

AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

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

Councillors: Norman Briggs, Raymond Dutton, Derek Heffernan, Colin McLaren, Gavin McGill, 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:	Tuesday, 15 January 2019
Place:	Lancaster Room (Elizabethan Suite Entrance) Bury Town Hall, 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 of the meeting held on 15th October 2018 are attached.

5 PENNINE ACUTE HOSPITALS NHS TRUST - TRANSACTION PROGRAMME UPDATE (*Pages 7 - 16*)

Jon Rouse, Chief Officer, Greater Manchester Health & Social Care Partnership will be in attendance. A presentation will be sent to follow.

6 FINANCE UPDATE (*Pages 17 - 22*)

7 RECRUITMENT, RETENTION & WORKFORCE UPDATE (*Pages 23 - 26*)

A representative from the Northern Care Alliance will report at the meeting. A report will be sent to follow.

8 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: 15th October 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 Norman Briggs (Oldham MBC)
Councillor Raymond Dutton (Rochdale MBC)
Councillor Gavin McGill (Bury Council)

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute

Denise Turner: Director of Planning and Performance North East Sector, Salford Royal and Pennine Acute

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

Phillip James: Associate Chief Information Officer, Pennine Acute Hospitals NHS Trust

Moneeza Iqbal: Clinical Service Strategy Programme Director North East Sector, Salford Royal and Pennine Acute

Apologies: Councillor Linda Robinson (Rochdale MBC),

PAT.18/19-12 APOLOGIES

Apologies were detailed above.

PAT.18/19-14 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-15 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-16 MINUTES AND MATTERS ARISING**It was agreed:**

That the minutes of the meetings held on 26th June 2018 be approved as a correct record.

PAT 18/19-17 MID YEAR PERFORMANCE UPDATE

Denise Turner, Director of Planning and Performance, North east Sector presented a report outlining current issues regarding performance of Pennine Acute NHS Trust in the first quarter and part of the second quarter of this year. It was explained that PAHT performance was 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. The report presented focussed on quality and operational performance.

Denise explained that the quarter 2 updates were due to be received within the next week and would show that there had been a weakening position around cancer performance. An independent Chair had been assigned the task of pulling together a Committee which was in the process of producing an action plan to work against. The Committee would meet monthly from November and would address the 2 week wait which had deteriorated from April as had the 62 day wait figure.

It was reported that demand was continuing in emergency and urgent care and was expected to rise as heading into winter but the winter planning process was being carried out across GM.

It was explained that all care organisations continue to implement the Nursing Accreditation System across all wards and the CQC had recognise the improved standards.

Those present were given the opportunity to make comments and ask questions and the following points were raised:

- Councillor Walker referred to the fact that NMGH would be transferring to Manchester NHS Foundation Trust and that Manchester Council had not sent representation to the Joint Committee and asked whether NMGH was represented on the Committee which had been mentioned in relation to cancer waiting times.

It was explained that every organisation was included in the work including NMGH. It was still part of the organisation until the day that it transferred over and as such support would continue until then.

- Councillor Norman asked where the service deterioration was focussed in relation to cancer performance, whether it was highlighted more in specific locations.

It was explained that the issues were related to pathways more than location. There has been an increase in demand across all cancer groups but specifically colorectal and this was likely to continue as more and people were being screened.

- Councillor Heffernan referred to winter pressures but also the fact that there had been high demand across summer and asked how this had affected performance.

It was explained that more costs had been incurred in relation to emergency and urgent care. There have been discussion and planning in relation to this but no extra funding.

- Councillor McLaren referred to the CQC Action Plan and asked about the work around this.

It was explained that resources were being managed and the trust was still on target to deliver what was set out in the budget. Agency spend was being addressed and there had been some success in recruiting doctors. There was no plan to reduce staff but to fill the vacancies with permanent staff.

Members of the Committee requested that they be provided with the final Q2 figures when they were available.

Members also requested that they be provided with the CCG data from each area in relation to commissioning statistics and cancer pathways.

It was agreed:

1. That Denise Turner be thanked for her attendance
2. That the contents of the report be noted and the information requested as set out above be provided.
3. The Joint Health Overview and Scrutiny Committee review the full year figures at its meeting in June 2019.

PAT 18/19-18 NORTH EAST SECTOR TRANSFORMATION

Moneeza Iqbal, Clinical Service Strategy Programme Director presented a report updating Members with an update on the work being carried out in relation to the North East Sector Transformation which would see 'A Shared Hospital Service, for our shared population'.

