

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

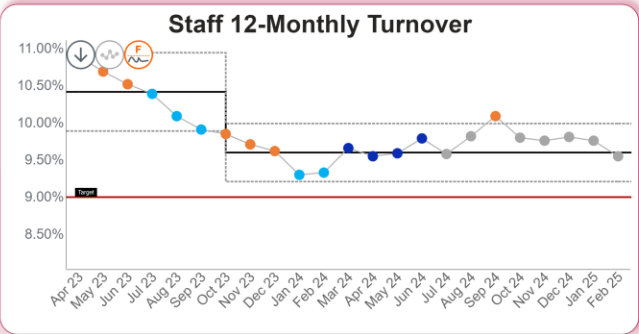
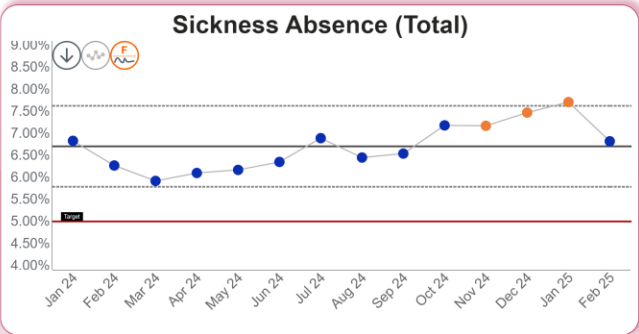
Our staff turnover has reduced to 9.41%
Mandatory Training compliance has remained the same
at 93% for the 3rd month in a row.

Areas of Concern

Sickness absence continues to rise with short term
absence accounting for over 50% of absence.
Our My Time compliance has remains below our 90%
target at 86%.
Time to hire from conditional offeris stable at 17 days,
remaining below our target of 20 days for a fifth
consecutive month .

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 currently demonstrates natural variation after a
period of increased sickness absence throughout December and
January, which was demonstrating special cause variation.

Staff turnover remains above the 9% target; decreasing in from
9.76% in January to 9.55% in February.

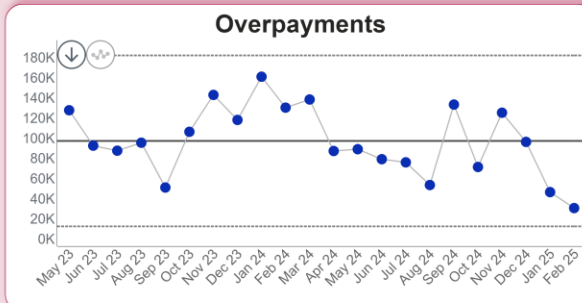
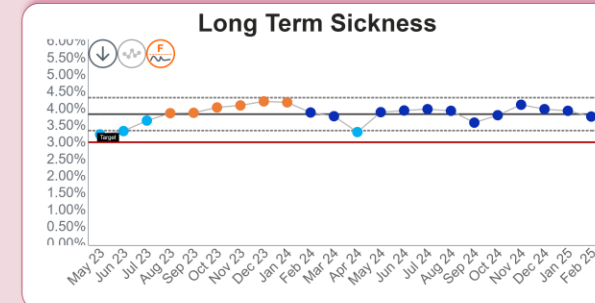
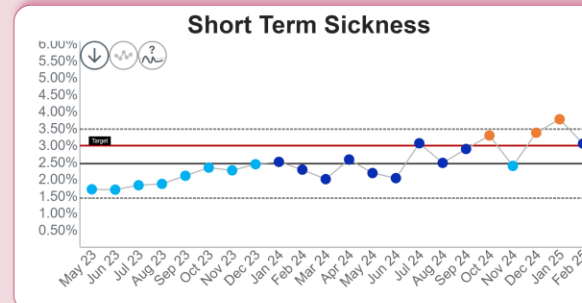
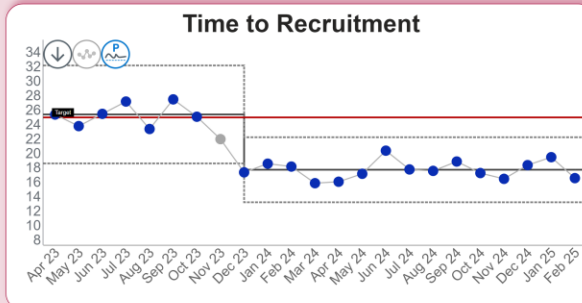
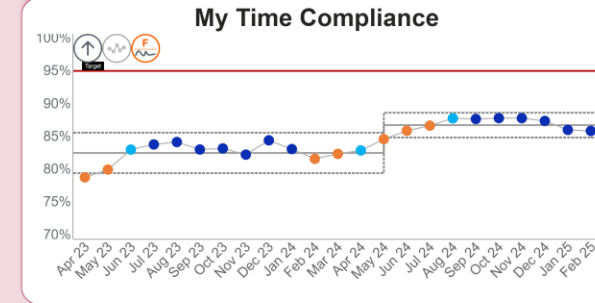
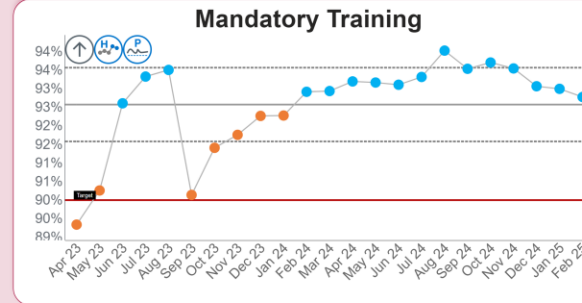
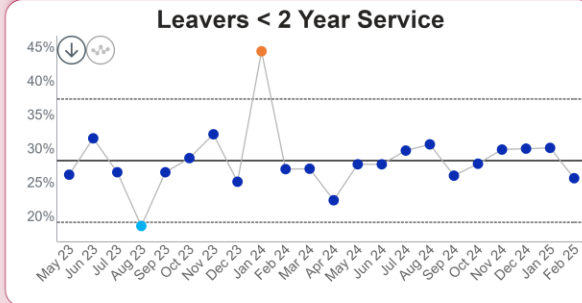
Actions

