

Minutes of the Hinchingsbrooke Next Steps stakeholder panel meeting
26 May 2010, 2.00pm
Hinchingsbrooke House Assembly Rooms, Huntingdon

Item	Description
1.	<p>a) Welcome to the stakeholder panel members, public and other attendees David Monks welcomed everyone to the meeting, and asked if anyone had any comments relating to the minutes of the last meeting. There were none.</p> <p>b) Apologies for absence David Monks reported that apologies had been received and that they would be noted in the minutes.</p> <p>c) Declarations of interest These were received from the representatives from Circle, Ramsay Health Care UK and Serco Health, who were also welcomed, as listed in the attendees below.</p>
2.	<p>Progress of HNS project, including updated timeline and third public engagement opportunity Andrew MacPherson welcomed Gerry McSorley, the new chief executive of Hinchingsbrooke Health Care NHS Trust, to his first stakeholder panel meeting. He then gave a presentation giving an update on the Hinchingsbrooke Next Steps Project (HNS), stating that copies can be obtained either by downloading them from the SPT website (www.eoe.nhs.uk/strategicprojects), calling 0800 923 3001 or writing to the following freepost address:</p> <p>Strategic Projects Team, NHS East of England SHA Victoria House, Freepost, RRLU-YTGH-RZYL Capital Park, Fulbourn, CB21 5XB</p> <p>He drew attention to significant progress and the emerging £100 million + commissioning challenge to the hospital from NHS Cambridgeshire.</p> <p>David Monks thanked Andrew for his presentation and invited questions.</p> <p>Q. Bobbie Heather requested that a public meeting be held in St Ives. A. Andrew MacPherson agreed to this. Phil Green suggested the Corn Exchange as a suitable venue.</p> <p>Q. Jane Belman asked what impact the change of government might have on the HNS project. A. Dr Stephen Dunn responded by saying that it was early days yet and Hinchingsbrooke hadn't been specifically discussed to date. He added that Andrew Lansley, the new Minister for Public Health, is a representative of the area and familiar with the HNS project.</p>

Q. Tony Durcan asked who would audit the franchise if SHAs are to be disbanded.
A. Stephen Dunn answered that the implications for the disbanding of SHAs was still to be decided. He added that the new Public Health Boards are to be in place by April 2012, and they will undoubtedly retain the intermediate tier role between government and individual trusts. He sought to reassure the audience that there will be a variety of checks and balances in place through which the franchisee will be held to account, including the retention of the Trust board.

Q. Mike Lynch asked why only three bidders had been selected to this stage, when six are traditionally shortlisted elsewhere in the NHS.

A. Andrew MacPherson said that the HNS project board shortlisted against an initial field of eleven, on a clear progressive criteria. The process of elimination itself helps to identify the best qualified, and avoid unnecessary cost to bidders and tax payers

Stephen Dunn added there was no prescription to how many organisations were progressed to this stage, and he then proceeded to describe the key stages in the shortlisting to date. He stated that they had expected two organisations to reach ITPD2, but because of the innovation and quality expressed in the bids, that three were passed.

Q. Mike Lurch asked why the public is not allowed to look at the elimination sheets

A. Andrew MacPherson explained that disclosure of bid content remained commercial in confidence. The evaluation had, however, been transparent in its engagement of a broad spectrum of Trust employees and specialists.

Q. Jonathan Salt asked what the role of the Health and Overview Scrutiny (HOSC) is, and its remit.

A. Jane Belman explained that the HOSC looks at matters relating to health and social services, and anything affecting the quality of those services. She explained that a sub group had been established to examine the HNS process, and had met with representatives from HNS project. Stephen Dunn added how much the relationship with the HOSC was valued.

Q. Angela Singer asked why St Neots was omitted from the original list of public meeting venues.

A. Andrew MacPherson stated that the locations were chosen by the stakeholder panel itself at its first meeting on 2 September 2009. New venues are being added on request, where practicable and he, Samantha Sherratt, Stephen Dunn and members of the EoE Strategic Projects Team had travelled extensively.

