NHS
Northern Care Alliance
NHS Foundation Trust

Integrated Performance Report

Published: August 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	Staff 12-month Turnover	Urgent Community Response 2-Hour Performance Community RTT 18 Week %	Welcome Back Compliance UEC - 4 hour RTT waits within 18 weeks RTT First attendance within 18 weeks RTT % 52 week waits	% Corridor Care >45 Minutes Number of High Risks Specialist Advice
Natural Variation	% of Reviews where carers indicate their needs are being met Friends & Family Test Mandatory Training PPH Time to Hire	% of 12 hour waits in ED 28 Day Cancer Faster Diagnosis 31 Day Cancer 62 Day Cancer Performance C-diff Discharge Ready Date DNA Rate Falls Hand Hygiene Compliance Hospital Acquired Organisms - Ecoli My Time Compliance PIFU Pressure Ulcers G2-G4 Risks within review date Still Births per 1000	63 day waits Cancer Ambulance handover >45 Mins Diagnostics 6 week performance MRSA Number of People Receiving Long term services (12-month rolling) RTT 52 week waits Sickness Absence (In Month) Size of Waiting List Theatre Utilisation UEC 4 Hour - CYP	Community Acquired Pressure Ulcers Number of Incidents with harm Number of Significant Risks Overpayments Temporary Staffing Spend
Special Cause Concerning			Sickness Absence (Rolling) PALS resolved within 5 days Complaints Response	Number of Incidents with no harm Cancelled Operations on the day 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 93.50%
Foundation Leadership training at 78%
Medical Appraisal at 97.50%
Time to Hire remains below 20-day target across all areas
Continued progress with our LMS and modernising mandatory training access and appraisal recording
Mutually Agreed Resignation Scheme launched on 1 Apr. All colleagues to have left by end of August

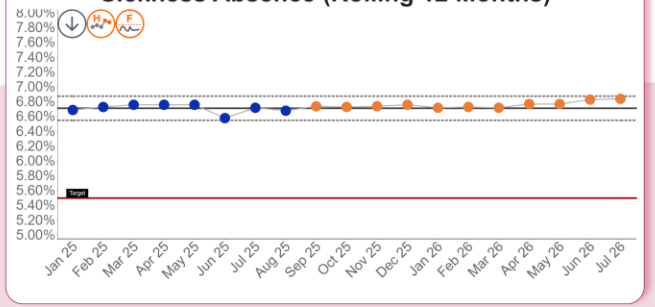
Areas of Concern

Sickness absence continues to be above target
Whilst Welcome Back discussions have increased this month to 72.02%, this is still below the target
My Time compliance has slightly improved to 85.44% and an area of continued focus in Performance Reviews
Whilst mandatory training is above 90% there are 22 modules that are non-compliant. Clinical Groups to developed trajectories to achieve compliance

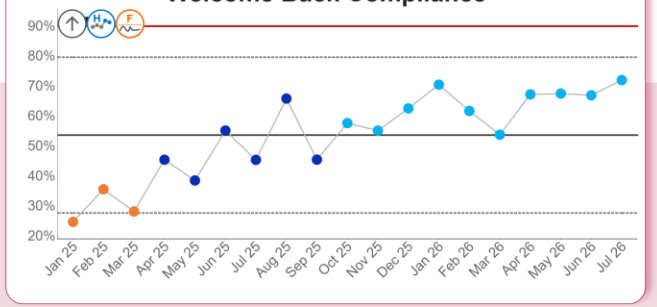
Forward Look (with actions)

Clinical Groups and Corporate Services will implement monthly absence reviews, improvement plans and reduction trajectories, supported by Absence Review Panels (COO, CFO, Deputy CPO). Long-term absence plans, including reducing nil-pay cases, will be in place by 31 Aug 2026. Progress will be monitored through People Groups, PEOG and performance reviews. Staff Survey, WRES/WDES action plans being developed locally with CGs

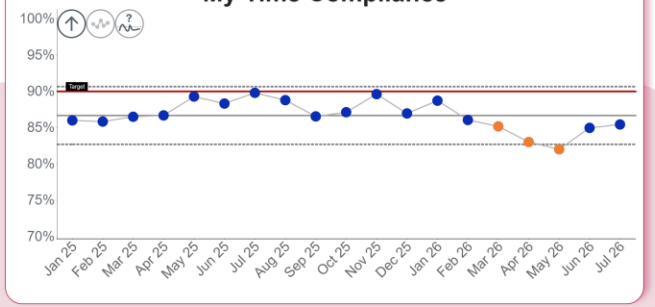
Sickness Absence (Rolling 12 Months)



Welcome Back Compliance



My Time Compliance



Technical Analysis

Sickness Absence is consistently not achieving it's target and demonstrating special cause variation of a declining trend. It increased again in July to 6.84%, the highest seen in this reporting period.

Welcome back compliance is consistently failing it's target and demonstrating special cause variation of an improving trend. Performance increased in July to 72.02%

My Time Compliance is inconsistently achieving it's target and demonstrating natural variation. Performance increased again in July to 85.44%

Actions

We have increased focus and oversight of sickness management and 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

