

Integrated Performance Report

Published: October 2025

Contents

Using SPC	Page 1
Summary	Page 2
People & Learning - Drive	Page 3
People & Learning - Watch	Page 4
Elective Care & Productivity - Drive	Page 5
Elective Care & Productivity - Watch	Page 6
Urgent & Emergency Care & Cancer - Drive	Page 7
Urgent & Emergency Care & Cancer - Watch	Page 8
Finance - Drive	Page 9
Finance - Watch	Page 10
Quality - Drive	Page 11
Quality - Watch	Page 12
Quality - Watch	Page 13
Safety - Watch	Page 14
Adult Social Care (Salford Only) & Community - Watch	Page 15
STAR Factors - Part 1	Page 16
STAR Factors - Part 2	Page 17
STAR Factors - Part 3	Page 18

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*.

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Matrix Summary

	 Consistently achieving target	 Inconsistently achieving target	 Consistently failing target	No Target
Special Cause Improvement 	% of Reviews where carers indicate their needs are being met	Staff 12-month Turnover	Welcome Back Compliance Urgent Community Response 2-Hour Performance UEC - 4 hour 63 day waits Cancer	Temporary Staffing Spend
Natural Variation 	Mandatory Training PPH Time to Hire	28 Day Cancer Faster Diagnosis 31 Day Cancer 62 Day Cancer Performance Complaints Response DNA Rate Falls Friends & Family Test Hand Hygiene Compliance Hospital Acquired Organisms - Ecoli PALS resolved within 5 days Pressure Ulcers G2-G4 Risks within review date	C-diff Diagnostics 6 week performance My Time Compliance Number of People Receiving Long term services (12-month rolling) PIFU RTT 52 week waits RTT First attendance within 18 weeks RTT waits within 18 weeks Sickness Absence (In Month) Sickness Absence (Rolling) Size of Waiting List Theatre Utilisation	Ambulance handover Better Payment Practice Code Cancelled Operations on the day Community Acquired Pressure Ulcers Discharge Ready Date Number of 12 hour waits in ED Number of Incidents with harm Number of Incidents with no harm Overpayments Specialist Advice
Special Cause Concerning 	Still Births per 1000		MRSA	Number of Significant Risks

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

People & Learning

Highlights

Our substantive staffing plan remains below plan overall and continues a downward trajectory. Time to Hire has reduced further and continues to be below target.

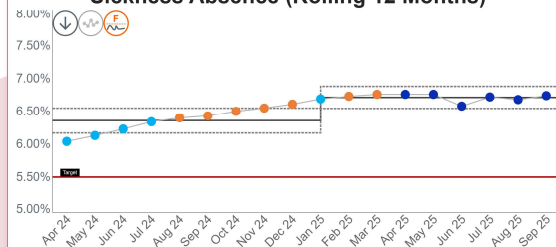
Areas of Concern

Overpayments have increased significantly although this may be skewed by a large overpayment currently being recouped. Robust measures are being taken to focus in on problem areas and ensure the correct procedures are being followed. Digitalisation of relevant change-forms is due to be rolled out across the BRO sites.

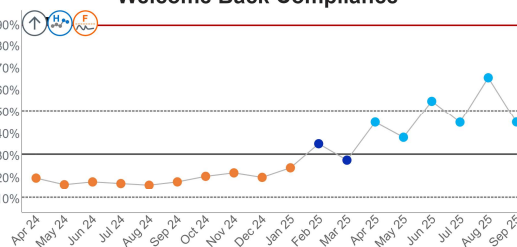
Forward Look (with actions)

We continue to build on the work to increase compliance with the requirement to hold Welcome Back Health Reviews with all colleagues returning from sickness absence, and additionally are preparing to focus closely on all absences totalling 28 days or more, to ensure all possible wellbeing measures are being offered to colleagues.

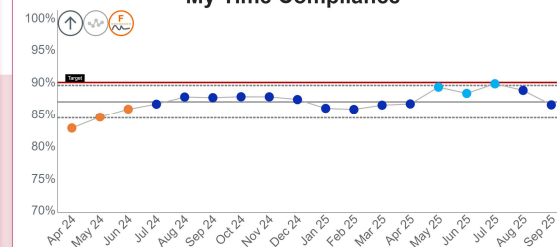
Sickness Absence (Rolling 12 Months)



Welcome Back Compliance



My Time Compliance



Technical Analysis

The rolling 12 month position increased slightly in September to 6.74%, remaining consistent with previous months. In month absence rate increased to 6.75%; the highest seen since January 2025.

Welcome back compliance decreased in September to 45.47%

My Time Compliance decreased in September, falling slightly to 86.55%. Weekly appraisal compliance monitoring continues to be shared with all line manager and leaders.

Actions

A plan has been put in place to monitor all absences of 28 days or more, to ensure that each of these colleagues has a robust wellbeing plan in place

HR colleagues are working alongside service managers to interrogate all available information to spot and support areas where compliance is low

The trajectories for improvement developed by each Care Organisation will continue to be monitored by SMT and with a particular focus on areas where improvement is lacking.

