Northern Care Alliance
NHS Foundation Trust

Integrated Performance Report

Published: November 2025

CARE APPRECIATE INSPIRE

Northern Care Alliance NHS Foundation Trust

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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.*

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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 Pressure Ulcers G2-G4 C-diff 62 Day Cancer Performance	Welcome Back Compliance Urgent Community Response 2-Hour Performance UEC - 4 hour RTT First attendance within 18 weeks 63 day waits Cancer	Temporary Staffing Spend
Natural Variation	Mandatory Training PPH Time to Hire	28 Day Cancer Faster Diagnosis 31 Day Cancer Complaints Response DNA Rate Falls Friends & Family Test Hand Hygiene Compliance Hospital Acquired Organisms - Ecoli Risks within review date	Diagnostics 6 week performance My Time Compliance Number of People Receiving Long term services (12-month rolling) PALS resolved within 5 days PIFU RTT waits within 18 weeks Sickness Absence (In Month) Sickness Absence (Rolling) Size of Waiting List Theatre Utilisation	Ambulance handover 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 Better Payment Practice Code

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

People & Learning

Highlights

Workforce Planning underway for 2026/27 year and Mid Term Plan
Mandatory training at 93.74%
Foundation Leadership training at 87%
Medical Appraisal at 96%
Time to Hire remains below 20 day target
Continued progress in implementing our Learning Management System and modernising mandatory training access
Our substantive staffing plan is slightly above plan and we continue to review our workforce plans to address this

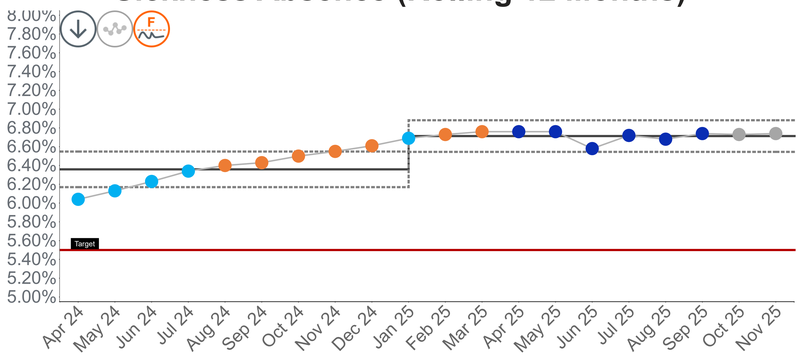
Areas of Concern

Sickness absence continues to be above target
Welcome Back discussion compliance has improved across all areas
My Time compliance at 87.13% and an area of continued focus in Performance Reviews
Whilst mandatory training is above 90% there are 19 modules that are non-compliant – Care Orgs are developing trajectories to achieve compliance

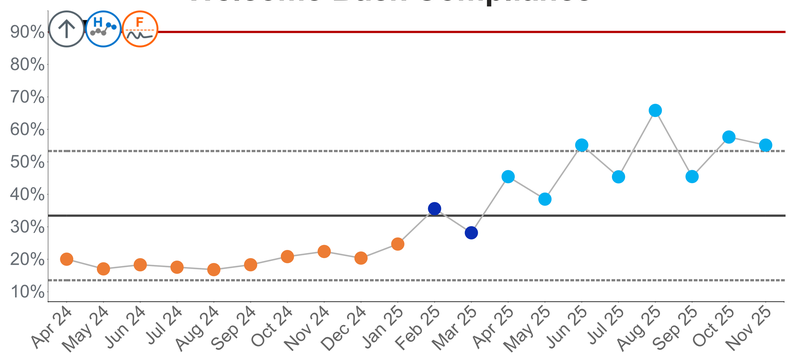
Forward Look (with actions)

Continue to build to enhance the Welcome Back to Work conversations, with tailored support focusing on skills development and reporting. Long term absence supported by the introduction of reporting of plans for greater oversight.
Flu vaccination campaign continues
Continued focus on increasing My Time compliance at Performance Reviews
Care Orgs developing trajectory for achieving mandatory training in non-compliant modules

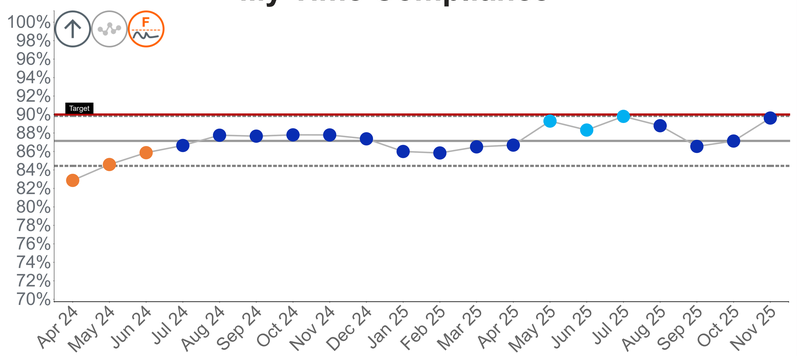
Sickness Absence (Rolling 12 Months)



Welcome Back Compliance



My Time Compliance



Technical Analysis

The 12m rolling average sickness rate remains consistent at 6.74%
The in-month sickness absence rate has increased to 7.20% for November 2025 - the highest since January 2025.

Welcome back compliance has improved across all areas.
Continued focus on Welcome Back discussions at Performance Reviews and NOF Improvement Board

My Time Compliance increased further in November to 89.62%.
Medical Appraisal Compliance remains consistent at 96%
Weekly appraisal compliance monitoring continues to be shared with all line manager and leaders.

Actions

We continue to work to improve the compliance of Welcome Back Health Reviews to support colleagues and have launched a standardised process for recording and monitoring all long term absence, to ensure colleague are supported with wellbeing plans.
Extensive SCARF programme in place.

Care Organisations are reviewing the areas with the lowest compliance rates to ensure line managers understand their responsibilities to welcome colleagues back to work after period of absence. HR teams are providing additional support where required.

The trajectories for improvement continue to be monitored via performance review meetings with a specific focus on areas of lowest compliance and staff groups against the target.

