

When two worlds collide— The successful merger of two UK Paediatric Audiology Departments

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Background

Derby Teaching Hospitals (DHFT) and Burton Hospitals NHS Trusts merged in 2018 to become UHDB. DHFT paediatric audiology had significant staff retention issues at this time.

Early on the two paediatric audiology departments saw an opportunity to merge. Giving the freedom to establish cross site working, combining budgets, sharing best practices and sharing complex skills. A business case for restructuring and merger based on clinical need was accepted in 2020

The staffing restructure and merger of Paediatric Audiology and Newborn Hearing Screening departments concluded in 2021. The development and merger of clinical systems and processes is ongoing

Introduction

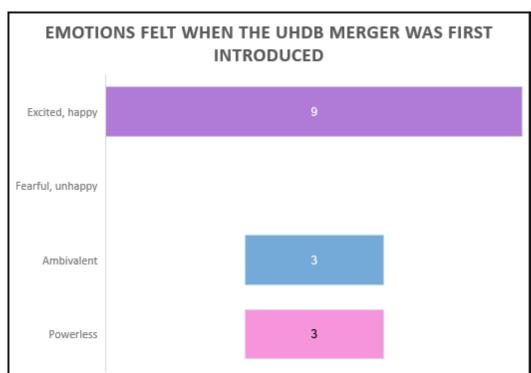
The merger of Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trusts presented the challenge of merging two Paediatric Audiology departments to form a new team. There is evidence that merging of two institutions can lead to 'widespread post-merger dissatisfaction, lowered morale, frustration and disillusionment' (Evans 2017). By examining interview and survey results, this study explores the impact on team members and resulting effects on clinical outcomes following the merger.

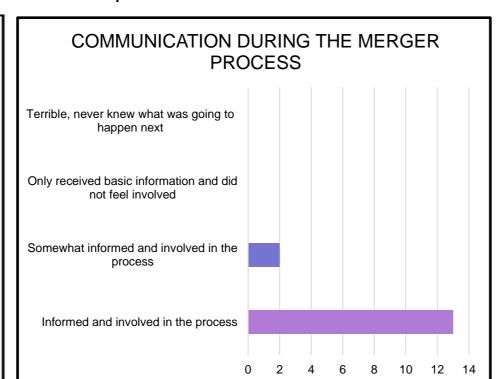
Methods

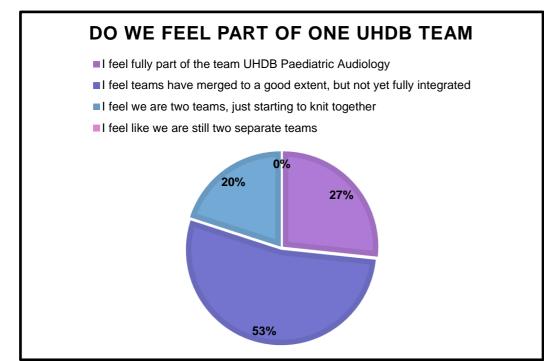
A questionnaire was sent to the Audiologists, Admin Team and Newborn Hearing Screeners employed at both sites to gain their views on the merger process. Fifteen responses were received. Semi-structured interviews were conducted with service leads at Derby and Burton to gain an insight into the leadership and management of the merger process. Key themes were extracted from the interviews.

