

## Minutes

### EXTERNAL SERVICES SELECT COMMITTEE

28 April 2021

VIRTUAL



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Raymond Graham, Vanessa Hurhangee, Stuart Mathers (Opposition Lead) and June Nelson</p> <p><b>Also Present:</b> Tahir Ahmed, Executive Director of Estates and Facilities, The Hillingdon Hospitals NHS Foundation Trust Sarah Bellman, Assistant Director Communications and Engagement, The Hillingdon Hospitals NHS Foundation Trust Rachel Benton, Programme Director - Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust Ruth Derrett, Programme Director, MVCC Review, East of England Specialised Commissioning - NHS England and NHS Improvement – East of England Cassie Hill, Hospital Redevelopment Head of PMO, The Hillingdon Hospitals NHS Foundation Trust Dr Abbas Khakoo, Clinical Lead / Medical Director, The Hillingdon Hospitals NHS Foundation Trust Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England Specialised Services Sir Neil McKay, Strategic Advisor to the Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust David Meikle, Interim Director of Finance, The Hillingdon Hospitals NHS Foundation Trust Caroline Morison, Managing Director, Hillingdon Health and Care Partners Jason Seez, Deputy Chief Executive, The Hillingdon Hospitals NHS Foundation Trust Susan Sinclair, Managing Director, RM Partners – West London Cancer Alliance Lesley Watts, ICS CEO, NWL Integrated Care Partnership Patricia Wright, Chief Executive Officer, The Hillingdon Hospitals NHS Foundation Trust</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Democratic Services Manager)</p>
42.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Ali Milani.</p>
43.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
44.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p>

**RESOLVED: That all items of business be considered in public.**

45. **MINUTES OF THE PREVIOUS MEETING - 23 MARCH 2021** (*Agenda Item 4*)

**RESOLVED: That the minutes of the meeting held on 23 March 2021 be agreed as a correct record.**

46. **MOUNT VERNON CANCER CENTRE REVIEW** (*Agenda Item 5*)

The Chairman welcomed those present to the meeting. Ms Jessamy Kinghorn, Head of Partnerships and Engagement at NHS England (NHSE) and NHS Improvement (NHSI) – East of England, advised that she had continued to work on plans following the independent clinical review of cancer services at Mount Vernon Cancer Centre (MVCC) that had been undertaken in 2019.

The MVCC review programme had been paused in 2020 to enable clinical and operational teams to focus on responding to the pandemic. Following this pause, several key pieces of work had been undertaken with a medium to long term focus.

It was noted that patients attending MVCC came from a wide geographical area which included: Herts Valley CCG (28%), East and North Herts CCG (16%), Hillingdon CCG (14%), Harrow CCG (9%), Bedfordshire CCG (6%), Buckinghamshire CCG (6%), Luton CCG (5%), Brent CCG (4%), East Berkshire CCG (3%), Ealing CCG (3%) and Barnet CCG (2%). Given the large area covered, it would be important to find a solution that everyone could support. Over the next couple of months, it would be important to identify the source of any capital funding that would be needed to implement any resultant recommendations before any consultation could be undertaken. This would mean that consultation would only be undertaken if the funding was in place to deliver an outcome.

If capital funding was not forthcoming from the NHS, Members queried whether private financing would be sought. Members also asked if consideration had been given to building the cancer centre into the new Hillingdon Hospital redevelopment if full funding was not secured. Ms Derrett advised that alternative potential sources of funding had not yet been investigated. NHSE/I had been working closely with health colleagues (including Hillingdon Hospital) but no conversations had yet been held in relation to what would happen if full funding was not secured. The Committee would be updated as progress was made.

Ms Kinghorn noted that the review was not just looking at the buildings but also at the lack of acute services on the site and the inability to respond to new developments and treatments. Staff had continued to do a good job in providing high quality treatment and ensuring patient safety, despite these conditions.

Members were advised that two options that had been considered were: full re-provision; and re-provision with ambulatory hub. Fewer patients were currently going to MVCC. This had proved somewhat frustrating at times for clinicians who were having to care for patients remotely, but had also meant that there had been fewer emergency transfers to acute facilities.