It was explained that there are three linked programmes of work ongoing across Greater Manchester; NES Clinical Services Transformation; Pennine Acute Transaction and GM Theme 3.

The aim of the NES Transformation is to reduce demand on urgent care and provide more services locally.

The review is commissioner led and clinically driven and will look at providing services that are sustainable for the future and how services will be provided when NMGH is no longer part of Pennine Acute.

A governance structure has been agreed and this was set out within the presentation and included Council Chief Executives.

The Case for Change is in the process of being developed and is being reviewed from a clinical, workforce and financial perspective and which services are most impacted.

The evaluation criteria has been developed by clinicians and has 5 key areas to assess;

- Quality of care for all
- Access to care for all
- Affordability and value for money
- Workforce
- Deliverability

The Clinical leads will review the clinical models to consider and develop preferred options.

Consultation will be undertaken as widely as possible at every step of the process and this will include working with patients, local Healthwatch and patient groups, local Health O & S Committees.

It was reported that the Programme Board was due to meet on 14 November.

It was agreed:

That Moneeza be thanked for her attendance and that an update with preferred options be brought to the January meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-19 SUSTAINABILITY FUND REPORT

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide Members with an update on the Sustainability Fund, which was explained as a five year programme of additional investment directed at specific areas to improve services following the CQC rating.

Contributions towards the fund had been from commissioners and Pennine Acute.

The services were maternity, paediatric and critical care as well as leadership structure investment.

There has been an increase in the number of nurses employed with an extra 125 nurses across all wards and success recruiting into critical care.

Responding to questions from the Chair it was reported that the Trust was currently managing its deficit and had a £10 million capital funding project split across The Royal Oldham Hospital and North Manchester General Hospital.

It was agreed:

That the report be noted and an update on the 2018/2019 budget be brought to the January meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-20 IM&T UPDATE

Phillip James, Associate Chief Information Officer, Northern Care Alliance attended the meeting to give Members an update on the Information Management and Technology within Pennine Acute.

It was explained that a business case had been approved in May 2018 to invest in stabilising the technology infrastructure across the organisation.

There had been issues relating to IT across the NHS over the past few years. The IT team within Pennine had decreased and the IT systems and networks were out dated which was causing issues in relation to performance and reliability.

It was explained that the network team had been strengthened and work was almost complete on a new wide area network.

The key target milestones were presented to the Committee which showed all areas where both business cases had been submitted and work was ongoing this included hardware and software upgrades, email solutions and electronic patient records.

There had been a number of high impact network outages and these were listed within the presentation, the outages had caused some disruption but had been dealt with as quickly as possible and there had been no compromise to patient safety.

Phill reported that a debrief meeting was due to take place in relation to IT issues on 16 October 2018.

It was agreed:

That Phillip James be thanked for his attendance and presentation and an update report be brought to a future meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-21 HEALTHIER TOGETHER UPDATE

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute gave an update on the activity being carried out to implement the GM Healthier Together Programme.

It was explained that full implementation was dependent on additional capacity at the Royal Oldham Hospital Site and subject to final approvals the building work was due to go live by spring 2021.

Consultant surgeons are working on the workforce model which will ensure delivery of Healthier Together, particularly the provision of emergency cover across the sector.

Following questions from a Committee Member Jack confirmed that there were no plans to close A & E services at North Manchester General Hospital.

It was agreed:

That an update on the progress made with Healthier Together be brought to the Joint Health Overview and Scrutiny Committee in 12 months.

PAT 18/19-22 URGENT BUSINESS

There was no urgent business reported.



The Pennine Acute Hospitals NHS Trust

Transactions Programme Update

15 January 2019

What are the future plans for The Pennine Acute Trust?

- A new ownership and long-term management arrangement for the hospitals currently run by Pennine Acute Trust (PAT) is essential to support the future clinical, financial and workforce sustainability of acute hospital services in the North East sector and across Greater Manchester
- Two legally separate but intrinsically linked processes (transactions) are underway to split PAT; both elements will require formal approval at national level.
 1. NHS Improvement has invited Salford Royal to put forward proposals for the formal acquisition of the Royal Oldham, Fairfield General Hospital and Rochdale Infirmary hospital sites to be part of Salford Royal's group of healthcare services, called the Northern Care Alliance NHS Group (NCA).
 2. This proposal coincides with the plans for MFT to formally acquire the North Manchester General Hospital site to transfer to MFT as part of its group of hospitals. The future plans for NMGH is part of the longstanding plan to create a Single Hospital Service for the City of Manchester and Trafford, with involvement of Manchester City Council and MHCC.

