

# Integrated Performance Report

Published: September 2024

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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*.



## Nicky Clarke - Chief of People: Drive Metrics

## People & Learning

### Highlights

Our staff turnover remains stable at 9.82% for August.  
Mandatory Training compliance also remains stable for the fifth consecutive month at 93.38%.

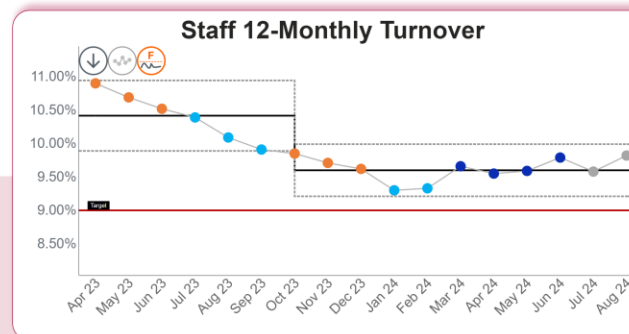
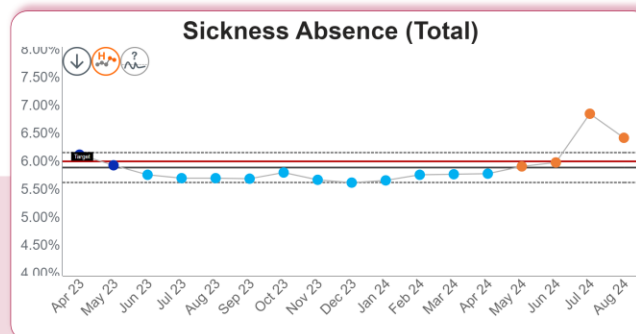
### Areas of Concern

Sickness absence remains above the 6% target.  
My Time compliance remains below the 90% target.

### Forward Look (with actions)

We continue to focus our efforts on enhancing retention amongst our colleagues and improving their experience. Our actions include:

- Focus on My Time compliance to ensure our leaders understand how our colleagues are experiencing work and
- Meeting with former colleagues who have left the Trust with less than 2 years service and specifically those in support roles across the NCA to gain a more personal perspective on leaving.



### Technical Analysis

Sickness absence decreased in August although remained above the 6% target, continuing to demonstrate special cause variation.

Staff turnover increased slightly in August, continuing above the 9% target

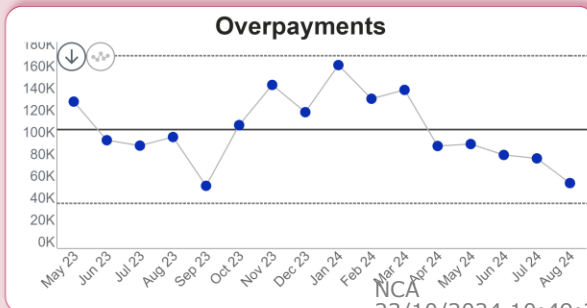
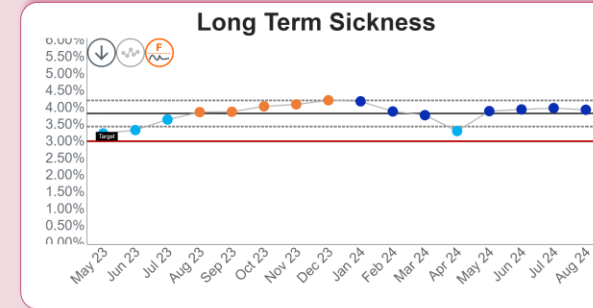
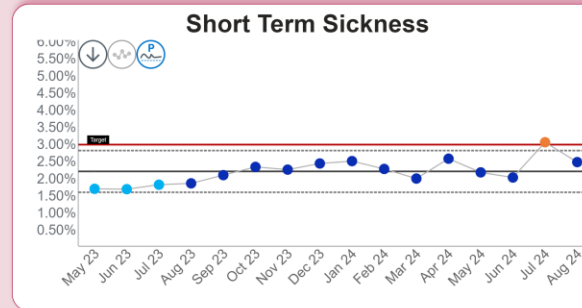
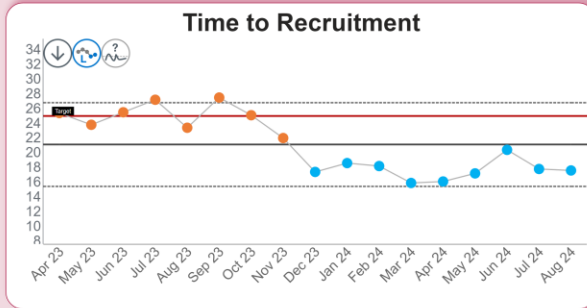
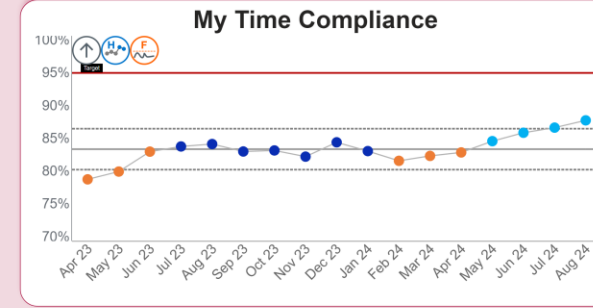
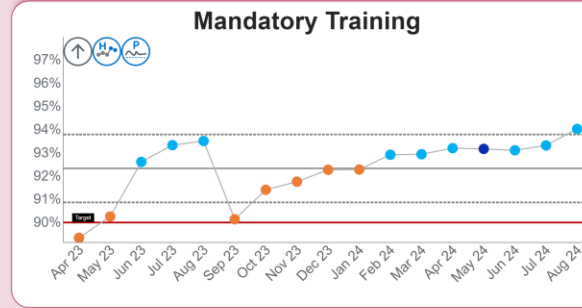
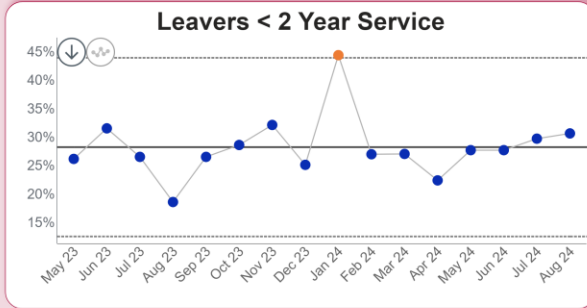
### Actions

