Northern Care Alliance
NHS Foundation Trust

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A briefing for NCA stakeholders following System Improvement Board 05/10/26

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

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

Overview

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 spans six strategic themes and 17 programmes of work. Further work is progressing to strengthen alignment between the plan, the assurance framework, evidence requirements and co-produced exit criteria, including measures of sustainability.

▪ The Trust and its regional partners are clear that success will be measured by demonstrable and sustained improvements in patient and staff outcomes.

▪ 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 Trust is continuing to progress its improvement plan while the CQC Well-Led findings are finalised. The findings will be incorporated into the existing improvement and assurance framework.

▪ 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 and ongoing assurance will focus on risks being fully understood and that controls are effective and improvements are sustained.

▪ 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 several 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 maintain resilience during industrial action and recover elective performance as quickly as possible while prioritising patient safety. The elective recovery plan has been scrutinised through Trust governance, with further work under way with the ICB on additional capacity and system support,

▪ 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.

▪ Work to distinguish the direct impact of industrial action from overall operational performance will provide a clearer assessment of recovery progress, as well as additional work to address variations in waiting-list management and patients lost to follow up through strengthened data and governance.

Workforce culture and staff wellbeing

The Trust is taking a proactive, evidence-led approach to culture, speaking up and workforce health, recognising that a supported workforce is central to safe, high-quality patient care. Increased executive visibility and engagement with clinical leaders and system partners are now in place. Sickness absence and Freedom to Speak Up remain immediate priorities and the sickness absence management plan is being strengthened.

▪ 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 immediate financial priority is to accelerate the development of a single, credible recovery plan, which aligns to operational, workforce, productivity improvements whilst protecting quality.

▪ 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, communities and stakeholders throughout the improvement process, including on issues likely to generate significant stakeholder or media interest.

▪ 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.

Ends