

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, Louie Hamblett, Gavin McGill, Linda Robinson, Stella Smith, Patricia Sullivan, Ruji Surjan 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:	Thursday, 18 July 2019
Place:	Meeting Rooms A&B, Bury Town Hall, Knowsley Street, Bury BL9 OSW
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:	Parking is available in the Q Car park opposite the Town Hall

AGENDA

1 APPOINTMENT OF CHAIR AND VICE CHAIR

2 APOLOGIES FOR ABSENCE

3 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.

4 MINUTES (*Pages 1 - 6*)

The minutes of the meeting held on 23rd April 2019 are attached.

5 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.

6 PENNINE ACUTE NHS TRANSACTIONS UPDATE (*Pages 7 - 20*)

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, Oz Khan, Programme Director Salford Royal Foundation Trust and Stephen Gardner, Deputy Programme Director, Single Hospital Services Programme, Manchester Foundation Trust, will be in attendance.

7 OPERATIONAL PLANS UPDATE ON THE YEAR 2018/19 (*Pages 21 - 28*)

Vee Morris, Programme Manager – Transformational Change and Planning, will report at the meeting. Presentation Attached.

8 BUDGET REPORT (*Pages 29 - 40*)

Nicola Tamanis, Deputy Chief Finance Officer, will report at the meeting. Presentation Attached.

9 RECRUITMENT AND RETENTION AND WORKFORCE UPDATE (*Pages 41 - 46*)

Dean Hambleton–Ayling, Associate Director of Workforce will report at the meeting. Reports attached.

10 NORTHERN CARE ALLIANCE IT STRATEGY (*Pages 47 - 54*)

Tracey Watson, Chief Information Officer, Pennine Acute Hospital Trust will report at the meeting. Presentation Attached.

11 A BRIEFING ON THE PENNINE CARE COMMUNITY SERVICES

TRANSFER (*Pages 55 - 60*)

Jo Purcell, Director of Strategy will report at the meeting. Presentation attached.

12 URGENT BUSINESS

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

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Meeting of:

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

Date: 23rd April 2019

Present:

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

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

Jo Purcell: Deputy Director North East Sector

Andrew Lynn, Group Director of Communication & External Affairs

Barry Williams, External Partnership Manager

Siobhan Moran, Northern Care Alliance

Apologies:

Councillor Gavin McGill (Bury Council)

Councillor Ann Stott (Rochdale MBC)

PAT.18/19-31 APOLOGIES

Apologies were detailed above.

PAT.18/19-32 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-33 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-34 MINUTES AND MATTERS ARISING**It was agreed:**

That the minutes of the meetings held on 15th January 2019 be approved as a correct record.

PAT 18/19-35 RECOUPING MONEY FROM NON-NHS PATIENTS

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide members with an overview of NHS financial charges for overseas visitors. The Deputy Director reported that the Trust follows the NHS charges to overseas visitors regulations 2015, which have been amended recently. Migrants, visitors and former residents of the UK must pay for their care when they are in England.

With regards to overseas visitors from the EU/EEA; the Trust receives the full National Tariff payment if the patient has a valid EHIC as well as an incentive payment of an additional 25% of the tariff for supplying timely information to the Department of Health. This income in 2018/19 was c £1.02 million plus £0.3 million incentive payment. For those patients without an EHIC card the patients are invoiced directly at tariff.

As for non EU/EEA patients the Trust receives the full tariff for A&E and any subsequent urgent treatment charges and overseas patients seeking UK asylum from the relevant CCG. All other overseas patients are invoiced directly. This is at full tariff plus 50% in accordance with the Regulations. For 2018/19 this was c£1.2m (0.2% of turnover). As per established debt collection processes, once the Trust has exhausted all other routes, the services of a debt collection agency (CCI) are used to support the recovery of outstanding debt

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

Members discussed the implications for overseas charging as a result of Britain leaving the European Union. It is envisaged that if the EHIC is no longer used the Trust will recoup costs as they do now for non-EU patients.

Responding to a Member's question the Deputy Director of Finance reported that the Trust's Audit Committee would decide to write off any debt. The debt would be recorded and flagged up if the patient was to enter the country again.

It was agreed:

The officers be thanked for their attendance.

PAT 18/19-36 UPDATE ON THE SRFT STRATEGIC OUTLINE CASE

Andrew Lynn, Group Director of Communication & External Affairs, provided members with an update in respect of Salford Royal's proposed formal acquisition of Royal Oldham, Fairfield and Rochdale sites and cementing the future of these sites as part of Northern Care Alliance NHS Group. The presentation contained information in respect of the following areas:

- The Northern Care Alliance's Vision and Values
- The Transaction Programme and Time frame
- Salford Royal Foundation Trust Strategic Case Overview
- Benefits for staff and patients
- Disaggregation of the Pennine Acute Services
- Next Steps

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

Responding to a Member's question, the Group Director reported that there will be no reduction in workforce as a result of these proposals, the Trust will still be delivering the same services. Responding to concerns raised about parking across the sites and in particular at Salford Royal the representative present confirmed that a parking review was underway.

With regards to what services will be provided where in relation to NMGH/FGH the Group Director reported that services could be acquired and moved or provided by NMGH via a Service Level Agreement. The Group Director reported that work is underway to ascertain what services are currently provided and which ones need to continue to be provided going forward.

Members discussed the financial impact of disaggregating services, the Deputy Director reported with regards to income, there is a national tariff, the corporate function are more difficult to separate. The majority of corporate staff will TUPE over in to the SRFT.

With regards to the budget/financial position at the Salford Royal, the Trust's turnover is approximately £650 million, it is envisaged that the Northern Care Alliances budget turnover will be £1.3 billion.

It was agreed:

Further information will be provided in July in respect of the Trust's financial position.

PAT 18/19-37 HR UPDATE

It was agreed:

1. In the absence of a representative from the Trust's Human Resources Department, it was agreed that this item would be deferred for consideration at the next meeting.
2. Recruitment, retention and workforce update will be a standing agenda item. The Trust will provide further information in respect of the high vacancy rates in medical/dental across the Trust.

PAT 18/19-37 PENNINE ACUTE DRAFT QUALITY ACCOUNT

Siobhan Moran, Northern Care Alliance, attended the meeting to provide an overview of the Trust's quality account, the presentation contained information with regards to the quality achievements, aims, a review of quality improvement projects 2018/19 as well as priorities for improvement and statement of assurances from the board.

The Northern Care Alliance representative reported some of the Trust's quality achievements;

- Stroke services at Fairfield are rated in the top 9 best performing units out of 209 hospitals nationwide according to Sentinel Stroke National Audit Programme (SSNAP) audit data.
- End PJ paralysis initiative launched across all Pennine sites in 2018, and the Wolstenholme intermediate care unit at RI won 'Best Event' in the national End PJ Paralysis Awards.
- Victoria breast care unit at Oldham was awarded the Christie Quality Mark for the second time
- Fairfield has become the first hospital in the UK to pledge to be part of the Homeless-Friendly programme – helping rough sleepers receive care before they fall dangerously ill.

Members discussed the information presented in the report. Members discussed the mortality rates, palliative care and also hospice provision. The Chair expressed concern that on reading the report you are unable to cross-check progress with issues recently identified in the CQC inspection report.

Members discussed the format of the document and wanted to place on record their concern that it is not user friendly and not an easy document to interpret as a lay person.