Sickness absence has increased to 6.82% in month with a rolling
12m average of 6.73% both of which are above our target of 5% for
2024/25.
The top 3 reasons for absence in February 2025 were :
- Coughs Colds and Flu, Gastrointestinal Illnesses and, Stress,
Depression and Anxiety.

Turnover continues to be below 10%, for the 12th month in a row
and is now at 9.55%.
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. Productivity shows sustained improvement for Outpatient services.

Increased PIFU compliance driven by a new initiative rolled out in Neurology for long term condition MS patients.

Areas of Concern

We have improved at a faster rate than the national average but need to clear 65 week waits and accelerate 18 weeks recovery in 25-26. Neurology & Dermatology remain RTT pressures. Physiological test capacity is a constraint driving a diagnostic performance 6 weeks dip over the last month. Our theatre productivity has improved but has not kept pace with peers.

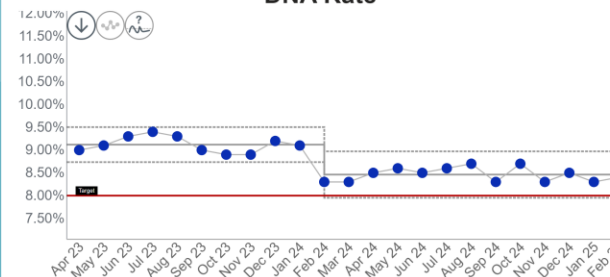
Forward Look (with actions)

Best practice (Getting It Right first Time) guidance is being used to support sustainable improvement & NHSE is visiting us to pilot outpatient work. We are improving our validation processes using learning from our participation in NHS England's validation sprint initiative.

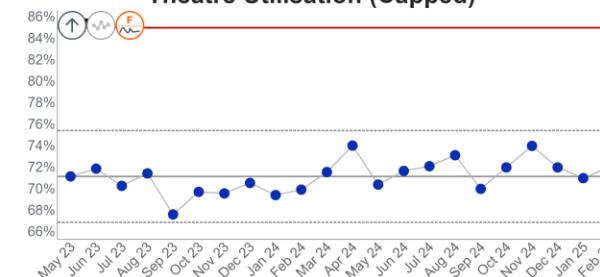
RTT 65+ week waits



DNA Rate



Theatre Utilisation (Capped)



Technical Analysis

65+ week waits remained steady from January, with 41 reported at month end.

The DNA rate remained consistent with previous months at 8.40% in February. This metric was re-baselined due to consistent improved performance from Feb 2024.

Theatre utilisation continues below the 85% target with 72% reported in February. The process is 'in control' demonstrating natural variation since May '23.

