

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

11 December 2018

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Nick Denys (Vice-Chairman, in the Chair), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p>Also Present: Michael Breen, Trustee, Michael Sobell Hospice Charity David Brewer, Head of Engagement, East and North Hertfordshire NHS Trust Rachael Corser, Director of Nursing and Patient Experience, East & North Hertfordshire NHS Trust Sarah Lucy James, Divisional Hospital Director, East and North Hertfordshire NHS Trust Satish Kanabar, Trustee, Michael Sobell Hospice Charity Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Joe Smyth, Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust Richard Sumray, Chair, 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) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press and Public: 52</p>
34.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors John Riley and Philip Corthorne.</p>
35.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
36.	<p>MINUTES OF THE PREVIOUS MEETING - 13 NOVEMBER 2018 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 13 November 2018 be agreed as a correct record.</p>
37.	<p>HOSPICE PROVISION IN THE NORTH OF THE BOROUGH (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p> <p>Ms Sarah James, Divisional Hospital Director - Cancer Services at East and North Hertfordshire Trust (ENH), advised that the Trust was continuing to look at models of care and the provision of service for the future. ENH had been in ongoing discussions with Michael Sobell Hospice Charity (MSHC) and Hillingdon to establish future demand for services. Ms James stated that the Trust was currently focussing on recruitment to the vacancies and on building a strong service for the future.</p>

Mr Michael Breen, Trustee at Michael Sobell Hospice Charity (MSHC), advised that, prior to becoming a Trustee, he had been a campaigner for the charity. He noted that MSHC wanted to get the inpatient unit reopened and, to this end, had met with the Chief Executive of ENH on 7 September 2018. At that meeting, the Chief Executive had agreed to provide information on the critical paths that had been discussed. However, as this information had not yet been provided, MSHC had made a proposal to the Chief Executive in the week commencing 3 December 2018 to provide the critical path and associated costs for an eight bed unit.

Mr Breen noted that, as the result of a Freedom of Information request, the charity had obtained costings for the work to put the roof back to the state that it had been in previously, which amounted to £3½k. This information had been sent to the Chief Executive at ENH who had also been advised that MSHC would meet these costs. For an additional £7,576, the charity could commission a RIBA report which would set out exactly what work needed to be undertaken to get it back up to standard.

Mr Breen reaffirmed MSHC's commitment to its continued support of the day centre and to meeting the associated ancillary costs. Currently, the charity paid for everything associated with the day centre, including the cost of two staff (there were usually four staff but there were currently two vacancies).

Ms Caroline Morison, Managing Director of HCCG, advised that, for the short term, it would be important to try to ensure a certain standard of care. HCCG had worked with partners (including THH and H4All) to ensure that key elements were provided as part of the service. Effort had also been made to gain clarity regarding the intention for the estate. ENH had been engaged through meetings and through the contractual process. HCCG had also attended a very helpful meeting with MSHC about moving forward.

Mr Joe Smyth, Chief Operating Officer at THH, advised that THH was the landlord which provided the building that the inpatient unit had operated from before it had been closed and did not provide services from the site. He advised that THH was responsible for the fabric of the building but that the leaseholder had leased the building as it was. If the standards required had changed or modernisation was required, it was the responsibility of the leaseholder to finance these changes.

Concern was expressed that estates reports would have been produced by THH on a regular basis but that no indication had been given that the building had deteriorated to such a level that patients had to be moved out. Mr Smyth advised that he had been unaware that the building had not been compliant but had been aware that the cold room needed to be made colder and that there was a leak in the roof. It was noted that an email from HCCG to THH had stated that fixing the cold room would cost £3,158.

It was noted that a roof leak had been reported and a request for its repair made to THH after the patients had been moved on to Wards 10 and 11 at Mount Vernon Hospital. The leak had been caused by blocked drains which had now been cleared. ENH had reported that the organisation wanted to upgrade the building for future use and that it would undertake its own feasibility study and get its own quotations for the work that was needed. Ms Morison advised that no concerns had been raised with HCCG with regard to the environment and that it continued to pay for the service being provided on Wards 10 and 11. In addition, Ms Morison had not seen any formal concerns about the quality of the environment raised by patients or staff so, therefore, HCCG had been happy with the service and location.

Members were advised that THH and HCCG had been working together to provide an interim service. Options had been explored and further investigations were now taking place.

Mr David Brewer, Head of Engagement at ENH, advised that the Democratic Services Manager had been sent a copy of the feasibility study commissioned by ENH the previous evening (this document had been circulated to Members in the morning of 11 December 2018). He noted that, to restore the building so that it could provide a modern service that afforded patients privacy and dignity, all options would cost millions of pounds. Concern was expressed that, if you spent enough money, surveyor's reports would tell you what you wanted to hear.

