

## Minutes of the Board Meeting

**Date / Time:** 16 March 2016, 19:00

**Venue:** Maple Centre, 6 Oak Drive, HUNTINGDON, PE29 7HN

**Present:** Val Moore (VM) - Chair  
Karen Begg (KB), Mike Hewins (MH), Graham Jagger (GJ),  
Ruth McCallum (RM), Sue Westwood-Bate (SWB)

Sandie Smith, CEO (SS)  
Trisha Napier, Minute Taker  
Kate Hales, Co-ordinator  
Angie Ridley, Communications Manager

### 1 Introduction and Apologies

Chair Val Moore opened the meeting and welcomed all present. Apologies were received from Mike Andrews.

### 2 Declarations of Interest

2.1 Ruth McCallum declared her position as CEO for Care Network.

### 3 Minutes of Previous Meeting 20 January 2016

3.1 Approved as an accurate record.

### 4 Action Log

4.1 9.4 The recommendations of First steps to Health will be incorporated in Healthwatch work around primary care.

**Action:** SS to report to May Board meeting on issues and influencing work regarding Primary Care.

### 5 Chair's Update

5.1 The Chair noted that the Cambridgeshire & Peterborough Clinical

Commissioning Group (CCG) review of the Older People's and Adult Community Services (OPACS) contract has been published and other reports are expected. Healthwatch Cambridgeshire and Peterborough have agreement from Cambridgeshire County Council (CCC) and the CCG to hold a community learning event, arranged for 11<sup>th</sup> May. Organisation of this is in hand with Healthwatch Peterborough.

- 5.2 A question from the Board asked about getting the information from the review out to the public. The Chair told the meeting a copy was provided before release which enabled publication on the website at the earliest opportunity.

Tracy Dowling (CCG) said that when all the reports were complete, Healthwatch Cambridgeshire should ask the Regional Director (Dr Paul Watson) and NHS England if Healthwatch Cambridgeshire could take part in the discussions.

- 5.3 **Actions:**
- SS to lead on OPACS community learning event
  - VM to contact Dr Paul Watson

## 6 Hinchingsbrooke Hospital

Val Moore welcomed Alan Burns (AB), Chair Hinchingsbrooke Hospital, Lance McCarthy (LM), CEO Hinchingsbrooke Hospital and Tracy Dowling (TD), Chief Operating Officer Cambridgeshire & Peterborough Clinical Commissioning Group to the meeting.

- 6.1 Lance McCarthy highlighted the four key areas which Hinchingsbrooke Hospital are reviewing.
- 6.2 1. CQC inspections:  
Following the CQC's visits, it was reported that Hinchingsbrooke Hospital had made some improvements and their caring domain was good. However, the hospital would remain in special measures due to the governance structure, risks and information. The CQC reported that although there were changes, they were not yet embedded in practice. Further inspection will take place on 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> May 2016.
- 6.3 2. Financial sustainability:  
Hinchingsbrooke Hospital has struggled for a number of years and has a current deficit of £16m, with a turnover of £116m. The Trust

believes that implementing changes would reduce the overlying deficit to £10m within 12 months. This will be achieved in a number of ways including the development of a Health Campus which would involve using the Hinchingsbrooke site in different ways to support demographic populations e.g. ageing population and the new Alconbury Weald development.

The Health Campus would include primary care provision and housing, and generate a revenue stream of £4m. This would support future health demands and provide financial support but alone will not be sufficient to clear the deficit.

- 6.4 3. Collaboration:  
Hinchingsbrooke Hospital has been talking to Peterborough and Stamford Hospitals regarding collaboration for back office services such as HR and on clinical services. They also need to look at the shape of the organisations. Discussions are still in early stages.
- 6.5 4. Collaboration and moving forward are going to both Boards at the end of April with a view to a five-year sustainability programme for the whole county.
- 6.6 Alan Burns said that when Hinchingsbrooke Hospital returned to NHS management the Board was set the task of finding a sustainable future in the best interests of the hospital and patients. Sustainability is essential and it is very difficult to recruit doctors and staff at this time.

AB reiterated that the Health Campus is important to Hinchingsbrooke, as is working with Peterborough and Stamford Hospitals. Collaboration is the only way to generate savings and better services for example, in back office services and estates.

AB referred to the A&E services in Hinchingsbrooke and said that stroke and heart attack patients were now taken to other local hospitals. We could not dispense with an A&E in the centre of county but we do need to look at other ideas as well. He said there is no future without change or collaboration.

Mr Burns offered to return to Healthwatch Cambridgeshire Board meetings as often as required because he wanted to be as honest as possible about the changes taking place.

- 6.7 Tracy Dowling reiterated LM & AB's comments and said it was a challenge

to all health services across the county. This was a big piece of work but we need to address different variations in the county's health.

Peterborough and Stamford, and Hinchingsbrooke, are giving their clinical staff time to look at how it would be possible to develop different clinical services. Findings will be reported back once concluded. Changes will take place over the next 5 years. The CCG's Sustainability & Transformation Plan will be ready by the end of June for national assessment.

