

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
6 NOVEMBER 2017	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
Contact Officer(s):	Stephen Graves, Chief Executive Officer	Tel. 01733 677933

UPDATE ON THE HINCHINGBROOKE HEALTH CARE NHS TRUST AND PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST MERGER

R E C O M M E N D A T I O N S	
FROM: North West Anglia NHS Foundation Trust	Deadline date: STP contribution
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Note the progress with the formation of North West Anglia NHS Foundation Trust 2. Note those services identified during the merger as fragile and needing support 3. Support resolution of these services for the local population 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Committee following their request for an update on the merger.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to brief the Committee on
- (a) the outcome of the merger and current responsibilities;
 - (b) key issues identified in the approved business case for the merger in terms of services and supporting requirements;
 - (c) current key operational issues.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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4. BACKGROUND AND KEY ISSUES

4.1 Merger Outcome

As the Committee will be aware following consultation on the business case to merge Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS

Foundation Trust, formal approval was granted and the North West Anglia NHS Foundation Trust was formed on the 1 April 2017.

Due to Hinchingsbrooke's status as an NHS Trust, the merger took the form of an acquisition and all staff from Hinchingsbrooke were transferred to the new organisation to join those from Peterborough and Stamford Hospitals.

The Board of Directors including two of the four non-executive directors from Hinchingsbrooke Health Care NHS Trust has been formed with monthly public meetings in place. These rotate across the trust's three main sites (Peterborough, Hinchingsbrooke and Stamford).

Elections to the Council of Governors were held prior to the merger and has membership to represent the areas of Peterborough, Huntingdon and Stamford as well as the three sites above. Due to the resignation from a Huntingdonshire public governor, an election process to ensure that this does not remain vacant is underway.

Corporate service structures were consulted on with affected staff prior to the merger, with these structures in place on 1 April 2017. There are plans to achieve £9m savings from the back office functions of which £4m have been achieved. Whilst 81 posts have been removed, only 14 redundancies have occurred to date.

The structures for the clinical services were delayed to ensure that these could be safely managed. Three new clinical divisions came into operation on 3 July 2017 replacing the 2 divisions at Hinchingsbrooke and the 4 clinical directorates at Peterborough and Stamford. Appointments were made to the Divisional Director, Divisional General Manager and Divisional Head of Nursing for each division – Emergency & Medicine; Surgery; Family and integrated Support Services.

The importance of strong clinical leadership has also been recognised with Dr Suzanne Hamilton appointed as Deputy Medical Director and Mr Mike Lumb appointed to the role of Chief Clinical Information Officer – which will help ensure our IT developments continue to support our clinicians in their roles. In addition, two associate medical directors have been appointed – one to oversee clinical effectiveness and the other to focus on Human Factors, which is a ground breaking role that will study patient safety and quality improvements. Dr Rege (Medical Director) has also asked a number of consultants to expand their existing roles to take on responsibility, part-time, as leads for trauma, organ donation, education and medical appraisals. Finally, Professor Rupert Bourne, a consultant ophthalmologist at Hinchingsbrooke Hospital, has been appointed to the new role of Research and Development Director.

These structures are shown in the attached annex 1.

This initial work is the start of the merger process – there is an Implementation Board with representation from NHS Improvement and the local CCG to ensure that delivery against the following workstream continues:

- clinical integration
- organisation integration
- estates
- ICT
- finance

These are addressed below.

4.2 Clinical integration

Services are being maintained on the sites as they were prior to the merger; however work is being undertaken to ensure that the clinical teams across the Trust work to the same pathways and adopt best practice. We are now in the process of enhancing clinical leadership so that there will be a single cross-site structure in place by December. The Trust is developing a clinical service strategy for the new, larger Trust, with specific attention being given to the six priority

services that were identified in the Full Business Case:

- stroke
- emergency department
- diagnostic imaging
- cardiology
- respiratory medicine
- clinical haematology

Stroke: Agreement has been reached through the STP which confirms Peterborough City Hospital's status as a hyperacute stroke unit. The Trust is now working through options to enhance Hinchingsbrooke's stroke rehabilitation services to ensure that they are consistent across the Trust catchment and link well with the community early supported discharge service to be introduced for stroke patients.

