NHS
Northern Care Alliance
NHS Foundation Trust

Integrated Performance Report

Published: August 2025

CARE APPRECIATE INSPIRE

Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Contents

Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

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.*

Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

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

People & Learning

Highlights

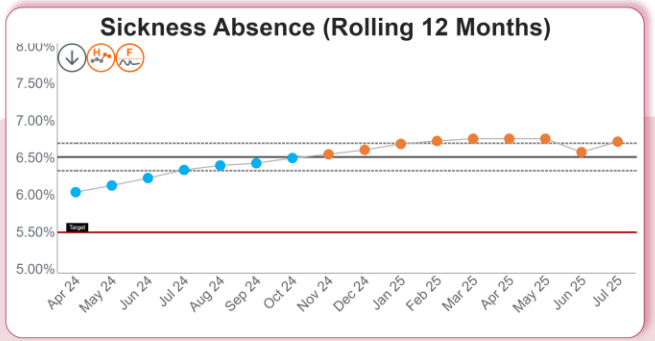
A new Training Management System has improved access and role-based training reconciliation. Recruitment is tightly managed via Vacancy Control Panels, with staffing near plan.
Staff turnover is 8.8% (target 12%) but expected to rise due to MARS.
Time to Hire remains strong, outperforming targets.

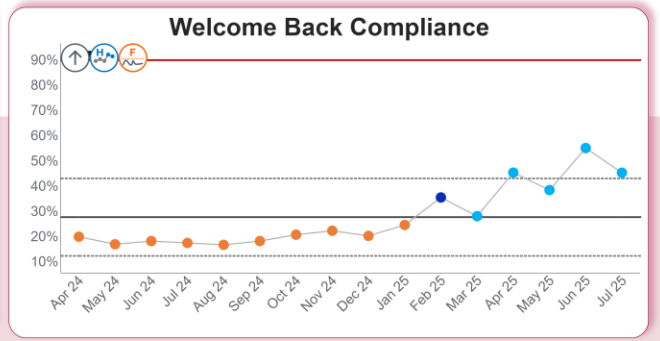
Areas of Concern

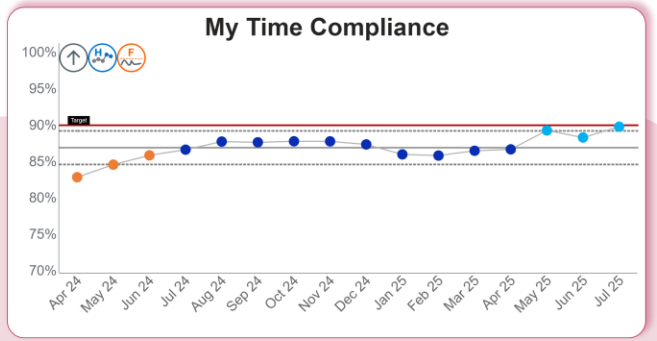
Focus is on delivering the Financial Sustainability Plan with an inclusive approach. A Task & Finish group, led by Care Org leaders, is tackling HCSW absence. Managers are supported to understand absence trends and improve conversations to reduce both short- and long-term absence.

Forward Look (with actions)

Short-term sickness remains high, nearly matching long-term levels.
Enhanced Welcome Back meetings aim to support staff returning to work.
Overpayments rose from £40k in May to £93k in June, prompting targeted action.
Each Care Organisation is developing improvement plans, with ongoing review via Performance Reviews.







Technical Analysis

Rolling 12m average in July was 6.72% with an in-month absence rate of 6.59% in July; the in-month absence has increased slightly after the recent positive improvements March to June.

Welcome Back discussions are an essential part supporting colleagues in their return to working following a period of absence or sickness.
The improvement in performance to 45% from 20% in December has seen a corresponding reduction in absence.

My Time compliance has seen continued improvements and is now only slightly below the target of 90%. This remains an area of focus in the Performance Review meetings

Actions

We continue to focus on supporting a reduction in sickness absence with: *A continued focus on all aspects of colleague wellbeing, including ensuring that leaders are supported and able to support colleagues experiencing change *Skills development for managers and support through the virtual hub.

We have now launched our new Welcome Back Health Review Guidance with a slide pack and focus on short term and long-term action plans to help support wellbeing conversations, track absences and how to record a return-to-work discussion.

Weekly appraisal compliance monitoring continues to be shared with all line manager and leaders.

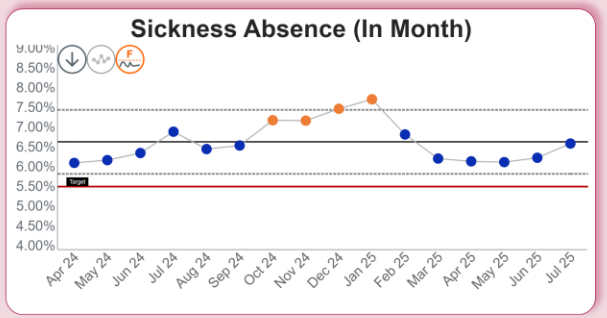
Care Organisations have developed trajectories for improvement which are monitored by SMT

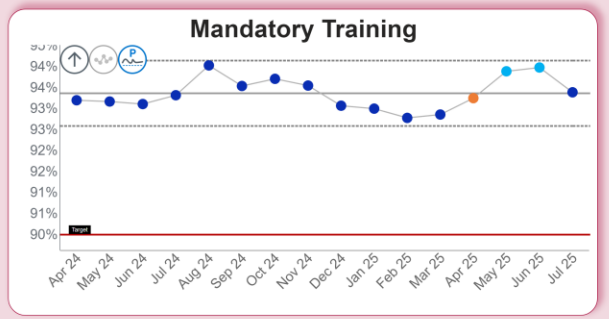
Integrated Performance Report: August 2025