Actions

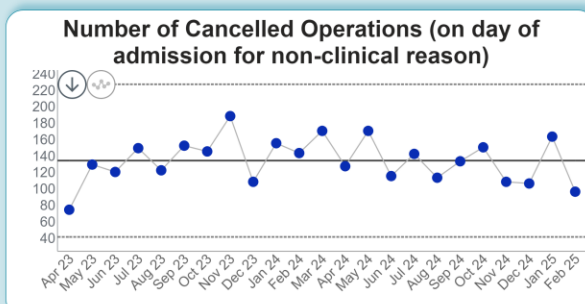
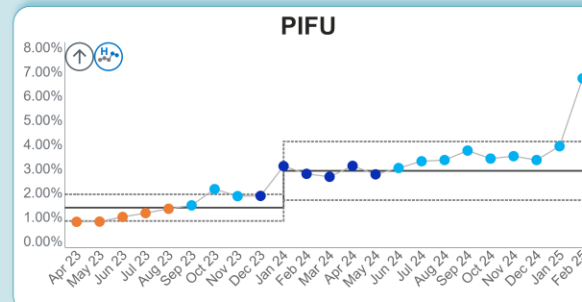
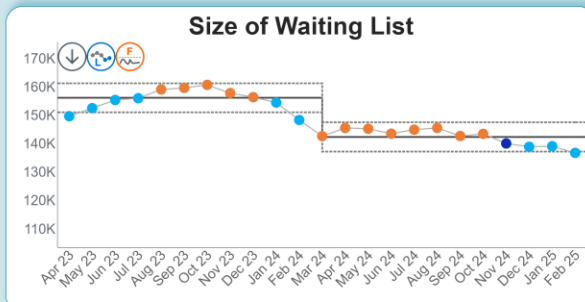
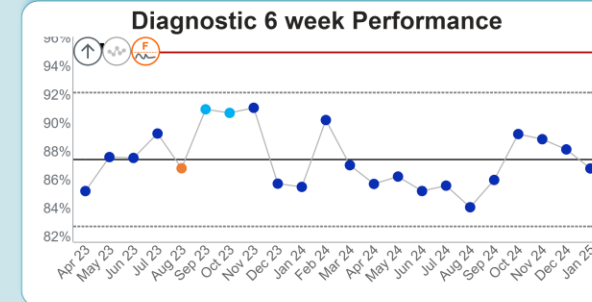
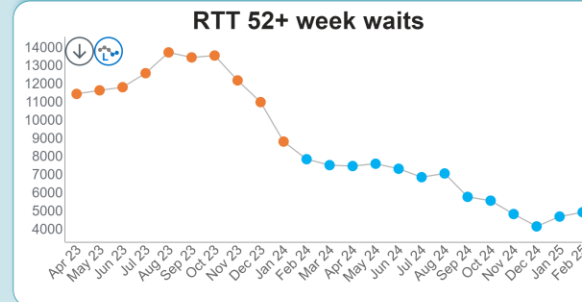
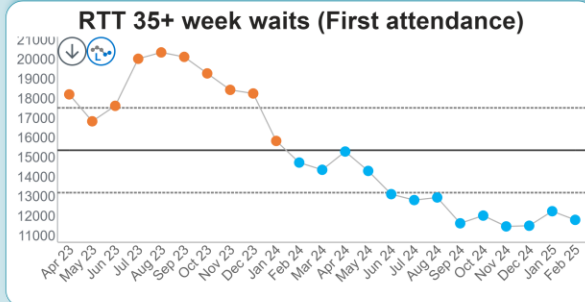
(1) Additional validation of waiting lists; (2) Utilisation of GM Mutual Aid Offers; (3) Increase capacity through use of Insourcing & Outsourcing; (4) Develop plans to close gaps against GIRFT best practice in key specialties, improving productivity

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 & standby patient model; (2) 6-4-2 process on a Trust-wide basis; (3) Review theatre data quality; (4) Implement actions from GIRFT; (5) Single Theatres IT system

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 on track against trajectory, driven by skin pathways, with GM Cancer Alliance and NHS England supporting continuation of extra capacity.

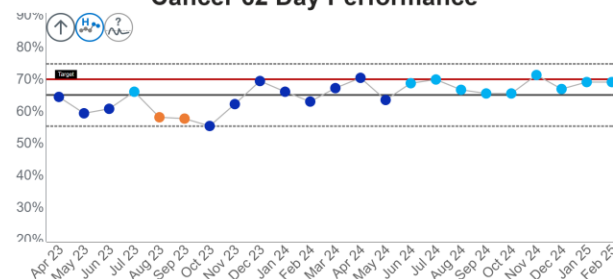
Areas of Concern

Urgent Care is off track against 4 Hour trajectory with ED long waits & we have identified a bed capacity shortfall at ROH. LGI cancer pathways are an improvement priority and sustainability of Skin performance is dependent on additional funding.

