Northern Care Alliance
NHS Foundation Trust

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

1.Introduction

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

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

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

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

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

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

2.3 Areas of Good Practice

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

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

2.4 Areas for Improvement

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

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

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

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

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

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

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

3.6 Areas of Good Practice

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

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

3.7 Areas for Improvement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.9 Areas of Good Practice

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

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

4.10 Areas for Improvement

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

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

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

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

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

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

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

6. Conclusion

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

7. Recommendations

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