

## Minutes

### EXTERNAL SERVICES SELECT COMMITTEE

1 May 2019

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



	<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> Lynn Hill, Chair, Healthwatch Hillingdon Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Jennifer Roye, Deputy Director Nursing and Quality, Hillingdon Clinical Commissioning Group (HCCG)</p> <p><b>LBH Officers Present:</b> Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
52.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>It was noted that Councillor Radia would be arriving a little late and that Councillor Nelson was on her way.</p>
53.	<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>
54.	<p><b>PERFORMANCE REVIEW AND QUALITY ACCOUNT REPORTS OF THE LOCAL NHS TRUSTS</b> (<i>Agenda Item 4</i>)</p> <p>The Chairman welcomed those present to the meeting. He noted that Mr Nick Hunt had given his apologies for this meeting and that any queries in relation to the Royal Brompton and Harefield NHS Foundation Trust (RBH) Quality Account (QA) 2018/2019 report would need to be forwarded to him for response.</p> <p><u>Hillingdon Clinical Commissioning Group (HCCG)</u> Ms Caroline Morison, HCCG Managing Director, advised that the Trust did not produce a QA report as it was a commissioner. However, Ms Morison was able to talk to Members about HCCG's role in the QA process and how the organisation monitored the quality of the services that it commissioned.</p> <p>Ms Morison advised that HCCG worked through NHS England (NHSE) and NHS Improvement (NHSI). It was noted that these two London offices were currently being brought together as one.</p> <p>Ms Jennifer Roye, Deputy Director of Quality, advised that HCCG was part of the North West London (NWL) Collaboration of eight CCGs. A single Quality Director was</p>

responsible for the quality agenda across the eight CCGs and was supported by three deputies (one of which was Ms Roye and another of which had a focus on safeguarding). Each of the eight CCGs also had an Assistant Director of Quality who led on the quality agenda locally.

Members were advised that the quality of a service was measured by looking at patient safety, the effectiveness of the treatment patients received and the feedback about care provided. Providers were required to submit their final QA report to the Department of Health by 30 June 2019. HCCG was able to provide comments for inclusion in the final QA report and routinely requested that it be involved in the associated stakeholder events. This year, HCCG had not been invited to participate in The Hillingdon Hospitals NHS Foundation Trust (THH) stakeholder event – Healthwatch Hillingdon had been invited to attend. The information discussed at the meeting was very high level and had lacked detail. THH had made assurances this week that it would be forwarding a copy of its QA report to HCCG by the end of the following week so that comments could be reflected in the final version.

Ms Roye noted that HCCG held regular quality meetings with THH to review what had been achieved and look at what was expected into the future. Clinical Quality Review Group (CQRG) meetings were held with reports being considered by the Quality, Safety and Clinical Risk Committee (QSCRC) and the Trust Board.

Members were advised that HCCG had been meeting with THH on a monthly basis and working on the CQC action plan. HCCG had met with regulators during the previous week to discuss the THH CQC action plan and provide assurances that action was being taken. It was anticipated that the new THH leadership team would provide a different response to the improvements required by the CQC action plan. Although it would take time for the improvements to take effect, developments were starting to have an impact – the Trust Board changes were a consequence of this.

Ms Morison stated that she had regular conversations with Ms Sarah Tedford, THH Chief Executive, to maintain communications and undertake horizon scanning. Regular communication was also maintained between the Chief Nurses at THH and NWL CCG to get a proactive understanding of key issues. A Board to Board meeting would be held in June 2019 where quality would be key.

Members were advised that the work of the Integrated Care Partnership continued. It was noted that, as more services moved into this area, partners were holding each other to account.

Concerns were expressed about the Trust's ability to incorporate and embed good practice into business as usual. HCCG would need to support THH to enable the Trust to provide services during the transition period whilst also ensuring that it was scrutinised and held to account.

Ms Morison advised that the estate was the number one priority for the new THH senior management team. Fresh eyes had provided a new perspective and the focus was now on master planning and estates options that were realistic and achievable. It was anticipated that this would help to transform the estate into a hospital that was fit for purpose. It was thought that Hillingdon Hospital would not be going anywhere as it was highly valued by residents.

Ms Lynn Hill, Chair of Healthwatch Hillingdon (HH), advised that she had attended the THH Governors meeting on 30 April 2019. The THH Chief Executive had also attended the meeting. Ms Hill noted that THH was currently in a state of flux and that it

would be important to ensure that patient engagement and involvement was maintained during this challenging period. There had been changes to the Non-Executive Directors (NEDs) and interim solutions needed to be put in place to get things moving. Members were advised that the THH Board was accountable: the Governors held the NEDs to account and the NEDs held the Chief Executive to account.

HH was able to offer THH support through its reviews of issues such as discharge planning. Ms Hill had advised the NEDs that they could be more proactive in soliciting feedback by telephoning five discharged patients each day to find out about their experience of the discharge process.

Members were advised that the completion of a diary for patients in critical care had been introduced at THH four months previously. The patients were able to take a copy of their diary home with them so that they could then reflect on their experience in a group meeting some weeks later. Ms Roye advised that there was an expectation that all staff should be helping patients and doing their bit to capture the patient experience. However, this was not thought to offer consistency and it was recognised that patient experience needed some work. To this end, consideration was being given to a review of the Patient Engagement Strategy.

Members acknowledged that representatives from Central and North West London NHS Foundation Trust (CNWL) had attended the Committee's meeting the previous evening. It was suggested that THH could learn a lot from CNWL in terms of improving management and quality. Ms Morison advised that THH had a direct relationship with CNWL as some quality pathways spanned both Trusts. She suggested that the challenge would be in relation to embedding consistent culture change across the organisation as a whole, from the Board all the way down.

Ms Roye advised that accountability, the freedom to act and an escalation process were all helpful in turning quality around. She noted that, although there were no concerns with regard to CNWL, the Trust would need to ensure close monitoring. The CNWL Chief Nurse had developed a good relationship with senior teams and asked for help from HCCG when necessary.

With regard to possible structural changes locally, Ms Morison advised that the NHS Long Term Plan foresaw one CCG for each Integrated Care System (ICS), i.e., NWL. Work was currently underway to look at the creation of one NWL CCG and each local Governing Body would have to vote on what to do. Consideration would need to be given to ensuring a continued Borough presence for relations with providers and for some commissioning. Further detail would be brought to a future meeting.

Members were advised that the Hillingdon Integrated Care Partnership (ICP) was more advanced than elsewhere in London. As such, concern was expressed that a collaboration with the other NWL CCGs might negatively impact on the work that had already been undertaken. Ms Morison stated that Hillingdon had put itself forward so that its practices could be replicated as best practice.

On behalf of the Committee, the Chairman thanked Councillor Teji Barnes for her hard work over the last few years. She would not be sitting on the Committee in the 2019/2020 municipal year as she was due to be appointed as Deputy Mayor for that period.

**RESOLVED: That:**

- 1. Ms Morison provide an update on the creation of one NWL CCG at a future**

	<b>meeting; and</b> <b>2. the presentations be noted.</b>
	The meeting, which commenced at 6.00 pm, closed at 7.00 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.