

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 22 July 2016

Subject: Single Hospital Service Review

Report of: Steve Mycio, Barry Clare, Jim Potter

Summary

The Single Hospital Service Review described how significant benefits could be realised by the hospitals in Manchester collaborating more closely together. It further recommended that the organisational form most likely to realise the benefits was the creation of a new, single organisation incorporating University Hospital of South Manchester NHS Foundation Trust (UHSM), Central Manchester University Hospitals NHS Foundation Trust (CMFT) and services provided at North Manchester General Hospital (NMGH). The Health and Wellbeing Board (HWB) strongly supported the Review recommendations and, on the 8th June 2016, requested that the Trusts (UHSM, CMFT and Pennine Acute NHS Hospitals Trust - PAHT) provide an initial assessment on implementation requirements and associated timescales.

This report sets out the high level implementation requirements for a Single Hospital Service, primarily in relation to the creation of a new city wide hospital Trust. The focus on this area of work recognises that the creation of a new organisation will provide the structure, authority and accountability to ensure that clinical transformation takes place and all the benefits of a Single Hospital Service can be delivered.

Recommendations

The Board is asked to consider the contents of this report and to provide support for the principles and transactions described.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The development of a Single Hospital Service is a key component of the Manchester Locality Plan. This plan aims to support the Health and Wellbeing Strategy by identifying the most effective and sustainable way to improve health and social care for the people of Manchester
Improving people's mental health and wellbeing	
Enabling people to keep well and live independently as they grow older	
One health and care system – right care, right place, right time	
Self-care	

Lead board member: Steve Mycio, Barry Clare, Jim Potter

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- The Manchester Locality Plan
- Single Hospital Service Review Terms of Reference
- Manchester Single Hospital Service Review Stage One Report
- Manchester Single Hospital Service Review Stage Two Report

1.0 Introduction

The Single Hospital Service Review commenced in January 2016. The first stage of this review, which identifies the benefits of adopting a Single Hospital Service, was presented to the Health and Wellbeing Board on 27th April 2016. The second stage was presented on the 8th June 2016. This part of the Review concluded that the creation of a single, new, hospital organisation in the city of Manchester provides the best opportunity to deliver the benefits of a Single Hospital Service.

The HWB asked the Trusts to prepare a joint report outlining their intended approach to the implementation of the recommendations made within the review.

2.0 Background

The proposal to establish a Single Hospital Service for the city of Manchester forms one of the three pillars of the Manchester Locality Plan and provides opportunities to improve health outcomes for the city population through:

- A partnership between the three current acute hospital providers PAT, CMFT and UHSM
- Development of single service models
- A clear Manchester focus
- Standard operating procedures/patient pathways
- Reduced duplication/triplication and elimination of service gaps or weaknesses
- Improved opportunities to attract staff with specialist skills
- Improved use of estate
- Support services
- Back office functions
- Information management and technology, including electronic patient record systems
- Improved planning
- Opportunities to enhance patient care through research and innovation

The work will take account of Healthier Together and the North East Sector Transformation Programme. It will also recognise the impact that a Single Hospital Service might have on neighbouring populations (e.g. Trafford).

3.0 Progress

Since the last meeting of the Manchester Health and Wellbeing Board, good progress has been made in relation to the development of a single hospital service for the city of Manchester:

- The Trusts have gathered and considered information regarding the statutory and legal processes required to create a new organisation.
- The Trusts have held preliminary discussions with NHS Improvement (NHS I) to determine the transactions that will be required to create a new organisation.
- The Trusts have jointly agreed the approach they intend to take to implementation.

- A Programme Director, for the Single Hospital Service, has been appointed.
- A bid has been submitted, to the Greater Manchester Transformation Fund, to support the delivery of a Single Hospital Service.

4.0 Next Steps

The Board is asked to note the contents of the report and to provide support for the principles and transactions described. Thereafter, the Trusts will develop detailed implementation plans and will work to successfully deliver a Single Hospital Service in Manchester. The Trusts intend to bring further updates to the HWB at regular intervals.

5.0 Conclusion

The Chairs of CMFT, UHSM and PAT are pleased to present a six week scoping report which outlines the approach the Trusts intend to take to implementation. Although the report focuses on the process to create a single hospital service provider, the continued priority is to deliver high quality, sustainable care that meets the needs of patients, families and carers and enables the transfer of care into the community through the Local Care Organisation.



