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Integrated Performance Report

Published: April 2026

CARE APPRECIATE INSPIRE

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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 PIFU C-diff 62 Day Cancer Performance 31 Day Cancer	Welcome Back Compliance Urgent Community Response 2-Hour Performance UEC - 4 hour Size of Waiting List RTT waits within 18 weeks RTT First attendance within 18 weeks Number of People Receiving Long term services (12-month rolling) 63 day waits Cancer	Temporary Staffing Spend
Natural Variation	Friends & Family Test Mandatory Training Time to Hire	28 Day Cancer Faster Diagnosis DNA Rate Falls Hand Hygiene Compliance Hospital Acquired Organisms - Ecoli My Time Compliance Pressure Ulcers G2-G4 Risks within review date	Diagnostics 6 week performance Sickness Absence (In Month) Sickness Absence (Rolling) 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 Overpayments Specialist Advice
Special Cause Concerning	Still Births per 1000 PPH	Complaints Response	PALS resolved within 5 days MRSA	Number of Significant Risks Number of Incidents with no harm Better Payment Practice Code

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

People & Learning

Highlights

Workforce Planning is now complete for 2026/27 year and Mid Term Plan
Mandatory training at 93.51%
Foundation Leadership training at 77%
Medical Appraisal at 92%
Time to Hire remains below 20-day target across all areas
Continued progress in implementing our LMS and modernising mandatory training access
Mutually Agreed Resignation Scheme launched on 1 Apr

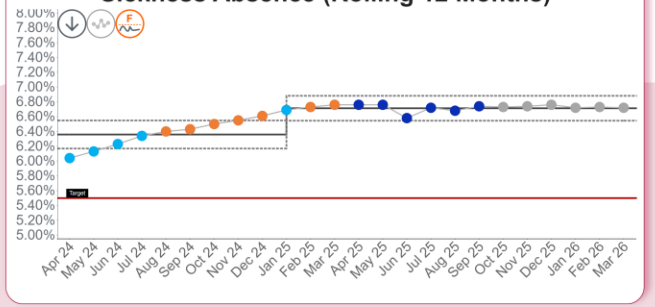
Areas of Concern

Sickness absence continues to be above target
My Time compliance has decreased in March to 85.18% and an area of continued focus in Performance Reviews
Whilst mandatory training is above 90% there are 18 modules that are non-compliant. Clinical Groups to developed trajectories to achieve compliance

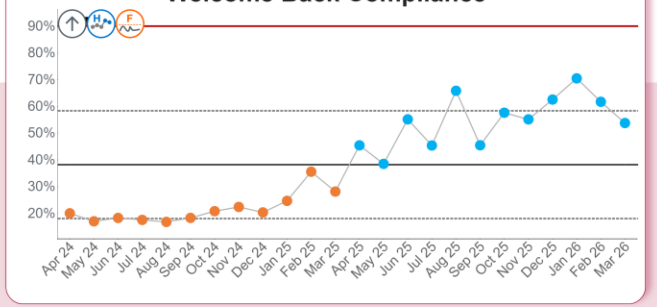
Forward Look (with actions)

Clinical Groups/Corporate Services to establish monthly absence reviews in CSUs and departments from April 2026 to focus on short-term and long-term sickness management, to ensure every colleague has a robust management plan in place
Continued focus on increasing My Time compliance at Performance Reviews
Clinical Groups developing trajectory for achieving mandatory training in non-compliant modules

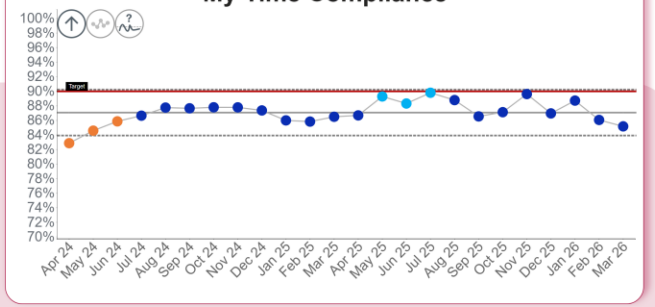
Sickness Absence (Rolling 12 Months)



Welcome Back Compliance



My Time Compliance



Technical Analysis

This remains static, having reduced by 0.01%.

Welcome back compliance decreased in March, falling to 53.79% however continued to demonstrate special cause (better) variation.
Continued focus on Welcome Back discussions at Performance Reviews and NOF Improvement Board

My Time Compliance decreased slightly in March, falling to 85.18%, continuing to demonstrate natural variation.

Actions

This remains static. Work continues to improve the compliance of Welcome Back Health Reviews to support colleagues and are managers are now able to record long-term absence plans for monitoring purposes. Extensive SCARF programme remains in place.

The 3 most challenged CSUs/departments in each Clinical Group/ Corporate Service for Welcome Back Conversation compliance to be identified and implement monthly Welcome Back Conversation data reviews with line managers. Top 3 identification reviewed on a monthly basis.

The improvement trajectories continue to be monitored through performance review meetings, with a targeted focus on areas of lowest compliance and staff groups. Medical Appraisal compliance has increased to 99%. Weekly appraisal compliance reports are shared with all line managers

