

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 3 March 2020

Subject: Manchester Foundation Trust Clinical Service Strategy Programme Update

Report of: Prof. Jane Eddleston, Group Medical Director
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Summary

Manchester University Foundation Trust was created in 2017 following the merger of Central Manchester Foundation Trust and University Hospital South Manchester Foundation Trust. Clinical teams and services across the hospital sites have now been integrated. This item is to provide an update on this work and to outline some of the proposals the merged clinical teams have identified to improve services further.

Recommendations

The committee is asked to note the contents of the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

N/A

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The delivery of a single hospital service is a key component of Manchester's strategy to improve the health and wellbeing of the city. This report outlines the work being undertaken to deliver the benefits of a single hospital service.
A highly skilled city: world class and home grown talent sustaining the city's economic success	The proposals contained within the clinical service strategies include the creation of new roles - including apprenticeships.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The single hospital service aims to reduce variation between our hospitals and ensure equitable access to the highest standards of care for all communities. The clinical service strategies include proposals to increase screening such that diagnoses are made earlier and thus improving outcomes for patients.

A liveable and low carbon city: a destination of choice to live, visit, work	The clinical service strategies describe how the very best services can be delivered, how we can access new research and innovations. High quality health care contributes to making Manchester an attractive place to live and work.
A connected city: world class infrastructure and connectivity to drive growth	Limited impact.

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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.

1. Purpose of this report

This report provides an update on the work MFT have been undertaking to develop our clinical service strategies.

Following the formation of MFT our immediate priority was to ensure stabilisation of services and to integrate our clinical teams. This was the main focus of year 1 post-merger. Once this was achieved our clinical teams have been coming together to consider ideas for how we can improve our services as a larger organisation and deliver the benefits of having a single hospital service for Manchester.

As the next stage of this work, we would now like to engage patients and the public to help shape our ideas into firm proposals. Whilst we believe there are great opportunities to deliver improvements to care, we are keen to understand and mitigate any negative impacts of changing services or barriers to improvements for certain groups.

We are working with our commissioners to plan a programme of patient and public communications and engagement to better understand patient and public concerns and to help shape our ideas and plans. We also plan to undertake equality impact assessments with patient and public groups to best understand how proposals might best reflect the needs of our diverse communities.

We have begun working with our commissioners to plan this approach and in anticipation of this are updating the Overview & Scrutiny Committee with background information in advance of sharing our engagement plans later in the year.

This paper also provides the background on the formation of MFT following the merger of Central Manchester Foundation Trust (CMFT) and University Hospital South Manchester (UHSM).

2. Background

2.1 MFT – who we are

Manchester University NHS Foundation Trust (MFT) was launched on 1st October 2017. The new organisation brought together a group of nine hospitals plus community services, providing a once in a lifetime opportunity to deliver even better services for the people of Manchester, Trafford and beyond.

MFT Hospital sites:

<p>Manchester Royal Infirmary</p> <p><i>Secondary and tertiary services</i></p> 	<p>Saint Mary's Hospital</p> <p><i>Specialist women's hospital and genomics</i></p> 	<p>Royal Manchester Children's Hospital</p> <p><i>Specialist Children's hospital</i></p> 	<p>University Dental Hospital of Manchester</p> <p><i>Specialist Dental hospital</i></p> 	<p>Manchester Royal Eye Hospital</p> <p><i>Specialist eye hospital</i></p> 
<p>Wythenshawe Hospital</p> <p><i>Secondary and tertiary services</i></p> 	<p>Trafford General Hospital</p> <p><i>Secondary care services</i></p> 	<p>Withington Community Hospital</p> <p><i>Diagnostics, day-case and community</i></p> 	<p>Altrincham Hospital</p> <p><i>Diagnostics and outpatient services</i></p> 	<p>North Manchester General Hospital</p> <p><i>Secondary care services</i></p> <p>Planned to join MFT in 2020</p>

2.2 Single Hospital Service Review

The principle of significantly changing the way that hospital and community services are provided in Manchester was first established late in 2015, in the Manchester Locality Plan. This work was led by MHCC in collaboration with the Manchester Health and Wellbeing Board. It commenced in response to the challenges faced by health and social care providers, and set out an ambitious programme of work made up of three 'pillars' and called the Manchester Locality Plan:

- A Single Hospital Service for Manchester;
- A local care organisation that delivers integrated, accessible, out-of-hospital health and care services across Manchester; and
- A single commissioning system for health and social care services across the citywide footprint.

