

## 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:** Councillor Linda Robinson, Councillor Patricia Sullivan, Councillor Raymond Dutton, Councillor Ashley Dearnley, Councillor Susan Smith, Councillor Norman Briggs, Councillor Ruji Srjan, Councillor Louie Hamblett, Councillor Dorothy Gunther, Councillor Stella Smith and Councillor Gavin McGill

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:-

<b>Date:</b>	Tuesday, 15 September 2020
<b>Place:</b>	Microsoft Teams
<b>Time:</b>	10.00 am
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **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 MINUTES OF THE LAST MEETING** *(Pages 1 - 4)*

Minutes from the 30<sup>th</sup> June 2020 are attached for approval.

### **4 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.

### **5 AMBULANCE SERVICE UPDATE** *(Pages 5 - 14)*

Dan Smith, Head of Service for Greater Manchester, and Sarah Jones-Roberts, Operations Manager for Bury to provide an update at the meeting.

### **6 PENNINE ACUTE TRUST - TRANSACTION PROGRAMME UPDATE** *(Pages 15 - 24)*

Pat Crowley, Chief Executive and Gavin Barclay, Director of Transactions / Assistant Chief Executive, Pennine Acute Hospitals NHS Trust to update at the meeting – Presentation attached.

### **7 URGENT CARE UPDATE**

Steve Taylor Chief Officer - One Rochdale Health and Care, Managing Director/Chief Officer Bury & Rochdale Care Organisation (Hospital and Integrated Care Services), Northern Care Alliance NHS Group will report at the meeting.

### **8 COVID 19 - UPDATE ON SITUATION IN PENNINE ACUTE HOSPITALS**

Steve Taylor Chief Officer - One Rochdale Health and Care, Managing Director/Chief Officer Bury & Rochdale Care Organisation (Hospital and Integrated Care Services), Northern Care Alliance NHS Group will give a verbal update at the meeting.

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### **9 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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**Minutes of: JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
FOR PENNINE ACUTE NHS TRUST****Date of Meeting:** 30 June 2020**Present:** Councillor L Robinson (in the Chair)  
Councillors R Walker, S Smith, G McGill, N Briggs, R Surjan,  
L Hamblett, R Dutton, A Dearnley and Susan Smith.**Also in attendance:** Simon Featherstone, Chief Officer, Bury Care Organisation  
Chloe Ashworth – Democratic Services**Public Attendance:** No members of the public were present at the meeting.**Apologies for Absence:** Councillor P Sullivan

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**1 APPOINTMENT OF CHAIR**

It was resolved:

Councillor Linda Robinson was appointed Chair for the Committee for 2020-2021 cycle.

Councillor Dorothy Gunther was appointed as Vice Chair for the Committee for 2020-2021 cycle.

**2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3 PUBLIC QUESTIONS**

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

There were no public questions submitted at the meeting.

**4 COVID-19 RESPONSE AND RECOVERY**

Simon Featherstone, Chief Officer, Bury Care Organisation spoke through a presentation at the meeting.

The Northern Care Alliance (NCA) brings together Salford Royal (SRFT) and Pennine Acute (PAT) Trusts, operating hospitals and community healthcare services in Salford, Oldham, Bury and Rochdale. Since the start of the pandemic we have been operating our Executive Gold and Silver level command and control structure across our hospitals to ensure we are responding to the needs of our staff, our services, and the patients and local communities we serve.

Changes outlined since the pandemic were as follows:

- Gold command established across NCA and across GM

- Expansion in critical care beds to support the sickest patients/cross NCA support
- Discharge of patients from hospital settings – a great response from integrated care teams across Bury, Rochdale, Salford and Oldham
- Successful and sustained procurement of PPE
- NHS staff returned to work at NCA
- Many volunteers recruited
- Donations of gifts received from many local and national organisations and distributed to staff
- Amazing staff response and commitment
- Clinical Advisory Group established that oversaw implementation of new clinical guidelines safely
- Some service moves required to keep patients safe from COVID-19
- National contract with Independent Sector supported capacity (Highfield, Oaklands, Spire and The Alexandra)

Throughout the presentation the Committee asked various questions on the topics discussed.