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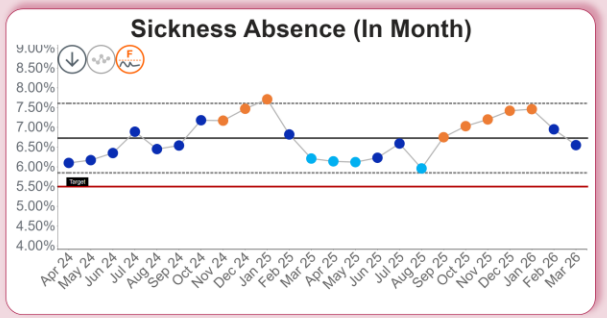
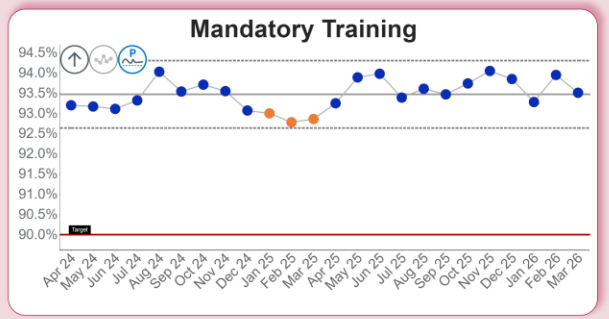
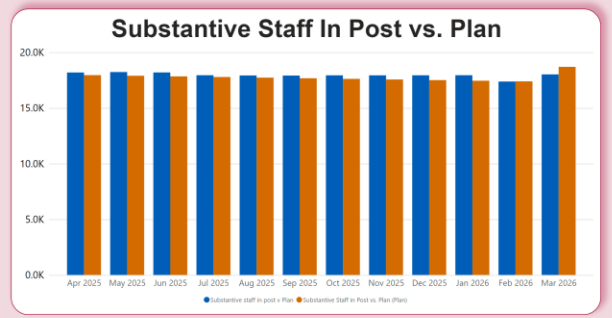
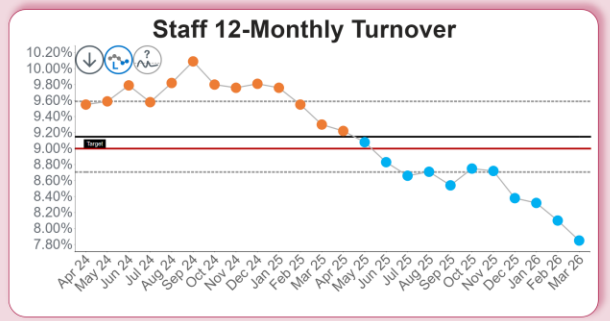
Watch Metrics

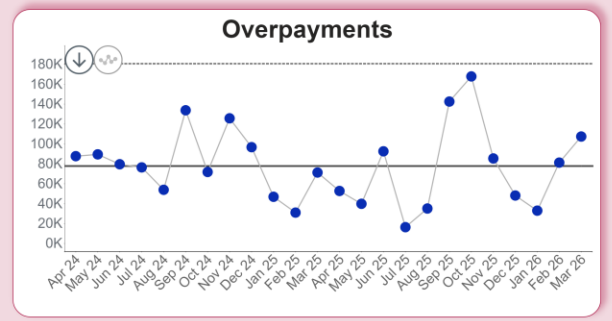
People & Learning











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Leah Robins - Chief Operating Officer: Drive Metrics

Elective Care & Productivity

Highlights

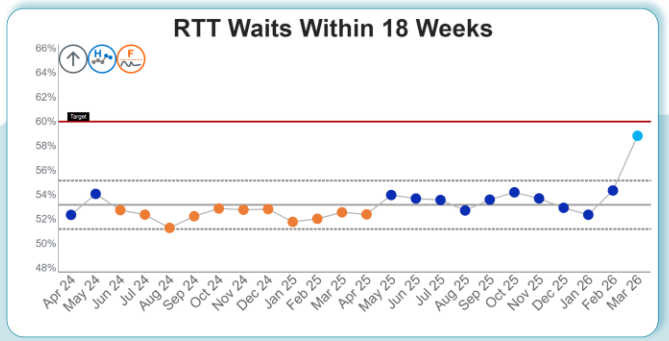
The positive impacts of the Q4 Sprint has resulted in better 18 weeks performance, with a significant improvement in waits for first outpatient appointments. The total waiting list size also reduced to the lowest it has been in over 4 years. Outpatient productivity also improved during this year.

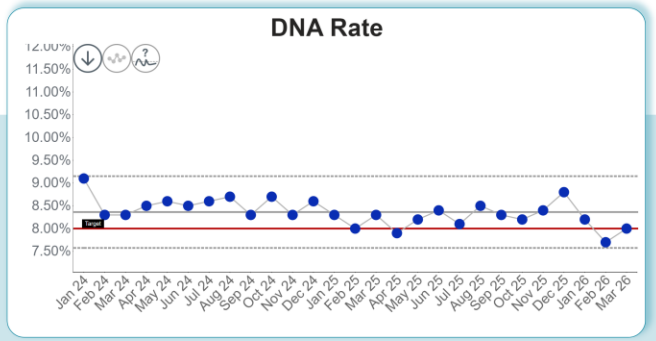
Areas of Concern

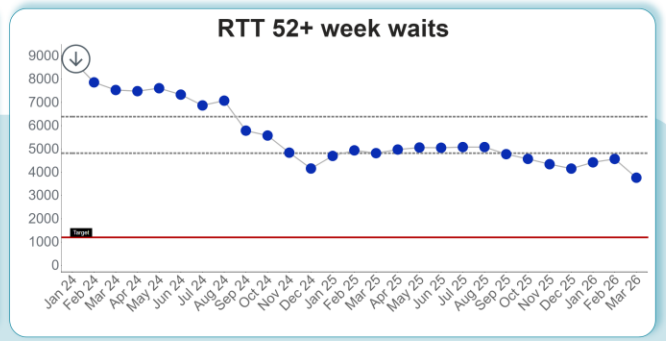
The RTT trajectory becomes more challenging next year. Admitted capacity reduced during Q4 adversely affecting RTT long waits. We need to do more to improve theatre productivity.

Forward Look (with actions)

We will be building on the learning from the Q4 Sprint to develop improvement actions for deployment over the next year.







Technical Analysis

Performance is provisional for March due to ongoing year end validations; latest position highlights 58.8% of patients waiting less than 18 weeks.

The DNA rate continued to demonstrate natural variation, increasing slightly to 8% in March.

52 week waits have decreased by 806 from last month.

