

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

Report to: Manchester Health and Wellbeing Board – 31 October 2018

Subject: Manchester Single Hospital Service – update on current position

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. In particular, it offers 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 (NMGH).

Recommendations

The Board is asked to note the current position with the Manchester Single Hospital Service Programme.

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 Manchester University NHS Foundation Trust (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 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 1st October 2017.
- 2.3 'Project Two' is the proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust (PAHT) to MFT.

3.0 Progress to Date

3.1 Key Messages:

- 3.1.1 Following completion of the merger of CMFT and UHSM, MFT continues to focus on planning for, and delivery of, the integration of services and anticipated merger benefits. This work is being delivered through a structured Post-Transaction Integration Plan (PTIP) which is subject to on-going scrutiny by the MFT Board of Directors as well as internal and external audit.
- 3.1.2 As part of the planning for the establishment of MFT, and in preparation for the merger, the integration planning activities were focused on, and categorised in to, four groups; Pre-Day 1, Day 100, Year 1, and Year 2 and beyond.
- 3.1.3 MFT successfully reached the year one landmark on 1st October 2018. A number of key deliverables, including both patient and staff benefits, were delivered and plans for Year 2 and beyond programmes are now being progressed. Examples of key benefits and deliverables which have been realised are presented below (Section 3.2).
- 3.1.4 To acknowledge the first year of MFT, a year one report is currently being produced. The report will look back at the merger process and the first year of MFT and outline details of the benefits that the organisation has been able to deliver. It is anticipated that this report will be completed by December and details will be provided to the Health and Wellbeing Board in due course.

- 3.1.5 A small number of year one projects have been re-phased to deliver in year two as they have, through clinical engagement and the constructive post-merger environment, developed into larger, more complex work streams designed to introduce additional patient benefits beyond those first thought achievable. Year two integration plans continue to be developed in close connection with the development of the MFT clinical service strategy.
- 3.1.6 As part of this work MFT continues to collaborate with Manchester Health and Care Commissioning (MHCC), PAHT, Salford Royal NHS Foundation Trust (SRFT), NHS Improvement (NHS I) and colleagues at GM Health and Social Care Partnership (GMH&SCP) to ensure the two transactions associated with the dissolution of PAHT remain on track.
- 3.1.7 In particular, MFT is working with MHCC to explore the future role of NMGH within the MFT Group and as part of the local health and social care economy. This will inform the development of the MFT Strategic Case for the transfer of NMGH to MFT.

3.2 Completion of Year One Deliverables

- 3.2.1 Integration plans have been progressively and comprehensively updated to ensure that they continue to support the establishment of the new organisation and the assurance requirement of the MFT Board of Directors as well as those of external bodies.
- 3.2.2 As part of this, a number of corporate programmes have successfully concluded their integration projects, with many continuing as part of the post-merger “business as usual” work.
- 3.2.3 One such deliverable involved the provision of a Trust wide Employee Health and Wellbeing Service to provide comprehensive support for all MFT staff. Feedback from service users has been immensely positive indicating that the pre-merger decision to increase support for staff during a major period of change has proved worthwhile. Moreover, a staff opinion ‘pulse check survey’ at 90 days post-merger showed an improvement in the period immediately pre-merger which had shown a fall in staff satisfaction.
- 3.2.4 In the same vein, MFT has developed a Leadership and Culture Strategy with a significant focus on organisational development including a major work stream on vision and values. This is linked to the integration work required to bed in the new leadership structures across Hospitals and Managed Clinical Services. A video summary of the Trust’s Vision and Values is available here: <https://vimeo.com/289424367/99d0749724>.
- 3.2.5 Benefits have also begun to emerge for Research and Innovation. For example, collaboration between Saint Mary’s and Wythenshawe Hospitals, has led to a new post for a Research Midwife at Wythenshawe Hospital. This means more patients in Manchester now have the opportunity to take part in maternal and foetal health research studies, which will help drive innovation to

ultimately improve patient care. In addition, the Research and Innovation Team has been able to standardise project management practices and systems across the MFT Hospitals which means all research study information is securely stored on a central server which can be accessed across all sites. The centralisation of studies means that staff can work more efficiently from any site and encourages cross site collaboration.

- 3.2.6 A number of clinical services have also achieved impressive patient benefits through the delivery of specific integration programmes. Colleagues from MFT hospitals and the community are continuing to collaborate and harmonise patient pathways and services to provide improved patient experience and better clinical outcomes. Examples of clinical integration benefits include the following:

- **Urology:**

Teams from Wythenshawe Hospital and Manchester Royal Infirmary (MRI) have continued to work on improving services for patients with kidney stones 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. In March 2018, on average, 60 patients were waiting longer than four weeks for their procedure. However, in July 2018, this was significantly reduced and no patients waited longer than four weeks for their treatment.