Alan Marnes said that he had taken advantage of this and Andrew MacPherson of the Strategic Projects Team (SPT) had given a presentation to Southoe and Midloe Parish Council. While this meeting was good, he still had a few outstanding queries: how will the debt be repaid, what is the plan B, and will there be a bond? Andrew MacPherson said that answers to these queries will be added to the SPT website.

Q. Angela Singer asked why the contents of the bids weren't being made public

A. Andrew MacPherson explained the confidential and in confidence nature of the

	<p>procurement process, as laid down in EU and UK procurement legislation. In non technical terms, disclosing competing bids destroyed the competition and compromised achieving the best possible outcome for the hospital.</p>
<p>3.</p>	<p>Report from stakeholder panel sub group Julie Farrow spoke on behalf of the group, reporting that members had met to discuss the questions they will be presenting to bidders as part of their evaluation on 15 July. She reiterated that the sub group would be representing the interests of the whole stakeholder group, not themselves as individual members. Julie added that the group was due to meet on 1st June to discuss the logistics and protocols of the day.</p> <p>Hisham Abdel-Rahman added that there had been concern that GPs were not being involved in evaluation, but this had been rectified.</p>
<p>4.</p>	<p>Presentations from the three shortlisted bidders Ali Parsa, Managing Partner of Circle, gave a presentation about Circle's involvement in health care, along the lines of the article in Next Steps News 3 (available from www.strategicprojectseo.co.uk/index.php?id_sec=92). He made an open invitation to stakeholders, inviting them to visit Circle's hospital in Bath and inviting them to speak to any member of staff about how they experience working for Circle.</p> <p>Mike Evans, Commercial Director of Ramsay Health Care UK, gave his presentation next. Copies of his powerpoint presentation will be available at http://www.strategicprojectseo.co.uk/index.php?id_sec=98.</p> <p>Tom Riall, CEO of Serco and John Randall, Clinical Director of Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) followed. Copies of their powerpoint presentation will also be available at the web address above.</p> <p>David Monks thanked the speakers for their presentations and invited questions. He reiterated that bidders were not able to speak about the content of their bids or their proposals for Hinchingsbrooke, as these currently remain commercial and in confidence.</p> <p>Q. Phil Green said that while the presentations had contained much reference to patient care, there had been no comment about profit. He asked the bidders how they would make a profit. A. Tom Riall (Serco) said that he wasn't sure yet whether Serco could make a profit, although he believed that Serco could add to the work of Hinchingsbrooke, pay back some of the debt and make a profit. A. Mike Evans (Ramsay Health Care UK) acknowledged that the commissioning framework was tight and it was too early to establish any clarity around profit; however Ramsay did want to invest in Hinchingsbrooke. A. Ali Parsa (Circle) said that making profit is part and parcel of delivering health care, but Circle does not live for profit and while it is important, it is not a key driver. He added that Circle did not intend to distribute profit, but reinvest it in Circle's services.</p> <p>Q. Rod Craig asked the bidders how they would demonstrate a real commitment to</p>

working in partnership with the County Council, so budgets weren't "busted".

A. Mike Evans (Ramsay Health Care UK) said that his organisation had a track record of reducing costs for partners too.

A. Ali Parsa (Circle) gave an example of how social services had been integrated into discharge planning at Nottingham.

A. Nik Patten (PSHFT) said that his hospital had lots of experience of working in partnership with Peterborough Social Services.

Q. Jonathan Salt thanked the bidders for their "excellent presentations" and asked how they would cope with repaying the debt.

A. Tom Riall (Serco) pointed out that all of the bidders were in a strong position to work with Hinchingbrooke, and people should be comforted by this, in the current environment. He explained that Serco could not go into any detail about the content of their bid, but said that none of the bidders would risk the stability of their own organisations, and would be absolutely confident about expectations surrounding the debt before making their final bids.

