

Integrated Performance Report

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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*.



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

People & Learning

Highlights

Our staff turnover has increased to 9.81%

Mandatory Training compliance has reduced slightly to 93% in December 2024.

Time to hire from conditional offer has reduced to 17 days, remaining below our target of 20 days for a fourth consecutive month .

Areas of Concern

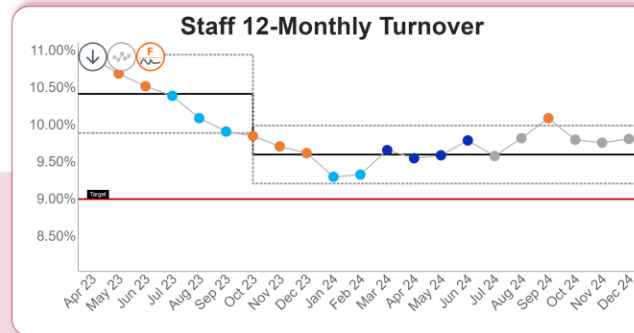
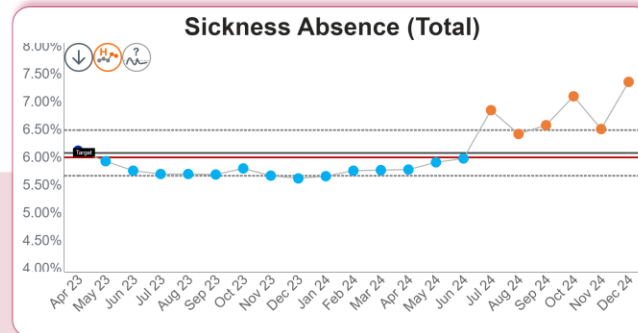
Sickness absence continues to rise with short term absence accounting for over 50% of absence.

Our My Time compliance remains below our 90% target at 86%.

Forward Look (with actions)

In the coming months we will be focussing on how we embed our values and behaviours through:

- Welcome back to work conversations for colleagues who are absent from work
- Overall reduction in short and long term absence and
- Increasing our My Time and Mandatory Training Compliance.



Technical Analysis

Sickness absence continues to demonstrate special cause variation, increasing to 7.36% in December.

Staff turnover remains above the 9% target; increasing slightly in December to 9.81%.

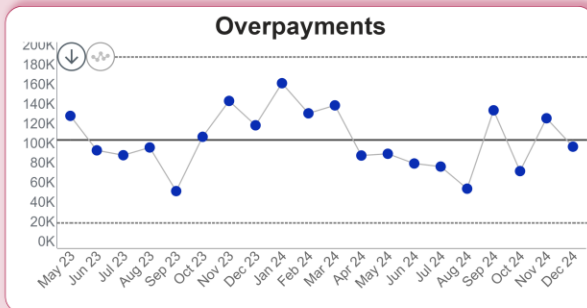
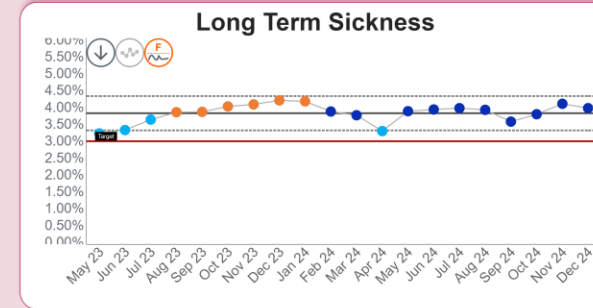
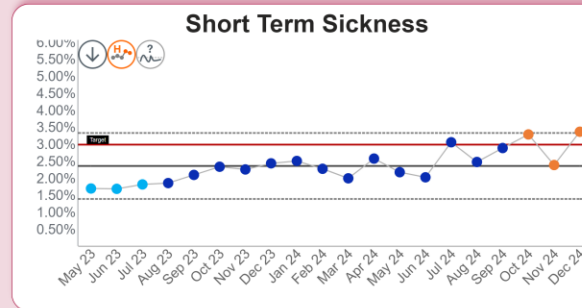
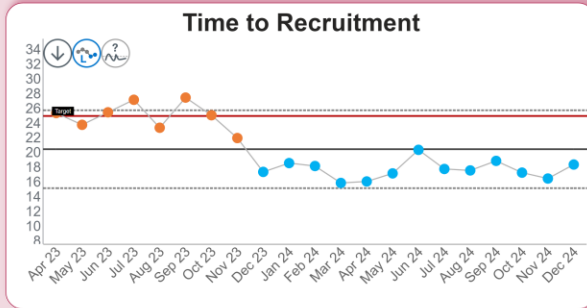
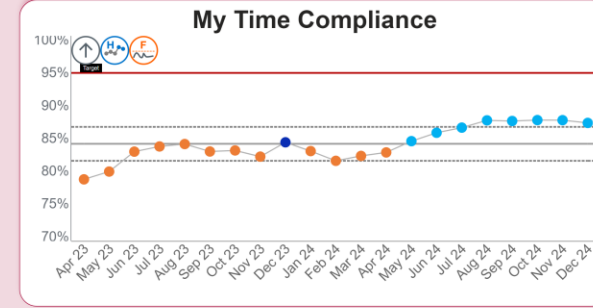
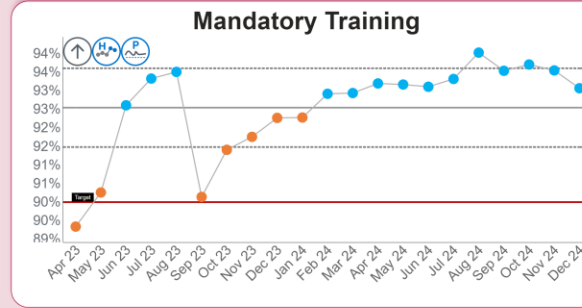
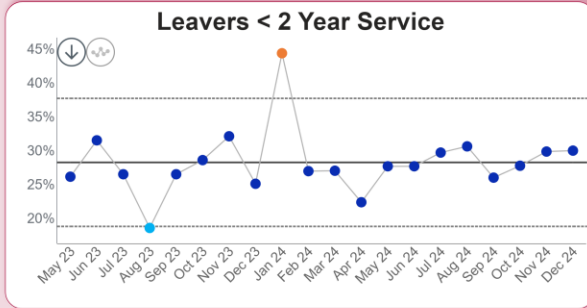
Actions

