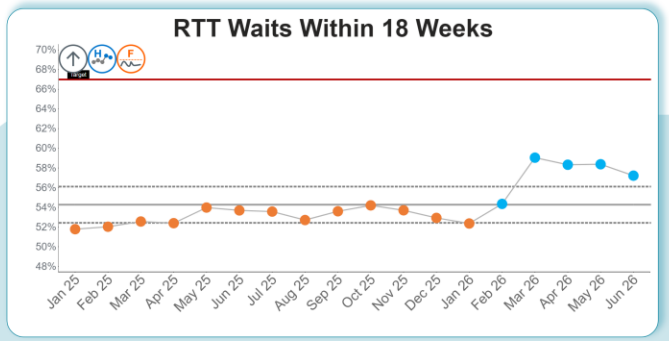
RTT 18 weeks performance is better than last year with reductions in waits over 52 weeks. Outpatient productivity improvements have been sustained with specialist advice increasing by 17% versus last year.

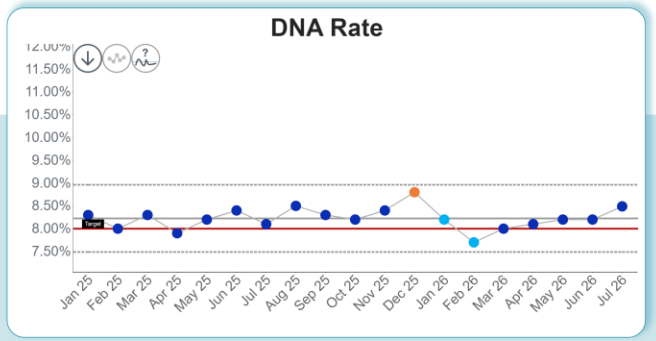
Areas of Concern

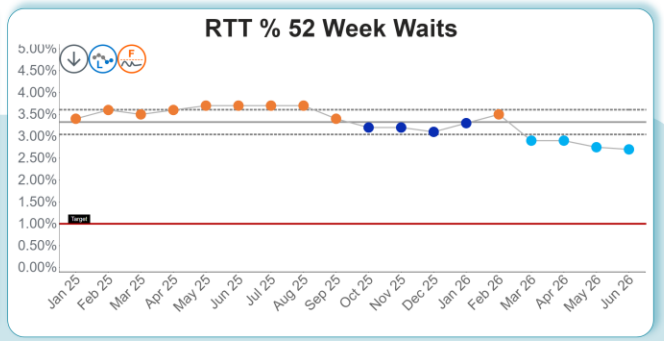
Industrial action has reduced theatre capacity with patients waiting longer for surgery.

Forward Look (with actions)

Based on learning from the Q4 Sprint, plans to improve performance will be deployed in September.







Technical Analysis

DNA Rate inconsistently achieves the 8% target and currently demonstrates natural variation. It increased in July to 8.49%, the highest rate seen since December 2025

Actions

1) Increase validation capacity - Q2; (2) Mutual Aid Q2 (3) Productivity improvement 26-27 (4) Utilise non-core capacity Q2; (5) Focus on actions to reduce demand via Single Point of Access Q2 - Q4; (6) Standardisation of administrative processes Q4

1) Develop & implement invite to book processes across services for Follow Ups - Mar-27; (2) Use of digital tools to support validation Q2

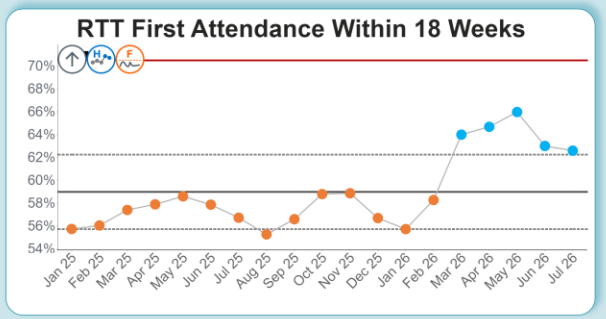
1) Focus on actions to reduce demand via Single Point of Access Q2 to Q4; (2) Increase productivity Q1 (3) Utilise non-core capacity - Q1 & Q2; (4) Focus on actions to reduce Non-Admitted waits

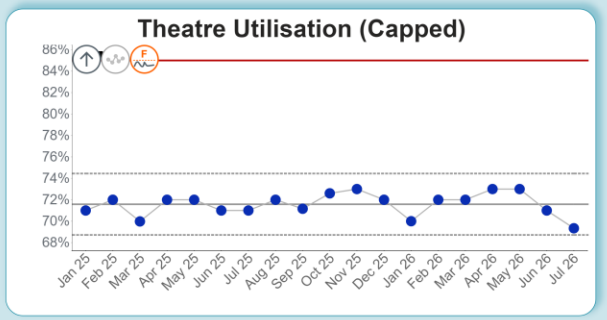
Integrated Performance Report: August 2026

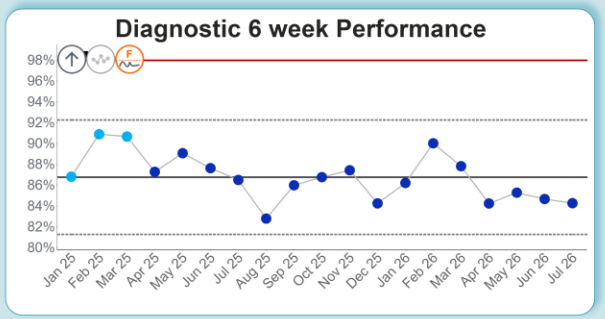
Northern Care Alliance
NHS Foundation Trust