Stephen Dunn added "we are hearing, from the bidders, of a commitment to making Hinchingbrooke sustainable. We will be pushing them to make the very best deal to staff and patients and the taxpayer, acknowledging the tight financial environment".

Q. Mike Lynch asked about the nature of the relationship between Serco and PSHFT.

A. Tom Riall said that although the bid will formally be from Serco, he viewed the relationship with PSHFT very much as a partnership.

Q. Tony Durcan first asked the bidders for their proposed governance arrangements for Hinchingbrooke, adding that staff were keen not to become an 'add on' to Addenbrookes or Peterborough. He asked what assurances the bidders would make that Hinchingbrooke would remain "stand alone".

A. Mike Evans (Ramsay Health Care UK) said that all hospitals had to work in collaboration, as Hinchingbrooke already does. He added that any partnerships that Hinchingbrooke would form in the future would be in line with NHS East of England's strategic vision.

A. Massoud Fouladi (Circle) said that he believed Circle had a "magic formula" in its ownership model, giving organisational power to its staff. He added that if power is devolved to local staff, then they can identify and implement solutions themselves.

A. Ali Parsa (Circle) said that while they cannot go into the content of their bid, Circle would look towards the model they use in their Bath hospital, where an independent board is jointly chaired with the PCT.

Q. Dr Dave Roberts asked the bidders how they would recruit and retain new consultants to the hospital.

A. Massoud Fouladi (Circle) said that from his experience and Circle's reputation for devolved power, that Circle's hospitals become attractive places to work.

A. Mike Evans (Ramsay Health Care UK) said that experience shows that Ramsay hospitals become an employment of choice, and they would want to replicate that at Hinchingbrooke.

Q. Patrick Kadeware asked the bidders if any of their hospitals were in the same

situation as Hinchingsbrooke

A. Ali Parsa (Circle) said that none of Circle's hospitals were being operated in the same way as this is the first time that an operating franchise is being offered.

A. Mike Evans (Ramsay Health Care UK) said that they had a similar situation with Joondalup Health Campus in Perth, although it didn't have to address the same level of debt.

Q. Patrick Kadeware asked Ramsay what percentage of its shareholders is in Australia and what percentage in England.

A. Mike Evans (Ramsay Health Care UK) said that the company did not have any shareholders in the UK, as it is a subsidiary of the Australian company.

Q. Jane Belman asked how all three bidders would involve stakeholders at Hinchingsbrooke.

A. Mike Evans (Ramsay Health Care UK) said that his company is used to running stakeholder groups, and they help to guide the way the company operates

A. Ali Parsa (Circle) said that while he could not go into the detail of their bid, he would envisage patient representatives possibly sitting on the board and being involved in the decision making. He said that in Circle's hospitals every single patient is asked to feed back on their experiences and make suggestions for change.

Q. Simon King queried how the bidders would engage the staff if they remain employees of the NHS.

A. Mike Evans (Ramsay Health Care UK) said they would strive hard to demonstrate the value of staff engagement as staff are not simply a resource but integral to the organisation itself.

A. Massoud Fouladi (Circle) said that its hospital in Nottingham involved the largest RoE (retention of employment) in the UK. It was a challenge, but they have demonstrated that it can be achieved.

A. Sam Bond (Serco) said that staff are at the heart of all Serco's transformation projects and would be engaged at the very start should the company win the franchise for Hinchingsbrooke. Serco sees the transformation agenda being driven not by ideas from the outside, but by nurturing the ideas already in Hinchingsbrooke. They have done exactly that with staff in its facilities at Guy's and St Thomas' NHS Foundation Trust.

Q. John Hadley said that ten years ago, Hinchingsbrooke was rated as one of the best and clearly has the potential to perform. He asked Circle how Hinchingsbrooke compares with Nottingham.