It was stated that over 11,000 staff and household members across the workforce had been tested for COVID-19. Councillor Srjan questioned who exactly this figure covered. It was confirmed this is Northern Care Alliance Staff and their families.

It was agreed:

1. All questions asked will be sent to Simon to provide written responses
2. Simon be thanked for his presentation.

## **5 MINUTES OF THE LAST MEETING**

Further to Minute PAT.08, Councillor Briggs asked for his request of a breakdown in legal figures and information on solicitor's fees and insurances rises could be brought to the next meeting.

**It was agreed:**

1. That the minutes of the meetings held on 23<sup>rd</sup> January 2020 be approved as correct record.

## **6 WORK PROGRAMME**

It was agreed:

Future items for discussion at the committee were decided as follows:

1. COVID Recovery
2. Ambulance Services – Ability to cope throughout the pandemic including Hospital Transport
3. A&E Systems Update

## **7            THANK YOU TO ALL NHS STAFF**

It was agreed:

The committee passed on a universal thank you to all NHS Staff for their tremendous work and risking their lives to help others.

**COUNCILLOR  
Chair**

**(Note: The meeting started at 10.00 am and ended at 11.47 am)**

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# Presentation to Joint Health Overview and Scrutiny Committee for Pennine Acute

15 September 2020



Delivering the right care, at the right time, in the right place, every time

# About Us



Our aim is to be the best ambulance service in the country by delivering the right care, at the right time, in the right place; every time.

**FIVE**  
counties

Population  
7.5 million



**£357**



million income



**109** ambulance  
stations

Contact Centres:

3 x 111  
4 x PTS  
3 x 999



Part of Northern Ambulance Alliance with  
Yorkshire, North East and East Midlands  
ambulance services

Area covered:

**5,400**  
square miles

**Urgent and  
emergency care**



**Non-emergency  
patient transport**



**Resilience**

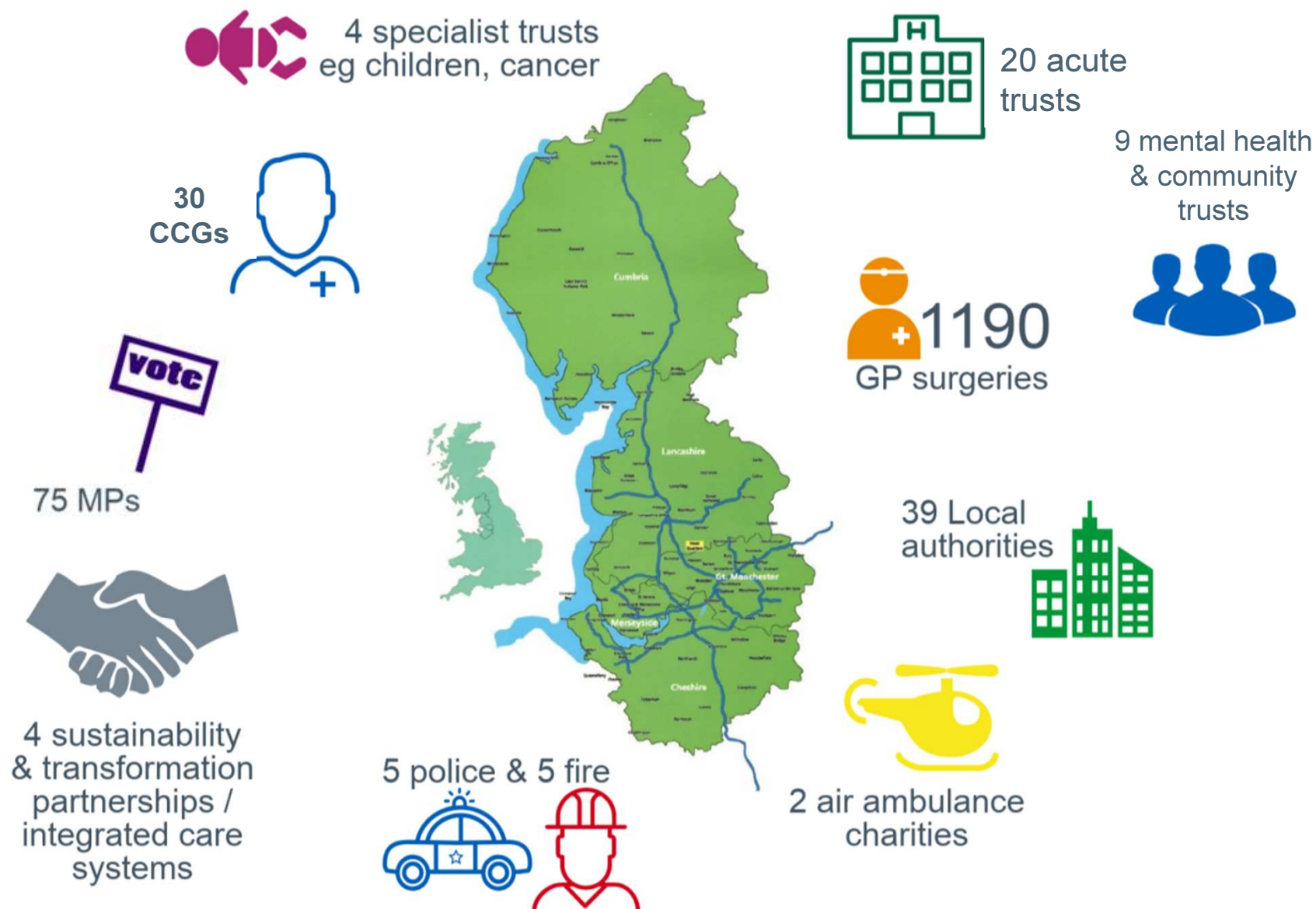


**NHS 111**



Delivering the right care, at the right time, in the right place, every time

# The System



Delivering the **right care**, at the **right time**, in the **right place**, every time

# Problems encountered during COVID-19

Unprecedented amount of 999 and 111 calls as the pandemic broke.

The need for a reduction in emergency department admissions.

Managing a reduction in staffing levels.

*As an Ambulance service, at the forefront of caring for patients within the pandemic setting, we had to take rapid and significant steps in order to manage the extreme levels of demand placed on the 999 service and NHS 111.*

# Measures taken

Additional resources rapidly brought in to support frontline.

Introduced 80 additional vehicles.

Introduction of pandemic triage process in our control centres.

BT diversion from 999 to 111 for anything non-emergency COVID-19 related.

Presence of Advanced Paramedics and other clinicians in Emergency Operations Centres able to safely re-direct appropriate patients out of the 999 system.

Upskilled PTS Care Assistants to assist with emergency service delivery.

Swab and antibody tests made available to all staff and volunteers which was co-ordinated by an in house testing team.

Hotel accommodation offered to staff affected by Public Health England's isolation guidance.

# Infection prevention and cleaning of vehicles



Re-enforced importance of infection, prevention and control measures.

New cleaning regimes introduced.

Contracted vehicle cleaning companies which are based at hospitals.

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# Personal Protective Equipment



Immediately sourced and commenced procuring maximum stocks of PPE.

Issued detailed procedures on PPE levels to use as per Public Health England guidance.

Worked with other Ambulance Services to share PPE stocks.

PPE moved from site to site to ensure a consistent stock levels were available.

Volunteers assisted with packing and distribution.

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# Fleet capacity



Conversions of 80 existing PTS vehicles to be used as emergency vehicles.

Increased capacity in workshops.

# Patient Transport Service

Many hospitals cancelled outpatient clinics so little requirement for patient transport.

Maintained services to those travelling for dialysis and cancer treatments and other urgent appointments.