Actions

1) My Recovery Plan process implemented (2) National validation sprint - Q4 - complete (3) GM Mutual Aid patients sending since Sep at reduced levels vs 24-25 (4) Non-core capacity 25-26 (5) Outpatient disruption – Phase 2 paused ; (6) Clinic template changes phase 2 - paused

1) Text reminders - complete; (2) Validation of waiting lists national sprint – Q4 complete; (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) Increase validation capacity during Q4; (2) NHSE funded sprint actions - Q4

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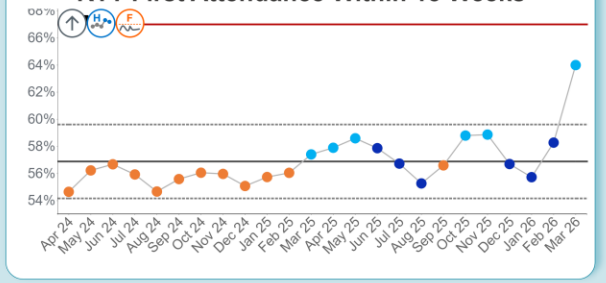
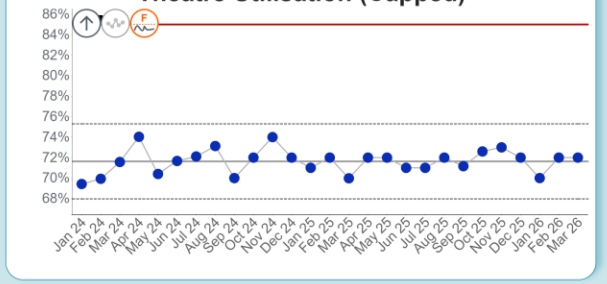
Watch Metrics

Elective Care & Productivity

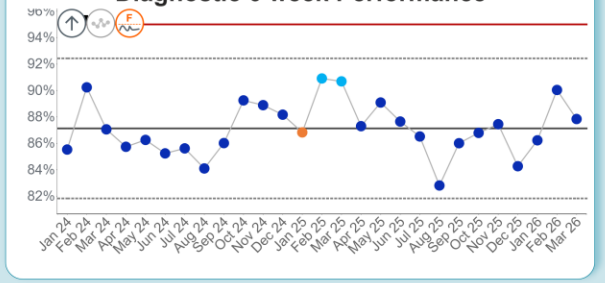
RTT First Attendance Within 18 Weeks



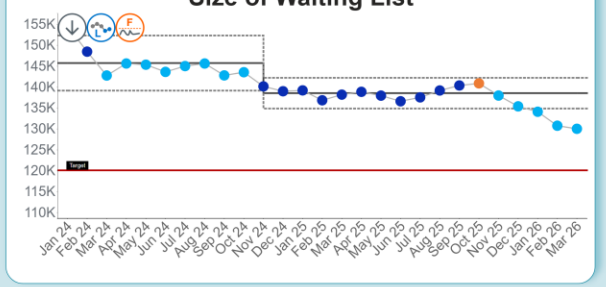
Theatre Utilisation (Capped)



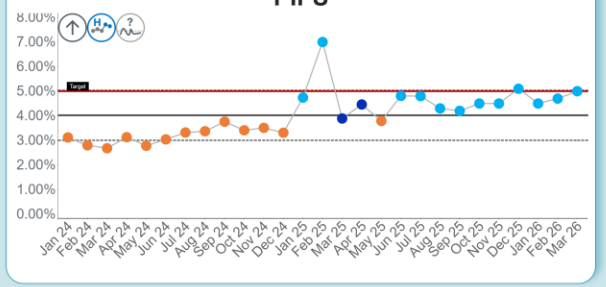
Diagnostic 6 week Performance



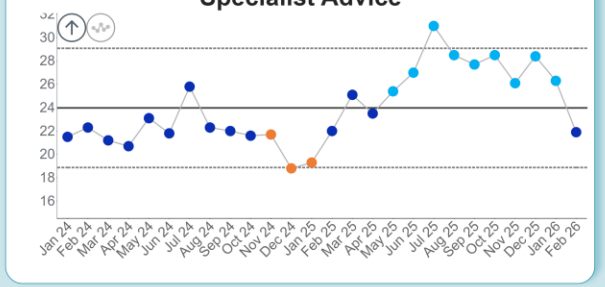
Size of Waiting List



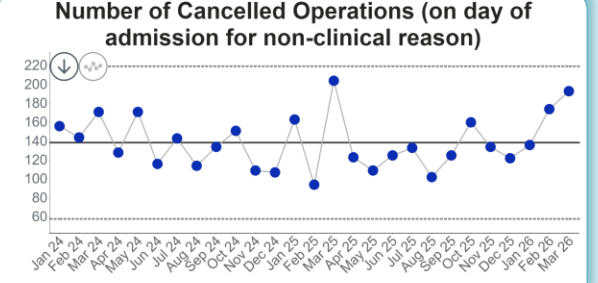
PIFU



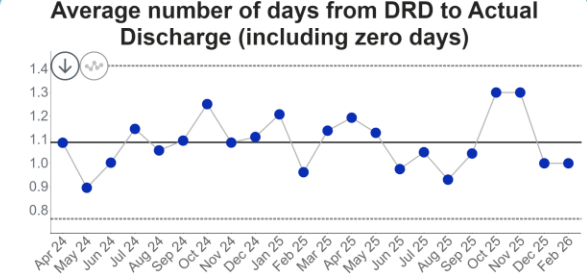
Specialist Advice



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

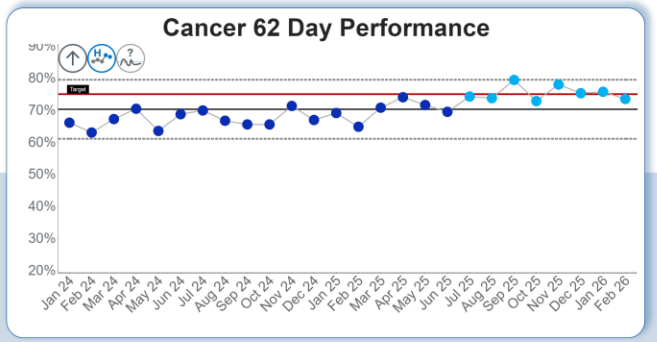
4 Hour performance was consistently better this year versus last year, improving faster then the national average for the 2nd year- Mar-26 performance was the best since the NCA was formed, over 4 years ago. Cancer access for our patients also improved & is ranked in the best quartile nationally for 62 days and 31 Days & 28 Day FDS being the best it has ever been (better than the national target).

