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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
Agenda

Date	Thursday 26 February 2026
Time	2.00 pm
Venue	J R Clynes Second Floor Room 1 - The JR Clynes Building, Cultural Quarter, Greaves Street, Oldham, OL1 1AL
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 Constitutional Services at least 24 hours in advance of the meeting. 2. Contact officer for this agenda is Constitutional Services - 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 24th February 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 Bury: Councillors Fitzgerald and Harris Oldham: Councillors Z Ali, Hamblett (Vice-Chair) and McLaren (Chair) Rochdale: Councillors Anstee, Dale and Joinson,

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

To receive questions from the Public, in accordance with the Terms of Reference.

5 Minutes of the previous meeting (Pages 3 - 6)

To consider the minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance held on 18th December 2025.

6 Integrated Performance Report and National Oversight Framework (Pages 7 - 28)

To receive the Integrated Performance Report and a verbal overview of the National Oversight Framework.

7 Widening Access, Inclusive Recruitment and Participation (Pages 29 - 38)

To consider the report on Widening Access, Inclusive Recruitment and Participation.

8 Integrated Care and Update on clinical leadership model work and its impact on each locality

To consider the report on Integrated Care and the verbal update on the Clinical Leadership Model. (Report to follow)

9 Work Programme (Pages 39 - 40)

To note the Joint Health Overview and Scrutiny Committee work programme for 2025/26 and to consider items for inclusion when developing the Scrutiny Committee's workplan for the 2026/27 municipal year.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
18/12/2025 at 2.00 pm

Oldham Council

Present: Councillor McLaren (Chair), Councillors Z Ali and Hamblett (Vice-Chair) (Oldham)
Councillors Anstee and Dale (Rochdale)
Councillor Fitzgerald (Bury)

Also in Attendance:

Mike Barker	Oldham MBC
Lindsey Darley	Programme Director – Unplanned care (NCA)
Jack Grennan	Constitutional Services
Karen Southern	Programme Director – Outpatient Excellence (NCA)
Tamara Zatman	Associate Director – Post Transaction Integration (NCA)

1 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Joinson (Rochdale)

2 **URGENT BUSINESS**

There were no items of urgent business to consider.

3 **DECLARATIONS OF INTEREST**

There were no items of declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF THE PREVIOUS MEETING**

RESOLVED: That the minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance meeting held on 25th September 2025 be approved as a correct record.

6 **INTEGRATED PERFORMANCE REPORT**

It was agreed that questions would be taken to officers outside of the meeting.

Members noted the summary and queried whether, for metrics with no target, this was due to it being difficult to quantify one.

Members highlighted that hand pumps had been empty on a recent hospital visit and queried why this was. It was agreed that these concerns would be highlighted. Members noted that hand hygiene was going down which was concerning given the flu season.

Members noted that overpayments had been raised at the previous meeting and that the measures were not working.

Members noted that sickness absence had grown and stayed high, and requested an explainer for why this was the case.

Members queried whether electives were likely to change and how given strike action.

Members noted that theatre utilisation was significantly under target and asked why this was the case. It was noted that there had been lots of activity around this with an intensive programme on improving these figures. Members queried what constituted theatre utilisation.

Members noted that there was an area of concern around GM system demand reduction initiatives for suspected skin cancers pathways not yet yielding anticipated benefits, and it was queried why this was the case and what plans were in place to make sure that the benefits are realised.

Members noted the MRSA Improvement Plan as an area of concern, querying what pressure this puts on wards. It was noted that, as this related to 7 cases, it would depend on when infection happens and that it is monitored closely.

Members highlighted that whilst the number of still births was still below target, the figures were rising and queried whether this had been picked up.

Members noted an increase in carer needs reviews and queried why this was the case. It was noted that this was due to work in each locality due to 18 months of funding.

RESOLVED: That the report be noted.

7 **FINANCE UPDATE**

It was noted that this item was being withdrawn due to the officer being unavailable to present.

8 **WIDENING ACCESS, INCLUSIVE RECRUITMENT AND PARTICIPATION**

It was noted that the item was being deferred to the next meeting due to the unavailability of the officer presenting.

9 **OUTPATIENT EXCELLENCE PROGRAMME**

Members were given an update on the Outpatient Excellence Programme, including the Programme Aims and KPI benchmarking. It was noted that there were no local targets for Do Not Attends (DNAs) but a local target of 7.4%. It was noted that remote consultations had seen a decline over the last 12 months, but whilst below target, the figures were above the national average and this followed the same trajectory as other health authorities.

'Our Digital Journey' was discussed and the Patient Electronic Platform was highlighted, particularly around quick contact through two-way messaging. It was noted that new data tools were being used for those deemed to be at high risk of DNA.

Priorities were discussed, particularly around reducing health inequalities, identifying vulnerable residents, 'You said, we did' and standardising appointment letters and clinic templates.

The new Advise and Guidance and the Single Point of Access were noted, in order to improve triage efficiency, and Outpatient disruption was also discussed.

Members noted remote consultations and queried whether, if this is something patients want but the target is being missed, is the ICB pushing its agenda rather than listening to patients. It was noted that the targets were set during the COVID pandemic and it was noted that it needs to be reviewed. It was also highlighted that different needs mean the option for alternatives needs to be kept open where possible.

Members also queried how it was being ensured that non-NHS app users would not suffer for not using the app. It was noted that there was system safety and that communication in writing would be triggered if digital contacts were ignored, and the time delay around posting these were also factored into this process. Members noted that 25% of appointments were cancelled, which given the waiting lists was disappointing. It was queried how messages were communicated, particularly around times of day given how busy life can be. It was noted that the nothing could be done around sending messages at particular times a day as the message is sent when the system books the appointment, but it was highlighted that the app should help with these issues.

Members noted the use of acronyms in the report and highlighted that different services sometimes use different apps, which can be difficult for those not particularly good with technology, and it was noted that an add to calendar option for appointments would be helpful. It was noted that the functionality of the app was difficult to change due to being from a private provider. It was noted that NHS services should all be on the one NHS app regardless of which trust patients were using for services. It was noted that correspondence can be from different trusts which is out of the Northern Care Alliance's control.

Members queried how the Outpatient Excellence Programme would improve prevention. It was noted that Advise and Guidance had been used for a number of years. It was noted that different departments would have different timescales, with both Renal and Neurology being completed by February, Gastro by the end of January and Cardio in February or March.

Members noted that with a number of community diagnostic hubs open, it might be good for the Committee to see one. It was noted that the NCA had two, one in Oldham and one in Salford.

It was requested that an update be brought back to the committee in six months time.

RESOLVED: That the report be noted.

10 **NCA WINTER PREPAREDNESS**

Members were updated on the NCA's Winter preparedness. It was noted that the NCA Winter plan was different to the NHS England plan, and that work preparing for winter had been going on since June. It was noted that there were three key areas of impact: Paediatrics, trauma, and respiratory. It was noted that stressing testing and surge demand testing had also taken place.

The structure of the plan and the key content was discussed, particularly around vaccinations, safe discharge, virtual wards and hospital at home, weekend capacity for infection control leads and leadership responsibilities.

Members noted the good news on vaccines and noted the want to have staff in work to deliver on this. Members also raised concerns about misinformation about vaccines and vaccine availability at GPs and pharmacists, and it was noted that this information would be fed back.

Members noted staff capacity and strike action, noting that infection control was critical. Members queried how escalating interventions worked, and it was noted that there were a number of ways, primarily around maintaining OPEL scores, with pressures across the system. It was noted that this was an indicator of where a step up to silver command would be needed, and rapid discharges and reprioritisation of activities.

RESOLVED: That the report be noted.

11 **WORK PROGRAMME**

It was noted that for the next meeting, the IPR and National Oversight Framework be merged, the workforce plan update be taken off, that Item 8 from this meeting (Widening Access, Inclusive Recruitment and Participation) be added, and the Integrated Care and Clinical Leadership model update be merged into a single item.

It was also requested that a financial update be brought to the first meeting in 2026/27, and that a finance officer be requested for the February meeting.

RESOLVED: That the Work programme be noted.

The meeting started at 2.00 pm and ended at 3.55 pm

Northern Care Alliance
NHS Foundation Trust

Integrated Performance Report

Published: November 2025

CARE APPRECIATE INSPIRE

Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

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CARE APPRECIATE INSPIRE

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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.*

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Matrix Summary

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

Integrated Performance Report: November 2025

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

People & Learning

Highlights

Workforce Planning underway for 2026/27 year and Mid Term Plan
Mandatory training at 93.74%
Foundation Leadership training at 87%
Medical Appraisal at 96%
Time to Hire remains below 20 day target
Continued progress in implementing our Learning Management System and modernising mandatory training access
Our substantive staffing plan is slightly above plan and we continue to review our workforce plans to address this

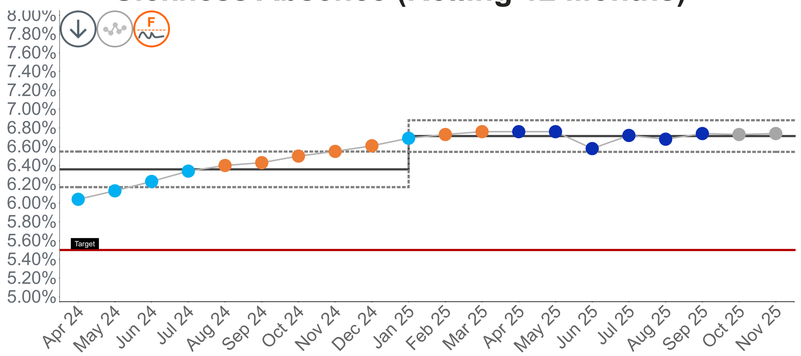
Areas of Concern

Sickness absence continues to be above target
Welcome Back discussion compliance has improved across all areas
My Time compliance at 87.13% and an area of continued focus in Performance Reviews
Whilst mandatory training is above 90% there are 19 modules that are non-compliant – Care Orgs are developing trajectories to achieve compliance

