

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 27 February 2018

Subject: Single Hospital Service Progress Report

Report of: Director, Single Hospital Service Programme, Manchester University
NHS Foundation Trust (MFT)

Summary

This report provides an update on the Single Hospital Service Programme in Manchester. It sets out the work that has taken place since the creation of Manchester University NHS Foundation Trust (MFT) on 1st October 2017, and describes the approach that will be used within MFT to track the anticipated benefits of the merger. It also outlines the work being led by Greater Manchester Health and Social Care Partnership to explore the transfer of North Manchester General Hospital (NMGH) into MFT.

Recommendation

To consider and comment on the information provided in the report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Stage One Single Hospital Service Review
- Stage Two Single Hospital Service Review

1.0 Purpose of the report

- 1.1 The purpose of this paper is to provide a progress report on the delivery of a Single Hospital Service within Manchester.

2.0 Background

- 2.1 The proposal to establish a Single Hospital Service (SHS) in Manchester forms an integral part of the Manchester Locality Plan and is designed to deliver a wide range of benefits to the local population.
- 2.2 Building on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, the Single Hospital Service Programme has been operational since August 2016.
- 2.3 The Programme is being delivered through two linked projects. Project one is the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). This was completed on 1st October 2017 and a full programme of integration is now underway. A benefits realisation process is also being established.
- 2.4 Project two is the proposal set out by NHS Improvement, national health regulator, for the newly merged NHS Foundation Trust to acquire North Manchester General Hospital (NMGH) from Pennine Acute Hospitals NHS Trust (PAHT), which will complete the creation of a Single Hospital Service for the City of Manchester.

3.0 Programme Resourcing

- 3.1 The SHS Programme is fully supported through the Greater Manchester Transformation Fund (GMTF). The SHS funding has been provided as part of an overall package of funding for transformation of the Manchester health and social care system, including changes to out-of-hospital care (through the Local Care Organisation programme) and to Commissioning arrangements (i.e. the creation of MHCC).
- 3.2 The funding for the SHS Programme is supporting the creation of a single organisation to provide hospital services in Manchester, but this is only the structure to facilitate improvements to the quality, reliability and consistency of hospital services. Crucially, the funding also supports the integration processes to bring together clinical teams from across the city to develop optimal pathways of care and ensure these are implemented consistently to eliminate variations in the standard of care.
- 3.3 The GMTF has supported the SHS Programme since 2016/17, and is expected to run until 2020/21, by which time the integration activities should be completed. SHS funding in 2016/17 totalled £4.087m, and in 2017/18 £6.91m is being provided.
- 3.4 The utilisation of the GMTF monies is governed by an Investment Agreement between GMH&SCP and MHCC (on behalf of the Manchester health and social care

system). This agreement includes metrics for each of the key areas of transformation, and for the SHS Programme these are a combination of:

- measures relating to the financial security and sustainability of the new FT
- measures relating to improvements in the quality of clinical care provided

3.5 Within Manchester, MHCC is operating a more detailed process to hold to account all transformation work streams (including the SHS Programme) for the service improvements required to deliver the Manchester Locality Plan.

4.0 Integration

4.1 Following completion of the merger, MFT is focussed on the integration of services from the two predecessor organisations, in order to deliver Single Hospital Service benefits.

4.2 The integration work is set out in the Trust's Post Transaction Integration Plan (PTIP) and delivery is being managed by the MFT Integration Oversight Group (IOG) which is chaired by the Director of the Single Hospital Service Programme. Three integration steering groups support the work of IOG, each chaired by an Executive Director of the MFT Board:

- Corporate Integration Steering Group.
- Clinical Governance and Risk Steering Group.
- Operational and Transformation Steering Group.

4.3 In the autumn of 2017 the IOG established an Integration Management Office (IMO). The IMO has a co-ordinating role in providing oversight and assurance of integration work streams and projects. An online programme management tool has been embedded by the IMO to support this process. Currently there are 90 integration projects containing more than 1,900 milestones.