Emergency Department: Specific operational support is being provided to Hinchingsbrooke Hospital to ensure improvement in delivery – this is also being reviewed with NHS Improvement and the local A&E Delivery Board. A well-functioning, sustainable ED at Hinchingsbrooke is key to relieving the pressure on the PCH ED.

Diagnostic Imaging: The merger of the two organisations means that plans have been agreed for the phased introduction of the same PACS (Picture Archive and Communication System) for images across the Trust. This will be rolled out to Peterborough and Stamford during the winter of 2017 and to Hinchingsbrooke in 2018. The clinical departments have moved under a single management arrangement.

Cardiology: Services provided to the local population are not the full range of local cardiology sub-specialities due to the proximity of Papworth Hospital and the benefit that this has given our local population. However this impacts on the ability to recruit cardiologists to provide support to the range of our fragile patients who need specific cardiology input as well as non-provision of standard DGH interventional procedures such as PCIs. The move of Papworth to the Cambridge University Hospitals NHS FT site means that patients will have to travel even further for treatment and the need to ensure sustainable services for the population of Peterborough and South Lincolnshire is becoming more urgent. The Trust is ready to provide this service but it requires commissioner support.

Respiratory Medicine: we are working with the GPs in Peterborough (Greater Peterborough Network) and the community provider to review pathways to provide more care in the community by helping patients with long term respiratory conditions e.g. COPD better care for themselves. This in turn will improve the capacity of our hospitals by avoiding unnecessary admissions.

Clinical Haematology: We have worked to support the residents of Huntingdon by adopting a shared rota across both sites prior to the final approval of the merger. An additional consultant appointment has been made, which was made possible by creating the opportunity to work for a single, larger, organisation. This joint working has avoided increased pressure on our Peterborough clinics which would have otherwise happened if we had been unable to attract this additional consultant.

There is still work to be done to recruit fully to these challenged areas but there is encouraging early progress, not just in these areas but in other specialties, such as anaesthesia and critical care.

4.3 Organisation Integration

As noted above the development of our workforce to support our services and patients is key.

There is a specific medical recruitment board that has been set up on a short term basis to improve recruitment processes to ensure that the best staff are attracted to apply and are appointed. In addition a specific focus is being placed on staff grade posts which fall outside the

standard consultant career path.

Nurse recruitment and retention is also a key element with focus on attracting nurses as they are on their pathway to graduation as well as consideration of overseas recruitment and the development of nursing associate posts.

In addition there have been management changes at the Hinchingsbrooke site. However, the importance of consistent and accountable leadership on a daily basis is recognised and Site Manager Nikki Leighton-Davies has moved from her role as general manager at Peterborough City Hospital to manage the daily activity on the Hinchingsbrooke site. In addition, the executive team base themselves at Hinchingsbrooke at least twice a week.

As well as recruitment, the Trust also needs to ensure that staff are retained and developed. As part of this work the Trust has recently developed and launched a new set of values based on work previously undertaken across all three sites which links to a new behavioural framework. It is important that all staff are seen to act consistently, equitably and to high standards with patients, the public and each other. It has been shown by research that staff who are able to work well in teams will also work effectively with patients and improve care. This provision of a set of common values is part of the Trust's overall organisational development plan.

4.4 **Estates**

It is important to manage the estate infrastructure well, and there have been developments on all three sites.

The planned Strategic Estates Partnership at Hinchingsbrooke is not being progressed at this stage. The first stage was to sell the car parking at the front of the site for houses and replace the car parking elsewhere. However a bespoke review noted that this was not value for money and the whole site needs to be reconsidered in the context of future health and care services prior to proceeding with any initial developments. In the meantime, corporate services have been relocated to Hinchingsbrooke from Peterborough to improve utilisation of the current estate and release space at PCH for future clinical services.

Whilst not part of the merger, the phase 1 of the Stamford Hospital site redevelopment has been completed with a new clinic, phlebotomy and pain management services together with the new MRI facility.

The Trust is engaged in the Sustainability and Transformation Partnership, and is now meeting with the Chief Officers of the Local Authorities and Mayor's office. This is enabling us to develop better joint working and consider the impact of planned housing growth across Cambridgeshire and Peterborough over the next 20 years. Within Peterborough this is close to 24,000 homes, with additional development in the PCH catchment making a total of around 40,000 additional houses by 2036. This is leading us to consider how the Trust responds in terms of our buildings, staffing and other resources.

