

AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

Contact: Julie Gallagher
Direct Line: 01612536640
E-mail: julie.gallagher.gov.uk
Web Site: www.bury.gov.uk

**To: All Members of Joint Health Overview and Scrutiny
Committee for Pennine Acute NHS Trust**

Councillors: Norman Briggs, Raymond Dutton, Derek Heffernan, Colin McLaren, Linda Robinson, Stella Smith, Ann Stott and Roy Walker

Dear Member/Colleague

Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust which will be held as follows:-

Date:	Monday, 15 October 2018
Place:	Bury Town Hall, Lancashire Fusiliers Room, Knowsley Street, Bury. BL9 0SW
Time:	10.00 am
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

3 PUBLIC QUESTIONS

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of Pennine Acute NHS Trust. A period of up to 30 minutes is set aside for public questions.

4 MINUTES *(Pages 1 - 6)*

Minutes from the meeting held 26th June are attached.

5 NORTH EAST SECTOR TRANSFORMATION *(Pages 7 - 22)*

Jack Sharp, Director of Strategy and Moneeza Iqbal, Clinical Service Strategy Programme Director will report at the meeting. Presentation attached.

6 SUSTAINABILITY FUND REPORT

Nicky Tamanis: Deputy Chief Finance Officer will provide a verbal update at the meeting.

7 MID YEAR PERFORMANCE *(Pages 23 - 52)*

Jo Purcell, Deputy Director North East Sector will report at the meeting. Reports attached.

8 IM & T UPDATE *(Pages 53 - 62)*

Phillip James, Associate Chief Information Officer will report at the meeting. Presentation attached.

9 HEALTHIER TOGETHER UPDATE *(Pages 63 - 66)*

A verbal update will be given at the meeting. Report attached.

10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 26th June 2018

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Colin McLaren (Oldham Council)
Councillor Derek Heffernan (Oldham MBC)
Councillor Ann Stott (Rochdale MBC),
Councillor Linda Robinson (Rochdale MBC),
Councillor Norman Briggs (Oldham MBC)
Councillor Raymond Dutton (Rochdale MBC)

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute
Jo Purcell: Deputy Director North East Sector, Salford Royal and Pennine Acute

Nicky Tamanis: Deputy Chief Finance Officer, Salford Royal and Pennine Acute

Dean Hambleton-Ayling: Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust

Ms Julie Gallagher: Principal Democratic Services Officer

Apologies: There were no apologies reported.

PAT. 18/19-01 APPOINTMENT OF CHAIR AND VICE CHAIR**It was agreed:**

1. That Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2018/19.
2. That Councillor Stella Smith (Bury MBC) be appointed vice Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2018/19.

PAT.18/19-02 APOLOGIES

Apologies were detailed above.

PAT.18/19-03 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-04 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-05 MINUTES AND MATTERS ARISING

It was agreed:

That the minutes of the meetings held on 13th March 2018 be approved as a correct record.

PAT 18/19-06 POLITICAL BALANCE

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust be politically balanced, be waived for the municipal year 2018.2019.

PAT 18/19-07 STAFFING UPDATE

Dean Hambleton-Ayling: Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust attended the meeting to provide members with a workforce update. The vacancy rates for medical/dental staff and nursing and midwifery staff remain high at 12.78% and 10.68% respectively. Spend on bank, agency and locums for April was high and will continue to be a primary focus for the Trust. Turnover rates at the Trust have remained static at just over 10% and the monthly sickness absence levels have reduced to 4.5%.

The Associate Director of Workforce reported that last year's Trust wide agency spend was £44 million and planned to reduce to £34.9m in 2018/19 with a planned year end cash sum of £3.0m compared to £11.4m in 2017/18.

The Associate Director of Workforce reported that there is a robust recruitment and retention strategy in place. Visa and changes to immigration criteria has affected the ability to recruit to medical positions within the Trust. 50 further doctors will join the Trust in the next 3 to 6 months as well as 400 nurses. The Director of Strategy reported that there is a national shortage of medical doctors and nursing staff.

With regards to the referendum, the Associate Director of Workforce reported that the Trust had not seen as of yet seen an impact with regards to staffing. The Trust has commenced recruitment exercises in other areas, including the Middle East, North America and Asia in response to the national shortage.

In response to a Member's question, the Associate Director of Workforce reported that there were 764 vacancies across the Pennine Acute Trust, 342 nursing vacancies and 109 doctor vacancies.

The Associate Director of Workforce reported that the recently announced NHS 3 year pay deal, as well as benefits of holiday pay, pension contributions, professional development and training would hopefully entice staff away from agency and locum work and into the Trust.

The Director of Strategy reported that the Trust has entered into an agreement with neighbouring Trusts to only use their staff as bank staff (bank staff attract a lower premium) than agency staff.

Responding to a question from the Chair, the Associate Director of Workforce reported that Edge Hill provides additional training to support Doctors from overseas to develop professionally whilst working in the Trust. Edge Hill have reported that over 100 doctors have been unable to take up work in the UK due to visa problems.

It was agreed:

Dean Hambleton-Ayling, Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust be thanked for his attendance and a further staffing update be provided at the March meeting of the JHOSC for Pennine Acute NHS Trust.

PAT 18/19-08 FINANCE UPDATE

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide Members with an overview of the financial position and financial plan for Pennine Acute NHS Trust, NHSI oversight, the process to reach a more balanced position as well as details of the capital programme.

The Trust currently receives income of 661.9million pounds, 90% of income relates to patient care, activities a 5% increase from 2016/17. The Trust's expenditure includes pay costs of 440.2 million pounds, 64% of the total costs, a 7.5% increase from 2016/17, Non Pay 242.9 million pounds, 23% relates to drugs and 12% CNST.

The Trust currently has a deficit £68.9million pounds compared to £30.4m in 2017/18. Agency Spend has reduced to £34.9m in 2018/19 with a Yearend cash sum of £3.0m compared to £11.4m in 2017/18. The Trust plans to spend £32.5 million on Capital Investment projects compared to £19.7m the previous year. The Trust has maintained a Risk Rating of 4.

The Deputy Director of Finance reported that with regards to the A&E 4 Hour Target; Trusts will be expected to meet 90% by September

2018, and return to 95% by March 2019, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period.

The Deputy Director of Finance provided further information with regards to the Trust's financial plan for 2018/19. The plan includes the following information:

- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.
- The national eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). ICSs are expected to prepare a single system operating plan and to work within a system control total. They are expected to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement over time.
- There will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes.
- The two-year National Tariff is unchanged, with local systems encouraged to consider local payment reform in certain areas.

Responding to a Member's question, the Deputy Director of Finance reported that to ensure the sustainable delivery of services in the future there would be savings proposed but also some additional capital investment.

The Trust has worked with NHS Improvement to develop a sustainable financial recovery plan to address the deficit. The Director of Strategy reported that the development of the Northern Care Alliance Service Strategy will address some of the financial issues but may result in significant changes in how services are delivered.

Responding to a Member's question the Deputy Director of Finance acknowledged that the IT infrastructure will need additional investment; staff at Pennine Acute are working with colleagues at the Salford Royal, to share best practice in addition to securing further investment for IT infrastructure.

With regards to the services provided; the Director of Strategy reported that the development of the North East Sector commissioner-led strategy should help address some of the financial issues but is likely to require significant changes in how services are delivered in order to ensure clinical and financial sustainability. With regards to the services provided, the Director of Strategy said that there may be

greater centralisation of some services going forward; complex operations may be undertaken in centralised locations while assessment and out-patient appointments will be provided locally.

Responding to a Member's question the Deputy Director Finance reported that 60% of expenditure is on staffing costs, there are no plans to reduce the numbers of staff to address the financial deficit at the Trust. The Director of Strategy reported that there will be reduction in agency spend, improved recruitment and retention as well as an emphasis on reviewing the workforce, with a view to employing more nursing associates.

It was agreed:

Further detailed information in respect of the Trust financial position and work undertaken to address the financial deficit will be considered at a future meeting of the Joint health overview and scrutiny committee for Pennine Acute.

PAT 18/19-09 PERFORMANCE UPDATE

Jo Purcell, Deputy Director of Strategy, North east Sector provided members with an overview of the operational plan for 2018/19. The new plan builds on key priorities identified in the in the 2017/18 Salford Royal and Pennine Acute Operational plans whilst refreshing and realigning priorities to realise the benefits that the Group structure enables.

The plan contains information with regards to the following areas:

- Link to the GM devolution plan and locality plans
- Northern Care Alliance and STP governance
- Delivery priorities
- Activity plan
- Quality planning
- Workforce planning
- Care organisation priorities

It was agreed:

Further more detailed performance information will be presented at a future meeting of the Joint Health overview and scrutiny committee for Pennine Acute.

PAT 18/19-10 UPDATE ON THE NORTHERN CARE ALLIANCE

Jack Sharp, Director of Strategy reported that the presentation brings together and builds on considerable work undertaken by NES commissioners, in conjunction with the NCA, over the last 12 months to develop a strategy to secure clinically and financially sustainable acute services.

The presentation summarises the emerging proposals that will need to be refined and formally reviewed as part of the development of the North East Sector (NES) acute Clinical Service Strategy. In particular, it describes:

- The needs of the NES population, the existing acute commissioning Intentions and the key drivers for change within the sector
- A summary of the NES hospital sites and the associated issues that will need to be considered as the Strategy is refined
- Agreed fixed points and where decisions may be contingent on Theme 3
- The proposed approach to service transformation and cost reduction
- The agreed option appraisal framework and evaluation criteria
- The timeline and steps for finalising the NES acute Service Strategy

The Chair of the Joint Committee raised concerns that the information presented still does not pinpoint the sites and services that will be affected. The Chair asked that more detailed information be presented and that the Joint Committee is kept informed of the timescales for implementation including the details of, if required, public consultation.

It was agreed:

The Joint Committee would consider in more detail the emerging proposals for the development of the north east sector acute clinical service strategy at the next meeting, scheduled to take place in October 2018.

PAT 18/19-11 URGENT BUSINESS

There was no urgent business reported.

North East Sector Transformation:



***A Shared Hospital Service,
for our shared population***

There are three linked programmes of work ongoing across Manchester

	Objectives	Outputs	Scope	Timescales
NES Clinical Services Transformation	<ul style="list-style-type: none"> Develop a commissioner-led plan to secure the clinical, financial & workforce sustainability of acute services by 24/25 for the NES and related sites at Salford and North Manchester 	<ul style="list-style-type: none"> Definitive preferred reconfiguration of sites that can be taken for public consultation if needed 	<ul style="list-style-type: none"> All 3 NES sites, FGH, RI and ROH NM site Salford site 	<ul style="list-style-type: none"> Preferred option (s) to be decided by end of October/November
Pennine Acute Transaction	<ul style="list-style-type: none"> Develop a trust-led plan showing the benefits to both SRFT and PAHT in terms of the clinical, financial & workforce sustainability of acute services, as a result of the acquisition of FGH, ROH and RI by SRFT 	<ul style="list-style-type: none"> Preferred set of services for each of the PAHT sites 	<ul style="list-style-type: none"> All 4 NCA sites –FGH, RI, ROH and NMGH 	<ul style="list-style-type: none"> Likely high-level options to have been modelled by start of September
GM Theme 3	<ul style="list-style-type: none"> Develop a linked Greater Manchester acute and specialist service model 	<ul style="list-style-type: none"> Proposals for how a number of clinical specialties could be delivered across the hospitals in GM 	<ul style="list-style-type: none"> All GM sites 	<ul style="list-style-type: none"> High level models by October Further work in the months after October

NES Clinical Services Transformation Programme

The aim of the programme

- § The aim of this programme is for North East Sector commissioners and providers to co-develop a plan that secures the clinical, financial and workforce sustainability of all acute services by 2020/21.
- § The plan should complement wider LCO plans to strengthen community support, deliver more care closer to home and maximise the use of all estate within the 3 CCG / LA co-terminus footprint.

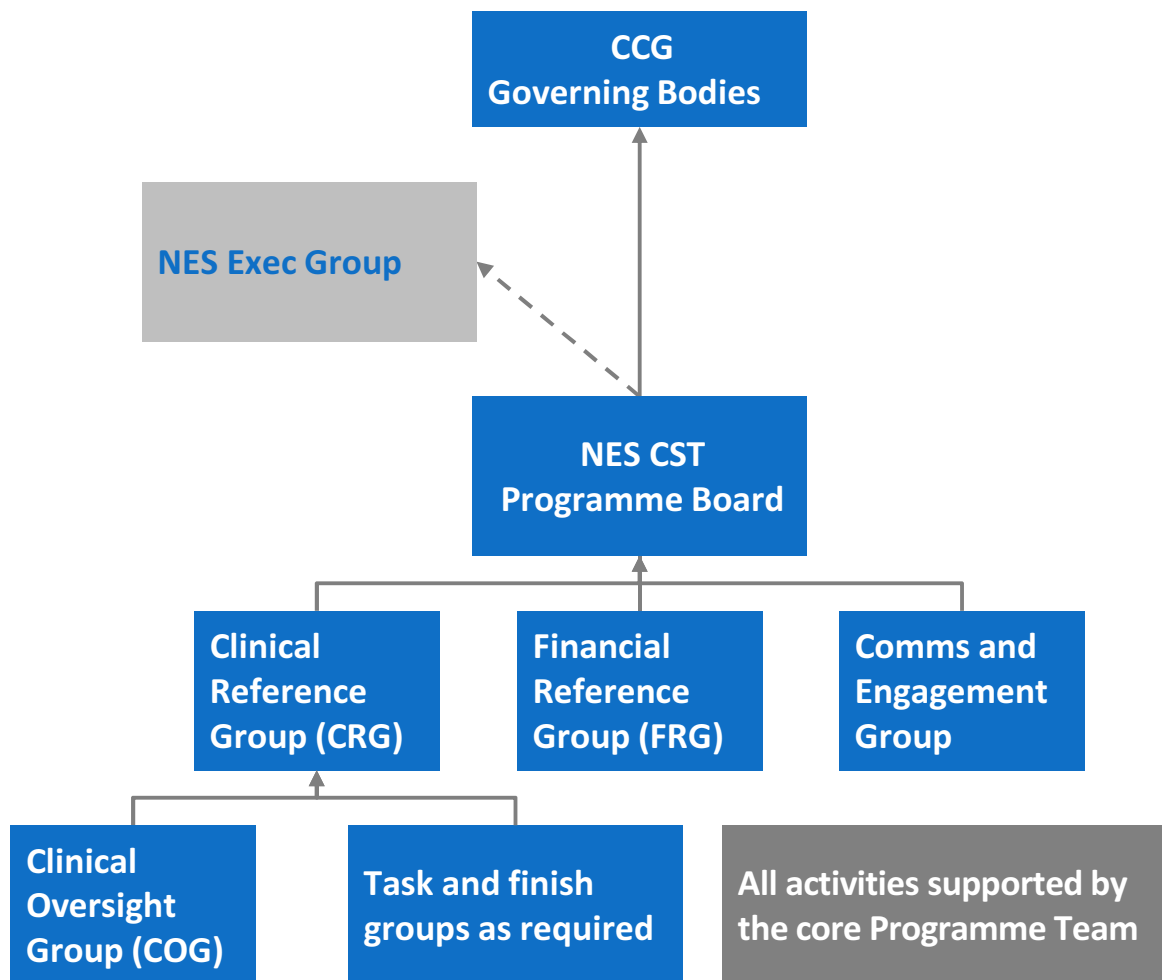
By end of October/November 2018

- § An agreed acute clinical service strategy, approved by all partner organisations, which can subsequently be taken to public consultation should this be required.

A governance structure has been agreed for the programme

Roles and responsibilities

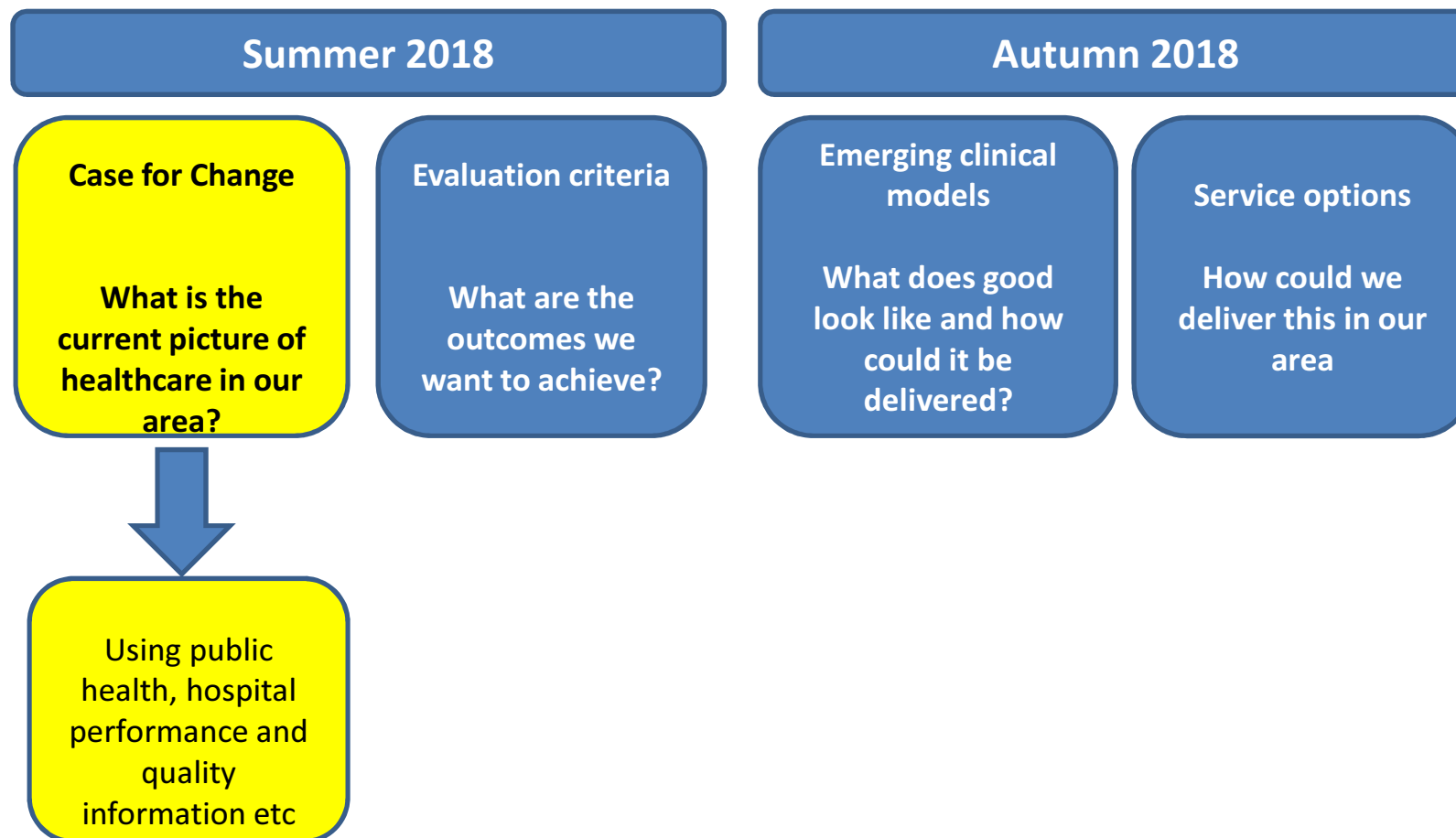
- A final decision about what option(s) to consult on will need to be made by the CCG Governing Bodies, in line with their statutory duties.
- The final recommendation to the CCG Governing Bodies will be made by the Clinical Services Transformation (CST) Board, who are responsible for overseeing the progress of the review.
- All other groups will be responsible for debating and agreeing key issues and assumptions to inform the CST Board.