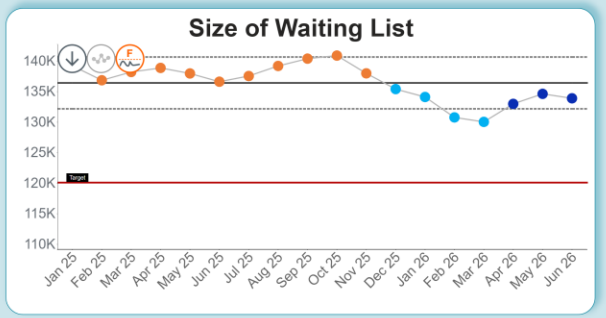
Watch Metrics

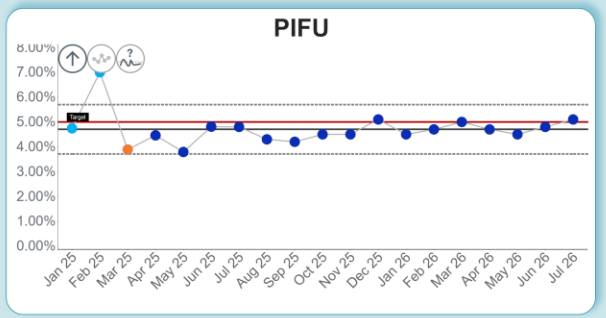
Elective Care & Productivity

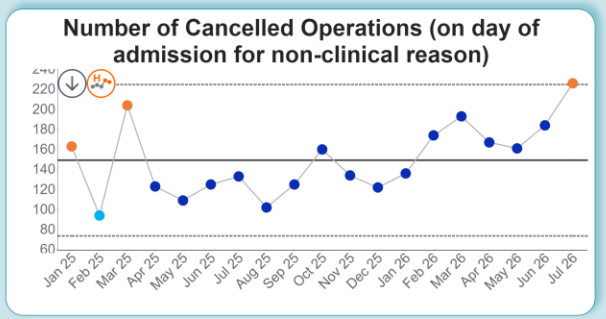


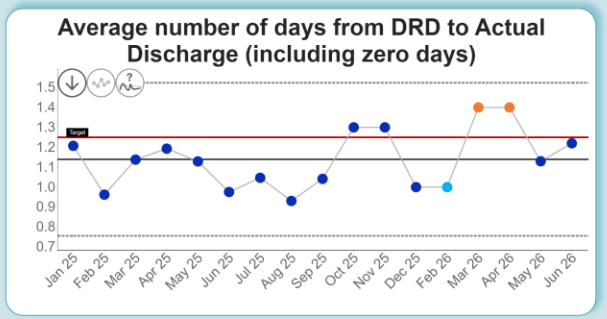












Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

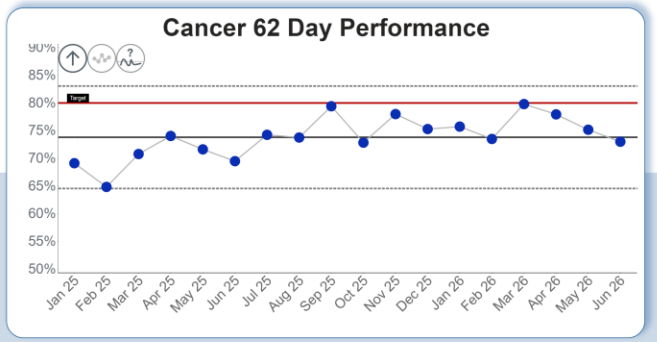
4 Hour performance was consistently better this year versus last year, improving faster then the national average for the 2nd year. Cancer access for our patients also improved with the targets for 31 Days, and 62 Days being met in March.

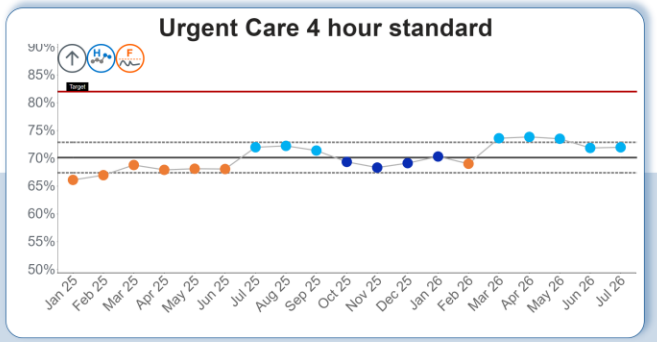
Areas of Concern

A&E attendances are higher than last year. Whilst we have delivered better performance for UEC and Cancer, improvements are more challenging for the remainder of the year across urgent care & cancer standards.

Forward Look (with actions)

The newly formed Clinically Led Integrated Organisation teams are identifying and implementing improvement actions building on the significant improvement over the last 2 years.





Technical Analysis

This metric is demonstrating natural variation, decreasing for the third consecutive month in June to 73%

This metric is currently demonstrating natural variation whilst remaining below the 82% target for Mar-27. Performance in July was 71.98%

Actions

1) Improve Best Timed Pathways compliance; (2) Support GM to implement community Dermatology model in 26-27

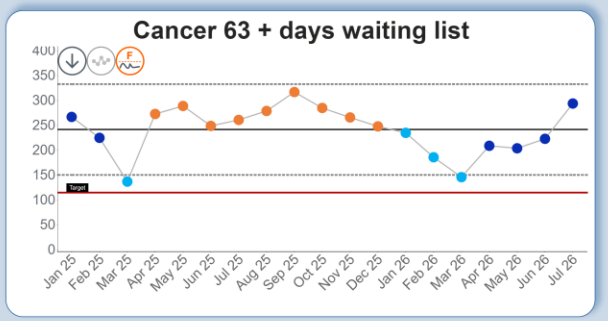
1) Ambulance SPoA; (2) Care by appointment phased rollout; (3) Expansion of SDEC capacity; (4) LoS collaborative started Feb-26; (5) Estates development at ROH, ROH, & FGH