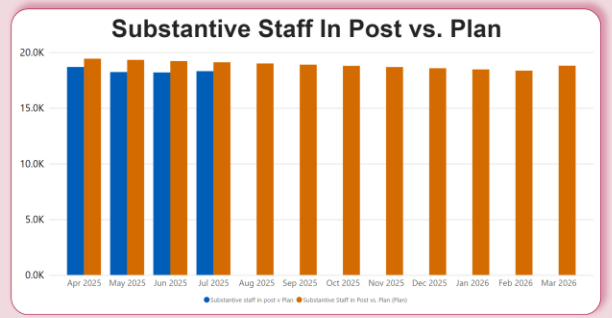
Northern Care Alliance
NHS Foundation Trust

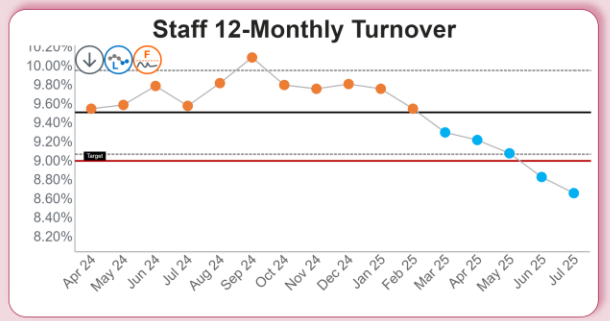
Watch Metrics

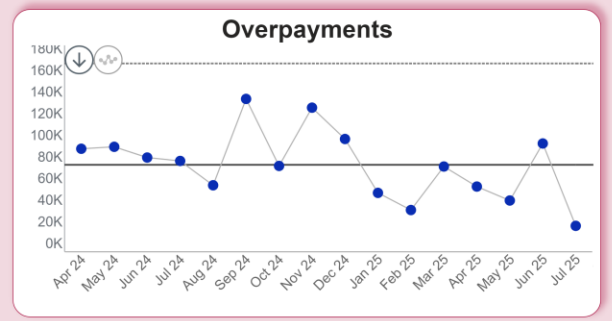
People & Learning











Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Judith Adams - Chief Delivery Officer: Drive Metrics

Elective Care & Productivity

Highlights

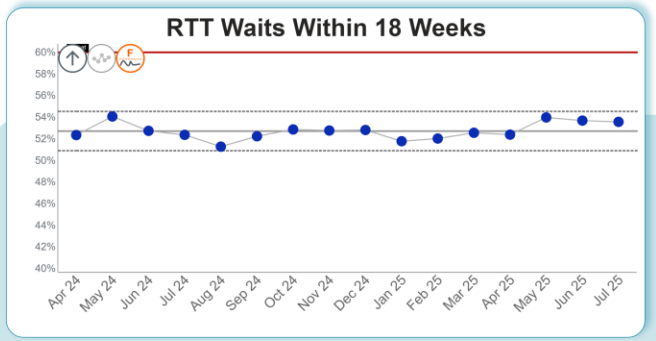
RTT performance has improved across the first quarter of the year and we have been de-escalated by NHS England. Our improvement work within the My Recovery Plan process has been endorsed by the national GIRFT Team.
Outpatient productivity has shown sustained improvement creating capacity to see patients sooner - Our DNA rate has improved by 29% (3.2 percentage points) over the last 3 years.

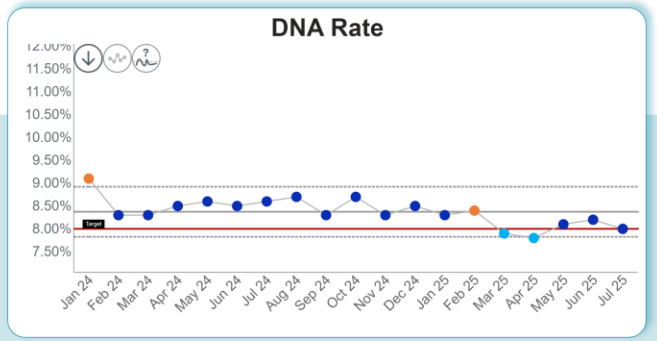
Areas of Concern

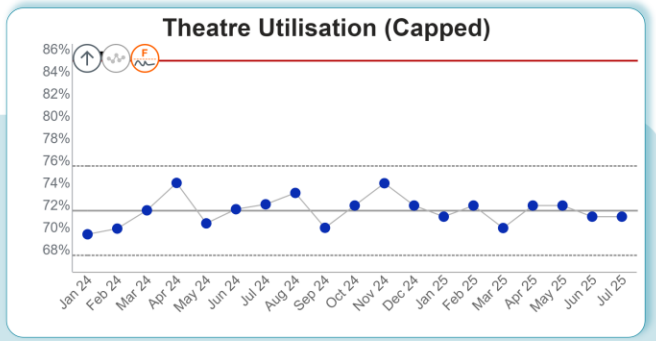
Industrial action by resident doctors reduced capacity and adversely affected elective care performance with patient care being unavoidably deferred.
Whilst our overall 6 week diagnostic performance remains better than the national average, vacancies have reduced physiological services capacity leading to a slight dip in performance this month.
Theatre productivity needs to improve at a faster rate.

