

Questions and Answers from Public Meeting at The Fleet, Peterborough.

Held on: 9 August at 6pm

Q: Are you more likely to be moving the staff between sites rather than the patients?

A: Yes. This is how we plan to strengthen clinical services.

Q: Who is doing the work to join the two organisations together?

A: We are doing this in house with external expert support as and when needed. It is important that we undertake this ourselves so that we can control our future rather than a team of external consultants for example, who would leave the organisation once the work is complete. We are seeking external support however, for financial, legal and IT issues, for example. And we need to use external support to provide assurance that the work we are doing is robust and meets requirements.

Q: Are your staff at PCH and Stamford hospital on board with this plan?

A: We have held engagement events with staff and have kept regularly updated at every stage of the process so far. We are addressing any concerns as they arise. There is bound to be concerns and nervousness around any plan that proposes change, but we believe that by regular engagement and dialogue with staff we can provide as much information as possible.

Q: Are the unions on board? Are they supporting staff?

A: We have been briefing our local and regional union representatives regularly and this has been positive so far. Regional reps have supported our engagement events and we will continue to keep them updated at each stage of the process.

Q: Would you work out the proportion of public governor representation for each geographical area according to the size of the population served by each site?

A: This is a consideration we will need to make as part of the membership engagement plan. We want to hear the views of members of the public on this issue to ensure we agree the most appropriate representation for the membership of the larger foundation trust we would become.

Q: Do you have examples of mergers that have been successful and if so, have you taken advice from them?

A: Yes. We have spoken with colleagues at Frimley Park which joined with Heatherwood and Wexham Trust; York Hospital which merged with Scarborough Hospital and the Royal Free Hospital in London which has merged with other local health organisations. All these mergers are well underway and so we have been able to take advice on what they learned from the experience and apply that to our process. As a result, we feel we are doing much more work around the clinical benefits of merging than other organisations that have merged to date. We have also been advised that success depends upon having a dedicated and focused team delivering the change as well as being careful and cautious over the pace of change. We also appreciate that without our staff on board it will be much more difficult to merge successfully and achieve the benefits we have identified.

Q: Will there be changes to hospital services as a result of the merger?

A: As the provider of acute services, our hospital services are determined by our commissioners - made up of local GPs with the clinical commissioning groups that we work with in the local health community. Our commissioners pay for the services we provide - therefore they will have the final say on any possible changes to hospital services delivered

across the three sites. They will publicly consult on any changes they recommend. However, it is worthy of note, that in its Sustainability and Transformation Plan, the Cambridgeshire and Peterborough clinical commissioning group said that it did not anticipate changes to the delivery of existing A&E services or maternity services at Hinchingsbrooke or Peterborough.

Q: How can you save money by merging without changing services at any of your hospitals sites?

A: The savings are largely from corporate functions being merged rather than any patient-facing services.

Q: Is there a possibility that the department of health could remove its PFI funding for Peterborough City Hospital's deficit?

A: We have received funding for the past three years and if we can continue to make the cost improvement savings that we have agreed to, there is a chance we can go back to the Department of Health and the Treasury to receive further help on top of that.

Q: How can sharing staff across sites improve recruitment prospects? There could be some staff for whom working in different locations could negatively impact upon their travel costs or childcare arrangements, for example.

A: We know that it is easier to recruit clinicians to larger teams which give them more opportunities to develop their skills. Many of our senior clinicians already move around between Peterborough and Stamford hospitals so this is already in place and working well. It is unlikely that lots of staff of lower grades will be asked to move around.

Q: Will you provide staff with new contracts?

A: Where there are contracts that do not specify moving between sites for job roles for example, we will issue new contracts. However, we will consult with staff formally should this be the case.

Q: What are you doing to minimise the risks of this merger not being successful?

A: We assess the risks and chart the progress to mitigate them at our fortnight meetings of the Transition Programme Board. By talking to the other trusts which have already merged, we can use their insights to guard against risk and learn from things they feel they could have done differently.

Q: Which back office staff will be at risk should the merger go ahead?

A: Executive board members and other managerial roles which are duplicated across both organisations. For example, we anticipate we will only need one head of each corporate department rather than one for each trust.

Q: Can you provide assurance that the planned merger will not diminish any services delivered at Hinchingsbrooke hospital?

A: There are no plans to reduce services at either hospital as a result of this merger. What we cannot guarantee is that at some point in the future our commissioners may decide they want to see services delivered differently. However any change to clinical services requires consultation with members of the public.