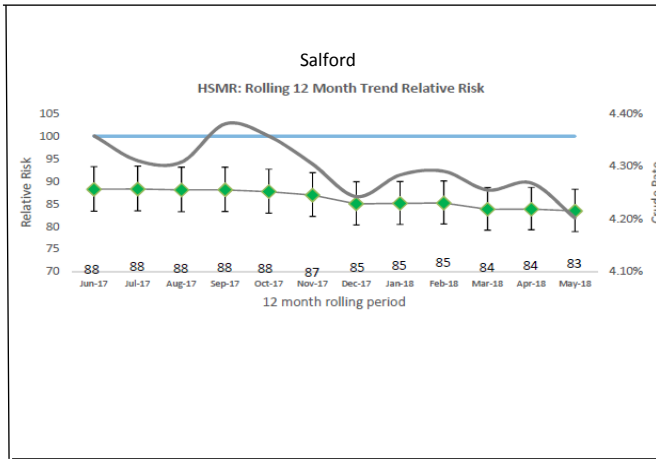


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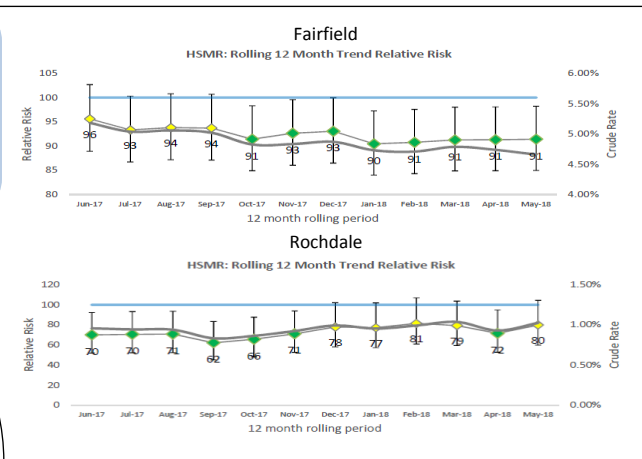
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Mortality: Hospital Standardised Mortality Ratio



HSMR is statistically better than national position. Salford CO's HSMR has improved further over the last quarter. The current position is 83.42 with weekend HSMR at 85.6

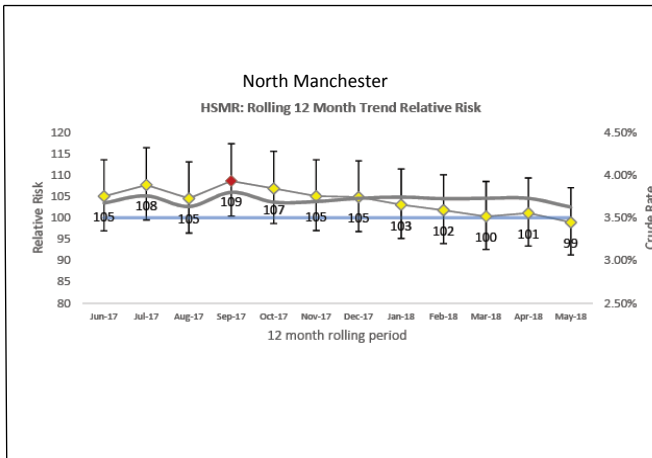
Fairfield: HSMR is statistically as expected and continues to maintain a consistent position. The current position is 91.41 with weekend HSMR at 98.6
Rochdale: HSMR is statistically below expected. The current position is 79.81 and weekend



HSMR is a ratio of the observed number of in-hospital deaths to the expected number of in-hospital deaths for 56 specific Clinical Classification System (CCS) groups. HSMR is risk adjusted to take into account key risk factors associated with mortality.

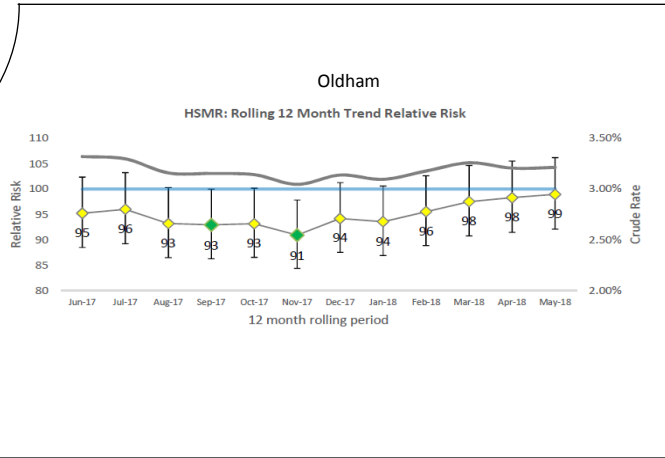
Pennine as a Trust has reduced mortality and HSMR for Pennine is now statistically better than expected. Salford also remains statistically better than expected.

Chart Legend:
Green/Yellow/Red Dot = Relative Risk



HSMR for North Manchester has reduced over the last few months and is better than expected for the latest position. The current position is 98.95. Weekend HSMR stands at 110.

HSMR for Oldham CO is better than expected. The current position is 98.95. Weekend HSMR remains higher than expected at 106.7.

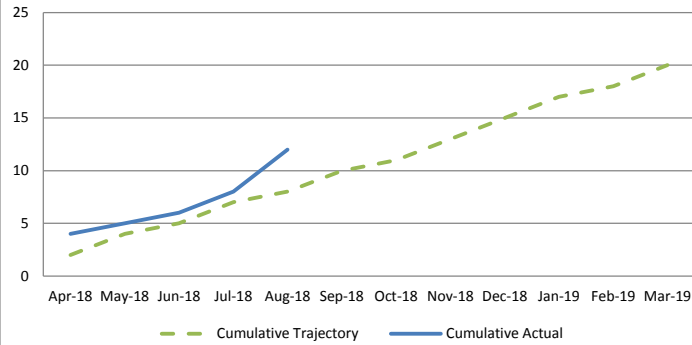


HSMR - Rolling 12 months	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Salford Royal Foundation Trust	90	89	90	90	88	88	88	88	87	85	85	85	84	84	83
Pennine Acute Hospitals Trust	103	101	100	97	97	96	96	95	94	96	94	95	95	96	96

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 Harms: Clostridium Difficile

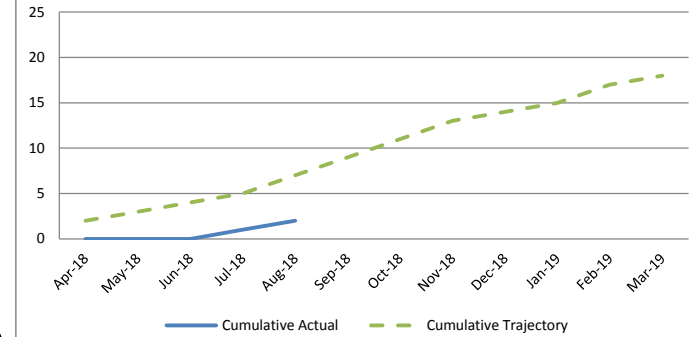
Salford C.Dif (YTD Cumulative)



The Salford Care Organisation is above it's 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)

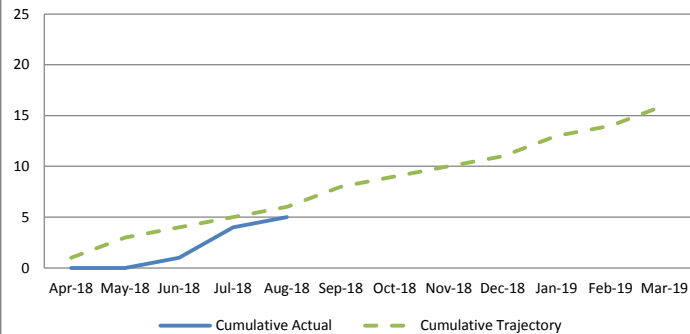


This metric measures instances of Clostridium Difficile counted cumulatively as a YTD figure.

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.

