



Annual Public Meeting – Tuesday 6 October 2020

Question and Answer session

Questions 1 and 2 – two questions submitted relating to the closure of the St Mary’s GP Practice in Stamford and its impact on North West Anglia NHS Foundation Trust.

Q1 Duncan Lawson, Public Governor and Stamford resident: ‘I think that this closure, if it goes ahead, will affect Peterborough City Hospital in that patients will not be able to access GP services and therefore more will be turning up at PCH’s doors. Is the Board aware of this risk and what, if anything, does the Board think can be done to alleviate the situation?’

Q2 Adrian Gombault, Stamford resident: ‘Why did the Trust not give priority to the Lakeside Practice’s bid for the acquisition of building space on the Stamford Hospital site, when this was vital for their expansion of the Sheepmarket Surgery, given that this is the only source of primary healthcare for the whole of Stamford and its growing population, and given the chronic inability of the practice to meet the needs of its patients under the constraints of the present limited site? Should the Trust not have as its first and overriding priority the care of the Stamford community, both present and in the future, and not the financial gain that a higher bid from a commercial party might bring?’

Response by Caroline Walker, Chief Executive Officer: [The Trust board agreed the sale of the unused areas of the West End of the Stamford Hospital site as part of its Estates Strategy. All public bodies are expected to realise their surplus estate. I believe that over the last three years we have given every opportunity to Lakeside to purchase the land. In line with Government policy, the land was listed on the ePIMS website, which is a route that allows any public sector body to bid for the land. I can confirm that the land was listed on ePIMS first before going on the open market. At no point did Lakeside put in any bids to purchase the land during that period.](#)

[In response to the question about the services impact, we remain committed to providing services on the Stamford Hospital site to deliver the Stamford vision of integrated care around primary, secondary and community care based on the site. It is the South Lincolnshire CCG’s responsibility for primary care rather than North West Anglia NHS Foundation Trust and I know they are working with Lakeside to come up with a temporary solution to the position they are in. I am speaking with the CCG regularly since this situation evolved. We will contribute in any way we can to support this work but, as before, we are looking at a more long term, integrated solution of a community hub on the site in line with our previously articulated plans.](#)

For more information visit NHS Lincolnshire Clinical Commissioning Group’s website: <https://lincolnshireccg.nhs.uk/>

Q3 Jackie Allen: 'I applied for around 6 jobs with no reply and two of my friends have been applying for roles and again, no response. It is fine to not get an interview, but an email confirming that is polite. A few people I have spoken to agree that the recruitment side of your hospital is poor.'

Response provided by Louise Tibbert, Chief People Officer: Please accept my apologies if you have not received a reply to your applications. It is Trust policy that letters or emails are sent out via the automated recruitment system to those who are not successful at shortlisting or interview stages. When you apply for a role you should get an automated confirmation at that stage that your application has been received.

The number of applications for some roles has increased significantly in recent months and so using the automated processes is the only way we can respond to applicants. Even if you apply via NHS jobs rather than direct, then your application is transferred to the Trust's TRAC system and you are asked to set up an account so you see the progress for each job.

Not all Cambridgeshire and Peterborough Healthcare Trusts use the same automated recruitment processes, so it is worth checking who you are applying to. From our system I can confirm that you have applied for 3 jobs with us.

The Recruitment Manager has been asked to ensure, via regular audits of the recruitment system, that responses are sent out to everyone.

Q4 Steve Cawley: 'Is it possible please to list more prominently in the accounts, and in the section of the annual report which relates to finance, the totals of interest and capital payments (if any) made in respect of PFI debt, also what would be the average interest rate paid re PFI during the financial year concerned? I notice that in many places in the financial statement PFI payments have been amalgamated with other items in the same line of figures, so it's not at all clear. What are these three figures for FY 2019-2020 please? Perhaps a convenient place for the items requested would be in future years at Note 1.6.5 (Headed: PFI and LIFT) to the accounts?'

Response provided by Joel Harrison, Acting Chief Finance Officer: We prepare the accounts in keeping with the national templates and guidance provided to us by NHS Improvement. This is to ensure consistency across the country. Our disclosures in respect of the PFI are included in note 26 of the Annual Accounts, which can be found on page 45 of the Annual Accounts. Your reference to the interest in capital element is disclosed in note 26.3 of the Annual Accounts which can be found at the bottom of page 46 – that provides a breakdown of how our PFI payments for the year and the prior year. This includes the capital and interest elements referred to. In terms for the interest rate for 2019-20, PFI financing is particularly complicated but the interest rate for 2019-20 was approximately 3%.

Q5 Steve Cawley: What would be the approximate cost, please, of a 15% gross salary increase for all Trust staff presently earning less than £80 000 per year? Additionally, approximately how many staff in this salary band are working for other employers or 'self-employed' to provide either patient services or essential?'

Response provided by Louise Tibbert, Chief People Officer: We have calculated this at around £24million per annum. Most of our staff are on permanent contracts. We have a few

that work for us on the staff bank as bank-only workers, but payments are made by payroll and tax and national insurance deductions are made. We do not have any self-employed workers. I can't comment on whether any individuals that work for us on a part-time basis or work on the bank are self-employed for the rest of their working time and I am afraid we have no way of providing that information.

Qs 6 Matthew Waine: 'Why does the trust not investigate bullying grievances?'

