

**Minutes of the Hinchingsbrooke Next Steps stakeholder panel meeting**  
**25 February 2010, 5.30pm**  
**Hinchingsbrooke Assembly Rooms, Huntingdon**

Item	Description	Action
1.	<p><b>Welcome</b> David Monks welcomed everyone to the meeting.</p> <p>Mike Evans of Ramsay Health Care and Colin Patey of Interhealth Canada declared an interest. Stephen McAndrew from Serco joined later.</p>	
2.	<p><b>Apologies for absence</b> Apologies were noted (see page 11 below).</p>	
3.	<p><b>Progress of HNS Project, plus updated timeline</b> Andrew MacPherson made a detailed presentation on progress (now available online at <a href="http://www.strategicprojectseoe.co.uk/index.php?id_sec=98">http://www.strategicprojectseoe.co.uk/index.php?id_sec=98</a>), after which David Monks invited questions.</p> <p>Q3.1. Ruth Clapham asked how many questionnaire responses had been received (referring to the questions on the back of Next Steps News, edition 2). A3.1. Samantha Sherratt estimated that 65 had been received to date. She offered to post photocopies of the questionnaire to Ruth, who kindly offered to circulate it among LINK members.</p> <p>Q3.2. Tony Durcan asked for a 'go live' date, should a successful bidder be found. A3.2. Andrew MacPherson replied that it would be 1 April 2011, assuming all approvals were received.</p> <p>Q3.3. Tony Durcan asked what would happen if the franchise process failed to find a suitable partner. A3.3. Andrew MacPherson explained that if the potential partners did not achieve the overall criteria set by the tender and no bid is acceptable then Hinchingsbrooke hospital would continue in its present form in the short term. He explained, however, that the current arrangements at Hinchingsbrooke are unsustainable, so a new partner would continue to be sought.</p> <p>Q3.4. Tony Durcan asked how the new board would operate. A3.4. Andrew MacPherson explained that there will still be a Trust Board which will retain its statutory obligations and be responsible for the performance governance of the franchisee. The franchisee will not sit on</p>	<p>SS RC</p>

	<p>this Trust Board but an Operations Board will operate as it currently does in terms of its meetings.</p> <p>Q3.5. Tony Durcan asked why another consultation was being held if services are not going to be changed. A3.5. Andrew MacPherson agreed that a public consultation did not need to be held, as services are not predicted to change, but NHS East of England made a commitment from the outset to involve all stakeholders in the search for a sustainable future for the hospital.</p> <p>Q3.6. Bobbie Heather queried whether a subsidy might be paid to the successful bidder A3.6. Andrew MacPherson explained that it is hoped that a subsidy would not be needed, but all options needed to be 'kept on the table' as part of the ITPD discussions. He stressed that there was no fixed commitment to a subsidy.</p> <p>Q3.7. Bobbie Heather queried whether the debt would be paid off. A3.7. Andrew MacPherson explained that it was certainly an expectation that the successful bidder would make a contribution towards the debt, although the exact amount is still part of the ITPD discussions.</p> <p>Q3.8. Bobbie Heather said that some of the media had reported that the offer was considered too restrictive to make it attractive to many bidders. A3.8. David Monks said that he couldn't answer on behalf of the bidders present, but the fact that there were still five in negotiations demonstrated that the offer was of interest.</p>	
4.	<p><b>Report of the stakeholder panel sub group</b> Cllr Criswell gave the presentation, as the group's first revolving Chair. He talked through the minutes of the meeting held on 20 January, which were in attendees' packs.</p> <p>He explained that point 4 of the original terms of reference (ToR) had been amended as he felt it inappropriate, given their other roles, that members of the sub group could be "ambassadors" for the Hinchingsbrooke Next Steps project. So point 4 had been amended to read: "To raise awareness of the Hinchingsbrooke Next Steps project and to speak fairly and on balance about the activities and views of all those involved".</p> <p>Cllr Criswell reported that the sub group had been invited to interview the bidders as part of the evaluation process.</p> <p>Q4.1. Tony Durcan asked who "owns" the subgroup A4.1. David Monks said that the full stakeholder panel group did, having empowered the sub group to make decisions on its behalf, when required.</p> <p>Q4.2 Phil Green, a member of the sub group, queried about being asked to sign a confidentiality form, as his current employment contract covered</p>	