It was suggested that two issues were being conflated: the short term fix of the building whilst longer term options were considered; and the creation of a fully Care Quality Commission (CQC) compliant modern building for the long term future. Members noted that Ms Hannah Cattell, an inspector at the CQC, had emailed on 26 September 2018 to advise that people using the service were not at immediate risk of harm.

Ms Rachael Corser, Director of Nursing and Patient Experience at ENH, noted that ENH held regular meetings with Ms Cattell and that these comments had been generic. She advised that there had been an accumulation of issues and that the leaking roof had been just one element of the problems faced by the service. If it had been isolated issues, ENH would have dealt with them. Ms Corser noted that it was important to ensure the safety, privacy and dignity of patients and these issues had been flagged by regulators. The decision to move patients from the inpatient unit to Wards 10 and 11 had been made to ensure the sustainability of the service and with the best interest of the patients in mind.

When asked if there had been a significant change in the number of patients in the inpatient unit from out of the Borough on the run up to the closure, Ms James advised that demand had remained consistent. The number of beds needed in the inpatient unit had decreased from 16 to 10 which might have been as a result of an increase in supply in Hertfordshire. In addition, there had been a complete turnover of management and it was uncertain whether predecessors had worked particularly closely with THH. Ms James stated that ENH now had weekly meetings with THH.

The Chairman noted that this was an emotive issue and that everyone wanted what was best for the patients, their families and staff. It appeared that there had been a lack of communication and understanding between the parties involved but that it would be important for this meeting to arrive at a positive outcome.

Ms Corser acknowledged that this was a complex issue but stated that ENH officers had given up their time to attend the External Services Select Committee meetings because it was important that they provided Members with updates. ENH staff had regular walkabouts where they were able to identify issues that needed to be addressed. She acknowledged that the Trust could have been better with communication and that ENH's priorities were not the same as those of THH but noted that the organisation had shared its concerns previously.

In summary, THH had stated that it was happy to make the repairs, ENH had stated that the move to Wards 10 and 11 at Mount Vernon Hospital was only temporary and MSHC had stated that it would be prepared to pay for the repairs. Mr Brewer advised that ENH was in the hands of commissioning colleagues to set out the ambition for the service. Currently, ENH was commissioned to provide the service but the strategy would be renewed in 2020. Ms Corser stated that ENH did not have millions to invest

but that it was still providing the service for which it had been commissioned.

Ms Morison noted that significant work was being undertaken to look at the long term delivery of end of life care. However, in the short term, HCCG needed clarity on the provision and nature of services in terms of the bar that would need to be reached to enable the provider to return to the building and provide the service that it had been commissioned for. Whilst HCCG still commissioned the service, it had struggled to determine a timeframe to reinstate the service in the building. It became clear during the meeting that the bar had been set by ENH as at least £10m and concern was expressed that this had not been mentioned before.

Members agreed that the long term strategy needed to be looked at. However, as the structure was already in place, the quickest, easiest and most preferable way in the short term would be to move back into the building. Ms Morison advised that the future service provision might not be on the same scale as before but that there was a commitment to provide acute palliative care services in the Borough. HCCG was looking at other options as there had been no commitment made by ENH. However, any procurement process undertaken would have a timeframe associated with it.

Mr Breen noted that, at his meeting with the Chief Executive of ENH, there had been three critical paths discussed: immediate return to the building; improvements to the building; and longer term plans for the service delivery. MSHC had asked that a date be set for reopening the building and had again provided a commitment to help fund the work that would be required to make this happen.

The Chairman summarised the discussion that had taken place so far: the reason for shutting the hospice inpatient unit was not structural; and improving standards would not be surmountable. He queried why the provision of a modern service in the future prevented these short term measures from being actioned.

Ms James advised that the feasibility study that had been circulated to Members included three options. Option 1 was the cheapest course of action (at a cost of £10m) to provide the minimum standard that ENH would accept to be able to provide the service in that building. Option 3 provided a gold standard and Option 2 covered the middle ground. She noted that investigations were being undertaken with partners to try to identify funding for the Options. Mr Brewer added that there were some challenging issues around the landlord/tenant relationships but that, if they could agree on one of the Options, ENH would be happy to return to the building.

Mr Satish Kanabar, Trustee at MSHC, advised that the charity received feedback from around 100 people each quarter. Of this feedback, 99.7% had been positive and the negative comments related to issues such as the food and views from the windows. None of the negative feedback has been in relation to the building or the quality of care.

Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon (HH), advised that HH had interviewed a number of patients that had been moved to Wards 10 and 11. These patients had been generally happy with their care. Although there had been one or two issues raised in relation to their individual needs, there had been no complaints made.

Ms Corser advised that ENH had a duty to respond to the Health and Social Care Act. She noted that the Trust's closest working relation was with East and North Hertfordshire CCG which took the lead on quality assurance visits where issues with the site would have been picked up, such as a lack of continuous oxygen.