PAT 18/19-38 PENNINE ACUTE PLANNED TRANSFER OF SERVICE

Jo Purcell: Deputy Director North East Sector attended the meeting to provide members with an update in respect of the transfer of community services currently provided by Pennine Care Foundation Trust to the Northern Care Alliance.

In December 2018, the Pennine Care Board approved the "Trust Strategy 2019-22: Maximising Potential". The strategy provided details of the Trust plans to focus on mental health and well-being and community services to be fully divested. The service will transfer from 1st July 2019 and there should be no difference in how service are provided going forward.

Responding to a members question in respect of risk, the Deputy Director North East Sector reported that the risks are not new and include, high vacancy rates for district nurses, end of life support and paper based records. A risk sharing agreement will be developed collaboratively over the next two years.

Members discussed the issues in respect of recruiting to district nurses; the Deputy Director reported that this is due to a multitude of factors, a number of staff are approaching retirement and the posts are in high demand. Once the service transfer to the Salford Royal Foundation Trust a recruitment plan in respect of this particular area will be developed.

PAT 18/19-39 URGENT BUSINESS

- Andrew Lynn, Group Director of Communication & External Affairs informed the meeting that Sally Bradley, former Clinician at Pennine Acute had sadly passed away as a result of the Sri Lanka bombings. Sally was a well-

respected clinician, GP and former director of Public Health in Manchester, between December 2009 to August 2011, she was Deputy Medical Director for the Pennine Acute Hospitals NHS Trust and then assumed the role of Medical Director until January 2013, where she made a significant personal and professional contribution to patient safety and public health.

- Capital Estates briefing – Member asked for further updated information in respect of the Estates strategy, including capital spend, car parking review and any additional investment
- The Chair placed on record his thanks to Councillor Heffernan who is standing down at the forthcoming local elections.

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The Pennine Acute Hospitals NHS Trust

Transactions Programme Update

July 2019

What are the proposed 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
- It is an opportunity to strengthen how acute and community based services across these hospitals are delivered for our patients, service users and staff.
- The proposed plans will support and complement local integrated healthcare plans to meet the population health needs of local communities and wider local health plans to strengthen community support, deliver more care closer to home and maximise the use of the estate on the PAT footprint

Who is overseeing the process?

- The arrangement to reorganise Pennine Acute Trust is a complex legal process and requires formal approval at a national level via NHS Improvement (NHS I) and the Competition and Markets Authority
- 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
- Associated sub-committees / groups have also been established and these have appropriate multi-agency involvement
- 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 PAT Transaction Board aims to complete the transactions and to formally split PAT by 31 March 2020, subject to rigorous due diligence, agreement of financial plans and approval of business cases.

What is currently underway?

- There are two legal processes (transactions) underway to reorganise and split The Pennine Acute Hospitals NHS Trust. The proposed plan is for The Royal Oldham, Fairfield General Hospital and Rochdale Infirmary to be acquired by and formally become part of Salford Royal NHS Foundation Trust and under the Northern Care Alliance.
- This proposal coincides with the plans for MFT to formally acquire the North Manchester General Hospital (NMGH) 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 from Manchester City Council and Manchester Health and Care Commissioning.
- All partners are committed to the future of North Manchester General Hospital. It has a positive and vibrant future, continuing to provide much needed health and care services to the local population of North Manchester, as well as those who travel from other parts of Greater Manchester to use its services. It will continue to provide a range of hospital services, including emergency and maternity care.

How will this benefit patients? The Northern Care Alliance

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

Improved population health

- Integrated systems eliminating unwarranted variations in health outcomes
- Standardisation eliminating unwarranted variations in processes of care
- Alignment with GM and wider population health priorities
- Sharing CQC “Outstanding” rated best practice from Salford Integrated Care Organisation

Improved patient experience

- Sharing best to practice to deliver reliable and excellent care to patients
- Timely access to diagnostics, care and specialist care
- Consistency and equity of services
- Improved pathways across all local care organisations
- Improved patient outcomes through standardisation
- Empowering patients to deliver self care

Improved finances

- Opportunity to share the cost of commissioning services
- Procurement savings maximising economies of scale
- Maximise research income
- Improved healthcare value through economies of scale
- Reduction in duplication will optimise cost reduction

Improved staff experience

- A culture of broader understanding and shared purpose
- Ability to attract and retain more staff through brand and specialist services
- Improved brand and reputation will increase pride
- Economies of scale leading to enhanced employee benefits
- Standardisation and training empowers staff in their role

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.

What stage are we at?

Stage 1: Strategic Case Review

We are currently in the middle of the strategic case review process.

- The strategic cases (one for SRFT and one for MFT) were submitted at the end of March 2019 for consideration by NHS I. Subsequent to this, NHS I has held review meetings with both potential acquirers to further understand the content of their respective documents. The strategic cases were developed in line with national guidance and included in-depth financial due diligence.
- Acquirers have set out their respective cases (reasons, benefits and strategic plans) for acquiring the relevant parts of Pennine Acute; SRFT: Royal Oldham (ROH), Fairfield General Hospital in Bury and Rochdale Infirmary, and MFT: North Manchester General Hospital (NMGH).

What are the next steps in the process?

- NHSI will review the cases and will determine whether to give approval for the two acquiring Trusts to proceed to full business case development. Further discussions may be required with the providers particularly with regard to financial positions before this approval is given
- Financial modelling has been prepared by all partners together with a review of consequences for patients and funding if the transactions were not to go ahead.
- The submission and approval of the strategic cases represent a crucial point in the transaction process, enabling an assessment of whether the acquiring providers' proposals are deliverable, affordable and will enable delivery of services in the future to the PAT population that are fit for purpose
- Local partners acknowledge that substantial investment is required to improve the estate across Pennine Acute but in particular at North Manchester General Hospital and The Royal Oldham Hospital
- The transaction process go-ahead is dependent on the outcome of this review, and agreeing the position around funding between the relevant parties (including the availability of capital funding)

What is involved in Stage 2?

Stage 2: Full Business Cases

If the Strategic Cases are approved, there is significant work to do at Stage 2;

- Development of separate acquisition business cases for SRFT and for MFT (commencement date is dependent on the completion of stage 1)
- The post transaction implementation plan will also need to be developed alongside the full business cases; including service transfer/continuity and TUPE of staff

How are key stakeholders kept engaged and informed?

Clinical and non-clinical staff

- Regular communications and ongoing engagement with clinical and non-clinical staff across PAT remain a key priority for PAT (and the acquiring Trusts SRFT and MFT)
- Joint internal comms and staff engagement sessions involving MFT directors attending the NMGH site continue, and equal emphasis on staff engagement and briefings given to staff on the other PAT sites
- MFT engagement with NMGH staff is increasingly positive. A further NMGH Staff Engagement session took place on the 12 June 2019. The session was well attended and feedback was very positive. MFT will continue to attend NMGH staff engagements on a bi-monthly basis
- MFT and SRFT have now commenced a joint disaggregation review process where senior managers and clinicians from MFT, SRFT, and PAT will discuss the requirements and potential complexities to disaggregate PAT services in readiness for the proposed acquisition. Feedback from initial meetings has been positive.

How are key stakeholders kept engaged and informed?

