

# 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

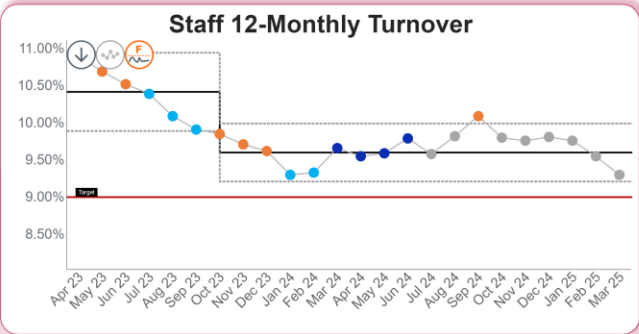
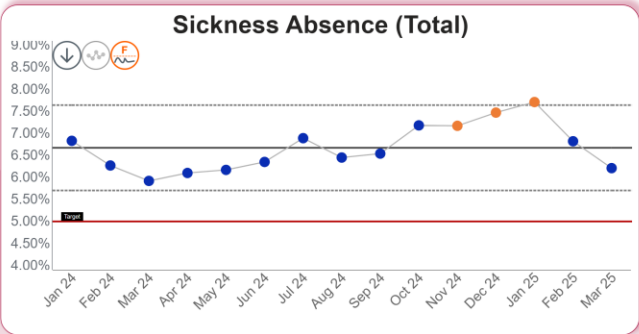
Mandatory training remains above the required target at 93.32%  
Time to hire to hire continues to improve and has reduced to 15 days; this is the 9th month where it is below the target of 20 days

Areas of Concern

In month sickness showing expected seasonal reduction, however sickness remain a concern. Significant improvement in E&F in-month sickness rates  
Short term sickness is 45% of the overall absence; during February was Coughs Colds and Flu, accounting for 19% of absence  
My Time continues to be below the target at 87%, E&F and Digital have focused on My Time and both are now above 90%

Forward Look (with actions)

Reporting Welcome Back rates at PEC and SMT; Care Orgs are being asked to set improvement trajectories  
Publish Top tips guides for managers in having absence conversations with colleagues  
A new video micro learning video is being produced on how to do 'welcome back' conversations and record them on ESR



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 although decreased for the third consecutive month, falling to 9.30% in March, the lowest seen since February 2024.

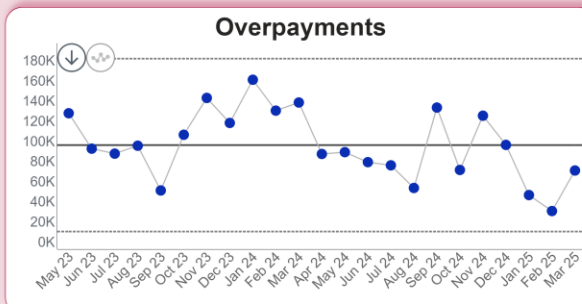
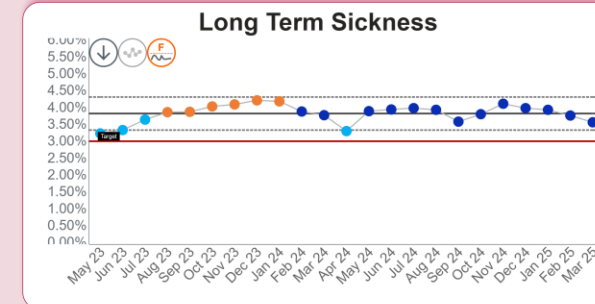
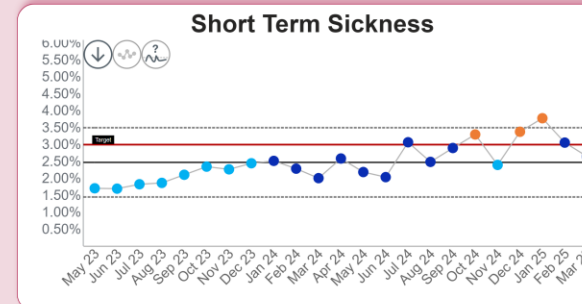
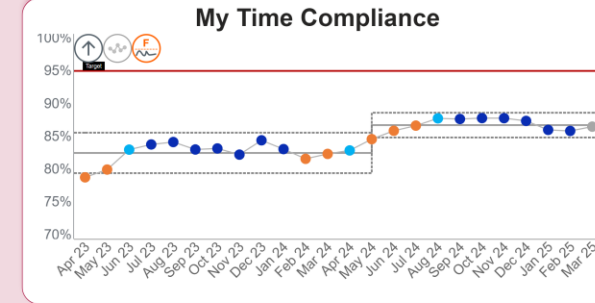
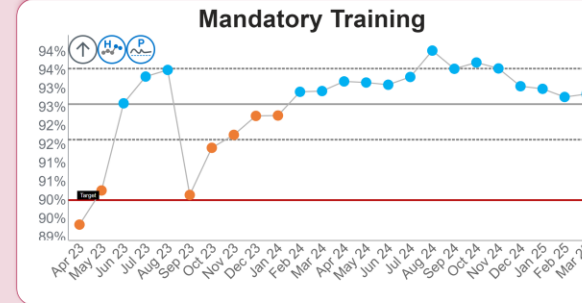
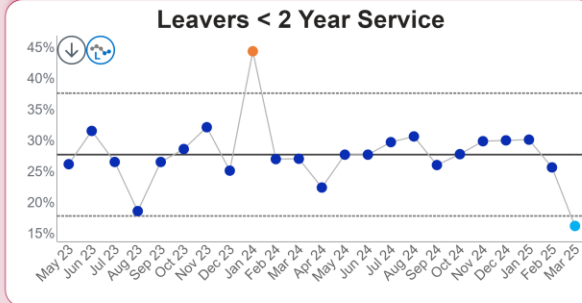
Actions

