

<b>Meeting: Strategic Commissioning Board</b>			
<b>Meeting Date</b>	05 October 2020	<b>Action</b>	Consider
<b>Item No</b>	17	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Salford Royal Foundation Trust (SRFT) – Pennine Acute Trust (PAT) Transaction Business Case		
<b>Presented By</b>	Simon Neville – Transaction Director Oz Khan – Programme Director, NCA		
<b>Author</b>	Simon Neville – Transaction Director Oz Khan – Programme Director, NCA		
<b>Clinical Lead</b>	-		
<b>Council Lead</b>	-		

<b>Executive Summary</b>
<p>A presentation in relation to the Salford Royal Foundation Trust (SRFT) – Pennine Acute Trust (PAT) Transaction Business Case is attached for consideration.</p> <p>Representatives from the Northern Care Alliance will be attending the meeting to discuss the Business Care in further detail.</p>
<b>Recommendations</b>
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> <li>Consider and comment upon the PAT Transaction Business Case</li> </ul>

<b>Links to Strategic Objectives/Corporate Plan</b>	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
<i>Add details of previous meetings/Committees this report has been discussed.</i>		

# Transaction FBC Presentation

DRAFT – FOR DISCUSSION

Simon Neville – Transaction Director  
Oz Khan – Programme Director, NCA  
Nicky Tamanis – Deputy Group CFO

*Saving lives,  
Improving lives*

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# 01. SRFT, PAT and the NCA: Strategy and journey

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## Our largest hospital trust is unsafe, appallingly understaffed and badly-led, say health inspectors

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## Family of grandmother who died after notes mix up speak of their traumatic ordeal

Jean Hill, 66, died two years ago while being treated in North Manchester General for a kidney infection

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## Why is the death rate higher than expected at this hospital? An investigation has been launched

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## Family anger after maggots found in dying gran's open wound

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## Scandalous failings: The terrible truth about our biggest hospital trust

Our special report reveals a string of long-term failures at the trust which runs North Manchester General Hospital, Rochdale, Oldham, Rochdale Infirmary and Fairfield General

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News UK News Babies

## Premature baby left in sluice room to die alone as report reveals shameful neglect at hospitals

The findings of a review

News Greater Manchester News NHS

## Family slams hospital trust after coroner rules there were 'gross failings' in care of mental health patient

"The phrase 'lessons learned' is used too much - it has to start to mean something", says sister.

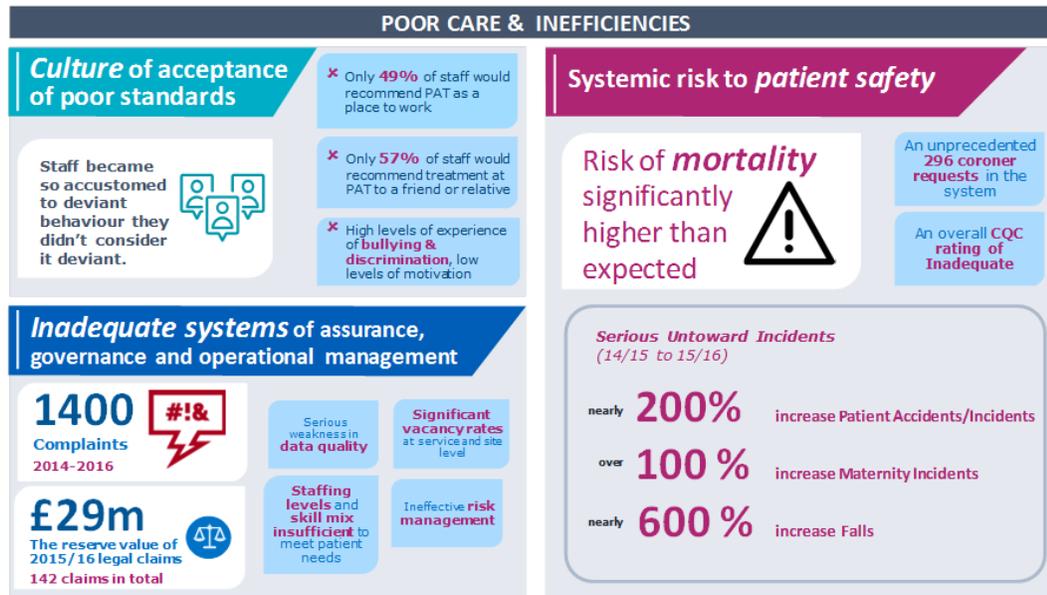
News Health North Manchester General Hospital