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 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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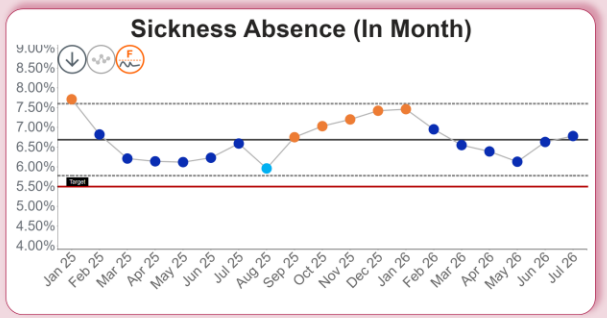
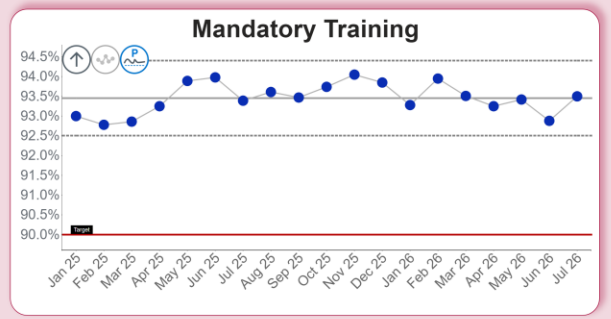
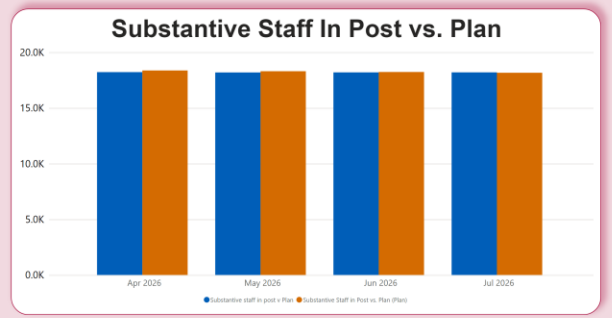
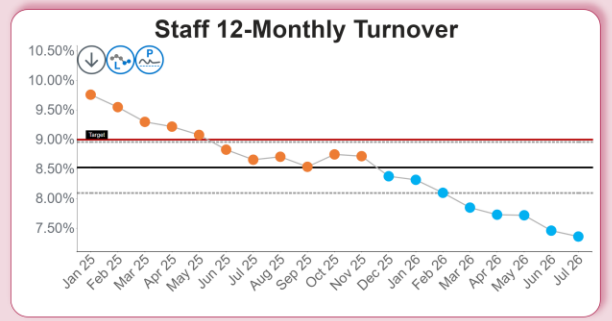
Watch Metrics

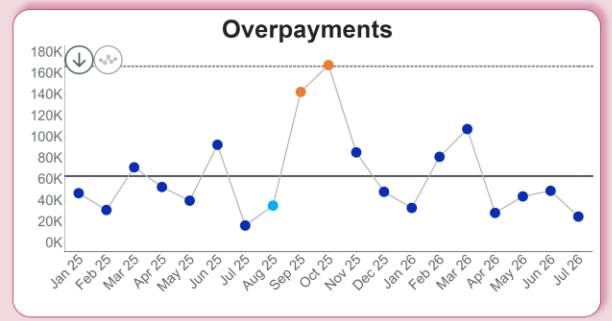
People & Learning











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Leah Robins - Chief Operating Officer: Drive Metrics

Elective Care & Productivity

Highlights

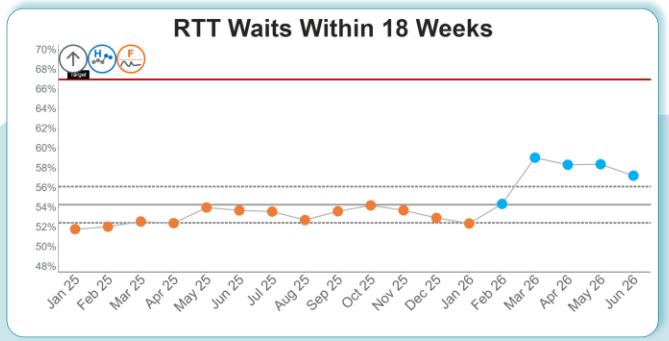
RTT 18 weeks performance is better than last year with reductions in waits over 52 weeks. Outpatient productivity improvements have been sustained with specialist advice increasing by 17% versus last year.

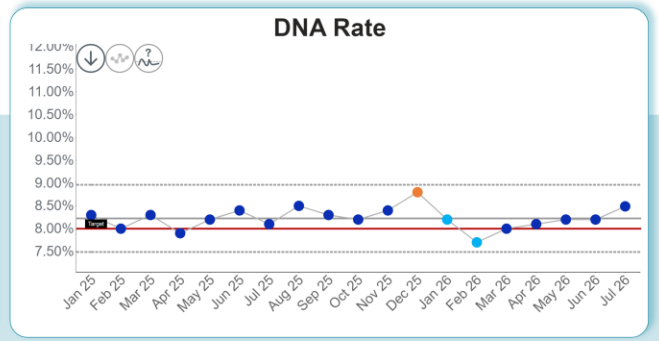
Areas of Concern

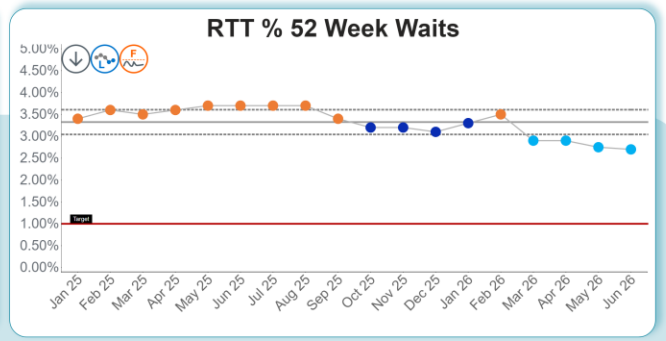
Industrial action has reduced theatre capacity with patients waiting longer for surgery.

Forward Look (with actions)

Based on learning from the Q4 Sprint, plans to improve performance will be deployed in September.







Technical Analysis

DNA Rate inconsistently achieves the 8% target and currently demonstrates natural variation. It increased in July to 8.49%, the highest rate seen since December 2025

Actions

1) Increase validation capacity - Q2; (2) Mutual Aid Q2 (3) Productivity improvement 26-27 (4) Utilise non-core capacity Q2; (5) Focus on actions to reduce demand via Single Point of Access Q2 - Q4; (6) Standardisation of administrative processes Q4

1) Develop & implement invite to book processes across services for Follow Ups - Mar-27; (2) Use of digital tools to support validation Q2

1) Focus on actions to reduce demand via Single Point of Access Q2 to Q4; (2) Increase productivity Q1 (3) Utilise non-core capacity - Q1 & Q2; (4) Focus on actions to reduce Non-Admitted waits

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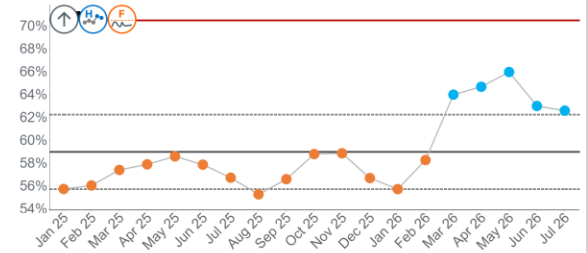
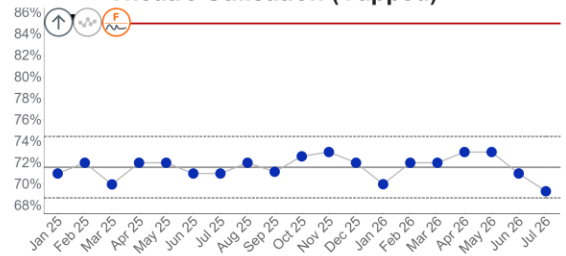
Watch Metrics

