

NDHT and RD&E a stage closer to formally joining together: FAQs

1. Why are NDHT and the RD&E making plans to become a single integrated organisation?

This is the next step in a long-standing partnership between the two organisations and is the logical next step to ensure that services in both trusts can be strengthened and made sustainable. The RD&E has supported the delivery of acute services in Northern Devon for a number of years through clinical networking arrangements to ensure patients in Northern Devon have local access to specialist care. In June 2018, this arrangement was strengthened as part of a Collaborative Agreement which supported NDHT to address some of the challenges faced in providing acute services from the most remote hospital in mainland England.

Our experience shows that the Collaborative Agreement has been of benefit to both Trusts and has showed the potential of what could be achieved through strengthening our partnership.

The RD&E is motivated to support NDHT from a desire to play a full system role in supporting improved experiences of care and performance across the Devon system and proactively preventing provider or service failure which would have a negative impact on the RD&E. In addition, it is clear that NDHT has developed a culture of innovation and agility that would benefit the RD&E.

As one organisation, we will enhance how we collaborate both in our strategic planning and day to day operational delivery. Bringing the organisations together within the SEND (Southern, Eastern and Northern Devon) acute care network presents opportunities to improve resilience and local access across Northern and Eastern Devon.

2. Why can't the Trusts just carry on informally supporting each other through partnership-working?

The Collaborative Agreement has been successful in ensuring a significant improvement in leadership, clinical engagement, quality and performance at NDHT. It is also clear that it has benefitted the RD&E through learning from NDHT's agility and innovation.

The Collaborative Agreement between the Trusts has given both Boards a sense of confidence about the benefits working more closely together can achieve for patients across Northern and Eastern Devon.

The Boards came to the view that it was only through becoming a single organisation that many of the barriers to collaboration and problem-solving would be reduced.

3. Why has this been announced now?

This has been announced now because towards the end of December 2020, the Trusts received formal feedback from the regulators NHS England and NHS Improvement in relation to the Strategic Case document (see summary here). This formal document signalled the organisations' intent to join together and set out the benefits this would provide

for patients, staff and local communities. This Strategic Case was agreed by both Boards in November 2020 and submitted to NHSEI for review.

The approval to proceed from NHSE/I means the organisations can now proceed to develop an Integration Business Case which will describe in more detail how the two organisations become a single integrated organisation working across Northern and Eastern Devon for the benefit of both communities.

This will now take place over the coming months. NHSEI will support us through this process.

4. Why are you doing this at the time of a global pandemic?

It is important to recognise that this is not a sudden decision that has been taken during the pandemic. The two organisations strengthened their partnership in 2018 through the Collaborative Agreement, and in December 2019, both Boards agreed to explore joining together on a more formal basis.

Throughout 2020, the Trusts continued to work in partnership and developed a Strategic Case, detailing the benefits joining will have for staff, patients and our communities. The organisations worked together in response to the pandemic and this experience has further strengthened our partnership. The Boards have ensured that sufficient management capacity will be allocated to the next stage to ensure we can do this without negatively impacting the response to the pandemic.

The approval of this Strategic Case by NHSEI represents the next step in our partnership journey.

5. When was the decision made to join RD&E and NDHT?

At the end of 2019, the NDHT and RD&E Boards separately agreed that the two organisations would explore joining together on a more formal basis, on the premise that any new arrangement benefits all communities served by both Trusts and is supported by NHS regulators.

A Strategic Case setting out the potential benefits of integrating for our organisations, our staff, our patients and our local communities was submitted to NHSEI in October 2020. NHSEI have now approved this Strategic Case, which means we can move ahead on developing a detailed business case describing how we will establish a single organisation across Eastern and Northern Devon.

6. Are we asking for any support to ensure this is a success?

Both Boards agree that this needs to have the full support of our regulators as we proceed. This includes recognition of and support for three key enablers to help facilitate the integration. These are: supporting the creation of a single digital platform between the Trusts, progressing NDHT's infrastructure programme (titled 'Our Future Hospital') and formally recognising within the acute contract in Northern Devon the rural subsidy required to support 24/7 services from the most remote hospital in mainland England.

