

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST (MFT)

SINGLE HOSPITAL SERVICE PROGRAMME

13 March 2018

1. Introduction

This paper provides the Trafford Health Scrutiny Committee with an update on progress of the Single Hospital Service (SHS) Programme.

2. Background

The Single Hospital Service (SHS) Programme is being delivered through two linked projects. Project 1 is the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). This was completed on 1st October 2017 and a full programme of integration is now underway. A benefits realisation process is also being established.

Project 2 is the proposal for the new Trust to acquire North Manchester General Hospital (NMGH) from Pennine Acute Hospitals NHS Trust (PAHT), which will complete the creation of a Single Hospital Service for Manchester, Trafford and surrounding areas.

3. Integration

Following completion of the merger, a comprehensive programme has been put in place to progress the integration of services from the two predecessor organisations, in order to deliver Single Hospital Service benefits.

3.1 Integration management

Three integration workstreams are being progressed, covering the following areas:

- Corporate functions
- Governance and risk
- Clinical services

Integration work streams and projects have been grouped according to the timelines for deliverables: prior to Day 1; Day 1 to 100; Day 100 to Year 1; and Year 1 and beyond.

3.2 Corporate functions

All of the corporate integration plans for Day 1 were successfully delivered at the point of merger and all other plans remain on track. Examples of the key milestones delivered by this steering group include:

- Completion of a Governor nomination/election process leading to a new Council of Governors.
- Appointment of a substantive MFT Board of Directors.

- Development of a new management structure and recruitment of hospital leadership teams.
- Review of core IT systems and options appraisal for IT solutions moving forward including workforce IT systems.
- Establishment of a change consultation forum with staff side.
- Integration of communication channels.
- Production of a single equality and diversity accountability structure.

3.3 Governance and Risk

This area of work is concerned with ensuring that all regulatory processes and statutory requirements are integrated within the new Foundation Trust. All Day 1 plans were successfully delivered including the creation of priority policies for the new organisation.

A plan to harmonise all other corporate clinical policies has now been developed and this will be implemented over Year 1. Revised safeguarding and infection control committees are in place and work continues to establish Group/Hospital site clinical governance structures.

Registration with the CQC was successfully obtained in time for the merger, and the clinical governance and risk work stream is preparing for an anticipated CQC inspection in the coming year.

3.4 Clinical services

This workstream oversees the development and delivery of 41 clinical integration projects, which are organised into 27 clinical work streams. The projects range in size and scale from the relatively small, to the large and highly complex programmes of work required to deliver significant service improvement.

Approximately 40% of these clinical integration projects are now in the delivery phase with benefits and milestones clearly defined and implementation underway. Within these projects there are 16 deliverables relating to Day 100. The remaining projects are going through a development process of clinical engagement, scoping, testing and service review. Notable progress in the clinical projects for the first 100 days includes:

- Introduction of the first new urgent gynaecology theatre lists at Wythenshawe Hospital, providing improved access and choice for women who require surgical management of their miscarriage.
- Introduction of lithotripsy lists for Manchester Royal Infirmary patients at Wythenshawe Hospital.
- Pooled day case waiting lists for urology patients offering increased choice and reducing waiting times for common procedures.

Clinical teams from across the Trust have been engaged in refining the benefits that are planned to be delivered in Year 1 and Year 2, and also in identifying other opportunities to improve services. Opportunity packs have been developed for all clinical services. These identify the comparative performance of services across the new Trust, and highlight the potential for levelling up to the best. This work is aimed at reducing variation in standards of care so that patients receive optimal care wherever they are treated.

A significant amount of work has been done for the Year 1 and Year 2 projects which mainly represent the complex, strategic changes. In these cases it is vital that the integration planning and delivery is aligned with the development of the Trust's Clinical Service Strategy, as well as Greater Manchester initiatives such as Theme 3 (standardisation of acute and specialist services).