Elective Care & Productivity

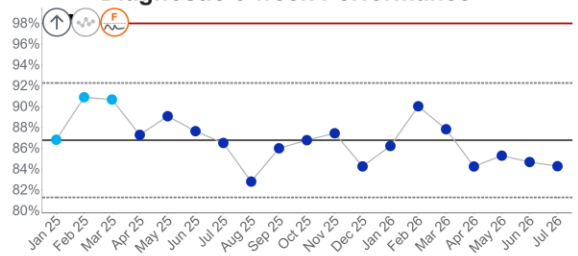
RTT First Attendance Within 18 Weeks



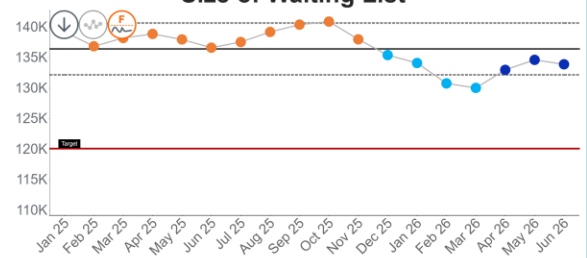
Theatre Utilisation (Capped)



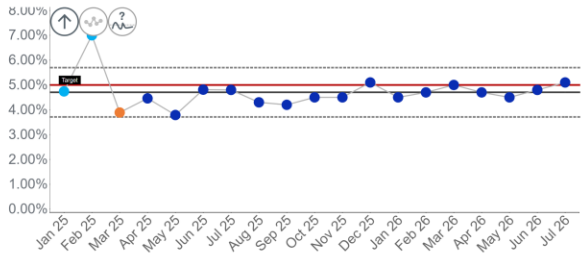
Diagnostic 6 week Performance



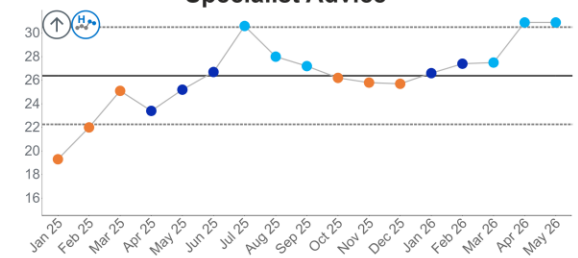
Size of Waiting List



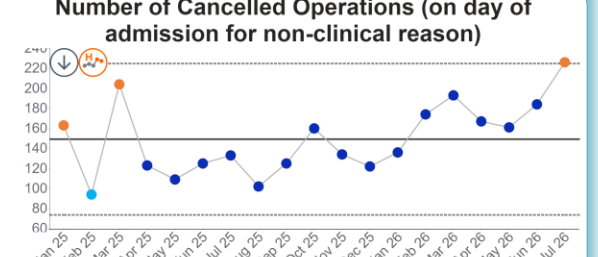
PIFU



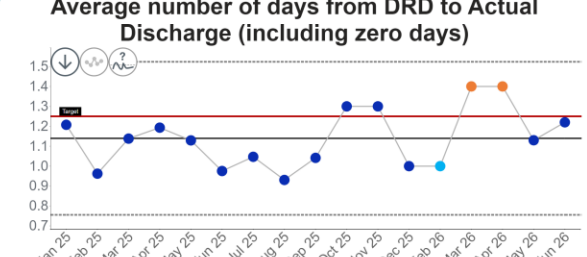
Specialist Advice



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

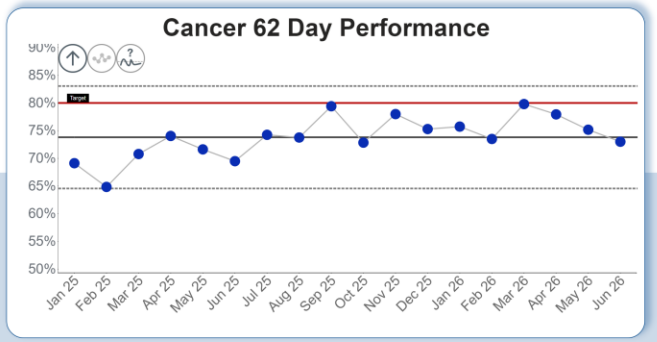
4 Hour performance was consistently better this year versus last year, improving faster then the national average for the 2nd year. Cancer access for our patients also improved with the targets for 31 Days, and 62 Days being met in March.

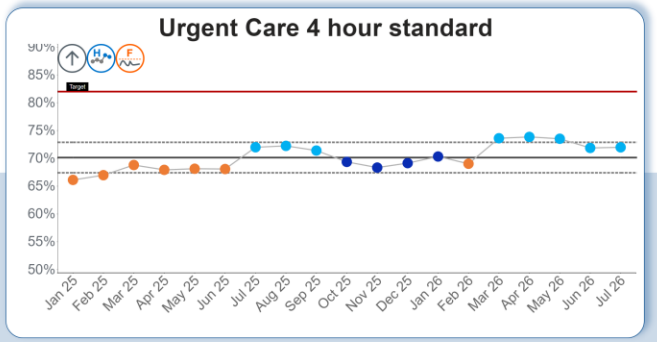
Areas of Concern

A&E attendances are higher than last year. Whilst we have delivered better performance for UEC and Cancer, improvements are more challenging for the remainder of the year across urgent care & cancer standards.

Forward Look (with actions)

The newly formed Clinically Led Integrated Organisation teams are identifying and implementing improvement actions building on the significant improvement over the last 2 years.