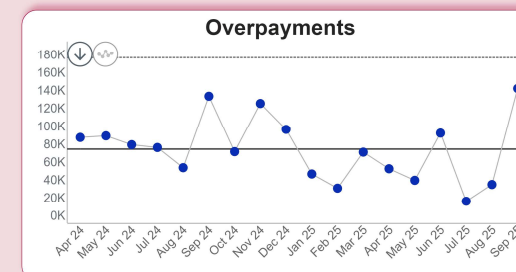
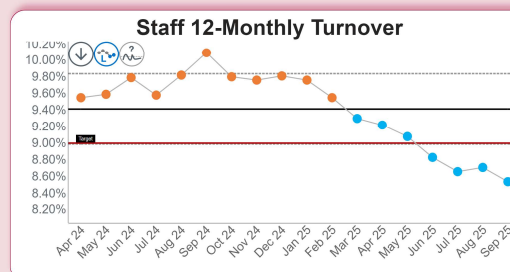
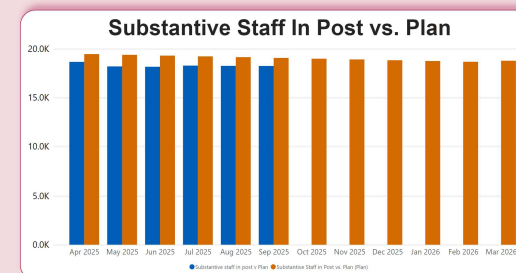
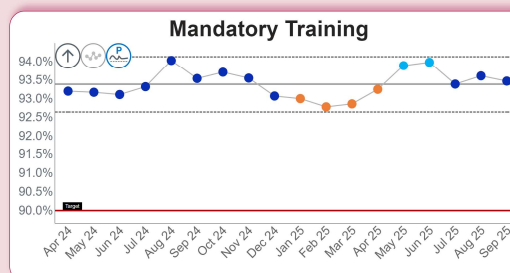
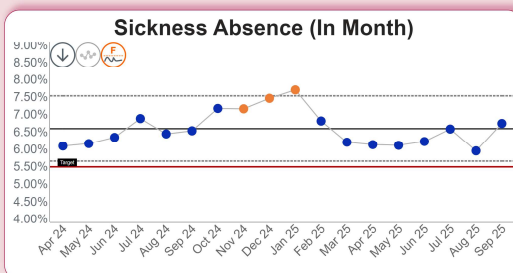
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People & Learning



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Judith Adams - Chief Delivery Officer: Drive Metrics

Elective Care & Productivity

Highlights

The My Recovery Plan Programme is driving sustained specialty level improvements in Outpatient productivity.

The Outpatient disruption initiative has contributed to a reduction in waits over 52 week during September.

Areas of Concern

Variation from planning assumptions is contributing to the gap between RTT targets for 18 weeks growing. RTT demand is higher than expected; system demand reduction initiatives are not yet delivering expected impacts; Mutual Aid has reduced; and future 25-26 productivity improvements are being redirected from backlog clearance to support delivery of our financial plan.

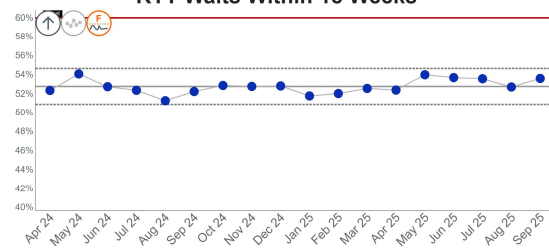
We need to do more to improve theatre productivity.

Forward Look (with actions)

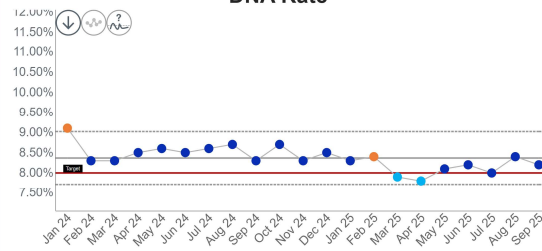
Phase 1 of Outpatient disruption test of change initiative ends in October. Outcomes being collated in November. Five new specialties have been agreed for phase 2. We are agreeing and transacting clinic template changes with our clinical teams.

The theatre Hub sprint started in October with the aim of improving theatre utilisation on both sites. The new theatres digital system will support better productivity

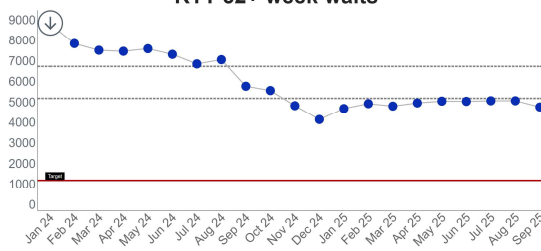
RTT Waits Within 18 Weeks



DNA Rate



RTT 52+ week waits



Technical Analysis

53.60% of our open pathways were waiting below 18 weeks in September, remaining consistent with previous months but below the 60% target.