What is the PAT Transaction and future roadmap?

- A PAT Transaction Board, independently chaired by GM HSCP, is overseeing the formal transactions and proposed changes in ownership.
- The Board comprises senior leaders from NHS Improvement, GM HSCP, PAT, Salford Royal FT, Manchester University Hospitals FT, Manchester Commissioners (MHCC), and all CCGs and Local Authorities on the PAT footprint.
- The PAT Transaction Board aims to complete the transactions and to formally split PAT in the second half of 2019-2020 (by 31 March 2020), subject to rigorous due diligence, agreement of financial plans and approval of business cases.
- Salford Royal has been running Pennine Acute Trust and its services under a management agreement since 2016/17 under the NCA group arrangements.
- The NCA is governed by a Committees in Common where both Salford Royal and Pennine Acute NHS Trust Boards have devolved its decision making to CiC.
- Mr Pat Crowley has been appointed as “Non-conflicted” Director on PAT Board.

How will this benefit patients?

The planned transfer of Oldham, Bury and Rochdale sites to SRFT under the NCA will benefit patients by;

- Leveraging its track record and proven know how (CQC 'Outstanding' rating) to provide patient centred care of the highest standard
- Integrated Health & Social Care models developed and delivered through partnership arrangements
- Minimising unwarranted variation in care processes to deliver reliable high quality, effective and affordable care
- Optimising economies of scale and technology to deliver more locally accessible, more reliable and cost effective care
- To be the employer of choice that enables staff to realise their full potential so that recruitment, retention, productivity and staff satisfaction is maximized
- Fully engaging with local partners to support strategies that aim to bring health & well-being to all citizens and local communities
- The NCA will build on the successful integration of hospital and community-based services already at Salford (through a fully-formed Integrated Care Organisation ICO), and is partnering with local healthcare commissioners to further develop new 'joined up' place-based approaches and models of health and social care in Bury, Oldham and Rochdale

How will this benefit patients?

How will the planned transfer of NMGH to MFT benefit patients?

Quality of Care	Reduce variation in the effectiveness and safety of care. Improve access to specialist care.
Patient Experience	Reduce fragmentation, reduce duplication. Transfer care closer to home.
Workforce	Support the provision of a 7 day service. Improve the recruitment and retention of appropriately skilled workforce.
Financial/Operational Efficiency	Improve operational performance. Ensure resource is focussed appropriately.
Research and Innovation	Improve access to clinical trials. Ensure learning from research and innovation is consistently implemented.
Education and Training	Widen student and trainee exposure, optimise curriculum delivery.

The legal Transaction process and timescales

Stage 1: Strategic Cases

- Acquirers set out their respective cases (reasons and benefits) for acquiring the relevant parts of Pennine Acute (SRFT: Oldham, Bury and Rochdale and MFT : North Manchester)
- Financial modelling is being prepared by all partners together with a review of consequences for patients and funding if the transaction were not to go ahead
- Strategic cases are due to be submitted to NHSI for their approval in early 2019
- These cases are being developed in line with national guidance and include in-depth financial due diligence.

Stage 2: Full Business Cases

- Development of full business cases

Communications and engagement

Approach and principles

- Joint Communications and Engagement Plan in place and led by GM HSCP
- Delivery of the plan supported by a number of Communications Leads who are members of the communications working group (membership consists of GM HSCP, NCA/SRFT, MFT, CCGs and NHS Improvement)
- All communications are developed collectively by the working group and address feedback and insight from stakeholders
- Plans and narratives align with partner organisations
- Providers produce their own staff communications based on the key messages and core content agreed by the working group
- Providers and commissioners use their established channels of communication to inform their staff and other key stakeholder audiences at key milestones within the process (channels include; face to face briefings, bulletins, newsletters and online intranet communications)
- Public and patient communication and engagement around future plans of PAT hospitals and services will increase during 2019/20

Summary

All partner organisations involved are committed to working through a series of complex processes in order to secure the best future for patients and staff.