Technical Analysis

This metric is demonstrating natural variation, decreasing for the third consecutive month in June to 73%

This metric is currently demonstrating natural variation whilst remaining below the 82% target for Mar-27. Performance in July was 71.98%

Actions

1) Improve Best Timed Pathways compliance; (2) Support GM to implement community Dermatology model in 26-27

1) Ambulance SPoA; (2) Care by appointment phased rollout; (3) Expansion of SDEC capacity; (4) LoS collaborative started Feb-26; (5) Estates development at ROH, ROH, & FGH

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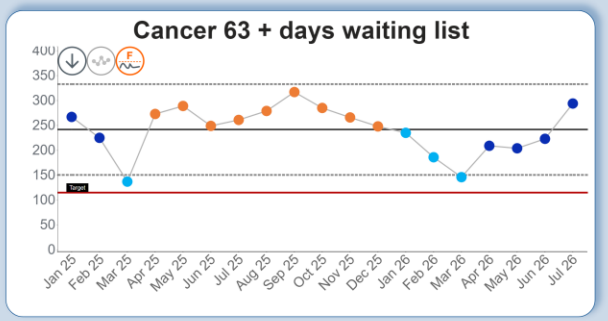
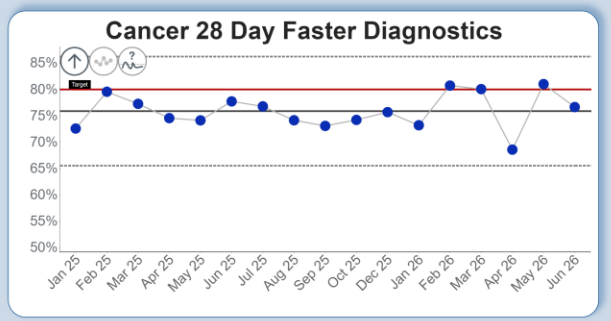
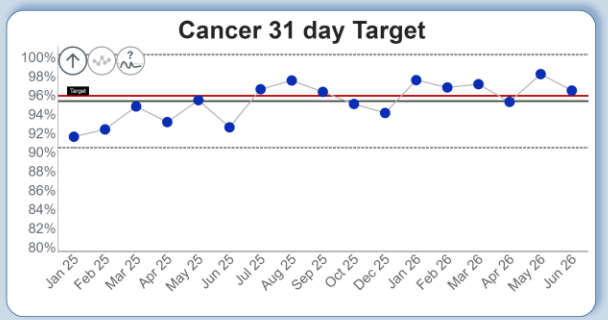
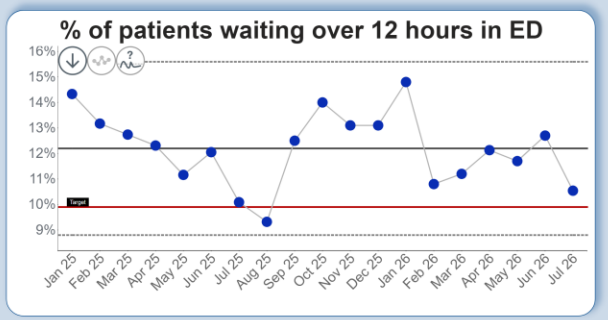
Watch Metrics

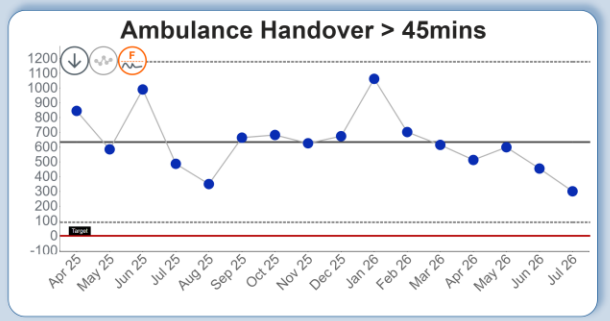
Urgent & Emergency Care & Cancer

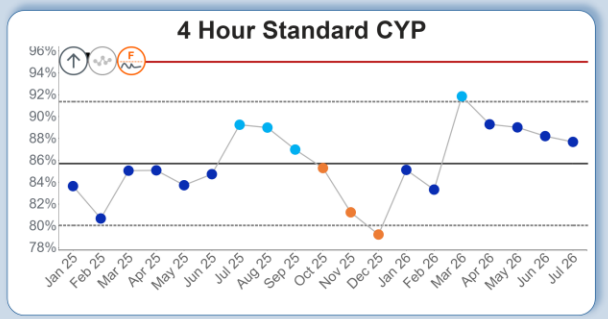


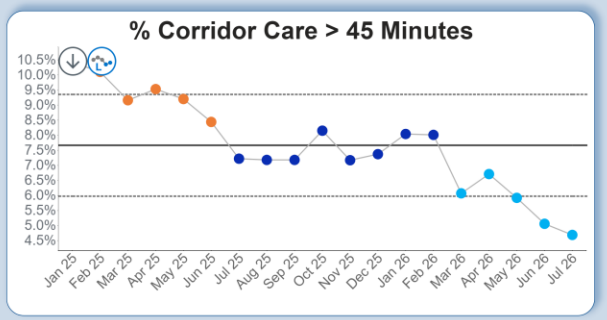












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Suzanne Robinson - Chief Financial Officer: Drive Metrics

Finance

Highlights

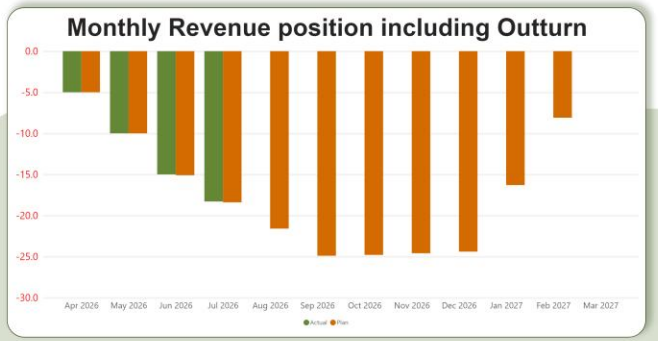
The year to date position is an £18.3m deficit which is in line with plan. Within the Month 4 position the main areas of pressure have been CIP YTD slippage of £17.7m and Industrial action costs of £3.2m YTD. These have been offset through non recurrent measures in the current position.