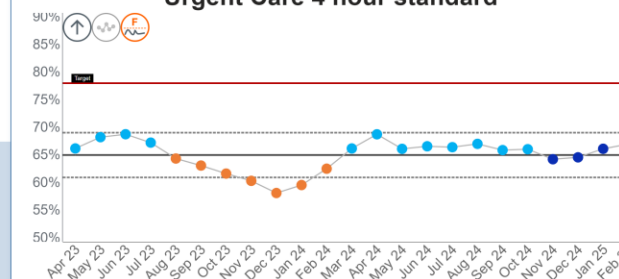
Forward Look (with actions)

We are working together with system stakeholders to manage urgent care improvement & have seen better inpatient flow. Additional controls are being deployed for March to meet NHSE requirements. We are working with the ICB to agree funding to sustain Skin cancer pathway performance.

Cancer 62 Day Performance



Urgent Care 4 hour standard



Technical Analysis

January's 62 day confirmed position was 69.12%. Special cause variation has been identified of an improving trend over the past 9 months. Further improvement is required to consistently achieve 70% target.

Performance increased slightly for the third consecutive month reporting 66.97% in February. This remains short of the newly adjusted 78% national target (by March-25).

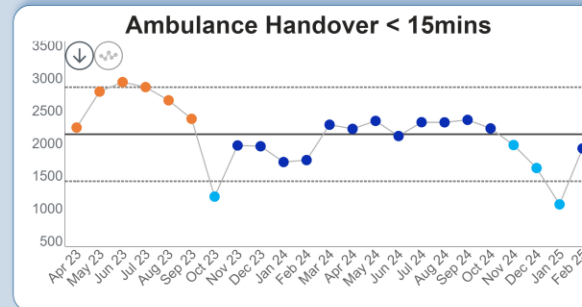
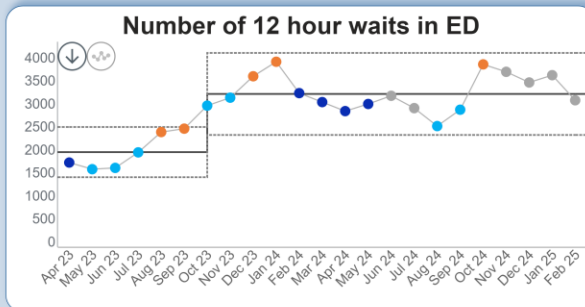
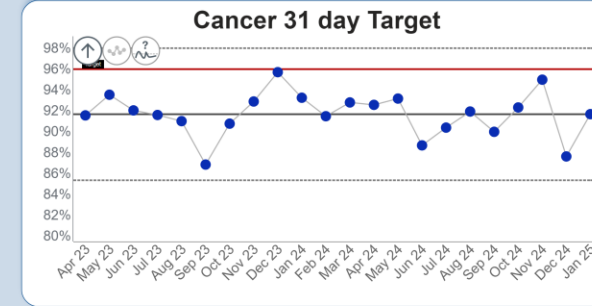
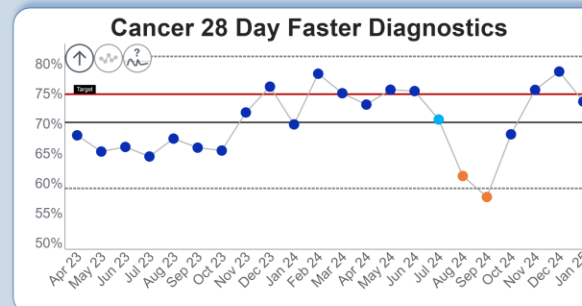
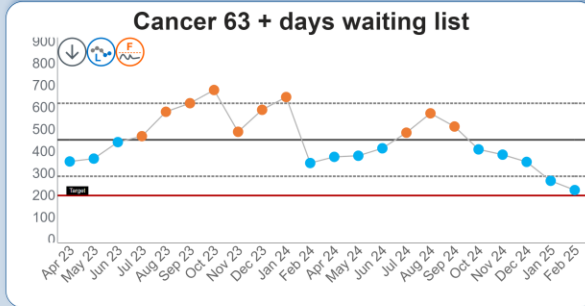
Actions

(1) Support T&GICFT to maintain cancer capacity (2) Insourced Skin pathway capacity (3) Increase endoscopy capacity, recruiting to vacancies & better productivity (4) Best Timed Pathway compliance (5) Realise benefits from upgrade digital Pathology system

(1) Safety focus – daily huddles (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 11 year to date (YTD) position is a deficit of £4.5m compared to a planned deficit position of £3.7m, which is £0.8m worse than plan, in line with the variance at month 10.
The position is in line with the forecast recovery trajectory. Year to date the Trust has received £66.7m of the £71.4m non recurrent revenue support expected in year.