We need to be able to answer the following five questions through the process we have established:

1. What is the case for change from a clinical, workforce and financial perspective, and which services are most impacted?
2. What evaluation criteria should be used to assess the options?
3. What are the range of clinical models that could underpin any future service configuration options?
4. What is the shortlist of service configuration options that we should assess against the evaluation criteria?
5. How do those options stack up against the evaluation criteria?

The process



The Case for Change

The local population is growing and getting older, worsening already poor outcomes

... and requiring a different sort of care to that historically provided ...

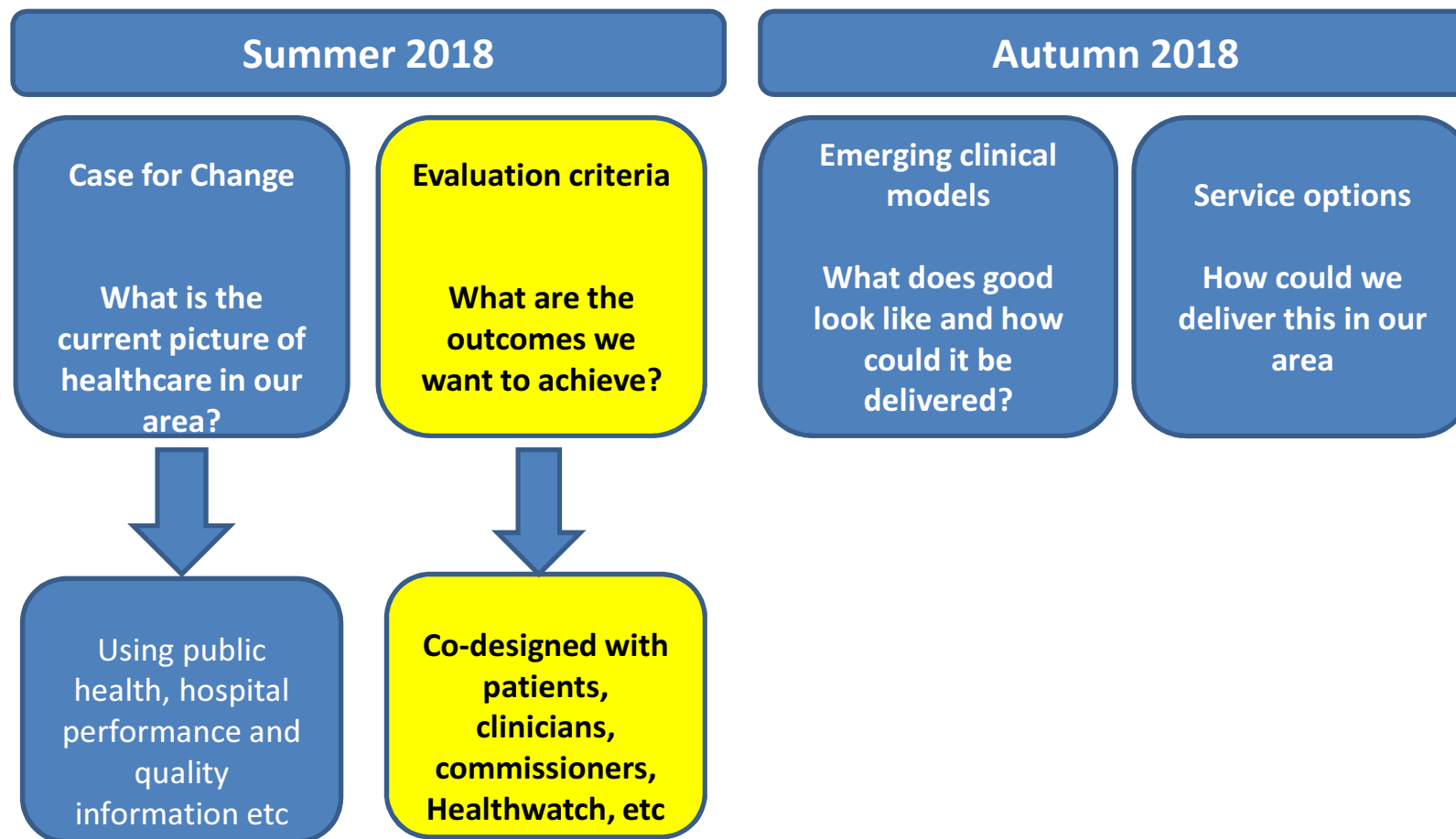
... resulting in decreased hospital activity and potentially better health outcomes

which will put further pressure on already fragile acute services

...considering how services are currently designed offers a way to address fragile acute services

The Case for Change will published once agreed through our governance

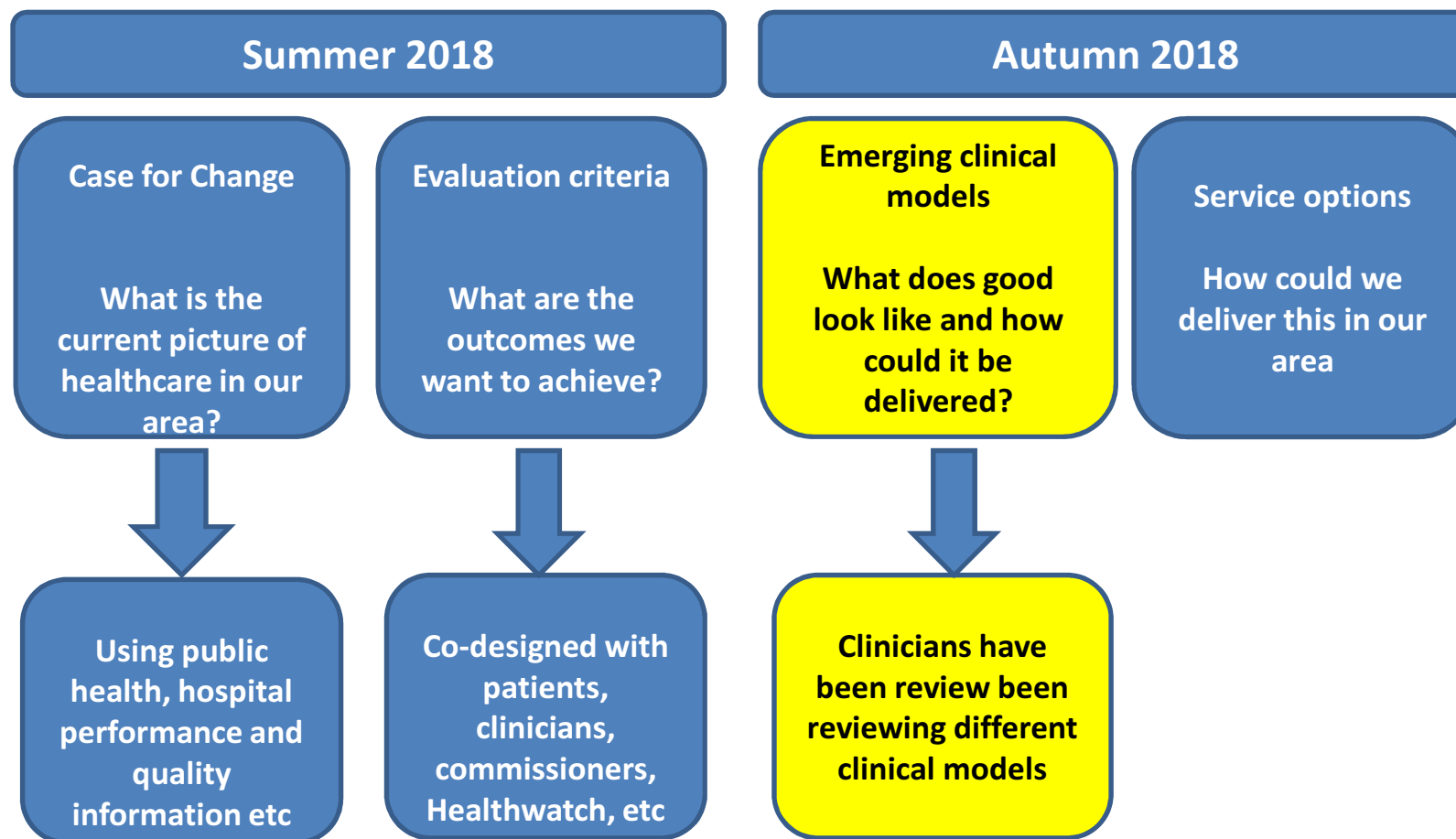
The process



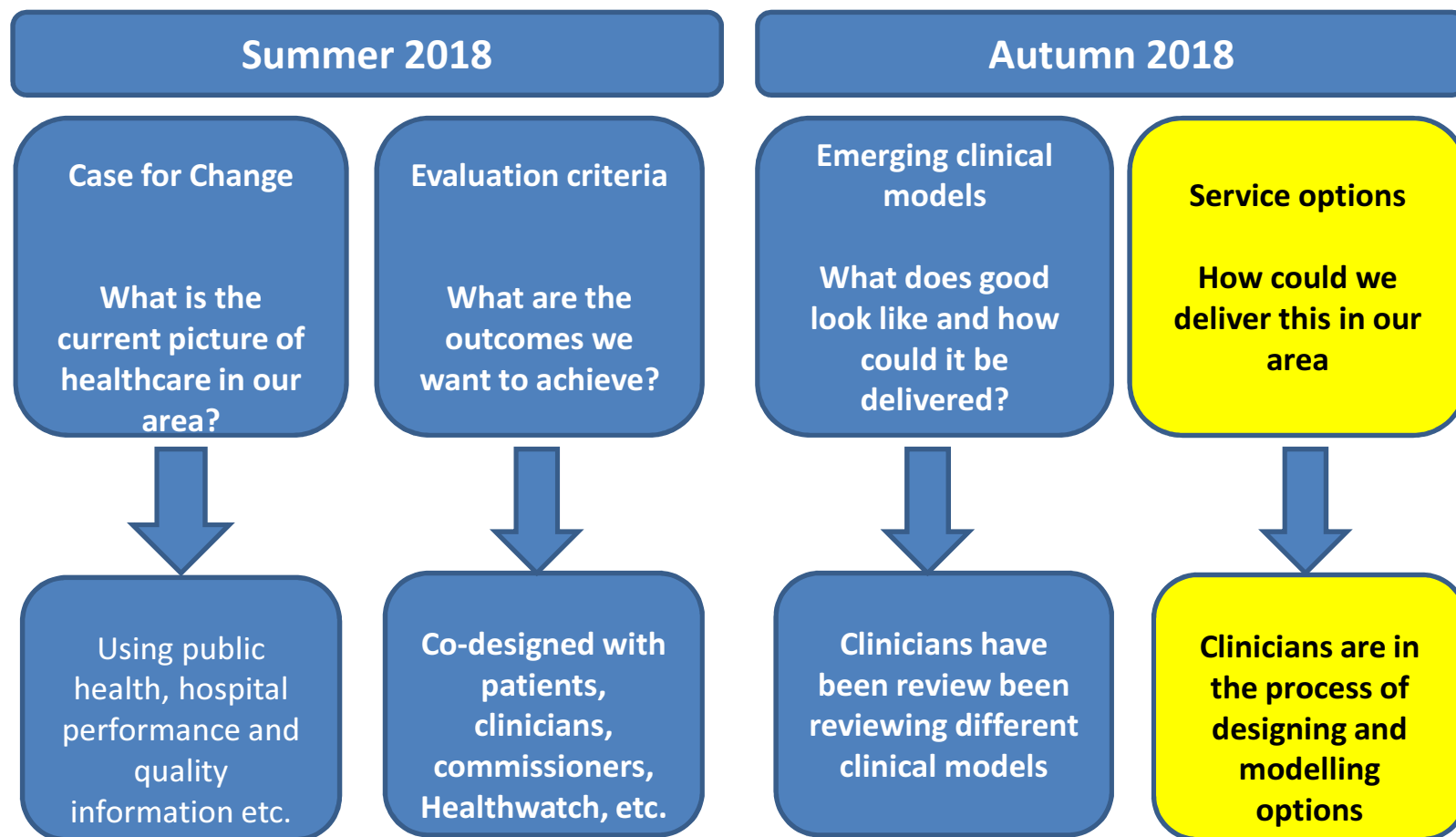
Reminder: Evaluation criteria

Criteria	Sub-criteria	Description
1	Quality of care for all	<ul style="list-style-type: none"> Clinical effectiveness Patient and carer experience Safety
2	Access to care for all	<ul style="list-style-type: none"> Distance and time to access services Service operating hours Patient choice
3	Affordability and value for money	<ul style="list-style-type: none"> Capital cost to the system Transition costs Net present value Meets regulatory requirements
4	Workforce	<ul style="list-style-type: none"> Scale of impact Sustainability Impact on local workforce
5	Deliverability	<ul style="list-style-type: none"> Expected time to deliver Co-dependencies with other strategies

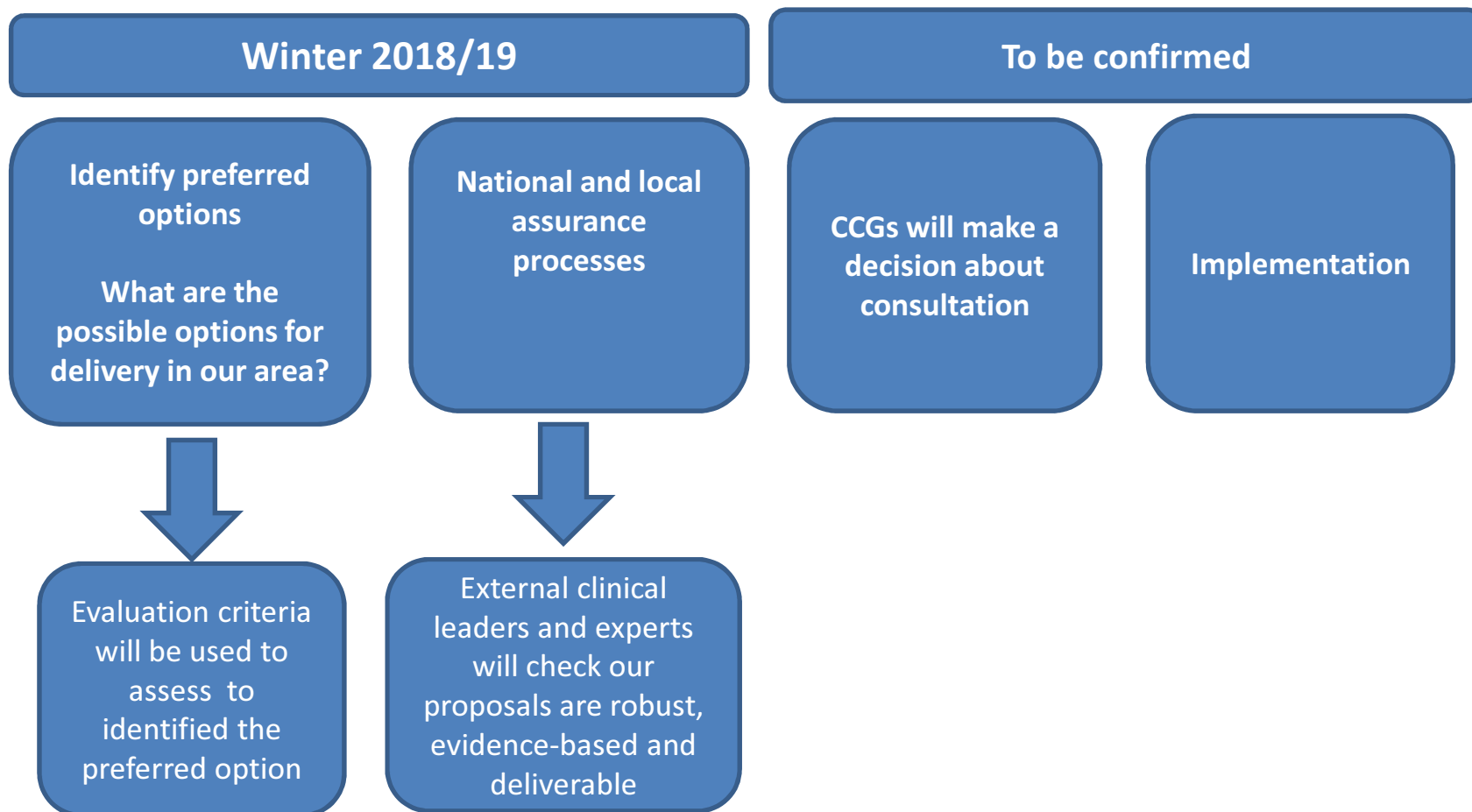
The process



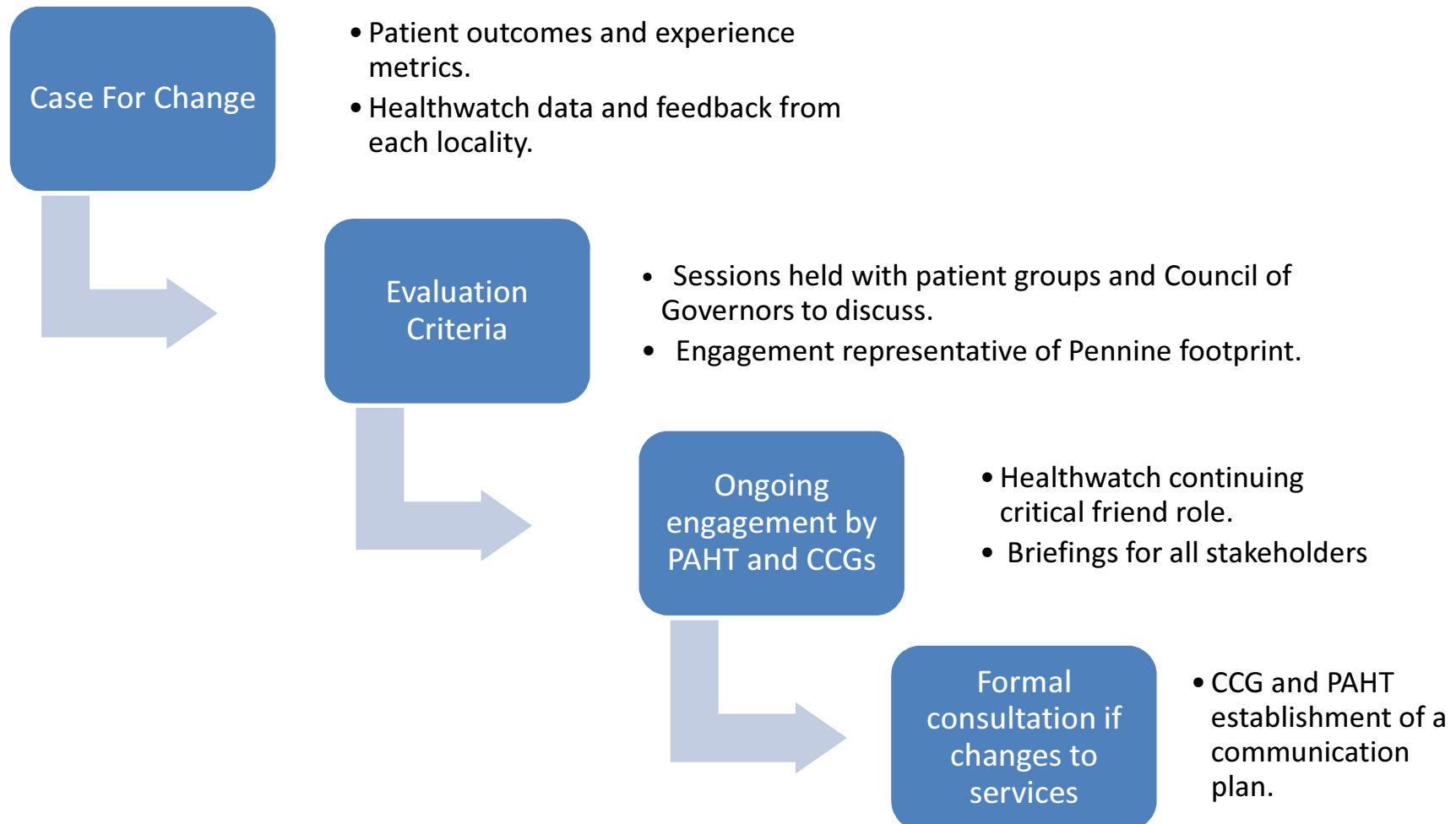
The process



The process – next steps



How are public and patient views captured?