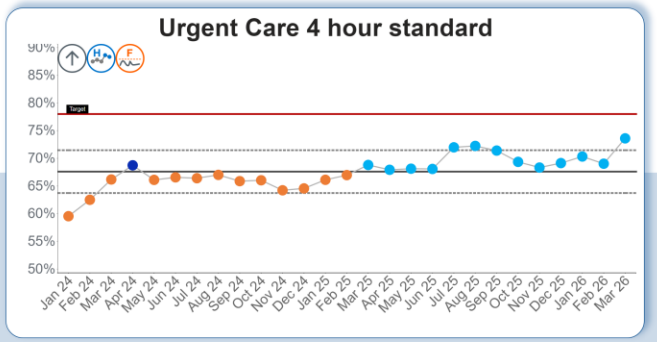
Areas of Concern

Whilst we have delivered better performance, improvements are more challenging next year across urgent care & cancer standards.

Forward Look (with actions)

Newly formed Clinical Leadership Model Teams will identify and implement improvement actions, building on the significant improvement already delivered over the last 2 years.





Technical Analysis

February's 62 day confirmed position decreased, falling to 73.50%, the lowest since August 2025.

Performance increased in March, achieving 73.61%, the highest performance seen during this reporting period. Performance continues 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 - now 26-27

1) Ambulance SPoA started June; (2) Care by appointment phased rollout started Nov-25; (3) ROH extended UEC GP hours - started Dec-25; (4) LoS collaborative started Feb-26; (5) SRH test of change front door streaming

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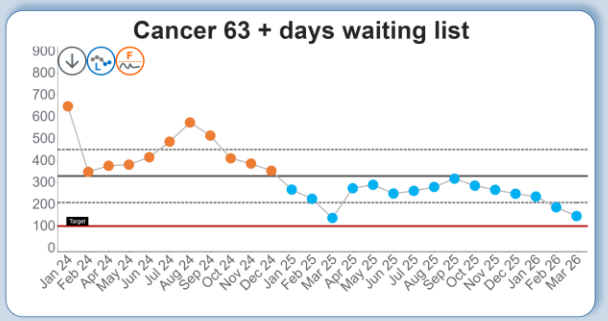
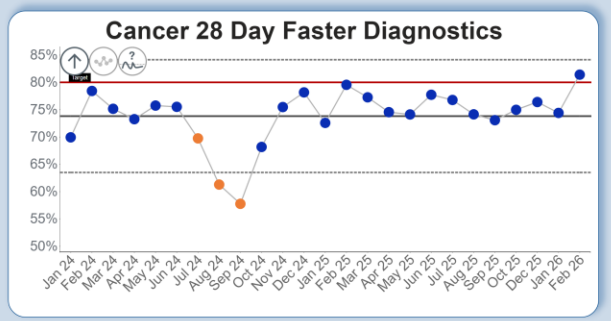
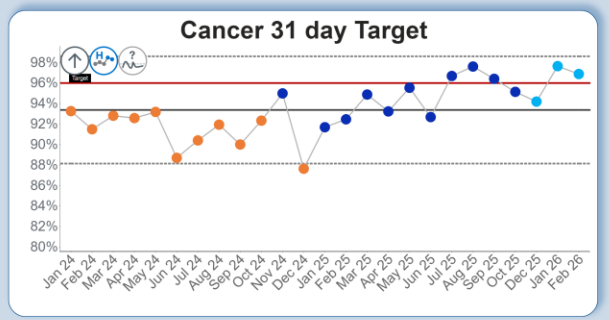
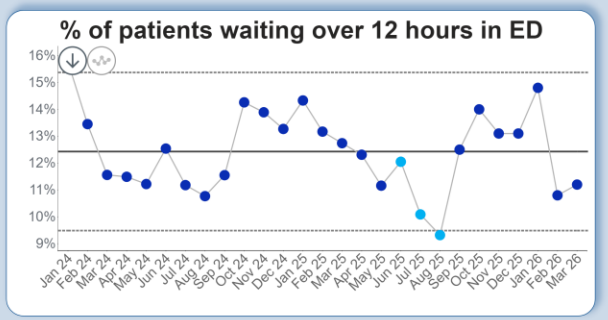
Watch Metrics

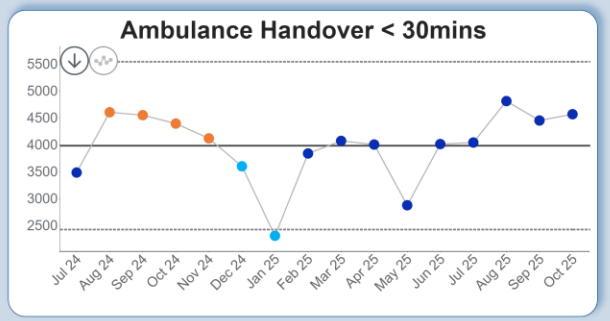
Urgent & Emergency Care & Cancer











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Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