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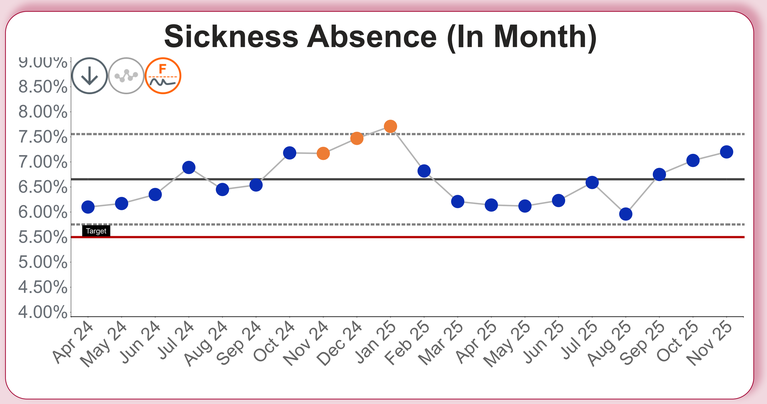
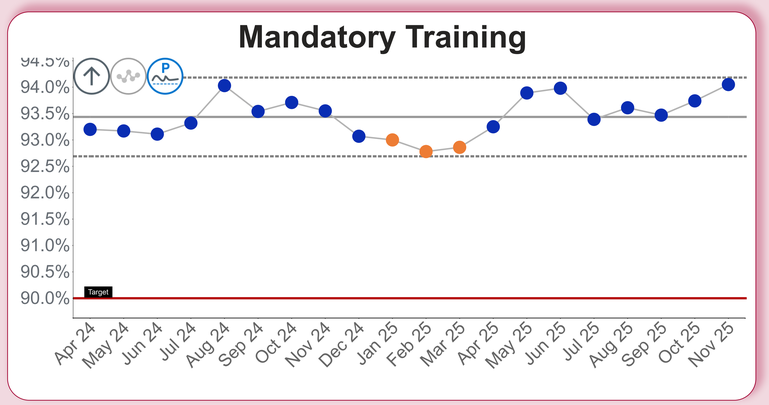
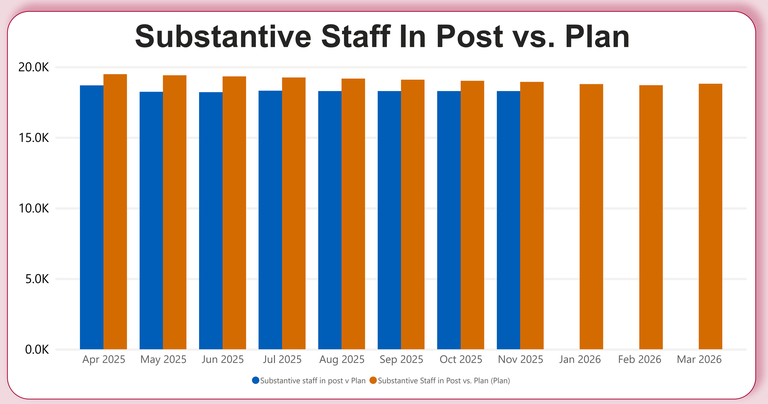
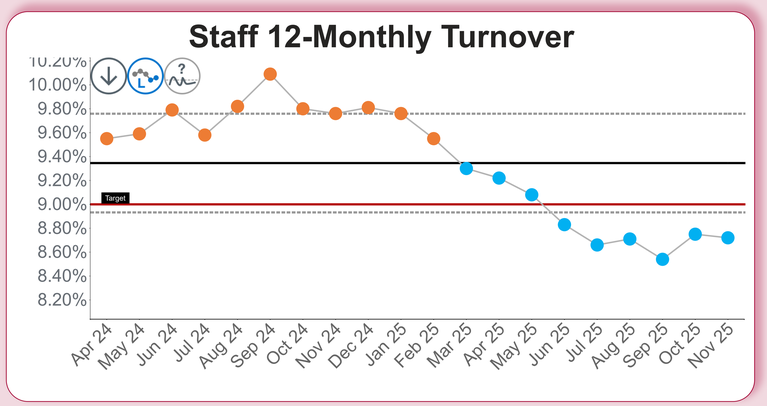
Watch Metrics

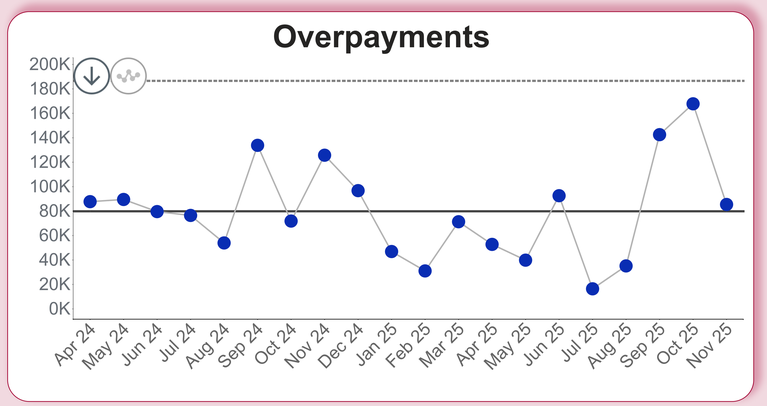
People & Learning











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Leah Robins - Chief Operating Officer: Drive Metrics

Elective Care & Productivity

Highlights

Long waits have reduced supported by the My Recovery Plan Programme, which is driving sustained specialty level improvements in Outpatient productivity. Improved theatre utilisation at our elective hubs has been sustained.

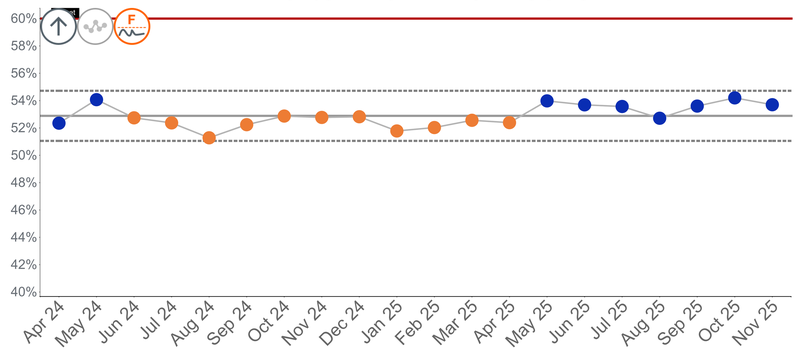
Areas of Concern

Industrial action may adversely affected patient waiting times. The RTT trajectory becomes more challenging in the remainder of the year. We need to do more to improve theatre productivity.

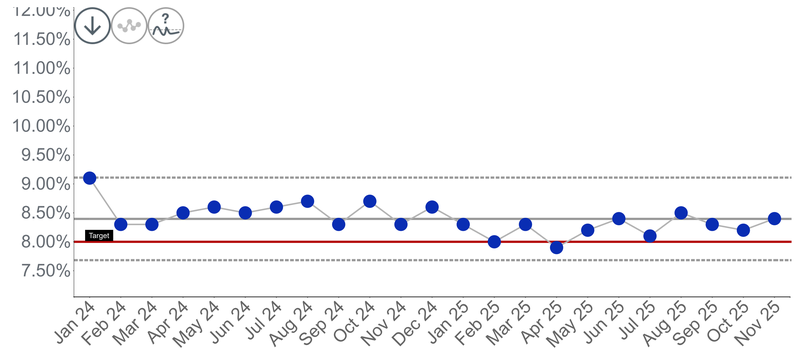
Forward Look (with actions)

Five new specialties have been agreed for phase 2 of Outpatient Disruption. We are agreeing and transacting clinic template changes with our clinical teams. NHS England is providing extra funding to support our outpatient innovation work for the remainder of the year.

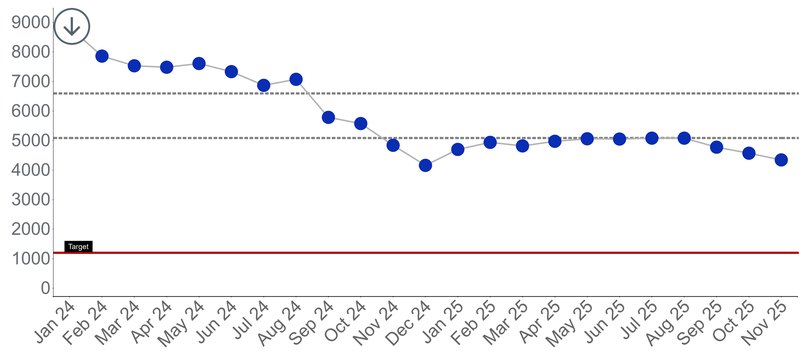
RTT Waits Within 18 Weeks



DNA Rate



RTT 52+ week waits



Technical Analysis

53.7% of our open pathways were waiting below 18 weeks in November, remaining consistent with previous months but below the 60% target.

The DNA rate continued to demonstrate natural variation at 8.4% in November; slightly above the target of 8%

52 week waits continued to decrease, falling to 4345 in November, a reduction of 227 from the previous month.