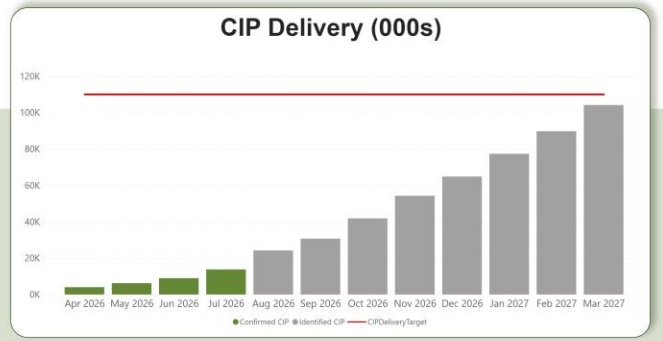
Areas of Concern

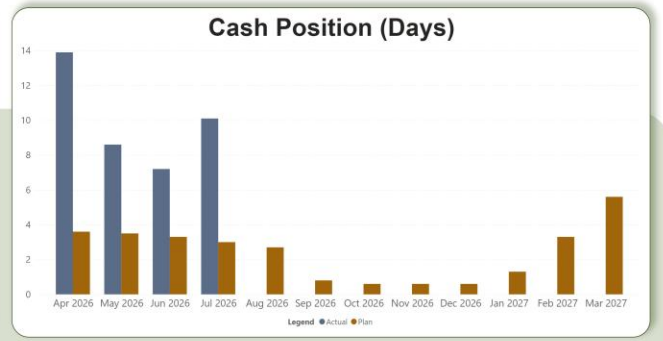
The largest risk to delivery of the financial plan continues to be the level of CIP delivery. Although £80m has so far been identified the level of slippage at Month 4 (£17.7m) and transacted for the year (£13.8m) are the most pressing financial issues

Forward Look (with actions)

The main area of focus to support the delivery of the financial plan continues to be the level of CIP delivery with the weekly CIP exec SRO refocussing on action tracking and outcomes to assure delivery of identified schemes. Further action is being taken to address emerging pressures in medical staffing overspends including external support to aid Medical Staffing Substantive Recruitment.







Technical Analysis

The YTD position is a deficit of £18.3m with a deficit of £3.3m in month. Outside of CIP slippage there are a number of other pressures emerging in year being - impact of industrial action £3.2m , medical staffing pressures of £2.2m , pay award shortfall of £2.2m and non pay inflation £1m.

Total identified CIP at week 20 is now £80.2m (77.1% of £104m target). Transacted schemes are at £13.8m

Total cash at the end of July is £54m, which is £38m better than plan. The better than plan position is largely due to a better 2025/26 outturn cash position than forecast at the time the 2026/27 plan was submitted and contract prepayments in July.

Actions

The trust continues to focus on CIP delivery and is focused on achieving traction on conversion of those schemes identified into transacted schemes.

Focus during Q2; Supporting Clinical Groups and CSU's to identify 100% of their CIP target (£104m) and adding to eHub. Support colleagues to access Improvement team resource through a newly formed simple triage process.
Continue to identify 26/27 CIP schemes and add to eHub and to mature schemes

The cash position continues to be monitored daily with the cash management group meeting twice a month. Cash continues to be above plan at month 4 but based on the current expenditure run rate the Trust would need cash support in November 2026 and is preparing an application on this basis

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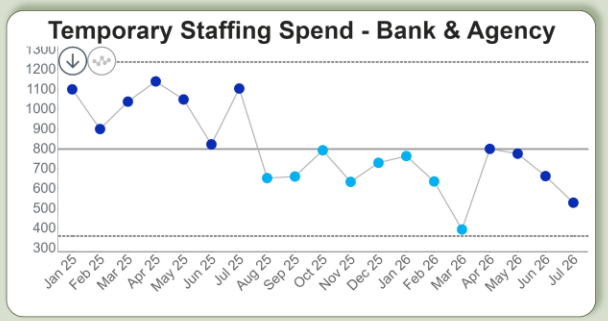
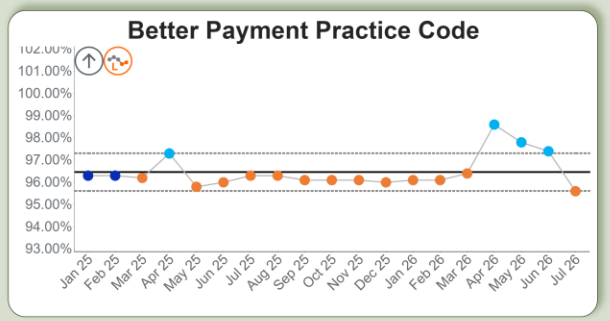
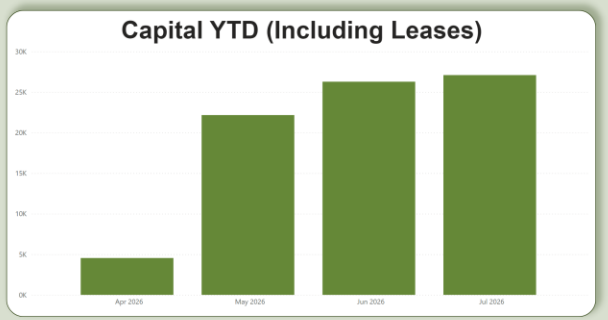
Watch Metrics

Finance







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Juliette Cosgrove - Chief Nursing Officer: Drive Metrics

Quality

Highlights

Stillbirth rates have continued to decline since April 2026, supporting progress towards the LMNS ambition of 4.0 per 1,000 births. Clinical Group risk review programmes have reduced overdue risks and strengthened risk register oversight. Weekly monitoring of Complaints and PALS performance is embedded through Patient Safety Summits, with cases over 40 days escalated to Directors of Nursing for timely resolution.

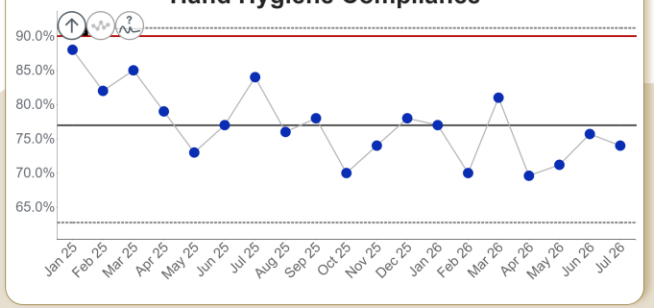
Areas of Concern

New CDI and E. coli thresholds require a 10% reduction in cases. CDI performance is currently 21 cases above threshold, with a spike in E. coli infections recorded in July. Complaints and PALS performance remains below target, with delays in case management and closure, particularly for cases over 40 days. Sustained improvement is required to achieve compliance with response times and performance standards.

