Northern Care Alliance
NHS Foundation Trust

Trust Integrated Improvement Plan (IIP)

Version 1.0

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CARE APPRECIATE INSPIRE

Draft 26.10.26

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Contents

1. Introduction 2
- 1.1 Overview 3
- 1.2 Scope 4
- 1.3 Governance 4
- 1.4 Assurance Framework 6
- 1.5 Stakeholder Engagement Plan 6
- 1.6 Risk Management 7

2. THEME 1: Safe & Effective Care 8
- 2.1 Theme Overview 9
- 2.2 Gynaecology Services 10
- 2.3 Spinal Services 13
- 2.4 Quality Governance 15
- 2.5 Patient Safety, Complaints & Learning 17

3. THEME 2: People & Culture 19
- 3.1 Theme Overview 20
- 3.2 Medical Engagement 21
- 3.3 Culture, Speaking up & Inclusion 25
- 3.4 Workforce Health, Attendance & Wellbeing (Sickness) 27

4. THEME 3: Well Led 29
- 4.1 Theme Overview 30
- 4.2 Risk Engagement 31
- 4.3 Strategic Planning & Governance 33
- 4.4 Executive & Senior Leadership Effectiveness 34

5. THEME 4: Digital, Data & Information 36
- 5.1 Theme Overview 37
- 5.2 Digital Safety & Infrastructure 38
- 5.3 Data Quality & Information Management 40

6. THEME 5: Operational Delivery 42
- 6.1 Theme Overview 43
- 6.2 Urgent and Emergency Care (UEC) & Patient Flow 44
- 6.3 Elective Recovery 46

7. THEME 6: Financial Sustainability 48
- 7.1 Theme Overview 49
- 7.2 Financial Recovery 50
- 7.3 Productivity and Cost Improvement 52

8. Appendices 54
- 8.1 Delivery Team Roles 55
- 8.2 IIP Team Roles 56
- 8.3 IIP Programme Roles 58
- 8.4 Assurance Framework Definitions 59

◀ PREVIOUS PAGE

NEXT PAGE ▶

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1.

Introduction



1. Introduction

1.1 Overview

The Integrated Improvement Plan (IIP) approach is a strategic initiative designed to enhance the quality, efficiency, and sustainability of healthcare services. It provides a structured framework for driving improvement by bringing together multiple improvement initiatives under one cohesive framework, rather than managing them in isolation, and it is overseen by the Board.

The IIP clearly identifies the key challenges facing an organisation, set out the actions required to address them, and defines measurable outcomes to track progress and impact.

The IIP is a three-year plan made up of six themes with the aim of:

- **Year 1: Stabilising** immediate safety and regulatory risks, strengthen governance and assure delivery.
- **Year 2: Optimising** performance, embed consistent ways of working, strengthen accountability, and deliver measurable improvements across all themes and programmes.
- **Year 3: Transforming** organisational capability, culture and outcomes, embedding sustainable improvement and delivering long-term strategic change.

In Year 1, 16 programmes have been identified under the six themes.

Theme	 Exec Lead: **CNO**	 Exec Lead: **CP&SO**	 Exec Lead: **CEO**	 Exec Lead: **CDIO**	 Exec Lead: **COO**	 Exec Lead: **CFO**
	Safe & Effective Care	**People & Culture**	**Well Led**	**Digital, Date & Information**	**Operational Delivery**	**Financial Sustainability**
Programme	**Gynaecology Services** Exec Sponsor: **Rafik Bedair** SRO: **Jo Humphreys**	**Medical Engagement** Exec Sponsor: **Rafik Bedair** SRO: **Suzy Ning**	**Risk Management & Assurance** Exec Sponsor: **Juliette Cosgrove** SRO: **Caroline Greenhalgh**	**Digital Safety & Infrastructure** Exec Sponsor: **Lorna Allen** SRO: **David Grant, Nicci Hancox**	**Urgent & Emergency Care & Patient Flow** Exec Sponsor: **Leah Robins** SRO: **Kate McKenna**	**Financial Recovery** Exec Sponsor: **Suzanne Robinson** SRO: **Asif Umarji**
	Spinal Services Exec Sponsor: **Rafik Bedair** SRO: **Omar Pathmanaban**	**Culture, Speaking Up & Inclusion** Exec Sponsor: **Gertie NicPhilib** SRO: **Shabana Sadiq**	**Organisational Management & Governance** Exec Sponsor: **Suzanne Robinson** SRO: **TBC**	**Data Quality & Information Management** Exec Sponsor: **Lorna Allen** SRO: **Emma Wright**	**Elective Recovery** Exec Sponsor: **Leah Robins** SRO: **Julia Bridgewater**	**Productivity & Cost Improvement** Exec Sponsor: **Suzanne Robinson** SRO: **Asif Umarji**
	Quality Governance Exec Sponsor: **Juliette Cosgrove** SRO: **Caroline Greenhalgh**	**Colleague Health, Attendance & Wellbeing** Exec Sponsor: **Gertie NicPhilib** SRO: **Amy Goodale**	**Executive & Senior Leadership Effectiveness** Exec Sponsor: **Kevin McGee**			
	Patient Safety, Complaints & Learning Exec Sponsor: **Juliette Cosgrove** SRO: **Caroline Greenhalgh**					

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1.2 Scope

In the first year, the focus is on stabilising the immediate safety and regulatory risks relating to:

- CQC Section 29A – October 2024 (Continuous Flow).
- CQC Section 29A – October 2025 (Salford Surgery).
- NHSE Undertakings – June 2026 (Spinal, Gynaecology, Quality Governance, Reporting & Assurance).
- CQC Well-Led 29A – August 2026 (Risk Management, Patient Safety, Complaints, Freedom to Speak Up, Workforce Wellbeing / EDI).

Given the nature of the regulatory and safety concerns and the need to achieve statutory targets in year the specific programmes that will deliver in the early part of the year are:

- Gynaecology Services.
- Spinal Services.
- Quality Governance.
- Patient Safety, Complaints and Learning.
- Colleague Health, Attendance & Wellbeing (Sickness).
- Digital Safety and Infrastructure.
- Access and waiting time recovery (Elective Recovery).
- Financial Recovery.

There will be progress and delivery across all 6 themes and 16 programmes.

