



HILLINGDON
LONDON



External Services Select Committee

Date: TUESDAY, 30 OCTOBER
2018

Time: 6.00 PM

Venue: COMMITTEE ROOMS 3 &
3A - CIVIC CENTRE, HIGH
STREET, UXBRIDGE

**Meeting
Details:** Members of the Public and
Media are welcome to attend.

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Nick Denys (Vice-Chairman)
Councillor Simon Arnold
Councillor Teji Barnes
Councillor Kuldeep Lakhmana
Councillor Ali Milani
Councillor June Nelson
Councillor Devi Radia

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Putting our residents first

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Terms of Reference

1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

'Select' Panel Terms of Reference

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

- 1 Apologies for absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

- | | | |
|---|---|---------|
| 4 | Minutes of the previous meeting - 10 October 2018 | 1 - 10 |
| 5 | Hospice Provision in the North of the Borough | 11 - 16 |
| 6 | Work Programme | 17 - 24 |

PART II - PRIVATE, MEMBERS ONLY

- 7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

10 October 2018

Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p>Also Present: Abbas Khakoo, Joint Medical Director, The Hillingdon Hospitals NHS Foundation Trust Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Jennifer Roye, Deputy Director Nursing and Quality, Hillingdon Clinical Commissioning Group (HCCG) Richard Sumray, The Hillingdon Hospitals NHS Foundation Trust Dr Veno Suri, Assistant Vice Chair, Hillingdon Local Medical Committee (LMC) Jacqueline Walker, Interim Director of Nursing, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: 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>Press and Public: 2</p>
20.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>It was noted that Councillors Nick Denys and Ali Milani would be arriving a little late.</p>
21.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
22.	<p>MINUTES OF THE PREVIOUS MEETING - 6 SEPTEMBER 2018 (<i>Agenda Item 4</i>)</p> <p>Members were advised that a response had been received from Ms Sarah Lucy James at East and North Hertfordshire NHS Trust on 17 September 2018 in relation to queries regarding the closure Michael Sobell Hospice that had been submitted on 31 July 2018. The Democratic Services Manager would forward the response to the Committee. It was noted that the provision of hospice services in the North of the Borough would be considered by the Committee at an additional meeting that had been scheduled for 30 October 2018. The Cabinet Member for Social Care, Housing, Health and Wellbeing, Councillor Philip Corthorne, had been invited to attend this meeting.</p> <p>With regard to the human resources strategy for A&E at Hillingdon Hospital (Minute 16, Resolution 2), the Democratic Services Manager had been advised that the additional space in the Emergency Department (ED) would accommodate the same number of</p>

patients within ED to prevent overcrowding and ensure safe flows through the department. Hillingdon Hospital would be using its current allocated resources but with a more robust operational process to ensure effective transition times through the department. The workforce plan would therefore be strengthened with better clinical and operational processes. A dedicated workforce model review was also planned across emergency care pathways, led by the Medical Director, which would focus more specifically around ambulatory care and ward decision making. Both would serve to manage demand and flow into/out of ED.

A response had been received in relation to Minute 16, Resolution 3. It was noted that, as set out in the s106, a structural survey of the canteen building on the Nestle site was expected from Barratts by the end of December 2018. This document would be used to cost the essential repairs to the building. Once this information had been obtained, Member approval for the services that would be located in the building would need to be sought. The CCG had been asked to set out its requirements so this could be one of the options put forward.

Superintendent Ricky Kandohla had provided a response to the resolutions in Minute 17. This information would be forwarded to Members of the Committee.

RESOLVED: That:

- 1. Ms James' response be forwarded to Members of the Committee;**
- 2. Superintendent Kandohla's response be forwarded to Members of the Committee; and**
- 3. the minutes of the meeting on 6 September 2018 be agreed as a correct record.**

23. **THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST CQC INSPECTION REPORT** (*Agenda Item 5*)

The Chairman welcomed those present to the meeting and thanked them for attending. He advised that he had attended the Quality Summit meeting held at Brunel University on 25 September 2018 to discuss The Hillingdon Hospitals NHS Foundation Trust's (THH's) recent CQC inspection report. Dr Abbas Khakoo, Medical Director at THH, advised that there had been good engagement and support from all stakeholders at the summit meeting where the following key themes had been discussed:

- Managing activity pressures and capacity;
- Managing an aging estate;
- Governance and accountability;
- Supporting the workforce and improving culture – although maternity and paediatrics had a fairly stable workforce, only approximately 40% of Surgery staff were permanent; and
- Infection prevention and control including sepsis care.