The DNA rate continued to demonstrate natural variation, decreasing slightly to 8.20% in September; above the target of 8%

52 week waits reduced by 305 from August.

Actions

1) My Recovery Plan implemented (2) National validation sprint 3 - Q3 (3) GM Mutual Aid patients transferring since late Sep at reduced levels vs 24-25 (4) Non-core capacity 25-26 (5) Outpatient disruption - Phase 1 Oct-25 & Phase 2 Jan-26; (6) Clinic template changes phase 1 Nov-25, phase 2 Feb-26

1) Text reminders - complete; (2) Validation of waiting lists national sprint 3 - Q3; (3) Develop & implement invite to book processes across services for News - Mar-26; (4) Service level review of DNA reasons started May-25, being used to identify further improvement actions

1) Auto validation digital solutions - Nov-25; (2) Outpatient disruption tests of change phase 1 Oct-25 & phase 2 Jan-26; (3) Manual validation process of community waits - Nov-25; (4) Digital reporting systems for community - Jan-26

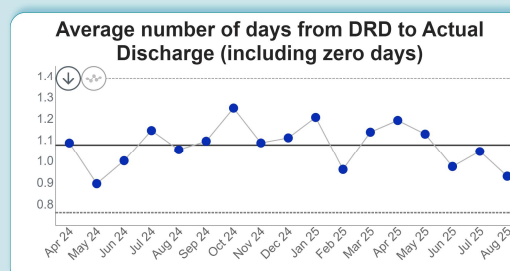
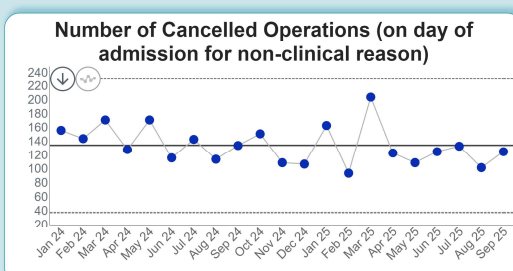
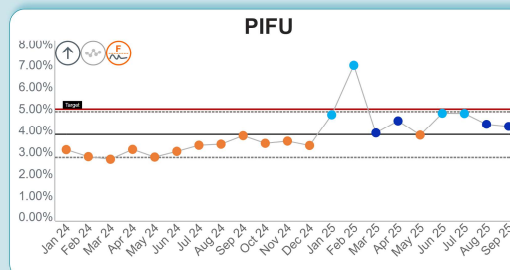
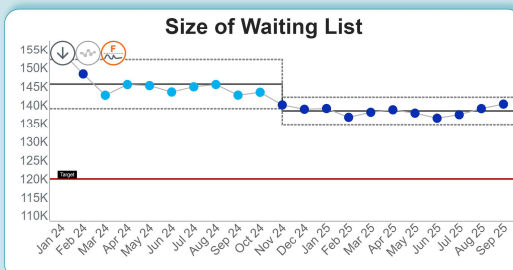
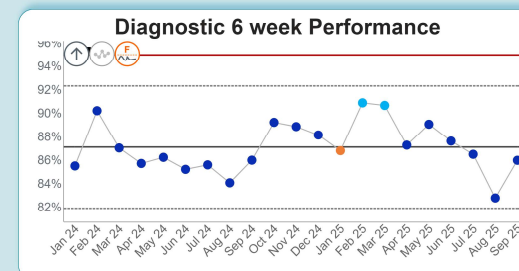
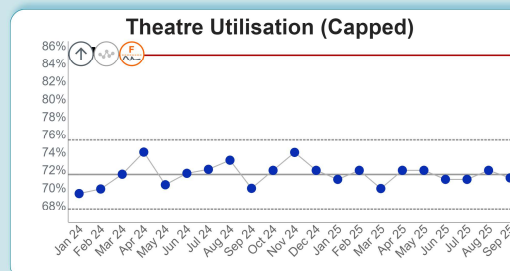
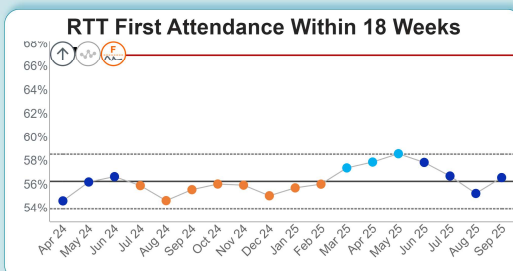
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Elective Care & Productivity



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Judith Adams - Chief Delivery Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

4 Hour Urgent Care performance has improved over the last quarter and is the best it has been in 4 years. Our Type 1 performance was better than the national average and the best in Greater Manchester.

We also met our trajectories for cancer access standards for 62 Day Treatment, 31 Day Treatment, and 28 Day Faster Diagnosis. Our national ranking for all 3 standards improved.

Areas of Concern

We need to work with system partners to deliver capital schemes that will support improvement in 2025-26, noting the ROH beds deficit.

GM system demand reduction initiatives for suspected skin cancer pathways have not yet yielded anticipated benefits. LGI pathway performance is a priority.