1.3 Governance

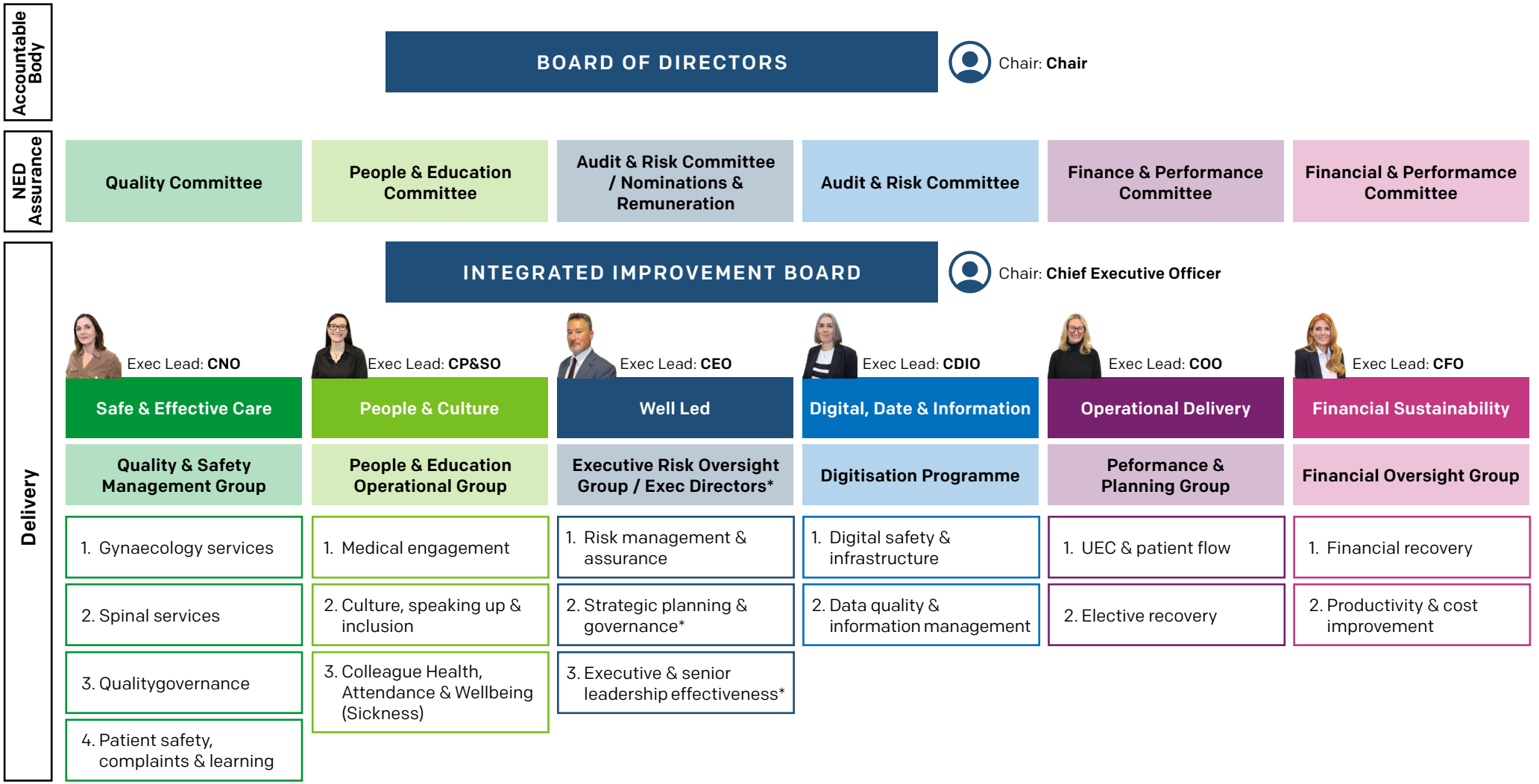
An Integrated Improvement Board will be the principal executive-led forum for oversight of the IIP and will focus on delivery confidence, outcome trajectories, risks, dependencies, capacity constraints and corrective action. It will meet monthly and will be chaired by the Chief Executive and comprise Executive Directors, programme Senior Responsible Owners and Subject Matter Experts as required. Its cadence will be aligned to the Northern Care Alliance NHS Foundation Trust (NCA) Board of Directors and System Improvement Board.

It will be underpinned by robust programme architecture to ensure delivery of the programmes of work, including Programme Boards and oversight at an IIP Theme level via existing Executive-led management governance.

Reporting will be standardised, exception-based and principally assurance-focused. It will report delivery progress against defined outcomes, outputs and success measures using evaluation criteria based on assurance (confidence) levels. Reporting will also include position against trajectory, risks, dependencies, corrective action and decisions required. Assurance will flow from operational teams and workstreams, through defined programme governance, to the Integrated Improvement Board. The Integrated Improvement Board will review aggregate assurance, resolve cross-organisational barriers and escalate matters requiring collective executive decision.

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The Board of Directors retains direct oversight and accountability of the IIP with the existing Board Committee structure being utilised for assurance and scrutiny. This is illustrated on the diagram below.



◀ PREVIOUS PAGE

NEXT PAGE ▶

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1.4 Assurance Framework

A structured assurance approach will be utilised to support oversight of the IIP, providing a consistent basis for assessing progress against defined assurance criteria, evidence requirements and success measures.

The Integrated Improvement Assurance Framework establishes a consistent approach for determining whether the IIP is delivering the improvements and outcomes expected by the Board and regulators. Importantly, the framework is designed as an outcome-focused approach which tests whether improvement has actually been achieved, evidenced, embedded and sustained as well as the level of confidence that assurance criteria (outcomes) can be achieved by the target date.

The Integrated Improvement Assurance Framework defines the assurance criteria (outcomes), evidence (outputs) and success / impact measures (SMART KPIs) at a programme and theme level. It also defines the framework for evaluating confidence in delivering outcomes at two complementary levels: Level 1, providing an overall assessment generated by individual programmes, and Level 2, an independent assessment by the NCA's Portfolio Assurance Office. A common assurance scale from Low through to Full Assurance and transfer to business as usual will provide a consistent assessment of both demonstrated improvement and confidence in achieving the required outcomes. Regulatory requirements, including CQC Section 29A Warning Notices, NHS England Undertakings and GGI recommendations, are mapped directly into the relevant IIP programmes so that regulatory compliance forms part of the evidence of successful improvement rather than operating as a separate process.

1.5 Stakeholder Engagement Plan

We are committed to making sure the IIP delivers real, lasting change. The engagement strategy sets out how we will involve all our stakeholders, including colleagues, patients, communities and place partners to create a plan that reflects what matters to them and the improvements they need to see. This means listening to their experiences and ideas, welcoming questions and challenge, and using their feedback to shape both the plan and the action we take.

Through regular conversations, clear updates and local partnership and scrutiny meetings, we will show how people's views have influenced the plan, share progress and be open about the challenges that remain.

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1.6 Risk Management

A consistent and proactive approach to programme risk management will be embedded across all programmes to identify, assess, manage and monitor risks that could impact the successful delivery of the IIP programmes. Each programme will maintain a risk register, with risks assessed using the agreed likelihood and impact.

Risks will be reviewed regularly through programme governance arrangements, with clear ownership assigned and mitigating actions tracked to ensure timely action and decision-making.

This approach will support early identification of emerging issues, strengthen accountability, and enable informed decisions that maximise the likelihood of successful programme delivery and sustainable improvement outcomes. An overarching risk associated with delivery of the IIP has also been included on the Trust's BAF.

Across the programme the following risk areas have been identified that could impact successful delivery and appropriate action is being taken to mitigated these:

- **Stakeholder engagement:**
  Engagement and communications programme in development and being considered across all themes and programmes. This is being integrated into existing forums where possible.
- **Improvement and programme resources and support:**
  Core programme support in place and being reviewed across all programmes to ensure to correct support to enable delivery.
- **Cross-programme and Clinical Group dependencies:**
  Programme team in place and dependencies being mapped across all programmes alongside review of Clinical Group alignment.
- **Governance maturity across the programmes:**
  Core programme support in place and stocktake of governance and reporting across all programmes to ensure consistency.
- **Cultural differences between professional groups:**
  Embed a culture of collaboration and open decision-making across the IIP and programme.
- **Industrial action:**
  We are committed to reaching a fair and sustainable resolution. During periods of industrial action we are doing everything we can to maintain safe care, minimise disruption and keep contingency plans in place.

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2. THEME 1
Safe & Effective Care



2. THEME 1 : Safe & Effective Care



THEME EXECUTIVE LEAD:
Chief Nursing Officer: Juliette Cosgrove

2.1 Theme Overview
2.2 Gynaecology Services
2.3 Spinal Services
2.4 Quality Governance
2.5 Patient Safety, Complaints & Learning

2.1 Theme Overview

Main issues being addressed

Significant concerns about the safety, governance, leadership and delivery of Gynaecology and Spinal services have resulted in regulatory intervention and require both urgent recovery and sustainable improvement.

NCA does not yet consistently bring together quality intelligence to identify emerging risks, escalate concerns, take effective action and ensure that identified actions are followed through, providing reliable assurance from clinical services through to the Board.

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2.2 Gynaecology Services

Programme roles

Executive Sponsor	**Rafik Bedair**
Programme SRO	**Jo Humphreys**
Clinical Lead	**Alana Mitchel**
Operational Lead	**Vic Fox**

Current reality

Significant concerns about the safety, governance, leadership and delivery of Gynaecology services have resulted in regulatory intervention and require both urgent recovery and sustainable improvement.

Programme aim – what we need to achieve

We aim to establish a safe, well-led and sustainable Gynaecology service through strengthened safety systems, governance, culture, operational performance and agile service delivery models.

This will result in improved patient experience and outcomes, staff experience, regulatory compliance and assurance, whilst working with our partners to achieving sustained improvement, evidenced by resolution of the underlying causes.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Improved health outcomes and experience for people / population in the service. • Accountable and sustainable Gynaecology Service able to flex to demands. • Strengthened safety systems.