The Trust was commended for the excellent work that had been undertaken to improve maternity, services for children and young people and end of life care. However, Members of the Committee had received comments from residents regarding what Hillingdon Hospital being rated as 'Inadequate' meant for them. Mr Richard Sumray, Chair of the Trust Board, stated that it was right that THH should be held to account. He advised that the Board felt that the Trust's performance had been unsatisfactory and had met the day after the report had been published to discuss a way forward.

Staff meetings had been held to discuss findings such as the presence of blood on beds between seeing patients. There had also been an incident where the code for a

lockable medicines cupboard had been written on a post-it note and left next to the cupboard. These practices were not acceptable. Mr Sumray acknowledged that some changes had not been properly embedded in some areas of the Trust.

Although Hillingdon Hospital had received more 'Good' ratings than during the previous inspection in 2014, two areas in the Safe domain had been rated as 'Inadequate' which Mr Sumray believed had led to the hospital also being rated as 'Inadequate' for the Well-led domain. He stated that it was the Board's role to deal with the 'Inadequate' ratings that the Trust had received.

It was essential that staff at THH did not jeopardise patients' safety and policies and procedures had been put in place to prevent patients being put at risk of harm. There had been some consultants that had not followed hand washing protocols or did not adhere to bare below the elbows. Failing to uphold these basic safety standards and adhere to corporate policies was unacceptable. Ms Jacqueline Walker, Director of Nursing at THH, advised that the Trust was one organisation and consideration was being given to how one department was able to achieve 'Good' in all domains whilst others were not. It was recognised that the level of service demand at the hospital at the time of inspection was extraordinarily high but that was no excuse for unsafe behaviour which was unacceptable. Furthermore, it was thought that there would be some members of staff that would, for example, not wash their hands properly even on quieter days. The Infection Prevention and Control Team and the LINK Nurses were working with staff to promote good hand hygiene but the managers needed to reinforce a positive culture around the practice.

It was noted that, despite being ill, the majority of patients had had good experiences at the hospital and, as such, it was important to not give residents the impression that the service provided was unsafe. Dr Khakoo advised that the Trust made it clear to all staff that any concerns raised by members of the public should be taken seriously.

The CARES framework (Communication, Attitude, Responsibility, Equity and Safety) embraced a culture that empowered staff to report incidents and raise concerns about quality and patient safety in an open, blame-free working environment. Dr Khakoo advised that the Trust needed to focus more on the 'Responsibility' element of the framework by setting a good example. Irrespective of whether staff agreed with the practice, policies were in place and had to be followed.

Concern was expressed that a number of issues that had been highlighted in the Trust's CQC inspection report for action and improvement in 2015 had again been highlighted in the 2018 report. Despite an action plan being put in place in 2015, Hillingdon Hospital had regressed from 'Requires improvement' to 'Inadequate'. Mr Sumray recognised that this did not demonstrate progress and noted that, following the 2015 report, the Trust's focus had predominantly been on the wards and not enough on other areas of the hospital. This focus had now been broadened and a programme of ward to ward rounds had been set up for Executive and Non-Executive Board Members to see the staff practices for themselves. As well as highlighting good practice, this had also shown that some staff were still not adhering to corporate policies with incidents witnessed such as medicine cupboards being left unlocked and unsecured patient records. Lessons could be learnt across the Trust. It was important that those individuals that did not follow policies were held to account.

Mr Sumray believed in the importance of teams as they could enable significant change. He stated that the huge improvement in inspection ratings for the end of life care service had been, in part, as a result of teamwork.

Ms Walker noted that, although the same fundamental standards applied to all services and the same overarching training was given to all staff, those service areas that were rated as 'Good' were absolutely committed to improved service delivery and quality. She advised that the Trust was now looking at a programme of peer review and support.

Members were not satisfied with the answers that had been provided at the meeting. It was thought that the Trust was making excuses about the weather conditions at the time and it was suggested that the leadership had not gotten to grips with fundamental issues following the 2014 inspection. Mr Sumray profoundly disagreed with the claim in the report that the Board did not understand the impact of the condition of the estate on staff and patients and advised that there was no evidence to support that statement. He noted that action was being taken to address the issues that the Trust had with its estate.

Mr Sumray advised that Governors often wanted to help run the hospital. However, their role was to hold the Non-Executive Directors to account. In November 2017, Governors attended a training event which had helped them to stay focused on their actual role.

Ms Walker noted that the inspection report had mentioned about the Trust not having a Duty of Candour policy. Although not called the Duty of Candour policy, the Trust did in fact have a policy in place. Similarly, THH had governance arrangements in place with regard to DoLS and the Mental Capacity Act. An area of concern identified by CQC was in relation to THH not doing enough to follow up with the local authority on standard authorisations. It appeared that there had been improvements with regard to DoLS but no improvements in relation to hand hygiene or medicines management.