Sir Richard Leese
Leader, Manchester City Council
Chairman, Manchester Health and Wellbeing Board

15 July 2016

Dear Sir Richard

Manchester Single Hospital Service

We are pleased to be able to provide the Health and Wellbeing Board (HWB) with a report produced by the three Manchester acute hospital Trusts on the Single Hospital Service programme.

HWB approved the Stage 1 and Stage 2 reports of Sir Jonathan Michael's Single Hospital Service Review on 27 April and 8 June 2016, respectively. The Stage 2 report recommended the creation of a single, new, integrated hospital service organisation for Manchester, and HWB asked University Hospital of South Manchester NHS FT (UHSM), Pennine Acute Hospitals NHS Trust (PAHT) and Central Manchester University Hospitals NHS FT (CMFT) to provide a joint report describing the intended approach to implementation.

The development of the implementation plans has been underpinned by the close collaborative working arrangements between the three Trusts, and the engagement with clinicians, patient groups and other stakeholders that was successfully established during the Review. The report confirms the three Trusts' firm commitment to achieve the full benefits of a single hospital service through the creation of a new Manchester hospital Trust, and the establishment of a comprehensive series of single services providing safe, high quality and sustainable care to patients across Manchester and beyond.

We recognise that integrating Manchester's hospitals into one organisation will be a complex and challenging task. The report describes the governance processes that have been put in place, and provides information on the work to resource and develop an effective programme team.

It will be necessary to go through external approvals processes both with NHS Improvement (NHSI) and the Competition and Markets Authority (CMA). We have initiated a detailed dialogue with NHSI, and they have liaised on our behalf with the CMA. These discussions have influenced the implementation plans outlined in the report.

The report describes an approach that will separate the overall programme of organisational change into two distinct projects, as follows:

- Project 1 – bringing UHSM and CMFT together to form a new Foundation Trust
- Project 2 – transferring NMGH services and assets into the new FT

Whilst these projects will be handled as separate transactions for the purposes of the NHSI appraisal process, it is intended that there would only be one overarching CMA competition assessment. The governance arrangements would focus primarily on Project 1 in the first instance, but would formally evolve to be appropriate to the implementation of Project 2.

The service and financial pressures on the health and care system are intense, and there is no reason to believe that this situation will change in the foreseeable future. This is not an easy environment in which to undertake a major organisational change, but we are convinced that the planned changes are necessary to create an organisational structure that can respond effectively to the challenges we are facing and ensure the robustness of service provision going forward.

However, there may already be clinical services within Manchester that are not able to deal with the pressures they are currently experiencing. All three Trusts went through CQC inspections in winter/spring 2015/16 and within the next few weeks we will receive the last of the CQC reports. We will then have a full picture of the quality of care being provided in Manchester's hospitals. The second report of the Single Hospital Service Review included an enjoinder for the three organisations to work together to ensure the stability of services where there are significant risks to patient safety (even if this precedes formal organisational change) and to ensure that service changes in the City of Manchester support the strategic service priorities of the North East sector. We can confirm our commitment to this approach, which has already been demonstrated in Maternity services, with a team from St Mary's Hospital (CMFT) providing expert advice and support to the NMGH service (PAHT).

The Manchester partnership working provides the basis for a firm undertaking to collaborate on stabilising any services that are in danger of failing, but these activities fall outside the scope of the single hospital service programme itself. HWB will be able to provide an important coordinating function between the strategic activities in the SHS programme, and the operational responses to stabilise stressed services.

In terms of timescales, the report proposes that we should aim to implement Project 1 by April 2017. Achieving this timescale will not be easy, but the Trusts believe it is right to aim to proceed as rapidly as possible, to ensure early delivery of the identified benefits. It will be more difficult to define a timescale for the transfer of NMGH services until the full picture of the CQC reports is known and any stabilisation plans have been put in place. Additionally it will also be important to understand and ensure alignment with the North East sector clinical strategy. Consistent with our aims to build and maintain momentum for the overall programme we have identified a target timescale for Project 2 of 'within 12-18 months of the completion of Project 1'(i.e April-October 2018), however there are many more unknowns in relation to this transaction than for Project 1. Each of the dates and timescales set out above are hugely challenging given the scale, complexity and shifting strategic environment, so we will keep HWB regularly appraised of the timeline for completion of the full programme.