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Evidence (Outputs)	Date Due
We will have a safe, sustainable, standardised and clinically coherent delivery model for gynaecology across the NCA: • Designed by.	 Nov 2026
We will be assured that the previous Rapid Quality Review (RQR) safety priority actions have been: • Completed and addressed. • The learning identified embedded in practice.	 Oct 2026 Mar 2027
We will have achieved and sustained compliance with colposcopy and external cervical-screening requirements and provided reliable assurance over tracking, reporting and accreditation: • Safety and Quality Assessment for Sustainability (SQAS) actions submitted. • Screening Incident Assessment Form (SIAF) completed / addressed. • Embedded in practice.	 Dec 2026 Mar 2027 Jul 2027
We will have reliable systems for identifying, escalating, investigating and learning from clinical risk and for assuring the quality and safety of the service (completed / addressed).	Jan 2027
We will ensure leadership behaviours, team environment and management arrangements required for safe, collaborative and sustained improvement, whilst ensuring professional concerns, restrictions, consent issues and speaking-up themes are managed consistently, fairly and in a way that produces organisational learning: • Phase 1.	 Dec 2026
We will have reliable clinical and operational controls of patient pathways: • First step completed / addressed.	 Nov 2026

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Success Measures (KPIs) under development to confirm targets	Target:
Reduced locum usage and reduction in vacancy position: • Long term locums. • Vacancies.	 0 0
Improved NHS Staff Survey Response Rate: • Reduction in areas scoring red in NHS Staff Survey.	 50% response 5 reds
Timely completion of overdue incidents in line with NCA Incident Reporting Process and Patient Safety Incident Response Framework (PSIRF) Principles.	TBC
Complete the 58 historical outstanding SIAF actions by 31/10/26.	All completed
All 41 PSII actions to have evidence they are embedded.	All embedded

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - June 2026 (Gynaecology).

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2.3 Spinal Services

Programme roles

Executive Sponsor	**Rafik Bedair**
Programme SRO	**Omar Pathmanaban**
Clinical Lead	**Kate Bailey**
Operational Lead	**Sam Dickens**

Current reality

Longstanding concerns, multiple reviews and outstanding issues have resulted in uncertainty about safety, accountability and sustainable service delivery.

Programme aim – what we need to achieve

We aim to deliver sustainable improvements in quality, safety, patient experience, culture, and operational performance across the Spinal service, through implementation of a structured improvement programme that will evidence that underlying causes are resolved.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Clear and controlled patient safety position. • Improvement in agreed clinical and service outcomes. • Delivery of regulatory requirements. • Effective and stable leadership and governance. • Evidence that improvements are sustained. • Ability to return safely to routine organisational oversight.

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Evidence (Outputs)	Date Due
We will complete the MDT improvement actions ensuring all appropriate patients receive an MDT.	Mar 2027
We will embed the single spinal governance and morbidity and mortality (M&M) structure across neurospinal and orthopaedic services: • In place by, ongoing audit. • Expand cross-organisation.	 Dec 2026 Mar 2027
We will introduce and embed staff feedback mechanisms and implemented leadership development actions.	Dec 2026
We will maximise high-volume low-complexity (HVLC) activity at Rochdale elective hub and the potential to evaluate opportunitie to move activity across the NCA footprint, including utilising Fairfield General Hospital.	Mar 2027
We will have routine patient experience and feedback collection mechanisms in place and strengthened processes for responding to concerns, complaints and compliments.	Dec 2026
Success Measures (KPIs) – under development to ensure safety and the quality metrics are fully reflected	**Target**
% patients sent to MDT.	100%
% of complex cases discussed in line with agreed MDT standards.	100%
Patient and family satisfaction - patient experience metrics demonstrate sustained improvement.	Over at least three consecutive reporting periods
Emergency back pain admissions with LOS >4 days and no procedure.	≤10% benchmark
Staff survey results.	Year-on-year improvement
Elective hub utilisation – increased HVLC activity.	TBC

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - June 2026 (Spinal).

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2.4 Quality Governance

Programme roles

Executive Sponsor	**Juliette Cosgrove**
Programme SRO	**Caroline Greenhalgh**
Clinical Lead	**Alistair Craig**
Operational Lead	**Caroline Greenhalgh**

Current reality

NCA does not yet consistently bring together quality intelligence to identify emerging risks, escalate concerns, take effective action and ensure that identified actions are followed through, providing reliable assurance from clinical services through to the Board.

Programme aim – what we need to achieve

We aim to establish a consistent, standardised, intelligence driven and clinically led quality governance framework across the NCA that provides effective 'ward-to-board-to ward' assurance, strengthens accountability, supports organisational learning and enables informed decision-making.

In doing this we will identify risks early and generate the evidence required to assure our patients, regulators and stakeholders that we are complaint across all regulatory standards.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Patients receive safe, effective and high-quality care, with a clear focus on improving outcomes and experience.
- Risks and variation identified early, learning to translate into improvement.
- Leaders to have clear assurance that all internal and regulatory care standards are being achieved and sustained.
- Greater staff satisfaction by creating clarity, shared accountability and a positive culture in which staff feel supported and able to deliver high-quality care.
- Enhance Board assurance, improve regulatory compliance and sustainable improvement across the NCA.

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Evidence (Outputs)	Date Due
We will commission a review which will demonstrate increased quality governance maturity.	Jun 2027
We will have a simplified quality governance and accountability framework, with clear roles from ward/service level through Clinical Groups to Executive and Board.	Feb 2027
We will have an effective Board assurance framework for quality, providing clearer line of sight from frontline care to Board assurance, particularly around patient safety, clinical outcomes and experience.	Apr 2027
We will have a more focused quality reporting framework, with a smaller set of meaningful measures covering outcomes, safety, patient experience, inequalities and workforce, allowing greater focus on trends, variation and improvement.	Mar 2027
We will have a stronger quality and safety culture, where staff understand their responsibilities, feel supported to raise concerns and can see that their input results in action and improvement.	Jun 2027
We will have an improved approach to learning and continuous improvement, demonstrating a clear link between incidents, complaints, audit, patient feedback, staff insight and measurable improvement.	Jun 2027
We will have a greater clarity about quality risks and escalation, including how emerging concerns are identified, triangulated, escalated and sustainably addressed.	Apr 2027
Success Measures (KPIs) – under review to ensure safety and quality metrics are fully reflected	**Target:**
% compliance for significant risks with effective mitigation and evidence of impact.	90%
% compliance for escalated quality and safety concerns being reviewed within agreed timescales.	95%
% compliance for Quality Committee reports being supported by agreed quality intelligence and a KPI framework.	100%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).
- CQC S29A - Oct 2025 (Salford Surgery).
- NHSE Undertakings - Jun 2026 (Spinal, Gynaecology, Quality governance, Reporting & Assurance).
- CQC Well-Led S29A - Aug 2026 (Patient safety, Risk management).

◀ PREVIOUS PAGE

NEXT PAGE ▶

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2.5 Patient Safety, Complaints & Learning

Programme roles

Executive Sponsor	**Juliette Cosgrove**
Programme SRO	**Caroline Greenhalgh**
Clinical Lead	**Alistair Craig**
Operational Lead	**Caroline Greenhalgh**

Current reality

NCA does not consistently demonstrate that patient safety incidents, complaints and other sources of safety intelligence are reviewed and responded to in a timely and reliable way, or that resulting learning and actions lead to changed practice and reduced risk.

Programme aim – what we need to achieve

We will create an integrated and learning-focused approach to patient safety and complaints that ensures the organisation listens, learns and acts when care falls short, translating insight from patients, families and staff into sustained improvements in safety, quality and experience.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Deliver safer care and a better experience for patients and staff by strengthening how the organisation listens, learns and improves following incidents and complaints. • Reduce recurrence of concerns and harm, embed a stronger learning culture and provide greater assurance that insight is consistently translated into measurable and sustained improvement.

