

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 6 June 2018

Subject: Manchester Single Hospital Service Update

Report of: Peter Blythin, Director SHS Programme (Manchester University NHS Foundation Trust)

Summary

This report provides an update on the progress of the Manchester Single Hospital Service (SHS) Programme. It provides an outline of the work being undertaken following the creation of Manchester University NHS Foundation Trust (MFT) to establish the new trust and realise benefits for patients. It also refers to the arrangements in place for MFT to complete the proposed acquisition of North Manchester General Hospital.

Recommendations

The Board is asked to note the current position.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	A Single Hospital Service Programme will optimise the provision of healthcare services to young people across Manchester and so minimise any adverse effects.
Improving people's mental health and wellbeing.	
Bringing people into employment and ensuring good work for all	The proposed new Single Hospital Service organisation will aim to be an employer of choice, providing access to employment opportunities for local people and excellent training and career paths for a broad range of healthcare professionals.
Enabling people to keep well and live independently as they grow older	A Single Hospital Service will ensure effective standardisation of hospital services in Manchester so that residents are able to access the best and most appropriate healthcare, regardless of where they live.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme.	

One health and care system – right care, right place, right time.	The Single Hospital Service will help to facilitate development and implementation of the most appropriate care provision.
Self-care	

Lead Board member(s):

Kathy Cowell – Chair, MFT
Jim Potter – Chair, PAHT

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Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 The purpose of this paper is to provide an update for the Health and Wellbeing Board on the City of Manchester Single Hospital Service (SHS) Programme. It includes work in place to ensure post-merger integration activities are happening as planned and the current position in respect of the proposal for MFT to acquire North Manchester General Hospital (NMGH).

2.0 Background

- 2.1 The proposal to establish a Single Hospital Service in Manchester forms an integral part of the Manchester Locality Plan. Building on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, the SHS Programme has been operational since August 2016.
- 2.2 The Programme is being delivered through two linked projects. Project One, the creation of Manchester University NHS Foundation Trust (MFT) through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), was completed on 1 October 2017.
- 2.3 'Project Two' is the proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust to MFT.

3.0 Progress to Date

3.1 Integration

- 3.1.1 Following completion of the merger of CMFT and UHSM, Manchester University NHS Foundation Trust (MFT) continues to focus on planning for, and delivery of, the integration of services and anticipated merger benefits. This work is being assured through a structured process of integration planning.
- 3.1.2 The integration planning work is an on-going process, with three distinct iterations having been undertaken prior to the merger. A fourth iteration has recently been finalised to reflect the integration activity undertaken in the first 100 days of the new organisation and to support delivery of the next phase of integration.

3.2 Integration planning requirements and development process

- 3.2.1 Prior to the establishment of MFT, and in preparation for the merger, the integration planning activities were essentially focused on business continuity at the point of merger and immediately beyond. This included work to satisfy NHS Improvement, the Independent Reporting Accountants (KPMG), Commissioners and the Care Quality Commission (CQC) that the Interim Board of Directors had control of the work required to deliver the merger and

that sufficient capability and capacity existed to deliver the plan, whilst also maintaining current operational and financial performance.

3.2.2 The integration plans have been progressively and comprehensively updated to ensure that they continue to support the establishment of the new organisation and the requirement for assurance from external bodies.

3.2.3 The most recent iteration of this work is a major update that evolves the existing thinking into a more succinct set of plans primarily for internal use in the oversight of integration activity. It is recognised, however, that the plans still have an important role in providing assurance and confidence in the Trust's management of post-merger integration. For instance, this work will be critical to the anticipated CQC Well Led review as it is one of the key mechanisms by which the change associated with the merger and the delivery of the identified merger benefits is managed.

3.2.4 At this point the majority of activity is being delivered as 'business as usual' with relevant Group Executive Directors owning the integration activity relevant to their portfolios. Increasingly ownership by the Hospital Chief Executives and their leadership teams will become more prominent as the new organisational structures mature. The Annual Planning process for 2018/19 will further embed this approach.

3.3 Integration plans

3.3.1 The original integration planning work included a set of activities that had to be completed prior to Day 1 and a set of activities for completion by Day 100. The Day 1 tasks were focused on ensuring that the technical aspects of the merger were successfully delivered and that the new organisation was created without any disruption to the normal operation of clinical services. These objectives were successfully achieved and the new organisation commenced operation on 1st October 2018 without any difficulties or adverse incidents. This is an important point given the fact that a significant number of acquisitions experience difficulties from day one or during the immediate period after organisational change has happened. MFT planned well and has realised the benefit of this.

