

## Minutes of the Healthy Staffordshire Select Committee Meeting held on 16 July 2018

Present:

### Attendance

Ann Edgeller	Bernard Peters
Paul Northcott (Vice-Chairman)	Carolyn Trowbridge
Kath Perry	Victoria Wilson
Jeremy Pert	

**Apologies:** Charlotte Atkins, Jessica Cooper, Janet Eagland, Phil Hewitt, Alan Johnson, Janet Johnson, Dave Jones, Alastair Little, Johnny McMahon, Ross Ward and Ian Wilkes

### PART ONE

#### 16. Declarations of Interest

Councillor Peters declared a non pecuniary interest in the next item, Burton Hospital NHS Foundation Trust as he is a Member of the Governing Board of the new Trust. He remained in the meeting and took part in the discussion.

#### 17. Burton Hospital NHS Foundation Trust Self Assessment Report (30 minutes)

Representing the Trust at the meeting were; Gavin Boyle, Chief Executive, Magnus Harrison, Executive Trust Medical Director; Duncan Redford, Executive Managing Director Burton; and, Jim Murry, Executive Director of Nursing and Operations.

The Chief Executive (CE) ran through the timeline of activities leading to the merger of Burton Hospital NHS Foundation Trust (BHFT) and Derby Teaching Hospitals NHS Foundation Trust (DTHFT) on the 1 July 2018. The main aims of the merger were to retain a vibrant district general hospital at Burton; to combine catchment populations which would enable the development of specialised services; deliver more care closer to home; make the best use of community hospitals; maximise benefits for patients and deliver a better care at less cost.

The first set of services to integrate were listed as: Cardiology, Stroke, Trauma and Orthopaedic, Imaging, Renal and Cancer services. Work will continue through all services until all at both Trusts are integrated.

The merger was expected to save in the region of £23m by 2022/23 and deliver better services for all patients. The new organisation could also take advantage of an extra

£16.5m Sustainable and Transformation Funding (STF) this year which would not have been available without the merger.

#### **18. Questions from the public (30 minutes)**

No questions had been received from the public

#### **19. Questions from Healthy Staffordshire Select Committee Members (45 minutes)**

A Member asked how the merger and the likely benefit to the public were being communicated. There was concern that the merger would be perceived by the public as a cost saving exercise and not about improving services which was the mergers main aim. The CE responded that the public would be understandably anxious but reiterated that there would be no redundancies and no privatisation of services. The new Trust may want to deliver services differently but that was not the main aim of the merger. The Executive Director of Medical Services added that one of the desired outcomes was to move services back to the community hospitals and to get some services which are now provided out of the County back into Staffordshire.

Following a question on workforce planning and how the Trust intended to recruit and retain staff, the Executive Director of Medical Services felt that when services are viewed as being efficient and well supported, prospective employees are attracted to an organisation, which should make it easier to recruit. The Executive Director of Nursing and Operations explained that there was a strategy for the retention of nurses, including an advanced clinical practitioners training programme.

The Member followed on by asking if the Trust were confident that there would be enough capacity and flexibility to accommodate a mayor incident in one area which would require staff to move between sites. In response, the Executive Managing Director replied that he was confident that it was now possible to spot problems earlier and staff and resources can be moved ensuring patient safety and better service delivery.

The need for clear communication with the public was raised particularly if services were moving sites. Transport between the sites was also discussed. The CE informed the Committee that lessons had been learnt from the University Hospital North Midlands (UHNM) merger and others and the need to be clear with both staff and the public was clear. The Burton and Derby merger was however a different model to that at UHNM and had been consulted on and developed jointly, not imposed, which resulted in less resistance.

A Member asked a question on the safety of patients following the CQC inspection and what progress had been made. The CE informed the Committee that the CQC had recently visited Burton Hospital and the overall rating received was 'Good'. The plan was now to integrate the quality strategy across both organisations and bring both to a 'Good' standard.