Future plans for NMGH

- All health partners agree NMGH has a vital role to play in the city and will continue to provide a range of hospital services, including A&E, maternity and paediatric care
- The vision for NMGH is that it will be:
 - A vibrant site providing high quality effective services with excellent patient experience
 - A well-connected hospital; integrated with on-site mental health services, services in the community, and local people and communities
 - A hospital which generates jobs and growth in the local economy
 - A hospital with 21st century estates and IT
 - A sustainable hospital, both clinically and financially
- NMGH site provides opportunity to invest in new facilities and services which can play a role in improving the health & wellbeing of the local population in Manchester and beyond
- Recent investment includes new £5m purpose-built Crumpsall Vale intermediate care unit
- Plans progressing for NMGH to transfer and become an integral part of Manchester NHS Foundation Trust (MFT) in second part of 2019/20, whilst simultaneously Royal Oldham, Fairfield General & Rochdale Infirmary sites formally join Salford Royal as part of the Northern Care Alliance NHS Group.

Questions?

This page is intentionally left blank

Performance Report**Pennine Acute NHS Trust**Introduction

The following report outlines the current issues regarding performance of Pennine Acute NHS Trust (PAHT) in the first quarter and part of the second quarter of this year. Whilst PAHT performance is reported as a single organisation, accountability for performance rests with each Care Organisation either as a site responsibility or where they host the service on behalf of PAHT.

Each Care Organisation reports monthly to the Board with a statement of assurance that describes its performance against quality, finance and use of resources, operational performance, engagement and workforce, leadership and capability and strategic change. This report will focus on quality and operational performance.

The following papers are attached for information:

- CIC Group Scorecard (April to July)*
- Annual plan update

*Salford data is included but is not relevant for the JHOSC

Summary**North Manchester Care Organisation**

A&E 4 hour waiting time target is below the national target but has maintained its GM target during May and June 2018 (84%). This was due in part to shortages of staff both in the hospital and in discharge support teams. NMCO are improving the use of their A&E assessment facilities and the ambulatory care unit. They have implemented their Discharge to Assess process and improved the use of the discharge lounge.

Its cancer 2 week wait performance has deteriorated from April as has the 62 day wait figure. Remedial action plans are in place to address this but NMCO have capacity issues in breast services and have set up additional clinics.

RTT has a decreased backlog of activity but has experienced increased demand for some specialities and there is reduced flexibility on theatre capacity as a result of the closures.

Mortality continues to reduce in NMCO. Infection rates remain low and the falls trend remains stable. There is an improvement in the timelines of complaints responses. NMCO continues to have a small number of mixed sex accommodation breaches.

Oldham Care Organisation

A&E 4 hour waiting time target is below the national target and is not maintaining its GM target (86.6%) and remains extremely challenging. A weekly Improvement Group has been established to address patient flow and lengths of stay.

Two week waits for cancer are slightly improving particularly in gynaecology, haematology and upper GI but challenges remain in the colorectal service due to medical staffing issues (now resolved). The 62 day standard is also improving though still below target.

Numbers of fallers continue to reduce. There have been a number of CDiff cases during this year all of which are reviewed. Improvements in the cleaning services have been implemented.

Bury and Rochdale Care Organisation (BRCO)

BRCO meet their A&E performance for 4 hour waits. Their urgent care centre performance was 99%.

RTT figures achieve its targets. However, services on the BRCO site are less complex than those at Oldham and North Manchester.

Cancer targets are generally met though there is a decline in performance in two week waits.

Quality standards are being maintained with reductions in pressure ulcers, minimal C-diff, CQC improvement plan being implemented with plans for reviews and deep dives where required.

Points to note

All Care Organisations continue to implement the NAAS standards which are applied to nursing standards across all hospital wards in the Northern Care Alliance eg person centred care, safeguarding and end of life care.

Whilst cancer performance needs to improve, referrals for cancer services are increasing as more people are screened and there is more focus in primary care on early diagnosis to improve outcomes for people with cancer. There are also more people living with cancer longer.

Demand continues to increase for emergency and urgent care. PAHT is working in partnership with all the Local Care Organisations to develop services that provide alternatives to acute hospital care.

The performance is only reflective of less than half a year's activity. We are proposing a fuller session in January if the JHOSC think this would be helpful.

Jo Purcell

Deputy Director of Strategy

Northern Care Alliance Annual Plan Progress

The Northern Care Alliance (NCA) has developed a series of key priorities and strategic objectives, which provide a common direction for all areas of the NCA and ensure alignment. Each Care Organisation has developed their own annual plan within this framework, which ensures a local focus. Progress against the plan is monitored on an ongoing basis within each Care Organisation through their assurance committees and management boards, with a review with NCA executives on a quarterly basis. The schedule for the reviews is shown below:

Annual Plan Presentation & Review Timetable 2018/19												
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Bury & Rochdale		Plan Presentation			Plan review				Plan review			Plan review
North Manchester		Plan Presentation		Plan review				Plan review			Plan review	
Oldham		Plan Presentation		Plan review				Plan review			Plan review	
Salford		Plan Presentation			Plan review				Plan review			Plan review

	Priorities	Bury and Rochdale Care organisation	Quarterly Review - August
Saving Lives, Improving Lives	Pursue Quality Improvement to assure safe, reliable and compassionate care	<ul style="list-style-type: none"> Improvements in core patient and user harms Improve pressure ulcer prevention Reduce falls by 10% Achieve 95% A&E 4 hour target Improve diabetes care 	<ul style="list-style-type: none"> Monthly pressure ulcer panels in place with improvements seen in PU figures Patient Safety meetings established with associated action plan, falls on target for 10% reduction QI initiatives being used to improve diabetes care
	Improve care and services through integration, collaboration and growth	<ul style="list-style-type: none"> Deliver transformation schemes in accordance with HMR and Bury's locality plan including spending avoidable time in hospitals Roll out homeless events at FGH (similar to Rochdale Infirmary) Commence internships for people with learning difficulties 	<ul style="list-style-type: none"> Delivery of schemes are in progress and on track for HMR Delivery of workstreams 5 & 6 Transforming Urgent Care and Transforming Primary, Community and Social Care remains the focus of the Bury LCA FGH and Rochdale homeless events due to start later in year Internship programme has commenced and is on track
	Deliver the financial plan to assure sustainability	<ul style="list-style-type: none"> Deliver improved recruitment processes Reduce sickness absence levels Reduce agency spend 	<ul style="list-style-type: none"> Sickness action plan in place and improvements seen in rates Weekly monitoring meetings in place, directorate based workshops taking place in August/September. SOP due to be implemented in August
	Support our staff to deliver high performance and continuous improvement	<ul style="list-style-type: none"> Deliver improved communications and response rates Deliver staff engagement forums All staff to have clear objectives agreed 	<ul style="list-style-type: none"> Activities related to improved staff survey response rates due in September Staff health & Wellbeing committee implementation due September
	Deliver Operational Excellence	<ul style="list-style-type: none"> Develop standard operating models Improve cancer and planned care trajectories Implement mental health re-attendance to reduce waiting times and patient experience 	<ul style="list-style-type: none"> Implementation of intentional rounding SOM on track Urgent Care treatment centre plan progressing with BC approved and workforce plan for phase 1 being explored. Attendances are being reduced, however further work required relating to data quality improvement and implementation of Emergency Care Data Set.
	Develop and Implement our Service Development Strategy and the NCA enabling strategies	<ul style="list-style-type: none"> Complete GIRFT recommendations for orthopaedics (national audit) 	<ul style="list-style-type: none"> Improvement plans developed and on track

	Priorities	Oldham Care Organisation	Quarterly Review - July
Saving Lives, Improving Lives	Pursue Quality Improvement to assure safe, reliable and compassionate care	<ul style="list-style-type: none"> Deliver QI (quality improvement) strategy to reduce falls, harms, pressure ulcers and infections Reduce number of patient safety issues Deliver CQC in order to improve CQC rating 	<ul style="list-style-type: none"> QI initiatives in progress, with some improvements starting to be seen, however further work to be done. Contributing to NCA wide NatSSIPs/LocSSIPs initiative to reduce patient safety incidents. Divisional CQC action plans in place and on track
	Improve care and services through integration, collaboration and growth	<ul style="list-style-type: none"> Develop care pathways with key partners to reduce time in acute settings Contribute to health and well-being in each locality Deliver healthier together plan for high acuity services 	<ul style="list-style-type: none"> Patient Flow Improvement Board in place and using QI methodology to deliver improvements in performance Regularly attending locality health & wellbeing boards and contributing to completion of actions
	Deliver the financial plan to assure sustainability	<ul style="list-style-type: none"> Improve theatre utilisation Improve workforce planning processes Improve compliance for mandatory training 	<ul style="list-style-type: none"> Undertaking theatre utilisation programme with Four Eyes Improved job planning process in progress Increased mandatory training compliance to 90% and specific issues identified to address
	Support our staff to deliver high performance and continuous improvement	<ul style="list-style-type: none"> Implement talent management programme Implement medical engagement programme Implement development programme for B6 and B staff (future leaders) 	<ul style="list-style-type: none"> Nominees from the CO attending the NCA wide talent management programme NCA wide medical engagement plan in development, Oldham CO forum established All places for future leaders programme filled and attending
	Deliver Operational Excellence	<ul style="list-style-type: none"> Implement regular review of stranded patients Improve urgent care pathways with partners Develop standard operating models 	<ul style="list-style-type: none"> Patient Flow Improvement Board in place and using QI methodology to deliver improvements in performance Work ongoing across cancer, digestive diseases and urgent care workstreams Contributing to the NCA SOM via the Design authority
	Develop and Implement our Service Development Strategy and the NCA enabling strategies	<ul style="list-style-type: none"> Support the development of the clinical services strategy Implement QI (quality improvement methodology) 	<ul style="list-style-type: none"> Specified leads contributing to and supporting the development of the Clinical Services Strategy QI methodology integrated across organisation

	Priorities	North Manchester Care Organisation	Quarterly Review - July
Saving Lives, Improving Lives	Pursue Quality Improvement to assure safe, reliable and compassionate care	<ul style="list-style-type: none"> Improvements in core patient and user harms Implement change packages to improve patient outcomes – deteriorating patient, pressure ulcers, PJ paralysis, last 100 days) Reduce harm to patients by improved pathways of care for sepsis, diabetes, etc 	<ul style="list-style-type: none"> Change packages in 'spread' phase for End PJ Paralysis/Last 100 days. Deteriorating change package roll out due July '18, Pressure Ulcers change package due November. E-observation roll out due to be complete in August, including incorporation of NEWS2 and sepsis screening tool
	Improve care and services through integration, collaboration and growth	<ul style="list-style-type: none"> Support aims of commissioners for reduced avoidable time in hospital Deliver recruitment and retention programme Deliver volunteer programme to increase numbers of volunteers 	<ul style="list-style-type: none"> Improvements being made to ward rounds and palliative care referrals along with formalisation of long stay patients process to reduced transfers of care and LOS Options for exploring the expansion of areas supported by volunteers and an increase in overall number in progress
	Deliver the financial plan to assure sustainability	<ul style="list-style-type: none"> Reduce vacancies through recruitment and retention programme Deliver improved financial performance 	<ul style="list-style-type: none"> Recruitment plans are in place and progressing for Nursing and Medical staff Improved divisional reporting and assurance in place
	Support our staff to deliver high performance and continuous improvement	<ul style="list-style-type: none"> Deliver team briefings/open surgeries to improve communication Deliver on training, coaching and talent development plan 	<ul style="list-style-type: none"> Walk-rounds, Exec Work-withs and Site Director Surgeries continue to take place in line with the agreed schedule and feedback provided. Action plans finalised to improve mandatory training compliance throughout divisions. Contribution Framework 2.0 being implemented
	Deliver Operational Excellence	<ul style="list-style-type: none"> Improve capacity and demand planning Further develop AMU model in urgent care to meet demand of short-stay patients Develop frailty offer to patients 	<ul style="list-style-type: none"> Key staff trained in new C&D system, ready for implementation Work commenced in July on the redevelopment of outpatient department to facilitate the ambulatory care model NMCO are the site lead for the National Acute Frailty Network improvement programme. Site visit was

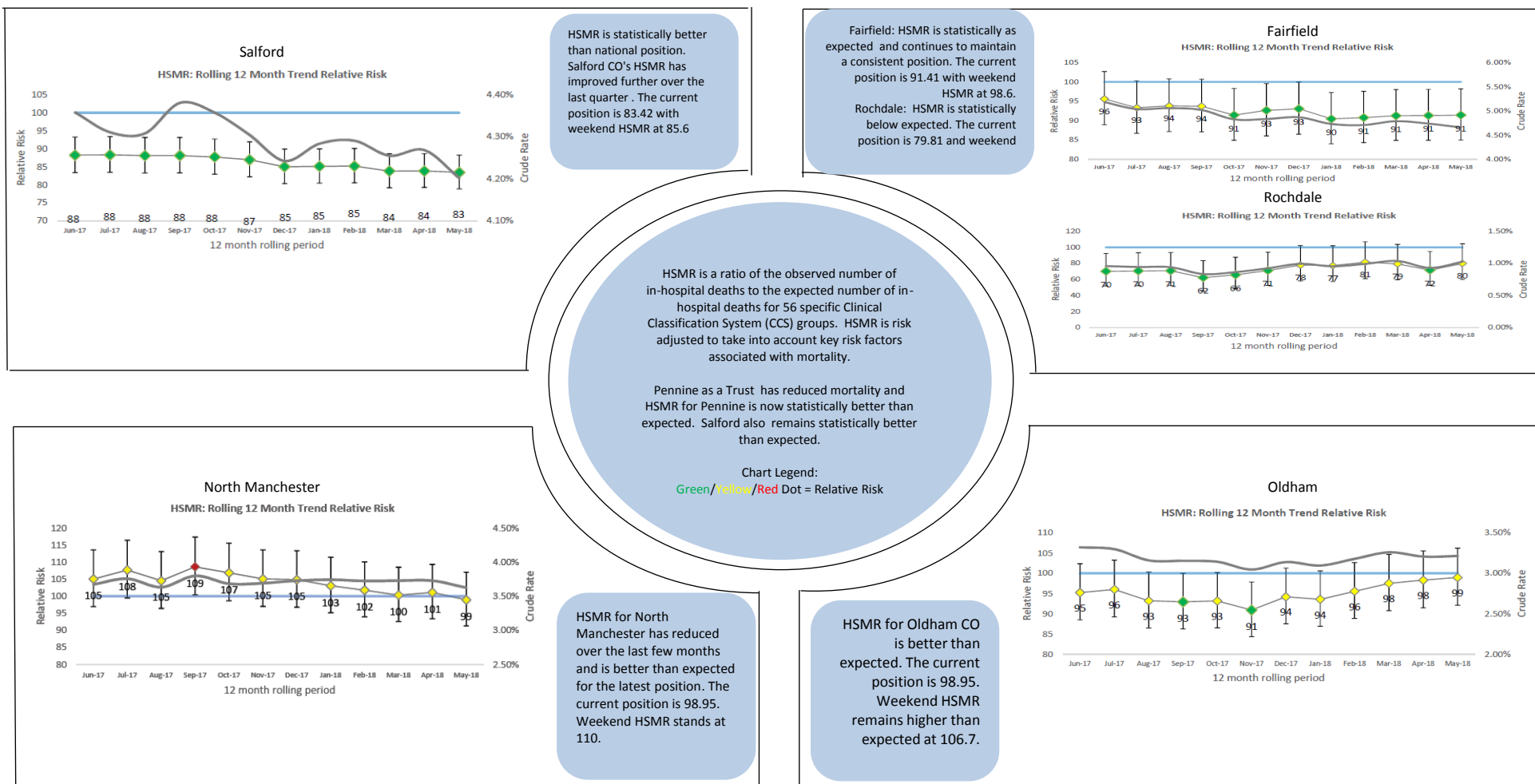
			completed in May, with NCA wide steering group established in July Salford Oldham Bury Rochdale North Manchester
	Develop and Implement our Service Development Strategy and the NCA enabling strategies	<ul style="list-style-type: none"> • Deliver improved programme/project management • Utilise QI methodology in plans (quality improvement) • Support delivery of IM and T strategy 	<ul style="list-style-type: none"> • Strengthening team and expertise with further local support for QI • Contributing to overarching NCA IM&T delivery

This page is intentionally left blank

Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Trusted

Mortality: Hospital Standardised Mortality Ratio



HSMR - Rolling 12 months	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Salford Royal Foundation Trust	90	89	90	90	88	88	88	88	87	85	85	85	84	84	83
Pennine Acute Hospitals Trust	103	101	100	97	97	96	96	95	94	96	94	95	95	96	96

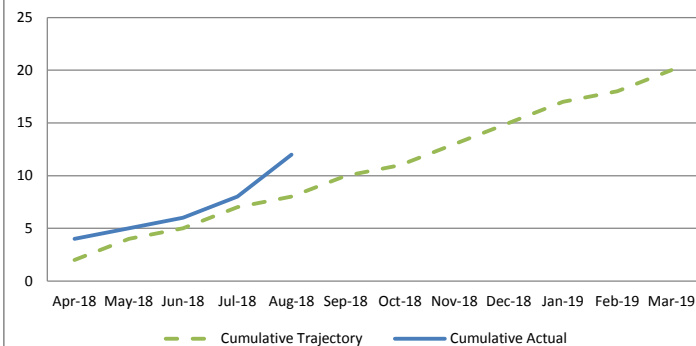
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted

Harms: Clostridium Difficile

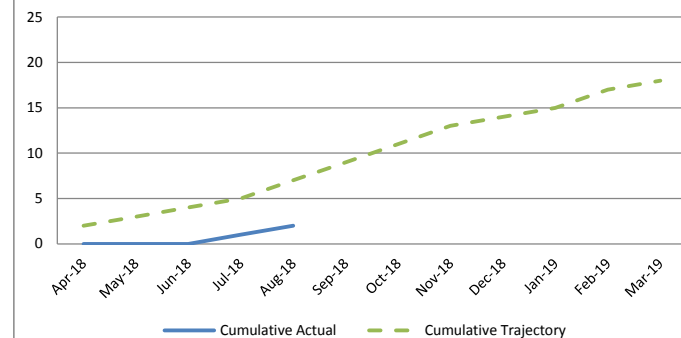
Salford C.Dif (YTD Cumulative)



The Salford Care Organisation is above its trajectory of 8 instances for 2018/19 with a cumulative position of 12. occurrences. There have been 4 occurrences during August, which is within normal variation.