4.4 Integration work streams and projects have been grouped according to the timelines for deliverables: prior to day 1; day 1 to 100; day 100 to year 1; and year 1 and beyond.

4.5 **Corporate Integration.** All of the corporate integration plans for day one were successfully delivered at the point of merger and all other plans remain on track. Examples of the key milestones delivered by this steering group include:

- Completion of a Governor nomination/election process leading to a new Council of Governors.
- Appointment of a substantive MFT Board of Directors.
- Development of a new management structure and recruitment of hospital leadership teams.
- Review of core IT systems and options appraisal for IT solutions moving forward including workforce IT systems.
- Establishment of a change consultation forum with staff side.
- Integration of communication channels.
- Production of a single equality and diversity accountability structure.

4.6 Clinical Governance and Risk. This area of work is concerned with ensuring that all regulatory processes and statutory requirements are integrated within the new Foundation Trust. All day one plans were successfully delivered including the creation of priority policies for the new organisation.

A plan to harmonise all other corporate clinical policies has now been developed and this will be implemented over year 1. Revised safeguarding and infection control committees are in place and work continues to establish Group/Hospital site clinical governance structures.

Registration with the CQC was successfully obtained in time for the merger, and the clinical governance and risk work stream is preparing for an anticipated CQC inspection in the coming year.

4.7 Operational and Transformation. This steering group oversees the development and delivery of 41 clinical integration projects, which are organised into 27 clinical work streams. The projects range in size and scale from the relatively small, such as improved utilisation of the lithotripter (kidney stone treatment) at Wythenshawe Hospital, to the large and highly complex programmes of work required to deliver significant service improvement.

4.7.1 Approximately 40% of these clinical integration projects are now in the delivery phase with benefits and milestones clearly defined and implementation underway. Within these projects there are 16 deliverables which are required by day 100. The remaining projects are going through a development process of clinical engagement, scoping, testing and service review/due diligence.

4.7.2 Notable progress in the clinical projects for the first 100 days includes:

- Introduction of the first new urgent gynaecology theatre lists at Wythenshawe Hospital, providing improved access and choice for women who require surgical management of their miscarriage.
- Introduction of lithotripsy lists for Manchester Royal Infirmary patients at Wythenshawe Hospital.
- Pooled day case waiting lists for urology patients offering increased choice and reducing waiting times for common procedures.

4.7.3 Clinicians and managers from across MFT have been engaged in refining the clinical benefits that are planned to be delivered in Year 1 and Year 2, and also in identifying other opportunities to improve services. Opportunity packs have been developed for all clinical services. These identify how services across the new NHS Trust compare and highlight the potential for levelling up to the best. This work is aimed at reducing variation in standards of care so that patients receive optimal care wherever they are treated within MFT.

4.7.4 A significant amount of work has been done for the year 1 and year 2 projects which mainly represent the complex, strategic changes. In these cases it is vital that the integration planning and delivery is aligned with the development of the MFT service strategy as well as Greater Manchester strategies such as Theme 3 (standardisation of acute and specialist services).

4.7.5 As part of the drive for improvement in the next phase of integration Doctors, Nurses and other key staff are working on a range of projects to introduce benefits for patients. These will be subject to monitoring and include:

- **Cardiac services:** Plans for the implementation of the acute coronary syndrome and heart rhythm benefits are well developed, and a full service review will be completed in April – June 2018.
- **Trauma and Orthopaedics:** A full option appraisal for the delivery of elective orthopedic surgery and fractured neck of femur improvements will be developed during March 2018.
- **Gastroenterology/endoscopy:** clinical teams have been working together on developing shared pathways for common conditions, and a service review of endoscopy will complete during February 2018, focusing on capacity and demand.
- **Stroke:** more detailed planning is being progressed for delivery of a 7 day Transient Ischaemic Attack (mild stroke) service, and proposals are also in development to coordinate the repatriation of Manchester patients from the specialist (hyper acute) Stroke Centres.

