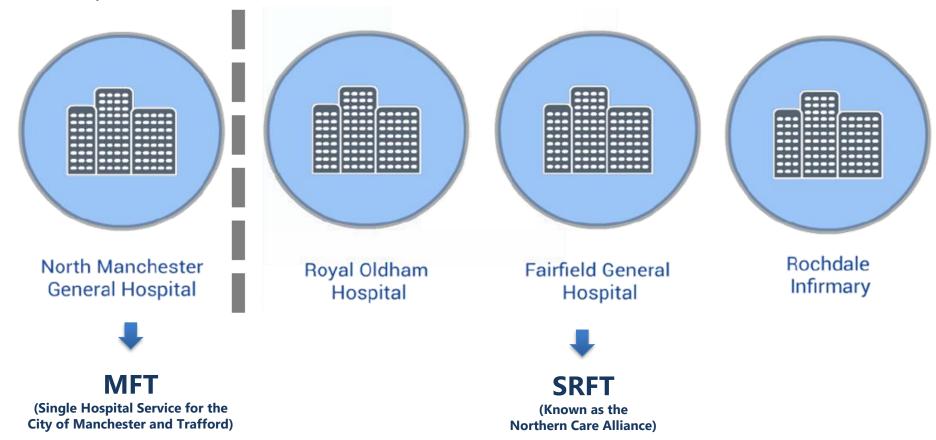


Pennine Acute Trust Transactions Programme Update

Patrick Crowley, Chief Executive 6 September 2021

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

Key Update on Progress with Pennine Transaction

- In February 2021 it was determined that the transactions should be implemented in two phases.
- Phase 1 of the Transaction was completed on 1st April 2021. This saw services being disaggregated as planned, and MFT acquiring NMGH by a commercial transfer.
- Phase 2 of the Transaction i.e. the legal aspects of the transfer of Oldham, Rochdale and Bury Care Organisations to SRFT is due to be completed on 1 October 2021. Simultaneously SRFT will be renamed the Northern Care Alliance NHS Foundation Trust and the Pennine Acute Trust will be dissolved.
- In the period from April 2021 to October 2021, SRFT has continued to manage Bury, Oldham and Rochdale services on behalf of Pennine Acute through a management agreement.

Actions to Conclude the Transaction

- Formal consideration by NHS Improvement on 14 September
- Formal approval by Salford Royal Trust Board and Council of Governors
- Formal approval by MFT Trust Board
- Formal approval by Pennine Acute Trust Board
- Signature of the Transfer and Dissolution Orders by the Secretary of State
- Transfer letters issued to staff

Beyond 1 October

- Transaction being implemented on an "as is" basis no changes to services on Day 1.
- The transactions were undertaken because Pennine Acute was seen as unsustainable. Therefore, it has always been understood that post transaction the successor Trusts (MFT and NCA) will seek to reconfigure some services, drawing on the strength of their wider organisations.
- Existing service provision is currently being maintained through service level agreements between MFT and SRFT
- Plans to gradually exit from many of these service level agreements, which will require further disaggregation of former Pennine Acute services, are being developed by the end of September.

Further disaggregation beyond September – Updated Plan

(Note – Not every service listed where there is only a minor change. In some services listed there may be caveats and exceptions where complete disaggregation / SLA exit is not possible / desirable)

Service Disaggregation and SLA Exit at 1 April 2022	Service Disaggregation at 1 October 2022	Service Disaggregation Beyond 12 months (timing dependent on external factors)	Service where Nature / Timescale / whether to Disaggregate needs Further Consideration
Exit Plan developed by Sept 2021	Exit Plan developed by Sept 2021	Plan on a Page developed by Sept 2021	Statement of Intent developed by Sept 2021
Diabetes / Endocrinology	IT / Informatics	Vascular Surgery	Gastroenterology (Plan for March 2023)
Cardiology (excluding Catheter Lab)	Pathology	Gynaecology	General Surgery
Palliative Medicine & Chaplaincy	Pharmacy (Some staff transfer at March 22)		Urology
Cancer Trackers etc	Therapies (Audiology)		Trauma/Orthopaedics
Ophthalmology	Switchboard		ENT
Interpreting Service			Cardiology Cath Lab
Laundry & Linen			Clinical Haematology
			Rheumatology

Key Stakeholder Engagement

- In many cases, disaggregation will relate to each organisation providing the full existing service themselves rather than relying on support through an SLA from the other Trust.
- In some cases there may be a change to patient flow to other sites for some procedures.
- Any changes to patient flows will be the subject of discussion with commissioners.
- Where wider stakeholder consultation and engagement is required, this will be undertaken, including with the Health Overview and Scrutiny Committee(s) and Healthwatch.

Future Arrangements for the Pennine Joint Health Overview and Scrutiny Committee

- The Committee was originally established to scrutinise "Heathy Futures" and "Making it Better" in the early 2000s.
- The Committee originally covered Bury, Oldham, Rochdale and Manchester councils. In last few years the Manchester HOSC has taken an overview of NMGH.
- Dissolution of Pennine Acute presents the opportunity for the Committee to consider options for the future – three potential options being: maintain overview of Bury, Oldham and Rochdale services; seek to establish a new committee with Salford to mirror the new NCA footprint; dis-establish the Committee and hand back responsibility to individual boroughs.
- Pennine Acute, being dissolved, has no view on what future arrangements might be, but is keen to ensure that the matter is considered to ensure continued effective overview and scrutiny of former Pennine services.

Thank You

- On a parting note, on behalf of the Board and clinical and operational leaders from Pennine Acute who have attended the Committee over the years - thank you to the Committee members, present and past, for your continued interest in Pennine Acute services, for your commitment to ensuring the best possible services, for your probing but always courteous questions and for the reasoned positions that the Committee has taken over the years.
- Thank you also to the Committee clerks, again present and past, for facilitating arrangements for papers, presentations and attendance.