The Programme Board had met in December 2020 to consider the views and feedback already received and to discuss areas of concern around cancer outcomes and health inequalities. As only one of the sites considered met the criteria that had been set in full, the Board recommended that work be undertaken to develop proposals for a full

relocation of MVCC to the Watford Hospital site, with enhanced local access to services where possible. For example, it would be important for patients to be able to have blood tests undertaken close to their home but this would require compatibility between the different IT systems used by different parts of the system. When looking at the feedback received on each of the site options, Watford had been considered by most to be the best option, or at least the best compromise. It was noted that, should the MVCC services relocate to Watford, Ms Kinghorn would be keen to discuss the possibility of chemotherapy services being included in the new Hillingdon Hospital redevelopment project. Consideration would also need to be given to shortening some patient journeys (particularly for those further North in Bedfordshire) by creating a new radiotherapy service at either Luton or Stevenage.

The impact of the suggested move to Watford on travelling and access times for patients from Hillingdon had been raised as a concern by Members. It was noted that patients from Hillingdon would be able to choose whether to receive treatment at Hammersmith Hospital instead of Watford Hospital. Ms Kinghorn noted that there had been a lot of travel analysis undertaken to determine the impact on patients from different parts of the area served. She would look at the breakdown of this information by the different services access (as well as travel times for Hillingdon residents to Hammersmith Hospital) and get back to the Committee.

In terms of engagement, Ms Kinghorn advised that online focus groups had been held to look at estates and preferred options. Surveys had been undertaken and would continue to be used as a way to maintain engagement. Over the last six months, Hillingdon residents had made up over 14% of those who had been involved in engagement activities. These residents had been generally supportive of the option to move cancer services further North but had raised concerns about public transport from Hillingdon to Watford. As such, consideration would need to be given to establishing a more direct bus route.

Ms Ruth Derrett, Programme Director for the MVCC Review at NHSE/NHSI, advised that she would be happy to provide the Committee with the travel information that was available. Consideration was being given to improving non-emergency patient transport times and Ms Derrett would be happy to share this information too.

The Committee was advised that there had been a lower uptake on radiotherapy services during the pandemic than health partners would have liked as it involved daily travel for treatment over a number of weeks. Currently, a large number of patients travelled over 45 minutes each way for this treatment.

Concern was expressed that it was likely that some residents' cancer had remained undiagnosed during the pandemic and that a surge in presentations now that the situation was easing might put pressure on MVCC from September 2021. Ms Susan Sinclair, Managing Director of RM Partners – West London Cancer Alliance, advised that the identification of any new cancer patients would be welcomed. Any surge in numbers would be managed as the alliance liaised with providers on a weekly basis to review referrals and waiting lists. It would be important to ensure that capacity was available at MVCC, Hillingdon Hospital and elsewhere to cope with any increase in demand over the next few months.

In terms of measuring outcomes, work was already ongoing to assess current outcomes for patients. These outcomes would need to be measured for 1-5 years to be able to confidently identify the impact of any action taken.

Concern was expressed as to whether the uncertain situation at MVCC had led to the loss of specialist staff. Ms Derrett advised that the overall vacancy rate at MVCC in March 2021 had been 6%. This level was not unusual and had not really changed over the last two years. Ms Derrett would need to check on the vacancy rate for specialists.

A number of engagement events had taken place to solicit feedback from staff and it was thought that this had contributed to the stability in the number of vacancies. The workforce at MVCC were thought to be loyal and, although they needed certainty, they were hopeful for the future.

**RESOLVED: That:**

- 1. Ms Kinghorn provide a breakdown of the travel analysis undertaken to determine the impact on patients from different parts of Hillingdon based on the services that they accessed (as well as travel times for Hillingdon residents to Hammersmith Hospital);**
- 2. Ms Derrett provide the vacancy rate for specialist staff at Mount Vernon Cancer Centre; and**
- 3. the presentation and discussion be noted.**

47. **HILLINGDON HOSPITAL REDEVELOPMENT UPDATE** (*Agenda Item 6*)

Mr Jason Seez, Hillingdon Hospital Redevelopment Programme SRO, Deputy Chief Executive and Director of Strategy at The Hillingdon Hospitals NHS Foundation Trust (THH), noted that the Committee had last been provided with an update on the hospital redevelopment at its meeting on 8 September 2020.

