

Single Hospital Service for Manchester

Action Plan [v4 with integrated amendments]

1. Background

The Manchester Oversight Group, working on behalf of the Health and Wellbeing Board, has developed a proposal for the establishment of a “single hospital service” for Manchester. This proposal is consistent with Manchester commissioners’ aspirations for hospital services in Manchester, and is a key theme within the Manchester Locality Plan.

The proposal has also been submitted as a Transformation Initiative within the GM Devolution arrangements (attached). The key commissioner and provider organisations confirmed their commitment to the proposal at a special meeting on 3 November 2015, and this agreement will be formally considered by the Manchester Health and Wellbeing Board at its meeting on Wednesday 11 November 2015.

This document provides a provisional plan for the range of actions that need to be undertaken to design the single hospital service agreement.

2. Current challenges

As other reports provided to the Health and Wellbeing Board demonstrate, whilst Manchester hosts a wide variety of very high quality hospital services, some with national and international reputations, it continues to be the case that the residents of Manchester generally have poor health outcomes compared to the rest of the country.

The main hospital services that are used by the residents of Manchester are provided by three different provider organisations (Pennine Acute NHS Trust (PAT), Central Manchester University Hospitals NHS FT (CMFT), and University Hospitals of South Manchester NHS FT (UHSM)). Previous national policy has encouraged provider organisations to compete, and the structure of contracts, payment mechanisms and competitive tendering processes has made it difficult for Trusts to behave in any other way.

This approach has resulted in duplication of services, and has created barriers that stop Trusts working together to improve services for local people. A variety of difficulties are encountered:

- For some services there is unproductive duplication (or triplication) of services, and in others there are service gaps that make it difficult for patient to access the care they need.
- Trusts find themselves competing with each other to attract staff with specialist skills, but these individuals are not always then deployed as effectively as they might be.
- Opportunities to work together to improve patient care or enhance research and innovation are missed
- Some clinical services run the risk of becoming unsustainable, and having to be discontinued in an unplanned or reactive way.
- There is no clear Manchester focus for acute hospital care, or for the relationship between providers and commissioners.
- Different operational protocols and patient pathways are used in the various provider organisations
- Different standards of care are provided to people in different parts of the city,

The proposal for a single hospital service for Manchester seeks to create a mechanism for closer collaborative working and to deliver consistent and complementary arrangements for providing acute hospital services across Manchester, with the aim of eventually achieving a fully-aligned hospital model. This would encompass a comprehensive range of clinical single services, and optimised arrangements for support services, estates utilisation, and back office functions. Further, innovation is essential to drive the change necessary in

health outcomes and care pathways. Integrating research and innovation, along with education of the workforce, will be fundamental to deliver a high quality service that will attract investment for research and innovation.

Manchester commissioners have given a very clear indication that the existing structures and arrangements for providing hospital services in Manchester are no longer acceptable. They have defined their minimum requirements as creating a single system with a unified focus for authority and accountability and a single contractual arrangement for hospital services in the city.

3. Review structure

It is proposed to progress the project through a two stage review. Firstly, this would review the service, research and innovation, and educational portfolios of the three Trusts and develop a detailed exposition of the potential benefits of a fully aligned hospital service model, including its alignment with the proposed structure for integrated care in Manchester based on Living Longer Living Better/One Team. Secondly, the review would then undertake a detailed appraisal of the most appropriate and effective governance and organisational arrangements to deliver the identified benefits.

The review structure will need to recognise the significant transformation programme currently being progressed by North East sector commissioners and Pennine Acute Hospitals NHS Trust.

4. High-level timeline

The high-level timeline for the two stages of the review is as follows:

Stage 1: 16 Nov 2015 – 6 March 2016

Stage 2: 10 March – 31 May 2016

This allows 16 weeks for the first stage, and 12 weeks for the second stage. Approval of the overall approach at the Health and Wellbeing Board meeting on 11 November 2015 would signal the commencement of the process. Regular updates would be provided to the Trust Boards and to the Health and Wellbeing Executive Group throughout Stage 1, and this would culminate in a Stage 1 report, with the comments of the three Trust Boards, being received at the Health and Wellbeing Board meeting on Wednesday 9 March 2016.

Trust Boards and the Health and Wellbeing Executive Group would also receive regular updates through Stage 2 of the Review, and the final Stage 2 report, again with the comments of the three Trust Boards, would be presented to the Health and Wellbeing Board on Wednesday 8 June 2016.

The longer period allowed for Stage 1 reflects the activities involved in the initial project set-up process, and the extent of clinician engagement that will be required.

5. Benefit themes

The benefits identified in Stage 1 of the review process will be clustered around a set of themes defined as follows:

Theme	Scope
Clinical	Patient safety, clinical effectiveness
Patient	Patient experience, patient satisfaction
Research	Research, innovation and biomedical infrastructure
Workforce	Recruitment and retention of staff, staff satisfaction, education and training
Operational	Performance, operational effectiveness
Financial	Financial savings, productivity/efficiency, investment requirements

There will be a bespoke thematic action plan developed for each of these areas.