The primary cause of absence amongst our clinical colleagues are unchanged (Gastrointestinal illness and coughs, colds and 'flu). Leaders should complete a 'welcome back' conversation (and record it in ESR) to ensure that our colleagues feel valued.

Turnover remains below 10% for the 11th consecutive month. We emphasise the effectiveness of 'stay with us' discussions for positive impact for retention. Anticipate short-term turnover increases due to organisational changes from August to November 2024.

## Watch Metrics

## People & Learning



MCA 23/10/2024 10:49:26



## Judith Adams - Chief Delivery Officer: Drive Metrics

## Elective Care & Productivity

### Highlights

Long waits are reducing. Reductions in patients waiting more than 35 weeks for a first outpatient appointment supports sustainable improvements in overall RTT performance. Productivity shows improvement for Outpatient services that has been sustained.

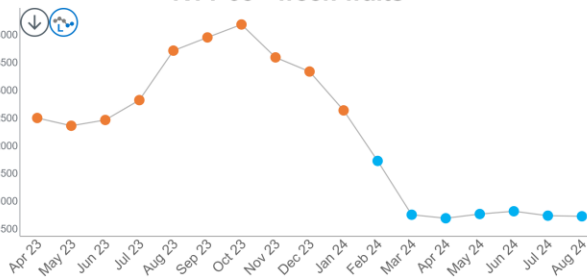
### Areas of Concern

We need to improve at a faster rate to meet the national targets of clearing all 65 week waits by Sept-24. Dermatology remains a pressure because of very high demand growth. Physiological test capacity is a constraint driving 6 Week performance. Our theatre productivity improvement has not kept pace with peers.

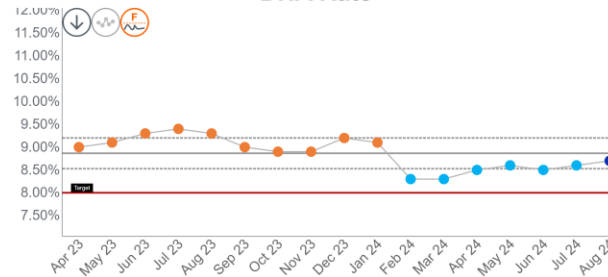
### Forward Look (with actions)

Best practice (Getting It Right first Time) guides are being used to support sustainable improvement alongside participation in NHSE's September validation sprint initiative.

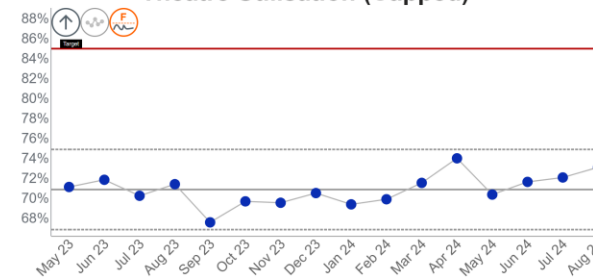
RTT 65+ week waits



DNA Rate



Theatre Utilisation (Capped)



### Technical Analysis

The position at the end of August was 731 patients, decreasing for the third consecutive month

The DNA rate for August was 8.7% continuing to demonstrate natural variation after a period of improvement.

Theatre utilisation increased for the third consecutive month in August although remains below the 85% target. The process is 'in control' demonstrating natural variation since May '23.