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Evidence (Outputs)	Date Due
We will see a reduction in avoidable and recurrent harm.	Apr 2028
We will see fewer recurring themes in incidents and complaints.	Aug 2027
We will have stronger evidence that learning results in sustained improvement through commissioned review of actions.	Aug 2027
We will have an improved patient and family experience when concerns arise.	Jun 2027
We will observe greater staff confidence in raising concerns and learning from them.	Jun 2027
We will have stronger Board assurance that patient safety risks are understood and effectively addressed.	Apr 2027
We will have a stronger quality and safety culture, where staff understand their responsibilities, feel supported to raise concerns and can see that their input results in action and improvement.	Aug 2027
Success Measures (KPIs) – under review to ensure safety and the quality metrics are fully reflected	**Target**
Reduction in serious harm from categories defined in the PSIRF local priorities.	10% reduction
% compliance in the staff survey and Pulse results with staff being confident to speak up.	80%
Reduction in the BAF risk score for Patient Safety and Clinical Quality risks.	No higher than 12
% completion and evidence of actions arising from incidents and complaints	95%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).
- CQC Well-Led S29A - Aug 2026 (Patient safety, Complaints).

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3. THEME 2
People & Culture



3. THEME 2 : People & Culture



THEME EXECUTIVE LEAD:
Chief People & Strategy Officer: Gertie NicPhilib

3.1 Theme Overview

3.2 Medical Engagement

3.3 Culture, Speaking up & Inclusion

3.4 Workforce Health, Attendance & Wellbeing (Sickness)

3.1 Theme Overview

Main issues being addressed

The NCA faces significant challenges with leadership stability, organisational alignment, and workforce culture. Inconsistent leadership and accountability have contributed to fragmented decision-making and slower delivery, while clinical leadership and medical engagement are not yet consistently developed or embedded across the organisation.

Concerns also remain about staff confidence to speak up, fear of reprisal, inequalities in colleague experience, and the effectiveness of staff engagement and partnership arrangements.

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3.2 Medical Engagement

Programme roles

Executive Sponsor	**Rafik Bedair**
Programme SRO	**Suzy Ning**

Current reality

NCA has made important progress in strengthening medical engagement, including through the Clinical Leadership Model, the re-established Medical Staff Committee and continued investment in medical leadership. However, the experience of medical engagement remains variable across the organisation and continues to depend too heavily on individual relationships and local arrangements rather than consistent organisational practice.

NCA already has many of the structures and mechanisms associated with effective medical engagement. The challenge is therefore not primarily to create more opportunities for engagement, but to improve how consistently existing arrangements work together and the quality of the relationship between the organisation and its medical workforce. Medical staff want earlier involvement in significant decisions, greater understanding of organisational priorities, and clearer evidence of how their advice has been considered and influenced organisational thinking.

Effective medical engagement also requires collective organisational ownership. It is shaped by doctors' relationships with operational, corporate and Executive leaders as well as professional medical leadership. The opportunity is therefore to establish medical engagement as an enduring organisational capability, characterised by trust, openness, shared responsibility and constructive partnership, through which medical expertise routinely informs leadership, decision-making and improvement.

Programme aim – what we need to achieve

To strengthen the organisation's capability to work in partnership with its medical workforce, ensuring that medical expertise routinely informs organisational leadership, decision-making and improvement.

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Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• **Medical voice and influence** - Medical expertise routinely informs organisational leadership, governance and decision-making, with clinicians having meaningful opportunities to influence significant decisions before they are finalised and clear evidence of how their advice has been considered. • **Leaders and partnership** - Clinicians, managers and organisational leaders work in effective partnership, characterised by trust, openness, mutual respect, shared responsibility and constructive challenge, with medical engagement experienced consistently rather than being dependent on individual relationships. • **Communication and Organisational Dialogue** - Medical staff understand organisational priorities and significant decisions and experience open, honest and meaningful two-way dialogue with organisational leaders, including clear explanations of how and why decisions have been reached. • **Organisational Listening and Learning** - Medical staff are confident that their expertise, concerns and ideas are heard and responded to, with insight from the medical workforce systematically informing organisational learning, governance, leadership and improvement. • **Partnership in Improvement** - Doctors routinely participate as active partners in the design, delivery and evaluation of organisational improvement, with medical expertise shaping problems, solutions and change and supporting stronger clinical ownership of improvement. Collectively, these outcomes will establish medical engagement as an enduring organisational capability, embedded in the normal way NCA leads, makes decisions and improves, rather than being dependent on individual leaders, local relationships or standalone engagement initiatives.

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Evidence (Outputs)	Date Due
We will set up five-workstream programme architecture, with clear senior ownership and governance.	Dec 2026
We will produce a problem and causal analysis validated with clinicians, Clinical Groups, the Medical Staff Committee and available quantitative and qualitative evidence.	Mar 2027
We will clarify roles and relationships between existing medical engagement arrangements, particularly the Medical Staff Committee, Medical Council, Local Negotiating Committee and organisational governance.	Mar 2027
We will establish consistent arrangements established for early medical input into significant organisational decisions, with evidence of how medical advice has been considered.	Mar 2027
We will set up reliable organisational listening and feedback arrangements, including visible responses to significant themes raised by the medical workforce.	Mar 2027
We will ensure there are regular opportunities for meaningful dialogue between Executive leaders and the medical workforce, supporting visibility, openness and understanding of organisational priorities.	Mar 2027
We will embed medical participation within priority organisational improvement activity, with evidence that clinical expertise has influenced the design, delivery or evaluation of improvement.	Mar 2027
We will set baseline medical engagement measures and agree Year 1 improvement expectations.	Mar 2027

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Success Measures (KPIs) under development to ensure fully reflects evidence and to confirm targets	Target:
Medical Engagement Scale.	TBC
NHS Staff Survey – Medical Workforce.	TBC
GMC National Training Survey.	TBC
Medical Staff Committee participation.	TBC
% of defined significant organisational decisions with documented medical input before the decision is finalised.	TBC
% of defined medical leadership roles with agreed role, accountability and decision-making arrangements in place.	TBC
% of Clinical Groups receiving the agreed minimum standard of Executive-medical workforce dialogue each reporting period.	TBC
% of significant medical workforce themes receiving a documented organisational response within an agreed timeframe.	TBC
% of defined strategic improvement programmes with documented medical involvement from programme initiation / design.	TBC

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - June 2026 (Spinal, Gynaecology).

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3.3 Culture, Speaking up & Inclusion

Programme roles

Executive Sponsor	**Gertie NicPhilib**
Programme SRO	**Shabana Sadiq**

Current reality

NCA does not yet provide a consistently psychologically safe and inclusive working environment in which colleagues feel able to raise concerns openly and confident that concerns will be acted upon without detriment.

There are significant concerns about high levels of anonymous speaking up, reported fear of reprisals, insufficient oversight of detriment, inequalities in colleague experience, and a lack of organisational oversight and assurance regarding Freedom to Speak Up (FTSU) processes.

Programme aim – what we need to achieve

A positive and inclusive organisational culture in which colleagues feel respected and psychologically safe, are confident to raise concerns and challenge openly, are protected from detriment, and can see that their voice leads to meaningful action and improvement.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Effective organisational oversight and assurance arrangements are in place for FTSU cases, processes, themes and outcomes.
- A respectful, inclusive culture where colleagues can raise concerns and shape improvement.
- Staff feel safe, supported, and confident to raise concerns.
- Reduction in fear of retaliation or negative consequences.
- Improved awareness of speaking-up routes and support available.
- Leaders actively encourage and respond to concerns.
- Psychological safety improves within teams.
- Underrepresented groups have equal confidence and opportunity to raise concerns.
- Barriers to speaking up are identified and addressed.