6. Actions

The key actions required to deliver the Review are described below. A summary action plan with provisional timescales is given in appendix A.

Stage 1 – Benefits assessment

- **Terms of Reference and Scope**

Terms of Reference for the Review will need to be developed and agreed. Sign-off of the Terms of Reference will be through the membership of the Health and Wellbeing Executive Group, and the Chairs and Chief Executives of the three Trusts, on behalf of their Boards of Directors.

The Terms of Reference will include an appendix that defines the Scope of the Review. In principle, this will include all of the hospital services provided by the three main hospital service providers in Manchester (UHSM, PAT, CMFT). It should also take into consideration how those services best align with integrated community based services. Some of these services may also be considered through other processes (eg GM Transformation Initiatives, Healthier Together, GM Specialised Services Strategy, North East Sector Transformation Programme) but it will be important for the Review to consider as broad a range of hospital services as possible.

A role description for the Review Director and a brief for the project analytical support will also be appended to the Terms of Reference document.

- **Appointment of Review Director**

An appropriate process will need to be undertaken to identify and appoint a suitable individual into the role of Review Director. The appointee will need to be independent, have substantial experience in the leadership of health services, and a track-record of achievement in a complex multi-agency environment. The appointment process will be agreed and managed through the membership of the Health and Wellbeing Executive Group, and the Chairs of the three Trusts on behalf of their Boards of Directors.

- **Identification of analytical support**

The Review will need to be supported by independent analytical and project management capacity. This will need to include a broad knowledge of clinical service models and competencies in engaging clinicians, facilitating dialogue, and synthesising service model proposals. To complete the review robustly in the timescales being proposed will require a significant level of resource (and funding) which will need to be agreed.

- **Establish Review Steering Group and supporting arrangements**

The Review Steering Group will oversee the Review process on behalf of the Health and Wellbeing Board and Trust Boards. The Steering Group will be chaired by the Review Director and the membership will include the Chief Executives, Medical Directors and one other nominee from each of the three hospital service providers in Manchester. The group will meet on a fortnightly basis as a minimum, and more frequently if required.

The Steering Group will also have the option of convening a clinical “Star Chamber” to consider any key clinical issues that have not been resolved in the clinical workstream groups.

- **Establish reporting arrangements**

The reporting arrangement for the Review will be from the Review Steering Group through the Health and Wellbeing Executive Group to the Health and Wellbeing Board. A reporting process will be established around the existing meeting cycle of Trust Boards and the Health and Wellbeing Board/Exec Group, with a standard reporting format.

- **Clinical service stock-take**

There will be an initial high-level exercise to define the full range of hospital services provided by each of the three Trusts, including details relating to scale and scope, and identifying areas of overlap and duplication. This information will be integrated into an overall baseline picture of hospital services in Manchester.

- **Clinical engagement and clinical workstreams**

Two Clinical Conferences will be undertaken as part of the stage 1 (Benefits Assessment) process. The first session will take place early in the review and will bring together hospital clinicians from across the city to explain the ambition and purpose of the review processes, and to discuss key themes around clinical, patient, research, workforce, operational and financial aspects. The second session will take place towards the end of the first stage review, and will allow the assessment of benefits to be shared as early and as widely as possible amongst the clinical community.

A series of clinical workstreams will be established, bringing together key clinicians from the three Trusts to look at particular areas of clinical service (specialties or groups of specialties). One of the initial tasks of the Steering Group will be to establish these workstreams with appropriate clinical leadership. A standard process for identifying and agreeing the clinical workstream leads and members will need to be developed. Where necessary the workstreams will include external expert clinical representatives. The objective will be for the workstreams to achieve reasonably comprehensive coverage of the hospital services provided within the city. The workstreams will have standard terms of reference and reporting requirements, and the output of the workstreams will feed directly into the overall assessment of benefits.

- **Establish benefits assessment themes**

As the thinking of the clinical workstreams develops, this will be brought together around the key benefits themes (clinical, patient, research, workforce, operational and financial). To facilitate this, thematic groups will be brought together, with representation from relevant corporate functions and, where appropriate, clinicians within the three Trusts. A similar process to that for the clinical workstreams will need to be developed to identify and agree the thematic workstream leads and members.

- **Communications**

As well as engaging the key clinical teams, there will be a requirement to communicate very widely, both within the three Trusts, and with key stakeholders and audiences in the wider community. A communications plan will be developed to run throughout the Review process, ensuring communication of accurate and relevant messages to all appropriate audiences. This plan will also need to dovetail with constituent Trust communications plans.

This review will be a major piece of work with potentially wide ranging implications for the three trusts, the health and social care system in Manchester and most importantly the patients and population of Manchester. As such, the communications required to support it must not be underestimated. Consideration should be given to dedicated communications resources to support the review.

- **Report development and presentation**

The Review will result in a Stage 1 report which will be presented by the Review Director, with the comments of the three Trust Boards, to the Health and Wellbeing Board. The Stage 1 report will summarise the views of the Review Director, based on the ideas and proposals that have been produced during the Review process, and focusing on the key benefits themes (clinical, patient, research, workforce, operational and financial).

