



**Pennine Acute Hospitals NHS Trust (PAT)
Transactions and Dissolution**

Healthwatch Consultation
17 December 2020 – 28 January 2021

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Introduction to the Consultation

Consultation on the dissolution of Pennine Acute Hospitals NHS Trust (PAT) and the transfer of PAT sites and services to Salford Royal NHS Foundation Trust and to Manchester University Hospital NHS Foundation Trust.

As part of the ongoing reconfiguration of health services,, [Pennine Acute Hospitals NHS Trust \(PAT\)](#) is to be dissolved and the remaining staff, property and liabilities of PAT are to be transferred to [Salford Royal NHS Foundation Trust \(SRFT\)](#) , as part of the [Northern Care Alliance \(NCA\) Group](#) and to [Manchester University NHS Foundation Trust \(MFT\)](#).

The dissolution of PAT, following the transfer of parts of the Trust to SRFT and to MFT as stated above, is planned to take effect from 1 April 2021. The dissolution and transfer order will be made pursuant to [section 25](#) of, and [paragraphs 28 and 29 of Schedule 4](#) to, the [National Health Service Act 2006](#). However, no order can be made until PAT undertakes a prescribed consultation with local Healthwatch organisations, as set out in the [National Health Service Trusts \(Consultation on Establishment and Dissolution\) Regulations 2010](#), in particular:

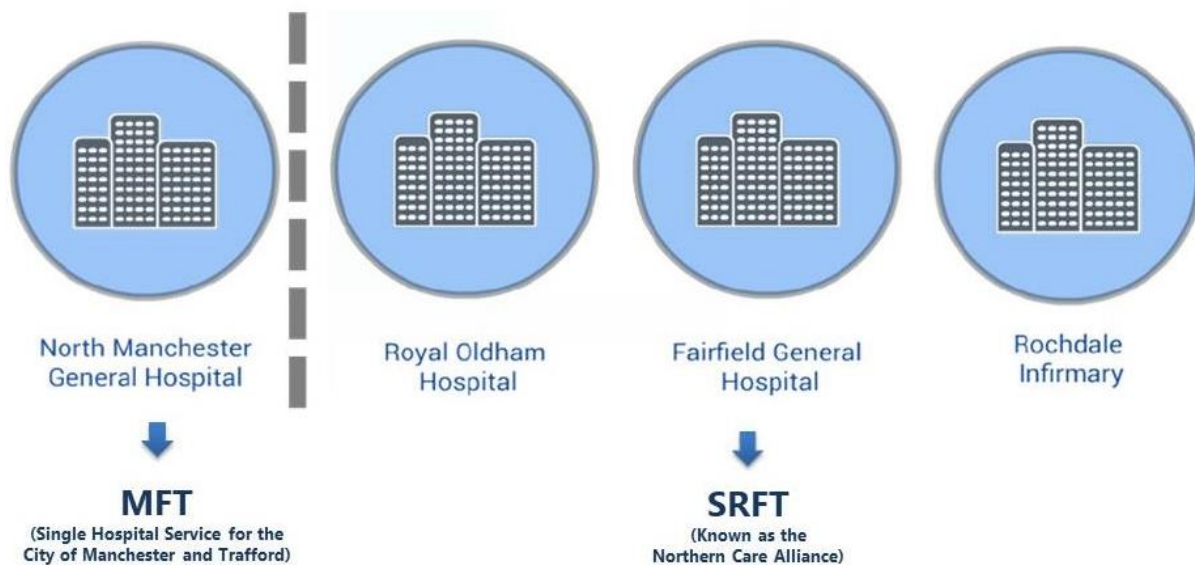
- [Regulation 2\(5\)\(a\)](#), which relates to the dissolution of an NHS trust and requires consultation by that NHS trust with each relevant local Healthwatch organisation.
And;
- [Regulation 3\(1\)\(a\)](#), which relates to the transfer of property and liabilities on dissolution of an NHS trust and requires consultation by that NHS trust with each relevant local Healthwatch organisation and staff interests (Trade Unions).