The CQC had identified a number of key issues / MUST dos which included action required in relation to:

- infection prevention and control in Urgent & Emergency Care and Surgery;
- medicines management and security issues in Urgent & Emergency Care;
- a stand alone sepsis policy and increased staff awareness and procedure compliance in Surgery and Critical Care, Urgent & Emergency Care;
- effective monitoring and governance for laser use in Outpatients;
- demonstrating robust governance arrangements to some areas of the Well Led key lines of enquiry; and
- managing activity issues and capacity restraints.

Ms Walker advised that the Trust had returned the requirement notice to the CQC which included dates for the completion of each action. Some actions had already been addressed, for example, the laser protection policy had already been in draft format when the inspection was undertaken so was now in place. Other actions would take longer, for example, once the Emergency Department (ED) redevelopment was complete, a separate paediatric waiting area would be included.

Although there had been an improvement in A&E performance at Hillingdon Hospital between August and October 2018, it was recognised that this was a fragile system where an increase in one area of activity could impact on A&E performance. Whilst the service was not as robust as it should be, there was a better management of A&E staff now.

Ms Walker advised that it would be important for the Trust to learn from the good practice already present in the hospital. Overall, THH had achieved 'Requires

improvement' for the Well Led domain. However, this domain had been rated as inadequate in the ED and Surgery at Hillingdon Hospital. Whilst the CQC had found that matrons and managers were under too much pressure, they needed to be able to achieve the standards required. The CQC had also been positive about the presence of a Freedom to Speak Up Guardian, the well designed corporate risk register and the culture of openness, honesty and transparency.

THH had developed an action plan to address the MUST / SHOULD dos identified by the CQC and consideration would be given to governance and accountability which would be a wider and more transformation piece of work. As well as 121s, divisional meetings were now being held to raise staff awareness of issues, identify areas of concern and hold people to account for their actions/inaction. It was noted that there was a collective and individual responsibility and accountability for addressing the issues that had been raised and that a culture change was needed with particular focus on the Responsibility and Safety elements of the CARES framework.

Members were advised that THH had been working with NHS Improvement (NHSI) to co-design the services around a LEAN methodology to help the Trust get things right first time, every time. Work had also been undertaken to learn from others via external support networks, deep dives and service reviews. Staff had already visited Chelsea & Westminster and Ashford & St Peters and would be visiting Kingston in November. Ms Jennifer Roye, Deputy Director Nursing and Quality at HCCG, noted that some work had been undertaken with NHSI and NHS England (NHSE) so that HCCG was now working more collaboratively with THH. The significant number of actions identified by the CQC would need to be grouped, with swift action taken to address some and step changes applied for others. She noted that THH staff were generally positive and felt listened to but that deep dives would need to be undertaken with them to develop ownership.

Deloitte had been commissioned to undertake a review of governance in West London and would be looking at things such as financial performance. It was anticipated that this would help the Board to understand what it should be doing around the Board Assurance Framework. Furthermore, a dedicated senior nursing leader had been working closely with the A&E Matron and reported directly to the Director of Nursing.

A review of the sepsis documentation and the development of a standalone policy was underway. An mandatory e-learning module would be integrated into the Trust's learning management system to enable accurate monitoring of compliance across the Trust and increased resources would be provided to support improvement work.

Action was being taken to improve patient flow and the escalation policy, with risk assessments of patient acuity being undertaken prior to patients being admitted to beds. Agreement to open additional beds would be needed from the Medical Director or Nursing Director in hours and the Director on call if out of hours. It was anticipated that the expansion of A&E would help to improve capacity and patient flow.

THH was keen to introduce a ward and department accreditation framework and themed clinical Fridays to demonstrate compliance. These concepts had been successfully introduced at Salford, Chelsea & Westminster and Imperial and would be rolled out at THH in November 2018.

Dr Khakoo advised that, with regard to managing safe emergency care patient flows, system partnership working had been continuing through the demand management and integrated discharge work streams. Progress was being monitored through the Hillingdon A&E Delivery Board. He noted that Trusts that had improved their

performance had the following five elements (in order of priority): leadership; two-way engagement with staff; culture; governance; and quality improvement methodology. More focus was needed on leadership rather than the quality improvement methodology.

Action had been taken to reduce the demand for services at Hillingdon Hospital whilst also moving patients quickly along the care pathway. Board rounds and reducing stranded patients were helped by daily morning meetings where each patients' needs were discussed. This had helped to reduce length of stay by medically optimising the patients. Dr Khakoo had also been working on designing a new medical model to create capacity to improve ambulatory assessments. Work was underway with partners to increase discharges and prevent readmission. It was anticipated that the work with ambulatory and sensory conditions could save 20 beds which, if the two pathways could be in place by winter, would reduce demand for beds during the hospital's busiest period.

