

North West Streamlining Programme End of Programme Report March 2019



North West Level – comprising:

- Cheshire & Merseyside (C&M)
- Cumbria & Lancashire (C&L)
- Greater Manchester (GM)



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1) Introduction & Background to the Programme

The 'North West (NW) Workforce Streamlining Programme' was formally established in April 2016 and has run for 3 years to March 2019. The programme is supported by Health Education England (North) and has been hosted by East Cheshire NHS Trust on their behalf. The programme office arrangements (PMO) have been part funded by HEE and Trust contributions on a sliding scale model, ending in a 50/50 split for its final year.

The North West region covers an extensive geographical area and has a large and diverse number of trusts. The region also has a history of networking and collaboration amongst the workforce community. The programme and its programme office support arrangements (Streamlining PMO) were shaped around 3 sub-regional areas of the NW, where networking among Human Resources (HR)/Workforce and Organisational Development (OD) Directors was already strong:

- Cheshire and Merseyside (C&M)
- Cumbria and Lancashire (C&L)
- Greater Manchester (GM)

A NW strategic Programme Board has provided strategic direction to the programme throughout and a HRD Lead from each of the 3 sub regions has provided representation on the Board and led the programme locally in their area. 36 trusts (41 at the outset) signed an MOU to participate in and part-fund (with equal contributions) the PMO, and to work collaboratively to achieve the high level aims of the programme. All 11 Higher Education Institutes (HEIs) in the region and several other organisations have also been actively involved in the programme, including Electronic Staff Record (ESR) and trade union representatives. These different stakeholders worked collaboratively to meet key aims for specific groups, such as students on healthcare programmes.

The vision for the programme regionally was to enable the smooth movement of staff who move from one NHS employer to another within the region and the wider NHS. This is in line with the national vision for streamlining, which means the NW Trusts are ahead of the curve on national recommended guidelines for streamlining and on any mandate which might follow in the future. The national vision at the time of writing is to have 'An agile, flexible workforce that can move easily beyond organisational boundaries to deliver effective services for the population they serve and ensure maximum career opportunities. With a greater emphasis on place-based care and services and systems rather than individual organisations, we support the standardisation of HR employment practices, processes and systems that support and enable this. Changes must deliver a better staff experience, reduce duplication and be more efficient and effective.'

2) Purpose of the Report

The purpose of this report is to provide internal and external programme stakeholders with a comprehensive summary of progress to date, achievements, benefits and learning. This report also outlines transition plans which ensure that streamlining activity in the region is sustainable in the future.

3) Scope & Structure of the Programme

At scoping stage, following extensive consultation with stakeholders, it was clear that ambition for this programme was high in the North West. It was also apparent that each sub-regional area had issues they wanted to use the programme to address plus improvement ideas they could all work on together. It was agreed that the programme would focus its deliverables around 3 Core Workstreams in all 3 sub-regional areas and in addition, that each area would also focus on 1 to 3 further non-core/local workstreams, provided they met the high level objectives of the programme. It was also agreed that the benefits would be estimated at first and only later quantified against the core elements of the programme. These benefits are outlined below:

3a) High Level Aims of the Programme

- Reduce the time to hire
- Reduce unnecessary staff time spent on statutory and mandatory training
- Improve staff satisfaction with the recruitment and induction process
- Release administration time/costs as a result of standardisation and reduction in duplication

These were then translated into specific deliverables for the 3 core workstreams.

3b) Core Workstreams & Deliverables

The 3 core workstreams have remained throughout the programme as:

- 1) Recruitment Workstream
- 2) Training Workstream
- 3) Occupational Health (OH) Workstream

Groups were set up for the first 2 workstreams in triplicate, one for each area. OH started out as a North West-wide single group for the first year whilst these communities were engaged. In year 2 this split into 3 separate groups to fall in line with the other groups. In year 3, due to difficulties around implementation and following national escalation of these issues, the groups returned to a NW wide approach, to consider implementing the interim OH process for all.

The specific deliverables for 2 of the 3 workstreams (Recruitment and OH) have changed over the life of the programme due to barriers faced when trying to implement the original deliverables, which stipulated the use of ESR and the Inter-Authority Transfer (IAT) process as well as interfaces with other 3rd party systems. Workstream focus and the deliverables were

updated to reflect what was more practical. This still resulted in the aims of the programme being achieved - by removing any requirement to use specific systems to transfer the data. This has been fundamental to the Streamlining programme achieving its key goals in those 2 workstreams.

It has been agreed the North West will work towards the long-term solution (using ESR and IAT to transfer data) once some escalated issues have been resolved. The specific core deliverables for the 3 workstreams are provided as headers on the tables, in the 'Performance against Aims/Deliverables' section of this report. The highlights from these tables are below:

Recruitment - Factual References Implementation

- **98% of (37/38) trusts have met the deliverable by moving to, or being in the process of moving to, requesting factual references in any system.**
- 79% of trusts (30/38) have met the deliverable and made the move to factual references.
- 30% of trusts (11/38) have gone beyond this and delivered against the original milestone by making the full move to factual references via IAT.
- 92% of trusts (36 of 38) are no longer also requesting subjective references, or they are in the process of moving away from this.

Training – Core Skills Training Framework (CSTF) Benefits Realised

- 100% of trusts (38/38) are using, or are progressing towards the use of CSTF competences (thereby evidencing they have also mapped and aligned training to the CSTF).
- 100% of trusts (38/38) are recording, or are progressing towards recording CSTF competencies in ESR.
- 100% of trusts (38/38) are sharing, or are in the process of sharing CSTF competencies via IAT.
- 100% of trusts (38/38) are accepting CSTF competences via IAT.
- **92% of trusts (35/38) have met the deliverable by aligning to the CSTF, recording CSTF competencies in ESR, transferring and accepting CSTF competencies. Most importantly, this proportion of trusts are taking, or are in the process of taking the necessary steps to ensure staff are not repeating CSTF training which they are compliant with when they join, thereby realising the benefits of CSTF alignment and improving the experience for new starters from other NHS trusts.**

Training – Alignment to nationally recommended CSTF Refresher Periods

- 100% of trusts (38/38) have refresher periods that are aligned or partially aligned to the nationally recommended CSTF refresher periods.
- **47% of trusts (18/38) have fully met the deliverable by ensuring they are fully aligned to the refresher periods recommended in the CSTF.**
- 53% of trusts (20/38) have partially met the deliverable by being partially aligned to the nationally recommended refresher periods. Reasons for partial alignment are quoted in the table.

Occupational Health – Interim Process for sharing Immunisations and Vaccinations Implementation

- 100% of trusts (38/38) have implemented, or are in the process of implementing, the interim process for transferring imms and vacs.

- **92% of trusts (35/38) have met the deliverable and have implemented the interim process for transferring imms and vaccs.**
- 100% of trusts (38/38) have implemented a secure e-mail address to ensure the transfer is safe.
- 100% of trusts (38/38) have a process, or are putting a process in place, for gaining consent from the new starter to transfer their data.

3c) Non-Core Deliverables/Sub-regional Milestones

All 3 sub regions opted to have a Policy workstream group which aimed to look at improving HR/OD policies collaboratively. Some Policy workstream groups were closely aligned to the 3 core streamlining workstreams’ work, some were more ambitious. Despite similar aims, the names of these groups were not consistent as the focus was different for all. All other non-core workstreams are also outlined by sub region below:

C&M	C&L	GM
PREP – Policy Review Engagement Partnership	Policy Group – which has now become the Contract Refresh group	Policy Alignment Group
Systems Group	Establishment Control Group	Dementia Task & Finish Group
Medical Staffing Group	Careers and Engagement	PMVA Task & Finish Group. (Prevention and Management of Violence and Aggression)

4) Benefits Realisation

The North West Streamlining Programme, in conjunction with stakeholders, developed a benefits realisation calculator. This was used to determine the benefits realised by trusts within the programme, the projected cost efficiencies for future years (if changes are sustained) and the potential cost efficiencies if all three core deliverables are implemented. The calculator determines efficiencies made in the three core workstreams: Training, Recruitment and Occupational Health.

