



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 5 NOVEMBER 2015**

**Present:** Councillors B Rush (Chairman), J Stokes, K Aitken, F Fox,  
A Shaheed, R Ferris and J Knowles

**Also present**

David Whiles	Healthwatch
Dr Graham Warwick	Head of Service for Renal Services, University Hospitals of Leicester
David Heason	NHS England
Stephen Graves	Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
Jane Pigg,	Company Secretary
Jo Bennis	Chief Nurse
Kyle Cliff	Assistant Director Commissioning & Contracting Borderline and Peterborough, Local Commissioning Group
Jessica Bawden	Director of Corporate Affairs, C&PCCG

**Officers Present:** Dr Liz Robin Director of Public Health  
Paulina Ford Senior Democratic Services Officer

**1. Apologies**

No apologies were received.

**2. Declarations of Interest and Whipping Declarations**

There were no declarations of interest or whipping declarations.

**3. Minutes of Meetings Held on 17 September 2015**

The minutes of the meetings held on 17 September 2015 were approved as an accurate record with the exception of a change of title for Dr Graham Warwick from Consultant Nephrologist to Head of Service for Renal Services, University Hospitals of Leicester. The Senior Democratic Services Officer to amend the minutes before publication.

**4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions**

There were no requests for Call-in to consider.

**5. Peterborough Renal Haemodialysis Capacity – Update Report**

The report was introduced by the Head of Service for Renal Services, University Hospitals of Leicester. The report provided the Commission with an update following the last report which was submitted to the Commission on 17 September 2015. Following a letter from the Commission regarding the lack of consultation on the change in service to the University

Hospitals of Leicester the tender process had been paused. Also in attendance was David Heason, Supplier Manager from NHS England.

#### **Comments and questions raised by Members:**

- Had there been a public consultation and if so what questions were asked? Had patients been asked if they would be happy to move off the Peterborough City Hospital site to a satellite unit within 6 miles of Peterborough City Hospital.
- Members were concerned at the lack of evidence that a consultation had taken place, that no wider public consultation had taken place and that only existing patients had been engaged with to ask their views.
- When the service first moved into the Peterborough City Hospital site had the projected rise in costs been taken into consideration.
- Lot 2 was still being referred to even though at the last meeting of the Commission a recommendation had been made by the Commission that Lot 1 was their preferred option
- Members felt that a formalised set of questions should be put out for consultation and that this should have been completed before the tender process had commenced.
- Will the survey that was undertaken with the Peterborough dialysis patients be taken into consideration when assessing the tenders before a decision is made.
- Was the tender process finance driven?
- How far would Lot 2 be from Peterborough City Hospital if this was the preferred option?
- Members were concerned that patient access to the new unit had not been fully taken into consideration.
- Had a building been identified for Lot 2?
- If Lot 2 were decided upon how would the building be staffed and what medical staff would be available on site.
- Members were concerned that running two units would not be cost effective.
- Clarification was sought as to the exact wording within the tender document regarding the location of the satellite unit mentioned in Lot 1.
- Had NHS England prepared an economic case as to what would happen if Lot 2 was the outcome of the tender process and how this would affect Peterborough City Hospital financially.

#### **Response to comments and questions raised by Members from the Head of Service for Renal Services, University Hospitals of Leicester and the Supplier Manager from NHS England**

- A consultation had been undertaken with 83 patients to assess what would be in the patient's best interest and what their desired level of service would be. Evidence of the consultation was in the form of hand written notes of the interviews that had taken place and these could be provided. The feedback from patients would feed into the tender process. The consultation process for Peterborough had been the same as the one undertaken for Northamptonshire patients.
- The consultation had however not involved the wider public and this was currently being considered. Questions asked covered the quality of the service, place of the service and satisfaction of the service. They were also asked if they would be happy to move off the Peterborough City Hospital site to a satellite unit within 6 miles of the Peterborough City Hospital site. The vast majority of patients had favoured staying on the Peterborough City Hospital site.
- Members were informed that the reason the service had gone out to tender was not due to dissatisfaction of the service but due to affordability. The tender process had gone off the procurement framework to provide an opportunity for all providers to bid including Peterborough City Hospital. There was a desire to remain on the hospital site and the only barrier was a financial one.