3.4 Governance and Leadership

3.4.1 The Day 100 objectives were largely focused on developing effective organisational arrangements. Key objectives included:

- The formation of a new Council of Governors.
- The establishment of the substantive Board of Directors.
- The creation of the new Group leadership structure with Hospitals/Managed Clinical Services and Trust-wide Clinical Standards Groups.

- Appointment to all of the key leadership roles with robust interim arrangements where required.
- The introduction of the Single Operating Model and underpinning Accountability Oversight Framework.

3.4.2 These activities were all successfully completed by Day 100 (21st February 2018) along with a wide range of other tasks to standardise internal processes. Together, these arrangements ensure organisational stability and maintain clear leadership and lines of accountability. Over recent months, MFT has been able to make a series of senior appointments, drawing from existing talent in the predecessor organisations as well as new external appointments. As a consequence, the leadership teams for the Group and each of the Hospitals/Managed Clinical Services are all now established apart from a handful of posts.

3.5 Finance and Performance

3.5.1 The impact of the new governance arrangements and leadership teams has been reflected in performance in the second half on 2017/18. The financial control total agreed for the new Trust was £18m and in a difficult financial climate the outturn position exceeded this objective by £5m. This resulted in access to Sustainability Funding which placed MFT in a strong position with a bottom line surplus (on a control basis) of £36.5 million. The merger places MFT in a better position to explore and deliver efficiencies in 2018/19 and beyond.

3.5.2 Similarly, in a period of unprecedented urgent care pressures, MFT has consistently been the best performing GM Trust on A&E waiting times – post merger consistently 2-3% ahead of trusts across GM. In part, this has been due to the ease with which capacity can now be flexed and mutual support provided between Manchester's two main A&E services (MRI and Wythenshawe).

3.5.3 Performance has also improved in diagnostics as a direct consequence of aligning teams and service access across the MFT sites thereby increasing capacity, with performance against the six-week target improving from 3% to below 1.8% in March of this year. Improvement will continue as a consequence of the opportunities the merger presents.

3.5.4 Performance against the elective 18-week Referral to Treatment standard is 2% below the 92% standard mainly due to the impact of winter urgent care pressures and the national directive to reduce elective activity. However, a number of our Hospitals achieve the standard (Manchester Royal Infirmary, Royal Eye Hospital, University Dental Hospital and Clinical Support Services) and improvement in performance at Royal Manchester Children's Hospital (RMCH) and Wythenshawe is being made – for RMCH performance moved from 86.4% in April 2017 to 90.1% in March 2018 and for Wythenshawe performance moved from 86.7% in April 2017 to 89% in March 2018. MFT will achieve the standard overall by March 2019.

3.5.5 Cancer waiting time performance is achieved for 7 out of 8 national standards. Performance against the 62 day standard is marginally below the threshold, and has been maintained despite significant increases in cancer demand (+17% in 2017/18) coupled with winter pressures, with a trajectory to deliver the standard by the beginning of December this year.

3.5.6 In other areas, operational performance reflects the strengths and weaknesses of the predecessor organisations and improvements in these areas will follow as consistent best practices is bedded down, economies of scale are delivered and single services are implemented across MFT.

3.6 Integration implementation

3.6.1 Integration activity is progressing strongly across MFT. As the new organisational structures have become more mature, the focus of the integration work has moved from the 'quick win' Day 1-100 projects and planning for Year 1, to implementing and planning the more complex, strategic programmes of work due to deliver in Years 1 and 2.

3.6.2 In respect of patient-facing clinical services, 41 clinical integration projects were originally developed, organised into 27 clinical work streams. These projects were characterised as either Day 1-100, Year 1, or Year 2 depending on when the benefits were due to be delivered. The list of projects will continue to evolve, but it already represents a comprehensive approach to seeking standardisation and quality improvement across a broad range of services covering general hospital care (e.g. medical ambulatory care, respiratory medicine), highly specialised surgery (including acute aortic surgery) and clinical support functions such as pathology and radiology. The full list is captured at appendix 1.

3.6.3 The Greater Manchester Transformation Fund arrangements include a sub-group of improvement targets which form part of the Manchester Investment Agreement. Progress against this set of objectives is on track and MFT will be reporting formally to Manchester Health and Care Commissioners on these from Q1 2018/19.

3.6.4 For some of the biggest and most complex areas of work, separate Programme Boards have been established to take responsibility for planning and delivering the major change programmes which cut across hospital sites and delivery units. These currently focus on:

- Orthopaedics
- Cardiac
- Elderly Care
- Respiratory

3.6.5 Each of the Programme Boards is chaired by either a Group Executive Director or one of the Hospital Chief Executives and attended by the clinical leads and senior managers from the sites involved in the integration work. The

Boards are responsible for ensuring that the potential patient benefits of the integration programmes are delivered. Support is provided by the Transformation, Organisational Development and Strategy teams with other corporate teams including Informatics and Procurement contributing as required. Key performance indicators are being designed for each of the aforementioned Boards, and these will be monitored to ensure timely progress is made in releasing benefits for patients.