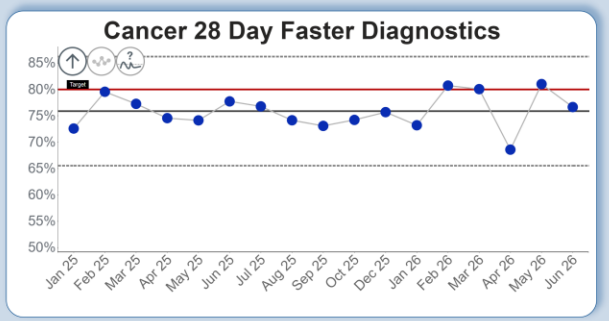
Integrated Performance Report: August 2026

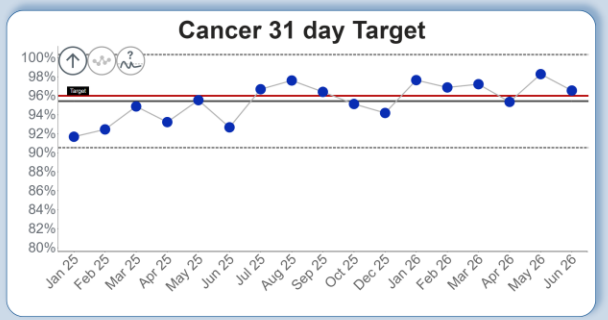
Northern Care Alliance
NHS Foundation Trust

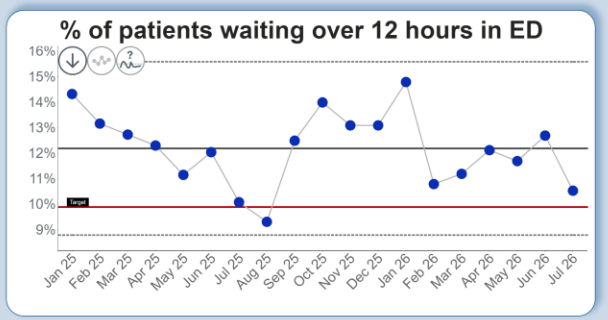
Watch Metrics

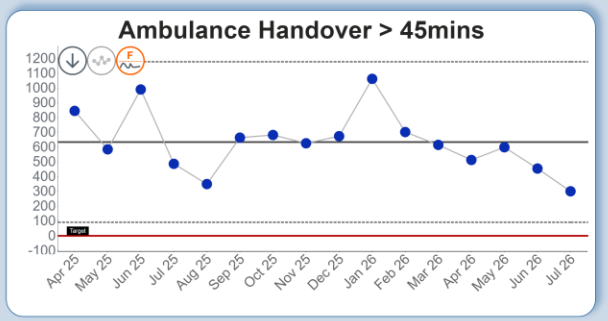
Urgent & Emergency Care & Cancer

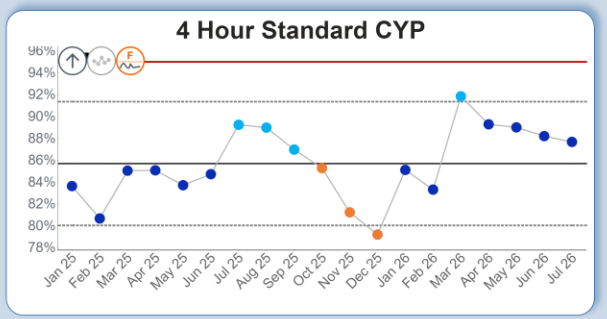


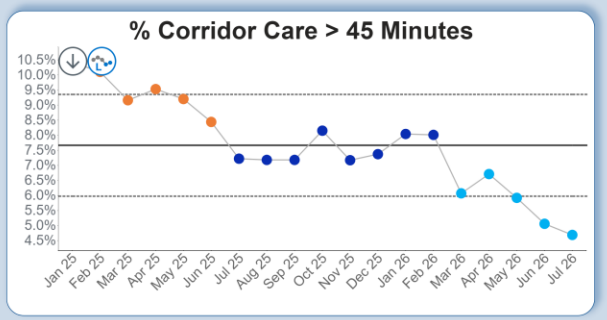












Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

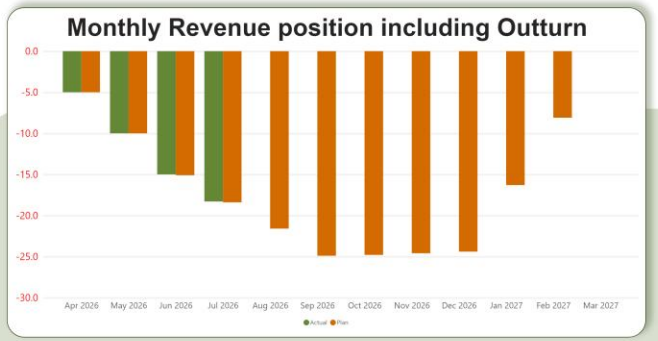
The year to date position is an £18.3m deficit which is in line with plan. Within the Month 4 position the main areas of pressure have been CIP YTD slippage of £17.7m and Industrial action costs of £3.2m YTD. These have been offset through non recurrent measures in the current position.