	<p>this. He also questioned whether the apparently 'standard' confidentiality form was fit for that particular purpose.</p> <p>A4.2 Andrew MacPherson agreed that Phil Green's employment contract did cover the issue of confidentiality and had written to that effect (copy to be resent), and advised that the form was the same as that used by the project board.</p> <p>Q4.3. Ruth Clapham asked how many bidders the sub group would be interviewing.</p> <p>A4.3. Andrew MacPherson replied that it is likely to be two or three.</p>	ADM
5.	<p><b>How staff and patients are being involved in Hinchingsbrooke Next Steps</b></p> <p>Anita Pisani, Dr Catherine Hubbard, Ann Seeds and Mr Hisham Abdel-Rahman explained the routes through which staff were being informed and involved, and these included:</p> <ul style="list-style-type: none"> <li>• Open staff briefing sessions, chaired by Mark Millar (with future meetings being co-chaired with Andrew MacPherson)</li> <li>• All user emails and 'management cascades'</li> <li>• Formal monthly team briefings, with HNS as a standing item</li> <li>• Fortnightly internal newsletter</li> <li>• Formal Forum, the Trust staff council, meeting on a bi-monthly basis, with HNS as a standing item</li> <li>• Staff had been circulated with copied of Next Steps News</li> <li>• There is a confidential email address through which staff can raise questions</li> <li>• Information on the hospital's intranet</li> <li>• Topic at staff conference in December 09</li> </ul> <p>Catherine Hubbard added that the medical advisory committee (for all consultants) met monthly, with HNS as a standing item. The meeting is attended by the hospital's Chair and CEO. She reported that both Andrew MacPherson and Dr Hemal Desai from NHS East of England had both made presentations to members.</p> <p>Hisham Abdel-Rahman reported that the legal advisors, on behalf of the project team, had given a useful presentation to the local negotiating committee, and that the current procurement timetable should be manageable. He also remarked that the consultants were looking forward to the opportunities that independent sector participation might bring.</p> <p>Anita Pisani also explained that members of the staff were being involved in developing the Trust comparator.</p> <p>Tony Durcan complimented the Trust on the way it was handling HNS, but was worried that it was affecting staff recruitment.</p> <p>Anita Pisani also that the hospital was involving and informing patients</p>	

	<p>through:</p> <ul style="list-style-type: none"> <li>• Patient experience group</li> <li>• Public board meetings</li> <li>• PALS, and</li> <li>• LINK being involved in developing the Trust comparator.</li> </ul> <p>Mark Millar added that the staff were still forward planning, and part of that work was forming the Trust comparator. He explained that while the comparator would be a useful 'bar' against which to measure the bids received, it would not provide the long term answer for Hinchingsbrooke's ongoing sustainability.</p> <p>Andy Vowles was asked to comment on future budgets and said that the PCT was not sure of its income after the forthcoming year, but much work had been carried out on projections and the PCT is anticipating smaller increases in future income. He pointed out that was an issue for the whole of the NHS. He also said that the impending general election was making it difficult to predict a five to seven year planning period.</p>	
6.	<p><b>Breakout groups</b>  The attendees' broke into four groups to discuss the questions on the back of Next Steps News 2. It was agreed that these would not be reported back to the main meeting, but made available on the SPT's website by the end of the following week. See Appendix A below.</p>	SS
7.	<p><b>Questions from panel members and the public</b></p> <p>Q7.1. Geoff Westaway raised concern about the franchise process, recommending instead that a small team of experts be drafted into the hospital to turn it around.  A7.1. Andrew MacPherson said that the decision had now been made and stated that the operating franchise competition gives the best opportunity for an innovative approach to Hinchingsbrooke's future.</p> <p>Q7.2. Cllr Salt asked what would happen if the local population didn't want the hospital to be franchised  A7.2. Andrew MacPherson explained that the public had already been consulted on the various options as part of the 2007 consultation, and the analysis had indicated that the operating franchise was the preferred way forward. He then stressed the benefits of the approach.</p> <p>Q7.3 Tony Durcan asked for a restating of the situation for staff under any new operating partner.  A7.3 Andrew MacPherson explained that current and future staff would retain their NHS terms and conditions, under Retention of Employment guidelines.</p> <p>Q7.4 Ruth Clapham asked if the successful bidder would be able to cut services later  A7.4 Andrew MacPherson said that, as a result of the 2007 consultation, potential partners were being asked to bid on services 'as is'. If there</p>	