4.7.6 In addition to the planned integration work, the formation of the new organisation has brought about a number of additional benefits for patients through staff working more closely together, and the removal of organisational boundaries. Some examples of these emergent benefits include:

- **Patient transfers from Wythenshawe to Trafford Hospital.** Following the implementation of new pathways for patients recovering from a fragility fracture or a brain injury, patients who would have occupied an acute bed at Wythenshawe Hospital can now benefit from specialist rehabilitation facilities at Trafford Hospital. This has particularly supported Wythenshawe Hospital during the recent winter pressures.
- **Emergency department divert.** During periods of unprecedented demand for emergency care over the winter months the two Emergency Departments at Manchester Royal Infirmary (MRI) and Wythenshawe Hospital have worked together to ensure that, as one reaches peak capacity, ambulances are safely diverted to the other where capacity is available. This has happened in a much more frequent and efficient way than would have been the case prior to the merger.
- **Haemato-oncology services.** The haemato-oncology (blood cancer) services at Wythenshawe Hospital and MRI have pooled resources to ensure that more cases can be discussed at a fully constituted cancer multi-disciplinary team meeting allowing care to be delivered more quickly to cancer patients.

5.0 Benefits Realisation

5.1 A significant number of benefits were identified prior to merger on 1st October 2017, and further benefits are continuing to emerge. It is essential that delivery of these benefits is tracked to ensure that they are successfully realised in a timely manner. This is particularly critical given the expected length of time it will take to realise some

of the key benefits and the need to ensure that the new organisation delivers the ambition of the Single Hospital Service Programme and, in turn, the Manchester Locality Plan.

- 5.2 The benefits outlined in key documents to date have been recorded in a Benefits Realisation Register. This will form the basis of a detailed benefits tracking process. Arrangements are currently being established to ensure that a robust approach to benefits management is effectively delivered within MFT.
- 5.3 The benefits realisation process will be used to ensure the organisation remains focussed on the process of fully delivering the potential of a Single Hospital Service. Benefits and success stories will be shared with staff and wider stakeholders at regular intervals and through a variety of mechanisms.

6.0 North Manchester General Hospital (NMGH)

- 6.1 The second stage in the creation of a Single Hospital Service is to transfer NMGH, currently part of Pennine Acute Hospitals NHS Trust (PAHT), into MFT.
- 6.2 NHS Improvement (NHS I), the sector regulator for health services in England and the statutory vendor of PAHT, has outlined its proposal for the NMGH site and services to be acquired by MFT, and for Salford Royal NHS Foundation Trust (SRFT) to acquire the Oldham, Bury and Rochdale hospital sites to join its group of healthcare services, called the Northern Care Alliance NHS Group (NCA).
- 6.3 A Transaction Board has been created to oversee this process, and this is chaired by Jon Rouse, Greater Manchester Health and Social Care Partnership (GMH&SCP) Chief Officer. Membership of the Board comprises senior representatives from NHS I, GMH&SCP, PAHT, SRFT, MFT, Manchester Health and Care Commissioning (MHCC), and all Clinical Commissioning Groups (CCGs) and local authorities on the current Pennine Acute footprint.
- 6.4 The process for MFT to acquire NMGH will be complex and require a significant degree of co-operation and partnership work across a range of stakeholders. To assist with this, the proposed transaction will be governed by the NHS I Transaction Guidance which was re-issued in November 2017. Based on the criteria described in the guidance, the acquisition of NMGH by MFT will be classed as a significant transaction, and therefore be subject to a detailed NHS I review. This review will be a two stage process involving the development of a Strategic Case followed by the production of a Full Business Case. Further work will also be required to obtain clearance from the Competition and Markets Authority (CMA).
- 6.5 MFT remains committed to the NMGH acquisition process and continues to collaborate effectively with all stakeholders to ensure the transaction can be delivered at the earliest practicable opportunity.
- 6.6 The Committee is advised that any detailed scrutiny regarding the NMGH transaction should be directed to NHS I and the GMH&SCP.

7.0 Recommendations

- 7.1 The Committee is asked to consider and comment on the information provided in the report.