- Efficiencies made from aligning refresher periods to the Core Skills Training Framework refresher periods (Training)
- Efficiencies made from reducing repeat training for new starters and transfers into trusts (Training)
- Efficiencies made by responding to reference requests with factual references - as per guidance from NHS Employers (Recruitment)
- Reduction in time taken to receive references by adopting factual references (Recruitment)
- Efficiencies made via the use of an interim process for sharing immunisation and vaccination status (Occupational Health)

Overleaf is a summary of the aggregated results, from those trusts who have responded. **Due to some incomplete returns and some of the data not being attainable from HR systems, these benefits are under-reported at this time.**

4a) Efficiency Savings

The tables below include completed benefits calculator returns, as of 31st March 2019. They show the **total actual efficiency savings during the programme lifecycle were £3,009,341.26 as at this date**. They also show the following:

- **Actual in programme** = cost efficiency savings made during the programme from core deliverables achieved to date
- **Projected (annually)** = cost efficiency savings which will be achieved if existing core deliverables are sustained
- **Potential (annually)** = potential cost efficiency savings which could be achieved if all core deliverables are achieved by all trusts

North West	Actual in programme	Projected (annually)	Potential (annually)
Recruitment	£28,235.84	£9,457.00	£40,087.57
Training	£2,978,778.49	£1,004,841.28	£2,721,683.71
OH	£2,326.94	Unquantifiable*	Unquantifiable*
Overall	£3,009,341.26	£1,014,298.28	£2,761,771.28

Cheshire & Merseyside	Actual in programme	Projected (annually)	Potential (annually)
Recruitment	£11,264.57	£3,799.92	£17,667.24
Training	£602,227.08	£203,151.27	£719,698.32
OH	£2,153.94	Unquantifiable*	Unquantifiable*
Overall	£615,645.60	£206,951.18	£737,365.56

NB: It should be noted that the Cheshire & Merseyside region had carried out extensive work as part of the Core Skills programme (pre-Streamlining) and so the figures captured for the Training elements of the programme are expected to be less than other sub-regions. In addition to this, only 55% of Cheshire & Merseyside trusts have provided completed benefit calculator returns for Training, which is where the largest efficiencies have been realised.

Cumbria & Lancashire	Actual in programme	Projected (annually)	Potential (annually)
Recruitment	£3,583.66	£1,194.55	£10,731.03
Training	£1,022,826.17	£345,033.36	£1,154,045.23
OH*	£0	Unquantifiable*	Unquantifiable*
Overall	£1,026,409.83	£346,227.92	£1,164,776.26

Greater Manchester	Actual in programme	Projected (annually)	Potential (annually)
Recruitment	£13,387.60	£4,462.53	£14,351.88
Training	£1,353,725.24	£456,656.65	£1,134,282.21
OH*	£172.99	Unquantifiable*	Unquantifiable*
Overall	£1,367,285.83	£461,119.18	£1,148,634.09

* At time of writing, NW trusts have only just implemented the interim process for transferring Immunisations and Vaccinations (see section 6c for further information on progress). This means it hasn't been possible to calculate projected or potential savings for Occupational Health.

4b) Non-Financial Benefits

The greatest benefit reported by stakeholders has been the creation of networks where people have been empowered and supported to come together and collaborate, create greater consistency, share best practice, avoid duplication, guide each other and influence across boundaries. These networks have created a place where the personal and professional passions of the workforce community have been harnessed and used to drive change. Almost all of the network leads have expressed a strong desire to continue this work and reported that the relationships and trust built in these networks will continue and grow.

Other reported benefits include:

- Improved inductions – leading to a better experience for staff and more positive feedback from staff surveys.
- Increased data in ESR – the programme's use of the Data Load tool has led to 300,000 more CSTF competencies being recorded in ESR.
- Reduced costs from sharing expertise and successes - Stakeholders have reported (although this can't be quantified) cost-savings around buying-in expertise, in areas such as values based recruitment and from sharing and learning from colleagues in other trusts, via the networks. This provides a wider pool of knowledge and expertise for staff as well as the benefits, on a personal development level, to those staff directly involved in the workstreams.

5) Achievements/Highlights

The achievements of the 3 sub-regional areas and the programme as a whole are outlined below:

5a) C&M Achievement Highlights

- C&M Streamlining networks have been developed across Recruitment, Training, Occupational Health, Policy (PREP), Systems and Medical Staffing. These networks are now being used for networking and sharing information across the C&M footprint, in addition to being used for streamlining work.
- A C&M common "voice" has been developed to influence both NW and national decision making, e.g. enhancing the IAT.
- Strong partnership working with Trade Union colleagues, with Trade Union representation on both workstream and steering groups.
- Agreement on clinical consistency was achieved in the application of immunisations and vaccinations for Occupational Health.
- Consistency was reached in terms of interpreting the 'Green Book' – guidelines for immunisations.

- The revised Pre-Employment Health Questionnaire was implemented by Occupational Health.
- An OH System questionnaire to track systems used and contract terms was completed.
 - The C&M OH process for sharing Imms & Vaccs (outside of ESR) was adopted across the North West.
 - 100% of those trusts using the Core Skills Training Framework (CSTF), are now recording core skills competencies within Oracle Learning Management (OLM) or via the Data Load tool, sharing competencies via IAT and accepting competencies via IAT.
 - At the time of writing, 9/18 trusts had removed compliant training from the new starter process. This figure will soon move to 15/18 which is 83% of all C&M trusts. This will provide an improved new starter experience for staff.
 - The Care Certificate has been shared via IAT, increasing the flow of training information across the sub-region.
 - Notice Periods for new starters have been aligned in 18/18 trusts, with 9/18 aligned for existing staff, aiding better workforce planning and leading to reduction in agency spend .
 - The C&M Honorary Contract was agreed and completed in October 2018. This brings a consistent way of working.
 - TUPE overarching principles were agreed and implemented from 1st June 2018 which aids employee engagement as part of the process.
 - Starting Salary on Appointment principles were agreed and are in the final stages of review.
 - NHS Passport was enabled via the Pre-hire Inter Authority Transfer (IAT) and is used by all.
 - An example paper was produced on the DBS Update Service Registration 'mandated' option and is available for those trusts wanting to mandate this.
 - A Factual Reference trial was completed by 17/18 trusts, which led to IAT development requirements being identified.
 - Local trust values were mapped to national NHS frameworks (NHS Constitution and 6 Cs') to aid implementation of Values Based Recruitment.
 - Values Based Recruitment was supported by sharing resources and reviewing existing processes in order to identify best practice.
 - DBS Update Service Registration was consistently encouraged by trusts for all their new starters.
 - An approach and paperwork for Honorary Contracts was reviewed and consistency achieved. This was implemented as of 1st December 2017.
 - The benefits of standardising job descriptions were reviewed. A decision was made to share best practice.
 - A standardised approach to venipuncture training was agreed.
 - Systems expertise was aligned to workstreams to provide technical support.
 - Data cleanse requirements were agreed at workstream level and also with trusts for ongoing focus.
 - A review of available ESR interfaces and their implementation was conducted to enable optimum use of the ESR system.
 - Best practice for Registration Authority/Production of Smartcards was shared. This led to a review of trusts' processes for new starter ID checks and improvements have been made at individual trust level.
 - A Rapid Induction for Locum Staff template was agreed and rolled out to all trusts.
 - A standard Acting-Down policy was devised and completed at workstream level for local implementation.
 - Terms and conditions for Locally Employed Doctors were completed at workstream level and they are in the final stage of review with the British Medical Association (BMA).