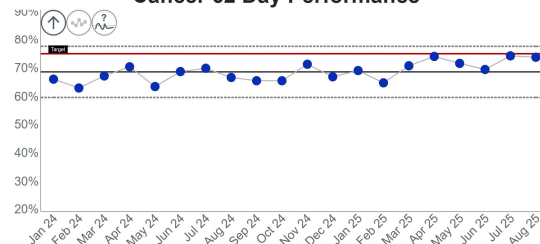
Delivery of improvement trajectories becomes more challenging as we move into Q3 & Q4.

Forward Look (with actions)

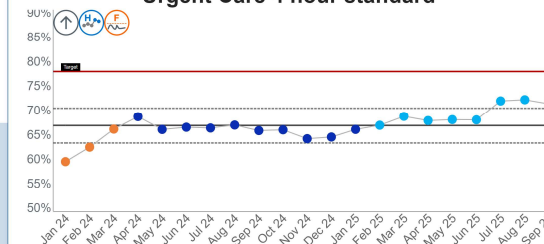
Deployment of the winter plan over the coming months now that it has been agreed. Continue to work with system partners to improve the ambulance conveyance Single Point of Access that started in June. A Length of stay improvement collaborative is being agreed with clinical leaders. A focus on Board Rounds on AMUs in November.

We continue to work with the ICB to improve suspected skin cancer referral pathways.

Cancer 62 Day Performance



Urgent Care 4 hour standard



Technical Analysis

August's 62 day confirmed position decreased slightly to 73.76%

Performance decreased in September to 71.40%, remaining consistent with previous months and continuing to demonstrate special cause variation.

Actions

1) Prioritise ROH Colorectal treatment capacity – started Q1; (2) Improve Best Timed Pathways compliance – Q3 & Q4, - LGI Straight To Test Sep & step down of benign polyps H2; (3) Increase Derm-Pathology clinical capacity – Q2; (4) Support GM to implement community model - across 25-26

1) Ambulance SPoA started June; (2) Care by appointment live on all sites – Nov-25; (3) Forwards Ops Model – Q3; (4) ROH UTC – Q4; (5) Winter Plan complete; (6) Daily Non-Admitted breach focus – Q4=3; (7) Establish LoS collaborative – Nov-25

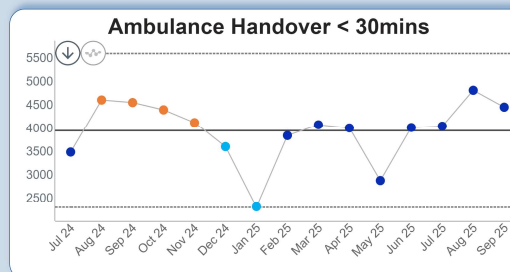
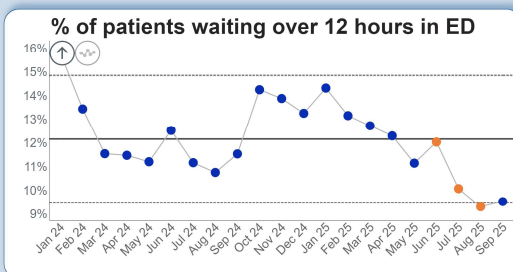
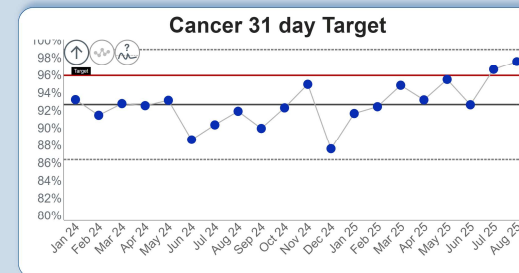
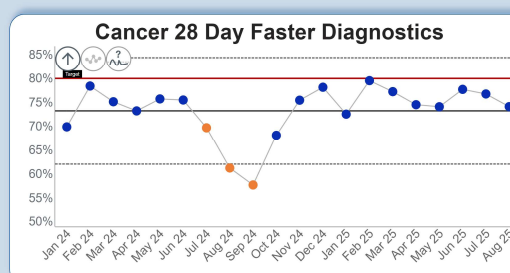
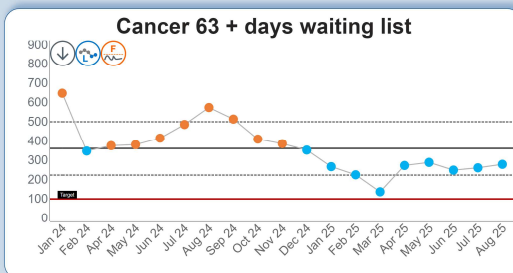
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Urgent & Emergency Care & Cancer



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Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

At Month 6 the year to date position is a £24.04m deficit which is £1.1m better than the Trusts planned deficit position.
The position, excluding deficit support funding (DSF), is a deficit of £53.0m YTD.
Within the position CIP delivery has overachieved by £18.6m YTD with £48.5m transacted.