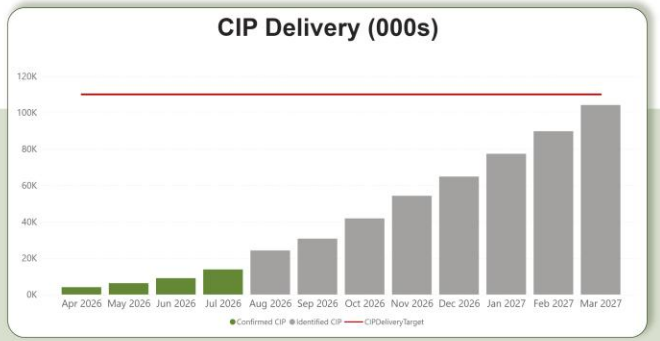
Areas of Concern

The largest risk to delivery of the financial plan continues to be the level of CIP delivery. Although £80m has so far been identified the level of slippage at Month 4 (£17.7m) and transacted for the year (£13.8m) are the most pressing financial issues

Forward Look (with actions)

The main area of focus to support the delivery of the financial plan continues to be the level of CIP delivery with the weekly CIP exec SRO refocussing on action tracking and outcomes to assure delivery of identified schemes. Further action is being taken to address emerging pressures in medical staffing overspends including external support to aid Medical Staffing Substantive Recruitment.





Technical Analysis

The YTD position is a deficit of £18.3m with a deficit of £3.3m in month. Outside of CIP slippage there are a number of other pressures emerging in year being - impact of industrial action £3.2m , medical staffing pressures of £2.2m , pay award shortfall of £2.2m and non pay inflation £1m.

Total identified CIP at week 20 is now £80.2m (77.1% of £104m target). Transacted schemes are at £13.8m

Total cash at the end of July is £54m, which is £38m better than plan. The better than plan position is largely due to a better 2025/26 outturn cash position than forecast at the time the 2026/27 plan was submitted and contract prepayments in July.

Actions

The trust continues to focus on CIP delivery and is focused on achieving traction on conversion of those schemes identified into transacted schemes.

Focus during Q2; Supporting Clinical Groups and CSU's to identify 100% of their CIP target (£104m) and adding to eHub. Support colleagues to access Improvement team resource through a newly formed simple triage process.
Continue to identify 26/27 CIP schemes and add to eHub and to mature schemes

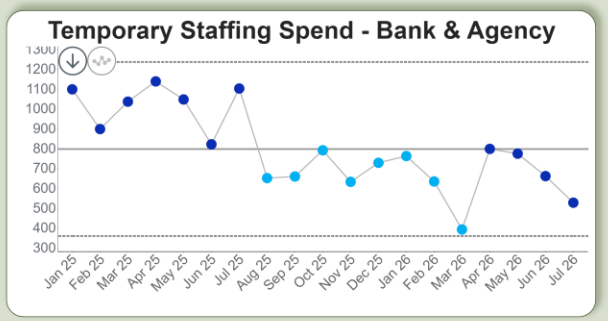
The cash position continues to be monitored daily with the cash management group meeting twice a month. Cash continues to be above plan at month 4 but based on the current expenditure run rate the Trust would need cash support in November 2026 and is preparing an application on this basis

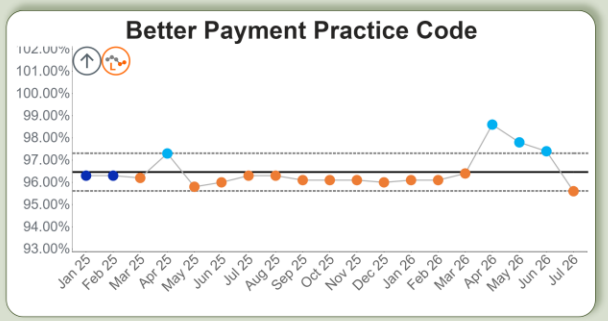
Integrated Performance Report: August 2026

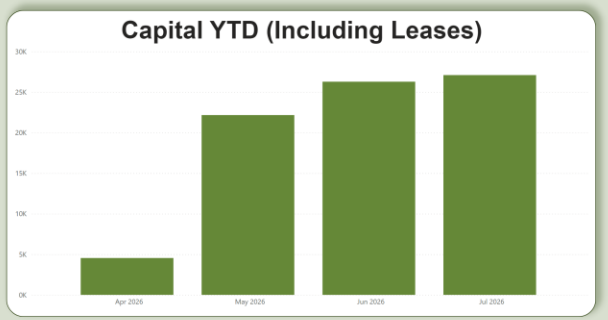
Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Finance







Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

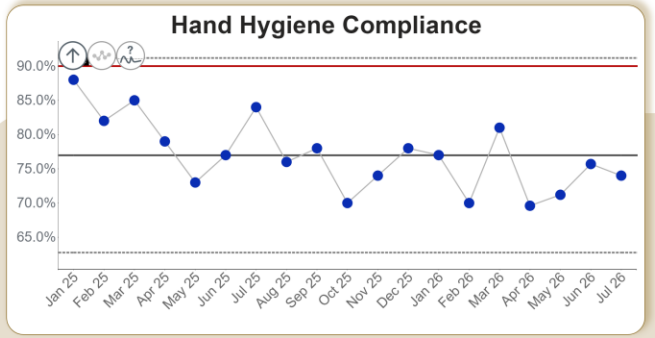
Stillbirth rates have continued to decline since April 2026, supporting progress towards the LMNS ambition of 4.0 per 1,000 births. Clinical Group risk review programmes have reduced overdue risks and strengthened risk register oversight. Weekly monitoring of Complaints and PALS performance is embedded through Patient Safety Summits, with cases over 40 days escalated to Directors of Nursing for timely resolution.