## A system close to breaking point - what is really going on at North Manchester General Hospital?

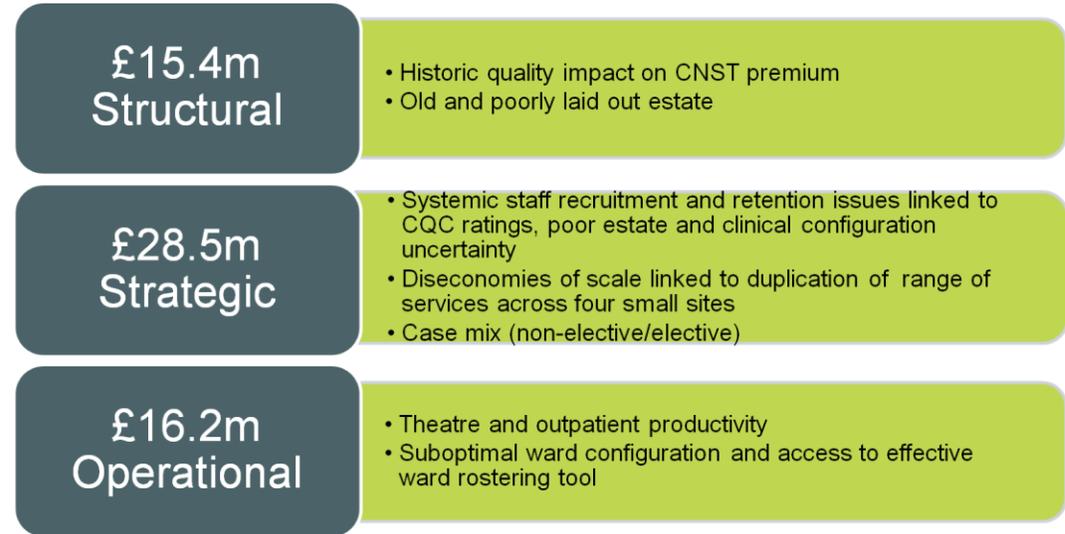
A damning Care Quality Commission inspection and a high-level risk summit amid failings in A&E and maternity

# The case for change

## Quality and Safety



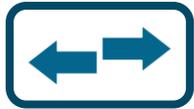
## Financial



PAHT "Drivers of the Deficit" report, commissioned by NHSI in 2018. Costs are broken down into: **Structural drivers** which are outside the immediate short/medium term control of the Trust or local health economy. **Strategic drivers** which are issues that are outside the control of a single organisation but within the control of the system as a whole. **Operational drivers** are issues that would be considered broadly within the control of the Trust in the short/medium term.

# Case for change

- The transaction is just as important for Salford as it is for Oldham, Rochdale and Bury Care Organisations.
- Salford has been a high performing organisation for a number of years in both quality and finance. In 2015, looking forward, the board came to the conclusion that in order to continue operating as an outstanding organisation we would need to invest in digital innovations to drive further quality and productivity gains.
- The Group approach is what will allow us to continue our improvement journey, due to the following key areas:



Horizontal integration – enables economies of scale in non patient facing areas (corporate services), and ability to deliver clinical services to a larger footprint meaning that we can offer more sub specialty services which in turn helps us recruit the best clinical staff.



