

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

<b>Report of:</b>	Peter Blythin, Director Single Hospital Service
<b>Paper prepared by:</b>	Peter Blythin, Director Single Hospital Service
<b>Date of paper:</b>	12th March 2018
<b>Subject:</b>	Progress Report on the Single Hospital Service Programme
<b>Purpose of Report:</b>	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul>
<b>Consideration of Risk against Key Priorities:</b>	Failure to deliver the Single Hospital Service Programme effectively will present risks to all of the Trust's Key Priorities, but particularly Priority 1: - to deliver the merger of the two organisations with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.
<b>Recommendations:</b>	The Group Board of Directors is asked to receive the report and note the progress made and on-going actions.
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## 1. Introduction

This paper provides an update on progress of the Single Hospital Service (SHS) Programme. The Group Board of Directors is asked to note the progress made to date and consider the on-going actions and planning.

## 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 the City of Manchester.

## 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 to deliver Single Hospital Service benefits.

### 3.1 Integration governance

The integration work is set out in the Post Transaction Integration Plan (PTIP) and delivery to Day 100 has been managed by the Integration Oversight Group (IOG) chaired by the Director Single Hospital Services.

Three integration steering groups have supported the work of IOG, each chaired by a Group Executive Director:

- **Corporate Integration Steering Group** (chaired by Gill Heaton, Group Deputy Chief Executive).
- **Clinical Governance and Risk Steering Group** (chaired by Cheryl Lenney, Group Chief Nurse).
- **Operational and Transformation Steering Group** (chaired by Julia Bridgewater, Group Chief Operating Officer).

Shortly after completion of the merger, an Integration Management Office (IMO) was established. The IMO has a co-ordinating role in providing oversight and assurance of integration work streams and projects. An online programme management tool (Wave), consistent with that used for the turnaround programme, has been embedded by the IMO to support this process. Currently there are 90 integration projects containing more than 1,900 milestones.

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.

Revised arrangements for governance of the Integration Programme have been developed to help align service strategy, transformation work, organisational development and integration activities more generally. The work will be driven through a new Integration Steering Group, chaired by the Director of the Single Hospital Service Programme, with active participation from Group Executive Directors. As a consequence IOG will be stood down this month and a handover of any residual IOG work to ISG arranged.

### **3.2 Corporate Integration**

All of the corporate integration plans for day one 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 Clinical 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 one plans were successfully delivered including the creation of priority policies for the new organisation.

A plan to harmonise all other corporate clinical policies has been developed and this will be implemented over year 1. Revised Group Safeguarding and Infection Prevention and Control Committees are established and the Hospital/MCS clinical governance structures are in place or in the final stages of development. The successful registration of Manchester University NHS Foundation Trust with the CQC was completed in time for the merger. The regulatory framework stipulates that new organisations should have a comprehensive inspection within a year of merger and the Trust anticipates that this should be expected in quarter 3 18/19.

### **3.4 Operational and Transformation**

This steering group 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, such as improved utilisation of the lithotripter (kidney stone treatment) at Wythenshawe Hospital, 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 / due diligence.

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.

Clinicians and managers from across the Trust have been engaged in refining the clinical 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 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 April – 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 for completion by April 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 Manchester 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 particularly supported Wythenshawe Hospital during the recent winter pressures.
- **Emergency department diverts.** During periods of unprecedented demand for emergency care over the winter months the two 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. Post Transaction Integration Plan

The Post Transaction Integration Plan (PTIP) was first developed prior to completion of the UHSM/CMFT merger, to guide the integration work that needed to be undertaken in preparation for Day 1. It was also introduced to demonstrate that the Trust had adequate plans in place for the management of the new organisation following the merger. The document has continued to be enhanced and updated following the merger, and a fourth iteration is being produced to coincide with the completion of the first 100 days of the operation of MFT (21<sup>st</sup> February 2018) and in readiness for the year ahead.

The document has been prepared with support from the three integration work streams and will be finalised by IOG and approved by the Group Executive Directors. The plan will provide details on the delivery of Day 1 – 100 objectives, and on the continued development of plans for Year 1 and beyond. The changes to the governance arrangements for the Integration Programme will also be described, including the establishment of the revised Integration Steering Group (ISG) which will foster increasing alignment of service strategy, transformation and organisational development work.

As part of the unrelenting focus on integration and the drive towards business as usual the benefit of developing further iterations of PTIP in year will be considered by ISG and recommendations made.

## **5. Benefits Realisation**

A significant number of benefits were identified prior to merger on 1st October 2017, and further benefits are continuing to emerge. It is essential that delivery of these benefits is tracked to ensure that they are successfully realised in a timely manner. This is particularly critical given the expected length of time it will take to realise some of the key benefits, and the need to ensure that the new organisation delivers the ambition of the Single Hospital Service Programme and, in turn, the Manchester Locality Plan.

The benefits outlined in key documents to date have been recorded in a Benefits Realisation Register. This will form the basis of a detailed benefits tracking process and in this context arrangements are currently being established to ensure that a robust approach to benefits management is effectively delivered within the Trust.

The benefits realisation process will be used to ensure the organisation remains focussed on the process of fully delivering the potential of a Single Hospital Service. Benefits and success stories will be shared with staff and wider stakeholders at regular intervals and through a variety of communication routes.

## **6. 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.

## **7. Programme Resourcing**

The SHS Programme is supported resourcing through the Greater Manchester Transformation Fund (GMTF). These monies have been provided as part of an overall package of funding for transformation of the Manchester health and social care system, including changes to out-of-hospital care (through the Local Care Organisation programme) and to Commissioning arrangements (i.e. the creation of MHCC).

The funding for the SHS programme is supporting both the processes to create a single organisation to provide hospital services in Manchester, and the integration activities that are bringing together clinical teams from across the city to develop optimal pathways of care and ensure these are implemented consistently to eliminate variations in the standard of care.

The GMTF funding has supported the SHS Programme since 2016/17, and is expected to run until 2020/21, by which time the integration activities should be completed. SHS funding in 2016/17 totalled £4.087m, and in 2017/18 £6.91m is being provided.

The utilisation of the GMTF monies is governed by an Investment Agreement between GMH&SCP and MHCC (on behalf of the Manchester health and social care system). This agreement includes metrics for each of the key areas of transformation, and for the SHS Programme these are a combination of:

- measures relating to the financial security and sustainability of the new FT.
- measures relating to improvements in the quality of clinical care provided.



Within Manchester, MHCC is operating a more detailed process to hold to account all transformation work streams (including the SHS Programme) for the service improvements required to deliver the Manchester Locality Plan.

## **8. Recommendations**

The Group Board of Directors is asked to note the progress made to date and consider the on-going actions and planning.