The Trust had a strong ambition to demonstrate the characteristics of a 'Good' organisation in relation to all areas of the Well Led framework. It was committed to demonstrating robust governance arrangements and building a collaborative culture whilst providing an optimum environment of care and services that had the right staff with the right skills to ensure that the care delivered was always safe.

Mr Sumray confirmed that, following the 2015 CQC inspection report, an action plan had been put in place which had been RAG rated and monitored by the Board at every meeting up until about a year ago. The 2015 action plan had been designed in two parts and the accountability element had not been made clear enough to staff – staff needed to be challenged if they were not following corporate policies. Doctors had been identified by other members of staff as not being bare below the elbows and had been advised that, if they were caught again, disciplinary action would be taken (these doctors were now advocates for the policy). Accountability needed to be situated at ward level.

Ms Caroline Morison, Chief Operating Officer at the Hillingdon Clinical Commissioning Group (HCCG), advised that the RAG rating had not been a good way to monitor progress against targets. She noted that it would be important for THH to communicate effectively with staff and patients about what 'Good' looked like, what they should expect and what the Trust was committing to do to address the issues raised in the CQC report. Ms Morison advised that HCCG would be happy to work with THH on these headline communications.

Mr Sumray advised that the number of staff vacancies at Hillingdon Hospital had resulted in a greater reliance on bank and agency staff. It would be important to ensure that these staff received appropriate training. In addition, it was recognised that some permanent members of staff were set in their ways and it would be equally important to ensure that any bad habits they had were addressed.

As recruitment continued to be a challenge, work was being undertaken regarding recruitment in India and retention but there was significant competition from other Trusts. A cohort of 20 Nursing Associates would be starting in January 2019 who would then be able to go on and complete a nursing degree in 18 months.

It was noted that a lack of flexible working, career development, engagement and bullying/harassment had been reasons cited by some staff leaving THH. Work was being undertaken with staff to address these issues and would be aligned with the Trust's People Strategy which was about nurturing the workforce and giving staff a

positive experience.

It was noted that Mr Sumray had been appointed as the Chair of the Board just after the inspection, Ms Walker had been Deputy Director at the time and Dr Khakoo had been in position. Concern was expressed that the management team had not taken sufficient account of the problems that had been found during the last CQC inspection. The Divisional and Executive teams had rarely attended some departments and the front line staff appeared to be the ones that were being made accountable. Mr Sumray advised that the situation was unacceptable and that account had been taken of the issues raised in the 2015 report but that the Trust's response had not been adequate. Some areas of the hospital had not been visited by the management team as their focus had been on the wards – this had been a failing on the Trust's part. Since the 2018 inspection, areas such as the linen store and the mortuary had been visited and excellent practice had been witnessed. Mr Sumray advised that the Trust was determined to get it right this time.

Ms Walker noted that some of the Trust's policies were quite detailed and, although available to them, staff would not be expected to know each one in detail. However, the induction covered the mandatory training needed for all staff and, if they were unsure about something, they could always ask their manager or another appropriate person.

Concern was expressed regarding staff morale at Hillingdon Hospital as it had been raised in the 2015 CQC inspection report and continued to be an issue in some areas. Mr Sumray advised that NHS staff and services were under significant pressure and there was concern about how this would be affected by winter pressures. Consideration would need to be given to how this could be alleviated as workforce was a major concern across the NHS. However, it was noted that Hillingdon staff were very caring and continued to work and care for the patients despite the pressure that they were under and the feelings of deflation they felt as a result of the CQC report. Consideration would also need to be given to how staff could be supported during emotional pressure.

It was noted that no one person was accountable – everyone was responsible for adhering to corporate policies. Champions were in place at the Trust for a range of issues, including a Freedom to Speak Up Guardian who had been working with the other Champions. It was recognised that the 2018 report demonstrated that the Trust had a long way to go.

Dr Steve Hajioff, the Council's Director of Public Health, advised that THH had a high quality leadership team and front line staff but that there appeared to be a gap in middle management which led to issues around visibility of divisional leadership. Identification of this gap meant that positive action could be taken to address it and bring the strategic leadership and front line staff closer together to deliver meaningful change.

Dr Hajioff stated that THH's record keeping was a cause for concern as well as those services / domains that had remained static or declined in their CQC rating. Record keeping had been highlighted as an issue in both the 2015 and 2018 CQC reports. It was suggested that this issue should be at the forefront as records were an essential part of enabling staff to fulfil their roles. Clearly, failures in record keeping were unacceptable. Dr Khakoo noted that there had been some issues around record keeping but that this had not been the case in maternity, medical care and those services where care had been deemed to be safe. There had been some areas of significant improvement but also one or two areas where there had been no minimum

dataset of the required numbers. The Trust was now using its high performance teams to show other teams at the hospital what 'Good' looked like.