Deep dive of sickness data to be completed by Analytics team to add greater depth of our understanding on current sickness absence  
Reporting Welcome Back compliance shared monthly with Care Orgs to manage improvement

We continue to encourage 'stay with us' conversations to pave the way for improving our retention rates and retaining valued NCA colleagues.  
Holding Care Org to account at SMT to delivery trajectory for My Time compliance

## Watch Metrics

## People & Learning







Judith Adams - Chief Delivery Officer: Drive Metrics

## Elective Care & Productivity

### Highlights

Long waits have reduced over the last year, & we met our target for 52 weeks 5 months early. Our 6 week diagnostic performance improved with all 13 modalities improving. Productivity shows sustained improvement for Outpatient services.

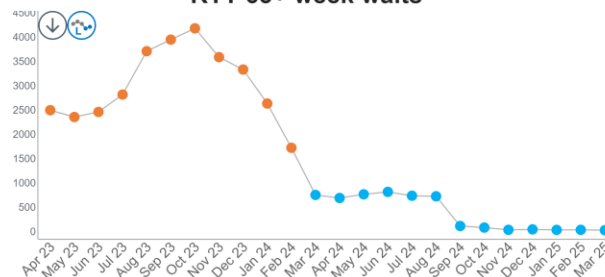
### Areas of Concern

We have improved at a faster rate than the national average but need to clear 65 week waits & accelerate 18 weeks recovery. Neurology, ENT & Dermatology are RTT pressures. Physiological test capacity is a constraint driving a diagnostic performance. Our theatre productivity has improved but has not kept pace with peers.

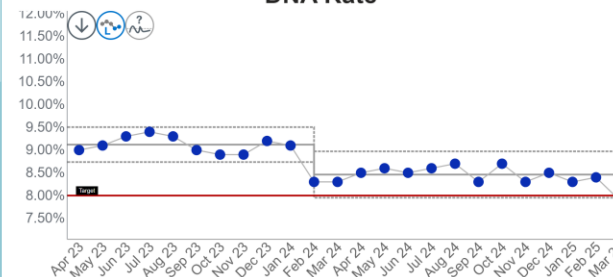
### Forward Look (with actions)

In April we are establishing a redesigned elective access & performance process & anticipate benefits from our services working together across our sites. We have also started the NHSE validation sprint now it has moved from a national pilot to full NHS-wide mobilisation.

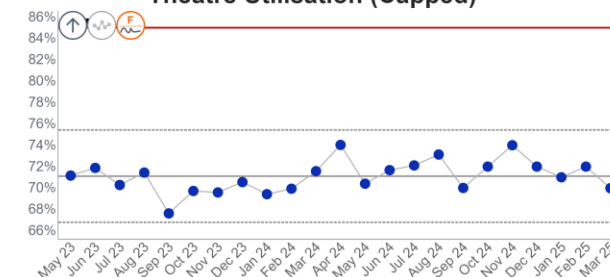
RTT 65+ week waits



DNA Rate



Theatre Utilisation (Capped)



### Technical Analysis

65+ week waits continued to decrease, with 33 reported at month end.