5b) C&L Achievement Highlights

- C&L streamlining networks were developed across Recruitment, Training, Occupational Health, HR Directors and Deputy HR Directors; encouraging and enabling collaboration across organisations.
- Staff movement analysis was completed which helped gain buy-in for movement to Factual References as it showed movement of staff from C&L is largely within the NW region.
- A C&L “voice” to influence NW and national decision making has been developed, e.g. enhancing the IAT.
- By 2019/2020, all trusts will have delivered or completed all recruitment, training and OH deliverables.
- A data collection exercise was completed to ascertain the current variation in the calculation and reporting of statutory and mandatory training compliance from trust to trust.
- Careers and engagement provision across the patch was scoped, enabling recruitment to a Project Manager role with a view to integrate services across the patch.
- An Establishment Control working group was established and is reviewing consistency across the patch.
- A data collection exercise was conducted for Establishment Control to ascertain current use and plans for future use.
- A policy on a page format was agreed and several polices are using this format.
- A multi-lateral inter-trust clinical service model was agreed, negating the need for honorary contracts.
- The policy group has now morphed into the Agenda for Change (AfC) Contract Refresh group which is supporting trusts in their implementation of contract refresh change requirements. Overarching principles have been agreed and this work will continue until 2021.
- Work with the PMO has been conducted to develop a process that uses Data Load software to transfer training between third party learning management systems and ESR. This work has been shared with organisations nationally.
- Work with the PMO has been delivered to identify alternative uses for Data Load software with ESR, such as competency requirements.

5c) GM Achievement Highlights

- The development of GM streamlining networks across Recruitment, Training, OH, Dementia, PMVA and HR, which are now being used for networking and sharing information across the GM footprint in addition to streamlining.
- A GM “voice” to influence NW and national decision making has been developed, e.g. enhancing the IAT.
- The majority of GM trusts report that they are responding to Factual References via IAT, in line with this core deliverable.
- Over half of the GM trusts are encouraging registration with the DBS update service.
- GM trusts have submitted their VBR questions to create a GM “bank” of VBR questions, with just under 80% of the GM trusts mapping their trust values to the NHS constitution.

- A continuous service date calculator has been developed by a GM trust and adopted by all other GM trusts.
- GM assurance workshops have been held for each of the core skills subjects to enable GM Subject Matter Experts (SMEs) to provide and receive assurance re: individual trust training alignment to the CSTF.
- GM Leads have agreed to work towards local refresher periods where they are not nationally determined.
- GM trusts have reviewed their dementia training to identify any alignment to the Dementia Framework.
- Freely available e-learning dementia training has also been reviewed by GM to identify any alignment to the Dementia Framework.
- A proposed outline of modules for a future e-learning package for dementia has been finalised.
- GM PMVA techniques have been agreed, photographed and had ESR naming conventions agreed for working age and older adults between GM's 2 Mental Health trusts.
- A GM trust is acting as a pilot site, working closely with ESR and eOpas to develop a bi-directional interface for the purposes of transferring immunisation and vaccination records.
- GM OH representatives agreed to work with other NW OH colleagues towards developing an interim process for sharing of immunisation and vaccination records.
- All GM trusts have provided contact details and escalation details to implement the interim process for sharing immunisation and vaccination records.
- A GM wide policy for Induction and Mandatory Training has been drafted collaboratively and agreed for adoption by all GM trusts.

5d) Impact of NW programme nationally

- For the majority of its lifecycle, the NW programme has been the largest regional NHS streamlining programme currently in place. The Programme Sponsor and Programme Manager have sought to influence and advance the streamlining aims and agenda nationally through attendance at the National Streamlining Steering Group and through the Programme Manager chairing the National Streamlining Operational Group.
- The PMO team led a national survey and workshop to collaboratively propose and review suggested enhancements to the IAT in ESR, which is one of the most important enablers of the transfer of information. Something which in turn, enables the smooth and safe movement of staff. The outcome of the workshop was a requirements report containing 45 collaboratively suggested enhancements and business cases to support these. ESR central team responded with support for a great many of these and proposed their own suggestions to improve the overall functionality of the IAT. 6 enhancements have already been released in the system and several more are due to be released in the coming months. This style of workshop has received very positive feedback.
- The expertise in the PMO on the Data Load tool has been used to support all those NW trusts not currently using OLM and this knowledge has been shared nationally to help trusts across the country. Learning from other national users of the tool was adopted into guidance and practice and increased the positive impact for wide use of the tool. This has led to 300,000 more CSTF competencies being loaded into ESR in the life of the NW programme alone.
- A video to chart the programme's journey and key messages around success factors and learning, plus 20 success stories, covering achievements in all 3 sub regions and from core

and non-core workstreams, have been compiled. These are available on the streamlining website to support people in the region to continue to streamline, to inspire those from outside the region to start to streamline and to showcase the breadth of initiatives and areas the NW have worked together on under the streamlining banner. The video and several stories will be shared with NHS Employers and will form part of national engagement campaigns in the future.

5e) Programme Management Office (PMO) Achievement Highlights

- Buy in and a commitment to fund and participate in a large scale complex change programme has been secured.
- The PMO provided drive and 'lifted' the community when needed, providing support to 18 workstreams and 36 Trust Implementation Groups (TIG) to help them make the changes required.
- The PMO supplied expertise on ESR and other systems and processes that needed to be followed in order to achieve key benefits. It projected and then quantified the actual core deliverable benefits of the programme.
- Over 1,000 stakeholders were engaged and kept up to date by the PMO.
- It supported 757 stakeholders who were actively involved with implementation.
- 36 Trusts and 11 HEIs were supported by the PMO to collaborate internally in their trusts, across sub regions and across the NW as a whole.
- The PMO hosted and facilitated 15 North West-wide events, workshops and webinars to keep key stakeholders up to date with progress and to bring people together to collaborate face to face and also virtually via webinars.
- 100+ monthly briefings and newsletters were produced to update all stakeholders during the lifecycle of the programme.
- Approx. 100 HRD networks were attended by the PMO so HRDs could be fully briefed, ensuring they could drive the Streamlining programme.
- 18 North West Social Partnership Forums (SPFs) were attended to build relationships and trust and engage, involve and inform regional trade union colleagues in the programme.
- 11 ESR Big SIGs (Special Interest Groups) were attended to update and engage the ESR and system community around the work of the programme and to cement the vital role of ESR.
- Over 550 tweets were posted to inform and engage the wider NHS community in the work of the programme
- The PMO developed a staff communication pack for trusts to help spread the word to staff moving around the system on what they can expect from a streamlined trust.

6) Overall Summary of Performance against core deliverables across the North West

6a) Recruitment Workstream - Factual References (FR) Implementation

Original Deliverable - All NW trusts to request and respond to factual references (FRs) via the Inter-Authority Transfer (IAT).

