**STAFF BRIEFING**

**Our Future: Our Board selects Central Manchester as our preferred takeover partner**

Yesterday our Trust Board met to formally review the bids from Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) to acquire us.

The meeting lasted all day. Both trusts presented an overview of their proposals and were interviewed by our Board. Our Board also considered the formal technical evaluation of the bids, the views of stakeholder panels representing Trust clinicians, Trust staffside reps, patients and the public, and the views of the PCT and Council.

**We are delighted to be able to tell you that, as a result, our Board has selected CMFT as our preferred partner. (This means we want them to acquire us.)**

We have recommended that NHS North West, NHS Trafford (the PCT) and NHS Greater Manchester (the new PCT cluster) start immediate negotiations with CMFT about the financial support that will be needed for the move. NHS North West will lead this process and has said it will be completed by 31 August.

Once these funding arrangements have been agreed, we can start working with CMFT on planning for the smooth transfer of this Trust to them, hopefully in April 2012.

We will be making a public announcement on all this later today but we want to make sure that all staff in the Trust hear this exciting news first. A copy of the press release we will be issuing later is attached so you can see what we will be saying.

**We are sure that you will have lots of questions, comments and thoughts on this, so the rest of this staff update contains:**

* Explanations of what happened at yesterday’s Board, who was there, and what they decided;
* Estimated dates for what happens next; and
* Q&As that we hope will answer many of the other questions you might have.

As promised in Monday’s news bulletin, there will be **staff briefings** at Altrincham General and Stretford Memorial tomorrow (Thursday) and at Trafford General all day on Friday. [See page 2 of this briefing for full details.]

We hope you will be as pleased as we are that we now know which bidder we expect to acquire us. It means we can now begin the detailed discussions we need to have about the way forward for our staff, our patients and our services. We will continue to keep you fully involved and informed throughout this process.

***Message to all staff from:***

**Fay Selvan** (Chair); **Ron Calvert** (Chief Executive); **Jessica Bradshaw** (Acquisition Project and HR Director); **Morag Olsen** (Director of Nursing & Operations); **Dr Simon Musgrave** (Medical Director); **Margaret Pratt** (Director of Finance); **Peter Large** (Director of Planning); **Tristram Reynolds** (Director of Estates); **Dr Jonathan Berry**, **Dr Liz Clarke** and **Dr Ray Wilson** (GP Medical Directors); **Lynne Logan** (Trust Secretary) and the Non-Executive Directors on our Board

**Face-to-face staff briefings**

We know you probably have lots of questions, so there will be plenty of informal, drop-in staff briefing sessions on Thursday and Friday where you will have a chance to ask any queries you have. There are sessions in Altrincham, Stretford and Trafford General. Community-based staff are welcome to attend any of these sessions.

**Thursday 28 July – Stretford and Altrincham**

|  |  |  |
| --- | --- | --- |
| **When** | **Where** | **Briefing by** |
| 9am-10am | Basford House, Stretford Memorial. Open to all SMH and community staff | Ron Calvert, Chief Executive |
| 12.30pm-1.30pm | Stamford Room, Altrincham General | Ron Calvert, Chief Executive |

**Friday 29 July – Trafford General**

|  |  |  |
| --- | --- | --- |
| **When** | **Where** | **Briefing by** |
| 7.30am-8.30am | Boardroom, Trafford General | Morag Olsen, Director of Nursing & Operations |
| 9am-10am | Boardroom, Trafford General | Jessica Bradshaw, Acquisition Project and HR Director |
| 10am-11am | Boardroom, Trafford General | Jessica Bradshaw, Acquisition Project and HR Director |
| Throughout the day | Wards / clinical areas | Morag Olsen, Director of Nursing & Operations, will visit wards and clinical areas |
| 1pm-2pm | Boardroom, Trafford General | Jessica Bradshaw, Acquisition Project and HR Director |
| 2pm-3pm | Boardroom, Trafford General | Jessica Bradshaw, Acquisition Project and HR Director |
| 3pm-4pm | Boardroom, Trafford General | Jessica Bradshaw, Acquisition Project and HR Director |

**More about yesterday’s Board meeting**

**The purpose of yesterday’s meeting**

Our Board had to formally review the bids and decide:

1. If the bids met our threshold criteria and were therefore acceptable to us.
2. If one bid was clearly stronger than the other. If so, our Board would nominate them as our preferred partner – i.e. the organisation we want to join.