The Bury & Rochdale Care Organisation had 1 instance of C.Dif in August'18 however remains below the trajectory.

Bury & Rochdale C.Dif (YTD Cumulative)

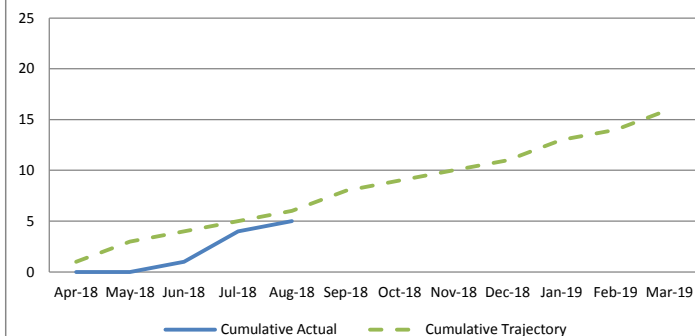


This metric measures instances of Clostridium Difficile counted cumulatively as a YTD figure.

This metric forms part of the Single Oversight Framework.

C Diff for NES COs comparing cumulative position as at August 17/18 YTD vs. August 18/19 YTD demonstrates a 8.33% reduction.

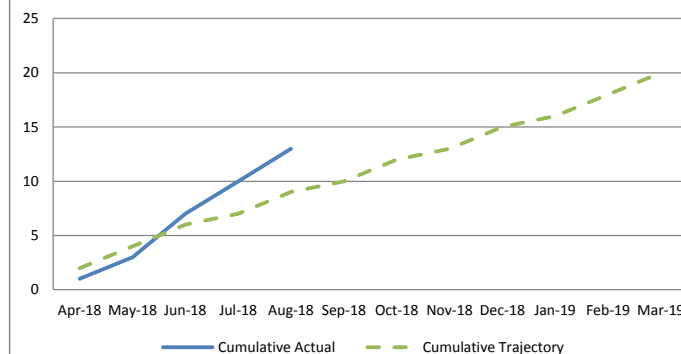
North Manchester C.Dif (YTD Cumulative)



The North Manchester Care Organisation had 1 instance of C.Dif in August'18 and is 1 instance below trajectory.

The Oldham Care Organisation had 3 instances of C.Dif in August'18, which is within normal variation. The Care Organisation is above trajectory by 4 instances.

Oldham C.Dif (YTD Cumulative)



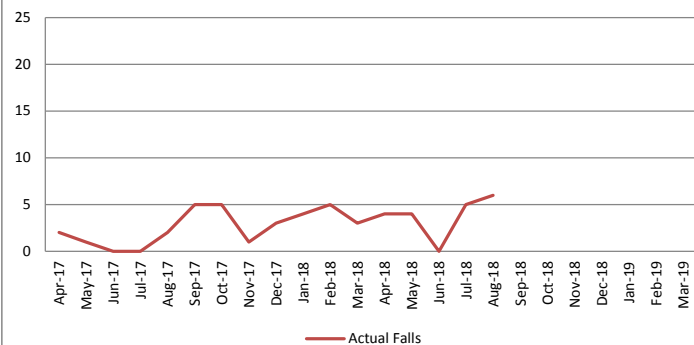
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted

Harms: Falls

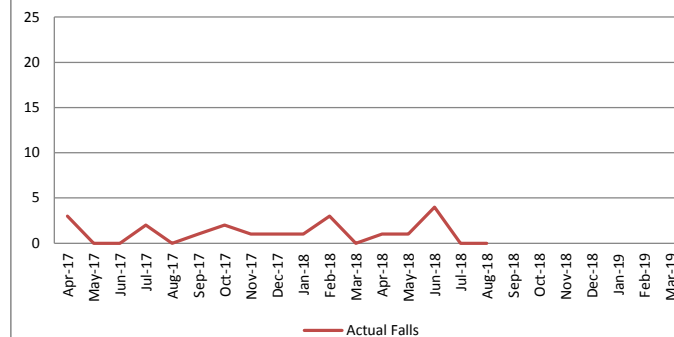
Salford Falls



The Salford Care Organisation had 6 moderate+ falls reported in month, which is within normal variation.

Falls at the Bury & Rochdale Care Organisation continue to follow a consistent trend. There have been no reportable falls in month.

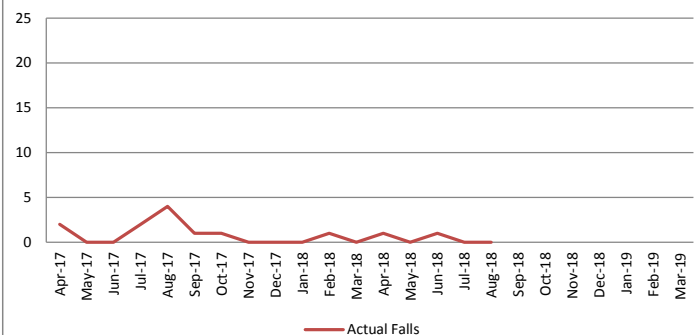
Bury & Rochdale Falls



This metric measures falls resulting in moderate harm and above.

All care organisations have normal variation in falls with moderate and above harm. In the coming months the NCA will be scaling the standardised falls work from the NES across all areas of all are organisations.

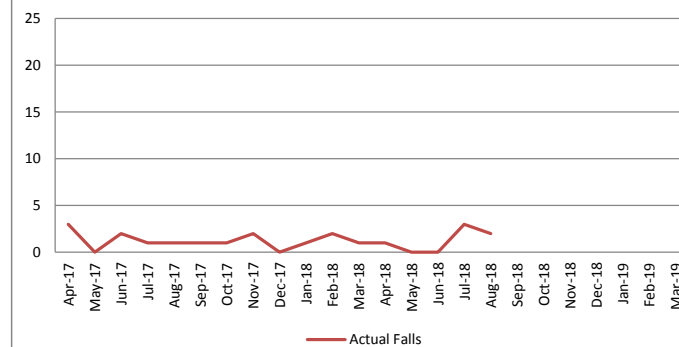
North Manchester Falls



Falls at the North Manchester Care Organisation have maintained a consistent trend. There were no reportable falls in month.

The Oldham Care Organisation has maintained a consistent trend and there were 2 reportable falls in month.

Oldham Falls

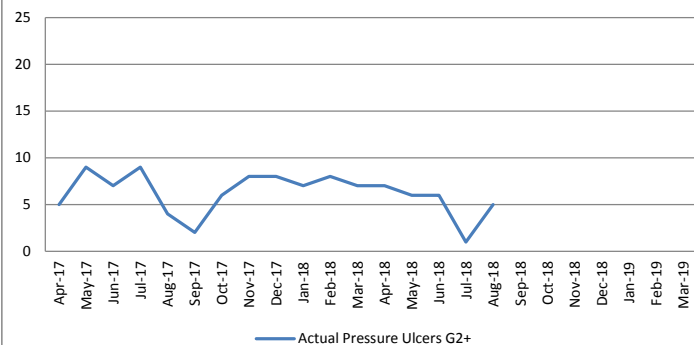


Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Trusted

Harms: Hospital Acquired Pressure Ulcers

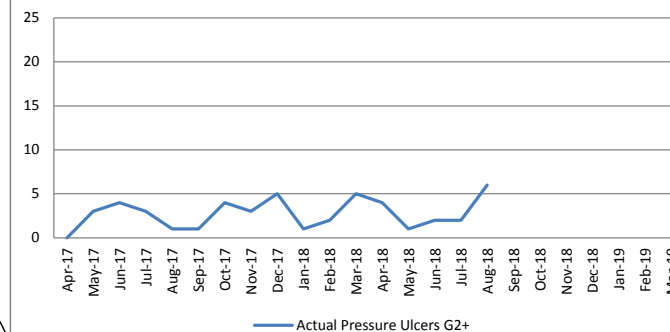
Salford Pressure Ulcers



There was 5 reported pressure ulcers in month in the Salford Care Organisation. Current occurrences are consistent with previous months and in line with normal variation.

There were 6 reported pressure ulcers in month in the Bury & Rochdale Care Organisation. Current occurrences are consistent with previous months and in line with normal variation.

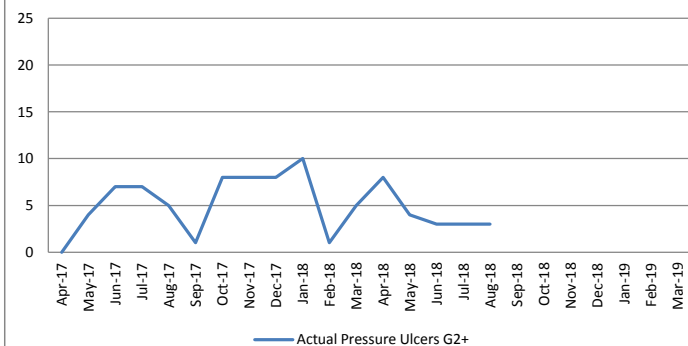
Bury & Rochdale Pressure Ulcers



This metric monitors pressure ulcers at Grade 2 and above.

Data for all Care Organisation is provided by Tissue Viability Teams.

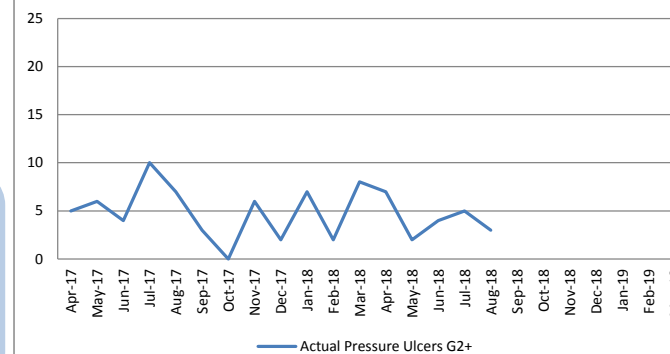
North Manchester Pressure Ulcers



The North Manchester Care Organisation has seen 3 reported pressure ulcers in month, consistent with previous months and in line with normal variation.

The Oldham Care Organisation is maintaining lower levels of pressure ulcers with 3 reported pressure ulcers in month.

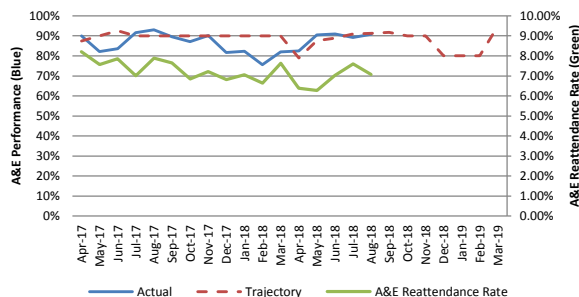
Oldham Pressure Ulcers



Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Connected Care
Urgent Care

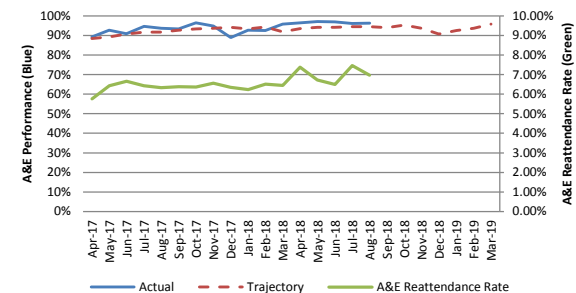
Salford A&E Performance



The Bury & Rochdale Care Organisation met the August trajectory with a performance of 96.32% against an improvement trajectory of 94.5% and continues to be better than performance in the previous year.

The 7 day reattendance rate was 6.98%, below the national average.

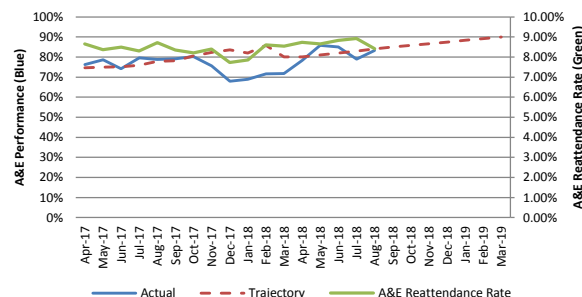
Bury & Rochdale A&E Performance



The national target for A&E remains at 95% however STF funding is delivered based on a year-on-year quarterly improvement in performance. Salford continues to have poorer performance than the same period in the previous year. The recovery plan in place at North Manchester has delivered improvement in performance in month.

Unplanned reattendances at A&E within 7 days have been added as a balancing quality measure. The national standard for reattendances is no more than 5%. The NHS England average for June'18 was 8.1%.

North Manchester A&E Performance



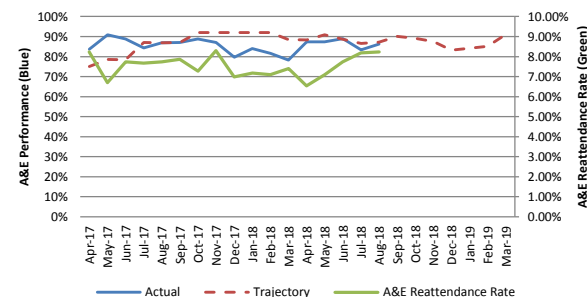
The North Manchester Care Organisation was slightly below its improvement trajectory for August with a performance of 83.21% but an improvement on August 17.

The 7 day reattendance rate was 8.42%, above the national average.

Oldham Care Organisation performance was 86.20% in August. The Care Organisation has not achieved the August trajectory. Performance was in line with August '17.

The 7 day reattendance rate was 8.23%, above the national

Oldham A&E Performance



A&E 4 Hour Performance	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Salford Royal Foundation Trust	89.93%	82.10%	83.57%	91.56%	93.03%	89.47%	87.14%	90.21%	81.70%	82.30%	75.60%	82.00%	82.48%	90.49%	90.90%	89.17%	90.78%
Pennine Acute Hospitals Trust	80.88%	86.40%	83.47%	84.46%	85.01%	85.10%	89.51%	87.12%	80.49%	83.78%	81.70%	81.70%	87.70%	89.84%	91.18%	87.33%	89.54%

Best Performer (Other GM)	94.6%	93.6%	93.4%	94.7%	94.0%	92.8%	92.4%	90.2%	88.6%	85.5%	86.5%	84.8%	89.2%	93.7%	94.8%	93.5%	95.0%
Worst Performer (Other GM)	81.7%	84.5%	84.7%	78.3%	78.3%	79.7%	84.6%	73.1%	71.5%	71.6%	73.8%	63.7%	73.6%	73.0%	84.7%	78.8%	80.1%

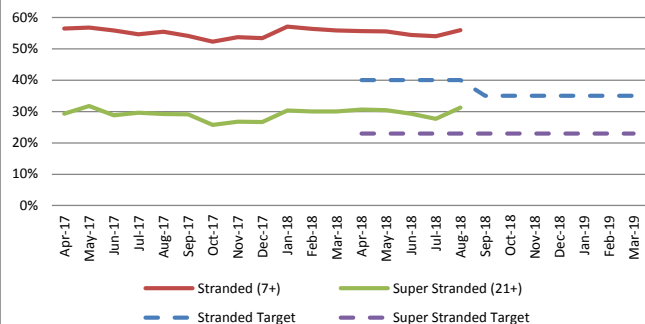
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted

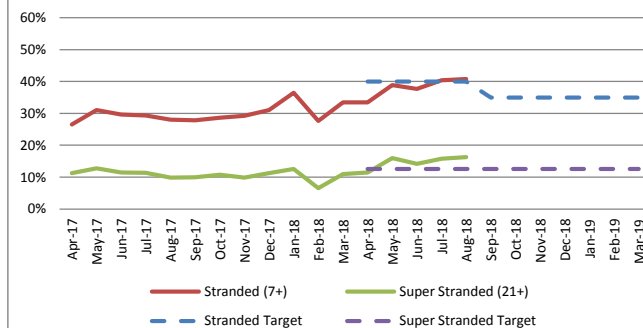
Stranded Patients

Salford Stranded & Super Stranded %



55.96% of occupied bed days in the Salford Care Organisation were used by stranded patients in August '18 and 31.24% of bed-days were used by super-stranded patients. Both of these measures are above the GM standard.

Bury & Rochdale Stranded & Super Stranded %



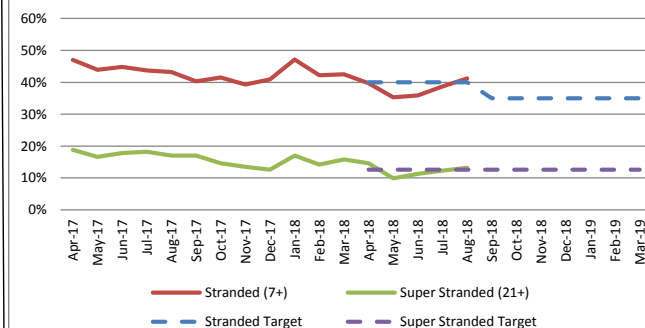
40.81% of occupied bed days in the Bury & Rochdale Care were used by stranded patients in August '18 and 16.29% were used by super-stranded patients. Super stranded bed-days are above the GM standard.

Stranded patients are defined as those with a length of stay of more than 7 days. Super-stranded are those patients with a length of stay in excess of 21 days. This metric is a measure of flow across our beds.

GM have now issues thresholds to all organisations for stranded and super stranded patients and these are reflected in the charts.

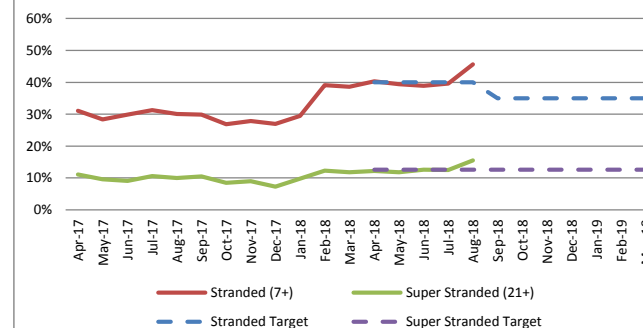
All Care Organisations with the exception of Salford are performing below the current GM 40% standard for Stranded patients and for Super Stranded patients Salford has a target of 23% and NES 12.6%

North Manchester Stranded & Super Stranded %



41.26% of occupied bed days in the North Manchester Care Organisation were used by stranded patients in August '18 and 13.15% were used by super-stranded patients. This performance was slightly above the expected GM thresholds.