The regulations further provide that where a dissolution order and a transfer order are to be made in respect of an NHS trust, those consultations may be combined. The regulations further require that an NHS trust who consults a local Healthwatch organisation [under 2\(5\)\(a\)](#) and [3\(1\)\(a\)](#) must report the results of that consultation to the Secretary of State within such period as the Secretary of State may determine.

It is under these terms, as directed by the Secretary of State for Health, that Pennine Acute Hospitals NHS Trust is undertaking this consultation with all local Healthwatch organisations which serve to represent members of the public and patients who access Trust services across all of its sites and localities - Those Healthwatch organisations being: Healthwatch Manchester, Healthwatch Oldham, Healthwatch Rochdale, Healthwatch Bury and Healthwatch Salford.

The formal consultation will commence on 17 December 2020 and will run for six weeks, ending on 28 January 2021.

Background to the Transactions



The Pennine Acute Transactions are two legally separate but intrinsically linked transactions to support the future clinical, financial and workforce sustainability of acute hospital services in the North East sector of Greater Manchester¹ and across the region. It is a formal process involving Pennine Acute Hospitals NHS Trust (PAT), Salford Royal NHS Foundation Trust (SRFT) and Manchester University NHS Foundation Trust (MFT) which is being led by [NHS England and Improvement \(NHSEI\)](#) supported by [Greater Manchester Health and Social Care Partnership \(GMHSCP\)](#).

Case for Change

In 2016, The Pennine Acute Hospitals NHS Trust was rated 'Inadequate' by the Care Quality Commission (CQC) following its first ever inspection of the Trust's services. As a result, Sir David Dalton, then Chief Executive of SRFT, was appointed to take over as Interim Chief Executive and measures were put in place in order to improve standards of care as well as clinical, operational and financial performance across the Trust. In 2017, NHS Improvement (NHSI) reviewed potential long-term solutions for the future sustainability of PAT. This concluded that the preferred option was to disaggregate PAT into two lots, with Manchester University NHS Foundation Trust (MFT) acquiring North Manchester General Hospital (NMGH) as part of plans for a single hospital service across the city of Manchester and Trafford, and SRFT acquiring the remaining sites. This led to both organisations moving to preferred acquirer status.

Where Are We Now?

Under the management of Salford's leadership team, Pennine Acute's standards of care and CQC rating continued to improve year-on-year, from 'Inadequate' in 2016 to overall 'Good' in 2019.

On 1 April 2020, two interim management agreements came into effect, marking an important stage for the Transactions:

- Bury & Rochdale Care Organisation (operating as two separate care organisations since November 2020), Oldham Care Organisation, Diagnostics & Pharmacy and the majority

¹ The North East Sector of Greater Manchester refers to North Manchester, Bury, Rochdale and Oldham along with the surrounding documents.

of Corporate Services, continue to be managed by SRFT and the Care Organisation leadership teams, as part of the NCA Group.

- North Manchester Care Organisation is now managed by MFT.

This 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. Until 1 April 2021, PAT remains the employer for staff with a PAT contract of employment and PAT also continues to exist as a statutory NHS organisation, employer and service provider.

Why It Is Happening: Aims and Objectives

Whilst many improvements have been made, there are limitations of a management contract. Through acquisition, SRFT² and MFT will be able to drive and embed improvement to a greater degree. In line with that, 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 Statutory Transactions

Plans are in place for the statutory transactions to happen on 1 April 2021, those being:

The dissolution of Pennine Acute Hospitals NHS Trust by the Secretary of State for Health and Social Care (the SofS) under [Schedule 4 to the NHS Act 2006](#), following an application by PAT to the SofS for its dissolution, and the transfer, by order of the SofS, of:

- (i) PAT's property, liabilities and staff relating to the North East Sector (NES) sites³ and services to Salford Royal NHS FT (SRFT);
- (ii) PAT's property, liabilities and staff relating to the North Manchester General Hospital (NMGH) site and services to Manchester University FT (MFT)

This means that, on 1 April 2021, PAT will cease to exist as an NHS Trust, MFT will formally acquire the North Manchester site, services and liabilities, SRFT will formally acquire the Bury, Oldham and Rochdale sites, services and liabilities, and MFT and SRFT will each acquire the relevant parts of central services.