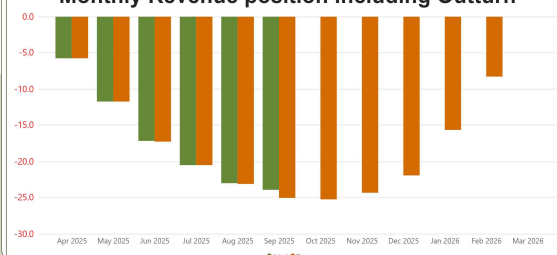
Areas of Concern

As at Month 6 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, with £33.7m received YTD. Any Loss of DSF in the year would result in a cash risk in 25/26.

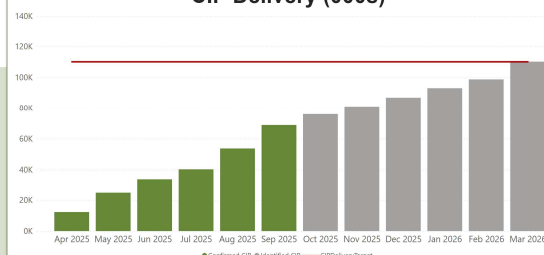
Forward Look (with actions)

The Trust is working through mitigation actions and recovery actions to support delivery of the plan which agreed with the Board and is monitoring the impact on both the financial position, forecast and cash position.

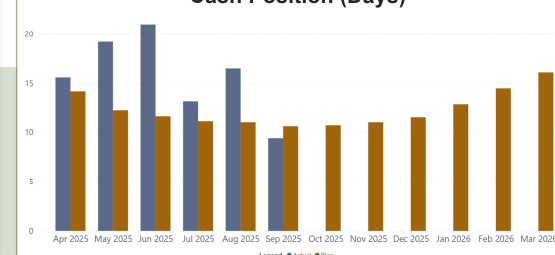
Monthly Revenue position including Outturn



CIP Delivery (000s)



Cash Position (Days)



Technical Analysis

For Month 6, NCA Group is reporting a position £968k better than plan, with a net deficit of £0.92m. Excluding Deficit Support Funding (DSF) = £5.7m Deficit

Total identified CIP - £110.6m as at 22nd October.
£71.6m has been implemented so far in 2025/26.

The cash position decreased in September to £49,975.00

Actions

The Trust is currently working on mitigation actions and recovery plans at Care Organisation and Trust level. Executive led monthly oversight sessions continue to run to monitor agreed actions on a Monthly basis.

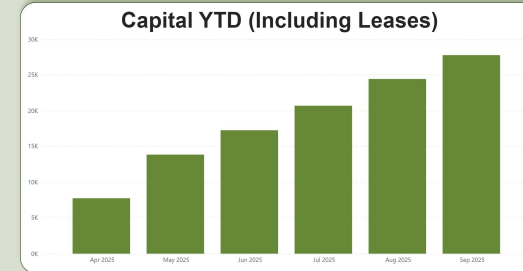
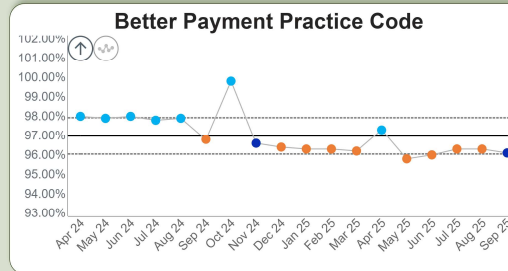
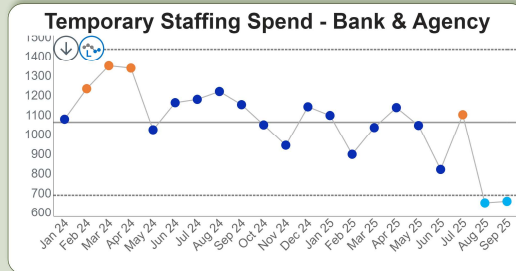
Engagement events held throughout August and September hearing from colleagues on where they see waste, in time, money or resources. These led up to our annual Planning for Improvement event where we had over 300 ideas. Workstreams are now working through these for initial feasibility and scoping

The cash position at the end of September was £50.0m, behind plan by £6m due to an increase in payables related to VAT and other NHS organisations whose cash positions are becoming stressed. Payment for the VAT owed has been received (c£3m) in October.

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Watch Metrics

Finance



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Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

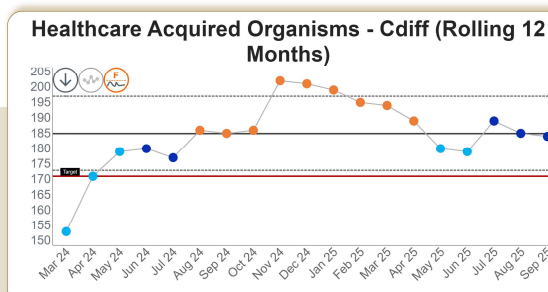
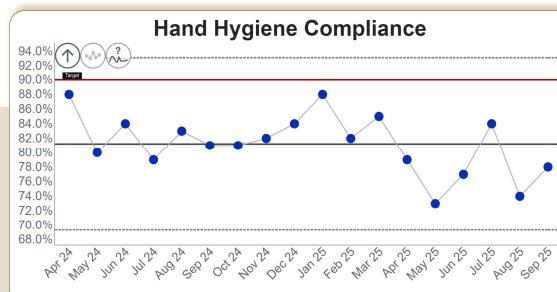
12% decrease in CDI when compared to September 2024, benchmarking at 2/7 in GM, 91/134 trusts nationally. E coli: 2% reduction, benchmarking 2/7 in GM, and 35/134 trusts nationally. Hand Hygiene (HH) slightly improved, likely normal cause variation and PPH per 1000 returned to normal variation.