The Manchester Locality Plan was endorsed by all local stakeholders across the city and supported by Trafford Council.

To commence the Single Hospital Service element of this work the 'Single Hospital Service Review' was commissioned in 2016. Independently led by Sir Jonathan Michael, this work sought to consider the benefits that might be accrued by hospital services in Manchester working more closely together and to identify the optimal organisational form required to deliver these improvements. At the time of the Review there were three hospital service providers in Manchester: CMFT, UHSM, and North Manchester General Hospital (NMGH) – part of Pennine Acute NHS Hospitals Trust (PAHT). All three were included in the review process.

The first stage of the review acknowledged the significant challenges that were facing health and social care providers in Manchester. The review found that hospital care was fragmented and that there was an unacceptable variation across the City in the provision and quality of care provided. The review also identified that although duplication, and even triplication, existed across the city in some clinical services, in other specialties patients were struggling to access healthcare appropriate to their needs. Workforce challenges facing hospital providers, exacerbated by the imperative to move to more even service provision across the seven days of the week, were also highlighted as a key issue. In line with NHS services nationally, increasing financial and operational difficulties were also acknowledged. The development of a Single Hospital Service was identified as a key mechanism to address these issues.

The review also identified a range of benefits that a single hospital service could deliver including:

Quality of Care

- Reduce variation in the effectiveness of care
- Reduce variation in the safety of care
- Develop appropriately specialised clinicians and reduce variation in the access to specialist care, equipment and technologies

Patient Experience

- Provide more co-ordinated care across the city (and reduce fragmentation)
- Enhance the work of the Local Care Organisation to transfer care closer to home
- Improve patient access and choice
- Improve access to services and reduce duplication (and thus unnecessary trips to hospital)

Workforce

- Improve the recruitment and retention of a high quality and appropriately skilled workforce
- Support the requirement to provide a seven-day service
- Reduce the reliance on bank and locum/agency staff

- Support teams to meet the needs of current and future demand for services

Financial and Operational Efficiency

- Reduce costs in supplies and services (including drug costs)
- Reduce staff costs through improvement in productivity and changes in skill mix
- Limit future capital outlay and ongoing fixed costs assets
- Improve operational performance

Research and Innovation

- Increase research activity and income
- Create a single point of entry to all clinical trials thereby improving access
- Ensure new research and best practice guidelines are implemented consistently to improve services

Education and Training

- Optimise curriculum delivery, clinical exposure and reduce the variability in the student and trainee experience
- Widen student and trainee exposure to different clinical environments
- Enhance the reputation of Manchester as a place to come to be trained and to work

Work started in the Autumn of 2016 to merge CMFT and UHSM. A programme team was established and appropriate governance mechanisms were arranged to ensure elements of process, including Competition and Markets Authority (CMA) submissions, the development of a Business Case, Due Diligence and legal mechanisms were completed.

2.3 What has been delivered since the merger?

The key tasks in the first year following the merger were as follows:

- Establishing leadership and organizational structure
- Establishing robust governance and assurance arrangements
- Commencing MFT's service strategy development (see more below)
- Planning for major clinical transformation – integration of clinical teams across our hospital sites

Examples of improvements made post-merger include:

Lithotripsy service - Patients needing kidney stone removal wait no longer than 4 weeks. Before the merger, some patients waited 6 weeks or more.

Urgent Gynaecology Surgery - Women who need surgery after a miscarriage are getting faster treatment in less than 2.5 days instead of 4 before the merger.

Fractured Neck of Femur Service – A specialist rehab service at Trafford means that patients with broken hips have shorter lengths of stay after the merger.

A significant programme of engagement was undertaken pre and post-merger with patients, the public and stakeholders. A full Equality Impact Assessment was undertaken, and an action plan developed to mitigate any identified negative impacts on protected characteristic groups.

3. Clinical service strategy programme

3.1 Overview and approach

The creation of MFT gave us a unique opportunity to think about how we could develop our services to achieve the Trust's vision and long term aims. A key part of this was considering how to address the requirements of the NHS Long Term Plan and other external drivers such as GM reconfiguration plans. Following the merger, we started a programme of work to develop an overarching Group service strategy and a series of clinical service strategies, to engage staff across the organisation and external stakeholders to think about the future of the trust.