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 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 - started; (2) Outpatient disruption tests of change phase 2 Jan-26; (3) Manual validation process of community waits – Nov-25 - started; (4) Digital reporting systems for community – Jan-26; (5) NHSE funded actions - Q4

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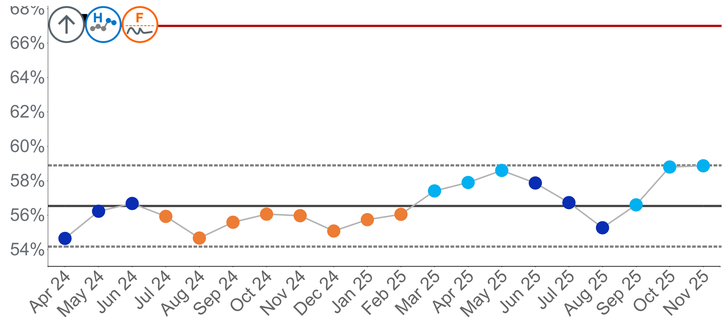
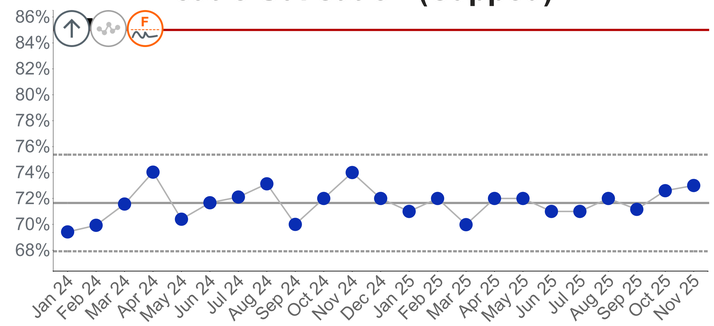
Watch Metrics

Elective Care & Productivity

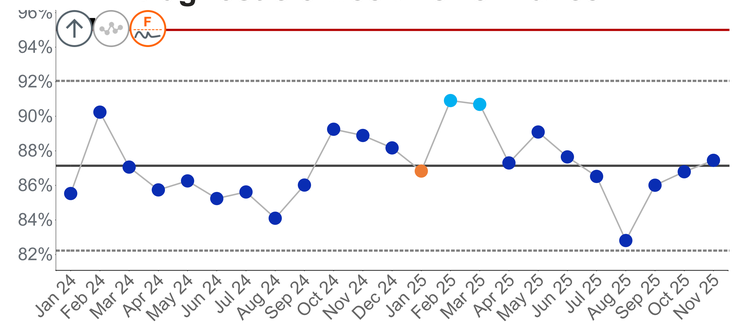
RTT First Attendance Within 18 Weeks



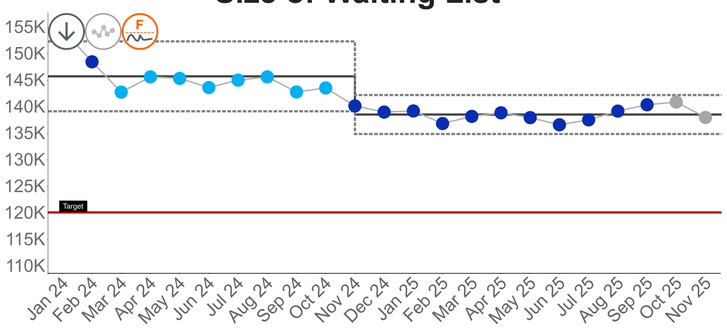
Theatre Utilisation (Capped)



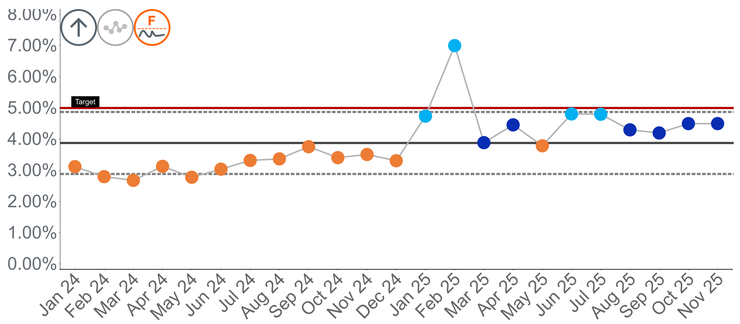
Diagnostic 6 week Performance



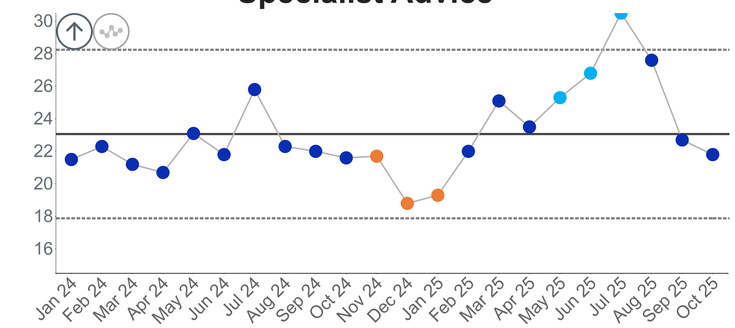
Size of Waiting List



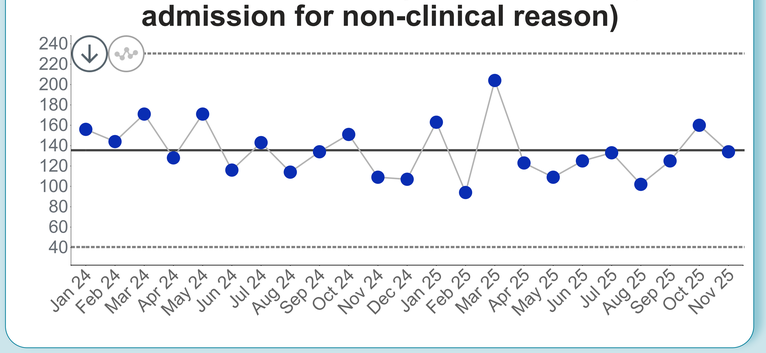
PIFU



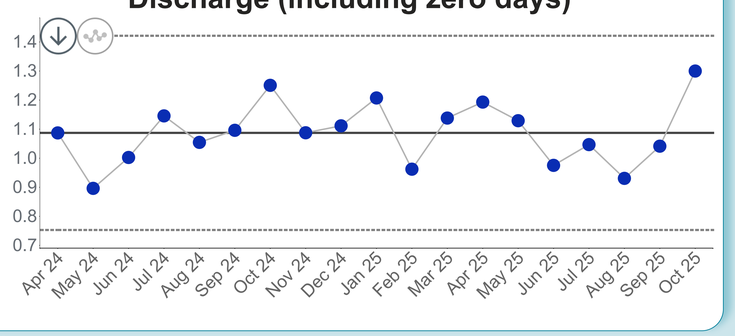
Specialist Advice



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



Average number of days from DRD to Actual Discharge (including zero days)



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Leah Robins - Chief Operating Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

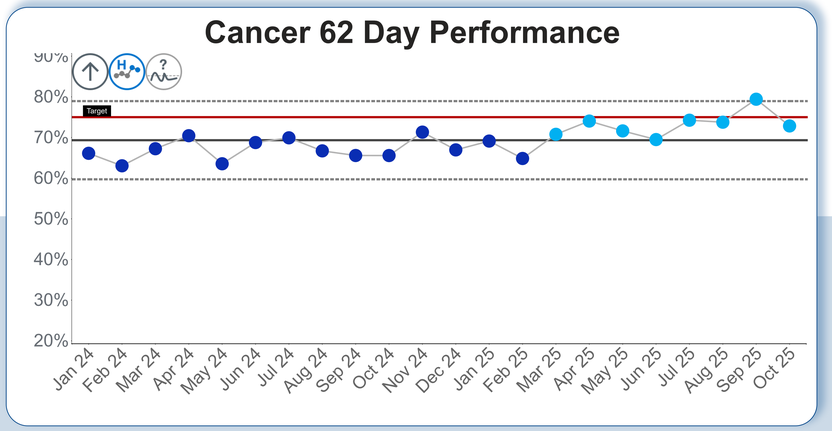
4 Hour Urgent Care performance has improved over the last quarter and is the best it has been in 4 years. Our Type 1 performance was near the national average, following national seasonal trends. We are meeting our Cancer trajectories with improvement relative to last year.