The GM ambition remains the same:

- The proposed plan is for Salford Royal (SRFT) to formally acquire Oldham, Bury and Rochdale hospitals as part of the new Northern Care Alliance NHS Group (NCA)
- Coinciding with SRFT's acquisition of Oldham, Bury and Rochdale sites, it's intended North Manchester General Hospital (NMGH) will transfer to Manchester University NHS Foundation Trust (MFT)

Questions and Discussion

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2019/20

Financial Planning

2019/20

Financial Planning

National Context

- 5 Year funding settlement for NHS announced June 2018 – additional £20.5bn pa by 2023/24
- 2019/20 will lay the groundwork for the implementation of the long term plan
- Single operational planning process for commissioners and providers

What's in store for 2019/20?

Nationally

- 1 year tariff and planning round for 2019/20
- Phasing out of Control Totals
- National tariff uplift 3.8%
- Efficiency factor 1.1%
- CQUIN 1.25%
- New centralised procurement arrangements
- “Blended payments” approach for A&E and non-elective activity. Blend of block and activity based payments
- Refresh of Market Forces Factor for first time in 8 years
- Broader range of outpatient tariffs, including non-face to face and non-consultant led

2019/20

Financial Planning Timetable

14 January	Initial plan submission (activity focused)
12 February	Draft 2019/20 organisation operational plans
19 February	Draft aggregate system 2019/20 operation plan submission, system operating plan overview and STP led contract/plan alignment submission
21 March	Deadline for 2019/20 contract signature
29 March	Board approval of 2019/20 budgets
4 April	Final 2019/20 organisational operation plan submission
11 April	Final aggregate system 2019/20 operation plan submission, system operating plan overview and STP led contract/plan alignment submission
Autumn 2019	5 year system plans to be signed off by all organisations

What's in store for 2019/20?

Locally

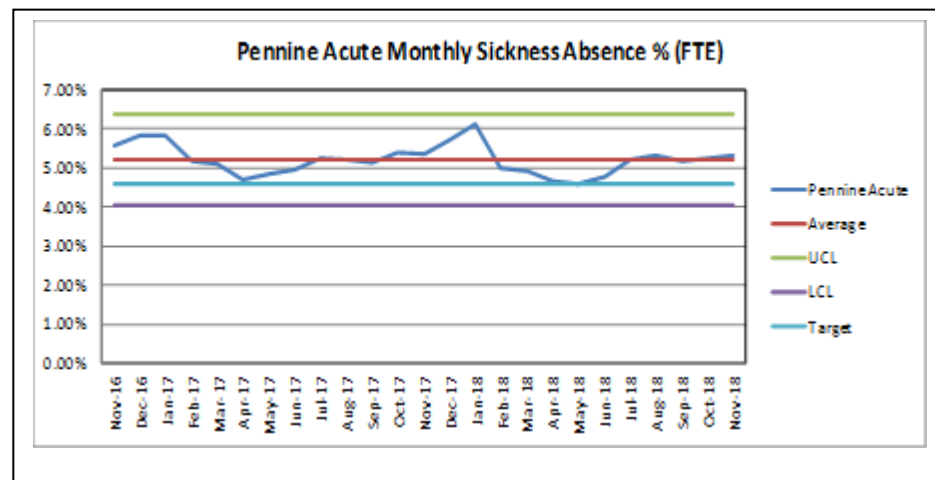
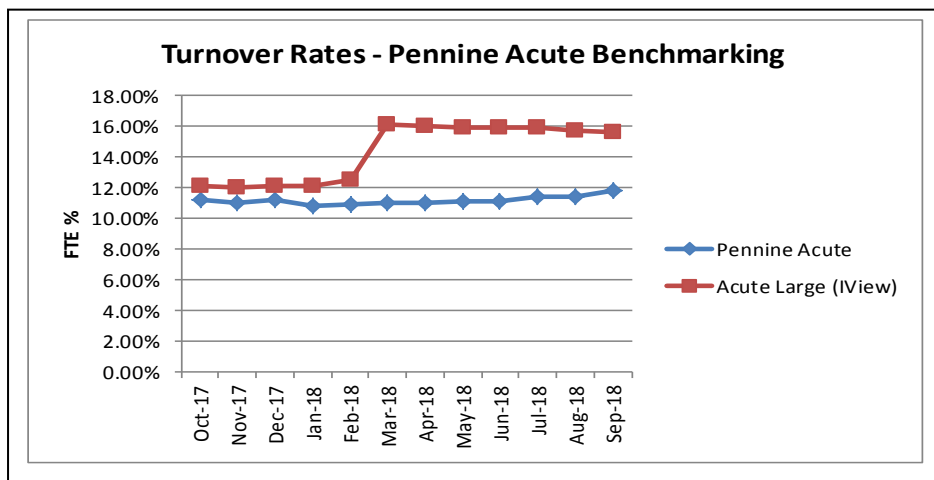
- Development of Strategic / Business Cases for the acquisition of PAHT by MFT and SRFT
- Impact of working within Greater Manchester e.g. Theme 3

