

Derby and Burton merger

Exceptional Care Together













The journey

- Full Business Case approved March 2018
- Competition & Markets Authority strongly endorsed our merger plans March 2018
- NHS Improvement Risk Rating issued 7 June 2018
- Board of Directors' approval 12 June 2018
- Council of Governors' vote to approve application to merge 12/14 June 2018
- Joint merger application submitted to NHSI 15 June 2018
- Grant issued 26 June 2018
- Merger live : 1 July



Why the merger matters

- The best way to retain a vibrant district general hospital at Burton. The clinical model at BHFT was not sustainable without the merger
- Combined catchment population will enable the development of specialised services for the benefit of local people
- UHDB will work with the Staffordshire and Derbyshire STPs to help deliver more care closer to home and make best use of our community hospitals in Lichfield, Tamworth and Derby.
- Underpinned by a clinically-led strategy maximising benefits for patients
- The new organisation will deliver better care at less cost



Patient benefits

- Compelling benefits for our patients across our combined catchment areas
 - the driving force behind the merger
- A selection of specialties where we think there is a bit more urgency to bring our people, skills and best practice together:
 - Cardiology
 - Orthopaedics
 - Stroke services
 - Renal
- To complement the patient benefits, we are bringing support teams together.
 Our aims are to streamline our services, reduce obvious duplication and create a world-class suite of support services for our clinical teams



Compelling clinical case for change

Clinical Service	Improvement	Impact	Patients Benefitting
Cardiology	BCIS accreditation for BHFT Single cardiology team	 Decrease unnecessary angiograms Reduce risk of duplicated procedures Decreased mortality for Burton patients 	1,400 patients
Stroke	Hyper-acute stroke service delivered at DTHFT	 Decreased mortality for Burton patients Improved clinical outcomes & recovery Weekend TIA service for BHFT's patients 	470-480 patients
T&O	Cohort patients – day cases at BHFT, trauma and >24h electives at DTHFT	 Less cancelled operations Best practice followed for all patients Access to ortho-geriatric service for Burton patients 	7,000 patients
Imaging	Sustain services at BHFT; single radiology team, ISAS accreditation	Reduce outsourcingMore accurate reportingMore stable service at QHB	170,000 patient spells
Renal	DTHFT's renal team to cover the whole catchment population	Improve AKI recognition and treatmentIncrease home dialysis ratesAssociated with mortality reduction	2000 patients
Cancer	Simplified pathways for patients requiring complex surgery	 Reduce time to definitive surgery Better coordinated treatment – single MDT for patients Larger catchment population – enables DTHFT to maintain tertiary surgery 	180-190 patients













Merger savings

The merger will save £23m by 2022/23

Revised control total for UHDB

- The Control Total of the <u>merged</u> organisation is the sum of the BHFT one and the new offer to DTHFT
- The revised offer to DTHFT means the gap to compliance is reduced from £14.9m to £4.3m for UHDB.
- The new organisation can accept its Control Total and benefit from an extra £16.5m STF this year.

Our Vision





Our Values



Our Objectives





Putting patients first





Right first time





Investing our resources wisely





Developing our people





Ensuring value through partnership