



Derby City Council

HEALTH AND WELLBEING BOARD
22 March 2018

ITEM 13

Report of the Chief Executive of Derby Teaching
Hospitals NHS Foundation Trust.

Derby and Burton: A Route to High Quality Sustainable Services

SUMMARY

- 1.1 The Health and Wellbeing Board (HWB) has previously received updates on the developing collaboration between Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. This paper updates the HWB on the progress to date and next steps.
- 1.2 An intensive programme of work has led to a proposal to merge Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. This merger will achieve a number of benefits:
 - Continual improvements in care from shared learning & best practice.
 - Securing the Queen's site as a vibrant district general for the people of Burton.
 - Providing Derby's specialist services to a larger population.
 - Making better use of our community facilities and services in Tamworth, Lichfield and Derby.
 - Supporting the STPs with more ways to care "closer to home".
 - Reducing unnecessary duplication so that we can focus our resources on ensuring true excellence across the board.
- 1.3 A joint Strategic Collaboration Board is in place to make sure we follow the right process and focus on patient benefits, financial best practice and staff impact – supported by regular project meetings and various workstreams set up to focus on different areas.
- 1.4 We're clear that there are a number of really compelling benefits for our patients across our combined catchment areas – this is the driving force of our proposed merger.
- 1.5 Working with our core clinical teams we have identified a selection of specialities where we think there is a bit more urgency to bring our people, skills and best practice together. These specialities are: Cardiology; Orthopaedics; Stroke services; and Renal.
- 1.6 To complement the patient benefits, we are bringing support teams together i.e. Finance, Human Resources, Information Technology, Procurement, Operations, Secretarial teams, Medical Records and more. Our aims are to streamline our services, reduce obvious duplication once we merge and create a world-class suite of

support services for our outstanding clinical teams.

RECOMMENDATION

- 2.1 To note the continued commitment and progress being made towards the proposed merger.

REASONS FOR RECOMMENDATION

- 3.1 To ensure the Health and Wellbeing Board remains fully briefed and involved in the ongoing development and delivery of the proposed merger.

SUPPORTING INFORMATION

- 4.1 Further information on the Derby and Burton collaboration can be accessed here - www.burtonderbycollaboration.co.uk/
- 4.2 The most recent newsletter in relation to the collaboration is available here: <http://www.burtonderbycollaboration.co.uk/wp-content/uploads/2018/02/Burton-Derby-Newsletter-Issue-9-final.pdf>

OTHER OPTIONS CONSIDERED

- 5.1 Neither Trust is financially sustainable on its own. Some general services at Burton Hospitals NHS Foundation Trust are not clinically sustainable and some specialist services at Derby Teaching Hospitals NHS Foundation Trust do not have a sufficiently large catchment population to make them secure under current specialised commissioner criteria.
- 5.2 The two Trusts have considered the options for securing their future sustainability and believe that a formal strategic collaboration between the two Trusts, in the form of a merger, is likely to be the best way to address their specific sustainability challenges, and enable them to continue to provide a full range of services for their local populations.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	
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For more information contact:	Gavin Boyle: Gavin.boyle@nhs.net
Background papers:	None
List of appendices:	Appendix 2: Powerpoint Slides of Presentation

IMPLICATIONS

Financial and Value for Money

- 1.1 The proposed merger would mean that both Trusts would be able to make some savings through sharing good practice, removing duplication and reorganising and developing certain services.

Legal

- 2.1 The Trusts have submitted the Patient Benefit Case to the Competition and Markets Authority (CMA), which is required to assess whether a merger of NHS Trusts would have an adverse effect on patient choice.

Personnel

- 3.1 This collaboration is about looking at the Trusts' collective skills, resources and best practice to deliver outstanding care across the two organisations. The Trusts will talk with our staff as plans develop to ensure they are kept fully involved in any changes that may impact them, as well as the opportunities that may arise from the Trusts working more closely together.

IT

- 4.1 If the proposed merger goes ahead, Information Technology would be reconfigured to provide a responsive efficient and adaptable service with standardised processes and unified teams providing a consistent level of performance.

Equalities Impact

- 5.1 A full evaluation of equalities will be undertaken as part of the Full Business Case process.

Health and Safety

- 6.1 N/A

Environmental Sustainability

- 7.1 N/A

Property and Asset Management

- 8.1 The Trusts will be looking at how they can best use their combined buildings and facilities.

Risk Management

- 9.1 The risks to achieving a preferred option for a collaboration that is jointly agreed by both Trust Boards have been identified, documented, and tracked. The full risk register including mitigations of project risks are included in the risk register which is reviewed and managed monthly at the Strategic Collaboration Board and at respective Trust Boards.

Corporate objectives and priorities for change

- 10.1 Both Trusts are facing a number of challenges relating to staff, sustainability, increasing demand for our services and finances. A merger would help to retain a vibrant district general hospital in Burton, secure specialist services in Derby for a wider population, and ensure better use of community hospitals.