Key Issues for 2019/20 for PAHT

- Reduction of the deficit from £68.9m
- Continuing requirement for Revenue Support Loans
- Addressing the IT infrastructure and Estates backlog issues
- Reducing reliance on the temporary workforce
- Delivery of the BCLC (savings) Target
- Impact of the Transaction

Trust Wide – Month 8 (November 2018)
Sickness and Turnover

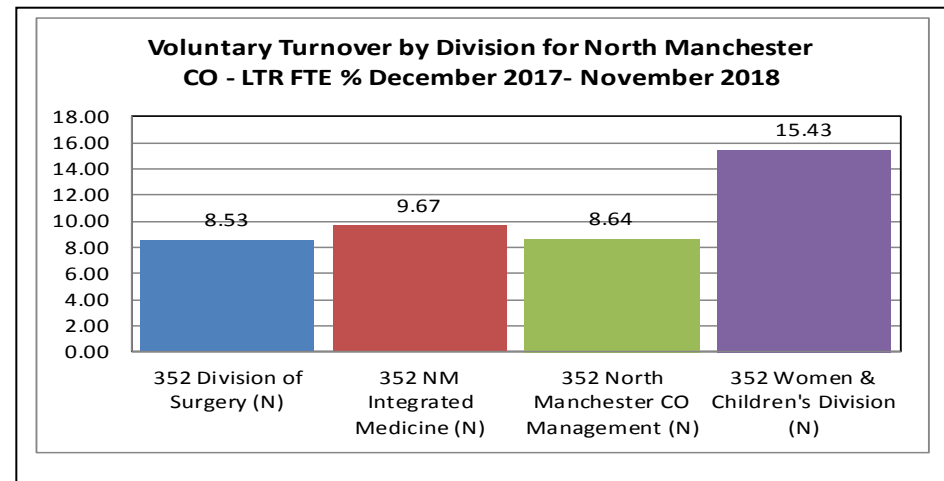
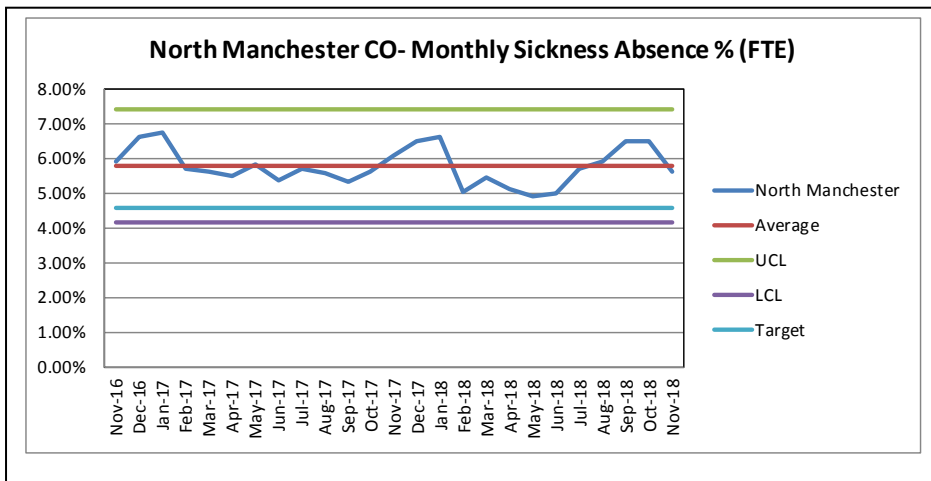
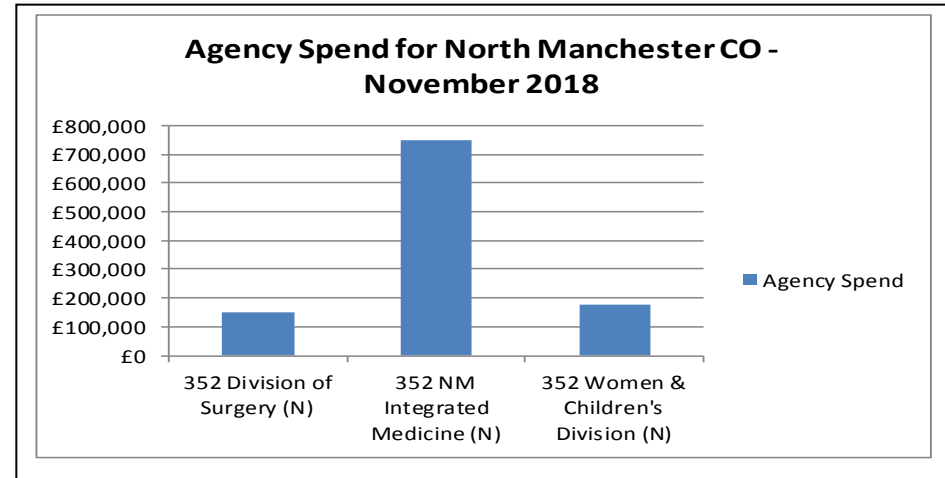
Salford | Oldham | Bury | Rochdale | North Manchester