Forward Look (with actions)

We are planning for an Outpatient disruption test of change in September and October. New and innovative ways of working will be evaluated by our clinical teams across selected specialties alongside optimisation of clinic templates.
Work to improve perioperative processes, aligned to the new operating theatres digital system are expected to support better theatre productivity.







Technical Analysis

53.57% of our open pathways were waiting below 18 weeks in July, remaining consistent with previous months but below the 60% target.

The DNA rate decreased in July, falling to the target level of 8.00%. This metric was re-baselined due to consistent improved performance from Feb 2024.

Theatre utilisation continues below the 85% target with 71% reported in July. The process is 'in control' demonstrating natural variation.

Actions

(1) Focus on MyRecovery plan with GIRFT support and template slot increases (2) National validation sprint 2 - Q2; (3) GM Mutual Aid confirmation from ICB- Jun -awaiting GM; (4) Insourcing & Outsourcing 25-26; (5) Outpatients disruption - Sep & Oct

1) Roll out of text reminder to applicable services - complete; (2) Validation of waiting lists national sprint 2 - Q2; (3) Implement invite to book processes across services for News - Mar-26; (4) Implement invite to book processes for Follow Up Appointments - Mar-27

1) Reduce cancellations of surgery by better perioperative processes (pre-op) - Oct; (2) Add new national KPIs on dashboards – Complete; (3) Single Theatres IT system - Nov; (4) 3 Session Days session length optimisation Q4

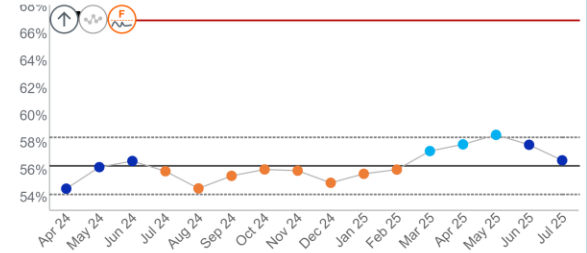
Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

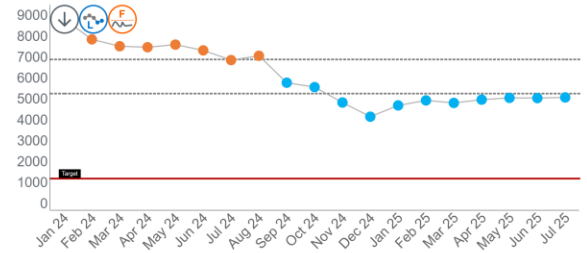
Watch Metrics

Elective Care & Productivity

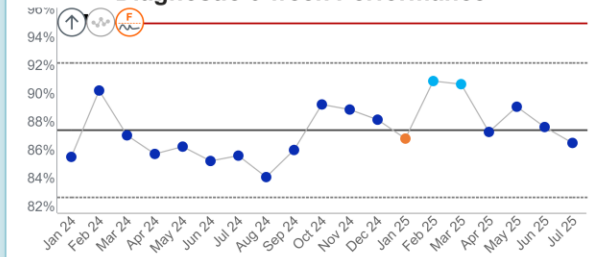
RTT First Attendance Within 18 Weeks



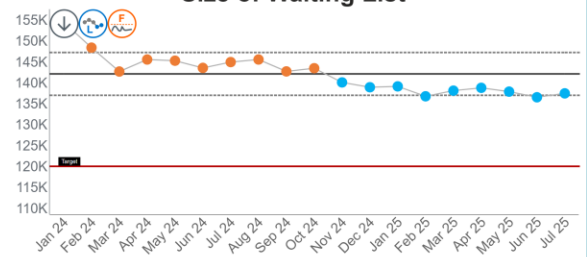
RTT 52+ week waits



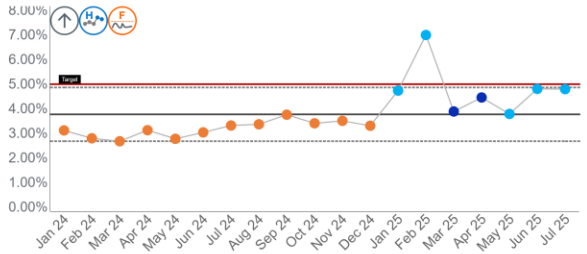
Diagnostic 6 week Performance



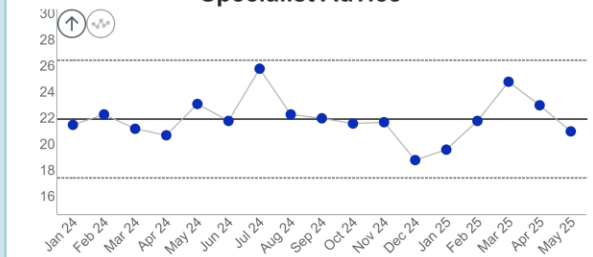
Size of Waiting List



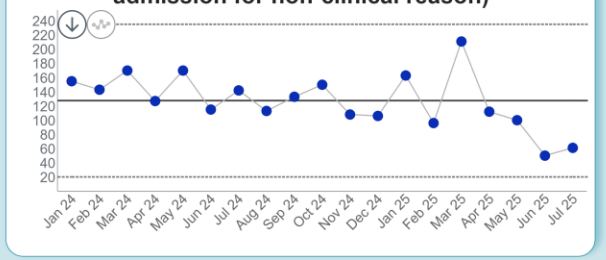
PIFU



Specialist Advice



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



Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Judith Adams - Chief Delivery Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