As the NW progressed with trials of FRs via IAT, some trusts implemented this with ease. However, feedback from the trusts who found FRs difficult to implement indicated issues around centralising resources as well as capacity. This feedback also showed that the IAT process was less efficient for requesting FRs than current systems being used. As a result, the NW programme lobbied for and led a national workshop to pull together a list of enhancement requirements to improve the functionality of the IAT. This was reported to Paul Spooner, ESR Director on 30th March 2018. Several enhancements were supported by ESR and 6 have been released at the time of writing, with several more due to release soon. The NW Programme office also sought and received agreement to change the deliverable to:

Final agreed deliverable - All NW trusts to request factual references via any preferred system and to respond to factual references (FRs) via the method in which they are requested – including via IAT

Trust Name	Are you requesting FRs? (in any system)	Are you responding to FRs via IAT?	Are you requesting FRs via IAT?	Are you still requesting subjective references?	Are you responding with a subjective reference?
Cheshire & Merseyside					
Aintree University Hospitals NHS FT	Yes	Yes	Yes	Moving from	Moving from
Alder Hey Children's NHS FT	Moving to	Yes	No	Moving from	Moving from
Cheshire and Wirral Partnership NHS FT	Yes	Yes	Yes	No	No
Clatterbridge Cancer Centre NHS FT	Yes	Yes	Yes	No	No
Countess of Chester NHS FT	Yes	Yes	Yes	Moving from	Moving from
East Cheshire NHS Trust	Yes	Yes	Yes	Moving from	Moving from
Liverpool Heart and Chest Hospital NHS FT	Yes	Yes	Yes	Moving from	Moving from
Liverpool Women's Hospital NHS FT	Yes	Yes	Yes	No	No
Mersey Care NHS Trust	Yes	Yes	Occasionally	Moving from	Moving from
Mid Cheshire Hospitals NHS FT	Yes	Yes	Yes	Moving from	Moving from
North West Boroughs Healthcare NHS FT	Yes	Yes	Yes	No	No

Royal Liverpool & Broadgreen University Hospitals NHS Trust	Yes	Yes	Yes	No	No
Southport & Ormskirk Hospital NHS Trust	Yes	Yes	Yes	Moving from	Moving from
St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	Yes	Yes	Moving from	Moving from
Walton Centre NHS FT	Yes	Yes	Yes	Yes	Yes
Warrington and Halton Hospitals NHS FT	Yes	Yes	Yes	Moving from	Moving from
Wirral Community NHS FT	No	Yes	No	Yes	Yes
Wirral University Teaching Hospital NHS FT	Yes	Yes	Yes	Moving from	Moving from
Cumbria & Lancashire					
Blackpool Teaching Hospital NHS FT	Yes	No	No	No	No
Cumbria Partnership NHS FT	Moving to	No	No	Moving from	Moving from
East Lancashire Hospitals NHS Trust	Moving to	No	No	Moving from	Yes
Lancashire Care NHS FT	Yes	Yes	No	No	No
Lancashire Teaching Hospital NHS Foundation Trust	Yes	No	No	No	No
North Cumbria University Hospitals NHS Trust	Moving to	No	No	Moving from	Moving from
University Hospital of Morecambe Bay	Yes	No	No	No	No
Greater Manchester					
Bolton NHS FT	Moving to	Yes	No	Moving from	Yes
Bridgewater Community Healthcare Trust	Yes	Yes	Yes	No	No
Christie FT	Yes	Yes	Yes	No	No
Greater Manchester Mental Health NHS FT	Yes	Yes	Yes	Moving from	Moving from
Greater Manchester Shared Service	Yes	Yes	Yes	No	No
Manchester University NHS FT (Oxford Road)	Moving to	No	No	Moving from	Moving from
Manchester University NHS FT (WTWA)	Moving to	Yes	No	Moving from	Moving from
Northern Care Alliance - Pennine Acute Hospitals NHS Trust	Yes	Yes	Yes	No	Moving from
Northern Care Alliance - Salford Royal NHS FT	Yes	Yes	Yes	No	Moving from
Pennine Care NHS FT	Yes	Yes	Yes	Moving from	Moving from
Stockport NHS FT	Yes	Yes	Yes	No	No
Tameside & Glossop Integrated Care NHS FT	Yes	Yes	Yes	No	Moving from
Wrightington, Wigan & Leigh NHS FT	Yes	Yes	Yes	No	No

NB: 2 Trusts (Manchester University NHS FT and Northern Care Alliance) have 2 separate reporting lines for this deliverable. Therefore 36 Trusts are reported here as 38, to ensure accurate representation on the progress. The above table also shows that:

- **98% of trusts (37/38) have met the deliverable by moving to, or being in the process of moving to, requesting factual references in any system.**
- 79% of trusts (30/38) have met the deliverable and made the move to factual references.

- 30% of trusts (11/38) have gone beyond this and delivered against the original milestone by making the full move to factual references via IAT.
- 92% of trusts (36 of 38) are no longer also requesting subjective references, or they are in the process of moving away from this

6b) Training Workstream – CSTF Training Transfer

Deliverable 1 - Realise the benefits of Core Skills alignment by recording, sending and accepting National Core Skills Competencies via Pre-Hire IAT and modifying induction to ensure no one repeats Core Skills training unnecessarily

Trust	Using CSTF National Competencies	Recording CSTF competencies in ESR (even if uploading from 3rd party system)	Sharing competencies via IAT	Accepting via IAT	Removal of requirement for new staff to repeat compliant CSTF training (e.g. at induction)
Cheshire & Merseyside					
Aintree University Hospitals NHS FT	Yes	Yes	Yes	Yes	Yes
Alder Hey Children's NHS FT	Yes	Yes	Yes	Yes	Yes
Cheshire and Wirral Partnership NHS FT	Yes	Yes	Yes	Yes	In progress
Clatterbridge Cancer Centre NHS FT	Yes	Yes	Yes	Yes	No
Countess of Chester NHS FT	Yes	Yes	Yes	Yes	No
East Cheshire NHS Trust	Yes	Yes	Yes	Yes	Yes
Liverpool Heart and Chest Hospital NHS FT	Yes	Yes	Yes	Yes	In progress
Liverpool Women's Hospital NHS FT	Yes	Yes	Yes	Yes	In progress
Mersey Care NHS Trust	Yes	Yes	Yes	Yes	Yes
Mid Cheshire Hospitals NHS FT	Yes	Yes	Yes	Yes	Yes
North West Boroughs Healthcare NHS FT	Yes	Yes	Yes	Yes	Yes
Royal Liverpool & Broadgreen University Hospitals NHS Trust	Yes	Yes	Yes	Yes	In progress
Southport & Ormskirk Hospital NHS Trust	Yes	Yes	Yes	Yes	In progress
St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	Yes	Yes	Yes	In progress
Walton Centre NHS FT	Yes	Yes	Yes	Yes	No
Warrington and Halton Hospitals NHS FT	Yes	Yes	Yes	Yes	Yes
Wirral Community NHS FT	Yes	Yes	Yes	Yes	Yes
Wirral University Teaching Hospital NHS FT	Yes	Yes	Yes	Yes	Yes

Cumbria & Lancashire					
Blackpool Teaching Hospital NHS FT	Yes	Yes	Yes	Yes	Yes
Cumbria Partnership NHS FT	Yes	Yes	Yes	Yes	Yes
East Lancashire Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes
Lancashire Care NHS FT	Yes	Yes	Yes	Yes	Yes
Lancashire Teaching Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes
North Cumbria University Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes
University Hospital of Morecambe Bay	Yes	Yes	Yes	Yes	In progress: completion date provided
Greater Manchester					
Bolton NHS FT	Yes	Partial - face to face training recorded in ESR	Partial - face to face training recorded in ESR	Yes	In progress
Bridgewater Community Healthcare Trust	Yes	In progress	In progress	In progress	In progress
Christie FT	Yes	Yes	Yes	Yes	Yes
Greater Manchester Mental Health NHS FT	Yes	Yes	Yes	In progress	Yes
Greater Manchester Shared Service	In progress	In progress	In progress	In progress	Yes
Manchester University NHS FT (Oxford Road)	Yes	Yes	Yes	Yes	Yes
Manchester University NHS FT (WTWA)	Yes	Yes	Yes	Yes	Yes
Northern Care Alliance - Pennine Acute Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes
Northern Care Alliance - Salford Royal NHS FT	In progress	In progress	In progress	In progress	Yes
Pennine Care NHS FT	Yes	Yes	Yes	Yes	Yes
Stockport NHS FT	Yes	Yes	Yes	Yes	Yes
Tameside Hospital NHS FT	Yes	Yes	Yes	Yes	In progress
Wrightington, Wigan & Leigh NHS FT	In progress	In progress	In progress	In progress	Yes