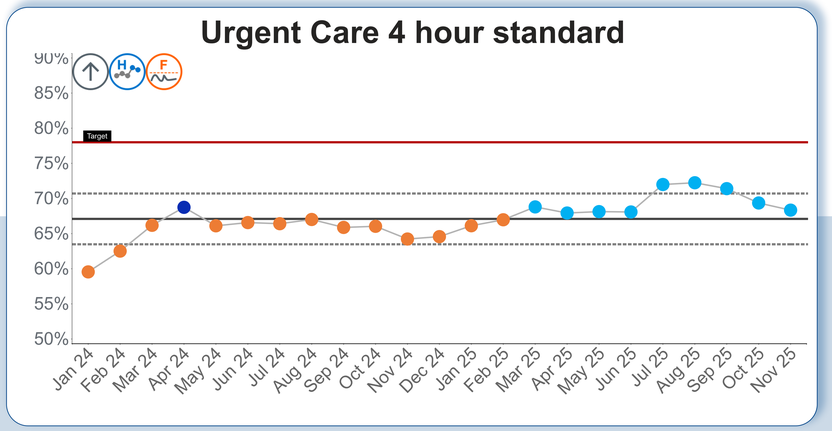
Areas of Concern

Whilst we have delivered improved performance the trajectories becomes more challenging across urgent care and cancer standards. Urgent care demand has increased relative to last year, being higher than planned.

Forward Look (with actions)

Deployment of the winter plan over the coming months. Continue to work with system partners to improve ambulance conveyancing Single Point of Access, which started in June. A Length of stay improvement collaborative with clinical leaders. A focus on Board Rounds on AMUs.





Technical Analysis

Performance demonstrates special cause variation of an improving trend, this is due to 8 data points above the average.

Performance continued to decrease in November, falling to 68.34%, remaining consistent with previous months and continuing to demonstrate special cause (better) 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) Support GM to implement community Dermatology model - across 25-26

1) Ambulance SPoA started June; (2) Care by appointment phased rollout Nov-25 - staff training started; (3) Forwards Ops Model – Q3; (4) ROH extended UEC GP hours - Dec-25; (5) Winter Plan deployment Q3 & Q4; (6) Daily Non-Admitted breach focus – Q4; (7) Established LoS collaborative Nov-25

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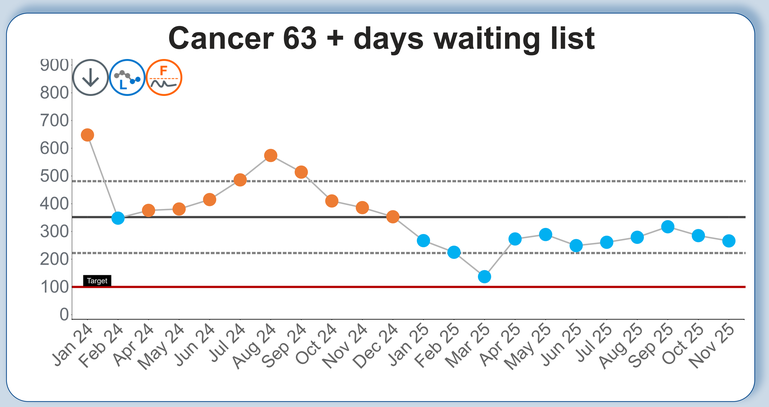
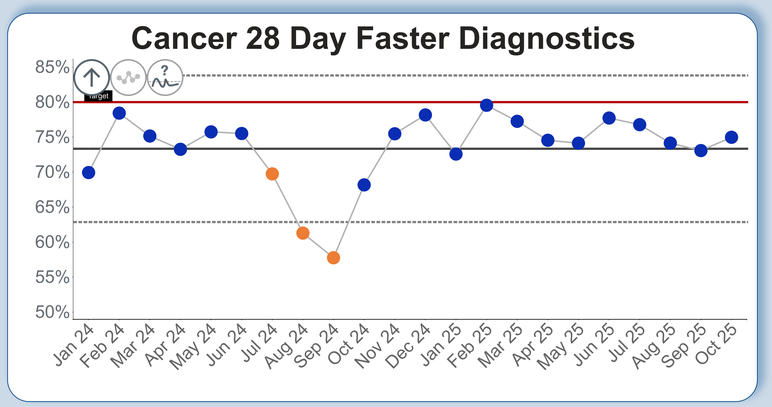
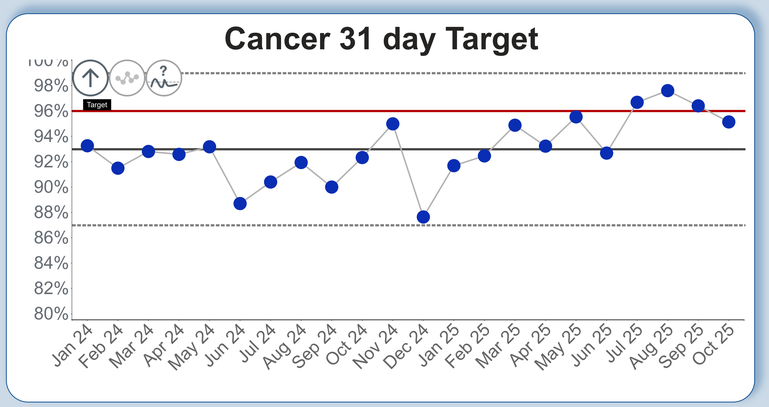
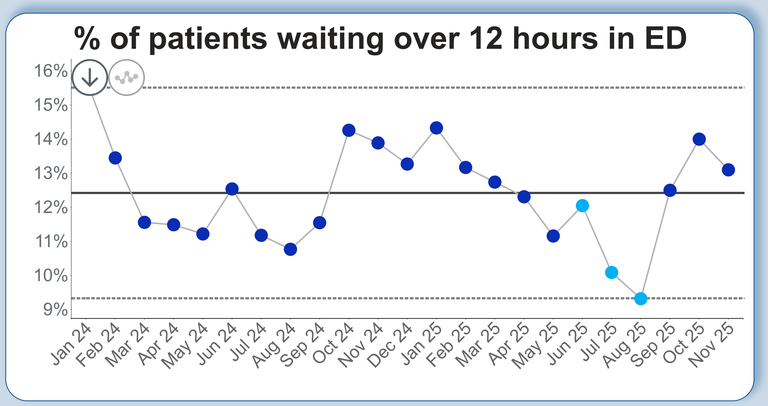
Watch Metrics

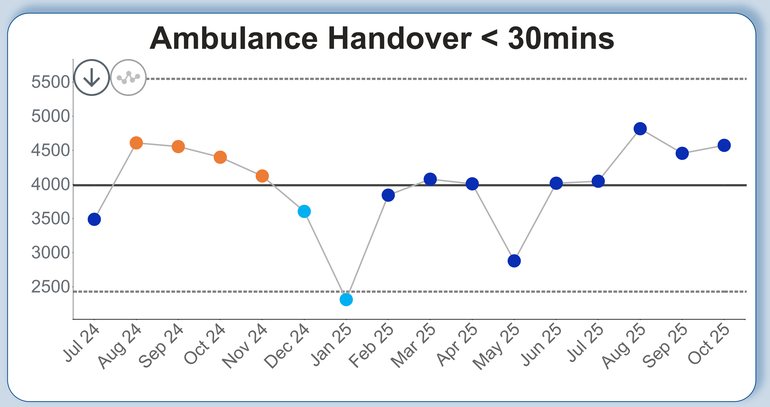
Urgent & Emergency Care & Cancer











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Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

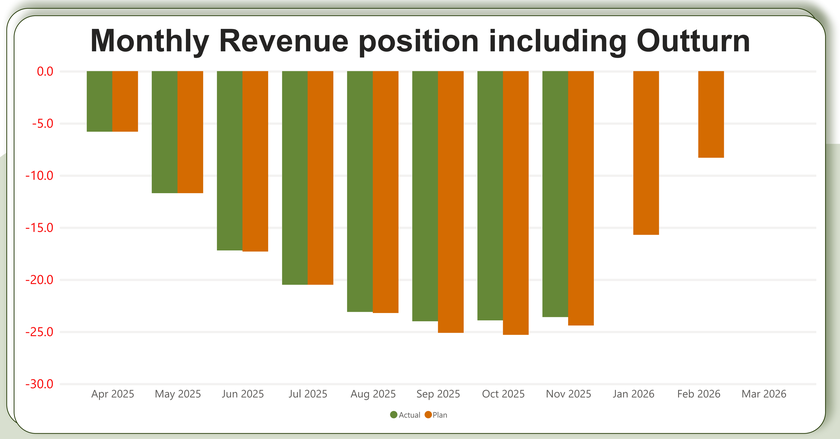
The NCA is reporting a year to date position £837k better than plan, with a net deficit of £23.55m. Excluding Deficit Support Funding (DSF) = £62.1m Deficit
CIP YTD - £68.5m delivered against target of £49.0m - £19.5m better than plan