### Actions

(1) Undertake additional validation of waiting lists; (2) Utilisation of GM Mutual Aid Offers; (3) Increase capacity through use of Insourcing & Outsourcing; (4) Complete GIRFT gap analysis for top 8 specialties; (5) NHSE validation sprint

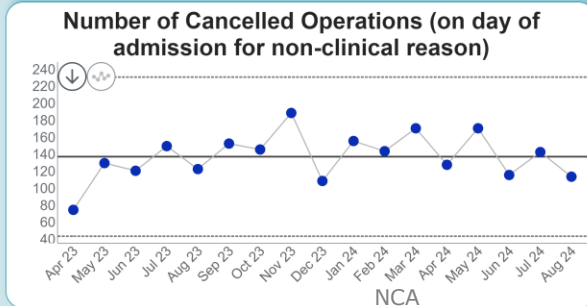
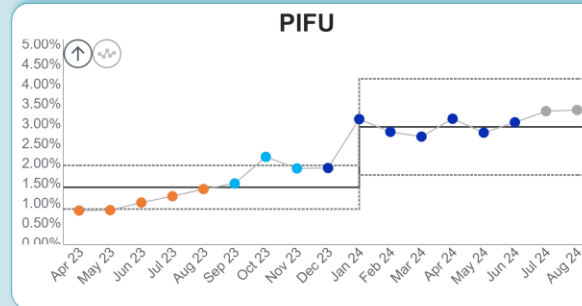
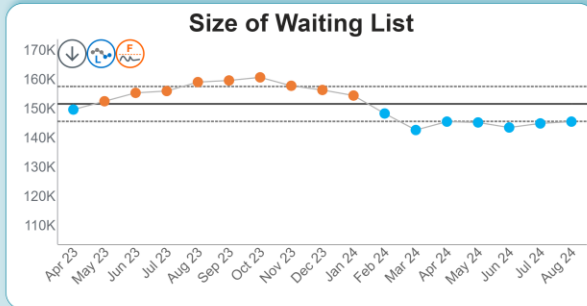
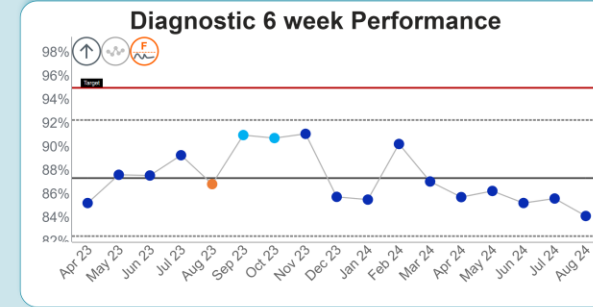
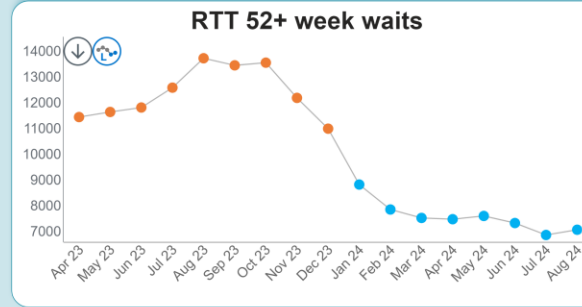
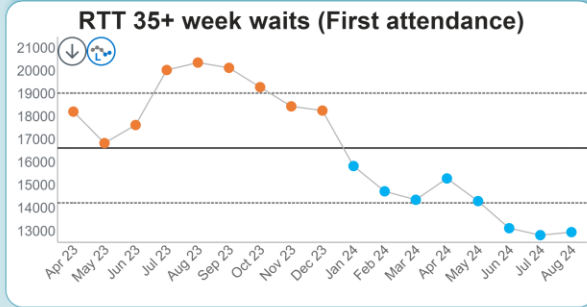
(1) Deployment of Digital Solutions with more services sending text reminders to patients; (2) Standardisation of patient letters with better communication of appointments to patients; (3) Validation of waiting lists; (4) Develop and implement the invite to book process

(1) Review our activity plan against theatre utilisation to identify productivity opportunities; (2) Prioritise reduction of cancellations of surgery, NCA zero cancellation week initiative planned for Oct-24; (3) Relaunch 6-4-2 process on a Trust-wide basis