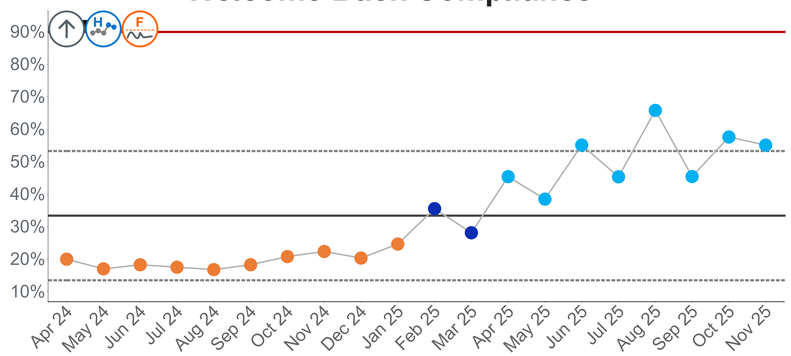
Forward Look (with actions)

Continue to build to enhance the Welcome Back to Work conversations, with tailored support focusing on skills development and reporting. Long term absence supported by the introduction of reporting of plans for greater oversight.
Flu vaccination campaign continues
Continued focus on increasing My Time compliance at Performance Reviews
Care Orgs developing trajectory for achieving mandatory training in non-compliant modules

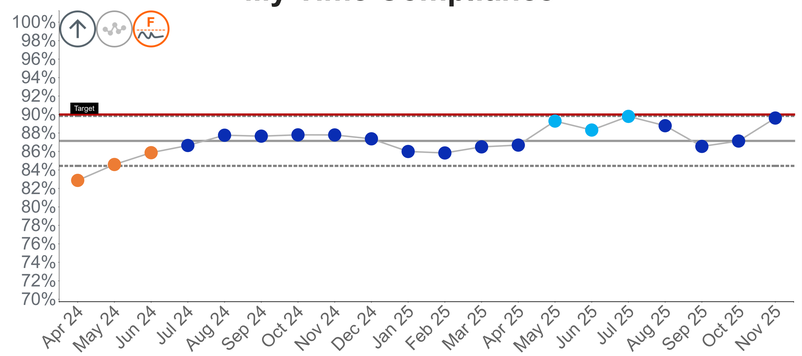
Sickness Absence (Rolling 12 Months)



Welcome Back Compliance



My Time Compliance



Technical Analysis

The 12m rolling average sickness rate remains consistent at 6.74%
The in-month sickness absence rate has increased to 7.20% for November 2025 - the highest since January 2025.

Welcome back compliance has improved across all areas.
Continued focus on Welcome Back discussions at Performance Reviews and NOF Improvement Board

My Time Compliance increased further in November to 89.62%.
Medical Appraisal Compliance remains consistent at 96%
Weekly appraisal compliance monitoring continues to be shared with all line manager and leaders.

Actions

We 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, to ensure colleague are supported with wellbeing plans.
Extensive SCARF programme in place.

Care Organisations are reviewing the areas with the lowest compliance rates to ensure line managers understand their responsibilities to welcome colleagues back to work after period of absence. HR teams are providing additional support where required.

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: November 2025

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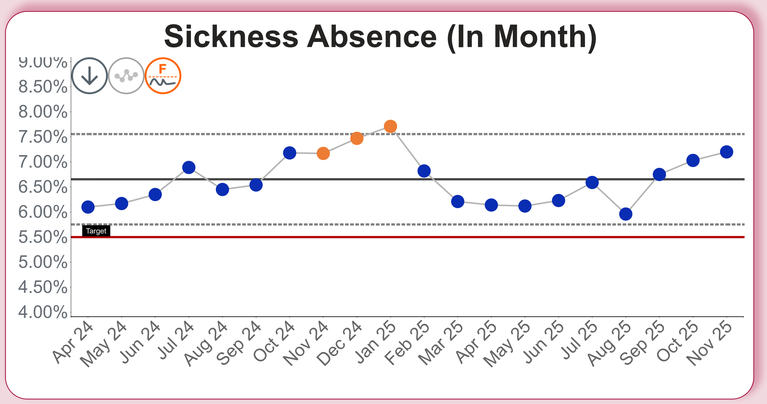
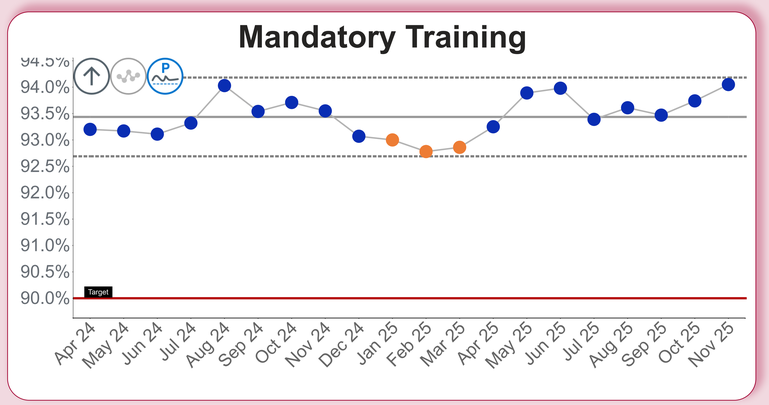
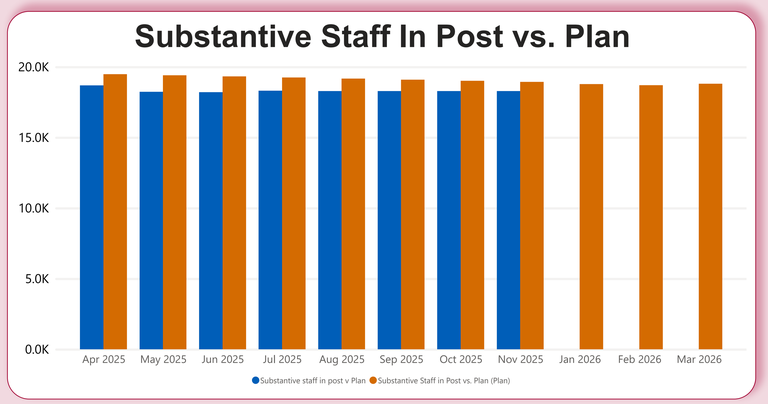
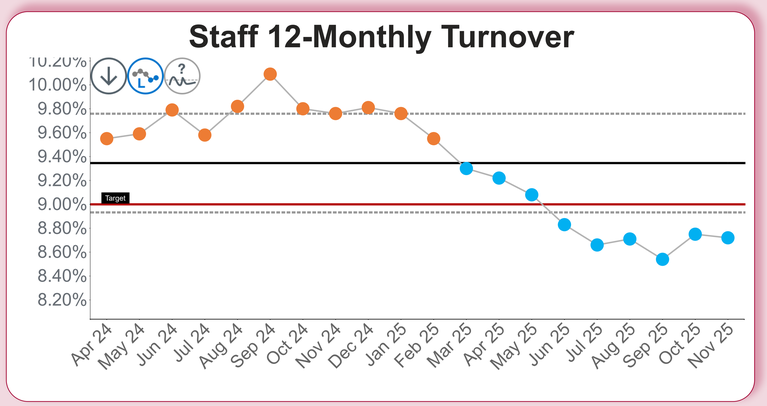
Watch Metrics

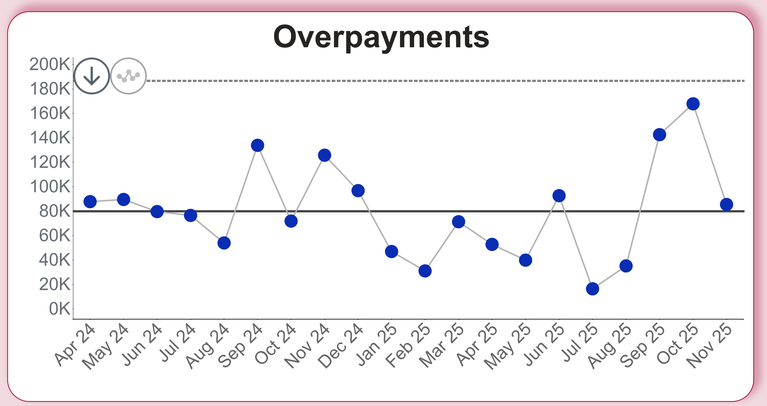
People & Learning











Integrated Performance Report: November 2025

Northern Care Alliance
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Leah Robins - Chief Operating Officer: Drive Metrics

Elective Care & Productivity

Highlights

Long waits have reduced supported by the My Recovery Plan Programme, which is driving sustained specialty level improvements in Outpatient productivity. Improved theatre utilisation at our elective hubs has been sustained.

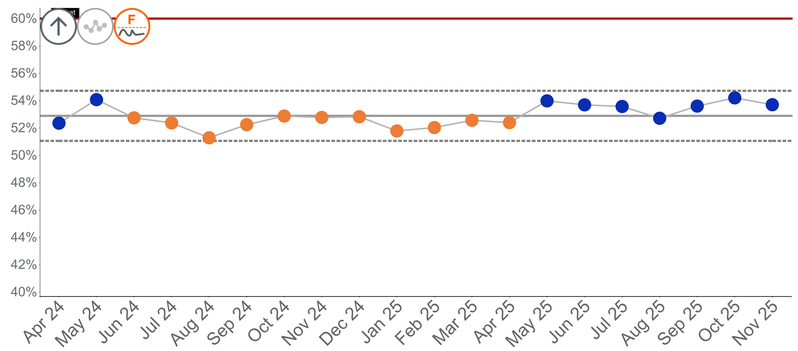
Areas of Concern

Industrial action may adversely affected patient waiting times. The RTT trajectory becomes more challenging in the remainder of the year. We need to do more to improve theatre productivity.

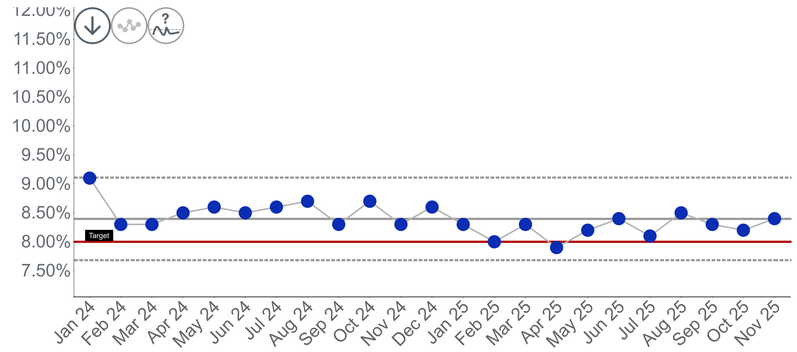
Forward Look (with actions)

Five new specialties have been agreed for phase 2 of Outpatient Disruption. We are agreeing and transacting clinic template changes with our clinical teams. NHS England is providing extra funding to support our outpatient innovation work for the remainder of the year.