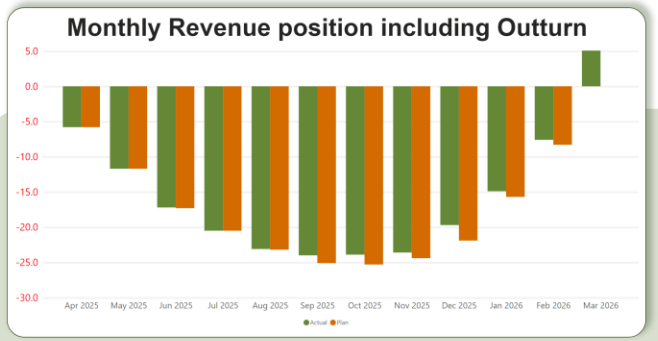
The NCA delivered a £5.1m surplus in 2025/26. The Trust's position at the end of March was supported by an additional £4.9m of bonus deficit support funding, which was allocated to Trusts that achieved their planned financial positions. Excluding deficit support funding, the underlying outturn position for the year was a £57.7m deficit

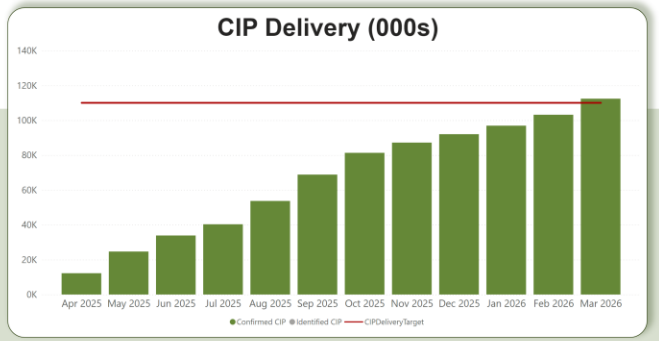
Areas of Concern

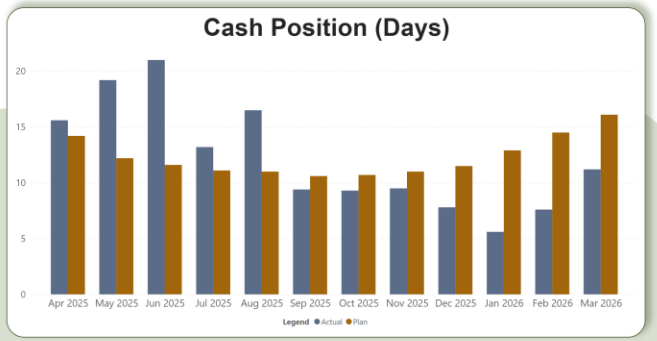
There are no areas of major concern in delivering the 2025/26 position.

Forward Look (with actions)

The final position for 2025/26 is subject to audit.







Technical Analysis

For Month 12, NCA Group is reporting a position £4.4m better than plan, with a net surplus of £12.7m. Excluding Deficit Support Funding (DSF) = £3.0m Surplus

In total at the end of March £112.4m delivered against target of £110.0m - £2.4m better than plan.

The cash position in March was £59.4m , equating to 11.2 cash days.

Actions

The focus is now on delivering the 2026/27 financial position.

Work on identifying 2026/27 CIP schemes is now the primary focus and is underway.

The cash position continues to be monitored on a daily basis with the cash management group meeting every two weeks. Given the scale and phasing of the 2026/27 CIP program cash will need to continue to be monitored closely.

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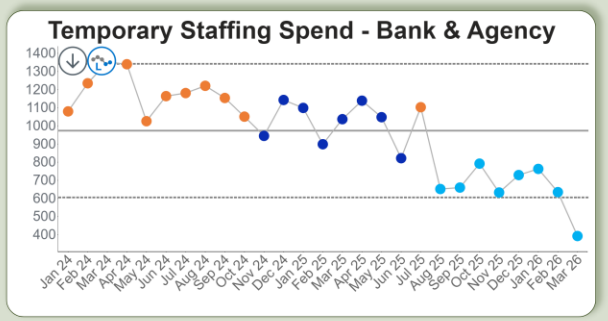
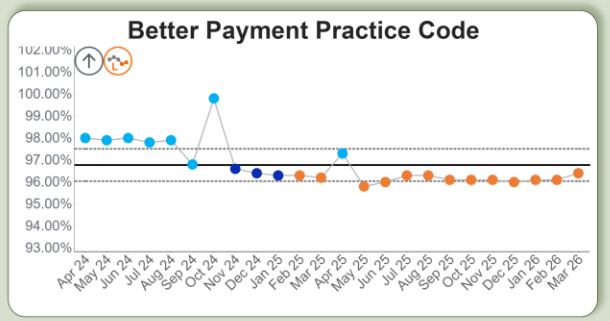
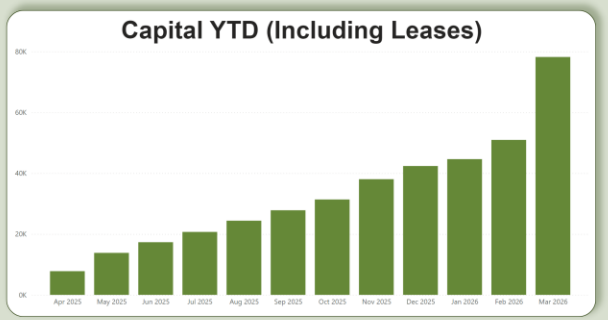
Watch Metrics

Finance







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Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

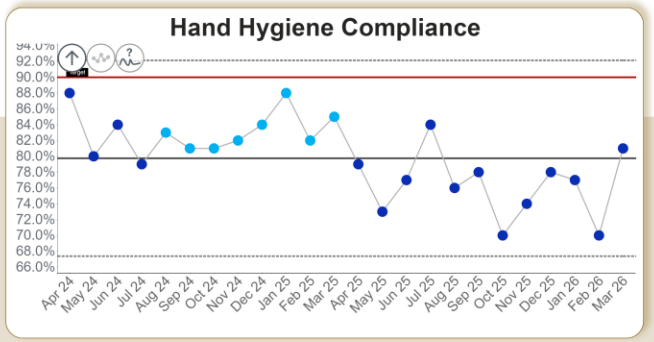
CDI performance continues to show sustained improvement, with an 8% reduction compared with last year and consistent improvement over the past six months. Hand hygiene compliance improved in March, with assessments now mandatory for all staff and embedded as an annual requirement for patient-facing colleagues.