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Evidence (Outputs)	Date Due
We will mandate FTSU National eLearning and add to Learning Management System.	Dec 2026
We will have a governance and assurance framework to provide organisational oversight of FTSU cases, processes, themes, outcomes, and learning.	Mar 2027
We will have one singly policy for FTSU and Whistleblowing.	Mar 2027
We will develop a process to understand and identify detriment (incl. increasing coms).	Mar 2027
We will work with Comms teams to share positive stories and case studies.	Mar 2027
We will put additional training on to capture leaders who attended leadership training (Foundation Leadership Development Training) who attended the course prior to the introduction of FTSU to the sessions.	Mar 2027
Success Measures (KPIs) – under development to confirm targets	**Target**
% reporting compliance and organisational oversight of FTSU cases, themes, outcomes and learning through agreed governance structures.	100%
NHS Staff Survey FTSU indicators (overall score).	Improvement year-on-year and above NHS acute trust average
Number of concerns raised through FTSU and other appropriate routes.	Sustained increase or maintained reporting levels
Monitor Compliance with National FTSU training (First year of roll out).	TBC
% of staff who know how to raise concerns (Staff Survey or local pulse survey).	Increase by 10%
Response times for FTSU concerns (in line with the FTSU Policy once complete).	TBC

Regulatory alignment

Aligned Regulatory Action:

- CQC Well-Led S29A - Aug 2026 (Organisational oversight, governance, and assurance of Freedom to Speak Up cases and processes, Workforce Wellbeing / EDI).

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3.4 Workforce Health, Attendance & Wellbeing (Sickness)

Programme roles

Executive Sponsor	**Gertie NicPhilib**
Programme SRO	**Amy Goodale**
Clinical Lead	**Karen Coverley**

Current reality

Sickness absence remains high and management practice around attendance, return to work and colleague wellbeing is inconsistent.

Existing processes do not yet consistently support early intervention, effective management or sustainable improvement in attendance and workforce resilience and we do not yet have sufficient confidence that the principal causes, risks and operational impact of sickness absence are being systematically addressed.

Programme aim – what we need to achieve

We aim to create a healthier and more resilient workforce through consistent attendance management; deliver a consistent Board to Ward absence reporting and assurance framework; and strengthen leadership and management capability that delivers sustained reduction in sickness absence, improved colleague experience, safer staffing levels, improved patient experience and financial performance.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Sustained reduction in in-month and rolling 12-month sickness absence. • More timely and effective management of long-term sickness cases. • Reduction in the impact of stress, depression and anxiety-related absence. • Consistent attendance management practice across Clinical Groups and Corporate teams.

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Evidence (Outputs)	Date Due
We will establish executive-led attendance review panels, with systematic review of long-term cases, high-absence areas, barriers and overdue actions.	Sept 2026
We will implement a single, validated attendance dashboard and exception-reporting framework, providing reliable Board to Ward data on absence performance, long-term cases, management actions and Clinical Group variation.	Oct 2026
We will strengthen long-term sickness case management, ensuring cases over 90 days are validated, regularly reviewed and supported by timely Occupational Health (OH) / Human Resources (HR) intervention.	Mar 2027
We will deliver targeted recovery plans for sickness absence hotspots and psychological absence, using deep dives to identify local drivers and implement evidence-based wellbeing, management and operational interventions.	Dec 2026
We will improve management capability and consistent application of attendance processes, through effective planning to ensure effective engagement that embeds the deliverable actions in a sustained way.	Mar 2027
We will deliver and evidence sustained improvement in attendance and workforce resilience, demonstrating reductions in sickness absence alongside improvements in the operational and financial impact of sickness-related temporary staffing.	Mar 2027
Success Measures (KPIs)	**Target**
Rolling 12-month sickness absence rate.	6.2 - 6.4%
In-month sickness absence rate.	5.7 - 5.9%
Long-term sickness cases with a recorded current management plan.	≥ 90%
Welcome Back Conversation compliance.	≥ 90%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2025 (Salford Surgery).
- CQC Well-Led S29A - Aug 2026 (Workforce Wellbeing / EDI).

◀ PREVIOUS PAGE

NEXT PAGE ▶

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4. THEME 3
Well Led



4. THEME 3 : Well Led



THEME EXECUTIVE LEAD:

Chief Executive Officer: Kevin McGee

4.1 Theme Overview

4.2 Risk Management & Assurance

4.3 Integrated Planning, Performance & Improvement Governance

4.4 Executive & Senior Leadership Effectiveness

4.1 Theme Overview

Main issues being addressed

The NCA does not currently have sufficient assurance that its risk management processes provide an accurate and up-to-date view of key organisational and operational risks. In addition, multiple strategies, plans, programmes, and performance frameworks are not yet integrated into a single management system, creating challenges in setting clear organisational priorities, aligning delivery efforts, and measuring whether improvement activities are achieving the desired outcomes.

Executive leadership instability and capacity constraints have also affected organisational alignment, clarity of accountability and the pace and consistency of delivery. NCA needs stable and effective collective executive leadership, with clear accountabilities and sufficient leadership capacity to provide strategic direction, maintain grip on performance and lead the scale of improvement and transformation required across the organisation.

◀ PREVIOUS PAGE

NEXT PAGE ▶

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4.2 Risk Engagement

Programme roles

Executive Sponsor	**Juliette Cosgrove**
Programme SRO	**Caroline Greenhalgh**
Clinical Lead	**Alistair Craig**
Operational Lead	**Caroline Greenhalgh**

Current reality

NCA cannot currently be confident that its risk management system provides a reliable and current view of its most important organisational and operational risks.

Risk registers contain significant numbers of historic, outdated or poorly maintained risks, with weaknesses in ownership, review, escalation and alignment with organisational policy. This limits the ability of Clinical Groups, Executive leaders and the Board to identify priorities, manage risk effectively and provide reliable assurance.

There is also a risk that risk registers, reporting processes and completion of actions become proxies for effective risk management rather than demonstrating that risks are genuinely controlled and reducing.

Programme aim – what we need to achieve

We aim to strengthen the organisation's approach to risk management and assurance, ensuring that key risks are identified, understood, escalated and effectively managed, with clear accountability and robust assurance enabling the Board to make informed decisions and maintain confidence that risks to the delivery of safe, high-quality and sustainable services are being appropriately mitigated.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• A more mature and proactive approach to risk and assurance, enabling earlier identification and effective management of significant risks, clearer accountability and better-informed decision-making. • Greater Board confidence that risks to the delivery of the organisation's strategic objectives and safe, high-quality care are understood, appropriately controlled and subject to effective assurance.

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Evidence (Outputs)	Date Due
We will implement a programme of risk maturity assessment and continuous improvement providing evidence that the new arrangements are embedded and delivering impact. The assessment will evidence:	Jan 2027
A revised Risk Management Framework and Strategy with clear principles, responsibilities, escalation routes and expectations across the organisation.	Timescales to be informed by the assessment
A strengthened Board Assurance Framework (BAF) clearly linking strategic objectives, principal risks, controls, assurances and gaps.	
A clear risk appetite framework, supporting consistent and informed decision-making.	
A standardised risk assessment and scoring approach, improving consistency and quality of risk information.	
Clear risk ownership and accountability, from service and divisional level through to Executive and Board.	
Improved risk escalation and de-escalation arrangements, ensuring significant and emerging risks reach the appropriate level promptly.	
An integrated assurance framework, bringing together clinical, operational, workforce and financial assurance and identifying gaps or duplication.	
Improved Board and Committee risk reporting, focused on trends, movement, effectiveness of controls and areas requiring leadership attention.	
A programme of risk management training and development, strengthening capability and ownership across the organisation.	
Success Measures (KPIs)	**Target**
% of significant risks reviewed on time.	95%
% of significant risks with effective controls and assurance.	95%
% of risk mitigation actions delivered on time.	80%
Number/proportion of risks outside agreed appetite without an approved treatment plan.	0
% of strategic risks with identified assurance gaps and active mitigation.	95%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).
- CQC S29A - Oct 2025 (Salford Surgery).
- NHSE Undertakings - Jun 2026 (Quality governance, Reporting & Assurance).
- CQC Well-Led S29A - Aug 2026 (Risk management).

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4.3 Strategic Planning & Governance

Programme roles

Executive Sponsor	**Suzanne Robinson**

Current reality

NCA has multiple strategies, plans, programmes and performance arrangements that are not yet consistently brought together into a single organisational management system. This can make it difficult to maintain clarity about the organisation's strategic priorities, translate them into a small number of organisational priorities, and understand whether delivery and improvement are changing outcomes.

Programme aim – what we need to achieve

A coherent organisational management system that connects strategy, annual priorities, the IIP, operational performance and Executive accountability.