The DNA rate decreased in March, falling below the 8% target to 7.9%. This metric was re-baselined due to consistent improved performance from Feb 2024.

Theatre utilisation continues below the 85% target with 70% reported in March. The process is 'in control' demonstrating natural variation since May '23.

### Actions

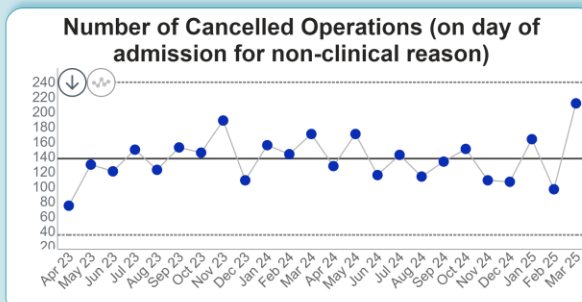
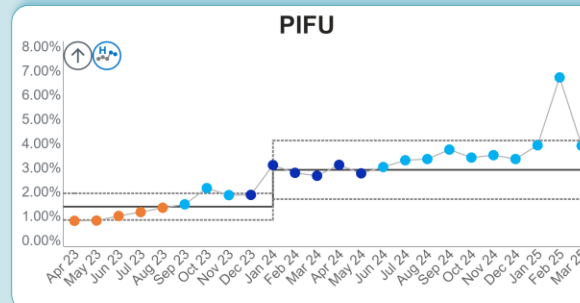
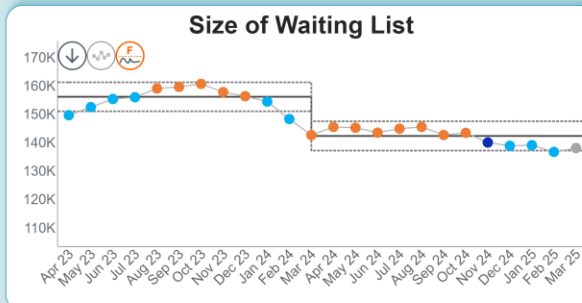
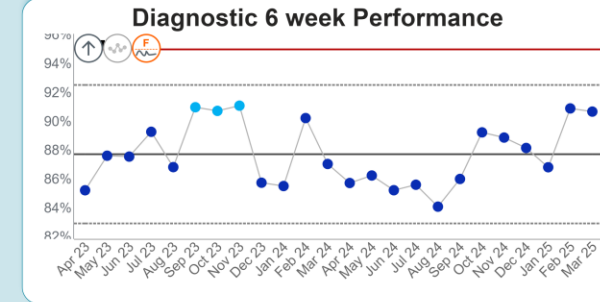
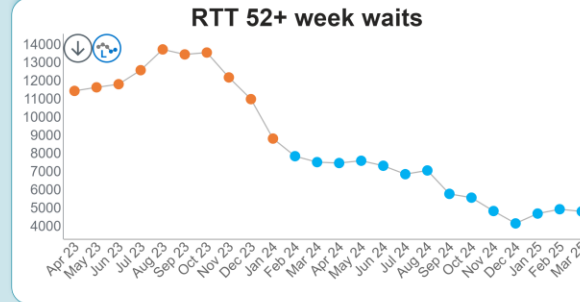
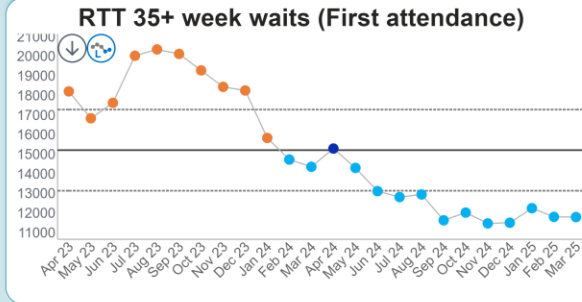
(1) Single Elective A&P process including My Recovery Plan; (2) National validation sprint; (3) GM Mutual Aid Offers; (4) Increase capacity through use of Insourcing & Outsourcing; (5) Develop plans to close gaps against GIRFT best practice in key specialties, improving productivity

(1) Digital Solutions - more services sending text reminders (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 DNA risk stratification (6) Review MHS data quality

(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 & is more stable against a backdrop of increasing system-wide demand pressures. Cancer performance has improved, & our backlog is now lower than pre-pandemic levels.

