

A solid teal vertical bar on the left side of the slide.

Transaction Update

19th September 2021

Photo: Future Royal Oldham Hospital Site

Manchester Evening News NEWS WHAT'S ON MAN CITY MAN UTD SPORT CELEBS BUSINESS PROPERTY IN YOUR AREA

JOBS MOTORS PROPERTY DIRECTORY FAMILY NOTICES BUYSELL DATING BOOK

News Greater Manchester News Pennine NHS Trust

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

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

itv Live TV Shows Categories News

NEWS Top stories Your area Topics Sport Weather

ITV REPORT 23 September 2016 at 9:15am

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

News Greater Manchester News Pennine NHS Trust

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

Manchester Evening News NEWS WHAT'S ON MAN CITY MAN UTD SPORT CELEBS BUSINESS PROPERTY IN YOUR AREA

JOBS MOTORS PROPERTY DIRECTORY FAMILY NOTICES BUYSELL DATING BOG

News Greater Manchester News Pennine NHS Trust

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 General Hospital, Oldham, Rochdale Infirmary and Fairfield General

OLDHAM EVENING Chronicle

News Business Search Property Jobs Events Forum Community Buy a

Submit News Comment Rules

You are Here: Home » News » News Headlines » Hospital sent my injured boy home

Search Hospital sent my injured boy home

Mirror NEWS POLITICS SPORT FOOTBALL CELEBS TV & FILM WEIRD NEWS TECHNOLOGY MONEY MORE

OFFERS FANTASY BINGO DATING JOBS BUYSELL COMPETITIONS HOROSCOPES PSYCHIC CARTOON

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.

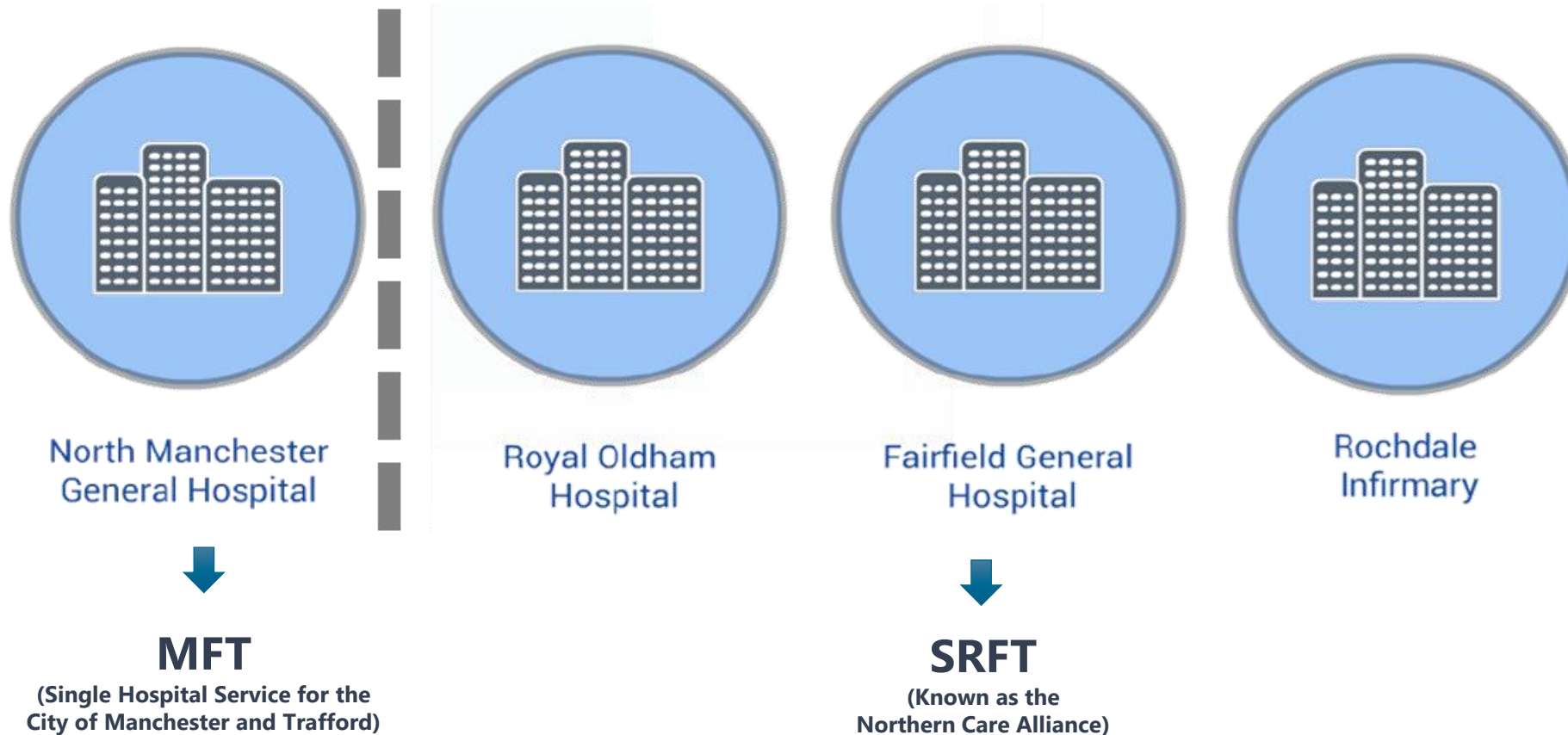
News Health North Manchester General Hospital