The above tables refer to level 1 CSTF training only. In the NW, most trusts have removed the requirement to complete CSTF training for NHS new starters; however, a small number require certain subjects to be repeated. As such, a number of exceptions have been defined, as outlined below. Where a trust has removed all requirements apart from the exceptions below, they have been reported as achieving the deliverable. Exceptions are: **Health Safety and Welfare, Fire Safety, Safeguarding Adults V2, Safeguarding Children, Resuscitation.**

The above table shows that excellent progress has been made to realise the benefit of core skills alignment:

- 100% of trusts (38/38) are using, or are progressing towards using the CSTF competences (thereby evidencing they have also mapped and aligned training to the CSTF).
- 100% of trusts (38/38) are recording, or are progressing towards recording CSTF competencies in ESR
- 100% of trusts (38/38) are sharing, or are in the process of sharing CSTF competencies via IAT.
- 100% of trusts (38/38) are accepting CSTF competences via IAT.
- **92% of trusts (35/38) have met the deliverable by aligning to the CSTF, recording CSTF competencies in ESR, transferring and accepting CSTF competencies and most importantly taking, or are in the process of taking, the necessary steps to ensure staff are not repeating CSTF training they are compliant with when they join, thereby realising the benefits of CSTF alignment and improving the experience for new starters from other NHS trusts.**

Deliverable 2 – all trusts to align to the national refresher periods as recommended in the Core Skills Training Framework (CSTF)

Trust	Aligned to the nationally recommended refresher periods	Details of non-alignment/exceptions
Cheshire & Merseyside		
Aintree University Hospitals NHS FT	Yes	
Alder Hey Children's NHS FT	Yes	
Cheshire and Wirral Partnership NHS FT	Partial	Less frequent: Equality & Diversity L1 - once only instead of 3 yearly; Health & Safety L1 - once only instead of 3 yearly; Moving & Handling L1 - once only instead of 3 yearly More frequent: Infection Control L1 - annually instead of 3 yearly; Safeguarding Children L3 - annually instead of 3 yearly
Clatterbridge Cancer Centre NHS FT	Partial	Less frequent: Infection Control (Level 2) - (2 yearly instead of annually)
Countess of Chester NHS FT	Yes	
East Cheshire NHS Trust	Partial	Less frequent: Prevent (Level 1) - (Once only instead of 3 yearly)
Liverpool Heart and Chest Hospital NHS FT	Yes	Fire: non-clinical areas 2 years, clinical areas 1 year; Resus Level 1 3 years.
Liverpool Women's Hospital NHS FT	Yes	
Mersey Care NHS Trust	Yes	
Mid Cheshire Hospitals NHS FT	Partial	More frequent Safeguarding Children L3 - (Annually instead of 3 yearly).
North West Boroughs Healthcare NHS FT	Partial	More frequent: Infection Control L1 - (2 yearly instead of 3)
Royal Liverpool & Broadgreen University Hospitals NHS Trust	Yes	
Southport & Ormskirk Hospital NHS Trust	Yes	
St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	
Walton Centre NHS FT	Yes	
Warrington and Halton Hospitals NHS FT	Yes	Fire is yearly instead of 2 yearly and there's no recommended NRP. This is compulsory for all new starters
Wirral Community NHS FT	Partial	More frequent: Infection Control (Level 2) - (2 yearly instead of annually) - trusts plans to change this in April 2019 Less frequent: Safeguarding Children Level 2 - 2 yearly instead of annually Resuscitation Level 2 - 2 yearly instead of annually
Wirral University Teaching Hospital NHS FT	Partial	More frequently: Safeguarding Children (Level 3) - (annually instead of 3 yearly)
Cumbria & Lancashire		
Blackpool Teaching Hospital NHS FT	Yes	
Cumbria Partnership NHS FT	Partial	Less frequent: Resus (Level 2) - (2 yearly instead of annually): staff encouraged to complete annually if they feel they need to
East Lancashire Hospitals NHS Trust	Partial	Less frequent: Resus (Level 2) - (2 yearly instead of annually): If additional training is identified as required then staff can attend more frequently
Lancashire Care NHS FT	Partial	More frequent: Fire annually, instead of regionally agreed 2 yearly, due to local risk assessment
Lancashire Teaching Hospital NHS Foundation Trust	Partial	
North Cumbria University Hospitals NHS Trust	Partial	More frequent: Fire annually, instead of regionally agreed 2 yearly due to local risk assessment
University Hospital of Morecambe Bay	Yes	
Greater Manchester		
Bolton NHS FT	Partial	More frequent: Infection Control (Level 1) - (2 yearly instead of 3)
Bridgewater Community Healthcare Trust	Partial	More frequent: Safeguarding Adults and Children (2 yearly instead of 3) Less frequent: Prevent Level 3 is once only instead of 3 yearly)

Christie FT	Partial	Less frequent: Conflict Resolution (not delivered), Infection Control Level 2 (3 yearly instead of annually), Resuscitation Level 2 (2 yearly instead of annually)
Greater Manchester Mental Health NHS FT	Yes	
Greater Manchester Shared Service	Partial	More frequent: Infection Control (Level 1) - (annually instead of 3 yearly)
Manchester University NHS FT (Oxford Road)	Yes	
Manchester University NHS FT (WTWA)	Partial	Less frequent: Resuscitation Level 2 Adult/Paediatric/New-born (2 yearly instead of annually)
Northern Care Alliance - Pennine Acute Hospitals NHS Trust	Yes	
Northern Care Alliance - Salford Royal NHS FT	Yes	
Pennine Care NHS FT	Partial	Less frequent: Do not deliver L3 PREVENT
Stockport NHS FT	Partial	Less frequent: Infection Control Level 2 (3 years instead of annually), Information Governance (2 yearly instead of annually)
Tameside Hospital NHS FT	Yes	
Wrightington, Wigan & Leigh NHS FT	Partial	Less frequent: Infection Control Level 2 (2 years instead of annually)

The table above shows that:

- 100% of trusts (38/38) have refresher periods that are aligned or partially aligned to those nationally recommended in the CSTF.
- **47% of trusts (18/38) have fully met the deliverable by ensuring they are fully aligned to the refresher periods recommended in the CSTF.**
- 53% of trusts (20/38) have partially met the deliverable by being partially aligned to the nationally recommended refresher periods.

6c) Occupational Health Workstream – Sharing of Immunisations and Vaccinations Implemented

Original Deliverable - All NW trusts to record and accept immunisation & vaccination (imms and vaccs) records in a consistent manner to enable the transfer of the minimum agreed data set for imms and vaccs electronically in ESR.

As the NW progressed with implementation, it became clear that this was not feasible due to a lack of available 2-way interfaces between ESR and 3rd party OH systems used in the region. A lack of clinical consistency in interpretation of the green book and a lack of national guidance/framework for imms and vacs also contributed as well as a lack of clarity on consent requirements relevant to transferring this type of information. The NW programme escalated this nationally at which time some work was led by the North East Streamlining Programme to develop an interim process for sharing Imms and Vaccs. The NW programme stakeholders reviewed this process and a similar process operating in the C&M patch (pre-dating streamlining) and agreed to implement the C&M process. The deliverable was changed as a result.

