NHS England

ENFORCEMENT UNDERTAKINGS

LICENSEE:
Northern Care Alliance NHS Foundation Trust (“the Licensee”)
Trust Headquarters
Stott Lane
Salford
M6 8HD

DECISION

On the basis of the grounds set out below, and having regard to its Enforcement Guidance, NHS England has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 (“the Act”).

BACKGROUND

In December 2022 the Care Quality Commission (CQC) rated the Licensee as ‘Requires Improvement’ for both Overall and Well-led. The findings from the CQC report highlighted a significant number of breaches of regulations, demonstrating a failure of governance arrangements including a failure to establish and maintain systems and/or processes to ensure compliance with the Licensee’s duty to operate efficiently and effectively with healthcare standards. The quality and patient safety concerns raised in the report and specifically the pace at which the Licensee had progressed the required improvements, provided reasonable grounds to suspect a breach of licence conditions.

In January 2025 the ICB placed the Licensee into a Rapid Quality Review Process (RQR). The Rapid review process related to:

(1) The reports of Barrister, Mr Carlo Breen’s, independent investigation which examined events at the Trust, and its predecessor organisations between 2006 and 2023. Mr Breen reported in March 2024 by way of an Investigation Report and Executive Summary Report. He made several findings, commented on the CQC observations, and made a number of recommendations, including on matters relating to governance. The Licensee has been unable to demonstrate sufficient progress in implementing the recommendations from the Breen Report 2024, and the Northern Care Alliance Spinal Safety Lookback Review, March 2023 (that is required to provide assurance to the Greater Manchester Integrated Care Board and NHS England that patients are no longer at risk,

through completion of recommendations from both reports and tested as embedded).

(2) In terms of screening, accreditation and patient backlogs within services, including Spinal and Gynaecology. The Licensee had been unable to provide consistent and accurate information relating to numbers of patients requiring either lookback and/or clinical review with quantification of the restorative work needed, nor the timescales, governance and actions required to resolve and reduce the likelihood of patient harm.

In March 2025, the Licensee was moved to an intensive level of surveillance led by NHS England under the RQR process to support the Licensee with delivering rapid and sustainable improvement. Between May 2025 and November 2025 several further incidents relating to patients delays/ lost to follow up incidents were identified by the licensee, those incidents were reviewed as part of the RQR.

In September 2025 a review of the exit criteria for the RQR signalled sufficient progress to move into a Quality Improvement Group (QIG), as per National Quality Board Guidance (NQB).

In September 2025 the CQC, inspected Salford Surgical Services. The CQC issued a section 29A Warning Notice on 21 October 2025.

1. The Licensee does not have effective systems and processes to ensure surgical wards have sufficient and suitably qualified staff to meet the needs of all service users. This requires significant improvement.

2. The Licensee does not have effective systems and processes to identify and address risks affecting the quality and safety of the surgical wards. This requires significant improvement.

The Warning notice concurred with the existing governance concerns raised through the RQR process, NHS England advised the Licensee that oversight of the improvement plan for the Section 29A would fall under the remit of the NHSE QIG.

As part of the RQR Terms of Reference, the Licensee commissioned the Good Governance Institute (GGI) to undertake a full quality governance review across the organisation. The report makes 43 recommendations, indicating a need to build a system of quality governance that is clear and consistent across the whole organisation and supports the new organisational structure and ways of working that the Clinical Leadership Model will introduce.

The report concludes that there is clear recognition by the Licensee of the need to act and a willingness to make these changes. Failure to respond fully and promptly to the

recommendations of the report exposes the Licensee to significant risks in terms of quality and safety, finance and operations.

The Licensee continues to be subject to a QIG process led by NHSE, covering spinal surgery (Spinal Surgery Lookback Review 2023 and Carlo Breen Report 2024) (themes of clinical leadership, governance and culture) and the Salford Surgical Department CQC Section 29A Warning Notice. The issues relating to Gynaecology, including delays in diagnosis and treatment, governance and clinical documentation has been stepped down due to sufficient evidence of improvement that signalled a move from RQR to QIG. Several clinical harms have been identified as part of all the incidents and patients reviews; all incidents demonstrated failures of governance.

