

## Minutes

### EXTERNAL SERVICES SELECT COMMITTEE

30 October 2018

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p><b>Also Present:</b> David Brewer, Head of Engagement, East and North Hertfordshire NHS Trust Judi Byrne, Chief Executive, Michael Sobell Hospice Charity Rachael Corser, Director of Nursing and Patient Experience, East &amp; North Hertfordshire NHS Trust Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Sarah Lucy James, Divisional Hospital Director, East and North Hertfordshire NHS Trust Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Rosalind Williams, Chair of the Board of Trustees, Michael Sobell Hospice Charity</p> <p><b>LBH Officers Present:</b> Gary Collier (Health and Social Care Integration Manager), Dr Steve Hajioff (Director of Public Health), Liz Penny (Democratic Services Officer) and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>Press and Public: 62</b></p>
25.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
26.	<p><b>HOSPICE PROVISION IN THE NORTH OF THE BOROUGH</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. He explained that members of the public would not be permitted to speak and that the purpose of the meeting was to gain a greater understanding of the role of each organisation involved in the provision of hospice services in the North of the Borough. The Committee had a statutory responsibility to scrutinise health service provision within the Borough and, as such, was keen to understand the events that had led to the closure of the inpatient unit at Michael Sobell Hospice (MSH). As well as looking at why inpatient services at MSH had ceased, Members wanted to establish what action was now being taken to ensure the reinstatement of inpatient hospice services in Hillingdon.</p> <p>The Committee was disappointed that Mr Jeremy Philpot, Director of Strategic Estate Development and Asset Manager at The Hillingdon Hospitals NHS Foundation Trust (THH), had neither attended the meeting nor provided Members with reasons for his non-attendance.</p> <p>Ms Judi Byrne, Chief Executive of Michael Sobell Hospice Charity (MSHC), advised</p>

that the charity was keen to establish a way forward. Whilst the charity had a 40 year history of fundraising to support the hospice, it had never provided service or employed clinical staff. Ms Byrne stated that the first she had known about the possibility of closure had been when a report identifying concerns about the fabric of the building had been considered by East and North Hertfordshire NHS Trust (ENH) in May 2018.

Ms Sarah James, Divisional Hospital Director at ENH, advised that The Hillingdon Hospitals NHS Foundation Trust (THH) owned the building from which MSH had operated before its closure. Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), believed that THH was responsible for the upkeep of the building in partnership with the leaseholder (ENH). The level of responsibility attributed to each partner would depend on the terms set out in the lease agreement. Ms James noted that this was an historic lease arrangement between ENH and THH that had been in place for about 8 years.

Ms Rachael Corser, Director of Nursing and Patient Experience at ENH, advised that ENH provided inpatient and day care facilities for the hospice. Mr Brewer, Head of Engagement at ENH, advised that ENH had been commissioned to provide the service and that MSHC contributed towards the medical costs. Ms Byrne stated that MSHC supported the delivery of the service and made contributions to some payroll costs but not clinical staff. MSHC played no role in the day-to-day running of the service but it was noted that Ms Byrne did attend Heads of Department meetings with a standing item on fundraising for services (although she was not privy to discussions in relation to confidential matters).

Ms Corser advised that she had started working at the Trust in January 2018 and that it had been inspected by the CQC in March 2018. The inspectors had raised concerns about the environment at Michael Sobell Hospice that were significant enough for the Trust to determine that it was not safe. Concerns included water ingress in the side rooms, no piped oxygen and inadequate mortuary facilities. Members were advised that the building was 40 years old with a life expectancy of 25 years. Concerns about the lack of piped oxygen and mortuary facilities had always been there. The Chairman noted that ENH had not raised its concerns about the estate with the External Services Select Committee (ESSC).

Ms Corser noted that ENH undertook regular internal reviews and inspections so had been aware of the repairs that were required before the CQC inspection. THH had made an attempt to repair the roof but that it had continued to leak. THH had also underpinned the building in the previous year in an attempt to stabilise the structure. Members expressed concern that the CQC had undertaken an inspection of ENH services at Mount Vernon Hospital in 2015 but that little effective action had been taken to address the estate issues between inspections.

Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon (HH), advised that, following the closure of MSH, THH had issued a statement on its website that there had been misinformation circulated and that THH had not been advised of any further estate issues that needed to be dealt with. Mr Hawkes was aware that there had been communication between ENH and THH since then to look at the cost of repairs but he was unaware of the outcome. Ms Corser stated that it was unfair that THH had said that it had no record of communication about estate issues as ENH had worked hard to mitigate the risks that these issues had posed.

Councillor Philip Corthorne, Cabinet Member for Social Services, Housing, Health and Wellbeing, asked witnesses about the processes that were in place (such as a maintenance schedule) to prevent repairs becoming an issue. Mr Brewer advised that,

as the care provider, it was ENH's responsibility to notify the landlord of any works that needed to be undertaken and that ENH needed to ensure a duty of care. He noted that ENH had had an ongoing dialogue with THH to enable ENH to deliver its duty of care and he was sure that MSHC would have known about the ongoing needs. Ms Byrne advised that MSHC had no record of these concerns being passed on to the charity.