A. Ali Parsa said that they were similar sorts of units, and if Hinchingsbrooke staff were properly engaged, then they could be among the most efficient too. He added, however, that Circle weren't only focusing on efficiency, but quality too.

Q. Ruth Clapham asked why stakeholders hadn't been invited to the bidders' hospitals

A. Andrew MacPherson said that the sub group members had been invited on visits being organised by the SPT. Those dates were being rescheduled, and anyone interested should let the team know.

A. Mike Evans (Ramsay Health Care UK) said he would be happy to arrange an opportunity for Ruth Clapham to visit the Fitzwilliam, if she wishes. She should

	<p>contact the SPT in the first instance. A. Ali Parsa (Circle) extended his open invitation again.</p>
5.	<p>Breakout groups to address the question in Next Steps News 3 David Monks drew the audience's attention to the top ten facts on the back of Next Steps News 3, and asked them to break into groups to discuss the question "having read the top ten facts, what specifically are your biggest remaining concerns about the proposed changes?"</p> <p>The points from the groups are included below.</p>
6.	<p>Questions from panel members and public David Monks invited questions, reiterating that bidders were not able to speak about the content of their bids or their proposals for Hinchingsbrooke, as these remain commercial and in confidence</p> <p>Q. Alan Morris from HuntsComm asked how the bidders would engage with GPs A. Paul Connelly (a GP working with Circle) said that he valued working with the company because it believed in integration of primary and secondary care, sitting down together and evaluating pathways, improving care and driving out waste. A. Nik Patten said that PSHFT have experience of working with GPs on patient pathways and presenting to clinical forums, having their input before any pathways are changed. A. Mike Evans (Ramsay Health Care UK) said that they too have experience of working with GPs to establish clinical pathways, so each stakeholder gets what they want.</p> <p>Q. Jonathan Salt asked Serco if it would like to comment on the situation at Yarlswood. A. Sam Bond (Serco) said they had recently won a health care award at Yarlswood, under particularly difficult circumstances. Stephen Dunn added that should Serco become the franchisee of Hinchingsbrooke they would have to comply with NHS regulations and safety regimes which are very different from those in detention centres.</p> <p>Q. Jane Belman asked, on behalf of her breakout group, what impact Peterborough's debt might have on Serco's bid. A. Nik Patten (PSHFT) said that the debt being mentioned in the media is that of the PCT, not the Trust itself. A. Sam Bond (Serco) said that Hinchingsbrooke would remain standalone, and not 'merged' with PSHFT in an attempt to reduce debt. She added that Hinchingsbrooke would continue to work with other NHS organisations, as this is likely to be a part of the solution.</p>
7.	<p>Any other business John Hadley said that he would like further clarity about how Hinchingsbrooke's debt occurred. Andrew MacPherson said that this answer had recently been expanded on the SPT's website, had been supplied through personal briefing to LINK and were a matter of public record.</p>

8.	<p>a) Dates of next meetings David Monks drew the participants' attention to the updated list of meetings, pointing out that a couple of venues had been changed and a new public meeting date added.</p> <p>b) Closing remarks David Monks closed the meeting, thanking everyone for their input.</p> <p>Stephen Dunn concluded by thanking the bidders for their presentations, for their good vision and real drive. He said that it was apparent that they while they were three very different organisations, they each showed real quality. He thanked the stakeholder panel for their input, adding that he was keen to have as much transparency as possible, and wished he could divulge more.</p>
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**Hinchingsbrooke Next Steps stakeholder panel meeting
26 May 2010
Apologies and attendees**

Apologies:

Name	Organisation
June Griffin	Friends of Hinchingsbrooke Hospital
Greg Harlock	South Cambridgeshire District Council
Cllr Ray Manning	South Cambridgeshire District Council
Anita Pisani	Hinchingsbrooke Health Care NHS Trust
Geoff Westaway	

Attendees:

Name	Organisation
Hisham Abdel-Rahman	Hinchingsbrooke Health Care Trust
Tony Baker	Member of the public
J. Bateson	Member of the public
Mrs F. Bekdash	Member of the public
Jane Belman	Cambridgeshire Health & Overview Scrutiny Committee
Sam Bond	Serco Health
Jonathan Boulton	Circle
Sarah Brown	Cambridge City Council / Cambridgeshire LINK
Margaret Caroe	Member of the public
Richard Cassidy	Fenland District Council
Ken Challenger	Hunts Post
Ruth Clapham	Cambridgeshire LINK
Gerald Collins	COPE
Paul Conley	Circle
Rod Craig	Cambridgeshire County Council
Cllr Steve Criswell	Huntingdonshire District Council
Alastair Dick	Serco Health
Dr Stephen Dunn	NHS East of England
Tony Durcan	Royal College of Nursing
Suzanne Engelbert	Huntingdonshire District Council
Sarah Eden	Serco Health
Mike Evans	Ramsay Health Care UK
E. J. Farrow	Hunts Forum
Massoud Fouladi	Circle
Steve Garratt	Fenland District Council
Phil Green	UNISON
Sophie Goodall	Athene Communications
John Hadley	Cambridgeshire LINK
Rufus Helm	Circle
W. Hutton	Hinchingsbrooke Health Care NHS Trust
Patrick Kadewere	Huntingdon Community Group
Simon King	Cambridgeshire County Council
Andrea Lucken	Huntingdonshire District Council
Mike Lynch	Member of the public

Julian Mackey	Cambridge News
Andrew MacPherson	Strategic Projects Team, NHS East of England
Alan Marnes	Southoe and Midloe Parish Council
Ann McHugh	Athene Communications
Gerry McSorley	Hinchingbrooke Health Care NHS Trust
Shelagh Meldrum	Circle
David Monks	Huntingdonshire District Council
Alan Morris	HuntsComm
Angela Owen-Smith	Hinchingbrooke Health Care NHS Trust
Ali Parsa	Circle
Allan Parsons	South & Midloe Parish Council
Nik Patten	PSHFT
John Randall	PSHFT
Tom Riall	Serco Civil Government
Diana Richardson	Member of the public
David Roberts	HuntsComm
Jonathan Salt	St Ives Town Council
Ann Seeds	Member of the public
Samantha Sherratt	Strategic Projects Team, NHS East of England
Rebecca Simon	Athene Communications
Angela Singer	Hunts Post
P. N. Sly	Member of the public
Sue Smith	Hinchingbrooke Health Care NHS Trust
Douglas Trainer	Serco Health
Catherine Tyrrell	Member of the public
Tony Vasishta	Circle
Martin Wakeley	Circle
Cllr John West	Cambridgeshire County Council
Colin Weston	Cambridge University Hospitals Foundation Trust
M. Winn	Cambridgeshire Community Services
Fred Yeulett	Cambridgeshire County Council

There was one signature which was illegible.

Breakout group feedback

In response to the question: “having read the top ten facts, what specifically are your biggest remaining concerns about the proposed changes?”

Group A.

- The service must be reliable and deliver local needs
- Will new staff be employed under NHS terms and conditions?
- Need to maintain 24/7 service in A&E and maternity
- What happens if the company ‘hands back the keys’
- Over what period would they expect the debt to be paid?
- Who will control car parking and charges?
- How will you change ‘culture’?
- There is a need for absolute clarity and consistency in public statements.

Group B.

- What are the implications of Peterborough and Stamford NHS Trust’s debt on its capacity to take part in the franchise for Hinchingsbrooke?
- How will the franchisee pay the PFI costs of the Treatment Centre, and make a profit?

Group C.

- Will Hinchingsbrooke become a shadow service, with increasing service in Peterborough or Addenbrookes? Example, A&E up to 10pm only. Maternity – keep as only Midwifery led unit
- Concerned about reduction of services without proper consultation after winning the bid