NCA  
23/10/2024 10:49:26

## Watch Metrics

## Elective Care & Productivity



NCA  
23/10/2024 10:49:26



**Judith Adams - Chief Delivery Officer: Drive Metrics**

**Urgent & Emergency Care & Cancer**

### Highlights

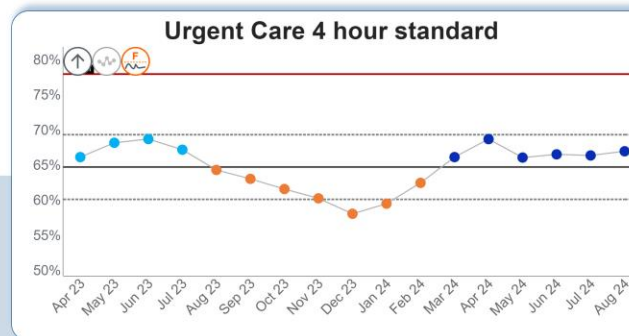
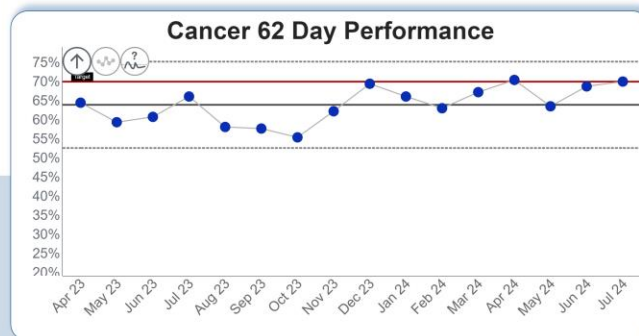
Urgent Care 4 Hour performance remains stable and waits over 12 hours have reduced during August. Early September cancer backlogs are showing improvement. Cancer 62 Day target is meeting trajectory.

### Areas of Concern

Suspected skin cancer demand is outstripping extra capacity provided leading to longer waits with a dip in 28 Day and 62 Day performance, which we anticipate will continue until seasonal demand abates. Lower GI capacity constraints have also reduced performance. We are off track against our UEC 4 Hour trajectory and 28 Day cancer trajectories.

### Forward Look (with actions)

We are taking a GM leadership role for Dermatology to support sustainable elective performance improvement. We continue to work together with system stakeholders across our four localities to manage urgent care improvement. A week-long UEC Care Coordination pilot is being planned for September after the GM-Wide Multi Agency Discharge Event (MADE) - Improvement will take time to embed over the coming months.



### Technical Analysis

The unconfirmed July position is 70.02% and currently demonstrating natural variation. Further improvement is required to consistently achieve 70% target.

Performance against the 4 hour standard doesn't appear to be a process 'in control'. Performance in August was 67.01% which is short of the newly adjusted 78% national target (by March-25). Variation appears to exhibit winter-summer seasonality.

### Actions

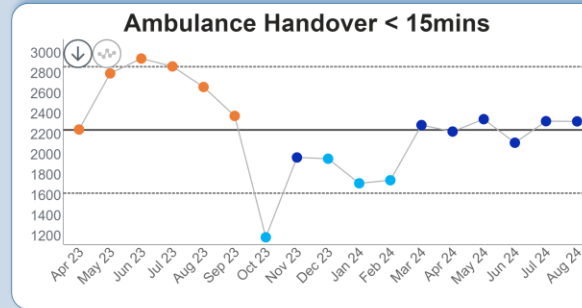
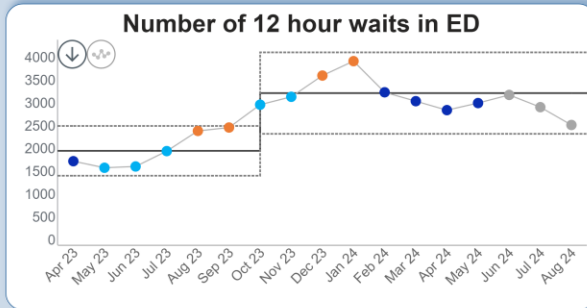
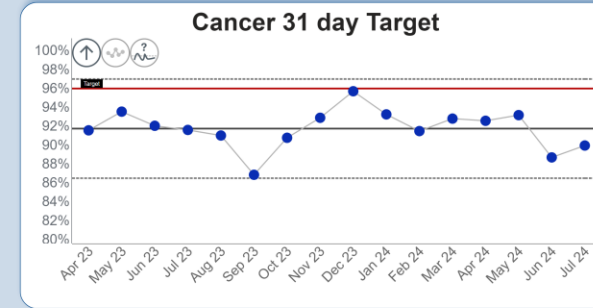
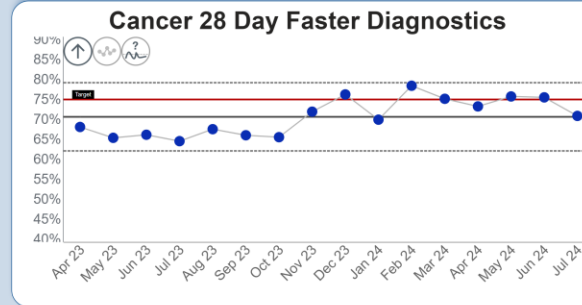
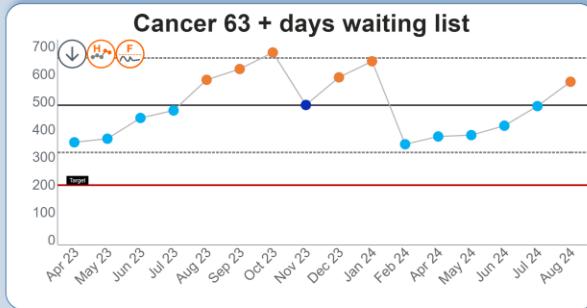
(1) Support T&GICFT to increase cancer referral capacity beyond current levels; (2) Complete national cancer pathway analyser for first 3 pathways to inform improvement plans. (3) Continue with additional resourced Skin pathway capacity. (4) Increase endoscopy capacity, recruiting to vacancies