The report we have provided focuses, quite appropriately, on the processes to create a single hospital service provider for Manchester. However, it is important to emphasise that this is simply a means to an end: our shared purpose is to ensure that the hospital services in Manchester contribute to the delivery of the Manchester Locality Plan by providing high quality, sustainable care that meets the needs of patients, and enables the transfer of care into the community through the local care organisation. Our firm view is that if the Single Hospital Service programme does not result in improved health and better healthcare services for the people of Manchester, then it will have failed.

We look forward to discussing this report with HWB at the meeting on 22 July 2016, and we would want to bring further updates to HWB at regular intervals as the implementation programme unfolds.

Yours sincerely



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Chairman
University Hospital of South
Manchester NHS Foundation
Trust



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CITY OF MANCHESTER SINGLE HOSPITAL SERVICE 6 WEEK SCOPING REPORT

1. Introduction

The Single Hospital Service Review described how significant benefits could be realised by the hospitals in Manchester collaborating more closely together. It further recommended that the organisational form most likely to realise the benefits was the creation of a new, single organisation incorporating University Hospital of South Manchester NHS Foundation Trust (UHSM), Central Manchester University Hospitals NHS Foundation Trust (CMFT) and services provided at North Manchester General Hospital (NMGH). The Health and Wellbeing Board (HWB) strongly supported the Review recommendations and asked the Trusts (UHSM, CMFT and Pennine Acute NHS Hospitals Trust - PAHT) to provide, within 6 weeks, an initial assessment on implementation requirements and associated timescales.

This paper sets out the high level implementation requirements for a Single Hospital Service, primarily in relation to the creation of a new city wide hospital Trust. The focus on this area of work recognises that the creation of a new organisation will provide the structure; authority and accountability to ensure that clinical transformation takes place and all the benefits of a Single Hospital Service can be delivered.

The Manchester HWB is asked to consider this report and to provide support for the principles and transactions described. In particular the HWB is asked to note that:

- a. The opportunity to improve services for patients, carers and their families has always been the primary focus of the Single Hospital Service and the objective to deliver Single Hospital Service benefits will remain the overriding priority.
- b. A two stage process will be undertaken to create a new, single organisation by firstly bringing together UHSM and CMFT to create a new Foundation Trust and then secondly transferring services delivered on the NMGH site into the new Foundation Trust.
- c. Currently the organisations are aiming to bring together UHSM and CMFT, by 1st April 2017. Work is still being undertaken to determine the precise timeline by which the NMGH services will be incorporated into the new organisation but all parties are committed to ensure that this occurs at the earliest practicable opportunity.
- d. Engagement with patients, carers, the public and our staff will be at the heart of the Single Hospital Service. We will ensure that they all have the opportunity to shape the future of hospital services in Manchester.

2. Vision and Purpose

Health and social care services in Manchester are currently facing significant challenges. Population health outcomes in Manchester are poor, in some cases the worst in England. Hospital care across the city is fragmented resulting in

unacceptable variations in the provision and quality of care provided. Although duplication (and even triplication) exists across some clinical services, in other areas patients still struggle to access healthcare that is appropriate to their need. All services are facing workforce challenges and the national imperative to move to more consistent service provision across all seven days of the week will only exacerbate the staffing and financial pressures. Operational performance across all three hospital Trusts is also sub-optimal, as demand for hospital services increases in the face of staffing and financial constraints. All three Acute Trusts providing care in the city are predicting financial deficits for 2016/17 and the projected deficit for healthcare services in Manchester, if nothing changes, is at least £163m by 2021.

To address these challenges, most importantly to improve the health and wellbeing of the people of Manchester, the Manchester Locality Plan articulates a vision for healthcare in Manchester where, by 2021, residents will:

- Benefit from a transformed, integrated health and social care system, in which they receive health and care interventions which are joined up, of high quality, and are affordable;
- Be supported and encouraged to do what they can to remain healthy;
- Live in a city which encourages them to make the right choices; and
- Ensure that when they need access to more specialist support they receive it in the right place at the right time appropriate to their needs and wishes.