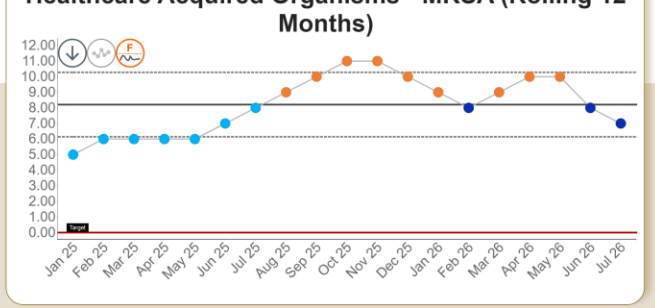
Forward Look (with actions)

Monthly monitoring of stillbirth rates will continue, supported by an embedded external review process. Reviews of repeat/relapse CDI cases and July's E. coli exceedance are underway to identify learning and inform improvement actions. The Complaints and PALS improvement programme continues to progress through policy development, training, strengthened governance and AI-enabled support to improve experience and responsiveness.

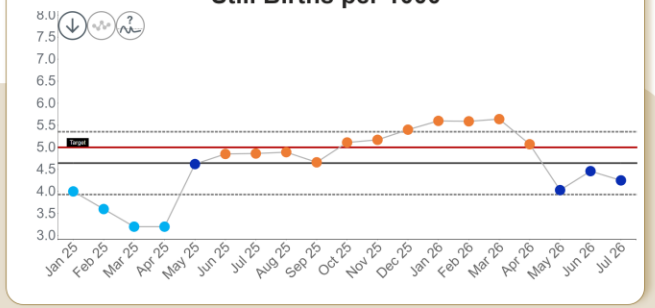
Hand Hygiene Compliance



Healthcare Acquired Organisms - MRSA (Rolling 12 Months)



Still Births per 1000



Technical Analysis

Hand hygiene performance continues to demonstrate natural variation with 74% reported in July

There were no healthcare-associated MRSA bacteraemia reported in July. The total number of healthcare-associated cases reported this year remains at 2.

This metric is inconsistently achieving it's target and demonstrating natural variation after a period of special cause variation of a declining trend.

Actions

IPC expert panel established for mid September with focus on improving compliance and reducing HCAI's. Hand hygiene competence assessment attached to all staff groups with compliance reported monthly to the clinical groups.

Invasive medical devices expert panel established in August to review policies and processes for management of devices. An automated electronic solution to screening compliance is being explored by data and analytics.

Service continues to identify themes and ethnicity through governance processes. There is a robust process of review and support families with Bereavement Care.

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Northern Care Alliance
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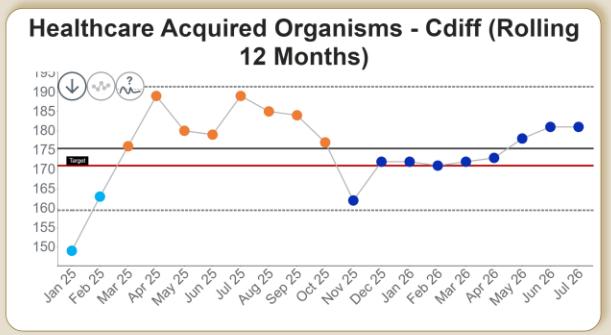
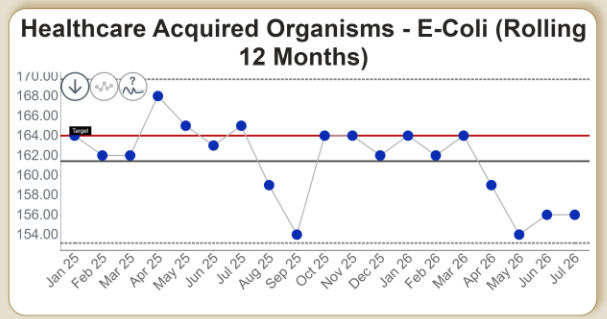
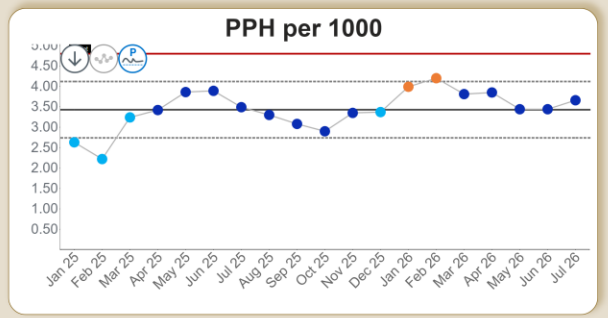
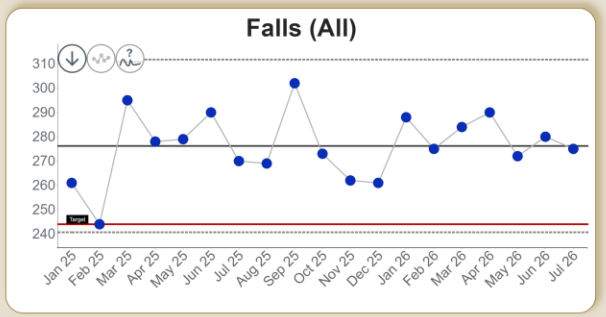
Watch Metrics