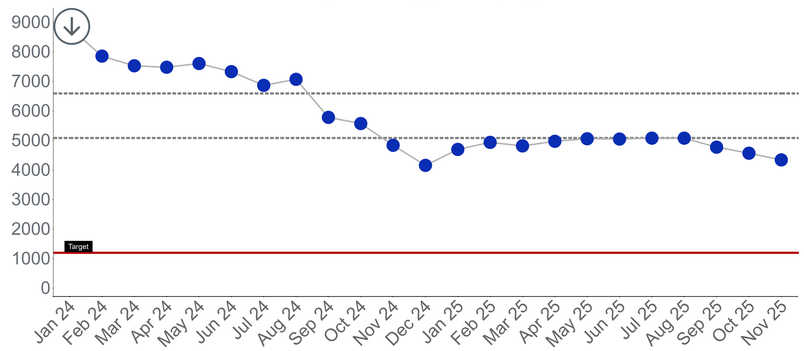
RTT Waits Within 18 Weeks



DNA Rate



RTT 52+ week waits



Technical Analysis

53.7% of our open pathways were waiting below 18 weeks in November, remaining consistent with previous months but below the 60% target.

The DNA rate continued to demonstrate natural variation at 8.4% in November; slightly above the target of 8%

52 week waits continued to decrease, falling to 4345 in November, a reduction of 227 from the previous month.

Actions

1) My Recovery Plan implemented (2) National validation sprint 3 - Q3 (3) GM Mutual Aid patients transferring since late Sep at reduced levels vs 24-25 (4) Non-core capacity 25-26 (5) Outpatient disruption – Phase 2 Jan-26; (6) Clinic template changes phase 1 Nov-25, phase 2 Feb-26

1) Text reminders - complete; (2) Validation of waiting lists national sprint 3 – Q3; (3) Develop & implement invite to book processes across services for News - Mar-26; (4) Service level review of DNA reasons started May-25, being used to identify further improvement actions

1) Auto validation digital solutions – Nov-25 - started; (2) Outpatient disruption tests of change phase 2 Jan-26; (3) Manual validation process of community waits – Nov-25 - started; (4) Digital reporting systems for community – Jan-26; (5) NHSE funded actions - Q4

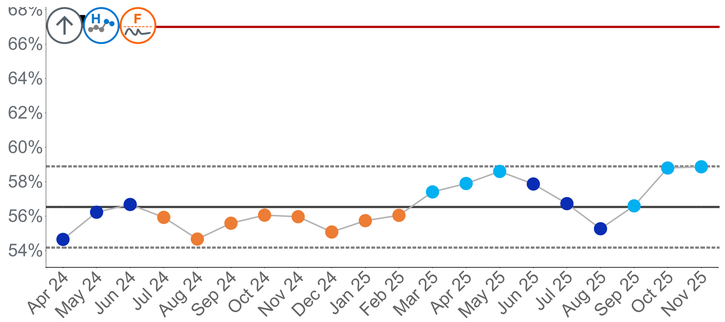
Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

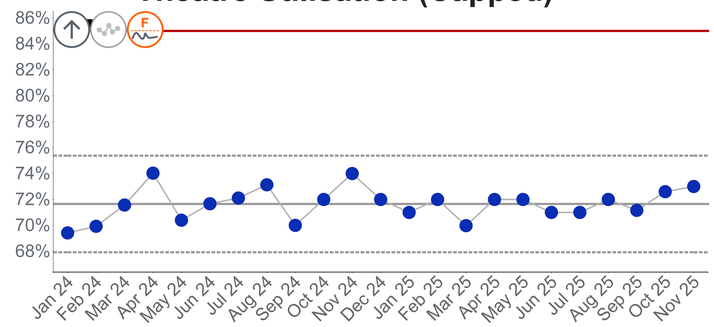
Watch Metrics

Elective Care & Productivity

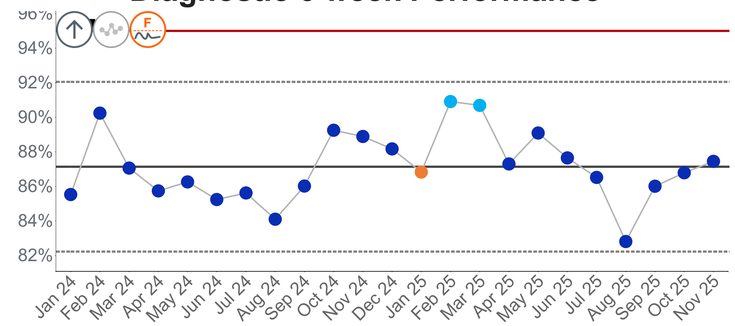
RTT First Attendance Within 18 Weeks



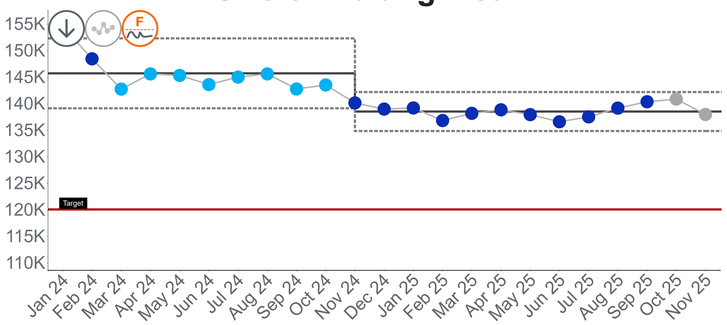
Theatre Utilisation (Capped)



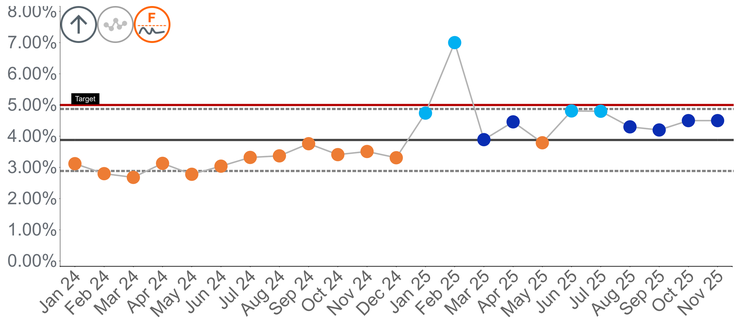
Diagnostic 6 week Performance



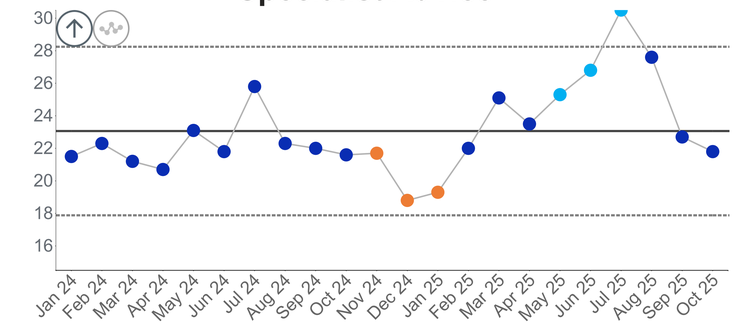
Size of Waiting List



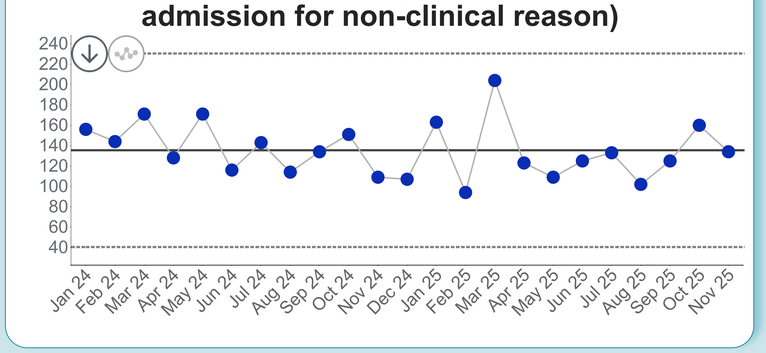
PIFU



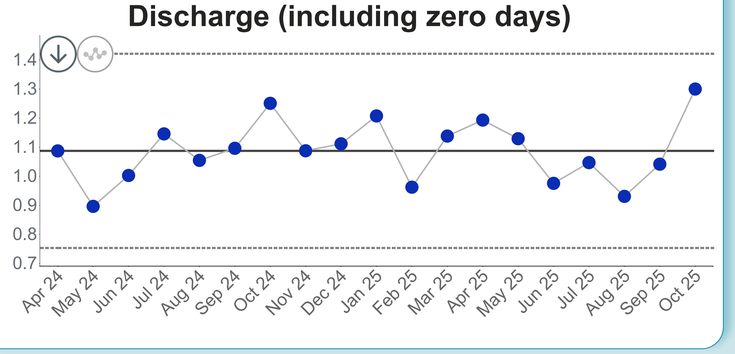
Specialist Advice



Number of Cancelled Operations (on day of admission for non-clinical reason)



Average number of days from DRD to Actual Discharge (including zero days)



Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

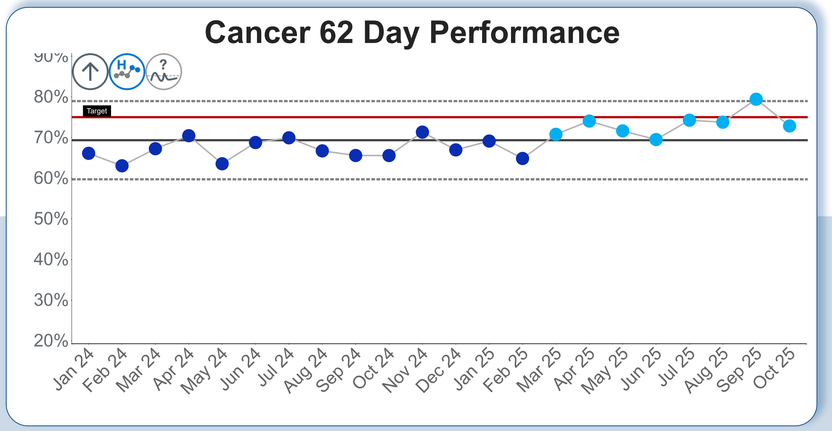
4 Hour Urgent Care performance has improved over the last quarter and is the best it has been in 4 years. Our Type 1 performance was near the national average, following national seasonal trends. We are meeting our Cancer trajectories with improvement relative to last year.