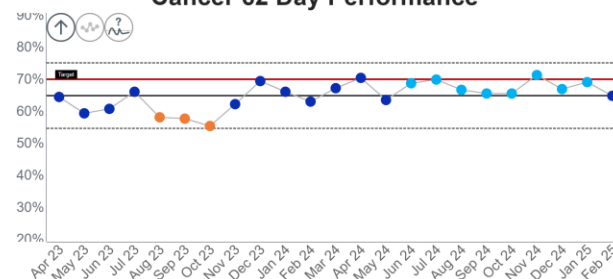
### Areas of Concern

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. Sustainability of Skin cancer pathway performance is dependent on GM system resilience to prevent demand growth.

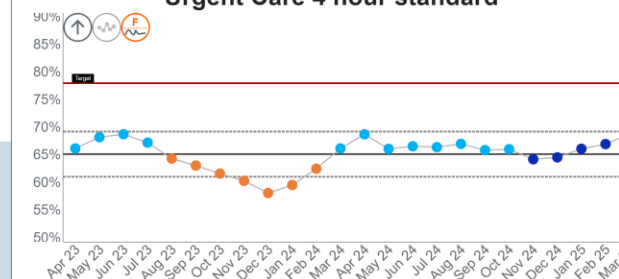
### Forward Look (with actions)

We are working together with system stakeholders to manage urgent care improvement & have seen better inpatient flow. We have agreed funding with our ICB to sustain Skin cancer pathway performance.

Cancer 62 Day Performance



Urgent Care 4 hour standard



### Technical Analysis

February's 62 day confirmed position was 64.84%. 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 continued to increase in March, to 68.8% however this remained short of the newly adjusted 78% national target (by March-25).

### Actions

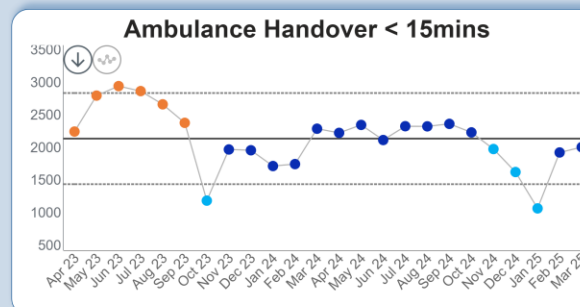
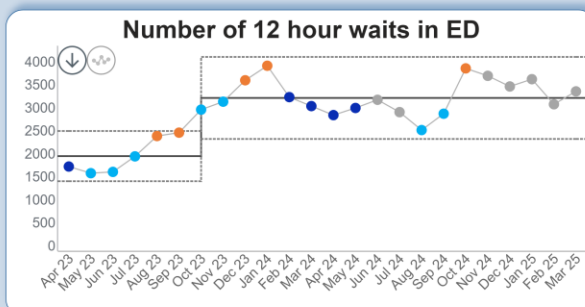
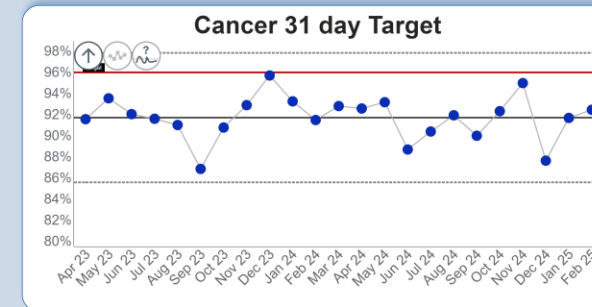
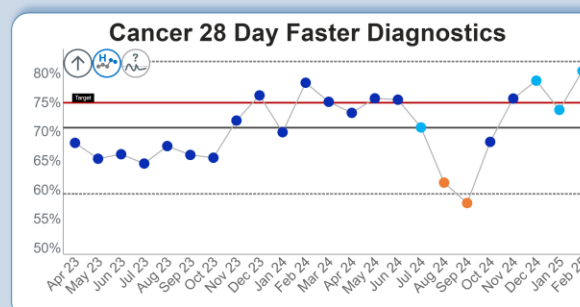
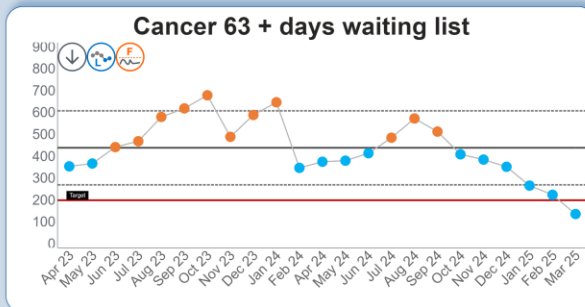
(1) Support T&GICFT to maintain cancer capacity (2) Insourced Skin pathway capacity (3) Increase endoscopy capacity, recruiting to vacancies & better productivity (4) Best Timed Pathway compliance (5) Realise benefits from upgrade digital Pathology system