The strategies were sequenced into three waves, based on priority of service (e.g. because of significant service duplication across sites) or conversely services which were subject to other decision-making processes and therefore required more time for these processes to run their course (e.g. GM Improving Specialist Care).

Wave 1	Wave 2	Wave 3
Head and Neck	Renal	Infection
Lung	Genomics	Trauma and Orthopaedics
Cardiac	Clinical Haematology	Burns and Plastics
Frailty	Outpatient medical specialties (<i>including Dermatology, Rheumatology, Clinical Immunology, Endocrinology, Allergy, Diabetes, Neurology</i>)	Breast
Emergency and Acute Medicine		
GI Medicine and Surgery		

Each service strategy was led by a Clinical Lead from the service and the strategy encompassed all MFT sites that the service is provided from. Overall programme and clinical oversight was provided by the then Deputy Medical Director (now Joint Medical Director).

The service strategies were developed through a series of multi-professional workshops that were designed to answer three questions:

1. Where is the service now in terms of its strategic positioning?
2. What should the service look like in the future?
3. How will we get there?

The strategies did not start with a blank piece of paper; relevant service plans, case studies, performance information, benchmarking data, and 'fixed points' such as the GM or national direction of travel were reviewed prior to the workshops.

The clinical service strategies were developed as individual standalone documents with over 500 individual proposals for change ranging from minor operational improvements to larger proposals for reorganisation of services. However, there were common themes:

1. Standardisation of pathways and protocols
2. Formation of single clinical teams (across all of our hospitals e.g. one team of A&E staff)
3. New buildings and equipment
4. New roles, training and development
5. Diagnostics and screening
6. Increasing research opportunities
7. Improved communications with patients
8. Improved pathways of care
9. Virtual clinics and care (e.g. Skype outpatient clinics, virtual wards)

10. 'One stop shop' models (where all diagnostic tests are done in a single trip to hospital)
11. Delivering care closer to home
12. Creation of centres of excellence

3.2 Engagement during strategy development

During the development of the strategies we had a structured communications plan which was developed by our in-house corporate communications team. Existing internal meetings were used to regularly update key stakeholders across the organisation, for example Group Service Strategy Committee, Operations and Transformation Oversight Group, CEO Forum, and Integration Steering Group. Regular updates were also provided to local Hospital and Managed Clinical Service committees so that information could be cascaded to divisional management teams. The Clinical Leads for each strategy made themselves available for drop-in sessions during which all staff were able to come along and ask any questions they might have about the strategies.

We also worked with strategic partners to develop the clinical service strategies; workshop invitations were extended to colleagues in local and regional commissioning, the Manchester and Trafford Local Care Organisations. There were regular update meetings with key commissioners (MHCC, Trafford, NHS England, Manchester and Trafford local authorities) to discuss their views on emerging strategies and address any related issues such as attendance at workshops.

Although patient engagement was not the main focus of this phase of the strategy development work, we worked with our patient services team to identify the issues patients commonly highlight with our services so that these could be explored in the workshops. A service user engagement event was held during the development of the Infection service strategy in collaboration with the George House Trust and LGBT Foundation (two local charities). During this workshop we tested out initial ideas about the Infection strategy, and further refined what the direction of travel should be for our services.

Attachment A is an engagement log that describes all of the meetings and other communications and engagement work undertaken during the development of the overarching Group Service Strategy and the wave 1 Clinical Service Strategies.

Once the strategies had been developed they were shared with the stakeholders described above. They were also summarised in different formats for example each Clinical Lead talked about their strategy in a short vlog (video blog). The vlogs were emailed to all staff in MFT's weekly iNews newsletter, and have been posted on the intranet. The Chief Executive of MFT regularly relayed the high level messages from each strategy during his Trust-wide CEO briefings for all staff.

3.3 Patient engagement and equality impact assessment

We would now like to engage patients and the public to help shape our ideas into firm proposals. Whilst we believe there are great opportunities to deliver improvements to care, we are keen to understand and mitigate any negative impacts of changing services or barriers to improvements for certain groups.

We are working with our commissioners to plan a programme of patient and public communications and engagement to better understand patient and public views and to help shape our ideas and plans. We also plan to undertake equality impact assessments with patient and public groups to ensure the plans support our diverse community.

We have begun working with our commissioners to plan this approach and in anticipation of this are updating the Overview & Scrutiny Committee with background information in advance of sharing our engagement plans later in the year.