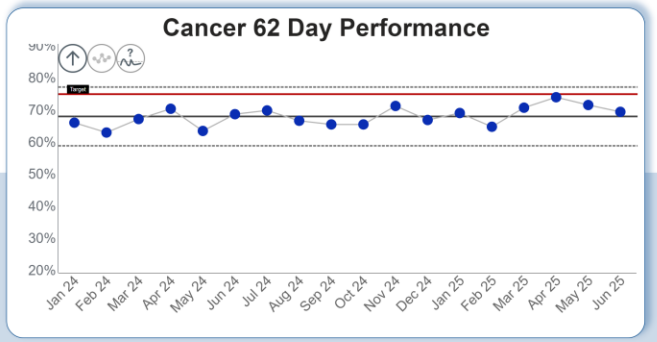
4 Hour Urgent Care performance improved in July and was the best it has been in the last 4 years. The number of 12 hour waits also fell in-month and we met our plan.
We also met our trajectory for 62 Day Treatment, 31 Day Treatment, and 28 Day First Definitive Treatment in June.

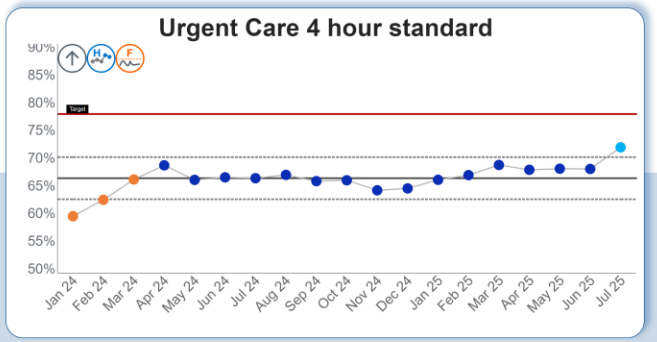
Areas of Concern

System resources available to support urgent care flow have reduced and we need to understand the implications of this recent in-year change to our improvement plans.
Our bed capacity shortfall at ROH remains and we need to work with system partners to deliver capital schemes to support improvement.
GM demand reduction initiatives for Skin pathway have not yielded benefits.

Forward Look (with actions)

Together with system partners we are continuing to learn and refine the Single Point of Access ambulance conveyancing service that was established from mid-June.
We are working with the ICB to improve suspected cancer Skin referral pathways.





Technical Analysis

June's 62 day confirmed position was 69.49%; further improvement is required to achieve the 75% target.

Performance increased in July 71.99%; remaining below the 78% target but a significant improvement in comparison to recent months.

Actions

1) Seek Colorectal Mutual Aid from GM – Jun - complete; (2) Prioritise ROH Colorectal treatment capacity – Jun - complete; (3) Best Timed Pathways compliance – Q3 & Q3; (4) Increase Derm-Pathology clinical capacity – Q2; (5) Support GM to implement community model - across 25-26

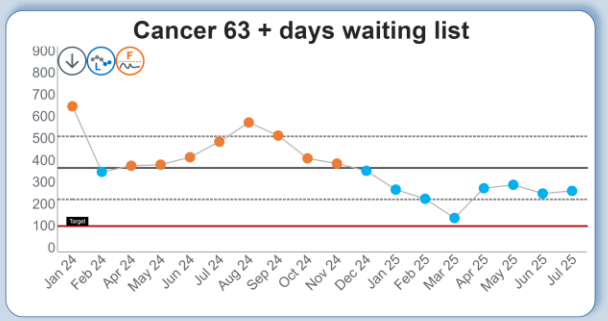
1) Assess impacts of system funding reduction - Sep; (2) Ambulance conveyance SPoA started Jun-25; (3) Care by appointment live at SRH, roll out to FGH & ROH - Sep-25; (4) My next patient - Q2 ; (4) Forwards Ops model – Q3; (5) ROH UTC development - Q3

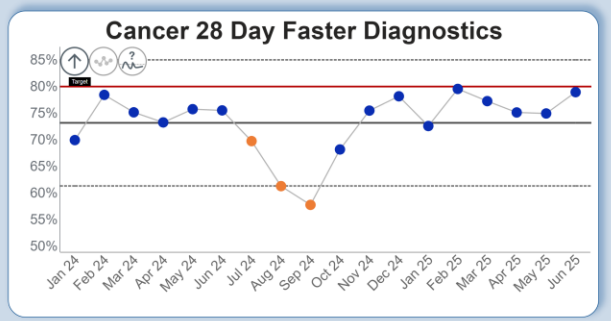
Integrated Performance Report: August 2025

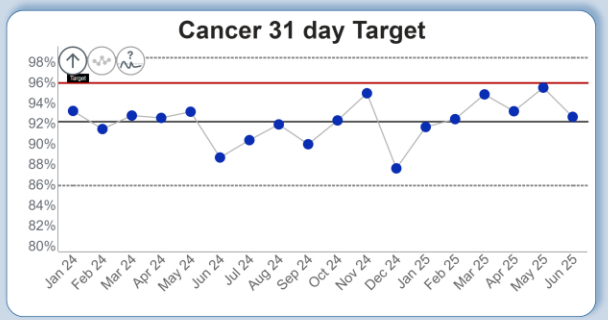
Northern Care Alliance
NHS Foundation Trust