The Single Hospital Service programme is one of the three main pillars designed to deliver this vision along with:

- the development of a Local Care Organisation to provide integrated out-of-hospital care
- establishing one clear voice for the commissioning of health and social care services

The Single Hospital Service programme will help resolve many of Manchester's challenges by creating a single integrated hospital service provider within the City. The benefits of, and most appropriate organisational arrangement for, a Single Hospital Service were set out in the Single Hospital Service Review led by Sir Jonathan Michael. This review identified that introducing a Single Hospital Service would deliver benefits in a range of areas including:

- Quality of Care
- Patient Experience
- Workforce
- Operational and Financial Efficiency
- Research and Innovation
- Training and Education

It highlighted that a Single Hospital Service arrangement would allow care to be standardised across the city, reducing the current variation in safety and effectiveness, and ensuring that all patients have access to the most appropriate care, expertise and equipment. By working as one service, hospitals will no longer be

competing for the same workforce and will be less reliant on bank and agency staff so enabling teams to better meet the needs of current and future demand for services. In addition, a Single Hospital Service will pool resources and reduce the cost of supplies, services and staffing. This will improve the financial viability of hospital services and ensure that resource is deployed effectively. Creating a single integrated hospital service provider is also a key enabler for the ambition of the Local Care Organisation to strengthen the provision of care closer to home and achieve the objective of transferring 20% of care delivery out of the acute hospital setting.

The review concluded that the most effective structure to realise these benefits would be a single new hospital services organisation, i.e. a single new hospital Trust, for Manchester. Creating this new Trust is a significant undertaking and the mechanisms for delivering it are described in section 3.

3. Transactional processes

The process to create a new hospital Trust within the City of Manchester is understood to be one of the largest organisational changes of its sort ever to be undertaken in the NHS. The scale and complexity of the changes required are demonstrated by the significant range of services provided by each of the hospitals, across numerous geographical locations, and the differing organisational status of the Hospital Trusts (UHSM and CMFT are Foundation Trusts, PAHT is an NHS Trust). This complexity is compounded by the fact that services at NMGH will need to be disaggregated from all other the services managed by PAHT (which currently also has hospital services in Bury, Rochdale and Oldham) without destabilising any of the remaining services.

To create a new single organisation UHSM and CMFT will need to be brought together as a new Foundation Trust. Services provided by PAHT on the NMGH site will then need to transfer to this new organisation. There are a series of approval mechanisms required to ensure this process meets all regulatory and legal requirements. These primarily focus on three main areas: Internal approvals (Trust Board, Council of Governors), NHS Improvement (NHS I) approval and Competition and Markets Authority (CMA) approval. The complexity of the system in Manchester and the regulatory requirements have been discussed with senior representatives from NHS I in order to determine the key steps required to create a manageable work plan which is set out below.

3.1 Trust Approval Processes

The process to create a new single organisation is the responsibility of the Boards of UHSM, CMFT and PAHT. The Boards are accountable for ensuring the process of transition is rigorous, with appropriate due diligence, and results in higher quality, safer, more effective and more sustainable services. Boards will require business case documents in order to assure themselves that any new organisation will have the structure, processes and people in place to ensure patient care is high quality, safe, effective and well led. For UHSM and CMFT the Council of Governors must also approve the organisational changes necessary to create a new Foundation Trust.

The Trust Board approvals process must be informed by the approval (or otherwise) of NHS I which is, in turn, influenced by the view of the CMA. These are discussed in more detail below.

3.2 NHS I Transactions Process

The process to create a new hospital Trust will unavoidably be considered a “significant transaction” in terms of the NHS I transaction guidance, and will therefore trigger a detailed review by the NHS I Provider Appraisal team. Previously the process of obtaining NHS I approval for a transaction involved a highly-structured, sequential and protracted review process that took place over four distinct phases. However, NHS I has been working to streamline this process and is now keen to adopt a more flexible and iterative process that meets regulatory requirements but also supports healthcare providers to deliver timely strategic improvement initiatives that have clear patient and clinical benefits.

The issues of the scale and complexity regarding the creation of a new hospital Trust for Manchester have been discussed in detail with senior representatives from NHS I. Advice has been received that it would not be feasible to manage the transaction process as one exercise. It has therefore been agreed that the organisational change will be broken down into two distinct phases, as follows:

- Project 1: bringing together UHSM and CMFT to create one new Foundation Trust incorporating all of the services of the two pre-existing organisations
- Project 2: transferring the NMGH services into the new FT to complete the creation of a single hospital service for Manchester

This transactional work is separate to the essential work required to address any immediate challenges with the standards of care and sustainability of clinical services that are recognised as areas of concern. The operational responses required to manage any risks around clinical safety need to be delivered quickly and should involve contributions from the wider Greater Manchester system. It is vital that any existing services with unacceptable levels of risk are rapidly stabilised, and kept safe and effective, whilst the longer-term process of strategic organisational change is implemented.