In September 2018, a non-elective pathway was implemented as well as increased elective throughput at Wythenshawe Hospital. Through September, there were 53 lithotripter treatments that took place at Wythenshawe Hospital.

There has been significant increase in patient choice for Lithotripsy as sessions have increased from once a fortnight to 3 days per week thereby providing a much improved service for patients as a direct consequence of the merger.

- **Orthopaedic services:**

Orthopaedic services are now running joint Multidisciplinary Teams (MDTs) across all MFT sites for key clinical groups including hip/knee, and shoulder/elbow. This workstream is currently exploring 'virtual MDTs' for shoulder/elbow and foot/ankle patients, where pooled waiting lists are operating across MFT. This has led to improved patient choice and access to services.

- **Urgent Gynaecology Surgery:**

Additional urgent gynaecology surgery lists across Wythenshawe and St Mary's Hospitals are in place which offer patients better choice for their procedures in terms of both time and location as well as a reduced time to treatment overall. The baseline figure for this metric was 4.1 days, and the

objective is to get this down to 2.5 days. In September 2018, the average wait for urgent gynaecology surgery was 2.31 days, indicating an improved service for women.

- **Acute Coronary Syndrome (ACS):**

A new shared pathway has been piloted and is now being implemented across MFT. This pathway provides patients with ACS access to the catheter laboratory within 24 hours compared to an average pre-merger wait of 3 days. This is a unified pathway across both of the MFT acute sites (MRI and Wythenshawe Hospital) with a view to extend to all patients with ACS across the Greater Manchester conurbation. This pathway standardises patient care and, in a pilot study, has already been shown to reduce the length stay thus freeing bed days and streamlining care.

3.3 Development of Year Two Integration Plans and Continued Governance Arrangements

- 3.3.1 A small number of year one projects have been re-phased to deliver in year two since clinical staff have realised that by increasing the project scope there is greater potential to increase patient benefits. For example, the Dental Laboratory consolidation project will seek to develop a wider project scope that considers the anticipated transfer of NMGH to MFT, and how the most efficient Dental Laboratory service can be introduced across MFT.
- 3.3.2 Year two integration plans are also being further developed with corporate, operational and clinical leads as teams work towards the implementation of complex programmes of work which will see harmonised care pathways and application of MFT-wide resources to reduce variability of treatment i.e. the same standard of care wherever a patient is treated in MFT.
- 3.3.3 For some of the larger 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
- 3.3.4 Each Programme Board 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.
- 3.3.5 The delivery of the Manchester Investment Agreement patient benefits is reported to MHCC on a quarterly basis. MFT is held to account by MHCC on

the delivery of specific, measurable patient benefits such as shorter wait times to surgery and improved clinical outcomes.

- 3.3.6 All of the above-mentioned integration work remains closely connected to the development of the MFT clinical service strategy. This includes a focus on implementation plans for improvements to clinical services. The work is clinically led and is generating a huge amount of clinical engagement across MFT.
- 3.3.7 Part of the post-merger integration plan includes tracking and monitoring delivery of all merger related benefits. To help ensure this activity continues to receive the attention it warrants a further iteration of the PTIP is being developed.

4.0 Proposed Transfer of North Manchester General Hospital (NMGH) – Project 2 of the Single Hospital Programme

- 4.0.1 NHS I set MFT to acquire out a proposal for NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to SRFT (two-lot proposal). 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 Plan.
- 4.0.2 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 GMH&SCP. Associated sub-committees / groups have also been established and representatives from MFT and MHCC attend all relevant meetings.
- 4.0.3. One of the challenges in completing this work is the need to ensure that the strategic cases submitted by SRFT and MFT are complementary i.e. not contradictory or in any way inconsistent with the two-lot proposal. In this context, MFT continues to work collaboratively with MHCC, PAHT, SRFT, NHS I and colleagues at GM H&SCP to ensure the two transactions associated with the dissolution of PAHT remain on track.
- 4.0.4. In anticipation of the proposed transaction, MFT and MHCC continue to engage with colleagues at NMGH through a staff engagement programme. Colleagues are able to attend and provide updates to staff working on the NMGH site and answer any queries they may have with regards to the transaction. Additionally, MFT and NMGH have also undertaken a joint Consultant recruitment programme in the interest of addressing some of the medical recruitment challenges across the city of Manchester.
- 4.0.5. As part of the development of a credible strategic case, MFT is working with MHCC to explore the role of NMGH as part of the local health and social care economy. This work is being progressed by the North Manchester Strategy Board, led by MHCC.

5.0 Conclusions

- 5.1 Integration work within MFT is progressing well as the primary focus continues to be realising patient benefits and creating new efficiencies through the application of robust leadership and governance arrangements. This approach 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 at the earliest practicable opportunity. 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 note the content of the report.