Ms Morison noted that HCCG, as commissioners, had received no prior notification about issues with the estate or about the quality of care. None of the issues had been communicated or escalated to HCCG in the way that would have been expected. Ms Morison advised that she would expect any risks to be escalated to HCCG if there were concerns. HCCG had written to the ENH Chief Executive at the time to request further information but it had been a struggle to get anything.

It was recognised that some repairs could be addressed quickly whilst others would require the immediate relocation of patients. To ensure that smaller issues did not escalate, effective communication between the different stakeholders was paramount. Mr Brewer noted that ongoing communication was essential between ENH, THH and MSHC and that THH was being encouraged to provide an appropriate level of support. ENH was a care provider that rented the MSH building from THH and received funding from a number of commissioners to provide this service. As the provider, ENH was responsible for the care and safety of patients which included moving them if they were thought to be at risk and then working with the landlord to make the building fit for purpose. It was clarified that ENH was responsible for the risk to patients and THH was responsible for the risk to the building. Members believed that the provision of this service was more complicated than it should be and expressed concern that there was no one organisation with an overarching view to coordinate it.

Since MSH had closed in June 2018, Ms James advised that there had been a number of conversations between different stakeholders including West Hertfordshire CCG, HCCG, MSHC and ENH. Significant time had also been spent looking at patient experience and it was noted that, following the temporary move to wards 10 and 11 at Mount Vernon Hospital (MVH), patients had been getting good quality care. Mr Hawkes noted that HH had engaged with patients on the wards and that MSHC had been committed to provide as many facilities for patients on these ward as they would have received in the inpatient unit. It was acknowledged that the wards were not a hospice setting and Mr Hawkes asked that ENH work with MSHC to provide additional amenities to support patients. Ms James advised that any decision about the future of MSH had been put on hold pending the outcome of a structural survey that had been undertaken following the building's closure.

Ms Byrne noted that MSHC had written to ENH in February 2018 to advise that they needed to meet to discuss their non-contractual arrangement that the charity part funded the NHS payroll. It was subsequently agreed that MSHC would stop paying for inpatient NHS staff (1 nurse and 9 clinical support workers) from September 2018. MSHC would continue to fully fund 100% of the costs associated with the day centre and plans were already being made for a Christmas party. The day centre was run by ENH for patients with clinical and social needs. It operated from a newer part of the same building that the MSH inpatient unit had been situated but had a separate entrance.

Ms Byrne advised that the charity had a clear idea of what could be done with the day centre to enhance the current service offer. Although she would have liked to offer assurance about the future of the day centre, Ms Byrne noted that the charity did not own or lease the building.

It was suggested that the MSH inpatient unit had been closed for reasons that were not structural and that the possible withdrawal / reduction of funding from MSHC appeared to have contributed significantly to the decision. THH had stated that it had been unaware of structural issues at MSH and, from ENH's own Board reports, it appeared that a decision had been made to close the service before the CQC report had been published. The repair issues identified did not appear to Members to be insurmountable. Although it had been suggested that patients and staff had left as a result of the state of the building, no evidence being put forward to support this.

Ms James advised that the decision to relocate patients to wards 10 and 11 had been based on patient care and safety and not money. Patients had been moved into MVH temporarily to reduce risk.

Members were advised that the service was provided through a spot contract. Ms Corser stated that the service had not closed; it had been temporarily moved to mainstream hospital cancer wards at MVH. She noted that ENH had liaised with THH and that it was THH that should have raised ENH's concerns with HCCG. As there were no patients or staff in the inpatient unit (known as Michael Sobell Hospice), for all intents and purposes, the Committee felt that the hospice inpatient facility could reasonably be said to have closed despite patients being relocated to MVH. Although the inpatient facility had closed, it was reiterated that the day centre continued to be fully functioning. It was queried whether the NHS would continue to provide day centre services if the charity withdrew or reduced funding for that service.

The CQC report had been published on 17 July 2018 following inspections earlier in the year. During the inspections, the CQC had raised issues of concern with ENH and the final inspection report had stated that "the plan to provide the service a different environment was being expedited". The Chairman asked why, if plans had been in place before the inspection, had ENH not consulted on this service variation with the Committee, as was required by the legislation. Mr Brewer advised that ENH had not thought the changes constituted a significant variation and the risk posed was great so therefore the need for notification had not been triggered. As the estate issues had been known about for some time and there were already plans in place before the CQC inspection was undertaken, the Committee felt that this could not have been deemed to be an emergency. Furthermore, moving patients from one environment to a completely different environment could only be seen as a substantial variation. Whilst Mr Brewer did not agree with this interpretation, he apologised if this had been wrong and made a commitment to do better next time. By failing to consult with the Committee, Members' ability to take action had been thwarted.