**Who attended the meeting**

*Our Board:*

* Our Chair – **Fay Selvan** leads the Board and makes sure it carries out its responsibilities.
* Our executive team – the directors who lead the Trust on a daily basis and are responsible for managing performance and people. These people are: **Ron Calvert** (Chief Executive); **Jessica Bradshaw** (Acquisition Project and HR Director); **Morag Olsen** (Director of Nursing & Operations); **Dr Simon Musgrave** (Medical Director); **Margaret Pratt** (Director of Finance); **Peter Large** (Director of Planning); **Tristram Reynolds** (Director of Estates); **Dr Jonathan Berry**, **Dr Liz Clarke** and **Dr Ray Wilson** (GP Medical Directors); **Lynne Logan** (Trust Secretary).
* Our five non-executive directors – they are not employed by us but work for us a few days a month. They bring experience and insight from other walks of life, scrutinise our performance and advise on strategy. Their names are: Dr Ivor Nathan, Baron Frankal, Nick Robinson, John Sless and Julie Spinks.

*The bidders:*

Senior people both CMFT and UHSM came and presented an overview of their bids to the Board. They were also interviewed by our Board.

**What evidence the Board considered**

We never asked the bidders to submit detailed proposals for services – this is because it would take several months and possibly a year or so to develop them.

Instead, we asked them for evidence they provide safe and high-quality care, manage their resources well, have a strong track record of innovation, have ensured the smooth transfer of services they have previously acquired from other organisations, and related information.

We also asked them to demonstrate they have the ability to work successfully with local health commissioners, patients, staff, the wider public, GPs and partner organisations (e.g. the council) to develop proposals that will ensure services in Trafford are local, high-quality and financially viable for years to come.

**What they decided**

Our Board decided that both bids met our threshold criteria. However, CMFT scored higher marks overall and the Board therefore nominated them as our preferred partner.

Our Board has now recommended that NHS North West, NHS Trafford and NHS Greater Manchester start negotiations with CMFT next week on funding for the move. Those discussions should be completed by 31 August and we would expect them to agree funding to support for the period between CMFT acquiring us and the transition period to making services financially viable in future years.

**Estimated timeline: what happens next**

Trafford Healthcare Trust (THT) Board selects CMFT as its preferred acquisition partner. THT recommends NHS North West, NHS Trafford and NHS Greater Manchester begin discussions with CMFT on transition funding

**26 July 2011**

Any significant changes go to formal public consultation

**Likely to be some time in late 2011 or 2012**

After full involvement of staff, public, patients, GPs, partners etc, commissioners and CMFT develop proposals for future services

**Likely to be some time in late 2011 or 2012**

Consultation with any staff affected by proposals to change their roles – retraining and redeployment opportunities, aspiration interviews etc take place for any affected staff

**Likely to be late 2011 / 2012**

NHS commissioners (NHS Trafford, Trafford GP Commissioning Consortium, NHS Greater Manchester) and CMFT launch staff and public engagement to hear people’s views on how services should be provided in future years. Trafford Healthcare Trust supports this work

**September 2011**

Subject to approval of external regulators and Health Secretary, acquisition goes through. THT is dissolved and becomes part of CMFT. THT staff transfer under TUPE to CMFT. CMFT provides services previously provided by THT. Some CYPS services may move to Bridgewater Community Trust, working alongside Trafford Provider *Services.*

***1 April 2012 or 1 October 2012 (depending on approvals)***

NHS North West concludes discussions on transition funding

**31 August 2011**

NHS North West leads discussions on transition funding

**August 2011**

CMFT begins seeking external approval from regulators including Monitor and the Cooperation and Competition Panel

**September 2011**

**Q&A: Answers to questions you might have**

**What exactly happened at the Board meeting on 26th July?**

Our Board reviewed the bids that Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) submitted to us in June.

Senior representatives of CMFT and UHSM presented an overview of their bids and our Board interviewed them carefully. Our Board also studied reports outlining the formal technical evaluation of the bids and the views of key groups including patients, the public, hospital staff, the PCT and Trafford Council.

Based on all these factors, our Board decided that although both bids met the threshold criteria, CMFT’s bid was the best. CMFT was therefore selected as our preferred takeover partner.

**What does it mean for me and my role or for my particular ward / team / department?**

It’s far too early to know all this yet. As we’ve said throughout, we didn’t ask bidders for detailed proposals for specific services or areas because that’s something that takes a long time. It does mean, though, that we now know who is likely to acquire us and we can start working with them on detailed plans for the transition. As this work continues, we will get more information about how THT and CMFT will come together and how it might affect individual areas and staff – both here and at CMFT.

It also means that CMFT and our commissioners can start the longer-term work of thinking about how services could be provided in future to make them viable. They will be able to start engaging you, as well as our patients, the public and other key groups, in talks about this. We expect there will be lots of ways you can get involved in this and give your views and suggestions. If it leads to proposals that involve significant change, there would also need to be formal public consultation. This would probably happen some time in late 2011 / 2012.