North Manchester Care Organisation – Month 8 (November 2018)
Staff In Post, Agency, Sickness and Turnover

Salford | Oldham | Bury | Rochdale | North Manchester

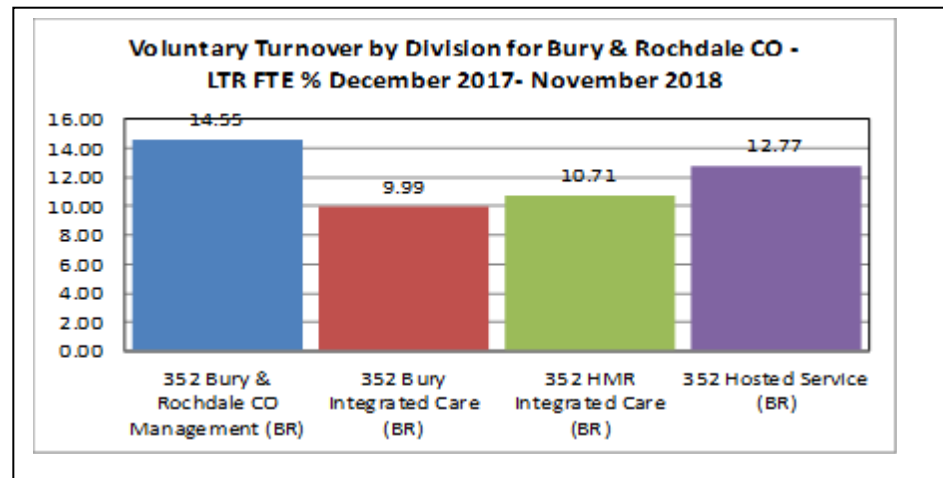
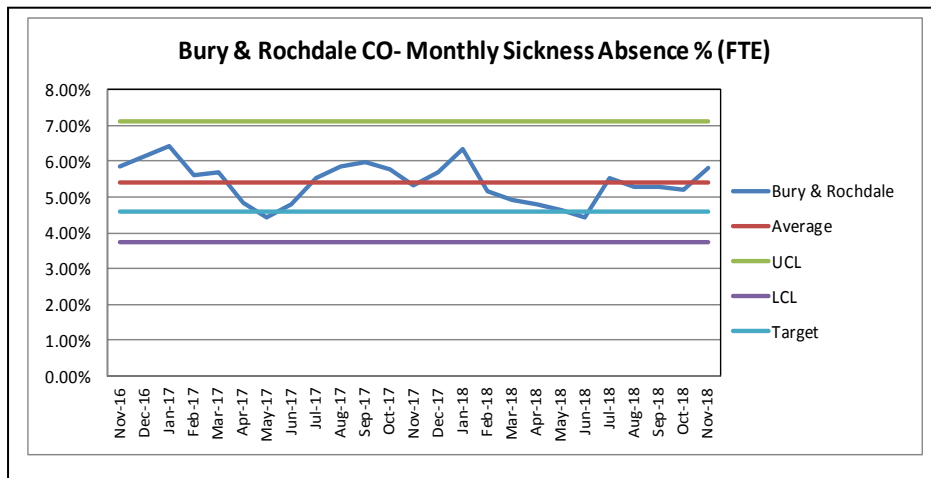
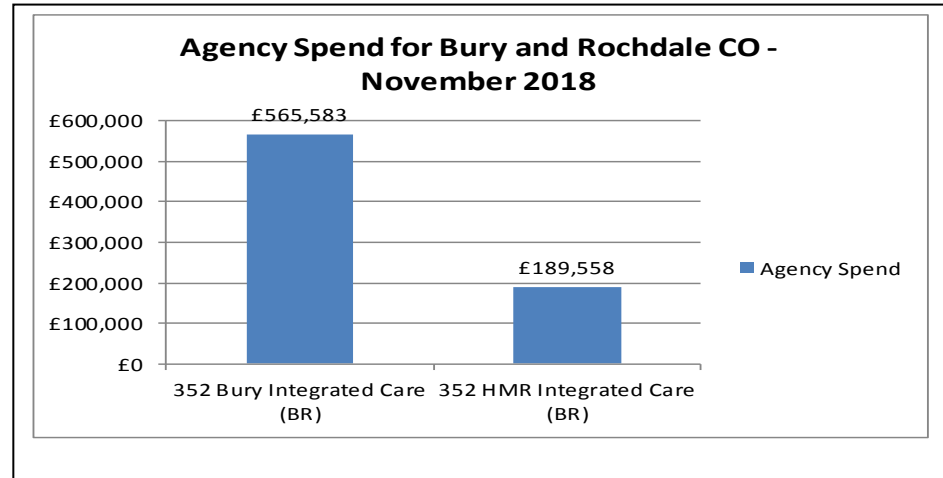
Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	33.33	35.68	-2.35	-7.05%
Additional Clinical Services	476.35	446.07	30.28	6.36%
Administrative and Clerical	152.06	148.42	3.64	2.39%
Allied Health Professionals	27.03	24.63	2.40	8.89%
Estates and Ancillary	17.40	17.85	-0.45	-2.61%
Healthcare Scientists	28.56	23.92	4.64	16.25%
Medical and Dental	261.64	191.64	70.00	26.75%
Nursing and Midwifery Registered	947.98	834.37	113.61	11.98%
Students	1.00	1.00	0.00	0.00%
352 North Manchester CO	1945.35	1723.59	221.76	11.40%
Pennine Acute	9745.49	8971.41	774.08	7.94%