Public and patients

- Appropriate public and patient communication and engagement around future plans for PAT hospitals and services will increase where required during 2019/20 as part of the Business Case stage
- This will ensure the public are informed and reassured about access to their hospital services as no major services changes are expected from Day 1 post-transaction i.e. no changes to A&E or Maternity services.
- There is no requirement in the legislation which governs transactions for a formal public consultation. This is a legal transaction process involving two NHS acquisitions. There will be a period of formal staff consultation in terms of TUPE for staff currently employed by PAT

Healthwatch

- We are continuing to engage and keep our local Healthwatch partners updated and involved in the process, through briefings by SRFT and MFT directors

Councillors

- Engagement and regular updates on the PAT Transactions are being given to LA Cllr members of local HOSCs by GM HSCP and SRFT and MFT, and at quarterly meetings of the Pennine Acute Joint HOSC

Summary

Irrespective of the challenges and complexities, 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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PLANNING & DELIVERY PERFORMANCE SUMMARY

Vee Morris

Karen Southern

Urgent Care

Over the last year, Pennine, like the rest of the NHS, has experienced increasing pressure and demand on services. Patient attendances and hospital occupancy rates have been high.

- In 2018-19 the Trust saw the highest ever number of patients attending its emergency departments - There were 394,473 patient attendances; an average of 1,081 per day or one patient every 80 seconds.
- In 2018-19 the Trust saw the highest ever number of Bury residents attending its emergency departments – There were 74,118 patient attendances; an average of 203 per day

Urgent care cont.

Staff have worked incredibly hard to ensure that patients are getting timely access to care. However, Pennine was unable to achieve key access targets in 2018-19 including the 95% Emergency Department standard for treating patients within 4 hours of arrival, with an overall performance of 84%.

		2018-19
Proportion of patients seen within 4 hours	All patients	84.9%
	Bury Residents	86.1%

The Trust is working with economy partners to:-

- Ensure that patients can access convenient services in the community when appropriate as an alternative to attending busy emergency departments
- Scope out programmes of work to ensure that we see measurable improvement over the remainder of 2019/20.

Urgent care cont.

The 3 areas of focus for the Urgent care performance work are:

- Same Day emergency care (SDEC)
 - SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
- Reducing Length of stay
 - Length of Stay workstream, there will be a shift in the approach to improving the care planning and delivery process further 'upstream', which will ultimately reduce the need for such a heavy focus on checking and intervening late on in the service user journey.
- Rollout of the Operational Performance Improvement and Transformation Dashboard (OPIT) which enables a proactive response to surges in demand and other system-wide pressures

These improvements in urgent care performance will be delivered via our Quality Improvement (QI) method with strong governance and clinical leadership at the centre to build capacity, sustainability and reliability around Urgent Care Performance

Elective care – Referral to treatment

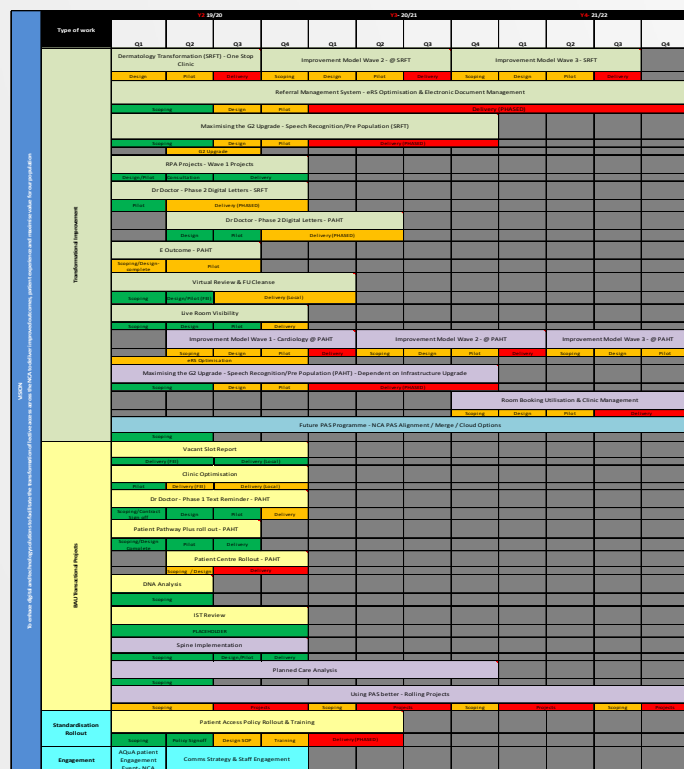
The Referral to treatment (RTT) 18-19 national target was for the number of patients waiting in Mar-19 not to exceed the number of patients waiting in Mar-18, and for 92% of patients to be waiting less than 18 weeks.

		2018-19
Waiting List growth as of Mar-19	All patients	-1,063
	Bury Residents	-398
Proportion of patients seen within 18 weeks	All patients	85.7%
	Bury Residents	87.2%

The Trust is concentrating improvement work during 19-20 on Outpatient services so that patients can be seen more quickly by reducing the need for patients to attend hospital clinics and ensuring that clinics are run more efficiently.

The Trust is also continuing work to see patients needing an operation sooner by increasing operating theatre capacity through better efficiency.

Elective Access & Theatres Transformation Programmes



Cancer Access

This includes the 2 week wait pathway for patients with the suspicion of cancer and the 62 day standard for cancer treatment.

	Target	2018-19 Actual
Proportion within 2 weeks (all patients)	93%	77.8%
Proportion of patients seen within 62 days (all patients)	85%	74.0%

The Trust improved performance for the 2 week wait pathway passing the 93% national standard every month from Feb-19, and has gradually improved against the 62 day standard during 2018-19.

A Cancer Improvement Board is now in place at the Trust, with the aim of improving the services that we provide to patients with and suspected to have cancer.

Group Single Oversight Framework

Annual Planning performance framework for Care Organisations based on the NHSi Single Oversight Framework

- Care Organisations have a quarterly annual planning review
- Performance reviewed against 5 themes
 - Quality of Care (safe, effective, caring, responsive)
 - Finance and use of resources
 - Operational Performance
 - Strategic Change
 - Leadership & Improvement Capability
- Care organisations are assigned a score called 'segmentation' which describes the level of support required by the NCA for the next quarter
- Segmentation is numbered 1 to 4, 1 being Maximum Autonomy, 4 being Internal Special Measures
- Quarterly review of progress against planned objectives and segmentation
- Pennine sites scoring 2 – targeted support

2019/20 Financial Plan

2018/19 NHS Financial Outturn

- The NHS balanced its financial position in 2018/19
- The provider sector deficit was £571m at year end
- 3.6% in year savings achieved
- £3.9bn capital invested - £400m more than allocated
- A&E Performance improved marginally despite increases in attendances – 4.3% increase at quarter 4
- 5.4% increase in emergency admissions
- 96,348 vacancies, a reduction overall but increases in nursing vacancies

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?