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

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.



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.
-

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

The reduced risk to transaction delivery

- As a result of the transaction being phased, there have been additional opportunities to reduce any remaining risks prior to transaction taking place.
- There remain no significant risks to transaction completion. There is one risk scored at 10 as follows:
 - Financial and operational performance falling across both SRFT and PAT may fall further before the transaction takes place; mitigation of continuing QI programmes and Oldham CQC improvement plan
- In terms of operational risks following transaction, there remains one risk rated at 10:
 - Capital funding for transformation; discussions are ongoing between NCA and NHSEI NW / other system stakeholders. We expect this risk to be closed as part of the agreement of the ICS capital control total for 2022/23.
- The current risk position is described in the table below.

	Open risk position: August 2020 (at BC submission)				Open risk position: end August 2021			
Type	12+	11-10	9-5	>5	12+	11-10	9-6	>5
Risk to Transaction	7	6	13	0	0	1	2	0
Operational	1	5	15	0	0	1	16	0

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.



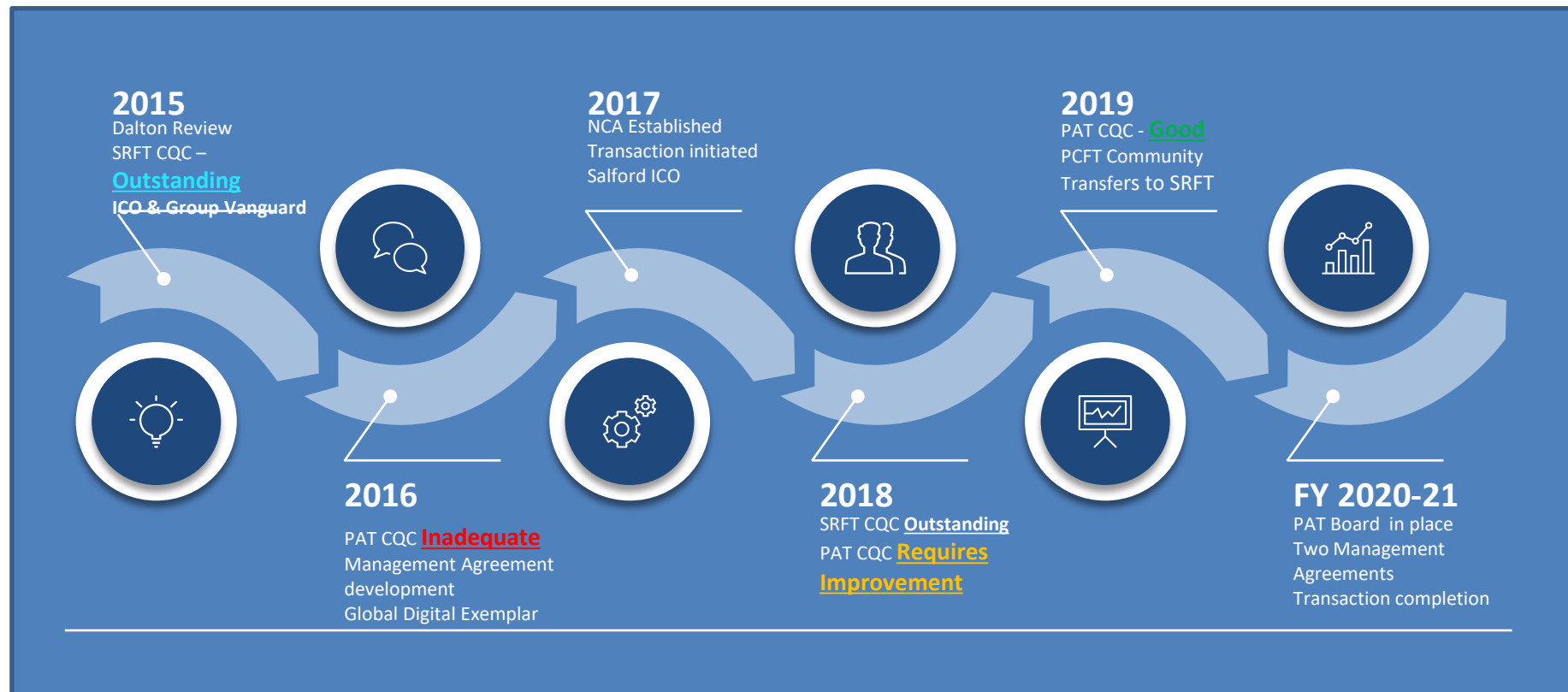
Vertical integration – allows us to realise economies of scale for the system by adopting a more population focussed approach to health, meaning that overall cost of care should be lowered. This also drives an integrated locality and place based approach.



