Questions and Answers from Public Meetings at Hinchingbrooke House, Huntingdon.

Held on: 10 August at 2pm and 5.30pm

Q: How did Peterborough and Stamford Hospitals merge and was it successful?

A: Peterborough Hospitals NHS Trust was established in 1993 and comprised two hospitals, Peterborough District Hospital and Edith Cavell Hospital. Rutland and Stamford Hospital, in South Lincolnshire, joined the Trust in 2002.

Today around 4,000 staff work at Peterborough and 180 work at Stamford Hospital. Many Outpatient clinics are held at Stamford Hospital and clinical staff work between the two sites to deliver these services. Both hospitals use the same systems and staff at Stamford are very much part of the Trust, actively involved in all corporate initiatives, for example.

Q: Why aren't we merging with Addenbrooke's Hospital?

A: Hinchingbrooke, Peterborough and Stamford hospitals are similar in terms of the services they provide, whereas Addenbrooke's is a university hospital and tertiary centre for a number of specialities. As our three hospitals are much more closely aligned, a merger of the three would be more viable clinically and financially.

Q: Can you clarify that Hinchingbrooke Hospital will retain an adequate A&E department?

A: The Clinical Commissioning Group has confirmed that A&E will remain at Hinchingbrooke seeing minor injuries and major cases. Any changes to the provision of services at any site is not a decision for the Trust boards to make. Any decision to change services is made by our local Clinical Commissioning Groups subject to the outcome of any consultation with the public.

Q: Have you factored in the hypothetical issue of a major accident on the A1/A14 and its impact upon the Hinchingbrooke A&E dept?

A: As part of our normal operational planning, we have clear, mandatory major incident plans in place which are triggered in the event of any major incident involving a large number of casualties, for example.

Q: I can't understand why Hinchingbrooke Hospital has such a big deficit and why we would join with another trust that has a large deficit.

A: By merging we will be able to reduce our deficits over a number of years. We will incur a one-off cost of £12m-£13m to merge the trusts. However we will save £9m a year, every year by merging. This means that by end of the second year as a merged organisation we will have started reducing the deficit.

Q: Once acquired - what would stop Peterborough and Stamford from selling Hinchingbrooke Hospital?
A: For that to happen there would have to be a full public consultation and it would also need to be approved by the Department of Health. Addenbrooke's and Peterborough hospitals would have to deliver the services to the Huntingdon population instead, which, given the lack of space available to either of those hospitals for expansion, would be considerably difficult to achieve. The additional costs would also be prohibitive.

Q: This merger is politically driven isn't it?
A: No. The Outline Business Case which proposed a merger of the two trusts was approved by both trust boards. The Full Business Case will need to be approved by the regulator and the Secretary of State for Health. Other options were considered, however the proposed merger is currently the only way to sustain clinical services at both hospital trusts.

Q: Where did the money for the sale of Peterborough District Hospital go?
A: The effect of the sale on the deficit meant that Peterborough and Stamford Hospitals NHS Foundation Trust borrowed less money from the Department of Health for running costs that year. The sale proceeds were a one-off gain.

Q: Can you give assurances that the £9m savings will be made by cutting back office staff costs?
A: All proposed cost savings will come from the reduction of non-clinical staff, such as finance, HR, IT and the executives and non-executives on the board. We will also use fewer, more costly, locum staff as they will be replaced with substantive staff.

Q: Does the cost savings include staff and agency staff?
A: The more locum staff we use the less money we have. This is where the work we are doing to attract more substantive staff will help. Doing this as a merged organisation will make our offer to new recruits more attractive.

Q: We are driven by an austerity programme. But has the board thought of appealing to the Government and asking them to put the deficit into a bond, for example?
A: PFI schemes have changed. There is a national conversation taking place about how to bear the burden of these. It is not feasible at present to make any other arrangements with regard to Peterborough Hospital's PFI payment. Currently, Peterborough and Stamford Hospitals pays in excess of £25m for the cost of the PFI every year and gets £10m back from the government to help meet this extra cost. Compared with many other hospitals Peterborough City Hospital is double the size for fewer patients – but that is the standard required of new hospitals today.

Q: To what extent will the £9m savings contribute to the PFI and running costs?
A: The savings we can make together will contribute to reducing running costs in both hospitals. We are treating the PFI costs separately. By showing how we can work efficiently and meet our annual Cost Improvement Plan targets, we hope to be able to receive additional PFI support from Department of Health in the future.