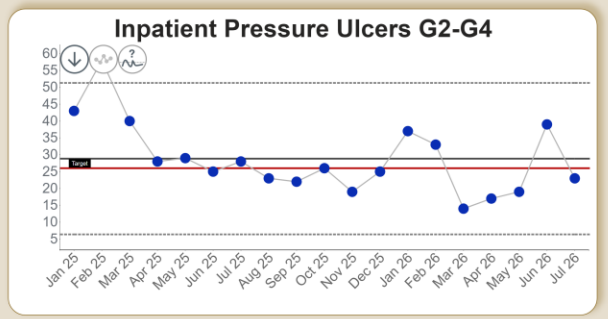
Quality

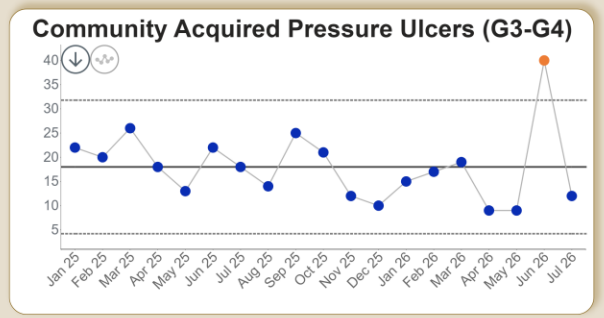


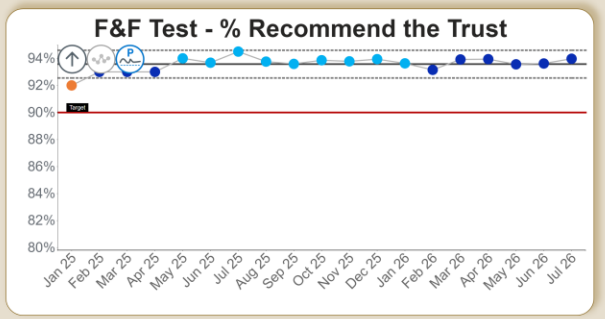


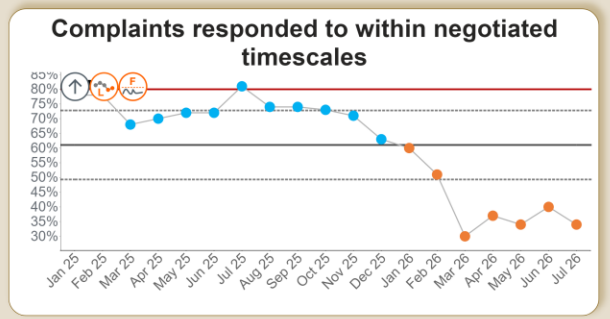


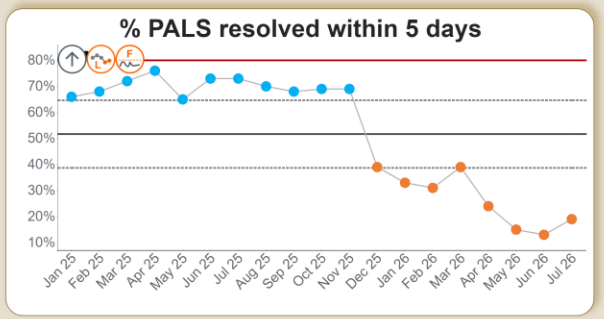












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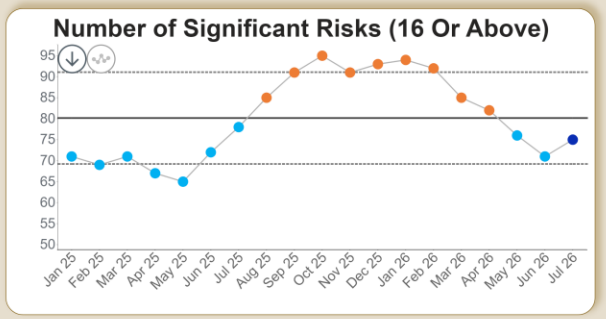
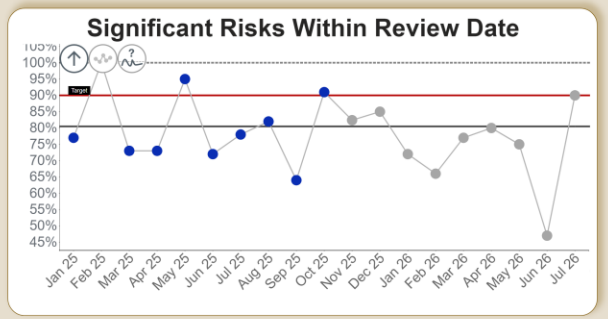
Watch Metrics

Quality





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Northern Care Alliance
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Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

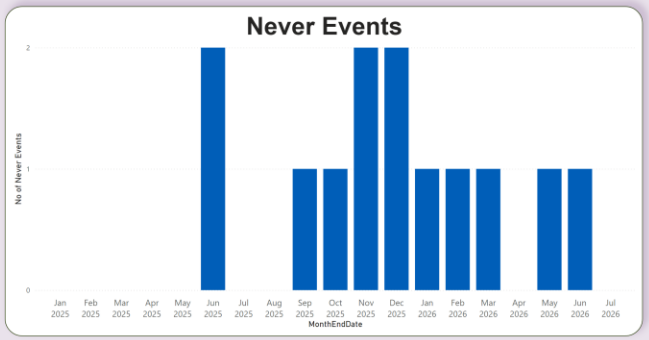
Duty of Candour implementation refresh has commenced, supported by the policy approval, roll out of toolkits, and targeted engagement with clinical groups. Deep dive into Sepsis data has been carried out for the Northern Care Alliance (NCA). This includes benchmarking of the NCA against NW

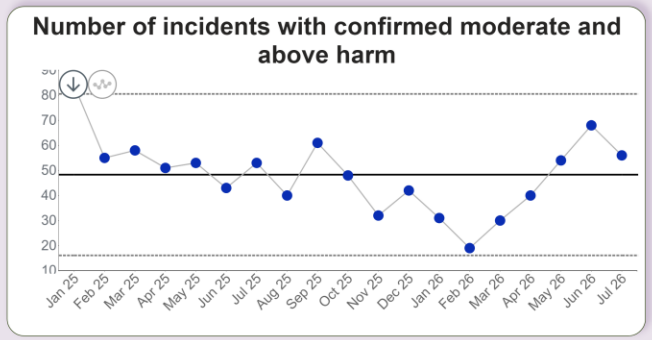
Areas of Concern

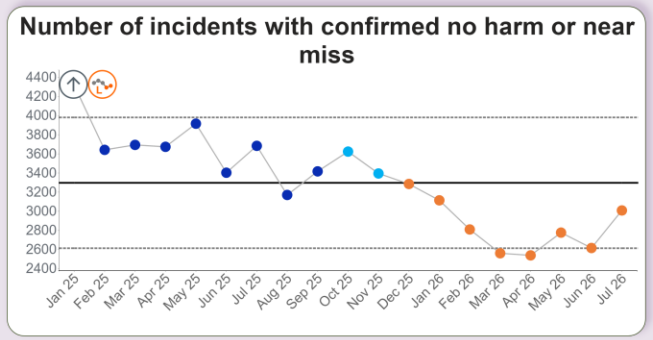
There is a risk that a full improvement collaborative approach to Safer Sooner will need to be paused due to ongoing challenges around industrial action and medical engagement. A Regulation 28 noticed was issued in May 2026 (report awaited) highlighting coronial concerns regarding neurological observations following the death of a patient due to subarachnoid haemorrhage subsequent to a fall.