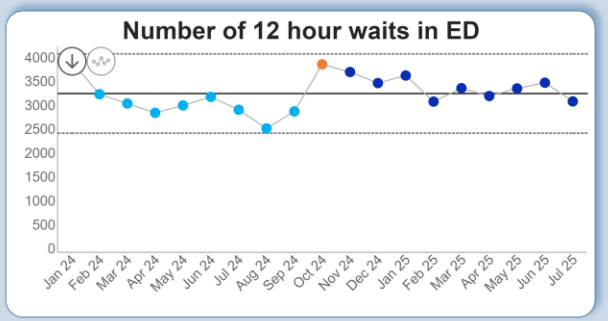
Watch Metrics

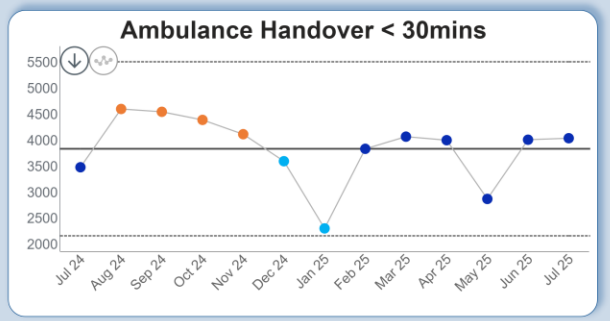
Urgent & Emergency Care & Cancer











Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

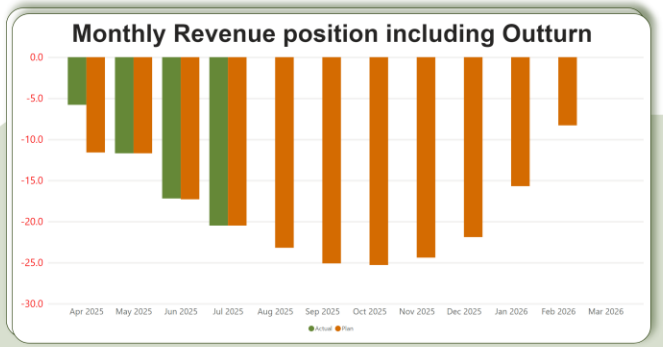
At Month 4 , the year to date position is a £20.45m deficit which is broadly in line with the Trusts planned deficit position.
The position excluding deficit support funding is a deficit of £39.8m YTD.
Within the position CIP delivery has overachieved by £5.0m YTD with £21.2m transacted.

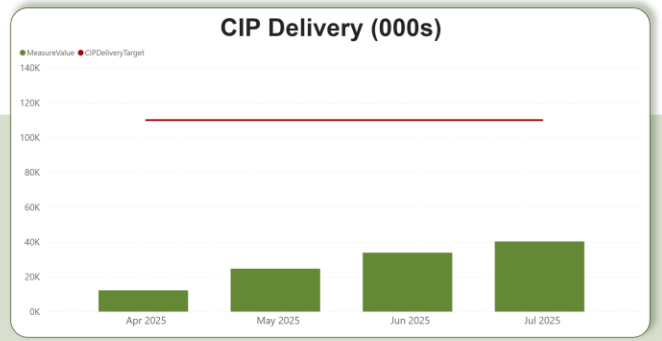
Areas of Concern

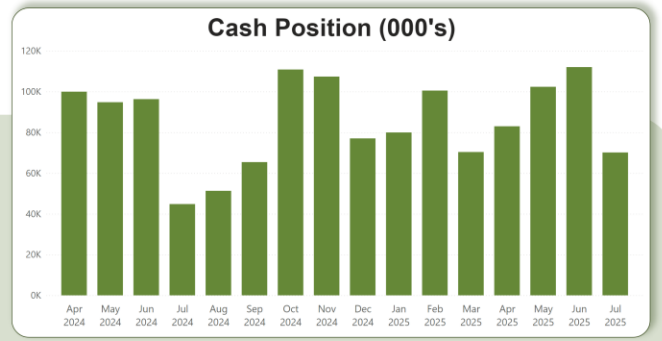
As at Month 4 there are several unplanned and currently unmitigated pressures over and above a challenging CIP + Productivity target assumed in 2025/26 plans.
The trust plan includes £57.8m of DSF funding, £28.9m for Q3 & Q4 yet to be secured. Loss of DSF would result in a cash risk in 25/26.

Forward Look (with actions)

The Trust is currently working through the mitigation plans to support delivery of the plan which includes acceleration of the remaining CIP. This will be discussed for recommendation with the Board at its meeting on 3rd September 2025.







Technical Analysis

For Month 4, NCA Group is reporting a broadly balanced position against plan, net deficit of £3.21m, £45k better than plan.
Excluding Deficit Support Funding (DSF) = £8m Deficit.
YTD - £20.45m deficit, £53k better than plan. Excl. DSF = £39.8m.

Total identified CIP £83.8m (76.1% of target) , £62.9m recurrent.
Transacted so far £40.7m.

The cash position decreased in July to £70,106.00

Actions

The Trust is currently working through the mitigation plans at Care Organisation and Trust level to support delivery of the plan which includes acceleration of the remaining CIP. Executive led monthly oversight sessions have been set up to review actions/timelines.