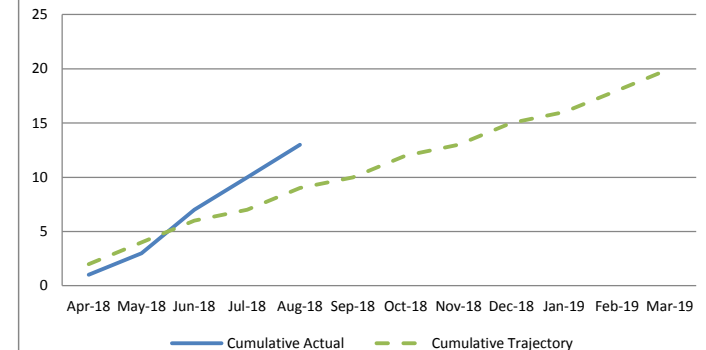
North Manchester C.Dif (YTD Cumulative)



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)



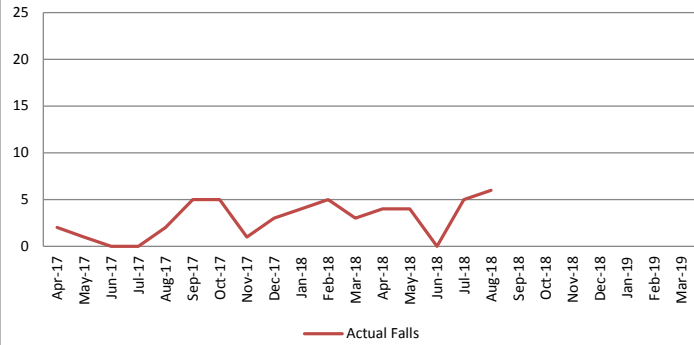
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Harms: Falls

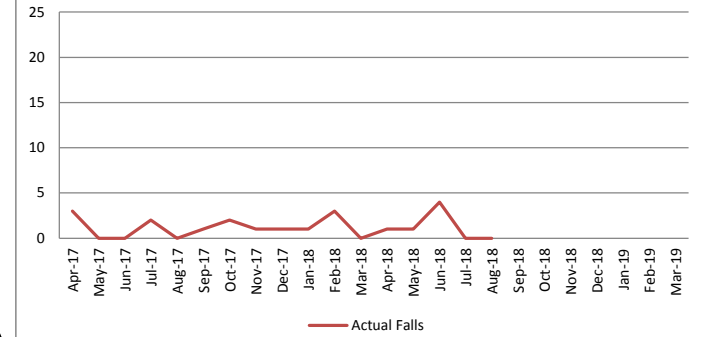
Salford Falls



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.

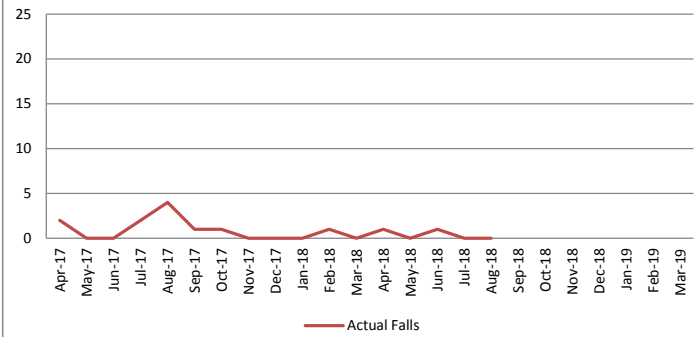
Bury & Rochdale Falls



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 care organisations.

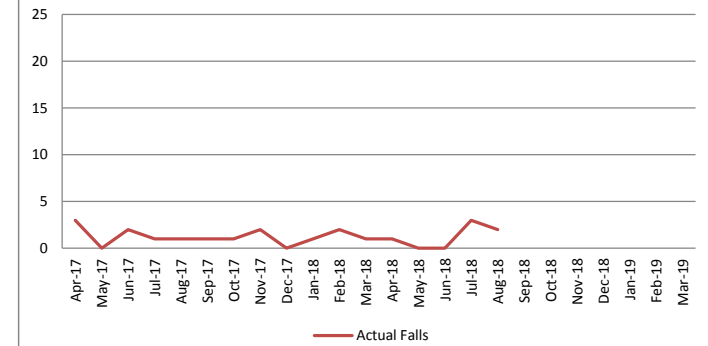
North Manchester Falls



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

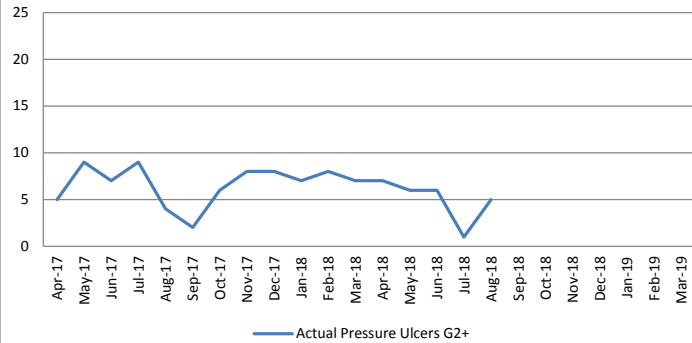


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Harms: Hospital Acquired Pressure Ulcers

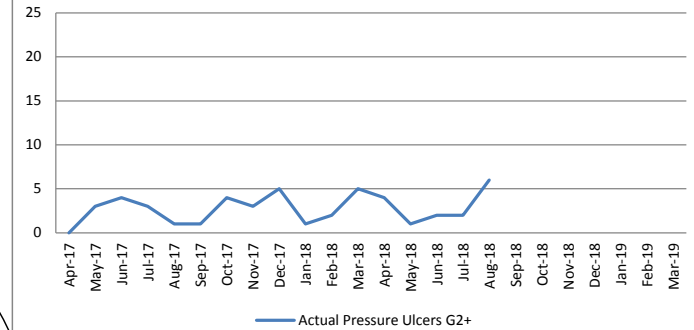
Salford Pressure Ulcers



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.

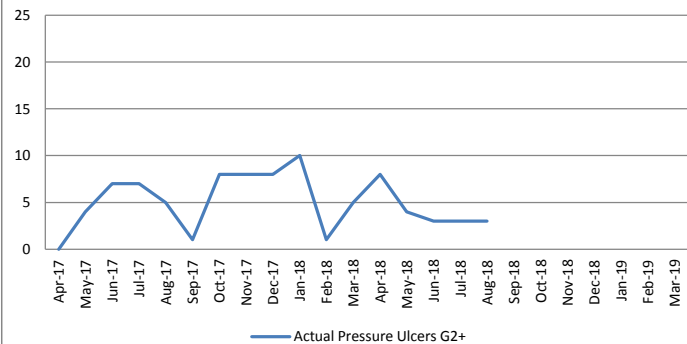
Bury & Rochdale Pressure Ulcers



This metric monitors pressure ulcers at Grade 2 and above.

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

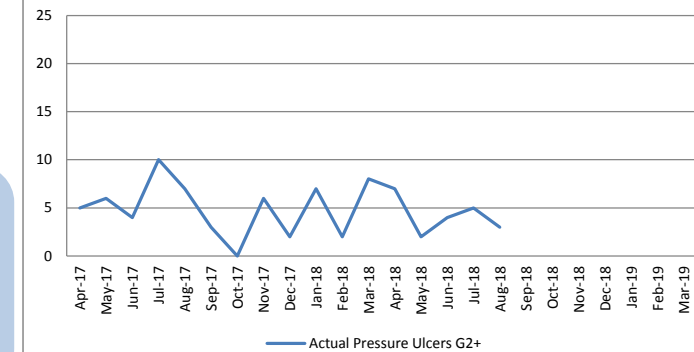
North Manchester Pressure Ulcers



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

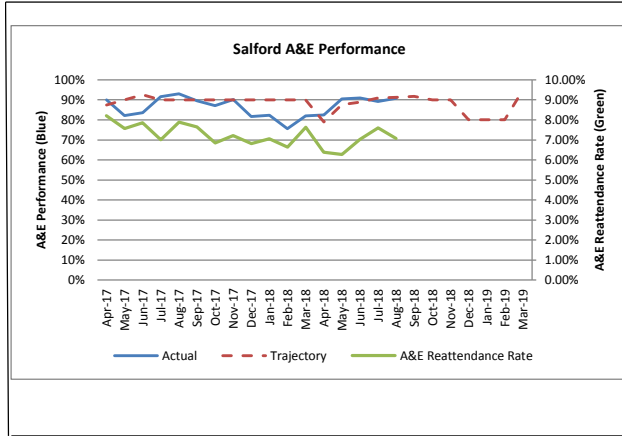
The Oldham Care Organisation is maintaining lower levels of pressure ulcers with 3 reported pressure ulcers in month.

Oldham Pressure Ulcers



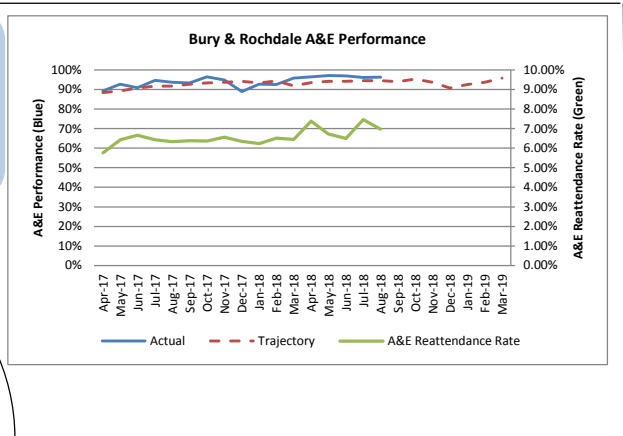
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Highly Reliable & Connected Care
Urgent Care



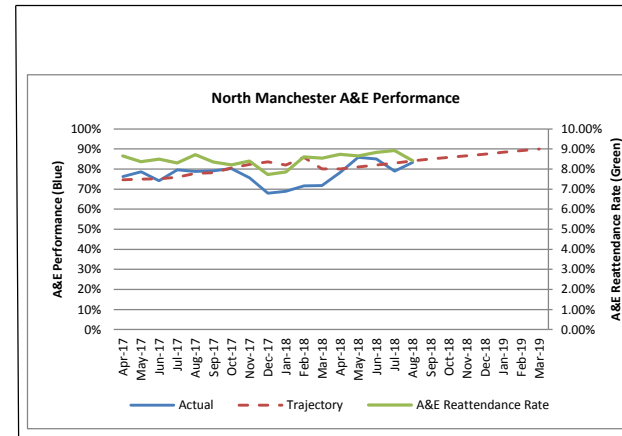
The Salford Care Organisation is below its improvement trajectory with performance of 90.78% in August, which is also a reduction compared to August 17's performance of 93.03%.
The 7 day reattendance rate was 7.07%, below the national average.