- There had been a renal dialysis service in Peterborough for twenty years but the Head of Service for Renal Services had not been involved in the Service Level Agreement when it moved to the current Peterborough City Hospital site. Procurement regulations prohibited a change in a tender that had already gone out to market. Whilst the Commissions preference for Lot 2 would be noted this would not change the evaluation process of the tenders which would be done in a fair and transparent process in line with guidance. A decision would be made not only on price but also on efficiency, location and most economically advantageous. There was a set criteria to score against and this would be followed. The key was to find a sustainable service.
- Finances would not drive the decision and it would be a blend of criteria that would drive the decision. Consideration would be given to patient quality, benefits for the local health care population and financial consideration. The highest score overall would win the tender process. There would be a high weighting on the opinion of the patients but it would have to be an affordable solution.
- The tender had specified that Lot 2 would need to be within 6 miles of Peterborough City Hospital.
- Access for patients and staff would be an important consideration and discussions would also take place with the Clinical Commissioning Group who were responsible for patient transport.
- The consultation process would have to run alongside the tender process to avoid a delay in developing a solution to expand the renal haemodialysis capacity in Peterborough.
- Agreement was sought from the Commission to unfreeze the tender process and go out to formal consultation at the same time.
- The outcome of the consultation process would then be fed into the tender process.
- It would not be possible to say if an existing building had been identified for Lot 2 until the tenders had been opened and the same would apply to Lot 1.
- It was quite common for the dialysis units to be a free standing unit away from the main hospital.
- A standalone dialysis unit would be staffed on a day to day basis by qualified nursing staff and health care assistants. There would be no doctors present but medical staff would visit the unit to review patients at regular intervals.
- The satellite unit referred to in Lot 1 could be located anywhere within 6 miles of the Peterborough City Hospital. The exact wording in the tender document could be provided to the Commission.
- All organisations were responsible for their own budget and were required to show value for money. The NHS would hold all providers to account for their actions.

The Chairman recommended that members of the Commission meet with University Hospitals of Leicester to agree the wording for a consultation paper as soon as possible to avoid any further delay and that the tender process should be allowed to continue. All Members of the Commission present unanimously agreed to this recommendation.

Members requested that the wording in the consultation document be reflective of the wording that had been included in the tender documents to ensure clarity regarding Lot 1 and Lot 2.

## **RECOMMENDATIONS**

The Commission noted and commented on the report and made the following recommendations:

1. The Commission agreed to unfreeze the tender process, and;
2. That members of the Commission would meet with the Head of Service for Renal Services and other relevant people from the University of Leicester Hospitals at the

earliest opportunity to discuss and agree the wording for the consultation paper. The Head of Service for Renal Services to contact the Chairman to advise of a suitable date to meet.

## 6. Peterborough and Stamford Hospitals NHS Foundation Trust – Overview of Trust Activity

The report was introduced by the Chief Executive Officer of Peterborough and Stamford Hospitals NHS Foundation Trust and was accompanied by the Company Secretary and the Chief Nurse. The report provided the Commission with an overview of current issues and requirements at Peterborough and Stamford Hospitals NHS Foundation Trust. Members were informed that an inspection from the Care Quality Commission in May 2015 had given the hospital an overall rating of “good” which placed the Trust in the top third of hospital providers. This was a significant improvement from the previous rating of “requires improvement”. Key areas of the report highlighted were quality, performance and finance.

Observations and questions were raised and discussed including:

- Members referred to page 18, paragraph 5.1.6 and sought clarification as to the meaning of “never event”. *Members were informed that there was a national list of “never events” which referred to things that should never happen to a patient. One such event had happened to a patient but no harm had come to the patient.*
- Members referred to page 18, paragraph 5.2.1 and sought further details regarding the enforcement from Monitor and wanted to know how long the enforcement was in place and what was the requirement to enable it to be lifted. *Members were informed that the length of enforcement was up to Monitor. Peterborough and Stamford Hospitals NHS Foundation Trust had been under enforcement for two key elements:*
  1. *A & E Performance – failure to deliver A&E performance against the required 4 hour target for being seen, treated and admitted or discharged.*
  2. *Financial sustainability – in place for three to four years.*

*The Trust had achieved the standard for A&E for five continuous months and the required performance had therefore been achieved but Monitor had requested that this needed to be maintained throughout the winter months. Monitor met with the Chief Executive Officer on a monthly basis to monitor performance. The enforcement could be lifted at any time.*
- If the renal dialysis service were to leave the hospital what effect would this have on the hospital. *Members were informed that if no other use was found for the area vacated in the short term there would be a shortfall in rental income and this would be added to the hospital deficit. This would mean having to go to Monitor to ask for further funding to cover the increased deficit.*
- Members noted that the hospital had a current budget deficit of £37.2m. Could there be a time in the future when there would be not deficit. *Members were advised that reducing the deficit was a constant challenge and there was a requirement to come up with a financial sustainability plan. However at some point further funding would be sought from the Department of Health. Cost improvements and efficiencies were continually being sought and the aim was to reduce the deficit further over the next three years. A large part of the deficit was due to the PFI mortgage.*
- If the hospital required a further loan would it have to be through the PFI? *Members were informed that historically organisations like the hospital had gone to the Department of Health and received an annual gift in that it did not attract interest. Earlier this year the Department of Health proposed that future loans should be interest bearing but each organisation would be assessed individually to determine how much of the loan would attract interest. The Trust was advised that it would only attract interest on 40% of the loan and the remaining 60% would be interest free.*
- Historically there had been problems with the complaints procedure. What had been put in place to resolve these. *Members were informed that a task and finish group involving external stakeholders had been set up to look at the issues. The outcome of this is an*