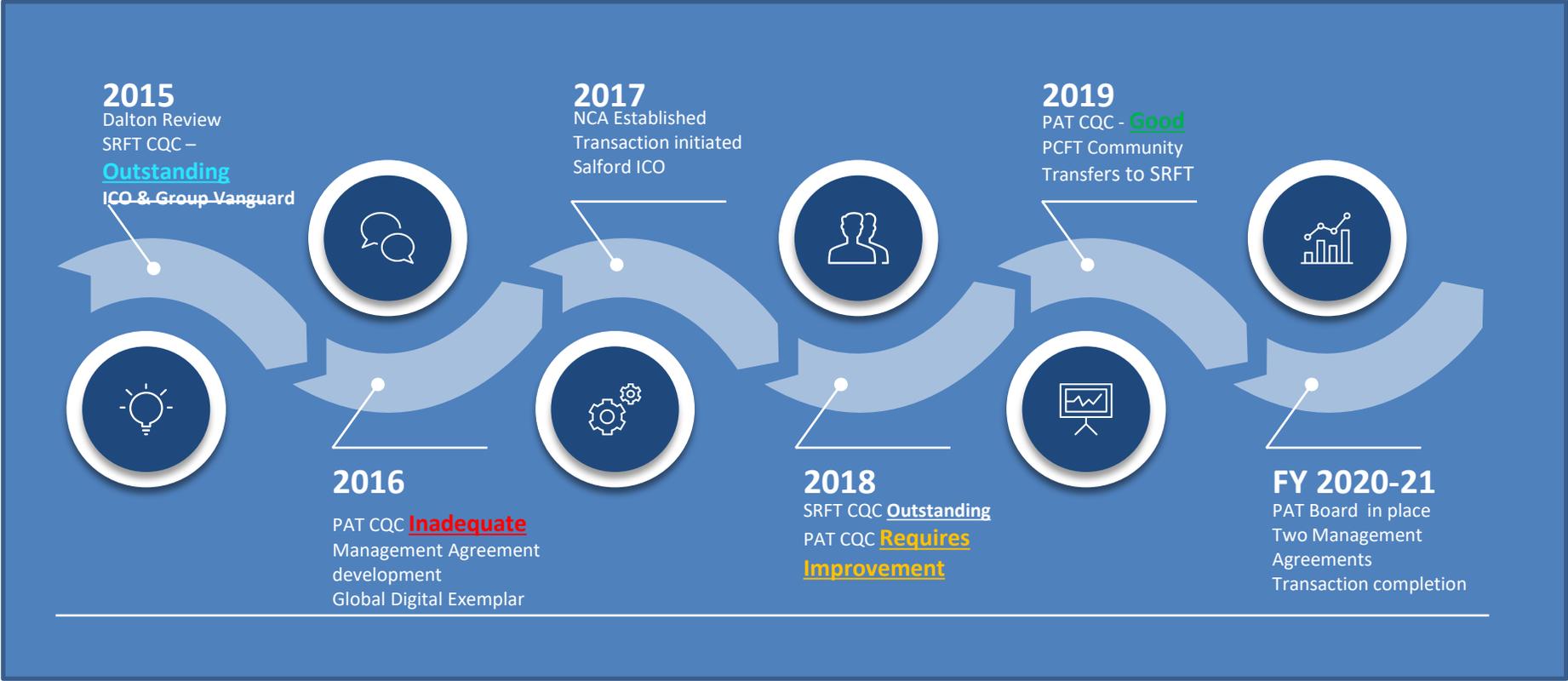
Vertical integration – allows us to realise economies of scale for the system by adopting a more population focussed approach to health, meaning that overall cost of care should be lowered. This also drives an integrated locality and place based approach.



Digital & innovation – this is a key area for our future sustainability. By operating across a larger footprint we are able to invest more into digital and other innovations we can further drive both quality and productivity gains

# The NCA's Journey So Far

## There's been significant work to get us here



# The Improvement has been dramatic

The CQC's assessment means that Pennine Acute's rating and standards of care have improved, year on year, from 'Inadequate' in 2016 to overall 'Good' in just three years. Of the PAT service areas inspected across the CQC domains, 90% are now Good or Outstanding. The CQC rated 15 services, 3 as outstanding, 11 as good and one as requires improvement.

