

## **Questions and Answers from Public Meeting at Stamford Hospital, Stamford.**

**Held on: 4 August at 10am**

**Q: If you are a member of Peterborough and Stamford Hospitals NHS Foundation Trust now, will you automatically become a member of the new trust?**

**A:** Yes. All existing members, whether they are public members or staff, would automatically become members of the combined trust at the point it was created.

**Q: Why is Hinchingsbrooke in difficulty? Is it because Circle left?**

**A:** There is less money in the NHS as a whole and smaller hospitals such as Hinchingsbrooke have felt the effects of this sooner than some larger hospitals. This is primarily through the difficulty of recruiting to key posts and instead having to use expensive agency staff. Circle withdrew from running Hinchingsbrooke Hospital and handed it back to the NHS as it was unable to realise the profits it had forecast.

**Q: If there are issues with the sustainability of clinical services at Hinchingsbrooke, won't merging with Peterborough mean the quality of care patients receive at Peterborough and Stamford will be brought down?**

**A:** The two chief executives of each trust are completely in agreement that this merger is not about changing local clinical services nor the quality of care. Therefore we expect that patients will not see any negative impact. We have already seen some benefits of working together – fulfilling staff shortages across both sites is the first notable benefit of this plan. There is no question of one or two hospitals of the three being the poor relation. Together services will be better, safer and local.

**Q: Will future plans for Stamford Hospital's redevelopment still go ahead if the merger takes place?**

**A:** We are carrying on with our redevelopment plans for the Stamford Hospital site. We are committed to installing an MRI scanner at Stamford Hospital and we hope that in the near future we will have clear guidance from the department of health regarding funding to start the development of the East end of the site, where outpatient services are delivered. Our delays are due to national issues, not local decisions to stop the redevelopment work.

**Q: Is there the chance that once the merger takes place, Stamford and Hinchingsbrooke hospitals will close and be swallowed up by Peterborough City Hospital?**

**A:** Nothing in our plans relate to closing any of the hospitals. Given the size of the combined population we would serve by merging, we would need to operate from three bases. None of the savings identified in our Outline Business Case relate to closing sites or moving clinical services from their current site. Service changes are a commissioner responsibility and require legal public consultation.

**Q: If you split your membership into three geographical constituencies, would each constituency have equal weight when any decisions are to be made? What happens if one constituency is overruled on a decision by the other two, for example?**

**A:** This is something we need to discuss further as part of our discussions with members of the public. We will explore this in greater detail as in the Full Business Case, taking on board comments from the public at our local engagement events.

**Q: For patients, the biggest worry will be having to travel further for their treatment. Can you reassure them that this will not be the case?**

**A:** The business case that we put together describes how we would keep services local. For example, South Lincolnshire is a sizeable population base and we would not expect to change services from their current arrangements. Our plan is to continue to grow services at Stamford Hospital.

**Q: Can you assure us that Rutland will have governor representation?**

**A:** This will depend upon whether a Rutland-based individual, who is already a member of the Trust, puts themselves forward to be a governor and is then voted for by our members in the governor election process.

**Q: Do you see your plans to merge impacted by the proposals to devolve local councils?**

**A:** We have been gaining the views of local councils as part of our briefings to the local health scrutiny committees and we have had good support so far. Beyond that we do not expect this will impact upon our plan.

**Q: What financial benefits will be reaped by merging?**

**A:** Merging will not completely solve Peterborough's deficit issue, but it will make a significant contribution. Immediately after merging we will not see the full benefit, as we anticipate it will cost £12m-13m to merge, but we can achieve savings in year 1. However we can make the £9m savings every year, so after year 2 we will start to see a positive benefit.

**Q: Will the merger reduce the need for agency staff?**

**A:** Yes, we believe so. Each organisation has ongoing cost improvement plans to reduce their agency spend. We can make significant savings above current levels by merging as we combine clinical teams across our sites.

**Q: Most of the impact will be on staff moving between hospitals - will you have contracts that reflect the need to travel?**

**A:** We have shared our clinical vision with staff, and clinicians have been meeting for some time to talk about how this might work for them. It is worth noting that the engagement we have undertaken with staff is considerably greater than other hospitals that have gone on the same journey as us. Contracts would be amended to include the requirement to work across sites for those staff for whom it will be relevant and for those whose contracts do not already include this aspect. For example, many senior clinicians already work between Peterborough and Stamford hospitals. Working across sites will not affect a large mass of staff, but for those who it does affect we will fully consult with them in any contract change this might bring.

**Q: Have you had any discussions with Peterborough city council to help pay off the PFI debt?**

**A:** The cost of breaking the bond with our PFI provider is great and until that changes, paying off our debt is not a value-for-money idea for the taxpayer. Therefore we are not pursuing any idea of working with our local authority to pay off the debt.

**Q: Are there likely to be redundancies?**

**A:** We identified the potential loss of up to 70 posts in the Outline Business Case. This would come from executive and non-executive board members and back office/corporate functions. We are talking to the unions about this and we are trying to ensure any redundancies are as few as possible. We are currently not recruiting permanently to roles that become available while the merger work is under way so that we can minimise the number of redundancies, where possible.

**Q: How much money is factored in to make highly paid staff, such as board members, redundant?**

**A:** The cost of redundancies is part of the £12m-13m we have identified as the cost of merging in years 1 and 2.

**Q: Is the problem with the fire safety infrastructure at Peterborough Hospital sorted? Who is paying for the remedial works?**

**A:** The remedial works to strengthen the fire safety infrastructure are well under way. However due to the scale of the problem we don't expect this to be finished until February 2019. The building contractor is paying for the remedial works and we are working closely with the local fire authority on an action plan to ensure the works are delivered on time. While this work is taking place, we have revised our evacuation plans and ensured staff are fully trained in fire safety. We do not anticipate this will have any impact on the proposed merger work.