MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Peter Blythin, Director Single Hospital Service
Paper prepared by:	Peter Blythin, Director Single Hospital Service
Date of paper:	14th May 2018
Subject:	Progress report on the Single Hospital Service
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	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
Recommendations:	The Board of Directors is asked to receive the report and note the progress made and on-going actions.
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Introduction

This report provides an update on progress of the Manchester Single Hospital Service (SHS) Programme.

Merger of University Hospital of South Manchester NHS FT and Central Manchester University Hospitals NHS FT (Project 1) to form Manchester University NHS Foundation Trust

Manchester University Foundation Trust (MFT) continues to focus on planning for, and delivery of, the integration of services and achieving anticipated merger benefits. This work is reflected in the Post Transaction Integration Plan (PTIP) which supports and guides integration activity. The first draft of the PTIP was developed prior to the merger as part of the formal approvals process. It has since been updated at regular intervals to ensure it remains effective and useful.

A fourth iteration of the PTIP has recently been finalised to reflect the integration activity undertaken in the first 100 days of the new organisation and to support delivery of the next phase of implementation. At this point the majority of work is being delivered through 'business as usual' with Group Executive Directors owning integration activity relevant to their portfolios. Increasingly ownership by the Hospital Chief Executives and their leadership teams will become more prominent as the new organisational structures mature. The Annual Planning process for 2018/19 will further embed this approach.

Given the scale of the integration activity that remains to be delivered, the PTIP will continue to be kept up to date, both on a regular basis through oversight by the Single Hospital Service Team / Integration Management Office (IMO), and through the work of the newly formed Integration Steering Group, and the full involvement of Group Executive Directors and Hospital Leadership Teams.

The Board of Directors has previously been engaged in the detail of the PTIP and, as agreed, a workshop will take place in May 2018 to help provide Non-Executive Directors with further assurance about the range and extent of integration work underway and planned.

Integration

Integration activity is progressing strongly across MFT. As the new organisational structures develop 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.

The Operations and Transformation work originally developed 41 clinical integration projects, organised into 27 clinical work streams. These projects were characterised as either day 1-100, Year 1 or 2 depending on when the benefits were due to be delivered.

A series of Programme Boards have now been established to take responsibility for the delivery of the major change programmes which cut across hospital sites and Managed Clinical Services. The Local Care Organisation is engaged with this work.

The focus currently is on three areas as set out below;

- Orthopaedics
- Cardiac
- Elderly Care

A Respiratory Board will be established in May.

The Programme Boards are chaired by either a Group Executive Director or Hospital Chief Executive and are 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.

The Programme Boards are supported by the Transformation, Leadership & Organisational Development and Strategy Teams with other corporate teams including Informatics and Procurement providing support as required.

The Programme Boards are supported by the Integration Steering Group and representation from the Group Strategy Team to ensure that work is aligned with the development of the Trust's Clinical Service Strategy and Greater Manchester initiatives, such as Theme 3 (standardisation of acute and specialist services).

A standardised approach is being adopted for all of the Programme Boards. This includes the establishment of focussed working groups, Key Performance Indicator (KPI) dashboards to track the delivery of patient benefits and plans to address organisational development, communications, staff and patient engagement.

In addition to the establishment of the Programme Boards and delivery of day 1-100 projects, integration work has been continuing across the organisation. Examples of this work include:

- Urology teams from Wythenshawe and MRI hospitals have been continuing to work on improving services for kidney stone patients through increased utilisation of the lithotripter at Wythenshawe. The teams have also been continuing to identify how capacity for routine patients can be optimised across all MFT sites through the pooled day case project.

- The newly established Managed Clinical Services have a focus on integration. The new cross site management structures which will be implemented in these areas are likely to enhance the pace of delivery of integration benefits across Clinical Support Services, Women's Services and Paediatrics.

- The Pharmacy Teams based at the Oxford Road Campus and Wythenshawe Hospital are making good progress towards creating a single team with one process for medicines governance.

North Manchester General Hospital (Project 2)

NHS Improvement (NHS I) has set out a proposal for MFT to acquire North Manchester General Hospital (NMGH) as part of an overall plan to dissolve Pennine Acute Hospitals NHS Trust (PAHT) and transfer the remaining hospital sites to Salford Royal NHS Foundation Trust (SRFT). The intention for MFT to acquire NMGH is consistent with the local plan to establish a Single Hospital Service within the City of Manchester and forms part of the Manchester Locality Delivery Plan.

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 representatives from MFT attend all relevant meetings.

As predicted 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.

It is important to note that the Care Quality Commission (CQC) inspected PAHT, including NMGH, in 2016 and issued a rating of 'Inadequate' to the Trust overall and the NMGH / Royal Oldham Hospital sites in particular. A further inspection was completed at the end of 2017 and results were published in March of this year. These results show that improvements have been made generally within PAHT and specifically on the NMGH site; both have now been assessed by the CQC as 'Requires Improvement'.

A number of services on the NMGH site show that particular progress has been made to improve services for patients. Maternity and Urgent/Emergency Care on the NMGH site have improved from 'Inadequate' to 'Good' over the course of the two inspections. Both of these services have, and continue to receive direct input from teams / colleagues at MFT. For example, Saint Mary's Hospital provides both clinical and managerial expertise in maternity and obstetric services on site at NMGH to raise clinical standards, improve safety and managerial expertise. This includes the secondment of a deputy Head of Midwifery to provide midwifery leadership and consultant obstetricians providing team leadership up to three days per week to enable NMGH consultant obstetricians to undertake development programmes at Saint Mary's Hospital. Work has also been concluded by MFT to recruit Consultant Obstetricians and Gynaecologists some of whom will be based at St Mary's and provide services at NMGH.

In addition to the above, work has started, within MFT, to develop the strategic case which is the first key submission required in the transaction process. According to the GMH&SCP timeline the strategic case will be submitted to NHS I in September 2018 and MFT is on track to deliver this objective. 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 some high level information about each of the clinical services provided at/to the NMGH site.

Recommendations

The Board of Directors is asked to:

I. Receive the report and note the work underway to progress the post-merger integration plans.

II. To note the position of the proposed transfer of North Manchester General Hospital as part of NHS Improvement's plan for the dissolution of Pennine Acute NHS Trust