(1) Delivery of our UEC improvement plan(e.g. Care Coordination, Virtual ward, etc);(2)Complete A&E building work at FGH in August-Will increase ED capacity and support better department flow;(3) Care Coordination week-long pilot in Sep-24 after GM-MADE event;(4) increased focus on Non-Admitted waits



## Watch Metrics

## Urgent & Emergency Care & Cancer





## Craig Carter - Interim Chief Financial Officer: Drive Metrics

## Finance

### Highlights

The month 4 year to date (YTD) position is a deficit of £40.9m compared to a planned deficit position of £40.0m, which is £0.9m worse than plan. Within the YTD position the Trust has incurred costs (£1m) and lost income (£0.7m) because of industrial action. No additional national funding is currently expected to support Industrial action costs.

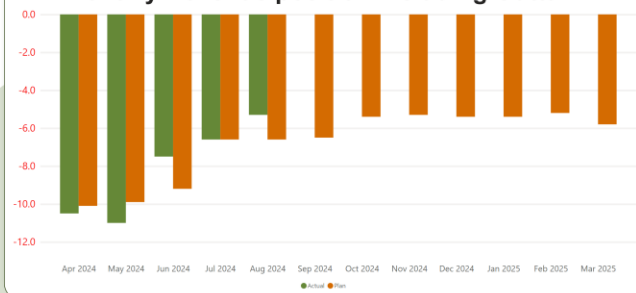
### Areas of Concern

CIP is an area of concern because if it is not delivered the NCA will fail to deliver it's financial plan and cash position in 2024/25.

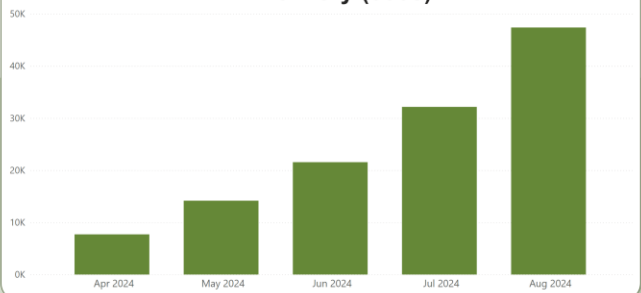
### Forward Look (with actions)

CIP office established and weekly meetings being held which are chaired by the CEO.

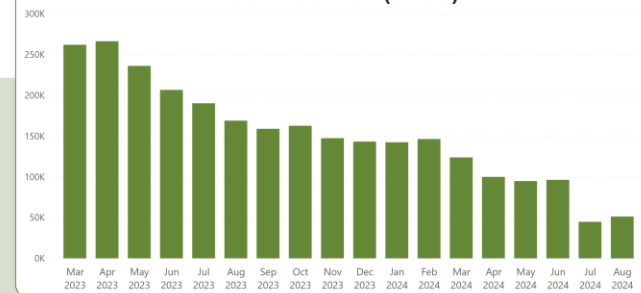
Monthly Revenue position including Outturn



CIP Delivery (000s)



Cash Position (000's)



### Technical Analysis

The August in month position was a deficit of £5.3m against a plan of £6.1m, £0.8m better than plan. The variance to plan was mainly driven CIP performance better than plan by £1.7m, offset by Adult Social Care in month pressure of £0.2m and non-high cost drug pressures of £0.8m

The Cost Improvement Programme (CIP) target YTD was £26.9m with £28.3m transacted YTD. The CIP YTD position is £1.4m in plan due to some non-recurrent schemes being brought forward

The cash position increased in August to £51,293,000.

### Actions

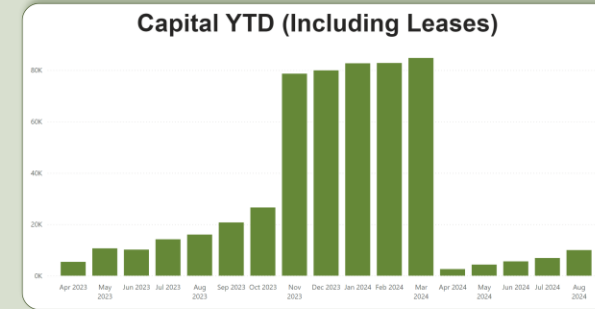
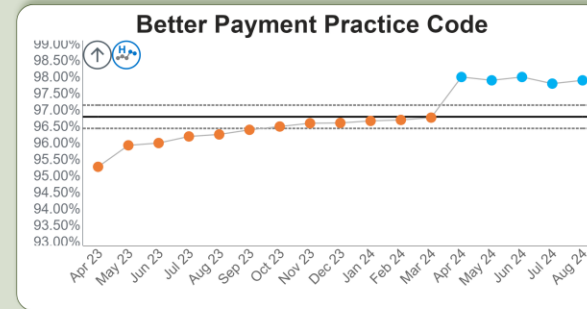
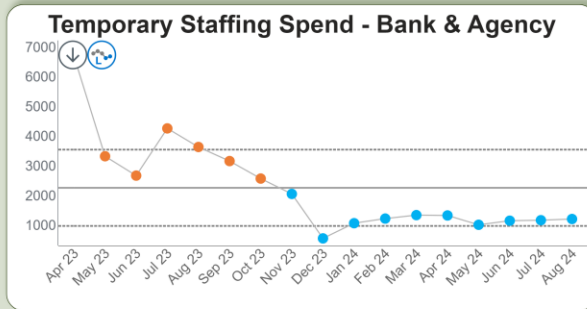
Monthly monitoring of the financial position which is reported to Finance Committee and the Board.