Continue to develop further CIP Ideas and add to eHub
Further development of pipeline ideas and schemes awaiting approval to move onto live and transacted stage.
Closely monitor and transact recurrent proportion of schemes

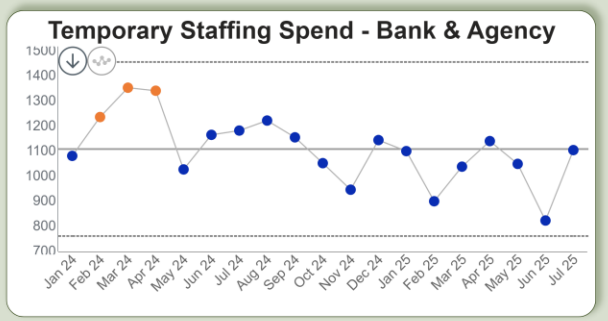
Latest forecast using current exp. run rates, assuming the capital programme is delivered in full is a balance at year end of £30m at year end including DFS funding in full. Without deficit support funding the balance would be c£1m. Cash reduced by £42m in month but remains ahead of plan by £10.8m.

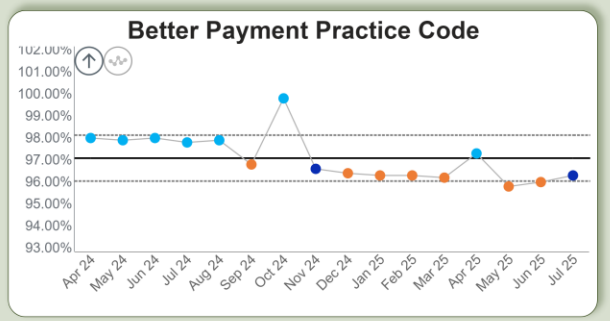
Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Finance





Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

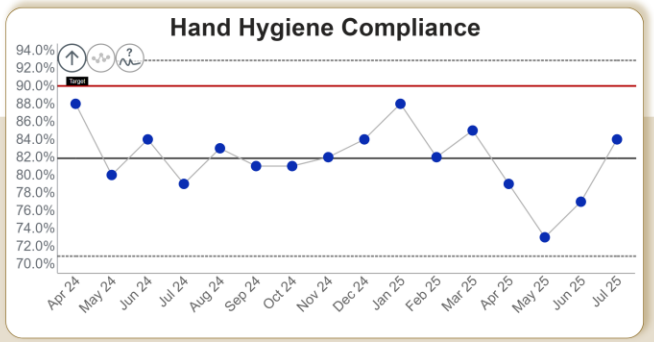
Hand hygiene compliance increased to 84%, showing improvement from previous months. However, it remains below the target of 90%. Antimicrobial stewardship will be a key focus, as inappropriate antibiotic use is a contributor to CDI. Targeted prescribing, reducing unnecessary antibiotic use, and shortening treatment durations to lower CDI rates. NCA top scoring question 96%, “I felt safe while receiving care”.

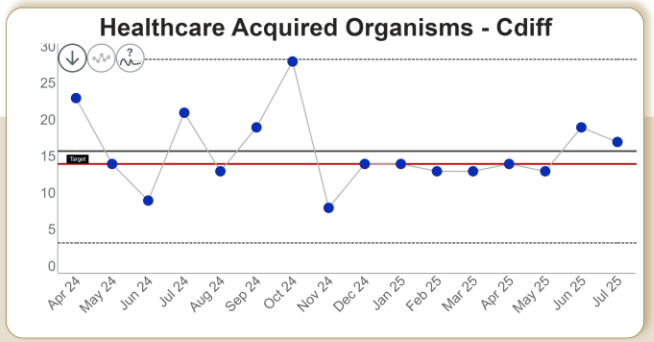
Areas of Concern

Despite the improvement, hand hygiene compliance remains below the expected standard, which is critical for infection prevention. The report also highlights 17 cases of Clostridioides difficile infection (CDI) in July. This reinforces the need for continued focus on compliance and accountability. The gap between current performance and target levels suggests that existing measures need to be strengthened.

Forward Look (with actions)

Hand hygiene collaborative has recruited senior ambassadors to lead a publicity campaign to increase awareness and engagement. Patient-facing posters are scheduled for release in September, which will help reinforce key messages and expectations. Moving forward, targeted audits, peer-led feedback, and visible leadership support will be essential to drive sustained improvement. Monitoring impact via data to ensure compliance.





Technical Analysis

Hand Hygiene compliance increased in month to 84%. It is still demonstrating natural cause variation and remains below the target of 90%.

There were 17 CDI's in July (a decrease from June by 2 cases). We have reported 63 cases against an annual threshold of 171 but are 6 cases over monthly trajectory.

Actions

Hand Hygiene Improvement Collaborative recruited senior hand hygiene ambassadors for publicity campaign, and a community of champions, with defined roles and responsibilities for hand hygiene. Patient hand hygiene poster due for publication Sept 2025

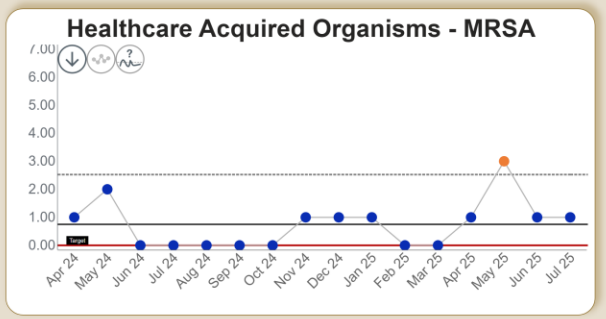
Penicillin allergy is being currently being reviewed as part of August antimicrobial stewardship audits to identify impact on the use of broad spectrum antibiotics.