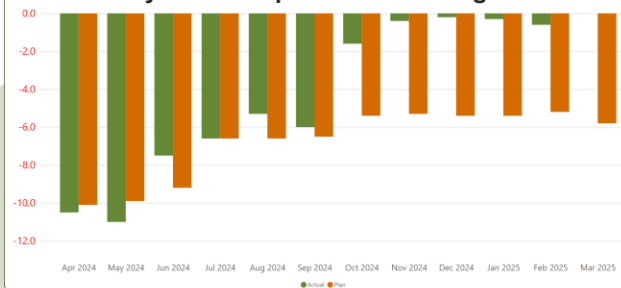
Areas of Concern

The year-to-date position is on target with the NCA recovery trajectory with the recovery position expected to be a £0.8m adverse variance at Month 11 excluding pay award pressure. The Month 11 actual position is £0.8m adverse variance including the pay award pressure of £1.6m.

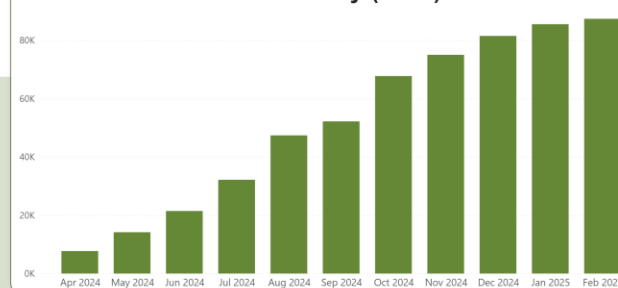
Forward Look (with actions)

The 2025/26 financial plan has been submitted with an I&E deficit of £70.7m, which includes a CIP target of £99m, and a capital control total of £88.4m including PDC.

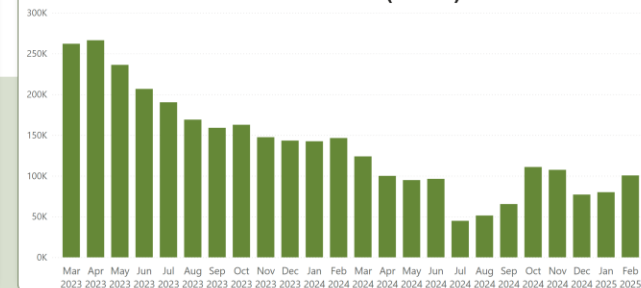
Monthly Revenue position including Outturn



CIP Delivery (000s)



Cash Position (000's)



Technical Analysis

In Month, the Trust reported a break-even position against plan. The in month drivers to variance include.
--> Pay award pressure of £(£0.2m)
--> Reduction in CIP overperformance by (£0.5m)
--> ASC pressure of (£0.6m)

CIP target is £85.6m for FY 24/25
->Schemes with a value of £89.1m have been added to eHub. The full year recurrent value is £40.6m against £64.2m target (75% recurrent)
->£87.4m (full year value) has been transacted since the start of the financial year, an increase of £1.9m since last month.

The cash position increased in February to £100,490.00

Actions

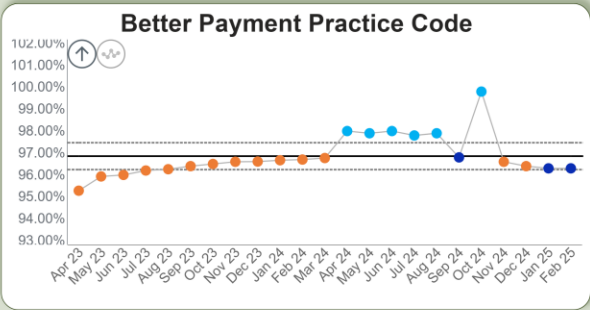
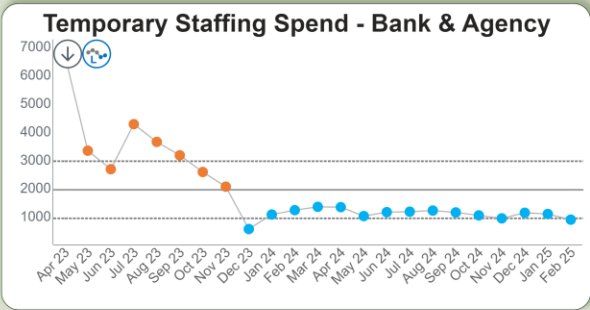
The year-to-date position is on target with the NCA recovery trajectory. The NCA is forecasting to deliver a £4.3m deficit which is in line with the current plan.