Sickness absence has very slightly reduced to 6.40% which is 1.40% above our target of 5% for 2024/25. There has been a significant increase in the following reasons for absence : Coughs Colds and Flu & Gastrointestinal Illnesses.

Turnover continues to be below 10%, for the 11th month in a row and is now at 9.81%. We continue to encourage 'stay with us' conversations to pave the way for improving our retention rates and retaining valued NCA colleagues.

Watch Metrics

People & Learning





Judith Adams - Chief Delivery Officer: Drive Metrics

Elective Care & Productivity

Highlights

Long waits have reduced over the last year, and we met our target for 52 weeks 5 months early. Reductions in patients waiting more than 35 weeks for a first outpatient appointment supports sustainable improvements in overall RTT performance. Diagnostic waits have also improved. Productivity shows sustained improvement for Outpatient services.

Areas of Concern

We are improving at a faster rate than the national average but need to accelerate 18 weeks recovery next year. Dermatology remains a pressure because of very high demand growth. Physiological test capacity is a constraint driving 6 weeks diagnostic performance. Our theatre productivity has improved but has not kept pace with peers.

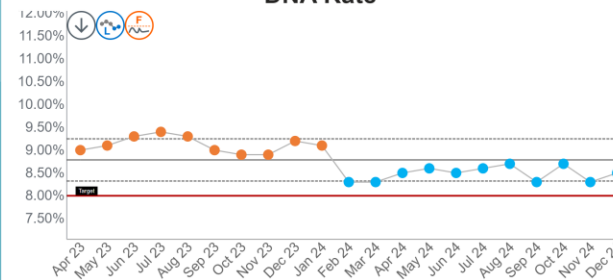
Forward Look (with actions)

Best practice (Getting It Right first Time) guidance is being used to support sustainable improvement focussing on waits for outpatient first appointments. We are improving our validation processes using learning from our participation in NHS England's validation sprint initiative.

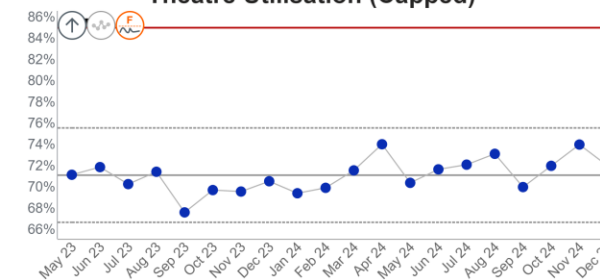
RTT 65+ week waits



DNA Rate



Theatre Utilisation (Capped)



Technical Analysis

65+ week waits increased slightly in December, with 50 reported at month end.

The DNA rate remained consistent with previous months, increasing slightly to 8.50% in December.

Theatre utilisation continues below the 85% target and decreased in December to 72%. The process is 'in control' demonstrating natural variation since May '23.