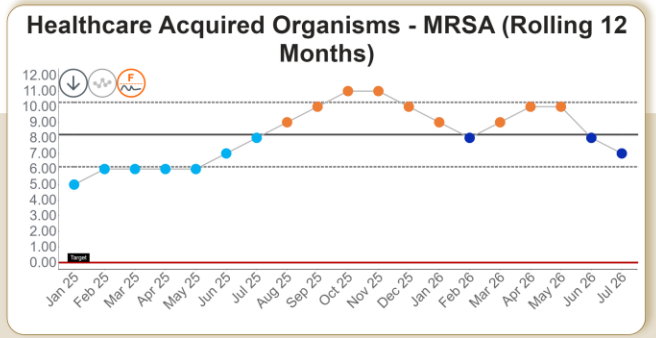
Areas of Concern

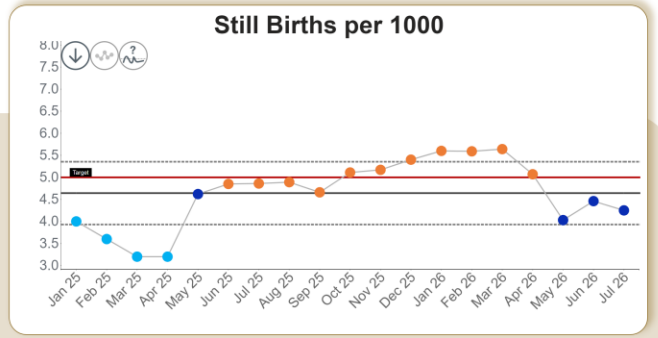
New CDI and E. coli thresholds require a 10% reduction in cases. CDI performance is currently 21 cases above threshold, with a spike in E. coli infections recorded in July. Complaints and PALS performance remains below target, with delays in case management and closure, particularly for cases over 40 days. Sustained improvement is required to achieve compliance with response times and performance standards.

Forward Look (with actions)

Monthly monitoring of stillbirth rates will continue, supported by an embedded external review process. Reviews of repeat/relapse CDI cases and July's E. coli exceedance are underway to identify learning and inform improvement actions. The Complaints and PALS improvement programme continues to progress through policy development, training, strengthened governance and AI-enabled support to improve experience and responsiveness.







Technical Analysis

Hand hygiene performance continues to demonstrate natural variation with 74% reported in July

There were no healthcare-associated MRSA bacteraemia reported in July. The total number of healthcare-associated cases reported this year remains at 2.

This metric is inconsistently achieving it's target and demonstrating natural variation after a period of special cause variation of a declining trend.

Actions

IPC expert panel established for mid September with focus on improving compliance and reducing HCAI's. Hand hygiene competence assessment attached to all staff groups with compliance reported monthly to the clinical groups.

Invasive medical devices expert panel established in August to review policies and processes for management of devices. An automated electronic solution to screening compliance is being explored by data and analytics.

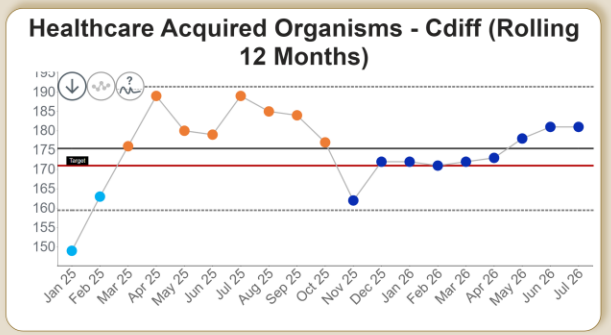
Service continues to identify themes and ethnicity through governance processes. There is a robust process of review and support families with Bereavement Care.

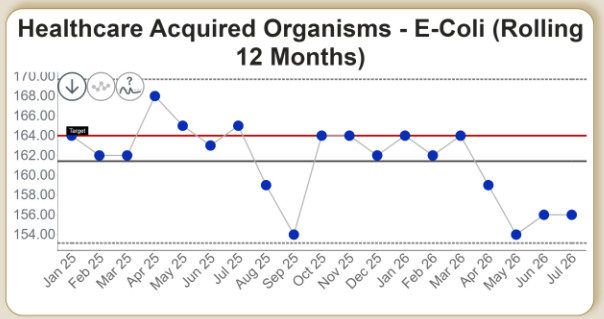
Integrated Performance Report: August 2026

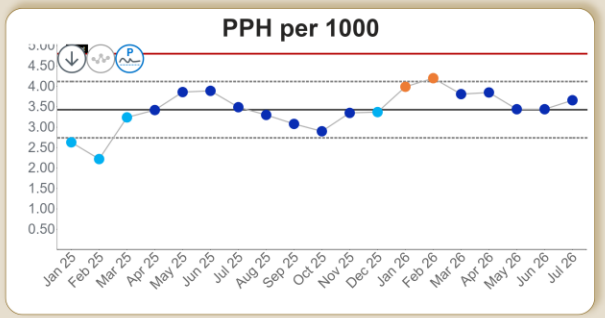
Northern Care Alliance
NHS Foundation Trust

