

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12 December 2018
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 provides 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 1st October 2019 and 31st March 2020.

4. Progress to Date - Integration

4.1. 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.

4.2. MFT successfully reached the Year One landmark on 1st October 2018. In order to ensure that integration continued to reflect the Trust's aims and ambitions moving forward, integration plans have been progressively and comprehensively updated. The work has been overseen by the Integration Steering Group (ISG) chaired by the Director

for the Single Hospital Service supported by a number of Group Executive Directors

- 4.3. As part of this, a number of corporate programmes have successfully concluded their integration projects, with many continuing as part of the post-merger “business as usual” work.
- 4.4. For example, the Informatics Team has been able to implement a number of systems and tools to assist colleagues in working and communicating across sites. These systems can also support clinical decision-making and improve operational efficiencies as colleagues are able to collaborate regardless of where they are located across MFT. An example of such systems is The Hive, which provides Group wide operational performance reports. Instant messaging and video conferencing software has also been implemented to reduce the need for staff to travel between sites during working hours.
- 4.5. Progress against the Manchester Investment Agreement improvement targets is also being tracked. This involves regular reports to the ISG, and 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 (GMH&SCP).
- 4.6. Teams from Wythenshawe Hospital and Manchester Royal Infirmary (MRI) have continued to work on improving services for patients with kidney stones through increased utilisation of the Lithotripter at Wythenshawe Hospital. The objective is to ensure that this service is available to MRI and Wythenshawe patients throughout the week, and that no patient waits more than a maximum of four weeks. In March 2018, on average, 60 patients were waiting longer than four weeks for their procedure. However, in July 2018, this was significantly reduced whereby no patients waited longer than four weeks for their treatment and this standard has since been maintained.
- 4.7. There has been significant increase in patient choice for Lithotripsy as sessions have increased from once a fortnight to 3 days per week thereby providing a much improved service for patients as a direct consequence of the merger.
- 4.8. Additional urgent gynaecology surgery lists across Wythenshawe and St Mary’s Hospitals are now in place, offering patients better choice for their procedures in terms of both time and location as well as a reduced time to treatment overall. The baseline figure for this metric was 4.1 days, and the objective is to get this down to 2.5 days. At the end of 2018/19 Q2, the average wait for urgent gynaecology surgery was 2.31 days, indicating an improved service for women.
- 4.9. The next planned improvement to clinical care relates to the rehabilitation pathway for Stroke patients, and it is expected that this will be implemented in the next three months.

5. Development of Year Two Integration Plans and Continued Governance Arrangements

- 5.1. A small number of year one projects have been re-phased to deliver in year two since clinical staff have realised that by increasing the project scope there is greater potential to increase patient benefits. For example, the Dental Laboratory consolidation project will seek to develop a wider project scope that considers the anticipated transfer of NMGH to MFT, and how the most efficient Dental Laboratory service can be introduced across MFT.
- 5.2. Year two integration plans are also being further developed with corporate, operational and clinical leads as teams work towards the implementation of complex programmes of work which will see harmonised care pathways and the application of MFT-wide

resources to reduce variability of treatment i.e. the same standard of care wherever a patient is treated in MFT.

5.3. For some of the larger 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

5.4. Each Programme Board 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.

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 complex 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. MFT engagement with NMGH staff is increasingly positive. A further NMGH Staff Engagement session took place on the 14th November. MHCC were also in attendance to answer any questions regarding the transaction and the future of NMGH. The session was very well attended and the updates were well received.

6.6. Irrespective of the challenges and complexities, MFT remains committed to the realisation of the plan to fully establish the Single Hospital Service for Manchester 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.

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:

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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	