² Throughout this document we have referred to SRFT being one of the acquiring trusts along with MFT. However, we are aware that plans are now in place for SRFT to legally change its name to the Northern Care Alliance (NCA) NHS Group from 1 April 2021. We have used 'SRFT' rather than 'NCA' throughout this document for simplicity.

³ NES sites include The Royal Oldham Hospital; Fairfield General Hospital; Rochdale Infirmary and HMR Community Services.

Governance

Pennine Acute Trust Board

In order to ensure the statutory transactions are delivered to schedule, a Pennine Acute Trust Board was re-established on 1 April 2020, to oversee the implementation of the Transactions and hold MFT and SRFT to account for delivery of the management agreements. The Board holds no responsibility for the day-to-day management of services which remains the responsibility of MFT and SRFT under the interim management arrangements – an approach which is enabling staff to focus on continuity of care, patient safety and service delivery across all sites.

Transaction and Disaggregation Committee and Joint Health Overview and Scrutiny Committee

Oversight of the PAT Transactions programme, including the work of all associated clinical, HR, IM&T, patient pathway and financial workstreams and processes, as set-out in this document, is also provided through the weekly Transactions and Disaggregation Committee. Membership of the Committee includes the PAT Executive Team and the Transaction Directors of MFT and SRFT. In addition, the PAT Chief Executive and PAT Transactions Director report on programme progress to local council leaders across the North East sector through the Joint Health Overview and Scrutiny Committee (JHOSC) for Pennine Acute Hospitals NHS Trust.

Transfer of Services and Staff

Safe Transfer Plans: Protecting Services

Project Management Offices at PAT, SRFT and MFT who are managing the PAT Transactions process, have worked closely with clinical and operational leaders across Pennine to develop and validate Safe Transfer Plans (STPs) for each service, clearly setting out the actions required to safely transfer PAT services to either MFT or SRFT. This includes work to also provisionally align staff to either MFT or SRFT.

Safeguarding Employment and Retaining Skills

All PAT staff employment contracts will be transferred to either MFT or SRFT on 1 April 2021. This is being done through an extensive staff alignment process which is being guided by a Staff Alignment Framework, jointly developed between PAT, MFT and SRFT in consultation with staff-side colleagues. PAT, SRFT, MFT and staff-side colleagues are committed to:

- Aligning staff in a way that ensures the continued safe running of services so that patient care is not adversely impacted.
- Aligning staff in a way that minimises duplication of costs
- Safeguarding employment and retaining skills
- Ensuring an open and transparent process that allows staff to participate appropriately.
- Effective partnership working between PAT, SRFT and MFT and Trade Unions.
- Ensuring staff are supported through the change process
- Ensuring that PAT fulfils its legal obligations in relation to staff and consultation.

Staff Alignment

Between September and December 2020, line managers have been holding provisional alignment discussions with their staff to ensure they fully understand the PAT Transactions and what they will mean for them. For most staff this is a straightforward process as they will clearly align to either MFT or SRFT, so discussions have been held through group team briefings. In a small number of cases, where staff do not clearly align to either MFT or SRFT (those working for a corporate service that operates across the whole of Pennine for

example), more detailed work has had to be undertaken and 1-2-1 discussions have been held between line managers and those staff to work through a process to identify which employer the post should align to.

