

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 26 June 2018
Report for:
Report of: Stephen Gardner, Deputy Programme Director, Single Hospital Service

Report Title

Single Hospital Service Update

Summary

This report provides an update on the latest position of the programme to create a Single Hospital Service for the City of Manchester. It provides an overview of the work to establish Manchester University 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).

1.0 Introduction

1.1 The purpose of this paper is to provide an update for the Trafford Health Scrutiny Committee on the Single Hospital Service (SHS) Programme.

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

3.0 Progress to Date

3.1 Establishment of the Organisation

3.1.1 Following the establishment of MFT, work progressed quickly to develop effective organisational arrangements. The key objectives of this work included:

- The formation of a new Council of Governors.
- The establishment of the substantive Board of Directors.
- The creation of the new Group leadership structure with Hospitals/Managed Clinical Services and Trust-wide Clinical Standards Groups.

- Appointment to all of the key leadership roles with robust interim arrangements where required.
- The introduction of the Single Operating Model and underpinning Accountability Oversight Framework.

3.1.2 These activities were all successfully completed by Day 100 (21st February 2018) along with a wide range of other tasks to standardise internal processes. Together, these arrangements ensure organisational stability and maintain clear leadership and lines of accountability.

3.2 Integration Activity

3.2.1 Integration activity is progressing strongly across MFT. As the new organisational structures have become more mature, the focus of the integration work has moved from the 'quick win' Day 1-100 projects and planning for Year 1, to implementing and planning the more complex, strategic programmes of work due to deliver in Years 1 and 2.

3.2.2 The integration work is overseen by the Integration Steering Group (ISG), with representation from the Strategy Team to ensure that the work aligns with the development of the Trust's overarching Clinical Service Strategy and with Greater Manchester initiatives such as Theme 3 (standardisation of acute and specialist services). ISG reports into the Group Management Board.

3.2.3 The progress of integration activity is closely monitored and reported on by the Single Hospital Service Integration Management Office (IMO) to ensure that timely progress is made in realising benefits for patients. In addition, the Greater Manchester Transformation Fund arrangements include a sub-group of improvement targets which form part of the Manchester Investment Agreement. Progress against this set of objectives will be reported formally through Manchester Heath and Care Commissioning from Q1 2018/19.

3.2.4 In respect of patient-facing clinical services, 41 clinical integration projects were originally developed, organised into 27 clinical work streams. These projects were characterised as either Day 1-100, Year 1, or Year 2 depending on when the benefits were due to be delivered. The list of projects will continue to evolve, but it already represents a comprehensive approach to seeking standardisation and quality improvement across a broad range of services covering general hospital care (e.g. medical ambulatory care, respiratory medicine), highly specialised surgery (including acute aortic surgery) and clinical support functions such as pathology and radiology.

3.2.5 For some of the biggest and most complex 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

3.2.6 Each of the Programme Boards 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. Support is provided by the Transformation, Organisational Development and Strategy teams with other corporate teams including Informatics and Procurement contributing as required.

3.2.7 Outside of the clinical services the Trust is also progressing work to:

- Restate the Organisational Values and Objectives.
- Establish a comprehensive new Service Strategy.
- Implement a new Leadership and Culture Strategy.
- Develop and implement strategic plans in respect of IM&T and Estates.

3.3 Acquisition of North Manchester General Hospital

3.3.1 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.

3.3.2 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).

3.3.3 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 Greater Manchester Health and Social Care Partnership (GMH&SCP). Associated sub-committees / groups have also been established and these have appropriate multi-agency involvement.

3.3.4 The process for MFT to acquire NMGH is proving complex, requiring a significant degree of effort across a range of interactions with stakeholders. Notwithstanding the challenges, MFT remains committed to acquiring NMGH and is working collaboratively with local and national stakeholders to ensure the transfer of NMGH can be delivered at the earliest practicable opportunity.

3.3.5 Work has started, within MFT, to develop the Strategic Case which is the first key submission required in the transaction process. MFT is on track to deliver this objective within the planned timescale. Members of the Single Hospital Service Programme Team have been working closely with colleagues at PAHT to gather the information required to inform the Strategic Case, and are also in the process of collating and analysing high level information about each of the clinical services provided at/to the NMGH site. A staff engagement plan for NMGH is currently being developed and staff engagement sessions open to all staff at NMGH are being planned.

4.0 Conclusion

4.1 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:

Extension:

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	