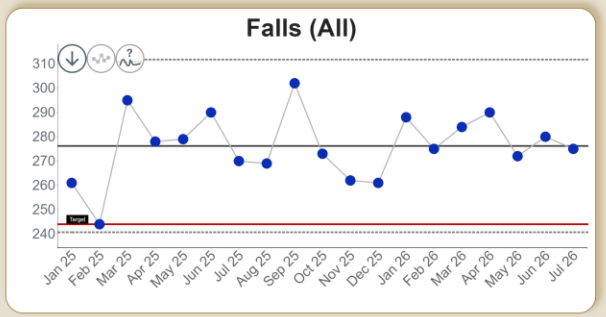
Watch Metrics

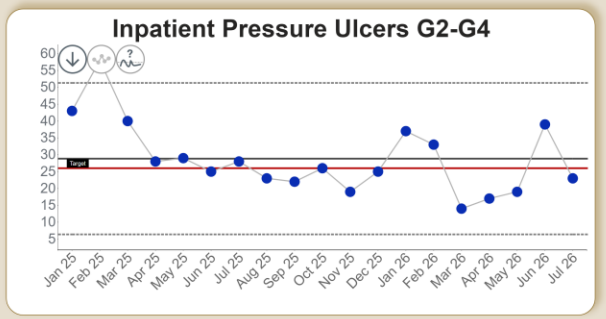
Quality

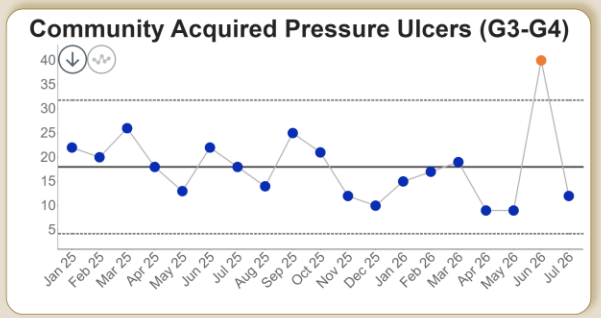


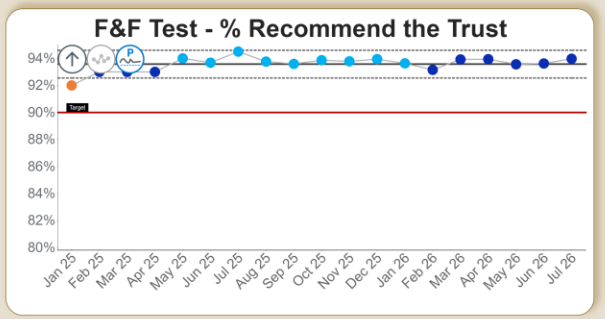


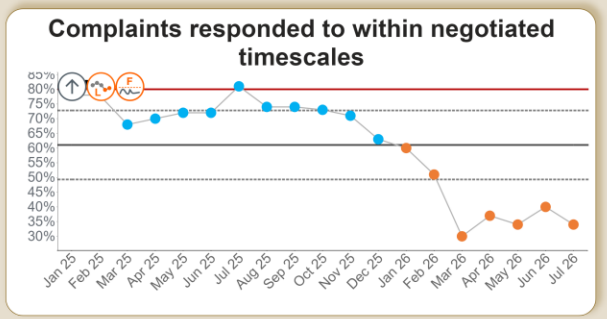


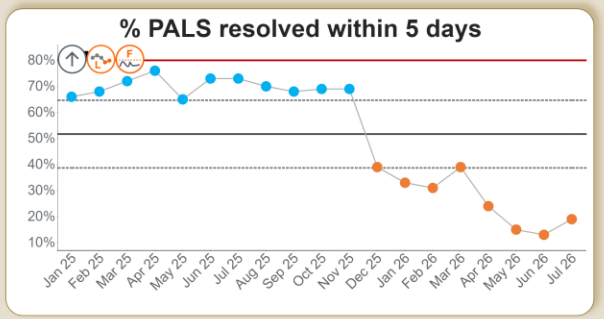










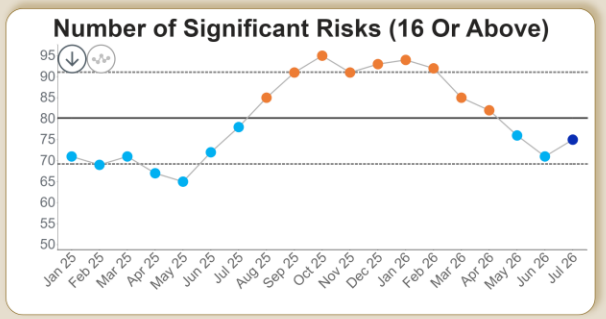


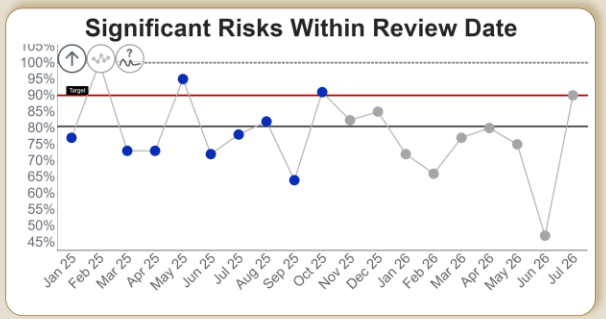
Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Quality





Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

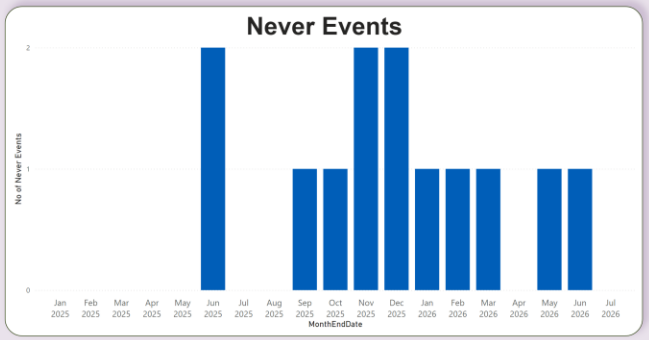
Duty of Candour implementation refresh has commenced, supported by the policy approval, roll out of toolkits, and targeted engagement with clinical groups. Deep dive into Sepsis data has been carried out for the Northern Care Alliance (NCA). This includes benchmarking of the NCA against NW