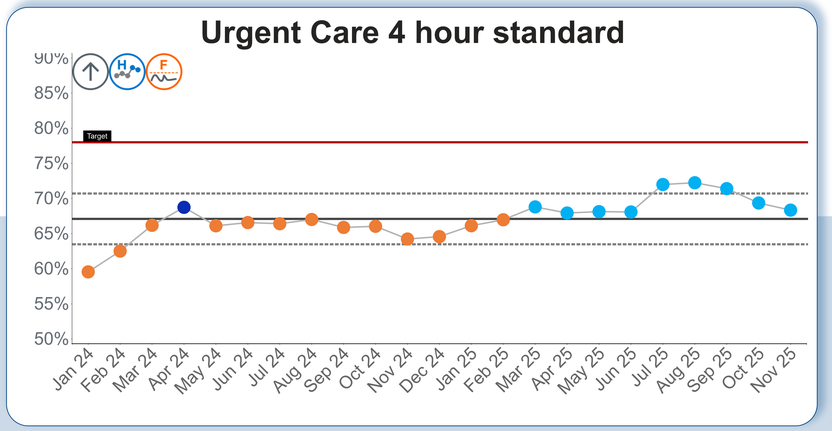
Areas of Concern

Whilst we have delivered improved performance the trajectories becomes more challenging across urgent care and cancer standards. Urgent care demand has increased relative to last year, being higher than planned.

Forward Look (with actions)

Deployment of the winter plan over the coming months. Continue to work with system partners to improve ambulance conveyancing Single Point of Access, which started in June. A Length of stay improvement collaborative with clinical leaders. A focus on Board Rounds on AMUs.





Technical Analysis

Performance demonstrates special cause variation of an improving trend, this is due to 8 data points above the average.

Performance continued to decrease in November, falling to 68.34%, remaining consistent with previous months and continuing to demonstrate special cause (better) variation.

Actions

1) Prioritise ROH Colorectal treatment capacity – started Q1; (2) Improve Best Timed Pathways compliance – Q3 & Q4, - LGI Straight To Test Sep & step down of benign polyps H2; (3) Support GM to implement community Dermatology model - across 25-26

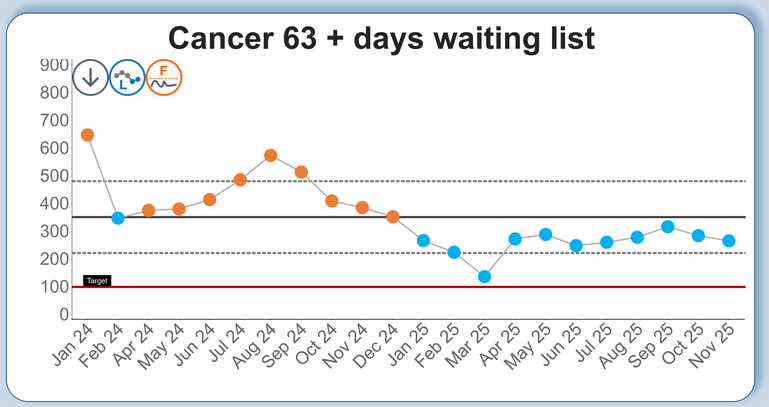
1) Ambulance SPoA started June; (2) Care by appointment phased rollout Nov-25 - staff training started; (3) Forwards Ops Model – Q3; (4) ROH extended UEC GP hours - Dec-25; (5) Winter Plan deployment Q3 & Q4; (6) Daily Non-Admitted breach focus – Q4; (7) Established LoS collaborative Nov-25

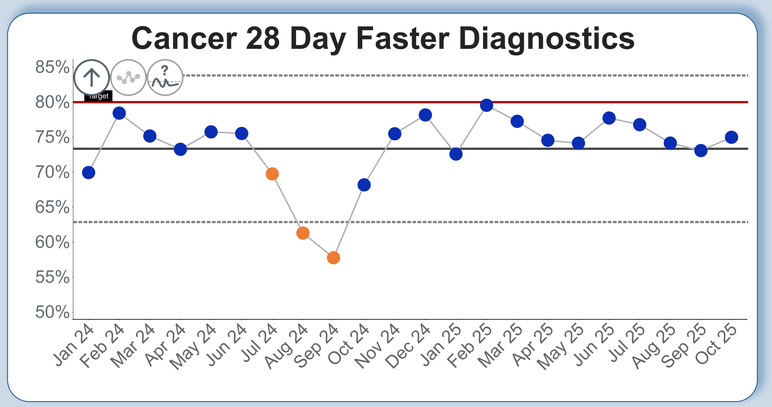
Integrated Performance Report: November 2025

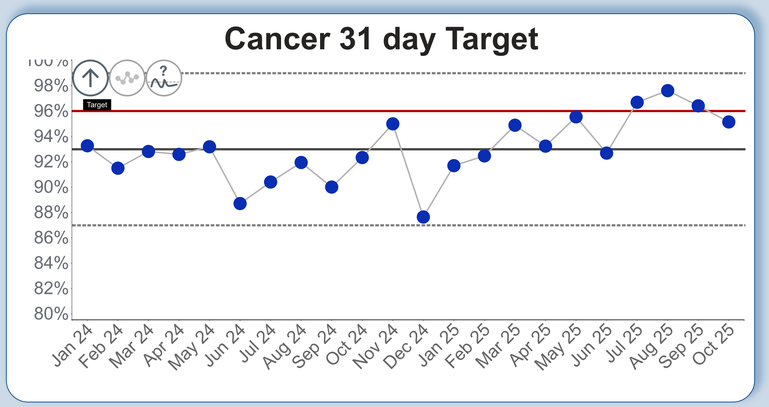
Northern Care Alliance
NHS Foundation Trust

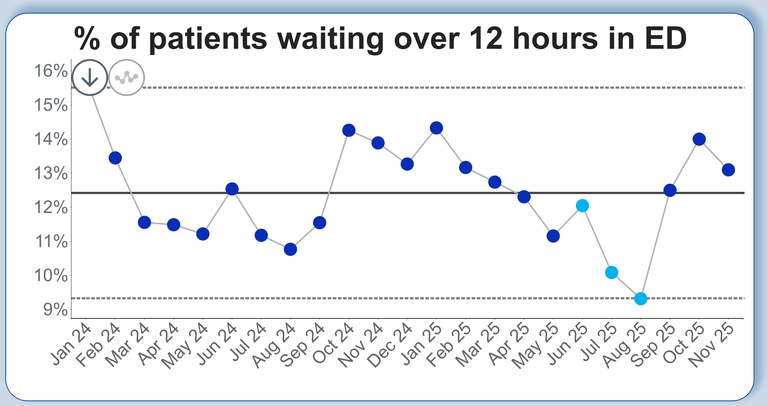
Watch Metrics

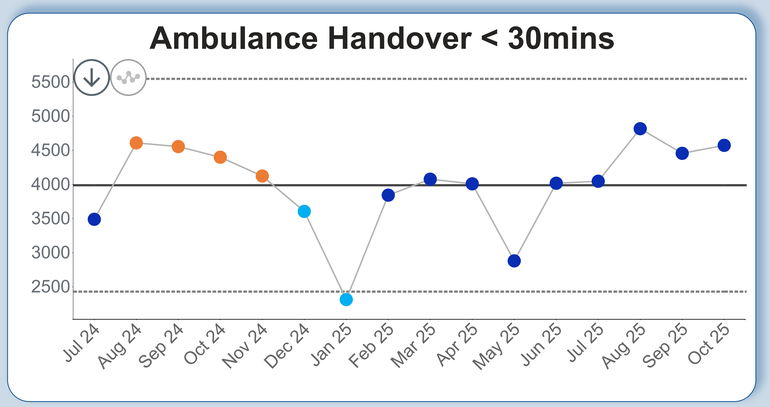
Urgent & Emergency Care & Cancer











Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

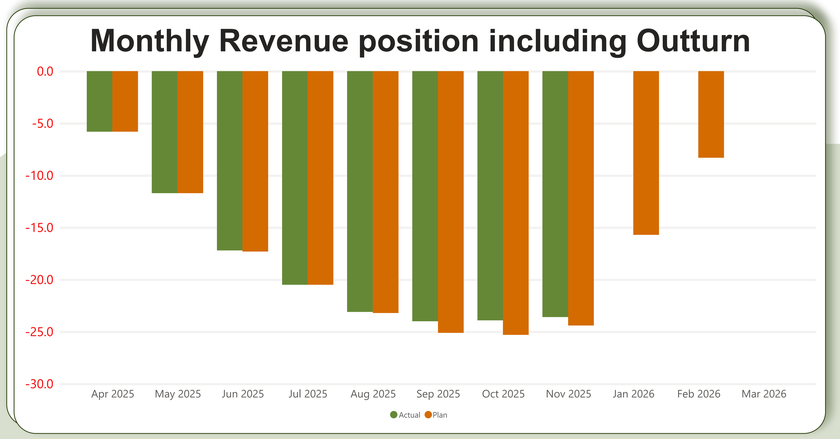
The NCA is reporting a year to date position £837k better than plan, with a net deficit of £23.55m. Excluding Deficit Support Funding (DSF) = £62.1m Deficit
CIP YTD - £68.5m delivered against target of £49.0m - £19.5m better than plan