Questions from the Board:

- 6.8 • MH: A Health Campus adds capacity but past history suggests that it will be expensive and difficult to sustain?

LM: This will be achieved differently and will not just be for secondary care but will include primary care too. We are following a new route with a strategic estates partnership in a 50/50 joint partnership. The third party provides the finance with Hinchingsbrooke Hospital adding the land and community services.

- 6.9 • VM: Will the user voices be included?

LM: The preferred partner is being sourced, and then yes they will be included.

AB: We need to consider what would be good for the residents of Huntingdonshire. This could provide new nursing home space, a residential area as well as GP care. We believe the third party may come from a pension fund investment company.

TD: Collaboration across Health & Social Care is the way to resolve staff shortages.

- 6.10 • SWB: What collaboration is there with Public Health?

TD: There are 5 clinical work streams. It is critical that we close the financial gap and also work out how to stop people becoming ill, including mental ill health. We must understand interventions and how they work, and ensure that people know how to achieve this in communities.

Public Health is very important, and their input includes how to manage long term conditions and live well into a long age. Work streams will go to experts such as Diabetes UK.

- 6.11 • VM: How transparent will this be to everyone?

AB: Hinchingsbrooke will use their Public Board meetings. The next one is in April and will outline the business case. Others will be held over the summer. AB will attend Healthwatch Cambridgeshire Board meetings as

invited.

6.12 AB said that he regretted the “secret memorandum” which was highlighted to the public. This is being rectified as soon as possible. He gave a commitment to the Board that whilst there was no legal agreement to consult with the public, Hinchingsbrooke promise to consult with the public in the best way they can, when that time comes.

6.13 TD: The Sustainability & Transformation Plan will be submitted nationally at the end of June. Feedback will be received by the end of August. There will be a formal public consultation for the Plans after that.

6.14 • Who is involved in the decision making? Does the community make decisions, and are there multiple decisions?

AB: Our task is to get a sustainable future for Hinchingsbrooke Hospital; we cannot make a decision to move in the wrong direction. Peterborough has their own work streams. We have to look after Hinchingsbrooke and make the right choices to sustain it. Cambridgeshire is different.

TD: The Chairs and CEOs, of Hinchingsbrooke and Peterborough and Stamford will meet to discuss any changes and solutions that are right for everyone. Each governing body has its own responsibilities to make these decisions sustainable across the county. The proposed nominated leader for planning is Dr. Neil Modha, discussions are still taking place regarding a local “whole system” leader.

**Public Questions not previously answered:**

6.15 Submitted Question 8

• There were large salary increases for high-ranking staff in the OPACS contract, will this continue?

AB: It must be remembered that when Hinchingsbrooke returned to NHS management it was very difficult to recruit a CEO. We will not be allowed to pay similar salaries as before, although it is now very difficult to recruit senior staff because of that.

• The question as submitted was mis-understood. The questioner clarified it was supposed to ask about A&E and maternity which are always under threat, and ‘leaks’ about this creating high anxiety. High salaries take away money, which could be spent in these departments. Would Peterborough and Stamford decide what happens to the bulk of the money for Hinchingsbrooke Hospital, and how will we know?

AB: How do we make things as even-handed as possible? I don’t know and

no-one can do that. A&E and maternity are often under threat because of low catchment numbers. Although there have been new residential sites, they do not make big enough changes to remove this threat. We must remember that our neighbouring NHS Trusts are friends not enemies. I can't promise everything will be right but it will be open.

- 6.16 • Will the CCG people who took the UnitingCare contract decisions be involved in the new proposals?

TD: No. There have been changes to the CCG Board and there is a lot to learn. The review sets out why the contract failed; other reports need to address why this happened and why it was allowed to be signed. In the future, due diligence should prevent this from happening. Objectivity was missing, and we now need people to be a step removed from the proposals. We should not go ahead with something rather than do it wrong too early. We need to keep this process simple, with a prime provider and sub-contractors. There is a need for real skills in doing this.

- 6.17 Submitted Question 1.

- Have Hinchingsbrooke inherited the previous debt?

AB: No. Starting from a clean sheet.

VM thanked the speakers and checked with the public present that all questions had been answered tonight.

## 7 CEO Report

- 7.1 Section 5 highlighted the perception survey currently taking place and asked everyone to promote it. Once the results are correlated Healthwatch Cambridgeshire will hold a whole organisational event to look at the strategic plans for next year.

SS reported that the Gypsy, Romany and Traveller event in St Ives went extremely well. Kate D'Arcy has visited several Traveller sites and listened to their experiences. A report on partner actions will follow.

Healthwatch Cambridgeshire are represented at the Safeguarding Adults Board. There are also three places available for lay members to advise and assist the Board with making safeguarding personal.

Section 15 reports on our reach: 23 community newsletter articles; 36,000 tweets in January and 22,000 in February.