Assurance criteria, evidence and success measures

Assurance criteria (outcomes)
– evidence and success measure are under development

- Clear organisational priorities.
- Clear Executive accountability.
- Stronger alignment between strategy, improvement and operational delivery.
- Fewer overlapping plans and reporting processes.
- Greater focus on outcomes and impact.
- Earlier identification of areas requiring intervention.
- Improved confidence that organisational priorities are being delivered.

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - Jun 2026 (Quality Governance, Reporting & Assurance).

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4.4 Executive & Senior Leadership Effectiveness

Programme roles

Executive Sponsor	**Kevin McGee**

Current reality

NCA has experienced significant Executive and senior leadership instability, affecting continuity, organisational alignment and the pace of delivery. Collective leadership, alignment around organisational priorities and clear accountability are not yet consistently embedded.

Differences in approach across portfolios and services can contribute to fragmented decision-making, inconsistent messages and variable delivery of organisational priorities.

The scale and complexity of the organisation's improvement agenda also requires sufficient Executive and leadership capacity to maintain grip on current performance while leading sustained organisational improvement.

Whilst clinical and operational leaders appointed to senior CLM roles have/are attending the advanced development programme there is still more to do to ensure our leaders are engaged in and committed to leading improvement and contributing to organisational performance, transformation and patient outcomes.

Programme aim – what we need to achieve

To establish a stable, effective and collectively accountable Executive leadership team, with the capacity and capability to provide clear organisational direction, align the organisation around shared priorities and lead sustained improvement across NCA.

Senior leaders will work in an inclusive and equitable environment where they are clear on expectations, supported in their development and equipped with the leadership and management skills needed to succeed and deliver high quality care.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Stable and effective Executive leadership with clear collective accountability. • Clear organisational priorities, consistently communicated and understood across NCA. • Timely and consistent delivery of agreed Executive decisions and organisational priorities. • Fair, inclusive and transparent processes for leaders throughout their employment. • Leaders understand what is expected of them in their role and professional practice. • Identify strengths and development needs as leaders and managers and access opportunities to build their skills, confidence and effectiveness.

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Evidence (Outputs)	Date Due
We will have clear Executive roles, accountabilities and decision-making arrangements.	Dec 2026
We will ensure clear and consistently communicated set of NCA organisational priorities.	Nov 2027
We will put in place executive succession and capacity plans for critical leadership roles.	Jan 2027
We will support all leaders to complete foundation leadership development, identifying any further development needs: • For AforC colleagues Band 8d+. • For AforC colleagues Band 8b-8c. • For medical colleagues all Clinical Group leadership roles. • For medical colleagues CSU leadership team roles.	 Jan 2027 Mar 2027 Jan 2027 Mar 2027
Success Measures (KPIs) – under development to confirm targets	**Target**
Executive leadership stability, measured through substantive appointments/vacancy or turnover position.	TBC
Agreed IIP priorities are collectively owned by the Executive team and delivered to agreed milestones.	TBC
% of agreed actions arising from the Executive portfolio review implemented within agreed timescales.	100%
% of leaders completed foundation leadership development.	90%
% of leaders who have had a line manager led development conversation (completed on appointment to a new role and annually thereafter).	95%

Regulatory alignment

Aligned Regulatory Action: N/A

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5. THEME 4
Digital, Data & Information



5. THEME 4 : Digital, Data & Information



THEME EXECUTIVE LEAD:

Chief Digital & Information Officer: Lorna Allan

5.1 Theme Overview

5.2 Digital Safety & Infrastructure

5.3 Data Quality & Information Management

5.1 Theme Overview

Main issues being addressed

Digital systems and infrastructure do not yet provide consistently reliable support for safe and effective care across NCA.

Data quality and confidence in information is variable across NCA. Inconsistent definitions, data entry, validation and ownership can make it difficult to establish a single reliable view of organisational performance, risk and improvement, and can reduce confidence in information used for clinical, operational and organisational decision-making and assurance.

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5.2 Digital Safety & Infrastructure

Programme roles

Executive Sponsor	**Lorna Allan**
Programme SRO	**David Grant & Nicci Hancox**
Clinical Lead	**James Kerr, David Rog & Sarah Webb**

Current reality

Digital systems and infrastructure do not yet provide consistently reliable support for safe and effective care across NCA.

Recent disruption to electronic prescribing has demonstrated the potential patient safety and operational impact when important clinical systems are unavailable or unreliable. Wider concerns about infrastructure resilience have also been identified through external review.

Programme aim – what we need to achieve

We will develop a clear understanding of and method of managing system failure risks, disruption and the impact of ageing technology. This will keep clinical systems and digital infrastructure safe, reliable and recoverable to support safe clinical care; reduce the highest patient-safety, cyber, obsolescence and continuity risks; stabilise today's services while simplifying the estate for future Single Electronic Patient Record (EPR) delivery; and establish a clear EPR roadmap and timeline.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Clinical safety certification for all critical clinical systems. • More resilient services, faster incident recovery and lower cyber exposure evidenced through the Data Security Protection Toolkit (DSPT) certification. • Accountable application ownership with defined lifecycle and investment plans. • A supportable estate ready for Single EPR, underpinned through delivery of an EPR readiness plan.

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Evidence (Outputs)	Date Due
We will have a plan for all high-risk clinical systems to be stabilised and remediated.	Dec 2026
We will have a resilient, secure and modern digital infrastructure delivered (subject to sustained annual investment).	Mar 2028
We will rationalise our clinical applications by 33% each financial year and technical debt reduced through: • Phase 1 – collation of application register and allocated ownership. • Phase 2 – decommission all current redundant applications. • Phase 3 – application roadmap plan and investment strategy towards Single EPR defined.	 Jan 2027 Feb 2027 May 2027
We will strengthen cyber security and access controls, aligned to DSPT "standards met" compliance, recognising the DSPT standards increase year on year.	Mar 2028
We will have an EPR-ready digital architecture specification and roadmap established - pending EPR roadmap confirmation.	May 2027
Success Measures (KPIs)	**Target**
Red systems with approved and funded treatment plans.	100%
Critical systems with clinically owned and validated business continuity plans.	100%
Number of server operating systems and databases at End of Life.	0
Critical Clinical applications entering final support without identified risk mitigation and approved treatment.	0

Regulatory alignment

Aligned Regulatory Action: N/A.

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5.3 Data Quality & Information Management

Programme roles

Executive Sponsor	**Lorna Allan**
Programme SRO	**JEmma Wright & Alex Garbett**
Clinical Lead	**James Kerr, David Rog & Sarah Webb**

Current reality

Data quality and confidence in information is variable across NCA.

Inconsistent definitions, data entry, validation and ownership can make it difficult to establish a single reliable view of organisational performance, risk and improvement, and can reduce confidence in information used for clinical, operational and organisational decision making and assurance.

Programme aim – what we need to achieve

Reliable and consistently understood information, with clear ownership of data quality and appropriate information governance across the organisation.

To enable accurate, consistent and trusted data to support patient care, operational performance, assurance and strategic decision making.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Trusted data for confident decisions. • Consistent assurance from frontline services to Board. • Earlier identification of risk, quality and performance issues. • Better staff access, understanding and use of data. • Improved patient care, performance and strategic planning.

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Evidence (Outputs)	Date Due
We will hold Clinical Group listening events and complete Integrated Improvement Plan data interdependency mapping, leading to: • Prioritised data action plan, including review of support offer for clinical groups.	Dec 2026 Mar 2027
We will analyse and centralise governance of all regulatory data reporting with clear ownership.	Mar 2027
We will have a baseline organisational quality dashboard.	Feb 2027
We will have an approved NCA Data Strategy.	April 2027
Success Measures (KPIs)	**Target**
% of critical datasets that meet agreed data-quality standards.	≥95%
% of senior leaders report confidence in the data used for decision making.	≥90%
% of critical data domains have accountable owners, defined quality measures and active improvement plans.	100%

Regulatory alignment

Aligned Regulatory Action: N/A.