Actions

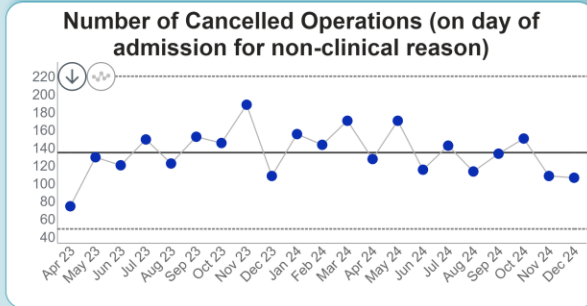
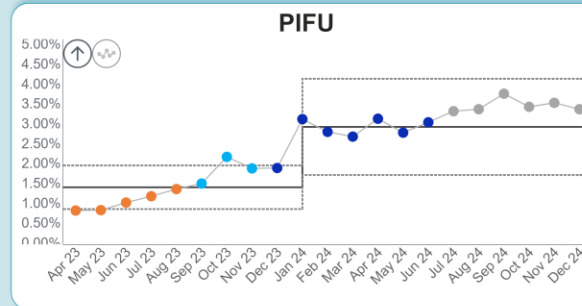
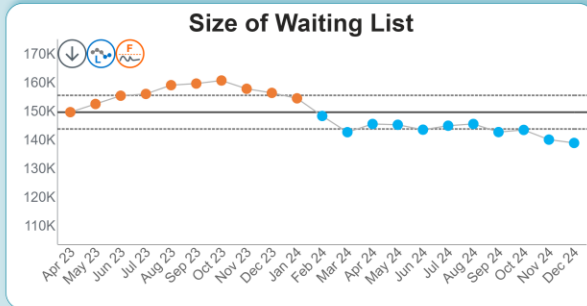
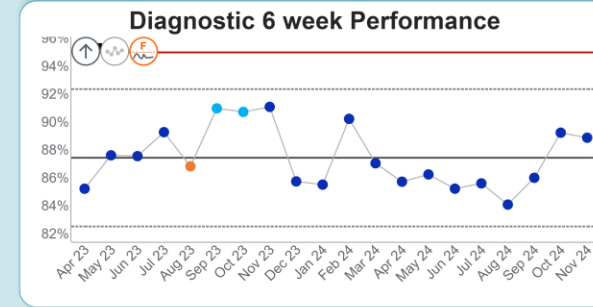
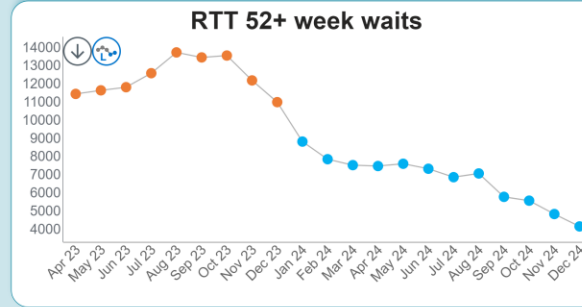
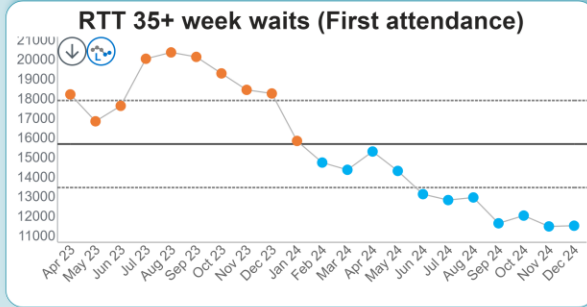
(1) Undertake additional validation of waiting lists; (2) Utilisation of GM Mutual Aid Offers; (3) Increase capacity through use of Insourcing & Outsourcing; (4) Develop plans to close gaps against GIRFT best practice in key specialities; (5) 40 weeks Outpatient Plan

1) Digital Solutions - more services sending text reminders to patients; (2) Standardisation of patient letters - better patient communication of appointments; (3) Validation of waiting lists; (4) Develop and implement invite to book processes; (5) PTL risk of DNA stratification.

(1) Prioritise reduction of cancellations of surgery; (2) 6-4-2 process on a Trust-wide basis; (3) Review theatre data quality; (4) Implement actions from GIRFT

Watch Metrics

Elective Care & Productivity





Judith Adams - Chief Delivery Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

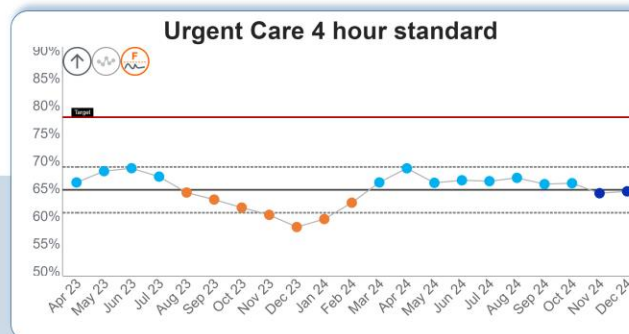
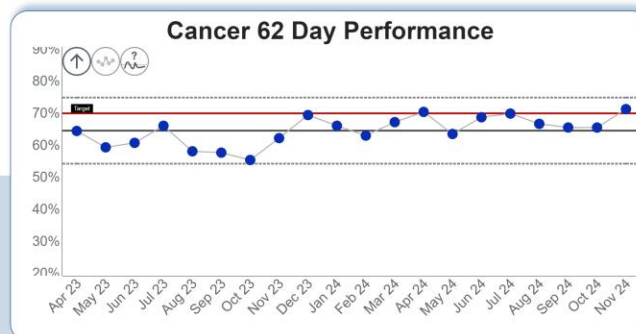
Urgent Care 4 Hour performance is better than last year and remains stable against a backdrop of increasing system-wide demand pressures. Cancer performance has improved and is meeting trajectory with GM Cancer Alliance and NHS England supporting continuation of extra capacity.