For each of the Project 1 and Project 2 stages the Trusts intend to develop detailed Business Cases which will cover:

- Benefits of the transaction (clinical, finance and effectiveness)
- Risks and mitigation (clinical, financial, workforce etc)
- Post transaction implementation plan

NHS I have committed to participating in an iterative process of advice and feedback throughout the development of the Business Cases in addition to their more formal work to provide critical challenge and appraisal. This will ensure that the Business Cases address the requirements of their formal reviews but also that their consideration, and subsequent approval, occurs within a timeframe that is supportive of the overall process.

3.3 CMA Process

Under the Enterprise Act 2002, any transaction in which two or more enterprises cease to be distinct (due to merger, acquisition, transfer of services etc) can be reviewed by the Competition and Markets Authority (CMA) to ensure that the 'relevant customer benefits' outweigh the loss of competition. Given the scale of the transaction to create a new hospital Trust within Manchester it is recognised that a CMA review will form a critical part of the approvals process.

The CMA review process normally has two phases: if the first phase identifies a significant loss of competition, then the second phase process is triggered, looking at whether the loss of competition is outweighed by the scale and scope of "relevant customer benefits". The Single Hospital Service programme involves three of the biggest hospitals in the conurbation, and proposes to reduce the number of separate acute hospital service providers in Manchester from three to one.

As such, the CMA phase 1 process will undoubtedly identify a significant loss of competition. The proposed approach is that the Single Hospital Service transaction goes straight to the Phase 2 process in order to save time and duplication, and this strategy is now being discussed with the CMA.

A Phase 2 CMA review usually takes 24 weeks, and in this time the CMA conducts a detailed assessment of the competitive effects of the transaction. At the end of this phase the CMA has the power to clear the transaction, prohibit it, or allow it to proceed subject to conditions. In order to gain CMA approval the Trusts will need to develop a robust and compelling benefits case which clearly describes the improvements arising from the transaction, including how and when they will be implemented. Benefits should focus on improvements for patients, carers and families and must be described from the patient's perspective with strong evidence for the current situation and the future improved position. It must also be clear that the benefits would not be realised if the transaction does not proceed; to assess this the CMA will consider a 'counterfactual case' which describes what is likely to happen without the transaction.

The advice that has been received from NHS I is that the CMA process will best be undertaken as one integrated exercise, covering all the services that will become part of the new organisation. This reflects the fact that the full benefits of the Single Hospital Service approach arise from optimal alignments of hospital services across the city as a whole. To start to build the single benefits case the Trusts intend to use the benefit themes identified in the Single Hospital Service Review with a number of detailed examples to illustrate the current issues and future improvements in each. This will require work to develop the benefits described in the Review in the eight exemplar specialties in more detail and to work up detailed benefits in a number of other specialties. Underpinning the theme and specialty level benefits cases the Trusts intend to further develop the argument, based on the enablers identified in the Single Hospital Service Review, that a single organisation offers the best form to realise these benefits.

3.4 Timescale

The target timescale for delivering Project 1 is April 2017. This will be a challenging target to hit but momentum was generated within the Single Hospital Service Review process and making rapid progress with Project 1 will start to create the context for realising the planned benefits. The high-level programme plan includes the following elements:

- Establishing the project team. July 2016
- Developing the benefits case. July and August 2016
- Undertaking the CMA process. September 2016 - January 2017
- Developing the business case. August and September 2016
- Undertaking the NHS I provider appraisal process. October 2016 - January 2017
- Facilitating formal Board of Directors and Council of Governors consideration of the transaction. October 2016 and again in January – March 2017
- Undertaking formal consultation with staff. February and March 2017
- Finalising legal and constitutional arrangements. January – March 2017

The interdependency of these elements and the complexity of the programme mean that any unanticipated delays in process/approvals are likely to mean that the overall target timescale will have to be revised.