Final agreed deliverable - All NW trusts to implement the interim process for sharing immunisations and vaccinations

Trust	Sharing Imms & Vacs (via interim process)	Is a secure email set up from which to send reports and for requests to be sent to?	Is there a process in place for gaining consent?
Cheshire & Merseyside			
Aintree University Hospitals NHS FT	Yes	Yes	Yes
Alder Hey Children's NHS FT	Yes	Yes	Yes
Cheshire and Wirral Partnership NHS FT	Yes	Yes	Yes
Clatterbridge Cancer Centre NHS FT	Yes	Yes	Yes
Countess of Chester NHS FT	Yes	Yes	Yes
East Cheshire NHS Trust	Yes	Yes	Yes
Liverpool Heart and Chest Hospital NHS FT	Yes	Yes	Yes
Liverpool Women's Hospital NHS FT	Yes	Yes	Yes
Mersey Care NHS Trust	Yes	Yes	Yes
Mid Cheshire Hospitals NHS FT	Yes	Yes	Yes
North West Boroughs Healthcare NHS FT	Yes	Yes	Yes
Royal Liverpool & Broadgreen University Hospitals NHS Trust	Yes	Yes	Yes
Southport & Ormskirk Hospital NHS Trust	Yes	Yes	Yes

St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	Yes	Yes
Walton Centre NHS FT	Yes	Yes	Yes
Warrington and Halton Hospitals NHS FT	Yes	Yes	Yes
Wirral Community NHS FT	Yes	Yes	Yes
	Cumbria & Lancashire		
Blackpool Teaching Hospital NHS FT	Yes	Yes	Yes
Cumbria Partnership NHS FT	Yes	Yes	Yes
East Lancashire Hospitals NHS Trust	Yes	Yes	Yes
Lancashire Care NHS FT	Yes	Yes	Yes
Lancashire Teaching Hospital NHS Foundation Trust	Yes	Yes	Yes
North Cumbria University Hospitals NHS Trust	Yes	Yes	Yes
University Hospital of Morecambe Bay	Yes	Yes	Yes
	Greater Manchester		
Bolton NHS FT	Yes	Yes	Yes
Bridgewater Community Healthcare Trust	Yes	Yes	Yes
Christie FT	Yes	Yes	Yes
Greater Manchester Mental Health NHS FT	Yes	Yes	Yes
Greater Manchester Shared Service	Yes	Yes	Yes
Manchester University NHS FT (Oxford Road)	Yes	Yes	Yes
Northern Care Alliance - Pennine Acute Hospitals NHS Trust	In Progress	Yes	In Progress
Northern Care Alliance - Salford Royal NHS FT	In Progress	Yes	In Progress
North West Ambulance	Yes	Yes	Yes
Pennine Care NHS FT	Yes	Yes	Yes
Stockport NHS FT	Yes	Yes	Yes
Tameside Hospital NHS FT	Yes	Yes	Yes
Wrightington, Wigan & Leigh NHS FT	Yes	Yes	Yes

The table above shows that:

- 100% of trusts (38/38) have implemented, or are in the process of implementing, the interim process for transferring imms and vaccs.
- **92% of trusts (35/38) have met the deliverable and have implemented the interim process for transferring imms and vaccs.**
- 100% of trusts (38/38) have implemented a secure e-mail address to ensure the transfer is safe.
- 100% of trusts (38/38) have a process, or are putting a process in place, for gaining consent from the new starter to transfer their data.

7) Success Factors and Learning

There have been several factors that have been key to the successes, achievements and benefits realised by the Streamlining Programme in the NW. These are:

- ✓ **It was established as a 3-year programme from the outset.** This was large scale change, across a large region, operating in a complex system. STPs were just forming, the devolution agenda was emerging in Greater Manchester and there was a diverse set of almost 1,000 stakeholders who had to change in order to make this work.
- ✓ **It was built on the strong foundations of NW collaboration.** Expanding the Core Skills Programme -to include the 3 core workstreams: Recruitment, Training and OH as well as several non-core areas was important as it built on successes already achieved and tapped into strong networks already in place for HRDs.
- ✓ **It included local priorities, ideas and ambition.** NW Workforce leaders and the community are ambitious and reached far beyond the basics. People were empowered to propose their own improvements at system level and this was critical to buy in from all staff, not just HRDs.
- ✓ **It took account of the emerging landscape.** Structured as '3 mini programmes' within the emerging STP footprints, PMO team arrangements and support was wrapped around these 3 sub regions of the NW – GM, C&M and C&L. This was vital to success as working together as one NW region was not realistic for this size of programme.
- ✓ **It used existing collaborative networks and created new ones.** NW and sub regional HRD networks were already in place, as well as some operational level peer networks. These were used where possible and the programme set up 16 new workstreams across the NW – many of which will be sustained after the PMO ceases.
- ✓ **It combined strong leadership from the service with strong support and drive from PMO.** Local leaders ran the networks and groups at all levels of the programme - HRDs Leads, workstream Leads and Trust Implementations Leads. This provided an excellent opportunity to demonstrate and develop systems leadership skills and systems working at just the right time. These leaders need a strong and experienced PMO to support them with planning, implementation and administrative tasks associated with meetings but also to help hold to account and drive people forward towards the same aims.
- ✓ **It engaged people in the change.** Our strategy to support non-core areas was risky, but this paid off as it meant people really engaged in the change and it was key to the NW achieving diverse outcomes, which still meet the high level aims of the programme.
- ✓ **It adapted and changed as actions were implemented and lessons were learnt.** As outlined in section 3, milestones were annually reviewed as barriers were hit. There was always a focus on what was still achievable with an eye on the desired outcome.
- ✓ **It escalated issues or acted to address appropriately.** OH barriers and issues were escalated nationally and NHS Improvement is now picking this up. Factual References/IAT barriers and issues were escalated nationally, but, given the expertise in the region, the NW programme has worked with NHS Employers on changes to the national template and with ESR on IAT development through the national workshop and a requirements list report was produced.

There has been great learning throughout the lifecycle of this large and ambitious programme. Key lessons are:

- ❖ You need all of the success factors above plus the right leaders in the right place at the right time with strong PMO support. However, expect leaders to change, be ready with succession plans and have deputies in place.
- ❖ Support the leaders, groups and trusts to come together at all levels to collaborate, problem solve, share ideas, solutions, successes, frustrations and achievements regularly – this is key to delivery. The PMO should not always have to have the answers.
- ❖ ESR and other systems are a fundamental enabler or barrier to success, so close working relationships and a PMO team with expertise in both ESR and workforce systems and change management is advantageous.
- ❖ Even the core basics take time to implement and embed across large and complex systems and you should expect nothing to go smoothly. Be prepared to resolve, review and escalate where appropriate.
- ❖ HRD drive and bringing together all those involved in workstreams across trusts is key to change happening at trust level. Every trust has its own governance and streamlining should be well embedded and progress reported at trust level as well as programme level.
- ❖ Listening, understanding and working with trusts that are going through major change is important, so long as the commitment is maintained for streamlining. Accept that some trusts will make changes later than planned – even after lifecycle of the programme.
- ❖ Trade Union involvement and representation from the start, even during scoping, is important to build trust and enable partnership working, particularly on any non-core elements.
- ❖ Data collection exercises, progress updates and benefit collections are challenging for trusts to provide. It's important to recognise that the PMO is pressing on systems and people who are already under great pressure. Carefully consider any requests and ask only once.
- ❖ The PMO will call on leads a lot to showcase and share at events, for briefings, to present webinars, support success stories and so on. Ensure leads are aware of the expectation of their role. Please see acknowledgements section.
- ❖ Sustainability needs to be considered and worked towards long before the programme is due to end, to embed what has been implemented during the lifecycle.
- ❖ The opportunity for streamlining activity to impact other types of training and HR practices are almost endless, so it's important that collaboration is able to continue after the initial programme cycle, via sustainability plans.
- ❖ There is great passion, pride, enthusiasm and commitment at all levels, but you must remember to recognise it, harness it and reward it throughout. Please see acknowledgements section.
- ❖ Communicate, communicate, communicate, then communicate some more – reaching everyone is impossible but the more communication you do, the wider and more diverse an audience you reach.
- ❖ At the start of the programme, identify how benefits will be calculated. If a benefits calculator is going to be used, or if data is required, make sure that you inform trusts of exactly what data they need to collect throughout the programme.