(1) Safety focus – daily huddles 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 system



## Watch Metrics

## Urgent & Emergency Care & Cancer





Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

The NCA position at Month 12 is a deficit of £4.4m, in line with the planned deficit position and agreed recovery trajectory with the ICB. The Trust has overachieved against its in year CIP target of £85.6m by £4.4m with £90m of schemes transacted in year.

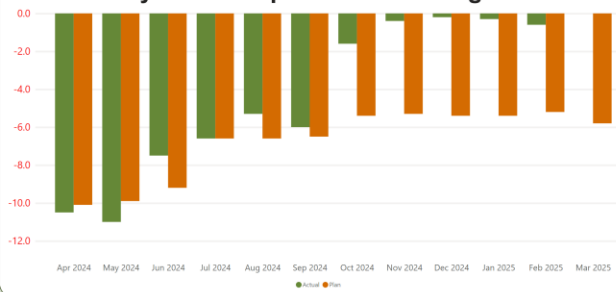
Areas of Concern

Work is now focussed on accounts submission.

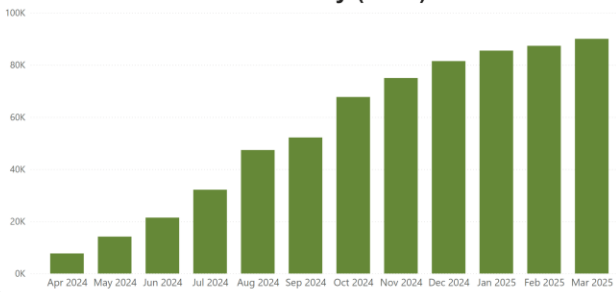
Forward Look (with actions)

The Trust is working on its 2025/26 financial plan and is currently planning on a break even position for the 2025/26 financial year.

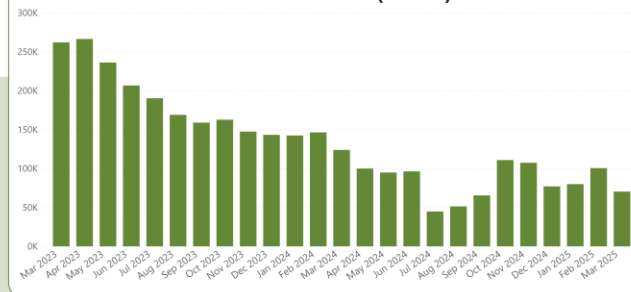
Monthly Revenue position including Outturn



CIP Delivery (000s)



Cash Position (000's)



Technical Analysis

The Trust has achieved its planned year-end financial position with a deficit of £4.4m.

The Cost Improvement Programme (CIP) has transacted £90.0m in year against a target of £85.6m.