As there were two or three major sites in Borough, the hospital needed to be on top of its major incident planning. Ms Walker advised that the Trust's Emergency Planning Officer had met with the inspectors who had found hard copies of outdated plans in clinical areas. These hard copies had now been destroyed and staff had been reminded to ensure that they only used the electronic action cards which were available on the intranet.

The Chairman asked Mr Sumray if it would be possible for the Committee to see a copy of the Trust's response to the draft CQC report. Mr Sumray advised that the CQC had taken account of approximately 75% of the 100 comments that the Trust had made on the draft report. He would need to determine whether it would be possible to share the list of changes that the Trust had requested. Mr Sumray advised that, prior to the 2018 inspection, THH had had a number of outside bodies undertaking mock inspections at the hospital but that they had not identified many of the issues that the CQC had highlighted.

Mr Sumray stated that the Trust did not underestimate how much work needed to be completed and that it was determined to make the necessary changes. However, cultural changes would take longer. Irrespective of it being anticipated that the CQC reinspection would take place before the end of the calendar year, it was important that the Trust addressed the issues of concern as quickly as possible. Mr Sumray was confident that the actions being taken would lead to sustainable change.

RESOLVED: That the presentations be noted.

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

Consideration was given to the Committee's Work Programme. It was noted that GP pressures had been the subject of a previous review but that there had been some significant changes in the interim. As such, the issue was to be reconsidered by the GP Pressures Select Panel.

Members considered the GP Pressures Select Panel scoping report and the membership thereof. The Select Panel would be made up of two Labour and three Conservative Councillors. It was agreed that the Labour membership would comprise Councillors Kuldeep Lakhmana and Kerri Prince and that the appointment of the three Conservative members would be delegated to the Head of Democratic Services in consultation with the Chairman and Chief Whip. The Committee requested that the Select Panel's final report be ready for its consideration by May 2019. If required, this date could be altered.

It was agreed that the Committee meeting scheduled for 10 April 2019 be cancelled and that two meetings on successive evenings at the end of April 2019 replace this to enable the Committee to scrutinise the Quality Account reports of the local Trusts.

RESOLVED: That:

- 1. the GP Pressures Select Panel scoping report be agreed;**
- 2. the Labour membership of the GP Pressures Select Panel comprise Councillors Lakhmana and Prince;**
- 3. the appointment of the Conservative Members to the GP Pressures Select Panel be delegated to the Head of Democratic Services in consultation with the Chairman and the Chief Whip;**

- | | |
|--|--|
| | <ol style="list-style-type: none">4. the meeting on 10 April 2019 be cancelled and two meetings on successive evenings been scheduled for the end of April 2019 to scrutinise the Quality Account reports; and5. the Work Programme be noted. |
| | The meeting, which commenced at 6.00 pm, closed at 8.34 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.

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EXTERNAL SERVICES SELECT COMMITTEE - HOSPICE PROVISION IN THE NORTH OF THE BOROUGH

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to question representatives of those organisations responsible for delivering hospice provision in the North of the Borough about the closure of Michael Sobell House and the action taken to ensure future hospice provision.

RECOMMENDATION: That the External Services Select Committee makes comment on the information provided and notes the presentations.

SUPPORTING INFORMATION

The aim of hospice care is to improve the lives of people who have an incurable illness. Hospices provide care for people from the point at which their illness is diagnosed as terminal to the end of their life, however long that may be. That doesn't mean hospice care needs to be continuous. People sometimes like to take a break from hospice care if their condition has become stable and they are feeling well.

Hospice care places a high value on dignity, respect and the wishes of the person who is ill. It aims to look after all their medical, emotional, social, practical, psychological and spiritual needs, and the needs of the person's family and carers. Looking after all these aspects is often referred to as "holistic care". Care also extends to those who are close to the patient, as well as into the bereavement period after the patient has died.

Most hospice care is provided in the patient's own home, but it can also be provided in a care home, as an in-patient at the hospice itself, or as a day patient visiting the hospice. Hospice care is a style of care, rather than something that takes place in a specific building. Hospice teams include doctors, nurses, social workers, therapists, counsellors and trained volunteers. Hospices aim to feel more like a home than hospitals do and can provide individual care more suited to the person who is approaching the end of life, in a gentler and calmer atmosphere than a hospital.

The hospice care sector supports more than 200,000 people with terminal and life-limiting conditions in the UK each year. This amounts to more than four in ten people of those estimated to need expert end of life care. Hospices also have an important role in supporting people's families, especially in providing bereavement support. A total of 46,000 people in the UK receive bereavement support from hospices each year. Hospices support people with a wide range of conditions including cancer, motor neurone disease, cardio-vascular diseases,

dementia, multiple sclerosis and Parkinson's disease. They are increasingly supporting people with multiple life-limiting conditions.