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.



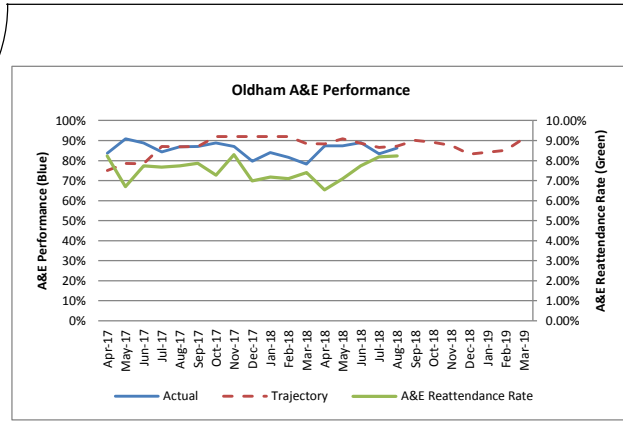
The national target for A&E remains at 95% however STF funding is delivered based on a year-on-year quarterly improvement in performance. Salford continues to have poorer performance than the same period in the previous year. The recovery plan in place at North Manchester has delivered improvement in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



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

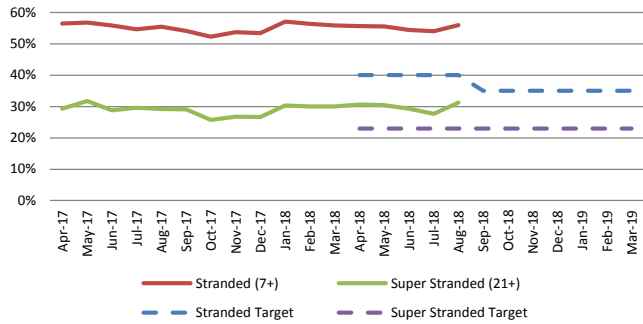


A&E 4 Hour Performance	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Salford Royal Foundation Trust	89.93%	82.10%	83.57%	91.56%	93.03%	89.47%	87.14%	90.21%	81.70%	82.30%	75.60%	82.00%	82.48%	90.49%	90.90%	89.17%	90.78%
Pennine Acute 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%

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Stranded Patients

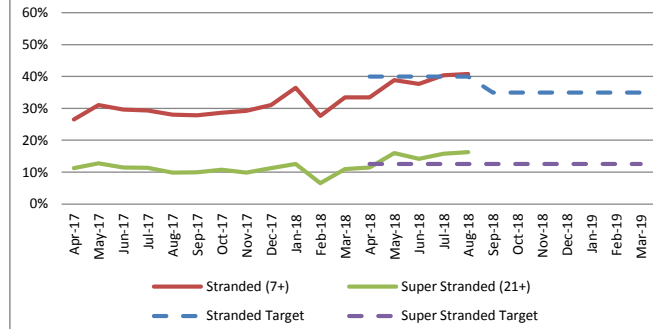
Salford Stranded & Super Stranded %



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.

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.

Bury & Rochdale Stranded & Super Stranded %

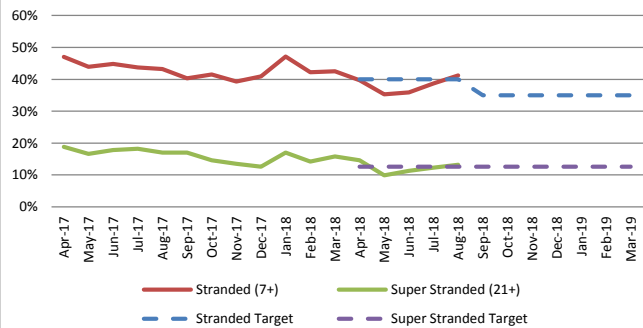


Stranded patients are defined as those with a length of stay of more than 7 days. Super-stranded are those patients with a length of stay in excess of 21 days. This metric is a measure of flow across our beds.

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%

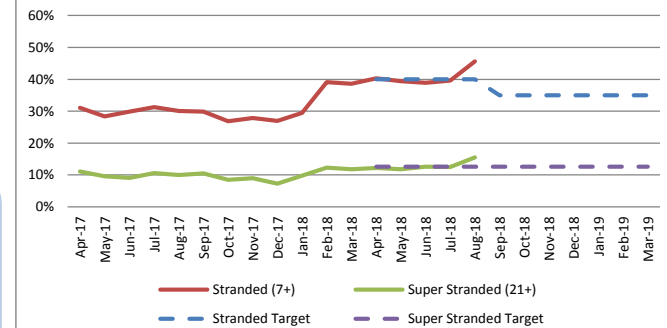
North Manchester Stranded & Super Stranded %



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.

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.

Oldham Stranded & Super Stranded %

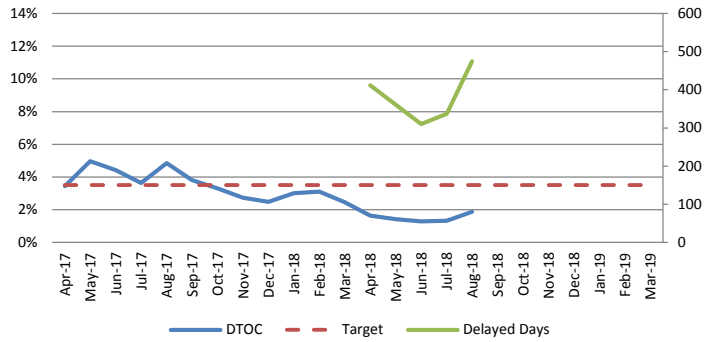


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Delayed Transfers of Care: Percent Delayed Bed Days and Delayed Discharge Days

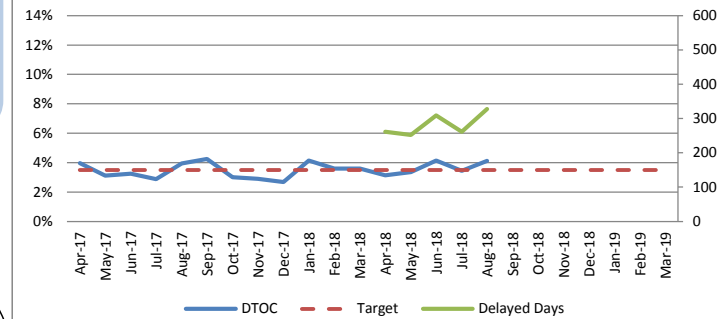
Salford Delayed Transfers % Bed Days and Delayed Discharge Days



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

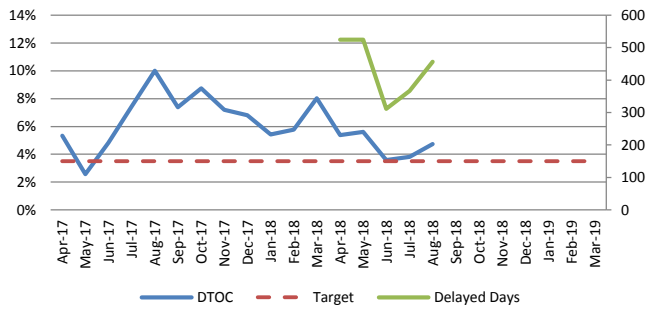


This metric measures the proportion of bed-days occupied by patients classified as delayed.

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.