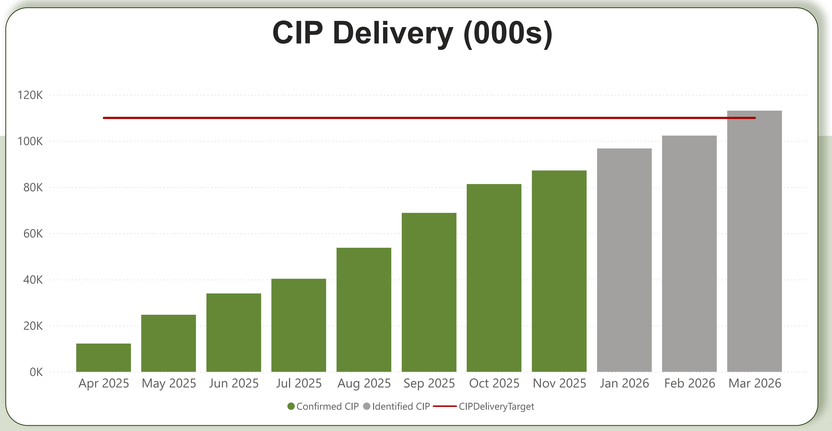
Areas of Concern

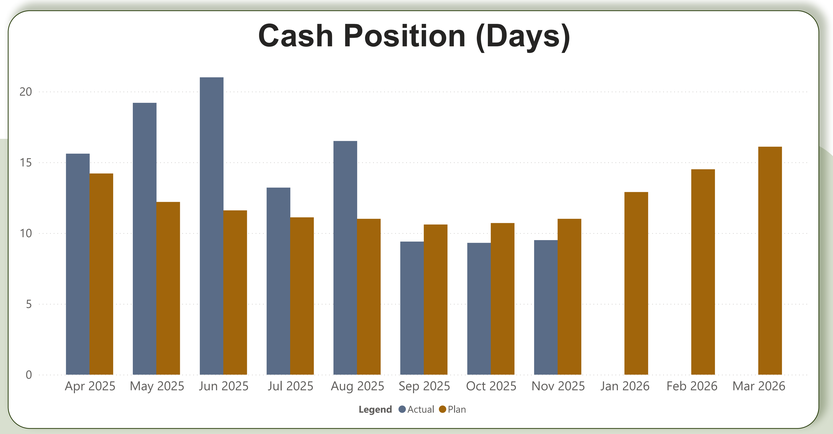
The trust plan includes £57.8m of DSF funding, £19.3m for Months 9 through to Months 12 are yet to be secured. Loss of DSF would result in a cash risk in 25/26.

Forward Look (with actions)

As at Month 8 there are several unplanned pressures over and above a challenging CIP + Productivity target assumed in 2025/26 plans.
The Trust is currently working through mitigation actions to support delivery of the plan which includes acceleration of the remaining CIP schemes and reduction to premium variable pay costs.







Technical Analysis

For Month 8, NCA Group is reporting a position £495k worse than plan, with a net surplus of £0.4m. Excluding Deficit Support Funding (DSF) = £4.4m Deficit. The year to date position is £837k better than plan, net deficit of £23.55m. Excluding Deficit Support Funding (DSF) = £62.1m Defici

At 17th December £112.1m of schemes have been identified with £87.2m transacted.

The cash position in November was £50.6m , equating to 9.5 cash days.

Actions

Work on delivery of outstanding CIP schemes and recovery actions is ongoing.

Work to deliver the full CIP target of £110m is ongoing.

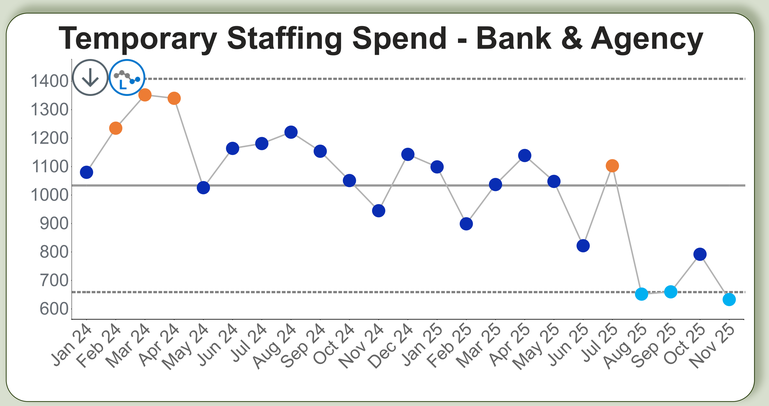
The Trust has established a cash group to monitor and manage the cash position which is governed by the Finance and performance committee. Although it is expected that cash will be sufficient for 2025/26 the documentation to request cash support is being prepared alongside mitigating actions.

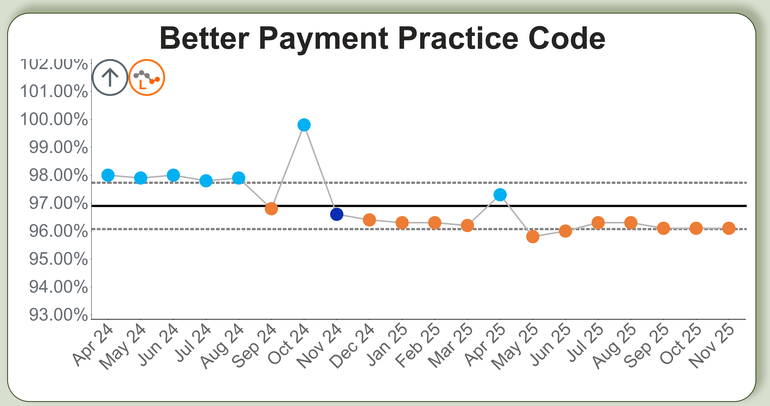
Integrated Performance Report: November 2025

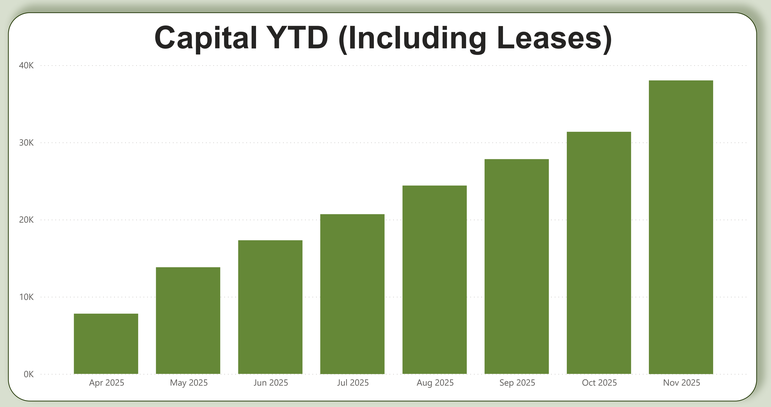
Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Finance







Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

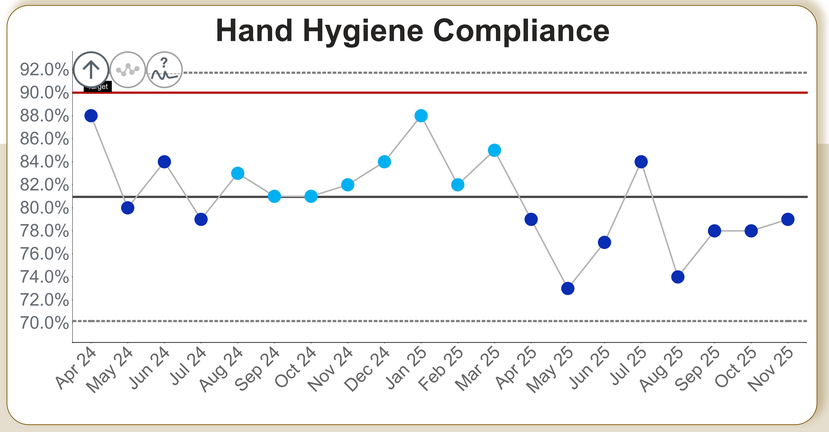
We have achieved our ambition of >90 days with no MRSA bacteraemia. Our new MRSA policy has now been published. NCA ranked joint top performer for MSSA nationally (out of 134 Trusts) in November, an improvement in ranking from 81/134 in October. We have achieved our NHSE flu vaccination target of 5% increase on last years, ranking 3rd in GM

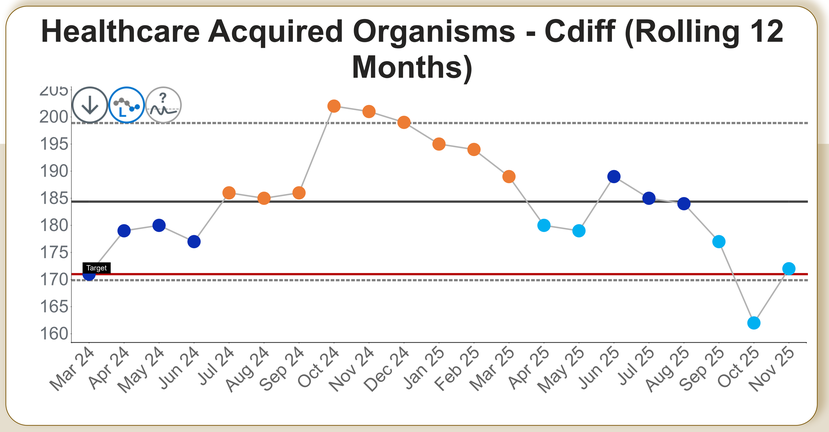
Areas of Concern

Our CDI performance deteriorated in November, with 10 cases reported in Oldham, 4 in Bury and 4 in Salford. The spike in Oldham cases is being investigated for any common themes/learning. There were 2 still births reported in November, however there were no deviations in care for either birth (one was anticipated due to genetic abnormality).

Forward Look (with actions)

A deep dive into the 10 cases of CDI in Oldham is underway to identify any themes/learning. Use of antibiotics is the prime risk factor for CDI. A review of our antimicrobial stewardship and benchmarking is planned for Jan-Mar 2026, with three key areas for improvement identified. This will be presented to the Clinical Effectiveness Group in March 2026.





Technical Analysis

Compliance shows natural variation with an in month value of 79%, which is below the 90% target.

Our external target is no more than 171 cases of healthcare-associated CDI (14 per month). We are currently 4 cases over trajectory with a total of 118 cases to date. Considering all NHS Trusts, NCA ranked 109/134 in November, a deterioration from 65/134 in October.