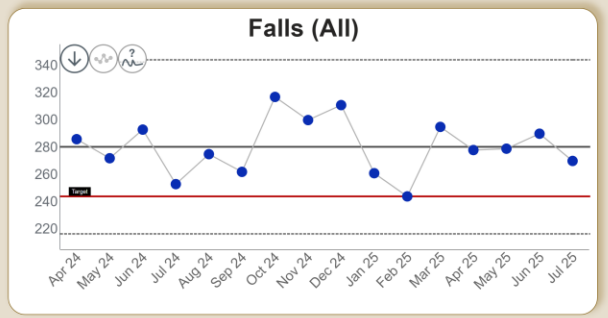
Integrated Performance Report: August 2025

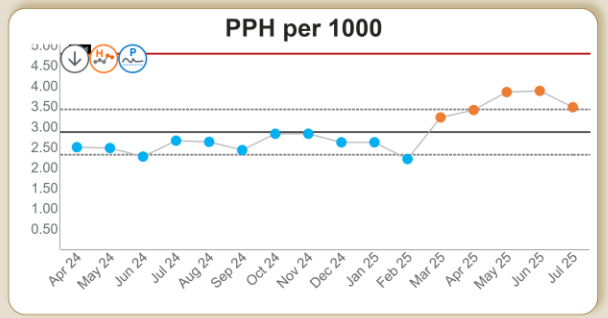
Northern Care Alliance
NHS Foundation Trust