- 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 non-elective activity
- 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

Financial Control Totals

(£m)	PAHT	SRFT
Rebased baseline position excluding PSF	(68.7)	(9.3)
£1bn PSF transferred into urgent and emergency care prices	12.6	7.0
Other changes including impact of CNST	(8.0)	2.2
Additional efficiency requirement up to 0.5%	3.3	
MRET central funding	3.6	1.7
Non recurrent PSF allocation	14.9	7.8
Non recurrent FRF allocation	14.8	
Control Total Adjustment	3.0	(21.6)
2019/20 control total (including PSF, FRF and MRET funding)	(24.5)	(12.2)

2019/20 Efficiency Programme

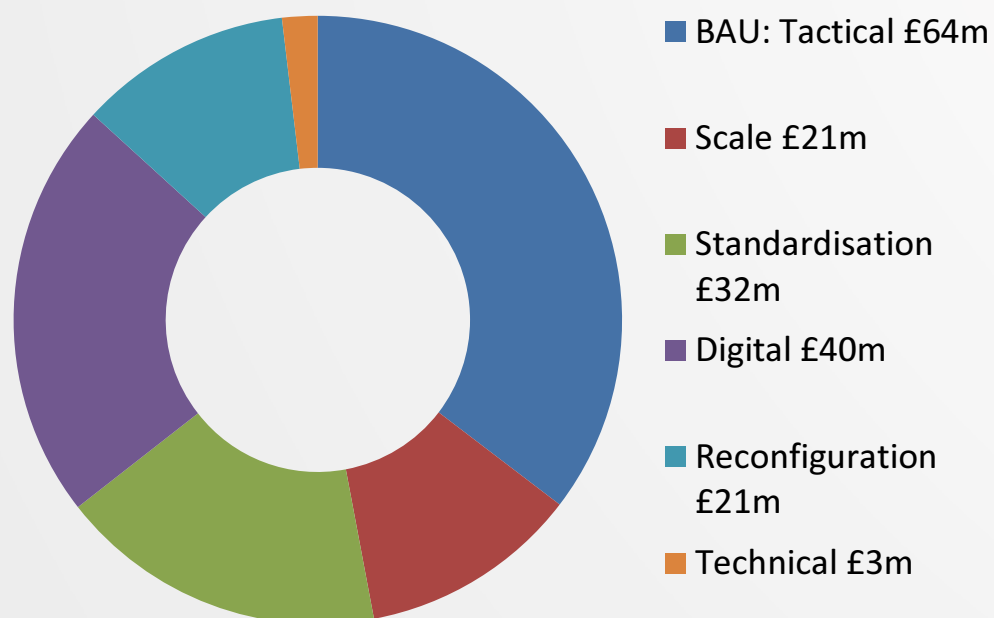
	PAHT	SRFT
Efficiency Target	£19.7m	£16.2m
% of influenceable spend	3.1%	3.2%

NCA DRIVING EFFICIENCY: OUR METHODOLOGY

IHI Methodology	Scale	Standardisation	Digital
Nursing	<ul style="list-style-type: none"> •Trendcare •UOR best practice 	Corporate	<ul style="list-style-type: none"> •ELFS & NCA scale •NHSI recommended
AHP	<ul style="list-style-type: none"> •Trendcare •UOR best practice 	Pharmacy	<ul style="list-style-type: none"> •NCA scale
Theatres	<ul style="list-style-type: none"> •Four Eyes Insight - SOM •GM role out 	Drugs and Devices	<ul style="list-style-type: none"> • Significant pass through
Outpatients	<ul style="list-style-type: none"> •Four Eyes Insight - SOM •GM assessed as best practice 	Adult Social Care	<ul style="list-style-type: none"> • Residential placements / domiciliary care (SRFT) Part of an integrated solution supported by the pooled budget
Radiology	<ul style="list-style-type: none"> •Four Eyes Insight - SOM 	Premises	<ul style="list-style-type: none"> •PFI Fixed Cost - SRFT
Endoscopy	<ul style="list-style-type: none"> •Four Eyes Insight - SOM 	Non Pay	<ul style="list-style-type: none"> •Procurement 3rd national league table (SRFT)
Pathology	<ul style="list-style-type: none"> •PAWS •Carter report case study 	Energy	<ul style="list-style-type: none"> •Salix •Carbon Energy Fund

5 Year Improvement Journey

Productivity and Efficiency



Category	Driver
BAU	Activity based budgeting, grip and control, procurement, FYE base year
Scale	Consolidation of corporate, diagnostic and pharmacy services. Procurement.
Standardisation	Theatres, elective access, Trendcare, workforce
Digital	Control centre, pathology, radiology, pharmacy, ROI investment
Reconfiguration	LCO, deflections
Technical	Alignment accounting treatment

Long Term Plan: Aims

- Transformed out-of-hospital care and fully integrated community-based care
- Reducing pressure on emergency hospital services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Better care for major health conditions

Financial Requirements

- Returning to financial balance;
- achieving cash-releasing productivity growth of at least 1.1%;
- reducing growth in demand for care through integration and prevention;
- reducing variation; and
- making better use of capital investment.

Planned Investments

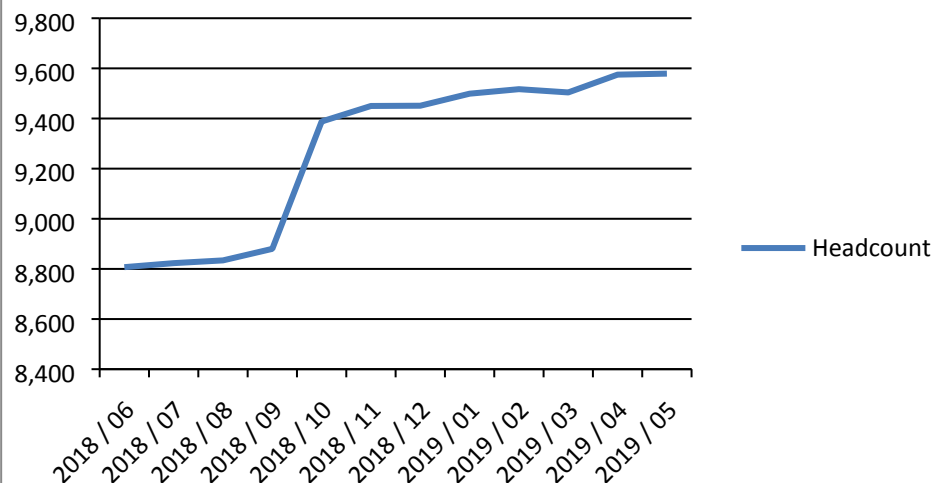
- Primary medical and community health services
- Meet mental health investment standard
- Implementation of all six components of the NHS Comprehensive Model for Personalised Care
- Virtual outpatient appointments
- Test and validate digital first primary care innovations.
- Roll out of specialist community forensic care
- Improve the volume of elective treatments year-on-year, cut long-waits and reduce the size of the waiting list.