The timescales for transferring NMGH services into the new hospital organisation need further consideration, and it is not yet possible to give precise dates for the key stages of Project 2. Consistent with the aim to build and maintain momentum for the overall programme a target timescale for Project 2 of 'within 12-18 months of the completion of Project 1' (i.e. April – October 2018) is being targeted. The PAHT CQC report is due to be produced in the near future, and this will provide the basis for agreeing any areas where action is needed to stabilise existing services. The three trusts support the Healthier Together decision to develop the Royal Oldham Hospital as a high acuity centre and so it will also be important to understand in more detail the alignment between the North East sector clinical strategy, and the clinical service changes that are likely to emerge in Manchester from the single hospital service programme.

4. Working with Stakeholders

The Single Hospital Service Review recognised the need to engage and communicate with a variety of stakeholders. Over 140 clinicians and a variety of other interested parties contributed to the Review process and helped shape and influence the content of the final reports. Communications and engagement has been integral to the Single Hospital Service process thus far and engagement with patients, carers, families, the public and our staff will remain at the heart of the programme. We will ensure that they all have the opportunity to shape the future of hospital services in Manchester.

Early work has been completed to determine the approach that will be taken to communications and engagement, and thought has been given to the organisational development required to promote the effectiveness of the new organisation. Detailed plans in these areas will be developed over the coming weeks and months but the

principles upon which these plans will be based are set out below.

4.1 Stakeholder approach

The approach to communications and engagement going forward will be stakeholder-led. The Trusts are committed to informing, engaging and consulting with a wide variety of stakeholders at appropriate stages throughout the programme. An approach that is open, honest, timely, clear and transparent will be maintained so that the Trusts can fully explain why the changes are needed and what this will mean for key stakeholders. Two way communication and engagement channels will be prioritised so that views can be heard and concerns or issues addressed.

A preliminary stakeholder analysis has been undertaken and this will be regularly reviewed and updated to ensure the needs of all key stakeholders, within and outside of the City of Manchester are met. A range of appropriate communications and engagement methods will be used according to each stakeholder group, for example: briefings, events, face to face meetings, presentations, workshops, digital and social media, and media.

4.2 Communicating and engaging with patients and the citizens of Manchester

The public and patients are extremely important to this process; our communities are very supportive and proud of the NHS and we will ensure we inform and engage at appropriate stages throughout the programme. Representative groups such as Healthwatch and the Patient and Public Involvement Group were engaged as part of the Review process and their input to date has been valuable. The Trusts will continue to work closely with them and a variety of patient groups, voluntary and community organisations, and elected representatives throughout the process. In addition to working with established groups, the Trusts will work with the media and utilise existing external methods to ensure patients and the citizens of Manchester are kept informed and can get involved.

The Trusts will ensure a service-user perspective helps shape the development of clinical services, where appropriate. The programme will ensure that it actively seeks out involvement of hard to reach groups, with the support of established organisations in recognition of their depth of understanding of their stakeholders/members.

The Governors across the two Foundation Trusts are a key stakeholder group as they represent the views of the public and staff members (constituents) of the Trusts. Governors will continue to be provided with extensive information about the programme to ensure they fully understand their role. Governors will be supported with their communication and engagement activity with their constituents.

While the City of Manchester is the focus of this programme, the creation of a Single Hospital Service involves three of the biggest Trusts in the region and will therefore have a much wider interest; a number of interested parties across the region have already been identified in the stakeholder analysis to reflect this.

4.3 Communicating and engaging with our staff

The three Trusts employ a large number of people and staff therefore represent a critical stakeholder group. In order to involve them throughout the whole journey, engagement work commenced at the beginning of the Single Hospital Service Review process. This work was co-ordinated across the three Trusts to ensure all staff were briefed in a timely manner and had consistent messages.

Activities to date have included regular news updates, briefing notes and briefing sessions. This work will continue to ensure that staff are kept up to date and to listen to any ideas or concerns. Staff must be empowered to lead the necessary changes and it is, therefore, important that every staff member is engaged and supported at every stage of the process.

Many staff members have already demonstrated that they recognise and support the benefits of the creation of a new organisation to address the variations in care that exist across the hospitals and the opportunities it provides for patients. However, a change programme of this scale may cause some anxiety to staff and so a variety of methods will be used to communicate, engage, involve and listen to staff. Staff will be invited to take part in future discussions that will take place around organisational form and development as well as the work to support clinical service transformation. The Trusts have well established links with local and regional trade union representatives and work will be undertaken to ensure these links are strengthened so that the Trusts work in partnership with staff and trade unions throughout the programme.