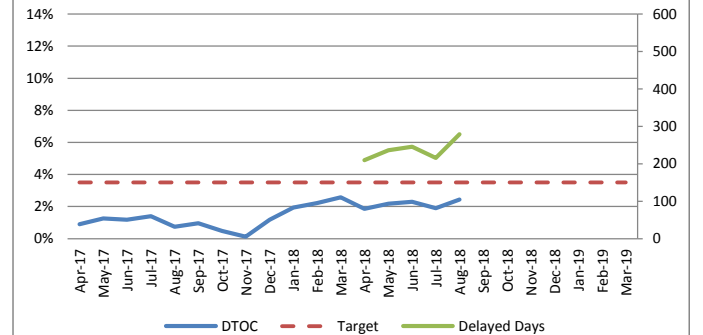
North Manchester Delayed Transfers % Bed Days and Delayed Discharge Days



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

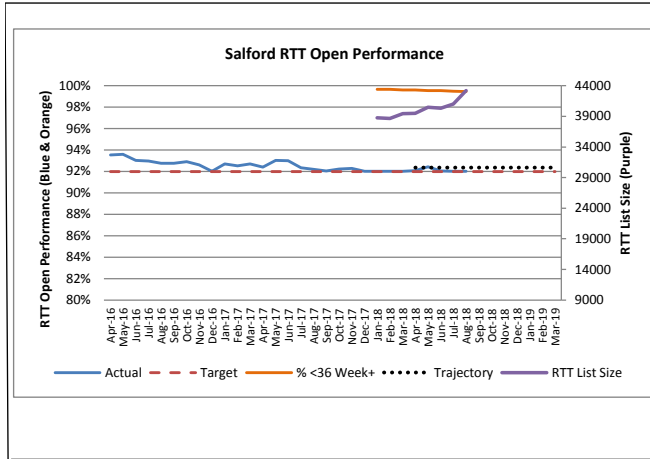


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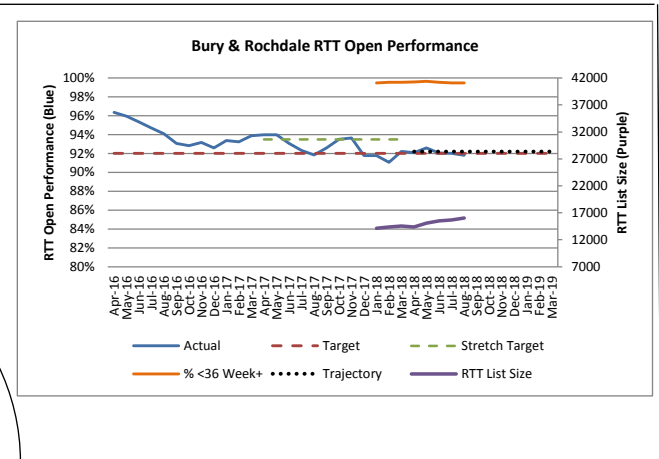
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Elective Access



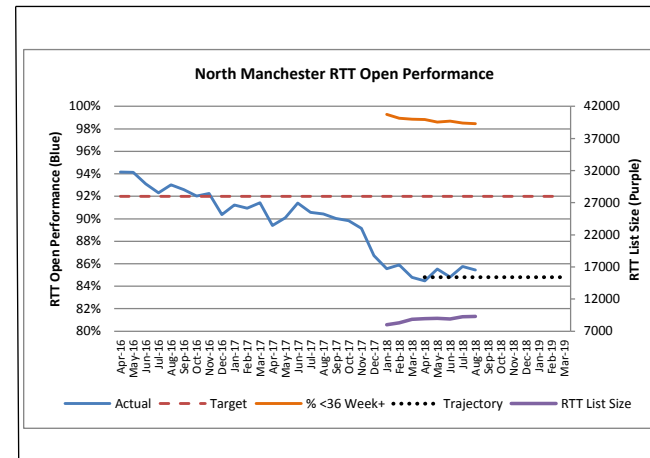
The Salford Care Organisation continues to meet the 92% standard with performance of 92.02% for August. The size of the list has increased by 9.4% since March. 99.46% of patient have waited less than 36wks.

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.



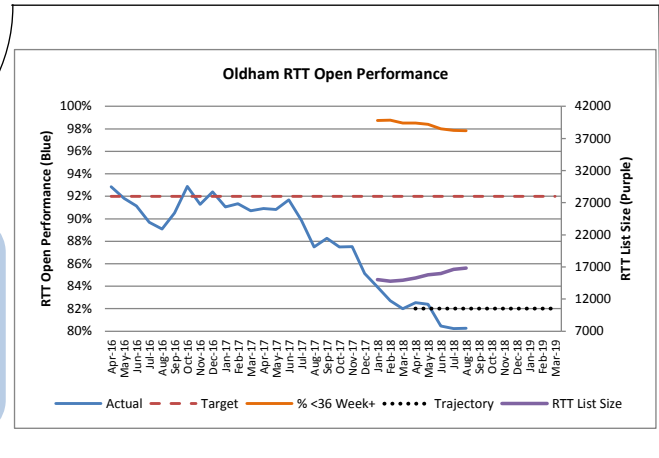
Referral to Treatment waiting times for open pathways should not exceed 18 weeks for 92% of patients and a further target has been applied where the size of the waiting list should not exceed the list size in March '18 by the end of March '19. RTT List sizes for all Care Organisations have continued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



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.



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%	

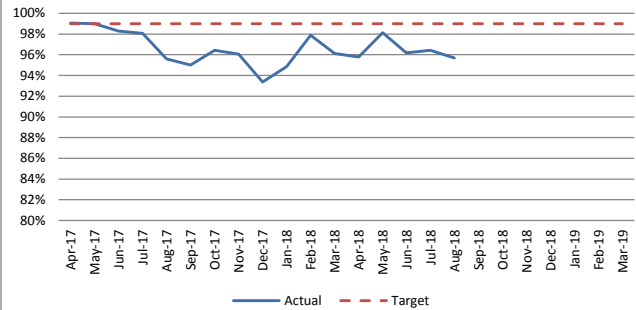
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Diagnostic Access

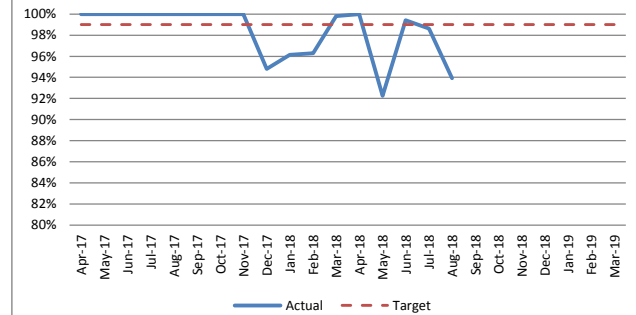
Salford Diagnostic 6 Week Performance



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.

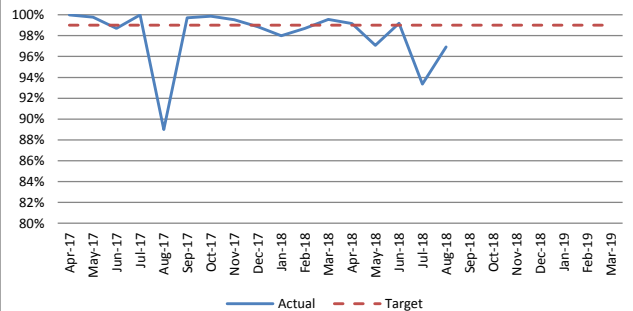
Bury & Rochdale Diagnostic 6 Week Performance



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.

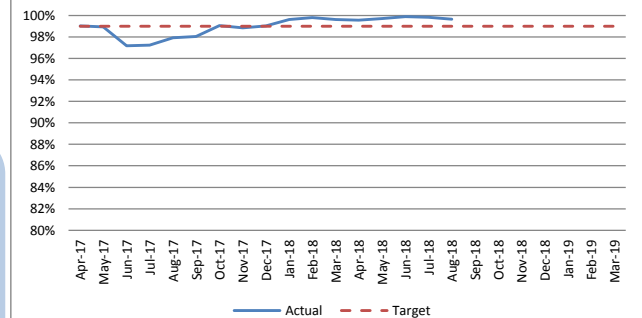
North Manchester Diagnostic 6 Week Performance



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

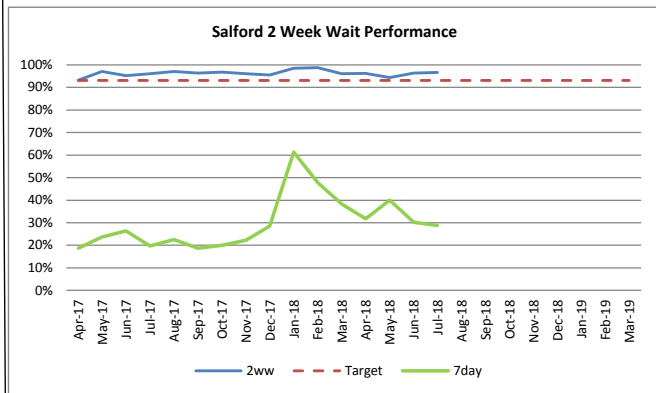


6 Wk Diagnostic Performance	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Salford Royal Foundation Trust	99.0%	99.1%	98.1%	95.4%	95.0%	96.4%	96.1%	93.4%	94.9%	97.9%	96.1%	95.8%	98.1%	96.2%	96.4%	95.7%
Pennine Acute Hospitals Trust	99.1%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

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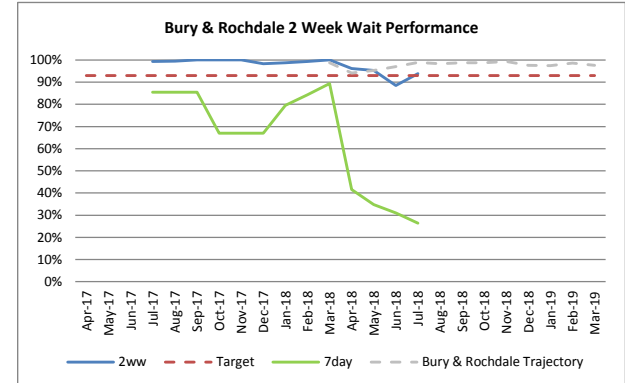
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Highly Reliable & Trusted
Cancer TWW Pathways



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.