**7.2 Actions:**

- SS to promote vacancy on Safeguarding Adults Board
- Findings from perception survey to be considered as part of the Strategic Review process (VM)
- SS to draft action plan of the pledges made as a result of the Gypsy, Romany and Traveller report launch and report progress at the AGM

**8 Helping Research Work for Healthwatch Cambridgeshire**

8.1 VM explained that the report sets a preliminary agenda for Healthwatch to develop links with people involved in research on health and social care in Cambridgeshire. The basis for engagement includes:

- How to do our role
- Improvement of the experience evidence base, and
- How to encourage evidenced based clinical and care practice that also achieves positive impacts on people’s experience.

8.2 A discussion took place with comments that the report’s breadth was impressive and the next steps, identified in the report, are feasible given our resources.

8.3 It was noted that involvement in research shouldn’t pull us away from our main purpose but support it. Chair told the Board that Healthwatch Essex are larger and employ a research team. Could Healthwatch Cambridgeshire work in collaboration with them as they will have the expertise in-house?

8.4 A suggestion from the public was that Anglia Ruskin University may be willing to work with Healthwatch Cambridgeshire’s ideas of areas that needed research. VM responded that she has had contact with Prof Ruth Taylor and will continue to pursue this.

8.5 A member of the public commented that maternity should be included more as she felt much research was centred on older people at this time.

**Actions:**

- The three Next Steps should be commenced and the broader issues considered in strategic review
- SS to maintain contact with Healthwatch Essex research team

**9 Finance Report**

9.1 SS presented the projected budget for the end of this financial year, with a

slight under-spend.

2016-17 budget is reduced due to withdrawn funding for the Youth Engagement Worker. SS is seeking grants to maintain the post which will otherwise cease June 2016.

KB left the meeting at this point.

## 10 Feedback Centre: Options Report

- 10.1 The main function of Healthwatch Cambridgeshire is to collate feedback, however, the current recording system is in Excel and very time consuming. In an effort to improve this, and make the feedback reporting more customer facing it is sensible that Healthwatch Cambridgeshire and Healthwatch Peterborough have the same system as we share information with the CCG and several providers. The Board have therefore met with Healthwatch Peterborough and alternative feedback systems have been explored.
- 10.2 One proposal is LHM, which is used by other Healthwatch organisations. However, there is very mixed feedback for this system and it is expensive.
- 10.3 Another proposal is Datify which was specifically designed for Healthwatch Lincolnshire. It is public facing and a reasonable cost. It was the preferred choice of those Board members who had viewed available systems. All systems will require comments to be moderated.
- 10.4 SS asked the Board to consider the cost being met from reserves if purchase of the system was approved.
- 10.5 A question was raised regarding the benefits of the system and how would people without access to the internet be able to contact Healthwatch Cambridgeshire?  
SS said there are various ways to give feedback but the facility to provide feedback on line is an increasing requirement. Other areas have shown increased feedback as a result of introducing a Feedback Centre.

### Action:

- The Board approved the in principle purchase of Datify Feedback Centre.
- Working Group to review following detail from implementation in other Healthwatch and report back at the next Board meeting on 11<sup>th</sup> May.



**11 Policies for approval:**

11.1 ○ **Enter & View**

**Decision:** The policy was approved by the Board.

11.2 ○ **Health & Safety Overview**

The Board were asked to adopt Hunts Forum's H&S policy, accident reporting and risk assessment for the Maple Centre. Healthwatch Cambridgeshire's Home Working, Bullying, Sickness & Absence and Lone working are in place.

**Decision:** The policy was approved by the Board.

11.3 ○ **Volunteer Involvement**

**Decision:** The policy was approved by the Board.

**12 Public Questions**

12.1 There were no further questions.

**13 Private section of the meeting**

The Board agreed a 1% cost of living uplift to salaries and Chair remuneration in line with the NHS and other local authorities.

**Date/venue of next Meeting:**

11 May 2016, 7pm

The Meadows Community Centre, 1 St Catherine's Road, CAMBRIDGE,  
CB4 3XJ

Appendix 1

**Question 1**

Is the current hospital Board still saddled with trying to repay the £40M historical debt or has it been written off?

**Question 2**

- What services could be considered for transfer to Peterborough and Stamford hospital?
- What facilities are being considered for transport of patients for an appointment at these clinics if they moved?

**Question 3**

In his latest newsletter the local MP Jonathan Djanogly has some grave concerns about the collaborative working agreement between the two Trusts and in particular a secret memorandum of understanding which is being pushed by Peterborough and Monitor. Can Lance assure us that this organisational change will not end in a takeover by Peterborough NHS Foundation Trust?

**Question 4**

The people of Huntingdonshire are passionate about SCBU, A&E and maternity services, what assurances can you give that these services will remain at Hinchingsbrooke hospital?

**Question 5**

Staff are a very big part of what makes Hinchingsbrooke the hospital it is, what is been done to support them?

**Question 6**

What joint working is planned between Hinchingsbrooke and Peterborough, will this lead to a loss or change of services and who's head is on the block if life is lost as a result of changes to services?

**Question 7**

Secret accords directly affect people's lives and welfare as much as open ones, why are you afraid to openly say what you are wanting to do?

**Question 8**

If you get your way and enlarge Peterborough at Hinchingsbrooke's expense what percentage salary increase will you deem commensurate?