Key

Rating change since last inspection	Same ↔	Up one rating ↑	Up two ratings ↑↑	Down one rating ↓	Down two ratings ↓↓
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## Ratings for acute services / acute trust

### 2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
The Royal Oldham Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Fairfield General Hospital	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Rochdale Infirmary	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall trust</b>	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

### 2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Requires Improvement ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020
The Royal Oldham Hospital	Requires Improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020
Fairfield General Hospital	Good ↑ Feb 2020	Good ↔ Feb 2020	Outstanding ↑ Feb 2020	Outstanding ↑ Feb 2020	Good ↔ Feb 2020	Outstanding ↑ Feb 2020
Rochdale Infirmary	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
<b>Overall trust</b>	Requires Improvement ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020	Good ↑↑ Feb 2020	Good ↑ Feb 2020

# Areas of focus and benefits to date

Through the Acquisition we are able to leverage scale to deliver further efficiencies and value accelerating People Centred Care by continuing to develop our core assets and collaborating on commissioner requirements:



<p><b><u>Economies of Scale:</u></b> The transactions will continue to drive procurement and contractual savings</p>	<p><b><u>Developing Standard Operating Models:</u></b> ROI is significant enhanced by scale e.g. Staffing - Trendcare Developments</p>	<p><b><u>Enhancing our capacity to deliver "The Method":</u></b> Economies of scale enable the creation of a more expert and deeper talent pool of people qualified in continuous improvement shared across our populations</p>	<p><b><u>Deployment of digitisation:</u></b> ROI is significantly enhanced by scale eg reducing length of stay, asset management. This will also drive the new model of digital driven by Covid-19.</p>	<p><b><u>Estate rationalisation:</u></b> at scale through investing in new estate to enable consolidation and new models of care.</p>	<p><b><u>Workforce resilience:</u></b> i.e. consolidating service lines so that they are able to meet commissioner service standards</p>	<p><b><u>Financial resilience:</u></b> The transaction will ensure a stable group financial position</p>	<p><b><u>Integration:</u></b> The transaction furthers our ability to improve outcomes for patients through working across organisations, and across the group</p>
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## Example Benefits Created to Date

<ul style="list-style-type: none"> <li>£10m reduction in corporate</li> <li>Group diagnostic / pharmacy</li> <li>Outsourced transactional process</li> </ul>	<ul style="list-style-type: none"> <li>Trendcare</li> <li>Elective access programme</li> <li>Eliminated 12hr waits</li> <li>4hr performance improved</li> </ul>	<ul style="list-style-type: none"> <li>HSMR now as expected</li> <li>Reduction in all harms</li> <li>Ward standards – NAAS</li> </ul>	<ul style="list-style-type: none"> <li>Stabilising infrastructure</li> <li>Upgraded PAS</li> <li>Improved data quality</li> <li>Trendcare</li> </ul>	<ul style="list-style-type: none"> <li>Theatre optimisation</li> <li>Optimised Estate Configurations</li> <li>Integrated models of delivery</li> </ul>	<ul style="list-style-type: none"> <li>Site based leadership model</li> <li>Reduced vacancies and agency</li> <li>Talent management programme</li> </ul>	<ul style="list-style-type: none"> <li>£50m stabilisation fund</li> <li>£24m BCLC 18/19</li> </ul>	<ul style="list-style-type: none"> <li>LCO lead contract</li> <li>Single shared services</li> <li>Single assurance framework</li> <li>Combined standing orders</li> </ul>
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# Funding and investments secured and made to date

- The NCA have secured and implemented over £50m in investment to date for improvements at PAT including:
  - IM&T Stabilisation – significant network and server improvement with over £20m of investment secured and sharing of Global digital exemplar knowledge.
  - Estates improvements: including over £4m for NMGH ICF extensions
  - Over £8m invested in NMGH/ROH energy schemes
- 20/21 GM prioritised £25m for IM&T (£11.9m) and estate funding (£13.1m)
- Significant investments and programmes of work have also been secured for SRFT including the ICO and ACC Vanguard, Global Digital Exemplar status

02.

# The NCA: why the transaction matters

# Partnerships and the importance of Place

- We will increase our focus on and positive role in each of our localities, helping local people and communities to thrive.
- Each of our areas differ and we will ensure local leaders, staff and services are better able to reflect their distinct characteristics.
- Integrated care will be provided across all our localities.
- We are a significant part of the fabric of local communities and our long-term sustainability is closely linked to the wellbeing of our populations – meaning we are an ‘Anchor institution’ in each Place, as explained to the right.

## What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



**Purchasing more locally and for social benefit**  
In England alone, the NHS spends £27bn every year on goods and services.



**Using buildings and spaces to support communities**  
The NHS occupies 8,253 sites across England on 6,500 hectares of land.