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6. THEME 5
Opetrational Delivery



6. THEME 5 : Operational Delivery



THEME EXECUTIVE LEAD:
Chief Operating Officer: Leah Robins

6.1 Theme Overview

6.2 Urgent and Emergency Care (UEC) & Patient Flow

6.3 Elective Recovery

6.1 Theme Overview

Main issues being addressed

Patient flow across NCA is not consistently reliable, contributing to delays in care, pressure on urgent and emergency services, extended length of stay and reduced capacity to respond effectively to demand. Operational pressures can result in significant organisational effort being focused on managing immediate problems rather than addressing the causes of delay and variation.

Patients are waiting too long for some planned services, with variation in performance, waiting-list management and the ability to match capacity to demand. Backlogs and weaknesses in validation, pathway management and operational grip can make it difficult to maintain an accurate understanding of demand and to target improvement effectively.

◀ PREVIOUS PAGE

NEXT PAGE ▶

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6.2 Urgent and Emergency Care (UEC) & Patient Flow

Programme roles

Executive Sponsor	**Leah Robins**
Programme SRO	**Kate McKenna**
Clinical Lead	**Karen Coverley**
Operational Lead	**Kelly McLellan**

Current reality

Patient flow across NCA is not consistently reliable, contributing to delays in care, pressure on urgent and emergency services, extended length of stay and reduced capacity to respond effectively to demand.

Operational pressures can result in significant organisational effort being focused on managing immediate problems rather than addressing the causes of delay and variation.

Programme aim – what we need to achieve

We will use our capacity effectively across all our services and sites to deliver a coordinated, organisation-wide approach to urgent and emergency care. This will ensure reliable flow whereby patients are admitted, transferred and discharged without unnecessary delay so that patients receive safe, timely care in the right place whilst improving experience and clinical outcomes.

We will strengthen operational grip, expand alternatives to admission, improve discharge and length of stay, align capacity with demand, and eliminate corridor care through sustainable, standardised ways of working.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Improved patient safety, experience and clinical outcomes.
- Timely access to care, reduced delays and corridor care.
- Fewer avoidable admissions, improved patient flow and length of stay.
- More resilient and sustainable urgent and emergency care system.

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Evidence (Outputs)	Date Due
We will mobilise the programme: governance established, workstream leads appointed, baseline metrics agreed, benefits framework approved & delivery plans established.	Oct 2026
We will fully implement the NCA Winter Plan.	Jan 2027
We will embed the new Site Management Operating Model, Discharge Policy, and Full Capacity Policy and implementation of the Site Management Plan.	Mar 2027
We will expand admission avoidance pathways.	Mar 2027
We will have oversight of the delivery plans for Care In the Right Place, Corridor care, Safer Sooner / Los, Bed reconfiguration, GIRFT.	Mar 2027
Success Measures (KPIs)	**Target**
Emergency Department 4-Hour Performance.	82%
Patients Experiencing Corridor Care >45 Minutes.	0
Patients Waiting in ED >12 Hours.	9.90%
UEC (Non elective) average Length of Stay in days (LoS).	9.32

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).

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6.3 Elective Recovery

Programme roles

Executive Sponsor	**Leah Robins**
Programme SRO	**Julia Bridgewater**
Clinical Lead	**Graham Nelson**
Operational Lead	**Clinical Group Director of Operations**

Current reality

Patients are waiting too long for some planned services, with variation in performance, waiting-list management and the ability to match capacity to demand.

Backlogs and weaknesses in validation, pathway management and operational grip can make it difficult to maintain an accurate understanding of demand and to target improvement effectively.

Programme aim – what we need to achieve

We aim to deliver a three-year route to restoring and sustaining NHS constitutional standards for RTT elective care, eliminating long waits and creating a productive, equitable and financially sustainable elective operating model. The programme will provide improved and equitable access to planned care, supporting accuracy of waiting lists, sustainable management of demand and capacity leading to reduced waiting times. The aim is to deliver the Trust back to year 1 plan outcomes by March 2027.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Reduce elective waiting times and unwarranted variation. • Improve access and patient experience. • Increase productivity and utilisation of substantive capacity and reduce reliance on non-core activity. • Deliver constitutional standards while establishing a financially sustainable elective operating model.

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Evidence (Outputs)	Date Due
We will have oversight of the implementation of theatre, outpatient and pre-operative improvement plans to increase productivity and right-size core capacity.	Dec 2026
We will mobilise a coordinated non-core value for money additional capacity programme (insourcing, outsourcing, mutual aid and independent sector provision), targeted at reducing long waits and the activity gap.	Dec 2026
We will implement referral optimisation and pathway redesign, including SPOAs, PIFU, and community alternatives.	Jan 2027
We will establish the central RTT validation function and standardised PTL processes, supported by automation, digital reporting and patient administration improvements.	Jan 2027
We will agree and commence implementation of a sustainable elective recovery team workforce plan covering workforce modelling, recruitment, extended roles, productivity and administrative redesign.	Feb 2027
We will develop and approve the Elective Recovery Strategy which will focus on digital innovation, service redesign, estate optimisation and new models of care. Deliver the Future Proofing Programme, prioritising invest to save schemes which create recurrent capacity, improve productivity and reduce reliance on premium additionality.	Mar 2027
Success Measures (KPIs)	**Target**
RTT <18 week wait.	62%
RTT >52-week waits <2%.	2600
Community RTT >52-week waits.	0%
Achieve an overall waiting list size aligned to 62% performance.	129,901
Reduce DM01 waits >6 weeks.	2%
Deliver >100% of agreed elective activity plan .	26-27 Plan

Regulatory alignment

Aligned Regulatory Action: N/A.

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7. THEME 6
Financial Sustainability



7. THEME 6 : Financial Sustainability



THEME EXECUTIVE LEAD:

Chief Finance Officer: Suzanne Robinson

7.1 Theme Overview

7.2 Financial Recovery

7.3 Productivity and Cost Improvement

7.1 Theme Overview

Main issues being addressed

NCA faces a significant financial challenge. Credible financial recovery plans are in place, but these are not yet being consistently translated into operational delivery, workforce change, productivity improvement and sustainable financial benefit.

The challenge is therefore one of execution: strengthening ownership, accountability and delivery so that agreed plans result in measurable operational change and recurrent financial improvement.

Without this stronger line of sight from plan to action to benefit, there is a risk that planned efficiencies and productivity improvements are not realised, leaving the underlying financial position unresolved.

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7.2 Financial Recovery

Programme roles

Executive Sponsor	**Suzanne Robinson**
Programme SRO	**Asif Umarji**
Clinical Lead	**Jay Naisbitt**
Operational Lead	**Steve Leech**

Current reality

NCA has credible financial recovery plans, but delivery is not consistently keeping pace with those plans. There is insufficient translation of agreed financial actions into operational, workforce and productivity change, meaning that planned benefits are not consistently realised or sustained.

Programme aim – what we need to achieve

To translate NCA's agreed financial recovery plans into sustained operational delivery and recurrent financial improvement.

Through clear ownership, accountability, disciplined execution and timely decision-making, we will ensure that planned workforce, productivity and efficiency improvements are delivered and their financial benefits are realised and sustained. This will restore financial stability while protecting patient care and enabling resources to be directed to our priorities.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Financial performance is sustainably improved, with delivery against the agreed recovery trajectory and a demonstrable reduction in the underlying financial deficit.
- Agreed recovery actions are translated into operational, workforce and productivity improvements, with clear ownership and accountability for delivery.
- Planned financial benefits are demonstrably realised, recurrent and sustained, with a clear line of sight from operational improvement to financial impact.
- Workforce plans are affordable and sustainable, with reduced reliance on temporary staffing.
- There is strong financial grip and control, supported by robust governance, accurate forecasting, timely decision-making and effective management of delivery risks.
- Improved financial stability creates organisational resilience and confidence amongst the Board, regulators and system partners, enabling a progressive shift from recovery to sustainable improvement and investment.