Areas of Concern

UEC 4 Hour performance is better than last year, but off track against trajectory with ED long waits. Suspected skin cancer demand has outstripped extra capacity provided. We anticipate that 62 Day performances will dip across the holiday period before improving from February as Skin & LGI backlogs are cleared. LGI core capacity reduced in 2024.

Forward Look (with actions)

We are taking a GM leadership role for Dermatology. Oldham Community Diagnostic Centre opened 4 Dec-24, increasing LGI capacity. NHS England agreed funding to support improvement of cancer standards. We are working together with system stakeholders across our localities to manage urgent care improvement – Improvements in flow have been made, and UEC safety huddles have started.



Technical Analysis

November's 62 day confirmed position was 71.32% 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 December was 64.57% which is short of the newly adjusted 78% national target (by March-25). Variation appears to exhibit winter-summer seasonality.

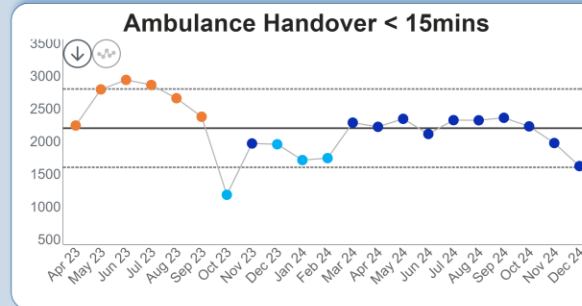
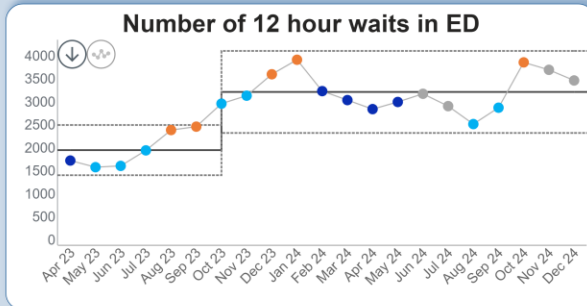
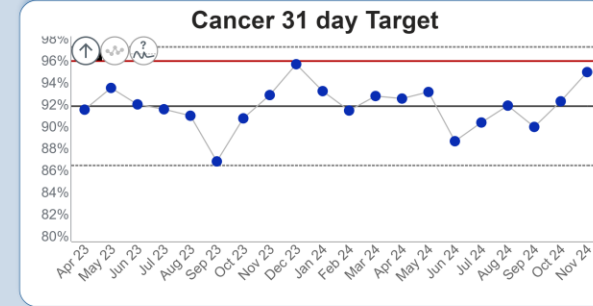
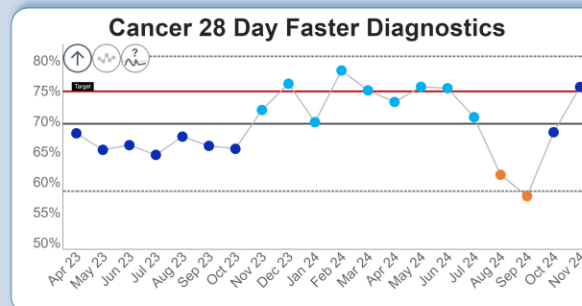
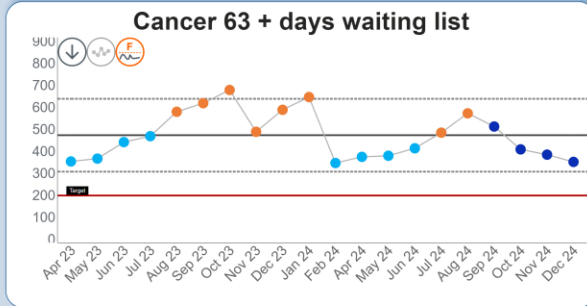
Actions

(1) Support T&GICFT to maintain cancer referral capacity; (2) Increase Insourced Skin pathway capacity; (3) Recruit to GPSI Skin posts; (4) Increase endoscopy capacity, recruiting to vacancies; (5) Upgrade digital Pathology system reducing waiting times

(1) Safety focus – daily huddles started (2) UEC improvement plan (Care Coordination, Frontrunner Programme, Virtual ward, Internal Professional Standards) (3) Care Coordination business case; (4) First principles focus (5) ED Acuity tool (6) CFM improvement action

Watch Metrics

Urgent & Emergency Care & Cancer





Craig Carter - Interim Chief Financial Officer: Drive Metrics

Finance

Highlights

The month 9 year to date (YTD) position is a deficit of £3.6m compared to a planned deficit position of £2.5m, which is £1.1m worse than plan, a slight improvement of £0.4m compared to Month 8. Year to date the Trust has received £58.3m of the £71.4m non recurrent revenue support expected in year which supported the deficit with £4.3m received in Month 9. The position is in line with the forecast recovery trajectory.