7. How much money are you hoping this will save?

The proposal to join is driven by clinical need and patient benefit, rather than the financial case, so there is no specific plan to save money. However it is recognised that savings are likely to be made as a result of the integration and that this would be an added benefit.

8. Will the RD&E be paying off NDHT's debt?

No. Both Boards are clear that this process must be based on the premise that any new arrangement is beneficial to people in all the communities served by both Trusts and it is therefore important that this doesn't have a negative financial impact on the RD&E. The integration must be fully supported by the NHS regulators and this includes recognition of and support for three key enablers to help facilitate the integration, as outlined in Question 6.

9. How long will this process take?

The go-ahead from NHSEI marks the start of a 14 month programme of work to plan how we integrate, with an aim of submitting a Full Business Case by autumn 2021 and becoming a single organisation from April 2022. The Full Business Case will need to be formally approved by the Board and by the regulators and have the support of the RD&E's Council of Governors.

10. What does this mean for NDHT's services? Will patients have to travel to Exeter for their care?

Our aim is to ensure Northern Devon retains as many local services as is safe to provide. As the most remote DGH in England, there is universal clinical and commissioner agreement that the population of Northern Devon need local access to urgent and emergency care at NDDH.

As well as an A&E this also means local presence of trauma, ICU, acute medicine, acute surgery and maternity services.

Patients have always had to travel to Exeter, Plymouth or Bristol to access certain specialist services. This decision does not change these pathways of care.

11. Does this mean RD&E staff will have to travel to NDDH more?

The RD&E has supported the delivery of acute services in Northern Devon for a number of years through clinical networking arrangements to ensure patients in Northern Devon have local access to specialist care.

Since the partnership between the two Trusts was strengthened in 2018 through the Collaborative Agreement, this partnership working has increased and we have been able to offer a number of joint appointments, for example in obstetrics and gynaecology services. Providing opportunities across sites allows us to offer unique, varied careers.

12. Is this a merger?

Yes. The legal transaction that is the most commonly progressed between NHS Trusts is a merger by acquisition. This is also the route that enables RD&E to retain its Foundation Trust status. This will require a change in our Constitution.

However, the Boards are referring to this as an **integration** of services between two really close partners to ensure that staff, patients and communities served by each Trust have confidence that our approach to this integration will take the best of both parts of each Trust's service to ensure our plans deliver the greatest benefit.

13. What have the benefits been so far of the Collaborative Agreement?

The Collaborative Agreement has been successful in ensuring a significant improvement in the leadership, clinical engagement, quality and performance at NDHT. It is also clear that it has benefited the RD&E through learning from NDHT's agility and innovation. The Collaborative Agreement between the Trusts has given both Boards a sense of confidence about the benefits more co-operation, integration and resilience can achieve for patients across Northern and Eastern Devon.

14. What are the next steps?

The go-ahead from NHSEI marks the start of an 18 month programme of work to plan how we integrate, with an aim of submitting a Full Business Case by autumn 2021 and becoming a single organisation from April 2022.

This integration planning work starts in January 2021 and will involve looking in detail at services across both Trusts and agreeing plans with each team for joining them together.

This work will involve everyone, and we will be supporting everyone to enter into this with a spirit of curiosity, respecting difference and seeing if we can use this process as an opportunity to look closely at how we provide our service and create something stronger by joining together.

Over the next year we will also be developing a clinical strategy to influence the estates investments in Torbay and NDDH, achieve our aspirations to create a common digital electronic patient record across NDHT and RD&E and develop more closer working and delivery of services across the SEND network (South, East and North Devon).

15. Both Trusts are really different – how are you going to merge cultures?

We will ensure this is a supportive process, which builds on the best of both organisations, respects difference and engenders mutual respect. We recognise that it will take time to align cultures and we want to use this process to build on our partnership and become stronger together.

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