Bury and Rochdale Care Organisation – Month 8 (November 2018)
Staff In Post, Agency, Sickness and Turnover

Alford | Oldham | Bury | Rochdale | North Manchester

Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	24.10	27.13	-3.03	-12.56%
Additional Clinical Services	514.50	520.35	-5.85	-1.14%
Administrative and Clerical	199.14	190.95	8.19	4.11%
Allied Health Professionals	219.65	214.40	5.25	2.39%
Estates and Ancillary	6.60	6.12	0.48	7.28%
Healthcare Scientists	20.97	20.84	0.13	0.64%
Medical and Dental	239.17	196.33	42.84	17.91%
Nursing and Midwifery Registered	823.45	737.63	85.82	10.42%
Students	1.00	1.00	0.00	0.00%
352 Bury & Rochdale CO	2048.58	1914.75	133.83	6.53%
Pennine Acute	9745.49	8971.41	774.08	7.94%



Royal Oldham Care Organisation – Month 8 (November 2018)
Staff In Post, Agency, Sickness and Turnover

Salford | Oldham | Bury | Rochdale | North Manchester

Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	28.58	35.28	-6.70	-23.44%
Additional Clinical Services	502.38	485.36	17.02	3.39%
Administrative and Clerical	183.46	165.18	18.28	9.96%
Allied Health Professionals	97.40	99.95	-2.55	-2.62%
Estates and Ancillary	13.35	7.80	5.55	41.57%
Healthcare Scientists	1.00	2.00	-1.00	-100.00%
Medical and Dental	304.14	279.28	24.87	8.18%
Nursing and Midwifery Registered	1118.27	1030.10	88.17	7.88%
Students	6.00	7.00	-1.00	-16.67%
352 Royal Oldham CO	2254.58	2111.94	142.64	6.33%
Pennine Acute	9745.49	8971.41	774.08	7.94%

