

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 25 September 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 for Single Hospital Service programme. 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 This paper provides 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 Integration

3.1.1 Prior to the merger and creation of MFT, key deliverables and outputs were categorised into four major timelines: Prior to Day 1, Day 1-100, Day 100-Year 1, and Year 1 and beyond.

3.1.2 All of the corporate integration plans due to be realised in readiness for Day 1 were successfully delivered, including the appointment of the substantive Board of Directors for

MFT and the development of a new management structure across the hospitals.

3.1.3. Multiple deliverables across corporate and clinical programmes, outlined for completion by Day 100, were successfully achieved. A small number of objectives were re-phased as part of wider integration initiatives for Year 1. Integration plans are now focused on the complex, large services (e.g. cardiology) and how integrated clinical services for MFT can be realised.

3.1.4 The integration work continues to be 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.

3.1.5 Progress against the Manchester Investment Agreement improvement targets is also being tracked. This involves regular reports to the ISG, direct contact with operational teams, as well as liaison with Hospital / Managed Clinical Service Chief Executives. The objectives are also being reported to Manchester Health and Care Commissioning (MHCC), which has a formal role in holding MFT to account on behalf of the GM Health and Social Care Partnership.

3.1.6 The first target to be reported on (for Q1 2018/19) was in respect of access to kidney stone treatment. The Urology teams at Wythenshawe and Manchester Royal Infirmary (MRI) Hospitals have continued to work together closely on improving services for patients with kidney stones through increased utilisation of the Lithotripter at Wythenshawe Hospital. At the end of March 2018, on average, 60 patients were waiting longer than four weeks for their procedure. However, by end July 2018, this was significantly reduced with no patients waiting longer than four weeks for their treatment. This position is being maintained.

3.1.7. The second target to be reported on (for Q2 2018/19) is in respect of waiting times for urgent Gynaecological procedures. Additional urgent Gynaecology surgery lists have been established across Wythenshawe and St Mary's Hospital, and these offer women additional choice for their procedures in terms of both time and location. The baseline figure for this metric was 3.3 days, and the objective is to get this down to 2.5 days. Current monitoring suggests that good progress is being made towards this target.

3.1.8 Integration planning for Year 2 and beyond is underway which includes a refresh of the Post Transaction Integration Plan (PTIP). This will be the fifth iteration of the PTIP and it is anticipated that this will be the version of final PTIP for Project One. The Director for the Single Hospital Service will, however, continue to work closely with Group Executive Directors and Hospital/Managed Clinical Services Chief Executives to drive integration plans and embed change as part of the MFT approach to business as usual. In tandem with this, the SHS Team will continue to maintain oversight of integration and ISG will maintain its reporting relationship with Group Executive Team.

3.1.9 As part of the integration work, a Year One post-merger report is currently being produced to evaluate the first year of operation of the new organisation. The report will be shared widely.

3.2 Acquisition of North Manchester General Hospital

3.2.1 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.

3.2.2 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).

3.2.3 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.

3.2.4 The process for MFT to acquire NMGH is complex and requires a significant degree of effort across a range of interactions with stakeholders. Good progress continues with the acquisition process, albeit at a slow pace due to the complexity of the programme. 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.

3.2.5 Independent vendor due diligence has been carried out on the NMGH site and has highlighted key challenges with regards to the Estate and Informatics, adding to the complexity of the transaction.

3.2.6 The SHS Team met MFT Council of Governors on 28th August 2018 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 and footprint of NMGH.

3.2.7 Staff engagement sessions have been scheduled for all NMGH staff regarding the proposed acquisition. To date, two engagement sessions have taken place, feedback from which has been positive. A summary of FAQs regarding the transaction has recently been published for NMGH staff and further engagement sessions continue to be scheduled.

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:

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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	