	<p>were to be any substantial change then it would require a public consultation, as it would if any NHS operated hospital wanted to change services.</p> <p>Q7.5. Hisham Abdel-Rahman asked what would happen if specialist equipment needed to be purchased part way through the franchise period. A7.5. Andrew MacPherson said the NHS would be able to 'buy back' from the franchisee, so innovation in health care delivery would continue.</p> <p>Q7.6 Cllr Farrer asked for clarification of what bidders were being asked to tender for. A7.6. Andrew MacPherson said they were being asked to tender for services 'as is'. Mark Millar elaborated that the nature of the competitive dialogue process was helping to 'shape' the offer and they were looking for the 'best fit' for the public.</p> <p>Q7.7 June Griffin asked what would happen at the end of the franchise term (whether it be 5, 7 or 10 years). A7.7. Andrew MacPherson said that it was expected that the hospital would return to NHS management.</p> <p>Q7.8 Alan Marnes reported that people in his village are worried about the security of services and questioned what would happen if the franchisee couldn't meet its obligations. A7.8 Andrew MacPherson said that the shell Trust would exercise its powers, and he reassured that there would be no 'asset stripping'. He also stressed the rigorous on-going monitoring and reporting should identify any problems early on.</p> <p>Q7.9 Bobbie Heather asked what would happen if the franchisee runs up a debt. A7.9 Andrew MacPherson said that the debt would rest with the company, not the NHS. He reiterated that there would be a robust process of scrutiny, and that the NHS may require that a bond be held from the outset of the contract.</p> <p>Q7.10 Tony Durcan said that the HNS team needed to make it clearer to the public that Hinchingsbrooke cannot be left to "get on with what they do", even though it was now balancing its books, and that the HNS project was as much about securing a sustainable future for the hospital.</p>	HNS team
8.	<p><b>Dates of next meetings</b> David Monks discussed the future meetings:</p> <p>Stakeholder panel</p> <ul style="list-style-type: none"> <li>• <b>26 May 2010</b> at 2pm - Hinchingsbrooke House Assembly Rooms</li> <li>• <b>5 July 2010</b> at 2pm Hinchingsbrooke House Assembly Rooms</li> <li>• <b>27 October 2010</b> at 2pm – Civic Suite, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN.)</li> <li>• <b>6 January 2011</b> at 5.30 (<b>Please note:</b> New venue. Civic Suite,</li> </ul>	

	<p>Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN.)</p> <p>Public meetings</p> <ul style="list-style-type: none"> <li>• <b>4 March 2010</b> at 6.00 at South Cambridgeshire District Council Office, Camborne</li> <li>• <b>7 July 2010</b> at 6.30 at Fenland Hall, County Road, March</li> <li>• And a further meeting in Huntingdon (date to be confirmed)</li> </ul>	
10.	<p><b>Closing remarks</b></p> <p>David Monks closed the meeting and thanked everyone for their constructive participation in the meeting.</p>	

**Appendix A**  
**Hinchingbrooke Next Steps**  
**Feedback from stakeholder panel break-out groups**  
**25 February 2010**

**Responses from group chaired by Ruth Clapham**

**1. What changes would you like to see at the hospital?**

- None, stay as it is, particularly if any new service is at the detriment of what already exists
- Speedier referrals, internally and on discharge. Needs to be more joined up with Social Services.

**2. What are the three most important things for you, in relation to the services provided at Hinchingbrooke?**

- Making sure the infrastructure is fit for purpose
- Needs to stay at 'leading edge', so make sure the contract doesn't limit innovation
- Patient safety, under an agreed quality framework

**3. What do you like about Hinchingbrooke hospital?**

- "I like Mark"
- "It's our hospital" and "I can get there quickly"
- Local services for local people, while patients have the chance to use the specialisms of neighbouring hospitals.
- Full A&E and maternity services – essential to keep open
- People feel cared for

**4. What don't you like about Hinchingbrooke hospital?**

- Parking charges. Too pricey, need coins, would prefer to pay on the way out. Should visitors be charged at all? Not right that the staff should pay. Issue currently being reviewed by scrutiny committee.
- Gaps in patient care – some report excellence, while others do not.

**5. How would you like any new management to keep you up to date with news about the hospital?**

- e-newsletter
- Papworth-style magazine
- Don't over rely on the media

**6. How do you think the buildings at the hospital could be put to better use?**

- Extend capacity of treatment centre (but don't spread staff too thin. There is an existing, historical recruitment problem at the hospital)
- Extend opening hours of pharmacy
- Extend open hours of physiotherapy

## **Responses from group chaired by Heather Gilling**

### **1. What changes would you like to see at the hospital?**

- Retain and expand if possible (people don't want to travel to Peterborough or Cambridge)

### **2. What are the three most important things for you, in relation to the services provided at Hinchingsbrooke?**

- Safeguarding patients' services, including A&E
- Planning for the challenges ahead (eg: aging population, maternity needs of expanding population)

### **3. What do you like about Hinchingsbrooke hospital?**

- Well located – it serves its community
- Excellent care and facilities

### **4. What don't you like about Hinchingsbrooke hospital?**

### **5. How would you like any new management to keep you up to date with news about the hospital?**

- Local press

### **6. How do you think the buildings at the hospital could be put to better use?**

#### **Questions raised:**

- How does ownership of the land affect the future proposals?
- How will services such as mental health, children's, renal dialysis and the running of the car park be affected?