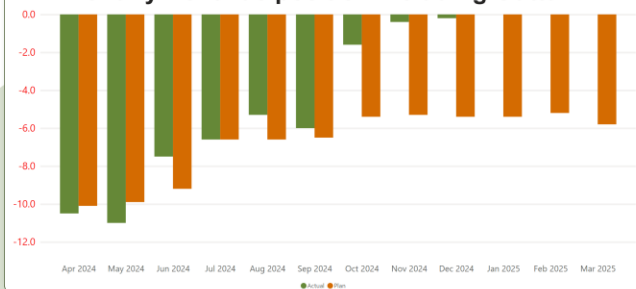
Areas of Concern

CIP is an area of concern because if it is not delivered to the NCA, it 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.

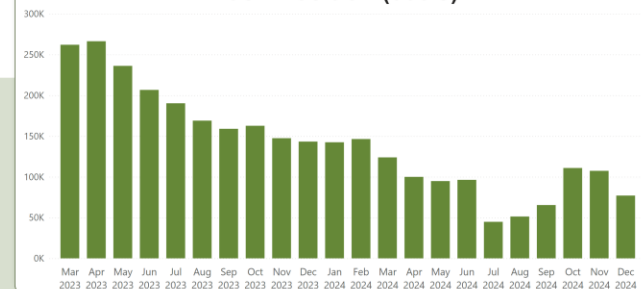
Monthly Revenue position including Outturn



CIP Delivery (000s)



Cash Position (000's)



Technical Analysis

The December in month position was a deficit of £0.2m against a planned deficit of £0.6m, £0.4m better than plan. This position includes £4.3m of non-recurrent support recognised in both the planned position and the actual position for Month 9.

The Cost Improvement Programme (CIP) has transacted £63.2m year to date against a target YTD of £59.9m. The CIP YTD position is now £3.3m ahead of target. On a full year basis £87.2m has now been identified against the full year target of £85.6m with £81.5m transacted the financial year.

The cash position decreased in December to £77,017.00

Actions

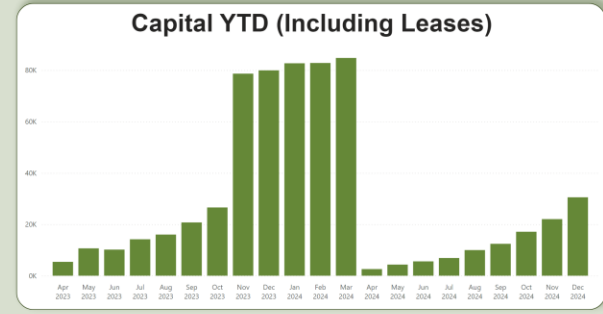
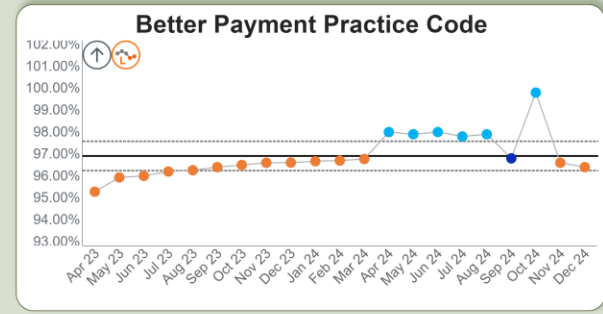
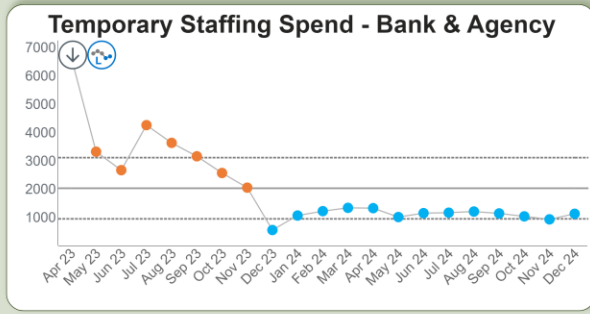
Monthly monitoring of the financial position which is reported to Finance Committee and the Board.

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

The cash position at the end of December was £77.0m, £49.0m above plan. The receipt of cash funding relating to deficit support of £58.3m alongside capital slippage and programme reduction are the main drivers of the increased cash balance.

Watch Metrics

Finance





Heather Caudle - Chief Nursing Officer: Drive Metrics

Quality

Highlights

There was 1 stillbirth in December. The Northern Care Alliance have seen the lowest number of stillbirths in 5 years.

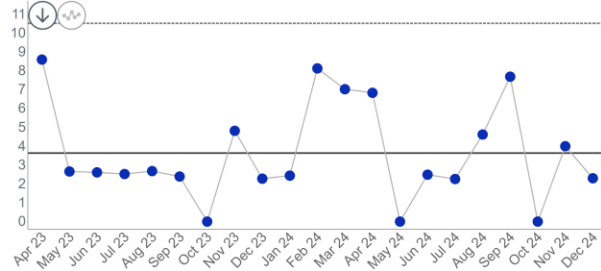
Areas of Concern

Stillbirths: Slightly above GM in the last 12 months due to spike in stillbirths in Quarter 3, but flat in the latest quarter. A review of all stillbirths in 2024 has been completed.
CDI cases are 23% higher than the same YTD time last year.