As of the end of month 11 (based on eHub reporting), £89.1m of schemes, (104% of the overall target) have been identified. 35.7% of schemes on eHub are recurrent in nature. 40.3% of schemes on eHub are pay related. Focus turns now to CIP planning for 2025/26.

At the end of M11 the cash position was £100.5m, and the forecast for the end of the year is £90.8m. The NCA is paying to terms to maintain cash levels. The planned cash position at the end of 2025/26 is c.£4m.

Watch Metrics

Finance





Heather Caudle - Chief Nursing Officer: Drive Metrics

Quality

Highlights

KPI - Complaints 78% - 5 out of 6 Care Orgs achieved KPI. KPI - PALS 66%
Nationally, we ranked 75/135 Trusts and had the second lowest rate in GM for February. We are reviewing additional benchmarking approaches.

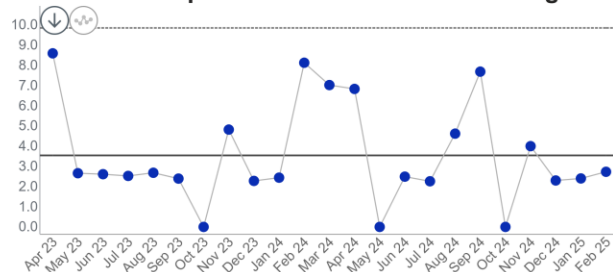
Areas of Concern

Salford Care Org KPI 54%. High numbers increase pressure in clinical teams leading to poor responsiveness. We have reported 13 cases of healthcare-associated CDI in February, with a YTD total of 176 and exceeding our external threshold of 171 cases.

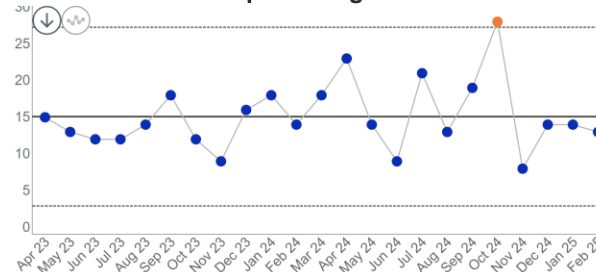
Forward Look (with actions)

Updated Investigation Report - more streamlined to make for easier completion
Our cases have been extensively reviewed and identified the use of antibiotics for other infections as the prime risk factor. Prescribing is a focus for our local and GM system IPC improvement plan, with clear deliverables around antimicrobial stewardship and IPC practices, monitored by IPCC and GM IPC group.

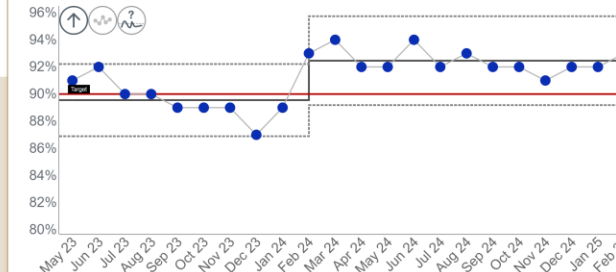
Still Births per 1000 24 weeks + non-rolling



Healthcare Acquired Organisms - Cdiff



F&F Test - % Recommend the Trust



Technical Analysis

This is demonstrating natural cause variation. There was 1 stillbirth in February.

The average number of cases since April '23 is 14 per month; the data is demonstrating natural variation; there were 13 cases reported in February.