Response provided by Louise Tibbert, Chief People Officer: The Trust senior management team is committed to investigating all cases of bullying that are brought to its attention, whether this is raised via line managers or by other means such as the grievance process. The Trust regularly also uses data from the annual staff survey and quarterly staff surveys, and information shared by Freedom To Speak Up Guardian to assess whether bullying and harassment is being raised by staff as an issue. Bullying and harassment is also covered at Trust induction and on leadership development courses. Where further training is required, then this is put in place.

The Trust ensures that all staff are aware that bullying and harassment are unacceptable and managers are required to treat such matters seriously in line with Trust policies. Support is offered to the employees affected.

The Trust does not allow staff to be bullied and all managers and staff should be aware of that. The grievance procedure allows for any members of staff to raise their concerns and for them to be investigated, which is the process that is followed.

The Trust does not condone poor behaviour by one member of staff towards another.

The Trust always takes claims of bullying and harassment seriously and has taken action, including dismissal of those accused of bullying. The Trust's values and behaviour framework sets the standards required of all staff when working with colleagues or providing services to patients.

Questions 7 to 16 relate to the current tender process for outsourcing some facilities management services across our hospital sites and have been submitted by five separate individuals.

Q7 Sam Hemraj, UNISON Representative: 'When the decision was made to tender soft FM Services to a private company, was the impact on affected staff's health and wellbeing taken in to consideration?'

Q8 Cheryl Godber, UNISON Eastern Regional Organiser: 'At this time of private companies contract renewal why did NWAngliaFT not consider unifying all services in-house into one NHS Team as has happened at Imperial Healthcare in London?'

Q9 Adam Oakes, UNITE representative: 'Why was the decision to outsource patient services at Hinchbrook Hospital made below board level and without seeking their agreement and does the board agree that this warrants a board decision?'

Q10 Philip Sly: 'In the past the Government has made it clear for the need of the NHS to be a "standard bearer" for the healthier food choice for patients, visitors and staff to our NHS hospitals. Keeping the service in-house as at present would be of better value for the tax

payer than lining the pockets of large private organisations. Why is this being allowed to happen when Hinchingsbrooke Hospital has already proven that private companies are not the best way to run the NHS?’

Q11-16 A series of questions from Donald Lambert, retired ambulance service training officer, and active member with Hands Off Hinchingsbrooke Group

Q11: ‘What profitability ratios have been used to determine the NWAngliaFT board decision to put services out to tender?’

Q12: ‘Has the NWAngliaFT board been open and transparent with staff and the wider public?’

Q13: ‘Does the NWAngliaFT board see that it is totally irresponsible to pursue this venture at this present time with too many unknowns? If it goes wrong, who will be held accountable?’

Q14: ‘Has the board produced a good business plan? For example, does it outline nursing time allocated to feeding patients?’

Q15: ‘Will use of plastic and food wastage increase with the private sector?’

Q16: ‘What safeguards are in place, particularly in the areas of purchase and supply to prevent fraud and petty crime?’

Response provided by Caroline Walker, Chief Executive Officer: I will attempt to give a combined answer to the themes raised. Through this exercise, our aim is to make sure we are maintaining the high quality services our patients expect whilst also delivering best value for money for taxpayers through our contractual arrangements with service providers, now or in the future. Some of the questions make the suggestion that our patients and hospital environments would be adversely affected by changing some of our arrangements. However, I must point out that we already have lots of our services provided by external providers on the Peterborough, Hinchingsbrooke and Stamford Hospital sites and we have extremely good working relationships with those companies who provide us with good services in line with national standards. We don't have any issues with the services provided on our sites.

We are currently re-tendering for a significant amount of those services. So this is fundamentally a re-tendering exercise of services that are already provided by an external provider, but we are rolling into that tendering for the first time of some services that are currently in house and that's where we are working with approximately 70 Trust staff who are affected by that process, particularly on the Hinchingsbrooke site. I can confirm that we are holding regular briefings with all staff and we will do that throughout the process. The process has only just started. There is a long way to go and we will keep everybody updated. We are also having regular meetings with the unions and union representatives.

We intend to continue with the tender process we are in. I can assure you all that all bids will be assessed. I am unable to answer the questions about profit margins and what decisions the board has taken on the business case just yet because we haven't yet put business cases in front of our board. Until we have valid tenders that are compliant with what we have asked for, and that we are reassured can meet our quality needs for the services, we won't be in a position to present business cases to our board. For the moment we have just taken the decision to re-tender for the services that are already contracted out and add in some other services to get the potential to have services across all of our sites for soft FM

provided in an externally-provided environment. That's a decision we have not taken yet and we will do that as we assess the tenders.

The timetable for this process has already started. Our intention is to make a decision with a successful service provider in January with the new service, or re-tendered service, commencing by April. During that period we will put the relevant business cases together and evaluate the costs of those services, and more than anything, the quality of those services against the specifications we require. Throughout this process we are also trying to make improvements. For example, we have added security in to the requirements we have from this process.

All of our external providers have the requirement to reduce plastic consumption which we have had great success on so far. All of the contracts will also have within them safeguards for fraud prevention and petty crime. That remains an issue if the services change or remain as they are now. My commitment is that we will keep talking to staff and unions and as a board we will make decisions as we go through the next few months. I am well aware this is causing a lot of concern to those involved and we will do everything we can to address those concerns throughout the process.