Areas of Concern

MRSA bacteraemia: 7 cases in SCO. Improvement plan focuses on admission screening, aligned decolonisation therapy, and education on wound/device care. Significant risks rose by 20 over 3 months, likely due to increased awareness and use of the risk register. Stillbirth rolling data shows special cause variation; in-month data returned to normal.

Forward Look (with actions)

New MRSA policy out in October to align care across NCA. Executive Risk Group forming to strengthen governance. Focus on Salford complaint responses to drive NCA-wide improvement. October HH collaborative highlights communication and training videos.



Technical Analysis

Hand hygiene compliance increased in September to 78% demonstrating natural variation; remaining below the target of 90%

There were 12 CDI cases reported in September

Actions

Compliance reviewed monthly at IPCC. HH perfect weeks held across sites. World HH Day used superhero comms to promote HH in schools and communities. HH collaborative underway with timeline; Oct/Nov focus on comms, training, and compliance videos.

Pharmacy audit data collected in September and case note reviews will establish the role of documented penicillin allergy status across FGH and ROH. Removing penicillin allergy labels from patients with unverified allergy may reduce the incidence of CDI through more appropriate prescribing

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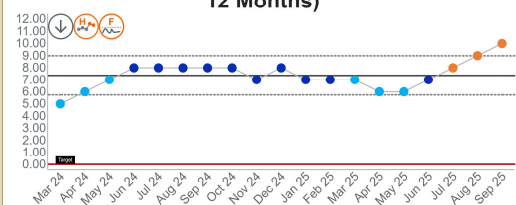


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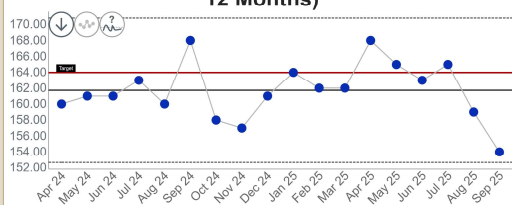
Watch Metrics

Quality

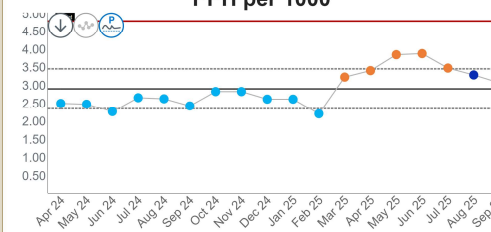
Healthcare Acquired Organisms - MRSA (Rolling 12 Months)



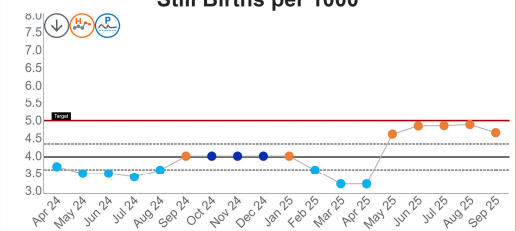
Healthcare Acquired Organisms - E-Coli (Rolling 12 Months)



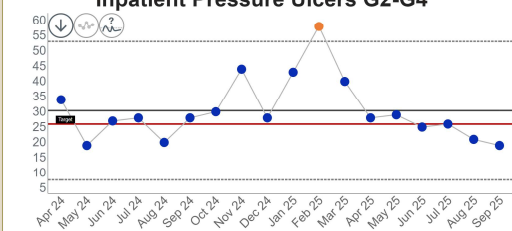
PPH per 1000



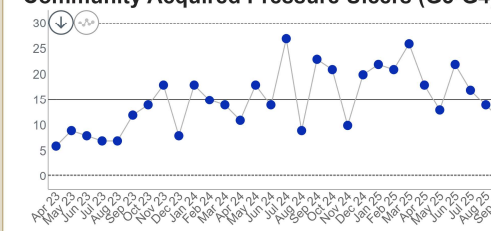
Still Births per 1000



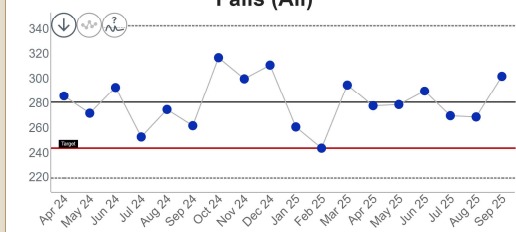
Inpatient Pressure Ulcers G2-G4



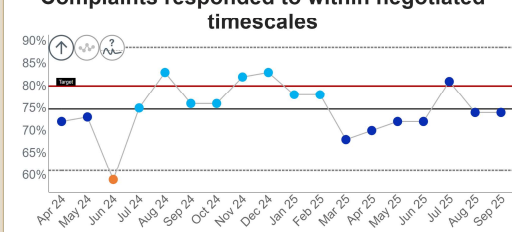
Community Acquired Pressure Ulcers (G3-G4)