Weekly CIP Meetings chaired by the CEO to track CIP performance and agree corrective actions.

Weekly CIP Meetings chaired by the CEO to track CIP performance and agree corrective actions.

## Watch Metrics

## Finance





**Heather Caudle - Chief Nursing Officer: Drive Metrics**

**Quality**

### Highlights

Pressure ulcer validation rates for July 2024: OCO:85%, BCO:77%, RCO:80%, SCO:43%. KPI's continue to improve with risks comprising the CRR. KPI's monitored locally & via the monthly NCA Risk Management Group. Support continues to develop standardised risk scoring & aggregation aligned to the 24/25 BAF. KPI performance has improved significantly - 83% against an 80% target.

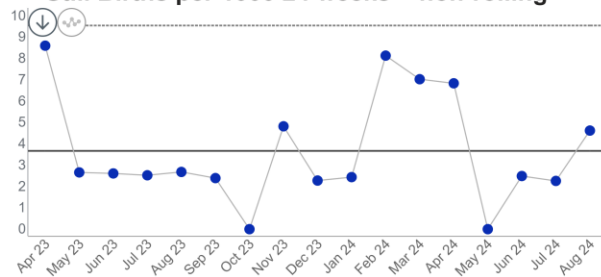
### Areas of Concern

The 'Pando' App trial at OCO has been postponed due to inconsistent and incomplete investigation summary's, causing delays in timely bedside photography of skin of concern. The NHS has published its standard contract thresholds for CDI for 2024/25, with a 5% reduction required based on last year. The increase was slightly better than last month's 25% increase, with the largest increase in Oldham and the biggest decrease in Bury

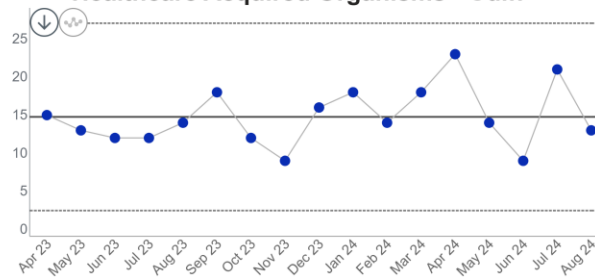
### Forward Look (with actions)

TVN chair to work with colleagues on digital and medical illustrations. Datix system changes needed for pressure ulcer data recording-Meeting on 18th September. Focus on standardizing risk scoring and aligning risks with the BAF. Head of risk to introduce new scoring guides at CO risk groups and create a scoring TNA to be completed throughout Sept/Oct 24.

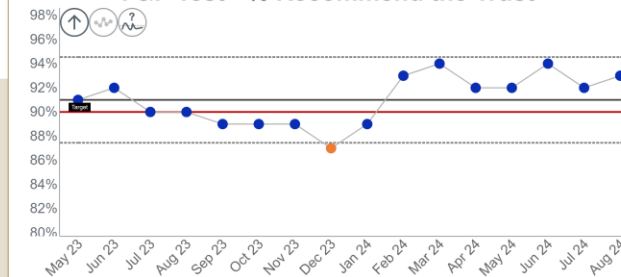
**Still Births per 1000 24 weeks + non-rolling**



**Healthcare Acquired Organisms - Cdiff**



**F&F Test - % Recommend the Trust**



### Technical Analysis

The number of still births per 1000 ranges from 0-9 since April '23 demonstrating natural cause variation. The August position increased above the baseline for the first time since April 2024, increasing to 4.62.

The average number of cases since April '23 is 15 per month with April '24 peaking at 23 cases. These data are demonstrating natural variation, August's position is 13, an decrease of 8 cases from July

The target responses is close to the average performance meaning that we will inconsistently achieve this target. The last 8 months performance have been above the average.