4.4 Creating a new organisation with our staff

The Single Hospital Service Review Stage 2 Report recognised the importance of appropriate organisational development to support the creation of the new Hospital Trust and to deliver the benefits of a Single Hospital Service.

This has also been given a high priority going forward. The Trusts are committed to developing an informed programme of organisational development that supports the delivery of benefits, acknowledges cultural differences and engages and involves staff. Building organisational resilience at the same time as developing a new organisational form will require sufficient leadership capacity and capability to maintain and improve existing clinical, operational and financial performance during a period of substantial and rapid change. Therefore the OD programme will include resource to manage people effectively, provide outstanding leadership and deliver change and improvement that ensures excellent patient care and experience.

The evolving culture must support and enable a flexible and innovative organisation that is focused on patients, carers and families and is capable of operating at speed. The OD programme will be developed to support the creation of a high performing, inclusive and values based culture that features:

- An inspiring vision focused on quality that builds trust and collaboration
- Clear and aligned goals and objectives
- Engaged staff and dynamic & effective leadership
- Strong patient and customer focus

- Support for innovation, continuous learning and quality improvement
- Effective multidisciplinary team-working, co-operation and integration
- Embedded distributed leadership and;
- Articulating and delivering the benefits of a diverse workforce

5. Clinical Strategy and Interdependencies

To realise the greatest benefits and make best use of the Single Hospital Service's facilities and assets, changes in individual services must be made within a comprehensive clinical strategy for the whole organisation and all the sites and services within it. A clinical strategy for hospital services in Manchester is therefore required at the earliest opportunity. This strategy will prioritise the services that require change, will identify any fixed points (ie services on which decisions have already been made), and will start to define high level roles and models for each of the hospital sites in Manchester. Further work may be required to develop high level options for sites and key services and to define how different options will be appraised. The clinical strategy must be consistent with the clinical strategy being developed for the North East Sector so that service transfers from NMGH support safe and viable retained services within the North East Sector. This approach will need to recognise interdependencies with other workstreams in Manchester and Greater Manchester including:

- Healthier Together
- Locality Plans (Manchester and surrounding health economies)
- Local Care Organisation proposals
- North East Sector Review
- Greater Manchester Acute Services Standardisation (Greater Manchester Strategy theme 3)
- Greater Manchester cross-provider efficiency programmes
- Commissioning arrangements

Creating a clinical strategy will be a complex and iterative activity running in parallel to the transaction process and the development of the Business Cases and the Benefits Case. More detailed work is required to plan out the key milestones in this area.

6. Programme Management and Governance

A programme approach will be taken to deliver the benefits of a Single Hospital Service and the establishment of a single city-wide hospital Trust. A highly experienced and senior NHS leader, Peter Blythin, has recently been appointed to the role of Programme Director and one of his first tasks will be to ensure a team with the appropriate skills, knowledge and experience are recruited.

An investment proposal has been made to the Greater Manchester Transformation Fund to resource this team.

The Boards of UHSM, CMFT and PAHT are accountable for the process of creating a new hospital Trust and robust governance structures will be required to manage

this process. For Project 1, in recognition of the significant change required to bring UHSM and CMFT together in a new organisation, the Boards of these organisations have already held three joint board meetings and have established a formal Joint Board Single Hospital Service sub-committee. Whilst this sub-committee will focus on UHSM/CMFT activities and Project 1 it is essential that PAHT is kept fully informed and so the Medical Director of PAHT is an associate member.

To manage the whole programme, a Single Hospital Service Management Group has also been established which is attended by the CEO and relevant Executive Directors from PAHT, UHSM and CMFT. In addition, commissioners from the City of Manchester CCGs and Trafford CCG are also members of this Group. A Clinical Advisory Group will also be set up to manage the development of the Clinical Strategy and to monitor the continued work of the Single Hospital Service Clinical Working Groups. Other appropriate subgroups (e.g. workforce, finance, Communications and Engagement) will be set up in due course.

All parties recognise that the delivery of a single hospital service is a key part of the Manchester Locality Plan and that the Manchester HWB holds responsibility for this work. The Single Hospital Service Programme will therefore provide regular updates to the HWB in order to assure this group that progress is being maintained and also to allow the interdependencies between the three pillars of the Locality Plan to be managed.