**Working more closely with local partners**  
The NHS can learn from others, spread good ideas and model civic responsibility.



**Reducing its environmental impact**  
The NHS is responsible for 40% of the public sector's carbon footprint.

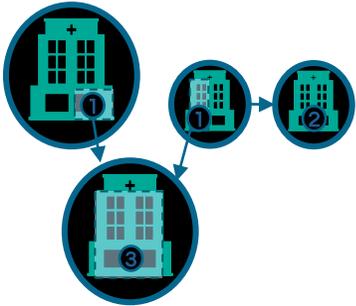


**Widening access to quality work**  
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

# The transaction will support unlocking key attributes to improving patient care

## 1 Reconfiguration of services across sites and populations at pace, a place based approach



Service reconfiguration is vital for improved patient outcomes & resilience e.g. stroke. Currently it happens far too slowly, mainly because of organisational boundaries  
Group models remove down the boundaries that slow pace of patient improvement

The transaction will allow implementation and focus on our place based strategy

## 2 Optimise investment in staff, estates, and technology and the resulting rate of return



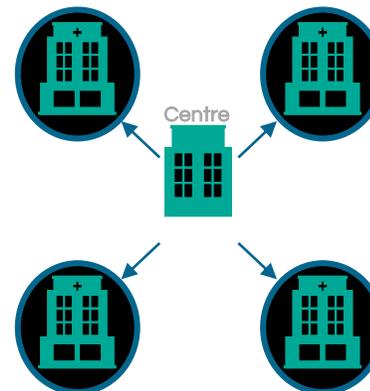
Investment in staff development and career opportunities is fragmented and spread too thin, consolidation will allow economies of scale and leverage  
Fixed costs of technology can be spread across more patient activity, eg leverage Salford Royals electronic patient record  
Estate planning can utilise a wider a wider base of possibilities

## 3 Standard Operating Models



Avoiding the costs of "re-inventing the wheel" on what should be common for all localities and the costs of duplicated services, saves time and money  
Innovations and technology, afforded by group, will enable patient/local customisation

## 4 Scale enables economies of scale



Consolidation of functions and services can spread fixed costs across wider activity base

# Significant work has been undertaken developing business cases for SRFT and NES



## HT: High risk General Surgery

- Currently with Treasury
- Implementation of HT model
- Approx. £27.9m



## SRFT Acute Receiving Centre

- Currently with Treasury
- Includes implementation of HT model
- Approx. £69m



## Oldham Hospital Transformation

- Wave 4b: Capacity to support commissioner strategic intent, urgent care standards and address areas of backlog maintenance.
- Approx. £87m

# Further benefits will be created through the transaction



## Partnerships in Place

- Increase local employment by 750
- Expand strength based approaches
- Safest H&SC organisation in England
- Reduce “never” events to 0
- Integrated model of paediatric care
- Achieve GM Good Employer standard
- Include skills and work in delivery of health services
- Contribute to GM strategy target of reducing falls

## Clinical and Operational Excellence

- Development of a one-stop RDC for cancer diagnoses – diagnostic access target of 99%
- Year of year reduction in unwarranted variation
- Roll out further SOMs
- 20% reduction in RTT times for 2 week wait dermatology patients
- SHMI less than 100, and in the top quartile nationally
- Reduce DNA rates through digital systems
- Further clinical time savings through Trendcare
- Deliver 85% cancer performance

## Caring For and Inspiring Our Staff

- Continue rollout of CF2 coaching approach
- 10% vacancy reduction in medical and nursing posts as a result of health and wellbeing strategy
- Increase % of staff wellbeing reporting measures by 5%
- Reduce reported stress related absence by 10%
- NCA recruitment and retention strategy to reduce turnover
- Clinical workforce transformation to reduce unwarranted variation
- High performance management system for operational managers

## Digital, Research and Innovation

- Utilise digital technologies to automate functions where possible to improve productivity
- Stable network and infrastructure
- Digital Control Centre to support decision making and automation
- Become safety H&SC organisation in England through use of QI methodologies
- Embed innovation and research across specialties
- Enhance and support patient care through digital technologies such as video care and 3D printing