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Evidence (Outputs)	Date Due
We will deliver the agreed financial recovery plan to achieve the organisation's annual financial control total and recovery trajectory.	Mar 2027
We will deliver the agreed recovery actions, with clear ownership and evidence of resulting operational, workforce and productivity improvement.	Mar 2027
We will deliver validated, recurrent financial benefits demonstrating a clear line of sight between operational improvement and financial impact.	Mar 2027
We will maintain strong financial grip and control through effective management of pay, non-pay, vacancies, temporary staffing and delegated expenditure.	Mar 2027
We will deliver affordable and sustainable workforce, including reduced reliance on temporary staffing and alignment of workforce, activity and finance.	Mar 2027
Success Measures (KPIs)	**Target**
Two consecutive quarters delivery of financial plan in 2026/27.	To achieve Q3 and Q4
Underlying recurrent deficit reduced in line with the agreed recovery trajectory in 2026/27.	To achieve by Q4
Cash performance maintained in line with the agreed plan in 2026/27.	To achieve by Q4

Regulatory alignment

Aligned Regulatory Action: N/A.

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7.3 Productivity & Cost Improvement

Programme roles

Executive Sponsor	**Suzanne Robinson**
Programme SRO	**Asif Umarji**
Clinical Lead	**Jay Naisbitt**
Operational Lead	**Steve Leech**

Current reality

NCA is not consistently translating cost improvement and productivity opportunities into delivered, recurrent financial benefit. Cost improvement activity can be overly focused on identifying savings rather than delivering sustainable changes to how services operate. Productivity improvement is variable, and there is not yet a consistent line of sight from operational change to realised financial benefit.

Programme aim – what we need to achieve

To deliver sustainable improvements in productivity and cost efficiency by changing the way services operate and making better use of workforce, capacity and resources. We will ensure that productivity improvements and cost reduction plans translate into demonstrable, recurrent financial benefits, reducing the underlying deficit while protecting quality, safety and patient outcomes.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Productivity improves across priority clinical and operational services, with better utilisation of workforce, estate and clinical capacity while maintaining quality and safety.
- Cost improvement is delivered through sustainable changes to how services operate, rather than reliance on non-recurrent measures.
- Productivity and efficiency improvements translate into demonstrable and recurrent financial benefit, with a clear line of sight between operational change and financial impact.
- The recurrent CIP is delivered, supported by robust benefits realisation and clear accountability for delivery.
- Productivity improvement contributes to a sustained reduction in the underlying financial deficit.

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Evidence (Outputs)	Date Due
We will achieve demonstrable improvement in productivity and utilisation across priority services.	Mar 2027
We will increase proportion of CIP delivered recurrently.	Mar 2027
We will achieve sustained improvement in CIP delivery against the agreed recovery trajectory.	Mar 2027
Success Measures (KPIs)	**Target**
Two consecutive quarters of improved CIP delivery against trajectory in 2026/27.	To achieve by Q4
Improvement in agreed productivity measures across priority services for two consecutive quarters in 2026/27.	To achieve by Q4
Increase in recurrent CIP delivery in 2026/27 compared with the current baseline.	To achieve by Q4

Regulatory alignment

Aligned Regulatory Action: N/A.

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8.
Appendices



8. Appendices

8.1 Delivery Team Roles

As a minimum the core delivery team with responsibility with overseeing delivery of the IIP will include the following roles.

Role	Description
Senior Responsible Owner (SRO)	Accountable for overall success of the IIP and reports progress to the Board and regulators.
Programme Director: Delivery Oversight, Mobilisation and Leadership	Leads day-to-day delivery of the IIP. Supports the SRO with delivery, planning and stakeholder management. Manages regulatory relationship and submissions.
Delivery Team / Programme Management Office (PMO) Lead	Oversees reporting, planning, actions, risks and dependencies. Coordinates programmes, assurance submissions and governance papers.
Delivery / PMO Support	Coordinates programme governance and reporting, maintain programme controls and provides assurance and administrative support.
Strategy Lead	Aligns IIP with Trust strategy and organisational priorities. Provides strategic insight and challenge to support decision-making, prioritisation, planning and involvement across localities and partners.
Assurance and Governance Lead	Maintains programme risk framework. Ensures alignment with Trust risk management processes. Oversees assurance.
Communications and Engagement Lead	Develops engagement strategy. Manages staff, stakeholder and partner communications. Supports culture and behavioural change.
OD Lead	Leads change management and adoption activities. Supports leadership and cultural improvement programmes.
BI Lead	Provides expertise on data, success measures as part of assurance framework and connections into the IPR to ensure consistent and accurate reporting.

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8.2 IIP Theme Roles

Theme Role	Description
Theme Executive Lead	Responsible for ensuring that the portfolio of programmes with the IIP Theme are aligned with the organisational and strategic objectives, championing implementation and supporting the team responsible for delivery. This person is responsible for providing updates into the Integrated Improvement Board (IIB).
Theme Improvement Team Senior Lead	Responsible for engaging with the Executive Lead to establish the theme portfolio, supporting programme scoping, development and delivery with Executive Sponsors and SROs. The Senior Lead will oversee the theme governance, documentation including risks and will support identification of current and future resource requirements to deliver sustainable improvement.
Assurance Lead	Responsible for providing independent assurance including monthly assurance reviews. A source of advice and guidance to support successful delivery (based on MSP principles); and promotion of best practice and a standardised approach e.g. sharing of templates.

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8.3 IIP Programme Roles

Programme Role	Description
Executive Sponsor	Responsible for ensuring that the programme is aligned with the organisational and strategic objectives, championing implementation and supporting the team responsible for delivery.
Senior Responsible Owner (SRO)	The single individual with overall responsibility for ensuring that the programme meets its objectives and delivers the projected benefits. This person is responsible for providing updates into the relevant management group and supporting the Executive to provide updates into the Integrated Improvement Board.
Clinical / Quality Lead:	• Advising the Programme team of any potential impact on quality arising from the project. • Assuring the accuracy and validity of the Quality Impact Assessment and Equality Impact Assessment. • Presenting the completed impact assessments to the appropriate person / forum for consideration. • Monitors progress of the programme for any quality issues.
Operational Lead	• Advising the Programme team of any potential operational impact aspects of operational consideration from the project. • Supporting completion of the Quality and Equality Impact Assessments to assure the accuracy and validity of the assessments. • Supports presentation of completed impact assessments to the appropriate person / forum for consideration. • Monitors delivery progress for any operational issues.
Assurance Lead	• Independent programme assurance to the Exec Sponsor, SRO and Programme Board including monthly assurance reviews and periodic Gateway reviews. • Programme advice and guidance to support successful delivery (based on MSP principles); *and* • Promotion of best practice and a standardised approach e.g. sharing of templates.

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8.3 IIP Programme Roles *continued*

Programme Role	Description
Improvement Lead	• Advice to the programme from an improvement perspective (inc. quality and service improvement); • Support to identify, test and assess the impact of interventions / improvements through best practice quality improvement principles and approaches; *and* • Assists in the development of packages of interventions and improvements that are then implemented across the programme.
Project Manager	• Responsible for day-to-day management and delivery of the project(s). • Focuses on the project's deliverables, making sure the project delivers on time and within the budget. • Creates a detailed project plan for the resources, cost, timeliness and delivery. • Monitors and controls project tasks, reporting into appropriate governance.
Subject Matter Expert (SME) leads for Strategy, Procurement, Contracting, HR / OD, Estates, Finance, Digital and Business Intelligence (BI)	• Nominated to bring subject matter expertise to the programmes and to take and deliver such work / actions are required to support delivery, reporting progress into appropriate governance.
Benefits / Business Change Manager	• Drafts benefits map and circulate for stakeholder agreement. • Facilitate agreement of benefits management strategy, realisation plan and profiles. • Consolidates reports on the realisation of benefits. • Works with programme team and other stakeholders to identify, report and monitor emergent benefits.

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8.4 Assurance Framework Definitions

Programme Aim *Why we're doing it*	Programme Outcomes (Assurance Criteria) *What will change*	Programme Outputs (Evidence) *What we'll deliver*	Success Measures *How we'll know we've succeeded*
• The overall strategic purpose or ambition. • High-level statement describing what the programme is trying to accomplish overall.	• The changes, benefits or improvements that result from the programme. • Describes the future state that will exist because the programme has been delivered.	• The products, services, capabilities or deliverables produced by the programme. • Tangible things the programme creates.	• The metrics, indicators and targets used to assess achievement of outcomes and benefits. • Defined as SMART KPIs.

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