



Northern Care Alliance
NHS

Transaction Update

7th September 2021

Future Royal Oldham Hospital Site

Progress since previous update

Significant progress has been made

Since the previous update to this committee, there have been significant inroads towards the completion of the transaction, and there now remain no significant risks to transaction completion. SRFT and PAT have worked closely with the HSEI review team to submit a range of documentation and undergo a number of review meetings.

Strategic Rationale	Transaction Execution	Finance	Quality
<p>All submissions made including updated annual plan, collaboration action plan, updated patient benefits with further input from PAT Executive, updated paper linking capital expenditure with patient and financial benefits.</p> <p>Strong working relationships have developed further with MFT, PAT and system stakeholders.</p>	<ul style="list-style-type: none">• Updated documents submitted and detailed updates on Orthoplastics and Cancer provided to Quality Review meeting as well as PAT, previous stocktake meetings.• Disaggregation progressing well between providers with follow on steps or statements of intent agreed.• Post Transaction Governance agreed including Legacy Management office.	<ul style="list-style-type: none">• Finance updates submitted and is in review,• Revised LTFM submitted• Key assumptions signed off through Finance Working Group and shared with regional team• Reporting accountant: line of sight review completed and submitted to Board, summary provided in deck.	<ul style="list-style-type: none">• All documentation submitted• Oldham CQC improvement plan on track• One remaining STP with Amber QIA (OMFS – MFT service)• Detailed Quality review and session completed

number of key meetings have taken place

RFT have undertaken a number of meetings with the NHSEI review team as part of the transaction progress. The NHSEI review team have also met with PAT colleagues. These meetings have been positive and constructive.

RFT and PAT executives and non-executives have met regularly to discuss the delivery of services under the management agreement and operational issues.

The NHSEI review team will submit their recommendations on the transaction to the Provider Oversight Committee on 14th September 2021.

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

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.

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 on 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 2021. SRFT 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 LA 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 aggregation.

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 and local residents.

The Pennine-wide scrutiny arrangements are due to be discussed at the Joint Health Overview & Scrutiny Committee on 6th September.