### Actions

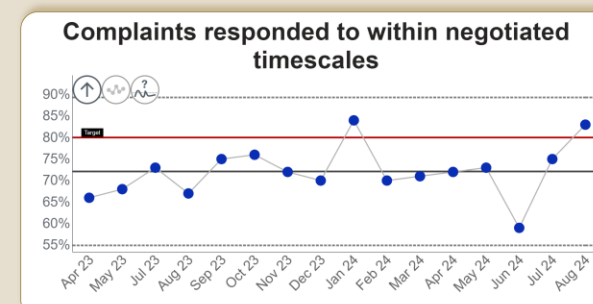
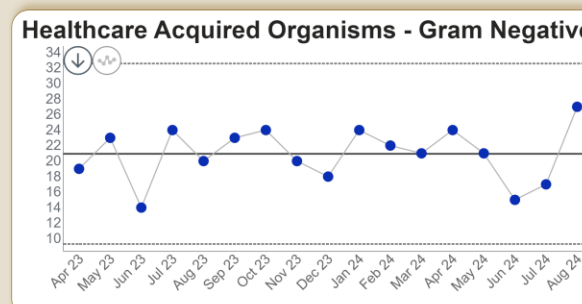
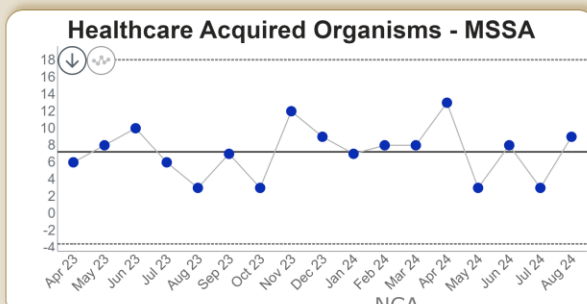
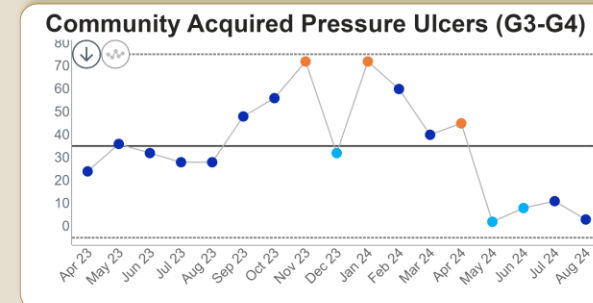
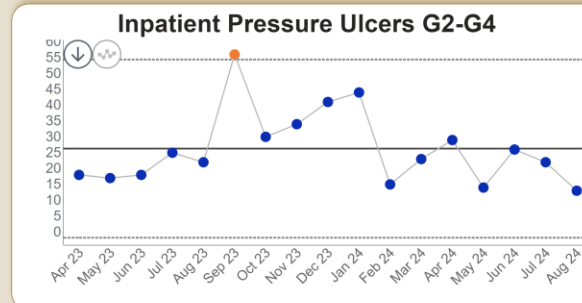
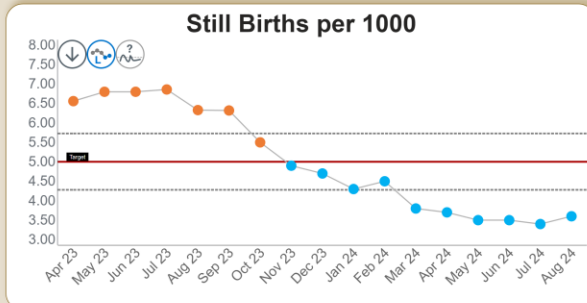
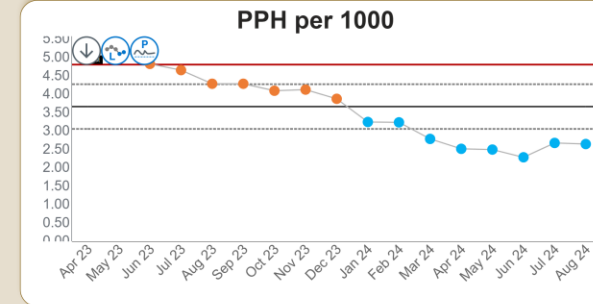
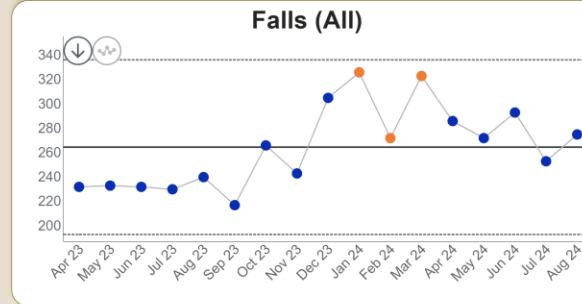
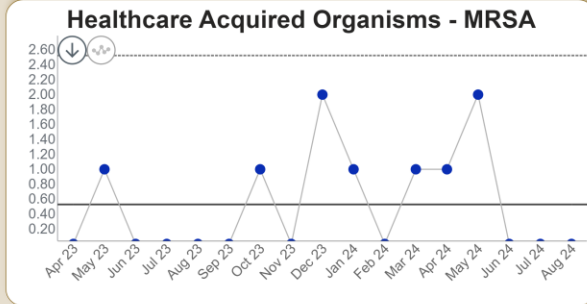
2 stillbirths in August 2024  
At 25 weeks it was identified that baby was severely small for gestational age and several fetal anomalies. Baby was stillborn at 26 weeks.  
Second stillbirth occurred in a twin pregnancy prior to transfer from another Trust.

