

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 24 January 2019  
**Report for:**  
**Report of:** Stephen Gardner, Deputy Programme Director, Single Hospital Service

### Report Title

#### Single Hospital Service Update

#### 1. Summary

1.1. This report provides an update on the latest position for the Single Hospital Service (SHS) programme. It includes an overview of the work to establish Manchester University NHS Foundation Trust (MFT) as an organisation, an update on the integration activity that is underway, and information on progress with the proposed acquisition of North Manchester General Hospital (NMGH).

#### 2. Introduction

2.1. This paper provides an update for the Trafford Health Scrutiny Committee on the Single Hospital Service (SHS) Programme.

#### 3. Background

3.1. 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.

3.2. The Programme is being delivered through two linked projects:

3.3. Project 1: 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). MFT was created on 1st October 2017 and integration of the two predecessor organisations is underway.

3.4. Project 2: The planned acquisition by MFT of NMGH. The acquisition is expected to take place sometime between 1<sup>st</sup> October 2019 and 31<sup>st</sup> March 2020.

#### 4. Progress to Date – Integration

4.1. 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. Group Executive Directors and Hospitals/Managed Clinical Services are working closely with the Director for the Single Hospital Service to ensure the pace of delivery is both ambitious and achievable.

4.2. 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.

4.3. In conjunction with the above, the fifth iteration of the Post Transaction Integration Plan (PTIP) is nearing completion. The PTIP will refresh and reinforce integration plans going forward to ensure that MFT realises and tracks merger benefits.

4.4. All of the above-mentioned integration planning 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 which is generating positive clinical engagement.

4.5. Good progress continues with the Integration Programme, details of which are provided in the attached **Year One Post-Merger Report** (Appendix A). 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 additional patient and organisational benefits.

4.6. The following extracts from the report illustrate the type of patient benefits MFT has achieved in the first year of the merger:

4.6.1. **Urology:** 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 MRI and Wythenshawe Hospital. Patients needing kidney stone removal wait no longer than 4 weeks. Before the merger, some patients waited 6 weeks or more.

4.6.2. **Fractured Neck of Femur Services:** 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.

4.6.3. **Urgent Gynaecology Surgery:** 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.

4.6.4. **Stroke:** 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.

4.6.5. 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, in December 2018, the MFT Stroke Team won an award for Quality Improvement from the Sentinel Stoke National Audit Programme (SSNAP).

## **5. Delivery of the Manchester Investment Agreement Metrics**

- 5.1. 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.
- 5.2. 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.

## **6. Proposed Acquisition of North Manchester General Hospital**

- 6.1. 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.
- 6.2. 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).
- 6.3. 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 for the GMH&SCP. Associated sub-committees / groups have also been established and these have appropriate multi-agency involvement.
- 6.4. The process for MFT to acquire NMGH is complex and progress is proving to be more complicated than initially anticipated. The proposed transaction requires a significant degree of effort across a range of interactions with stakeholders and progress continues to move at a slow pace due to the complexity of the programme.
- 6.5. 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-lot 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.
- 6.6. In anticipation of the proposed transaction, MFT and MHCC continue to engage with colleagues at NMGH through a staff engagement programme. Senior leaders attend these sessions and provide updates for NMGH staff and answer any queries they may have with regards to the transaction.
- 6.7. Irrespective of the challenges and complexities, MFT remains committed to the realisation of the plan to complete the establishment of the 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 GMH&SCP in its role to oversee the plan to dissolve PAHT.

## **7. Conclusion**

- 7.1. This report provides an update on the progress of the Single Hospital Service

Programme. It describes the strong progress made in integration activity across the Trust to enable the timely delivery of benefits for patients. The report explains that MFT is progressing plans to acquire NMGH though this is proving to be a complex process. The Health Scrutiny Committee is asked to note the progress made to date.

### **Recommendation(s)**

The Health Scrutiny Committee is asked to:

- (i) Note the current position of the Single Hospital Service Programme.

### **Contact person for access to background papers and further information:**

Name: [Stephen.Gardner@mft.nhs.uk](mailto:Stephen.Gardner@mft.nhs.uk)  
Extension: 0161 701 4963

Background Papers:

### **Implications**

Relationship to Policy Framework/Corporate Priorities	
Financial	
Legal Implications:	
Equality/Diversity Implications	
Sustainability Implications	
Staffing/E-Government/Asset Management Implications	
Risk Management Implications	
Health and Safety Implications	