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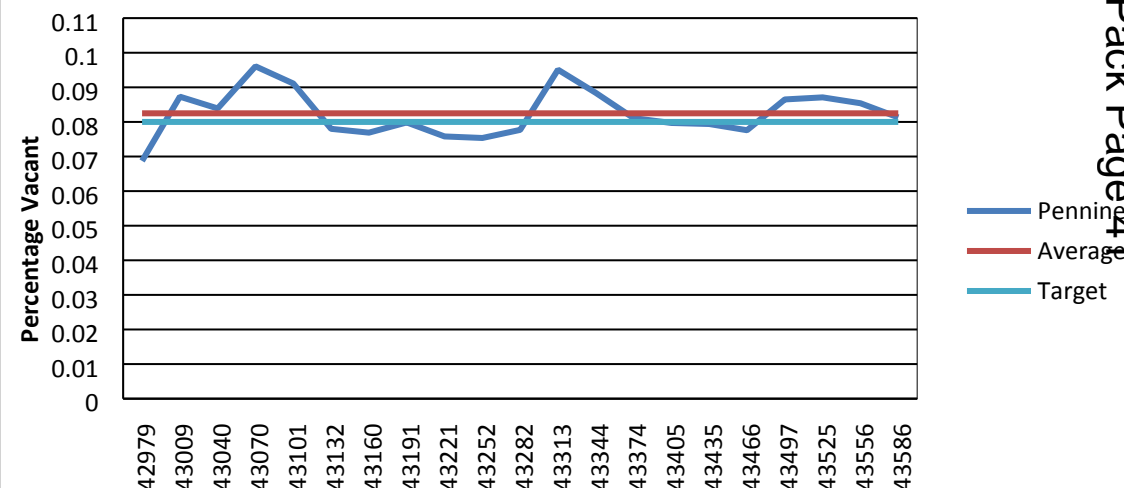
Pennine Acute – Month 2 (May 2019)

Staff In Post, Vacancies, Sickness

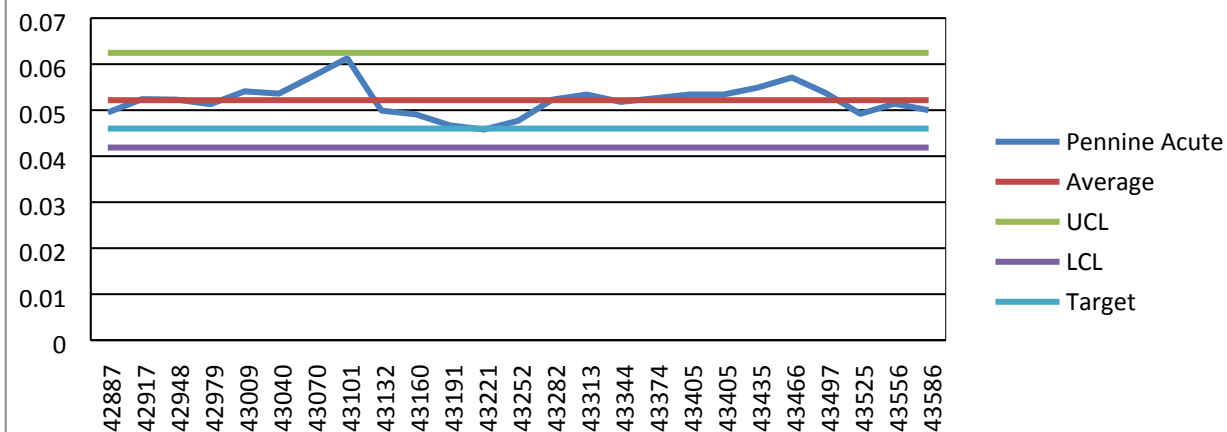
Pennine Headcount



Pennine FTE Vacancies



Pennine Acute Monthly Sickness Absence % (FTE)



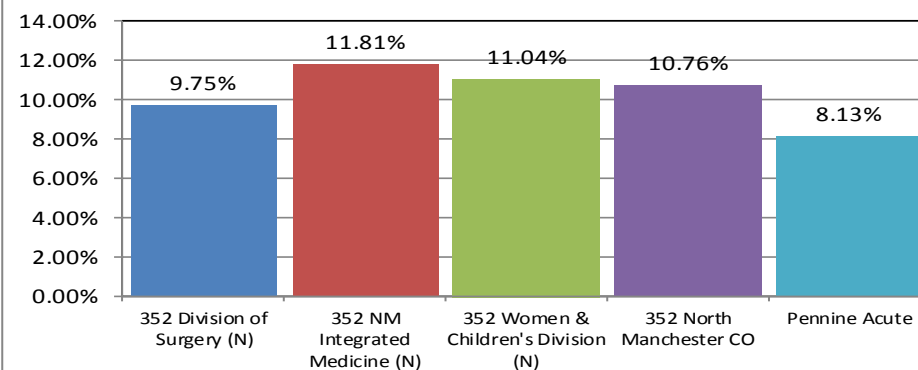
North Manchester Care Organisation – Month 2 (May 2019)

Staff In Post, Sickness and Turnover

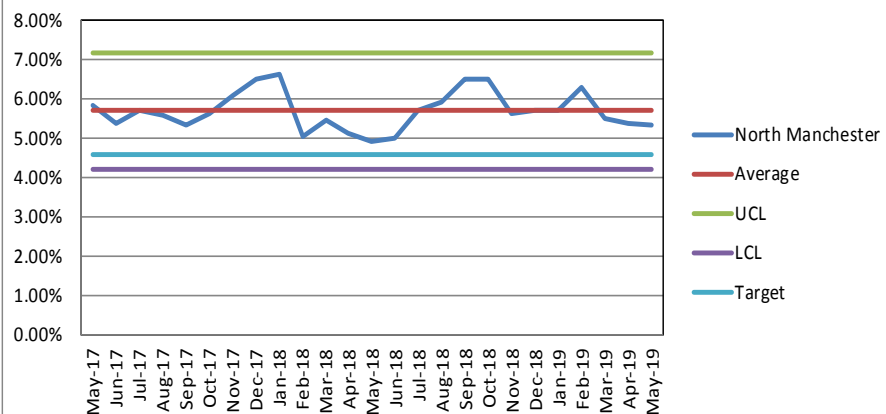
Division	Position FTE	Actual FTE	Variance	% Vacant
352 Division of Surgery (N)	736.87	664.99	71.88	9.75%
352 NM Integrated Medicine (N)	799.41	705.03	94.38	11.81%
352 North Manchester CO Management (N)	9.89	11.00	-1.11	-11.22%
352 Women & Children's Division (N)	432.70	384.93	47.77	11.04%
352 North Manchester CO	1978.87	1765.95	212.92	10.76%
Pennine Acute	9858.54	9056.55	801.99	8.13%

Staff in Post

Vacancies by Division at North Manchester CO - May 2019



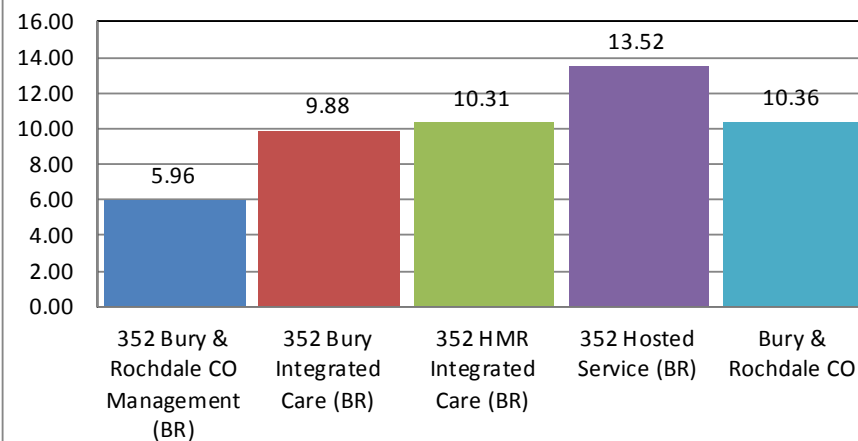
North Manchester CO- Monthly Sickness Absence % (FTE)