GM system improvement plan for CDI was slightly delayed, with recommended actions including improving compliance with IPC mandatory training, implementation SICP's monitoring tool, enhancing IPC training, and refocusing on antimicrobial stewardship.

Our average NCA FFT score was 95% compared to 91% in 2023. Our best performing divisions were Women & Childrens AHP OCO at 99%, Community OCO and BCO both scored 97%. Divisions requiring improvement are perinatal services at OCO scoring 87%, Medicine at BCO scoring 89% & medicine at OCO scoring 90%

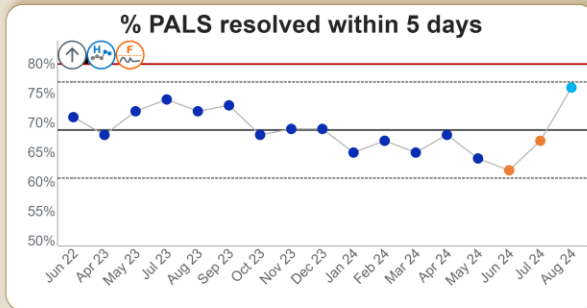
## Watch Metrics

## Quality



## Watch Metrics

## Quality



### Number of significant risks (16 or above)

**Current Position: 81**

### Number of significant risks within review date

**Current Position: 75%**



## Rafik Bedair - Chief Medical Officer: Watch Metrics

## Safety

### Highlights

Retained Object Never Event at OCO in Aug investigation underway, collaboration with theatres excellence group. NE paper presented to Sept QMEG providing information on NCA position nationally & improvement actions.

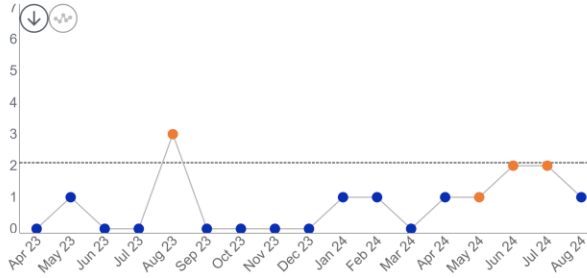
### Areas of Concern

ADG's raised concerns with resources limitations post PSIRF & the impact on completion times. Escalated to Patient Safety Group via Sept AAA report from PAG with remedial actions to be considered.

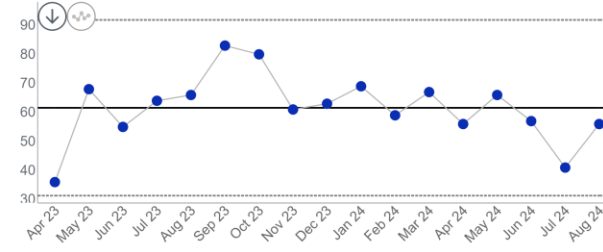
### Forward Look (with actions)

X2 gynae screening incidents with concerns to pathway management at OCO & SCO identified in Sept. Group established to review, updates via PSG.

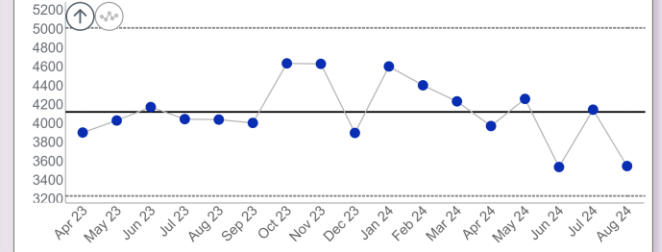
#### Never Events



#### Number of incidents with confirmed moderate and above harm



#### Number of incidents with confirmed no harm or near miss



## Glossary

AMS	Acute Medical Service
Cdiff	Clostridium Difficile
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CO	Care Organisation
CTG	Cardiotocograph
DNA	Did not Attend
ED	Emergency Department
F&F	Friends and Family
FFT	Friends and Family Test
FGH	Fairfield General Hospital
GM	Greater Manchester
HCAI	Healthcare-associated infections
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
LocSSIPs	Local Safety Standards for Invasive Procedures
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCA	Northern Care Alliance
NG	Nasogastric
PALS	Patient Advice and Liaison Services
PIFU	Patient Initiated Follow Up
PPH	Postpartum Haemorrhage
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
QMEG	Quality & Management Executive Group
ROH	Royal Oldham Hospital
RTT	Referral To Treatment
SOP	Standard Operating Procedure
SPC	Statistical Process Control
T&GICFT	Tameside and Glossop Integrated Care NHS. Foundation Trust
UEC	Urgent and Emergency Care
YTD	Year to Date

NCA  
23/10/2024 10:49:26