

## Queries Raised at JHOSC relating to the NCA Integrated Performance Report on 18 December 2025

Query raised	NCA response
<p>Page 2: Members noted the summary and queried whether, for metrics with no target, this was due to it being difficult to quantify one.</p>	<p>There are several metrics that currently do not have defined targets, typically due to gaps in national standards. For example, Discharge Ready Date is a new metric introduced in the NOF and does not yet have a specific target. As it is relatively new within the NHS, we are focusing on monitoring its performance and driving improvement over time.</p> <p>Similarly, for Number of Incidents with Harm, our aim is to reduce these occurrences, but there is no national benchmark to reference. Conversely, for Number of Incidents with No Harm, we would like to see an increase, as this reflects a positive reporting culture within the organisation. However, we have not set a formal target for this metric, as it serves more as an indicator of cultural maturity rather than a performance measure.</p>
<p>Page 3: Members noted that sickness absence had grown and stayed high, and requested an explainer for why this was the case.</p>	<p>In the context of around 38% of working-age adults in Greater Manchester living with a long-term health condition and higher deprivation levels in our communities than the England average, NCA sickness absence levels have historically been above the England average. The top five reasons for sickness in NCA colleagues since April 2024 are Stress/ Depression/Anxiety, Musculoskeletal, Gastrointestinal, Coughs/Colds/Flu and Chest/Respiratory. The crucial issue for sickness absence is the increase in mental health related absence reasons (Stress/Depression/Anxiety etc) and there are many influencing factors on this. This is consistent with national trends.</p> <p>The new co-produced Wellbeing and Attendance Management policy has delivered a fundamental shift to individualised approaches to supporting wellbeing with removal of ineffective punitive triggers and a wide range of supportive targeted intervention, prevention and lifestyle support. We are therefore providing better support and people are returning to work sooner for periods of absence that are more than 28 days. Data shows that we have shifted the balance of short and long term sickness, reducing long term sickness from 64.51% in April 2024 to 55.88% in November 2025, while an increase in short term sickness was seen in the same period increasing from 35.49% to 45.12%. The</p>

	<p>new policy has prevented further increases as data shows that sickness is lower on average when you compare across the years since the inception of the new policy.</p>
<p>Page 4: Members noted that overpayments had been raised at the previous meeting and that the measures were not working.</p>	<p>The IPR showed natural variation and does not signify an increase in overall organisational overpayments. In line with the IPR commentary, this is due to one significant overpayment currently being recouped.</p>
<p>Page 6: Members noted that theatre utilisation was significantly under target and asked why this was the case. It was noted that there had been lots of activity around this with an intensive programme on improving these figures. Members queried what constituted theatre utilisation.</p>	<p>Definition of Capped Theatre Utilisation from NHSE: 'Capped theatre utilisation (CTU) is an NHS performance metric measuring the percentage of planned operating session time (e.g., 9 a.m.–5 p.m.) used for patient "touch time" (surgery/anaesthesia), specifically ignoring any time used during overruns. It is used to assess efficiency by capping, or truncating, the total surgical time to match the scheduled session, with a target often set above to improve productivity.'</p> <p>It is measured from the first patient into the anaesthetic room or theatre (whichever is sooner) to the patient leaving the operating theatre for recovery. The capped utilisation of theatres is measured from the proposed start time and completion of the list. So for example if the session is planned to start at 08:45 and finish at 12:45 then there is opportunity for 240 minutes of theatre activity. Turn around is the time associated to the last patient leaving the theatre to the next patient coming into the anaesthetic room or theatre, whichever is first.</p>
<p>Page 7: Members noted that there was an area of concern around GM system demand reduction initiatives for suspected skin cancers pathways not yet yielding anticipated benefits, and it was queried why this was the case and what plans were in place to make sure that the benefits are realised.</p>	<p>NHS Greater Manchester is leading a Dermatology Transformation Programme to improve how referrals are managed before patients attend hospital. This includes introducing a single point of access using specialist referral software to guide GPs towards the most appropriate pathway. Adoption across Greater Manchester has been variable and the approach remains under pilot review.</p> <p>A second element of the programme was the recommissioning of community dermatology services to a standardised specification, including treatment of low risk basal cell skin cancers that are often referred on urgent cancer pathways. The procurement process and awarding is currently paused due to challenges to the outcome and a revised mobilisation date has not yet been confirmed.</p> <p>Locally, progress has continued to streamline pathways. Teledermatology has been successfully implemented, enabling rapid assessment of skin lesions at the point of referral. Around 9,000</p>

