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