It was recognised that acute providers providing a hospice setting was an unusual situation. Ms Corser advised that the areas in Wards 10 and 11 permitted more space between beds, had better hand washing facilities and had provision for piped oxygen. Ms Corser also advised that touching the walls in the inpatient unit posed risks as there was asbestos in the building.

Concern was expressed that ENH was the only partner that thought the inpatient unit needed a £10m investment to reopen for the short term. It was also noted that information had come to light that the availability of palliative care beds had been reduced to five at Mount Vernon Hospital. The notes from the Ward Meeting on 12 November 2018 were referred to; these stated that oncology patients could not be turned away from the ward and therefore the number of palliative care beds would be reduced. These notes also made reference to not taking any end of life patients or hospital transfers and that "If we have any more dying patients transferred to us we should escalate". As Mr Brewer stated that he was unable to comment on anecdotal evidence, the Chairman advised that the Council would provide ENH with the evidence and publish this along with any response received from ENH. The Committee would also pass on its concerns and aspirations for the service to the ENH Board and make mention of the different critical path options that the ENH Chief Executive had set out in his meeting with Mr Breen.

It was noted that the production and sale of MSHC Christmas cards this year had not gone ahead. Although there had been a small stock of cards, this had not been sufficient to meet demand.

Insofar as MSHC accounts were concerned, it was noted that these were about to be filed, showing reserves of £1.4m. Although there had been a small reduction in income in the first six months of the year, charity fundraising activities had been significantly impacted in the second half of the year when the inpatient unit closed. Concern was expressed that, despite this, senior members of MSHC staff had received pay increases whilst more junior staff members' salaries had been frozen.

A number of new Trustees had recently joined the MSHC Board and had put together the basic premise of a business plan with a view to running the hospice as it had been but with a reduced number of beds. Any developments would need to be undertaken with Hillingdon CCG, Harlington Hospice, ENH and other partners and MSHC would support the service, irrespective of who the provider was. It was noted that the recruitment ban had been lifted and Trustees had been assured that fundraising events would continue to be held and supported during 2019.

The Chairman stated that the Committee would like a firm commitment from partners for the building to be brought back up to an acceptable standard by the end of February 2019 and that an assessment be undertaken of the future/long term needs of residents. Mr Richard Sumray, Chairman of THH, advised that the repairs to the building could be undertaken quickly but that creating a modern and up to date building would be a financial concern. He noted that Hillingdon Hospital was not up to standard but that the Trust 'made do'. However, where possible, patients at end of life were not taken to Hillingdon Hospital as a hospice environment was a better setting for this type of care. Ms Morison advised that HCCG was still commissioning this care and had received no communication to the contrary. Mr Breen reiterated that the charity existed to support the hospice and that it was prepared to work with anyone. Ms Corser advised that ENH was not in a position to be able to make any commitments as this would need to be considered by the ENH Board. ENH wanted something different to the other partners and agreement to at least the minimum (Option 1) would be needed from

partners before the service would resume in the building. As such, a commitment from ENH by the end of February 2019 would not be achievable.

The Chairman asked that the views of the Committee be fed back to the ENH Board and he reiterated the need to separate out the action that needed to be taken in the short term to get the inpatient unit running again from the future / longer term needs of the service. Ms Corser advised that ENH would continue to provide beds but in a different care setting. She stated that the Trust would look to get commitment from partners on the way forward by the end of February 2019.

Mr Brewer advised that he would be happy to take part in a public meeting alongside other stakeholders.

The Chairman advised that a further meeting would be set up for the first quarter of 2019 for partners to update Members on any progress that had been made.

RESOLVED: That the presentations be noted.

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

Consideration was given to the Committee's Work Programme. It was noted that there was currently no capacity within the Committee's scheduled meetings to accommodate further discussion regarding hospice inpatient services. As such, it was agreed that an additional meeting be scheduled for 6pm on either 28 February 2019 or 7 March 2019. Members requested that a full list of works required and associated costs to bring the building up to an adequate standard be sought (it was recognised that new standards did not apply to old estate).

It was agreed that the letter to ENH needed to include information about the patients being turned away from Wards 10 and 11 since the closure of the hospice inpatient unit. Councillor Radia would provide the Chairman, Vice-Chairman and Democratic Services Manager with a copy of the information that she had received.

Insofar as the public meeting suggested by Mr Brewer was concerned, it was noted that agreement would need to be reached in relation to the logistics (for example, timing, venue, etc).

RESOLVED: That:

- 1. an addition meeting be scheduled for either 28 February 2019 or 7 March 2019;**
- 2. a list of works required and associated costs to bring the hospice inpatient unit back into operation be requested;**
- 3. a letter be sent to ENH regarding the concerns of the Committee and the evidence that had been obtained regarding the service provision; and**
- 4. the Work Programme, as amended, be agreed.**

The meeting, which commenced at 6.00 pm, closed at 7.50 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.