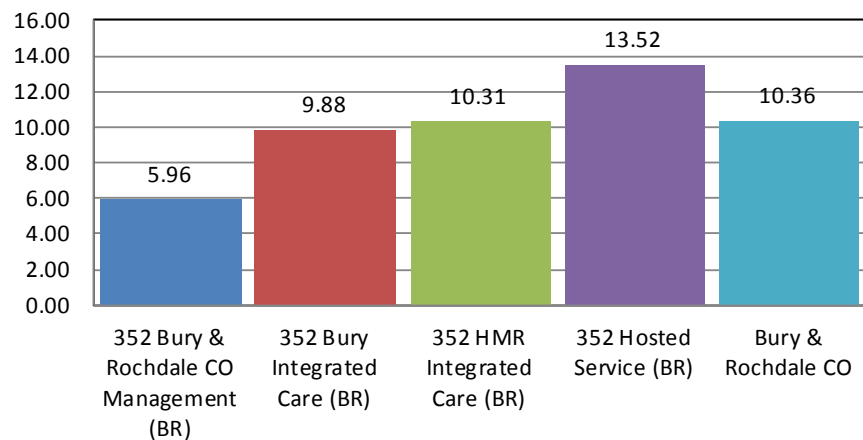
Division	Position FTE	Actual FTE	Variance	% Vacant
352 Bury & Rochdale CO Management (BR)	10.61	17.20	-6.59	-62.11%
352 Bury Integrated Care (BR)	1226.44	1135.13	91.31	7.45%
352 HMR Integrated Care (BR)	643.02	599.33	43.69	6.79%
352 Hosted Service (BR)	200.09	197.85	2.24	1.12%
352 Bury & Rochdale CO	2080.16	1949.50	130.66	6.28%
Pennine Acute	9858.54	9056.55	801.99	8.13%

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**Voluntary Turnover by Division for Bury & Rochdale CO -
LTR FTE % June 2018 to May 2019**



**Voluntary Turnover by Division for Bury & Rochdale CO -
LTR FTE % June 2018 to May 2019**

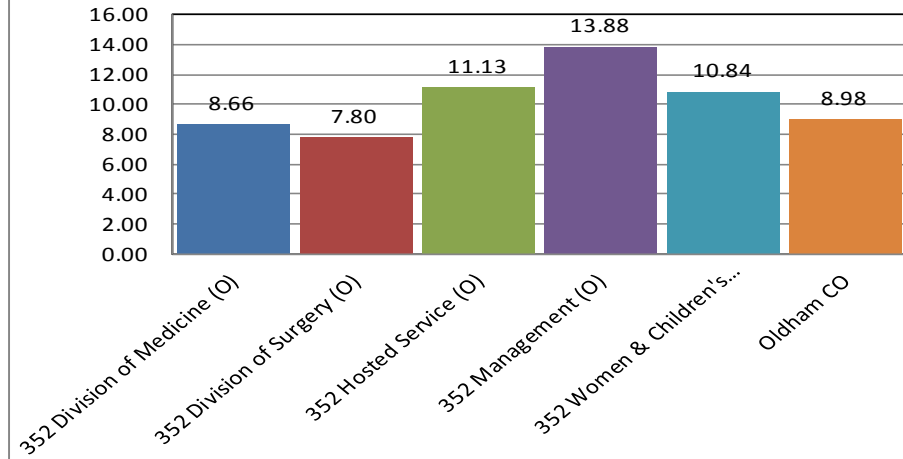


Oldham Care Organisation – Month 2 (May 2019)

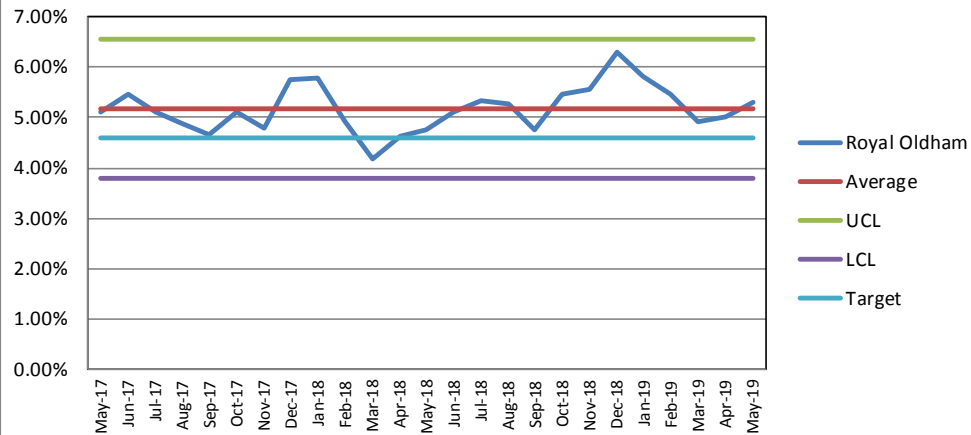
Staff In Post, Sickness and Turnover

Division	Position FTE	Actual FTE	Variance	% Vacant
352 Division of Medicine (O)	682.28	648.33	33.95	4.98%
352 Division of Surgery (O)	921.94	887.15	34.79	3.77%
352 Hosted Service (O)	20.60	23.64	-3.04	-14.76%
352 Management (O)	15.58	13.11	2.47	15.88%
352 Women & Children's Division (O)	620.75	592.51	28.24	4.55%
352 Royal Oldham CO	2261.15	2164.73	96.42	4.26%
Pennine Acute	9858.54	9056.55	801.99	8.13%

**Voluntary Turnover by Division for Royal Oldham CO -
LTR FTE % June 2018 -May 2019**



Royal Oldham CO- Monthly Sickness Absence % (FTE)



Medical & Dental and Nursing & Midwifery Agency Spend

Bury and Rochdale Nurse & Midwifery Agency Spend

Trajectory Progress	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1 - Q2
Total Agency Spend	£117,784	£109,199	£0	£0	£0	£0	£226,983
Agency Trajectory	£122,203	£121,082	£119,587	£118,279	£117,905	£116,784	£715,840
Variance	-£4,419	-£11,883	-£119,587	-£118,279	-£117,905	-£116,784	-£488,857
Trajectory Progress	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Total Agency Spend	£0	£0	£0	£0	£0	£0	£226,983
Agency Trajectory	£115,289	£113,794	£110,244	£105,573	£105,573	£105,386	£1,371,699
Variance	-£115,289	-£113,794	-£110,244	-£105,573	-£105,573	-£105,386	£1,144,716

North Manchester Nurse & Midwifery Agency Spend

Trajectory Progress	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1 - Q2
Total Agency Spend	£293,980	£299,959	£0	£0	£0	£0	£593,939
Agency Trajectory	£352,488	£349,254	£344,942	£341,170	£340,092	£336,858	£2,064,804
Variance	-£58,508	-£49,295	-£344,942	-£341,170	-£340,092	-£336,858	£1,470,865
Trajectory Progress	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Total Agency Spend	£0	£0	£0	£0	£0	£0	£593,939
Agency Trajectory	£332,546	£328,234	£317,994	£304,519	£304,519	£303,980	£3,956,596
Variance	-£332,546	-£328,234	-£317,994	-£304,519	-£304,519	-£303,980	£3,362,657

Oldham Nurse & Midwifery Agency Spend

Trajectory Progress	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1 - Q2
Total Agency Spend	£219,367	£278,339	£0	£0	£0	£299,959	£797,665
Agency Trajectory	£189,224	£187,488	£185,174	£183,148	£182,570	£180,834	£1,108,438
Variance	£30,143	£90,851	-£185,174	-£183,148	-£182,570	£119,125	-£310,773
Trajectory Progress	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Total Agency Spend	£0	£0	£0	£0	£0	£0	£797,665
Agency Trajectory	£178,519	£176,204	£170,707	£163,474	£163,474	£163,184	£2,124,000
Variance	-£178,519	-£176,204	-£170,707	-£163,474	-£163,474	-£163,184	£1,326,335