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

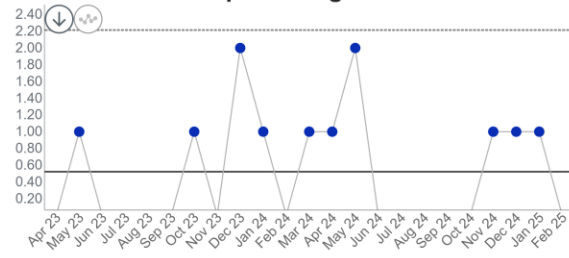
Prescribing focus as part of local and GM action plan including optimising antimicrobial prescribing, identifying the source of infection, and investigating penicillin allergy prescribing pathway

FFT average positive response score 93.76%. Number of responses increased in February: 8607. More use of our website access. Best performing: Bury & Oldham Community 97%, Rochdale Integrated Care 96%. Worst performing: Perinatal Services 84%, Medicine Oldham 87%, Medicine Bury 91%

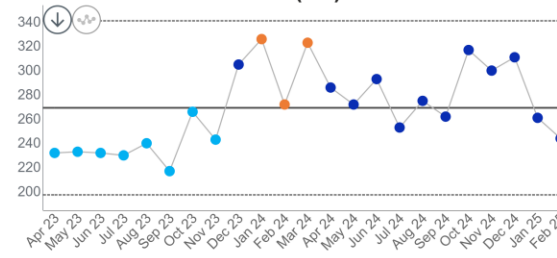
Watch Metrics

Quality

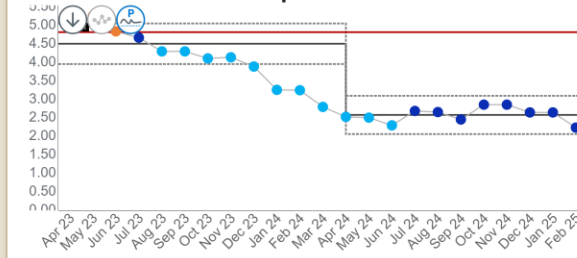
Healthcare Acquired Organisms - MRSA



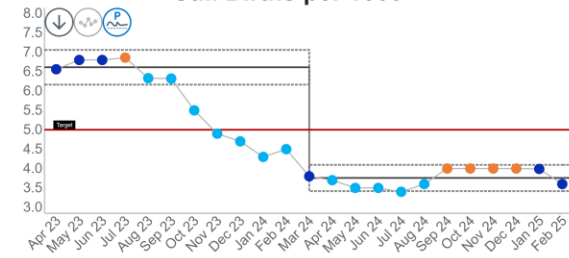
Falls (All)



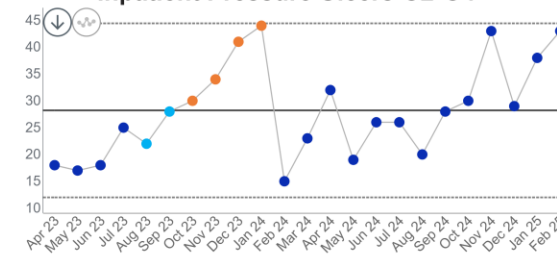
PPH per 1000



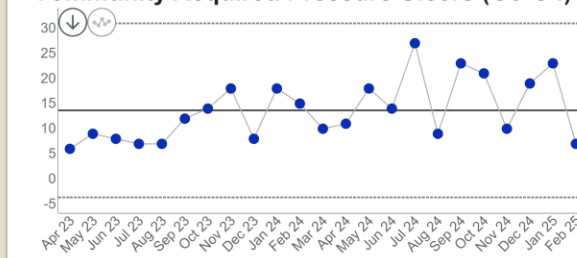
Still Births per 1000



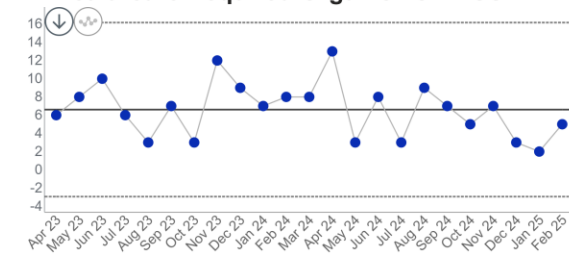
Inpatient Pressure Ulcers G2-G4



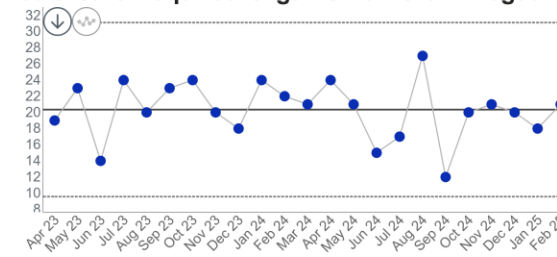
Community Acquired Pressure Ulcers (G3-G4)