The majority of hospice care (84%) is provided in community-based settings, including home care / hospice at home, outpatient services and hospice day care. More than 125,000 people give their time to volunteer for hospices each year.

Charitable hospices in the UK raise the bulk of their funding through support from their local communities including: fundraising, hospice charity shops, legacies, hospice lotteries and investments. They receive some statutory funding, although levels vary across the UK between the different nations and also within different regions. In Scotland, hospices receive (on average) 39% of their income from the Government; in England, it is 32%; in Northern Ireland it is 37%; and in Wales it is 27%. CCG funding for adult hospices varies widely. Across England, CCGs make contributions to hospice care costs which range from less than 1% to more than 50%.

Collectively, charitable hospices in the UK need to raise around £1 billion each year from their local communities – which amounts to approximately £2.7 million per day. Hospices in the UK spent a total of £1.4 billion on their services in 2016, of which £914 million was spent directly on care, with the remainder on costs including fundraising, compliance and governance.

End of Life Care (EOLC) commissioning is a complex area involving a large number of providers, services and cross-cutting agendas. A simplified model with six aims has been produced. One of these aims is that all people approaching the end of life and their carers and family receive well-coordinated, high-quality care in alignment with their wishes and preferences. Another aim is that sectors work together in collaboration to deliver cross-boundary care: health (adult child, mental, physical, spiritual); social care (Local Authorities, Health and Wellbeing Board); and voluntary/third sector/independent sector (hospice, charitable, independent and patient/users' groups). To enable this, agreement would be needed on outcomes and alignment of goals, shared funding, service specifications and means of practical collaboration.

Michael Sobell Hospice Charity (MSHC)

As well as at providing 10 bed inpatient unit at Michael Sobell Hospice on the Mount Vernon Hospital site, the Hospice provides an outreach service to provide patients and families with access to specialist nursing care in their own homes.

The Michael Sobell Hospice Charity (MSHC - formerly the Friends of Michael Sobell House) is dedicated to supporting the work of Michael Sobell Hospice, providing specialised end of life care and support to local people, their families, friends and carers. Michael Sobell Hospice is run by East and North Hertfordshire NHS and jointly funded by the NHS and MSHC.

This year, MSHC has to raise over £1.6 million to ensure vital services are maintained, around 40% of the overall running costs of the Hospice. Its mission is to develop and motivate the community to donate time and money to support and maintain the work and vision of Michael Sobell Hospice. Thanks to the support provided by the local community, the charity contributes £2 of every £5 that is spent on patient care at the Hospice.

In June 2018, a decision was made to close the Hospice's inpatient unit and move the patients to Wards 10 and 11 in the cancer centre at Mount Vernon Hospital. These patients were then moved again to other wards within the same hospital whilst Wards 10 and 11 were refurbished. The External Services Select Committee received no formal or timely notification of the proposed closure of the Hospice inpatient unit.

East and North Hertfordshire NHS Trust (ENH)

As well as providing services at Hertford County hospital (Hertford), The Lister hospital (Stevenage) and The New QEII hospital (Welwyn Garden City), ENH runs the Mount Vernon Cancer Centre (Northwood), which is one of the country's top five cancer treatment centres, providing specialist radiotherapy services along with chemotherapy for local people.

When it comes to the provision of services, the Trust often works closely with a number of third party organisations, including charities. At the Mount Vernon Cancer Centre, services to patients are provided by the Paul Strickland Scanner Centre, Lynda Jackson Macmillan Centre and the Michael Sobell Hospice.

The Michael Sobell Hospice Charity (MSHC) is a separate organisation to ENH with its own management team and trustees. ENH does not own the hospice or the land on which it is situated. However, ENH does have a contractual relationship MSHC to provide nursing care to the inpatient service.

ENH has advised that there was no Service Level Agreement (SLA) for its provision of palliative care at MSH. In addition, ENH had not completed an EIA for the move on 18 June because it was thought to be "a simple 'lift & shift' move to a more appropriate care environment". The Trust had concerns about the inappropriate care environment in MSH and these concerns were reinforced by CQC inspectors when they visited in March and reported in July.

Now that palliative care patients are being cared for in MVCC, ENH is confident that all care and quality issues are reported and actioned appropriately at its monthly cancer divisional board meetings. As such, ENH believes that governance has improved under the new arrangements.

Hillingdon Clinical Commissioning Group (HCCG)

The [Hillingdon End of Life Joint Strategy 2016-2020](#) sets out Hillingdon's vision for end of life care, identifies key issues and gaps in service delivery and articulates how the Borough's health and social care services will commit to achieve this vision by 2020. One action identified within the document is the need to ensure that access to hospice and continuing care beds reflects local need.