In liaison with our commissioners we are proposing a two-stage approach to undertake this communications and engagement:

Stage 1 – overarching themes

As outlined above, the ideas in the strategies can be grouped into common themes. Therefore, it is planned that stage 1 will be communications, patient engagement and EQIA about these themes. The outputs of this stage will be:

- An overarching EQIA to understand the impacts of these thematic proposals. Representatives from community and voluntary groups representing the protected characteristics have been invited to two workshops on the 19th February and 10th March to do this.
- In conjunction with MHCC - Patient and population engagement to communicate the themes of the strategies. A detailed communication plan is being developed along with suitable communications material (an animation, easy read summaries of the themes, vlogs, written materials).
- Development of implementation guides for hospitals / services – these will collate the feedback from the engagement events and document the design requirements to ensure that when services are planned and implemented, they are accessible and inclusive e.g. all virtual clinics should include a process to include a translator.

This phase will be delivered over the spring / summer.

Stage 2 – strategy / service specific

The service strategies will be suitable for implementation over different timescales. In addition, the proposals in some strategies may result in more substantial change than others and as such will require greater levels of patient and public engagement. Therefore, a bespoke approach will be required for each strategy / service. We are beginning to work with our commissioners to agree the appropriate approach for each strategy and we plan to begin programmes of communication and engagement in relation to specific strategies in the summer.

3.4 Next steps

The next steps are to:

- Finalise the communications plan for Stage 1
- Identify priority strategies for development to detailed proposal stage and determine an appropriate communications and engagement plan for these.
- Agree assurance and governance processes with our commissioners
- Provide further updates to OSCs once communication and engagement plans are developed.

4. Recommendations

The committee is asked to note the contents of this report and to expect further updates on patient engagement later in the year.

Service Strategy Programme Communications Log

Meeting / event	Date	Group Service Strategy	Clinical Service Strategies
Internal meetings			
Operations and Transformation Oversight Group	4/5/18	X	X
	1/6/18	X	X
	6/7/18	X	X
	3/8/18	X	X
	7/9/18	X	X
	5/10/18	X	X
Integration Steering Group	16/5/18	X	X
	13/6/18	X	X
	18/7/18	X	X
	15/8/18	X	X
	12/9/18	X	X
	24/10/18	X	X
Hospital CEO session	30/7/18	X	X
Wythenshawe Hospital Management Board	20/6/18	X	
	25/7/18	X	
	29/8/18	X	
	26/9/18	X	
RMCH Strategy Board	6/9/18	X	
	4/10/18	X	
MREH Strategy Committee	22/10/18	X	
Single Hospital Service Operational Group	30/10/18	X	X
Saint Mary's Hospital divisional Business and Innovation meetings	17/7/18	X	
	30/7/18	X	
	8/8/18	X	
	4/10/18	X	
	15/10/18	X	
	23/10/18	X	
Commercial development (Claire Robinson and Keith Chantler)	1/5/18	X	
Strategy/Transformation alignment	8/5/18		X
	31/5/18		X
	29/6/18		X
	30/7/18		X
	6/9/18		X
	4/10/18		X
	17/10/18		X
Strategy/Transformation/Informatics alignment	2/10/18	X	
Comms and OD planning	15/5/18	X	X
	21/6/18	X	X
	18/7/18	X	X
	22/8/18	X	X
	10/9/18	X	X
	18/10/18	X	X