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
	↔	↑	↑↑	↓	↓↓

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
Overall trust	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 ↔
Overall trust	Requires Improvement Feb 2020 ↔	Good Feb 2020 ↑	Good Feb 2020 ↔	Requires Improvement Feb 2020 ↔	Good Feb 2020 ↑↑	Good Feb 2020 ↑

Actions to Conclude the Transaction

- Formal consideration by NHS Improvement on 14 September
 - 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.

Post-Transaction Changes and Impacts on Patients

There will be limited changes post-transaction

- Immediately following transaction, **there will be no changes to any services**. Our key focus will be the delivery of a “safe landing” for all services and for patients in order to ensure a seamless transition to the new organisation.
- SLA exit timetables have been agreed between NCA and MFT. Exit plans have been agreed for the SLAs concluding in September 2021 following the NCA transaction completion, with plans for the rest in development. There may be some changes as services disaggregate, and relevant partners will be engaged as appropriate.
- The key visible change will be the organisational name change from SRFT / PAT to Northern Care Alliance NHS Foundation Trust. A new email address will be put in place for all staff as of transaction, ending @nca.nhs.uk rather than @srft.nhs.uk or @pat.nhs.uk. Existing email addresses will continue to operate for an extended period of time.
- Our new NCA website (www.northerncarealliance.nhs.uk) will be launched on 1 October and PAT and SRT old websites decommissioned. Public, patients and external stakeholders will be able to access all information as before in one place and updated content and guidance.
- The four Care Organisations (Bury, Oldham, Rochdale, Salford) will continue to have distinct identities, and with no changes to the leadership or clinical teams.

Disaggregation Plan beyond September 2021

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
<i>Exit Plan developed by Sept 2021</i>	<i>Exit Plan developed by Sept 2021</i>	<i>Plan on a Page developed by Sept 2021</i>	<i>Statement of Intent developed by Sept 2021</i>
Diabetes / Endocrin	IT / Informatics	Vascular Surgery	Gastroenterology (Disagg March 23)
Cardiology (ex Cath Lab)	Pathology	Gynaecology	General Surgery
Palliative Medicine & Chaplaincy	Pharmacy (Some staff transfer at March 22)		Urology
Cancer Trackers etc	Therapies (Audiology)		Trauma and Ortho
Ophthalmology	Switchboard		ENT
Interp / Translation			Cardiology Cath Lab
Laundry & Linen			Clin Haematology
			Rheumatology

Organisational Capacity

- As part of routine assessment processes in preparation for a transaction, NHSEI asked the question “how does the Board ensure that it has the right bandwidth to deliver BAU and the busy strategic agenda the organisation has, including the transaction?”. This question has been posted particularly in the context of COVID and COVID recovery
- A paper was considered by Group Board on 26th July outlining how the Board assesses bandwidth against objectives & requirements, and what is being put in place to deliver these, so that it can assure NHSEI that appropriate oversight and risk assessment is undertaken to match bandwidth to objectives & requirements.
- This will ensure that there is enough capacity to deliver patient benefits through existing programmes of work alongside dedicated programme management capacity for disaggregation.
- Contingencies are able to be quickly set up in case of capacity gaps.

Scrutiny Arrangements

- It is not anticipated that there will be any changes to the overall scrutiny arrangements between NCA and local authority partners as a result of transaction completion. The NCA will continue to proactively engage with local authorities and scrutiny committees as valued partners.
- There will however inevitably be a reduction in focus on the transaction itself and increased attention on the disaggregation of services and their impact on patients / local residents.
- The Pennine-wide scrutiny arrangements are due to be discussed at the Joint Health Overview & Scrutiny Committee on 6th September.