The report notes that, in April 2016, that there was a chronic shortage of nursing home beds and hospice places in the Borough which limited the choice for patients and families at the end of life.

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH provides cancer services which are dedicated to providing high quality, rapid and comparable cancer services across the UK. The Palliative Care Department is based at Hillingdon Hospital and in the community. A team of specialist nurses, doctors and other

healthcare professionals provide palliative care and symptom and pain control for patients with cancer and life-limiting illnesses. The service is linked to the Michael Sobell House Palliative Care Unit at Mount Vernon Hospital and Harlington Hospice.

In June 2018, MSH published a statement advising it had moved hospice patients into two wards operated by ENH at Mount Vernon Hospital. THH maintains that the move was incorrectly reported as being necessary because of 'structural problems' at Michael Sobell House. A historic structural issue in the building had been fully addressed in 2017 when the whole building had been underpinned. THH owns the building, acting as a landlord, and claimed that it had not been advised of further structural issues by any organisation.

WITNESSES

Representatives from the following organisations have been invited to attend the meeting to answer questions from Members:

- Michael Sobell Hospice Charity
- The Hillingdon Hospitals NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Hillingdon Clinical Commissioning Group
- Healthwatch Hillingdon

POSSIBLE KEY LINES OF ENQUIRY

Following the closure of Michael Sobell House inpatient service, the Committee is interested in establishing why the closure happened so quickly and what action is now being taken to ensure service provision within the North of the Borough. Questions asked by Members of those present at the meeting may include the following:

1. which organisation/s is/are responsible for ensuring a hospice provision?
2. how is MSH funded?
3. what is each organisation responsible for providing in relation to MSH?
4. which organisation/s is/are responsible for reporting repairs, undertaking maintenance and funding this work in relation to the Hospice building?
5. which organisation/s made the decision to close and why?
6. when did the need for repairs first become apparent?
7. what action was taken to address any estate repairs issues that had been highlighted before the decision was made to close?
8. why were building improvement works / repairs not carried out before the decision was made to close?
9. was a risk assessment undertaken regarding the closure of MSH (before and / or after)?
10. was an equalities impact assessment undertaken?
11. what service level agreements are in place for the hospice service provision?
12. why was the proposed closure of the inpatient unit not communicated to the External Services Select Committee in a timely manner (bearing in mind that there is a duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals or on substantial variations in the provision of such services)?
13. what action was taken in relation to relocating patients and why? What will happen to them in the medium/long term?
14. why were (cancer) Wards 10 and 11 at MVH deemed more appropriate than an inpatient hospice?
15. what action was taken in relation to relocating staff and why? What will happen to these staff in the medium/long term?
16. what action has been taken to support patients, families and staff since the MSH closure and how has the effectiveness of this action been measured?
17. what action has been taken to ensure that the care of MVH patients has not been impacted?
18. what works are needed to bring the building up to standard (and associated costings and timescales)?
19. if the MSH building is not repairable, what action is being taken to source alternative provision in the north of the Borough and where would the associated funding come from?
20. what are the timescales to recommence a hospice provision in the north of the Borough?
21. going forward, how will residents be kept updated on progress in re-establishing a hospice provision?

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EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – Work Programme
Ward	n/a

HEADLINES

To enable the Committee to track the progress of its work and forward plan.

RECOMMENDATIONS:

That the External Services Select Committee:

- 1. considers the Work Programme at Appendix A and agrees any amendments;**
- 2. identifies topics for the Crime and Disorder meeting on 12 February 2019; and**
- 3. identifies issues to be considered at the meeting on 13 March 2019.**

SUPPORTING INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year are as follows:

Meetings	Room
Wednesday 13 June 2018, 6pm	CR6
Tuesday 10 July 2018, 6pm	CR6
Thursday 6 September 2018, 6pm	CR6
Wednesday 10 October 2018, 6pm	CR5
Tuesday 30 October 2018, 6pm	CR3/CR3a
Tuesday 13 November 2018, 6pm	CR6
Tuesday 15 January 2019, 6pm	CR6
Tuesday 12 February 2019, 6pm	CR6
Wednesday 13 March 2019, 6pm	CR6
Tuesday 30 April 2019, 6pm	CR6
Wednesday 1 May 2019, 6pm	CR6

2. It has previously been agreed by Members that, whilst meetings will generally start at 6pm, consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A. Members should note that further consideration will need to be given to the content of the meeting in March 2019.

3. It should be noted that the Committee is required to meet with the local health trusts at least twice each year. It is also required to scrutinise the crime and disorder work of the Safer Hillingdon Partnership (SHP). To keep the crime and disorder meetings focussed, as well as receiving a general update on the performance of the SHP, specific topics are identified for each of the meetings and only the relevant SHP partners are invited to attend. Consideration will need to be given to the topics for the meeting that has been scheduled for 12 February 2019.