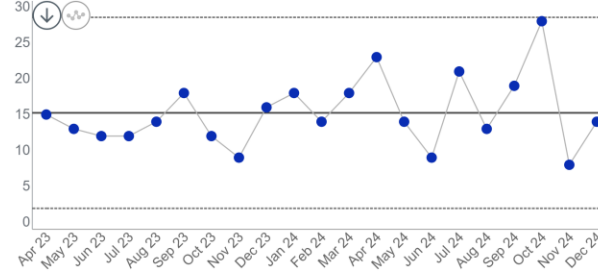
Forward Look (with actions)

The monthly trend remains variable. The 12-month rolling rate for stillbirths (excl. TOPs) continues to signal improvement, at 3.40 per 1000 in December 2024. The rate remains below the lower control limit, indicating a statistically significant decrease.
Nationally, 13-year high in CDI cases prompts actions like identifying sentinel sites, setting up groups, and whole genome sequencing.

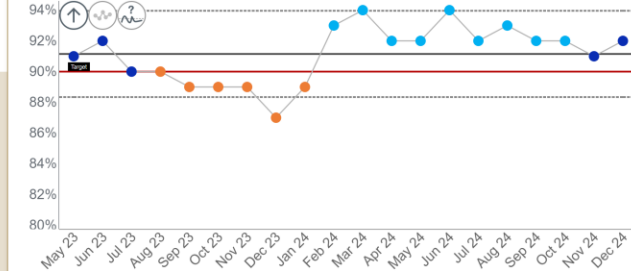
Still Births per 1000 24 weeks + non-rolling



Healthcare Acquired Organisms - Cdiff



F&F Test - % Recommend the Trust



Technical Analysis

There was 1 stillbirth in December.

The average number of cases since April '23 is 15 per month; the data is demonstrating natural variation; there were 14 cases reported in December.

The target responses is close to the average performance meaning that we will inconsistently achieve this target. The last 9 months performance have been above the average. The use of area specific QR codes is anticipated to further increase return rate.