Managers and staff have been well supported throughout the staff alignment discussions process. Meetings have been held both in person, socially distanced in line with COVID-19 Infection Prevention and Control measures, where possible and appropriate to do so, and virtually via MS Teams, where not. Staff have been given the opportunity (as is their right) to be accompanied by a colleague or staff-side representative at any meetings with their manager as well as the opportunity to request a review if they feel the alignment outcome is incorrect – no such request has been made to date. The final alignments will be confirmed in February.

Formal Consultation with Trade Unions

Staff alignment discussions will be completed with all 10,000 PAT staff this month (December), so we will be able to confirm whether staff will be employed by MFT or SRFT, once Pennine ceases to exist on 1 April 2021. A formal consultation period with staff-side representatives commenced on 14 December 2020 and will run until the end of January 2021. This is a formal consultation on the “measures” – the technical arrangements for staff to transfer to either MFT or SRFT in accordance with either [‘TUPE’ \(Transfer of Undertakings Protection of Employment\)](#) or [‘COSO’ \(Cabinet Office Statement of Practice\) procedures](#). The outcome of that consultation will also be reported to the Secretary of State.

How PAT Services will align to MFT and SRFT:

There are four models under which PAT services and their staff will align to either SRFT or MFT:

Model 1 – Services based wholly within one of the PAT sites will result in a whole service transfer to either MFT or SRFT i.e.

- Services based wholly at North Manchester General (NMGH) will align to MFT
- Services based wholly at Royal Oldham, Fairfield General and Rochdale Infirmary will align to SRFT.
- Under this model staff will transfer to the relevant acquiring organisation as they work within one clearly aligned service.

Model 2– Services may have cross-site working but predominately based at one location:

- **2a** Services predominately based at NMGH will align to MFT with a Service Level Agreement (SLA) for provision of services to SRFT.
 - Under this model staff will transfer to MFT as they work within the service. There may be exceptions for individual posts.
- **2b** – Services predominantly based at Royal Oldham, Fairfield General, Bury or Rochdale Infirmary will align to SRFT with a SLA for provision of services to MFT.
 - Under this model staff will transfer to SRFT as they work within the service. There may be exceptions for individual posts.

Model 3 – This model applies to complex services which will be separated between MFT and SRFT. The split may be based on speciality or location. As such, under this model, staff transfer will be based on their role and the service the member of staff supports and not necessarily the site on which they are based.

The diagram on the following page shows how services will align as of 1 April 2021, the day of full service transfer.

Management Arrangements for Care Organisations and Services on Completion of PAT Transactions - From 1 April 2021: Day One (Table Correct as of 16 December 2020)

Key:

Model 1 - services based wholly within one of the PAT sites:

■ North Manchester General (NMGH) services
= align to MFT

■ Royal Oldham, Fairfield General and Rochdale
Infirmary services = align to SRFT