Oldham Stranded & Super Stranded %



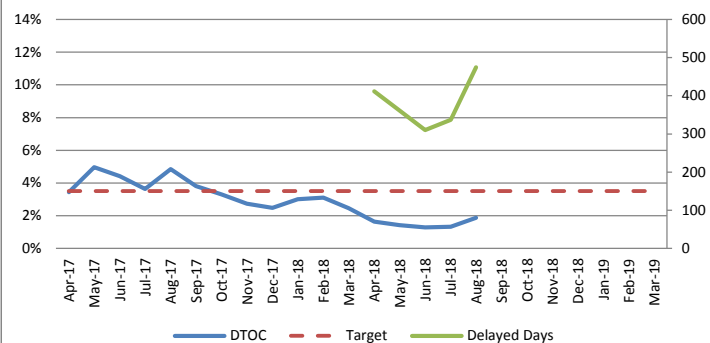
45.68% of occupied bed days in the Oldham Care Organisation were used by stranded patients in August '18 and 15.55% were used by super-stranded patients, both above the GM thresholds.

Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Trusted

Delayed Transfers of Care: Percent Delayed Bed Days and Delayed Discharge Days

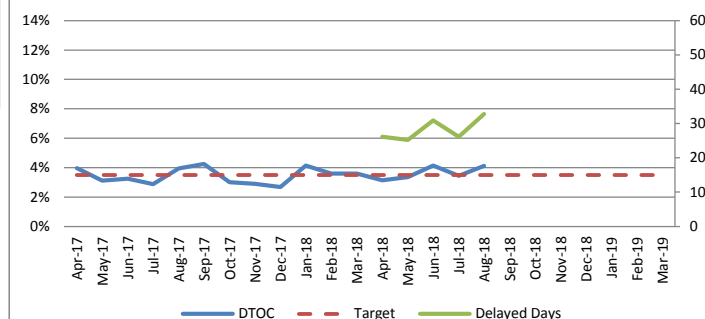
Salford Delayed Transfers % Bed Days and Delayed Discharge Days



Performance for the Salford Care Organisation is below the national target for August at 1.86% but the number of lost bed-days has increased sharply.

Performance for the Bury & Rochdale Care Organisation is above the national target for August at 4.13% and the number of lost bed-days has increased.

Bury & Rochdale Delayed Transfers % Bed Days and Delayed Discharge Days

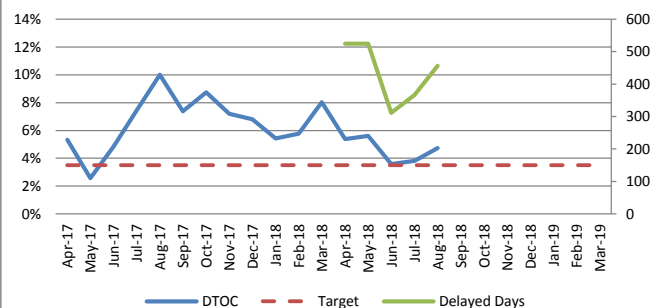


This metric measures the proportion of bed-days occupied by patients classified as delayed.

The national target delay rate is 3.5% of occupied bed-days.

Following a review at GM, Delayed Discharges will be counted by the number of delayed patient days. No target has been set yet.

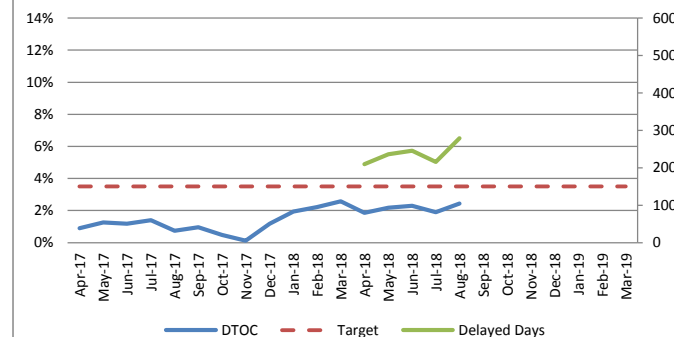
North Manchester Delayed Transfers % Bed Days and Delayed Discharge Days



Performance for the North Manchester Care Organisation is above the national target for August at 4.73% and the number of lost bed-days has increased sharply.

Performance for the Oldham Care Organisation is below the national target for August at 2.43% and the number of lost bed-days has increased.

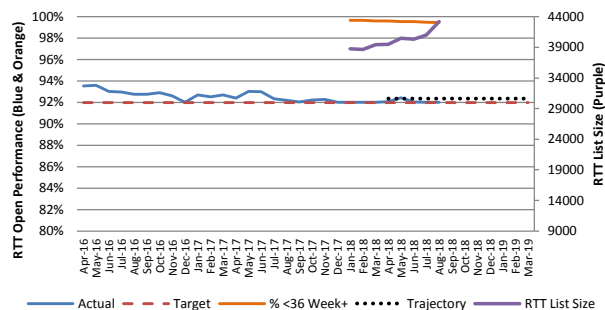
Oldham Delayed Transfers % Bed Days and Delayed Discharge Days



Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Trusted
Elective Access

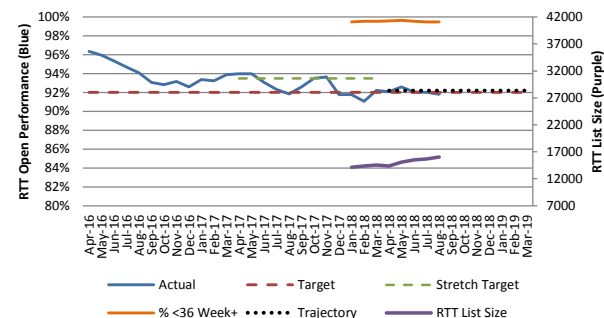
Salford RTT Open Performance



The Salford Care Organisation continues to meet the 92% standard with performance of 92.02% for August. The size of the list has increased by 9.4% since March. 99.46% of patient have waited less than 36wks.

The Bury and Rochdale Care Organisation did not meet the 92% standard with performance of 91.82% for August. The size of the list has increased by 9.9% since March. 99.49% of patient have waited less than 36wks.

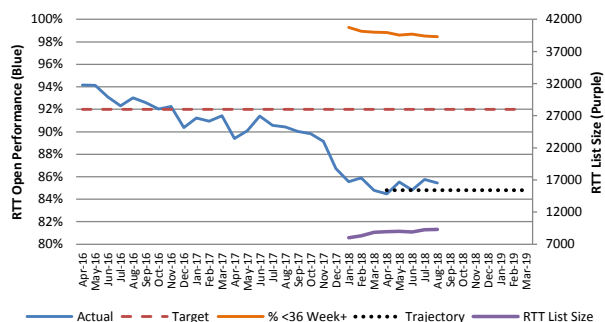
Bury & Rochdale RTT Open Performance



Referral to Treatment waiting times for open pathways should not exceed 18 weeks for 92% of patients and a further target has been applied where the size of the waiting list should not exceed the list size in March '18 by the end of March '19. RTT List sizes for all Care Organisations have continued to increase month on month.

A further quality measure has been added to monitor the proportion of patients waiting less than 36 weeks across our Care Organisations.

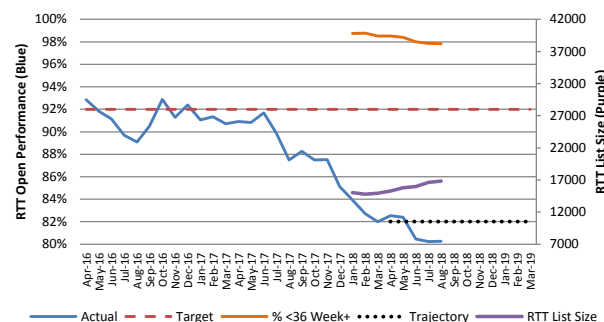
North Manchester RTT Open Performance



The North Manchester Care Organisation is below the 92% standard at 85.44% in August '18 but in line with its trajectory. There were 19 open 52 week breach reported (18 Orthodontics, 1 Maxillo Facial Surgery) The size of the list has increased 5% since March and 98.47% of patient have waited less than 36wks in month.

The Oldham Care Organisation continues to perform below the 92% standard and its trajectory with performance of 80.26% in August. There have been 11 52 week breaches reported (7 General Surgery, 4 Colorectal Surgery. The size of the list has increased by 12.7% since March. 97.82% of patient have waited less than 36wks in month.

Oldham RTT Open Performance



RTT Open Performance	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Salford Royal Foundation Trust	92.40%	93.03%	93.00%	92.35%	92.20%	92.04%	92.26%	92.29%	92.01%	92.03%	92.02%	92.03%	92.08%	92.43%	92.06%	92.02%	92.02%
Pennine Acute Hospitals Trust	92.04%	92.05%	92.20%	90.90%	89.82%	90.38%	90.37%	90.26%	88.03%	87.27%	86.63%	86.53%	86.53%	86.97%	85.87%	85.91%	85.80%
NHS England	89.90%	90.40%	90.30%	89.90%	89.40%	89.10%	89.30%	89.50%	88.20%	88.20%	87.90%	87.20%	87.50%	88.10%	87.80%	87.80%	

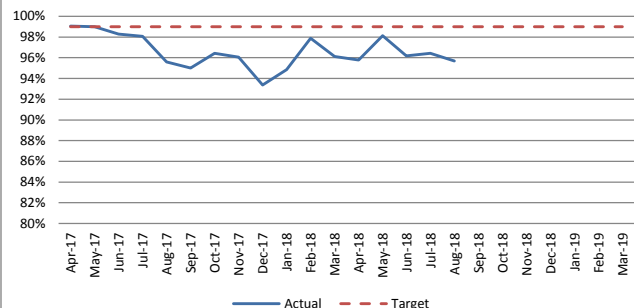
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted

Diagnostic Access

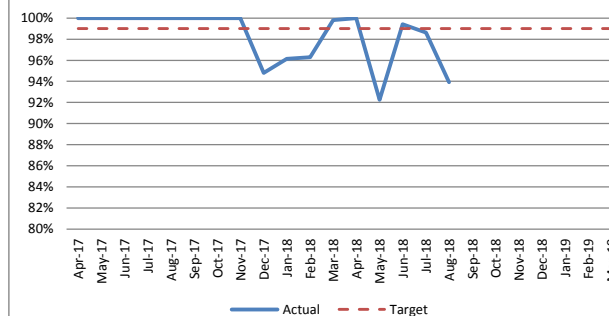
Salford Diagnostic 6 Week Performance



Performance for the Salford Care Organisation in August'18 was 95.7%. Improvements have been made in MRI capacity but ultrasound capacity is now causing performance issues. Recruitment of sonography staff was successful and performance is expected to improve.

Performance for the Bury & Rochdale Care Organisation in August '18 was 93.9%, below the target of 99%. This reflects longer waits in echocardiography.

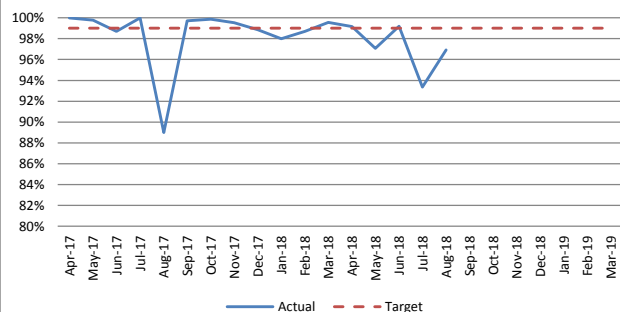
Bury & Rochdale Diagnostic 6 Week Performance



Key diagnostic tests should to be carried out within 6 weeks of the request for the test being made for 99% of patients.

A recovery plan has been agreed at the Salford Care Organisation to deliver the standard.

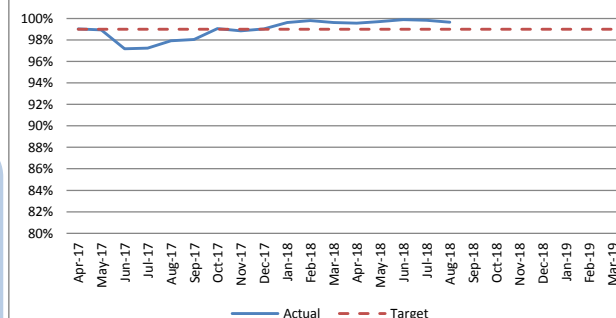
North Manchester Diagnostic 6 Week Performance



Performance for the North Manchester Care Organisation in August'18 was 96.9%, below the target of 99%. Capacity issues in urology have affected the ability to deliver cystoscopies within

Performance for the Oldham Care Organisation in August'18 was 99.6%, above the target of 99%.

Oldham Diagnostic 6 Week Performance



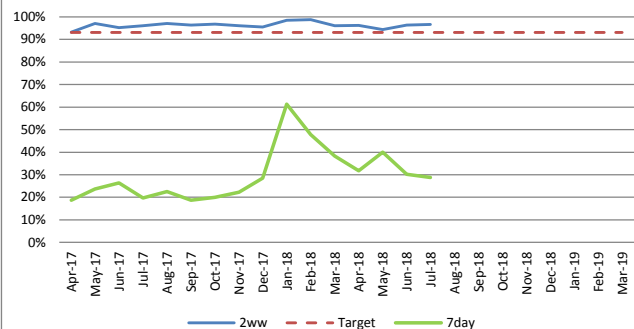
6 Wk Diagnostic Performance	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Salford Royal Foundation Trust	99.0%	99.1%	98.1%	95.4%	95.0%	96.4%	96.1%	93.4%	94.9%	97.9%	96.1%	95.8%	98.1%	96.2%	96.4%	95.7%
Pennine Acute Hospitals Trust	99.1%	97.5%	97.6%	97.5%	98.3%	99.2%	99.0%	98.5%	99.1%	99.3%	99.6%	99.6%	98.6%	99.8%	99.3%	99.2%

Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted Cancer TWW Pathways

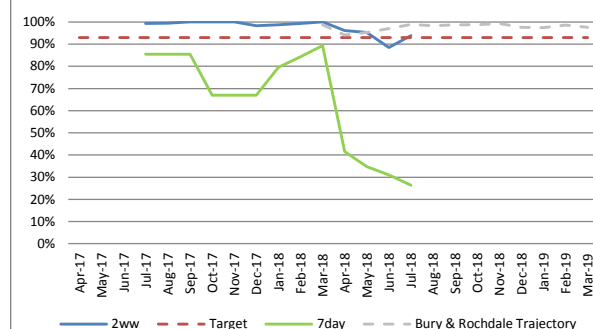
Salford 2 Week Wait Performance



The Salford Care Organisation continues to deliver the standard with a performance of 96.60% in month.

The Bury & Rochdale care organisation was above the standard with 93.85% compliance for July.

Bury & Rochdale 2 Week Wait Performance



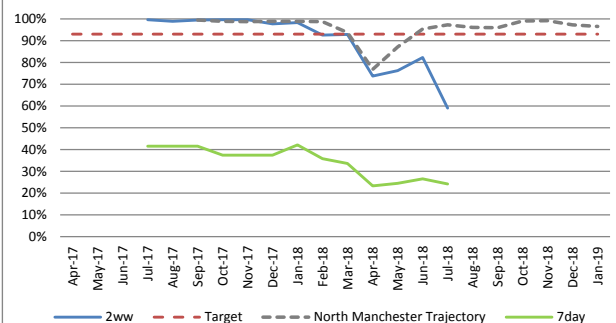
All patients should receive an initial appointment within 14 days of urgent referral for suspected cancer. The standard is 93% compliance.

Performance against this standard has improved in all Care Organisations with the exception of North Manchester where capacity issues continue.

The 7 day standard measure the proportion of 2ww appointments booked within 7 days. The aim is to achieve 80% for this standard. All COs have seen a reduction in this standard in month.

Cancer performance is reported at Care Organisation and Trust level and is two months retrospective.

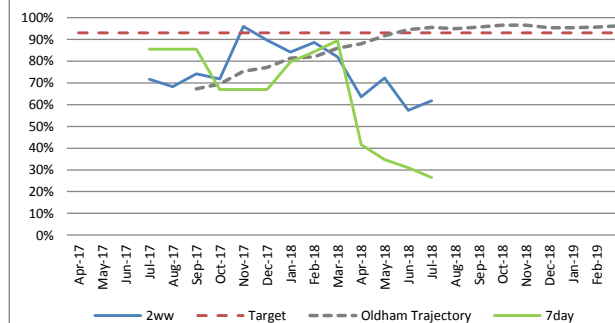
North Manchester 2 Week Wait Performance



The North Manchester Care Organisation was below the national standard with performance for July of 59.07% and also below its trajectory.

The Oldham Care Organisation is below its recovery trajectory with a performance of 61.76% for July but has seen an overall improvement in performance.

Oldham 2 Week Wait Performance



TWW	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Salford Royal Foundation Trust	93.2%	97.0%	95.2%	96.1%	97.0%	96.3%	96.7%	96.1%	95.5%	98.4%	98.8%	96.0%	96.2%	94.3%	96.4%	96.6%
Pennine Acute Hospitals Trust	87.4%	95.6%	85.1%	85.7%	82.6%	86.8%	84.1%	97.8%	93.6%	91.1%	91.2%	88.1%	70.3%	68.4%	70.2%	64.1%

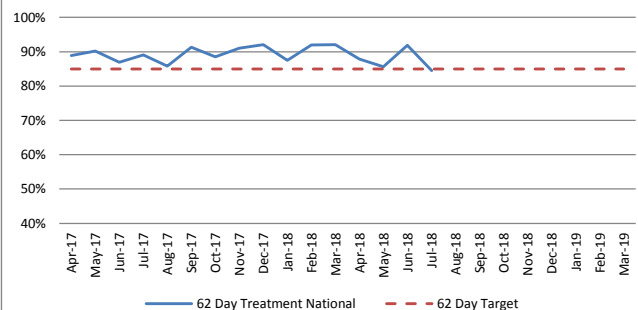
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted

Cancer 62 Day Pathways

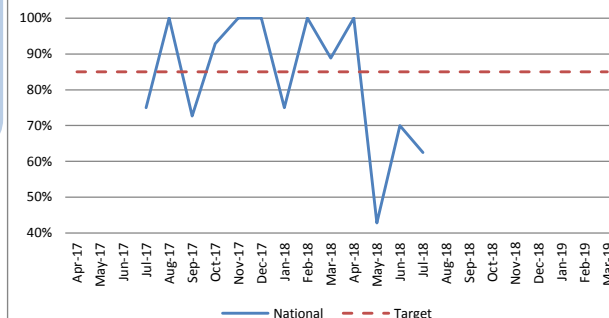
Salford 62 Day Performance



Salford met the target in Q1 but did not meet the 85% standard with a performance of 84.5% for July against the national standard.

The Bury & Rochdale Care Organisation is below the standard for July with a performance of 62.50%. The care organisation covers ENT tumour groups.

Bury & Rochdale 62 Day Performance

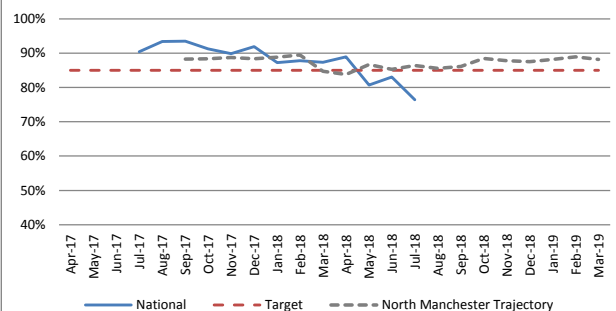


Those referred urgently and diagnosed with cancer should begin their first definitive treatment within 62 days of referral. The standard is 85% compliance.

Cancer performance for the North East Sector care was attributed to care organisations from July '17.