8) Sustainability

8a) PMO Close - Arrangements and Signposting

The PMO will close and the programme team will be disbanded with effect from 31.03.19. All data gathered throughout the programme will be transferred and owned by HEE. The central programme email address streamlining.nw@nhs.net will be closed and a divert to the website has been placed on email signatures in the run up to the close date.

The website, hosted by HEE, will remain live to enable people to view historic information, success stories and to view signposting information. It will be updated to make clear the programme has closed and will not be maintained or updated. Responsibility for the website will transfer to HEE.

The signposting page contains information on queries that the programme team commonly received in the past. It also indicates where people can go for help, directly from partner organisations, and links to national support and resources currently maintained on the NHS Employers website. The website address is:

<https://www.hee.nhs.uk/our-work/workforce-streamlining>

8b) C&M Sustainability Plan on a Page

HRD Steering Group

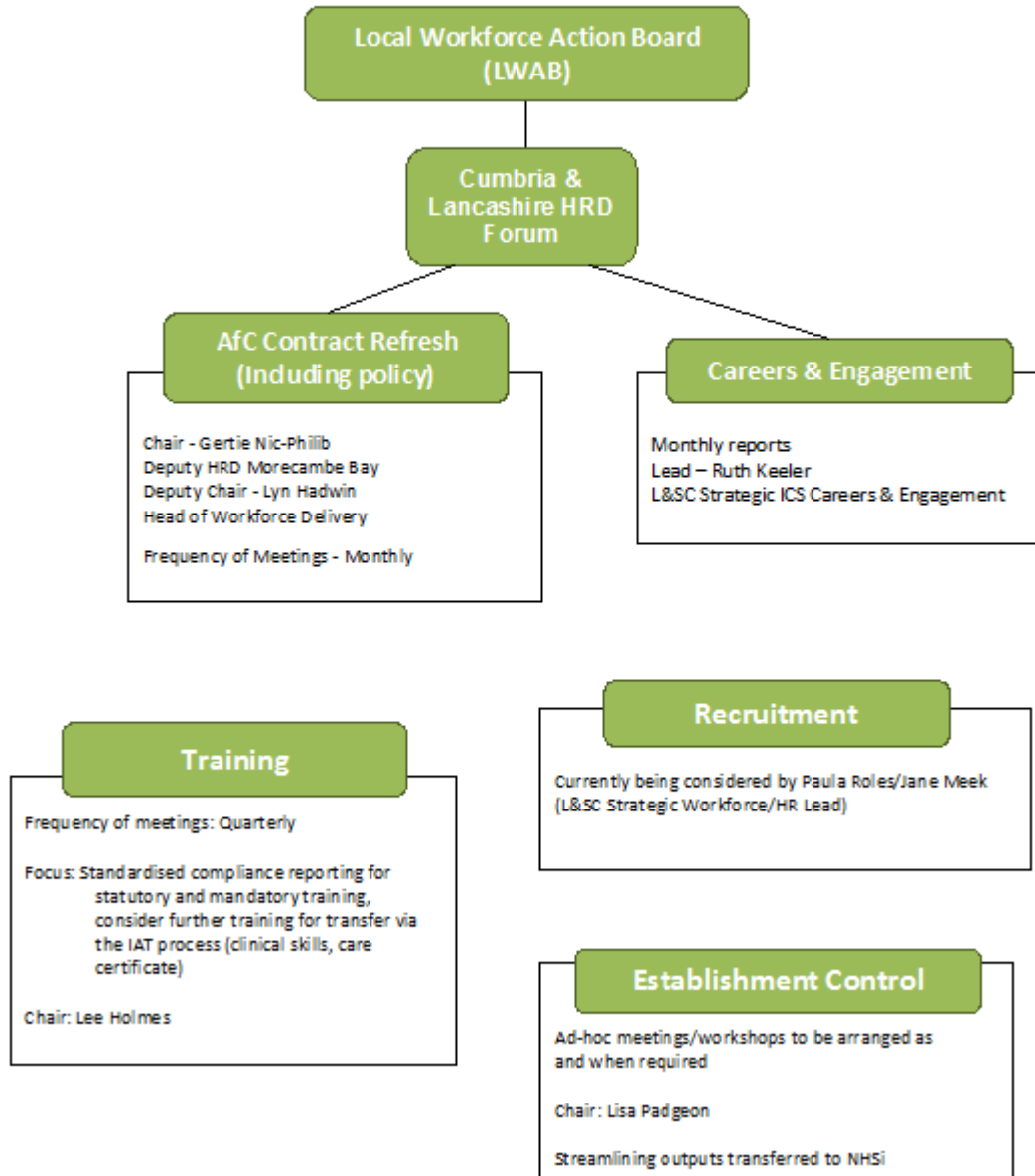


Workstream	RECRUITMENT	TRAINING	OH	PREP	SYSTEMS	MED STAFFING
	Lead: Gemma Davies Deputy Lead: Jenny Richards	Lead: Adam Rudduck	Lead: Bobby Sharma	Lead: Vicki Wilson	Lead: Damian Byrne	Lead: Sue Hughes
Current Position	Network to continue. Gemma Davies & Jenny Richards will continue in their roles.	Network to continue. Adam Rudduck will continue in his role as lead.	Pre-existing C&M OH Manager network to continue.	Network to continue either via current group or as a sub-group of Deputy HRDs.	Network to continue. Damian Byrne will continue in his role as lead.	Pre-existing Medical Staffing Manager network to continue.
Next Steps	HRD Steering grp to advise governance structure	HRD Steering grp to advise governance structure	HRD Steering grp to advise governance structure	HRD Steering grp to advise next steps/governance	HRD Steering grp to advise governance structure	HRD Steering grp to advise governance structure