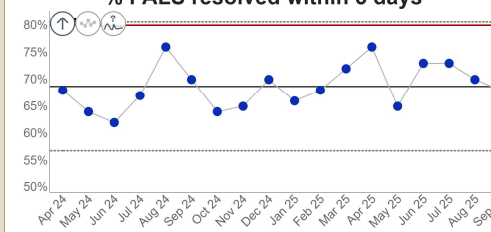
Falls (All)



Complaints responded to within negotiated timescales



% PALS resolved within 5 days



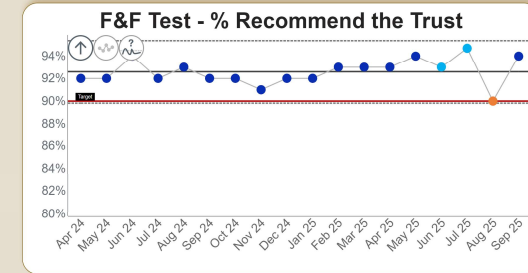
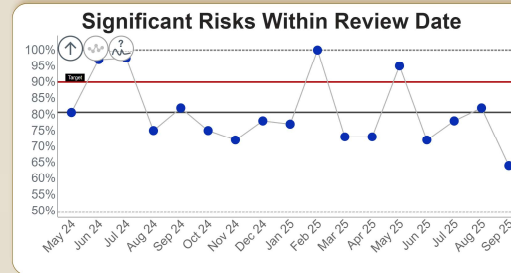
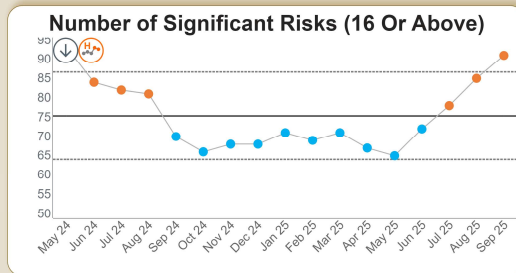
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Quality



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Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

Improvements in UEC (SDEC/MNP) has resulted in reduction in 12hr waits positively impacting low harm/near miss incident volumes.

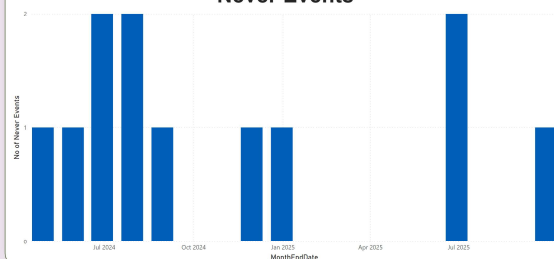
Areas of Concern

NE reported in Dermatology, PSII underway. New minimum dataset built into EPR capturing dx, site and photography

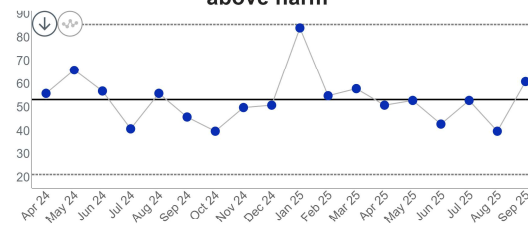
Forward Look (with actions)

Increase in Moderate + harms reported (mainly driven by treatment issue / delays). Work ongoing to reduce waiting lists/ wait times

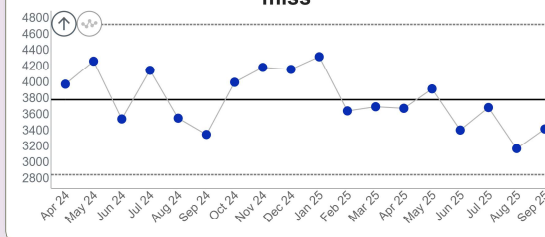
Never Events



Number of incidents with confirmed moderate and above harm



Number of incidents with confirmed no harm or near miss



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Judith Adams - Chief Delivery Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

We've launched a Community Services Access & Performance meeting to mirror the acute services methodology, with reporting aligned to Performance Group. We're also seeing positive progress in reducing long waits for Children and Young People (CYP).

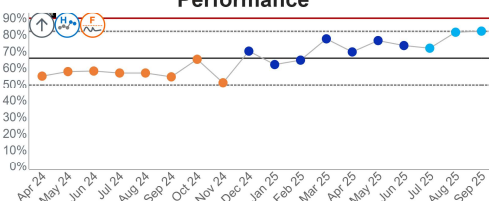
Areas of Concern

August's 52-week wait performance improved to 4.6% from 7.6% in March, though numbers remain high. Data quality issues in a few services (e.g. podiatry excluded) may reduce 52-week waits, but some will persist especially in CYP and adult Speech and Language Therapy, podiatry, and dietetics. Admin capacity for validation is a concern.