Actions

Hand hygiene improvement collaborative focus for December is communication materials, including trusted voices posters, and educational videos. HH included in new QAA for local ownership. Forward thinking HH will be on AMaT to form part of ward assurance framework

Review of the 10 cases reported in Oldham to understand any themes/learning and to be presented to Oldham IPCC in January

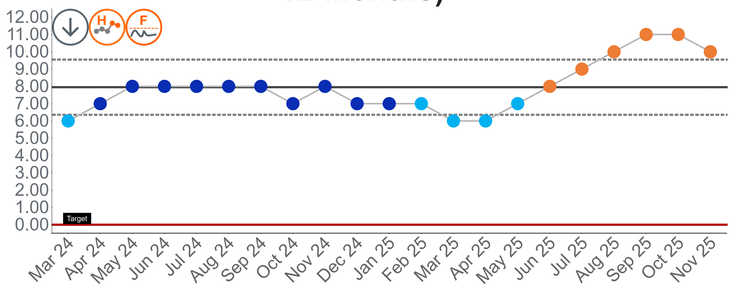
Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

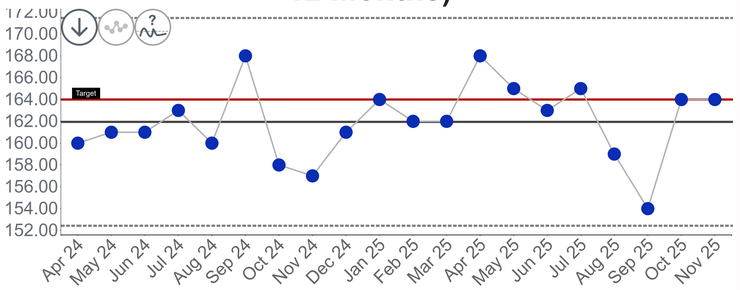
Watch Metrics

Quality

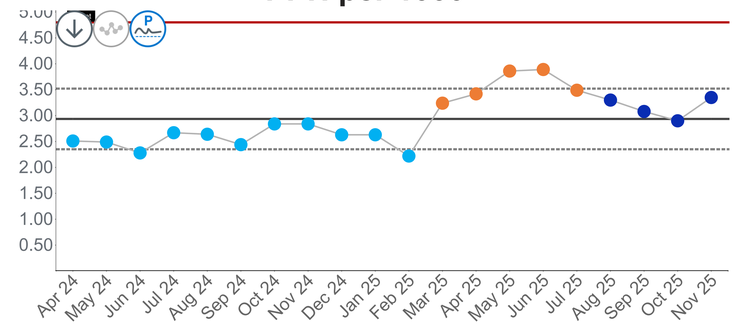
Healthcare Acquired Organisms - MRSA (Rolling 12 Months)



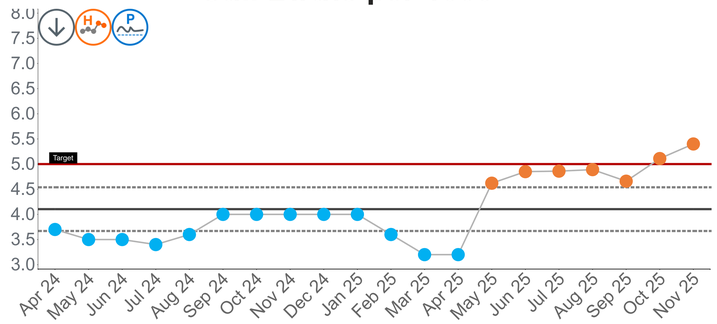
Healthcare Acquired Organisms - E-Coli (Rolling 12 Months)



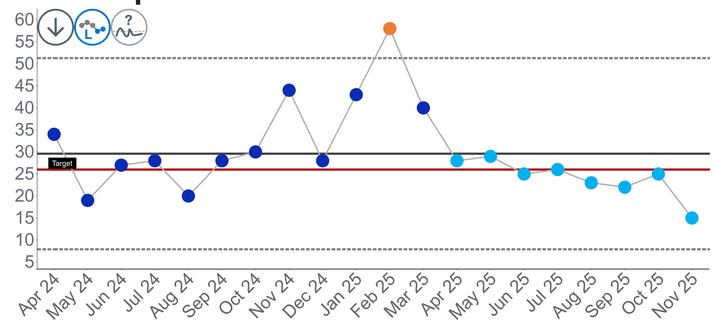
PPH per 1000



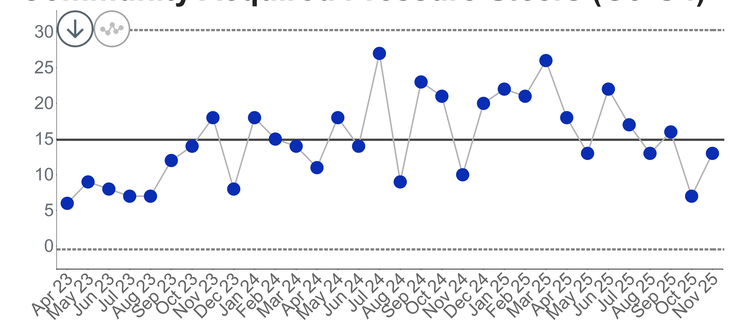
Still Births per 1000



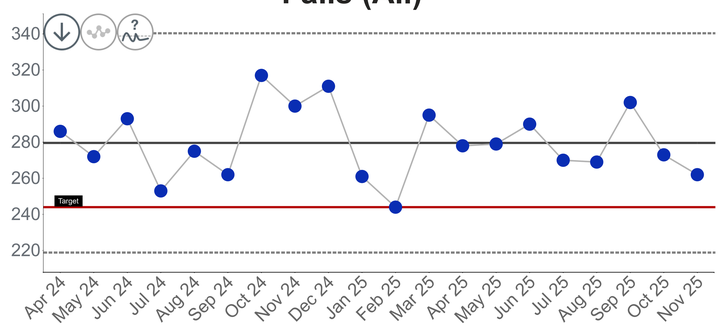
Inpatient Pressure Ulcers G2-G4



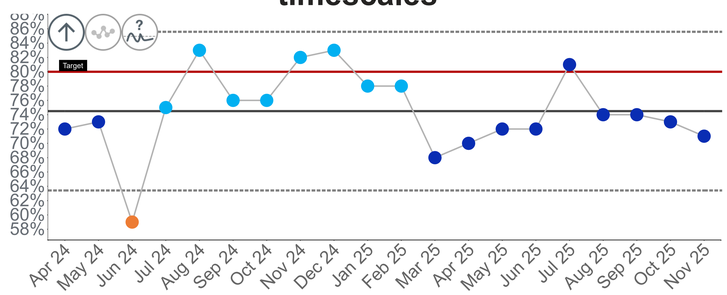
Community Acquired Pressure Ulcers (G3-G4)



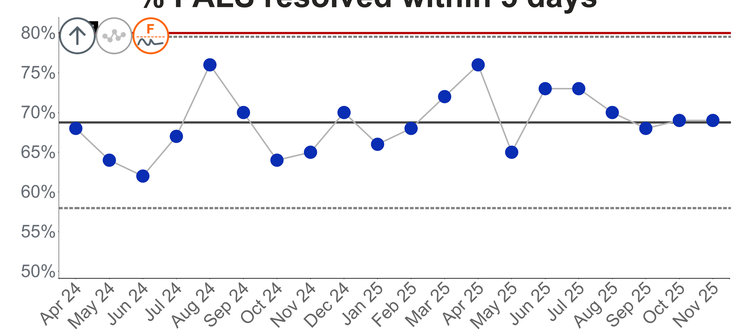
Falls (All)



Complaints responded to within negotiated timescales



% PALS resolved within 5 days

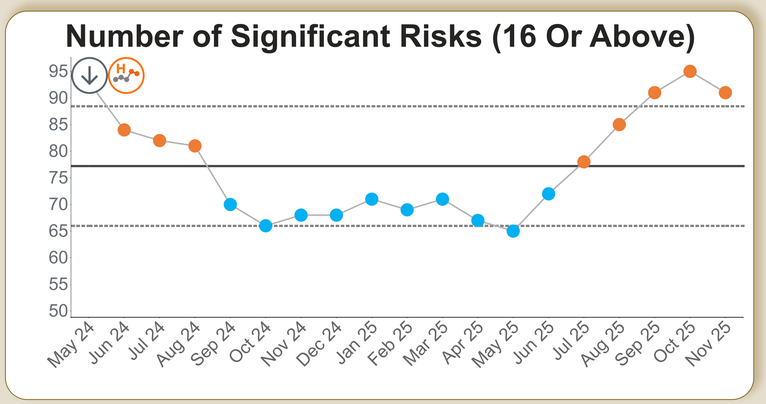


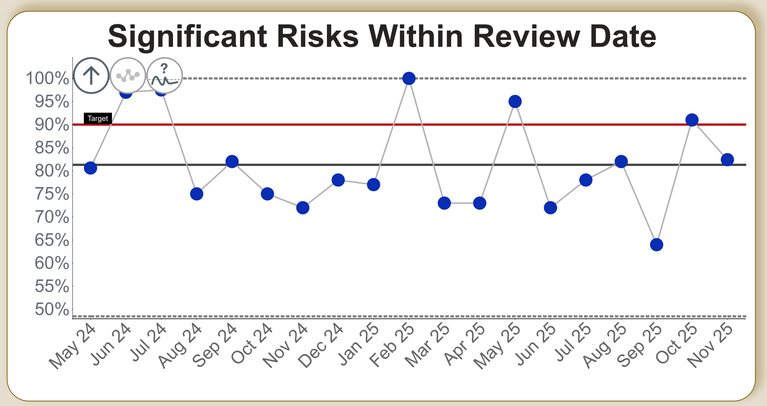
Integrated Performance Report: November 2025

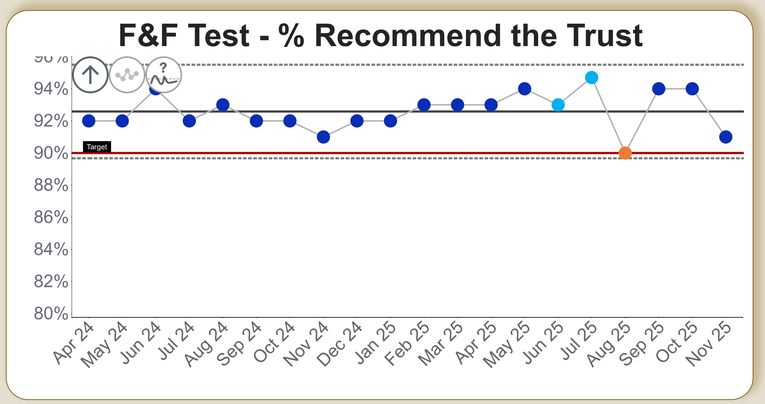
Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Quality







Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

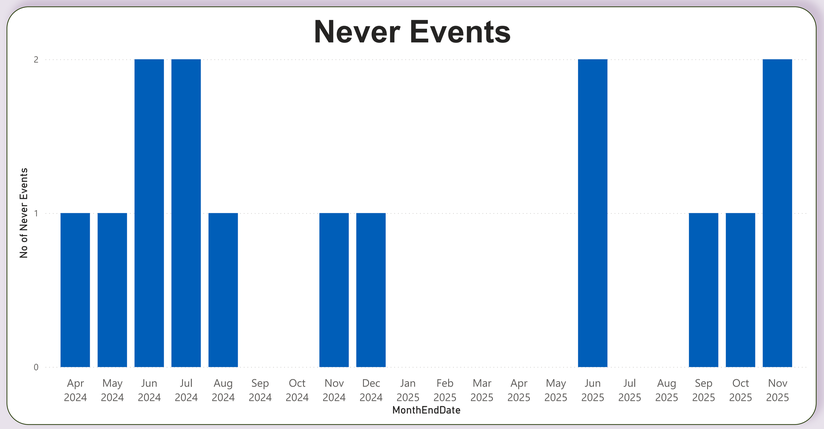
Overdue PSII backlogs have fallen to their lowest level in the reporting period, significantly below the 11-month average. This improvement is driven by enhanced cross-site collaboration within Clinical Governance teams and consistent Executive Sign off Panel capacity. Work continues to address overdue actions linked to incident investigations, with positive progress noted across Patient Safety Reviews (PSRs).

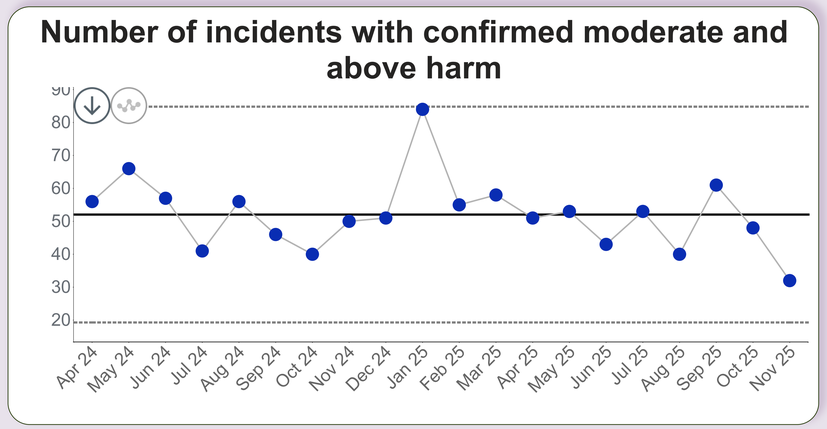
Areas of Concern

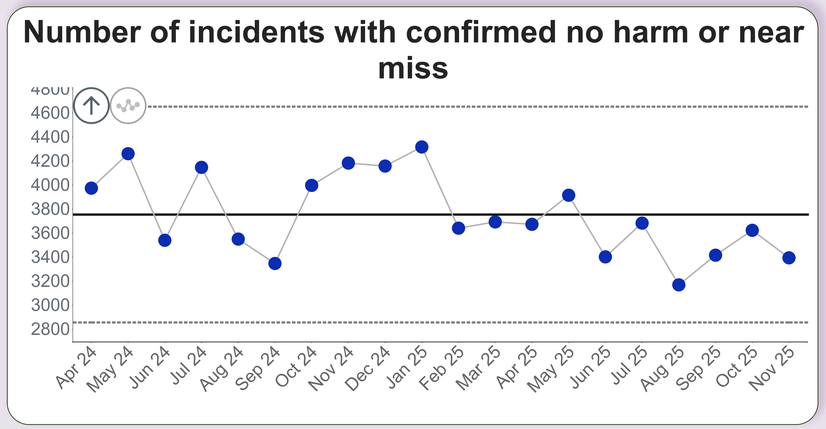
There have been two Never Events declared across the Trust in November 2025. [1] Division of Surgery at Salford Care Org in which an incompatible orthopaedic prosthesis was used during surgery. [2] Oldham Care Org whereby a patient undergoing a Gynaecological procedure had a retained 2cm tubular foreign body left insitu. Duty of Candour has been discharged for both patients and PSII investigations underway.

Forward Look (with actions)

Since PSIRF was launched, the Trust has completed 100 PSIIs linked to a National Priorities and 20 PSIIs linked to a Local Priorities. As the Trust meets activity levels outlined within Plan, work will commence to define the next cycle of priority groups. In Jan 26, teams will initiate data analysis across Patient Safety insights to support this process, engaging both internal stakeholders and external system partners







Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

We are seeing positive progress being made in improving community waiting times including children and young people.

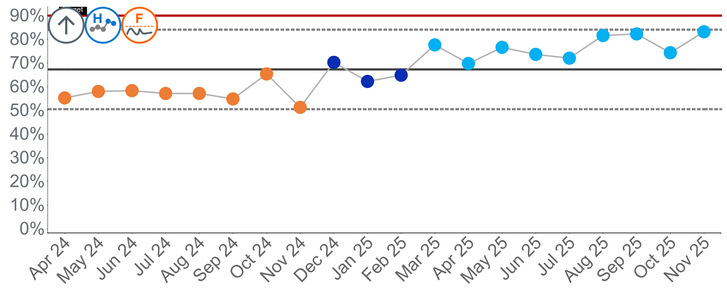
Areas of Concern

Digital systems and validation capacity are contraints that we are working to improve.

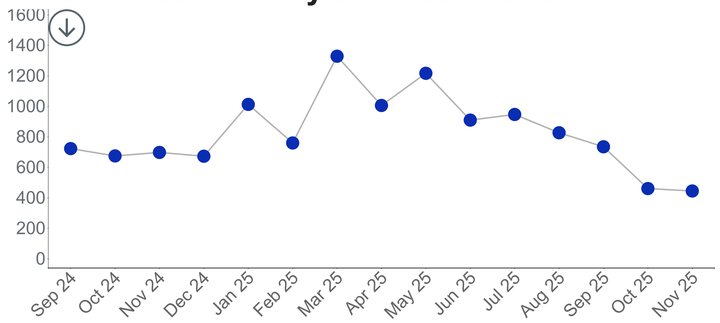
Forward Look (with actions)

Access & Performance meetings will continue to drive standardisation of processes, and support the development of plans for Digital systems.

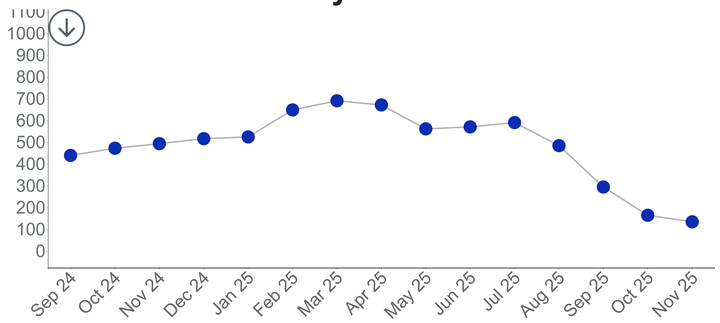
Urgent Community Response 2-Hour Performance



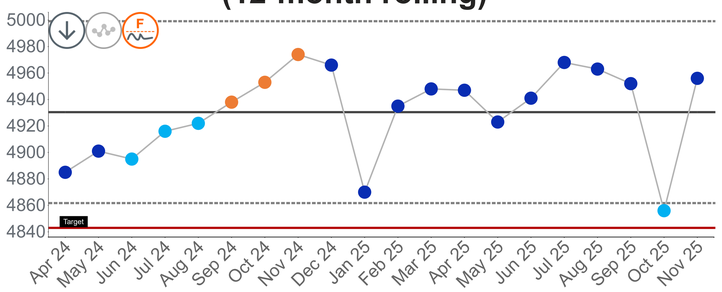
Community 52+ week waits



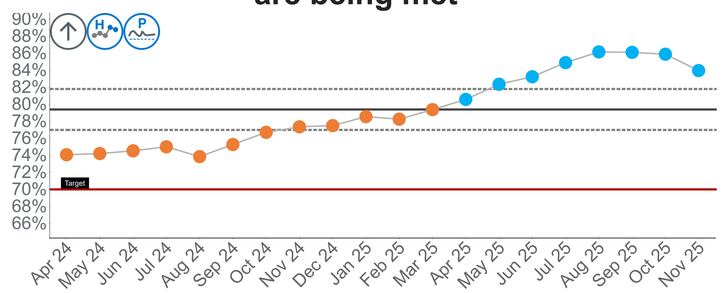
Community CYP 52ww+



Number of People Receiving Long term services (12-month rolling)



% of Reviews where carers indicate their needs are being met

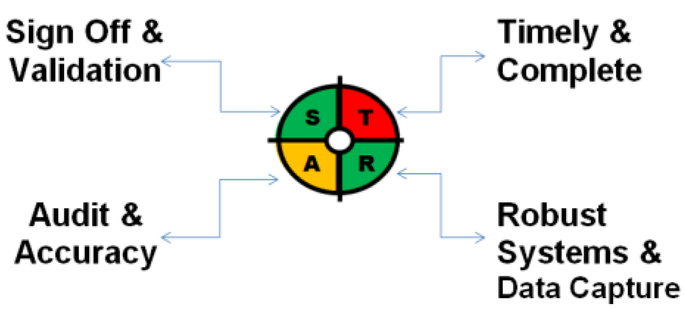


Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

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	S T A R
Staff 12-Monthly Turnover	S T A R
Sickness Absence (Rolling 12 Months)	S T A R
Sickness Absence (In Month)	S T A R
Substantive Staff In Post vs. Plan	S T A R
Overpayments	S T A R
Mandatory Training	S T A R
My Time Compliance	S T A R
Time to Hire	S T A R