## **Responses from group chaired by Andrew MacPherson**

### **1. What changes would you like to see at the hospital?**

- Sound financial planning in the future
- Increase in portfolio of services (must increase and grow, even non-clinical)
- Integration of primary care
- Break potential conflict between PCT and patients
- Fuller understanding of the future demographic and how it will be managed. Scale is a challenge.

### **2. What are the three most important things for you, in relation to the services provided at Hinchingsbrooke?**

### **3. What do you like about Hinchingsbrooke hospital?**

### **4. What don't you like about Hinchingsbrooke hospital?**

- Increased demand in some specialism is a challenge

### **5. How would you like any new management to keep you up to date with news about the hospital?**

- Communications are already generally good.

### **6. How do you think the buildings at the hospital could be put to better use?**

### **Questions raised:**

- What will be the commitment to the future of volunteers within the organisation?
- What will happen to any charitable funds raised?

## **Responses from group chaired by David Monks**

### **1. What changes would you like to see at the hospital?**

- More specialisms
- Better organisation – internally, staff management
- Need Mulberry Ward back
- Need to identify the core services, do them well and grow to match the local and changing need.

### **2. What are the three most important things for you, in relation to the services provided at Hinchingsbrooke?**

- A&E
- Services for people in crises (eg: mental health services)
- Local and personal service

### **3. What do you like about Hinchingsbrooke hospital?**

- Local and personal
- Staff
- Treatment centre

### **4. What don't you like about Hinchingsbrooke hospital?**

- Feels dirty
- The signage isn't patient centred
- The facilities look tired

### **5. How would you like any new management to keep you up to date with news about the hospital?**

- Multi media, and be flexible
- Friendly language

### **6. How do you think the buildings at the hospital could be put to better use?**

- Needs a proper redevelopment of the site

**Hinchingbrooke Next Steps stakeholder panel meeting  
25 February 2010  
Apologies and attendees**

Apologies:

<b>Name</b>	<b>Organisation</b>
Jessica Bawden	NHS Cambridgeshire
Richard Cassidy	Corporate Director, Fenland District Council
Rod Craig	Executive Director, Community & Adult Services, Cambridgeshire County Council
Dr Stephen Dunn	Director of Strategy, NHS East of England
Cllr Steve Garratt	Fenland District Council
Greg Harlock	Chief Executive, S. Cambs District Council
Cllr Ray Manning	Leader of the Council, S. Cambs District Council
Tim Pilsbury	Chief Executive, Fenland District Council

Attendees:

<b>Name</b>	<b>Organisation</b>
Hisham Abdel-Rahman	Hinchingbrooke Health Care Trust
Becky Ace	NHS East of England, Strategic Projects Team
Chris Banks	Member of the public
Nick Bradford	Member of the public
Daniel Beck	Member of the public
Ruth Clapham	Cambridgeshire LINK
Heather Craig	Huntingdonshire District Council
Cllr Steve Criswell	Huntingdonshire District Council
Tony Durcan	Royal College of Nursing
Mike Evans	Ramsay Health Care UK
Cllr Bob Farrer	Cambridgeshire County Council, OSC
Julie Farrow	Hunts Forum
Barry Fyfield	Member of the public
Phil Green	UNISON
June Griffin	Friends of Hinchingbrooke hospital
R. Heather	Member of the public
W.H. Hon	Hinchingbrooke Health Care Trust
Dr Catherine Hubbard	Hinchingbrooke Health Care Trust
Patrick Kadewere	Huntington Community Group
Monty Keuneman	NHS East of England
Alan MacKender-Lawrence	Huntington Town Council
Andrew MacPherson	NHS East of England, Strategic Projects Team
Alan Marnes	Southoe & Midloe Parish Council
Chris Marshall	UNISON
S. McAndrew	Serco Health
Tony Medwell	Member of the public
Mark Millar	Hinchingbrooke Health Care Trust
Sally Mitchell	Member of the public
David Monks	Huntingdonshire District Council
Sheila Nicol	Member of the public

Colin Patey	Interhealth Canada
Sue Paul	Member of the public
Anita Pisani	Hinchingbrooke Health Care Trust
Clr Jonathan Salt	St Ives Town Council
S. Searle	Member of the public
Ann Seeds	Hinchingbrooke Health Care Trust
Samantha Sherratt	NHS East of England, Strategic Projects Team
Sue Smith	Hinchingbrooke Health Care Trust
Pauline Stowes	Member of the public
Andy Vowles	NHS Cambridgeshire
Geoff Westaway	Member of the public
A. Wright	Hunts Comm