Forward Look (with actions)

Project Initiation Documents for improvement work on the new PSIRF Local Priorities (Deteriorating Patients and Waiting Lists) continue to be developed and will be signed off by Expert Steering Groups prior to being submitted to PSG in August.







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Northern Care Alliance
NHS Foundation Trust

Leah Robins - Chief Operating Officer: Watch Metrics

Adult Social Care (Salford only) & Community

Highlights

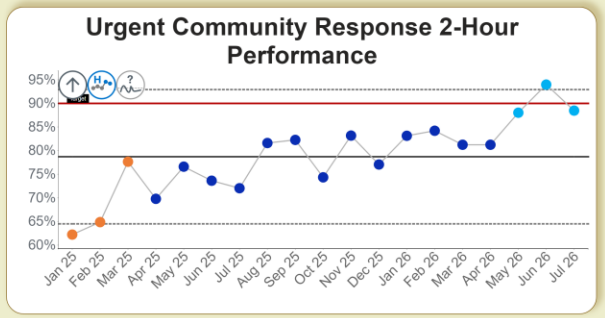
We have seen significant positive progress in reducing RTT community waiting times including children & young people. Urgent community responses within 2 hours has also improved this year and now ranks better than the national average.

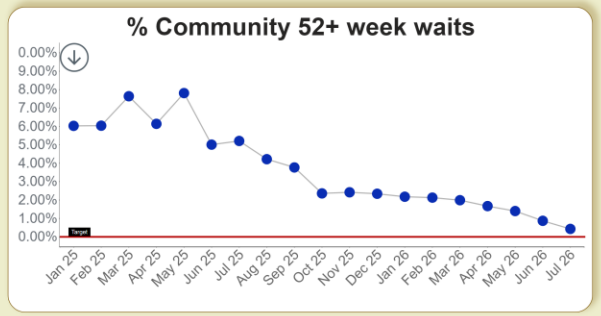
Areas of Concern

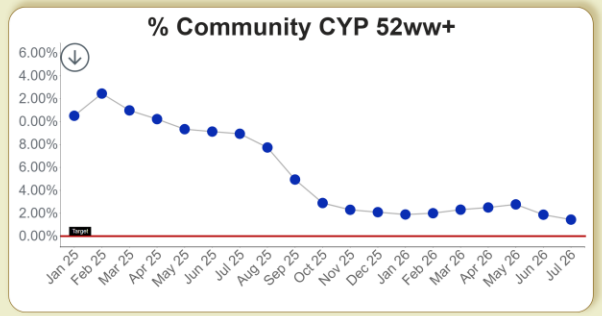
Capacity is a constraint in some locality services. Digital systems & validation capacity are constraints that we are working to improve.

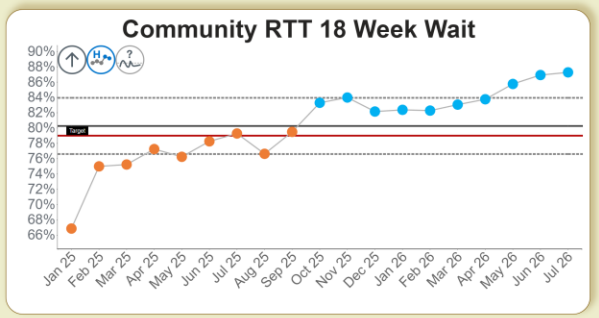
Forward Look (with actions)

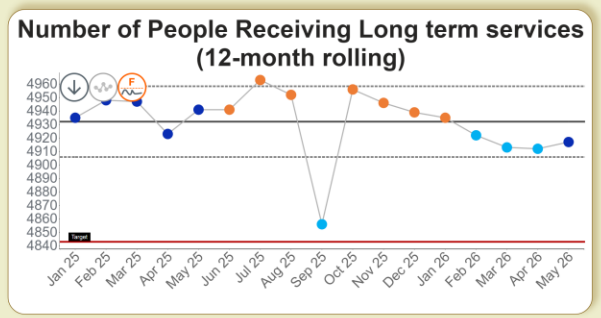
The feasability of deploying text reminders for patients will be assessed during the next quarter.

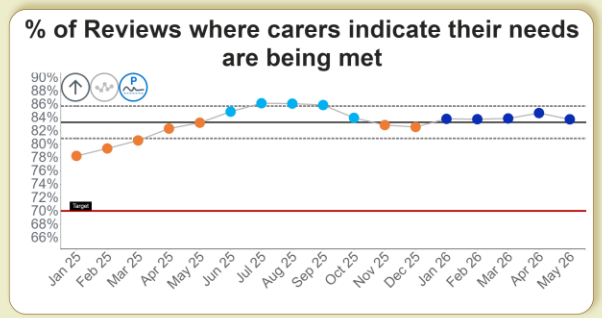






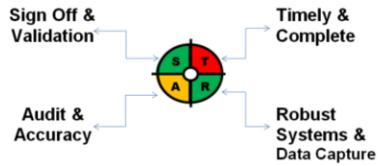






STAR Factors - Part 1

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
% Corridor Care > 45 Minutes	
4 Hour Standard CYP	
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	

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
Community RTT 18 Week Wait	
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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NHS
Northern Care Alliance
n Trust

A&P	Access & Performance
AMS	Acute Medical Service
BAF	Board Assurance Framework
CTG	Cardiotocograph
CQC	Care Quality Commission
CEO	Chief Executive Officer
CG	Clinical Group
CSU	Clinical Service Unit
CLM	Clinically Led Model
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	Greater Manchester
GM ICB	Greater Manchester Integrated Care Board
HSSIB	Health Services Safety Investigations Body
HCAI	Healthcare-associated infections
IPC	Infection Prevention Control
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
KPI	Key Performance Indicator
LMS	Learning Management System
LocSSIPs	Local Safety Standards for Invasive Procedures
Lower GI	Lower Gastro-Intestinal
MNSI	Maternity and Newborn Safety Investigations
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MHS	Model Health System
NG	Nasogastric
NOF	National Oversight Framework
NE	Never Event
NHSE	NHSE England
NCA	Northern Care Alliance
OLA	Observe, Listen, Act
PSG	Patient Safety Grou
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
PEOG	People and Education Operational Group
PPE	Personal Protective Equipment
PPH	Postpartum Haemorrhage
QMEG	Quality & Management Executive Group
RTT	Referral To Treatment
ROH	Royal Oldham Hospital
SDEC	Same Day Emergency Care
SPoA	Single Point of Access
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
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
YTD	Year to Date