The cash position decreased in March to £70,339.00

Actions

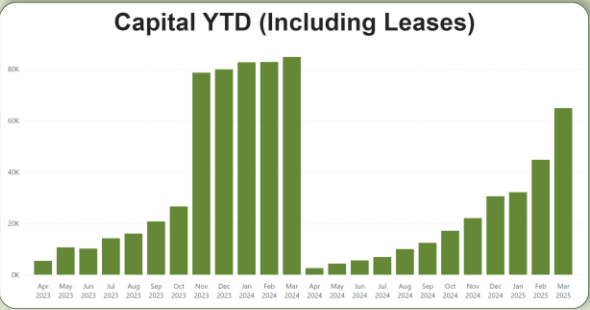
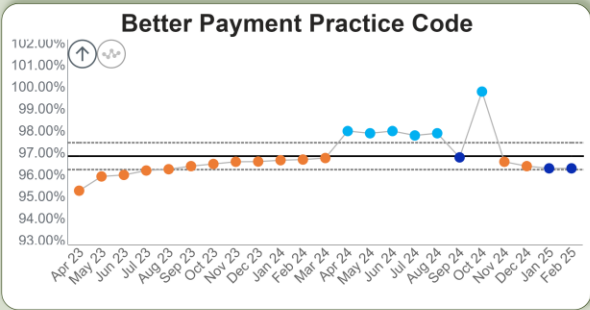
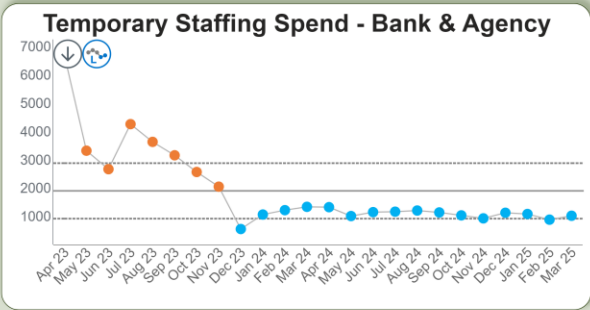
Work is now concentrated on preparing the 2024/25 accounts

Work is now concentrated on 2025/26 delivery

The cash position at the end of March was £70.4m, £68.0m above plan. The receipt of cash funding relating to deficit support of £71.4m being the main driver of the increased cash balance

Watch Metrics

Finance





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

## Quality

### Highlights

There were 13 cases of healthcare acquired CDI. Our year end performance is 189 cases, which is over our annual threshold by 18 cases and is an 11% increase from last year. There is a significant outbreak of CPE within Salford.

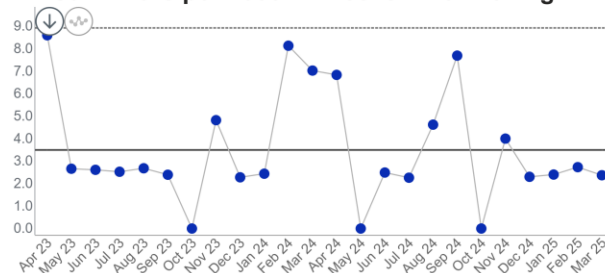
### Areas of Concern

There is an outbreak of carbapenemase producing Enterobacterales (CPE) in Salford, with 16 patients positive, generating over 200 contacts. The outbreak has highlighted laboratory capacity and resources as a risk in the ability to comply with updated national screening recommendations for this organism. Patient risk assessment and screening, compliance with cleaning and IPC standards is the likely cause of the outbreak

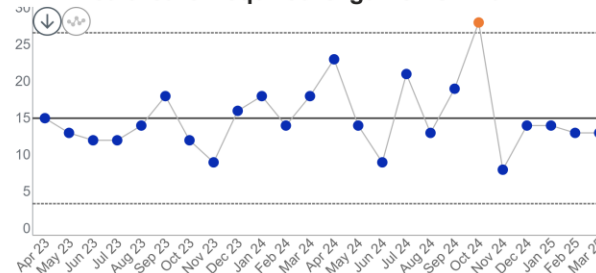
### Forward Look (with actions)

Sectra app to come online by April 25 with embedded consent form which will further increase verification rates with point of care illustration of wounds.

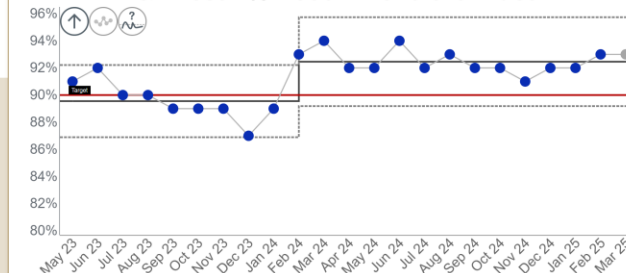
**Still Births per 1000 24 weeks + non-rolling**



**Healthcare Acquired Organisms - Cdiff**



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



### Technical Analysis

March's data continues to show a statistically significant downward trend for stillbirths.

There were 13 CDI's in March (the same as in February); NCA reported 189 healthcare-associated CDI cases for 2024/25, against an objective of 171 cases, representing an 11% increase.

