

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 February 2019

Subject: Single Hospital Service (SHS) Progress Report

Report of: Director, Single Hospital Service

Summary

This report provides an update on the City of Manchester Single Hospital Service Programme. 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 used within MFT to track the anticipated benefits of the merger. It also outlines the part MFT is playing in the work being led by Greater Manchester Health and Social Care Partnership to transfer North Manchester General Hospital (NMGH) into MFT.

Recommendations

To note the information provided in the report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

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	MFT is the largest employer in the City. North Manchester General Hospital is the largest employer in its local area. Both have significant supply chain which brings opportunity. MFT already has links to local schools and business which adds added value to local communities.
A highly skilled city: world class and home grown talent sustaining the city's economic success	MFT and NMGH both have roles in education of health professionals as well as significant research portfolios.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The Manchester Single Hospital Service and the wider strategy regarding North Manchester will improve the health of the population and create greater benefits in the surrounding communities.

A liveable and low carbon city: a destination of choice to live, visit, work	High quality healthcare provision can support Manchester being an attractive place to live. Modernisation of estate and digital can have a significant impact upon the carbon footprint of the City.
A connected city: world class infrastructure and connectivity to drive growth	The strong research and educational status have a global reputation for the City. Research has great potential for further economic growth.

Contact Officers:

Name: Peter Blythin
Position: Director, Single Hospital Service
Telephone: 0161 701 0190
E-mail: Peter.Blythin@mft.nhs.uk

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.

- Manchester Locality Plan 2015 – ‘A Healthier Manchester’
- Manchester Locality Plan (refresh) 2018 ‘Our Healthier Manchester’
- Sir Jonathan Michael Single Hospital Service Reviews
- Taking Charge – Greater Manchester Health and Social Care Partnership
- Single Hospital Service progress report October 2018 – Manchester Health Scrutiny Committee
- MFT One Year Post-Merger Report

1.0 Purpose

- 1.1 The purpose of this paper is to provide an update for the Health Scrutiny Committee on the City of Manchester Single Hospital Service (SHS) Programme. It includes an overview of the work in place to ensure post-merger integration activities are happening as planned. It also explains the current position of MFT with regards to the proposal made by NHS Improvement that MFT should acquire North Manchester General Hospital (NMGH).

2.0 Background

- 2.1 The proposal to establish a Single Hospital Service for Manchester, Trafford and surrounding areas was built 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.
- 2.2 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 Integration Governance

- 3.1.1 As intended at this stage of the merger, year two integration plans are being developed with direct contributions from corporate, operational and clinical teams. This includes attention to the implementation of complex programmes of work aimed at harmonising care pathways. In effect capitalising on the success of the first year post-merger by applying MFT-wide resources to reduce variability of treatment i.e. achieve the same standard of care wherever a patient is treated in MFT. Group Executive Directors and Hospital / Managed Clinical Services Chief Executives are working closely with the Director for the Single Hospital Service to ensure the pace of delivery is both ambitious and achievable.
- 3.1.2 In this context, the Integration Steering Group (ISG), chaired by the Director for the Single Hospital Service, continues to oversee delivery of all integration work streams, providing resource and support to help work stream leads deliver their objectives.
- 3.1.3 As part of the on-going scrutiny of post-merger deliverables the ISG recently organised 'Confirm and Challenge' review meetings of work streams which are supported by GM Transformation Funding. The meetings focussed on the 2018/19 expenditure and forecast spend for 2019/20.

3.1.4 In conjunction with the above governance processes, the fifth iteration of the Post Transaction Integration Plan (PTIP) has been developed. The PTIP refreshes and reinforces the integration plans to ensure MFT tracks delivery of, and realises, merger benefits. This will be the final iteration of the PTIP relating to the merger since work streams will increasingly continue to deliver their integration benefits through business as usual processes overseen by the relevant Group Executive Director or Hospital /MCS Chief Executive.

3.2 Integration Deliverables

3.2.1 Good progress continues with the Integration Programme, details of which are provided in the attached Year One Post-Merger Report (Appendix A).

3.2.2 The Report explains the scale and breadth of achievements made and sets out a high-level account of lessons learnt. As a consequence of the efforts made by all staff, MFT has an even firmer platform to begin to operationalise large, complex schemes to promote significant patient and organisational benefits. The report also outlines the new organisational structure including the scope and scale of services MFT provides, before setting out the vision and values that have been collaboratively developed with staff.

3.2.3 The Report is a public document which has been shared with a wide range of stakeholders. To date it has been well received with positive feedback from colleagues across multiple organisations.

3.2.4 The following extracts from the report illustrate the type of patient and staff benefits MFT has achieved in the first year of the merger.

3.3 Urology

3.3.1 Patients in need of kidney stone removal now have quicker access to non-invasive lithotripsy treatment following the introduction of a combined lithotripsy service between the Manchester Royal Infirmary and Wythenshawe Hospital. Patients needing kidney stone removal wait no longer than 4 weeks. Before the merger, some patients waited 6 weeks or more.