Hospitals starting to re-introduce some clinics, but capacity still reduced due to social distancing on vehicles / shielding requirement of patients.



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# Any questions?

Keep in touch with us:

[nwas.nhs.uk](https://nwas.nhs.uk)



# **Pennine Acute Trust Transactions Programme Update**

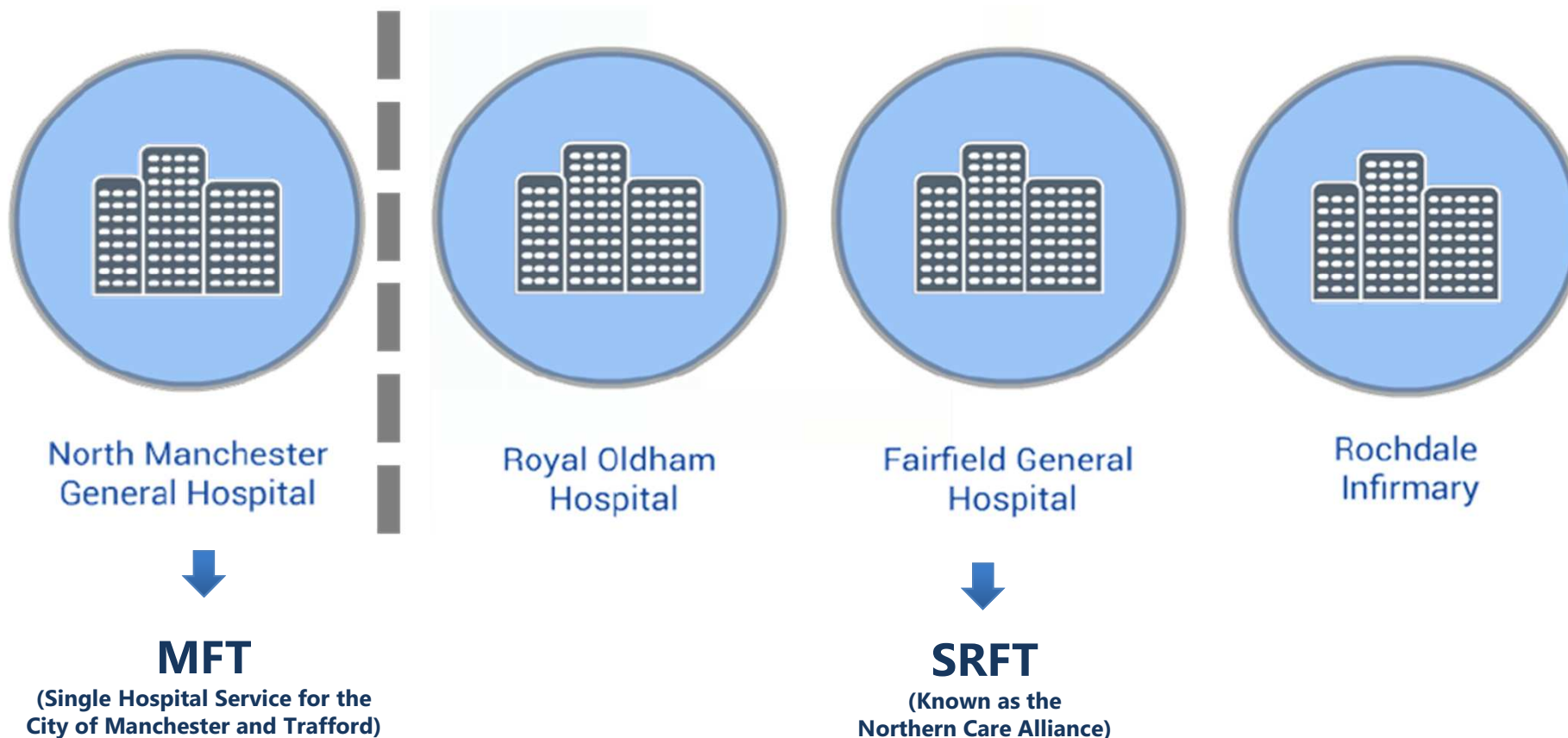
Patrick Crowley, Chief Executive  
Gavin Barclay, Director of Transactions

-15<sup>th</sup> September 2020-

# Pennine Acute Formal Transactions

## A new ownership model

- Two legally separate but intrinsically linked transactions.
- To support the future clinical, financial and workforce sustainability of acute hospital services in the NE sector and across GM.