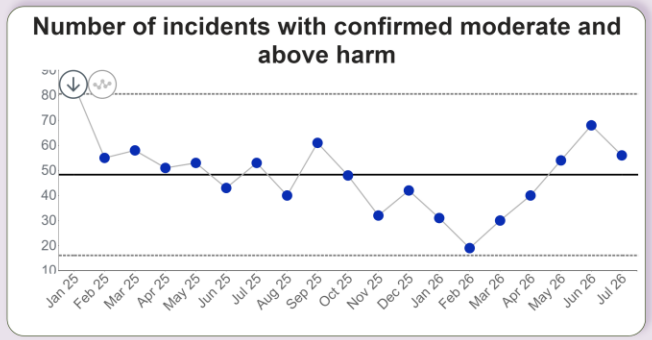
Areas of Concern

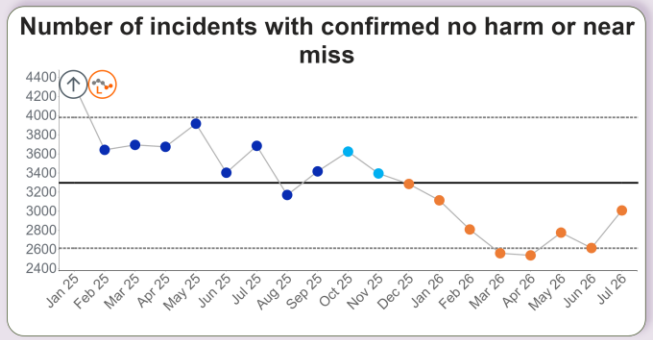
There is a risk that a full improvement collaborative approach to Safer Sooner will need to be paused due to ongoing challenges around industrial action and medical engagement. A Regulation 28 noticed was issued in May 2026 (report awaited) highlighting coronial concerns regarding neurological observations following the death of a patient due to subarachnoid haemorrhage subsequent to a fall.

Forward Look (with actions)

Project Initiation Documents for improvement work on the new PSIRF Local Priorities (Deteriorating Patients and Waiting Lists) continue to be developed and will be signed off by Expert Steering Groups prior to being submitted to PSG in August.







Integrated Performance Report: August 2026

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

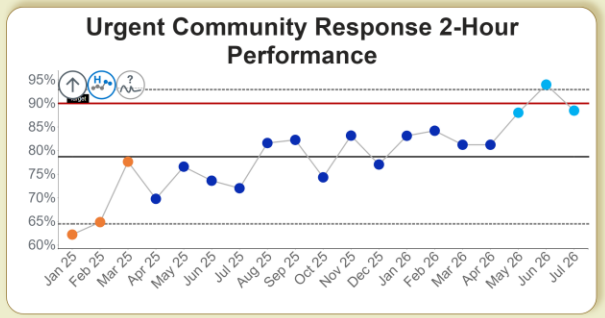
We have seen significant positive progress in reducing RTT community waiting times including children & young people. Urgent community responses within 2 hours has also improved this year and now ranks better than the national average.

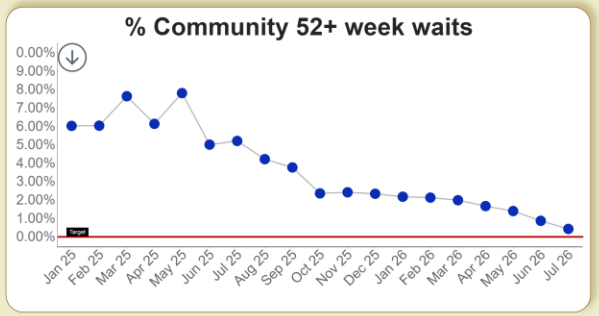
Areas of Concern

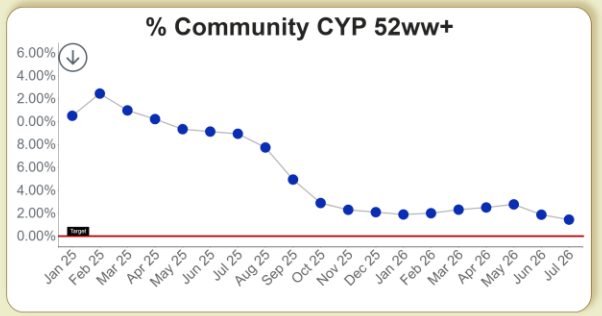
Capacity is a constraint in some locality services. Digital systems & validation capacity are constraints that we are working to improve.

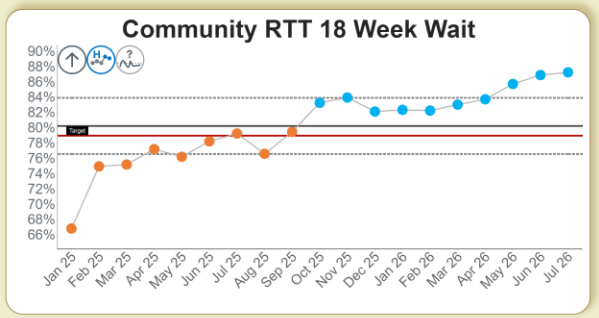
Forward Look (with actions)

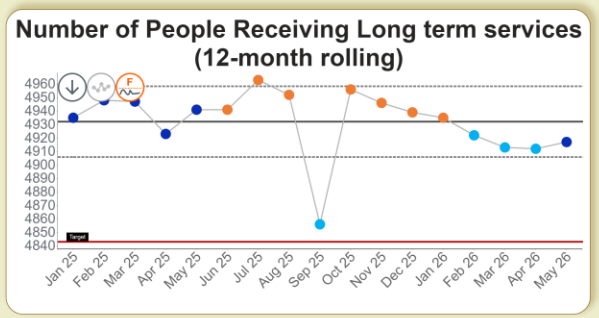
The feasability of deploying text reminders for patients will be assessed during the next quarter.