*improved 30 day turnaround of complaints and an expanded substantive complaints team. The complaints procedure was now more robust and there were more face to face meetings at the initial stage of the complaint. There was also better and more open challenge around a set of key performance indicators which were reported on monthly through a complaints review team.*

- Members asked the new Chief Nurse if she had put any new initiatives in place since taking on the role eight months ago. *The Chief Nurse responded that resolving the complaints issue had been a key priority and ensuring that the patients and their families were more confident in the care given to them. In addition to this the following areas of work had been undertaken:*
  - Work with ward teams towards an accreditation scheme and giving the ward managers more ownership of their ward areas.
  - Specials and increased bed capacity.
  - Reducing the falls rate.
  - Reducing Clostridium difficile rates and pressure ulcer rates.

The Chairman congratulated the Chief Nurse on her achievements during her first eight months in post.

- Members queried the introduction of parking charges at Stamford hospital. *Members were advised that the two groups of people that used the car park were members of the public and staff. It cost money to provide parking and at Peterborough City Hospital there were charges already in place for both staff and the public. The introduction of parking charges would make it more equitable for staff and cover the cost of provision of parking. There had been a growth of non-hospital related parking at Stamford and it was thought that this would reduce the issue. A consultation was currently being undertaken. Staff charges would be equitable with Peterborough staff.*

The Chairman acknowledged the provision of excellent services at the hospital and thanked the Chief Executive Officer, Chief Nurse and Company Director for attending and responding to questions asked.

## **ACTION**

The Commission noted the report.

### **7. Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report September 2015**

The report was introduced by the Director of Corporate Affairs, C&PCCG. The report provided the Commission with an update on the CCG's performance against the targets that it was measured against for the financial year 2015/16. The Assistant Director Commissioning & Contracting Borderline and Peterborough, Local Commissioning Group was also in attendance to take questions. Key issues highlighted were:

- Venous thromboembolism (VTE) Risk Assessment
- Stroke Targets
- Ambulance Performance
- Referral to Treatment (RTT) in Ear Nose and Throat (ENT) and Ophthalmology

Observations and questions were raised and discussed including:

- Members noted that the impact of the implementation of Community ENT which went live in April 2015 had not reduced the waiting list in the hospital as expected. *Members were advised that the new service was referring more patients to the Trust than expected and there was some work being done around this to try and understand why.*

- Members referred to the poor performance of the ambulance service and sought an explanation of what R2 performance and A19 performance was. *Members were advised that they represented the amount of time it took to reach an incident.*
- Was the CCG working with the ambulance service to try and improve performance? *Members were informed that work was being undertaken with them through a system resilience group as part of the urgent care programme.*
- Members sought assurance that the ambulance personnel were being looked after as employees and that they were able to take appropriate breaks. *Members were informed that the performance standards were national standards but there was an expectation that anyone employed through the NHS would be treated well. The ambulance service had recently undertaken a recruitment campaign which had seen an increase in staff which would ultimately reduce the pressure on staff.*
- Members referred to the performance tables in appendix 1 and sought clarification as to why the speciality 'Trauma & Orthopaedics' was showing as RED throughout the tables. *Members were informed that this was one of the largest areas with the highest activity and significant spend. This provided a challenge for the Trust to cope with the amount of activity in this area of speciality. A triage service had been put in place in the community to try and reduce this.*
- Members noted that Hinchingbrooke hospital did not have many red indicators compared to the other providers. *Members were informed that this did not have as many waiting lists in comparison to the others. This was due to the fact that it did not have a large emergency department which allowed them to concentrate on other areas of work.*
- Members noted that reserves of £8.8m were being used to offset areas of overspend. Were measures being taken to put money back into the reserves? *Members were informed that the CCG did not keep a large amount in reserve but there was a requirement to keep 1% surplus however this was unlikely to be met this year and that it would be a struggle going forward.*

#### **ACTION AGREED**

The Commission noted the report.

#### **8. Forward Plan of Executive Decisions**

The Commission received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

#### **ACTION AGREED**

The Commission noted the Forward Plan of Executive Decisions.

#### **9. Work Programme 2015-2016**

Members considered the Committee's Work Programme for 2015/16 and discussed possible items for inclusion.

#### **ACTION AGREED**

To confirm the work programme for 2015/16 and the Senior Democratic Services Officer to include any additional items as requested during the meeting including a further report to the Commission at the next meeting on the outcome of the Peterborough Renal Haemodialysis Capacity tender process.

The meeting began at 7.00pm and finished at 8.58pm

CHAIRMAN