# Why Are We Doing This?

The Transactions are being delivered in order to:

- Help support and complement local integrated healthcare plans
- To better meet the population health needs of local communities
- Strengthen community support
- Deliver more care closer to home
- Maximise the use of estates on the PAT footprint
- Support acute hospital services
- Strengthen the delivery of both acute and community based services

## In achieving this we aim to see:

- Improved population health
- Improved patient experience
- Improved quality of care
- Improved finances
- Improved staff experience
- Improved education and training
- Improved operational performance

# Transaction Process: Where Are We Now?

- The **interim management arrangements** which came into effect on **1<sup>st</sup> April 2020**, marked an important stage for the Pennine Acute Hospitals NHS Trust (PAT) transactions:

**Bury & Rochdale Care Organisation** and **Oldham Care Organisation, Diagnostics & Pharmacy** and the **majority of Corporate Services**, continue to be **managed by Salford Royal Foundation NHS Trust (SRFT)** and the Care Organisation leadership teams, **as part of the NCA Group**.

**North Manchester Care Organisation** is now **managed by Manchester University Foundation NHS Trust (MFT)**.

- Interim arrangement means that **SRFT and MFT** are currently responsible for managing the respective parts of Pennine Acute but the **management agreement contracts do not constitute a formal legal transaction**.
- **PAT remains the employer for staff with a PAT contract** of employment and this does not affect HR Terms of employment conditions.
- **PAT continues to exist as a statutory NHS organisation**, employer and service provider, **until the formal transactions have been completed**.

# Pennine Acute Trust Board

- Interim Pennine Acute Trust Board came into effect on 1<sup>st</sup> April 2020 specifically to:
  - ensure the full legal transactions are delivered
  - oversee the interim management agreements and hold MFT and SRFT to account for the delivery of these.
- The Board holds no responsibility for the day-to-day management of services, which remains the responsibility of MFT and SRFT/ NCA under the interim management arrangements.
- This approach enables staff to focus on continuity of care, patient safety and service delivery across all sites.

## Members of the Pennine Board

- Chair – Chris Outram ( also Chair of The Christie)
- Chief Executive – Patrick Crowley (formerly Pennine Acute Transactions Director)
- Director of Finance – Damien Finn
- Medical Director – Damian Riley
- Chief Nurse – Helen Thomson
- Non-Executive Directors
  - Kathy Cowell (also Chair of MFT)
  - Chris Mayer (also a Non-Executive Director of SRFT),
  - Steven Michael (also Chair of East Cheshire NHS Partnership).
  - Duncan Nichol (former Chair of Countess of Chester FT)

## Actions to Conclude the Transactions

- The formal transactions to bring the Pennine services permanently into the responsibility of the foundation trusts (MFT and SRFT) will be completed by April 2021.
- SRFT has submitted their Business Case to NHS Improvement. It is currently being assessed with an indicative risk rating due by December 2020.
- MFT will complete their Business Case through the relevant governance processes in the same timeline. (SRFT and MFT assurance processes are different due to the respective sized acquisitions compared to the existing trusts)

## Focus September to November

- Agreeing the alignment of staff with MFT, SRFT and individual staff members.
- Other key activities are to implement IT solutions, separate finances and establish SLAs to maintain existing service level provision.

# Day One

- On 1<sup>st</sup> April 2021 all staff will transfer to their new employer – MFT or SRFT.
- Clinical services will remain 'as is' – patients will still attend existing services in existing locations.

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