The Review Director will be cognisant of any advice provided by the Review Steering Group, and there will be a process for sense-checking the report with the three Trusts. The Trust Boards will be given an opportunity to provide comments on the final draft report. However, the final content of the Stage 1 report will be the sole responsibility of the Review Director.

Once the report has been accepted by the Health and Wellbeing Board, there will be a process to communicate the key findings to all relevant audiences.

Stage 2 – Governance and Organisational Arrangements

- **Generation of options for Governance and Organisational arrangements**

An early task in the second stage of the Review will be to start to generate a wide range of options for the governance and organisation of hospital services in Manchester. In the initial generation of options, no viable proposals will be discounted. A non-exhaustive list of options could include arrangements such as:

- Do nothing
- Partnership underpinned by multiple SLAs
- Strategic partnership/alliance contract
- Multiple lead providers (service specific)
- Single lead provider
- Organisational mergers

The options may include proposals which would evolve or develop over time.

- **Development of criteria for assessing options**

The purpose of the assessment of options is to determine what sort of governance and organisational arrangements can deliver the identified benefits most rapidly and most reliably. Based on this overall objective, a set of assessment criteria will be developed.

In developing the assessment criteria, it will need to be borne in mind that the Commissioners' minimum requirement is for a solution that provides a binding single point of authority and accountability for hospital service provision, and that the Commissioners will seek to achieve this through a procurement process if it is not delivered through collaborative working.

- **Assessment of options**

Depending on the outcome of the initial process to generate options, and advice from the Review Steering Group, the assessment process may be undertaken in two stages (initial shortlist followed by full assessment) or as a one stage process, but the options involved in the final analysis will need to be developed in some detail.

The assessment process will draw on relevant evidence from elsewhere in the UK and internationally. Attention will be paid to how rapidly any alternative arrangements could be put in place, how rapidly benefits could be delivered, and how sustainable those arrangements would be in the longer term. Relevant considerations will include the need for any consultative processes, governance issues, the role of regulators, and aspects relating to competition law.

- **Report development and presentation**

The Review will result in a Stage 2 report which will be presented by the Review Director, with the comments of the three Trust Boards, to the Health and Wellbeing Board. The Stage 2 report will summarise the views of the Review Director, based on the assessment of options undertaken during the Review process.

The Review Director will be cognisant of any advice provided by the Review Steering Group, and there will be a process for sense-checking the report with the three Trusts. The Trust Boards will be given an opportunity to provide comments on the final draft report. However, the final content of the Stage 2 report will be the sole responsibility of the Review Director.

Once the report has been accepted by the Health and Wellbeing Board, there will be a process to communicate the key findings to all relevant audiences.

7. Conclusions

The key partnership organisations in Manchester have now given a commitment to develop a single hospital service, and this action plan proposes the arrangements required to undertake a two stage review to design this future service provision arrangement.

Stage 1 – Benefits Assessment Provisional Timetable

No	Task	Week ending
1.1	Develop and agree Terms of Reference and Scope of Review	20 Nov 2015
1.2	Develop role description for Review Director	20 Nov
1.3	Appointment of Review Director	20 Nov
1.4	Develop brief for project analytical support	20 Nov
1.5	Identify project analytical support	27 Nov
1.6	Develop membership for Review Steering Group	27 Nov
1.7	Establish meeting cycle for Review Steering Group	27 Nov
1.8	Establish format and cycle for reporting to Health and Wellbeing Board, Health and Wellbeing Executive Group, and Trust Boards	27 Nov
1.9	Develop and implement communications programme	27 Nov and On-going
1.10	Undertake clinical service stock-take	11 Dec
1.11	Establish clinical workstreams with appropriate participation and leadership, and standard reporting format	11 Dec
1.12	Undertake first clinical conference event	18 Dec
1.13	Review Director meets with Chairs of three Trusts for first interim review	8 Jan 2016
1.14	Identify thematic leads for benefits assessment	8 Jan
1.15	Establish benefits assessment work theme groups	8 Jan
1.16	Develop benefits assessment work plans	15 Jan
1.17	Undertake second clinical conference event	22 Jan
1.18	Completion of benefits assessment thematic reports	12 Feb
1.19	First draft report received by Review Steering Group	19 Feb
1.20	Second draft report received by Trust Boards for sense-checking and comments	29 Feb
1.21	Review Director meets with Chairs of three Trusts for second interim review	29 Feb
1.22	Report presented to Health and Wellbeing Board	11 Mar

Stage 2 – Governance and Organisational Arrangements Provisional Timetable

No	Task	Week ending
2.1	Governance arrangements	18 Mar
2.2	Development of criteria for assessing options	1 Apr
2.3	Generation of options for Governance and Organisational arrangements	29 Apr
2.4	Assessment of options	13 May
2.5	First draft report received by Review Steering Group	20 May
2.6	Second draft report received by Trust Boards for sense-checking and comments	27 May
2.7	Review Director meets with Chairs of three Trusts for third interim review	27 May
2.8	Report presented to Health and Wellbeing Board	8 Jun