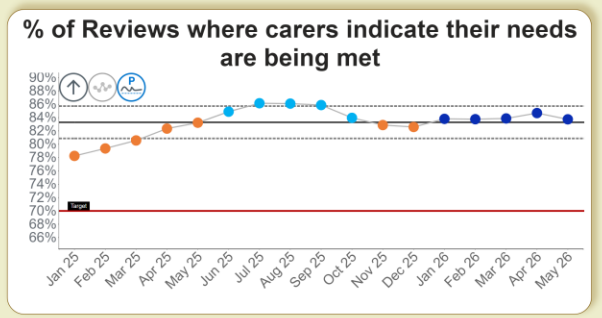






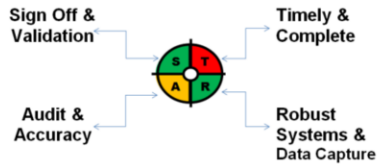






STAR Factors - Part 1

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? Has the data been checked 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 required information 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 occur (Annual/One-off)? Are 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 capture, such that it is at 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
% Corridor Care > 45 Minutes	
4 Hour Standard CYP	
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	

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
Community RTT 18 Week Wait	
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	

Integrated Performance Report: August 2026

A&P	Access & Performance
AMS	Acute Medical Service
BAF	Board Assurance Framework
CTG	Cardiotocograph
CQC	Care Quality Commission
CEO	Chief Executive Officer
CG	Clinical Group
CSU	Clinical Service Unit
CLM	Clinically Led Model
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	Greater Manchester
GM ICB	Greater Manchester Integrated Care Board
HSSIB	Health Services Safety Investigations Body
HCAI	Healthcare-associated infections
IPC	Infection Prevention Control
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
KPI	Key Performance Indicator
LMS	Learning Management System
LocSSIPs	Local Safety Standards for Invasive Procedures
Lower GI	Lower Gastro-Intestinal
MNSI	Maternity and Newborn Safety Investigations
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MHS	Model Health System
NG	Nasogastric
NOF	National Oversight Framework
NE	Never Event
NHSE	NHSE England
NCA	Northern Care Alliance
OLA	Observe, Listen, Act
PSG	Patient Safety Grou
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
PEOG	People and Education Operational Group
PPE	Personal Protective Equipment
PPH	Postpartum Haemorrhage
QMEG	Quality & Management Executive Group
RTT	Referral To Treatment
ROH	Royal Oldham Hospital
SDEC	Same Day Emergency Care
SPoA	Single Point of Access
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
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
YTD	Year to Date

This page is intentionally left blank

Q4 NOF Update - Our score is 2.72 = Segment 4 (111/134)

NORTHERN CARE ALLIANCE – Q4 POSITION				
Domain	**Sub-domain**	**Metric**	**Value**	**RAG Rating**
Access to services	Cancer care	Cancer 62 day – Percentage of patients treated for cancer within 62 days of referral	76.49%	Green
		Cancer 28 day – Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	77.98%	Amber
	Elective care	RTT – Difference between planned and actual 18 week performance	-0.95	Green
		RTT – Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	59.05%	Red
		RTT – Percentage of cases where a patient is waiting more than 52 weeks for elective treatment	2.86%	Red
		Percentage of patients waiting over 52 weeks for community services	1.99%	Amber
	Urgent and emergency care	A&E – Percentage of emergency department attendances admitted, transferred or discharged within four hours	71.76%	Amber
		A&E – Percentage of emergency department attendances spending over 12 hours in the department	10.37%	Amber
Effectiveness and experience	Effective flow and discharge	Average number of days from discharge ready date to actual discharge date (including zero days)	1.38	Red
	Effective out of hospital care	Urgent Community Response 2-hour performance	86.81%	Green
	Patient experience	CQC inpatient survey satisfaction rate	2	Green
		Summary Hospital-level Mortality Indicator	2	Green
Finance and productivity	Finance	Combined finance	2	Amber
		Planned surplus/deficit	-3.09	Red
		Variance year-to-date to financial plan	0.24	Green
	Productivity	Implied productivity level	1.66	Amber
Patient safety	Patient safety	NHS Staff survey – raising concerns sub-score	6.32	Amber
		Number of MRSA bacteraemia cases	10	Red
		Proportion of C. difficile infections	1.01	Green
		Proportion of E. coli bacteraemia	1.07	Amber
People and workforce	Retention and culture	NHS staff survey engagement theme sub-score	6.60	Amber
		Sickness absence rate	7.18%	Red

RAG Rating (based on NOF scoring): **Green** (Score 1–2) Best performance **Amber** (Score >2–3) Mid performance **Red** (Score >3) Lowest performance — Not available

[NOF Acute Dashboard - NHS England public data gateway]

This page is intentionally left blank

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				
NCA Channel 4 programme, any early notice of the outcome or feedback of the well-led inspection and an update on industrial action		Leah Robins (Interim Chief Operating Officer)		
Cost improvement plans and patient impact		Nicola Bailey (Director of Improvement)		
Clinical Leadership Update - to include an update on the PALS / Customer complaints and any other known impacts - good or bad		Dr Alistair Craig (Director of Clinical Strategy and Development)		
Integrated Performance Report - provide a summary and detail as an appendix		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)		

Staff experience including a follow-up to Well Led inspection including staff survey		Gertie Nic Philib (Chief People and Strategy Officer)		
NCA sites - Urgent care - Other key performance indicators - Context and site offer		Leah Robins (Interim Chief Operating Officer)		
Thursday 25th February 2027				
Integrated Performance Report		Rafik Bedair (Chief Medical Officer)		
Community services deep dive		Nina Parekh (Director of Operations – Community)		
Patient Experience (including complaints)		Julie Cheney (Assistant Director Insight and Experience)		

Task and finish groups

Deep dive area:	**Expanded proposal:**