Actions

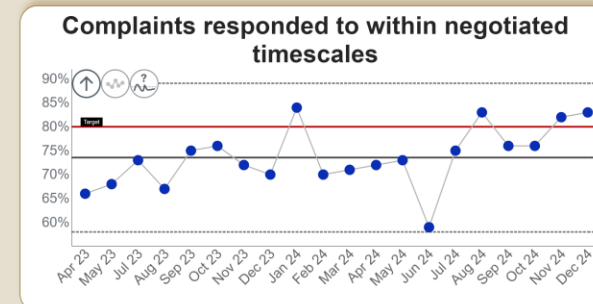
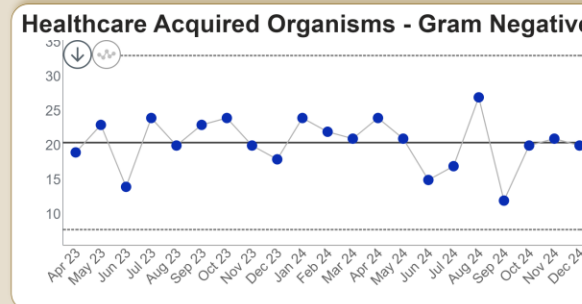
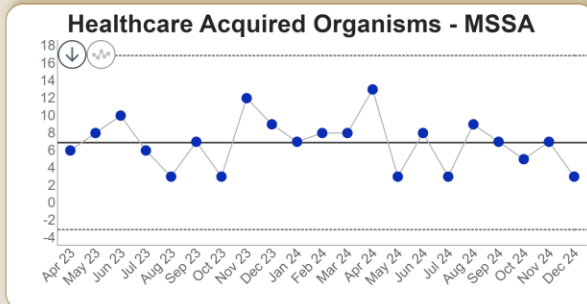
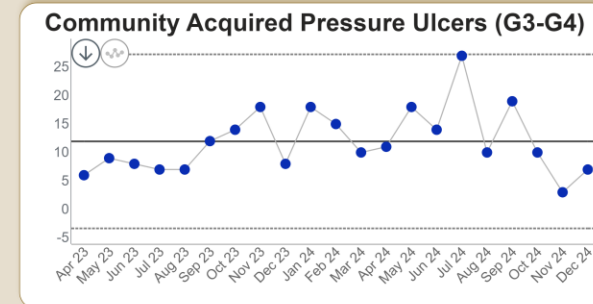
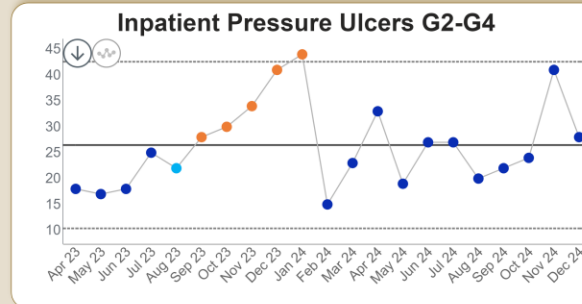
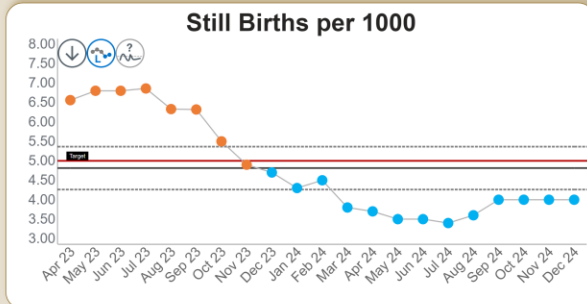
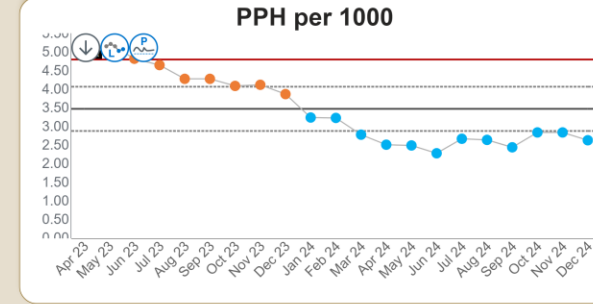
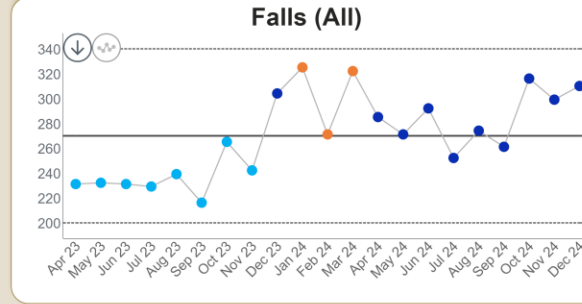
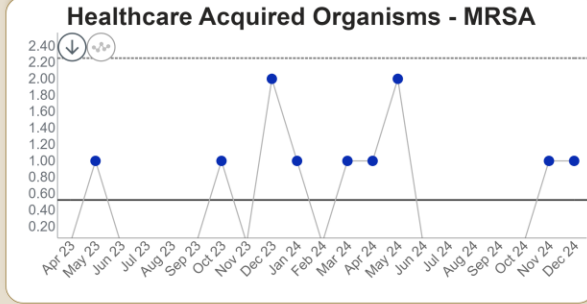
To continue the monitor all stillbirths through governance processes and report through to the Maternity Improvement Board and Northern Care Alliance Board on a monthly basis.

We reported 14 cases in December, and 149 cases YTD against a threshold of 171 cases, which we are at risk of exceeding by 31st March 2025. Nationally, our benchmarking shows an improved picture; we ranked 75/135 Trusts, had the third lowest rate in GM and the fourth lowest rate in the Shelford Group

FFT survey results for Q3 positive score was 93.47% (above average of 2023 – 91.61%). Number of responses 21,348, with increasing use of QR codes. Increase in all 6 questions asked positive scores over the last 3 months.

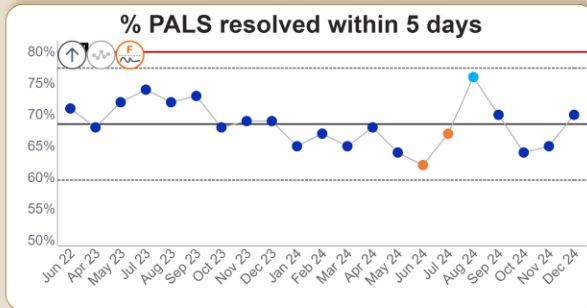
Watch Metrics

Quality



Watch Metrics

Quality



Number of significant risks (16 or above)

Current Position: 68

Number of significant risks within review date

Current Position: 78%



Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

Moderate+ harm remains beneath control limit with no negative change in incident reporting volumes.

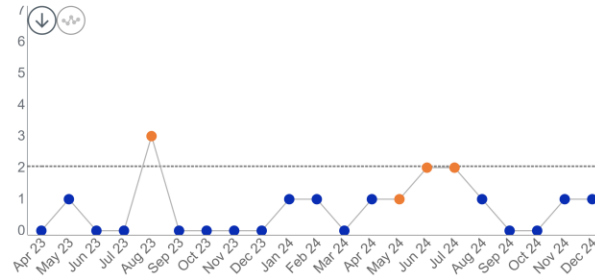
Areas of Concern

New Never Event at SCO relating to NG Tube takes NCA to 13 in calendar year, highest to date.