Improvement work across tumour groups continues across the North East Sector with support from the national Intensive Support Team.

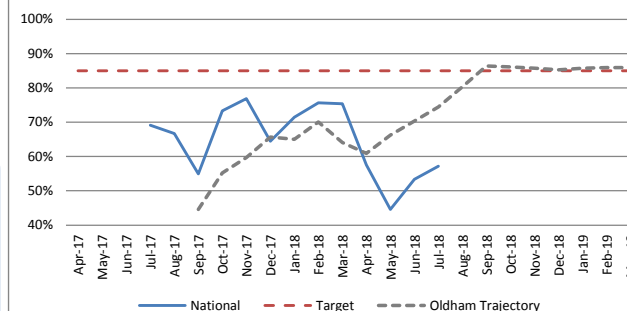
North Manchester 62 Day Performance



The North Manchester Care Organisation is below the national standard and it's trajectory for July with a performance of 76.47%. A lack of capacity in Urology has contributed to this deterioration in performance.

The Oldham Care Organisation is below it's recovery trajectory with a performance of 57.14%. However performance is improving with the Care Organisation relaunching it's cancer performance forum with patient level escalation.

Oldham 62 Day Performance



62 Day National	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Salford Royal Foundation Trust	89.0%	90.2%	87.0%	89.1%	85.8%	91.5%	88.5%	91.0%	92.1%	87.5%	92.2%	92.2%	88.0%	85.6%	91.9%	
Pennine Acute Hospitals Trust	77.1%	79.9%	73.9%	82.7%	83.8%	81.7%	85.3%	85.3%	80.5%	80.6%	83.5%	83.8%	79.9%	68.4%	74.1%	68.5%

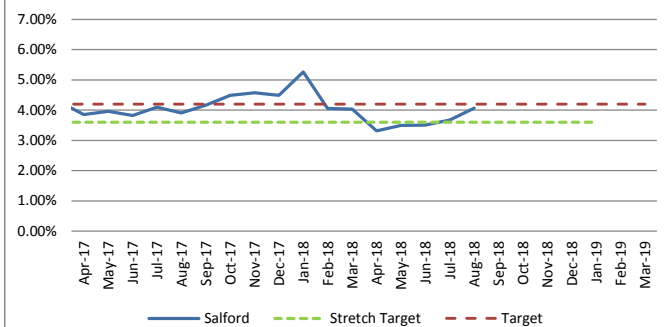
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Connected & At Scale

Workforce - Sickness Absence

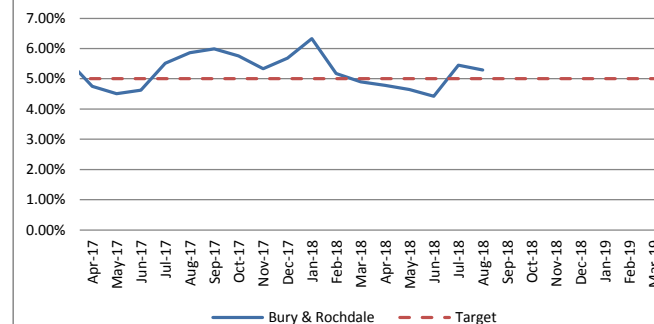
Salford - Sickness Absence



The Salford Care Organisation sickness absence rates are below the 4.2% target in month at 4.06%.

The Bury and Rochdale Care Organisation sickness rate is above the 5% target in month at 5.29%.

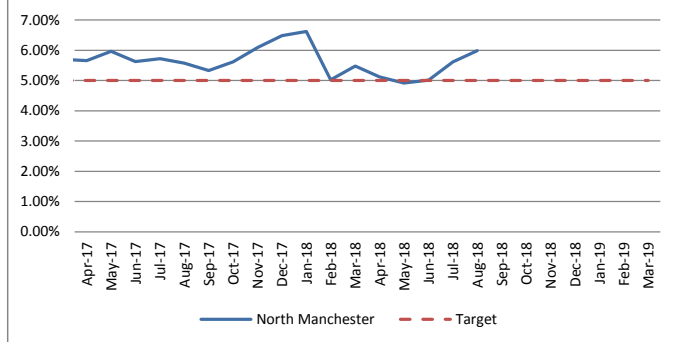
Bury & Rochdale - Sickness Absence



Sickness absence is the percentage of sickness in terms of WTEs. This includes both short-term and long-term sickness over a rolling 12 month period.

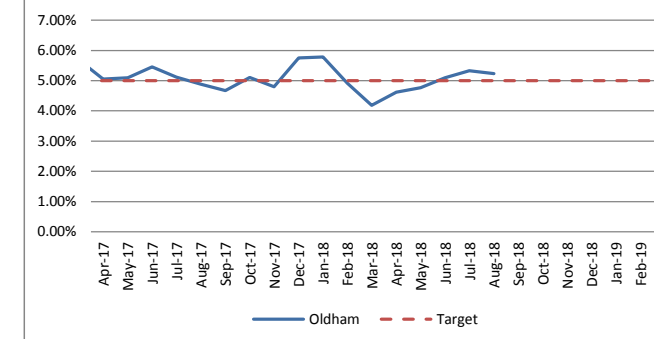
Progress over the last two years in the COs has not been at the desired rate. Policies and management guidance has been reviewed and updated, and a case management approach with closer working with Occupational Health has been developed.

North Manchester - Sickness Absence



The North Manchester Care Organisation sickness data equals the 5.99% target for August' 18.

Oldham - Sickness Absence



The Oldham Care Organisation sickness data is above the 5% target in month at 5.23%.

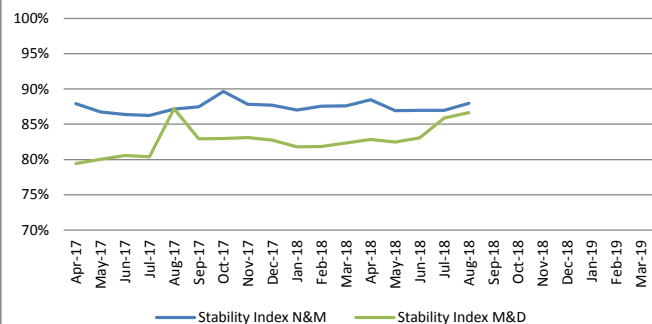
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Connected & At Scale

Workforce - Staff Stability Index

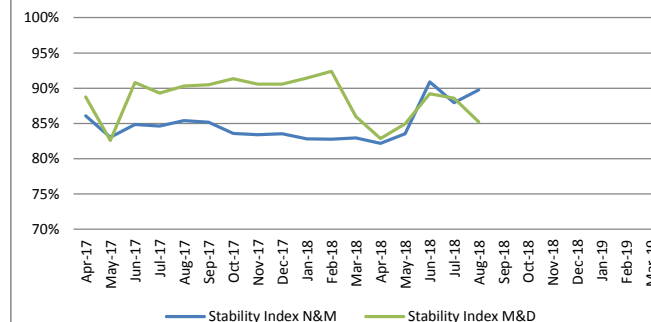
Salford Staff Stability Index



The Salford Care Organisation stability index for Medical and Dental staff August 18 was 86.67%, for Nursing and Midwifery staff the stability index was 87.96%.

The Bury and Rochdale Care Organisation stability index for August is 85.21% for Medical & Dental staff groups and 89.74% for Nursing & Midwifery

Bury & Rochdale Staff Stability Index

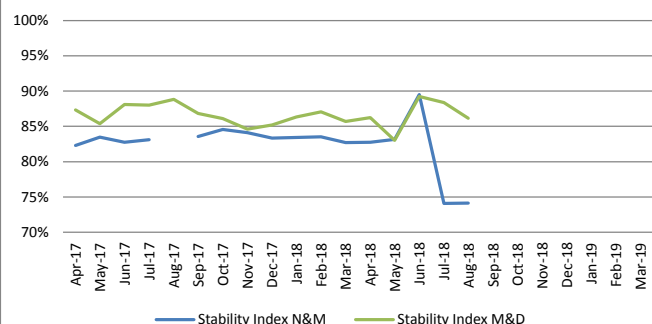


A stability index is now utilised as a workforce indicator to provide consistency across all Care Organisations. The data within the North East sector has been rebased to provide a consistent measure and adjusted for hosted services.

The stability index is calculated over 12 months and split into Nursing and Midwifery, and Medical and Dental. The metric measures the number of staff with service of 12 months or more as a proportion of total staff in post 12 months ago. This is not the same as turnover, which measures leavers compared to the number of staff in post.

The sharp reduction in the index for North Manchester and Oldham is being validated with HR. This is likely to be linked to Junior Doctor Rotation.

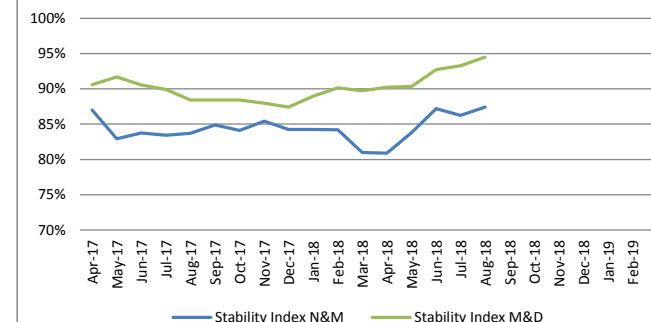
North Manchester Staff Stability Index



The North Manchester Care Organisation stability index for August is 75.26% for Medical & Dental staff groups and 86.15% for Nursing & Midwifery. The decrease in the nursing and midwifery stability figure is as a result of the transfer of community staff to MFT

The Oldham Care Organisation stability index for August is 94.48% for Medical & Dental staff groups and 87.44% for Nursing & Midwifery

Oldham Staff Stability Index

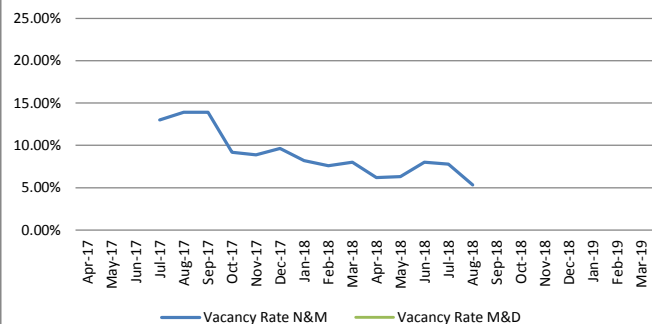


Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Connected & At Scale

Workforce - Staff Vacancy Rate

Salford Staff Vacancy Rates

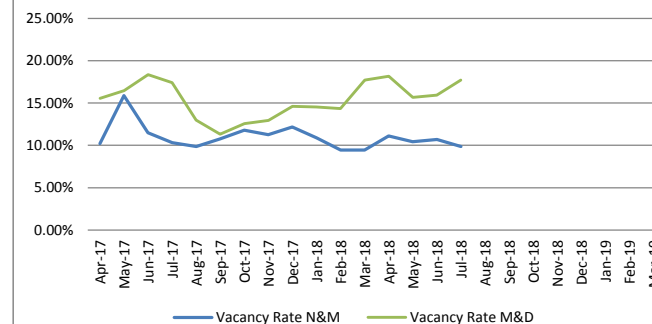


The Salford Care Organisation vacancy rate for Nursing and Midwifery staff was 5.34% in August.

Data for Medical and Dental staff is currently unavailable and data is being validated.

The Bury and Rochdale Care Organisation July '18 vacancy rate for Medical and Dental staff was 17.72%, for Nursing and Midwifery staff the rate was 9.87%

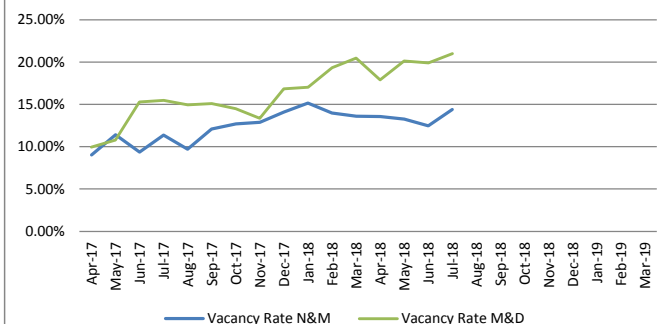
Bury & Rochdale Staff Vacancy Rates



This metric displays staff vacancy rates. Data is split into Nursing and Midwifery, and Medical and Dental.

Vacancy rates are primarily a function of staff turnover. We have insignificant planned workforce change/growth. The new recruitment strategy is starting to bear fruit. We have seen improvements in recruitment in hard to fill areas, e.g. critical care, paediatrics.

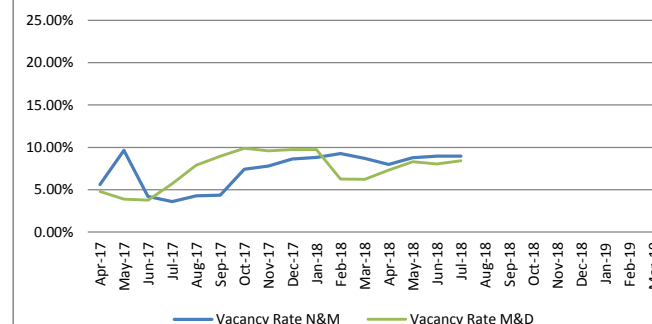
North Manchester Staff Vacancy Rates



The North Manchester Care Organisation July '18 vacancy rate for Medical and Dental staff was 20.99%, for Nursing and Midwifery staff the rate was 14.40%

The Oldham Care Organisation July '18 vacancy rate for Medical and Dental staff was 8.43%, for Nursing and Midwifery staff the rate was 8.98%

Oldham Staff Vacancy Rates

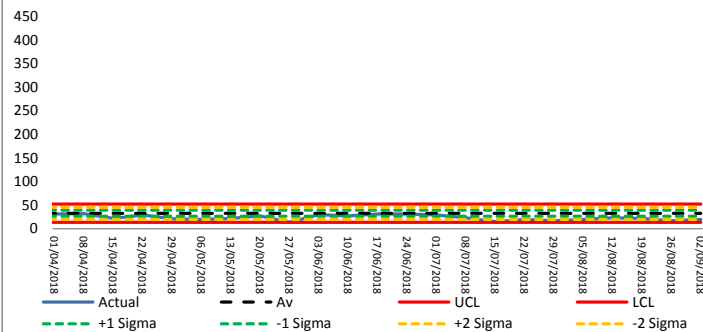


Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Connected & At Scale

Workforce - Nursing & Midwifery Agency Utilisation

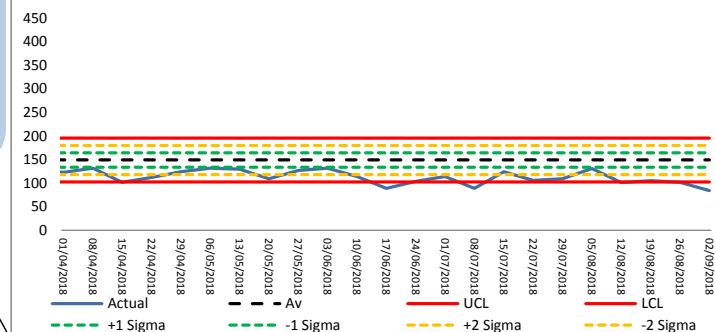
Salford N&M Weekly Agency Utilisation



Salford has maintained its level of nursing and midwifery agency usage during August with normal variation.

Bury & Rochdale Care Organisation has reduced its level of nursing and midwifery agency usage during August.

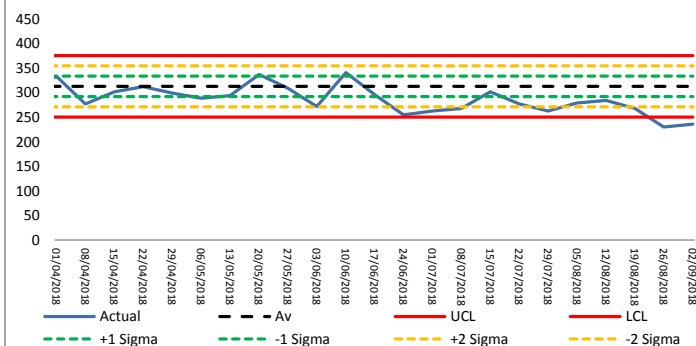
Bury & Rochdale N&M Weekly Agency Utilisation



This metric reflects the number of nursing and midwifery shifts filled with agency staff on a weekly basis.

Considerable work has been implemented to put in effective controls for nursing & midwifery agency. The underlying rate is showing improvement. Recruitment successes will enhance this performance. The Group bank share arrangement for nursing staff went live in May.

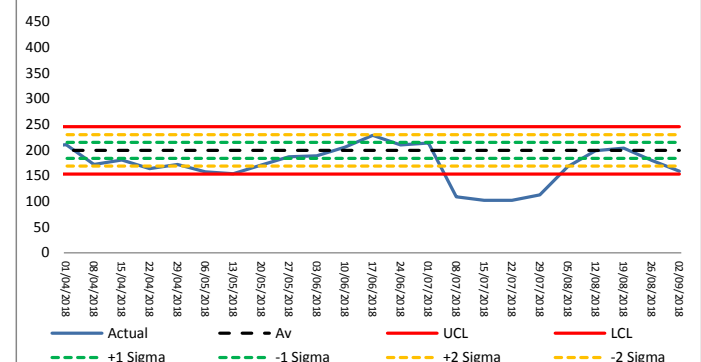
North Manchester N&M Weekly Agency Utilisation



The North Manchester Care Organisation has reduced its level of nursing and midwifery agency usage during August.

The Oldham Care Organisation has experienced variation in its level of nursing and midwifery agency usage during August.

Oldham N&M Weekly Agency Utilisation



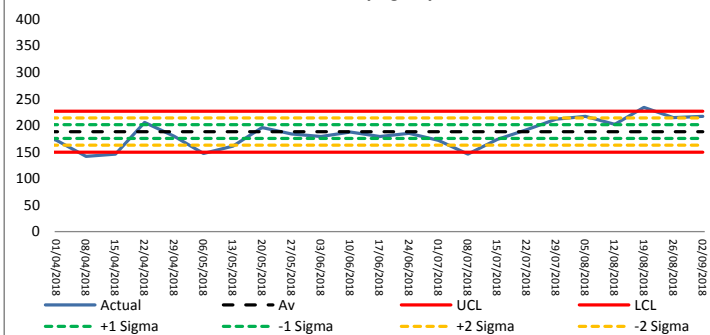
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Connected & At Scale

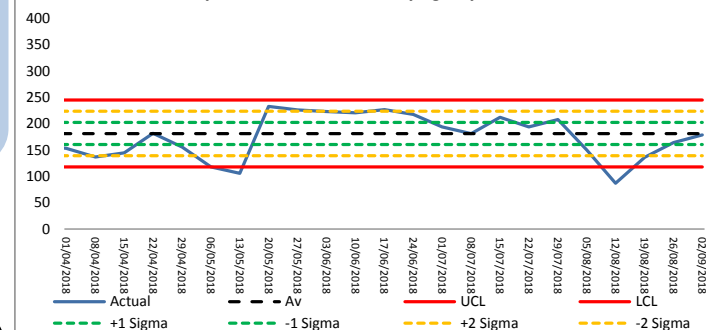
Workforce - Medical & Dental Agency Utilisation

Salford M&D Weekly Agency Utilisation



The Bury & Rochdale Care Organisation maintained its level of medical and dental agency usage within normal variation during August.