■ 2a: Services aligned to MFT with
SLA for provision of services to SRFT

■ 2b: Services aligned to SRFT with
SLA for provision of services to MFT

■ 3: Complex services to
be separated between
MFT and SRFT

MFT		NCA / SRFT		
Model 1	Model 2a	Model 1	Model 2b	
<ul style="list-style-type: none"> ● A&E, AMU, ACU ● Acute / General Medicine ● Anticoagulation ● ARAS ● Geriatric Medicine ● GU Medicine ● Night nursing ● Bed Management ● Discharge Lounge ● Patient Flow (Integrated Discharge) ● Outpatient nursing ● Pre-Op Assessment ● Theatres & Day Services Unit 	<ul style="list-style-type: none"> ● Breast Radiology ● Breast Surgery ● Critical Care & Outreach (NMGH) ● Diabetes & Endocrinology (BRCO) ● Infectious Diseases ● Neurophysiology ● Nuclear Medicine ● Obstetrics & Maternity (NMGH) ● OMFS, Restorative Dentistry, Orthodontics, Laboratory ● Paediatrics & Neonatology (NMGH) ● Vascular Surgery ● Trauma Orthopaedics 	<ul style="list-style-type: none"> ● A&E, AMU, ACU ● Acute / General Medicine ● Anticoagulation ● Geriatric Medicine ● GU Medicine ● Night nursing ● Bed Management ● Discharge Lounge ● Patient Flow (Integrated Discharge) ● Outpatient nursing ● Pre-Op Assessment ● Theatres & Day Services Unit ● Urgent Care & CAU – Rochdale ● Bury & HMR Integrated Community Diabetes Service ● Floyd Unit (Birch Hill) ● HMR Community Services 	<p>Clinical Services</p> <ul style="list-style-type: none"> ● Cancer Services (N.B. Cancer support will follow the alignment of the relevant speciality and subject to the outcome of the clinical pathways work) ● Clinical Haematology ● Diabetes / Endocrinology (ROH, RI, FGH) ● DAFNE ● ENT ● Gastroenterology / Endoscopy ● Ophthalmology ● Pain Management ● Pathology ● Pharmacy ● Rheumatology ● Stroke ● Obstetrics & Maternity (ROH) ● Paediatric & Neonatology (ROH) ● Critical Care & Outreach (FGH & ROH) ● Elective Orthopaedics 	<p>Corporate Services</p> <p>Estates & Facilities:</p> <ul style="list-style-type: none"> ● Estates & Facilities Help Desk ● Telecommunications and Switchboard ● Laundry (Production Facility) ● Transport ● IMT
← Model 3 →				
<p>Clinical Services</p> <ul style="list-style-type: none"> ● Anaesthetics ● Audiology ● Cardiology (inc. ECHO & cardio-respiratory diagnostics) ● CT / MR ● Dietetics ● General Surgery (& surgical assessment unit) ● Gynaecology ● Interventional Radiology ● Neurophysiology Consultant Staffing ● Occupational Therapy ● Orthotics ● Palliative Medicine ● Physiotherapy ● Podiatry ● Radiology Consultants & Advance Practice Radiographers ● Radiology General ● Respiratory ● SALT ● Ultrasound ● Urology 			<p>Corporate Services</p> <ul style="list-style-type: none"> ● Annual Planning & Standard Operating Model ● Communications ● Delivery Management Office ● Governance and Corporate Nursing ● EPPRU (Emergency Planning) ● Elective Access ● Estates & Facilities ● Learning & Organisational Development ● Finance ● Informatics ● Medical Director's Office Undergraduate Education ● Medical Director's Office Postgraduate Education ● Medical Illustration ● Risk ● Research and Innovation ● Performance ● Procurement ● Service Strategy ● Quality (NAAS & Care Capacity Demand teams) ● Quality & Productivity Improvement Directorate ● Workforce (HR) ● EBME ● Infection Prevention & Control 	

Patient Services: Continuity of Care

This process is about change of employer: the public and patients who receive care and treatment across PAT hospitals will not be affected by these arrangements as services will continue 'as is' from 1 April 2021. Services will be provided by the same staff, in the same locations – there is no intention that staff will need to move sites as a result of the Transactions.

When the Transactions are complete, MFT and SRFT intend to continue with their plans to improve the way patients receive care, and to ensure that the resources and expertise that we have are being shared and used in the best possible way. They will also continue to implement previously agreed GM-wide service reconfiguration programmes such as 'Healthier Together'.

Patient and Public Engagement

As patient services will be unaffected by the PAT Transactions and will remain the same at the point of access, there is no statutory requirement to hold a public consultation. However, members of the public and patient representatives continue to be kept regularly informed of programme progress through the FT member and Council of Governor meetings of MFT and SRFT (which also includes shadow PAT members), as well as the NCA's quarterly magazine, [The Loop](#). Information on how patient data is stored and shared between, PAT, MFT and SRFT has been published as part of the privacy notices on PAT and the acquirers' websites and a dedicated [PAT Transactions information page](#) has been set-up on the PAT website, providing clear mechanisms for enquiry and feedback.