As part of the drive for improvement in the next phase of integration, clinical teams are working on a range of projects to introduce benefits for patients. These include:

- **Cardiac services:** Plans for the implementation of the acute coronary syndrome and heart rhythm benefits are well developed, and a full service review will be completed in Apr – June 2018.
- **Trauma and Orthopaedics:** A full option appraisal for the delivery of elective orthopedic surgery and fractured neck of femur improvements is being developed during March 2018.
- **Gastroenterology/endoscopy:** clinical teams have been working together on developing shared pathways for common conditions, and a service review of endoscopy was undertaken during February 2018, focusing on capacity and demand.
- **Stroke:** more detailed planning is being progressed for delivery of a 7 day Transient Ischaemic Attack (mild stroke) service, and proposals are also in development to coordinate the repatriation of patients from the specialist (hyper acute) Stroke Centres.

In addition to the planned integration work, the formation of the new organisation has brought about a number of additional benefits for patients through staff working more closely together, and the removal of organisational boundaries. Some examples of these emergent benefits include:

- **Patient transfers from Wythenshawe to Trafford Hospital:** Following the implementation of new pathways for patients recovering from a fragility fracture or a brain injury, patients who would have occupied an acute bed at Wythenshawe Hospital can now benefit from specialist rehabilitation facilities at Trafford Hospital. This has supported Wythenshawe Hospital during the recent winter pressures, and has particularly benefited Trafford patients.
- **Emergency department diverts:** During periods of unprecedented demand for emergency care over the winter months the two main Emergency Departments at Manchester Royal Infirmary (MRI) and Wythenshawe Hospital have worked together to ensure that, as one reaches peak capacity, ambulances are safely diverted to the other where capacity is available. This has happened in a much more frequent and efficient way than would have been the case prior to the merger.
- **Haemato-oncology services:** The haemato-oncology (blood cancer) services at Wythenshawe Hospital and MRI have pooled resources to ensure that more cases can be discussed at a fully constituted cancer multi-disciplinary team meeting allowing care to be delivered more quickly to cancer patients.

4. Acquisition of North Manchester General Hospital (NMGH)

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.

NHS Improvement (NHS I), the sector regulator for health services in England and the statutory vendor of PAHT, has outlined a proposal for the NMGH site and services to be acquired by MFT, and for Salford Royal NHS Foundation Trust (SRFT) to acquire the Oldham, Bury and Rochdale hospital sites to join its group of healthcare services, called the Northern Care Alliance NHS Group (NCA).

A Transaction Board has been created to oversee this process, and this is chaired by Jon Rouse, Greater Manchester Health and Social Care Partnership (GMH&SCP) Chief Officer. Membership of the Board comprises senior representatives from NHS I, GMH&SCP, PAHT, SRFT, MFT, Manchester Health and Care Commissioning (MHCC), and all Clinical Commissioning Groups (CCGs) and local authorities on the current Pennine Acute footprint.

The process for MFT to acquire NMGH will be complex and require a significant degree of co-operation and partnership work across a range of stakeholders. To assist with this, the proposed transaction will be governed by the NHS I Transaction Guidance which was re-issued in November 2017. Based on the criteria described in the guidance, the acquisition of NMGH by MFT will be classed as a significant transaction, and therefore be subject to a detailed NHS I review. This review will be a two stage process involving the development of a Strategic Case followed by the production of a Full Business Case. Further work will also be required to obtain clearance from the Competition and Markets Authority (CMA).

MFT remains committed to the NMGH acquisition process and continues to collaborate effectively with all stakeholders to ensure the transaction can be delivered at the earliest practicable opportunity.

5. Conclusion

This report provides an update on progress on implementation and planning for the SHS Programme. Progress continues to be good, and effective governance arrangements are in place to ensure that the integration programme within the current service portfolio, and preparations for the acquisition of NMGH, can be pursued simultaneously without disrupting the day-to-day operation of the Trust.