

JOINT HEALTH SCRUTINY COMMITTEE: MINUTES

Date: Monday, 27 February 2017

Time: 18:00hr

Present: Councillor Sir Peter Brown, Councillor Paul Clapp, Councillor David Jenkins, Councillor Tony Orgee, Councillor Kim Aitken, Councillor Cav Marco Cereste, Councillor Brian Rush, Councillor Ann Sylvester

Apologies: Councillors Lillis and Sales

1. WELCOME INTRODUCTIONS AND APOLOGIES

Apologies for absence were received from Councillor Lillis and Councillor Sales.

2. DECLARATIONS OF INTEREST

No declarations of interest were received.

3. TERMS OF REFERENCE

It was resolved to agree the Terms of Reference.

4. CO-OPTION TO THE JOINT COMMITTEE

It was resolved to co-opt as a non-voting member of the Committee Huntingdonshire District Councillor Jill Tavener.

5. SCRUTINY OF THE PROPOSED MERGER OF HINCHINGBROOKE HEALTH CARE NHS TRUST AND PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST

The Committee received a presentation (Appendix A) from the Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT), the Chief Executive of Hinchingsbrooke Health Care NHS Trust (HHCT), the Deputy Chief Executive and Finance Director of PSHFT, and the Head of Communications of PSHFT, which highlighted a number of key issues. These included:

- Medical staff did attend relevant training sessions on the commencement of managerial positions. Engagement had been undertaken with business schools to put staff through a clinical management programme.

- It was confirmed that Board Members would have a seat on the Board for three years.
- In relation to Devolution arrangements, these were not expected to have an impact on the governance arrangements of the new Trust. It was a requirement for the Trust to have Governors from upper tier authorities in the area.
- The current amount of Operation Directors between the two organisations was 6. Following the appointment process for the new Trust, this was expected to reduce down to 3.
- Following the experience at Addenbrooke's Hospital in relation to IT software, the merger had incorporated systems that were already in use in a number of UK hospitals, rather than a US trial.
- It was noted that the IT systems would not all be replaced at once and that a 3 – 4 year plan was in place.
- In relation to Governance, as the majority of Governance arrangements already in place were common for both organisations, it was not anticipated that the Governance of the new Trust would cost any more.
- The name of the new Trust would be the North West Anglia NHS Foundation Trust.

In the course of discussion, the following points were raised:

- It was suggested that some of the positive aspects of the merger could be circulated out to the wider public. Update sessions were due to take place at each hospital, and these would include reassurances of collaborative working.
- The Sustainable Transformation Programme (STP) stated that where possible patients should be treated closer to home. Concerns were raised over this. It was further noted that it may be an individual patient's preference to prioritise location over appointment time, or vice versa.
- In relation to IT, it was confirmed that all areas of the hospital should have access to a patient's records. However, a paper based system may still be in place for initial visits.
- It was confirmed that in order to move a service from one location to another an additional, formal consultation process would be required.
- Following a query around what would happen in a situation where the Trust's priorities were in conflict with the priorities of the STP, it was suggested that the requirements of the public would be given significant weight.
- Specifically, in relation to Cardiology services, the STP did not present a view on this, however it was the Trust's view that such a service would be required in Peterborough following the move of Papworth services.
- The particular instance of Stroke services was also discussed, and it was suggested that the provision of these services in Peterborough be further investigated by the Peterborough Health Scrutiny Committee.

- It was advised that the capacity of Hinchingsbrooke had more capacity to develop than Peterborough and Stamford, however both organisations were in a similar challenging situation.

That the provision of Cardiology and Stroke services in Peterborough be further investigated by the Peterborough Health Scrutiny Committee. **ACTION**

6. GOVERNANCE ARRANGEMENTS FOR THE NEW TRUST, THE NORTH WEST ANGLIA NHS FOUNDATION TRUST

The Committee considered further aspects of the presentation (Appendix A) from the Chief Executive of PSHFT, the Chief Executive of HHCT, the Deputy Chief Executive and Finance Director of PSHFT, and the Head of Communications of PSHFT.

In the course of discussion, the following points were raised:

- The Head Office of the new North West Anglia NHS Foundation Trust would be in Peterborough, however Board meetings would be held on all three locations, Peterborough, Stamford, and Hinchingsbrooke.
- It was anticipated that the Executive and Council of Governors would spend two days a week in Hinchingsbrooke, three days in Peterborough, and would also attend Stamford.

7. MOBILISATION PHASE

The Committee considered further aspects of the presentation (Appendix A) from the Chief Executive of PSHFT, the Chief Executive of HHCT, the Deputy Chief Executive and Finance Director of PSHFT, and the Head of Communications of PSHFT.

In the course of discussion, the following points were raised:

- In response to a question around the retention of staff, it was advised that no significant loss of staff had been experienced following the announcement and consultation on the merger.
- The turnover rate of staff was currently at a level comparable to that of the previous year.
- Challenges had been faced with retention in the past, it was anticipated that the merger would help to improve this.

8. PLANS POST 1ST APRIL 2017

The Committee considered further aspects of the presentation (Appendix A) from the Chief Executive of PSHFT, the Chief Executive of HHCT, the Deputy

Chief Executive and Finance Director of PSHFT, and the Head of Communications of PSHFT.

9. FINAL REPORT – COMMENTS FROM JOINT HEALTH SCRUTINY COMMITTEE

The Committee considered further aspects of the presentation (Appendix A) from the Chief Executive of PSHFT, the Chief Executive of HHCT, the Deputy Chief Executive and Finance Director of PSHFT, and the Head of Communications of PSHFT.

In the course of discussion, the following points were raised:

- Comment was made that following discussion with staff at the Peterborough Hospital, the reports were positive. It was noted, however, that the majority of staff were referring to the mergers as a 'take over', and that this may be seen as negative by some.
- It was suggested that the Joint Committee meeting after the mobilisation stage, to assess how well it went.

A question was received from a member of the public in relation to the financial estimates of the merger. The Deputy Chief Executive and Finance Director of PSHFT advised that both organisations were currently in a deficit position, however, it was still anticipated that the merger would deliver a £9 million saving.

To arrange a further meeting of the Joint Health Scrutiny Committee in June, following each respect Council's Annual Meeting. **ACTION**

Chairman