Bury and Rochdale Medical Agency Spend

Trajectory Progress	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1 - Q2
Total Agency Spend	£ 673,576	£ 730,622	£ -	£ -	£ -	£ -	£ 1,404,198
Monthly Trajectory	£ 554,402	£ 549,195	£ 542,424	£ 535,654	£ 534,091	£ 528,883	£ 3,244,643
Variance	£ 119,174	£ 181,427	-£ 542,424	-£ 535,654	-£ 534,091	-£ 528,883	-£ 1,840,435
Trajectory Progress	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Total Agency Spend	£ -	£ -	£ -	£ -	£ -	£ -	£ 1,404,198
Monthly Trajectory	£ 522,113	£ 515,342	£ 500,239	£ 478,625	£ 478,625	£ 479,146	£ 6,218,739
Variance	-£ 522,113	-£ 515,342	£ 500,239	-£ 478,625	-£ 478,625	-£ 479,146	-£ 4,814,531

North Manchester Medical Agency Spend

Trajectory Progress	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1 & Q2
Total Agency Spend	£922,036	£903,953	£0	£0	£0	£0	£1,825,988
Monthly Trajectory	£918,227	£909,601	£898,388	£887,174	£884,586	£875,960	£5,373,936
Variance	£3,809	-£5,648	-£898,388	-£887,174	-£884,586	-£875,960	-£3,547,948
Trajectory Progress	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Total Agency Spend	£0	£0	£0	£0	£0	£0	£1,825,988
Monthly Trajectory	£864,747	£853,533	£828,518	£792,720	£792,720	£793,583	£10,299,757
Variance	-£864,747	-£853,533	-£828,518	-£792,720	-£792,720	-£793,583	-£8,473,769

Oldham Medical Agency Spend

Trajectory Progress	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1 & Q2
Total Agency Spend	£993,967	£863,724	£0	£0	£0	£0	£1,857,691
Monthly Trajectory	£545,313	£540,190	£533,530	£526,871	£525,334	£520,211	£3,191,449
Variance	£448,654	£323,534	-£533,530	-£526,871	-£525,334	-£520,211	-£1,333,758
Trajectory Progress	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Total Agency Spend	£0	£0	£0	£0	£0	£0	£1,857,691
Monthly Trajectory	£513,552	£506,892	£492,037	£470,777	£470,777	£471,290	£6,116,774
Variance	-£513,552	-£506,892	-£492,037	-£470,777	-£470,777	-£471,290	-£4,259,083

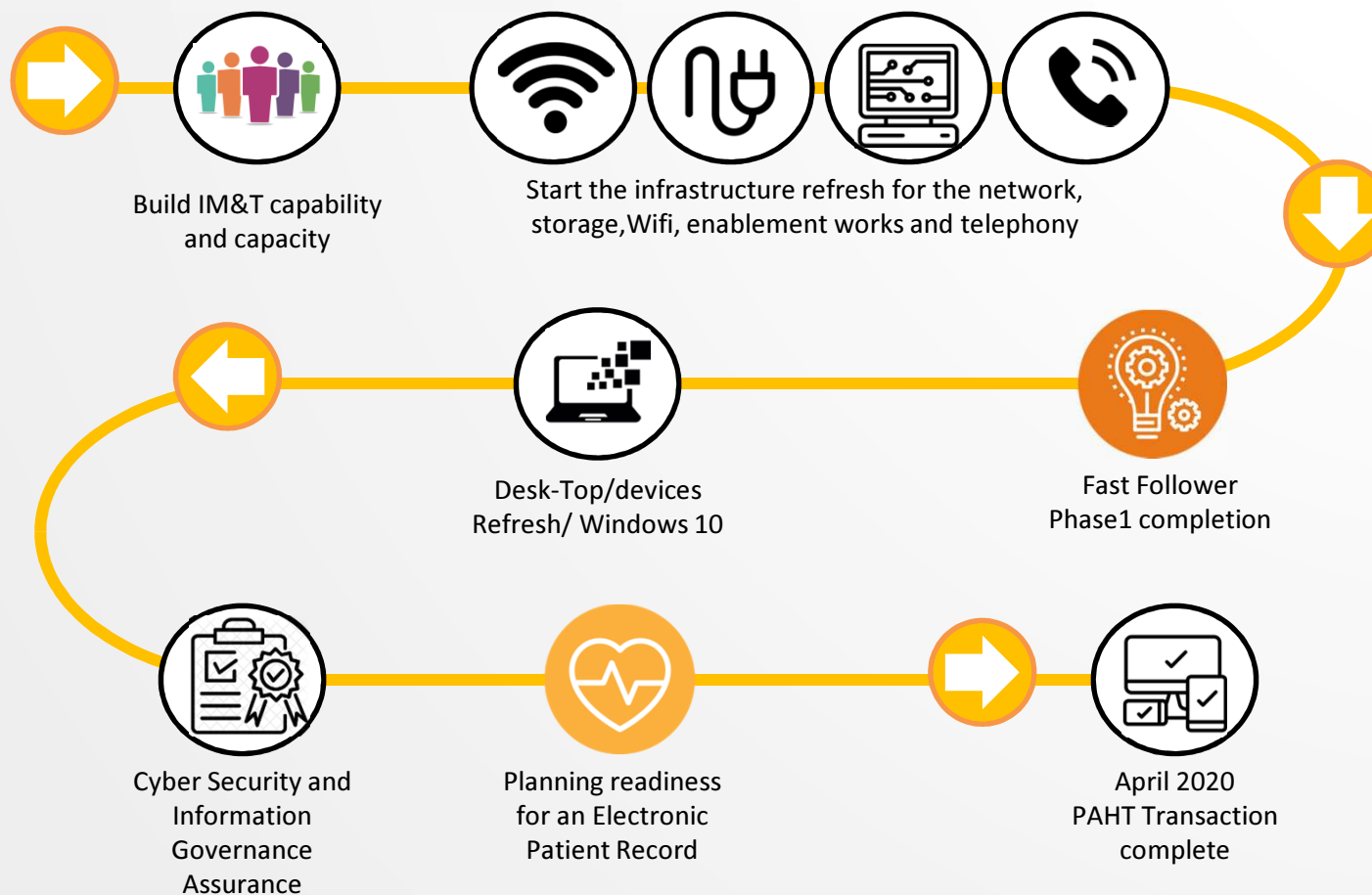
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Pennine Acute Joint Overview & Scrutiny Committee