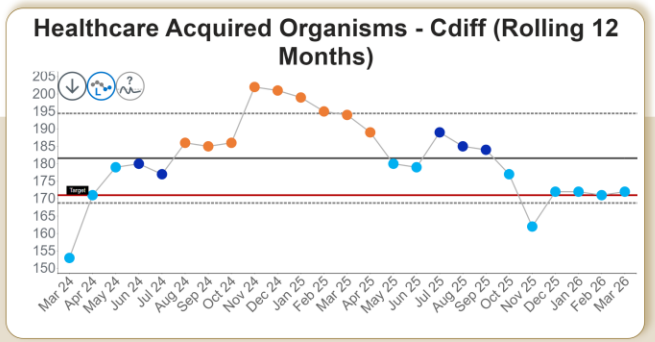
Areas of Concern

One stillbirth increased the rolling 12-month rate above the upper control limit; the case was not linked to care failings and the Quality Committee received assurance on governance and actions. PPH shows reduced performance but the target is still being met, with an action plan to return to 24/25 levels. A new MRSA case at Oldham highlighted gaps in admission screening following transfer from a high-risk setting.

Forward Look (with actions)

Targeted review of CDI relapse cases to be undertaken in partnership with Microbiology and the AMS lead to identify learning and further reduce recurrence. Quarterly point-prevalence reviews of MRSA and CPE risk assessment are now embedded through the IPCT to strengthen early identification and prevention. Delivery of the PALS and complaints improvement plan continues, with improved compliance and responsiveness expected Q2.





Technical Analysis

Hand hygiene performance continues to demonstrate natural variation with 81% reported in March, the highest compliance reported since July 2025.

We have exceeded our external threshold by 2 cases, which demonstrates that with some focus improvement is achievable. However this is an improvement on last years performance. NHSE have not yet set new thresholds, however these are likely to remain the same at 171 cases.

Actions

Hand hygiene added to mandatory competences for all staff. Audits now on AMAT system. Change package to support local QI due for publication May 2026

To review rates of CDI relapse and agree and set an improvement ambition for 2026/7 in the June IPCG

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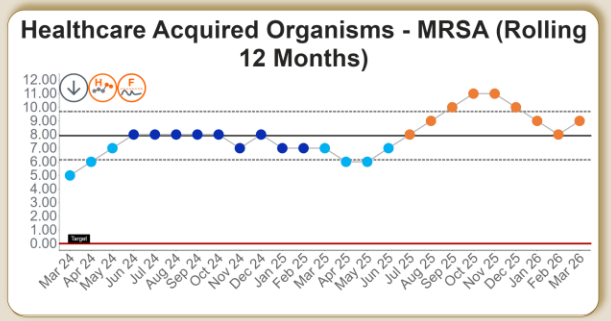
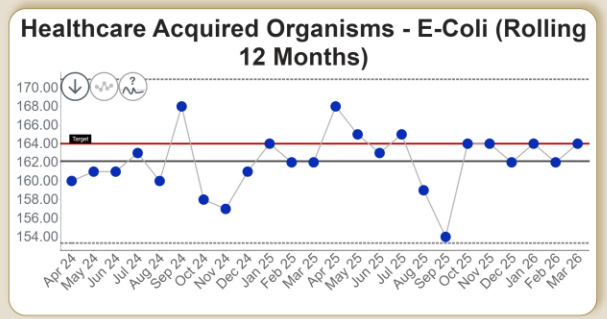
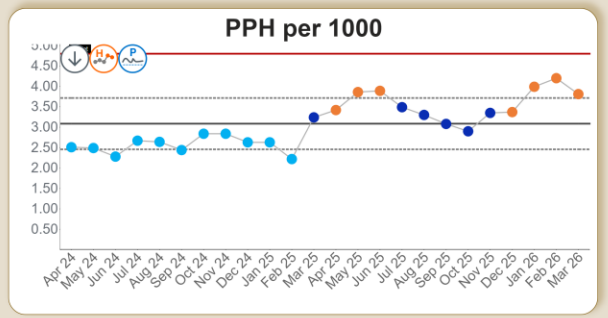
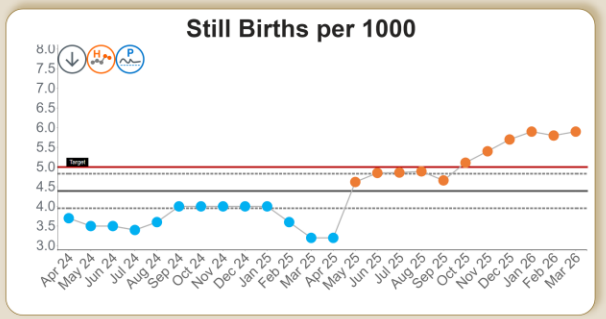
Watch Metrics