4.5 **ICT**

A significant part of the merger is to ensure that all staff have access to common systems across the Trust. This will mean that a clinician working at Hinchingsbrooke would be able to see details of patients that they had seen on the other sites in the same format and to common standards. Initial phases of this work are:

- migration to a single email system
- the adoption of a single nhs.net system across the Trust
- implementation of a new patient administration system
- adoption at Peterborough of the Symphony system used in the emergency department at Hinchingsbrooke

- adoption at Hinchingsbrooke of the Theatreman system used at Peterborough
- implementation of a single (PACS) radiology system across both sites.

This is supported by a 10GB data line in place between Peterborough City and Hinchingsbrooke Hospitals which is facilitating the secure sharing of information between sites.

This extensive programme of change will take two years to complete.

In time single electronic document management for health records is expected.

4.6 **Finance**

Whilst these changes are being implemented the Trust also needs to ensure that it remains within its financial control total. Negotiations with NHS improvement have secured some adjustments to the combined control totals of the two predecessor organisations to take into account an increasing deficit at Hinchingsbrooke, the delay of any benefits from the Strategic Estates Partnership and the need to fund the above programmes of work.

However the Trust remains committed to securing the £9m saving benefit of the merger, as well as securing the planned £17m cost improvement requirement.

4.7 **Other Service Changes**

Whilst not related to the merger the Trust has agreed a number of service changes to support the provision of services in agreement with the Cambridgeshire and Peterborough CCG. These are included for completeness:

- from 1 August 2017 the Trust took responsibility for the management of the pathology laboratory at Hinchingsbrooke which has previously been part of tPP (the Pathology Partnership run by Cambridge university hospitals NHS FT). This has included the TUPE transfer of 36 staff to the Trust.
- from 4 September the Trust is taking responsibility for the service delivery of dermatology service at the City Care Centre, outpatient services at Doddington Hospital, the Princess of Wales Hospital in Ely and the radiology services at north Cambridgeshire Hospital in Wisbech. These services were previously provided by Cambridgeshire Community Services.

5. **CONSULTATION**

5.1 This report provides progress post-merger. A full consultation was undertaken with the public and staff prior to approval.

5.2 In terms of future service changes, if there is the potential to move these between sites this would only be undertaken after consultation. However, service improvements would proceed without consultation to ensure that local patients gain increased benefit.

6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 This report has been provided for information

7. **REASON FOR THE RECOMMENDATION**

7.1 This report has been provided for information

8. **ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

9. **IMPLICATIONS**

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

Equalities Implications

9.3 The Committee is asked to note that the full business case was subject to equality impact assessment and quality impact assessment processes to ensure that there were no adverse impacts on patients or services.

System Transformation Plan Implications

9.4 The Committee should note that it is expected that service changes will be managed in line with the STP plans to ensure that this aligns with the strategy for health services across Cambridgeshire and Peterborough. For the Trust this is complicated by patients being treated from South Lincolnshire who are part of the Lincolnshire STP.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Merger of Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust – Full Business Case. - <https://www.nwangliaft.nhs.uk/about-us/trust-publications/>

11. APPENDICES

11.1 *Annex 1 – Structures (Board, Council of Governors, Divisions)*
Annex 2 - Values.

The Executive Team



Stephen Graves
Chief Executive



Caroline Walker
Finance Director
& Deputy Chief
Executive



Dr Kanchan Rege
Medical Director



Jo Bennis
Chief Nurse



Neil Doverty
Chief Operating Officer



Joanna Bainbridge
Acting Director of Workforce &
Organisational Development



Jane Pigg
Company Secretary

The Non-Executive Team



Rob Hughes
Chairman



Sarah Dunnett
Non-Executive
Director & Deputy
Chairman



Gareth Tipton
Non-Executive
Director & Senior
Independent Director



Alan Brown
Non-Executive
Director



Allan Arnott, OBE
Non-Executive
Director



Mike Ellwood
Non-Executive
Director



Dr Madhu Davies
Non-Executive
Director



Sarah Dixon
Non-Executive
Director

The Council of Governors

Public governors elected in three constituencies:

6 Governors representing Greater Peterborough

Annette Beeton; Dr Robert Wordsworth; Trish Mason; Michael Simmonds; Nicola Hampshaw; Michael Greenhalgh

6 Governors representing Huntingdonshire

Dr Nik Johnson; Dr Jill Challener; Amanda Buckenham; Alan Crouch; Sandy Ferrelly; current vacancy

5 Governors representing South Lincolnshire

Christopher Chew; David Bryars; Sue Prior; Duncan Lawson; David Cooke

Staff governors elected by colleagues to represent staff groups at each of our hospitals:

3 Staff Governors at Peterborough City Hospital

Moira Johnston; John Ellington; Asif Mahmood

3 Staff Governors at Hinchingsbrooke Hospital

Dr Tarang Majmudar; Lorraine Tosh; Kim Graves

1 Staff Governor at Stamford Hospital

Dr Jennine Ratcliffe

Partner Governors nominated by partner organisations:

Peterborough City Council: Cllr Fitzgerald

Cambridgeshire County Council: Cllr Gowing

Lincolnshire County Council: Cllr Wootten

Cambridgeshire & Peterborough CCG: Jill Houghton

South Lincolnshire CCG: Elizabeth Ball

Healthwatch: Gordon Smith

Structure for operational divisions

Operational Divisions



Medical Director,
Dr Kanchan Rege to oversee professional accountability of Divisional Directors



Neil Doverty, Chief Operating Officer

Chief Nurse, **Jo Bennis** to oversee professional accountability of Divisional Heads of Nursing



Division of Emergency & Medicine



Dr Callum Gardner,
Divisional Director



Kay Ruggiero,
Divisional General Manager



Sue Fenson,
Divisional Head of Nursing

Departments

Ambulatory Care (ACU)
Cardiology
Diabetes/Endocrinology
Emergency Departments (ED)
Endoscopy / bowel screening
Gastroenterology
Medical Assessment (MAU)
Medicine for older people
Minor Injury Unit (MIU)
Neurology
Renal
Respiratory
Stroke

Division of Surgery



Mr Filippo Difranto,
Divisional Director



Sarah Noonan,
Divisional General Manager



Janet Driver,
Divisional Head of Nursing

Departments

Day Treatment Unit (DTU)
Ear, Nose and Throat (ENT)
General Surgery
Maxillo-facial
MSK, Trauma & Rheumatology
Oncology, Radiotherapy & Haematology
Ophthalmology
Plastics/Dermatology
Palliative Care
Sterile Services
Surgical Assessment (SAU)
Theatres, Anaesthetics, Pain & Critical Care
Urology
Vascular

Division of Family & Integrated Support Services



Dr David Woolf,
Divisional Director



Di Lynch,
Divisional General Manager



Fran Stephens,
Divisional Head of Nursing/Midwifery

Departments

Breast Services
Children's safeguarding
Gynaecology
Midwives
Obstetrics
Paediatrics & Neonatal Intensive Care Unit (NICU) (PCH)
Diagnostic Imaging
General Outpatients
Health Records
Pathology
Patient Transport
Pharmacy
Rehabilitation & Therapy Services
Site Management
Transfer of Care

Annex 2 - Values/Personal Responsibility Framework



North West Anglia
NHS Foundation Trust

Living Our Values: Our Personal Responsibility Framework (Everyone)