Bury & Rochdale M&D Weekly Agency Utilisation

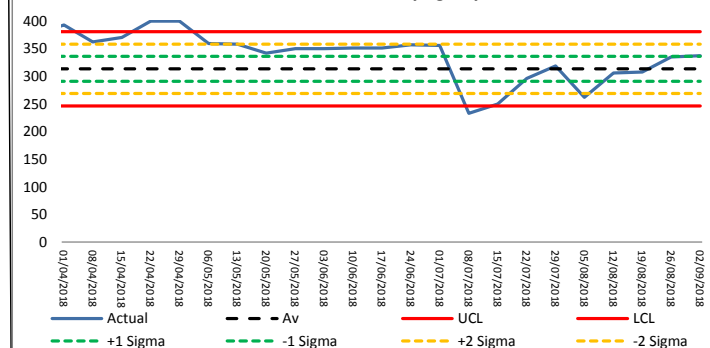


This metric reflects the number of medical and dental shifts filled with agency staff on a weekly basis.

Care Organisations continue to work on establishments. This work has shown the scope for improvement and the need for business cases for long standing issues in the workforce. Controls are still not as reliably implemented as nursing. The key issue is confidence in establishments / rotas and compliance.

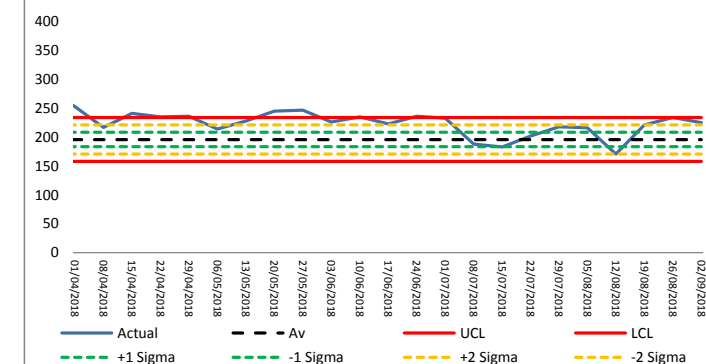
The change in the immigration rules to exclude doctors from the Tier 2 controls from July should impact positively on agency use.

North Manchester M&D Weekly Agency Utilisation



The Oldham Care Organisation significantly increased its level of medical and dental agency staff usage during August.

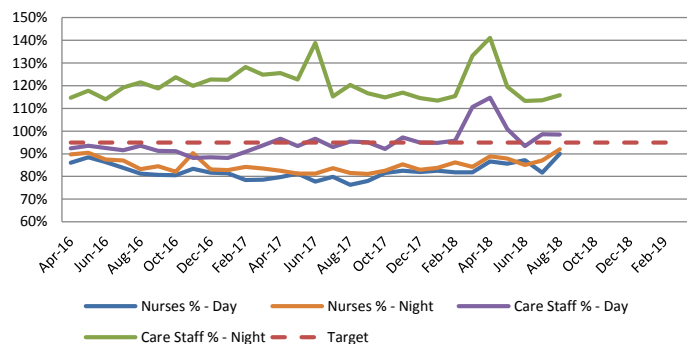
Oldham M&D Weekly Agency Utilisation



Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Trusted
Safe Staffing

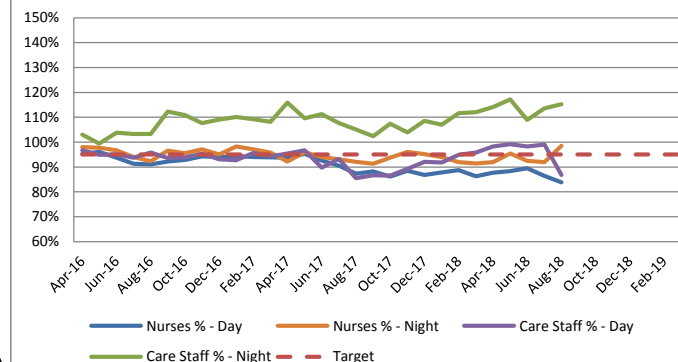
Salford Safe Staffing Performance



Salford Care Organisation has met the standard for Care Staff shift types but is below the standard for Nursing staff shift types.

The Bury & Rochdale Care Organisation has met the standard for Nursing Night and Care Staff Night shift types but is below the standard for Nursing and Care staff day shifts.

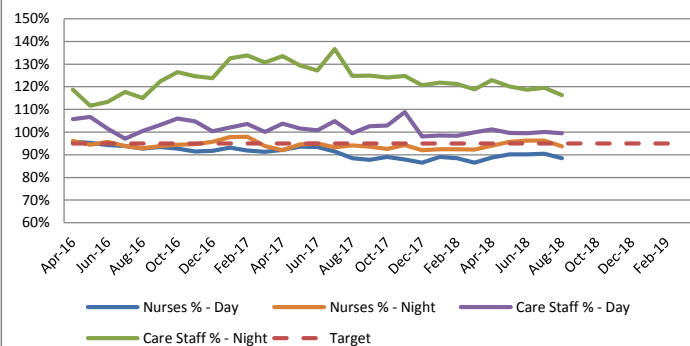
Bury & Rochdale Safe Staffing Performance



The Safe Staffing metric compared the actual number of ward shifts filled compared to the number of expected to be filled. This is split by nursing and care staff and day and night shifts.

All wards should achieve 95% compliance.

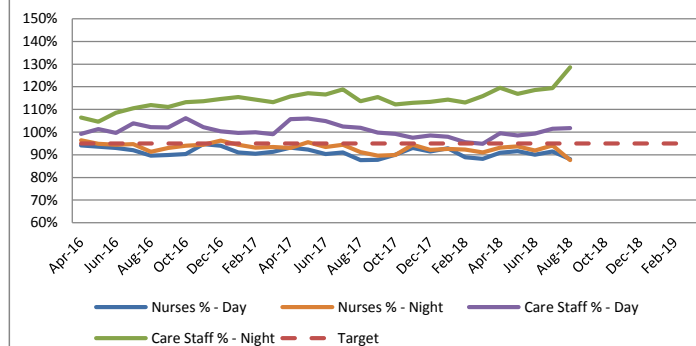
North Manchester Safe Staffing Performance



North Manchester Care Organisation has met the standard for Care Night and Day Staff shift types but is below the standard for Nursing day and night shift types.

The Oldham Care Organisation has met the standard for Care Staff shift types but is below the standard for Nursing shift types.

Oldham Safe Staffing Performance



Committee in Common Scorecard
 Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
 Highly Reliable & Trusted
 Safe Staffing

Bury & Rochdale													Oldham												
Hospital	Ward	Main Specialty	Day		Night		Pressure Ulcers	Falls	Nursing Vacancy Rate	Sickness Rate	NAAS	Ward	Main Specialty	Day		Night		Pressure Ulcers	Falls	Nursing Vacancy Rate	Sickness Rate	NAAS			
			Average fill rate - registered nurses	Average fill rate - care staff	Average fill rate - registered nurses	Average fill rate - care staff								Average fill rate - registered nurses	Average fill rate - care staff	Average fill rate - registered nurses	Average fill rate - care staff								
Fairfield	Ward 10 (ITU/HDU)	Critical Care	94.10%	67.70%	89.20%	35.50%	3		13.30%	5.20%	Y	A&E Observation Ward	General Medicine	100.00%	206.70%	103.20%	400.00%			23.70%	1.90%	Y			
Fairfield	Ward 11a	Rehabilitation	66.10%	103.20%	87.90%	118.90%			6.20%	6.40%	Y	Antenatal Ward	Obstetrics	103.80%	92.20%	104.60%	77.40%			-4.80%	10.50%	N			
Fairfield	Ward 11b (Stroke)	Rehabilitation	80.60%	93.30%	78.50%	135.60%			15.50%	9.00%	Y	Children's Unit	Paediatric Surgery	79.40%	84.30%	89.60%	62.10%			16.20%	7.00%	N			
Fairfield	Ward 14	General Surgery	89.40%	100.90%	96.60%	111.10%			4.70%	15.90%	Y	Critical Care	Critical Care	94.60%	84.70%	91.40%	141.90%	2		3.00%	5.30%	N			
Fairfield	Ward 2 CCU	Cardiology	87.90%	76.40%	91.10%	88.70%			14.00%	4.50%	Y	Labour Ward	Obstetrics	105.20%	100.00%	105.00%	85.50%			9.30%	3.40%	N			
Fairfield	Ward 20	Geriatric Medicine	89.50%	113.70%	88.20%	106.30%			10.80%	11.20%	Y	Neonatal Unit	Obstetrics	79.20%	21.00%	82.60%	NA			5.30%	3.20%	N			
Fairfield	Ward 21	General Medicine	78.60%	110.70%	97.80%	132.10%			-4.70%	4.20%	Y	Postnatal Ward	Obstetrics	97.60%	88.80%	114.50%	85.50%			1.10%	3.60%	N			
Fairfield	Ward 5	General Medicine	83.10%	110.90%	77.40%	119.40%	1		17.10%	5.10%	Y	Ward AMU	General Medicine	78.20%	97.00%	80.00%	111.30%	1	1	14.60%	8.90%	Y			
Fairfield	Ward 7	General Medicine	74.70%	90.10%	80.60%	94.60%			13.80%	4.60%	Y	Ward CCU	Cardiology	94.40%	NA	91.90%	600.00%			4.00%	5.80%	Y			
Fairfield	Ward 8	General Medicine	85.40%	97.00%	82.90%	146.20%	2		22.40%	2.30%	Y	Ward F1	Gynaecology	81.00%	91.60%	94.20%	100.00%			19.10%	11.40%	Y			
Fairfield	Ward 9	Trauma & Orthopaedics	69.90%	64.00%	75.30%	87.10%			7.30%	10.80%	Y	Ward F10	General Medicine	99.50%	133.30%	76.30%	176.70%			2.60%	10.70%	Y			
Rochdale	Floyd Unit	Rehabilitation	107.20%	109.10%	93.50%	147.60%			4.20%	4.80%	Y	Ward F11	Haematology	88.10%	151.40%	95.70%	148.20%			-1.20%	6.10%	Y			
Rochdale	Clinical Admissions Unit	General Medicine	98.60%	93.40%	97.00%	120.80%			-5.90%	9.60%	Y	Ward F7	General Medicine	93.50%	104.60%	81.70%	127.00%			7.00%	1.90%	Y			
Rochdale	Oasis Unit - RI	General Medicine	92.70%	132.30%	91.90%	127.10%			19.20%	7.10%	Y	Ward F8	General Medicine	100.00%	93.00%	100.00%	128.60%			4.00%	5.80%	Y			
Rochdale	Wolstenholme Unit - RI	Intermediate Care	89.80%	98.00%	100.00%	123.00%			-3.60%	4.10%	N	Ward F9	General Medicine	97.80%	88.40%	80.60%	122.50%			16.00%	6.20%	Y			
												Ward G1	General Medicine	84.90%	113.30%	63.40%	138.70%			-5.10%	6.30%	Y			
												Ward G2	General Surgery	94.20%	98.90%	69.60%	146.00%			24.70%	11.20%	Y			
												Ward T3	General Surgery	92.30%	102.70%	77.40%	154.80%			12.90%	6.00%	Y			
												Ward T4 STU	General Surgery	91.20%	109.80%	87.10%	150.00%			6.80%	7.70%	Y			
												Ward T5	General Surgery	85.50%	111.30%	81.70%	179.00%			6.60%	7.50%	Y			
												Ward T6	General Surgery	60.60%	68.80%	61.30%	112.50%			7.50%	1.70%	Y			
												Ward T7	General Surgery	75.90%	123.10%	81.70%	119.40%		1	14.90%	7.40%	Y			
Naas Accreditation Key																									
N	Ward not assessed																								
Y	Failed Assessment - Reassessed after 2 months																								
Y	Ward to be reassessed after 5 months																								
Y	Ward to be reassessed after 8 months																								
Y	SCAPE Ward (3 consecutive green assessments)																								

Naas Accreditation Key	
N	Ward not assessed
Y	Failed Assessment - Reassessed after 2 months
Y	Ward to be reassessed after 5 months
Y	Ward to be reassessed after 8 months
Y	SCAPE Ward (3 consecutive green assessments)

Committee in Common Scorecard
Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering
Highly Reliable & Trusted
Safe Staffing

Salford											North Manchester										
Ward	Main Speciality	Day		Night		Pressure Ulcers	Falls	Nursing Vacancy Rate (Hard to recruit areas)	Sickness Rate	NAAS	Ward	Main Speciality	Day		Night		Pressure Ulcers	Falls	Nursing Vacancy Rate	Sickness Rate	NAAS
		Average fill rate - registered nurses	Average fill rate - care staff	Average fill rate - registered nurses	Average fill rate - care staff								Average fill rate - registered nurses	Average fill rate - care staff	Average fill rate - registered nurses	Average fill rate - care staff					
ANU	Neurology	92.80%	91.01%	94.80%	99.41%	0	0		0.17%	Y	Antenatal Ward	Obstetrics	88.30%	85.50%	90.10%	83.90%			53.20%	0.00%	N
ASU	Acute Stroke Unit	73.68%	92.12%	100.00%	97.96%	0	0		0.24%	Y	Children's	Paediatric Surgery	77.40%	55.10%	89.90%	87.50%			18.90%	3.10%	Y
B3	Stroke	89.52%	92.52%	70.16%	100.00%	0	0		2.21%	Y	Critical Care	Critical Care	98.70%	103.20%	98.60%	93.50%			-0.50%	4.00%	Y
B4	Trauma Rehab	100.00%	79.37%	100.00%	106.43%	1	0		3.25%	Y	Labour Ward	Obstetrics	89.80%	56.80%	95.60%	60.30%			76.30%	5.40%	N
B5	Acute Trauma	82.00%	90.38%	100.00%	99.09%	1	0		0.60%	Y	Neonatal Unit	Obstetrics	79.10%	86.20%	84.90%	NA			6.90%	3.30%	N
B6	Trauma Orthopaedics	95.29%	107.95%	100.00%	115.98%	0	0		5.52%	Y	Postnatal Ward	Obstetrics	89.90%	92.40%	99.00%	94.70%			-122.30%	6.00%	N
B7	Neurosurgery	91.74%	91.56%	94.62%	98.36%	0	0		1.58%	Y	Ward C3	General Surgery	93.50%	95.20%	96.80%	106.50%			16.40%	12.00%	Y
B8	Neurosurgery	94.29%	92.23%	76.34%	100.00%	0	0		3.44%	Y	Ward C4	General Surgery	66.90%	77.80%	65.50%	79.30%			12.00%	4.30%	Y
C2	Neuro Rehab	82.26%	94.08%	100.00%	96.46%	0	0		1.88%	Y	Ward C5	General Medicine	90.30%	99.30%	100.00%	135.80%			40.60%	5.20%	Y
CCU	Critical Care Unit	100.00%	97.15%	99.33%	126.36%	0	0		3.05%	Y	Ward C6	General Medicine	99.30%	83.20%	96.70%	106.20%			50.00%	5.20%	Y
CPIU	Programmed Investigation Unit	97.30%	77.06%	94.44%	115.00%	0	0		7.79%	Y	Ward CCU G4	Cardiology	79.10%	104.80%	100.00%	112.90%			14.50%	14.60%	Y
EAU	Emergency Assessment Unit	93.05%	126.98%	88.08%	105.98%	1	0		5.76%	Y	Ward D5	Gastroenterology	95.20%	100.80%	100.00%	96.80%			19.90%	5.10%	Y
HAEM	Haematology	98.39%	100.00%	100.00%	106.25%	0	0		0.22%	Y	Ward D6	Gastroenterology	93.00%	100.00%	98.60%	105.60%			15.90%	10.40%	Y
HB1	General Surgery	72.33%	135.38%	74.19%	109.43%	0	0		0.80%	Y	Ward E1	General Medicine	94.60%	114.50%	95.70%	209.70%			23.50%	10.50%	Y
HB2	General Surgery	87.06%	139.02%	73.81%	206.25%	0	0		6.35%	Y	Ward F3	General Surgery	82.90%	104.80%	98.40%	104.80%			11.00%	10.10%	Y
HCU	Heart Care Unit	73.43%	100.00%	77.42%	120.97%	0	0		2.47%	Y	Ward F4	General Medicine	96.20%	135.20%	96.80%	137.40%			23.00%	7.50%	Y
HH1M	Medical HDU	100.00%	109.52%	87.10%	170.97%	1	0		1.19%	Y	Ward F5	General Surgery	87.50%	99.20%	101.60%	103.10%			15.10%	2.60%	Y
HH2	Respiratory	84.73%	117.00%	84.91%	191.18%	0	1		7.39%	Y	Ward F6	General Surgery	88.50%	96.00%	100.00%	98.40%			5.50%	12.30%	Y
HH3	Renal	83.11%	108.29%	94.62%	125.00%	0	0		0.42%	Y	Ward H3	General Medicine	94.70%	131.20%	88.50%	138.10%			22.40%	3.70%	Y
HH4	Urology	85.25%	98.63%	100.00%	100.00%	0	1		5.81%	Y	Ward I5	Trauma & Orthopaedics	80.00%	95.60%	93.50%	118.90%			20.10%	13.70%	Y
HH5	Surgery	95.69%	119.10%	100.00%	133.00%	0	0		0.00%	Y	Ward I6	General Medicine	87.10%	128.00%	74.20%	121.90%			19.00%	8.90%	Y
HH6	Surgical HDU	92.63%	106.67%	100.00%	115.63%	0	0		8.35%	Y	Ward I3J4	Infectious Diseases	89.40%	99.20%	95.50%	106.50%			9.70%	5.30%	Y
HH7	Neuro surgery & ENT	86.84%	101.64%	81.48%	98.18%	0	0		0.07%	Y	Ward J6	General Medicine	98.90%	104.80%	100.00%	104.80%			5.40%	10.50%	Y
HH8	Intestinal Failure Unit	92.25%	116.67%	100.00%	169.44%	0	0		3.09%	Y	Ward STU	Urology	72.80%	92.70%	103.20%	106.50%			2.50%	0.30%	Y
L2	Gastroenterology	94.90%	88.21%	100.00%	122.22%	0	1		15.03%	Y											
L3	Cardiology	69.76%	88.71%	66.67%	203.23%	0	0		10.82%	Y											
L4	Care of the elderly	60.89%	141.40%	100.00%	195.16%	1	0		10.07%	Y											
L5	Care of the elderly	65.73%	121.51%	100.00%	195.31%	0	0		0.00%	Y											
L6	Medical / diabetes	100.00%	112.50%	98.92%	115.57%	0	1		0.69%	Y											
M2SS	Spinal Surgery	100.00%	100.00%	93.94%	94.12%	0	0		0.47%	Y											
M2	Neurology	100.00%	80.97%	79.78%	108.60%	0	0		1.74%	Y											
M3	Dermatology	100.65%	101.61%	100.00%	104.88%	0	0		21.29%	Y											
MAPL	Neurology	90.91%	87.42%	100.00%	108.70%	0	0		3.55%	Y											
PND5	Sub-Acute Care (Pendleton Suite)	-	-	-	-	0	0		0.25%	Y											
SRU	Stroke Rehab Unit	100.00%	67.91%	100.00%	101.96%	0	0			Y											
STU	Surgical Triage Unit	100.00%	100.00%	100.00%	93.55%	0	0			Y											
ICSH	Intermediate Care	-	-	-	-	0	1			Y											
ICSL	Intermediate Care	-	-	-	-	0	1			Y											

Awaiting Data

Naas Accreditation Key	
N	Ward not assessed
Y	Failed Assessment - Reassessed after 2 months
Y	Ward to be reassessed after 5 months
Y	Ward to be reassessed after 8 months
Y	SCAPE Ward (3 consecutive green assessments)

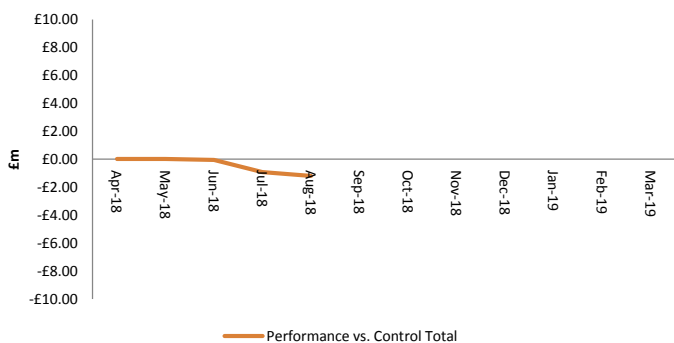
Committee in Common Scorecard

Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering

Highly Reliable & Trusted

Finance

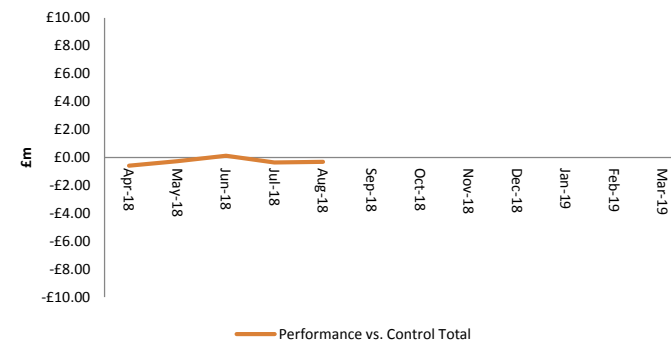
Salford Finance Performance



The Salford Care Organisation financial position for August is £1.2m worse than the control total.