- 3.6.6 The Integration work will continue to be overseen by the Integration Steering Group (ISG), with representation from the Strategy Team to ensure that the work aligns with the development of the Trust's overarching Clinical Service Strategy and with Greater Manchester initiatives such as Theme 3 (standardisation of acute and specialist services). ISG reports into the Group Management Board.
- 3.6.7 In addition to the establishment of the Programme Boards and delivery of Day 1-100 projects, integration work has been continuing across the organisation. Specific examples of this activity include:
- **Urology** teams from Wythenshawe and MRI Hospitals have been continuing to work on improving services for patients with kidney stone through increased utilisation of the Lithotripter at Wythenshawe Hospital. The objective is to ensure that this service is available to MRI and Wythenshawe patients throughout the week, and that no patient waits more than a maximum of four weeks. The teams have also been identifying how capacity for routine patients can be optimised across all MFT sites through the "pooled" (i.e. joint) day case project. The change in service provision has had a positive impact on patient choice.
 - **Orthopaedic** services are now running joint Multidisciplinary Teams (MDTs) across all MFT sites for key clinical groups including hip/knee, shoulder/elbow, foot/ankle and hand patients. This work is being developed further for shoulder/elbow and foot/ankle patients, where pooled waiting lists are operating across MFT. The MDTs help to ensure that best clinical practice is applied consistently across the Trust. The pooled waiting lists optimise waiting times and already more than 20 patients have had earlier operations than would otherwise have been the case. Work is also proceeding on identifying a single supplier for surgical implants in respect of shoulder/elbow surgery, and this can be expected to improve the quality of service and achieve the best value for money.
 - The merger continues to facilitate the implementation of Healthier Together plans and associated **surgical services**. Four Consultant General Surgeons have been appointed to strengthen the provision of emergency general surgery. There is also an important focus on developing ambulatory care (avoiding unnecessary admission to a surgical ward) and a clinical lead has been appointed to take this work forward, including the provision of "hot clinics" seven days/week at MRI. A joint Multi-Disciplinary Team is being established for high risk colorectal cancer patients. These initiatives are improving the quality and consistency of surgical service

provision across MFT and this rate of progress would not have been possible without the merger.

- In respect of **Acute Coronary Syndrome**, a new shared pathway has been piloted and is now being implemented across MFT. This will involve seven-day provision for the cardiac physiology service through a joint rota between staff at Wythenshawe and MRI. A single access point is also due to be piloted from June 2018. These improvements are expected to facilitate a reduction in the access time for angiography (the key clinical intervention) to 24 hours.
- An improved **rehabilitation pathway** has been established for Trafford residents who have a hip fracture. Following surgical treatment at Wythenshawe Hospital, it is now possible for these patients to transfer to Trafford General Hospital for rehabilitation. This provides care closer to home (facilitating contact with family and friends) and also reduces workload pressure on the Wythenshawe wards (facilitating admissions through A&E). This pathway was an early product of the merger changes and has now been in place for six months.
- The newly established Managed Clinical Services (maternity, eye and clinical support services) have a primary focus on integration notably across the Oxford Road Campus, Wythenshawe and Trafford sites. The new cross-site management structures which are being implemented in these areas have been designed to enhance the pace of delivery of integration benefits across women's services, children's services and clinical support functions. For example, the pharmacy teams based at the Oxford Road campus and Wythenshawe Hospital are making good progress towards establishing a single team with one process for medicines governance.

3.6.8 Outside of the clinical services the Trust is also progressing work to:

- Restate the Organisational Values and Objectives.
- Establish a comprehensive new Service Strategy.
- Implement a new Leadership and Culture Strategy.
- Develop and implement strategic plans in respect of IM&T and Estates.

3.6.9 After the completion of the first full year of operation of the new Trust (i.e. October 2018), it is intended to refresh the integration plans again. This will involve the development of greater detail around plans that are scheduled for implementation in Year 2. Depending on progress with the proposed acquisition of NMGH, this iteration of the integration plans may also give initial consideration to the future involvement of NMGH services. It is also intended to produce a comprehensive report on merger benefits at this time.

