

# **Pennine Acute Trust Transactions Programme Update**

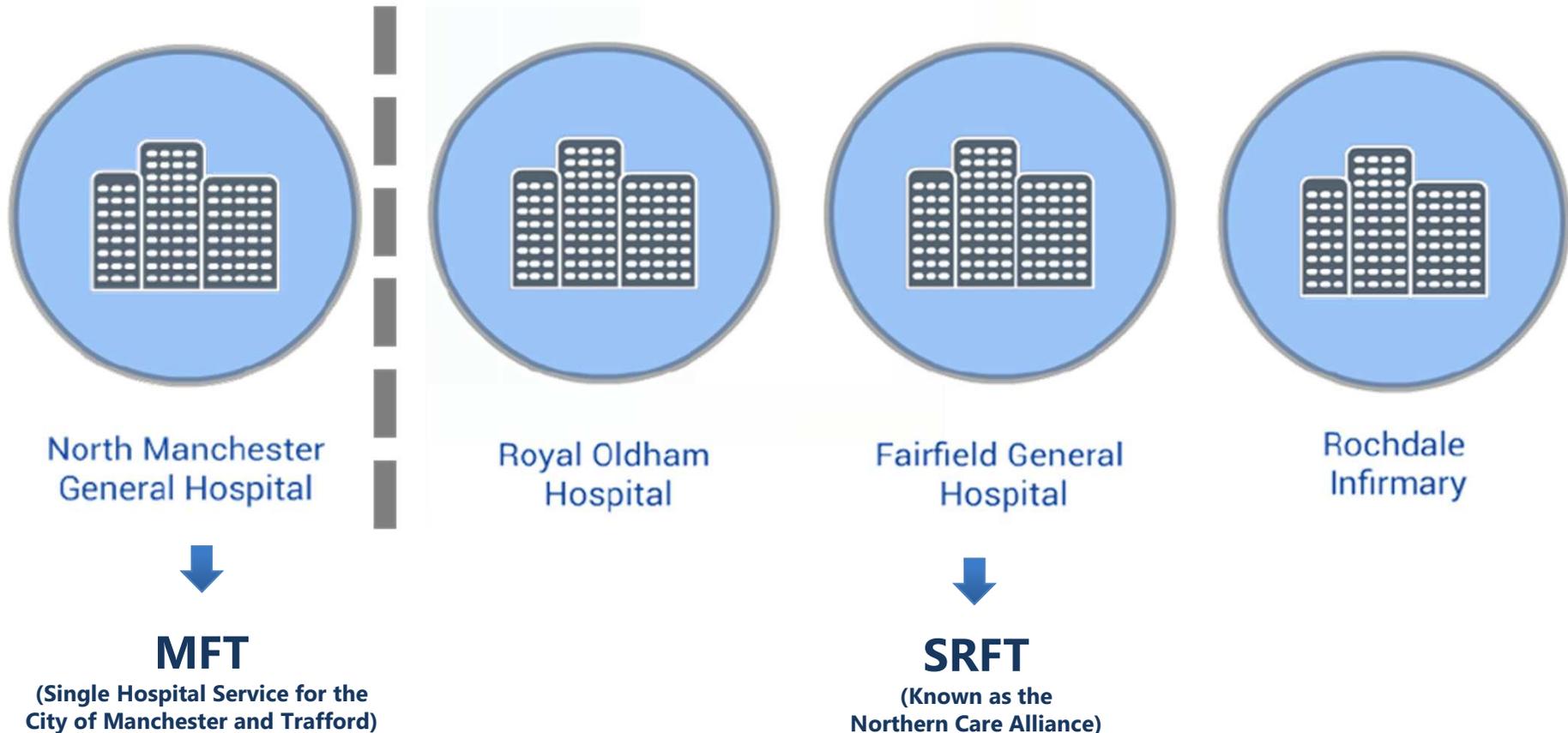
Patrick Crowley, Chief Executive  
Gavin Barclay, Director of Transactions

-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.