Meeting / event	Date	Group Service Strategy	Clinical Service Strategies
WTWA leadership team (Mandy Bailey and Richard Montague)	15/5/18	X	X
Saint Mary's Hospital leadership team (Karen Connolly, David Kay, Kathy Murphy, Ian Daniels)	15/5/18	X	X
Saint Mary's Hospital leadership team (Di Donnai, Sarah Vause)	22/5/18		
UDHM leadership team (Mike Pemberton, John Ashcroft, Sue Langley)	17/5/18	X	X
MREH leadership team (John Ashcroft, Sue Langley)	23/5/18	X	X
Clinical leads' group meeting	12/9/18 17/10/18	X X	X X
Bob Pearson and Toli Onon (Group Medical Directors)	26/4/18	X	
Sarah Tedford (MRI Chief Executive)	3/4/18 17/5/18	X X	X X
John Ashcroft (MREH and UDHM Chief Executive)	24/4/18	X	X
Helen Farrington (Deputy Group Director of Workforce and OD)	24/4/18	X	X
Julia Bridgewater (Group Chief Operating Officer)	27/4/18	X	X
Richard Montague (WTWA Medical Director)	30/4/18	X	X
Adrian Roberts (Group Director of Finance)	1/5/18	X	
Margot Johnson (Group Director of Workforce and OD)	1/5/18	X	
Cheryl Lenney (Chief Nurse)	2/5/18	X	
Lesley Watson (Medicine CSG Lead)	3/5/18	X	X
Alison Dailly (Group Chief Information Officer)	9/5/18	X	
Neil Hanley (Director of Research & Innovation)	11/5/18 5/7/18 2/8/18 10/9/18 21/9/18	X X X X X	
Amanda Wood (WTWA Director of Nursing)	15/5/18	X	
Ian Lurcock (CSS Chief Executive)	15/5/18	X	X
David Furnival (Group Director of Estates & Facilities)		X	
Peter Blythin (SHS Programme Director)	17/5/18	X	
Farzin Fath-Ordoubadi (Heart and Lung CSG Lead)	17/5/18	X	
Kathy Cowell (Chairman)	22/5/18 26/6/18 19/9/18	X X X	
Kate Ryan (Consultant and NHS England CRG lead for Haemoglobinopathies)	22/5/18	X	
Ajith Siriwardena (MRI Cancer Lead)	23/5/18	X	
Sean Loughran (Surgery CSG Lead)	25/5/18	X	
Matt Evison (Consultant and GM Cancer Pathway Board Lead for Respiratory)	25/5/18	X	

Meeting / event	Date	Group Service Strategy	Clinical Service Strategies
Mags Bradbury (Associate Director of Employee Wellbeing, Inclusion & Community)	25/5/18	X	
Craig Barclay (Consultant in Restorative Dentistry)	30/5/18	X	X
Gill Heaton (Group Deputy Chief Executive)	30/5/18 18/10/18	X X	X
Margaret Kingston (Associate Medical Director – Medical Education)	16/4/18 2/7/18 19/9/18	X X	
Lee Rowlands (Director of Contracts)	3/7/18	X	
Christine Doyle (Finance Programme Director)	7/8/18	X	
Next generation innovators (Varinder Athwal, Alex Horsley, Richard Body, Iestyn Shapey, Emma Crosbie)	8/8/18 16/8/18 10/9/18	X X X	X X X
Rishi Sethi (Consultant Radiologist)	17/8/18	X	X
Iain Bruce (Paediatric Otolaryngologist and Honorary Professor of Paediatric Otolaryngology at University of Manchester)	17/8/18	X	
Radiology workshop	20/8/18	X	
Martin Evans (Informatics)	21/8/18	X	
Mark Forrest (Medical Education)	4/9/18	X	
Sue Bailey (NED)	21/9/18	X	
Luke Georghiou (NED / Deputy Vice-Chancellor, University of Manchester)	26/9/18	X	
NED workshop	8/10/18		X
External meetings			
MHCC – catch-up meetings	27/4/18 25/7/18 17/8/18	X X X	X
MHCC – meeting with communications team	20/9/18	X	X
MHCC – workshop with Governing Body	26/9/18	X	X
Ian Williamson (Accountable Officer, Manchester Health and Care Commissioning)	8/5/18	X	
Trafford CCG – catch-up meetings	22/5/18 25/7/18 2/10/18	X X X	X X X
Trafford CCG – workshop with senior clinicians	16/10/18	X	X
NHS England specialised commissioning	6/6/18	X	X
Manchester LCO (Katy Calvin-Thomas, Helen Ibbotts, Elliot Shuttleworth)	17/5/18	X	X
Sohail Munshi (LCO Medical Director)	25/5/18	X	X
Ben Bridgewater (Chief Executive, Health Innovation Manchester)	1/8/18	X	
University of Manchester (Luke Georghiou - NED / Deputy Vice-Chancellor, University of Manchester)	26/9/18	X	
Manchester Metropolitan University	30/10/18	X	X
Creative Places	24/5/18	X	
<u>NMGH:</u> Head and Neck	29/8/18	X	X

Meeting / event	Date	Group Service Strategy	Clinical Service Strategies
Stroke and Frailty	30/8/18	X	X
Cardiovascular	7/9/18	X	X
Emergency and Acute Medicine	12/9/18	X	X
GI Medicine and Surgery	21/9/18	X	X
Lung	24/10/18	X	X