MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Report of:	Director of Strategy
Paper prepared by:	AD Strategy
Date of paper:	8 January 2018
Subject:	Strategic Development Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note progress and the current position in relation to the following key strategic areas: - NHS E Commissioned specialised services - ACHD - GM Health & Social Care Partnership including Theme 3 - Development of a MFT Service Strategy
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Introduction

The purpose of this paper is to update the Board of Directors in relation to the strategic issues that we are currently progressing.

1. National strategic developments

Congenital Heart Disease

NHS England Board made public their final decisions regarding the future configuration of congenital heart disease services on 30th November. Liverpool Heart and Chest Hospital (for adults) and Alder Hey (for children) were announced as the designated provider of Level 1 surgical services for the North West of England. MFT will continue to deliver the full range of Level 2 services and maternity care for women with ACHD will continue to be provided in Manchester. Going forward, the Trust will continue to play a leading role in the development of care pathways and maternity multidisciplinary discussions.

2. Greater Manchester

GM Transformation Fund

The Partnership has now committed all but £36m of the £450m fund, mostly to locality bids. Further bids have been received for the remainder of the funding, of which £26m has been agreed for 'essential further spend' for Pennine Transformation and locality commitments. A number of funding bids totalling £38m are now being considered against the £10m of remaining funds. The Transformation Fund Oversight Group will review the remaining bids and recommend how they will be prioritised and how other funding streams could be utilised.

Theme 3

- The table below shows the current status of the Theme 3 projects.

	Implementation				**Transformation**				
Lead	MFT			SRFT	MFT				WWL
	Healthier Together	*Urology cancer*	*Gynae* cancer*	*OG cancer*	*Vascular*	*Breast cancer*	*Paeds*	*Benign urology*	*Ortho MSK*
Case for change	√	√	√	√	√	√	√	√	√
Co-dependencies and clinical standards	√	√		√	√	√			√
ECAP submission	√	√		√	√	√			√
Models of care	√	√	√	√					
Options appraisal	√	√	√	√					
Implementation	√	√	√	√					

*Gynae cancer has not followed the standard process. The clinical standards are in development and there is no co-dependency framework as yet.

Pathology and Radiology

GM Radiology and Pathology falls under both Theme 3 and Theme 4 governance because of the different clinical and non-clinical elements.

Radiology

The GM Vision for Radiology describes a fully networked service, standardised clinical governance and robust inter-hospital image and report sharing. Location and employment by NHS provider will not change but will become less of a priority than 'collegiate' working.

There is an ambition to deliver comprehensive 24/7 cover across a full range of specialties, improve patient safety and equity of access.

Eight projects have now been defined within the GM Radiology programme in line with the most pressing issues identified by partners across the health system. They include projects related to workforce issues, systems and technology (Collaborative Image Sharing project and System Management project), home working, On Call, Interventional radiology and establishing a Clinical Reference Group.

Within the GM Collaborative Image sharing project, re-procurement of PACS has been underway on behalf of the Provider Federation Board for some time and moving quickly into deployment. The project is a key enabler to deliver the transformational change required across GM and the wider health economy and is being addressed through the GM PACS Re-procurement Board.

Haematological Cancer Diagnostic Service

The recommendation that MFT should be the future lead provider of GM's haematological cancer diagnostic service has now been presented at the Provider Federation Board, GM Cancer Board and Haematological Pathway Board. Implementation of the recommendations is underway, with an initial focus on establishing governance arrangements, collecting activity data and setting up an IT system for integrated reporting.

Governance arrangements will include a Partnership Board, with membership drawn from all GM Trusts using the service, GM Cancer, a cancer services commissioner and executive leads from the two provider Trusts: MFT and the Christie. The Board will be Chaired by John Burthem, who will act as the Clinical Director for the service. The Partnership Board will report into GM governance arrangements via the Haematological Oncology Pathway Board.

Theme 3 – wave 2

Four specialities have been identified as second wave of Theme 3, with provider transformation leads currently being identified for each.

- Cardiology
- Respiratory
- Critical care
- Anaesthetics

3. MFT strategic developments

Developing the MFT Service Strategy

A programme of work to develop a service strategy for MFT has commenced. This will comprise an over-arching Group Service Strategy that will outline our long term vision and ambitions. The overarching Group Service Strategy will inform, and be informed by, a series of Clinical Service Strategies. These will cover a five year planning horizon and include:

- Elements of services to grow, cease providing or contract
- Elements of services to start to provide
- Recommendations on addressing specific long standing issues
- Configuration of services.

A draft programme plan has been developed and is currently being shared with Executive Directors, Hospital / MCS CEOs and Clinical Leaders. A further version of the plan will be produced taking into account the comments and views that have been received.

Once the programme has been agreed, there will be a period of information gathering and prioritisation which will take c. two months (phase 1). Phase 2 will incorporate the development of the over-arching and individual service strategies. The order in which individual services are addressed will be based on the outcome of the prioritisation process. The plan is that the programme overall will conclude in late 2018 so that year 1 of the Service Strategy can be incorporated in Annual Planning for 2019/20.

The programme of work and timings will be aligned with GM and relevant national work.

4. Actions / Recommendations

The Board of Directors is asked to note progress and the current position in relation to the following key strategic areas:

- NHS E Commissioned specialised services - ACHD
- GM Health & Social Care Partnership including Theme 3
- Development of a MFT Service Strategy