Q: I was the first consultant to work on this site and retired 20 years ago. I find it sad to see what has happened. Why can't we use the Brexit money to clear

Hinchingbrooke's debts?
A: We are now in a situation where the NHS is struggling. Demand has risen over the last 20 years and is continuing to rise. We are at a point where we have greater demand on our services, which has contributed to the situation we are in. It's not for us to say how the Government should use funding, but we appreciate that this is a national issue.

Q: I think Hinchingbrooke's future is ok – I would be scared if I was living in Stamford, though.
A: 30% of patients treated by Peterborough and Stamford Hospitals come from South Lincolnshire. Stamford hospital is a key part of the Trust's delivery of services to patients in South Lincolnshire and is being redeveloped as part of our existing plans.

Q: How much of the £9m saved will stay at Hinchingbrooke?
A: We estimate the split will be £5m to Peterborough and Stamford and £4m to Hinchingbrooke. However, as a single organisation, we would look at this more holistically. If we merged we would become a Foundation Trust which would mean people can join as a members and be elected as governors who have a major say in how the hospitals are run and are required to approve any major transactions.

Q: Are you being too optimistic about merging by 1 April next year? Will it be a 'big bang' launch on 1 April?
A: We will go through a process of preparation ahead of 1 April 2017. We are currently working through all the steps of a detailed implementation plan. The legal transfer will take place from a April, but we do not anticipate that we will have single IT systems in that time, for example. It is likely that it would take 12 to 18 months before the merger is fully integrated. We are taking valuable lessons from those Trusts that have merged before to understand the best way of managing the integration process.

Q: In terms of long-term sustainability how big an issue is the PFI on Peterborough City Hospital?
A: When we opened the hospital in 2010 the PFI contract was a 35 year long contract. By the time we come to the end of the 35 years we will have paid more than a billion pounds in PFI payments. However, at that point, the hospital will be handed back to the NHS in as good a state of repair as it was on day 1. We must also remember that the PFI payments also cover the cost of operational services such as portering, catering and cleaning as well as the building.

Q: Where is the overspend? How did it happen?
A: In the most simple terms, we haven't become efficient enough and, along with the whole of the NHS, recruiting enough staff is an issue.

Q: Have you been forced to make this decision because of the Sustainability and Transformation Plan?
A: No. The work is part of the overarching Sustainability and Transformation Plan, but it is very much about our hospitals ensuring we can become clinically and financially stable organisations both now and in the future. Doing nothing is not going to make us sustainable and is therefore not an option for the longer term.

Q: Who are the experts you are using to make sure your proposals are robust – and who is paying for them?
A: We are using a number of experts, for example, Hempsons, a leading healthcare law firm, accountancy auditors KPMG and governance and risk specialists Deloitte. They have been appointed via a procurement process and the cost of their services are being paid for by NHS Improvement. Each expert organisation has been hired for their reputation as independent experts who have broad and specialist experience. We used some of these companies to report on the Outline Business Case before it was approved by our Trust board.

Q: Will Hinchingbrooke Health Care NHS Trust disappear and become part of the Foundation Trust?
A: Technically and legally the 'merger' will be an acquisition of Hinchingbrooke Health Care NHS Trust by Peterborough and Stamford NHS Foundation Trust, which means Hinchingbrooke Healthcare NHS Trust will be dissolved and become part of the Peterborough and Stamford NHS Foundation Trust. Hinchingbrooke Hospital will still exist as part of the combined new organisation. Staff will be moved to the new organisation under the TUPE process. (**TUPE** : 'Transfer of Undertakings (Protection of Employment) Regulations.)

Q: What plans do you have to manage a population increase?
A: We have clear demographic plans which are built into our financial models and costs and income. Physical space, capacity and staff is built into a five year projection that we are developing.

Q: What is the difference between Hinchingbrooke and Peterborough in terms of representation?
A: As a Foundation Trust the new merged organisation would have a Council of Governors. This is split between public governors, staff governors and partner governors. Governor meetings will be held between the hospitals and population areas. We are asking people what they think these constituencies should be and there is a space on the feedback form for people to record their views. The council of governors operates in an advisory and decision-making capacity. However, they appoint the Chairman, they assist in the appraisals of non-executive board members and have the power to remove the board and the Chair, if necessary.

Q: What happens if there are delays and you are not ready by 1 April?
A: This is only likely if we are required by NHS Improvement to provide more information to strengthen the business case. We do not expect any delays at this stage.

Q: Some people think it's being rushed.
A: The pace is brisk but we need to ensure progress is being made. There is still an enormous amount of work to do in the lead up to 1 April 2017. However the process will take some 18-24 months before the trusts are fully integrated. For example we will need to do things like set up a new single bank account and a payroll system for day 1, but look at integrating our IT system later on. Not all of the benefits will be delivered by day 1 – 1 April 2017.