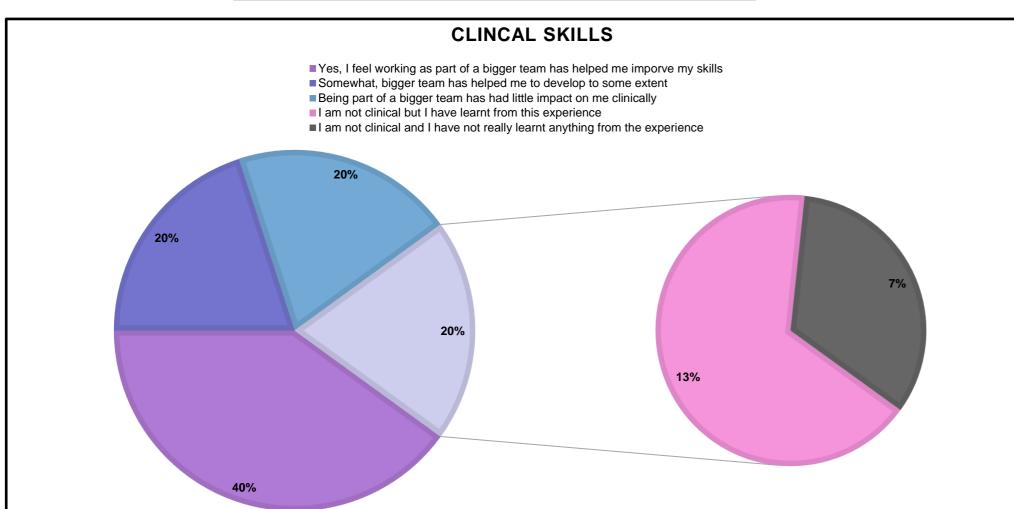
Results

The results of the survey suggest that on the whole staff found the merger to be a positive process. Full integration of the two teams is an ongoing process and has had a positive impact on clinical skills. Team members felt involved in the process.









References

Evans, L., The worst of times? A tale of two higher education institutions in France: their merger and its impact on staff working lives. Studies in Higher Education, 42:9, 1699-1717, DOI: 10.1080/03075079.2015.1119107

Fisher Transition Curve – The Process of Transition, John Fisher – 2012



Service Leads Interviews key themes:

How did you prepare for the merger?

Made use of guiding principles for Trust Integration, Facilitated discussion, conducted shallow dives, made introductions, discussed benefits, came together, reassured, had conversations and consultations.

Had open communication, used trust communications to keep informed.

What do you see as the major advantages and disadvantages to the merger?

Flexibility, resource sharing, skill share, having a bigger influence in the trust, quality improvement.

Bigger access to advice, increased flexibility, improved networking. The disadvantage of a lot of change which can take a toll.

How did you address the concerns of staff at both sites?

Acknowledged anxiety, redressed perceptions, used positive language, kept an open door, reassured of benefits, sought help, used mediation and listened.

Had regular one to ones, communicated and maintained honesty.

Did you feel supported by the trust as you went through the merger process?

Trust focus was on acute services but when I sought help, support came.

I felt well supported, pre-meetings prepared me for the process.

Were there any unforeseen barriers to the merger and how did you overcome them?

It was difficult at times to bring people round, there were differences in the way the departments worked.

This was a paediatric only merge, adult audiology barriers.

Different ways of working and different priorities between departments.

I took one step of a time, was a gradual process.

Leaders highlighted the need for good communication, reassurance and honesty for the merger to succeed. It is felt that it is important not to rush and give people time to adjust.

Team thoughts and feelings

What is the single best thing about the merger?

What is the single worst thing about the merger?

Patient ease
Working to the design making
Patient ease
Working to the design making
Working together
Working

Disjointed where two teams are not the same

Unsattling fast rate of charge

Worry Some systems still have kinks

Different processes

Worry Some systems still have kinks

Disjointed where two teams are not the same

Unsattling fast rate of charge

Worry Some systems still have kinks

Disjointed where two teams are not the same

Unfamiliar working patterns with other professionals

Inconsistent between both sites

Accustomed to different departments

Disjointed where two teams are not the same

Unfamiliar working patterns with other professionals

Disjointed where two teams are not the same

Unfamiliar working patterns with other professionals

Disjointed where two teams are not the same

Unfamiliar working patterns with other professionals

Takeover Too many people

Trust lags behind us affecting the systems and processes

Unfamiliar working patterns with other professionals

Disjointed where two teams are not the same

Unfamiliar working patterns with other professionals

Different processes

For many people

Unfamiliar working patterns with other professionals

Disjointed where two teams are not the same

Unfamiliar working patterns with other professionals

Different processes

Different processes

For many people

Unsettling fast rate of change

Worry

Too many people

Trust lags behind us affecting the systems and processes

Outsider

Some systems still have kinks

Some systems

If you could give one bit of advice to someone going through a merge of departments what would it be?



Conclusions

Merger and change can be unsettling and challenging for staff members. Leaders need to be aware of the process of transition and the stages staff members may go through following a change.

The Fisher transition curve can be a useful tool to guide a team through a phase of transition The merger process if handled with sensitivity can be a positive process for staff and lead to quality improvement within the service.