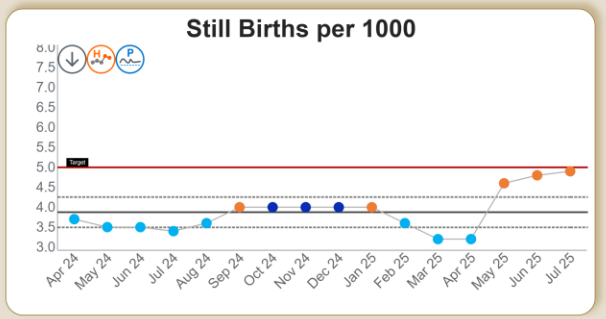
Watch Metrics

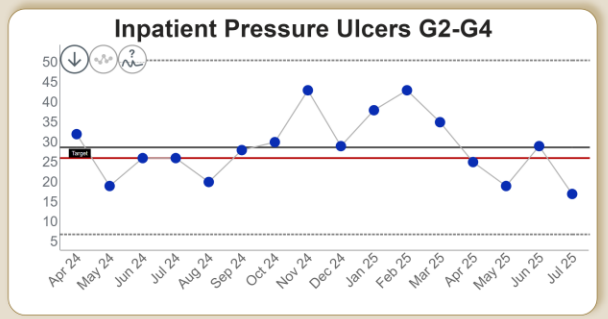
Quality

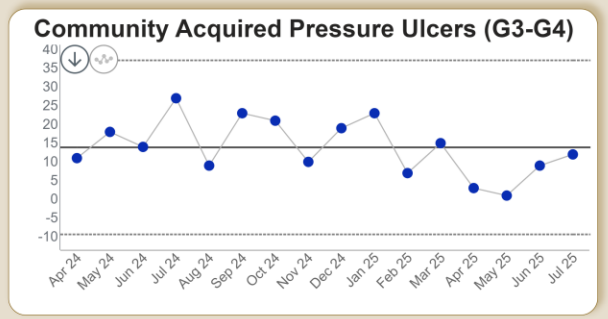


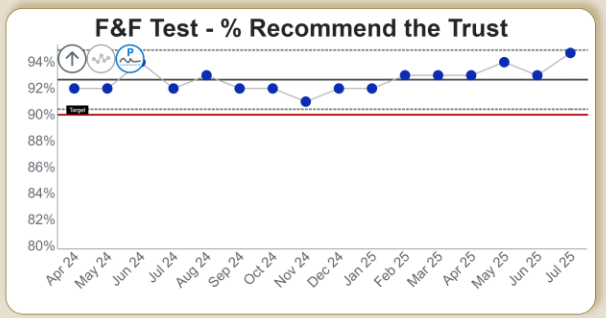


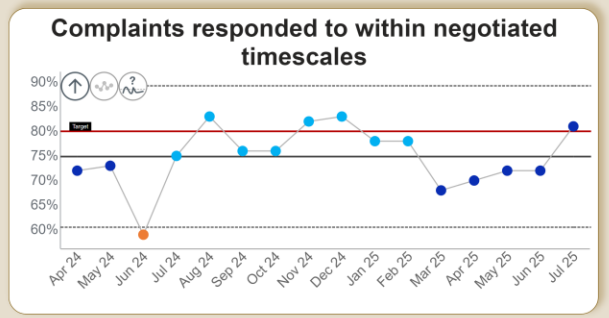


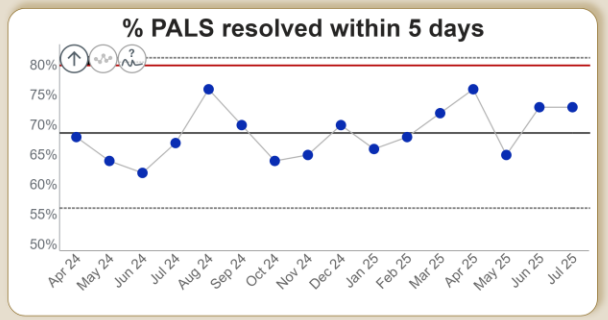










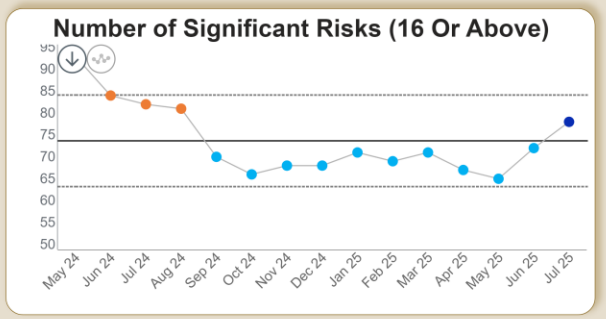


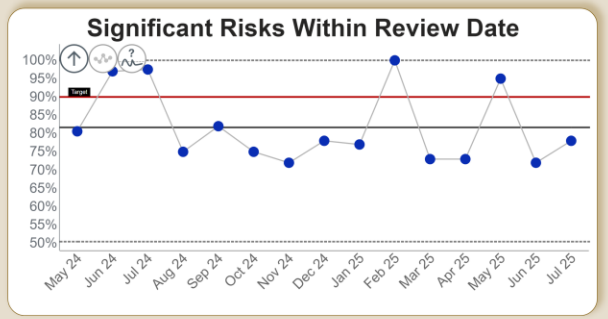
Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Watch Metrics

Quality





Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

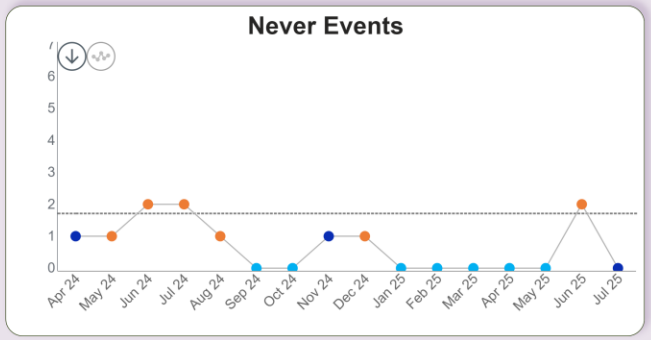
In September 2025 we are launching two campaigns:
* A new hand hygiene campaign following an in-depth human factors review to refocus the programme
* Our NCA annual Covid and Flu campaign

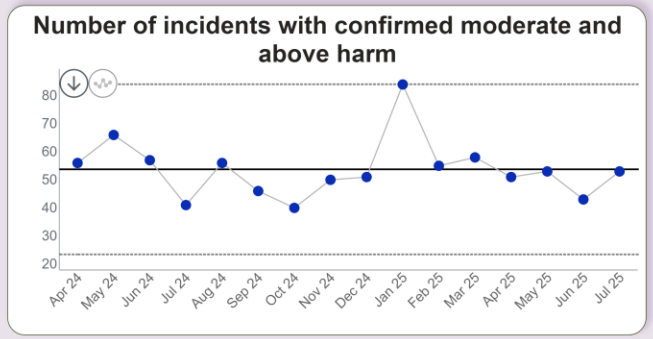
Areas of Concern

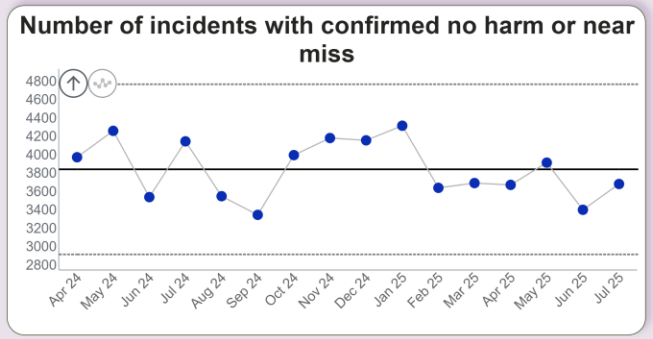
In June we unfortunately experienced two Never Events. One related to NG tubes insertion and one related to blood transfusion. Both are being investigated through the PSII process which will be completed by December 25. Despite some improvement concerns re: overdue PSII reports remain.

Forward Look (with actions)

A work programme is tackling the overdue PSII reports, with a check-and-challenge at the Patient Safety Group in Sept. We are enhancing oversight, assurance, and risk management, and bringing in a national mortality data expert to strengthen analysis and drive improvement.

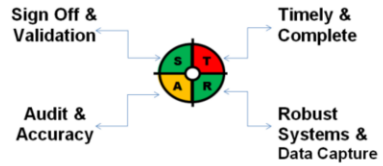






STAR Factors - Part 1

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

Urgent & Emergency Care & Cancer	STAR Factors
Ambulance Handover <30 mins	
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 YTD (Including Leases)	
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 52+ week waits	
RTT First Attendance Within 18 Weeks	
RTT Waits Within 18 Weeks (First attendance)	
Size of Waiting List	
Specialist Advice	
Theatre Utilisation (Capped)	

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

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

Integrated Performance Report: August 2025

Northern Care Alliance
NHS Foundation Trust

Glossary

A&P	Access & Performance
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
CDI	Clostridium Difficile Infection
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CO	Care Organisation
CQC	Care Quality Commission
CRR	Corporate Risk Register
CTG	Cardiotocograph
DKAFH	Days Kept Away From Home
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 ICB	Greater Manchester Integrated Care Board
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
MHS	Model Health System
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