4.0 Acquisition of North Manchester General Hospital (NMGH) – project 2 of the Single Hospital Programme

- 4.1 NHS Improvement (NHS I) has set out a proposal for MFT to acquire North Manchester General Hospital (NMGH) as part of an overall plan to dissolve Pennine Acute Hospitals NHS Trust (PAHT) and transfer the remaining hospital sites (Bury, Oldham and Rochdale) to Salford Royal NHS Foundation Trust (SRFT). The intention for MFT to acquire NMGH is consistent with the local plan to establish a Single Hospital Service within the City of Manchester and forms part of the Manchester Locality Delivery Plan.
- 4.2 The transaction process is being managed under the auspices of the national NHS I Transaction Guidance with oversight provided by a Transaction Board established at the end of November 2017. The Board is chaired by Jon Rouse, Chief Officer for the Greater Manchester Health and Social Care Partnership (GMH&SCP). Associated sub-committees / groups have also been established and representatives from MFT attend all relevant meetings.
- 4.3 As predicted the process for MFT to acquire NMGH is proving complex, requiring a significant degree of effort across a range of interactions with stakeholders. Notwithstanding the challenges, MFT remains committed to acquiring NMGH and is working collaboratively with local and national stakeholders to ensure the transfer of NMGH can be delivered at the earliest practicable opportunity.

5.0 Conclusions

- 5.1 Integration work within MFT is progressing well and the scope of the integration agenda will continue to build and develop over the coming months. The primary focus will be on realising patient benefits and creating new efficiencies through the application of robust leadership and governance arrangements. This will help ensure MFT plays its full part in helping to realise the Manchester Locality Plan.
- 5.2 Progress with the proposed acquisition of NMGH is proving to be more complex than initially anticipated. Irrespective of this MFT remains committed to the realisation of the plan to fully establish the Single Hospital Service for Manchester by transferring NMGH to MFT in as timely a way as possible. On this basis MFT will continue to engage with all key stakeholders and in particular work with Greater Manchester Health and Social Care Partnership in its role to oversee the plan to dissolve Pennine Acute Hospitals NHS Trust.

6.0 Recommendation

- 6.1 The Health and Wellbeing Board is asked to receive the report and note the progress being made by MFT to deliver post-merger benefits for patients.

Manchester Single Hospital Service - Project list

Work stream	Projects	1-100 days	Yr 1	Yr 2
Gynaecology	<ul style="list-style-type: none"> Implement new process for urgent surgery Single service across city Gynaecology ambulatory care in North Manchester and Withington 	Y	Y Y	
Obstetrics	<ul style="list-style-type: none"> Single community midwifery workforce Obstetric rotas reviewed 		Y Y	
Neonates	<ul style="list-style-type: none"> Neonates clinical management by St Mary's 		Y	
General surgery	<ul style="list-style-type: none"> Deliver healthier together proposals around complex elective and high risk emergency surgery 		Y	
Urology	<ul style="list-style-type: none"> Transfer lithotripsy service to UHSM Pooled day case waiting list Reconfigure cancer and benign surgery 	Y Y	Y	
Vascular	<ul style="list-style-type: none"> Single vascular team Consolidate vascular surgery 			Y Y
T&O	<ul style="list-style-type: none"> Elective centre <ul style="list-style-type: none"> Hand Shoulder and elbow Hip and knee Foot and ankle Fractured neck of femur unit 		Y	Y
Head & neck	<ul style="list-style-type: none"> Head and neck / Oral / maxillofacial single service 			Y
Rehabilitation	<ul style="list-style-type: none"> Fragility fracture pathway Neuro rehabilitation pathway Vascular rehabilitation at MRI Access to ICT 	Y Y	Y Y	
Stroke	<ul style="list-style-type: none"> Single point of access 		Y	
Respiratory	<ul style="list-style-type: none"> Single clinical team 		Y	
Cardiac	<ul style="list-style-type: none"> New Acute Cardiac Syndrome pathway 7 day access to heart pacing Acute aortic surgery on call 		Y Y	Y
Paediatrics	<ul style="list-style-type: none"> Single service 		Y	
Medical Engineering	<ul style="list-style-type: none"> Agree service model 		Y	
Medical ambulatory care	<ul style="list-style-type: none"> Optimisation of ambulatory care pathways 	Y		
Frailty	<ul style="list-style-type: none"> Standardised frailty pathway 		Y	
Radiology	<ul style="list-style-type: none"> Separation of Elective / None elective and non-Interventional Radiology lists Single on call Improved reporting Nuclear medicine consolidation 	Y Y Y	Y	

Pharmacy	<ul style="list-style-type: none"> • Information system • Formulary review • Single operating model 	Y Y	Y	
Pathology	<ul style="list-style-type: none"> • Microbiology consolidation • Mortuary resilience • Managed equipment service 		Y Y Y	
Dental	<ul style="list-style-type: none"> • Dental laboratory consolidation business case 	Y		
Gastroenterology	<ul style="list-style-type: none"> • Gastroenterology single team • Endoscopy capacity 		Y Y	