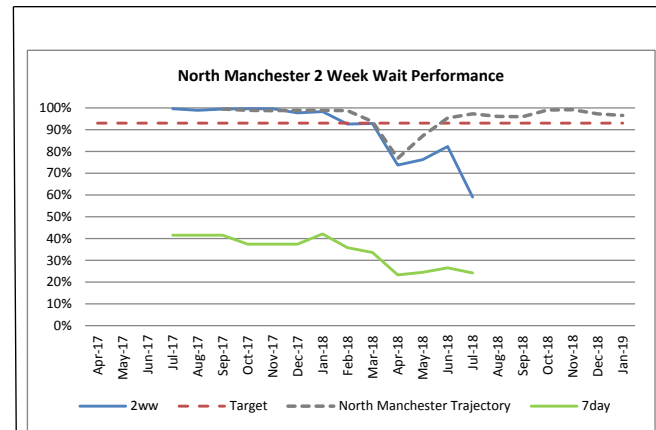


All patients should receive an initial appointment within 14 days of urgent referral for suspected cancer. The standard is 93% compliance.

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

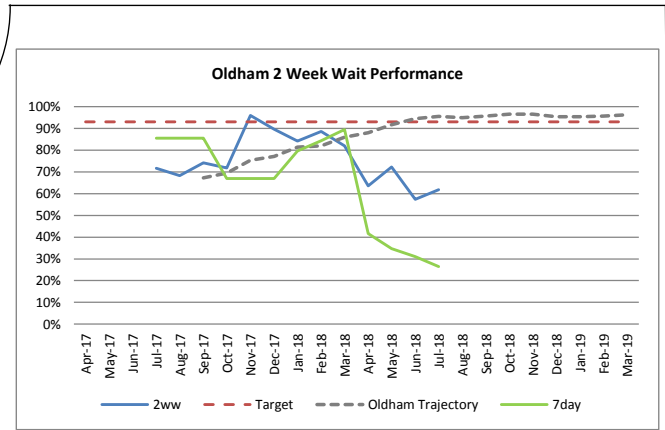
The 7 day standard measure the proportion of 2ww appointments booked within 7 days. The aim is to achieve 80% for this standard. All COs have seen a reduction in this standard in month.

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



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

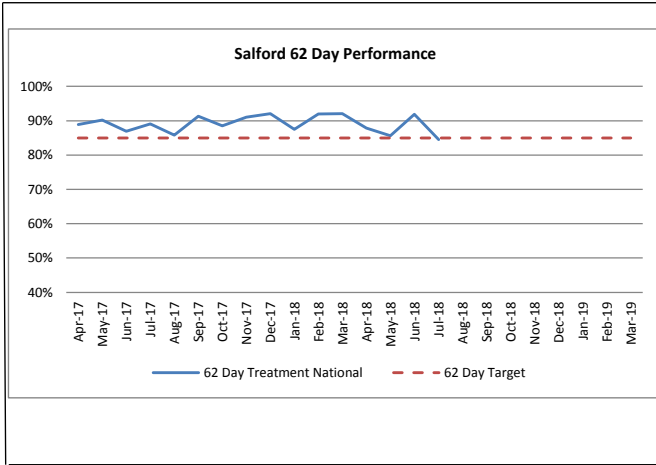
The Oldham Care Organisation is below its recovery trajectory with a performance of 61.76% for July but has seen an overall improvement in performance.



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%

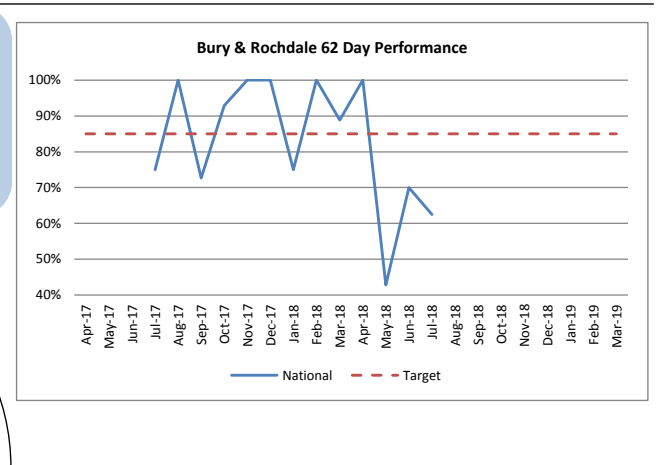
Committee in Common Scorecard

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

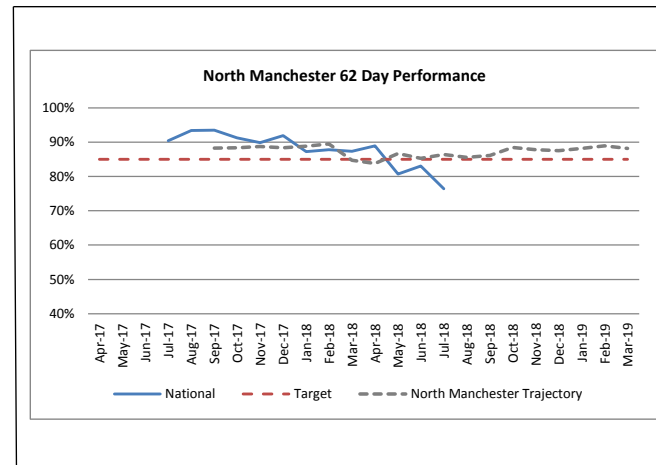
The Bury & Rochdale Care Organisation is below the standard for July with a performance of 62.50%. The care organisation covers ENT tumour groups.



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

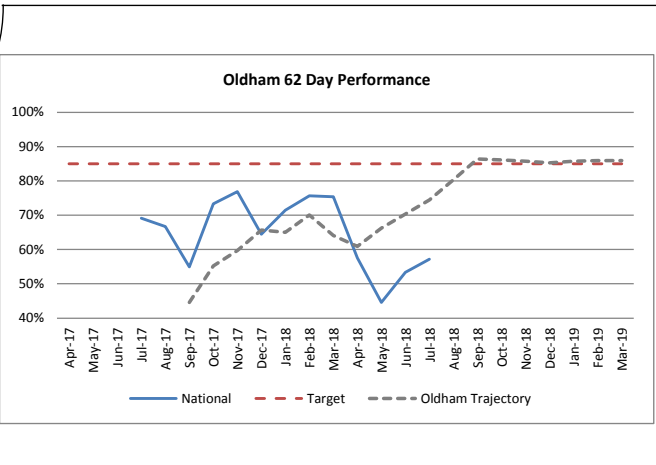
Cancer performance for the North East Sector care was attributed to care organisations from July '17.

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



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 its recovery trajectory with a performance of 57.14%. However performance is improving with the Care Organisation relaunching its cancer performance forum with patient level escalation.



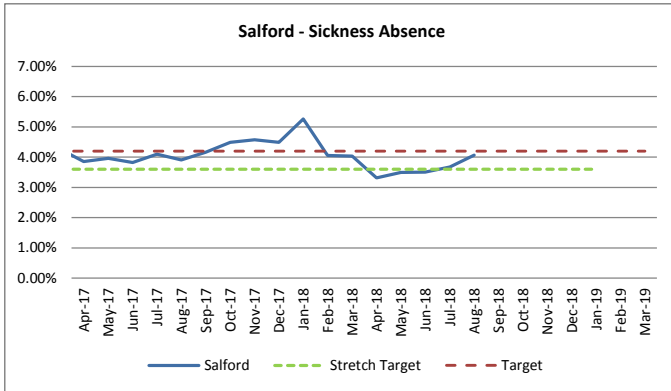
62 Day National	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Salford Royal Foundation Trust	89.0%	90.2%	87.0%	89.1%	85.8%	91.5%	88.5%	91.0%	92.1%	87.5%	92.2%	92.2%	88.0%	85.6%	91.9%	84.5%
Pennine Acute Hospitals Trust	77.1%	79.9%	73.9%	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

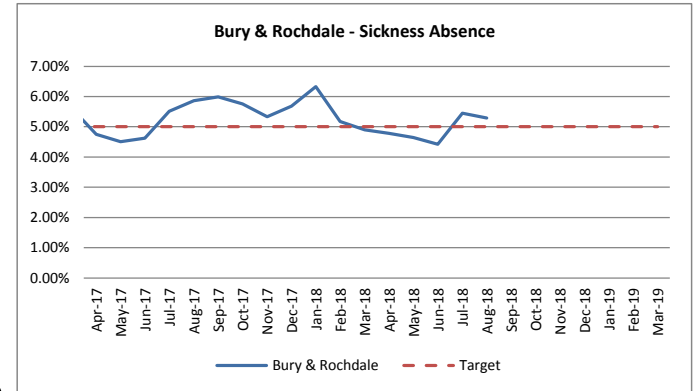
Salford - Sickness Absence



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%.