We put patients first	We are caring and compassionate	We work positively together	We are actively respectful	We seek to improve and develop
I demonstrate behaviours that support our values				
I am aware of the impact my role has on patient care	I communicate respectfully, openly and professionally, discussing any issues privately and sensitively	I focus on achievements, strengths and what we can do together to promote a positive and energetic culture	I am patient and considerate of other's needs. I accept diversity and difference	I strive to make a difference, improving myself and the service I provide
I always introduce myself using 'Hello my name is...'	I am kind, treating others in a manner that I would like to be treated	I have the courage to speak up and escalate concerns appropriately	I acknowledge others, make eye contact and smile	I reflect on my work, actively seek feedback from others and learn from my experience
I understand how I contribute to patient safety	I actively listen and seek to understand; accepting the need for different communication styles	I am a team player; interacting, co-operating and willingly offering help. I show appreciation for the contribution of others	I am aware of my impact on others and act on feedback	I suggest improvements, support others ideas and I am open to new ways or working
I ensure that patients are central to care decisions	I try to see things from the perspective of others	I promote success stories. I take pride and speak highly of who we are, and what we do	I ask patients and colleagues how they would like to be addressed	I demonstrate a can do attitude and proactively look for solutions
I treat patients as individuals	I am approachable and make myself available for patients and colleagues	I am professional and competent in my approach, and act as a role model	I have the courage to challenge and question inappropriate behaviours	I am open, honest, admit my mistakes and say sorry when appropriate
I work in partnership with our wider community for the benefit of our patients	I treat people as though they matter	I use our resources responsibly, minimising waste and duplication wherever possible	I do what I say I'm going to do	I am flexible and willing to adapt or change my ways of working when needed
I treat patients with respect and protect their dignity	I show compassion for others	I am committed; managing my own attitude and behaviour	I am aware of my body language	I view our services through the eyes of our patients

Living Our Values: Our Personal Responsibility Framework (Team Leaders/Managers/Specialists)

We put patients first	We are caring and compassionate	We work positively together	We are actively respectful	We seek to improve and develop
I lead others through my specialist knowledge or by supervising/managing a team and role model behaviours that support our values				
I ensure that every member of my team is aware of the impact their role has on patient care	I consistently act in a positive inclusive manner and value all staff as individuals	I listen to others views and consider these when making decisions	I see all team members as individuals and seek to treat them all fairly	I value team members development, I seek to understand their aspirations, needs and limitations
I encourage others to prioritise patients' needs	I address and manage behaviours that do not value others	I trust others expertise and experience to be able to fulfil their job role	I thank staff for their efforts, show appreciation and use positive language	I explain and involve staff in changes that affect them
I use patient feedback to improve our services	I notice negative or unsettling emotions in the team and act to put the situation right	I seek feedback to ensure my communication demonstrates respect	I actively listen and seek to understand views which are different to mine	I foster an environment where people can learn from their mistakes, identify and seek development
I make sure I am visible and available to patients, visitors and my staff	I demonstrate that the health and wellbeing of my team are important to me	I display open, honest and transparent behaviour	I communicate openly, respectfully and professionally	I will give staff the space and freedom to be creative
I ensure all safety and quality procedures are understood and followed	I 'read' others, and act with appropriate empathy, especially when they are different from me	I acknowledge skills and previous experience that may be valuable for the team	I foster an environment where staff can express their opinions and feel these are considered	I feedback regularly to allow staff to see their part in the organisations success

Living Our Values – Our Personal Responsibility Framework (Expert/Department Lead/Strategic Leader)

 We put patients first	 We are caring and compassionate	 We work positively together	 We are actively respectful	 We seek to improve and develop
I lead others at a dept/service or organisational level through expert knowledge and role model behaviours that support our values				
I ensure patients are central to every decision made at all levels, and support colleagues to see the wider meaning in what they do	As a senior staff member, I act as an exemplary role model behaving in manner that consistently values others	I support a culture where others expertise and experience are valued and trusted	I consistently display open, honest and transparent behaviour	I seek and share knowledge to advise the organisation on best practice, and promote the learning of new approaches and techniques
I help create a culture where concerns can be raised without fear of reprisals	I help create a working environment where people feel cared for and supported	I create a common purpose to unite my team and enable them to work seamlessly together to deliver it	I am approachable and address everyone with courtesy	I actively encourage and support a learning environment
I create a safe environment by allocating the right resources in the right places	I care for my own physical and mental wellbeing so that I create a positive atmosphere for my team and service users	I do not shy away from doing what I know is right "What I allow, I promote"	I champion diversity and seek to ensure all staff are fairly represented	I develop others through succession planning and talent management
I inspire others in tough times by helping them to focus on the value of their contribution	I take positive action for the physical and mental wellbeing of my colleagues	I stand up and support my staff and colleagues in difficult situations	I address long standing issues even if this may be controversial	I listen to patients, visitors and staff in order to understand the impact our decisions have on them

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