In terms of the process for delivering a new hospital, the Trust needed to follow the HM Treasury's Green Book business case process to show that all options had been considered and that the best option had been progressed. This was a three stage process: Strategic Outline Case (SOC); Outline Business Case (OBC); and Full Business Case (FBC). The SOC had received approval from the Department of Health and Social Care (DoH&SC) and NHS England / Improvement (NHSE/I) Joint Investment Committee on 5 October 2020 (subject to conditions being met in the OBC) and the OBC was currently being worked on. Designs were being progressed at pace and place-based work was underway with Hillingdon Health and Care Partners (HHCP) and the North West London Integrated Care System (NWL ICS).

Ms Rachel Benton, Programme Director, advised that a team had been put in place to take forward the development of the business case in partnership with the local system. She noted that investment in new hospitals was managed centrally by the DoH&SC and NHSE/I jointly through the New Hospital Programme team who regularly reviewed the work undertaken on the Hillingdon Hospital development.

A Schedule of Accommodation had been developed which mapped out the space that would be needed. This had been discussed at length with partners such as the local authority and the GLA. The first stage drawings (1:500) showed where the rooms would be in the new development but did not show the detail within each of those rooms (which would be included in the next stage). It was anticipated that these design layouts would be shared with partners in late May 2021 and feedback would inform the more detailed design layouts (1:200 and 1:50).

Dr Abbas Khakoo, Clinical Lead for the Hillingdon Hospital redevelopment, advised that the Trust's Clinical Services Strategy had been signed off by all partners (including Social Care) in April 2020. Although it was not anticipated that the range of services

currently provided would change in the new hospital, there would be a more efficient flow of patients. The Clinical Services Strategy looked to implement a fully integrated health and care system with a focus on prevention and strengthening primary, community and social care services. The Strategy also focussed on collaborative working and transformation which would be delivered within the framework of HHCP. It was anticipated that this would result in more health and social care being provided outside of the hospital setting which would result in better quality emergency and elective care being provided in hospital.

Over the next year, work would be undertaken to strengthen the care provided by the Hillingdon neighbourhood teams. The departments at Hillingdon Hospital were currently fragmented with a poor flow of patients and an inefficient set up. The new hospital would facilitate new models of care by having a better estate and providing more efficient co-location of services.

Dr Khakoo advised that, under all circumstances, there would be a need for more diagnostic imaging. As such, there would be an increase in the availability of these services in the new hospital. With more care being provided outside the hospital setting, there would be a greater need for high dependency and intensive care at the new hospital.

Ms Caroline Morison, Managing Director at HHCP, advised that providers had already been working together in Hillingdon over the last two years. This work had resulted in great models of integration around things like paediatric integrated clinics which were being held in primary care settings. This also provided upskilling, education and training for primary care clinicians. The Hospital Discharge Team and Care Connections Teams were also identified as examples of good practice.

Mr Tahir Ahmed, Director of Estates and Facilities, advised that the 1:500 scale design layouts had been agreed by the Trust Board on 6 April 2021 for discussion with Hillingdon Town Planners. The development of the designs had followed national guidance as well as prescribed methodologies and building requirements and had followed a net zero carbon approach. When asked about whether the building itself would be carbon neutral, Mr Ahmed advised that the team had looked at recycling but also about designing to cover lifecycle management. Although hospitals used a lot of power, ventilation, etc, the net zero carbon sustainability agenda was moving at pace so this would be considered for the future.

Modern methods of construction were being considered to respond to future needs as well as speed up the construction process. The Planning Performance Agreement had meant that there had been an iterative process of sharing information with the Council's planning team, receiving feedback and acting upon that. These meetings had been extended to the GLA.

The process was now moving into stage 4 of the planning performance engagement. This stage was expected to complete in the middle of June when a more detailed application would be developed. It was anticipated that the planning application would be determined around Christmas 2021. Mr Seez was cognisant that there had previously been unsuccessful attempts to build a new hospital so it would be important to ensure that all stakeholders were in agreement through these early stages of the process so that consultation could be undertaken with confidence. As such, it was likely that construction would start in 2023 with a completion date some time in 2026.