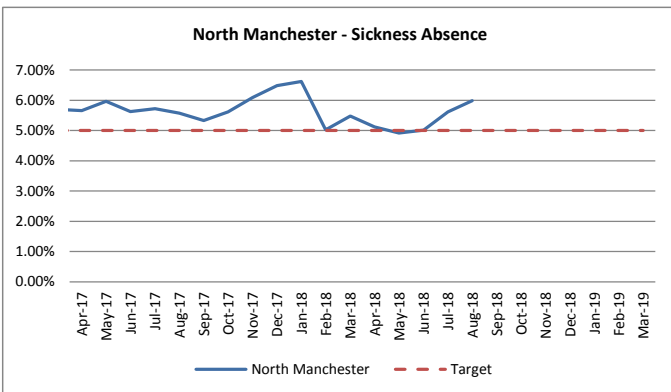
Bury & Rochdale - Sickness Absence



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.

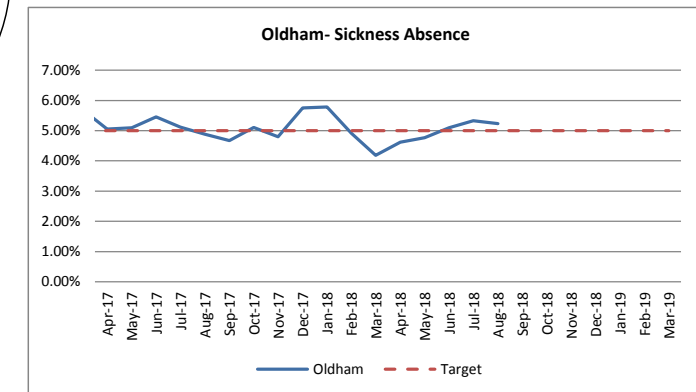
North Manchester - Sickness Absence



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

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

Oldham - Sickness Absence

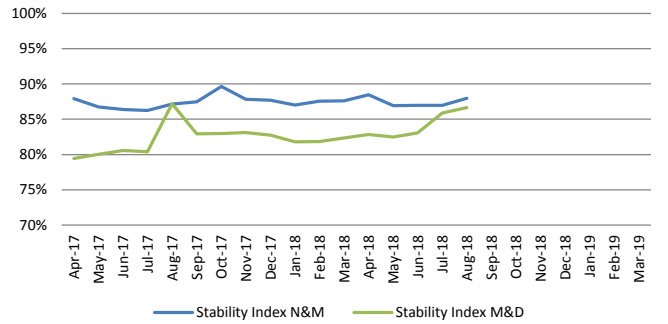


Committee in Common Scorecard

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Connected & At Scale

Workforce - Staff Stability Index

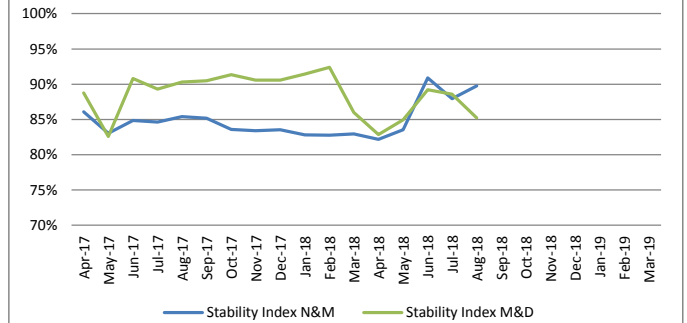
Salford Staff Stability Index



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

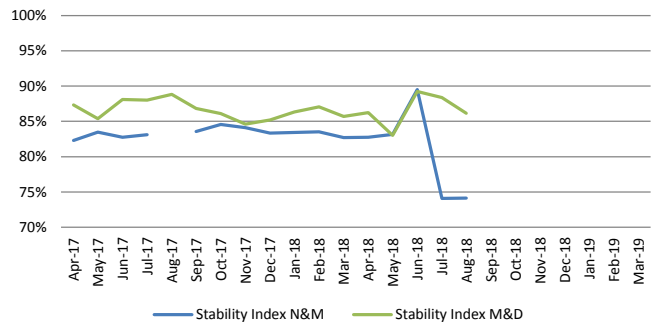


A stability index is now utilised as a workforce indicator to provide consistency across all Care Organisations. The data within the North East sector has been rebased to provide a consistent measure and adjusted for hosted services.

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.

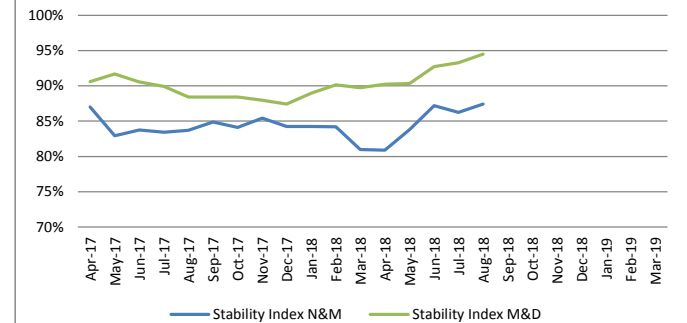
The sharp reduction in the index for North Manchester and Oldham is being validated with HR. This is likely to be linked to Junior Doctor Rotation.

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'

Oldham Staff Stability Index



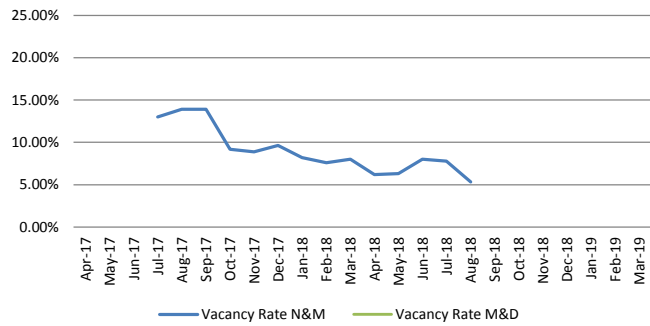
The Oldham Care Organisation stability index for August is 94.48% for Medical & Dental staff groups and 87.44% for Nursing & Midwifery

Committee in Common Scorecard

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Connected & At Scale

Workforce - Staff Vacancy Rate

Salford Staff Vacancy Rates

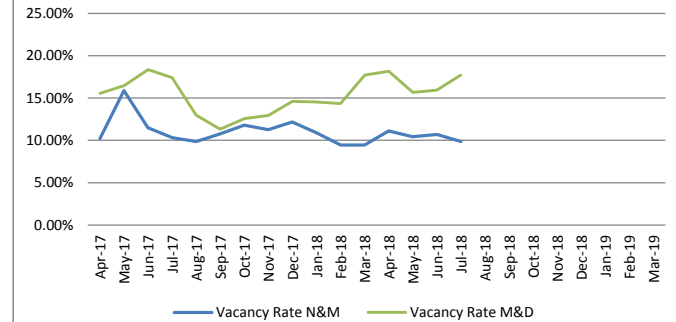


The Salford Care Organisation vacancy rate for Nursing and Midwifery staff was 5.34% in August.

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%

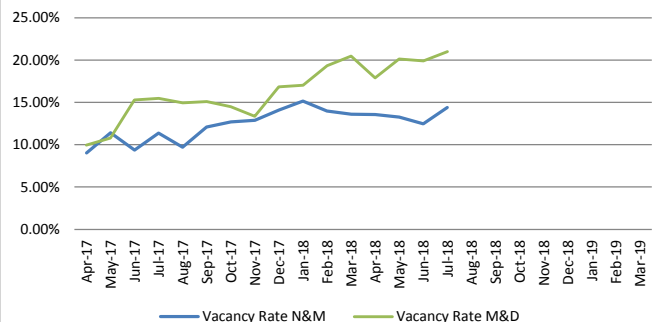
Bury & Rochdale Staff Vacancy Rates



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.