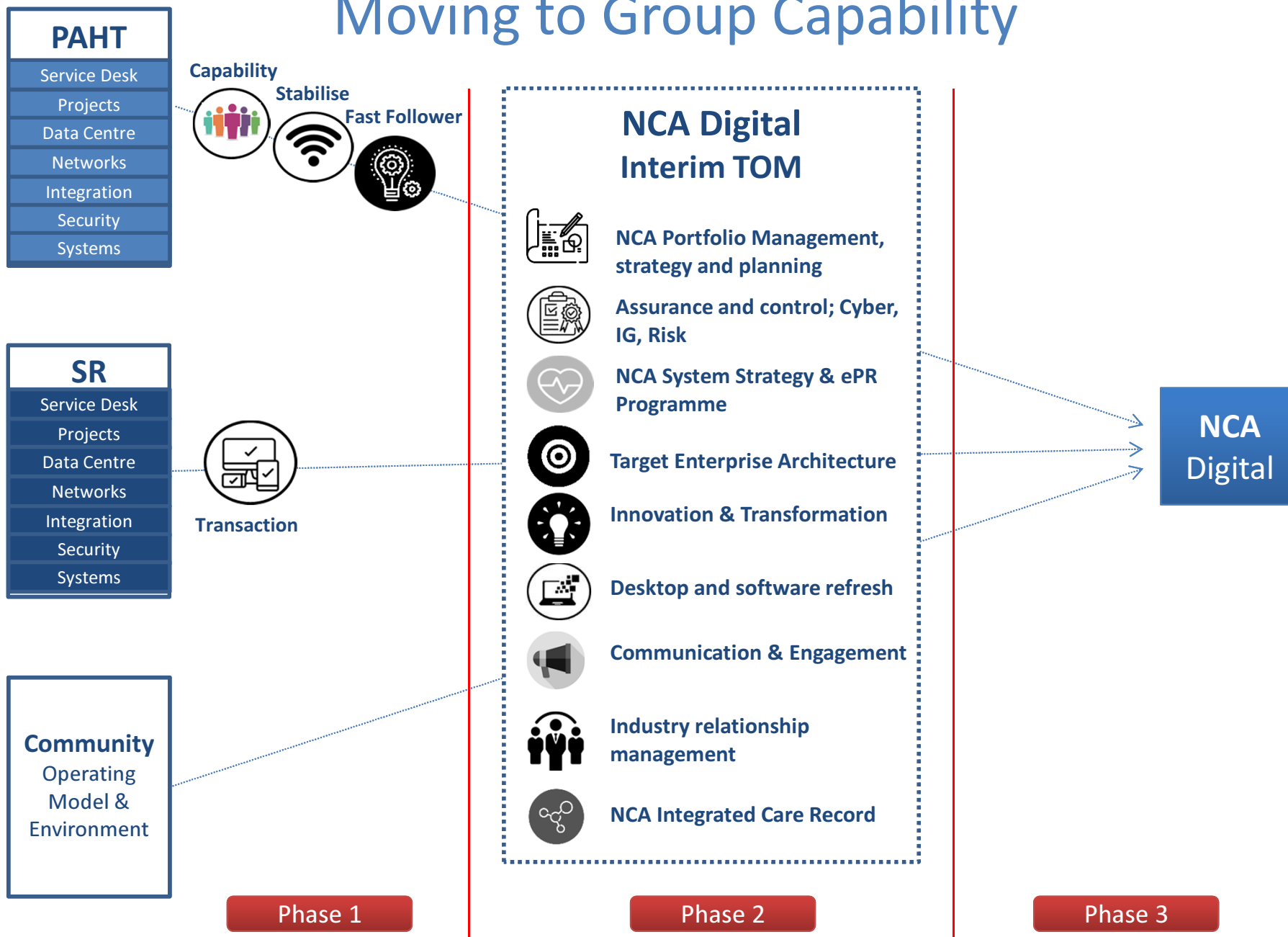
Information Management & Technology Update
July 2019

Jiten Patel
Deputy Chief Information Officer

PAHT IM&T 2019/2020 Journey



Moving to Group Capability



Infrastructure Refresh and Stabilisation

This Infrastructure Programme is focusing on;

- New servers - Increasing data storage and backup capabilities
- Improving access to national applications and improving the performance of our hosted Greater Manchester Radiology (GM CRIS) service by moving from the N3 network to the Health and Social Care Network (HSCN)
- Increasing the performance, resilience and supportability of the network and wifi with a full equipment refresh
- Carrying out structural enablement works, including cabling, switching and cabinet replacing
- Installation of new telephony systems, going from analogue to digital and introducing Unified Communications with collaborative mobile tools
- Upgrade computer operating systems to improve cyber security

What does all this mean for staff?

Staff will be pleased to know work is already underway on the Infrastructure Programme and component parts will be delivered this year and next.

As the improvements progress, staff will start to see:

- Improved system performance and productivity with faster and more reliable network to support remote working.
- Quicker and more modern phone systems and handsets, enabling better connectivity.
- Increased wireless capability thus reducing reliance on mains power.
- More modern virtual communication solutions to collaborate with colleagues across NCA, reducing need to travel.
- Provide more opportunities to digitise workflows.
- Overall improvements for the Contact Centre, Switchboard and helplines with advanced functionality and reporting



Questions

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NES Community Services Acquisition : Pennine Care Foundation Trust community services to Northern Care Alliance

PAHT JHOSC 18th July 2019

Background

- Pennine Care NHS Foundation Trust (PCFT) in the latter part of 2018 announced its future direction to focus on mental health and learning disabilities provision and divest itself of community adult and children's physical health services
- It provides the opportunity to enhance the LCO model within each locality and accelerate the delivery of the transformation of services outlined within each locality plan
- Each of the commissioners in the NES initiated a process to secure an alternative provider(s) of community services, aligned to the respective locality plans. Partners entered this process with the intention of securing safe and sustainable services for each locality for the long term
- In both Oldham and Bury, the Northern Care Alliance (NCA) NHS Group was identified as the proposed host for adult and children's community health services, underpinned by strong partnerships. In Rochdale LCO, it has been proposed that adult community health services transfer to the One Rochdale LCO, with the NCA as the lead partner. Separate procurement process for HMR children's services. Tender process now closed and decision likely late July/early August
- JHOSC received an progress update in April on transfer
- Full business case was approved by SRFT CiC on 29th April 2019

Transfer Update

- Successful transfer of staff on 1st July. Comprehensive welcome pack provided with welcome sessions during July and August and helpline provided for any issues that emerge during first few weeks
- SLAs still in place with PCFT for IM and T (up to 2 years), shorter SLAs for procurement, estates, health informatics and bank arrangements
- Risk Share Agreement and governance arrangements signed off with commissioners and NCA to address current and future risks – working in partnership across the system (in local settings and North East Sector wide)
- Immediate improvements: bank/agency monitoring, on call systems, strengthened clinical leadership through Care Organisations
- Post Transaction Implementation Plan - Day one completed– now in day one to 100 to address immediate risks and improvement opportunities

Issues to be addressed over the next two years

- Local Care Organisation development (hosting agreement for 2 years only) – local systems to determine right community service model in each place
- Risks – financial pressures in the system (especially regarding workforce and IM&T)
 - clinical (staffing and vacancy levels)
- Focus less on transfer and more on transformation – delivering locality plans
- Service benefits from NCA focus on safety and reliability
- Alignment with primary care networks

The Strategy

We aim to:

- Support the establishment of LCOs with partnership service models that maximise the skills and capabilities of a variety of provider partners
- Transformation of community services (adult and children's) to provide higher quality of services within available resources
- These services and the care to patients will not be disrupted in the short term and will allow for the required future change in a planned way
- Patients and carers receive consistent and improved services and staff are fully supported to develop their skills and service models in line with evidenced best practice standards and efficient ways of working

The transaction is being undertaken in response to the request from commissioners, it is nevertheless fully aligned to the NCA's strategic direction, place based plans and 'Taking Charge'

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