An Independent Patient Safety Investigation (Spinal Surgery) – Phase One, Diagnostic Review of Concerns Raised has concluded and is in the pre-publication process.

The Licensee is currently unable to provide assurance, as described in the Independent Review of Quality Governance by the GGI, that the organisation has a clear and consistent quality governance structure across the whole organisation that will ensure no further patients may suffer harm.

GROUNDS

1. Licence

The Licensee is the holder of a licence granted under Section 87 of the Act.

2. Breaches

Quality of Care / Quality Governance

2.1 NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence: NHS2 (4 (c)), NHS2 (5 (a, b, c) NHS2 (6) (b, c, d, f).

2.2 There have been a series of escalating quality concerns over the previous 18 months, for which the Licensee has been unable to respond at the expected pace. The cumulation of quality concerns and the Licensee's response has resulted from a fundamental failure in quality governance.

In particular:
2.3 The Licensee is currently unable to provide assurance, as described in the independent review of quality governance by the GGI, that the organisation has a clear and consistent quality governance structure across the whole organisation that will

ensure no further patients may suffer harm. The Licensee does not have effective systems and processes to identify and address risks affecting the quality and safety of the surgical wards.

The matters set out above, test the quality governance and reporting processes associated with known areas of deficit (but not exclusively) such as spinal service and gynaecology, supported by the findings of the GGI independent review of quality governance.

2.4 There is evidence that the Licensee has been unable to demonstrate effective quality governance in relation to significant quality concerns and risks to patient safety associated with: -

- Known areas of deficit (but not exclusively) such as spinal service and gynaecology.

- The findings (43 recommendations) of the GGI Independent Review of quality governance, recommending a need to build a system of quality governance that is clear and consistent across the whole organisation.

- The CQC Section 29A warning Notice; Salford Surgical Services; October 2025. The Licensee does not have effective systems and processes to identify and address risks affecting the quality and safety of the surgical wards.

These breaches by the Licensee demonstrate a failure of governance arrangements including, in particular, failure to establish and effectively implement systems or processes:

(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
(c) to ensure compliance with healthcare standards binding on the Licensee; and
(d) to ensure effective decision making processes, information flows and accountability in relation to quality of care.

3. Need for Action

3.1 NHS England believes that the action, which the Licensee has undertaken to take pursuant to these undertakings, is action to secure that the breaches in question do not continue or recur.

4. Appropriateness of Undertakings

NHS England

4.1 In considering the appropriateness of accepting, in this case, the undertakings set out below, NHS England has considered the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act:

1. Quality of Care / Quality Governance

1.1 The Licensee will provide evidence to NHS England through the regulatory oversight process set out under paragraph 2 of these undertakings that all actions from the Spinal, Gynaecology and other incidents addressed through the RQR process are fully embedded and sustainable, until a time at which NHS England determines that oversight is no longer required.

1.2 The Licensee will comply with the requirements of the CQC Section 29A Warning Notice, within the timeframe directed by CQC.

1.3 The Licensee will deliver the recommendations from the GGI Independent Review of Quality Governance across the organisation, in line with timelines agreed with NHS England.

2. Reporting

2.1 The Licensee will provide monthly reports to its Trust Board and NHS England on its progress in meeting the undertakings set out above.

2.2 The Licensee will attend performance oversight meetings to discuss progress in meeting the undertakings, as stipulated by NHS England.

2.3 The Licensee will provide any evidence of assurance relied on by its Board in relation to its progress in delivering these undertakings, upon request.

2.4 The Licensee will comply with any additional reporting or information requests made by NHS England.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under Section 111 of the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and

- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under Section 105 of the Act in respect of the breach which the undertakings were given, and/or revocation of the licence pursuant to Section 89 of the Act.

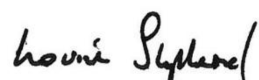
Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

LICENSEE

Sheena McDonnell NCA Chair	Suzanne Robinson Deputy Chief Executive and Chief Financial Officer

Signed (Chair or Chief Executive of Licensee)
Dated: 5 June 2026

NHS ENGLAND



Signed (Northwest Regional Director)
Dated: 10 June 2026