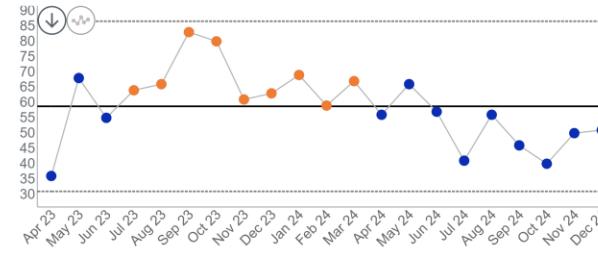
Forward Look (with actions)

Exploration into the profile of staff assault/abuse incidents to be reported to PAG Jan 25.

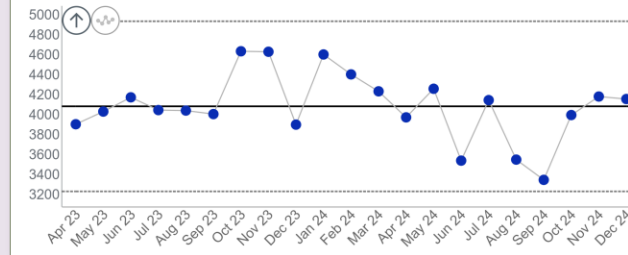
Never Events



Number of incidents with confirmed moderate and above harm

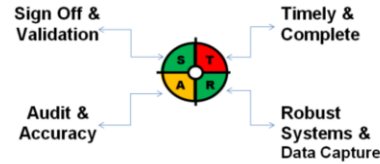


Number of incidents with confirmed no harm or near miss



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
Leavers < 2 Year Service	
Long Term Sickness	
Mandatory Training	
My Time Compliance	
Overpayments	
Short Term Sickness	
Sickness Absence (Total)	
Staff 12-Monthly Turnover	
Staff Monthly Turnover (Permanent only)	
Time to Recruitment	

Urgent & Emergency Care & Cancer	STAR Factors
Ambulance Handover	
Cancer 28 Day Faster Diagnostic	
Cancer 31 Day Target	
Cancer 62 Day Performance	
Cancer 63+ Day Waiting List	
Number of 12 hour waits in ED	
Urgent Care 4 hour standard	

Finance/Cost	STAR Factor
BPPC	
Capital	
Cash Position	
CIP Delivery	
Monthly Revenue position including Outturn	
Temporary Staffing Spend - Bank & Agency	



STAR Factors - Part 2

Elective Care & Productivity	STAR Factors
Diagnostic 6 week Performance	
DNA Rate	
Number of Cancelled Operations (on day of admission for non-clinical reason)	
PIFU	
RTT 35+ week waits (First attendance)	
RTT 52+ week waits	
RTT 65+ week waits	
Size of Waiting List (TBC)	
Specialist Advice	
Theatre Utilisation (Capped)	
Quality	STAR Factors
% PALS resolved within 5 days	
Community Acquired Pressure Ulcers G3-G4	
Complaints Responded to within 25 working days	
F&F Test - % Recommend the Trust	
Falls (All)	
Hospital Acquired Organisms - Cdiff	
Hospital Acquired Organisms - Gram Negative	
Hospital Acquired Organisms - MRSA	
Hospital Acquired Organisms - MSSA	
Inpatient Pressure Ulcers G2-G4	
Never Events	
Number of incidents confirmed with moderate and above harm	
Number of incidents confirmed with no harm or near miss	
PPH per 1000	
Still Births per 1000	
Still Births per 1000 24 weeks + non-rolling	
Safety	STAR Factors
% of High Risks within review date	
Number of High Risks (16 or above)	

Glossary

AAA	Alert, Assure and Advise	NCA	Northern Care Alliance
ADG	Associate Director of Governance	NE	Never Event
AHP	Allied Health Professional	NHSE	NHSE England
AMS	Acute Medical Service	NG	Nasogastric
BAF	Board Assurance Framework	OCO	Oldham Care Organisation
BCO	Bury Care Organisation	PALS	Patient Advice and Liaison Services
Cdiff	Clostridium Difficile	PSG	Patient Safety Group
CEO	Chief Executive Officer	PIFU	Patient Initiated Follow Up
CIP	Cost Improvement Programme	PPH	Postpartum Haemorrhage
CO	Care Organisation	PSII	Patient Safety Incident Investigation
CRR	Corporate Risk Register	PSIRF	Patient Safety Incident Response Framework
CTG	Cardiotocograph	QMEG	Quality & Management Executive Group
DNA	Did not Attend	RCO	Rochdale Care Organisation
ED	Emergency Department	ROH	Royal Oldham Hospital
ESR	Electronic Staff Record	RTT	Referral To Treatment
F&F	Friends and Family	SOP	Standard Operating Procedure
FFT	Friends and Family Test	SPC	Statistical Process Control
FGH	Fairfield General Hospital	T&GICFT	Tameside and Glossop Integrated Care NHS Foundation Trust
GM	Greater Manchester	TVN	Tissue Viability Nurse
GIRFT	Getting It Right First Time	UEC	Urgent and Emergency Care
HCAI	Healthcare-associated infections	YTD	Year to Date
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		