The target responses is close to the average performance meaning that we will inconsistently achieve this target. The last 10 months performance have been above the average. The use of area specific QR codes is anticipated to further increase return rate.

### Actions

Continue to complete systematic MDT high quality reviews of the circumstances and care leading up to and surrounding each stillbirth.

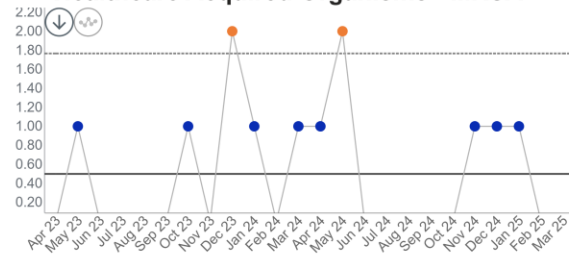
Antibiotic use for other infections is the primary risk factor for our CDI's. Prescribing is included in our GM system IPC improvement plan, with clear deliverables around antimicrobial stewardship and IPC practices, monitored by IPCC and GM

FFT positive score has consistently reached 92% for the second consecutive month, this demonstrates steady progress and that patients feel that NCA is delivering effective high-quality and person-centred care over time. This pleasing positive trend is a good indication for continued increase in score

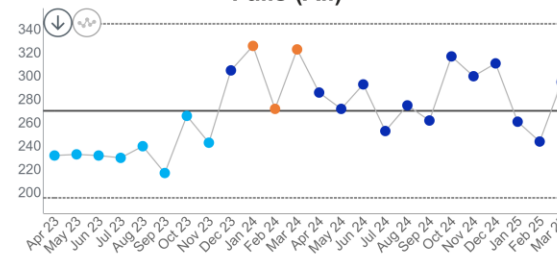
## Watch Metrics

## Quality

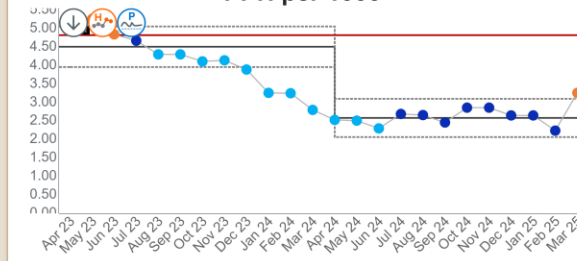
### Healthcare Acquired Organisms - MRSA



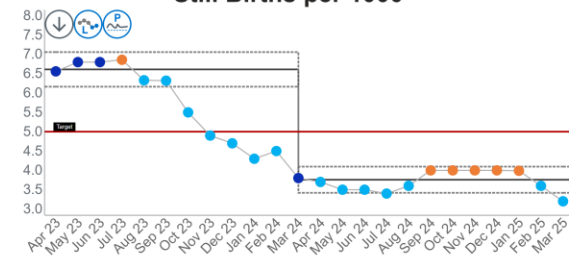
### Falls (All)