The Bury & Rochdale Care Organisation financial position for August is £311.7k worse than the control total.

Bury & Rochdale Finance Performance

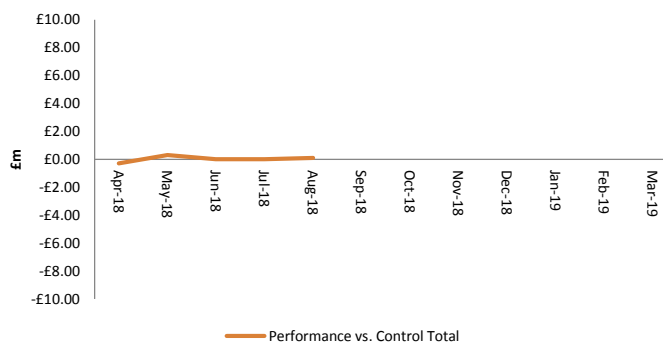


SRFT: The actual year to date position is a deficit of £7.6m which is £1.2m worse than the planned position for the year to 31st August 2018. The SRFT cost improvement programme (BCLC) is set to deliver a larger proportion of savings in the second part of the year.

PAHT: The actual year to date position is a deficit of £31.5m which is on plan for the year to 31st August 2018. The PAHT cost improvement programme (BCLC) is set to deliver a larger proportion of savings in the second part of the year. Unlike SRFT, PAHT does not have an agreed financial control total (with NHSI). PAHT is working to a deficit plan for the year of £68.9m.

With the exception of North Manchester, all Care Organisations have a financial position that is worse than the control total. This means that levels of spending are exceeding agreed budgets.

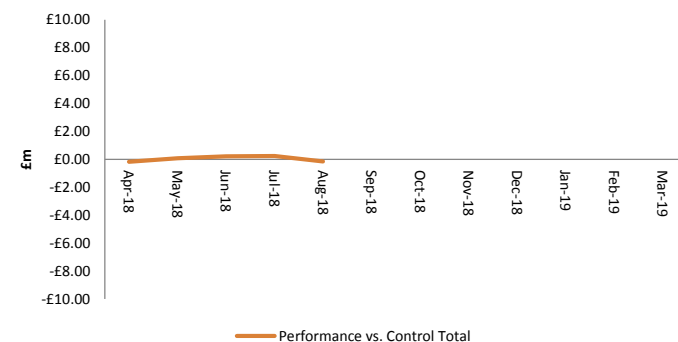
North Manchester Finance Performance



North Manchester Care Organisation financial position for August is £107.3k better than the control total.

The Oldham Care Organisation financial position for August is £162.5k worse than the control total.

Oldham Finance Performance



Committee in Common Scorecard Saving Lives, Improving Lives by delivering highly reliable services at scale, which are trusted, connected and pioneering Highly Reliable & Trusted Group principle risks scored 12					
Annual Plan Theme 3: Deliver the Financial Plan to assure sustainability					
Principal Objective	Principal Risk	Risk Lead	Principal and operational Risks from Care Organisations scored 12 and above	Action Summary	Risk Score
3.1 We will demonstrate continuous improvement in operational and workforce productivity and efficiency	3.1.1 IF we do not develop an effective productivity improvement and cost reduction strategy that identifies key cost drivers and solutions for improvement THEN we may not deliver financial sustainability	Ian Moston, Chief Financial Officer	Workforce productivity - Salford RS 12 Risk No - 3750 Delivery of BCLC – Salford RS 13 Risk No – 3011	Scale of gap likely to impact on 3.2.2 - escalation report to Group CiC in July 2018	13
3.2 We work with partners to ensure financial plans are sustainable and deliver on our annual income and expenditure budgets	3.2.2 IF the planned activity and income levels and/or expenditure controls are exceeded leading to NHSI Use of Resources rating lower than planned THEN this will increase regulatory investigation & intervention and put at risk Provider Sustainability Funding	Ian Moston, Chief Financial Officer	Financial Control Systems – Salford RS 12 Risk No – 3010 Agency Spend – Salford RS 12 Risk Nos – 2903 and 2901 Delivery of CIP - B&R RS 12 Agency Spend – NM RS 12 Delivery of BCLC – Oldham RS 12		12
Annual Plan Theme 5: Deliver Operational Excellence					
5.1 We will ensure good operational planning and execution to Deliver on Urgent Care, Cancer, Elective plans and trajectories and Deploy relevant Standard Operating Mode	5.1.1 IF we fail to have effective mechanisms in place for planning, oversight and execution of our objectives THEN operational excellence will not be delivered	Chief Delivery Officer	– Delivery of the A&E 4 Hour Standard – Salford RS 13 Risk No – 2292 – RTT – Salford RS 13 Risk No – 2726 – 6 week Diagnostic Standard – Salford RS 13 Risk No – 3238 – 62 day Cancer Standard – Salford RS 13 Risk No – 3675 – Access to Mental health Services – Salford RS 12 Risk No – 3452 – Trauma Capacity – Salford 12 Risk No – 2544 – Elective Capacity – Salford RS 12 Risk No – 3087 – Access to Neuro-Rehabilitation – Salford RS 12 Risk No – 2500 – Radiology Turnaround Time – Salford RS 12 Risk No – 1850 – Urgent Care demand – NM RS 12 – 62 day Cancer Standard: Capacity and demand – NM RS 12 – Cancer Follow Up – NM RS 12 – Patient Tracking & Booking – NM RS 12 – Access Standards – Oldham RS 12 New risk: T&O Elective Capacity - Salford RS 12 New Risk: Fluoroscopy Equipment - Salford RS 12 New Risk: Reporting capacity in Cellular Pathology - RS 12	Develop standard performance management and delivery system Q3 Develop version 2 of Single Oversight Framework (End Q1) GooRoo - Full implementation (Q3) Delivery of follow up action plan (Q3) Describe and embed new leadership and management arrangements for NCA cancer performance management incl additional resources (case to GM) Q2.	12

This page is intentionally left blank

Pennine Acute Joint Overview & Scrutiny Committee

IM&T Update 15th October 2018

Phill James
Associate Chief Information Officer

Stabilising Technology Infrastructure Business Case

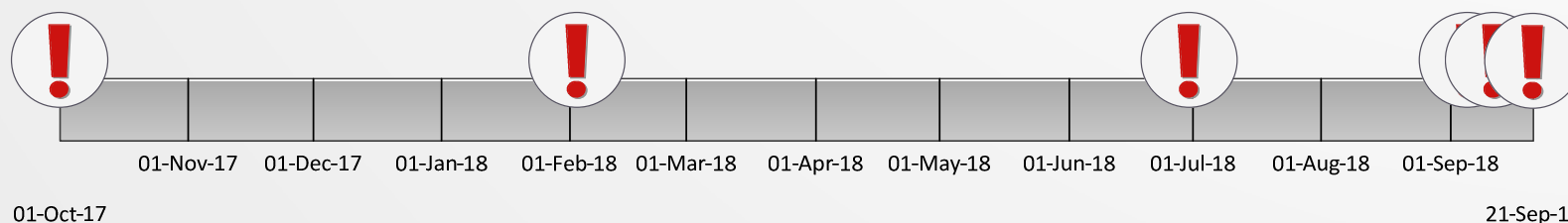
- Approved May 2018
- Investment in workforce capability and capacity
- Mitigate most serious, immediate, patient care affecting issues:
 - **Local Networks plus WiFi**
 - Wide Area Networks
 - Storage and Data Backup
 - Compute
 - Mobility
 - Internet Access / Spine Access
 - Email

Key Target Milestones

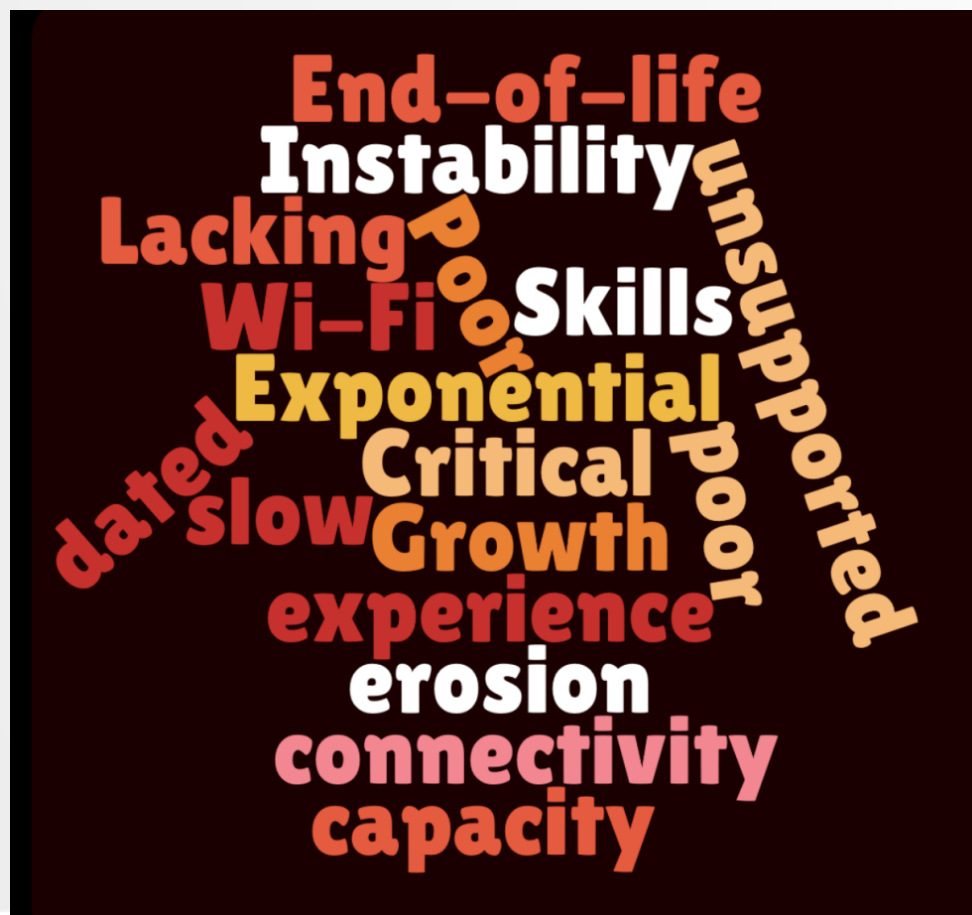
ID	Key Project	Start	Finish	Q4 18			Q1 19			Q2 19			Q3 19			Q4 19			Q1 20			Q2 20			Q3 20						
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Se				
1	PAS Hardware Upgrade	31-Oct-18	31-Oct-18																												
2	PAS Software Upgrade	30-Nov-18	30-Nov-18																												
3	Local Area Network inc WiFi (Procurement)	01-Oct-18	01-Nov-18																												
4	Local Area Network Support Works (Fibres etc)	28-Sep-18	31-May-19																												
5	Local Area Network inc WiFi (Deployment)	01-Jan-19	01-Jan-20																												
6	Storage & Compute (Procurement)	01-Oct-18	15-Nov-18																												
7	Storage & Compute (Deployment)	16-Nov-18	23-Sep-20																												
8	Strategic Email Solution – Business Case	21-Dec-18	21-Dec-18																												
9	Strategic Mobile Device Management –Business Case	21-Dec-18	21-Dec-18																												
10	A&E Symphony Upgrade	13-Nov-18	13-Nov-18																												
11	A&E Symphony Enhancements (FGH, Records sharing, MTS v3, etc)	19-Nov-18	01-Jul-19																												
12	Evolve Upgrade	01-Apr-19	01-Apr-19																												
13	G2 Speech Upgrade	01-Feb-19	01-Feb-19																												
14	Trendcare Deployment	01-Oct-18	01-Oct-18																												
15	Complex Chemotherapy Deployment	01-Oct-18	01-Oct-18																												
16	Electronic Patient Record Business Case	01-Oct-18	01-Oct-18																												

High Impact Network Outages

Time Period	Incident
Autumn 2017	Total Loss Of Comms To Oldham Hospital
2 nd February 2018	Partial Loss Of Oldham Hospital
30 th June 2018	Partial Loss Of Oldham Hospital
5 th September 2018	Total Loss Of Comms To Fairfield Hospital
5 th – 14 th September 2018	Fairfield/Rochdale WiFi Instability
13 th /14 th September 2018	Loss Of Access To All Trust Applications
21 st September 2018	Partial Loss Of North Manchester



Key Network Concerns



Failure Root Causes - Themes

- Aged Hardware Failure
- Out Of Support Software
- Legacy Configurations

Debrief – 16th October 2018

Strengthening The Networks

Summer 2017 – Procured New Wide Area Network:

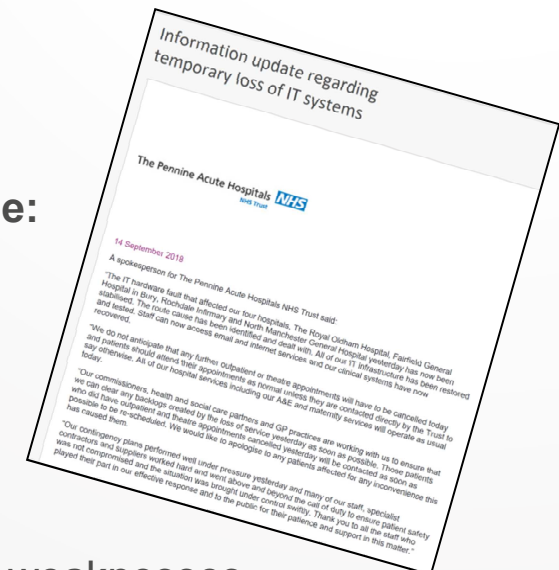
- Implementation to complete October 2018

May 2018 – Stabilising Technology Infrastructure Business Case:

- Securing of funds to “make the difference”
- Strengthening of staffing skills / capacity

September 2018 – Immediate Measures:

- Acceleration of Network Procurement
- On site supplier presence – urgent review of emerging weaknesses
- On site Cyber expertise – assess risks and action further improvements



Scale Of Local Deployment

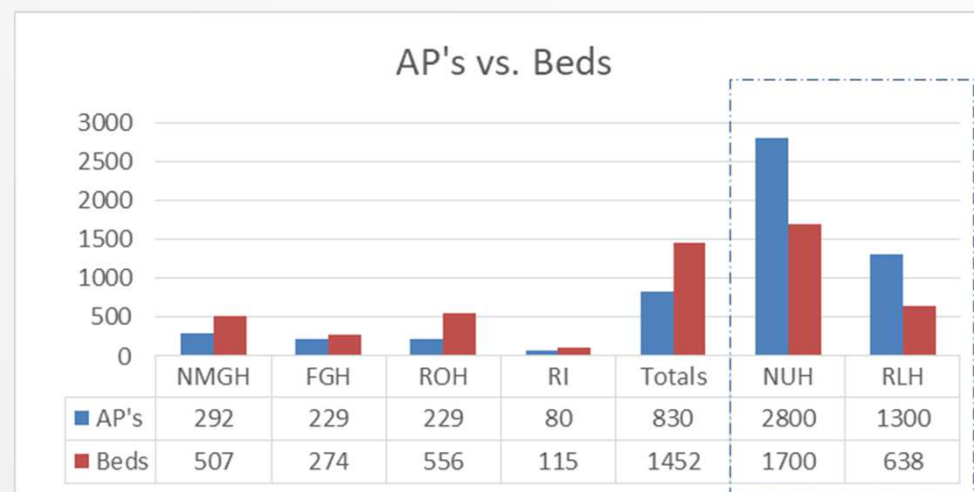
Device type	No. devices
Desktop PCs	3850
Wyse devices	2900
Laptops	1250
Tablets	2250
Smartphones	500
Medical devices (wired / wireless)	2500
TOTAL	13250

**There are currently 25000 devices in use across the Trust - numbers are growing*

Significant Networks Project

Type	No.
Equipment Locations / Cabinets	140
Switches	417
Firewalls	6
WiFi Access Points	830
TOTAL	1390

**Capability to be grown via project,
especially WiFi for EPR readiness*



QUESTIONS

This page is intentionally left blank

Northern Care Alliance

North East Sector (NES) / Healthier Together



The activity relating to the North East Sector (NES) / Healthier Together is summarised below

- a. NES continues to implement the GM Healthier Together programme; high acuity General Surgery (GS) moving to the Royal Oldham Hospital (ROH) as a hub site for a single service, serving North Manchester, Bury, Rochdale and Oldham with an ambulatory service provided at Royal Oldham Hospital (ROH) and North Manchester General Hospital (NMGH).
- b. Some ambulatory GS is now live at both NMGH and ROH (full implementation is tied to the new build).
- c. Consultant surgeons still working on the workforce model which will ensure delivery of HT mode, particularly the provision of emergency cover across the sector.
- d. The commercial case required to access the capital allocated by HM Treasury for the new build at ROH has been submitted to NHSI.
- e. Subject to final approvals etc. proposed go live for the new build is Spring 2021.
- f. NES continuing to look at closer/standardised ways of working with Salford Royal Hospital and the wider North West sector in General and Colorectal surgery to improve standards and support workforce resilience

Mike Ryan
Business Development Manager





This page is intentionally left blank