

**Our Future:**

**Monthly staff briefing – 25 January 2012**

***Notes from the monthly staff briefing on Wednesday 25 January on our proposed acquisition by Central Manchester University Hospitals NHS Foundation Trust (CMFT)***

***Briefing with:***

* ***Jessica Bradshaw (HR and Acquisition Project Director, THT)***
* ***Stephen Gardner (Acquisition Programme Director, CMFT)***
* ***Beth Weston (will be Divisional Director for Trafford Hospitals from 1 April)***

**Update from Jessica**

***Clinical services***

In addition to the acquisition, we are still working on the clinical model. Clinicians from here, CMFT, GPs and so on are looking at how services at Trafford General, Altrincham and Stretford should be provided in future. This is led by the commissioners. We have had lots of public meetings, which some of our staff have also attended, and the feedback from them has been given to the clinicians so they can factor it into the design work.

We’re aiming to develop the model in time for public consultation in May after the local elections, so it’s some way off being finalised. We need to make sure that the model is clinically safe and financially sustainable. It’s important that local residents and staff can then have some certainty about the future of local health services. We’re looking at how we can maximise what we do well into a vibrant and sustainable model, working in partnership with services elsewhere. The full proposals should be available in the second week of May and we’re hopeful that won’t slip.

The new clinical model won’t be implemented until after the three-month public consultation, so this is an ‘as is’ acquisition. There may be some changes to non-patient-facing clinical support services where it makes sense to do so and it doesn’t affect patients, but other than that it will be business as usual while we develop a sound clinical model and implementation plan.

***Corporate / business support services***

We do expect there to be changes to corporate areas and business support services, though. We’re unviable as we are so the new organisation will need to make economies of scale and you can reduce costs in these areas by restructuring. We’ve always been honest with staff that is likely to mean reductions here after acquisition.

CMFT have needed to look at current corporate structures here and over there and to see what capacity they will need for the new, combined organisation. That has taken a while because it’s important to do it properly but CMFT’s corporate directors have now produced the first draft of what that structure will look like.

Our legal obligation is first to discuss it with the full-time union officers for our area [i.e. the main Unison office, RCN etc]. Our local union officers will be involved as well, but we have a legal obligation to get approval from the full-time officers, so we wrote to them on Monday (23 Jan) and are due to meet with them next week (week commencing 30 Jan). If they agree, we will then carry out pre-consultation engagement with the staff affected. We will go to those areas and meet the team to describe the new structure, the implications for them, what options they have, and the process by which things will happen.

This will start off as team meetings, but there will then be meetings with individual staff members and you will have the opportunity to give your feedback on the proposals. We will be asking what you think of the structures and if you have any suggestions on how they could be different. We will also explain the mechanics by which the changes will work and how that impacts on you.

**Update from Stephen Gardner**

We’re working through the approvals processes for the acquisition and making sure all the different external organisations have the information they need. Because CMFT is a foundation trust, we need to talk to Monitor (the foundation trust regulator) about our decision to acquire new services. Monitor is now considering it and we are awaiting their feedback. They may want to see what the Cooperation & Competition Panel (CCP) has to say.

The CCP’s job is to make sure you don’t see one organisation in a very dominant position, reducing patient choice. Greater Manchester has lots of providers and THT and CMFT together still only provide about half the services in Trafford. The CCP will consider the acquisition in February. Their decisions are harder to predict but we are hopeful it will be approved. We should know by mid-February.

The Department of Health also needs to approve. The business case for the acquisition went to the Department of Health’s Transactions Board yesterday (24 Jan). We have provided some additional information and are hopeful they will approve, which will enable the Health Secretary to sign the dissolution order for THT and the transfer order to CMFT.

We’ve also requested an amendment to CMFT’s registration with the Care Quality Commission to include THT services from April. Finally, we are developing a business transaction agreement between THT, CMFT and the strategic health authority, formalising the acquisition.

All those external approvals are on track. In addition, we’ve been looking at how we need to harmonise business processes – e.g. the recruitment process, how we order goods, incident reporting – so they’re all done to the appropriate timescale, either in time for acquisition or afterwards.

**Update from Beth Weston (and a bit more about her)**

From 1 April, Dr Simon Musgrave (THT’s Medical Director) will be the Clinical Head of Division for Trafford Hospitals. I will be working with him as Divisional Director, along with Shirley Smith as Divisional Head of Nursing (currently THT’s Acting Director of Nursing).

We will look at what structures we need in place, what committees we’ll need at Trafford and so on to support services here and make sure things continue to run smoothly.

I joined CMFT in 2003 as Divisional Director for the dental hospital and in 2005 took on the same role at the eye hospital as well. I previously worked at Warrington, Aintree Hospitals, Ashworth Hospital and Southport and Formby community healthcare. I’ve always worked in the NHS – I joined in 1995 as a graduate management trainee – and I am very much looking forward to working here in Trafford.

**Questions from staff at the briefing**

**Questions were answered by:**

**JB** – Jessica Bradshaw, HR and Acquisition Project Director, THT

**SG** – Stephen Gardner, Acquisition Programme Director, CMFT

**BW** – Beth Weston, will be Divisional Director for Trafford Hospitals from 1 April

**We’re now getting CMFT’s weekly staff bulletin via our intranet and the latest issue says the deadline for staff who want to buy or sell annual leave is mid-March. How does this affect us because we can’t apply yet?**

**JB:** That CMFT policy doesn’t apply to Trafford staff because you will TUPE across to CMFT on your existing terms and conditions unless and until they are renegotiated with staffside as policies are harmonised over the next year or so. We do have our own policy on buying annual leave, although it isn’t used by very many staff, so if it is something you’re interested in doing you should speak to the HR team here.