3.4 Fractured Neck of Femur Services

3.4.1 An improved rehabilitation pathway has been developed by Therapy and Nursing Teams for Trafford residents. Patients receiving Fractured Neck of Femur surgery at Wythenshawe Hospital, who meet set criteria, are now able to be transferred to Trafford General Hospital to receive rehabilitation as well as the medical care they need. Patients can recover in a specialist environment closer to home and this enables better outcomes, shorter lengths of stay and improved patient experience.

3.5 Urgent Gynaecology Surgery

3.5.1 An additional dedicated urgent gynaecological list has been introduced at Wythenshawe Hospital. Before the merger, patients who needed surgery for

an urgent gynaecological condition were added to a general theatre list with the possibility their operation could be delayed due to emergency cases taking priority. Women who need surgery after a miscarriage are getting faster treatment in less than 2.5 days on average instead of 4 days before the merger.

3.6 Imaging and Nuclear Medicine

3.6.1 Since the merger, Imaging and Nuclear Medicine colleagues across sites have been working together to combine protocols and procedures to ensure consistent standards are being met across all areas of work. A new process has been introduced to manage turnaround times for scan reports across all MFT Hospitals, reducing the time that patients are waiting to receive their results.

3.7 Stroke Services

3.7.1 Staff from across all MFT sites have collaborated to create a single point of access to stroke services to improve the stroke pathway for patients being transferred from a hyper-acute stroke unit to a district stroke centre in MFT. The aim was to improve timely access to stroke treatment and rehabilitation.

3.7.2 A single point of access pilot in June 2018 analysed the potential to prevent delays in patient transfers by deploying the entire stroke bed base across three sites – Wythenshawe, Trafford and Manchester Royal Infirmary. The model was launched on 1st October 2018 and witnessed a dramatic fall in the number of delays from ten in June to one in October. As a result of the initiative, the MFT Stroke Team won an award for Quality Improvement from the Sentinel Stoke National Audit Programme (SSNAP).

3.8 MFT Vision and Values

3.8.1 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>.

3.9 The Manchester Investment Agreement Metrics

3.9.1 The delivery of the Manchester Investment Agreement patient benefits is reported to Manchester Health and Care Commissioners (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. It is anticipated that a further cohort of metrics will be included in the agreement as part of a process to review and re-baseline deliverables that MFT will seek to realise over the coming two years.

3.9.2 MFT colleagues will attend a meeting with MHCC and Greater Manchester Health and Social Care Partnership (GMH&SCP) in February 2019 to update on the delivery of the Manchester Investment Agreement metrics. Clinicians, Service Managers and colleagues from the SHS and Transformation Teams will present updates on the improvements they have been able to realise as a result of the merger.

4.0 Proposed Acquisition of North Manchester General Hospital

- 4.1 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.
- 4.2 NHS Improvement (NHS I) has set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites (Bury, Oldham and Rochdale) to Salford Royal NHS Foundation Trust (SRFT) – this is referred to in general terms as the ‘two-lots’ proposal.
- 4.3 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 Greater Manchester Health & Social Care Partnership (GMH&SCP).
- 4.4 The current timetable for the dissolution of PAHT expects strategic cases from both SRFT and MFT to be suitably aligned in Q4 of 2018/19. The strategic case will outline MFT’s financial plan for NMGH, in addition to the benefits, risks and any required mitigations associated with the transaction.
- 4.5 One of the challenges in completing this work is the need to ensure the strategic cases submitted by SRFT and MFT are complementary i.e. not contradictory or in any way inconsistent with the ‘two-lots’ proposal. In this context, MFT continues to work collaboratively with MHCC, PAHT, SRFT, and NHS I and colleagues at GMH&SCP to ensure the two transactions associated with the dissolution of PAHT are progressed as efficiently as possible.
- 4.6 In anticipation of the proposed transaction, MFT and MHCC continue to connect with colleagues at NMGH through a staff engagement programme. Colleagues are able to attend and provide updates for NMGH staff and answer any queries they may have with regards to the transaction.
- 4.7 Furthermore, the SHS Team also met MFT Council of Governors on 28th January 2019 to provide key updates on the progress of the proposed acquisition. The session served as an opportunity for the Council of Governors to learn more about the services at NMGH and the transaction process.

5.0 Conclusion

- 5.1 Integration work is progressing well aimed at realising patient benefits and creating new efficiencies. The Year One Post-Merger Report provides a good account of this work and illustrates the criticality of the Post Transaction Integration Plan to ensuring integration objectives stayed on track.
- 5.2 The importance of integration notwithstanding, MFT remains committed to fully establishing the Manchester Single Hospital Service 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 Scrutiny Committee is asked to receive the report.