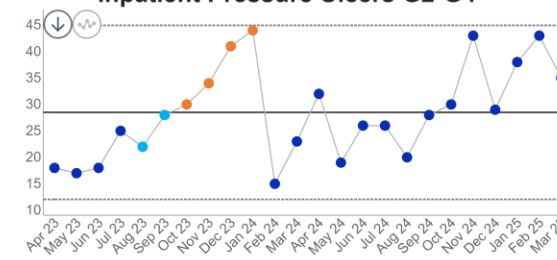
### PPH per 1000



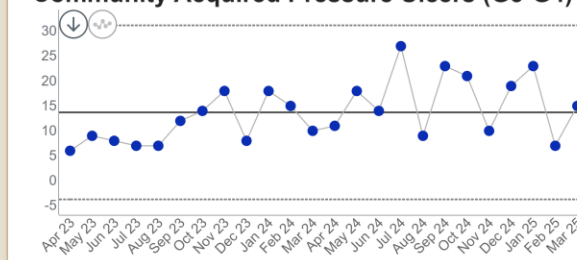
### Still Births per 1000



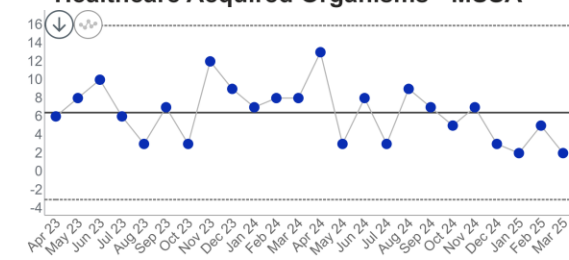
### Inpatient Pressure Ulcers G2-G4



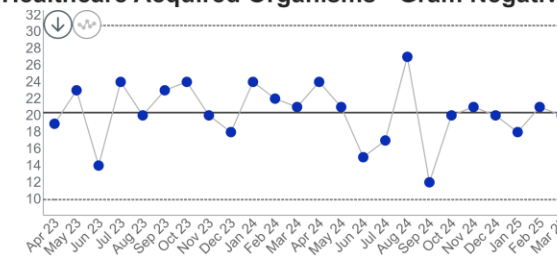
### Community Acquired Pressure Ulcers (G3-G4)



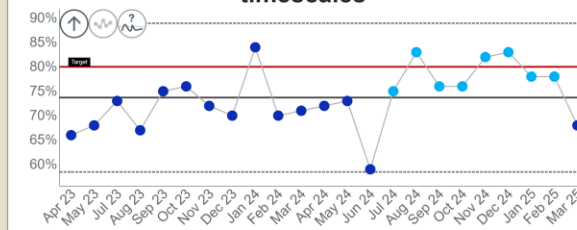
### Healthcare Acquired Organisms - MSSA



### Healthcare Acquired Organisms - Gram Negative



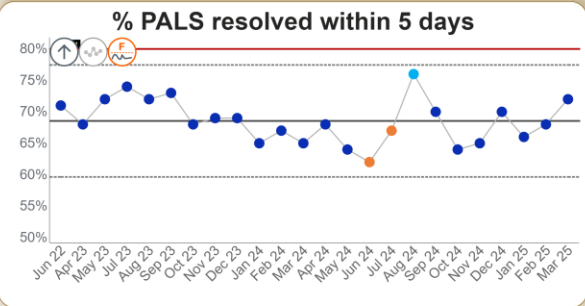
### Complaints responded to within negotiated timescales





Watch Metrics

Quality



Number of significant risks (16 or above)

Current Position: 71

Number of significant risks within review date

Current Position: 73%



Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

Reduction in overdue PSIs and associated action plans.  
Increase in Stage 2 DoC delivered F2F.

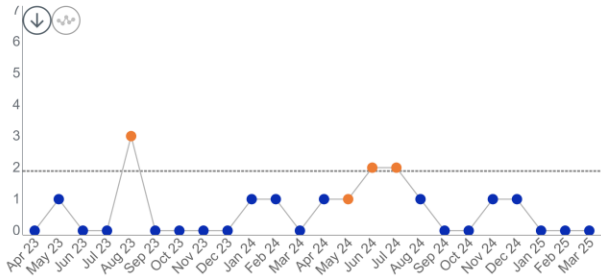
Areas of Concern

Regulation 28 issued against Oldham Care Org. Formal response in progress.

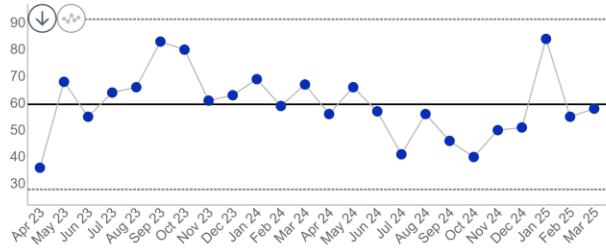
Forward Look (with actions)

GIRFT Litigation 5 point action plan in progress.  
Workstream includes coding validation and learning review.

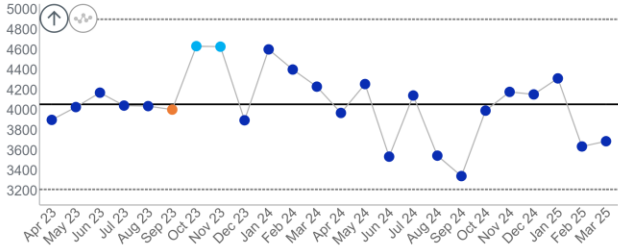
Never Events



Number of incidents with confirmed moderate and above harm

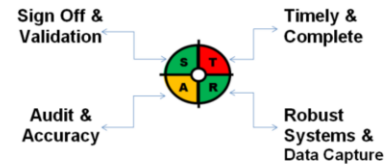


Number of incidents with confirmed no harm or near miss




















## 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