A question was raised on the discussions taking place with Community providers about reducing falls and hip fractures. An example was provided of the Highlands Health Board which uses technology in homes in Alness which has been proven to be highly inclusive. The CE of the Trust said that a key focus of the STP area was the prevention agenda and one of the projects in Derbyshire had been a falls team who carried out, amongst other things, home risk assessments and provided support in home. This often resulted in less hospital admissions. It was hoped that this could be developed and rolled out further. There is also work taking place around technology and paramedics which was aimed at giving them the information they needed out in the home to save patients attending hospital.

A question on venous thromboembolism (VTE) assessment and prophylaxis taking place within 24 hours of admission. The Member had read that it is now in the hands of a designated clinician and asked when it would be known if there had been an improvement in the figures? In response, the Committee were informed that in the past there would have been Nurse assessments and then a Doctor would prescribe the necessary drugs. Assessments at Burton were at 94% within 24 hours but prescriptions in the high 80s%. Derby is running at 96.6%. There is a need to bring the two in line so there is equality in service.

A Member felt that although there was a clear vision and aspirations, bringing two organisations together with different cultures would be hard and that this would be where most mergers failed. How did the Trust see the two cultures integrating going forward? The CE explained that they were two Trusts who had very different characteristics and there was no wish to lose that. However, most of the staff wanted to work efficiently and effectively and wanted to learn from each other. In September engagement will begin with all employees, he was very much aware that staff need to be on-board to make things work.

The Member went on to ask what success would look like in three and five years time. The CE felt there were two main measurements, firstly did the merger deliver the implementation plan? Secondly, the Regulator had put in place a process for continuous monitoring and there was a need for a whole list of indicators to be devised to measure success some of which would be public facing such as safety and some around recruitment and retention etc. This set of indicators can be shared with stakeholders.

There was a question on death rates and as both the SHMI and HSMR are likely to deteriorate in the winter months, what mechanisms were in place for an extensive flu vaccine campaign in the community to confer significant herd immunity and reduce the winter death rate? The Executive Director of Medical Services explained that in Derby every patient was flu assessed when admitted into hospital. Also all front line staff needed to be immune and this meant that the Trust need to ensure that the right vaccine was purchased and used on both sites.

A Member was concerned that there were two STPs involved with the Trust and asked how well services and patients would transfer between the two. The Executive Managing Director at Burton explained that they delivered place based care which brought together services so the public wouldn't notice a difference.

A question was asked on where do the Clinical Commissioning Groups (CCGs) fit in with the Trusts and what is their relationship like? The CE explained that now there were single commissioners in each county and this made things much easier for the Trust. The only disadvantage was that they were newly formed and needed to work closely to bring things together. A Member was concerned that there was a national shortage of qualified staff and asked how the Trust intended to fill the vacancy gap. The CE responded to say that the University Hospital status was an important badge as it meant that as a training hospital they would see an opportunity within the Trust to develop training programmes to attract staff and continuous improvement and reward schemes would help to retain staff long term. There was also an apprentice programme seeing younger people join the organisation. The need to be imaginative was important.

There was a question on the 62 day referral to treatment for cancer patients. This was an important target and the member wanted to see pathology specific data in this area for both the last quarter (pre merger) and the next (post merger)

One Member of the Committee felt the Delayed Transfer Of Care (DTC) would need to improve before winter and asked what was being done around this and what was the standard patient position. The Executive Managing Director at Burton explained that this had improved recently and that the last set of figures were below 6% but work was continuing with Social Care to improve further.

In response to a question to the CE on what was his main concern had been during the merger and what was it now. The CE responded that the two Trusts had been working together and planning the merger for such a long time that his main focus then and now remains the same and that is delivering on the commitment to improve.

## **20. Summary and way forward (5 minutes)**

The Chairman felt that this was an exciting but challenging time for the Trust which should bring opportunities for improvement. Residents need to be kept informed of any changes taking place in the future.

All of the officer from the Trust were thanked for attending the meeting.

**RESOLVED** That the Committee:

- a) Receive an update on the progress of the merger in six months time.
- b) The Trust provide the Committee with data on the 62 day referral target for the treatment of cancer patients for both the last quarter (pre merger) and the next (post merger)

**Chairman**