It was suggested that, as far as possible, consideration of the future provision of inpatient hospice services in the North of the Borough needed to be undertaken in the public domain to reinstate public confidence. It was agreed that an additional meeting be scheduled. Members hoped that action would be taken by stakeholders to ensure that a hospice inpatient provision was reinstated in the near future. Whilst it was appreciated that end of life care (EoLC) might be taking a new direction, the provision of a hospice inpatient facility in Hillingdon was very important to Councillors and residents in the Borough. It was suggested that, when looking at reinstating an inpatient hospice facility, consideration also needed to be given to reducing the complexity of the service provision as well as appropriate funding.

Mr Hawkes noted that MSH was close to a lot of people's hearts and that a commitment was needed that a comprehensive consultation would be undertaken in relation to the future of the service. Mr Brewer advised that ENH continued to be committed to doing its best for patients and that consideration would need to be given

to the role that it could play in future hospice service provision. He noted that ENH would need access to charitable donations and a fit-for-purpose estate.

It was suggested that the service provision might be easier to manage if it were provided closer to home. Members queried whether there was capacity for the service to be provided locally. Mr Brewer advised that ENH had been working with THH to get the building back into a fit state but that THH would have to bear the cost. Ms James noted that there had been no surveyor's report so the decision to move patients had not been based on this type of information. However, Ms Corser stated that there had been risk assessments undertaken in relation to patient safety.

Ms Morison advised that there had been a strategic move to support more people to die at home. Looking forward, in the short term, service provision needed to be addressed by working with clinicians at ENH and THH on models of care. There were challenges regarding the level of repairs that would be needed but it would be important to ensure that care was available over the winter and up to April 2019. The sooner there was some clarity regarding the expectations of the estate, the better. Ms Morison noted that the lease could be transferred but options would need to be worked through. She understood the strength of feeling about retaining an inpatient hospice facility locally and this would be taken on board. HCCG would need to ensure the provision and quality of hospice care and it would be important to take the holistic elements into account when developing the new model of care.

Ms Byrne noted that the longer the inpatient unit remained closed, the bigger an impact it had on the charity's ability to fundraise. She advised that the majority of funds raised went to the day centre and the charity was incredibly grateful to those that supported it. Ms Byrne advised that a full list of the equipment that had been bought with money donated from the Mayor's Charity and the current location / status of this equipment had been provided to the Council and would be circulated to Members of the Committee. It was confirmed that the usual 'Light Up A Life' event would be taking place again this year.

It was suggested that there would be significant benefit in communicating with staff to reassure them that their jobs were not under threat.

The Chairman thanked those present for attending to discuss the issue and advised that they would be invited to attend a subsequent meeting where the action taken to reinstate an inpatient hospice service would be discussed.

**RESOLVED: That:**

- 1. an additional meeting be scheduled to discuss action being taken to reinstate inpatient hospice provision in the North of the Borough;**
- 2. a list of the equipment bought with Mayor's Charity funds would be circulated to Members of the Committee; and**
- 3. the discussion be noted.**

27. **MINUTES OF THE PREVIOUS MEETING - 10 OCTOBER 2018** (*Agenda Item 4*)

**RESOLVED: That the minutes of the meeting held on 10 October 2018 be agreed as a correct record.**

28. **WORK PROGRAMME** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. The membership and chairmanship of the GP Pressures Select Panel was noted.

It was agreed that the second meeting to discuss the provision of hospice inpatient services in the North of the Borough would be held at 6pm on Tuesday 11 December 2018. The Chairman would write to Mr Jeremy Philpot at The Hillingdon Hospitals NHS Foundation Trust (THH) with a copy of the minutes to ask for an explanation as to why he did not attend the meeting on 30 October 2018. Furthermore, the Democratic Services Manager was asked to investigate referring the lack of consultation regarding the closure of the Michael Sobell Hospice inpatient unit to the Secretary of State. It was also agreed that a request would be made to obtain a copy of East and North Hertfordshire NHS Trust's (ENH) contract for the provision of services.

Members were aware that Mr Graham Hawkes, Chief Executive Officer, would be leaving Healthwatch Hillingdon (HH) at the end of November 2018. It was agreed that they formally write to him to thank him for his hard work during his time at HH.

**RESOLVED: That:**

- 1. a second meeting to discuss hospice inpatient provision in the North of the Borough be scheduled for 6pm on Tuesday 11 December 2018;**
- 2. the Chairman write to Mr Philpot about his non-attendance at the meeting;**
- 3. the Democratic Services Manager investigate referring the lack of consultation to the Secretary of State;**
- 4. the Democratic Services Manager request a copy of the contract for the provision of hospice services in the Borough;**
- 5. the Committee's thanks be formally passed to Mr Hawkes for his work during his time at HH; and**
- 6. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 8.21 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.