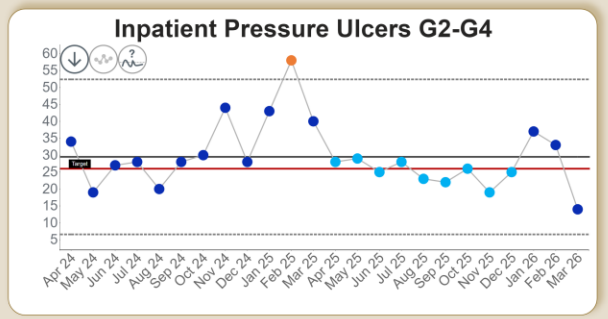
Quality

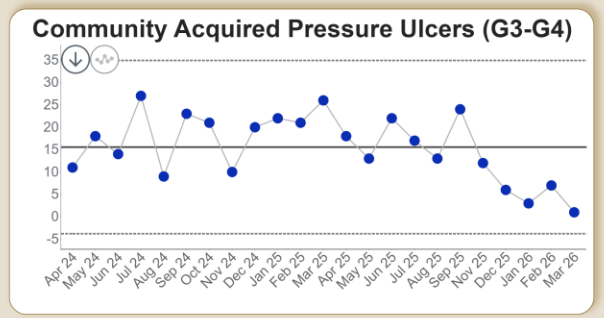


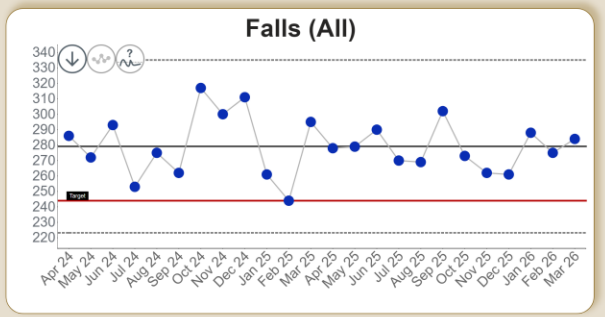


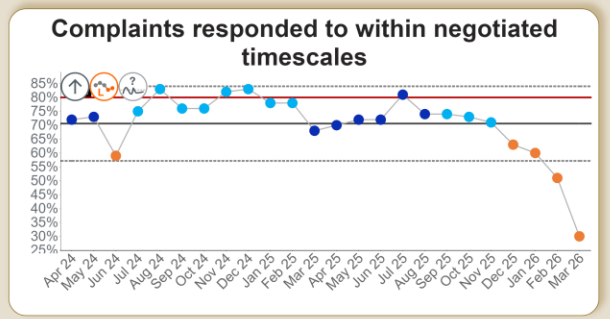


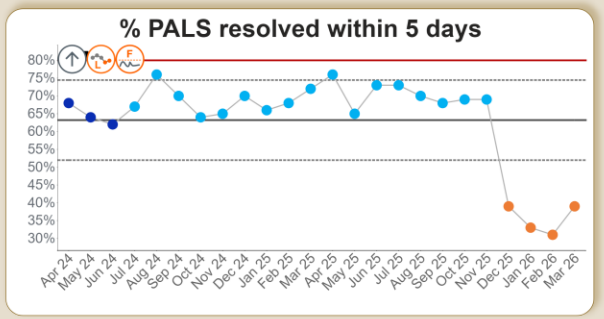












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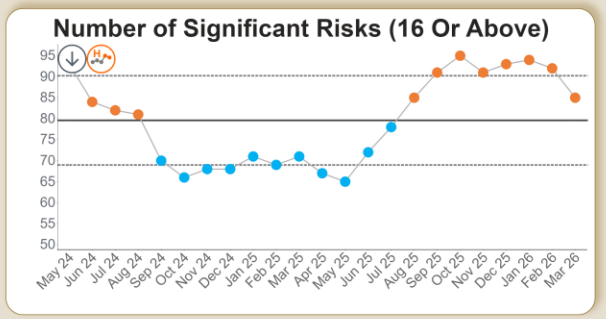
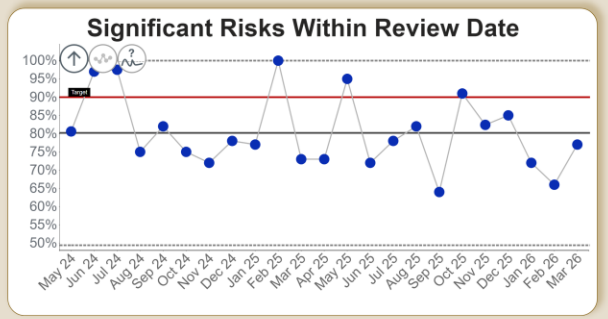
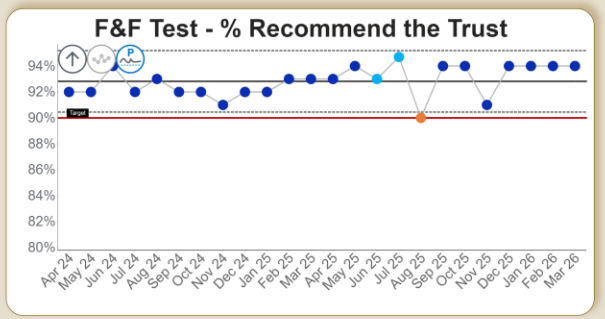
Watch Metrics

Quality







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Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

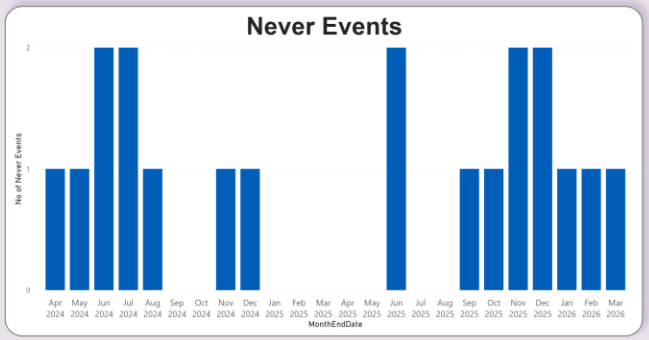
3,241 patient safety incidents reported, a reduction from previous month reflecting changes to ED reporting of 12 hour breaches and fewer pressure ulcer and skin injury incidents, particularly in Salford, reviewed via the QSIG. Moderate and above harm fell from 59 to 37, indicating an improving safety profile. Ligature risk work continues, with the NCA wide assessment completed and awaiting Risk Group approval.