Reviews

4. As the meetings of the External Services Select Committee usually deal with a lot of business, the Committee is able to set up Select Panels to undertake in depth reviews on its behalf. These Panels are 'task and finish' and their membership can comprise any London Borough of Hillingdon Councillor, with the exception of Cabinet Members.
5. It agreed by Members on 10 October 2018 that the GP Pressures Select Committee Panel comprise 2 Labour Members (Councillors Lakhmana and Prince) and 3 Conservative Members (Edwards, Hurhangee and Riley). The scoping report was agreed and Members requested that the Panel's draft final report be considered by the Committee in the spring of 2019.

BACKGROUND PAPERS

None.

**EXTERNAL SERVICES SELECT COMMITTEE
WORK PROGRAMME**

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
13 June 2018 Report Deadline: 3pm Friday 1 June 2018	The Role of Policy Overview and Select Committees
10 July 2018 Report Deadline: 3pm Friday 29 June 2018	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon 8. Local Medical Committee
6 September 2018 Report Deadline: 3pm Friday 23 August 2018	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. Metropolitan Police Service (MPS) – new policing arrangements, knife crime; closure of the child friendly policing facilities in Northwood. Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • Criminalisation of Looked After Children • Child Sexual Exploitation
10 October 2018 Report Deadline: 3pm Friday 28 September 2018	The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection Report Major Review: Consideration of scoping report.
30 October 2018 Report Deadline: 3pm Friday 19 October 2018	Hospice Provision in the North of the Borough <ol style="list-style-type: none"> 1. Michael Sobell Hospice Charity 2. The Hillingdon Hospitals NHS Foundation Trust 3. East and North Herts NHS Foundation Trust 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon

Meeting Date	Agenda Item
<p>13 November 2018</p> <p>Report Deadline: 3pm Thursday 1 November 2018</p>	<p>Health</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
<p>15 January 2019</p> <p>Report Deadline: 3pm Thursday 3 January 2019</p>	<p>Cancer Screening and Diagnostics – Single Meeting Review</p>
<p>12 February 2019</p> <p>Report Deadline: 3pm Thursday 31 January 2019</p>	<p>Crime & Disorder</p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health
<p>13 March 2019</p> <p>Report Deadline: 3pm Thursday 28 February 2019</p>	<p>GP Pressures Select Panel</p> <p>Consideration of draft final report.</p>
<p>10 April 2019</p>	<p>CANCELLED</p>
<p>30 April 2019</p> <p>Report Deadline: 3pm Tuesday 16 April 2019</p>	<p>Health</p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
<p>1 May 2019</p> <p>Report Deadline: 3pm Wednesday 17 April 2019</p>	<p>Health</p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Public Health

Meeting Date	Agenda Item
	4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
June 2019 <i>Report Deadline: TBA</i>	Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • Hospital Discharges (SSH&PH POC) • Community Sentencing
July 2019 <i>Report Deadline: TBA</i>	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
September 2019 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health
October 2019 <i>Report Deadline: TBA</i>	
November 2019 <i>Report Deadline: TBA</i>	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
January 2020 <i>Report Deadline: TBA</i>	
February 2020 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. London Borough of Hillingdon

Meeting Date	Agenda Item
	<ol style="list-style-type: none"> 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health
<p>March 2020</p> <p><i>Report Deadline: TBA</i></p>	
<p>April 2020</p> <p><i>Report Deadline: TBA</i></p>	<p>Health</p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
<p>Possible future single meeting or major review topics and update reports</p>	
<ul style="list-style-type: none"> • Telecommunications - plans in place by BT regarding advancements made in mobile technology • Mental health discharge • Post Offices • Collaborative working between THH and GPs in the community • Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough • Transport provision within the Borough - Transport for London (TfL), Crossrail, bus route changes and Dial-a-Ride 	

PROPOSED MAJOR REVIEW (PANEL)

Members of the Panel:

- Councillors Edwards, Hurhangee, Lakhmana, Prince and Riley

Topic: GP Pressures

Meeting	Action	Purpose / Outcome
ESSC: 10 October 2018	Agree Scoping Report	Information and analysis
Panel: 1st Meeting - TBA	Introductory Report / Witness Session 1	Evidence and enquiry
Panel: 2nd Meeting - TBA	Witness Session 2	Evidence and enquiry
Panel: 3rd Meeting - TBA	Witness Session 3	Evidence and enquiry
Panel: 4th Meeting - TBA	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 13 March 2019 <i>(Report deadline: 28 February 2019)</i>	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 18 April 2019 <i>(Report deadline: 3 April 2019)</i>	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings, site visits, etc, can also be set up to gather further evidence.

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