**What happens next?**

THT has recommended that local health commissioners – the people who hold the local NHS budget and decide what services are provided in Trafford – and NHS North West (the strategic health authority) begin detailed negotiations with CMFT to agree funding for the move. NHS North West will lead these negotiations and has said they will be finished by 31 August 2011. After that, CMFT will begin applying for permission from external regulators (e.g. Monitor and the Cooperation and Competition Panel) to acquire THT. Staff from THT and CMFT will begin detailed planning so there is a smooth transfer of THT to CMFT, if approved.

**When will we transfer to CMFT?**

Once funding for transition is agreed – which should happen by 31 August – CMFT will be able to start the process of applying for permission from external regulators to acquire us. They will need approval from Monitor, which regulates foundation trusts, and the Cooperation and Competition Panel, which promotes patient choice and value for money in the NHS. The Secretary of State for Health, Andrew Lansley MP, will also need to approve the acquisition.

Assuming there is no hold-up in getting these approvals, we could become part of CMFT from **1 April 2012**. (If there is a delay in these approvals, then we would probably join CMFT from 1 October 2012.) Our Board would be dissolved and THT would no longer exist as a NHS trust. CMFT would take over the running of our hospitals and the services we currently provide.

THT staff would transfer to CMFT under TUPE – the Transfer of Undertakings (Protection of Employment) regulations. The only exception is some CYPS services, which are likely to join Bridgewater Community Healthcare NHS Trust instead where they would work alongside Trafford Provider Services.

**What does the Board’s decision mean for healthcare in Trafford?**

The reason THT wants to join a larger hospital trust is that it is too small to remain viable by itself. Although it provides very high-quality care, its income is too small to cover its costs and this gap is too big to close just by working more efficiently. If THT doesn’t join a bigger trust like CMFT, then over time money for NHS services in Trafford will run out, putting services at serious risk.

In contrast, joining CMFT will lay the foundations for making health services in Trafford viable in future years and ensure people can continue to access safe, high-quality healthcare close to home.

**Why haven’t you done formal staff or public consultation on this decision?**

Formal consultation takes place when you have detailed proposals for change. We don’t have that yet and this decision wasn’t about specific change; it was about choosing a partner foundation trust capable of developing those kinds of proposals. What we have done right from the outset, though, is involve our staff, patients, the public, and so on in selecting which trust takes us over so we could hear your views and take them into account.

For example, we set up two stakeholder reference groups for THT staff – the clinical reference group (around 25 consultants, nurses and other health professionals from THT) and the staffside reference group (THT staffside and union reps). Those groups helped us draw up the criteria used to evaluate the bids. Their views on the bid summaries and presentations from the bidders were taken into account by our Board when it chose CMFT. Patients and the public and key partners like the PCT and Trafford Council had similar input.

**Do you plan any formal staff or public consultation?**

There will need to be formal staff consultation on any proposals to make significant employment changes e.g. to people’s job roles. There will also need to be formal public consultation on any proposals that involve significant changes to health services.

Now that we know CMFT is our preferred partner, we can start working with them to look at what the transition means for staff. Any staff affected by proposals to change their employment will be consulted appropriately. There will be an open and transparent process with lots of support for staff, with aspiration interviews, redeployment and retraining opportunities, and so on.

As far as health services are concerned, CMFT and local health commissioners can now start the process of listening and involving people in discussions about future models of care. That is likely to take several months and there will be lots of opportunities for staff, patients, the public and other key groups and partner organisations to get involved and give their views. Public consultation could then take place on any proposals for significant changes that emerge from that.

**What does it mean for individual wards, departments and clinics in Trafford?**

There are no specific plans to change health services in Trafford at the moment. All that has happened so far is that CMFT has been selected as the preferred partner to acquire THT. They had to show they would be able to work with patients, the public, health staff, commissioners and so on in the coming months to start developing proposals that will make services viable in the longer term. They also had to show they have a strong track record of delivering safe, high-quality care and the smooth transition of services they have acquired from other organisations.

**When will we see detailed proposals and how will we be involved in developing them?**

From September, CMFT and the local commissioners (NHS Trafford, NHS Greater Manchester and the GP/clinical commissioning group) should be able to start work to hear people’s views on how services could be provided in future. This will take several months and we would expect they will offer lots of ways for you to get involved in helping them develop these ideas.

Following this, the commissioners and CMFT will develop detailed proposals that they believe will make services in Trafford clinically and financially viable in years to come. These proposals are likely to mean change – for example, commissioners have already said they want to keep people well enough not to need as much hospital care by providing more services in GP practices, patients’ homes and other community settings and spending less on acute inpatient care.

There would need to be formal public consultation on any significant changes, though.

**What happens if commercial negotiations between CMFT and NHS Trafford, NHS Greater Manchester and NHS North West are unsuccessful?**

NHS North West will be leading these negotiations and they are committed to achieving a successful outcome. If for any reason these talks are unsuccessful, however, then it is important to remember that both bidders met our threshold criteria. That means we could go back to UHSM and start discussions with them on the possibility of taking their bid forward.