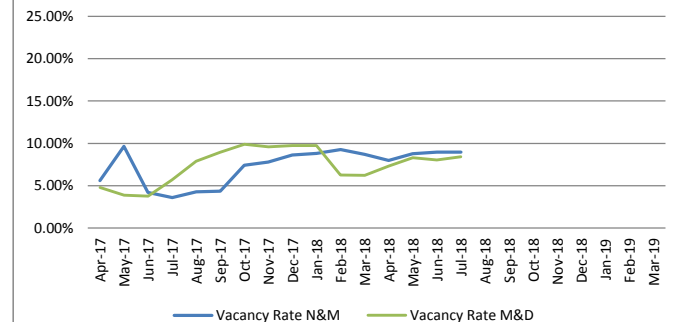
North Manchester Staff Vacancy Rates



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

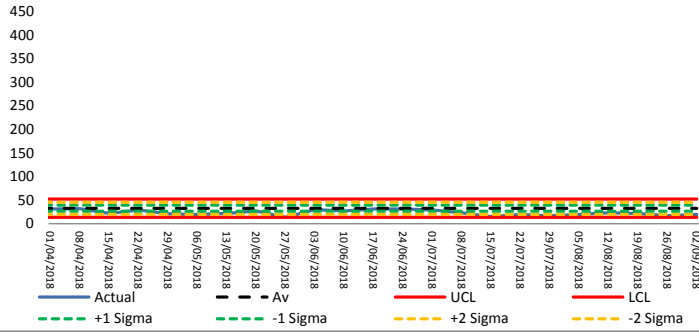


Committee in Common Scorecard

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Connected & At Scale

Workforce - Nursing & Midwifery Agency Utilisation

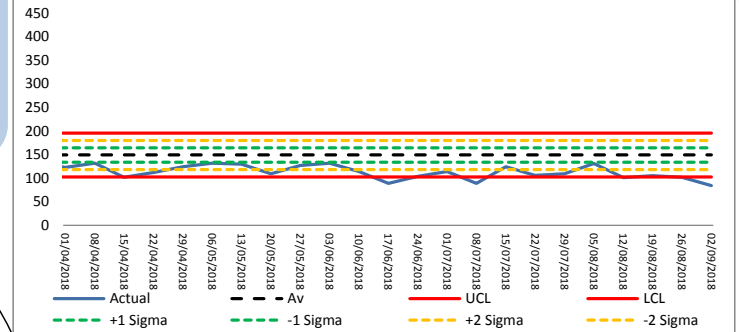
Salford N&M Weekly Agency Utilisation



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.

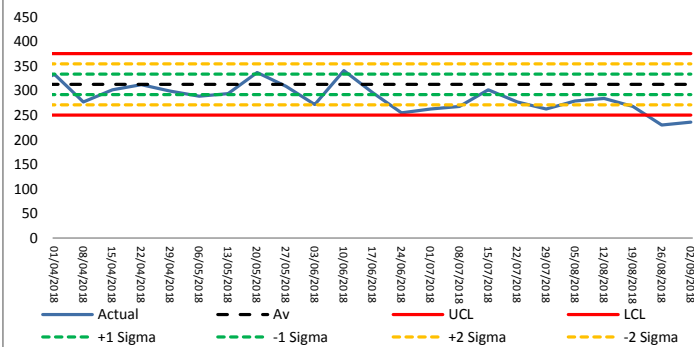
Bury & Rochdale N&M Weekly Agency Utilisation



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.

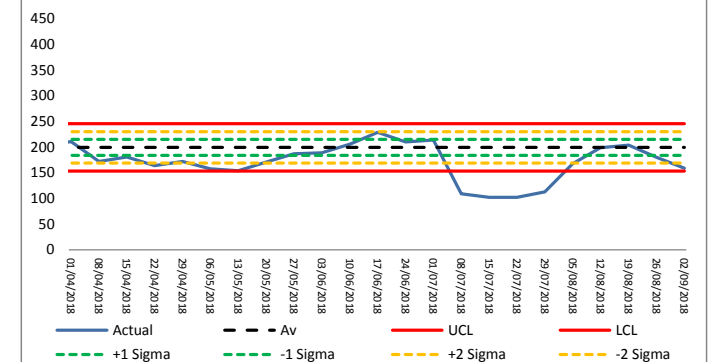
North Manchester N&M Weekly Agency Utilisation



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

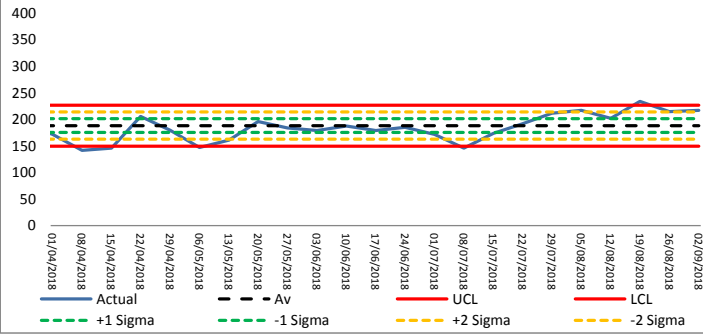


Committee in Common Scorecard

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

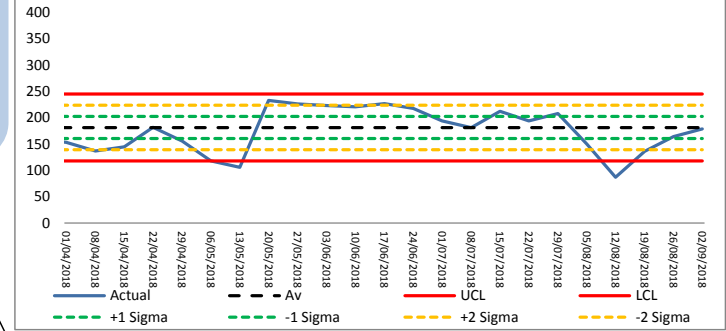
Salford M&D Weekly Agency Utilisation



The Salford Care Organisation increased its level of medical and dental agency staff usage within normal variation during August.

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

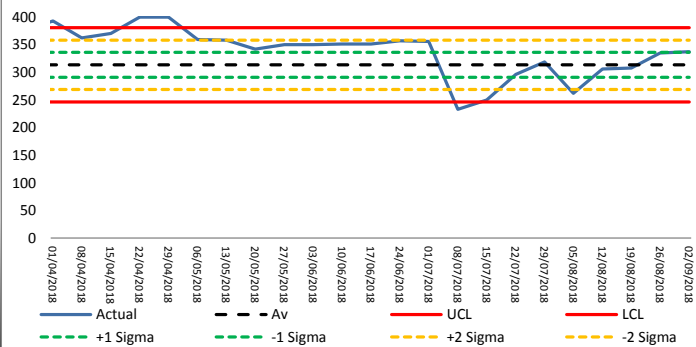


This metric reflects the number of medical and dental shifts filled with agency staff on a weekly basis.

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.

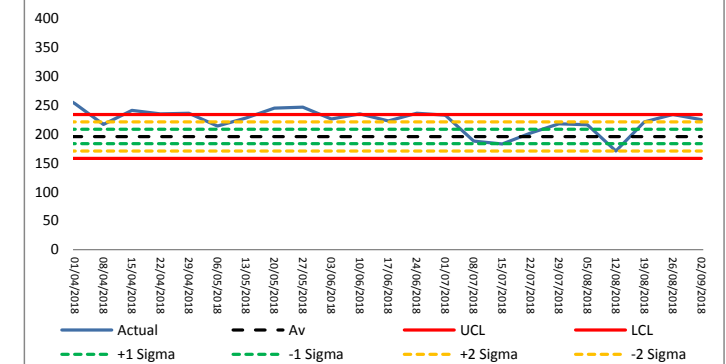
North Manchester M&D Weekly Agency Utilisation



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

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

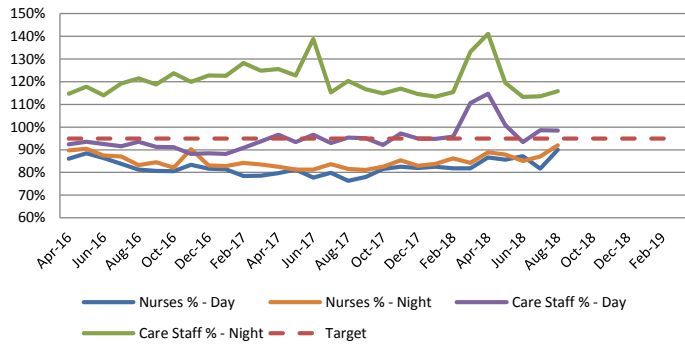
Oldham M&D Weekly Agency Utilisation



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

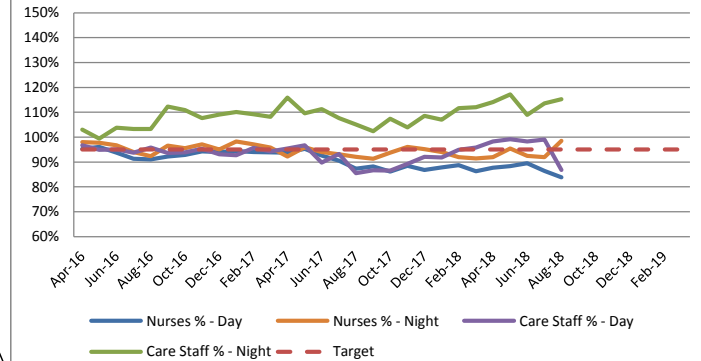
Salford Safe Staffing Performance



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.