We’ve just had a meeting where we’ve been told that they are looking at restructuring the department we’ll be joining in CMFT and that people may need to apply for jobs. If you TUPE over on five years’ protection, will that still apply if you need to apply for another job in the new structure?

**JB:** Yes, your existing terms and conditions will continue if you’re affected by a restructuring like that. If your job is at risk and you end up being offered a different job at the same band, then obviously it’s less relevant. If your job is at risk and you’re offered a job that’s a band lower but with protected pay, then your entitlement to protected pay won’t change.

Obviously, that’s different from if you’re not formally at risk and you decide to apply off your own initiative for a job at CMFT now. In that case, you would be actively choosing to leave THT and join CMFT so you would join on their terms and conditions, not ours.

**Will there be a MARS (Mutually Agreed Resignation Scheme) scheme?**

**JB:** We’ve never run a MARS scheme because we never had the money to make people redundant – you need cash upfront to do that. THT won’t be making anyone redundant because, if there are redundancies as a result of restructuring, that will be a CMFT responsibility. If your job is at risk, then you may be offered suitable alternative employment. If the alternative employment is at a lower band, then there might be an opportunity to discuss redundancy. We can’t make any commitments. It will be a balance between preserving employment, respecting the employee’s interests and the business interests and taxpayers’ money. My guess is that it’s more likely redundancies would be on a case-by-case basis rather than a general MARS scheme.

**When you talk about corporate areas, does it include all other non-clinical areas?**

**JB:** It includes areas like Finance and HR, as well as other areas that you might not think of as ‘corporate’ like Quality, Medical Education, some corporate nursing posts. For example, Facilities isn’t included but Estates is.

Aside from that corporate restructuring, though, there may be some changes in non-patient-facing clinical support services where it makes sense to work more closely with colleagues at CMFT but where it doesn’t affect patients.

**SG:** We need to know the clinical model before we can say for definite what structures we will need for clinical support services on this site.

**Some of us in Pathology have been told we’re going to be working over at CMFT from April.**

**JB:** Nobody’s job can change until after they have been consulted with. We’re aware that in a few cases people have, from the very best of intentions, indicated what structures might be in place after April and what people’s working arrangements might be but there is a formal process and you do have to be consulted with on changes of this kind. We will come and talk to staff in Pathology to explain the process and answer any questions you have.

**One of my team came to see me. She works in Dentistry and isn’t sure whether she is going to Bridgewater or CMFT.**

**JB:** All the staff in the ‘Group 1’ services that are going to Bridgewater Community Healthcare NHS Trust have received letters informing them of this, so if she hasn’t received a letter then she will be transferring to CMFT. Helen Dixon in HR will be very happy to answer any queries or concerns that your colleague might have.

**The Government is in the process of trying to get a Health Bill passed in Parliament that will bring in big changes to the NHS. Have you got any back-up plans so you don’t make changes that then have to be changed again if the legislation changes?**

**JB:** You make a very good point because the NHS is in transition. The clinical redesign work recognises both where the legal decision-making authority currently sits (i.e. the current PCT commissioners) and where the moral authority sits (i.e. with the future clinical commissioning group, or CCG). I’m seconded to work for the commissioners two days a week on the clinical redesign and, in that role, I am working for the designated chair of the clinical commissioning group. Because both the PCT and the CCG are involved, the right commissioners are involved regardless of whether the Health Bill is paused or whether it gets passed.

**We’re preparing for assessment by the NHS Litigation Authority (NHSLA). Will the outcome of that inspection affect decisions by Monitor etc on the acquisition?**

**SG:** No, I don’t think NHSLA is problematic for the acquisition because THT is a small enough element in the combined entity not to bring the new organisation’s overall rating down to a lower level. [CMFT has level 3 rating, which is higher than THT.] It’s likely we will have to have another NHSLA assessment a bit sooner than we would otherwise, because of CMFT acquiring the community services from Manchester (which don’t have any NHSLA rating) and THT. That means we will need to start harmonising policies after the acquisition so we can start collecting audit data for the combined organisation.

**Have you considered the impact of the major trauma review in Greater Manchester on future models for A&E?**

**JB:** Yes, we are developing the new clinical model very much in line with the wider picture so that it fits with the other reviews in Greater Manchester around trauma, cancer, and so on. We will also be doing impact assessments of the model – e.g. if we change the level of activity here, where will people go and have we checked what it means for those places in terms of their capacity?

**What happens if the model changes, but for instance Wythenshawe say they don’t want any activity from here because they’re a major trauma centre?**

**JB:** There needs to be consensus on the clinical model with the North West Ambulance Service and the surrounding trusts, as well as commissioners. University Hospital of South Manchester and NWAS are involved in the clinical redesign work for that very reason so they can give their views and make sure the system is properly prepared for any changes in patient flows.

**BW:** Clinical decisions about where patients go will be made by the ambulance service and they are very involved in this process. Decisions won’t be made to the detriment of patients. The ambulance service will take them to the most appropriate place.

**The next Our Future monthly staff briefing takes place at 1pm on Wednesday 29 February in the Boardroom, Trafford General**