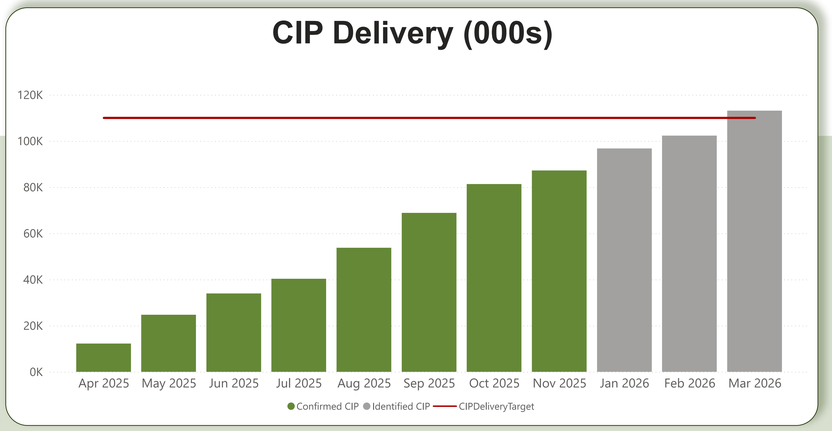
Areas of Concern

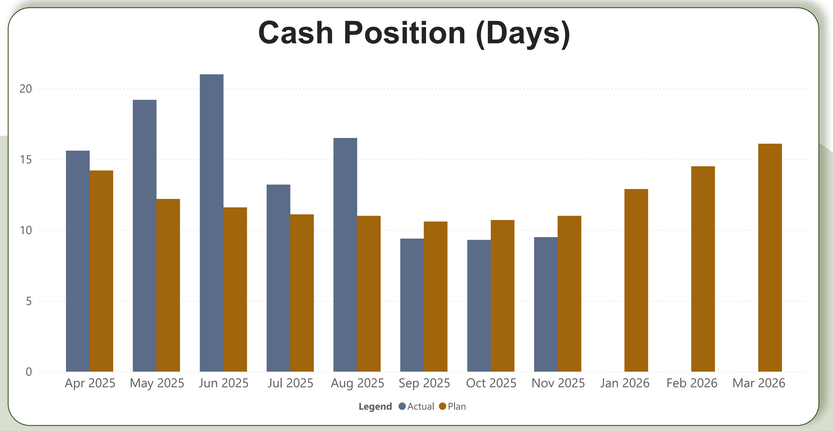
The trust plan includes £57.8m of DSF funding, £19.3m for Months 9 through to Months 12 are yet to be secured. Loss of DSF would result in a cash risk in 25/26.

Forward Look (with actions)

As at Month 8 there are several unplanned pressures over and above a challenging CIP + Productivity target assumed in 2025/26 plans.
The Trust is currently working through mitigation actions to support delivery of the plan which includes acceleration of the remaining CIP schemes and reduction to premium variable pay costs.







Technical Analysis

For Month 8, NCA Group is reporting a position £495k worse than plan, with a net surplus of £0.4m. Excluding Deficit Support Funding (DSF) = £4.4m Deficit. The year to date position is £837k better than plan, net deficit of £23.55m. Excluding Deficit Support Funding (DSF) = £62.1m Defici

At 17th December £112.1m of schemes have been identified with £87.2m transacted.

The cash position in November was £50.6m , equating to 9.5 cash days.

Actions

Work on delivery of outstanding CIP schemes and recovery actions is ongoing.

Work to deliver the full CIP target of £110m is ongoing.

The Trust has established a cash group to monitor and manage the cash position which is governed by the Finance and performance committee. Although it is expected that cash will be sufficient for 2025/26 the documentation to request cash support is being prepared alongside mitigating actions.

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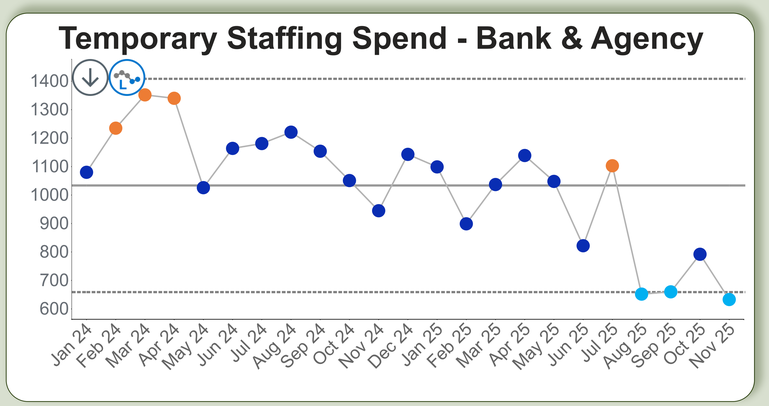
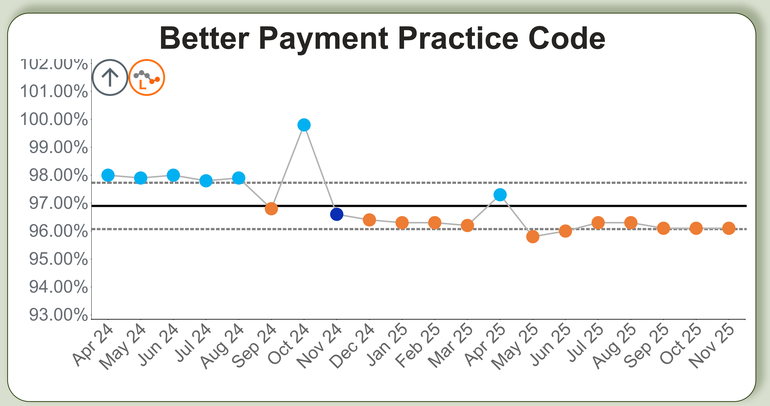
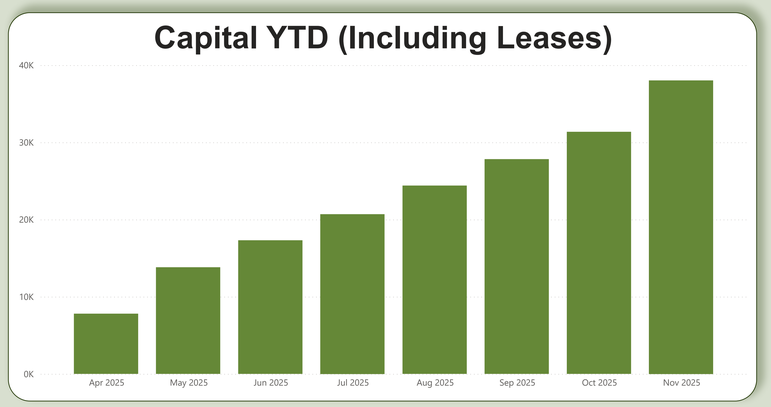
Watch Metrics

Finance







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Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