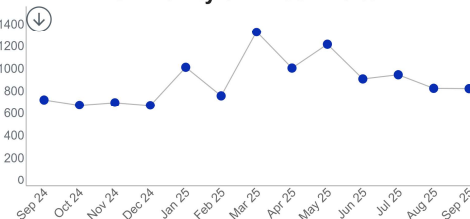
Forward Look (with actions)

Access & Performance meetings will drive a standardised approach to waiting list validation and SOPs aligned to NCA policy. We're targeting zero 52-week waits by March 2026. An NCA-wide Hospital at Home group is in place to boost virtual ward use.

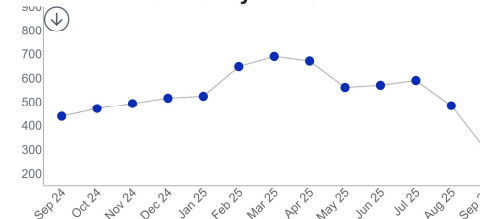
Urgent Community Response 2-Hour Performance



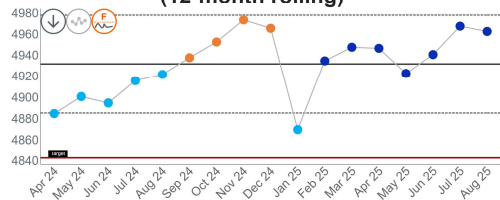
Community 52+ week waits



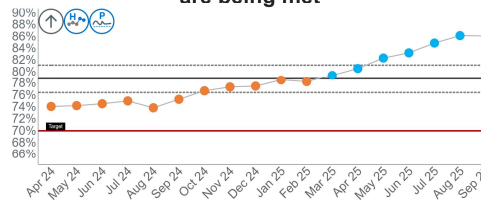
Community CYP 52ww+



Number of People Receiving Long term services (12-month rolling)

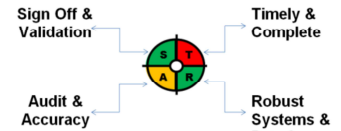


% of Reviews where carers indicate their needs are being met



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

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

Urgent & Emergency Care & Cancer

STAR Factors

Cancer 62 Day Performance	
Cancer 28 Day Faster Diagnostic	
Cancer 31 Day Target	
Cancer 63+ Day Waiting List	
Urgent Care 4 hour standard	
% of 12 hour waits in ED	
Ambulance Handover <30 mins	

Finance/Cost

STAR Factors

Monthly Revenue position including Outturn	
Temporary Staffing Spend - Bank & Agency	
CIP Delivery	
Cash Position	
BPPC	
Capital YTD (Including Leases)	

STAR Factors - Part 2

Elective Care & Productivity

▲	STAR Factors
RTT Waits Within 18 Weeks (First attendance)	
RTT First Attendance Within 18 Weeks	
RTT 52+ week waits	
DNA Rate	
Theatre Utilisation (Capped)	
Size of Waiting List	
Number of Cancelled Operations (on day of admission for non-clinical reason)	
Diagnostic 6 week Performance	
PIFU	
Specialist Advice	
Discharge Ready Date	

Quality

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

Safety

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

STAR Factors - Part 3

Community & Adult Social Care	STAR Factors
Urgent Community Response 2-Hour Performance	
Community 52ww+	
Community CYP 52ww+	
Number of People Receiving Long term services (12-month rolling)	
% of Reviews where carers indicate their needs are being met	

Integrated Performance Report: October 2025



Northern Care Alliance
NHS Foundation Trust

Glossary

AMS	Acute Medical Service
BAF	Board Assurance Framework
BCO	Bury Care Organisation
CTG	Cardiotocograph
CO	Care Organisation
CQC	Care Quality Commission
CEO	Chief Executive Officer
Cdiff	Clostridium Difficile
CDI	Clostridium Difficile Infection
CRR	Corporate Risk Register
CIP	Cost Improvement Programme
DKAFH	Days Kept Away From Home
DNA	Did not Attend
ESR	Electronic Staff Record
ED	Emergency Department
FGH	Fairfield General Hospital
F&F	Friends and Family
FFT	Friends and Family Test
GIRFT	Getting It Right First Time
GM ICB	Greater Manchester Integrated Care Board
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
MHS	Model Health System
NG	Nasogastric
NE	Never Event
NHSE	NHSE England
NCA	Northern Care Alliance
OCO	Oldham Care Organisation
PALS	Patient Advice and Liaison Services
PIFU	Patient Initiated Follow Up
PSG	Patient Safety Group
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PPH	Postpartum Haemorrhage
QMEG	Quality & Management Executive Group
RTT	Referral To Treatment
RCO	Rochdale Care Organisation
ROH	Royal Oldham Hospital
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