	<p>suspected cancer referrals are expected to use this pathway in the coming year. Approximately 35% of patients can be safely discharged with reassurance based on specialist review of clinical images alone, allowing faster diagnosis and reducing unnecessary hospital visits.</p> <p>Further pathway integration with primary care remains a priority. A pilot GP skin cancer lead role has been secured for a 12 month period April 2026, supported by the GM Cancer Alliance, to strengthen education, quality improvement and referral management at practice level.</p>
<p>Page 12: Members highlighted that hand pumps had been empty on a recent hospital visit and queried why this was. It was agreed that these concerns would be highlighted. Members noted that hand hygiene was going down which was concerning given the flu season.</p> <p>Members noted the MRSA Improvement Plan as an area of concern, querying what pressure this puts on wards. It was noted that, as this related to 7 cases, it would depend on when infection happens and that it is monitored closely.</p>	<p>We have been reviewing the availability of hand gel in public areas. We have recently transitioned to a new supplier for the hand gel dispensers. During flu season, usage increases significantly across patients, visitors and staff. We have identified that the new dispensers hold a smaller volume of product, which means they require more frequent replenishment to maintain availability.</p> <p>To ensure consistent coverage and assurance, all public-area dispensers are now included in a daily replenishment schedule, supported by a daily checklist completed by the team. These checklists are then audited monthly to ensure compliance and to identify any gaps or trends.</p> <p>Recent audit data for 8 Entrance points across the Oldham site confirmed that gel was replenished daily Monday to Friday and available for use. The domestic helpdesk phone number has been publicised to request that all staff report to the Domestic Helpdesk any empty dispensers to ensure adhoc replenishments to support IPC measures, particularly during winter.</p>
<p>Page 12: Members highlighted that whilst the number of still births was still below target, the figures were rising and queried whether this had been picked up.</p>	<p>The service saw a peak in stillbirths in April 2025 which has led to special cause variation within the SPC charts and rolling 12-month data. There were no themes identified within the stillbirth reviews. Since April 2025 the stillbirth rate has remained within normal variation.</p> <p>All stillbirths are reviewed using the Perinatal Mortality Tool to identify causal factors and learning, the reviews are externally assured to identify any further learning. Mortality rates are tracked monthly within the service and externally through the Local Maternity &amp; Neonatal system.</p>

<p>Page 14: Members expressed concern about the never events and would like further detail and assurance about these.</p>	<p>Never events are reported to the Executive team at the point of declaration and monthly to the patient safety group which reports to the NCA Quality Committee and subsequently NCA Board. A regular thematic analysis is performed which supports a regular review of our NCA local patient safety priorities.</p> <p>The number of Never Events reduced in 2025 compared to 2024 (9 vs 13) with reduction in NG tube related events noted. At present, Wrong Site Surgery and retained foreign body object are the trusts highest reported NE categories.</p> <p>NCA has recently commissioned an independent review of our approach to Never Events.</p>
<p>Page 15: It was noted that the increase in carer needs being met is positive, there was a request to understand how this has been achieved and what lessons can be learnt.</p>	<p>As part of reviews carers get asked if their needs are being met. The team calculates the number of people who said yes and divide that by the total number of carer reviews completed over a rolling 12 month period. A larger proportion of carers are now indicating that their needs are being met.</p>