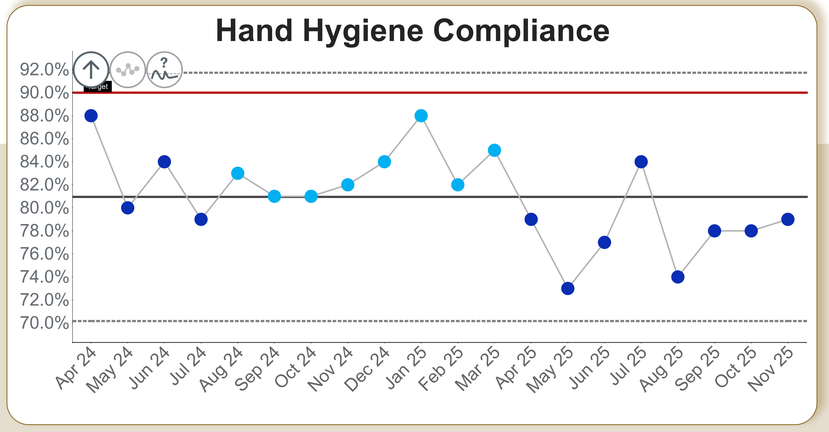
We have achieved our ambition of >90 days with no MRSA bacteraemia. Our new MRSA policy has now been published. NCA ranked joint top performer for MSSA nationally (out of 134 Trusts) in November, an improvement in ranking from 81/134 in October. We have achieved our NHSE flu vaccination target of 5% increase on last years, ranking 3rd in GM

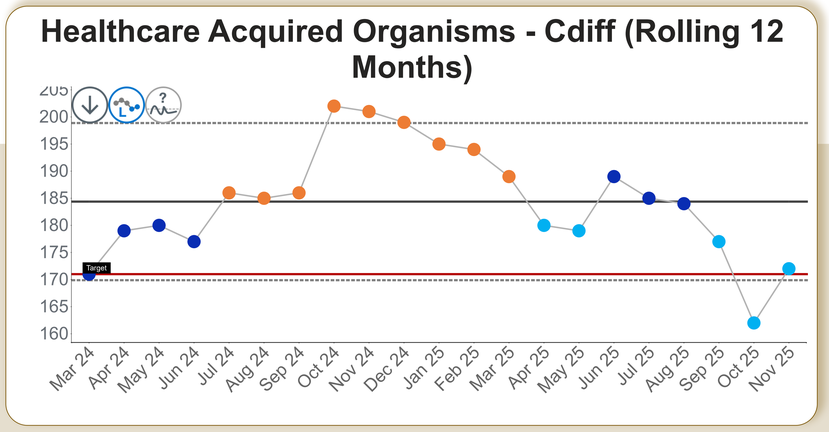
Areas of Concern

Our CDI performance deteriorated in November, with 10 cases reported in Oldham, 4 in Bury and 4 in Salford. The spike in Oldham cases is being investigated for any common themes/learning. There were 2 still births reported in November, however there were no deviations in care for either birth (one was anticipated due to genetic abnormality).

Forward Look (with actions)

A deep dive into the 10 cases of CDI in Oldham is underway to identify any themes/learning. Use of antibiotics is the prime risk factor for CDI. A review of our antimicrobial stewardship and benchmarking is planned for Jan-Mar 2026, with three key areas for improvement identified. This will be presented to the Clinical Effectiveness Group in March 2026.





Technical Analysis

Compliance shows natural variation with an in month value of 79%, which is below the 90% target.

Our external target is no more than 171 cases of healthcare-associated CDI (14 per month). We are currently 4 cases over trajectory with a total of 118 cases to date. Considering all NHS Trusts, NCA ranked 109/134 in November, a deterioration from 65/134 in October.

Actions

Hand hygiene improvement collaborative focus for December is communication materials, including trusted voices posters, and educational videos. HH included in new QAA for local ownership. Forward thinking HH will be on AMaT to form part of ward assurance framework

Review of the 10 cases reported in Oldham to understand any themes/learning and to be presented to Oldham IPCC in January

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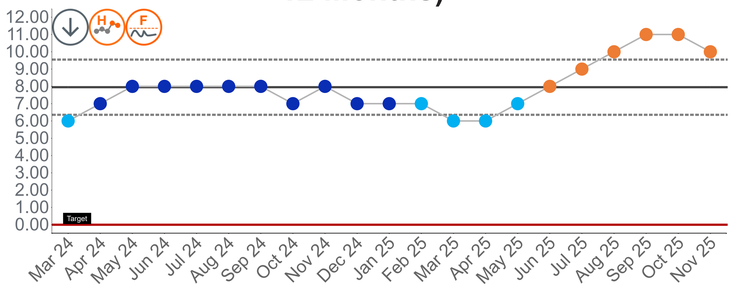
Northern Care Alliance
NHS Foundation Trust

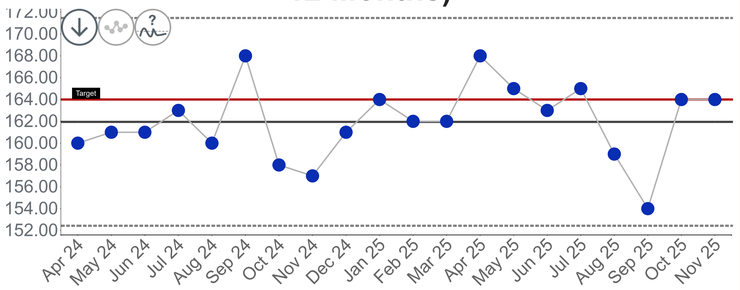
Watch Metrics

Quality

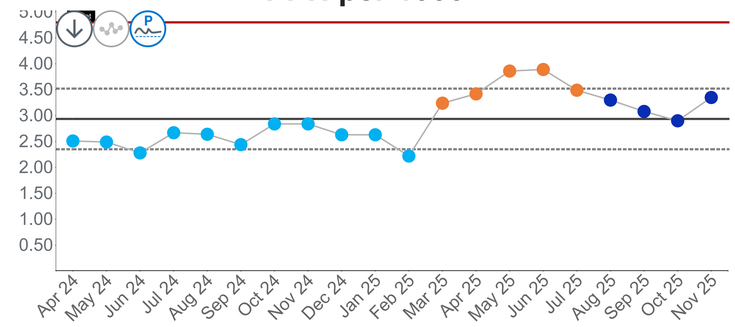
Healthcare Acquired Organisms - MRSA (Rolling 12 Months)



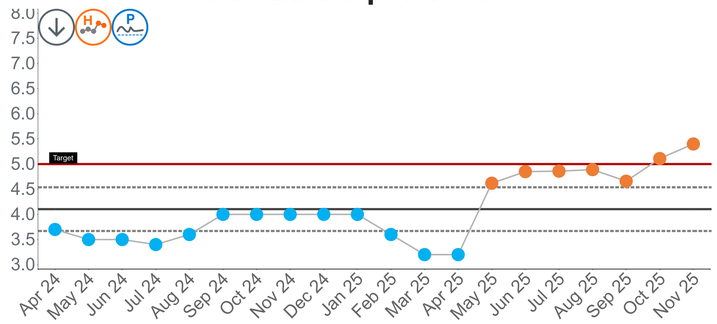
Healthcare Acquired Organisms - E-Coli (Rolling 12 Months)