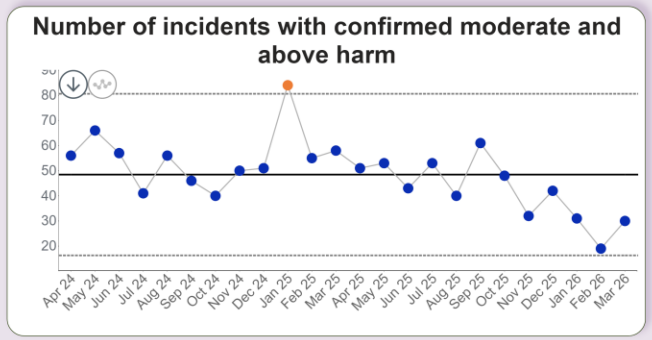
Areas of Concern

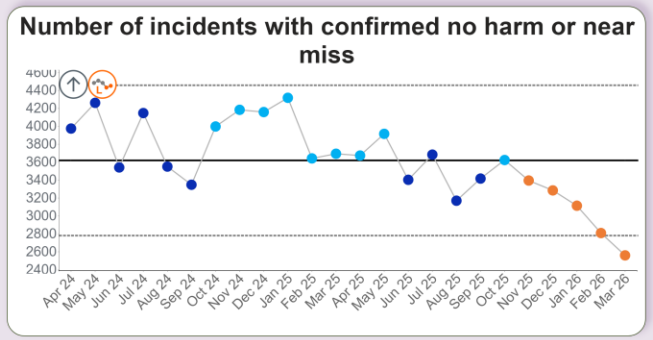
A Never Event at Salford, where oral oxycodone was administered intravenously, mirrors a similar incident at Bury and highlights a recurring system risk. Contributing factors include confusion between oral and IV medicines and failures in second checking. External review commissioned. Capacity and organisational pressures have delayed PSIRF priorities, including WL Surveillance, and led to slippage in endpoint reports

Forward Look (with actions)

A Governance Quality Manual has been developed and is now being implemented to standardise governance arrangements across the organisation, aligned to national requirements and internal frameworks. It supports quality, safety, risk and assurance at all levels, embedding clear expectations into routine practiceThe Duty of Candour policy remains on track for completion by end of April.







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Leah Robins - Chief Operating Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

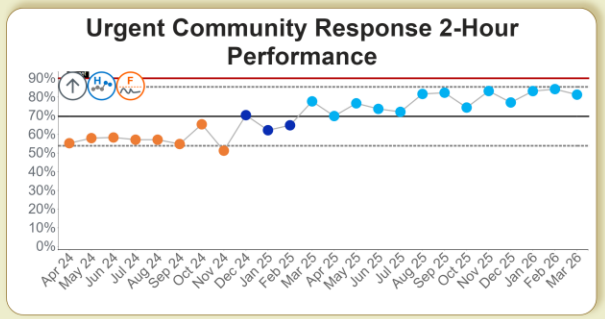
We have seen sustained positive progress being made in reducing RTT community waiting times including children & young people. Urgent community response s within 2 hours has also improved this year.

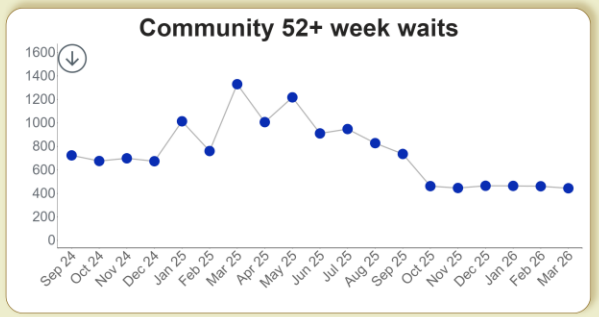
Areas of Concern

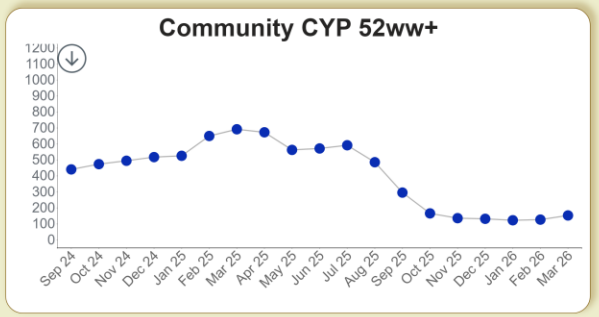
Digital systems & validation capacity are constraints that we are working to improve. Demand is exceeding capacity in some services.

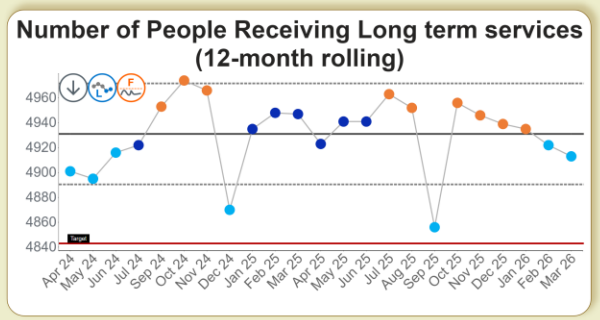
Forward Look (with actions)

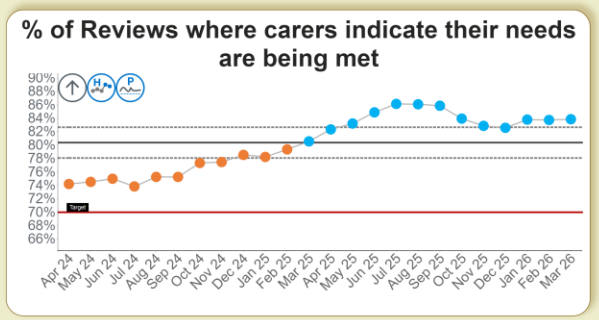
Access & Performance meetings will continue to drive standardisation of processes, & support the development of plans for Digital systems. Service specific plans will be reviwed by teams within the new CLM structures.





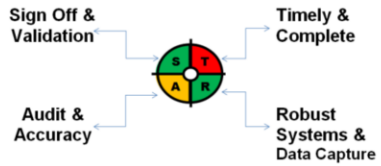






STAR Factors - Part 1

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? H 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 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 oc 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 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	

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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