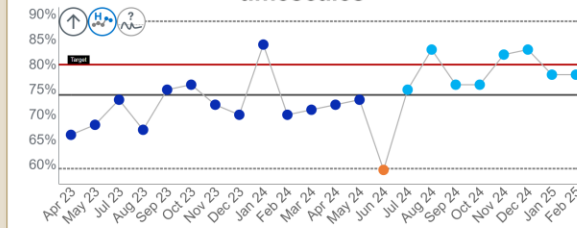
Healthcare Acquired Organisms - MSSA



Healthcare Acquired Organisms - Gram Negative

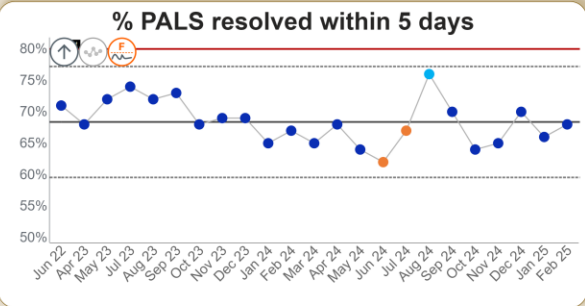


Complaints responded to within negotiated timescales



Watch Metrics

Quality



Number of significant risks (16 or above)

Current Position: 69

Number of significant risks within review date

Current Position: 100%



Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

NGPOD Business case approve, T&F groups established to implement. NG training compliance continues to increase

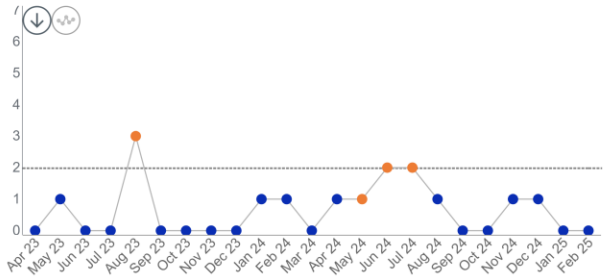
Areas of Concern

Overdue PSII investigations continue to increase. T&FG being established

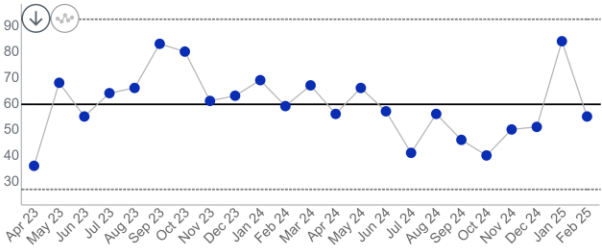
Forward Look (with actions)

Good progress implementing Martha's Rule across OCO. Official launch March 25

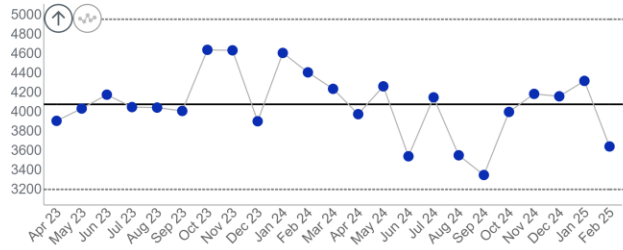
Never Events



Number of incidents with confirmed moderate and above harm

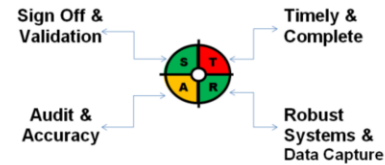


Number of incidents with confirmed no harm or near miss




















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
ADG	Associate Director of Governance
AHP	Allied Health Professional
AMS	Acute Medical Service
BAF	Board Assurance Framework
BCO	Bury Care Organisation
Cdiff	Clostridium Difficile
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CO	Care Organisation
CRR	Corporate Risk Register
CTG	Cardiotocograph
DNA	Did not Attend
ED	Emergency Department
ESR	Electronic Staff Record
F&F	Friends and Family
FFT	Friends and Family Test
FGH	Fairfield General Hospital
GM	Greater Manchester
GIRFT	Getting It Right First Time
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

NCA	Northern Care Alliance
NE	Never Event
NHSE	NHSE England
NG	Nasogastric
OCO	Oldham Care Organisation
PALS	Patient Advice and Liaison Services
PSG	Patient Safety Group
PIFU	Patient Initiated Follow Up
PPH	Postpartum Haemorrhage
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
QMEG	Quality & Management Executive Group
RCO	Rochdale Care Organisation
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
TVN	Tissue Viability Nurse
UEC	Urgent and Emergency Care
YTD	Year to Date