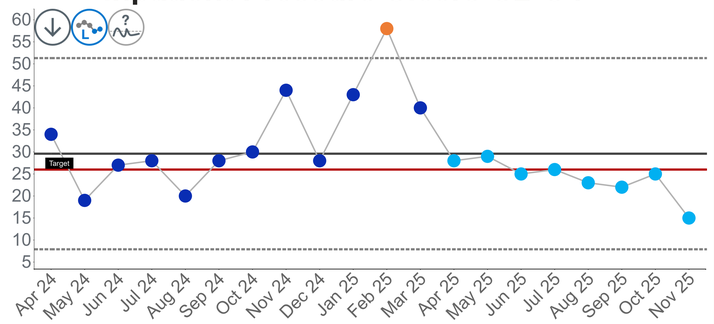
PPH per 1000



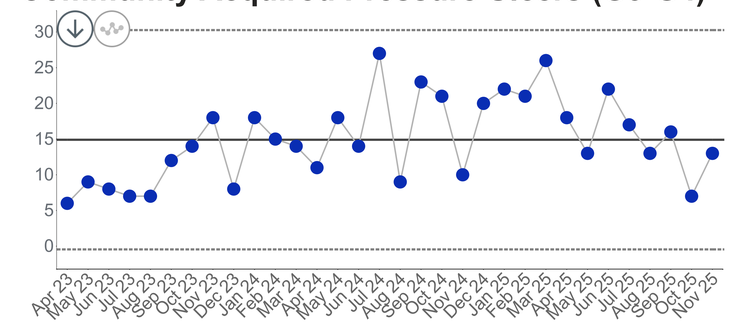
Still Births per 1000



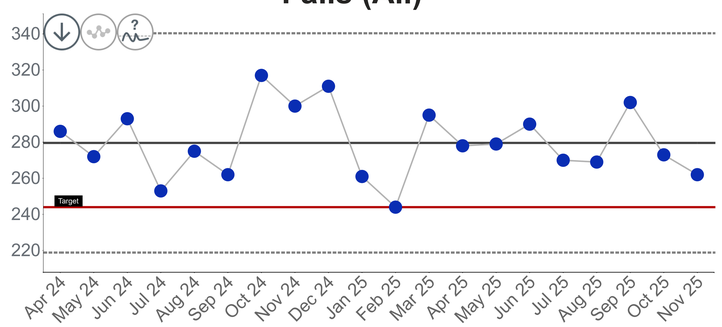
Inpatient Pressure Ulcers G2-G4



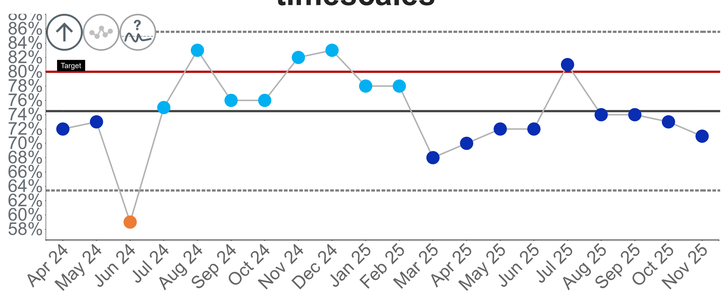
Community Acquired Pressure Ulcers (G3-G4)



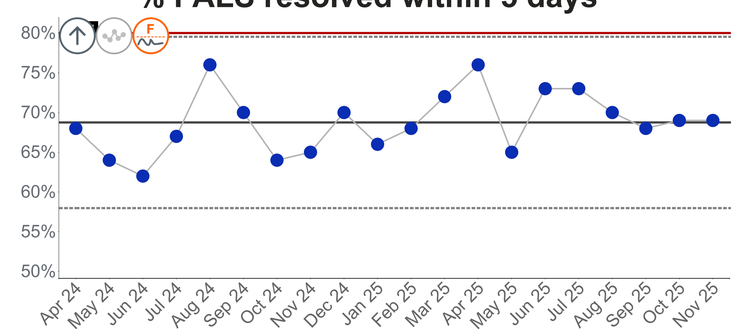
Falls (All)



Complaints responded to within negotiated timescales



% PALS resolved within 5 days



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Northern Care Alliance
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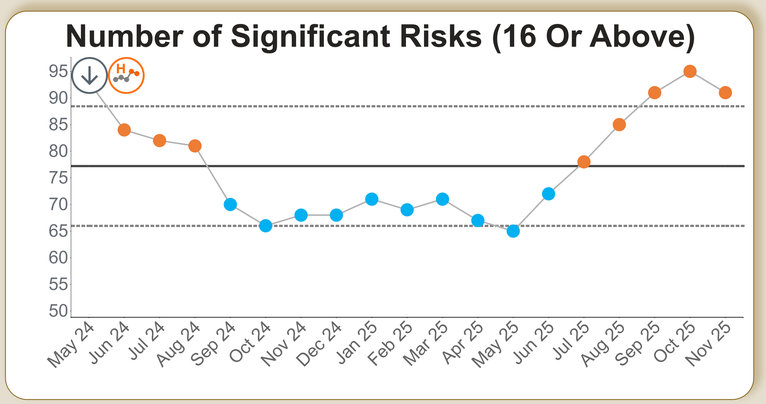
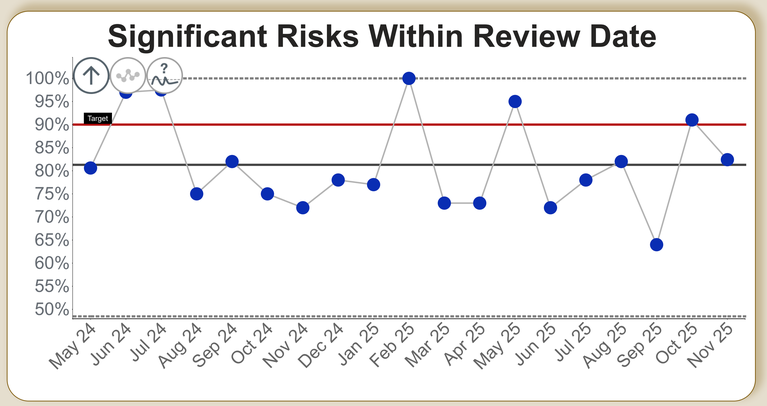
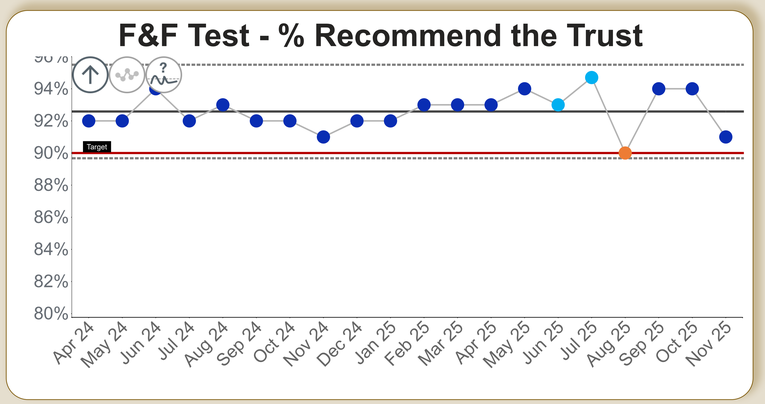
Watch Metrics

Quality







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Northern Care Alliance
NHS Foundation Trust

Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

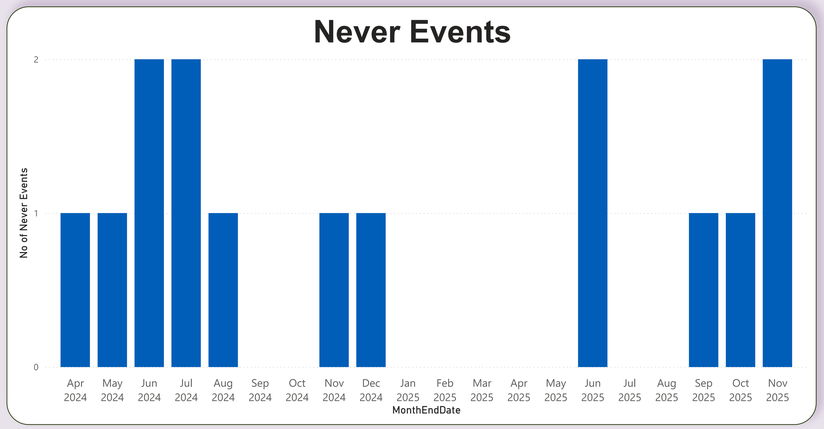
Overdue PSII backlogs have fallen to their lowest level in the reporting period, significantly below the 11-month average. This improvement is driven by enhanced cross-site collaboration within Clinical Governance teams and consistent Executive Sign off Panel capacity. Work continues to address overdue actions linked to incident investigations, with positive progress noted across Patient Safety Reviews (PSRs).