## Sustainable Futures

- £13.1m BCLC benefits expected for 2020/21 beyond those managed by COs.
- Estates masterplan to consolidate services to meet the need of the expanded organisation
- Consolidation of services across NCA to single sites, reducing footprint
- Generation of savings from standardisation and rationalisation
- Bringing outsourced services back in-house
- ROH Healthier Together build

## New Models of Care

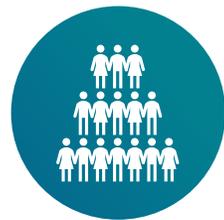
- Consolidate elective activity from SRFT to FGH – 1000 anticipated bed day savings
- ROH as GM hub for general surgery
- Standardised pathways across NCA into communities
- Development of further NCA clinical shared services to drive further efficiencies and improve outcomes
- Development of training academies
- Consolidation of radiology, pathology and pharmacy services
- Networked critical care model

# Why transacting early is important to SRFT



## System savings

Significant money will be saved standing down the majority of the PMO.  
Funding has not yet been agreed with GM.  
Opportunity costs.  
~3 years of sunk transaction costs.



## Hearts and minds

SRFT have been working with PAT since 2016 and there has been with the transaction starting in 2017.  
As the "majority", staff deserve to transfer and understand future destination as soon as possible.  
  
The transaction review could also take significant time to approve by NHSI.



## Strategic Priority

The long-term integration and future of the NCA is a top strategic priority.  
  
The acquisition of NES is just as important to the future of SRFT as it is to NES.



## Transformation

Transformation efforts and executive attention has been diverted significantly since the start of the transaction.  
It is essential we now complete the transaction and deliver the transformation and reconfiguration as soon as possible.

# In Summary



The acquisition will address and provide a solution to PAT's on-going and extensive challenges, creating a high quality and financially sustainable future for the services provided across NES sites and Salford.



Through approval of the Transaction we will be able to drive recovery, digital and process transformation, standards, productivity and quality at new levels of pace and scale.

This is whilst giving staff the future certainty which they so thoroughly deserve.



The future success and sustainability of local healthcare services across Salford, Oldham, Bury and Rochdale can only be truly achieved through the acquisition, genuine partnership working, and a joint ambition to reform and transform.

This partnership working and scale is needed now more than ever.



We understand the risks and issues across PAT and SRFT and have the solutions to create transformation across the NCA. Our plans present an investible proposition aligned with local, regional and national strategies. The people of Salford, Bury, Rochdale and Oldham deserve high quality and sustainable services.



The Full Business case articulates capital funding and sol to deliver vital estates and IT improvements. This is required to stabilise and update IT infrastructure and to provide fit-for-purpose facilities.

This will also drive a significant return on investment and improvement for all stakeholders.

**Together across our localities, over 4 years, we have made significant improvements across the PAT footprint taking the organisation from CQC "Inadequate" to "Good". Through the transaction we can now drive further financial and care improvement.**

03.

# The Financial Challenge and Programme Risks

# Financial Solution: balance by 2025/26

	2025/26			
	PAHT		SRFT	NCA
	NES £m	NM £m	£m	£m
<b>Counterfactual (v18)</b>	<b>-134.2</b>		<b>-24.2</b>	<b>-158.4</b>
Remove BCLC	-57.3		-81.1	-138.4
<b>Counterfactual (v18) pre BCLC</b>	<b>-191.5</b>		<b>-105.3</b>	<b>-296.8</b>
BCLC pre Transformation	27.8	16.0	44.5	88.3
Financing costs of investment in the disaggregation of IT	-5.7	0	0	-5.7
Adjusted Counterfactual	<b>-104.2</b>	<b>-49.2</b>	<b>-60.8</b>	<b>-214.2</b>
<b>Adjusted Counterfactual Excl. NMGH</b>	<b>-104.2</b>		<b>-60.8</b>	<b>-165.0</b>
Benefits Post Transformation	25.9		75.8	101.7
MRET	2.4		1.7	4.1
FRF	34.3		8.0	42.3
NES Clinical Services Reconfiguration	2.9		3.6	6.5
GM Clinical Services Reconfiguration	10.4		0	10.4
<b>Final Position</b>	<b>-28.3</b>		<b>28.3</b>	<b>0</b>

The updated counterfactual presents a financial challenge of £158.4m. This is addressed through:

- £88.3m of BAU productivity savings
- Transformation savings of £101.7m by 2025/26 linked to the scale, standardisation and digital opportunities created through the transaction.
- National funding solutions of £46.4m through FRF and MRET funding
- £6.5m of benefits from clinical service reconfiguration within the NCA. These savings flow from the SOC and are consistent with outline commissioner intentions.
- £10.4m of savings that are anticipated from GM strategic decision making to address the diseconomies of scale identified in the Drivers of the Deficit report. (It is noted that there are other strategic deficits in GM that need resolution and therefore these cost reductions are phased in the later phases of the FBC to reflect decision lead in times).