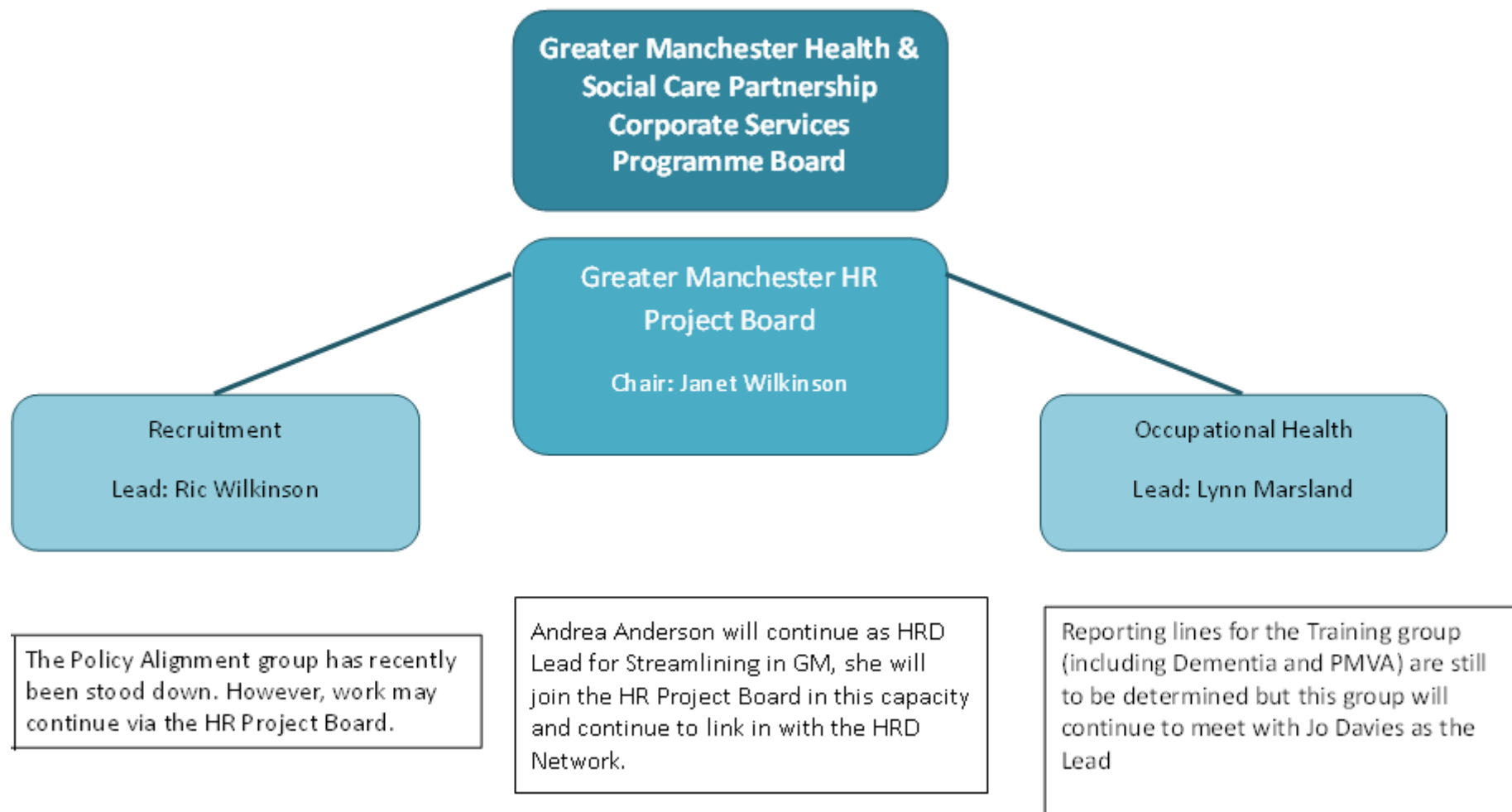
8c) C&L Sustainability Plan on a Page

North West Workforce Streamlining - Cumbria & Lancashire

Networks to Continue Post-programme – April 2019



SUSTAINABILITY - GREATER MANCHESTER



8e) MOU position

In 2018, the PMO issued an updated Memorandum of Understanding/Information Sharing Agreement (MOU/ISA). This was partly due to a nationally recommended template being released from NHS Employers, which was in line with the new GDPR regulations, but also to ensure the MOU/ISA reflected needs to share information after PMO ceases.

Information Sharing Agreement/MOU returns status	
GM Trusts	
Bolton NHS Foundation Trust	●
Bridgewater Community Healthcare NHS Foundation Trust	●
The Christie NHS Foundation Trust	●
Greater Manchester Mental Health NHS Foundation Trust	●
Greater Manchester Shared Services (hosted by NHS Oldham CCG)	●
Manchester University NHS Foundation Trust	●
Pennine Acute Hospitals NHS Trust	●
Salford Royal NHS Foundation Trust	●
Pennine Care NHS Foundation Trust	●
Stockport NHS Foundation Trust	●
Tameside and Glossop Integrated Care NHS Foundation Trust	●
Wrightington, Wigan and Leigh NHS Foundation Trust	●
C&M Trusts	
Aintree University Hospitals NHS Foundation Trusts	●
Alder Hey Children's NHS Foundation Trust	●
Cheshire Wirral Partnership NHS Foundation Trust	●
Clatterbridge Cancer Centre NHS Foundation Trust	●
Countess of Chester NHS Foundation Trust	●
East Cheshire NHS Trust	●
Liverpool Heart & Chest NHS Foundation Trust	●
Liverpool Women's NHS Foundation Trust	●
Mersey Care NHS Foundation Trust	●
Mid Cheshire NHS Foundation Trust	●
North West Boroughs NHS Foundation Trust	●
Royal Liverpool and Broadgreen University Hospital NHS Trust	●
Southport & Ormskirk Hospital NHS Trust	●
St Helens & Knowsley Teaching Hospitals NHS Trust	●
The Walton Centre NHS Foundation Trust	●
Warrington & Halton NHS Foundation Trust	●
Wirral Community NHS Trust	●
Wirral University Teaching Hospital NHS Foundation Trust	●
C&L Trusts	
Blackpool Teaching Hospitals NHS Foundation Trust	●
Cumbria Partnership NHS Foundation Trust	●
East Lancashire Hospitals NHS Trust	●
Lancashire Care NHS Foundation Trust	●
North Cumbria University Hospitals NHS Trust	●
University Hospitals of Morecambe Bay	●
Lancashire Teaching Hospital NHS Foundation Trust	●

9) Acknowledgements

The Programme Manager and Sponsor would like to acknowledge the following people and groups for the contribution they have made and the ongoing commitment they have shown to the Streamlining Programme throughout its 3-year journey:

Regionally

- Michael Farrell and HEE North – Programme Sponsor - for part-funding and providing strategic direction and support to the programme.
- All HRDs and deputy HRDs past and present, who have committed to the programme and continued to drive the change required at system and local level and who will continue to do so into the sustainability period.
- NW Streamlining Programme Board members past and present, in particular our Trade Union representative Ian Fletcher, Royal College of Nursing (RCN).
- HRD leads past and present. Particular thanks go to:
 - Heather Barnett, HRD Lead for C&M who has been the lead for the full 3-year programme period, supported the programme to sustainability and who will remain a lead into the sustainability period.
 - Andrea Anderson, HRD Lead for GM who has been the lead for the final year of the programme, supported the programme's transition into sustainability and who will both remain the lead for GM into the sustainability period and ensure streamlining relationships with ESR are maintained through her new role as HRD Lead for ESR BIG SIGs.
 - David Wilkinson, HRD lead for C&L, who has been the lead for the final year and supported the programme into to the sustainability period.
 - Christine Samosa, Strategic Workforce Lead, Health and Care Partnership for Cheshire and Merseyside
 - Janet Wilkinson, Director of Workforce, Greater Manchester Health & Social Care Partnership and Lynn Marsland, Strategic Lead for HR Corporate Services, Greater Manchester Health and Social Care Partnership
- Workstream and TIG leads in all 3 sub regions, past and present. Particular thanks go to those who will continue to lead their groups into the sustainability period.
- All workstream members and TIG representatives who have attended meetings and events and worked towards the aims of streamlining, collectively and in their own trusts.
- All HEI reps who have worked with us to improve the experience for students in the region.

Nationally

- NHS Employer Engagement team, who have listened to the NW voice, and worked to support national networks, resources and events as well as engaging with other national bodies such as ESR and NHS Improvement in the agenda. Particular thanks goes to Rebecca Smith, Jane Raven, Liz Gambrel and their teams.
- ESR Central Team for their partnership approach and support at regional workshops and events, and for listening to the NW voice and acting on suggested enhancements to the system. Particular thanks go to Mike Winstanley and Dave Bromilow.
- NHS Improvement, for engaging in the streamlining agenda nationally, listening to the NW voice and providing a point of escalation for issues as part of their work on national adoption of the 6 principles for a streamlined rotation for Doctors in Training (DiT), in partnership with HEE. Particular thanks go to Caroline Corrigan, Melanie Whitfield and the Improving People Practices (IPP) team.

Lastly, a big thank you goes to the NW Streamlining Programme Team, past and present, for their support to us, all the above regional and national groups, networks and organisations and all stakeholders throughout this programme. Particular thanks go to the final team members (Sarah Ellis, Senyonga Fokum, Gail Maguire, Kerri Gorman, Sally Jones, Sinead Fletcher, Bronwyn Driver & Adelle Ward) who have helped the programme prepare for its transition into the sustainability period and the future. They have helped to ensure the NW stands out as a region with a strong reputation for delivering on ambitious collaboration and change across the workforce community.

Emma Turner, Programme Manager

Rachael Charlton, Programme Sponsor & Host