To ensure the public continue to be reassured about access to healthcare services, appropriate public and patient communication and engagement around the plans for PAT hospitals and services will increase, where required, as we get closer to the date of the Transactions. This will include, for example, a notification of the change in service provider being included in hospital and community service appointment letters as appropriate.

Engagement with Healthwatch

Engagement with Healthwatch on the PAT Transactions programme to date has predominantly been through the NCA Healthwatch Partnership Board. The PAT Transactions Director delivered a programme update briefing to the Partnership Board on 4 October 2019, 6 December 2019 and 13 February 2020, after which time the Board had to be stood down due to COVID. A written PAT Transactions update briefing was issued to all NES Healthwatch organisations in early November and a follow-up briefing is planned for the end of January. Arrangements are also currently being made by the NCA to reinstate the Healthwatch Partnership Board in early 2021.

Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS values. Throughout the development of the PAT Transactions programme and the supporting processes cited within this document (such as the Staff Alignment Framework) due regard has been given to:

- The need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- The need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Consultation Format

Who can respond to this consultation?

As directed by the Secretary of State for Health and Social Care, this is a statutory consultation with local Healthwatch organisations. As such, we are explicitly seeking the views of Healthwatch Manchester, Healthwatch Oldham, Healthwatch Rochdale, Healthwatch Bury and Healthwatch Salford.

There is no requirement for those organisations to canvas the opinion of the patients and public they represent as this is not part of a public consultation. Instead, we ask the five local Healthwatch organisations listed above to please take the time to consider the contents of this document and provide feedback on the plan to:

1. On 1 April 2021, transfer:
 - (i) PAT's property, liabilities and staff relating to the North East Sector (NES) sites and services to Salford Royal NHS FT (SRFT);
 - ii) PAT's property, liabilities and staff relating to the North Manchester General (NMGH) site and services to Manchester University FT (MFT)
2. Formally dissolve Pennine Acute Hospitals NHS Trust on 1 April 2021.

Meetings

A meeting to commence the consultation process with all Healthwatch organisations concerned is scheduled to be held via MS Teams on Thursday 17 December. As part of this consultation process, PAT is open to holding further group meetings or to meet with Healthwatch organisations individually if requested. To arrange a further discussion, or if you require further information, please contact the PAT Transactions Team on pat.transaction@pat.nhs.uk.

How to respond

You can submit your response to this consultation via email to pat.transaction@pat.nhs.uk.

In your email please confirm:

- Which organisation you are submitting the response on behalf of.
- That it is an official response.

And clearly set-out:

- Your feedback on both the plan to -
 1. On 1 April 2021, transfer:
 - (i) PAT's property, liabilities and staff relating to the North East Sector (NES) sites services to Salford Royal NHS FT (SRFT);
 - ii) PAT's property, liabilities and staff relating to the North Manchester General (NMGH) site and services to Manchester University FT (MFT)

And;

2. Formally dissolve Pennine Acute Hospitals NHS Trust on 1 April 2021.

Please ensure you submit your response **no later than Thursday 28 January 2021** when the consultation will officially close.

How your responses will be used

This consultation will run for 6 weeks from 17 December 2020, we are grateful to all organisations who take the time to respond. The responses received during the consultation will be analysed and a report will be submitted to the Department of Health and Social Care for consideration by the Secretary of State in early February 2021. The Secretary of State for Health will consider the report before making the order to formally transfer all PAT property, liabilities and staff to SRFT and MFT and officially dissolve Pennine Acute Hospitals NHS Trust on 1 April 2021. We will notify Healthwatch when PAT is in receipt of those orders.

This Document - Alternative Formats

If you require this document in an alternative format, such as large print or easy read, or in an alternative language, please contact the PAT Transactions team at pat.transaction@pat.nhs.uk or call 07545 422 405.