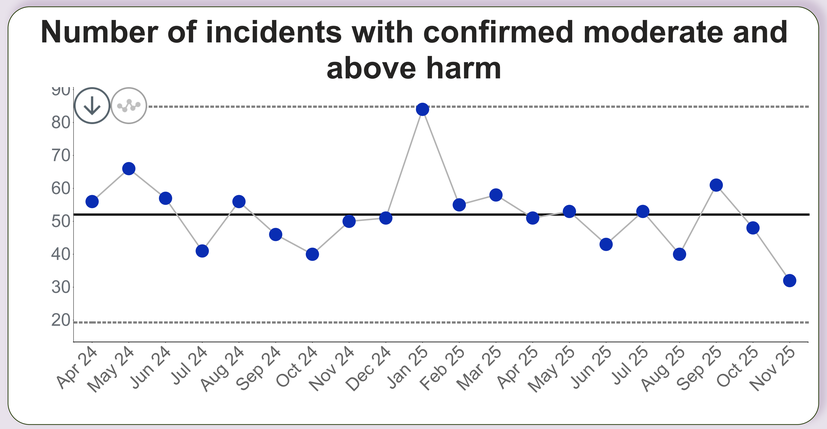
Areas of Concern

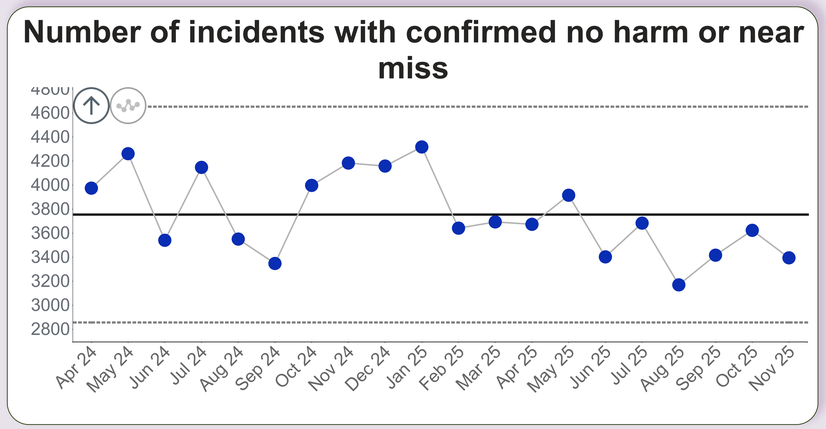
There have been two Never Events declared across the Trust in November 2025. [1] Division of Surgery at Salford Care Org in which an incompatible orthopaedic prosthesis was used during surgery. [2] Oldham Care Org whereby a patient undergoing a Gynaecological procedure had a retained 2cm tubular foreign body left insitu. Duty of Candour has been discharged for both patients and PSII investigations underway.

Forward Look (with actions)

Since PSIRF was launched, the Trust has completed 100 PSIIs linked to a National Priorities and 20 PSIIs linked to a Local Priorities. As the Trust meets activity levels outlined within Plan, work will commence to define the next cycle of priority groups. In Jan 26, teams will initiate data analysis across Patient Safety insights to support this process, engaging both internal stakeholders and external system partners







Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

We are seeing positive progress being made in improving community waiting times including children and young people.

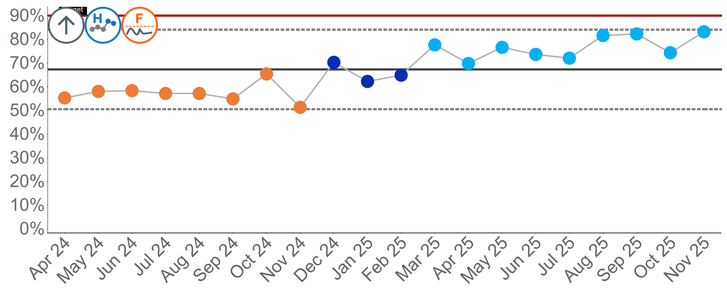
Areas of Concern

Digital systems and validation capacity are contraints that we are working to improve.

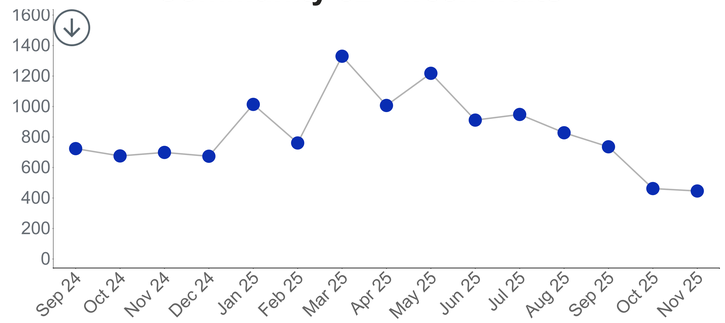
Forward Look (with actions)

Access & Performance meetings will continue to drive standardisation of processes, and support the development of plans for Digital systems.

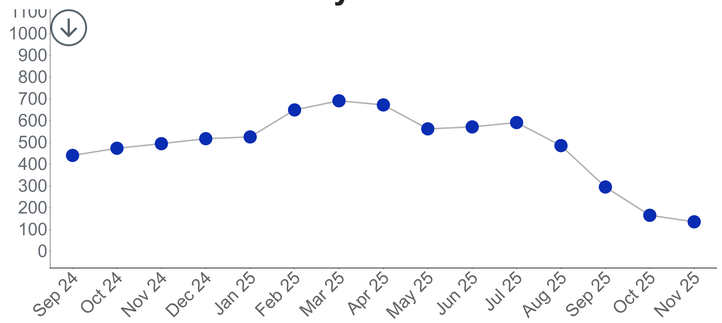
Urgent Community Response 2-Hour Performance



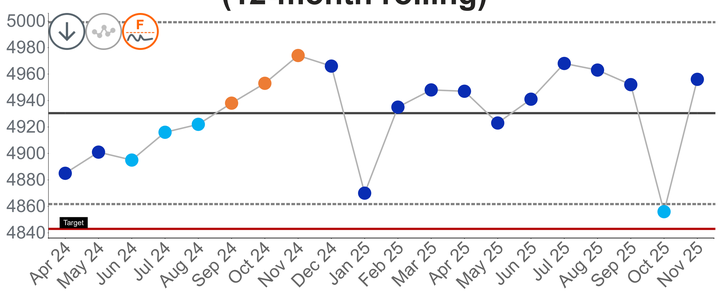
Community 52+ week waits



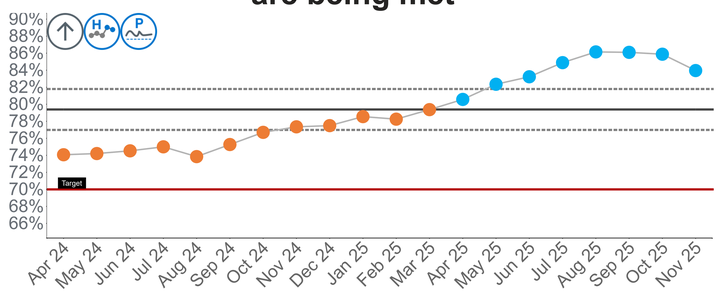
Community CYP 52ww+



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



% of Reviews where carers indicate their needs are being met

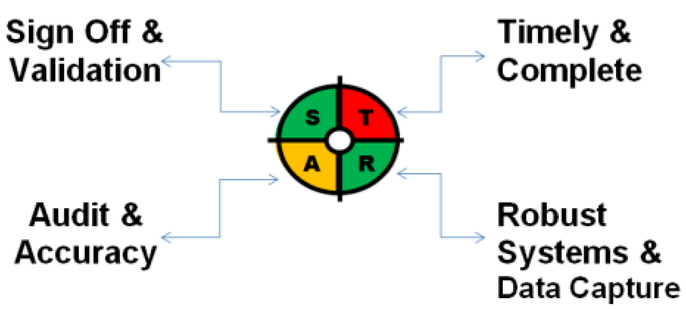


Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

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)	

Integrated Performance Report: November 2025

Northern Care Alliance
NHS Foundation Trust

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	

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