Urgent & Emergency Care & Cancer	STAR Factors
Cancer 62 Day Performance	S T A R
Cancer 28 Day Faster Diagnostic	S T A R
Cancer 31 Day Target	S T A R
Cancer 63+ Day Waiting List	S T A R
Urgent Care 4 hour standard	S T A R
% of 12 hour waits in ED	S T A R
Ambulance Handover <30 mins	S T A R

Finance/Cost	STAR Factors
Monthly Revenue position including Outturn	S T A R
Temporary Staffing Spend - Bank & Agency	S T A R
CIP Delivery	S T A R
Cash Position	S T A R
BPPC	S T A R
Capital YTD (Including Leases)	S T A R

Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

STAR Factors - Part 2

Elective Care & Productivity	STAR Factors
RTT Waits Within 18 Weeks (First attendance)	S T A R
RTT First Attendance Within 18 Weeks	S T A R
RTT 52+ week waits	S T A R
DNA Rate	S T A R
Theatre Utilisation (Capped)	S T A R
Size of Waiting List	S T A R
Number of Cancelled Operations (on day of admission for non-clinical reason)	S T A R
Diagnostic 6 week Performance	S T A R
PIFU	S T A R
Specialist Advice	S T A R
Discharge Ready Date	S T A R

Quality	STAR Factors
Hospital Acquired Organisms - MRSA	S T A R
Hospital Acquired Organisms - Cdiff	S T A R
Hospital Acquired Organisms - Ecoli	S T A R
Hand Hygiene Compliance	S T A R
Falls (All)	S T A R
Still Births per 1000	S T A R
PPH per 1000	S T A R
Inpatient Pressure Ulcers G2-G4	S T A R
Community Acquired Pressure Ulcers G3-G4	S T A R
F&F Test - % Recommend the Trust	S T A R
Complaints Responded to within negotiated timescales	S T A R
% PALS resolved within 5 days	S T A R
Number of Significant Risks (16 or above)	S T A R
Significant Risks Within review date	S T A R

Safety	STAR Factors
Number of incidents confirmed with moderate and above harm	S T A R
Number of incidents confirmed with no harm or near miss	S T A R
Never Events	S T A R

STAR Factors - Part 3

Community & Adult Social Care	STAR Factors
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	

Northern Care Alliance
NHS Foundation Trust

Glossary

AMS	Acute Medical Service
BAF	Board Assurance Framework
BCO	Bury Care Organisation
CTG	Cardiotocograph
CO	Care Organisation
CQC	Care Quality Commission
CEO	Chief Executive Officer
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 ICB	Greater Manchester Integrated Care Board
HCAI	Healthcare-associated infections
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
KPI	Key Performance Indicator
LocSSIPs	Local Safety Standards for Invasive Procedures
Lower GI	Lower Gastro-Intestinal
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MHS	Model Health System
NG	Nasogastric
NE	Never Event
NHSE	NHSE England
NCA	Northern Care Alliance
OCO	Oldham Care Organisation
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
PPH	Postpartum Haemorrhage
QMEG	Quality & Management Executive Group
RTT	Referral To Treatment
RCO	Rochdale Care Organisation
ROH	Royal Oldham Hospital
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
YTD	Year to Date

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Widening Access, Inclusive Recruitment and Participation

Creating Inclusive Pathways into Employment

NHS
Northern Care Alliance
NHS Foundation Trust

	Outcomes	Target	November 2025
Inclusive Employment	Adopt alternative methods of recruitment for entry-level roles to remove barriers and attract diverse talent.	Increase local employment so that 60% of staff are from our localities by 2026.	59.74%
Community Access to Employment	Achieve 85% employment conversion rate from these initiatives.	Support 450 individuals from local communities through pre-employment programmes and recruitment events.	40%
Workforce Inspiration and Engagement	Raising awareness of 350 roles within the NHS and inspiring local people	Maintain a network of 1,000 Career Ambassadors and Work Experience Hosts by end of FY 2025/26. Provide 700 work experience placements for local young people and adults.	113% 99%
Supported Pathways	Creating a talent pipeline	Deliver 25 Supported Internships with meaningful work placements. Host 160 T-Level learners value added industrial placements.	96% 84%
Apprenticeship Investment	Supporting wider health and social care sector and the community and voluntary sector	Transfer / gift £200,000 of Apprenticeship Levy to support local health and social care employers and Community organisations to developing system wide workforce.	£103,537
National Influence and Knowledge Sharing	Influencing policy	Share our impact and learning through at least 4 national conferences or published articles per year.	1 National conference Locality Employment and Skills Strategy National T Level development and influence

CARE APPRECIATE INSPIRE

Northern Care Alliance
NHS Foundation Trust

Inclusive recruitment

Strengthening of our transactional recruitment service

Sharing interview questions in advance

Hiring managers are supported to share interview questions with candidates ahead of time, guided by clear and accessible instructions.

Recruitment and Selection e-learning

An in-house e-learning programme has been developed to help managers align with best recruitment practice, including how to identify and address inequalities in the recruitment process.

Overseas recruitment

A greater focus has been given to the onboarding experience of our overseas hires – including the creation of a new international recruitment pack and dedicated Facebook group.

Person specification application form

We have simplified our application form to allow for better accessibility and applicant experience

Cultural ambassadors

We invite cultural ambassadors to be involved in the recruitment of all Band 8a and above roles.

Next steps…

In 2026, we will create a standardised job description bank to reduce variation across the NCA and make it easier for applicants to understand roles in the NHS and assess their suitability.

CARE APPRECIATE INSPIRE

Creating Inclusive Pathways into Employment

NHS
Norfolk Care Alliance
NHS Foundation Trust

Since 2023, the NCA has supported **301** individuals into employment.

ROI is £185,115 (based on 2023 calculation £615 saving per candidate)

CARE APPRECIATE INSPIRE

Succession Planning

Attracting young talent: NEETs summer employability programme supported 8 young people in Salford

Salford Trailblazer - 5 young people from the summer programme progressed to the 6-month paid trailblazer

Greater Manchester and National Influence

Northern Care Alliance NHS Foundation Trust

- **Midwifery T level:** NCA was the first in Greater Manchester to host Midwifery T Level learners during academic year 2024/25. Greater Manchester launches T Level midwifery placements to grow local NHS talent | Greater Manchester Integrated Care Partnership

- **NHSP Enhanced Pilot:** Building on our existing NHSP agreement to offer our T Level learners paid work, we collaborated with GM ICB, NHSP, Northern Care College Alliance to develop an enhanced pilot to extend the offer across Greater Manchester with a view to national rollout. T Level enhanced pilot launching this academic year | Greater Manchester Integrated Care Partnership

Inclusive Employment Recognition

NHS
Northern Care Alliance
NHS Foundation Trust

ERSA Employability Awards: Employer Partnership - Finalist 2025

Greater Manchester Good Employment Charter Awards – Highly Commended 2024

Salford City Mayor's Charter Award – For raising employment standards across Salford 2024

HSJ Awards 2023 – High Commendation for recruiting differently

Next Steps…

- Tender for a new Recruitment system to make recruitment more inclusive
- Re-designing pre-employment programme
- Developing a 6-month HCSW/ HCA Traineeship recruitment programme
- Introduce a new internal mailing system for latest job opportunities
- Developing HCSW/HCA Apprentice recruitment programme
- Seeking approval from PEC for 'Alternative Methods of Recruitment'
- Enhance support to BAME nursing to improve career progression
- Agreeing Social Economic Duty KPI's as a Trust

Feedback

Gemma, HCSW Employability Programme

"I was given the opportunity to apply for a pharmacy dispensing apprenticeship, something I had never previously considered. From that experience, I received valuable advice and guidance that helped me get to where I am today, making a huge difference in my life and giving me the chance to gain a qualification. During my placement, I was able to experience what the role involved and decide whether it was right for me, while also hoping for the chance to secure the apprenticeship.

I learned about the different tasks carried out in the job and was given the opportunity to try some myself, which was both rewarding and insightful. Receiving the email offering me the position made me smile, as it confirmed the progress I had made. Entering a new environment and meeting new people initially felt daunting, but I was quickly made to feel welcome, which boosted my confidence and allowed me to be myself. I would strongly recommend undertaking a placement, as it provides a valuable opportunity to understand the role, gain experience, and decide whether it is the right path for you."

Jenna Alshawy, Work Experience

"I wanted to extend my sincere thanks for helping organise my work experience placement with The Northern Care Alliance NHS Group at Salford Royal Hospital. It was an incredibly insightful and rewarding experience that gave me a deeper understanding of the different jobs in the hospital. The experience has strengthened my interest in pursuing a career in healthcare.

Thank you once again for your support and help."

Feedback

Calista, T Level 2025/26

Hello,

I just wanted to send this email with some feedback for the Cadet that was with us recently – Calista Moody. Calista become a valued member of our team quite quickly. Her commitment and enthusiasm were great to witness. Calista was always eager and willing to learn, lend a hand where appropriate and was also fabulous with the patients and family members. Whatever her career choices are in the future, I know she is going to excel.

As a ward, we feel lucky to have worked alongside her these past 10 weeks.

Please pass on this feedback.

Thank you
Katie Atkin, Sister/PEL, Ward 2 – FGH

Fern & Nia, T Level 2024/25

We currently have Fern and Nia working on SRU at Salford Royal as nursing cadets.

I just wanted to let you know what an asset they have been to the ward. They are friendly and kind to the patients, able to talk sensibly about how the patients have been, look after upset relatives and have really helped the ward to run smoothly.

They are proactive and look for ways to help the patients, not just waiting to be told what to do.

Thank you

Rebecca Grue, Consultant stroke physician SRU Salford

Joint Health Overview and Scrutiny Committee

Work Programme 2025/2026

Agenda item	Purpose	Portfolio lead & officer lead	Method of scrutiny	Additional information
Thursday, 25th September 2025				
Integrated Performance Report				
Patient Experience				
Thursday, 18th December 2025				
Integrated Performance Report – For Noting only				
Population Health Inequalities/ Widening access and participation				Deferred to February 2026
Out Patients				
Winter plan overview and impact on localities.				
Finance Update				
Thursday 26th February 2026				
Integrated Performance Report and National Oversight Framework				
Integrated Care and Update on clinical leadership model work and its impact on each locality.				

Task and finish groups

Deep dive area:	Expanded proposal:

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