These actions and solutions are envisaged to deliver a break even position by 2025/26.

# Estimate NES costs of disaggregation: Exclusive from financial model

Cost arising from	Detail	Estimate (£M)
Corporate Disaggregation – Stranded costs	Cost estimated based department by department review of PAH-wide & NCA-wide posts. <b>Single year stranded costs – £6.62m</b> – stranded costs paper Feb 2020 Profiled over 5 years with 20% reduction each year $6.62+5.29+3.97+2.65+1.32 = \text{£}19.85\text{m}$	19.85
Clinical and Corporate Disaggregation change costs	Significant change management will be required across services and pathways. Estimates: £1m for equipment £2m for change management.	3
Procurement – loss of scale benefits	This will be a for a minimum of year and may cross multi year.	0.5
SLA Management	Initial estimate of additional capacity required to oversee SLA and management agreement development	0.3
IM&T costs	Overhead £25.8 plus £7.9m	33.7
IM&T contract and licensing	Capgemini estimate further £8-10m costs	9
<b>Current working estimate</b>	<b><u>DOES NOT INCLUDE MFT SIDE CLIENT/ADDITIONAL COSTS</u></b>	<b>£66.35</b>



Under further review

- Consistent with our SOC all costs of disaggregation are assumed to be outside of the NCA FBC.
- The disaggregation costs of £66.4m compare favourably with the £146m counterfactual presented in the previous slide

# Key risks to transaction timelines

## Clinical Disaggregation and Corporates Safe Transition Plans

- A significant amount of effort has been applied to ensure disaggregation of services is undertaken accurately. Agreements will be put in place with MFT for changes to any service post-transfer.

## Patient Pathways

- A significant amount of effort has been applied by all clinical services to ensure that patient pathways are not affected and that patients continue to receive quality care and that the financial position of each trust is safeguarded. Agreements will be put in place with MFT for changes to any pathway or service post-transfer.

## IM&T Disaggregation and decision making

- The Digital landscape in PAHT was identified as highly fragile as part of initial exploratory work by SRFT in 2015. Whilst a significant amount of stabilisation has taken place, Deloitte noted as part of the acquirer due diligence that *"the PAHT current state environment is not a secure basis on which to disaggregate transition and transform"*. In addition, the PAHT digital landscape is complex and highly integrated across the Trust, meaning a significant amount of care must therefore be taken whilst disaggregating this workstream.

## Disaggregation funding

- It remains the funding must be secured for safe disaggregation in a timeline. Currently the source has not been confirmed.

# 04. Next steps and support

# The impact of Covid

- We acknowledge the profound consequences of Covid and how this will impact the need to work flexibly. We are working with commissioners to overcome the challenges created by the pandemic, setting up a joint Recovery Coordination Group with the NCA across NES sites and Salford.
- The pandemic will have long term consequences on delivery, pace and prioritisation on components of the transaction. Within the business case we acknowledge the impact and uncertainty and that sensitivities will need to be built into our long term financial model.
- The financial impact of Covid is unknown, but any uncertainty would relate equally to the counterfactual

# Next steps

As we move into the Business Case review stage with NHSI there are several areas where we will need your support and commitment.



## Support of business case

Sharing the business case and key messages with CCG Accountable Officers. Development of joint communications.



## Funding

Supporting key investment programmes such as the development of Salford and Oldham sites and support securing funds for disaggregation.



## Ongoing collaboration to timely disaggregation and transaction

We're here to help, and are committed to delivering the earliest possible transaction as agreed with a NHSI. We continue to work together across stakeholders and with you to remove any blockers which may hinder progress to this.

# Timeline