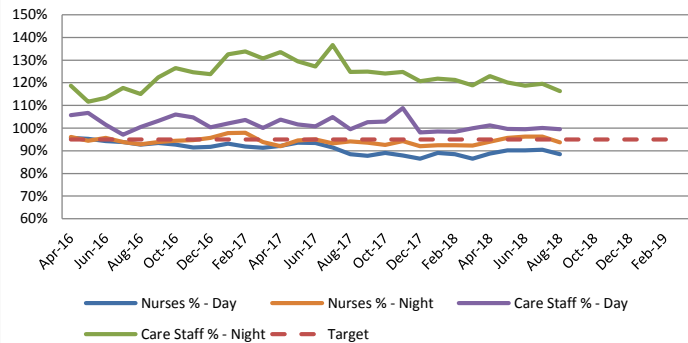
Bury & Rochdale Safe Staffing Performance



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.

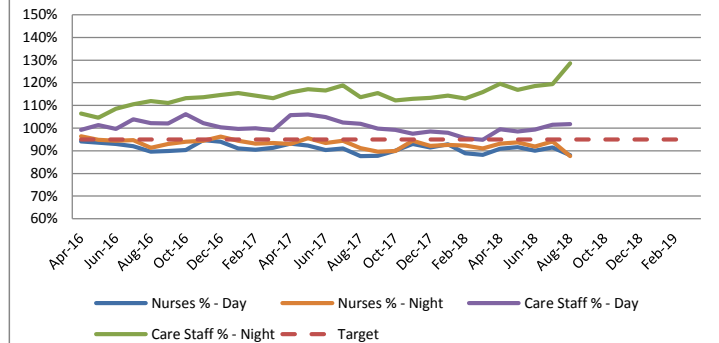
North Manchester Safe Staffing Performance



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 (TU/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%	80.50%	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)

Committee in Common Scorecard

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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			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	0.17%	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	0.24%	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	2.21%	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	3.25%	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	0.60%	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	5.52%	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	1.58%	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	3.44%	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	1.88%	Y	Ward C6	General Medicine	99.30%	83.20%	96.70%	106.20%			50.00%	5.20%	Y	
CPU	Programmed Investigation Unit	97.30%	77.06%	94.44%	115.00%	0	0	3.05%	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	7.79%	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	5.76%	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	0.22%	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	0.80%	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	6.35%	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	2.47%	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	1.19%	Y	Ward F6	General Surgery	88.50%	96.00%	100.00%	98.40%	2		5.50%	12.30%	Y	
HH3	Renal	83.11%	108.29%	94.62%	125.00%	0	0	7.39%	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	0.42%	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	5.81%	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	0.46%	Y	Ward J3J4	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	0.00%	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	8.35%	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	3.09%	Y												
L3	Cardiology	69.76%	88.71%	66.67%	203.23%	0	0	15.03%	Y												
L4	Care of the elderly	60.89%	141.40%	100.00%	195.16%	1	0	10.82%	Y												
L5	Care of the elderly	65.73%	121.51%	100.00%	195.31%	0	0	10.07%	Y												
L6	Medical / diabetes	100.00%	112.50%	98.92%	115.57%	0	1	0.00%	Y												
M2SS	Spinal Surgery	100.00%	100.00%	93.94%	94.12%	0	0		Y												
M2	Neurology	100.00%	80.97%	79.78%	108.60%	0	0	0.69%	Y												
M3	Dermatology	100.65%	101.61%	100.00%	104.88%	0	0	0.47%	Y												
MAPL	Neurology	90.91%	87.42%	100.00%	108.70%	0	0	1.74%	Y												
PND5	Sub-Acute Care (Pendleton Suite)	-	-	-	-	0	0	21.29%	Y												
SRU	Stroke Rehab Unit	100.00%	67.91%	100.00%	101.96%	0	0	3.55%	Y												
STU	Surgical Triage Unit	100.00%	100.00%	100.00%	93.55%	0	0	0.25%	Y												
ICSH	Intermediate Care	-	-	-	-	0	1		Y												
ICSL	Intermediate Care	-	-	-	-	0	1		Y												

Awaiting Data

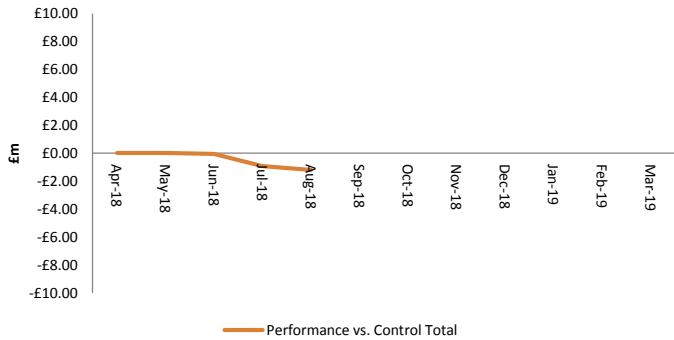
Naas Accreditation Key	
N	Ward not assessed
Y	Failed Assessment - Reassessed after 2 months
Y	Ward to be reassessed after 5 months
Y	Ward to be reassessed after 8 months
Y	SCAPE Ward (3 consecutive green assessments)

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

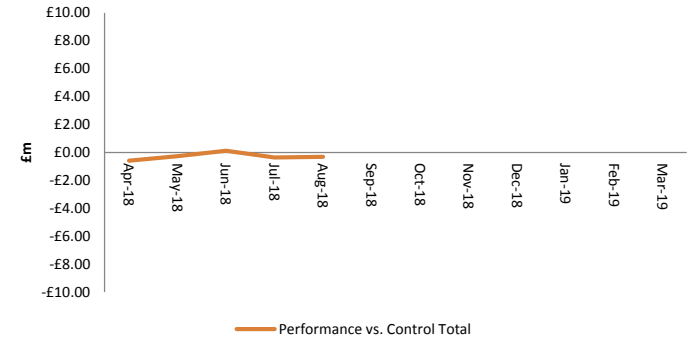
Salford Finance Performance



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

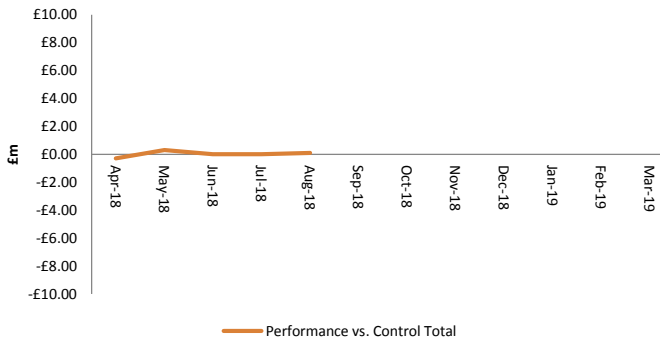


SRFT: The actual year to date position is a deficit of £7.6m which is £1.2m worse than the planned position for the year to 31st August 2018. The SRFT cost improvement programme (BCLC) is set to deliver a larger proportion of savings in the second part of the year.

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.

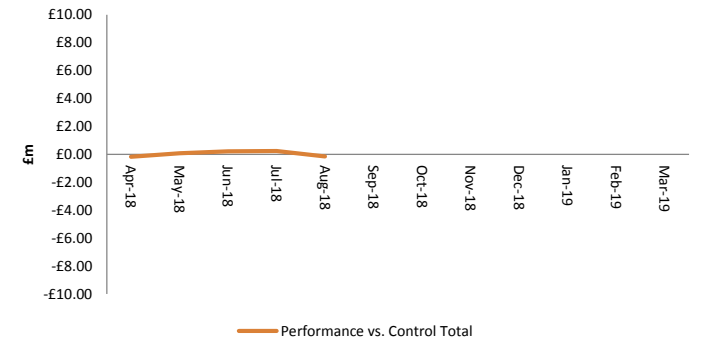
North Manchester Finance Performance



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	<p>Workforce productivity - Salford RS 12 Risk No - 3750</p> <p>Delivery of BCLC – Salford RS 13 Risk No – 3011</p>	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	<p>Financial Control Systems – Salford RS 12 Risk No – 3010</p> <p>Agency Spend – Salford RS 12 Risk Nos – 2903 and 2901</p> <p>Delivery of CIP - B&R RS 12</p> <p>Agency Spend – NM RS 12</p> <p>Delivery of BCLC – Oldham RS 12</p>		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	<ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - 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 	<p>Develop standard performance management and delivery system Q3</p> <p>Develop version 2 of Single Oversight Framework (End Q1)</p> <p>GooRoo - Full implementation (Q3)</p> <p>Delivery of follow up action plan (Q3)</p> <p>Describe and embed new leadership and management arrangements for NCA cancer performance management incl additional resources (case to GM) Q2.</p>	12