Mr David Meikle, Finance and Procurement Lead, advised that the SOC had been

agreed subject to a number of conditions. To this end, work was underway to refine the financial model to ensure that the new hospital was affordable. In terms of mitigations to improve affordability, it was noted that confirmed land sales would be included and would reduce the overall capital required. These mitigations would continue to be developed as the Trust moved from 1:500 to 1:200 drawings to ensure that any gaps in the affordability case were closed.

Ms Sarah Bellman, Communications and Engagement Lead for the redevelopment project, advised that the early stages of engagement had been about raising awareness that the redevelopment was a possibility. Initially there had been public and staff webinars which had been held online because of the pandemic. An open recruitment process had been undertaken to establish eight Public Participation Forums, seven of which were aligned with the Clinical Cabinet Working Groups and the eighth being a communications and engagement forum. Community engagement had also been undertaken with residents' associations, Healthwatch, schools and faith groups and information had been included in various newsletters. A microsite had been set up and surveys had been made available there. As the project progressed, these surveys would become more specific.

Consideration was now being given to soliciting feedback on what the hospital would look like on the inside and the outside. In May 2021, there would be information available about the proposed changes to care and how those improvements would be made. Between June and August 2021, there would be a public exhibition (initially online) where there would likely be more communication and engagement activity undertaken. Ms Bellman had been liaising with the Council's Communications Team to look at displaying exhibition information (designs and plans) in libraries, leisure centres and vaccination centres around the Borough. It was hoped that there would also be some face to face community engagement if the pandemic restrictions allowed. Ms Bellman would be happy to share the more detailed communication plan with Members of the Committee.

It would be important to engage far and wide with existing users of the hospital as well as future users, staff and other stakeholders to give individuals the opportunity to help shape the plans. As well as using Facebook, information was also being disseminated through local community forums, in newsletters and in Healthwatch's shopfront. Letters would also be sent out to those residents living in the immediate vicinity of the hospital.

Members were happy to see that action was being taken to future-proof the new development by factoring future clinical need into the design to allow it to adapt over time. Mr Seez confirmed that the new development had a flexible build design with sufficient space to accommodate new physical ways of working. Mr Ahmed noted that the design enabled adjoining spaces to be converted / joined to adapt to changing needs and that the team had been looking beyond the new building to allow for additional expansion if needed.

Mr Ahmed advised that a pre-Covid modelling process had been undertaken with regard to car parking requirements for staff and patients on the new development, given that public transport options were limited. Discussions were currently underway to develop a strategy in relation to parking. It was hoped that the Green Travel Plan that had been developed would help to reduce the need for cars.

Ms Morison advised that it would be difficult to quantify the number of services that would be moving off site as partners had been working differently across care settings

and partner interactions had developed. Consideration was being given to working through GPs and in the community and to different ways of communicating. Community teams had been able to help keep residents in their own homes and NWL was now looking at the initiation of diagnostic hubs in community settings.

Mr Seez noted that, whilst the new hospital was being built, it was likely that the Trust would need to use the Mount Vernon Hospital site more. However, he was aware that the Trust would need to go through a similar process with the Mount Vernon Hospital site.

**RESOLVED: That:**

- 1. Ms Bellman share the more detailed communication plan with Members of the Committee; and**
- 2. the presentation and discussion be noted.**

48. **HILLINGDON HOSPITAL PERFORMANCE UPDATE** (*Agenda Item 7*)

Ms Patricia Wright advised that she had started as Chief Executive of The Hillingdon Hospitals NHS Foundation Trust (THH) in December 2020. She had previously been Chief Executive of Hounslow and Richmond Community Healthcare Trust, Chief Executive of Kensington and Chelsea PCT and Director of Strategic Commissioning across the eight PCTs in NWL. Ms Wright noted that, following the CQC inspection in 2015, THH had been rated overall as 'Requires improvement' but that the Trust had been rated as 'Good' in the caring domain. Following the 2018 CQC inspection, Hillingdon Hospital had been rated overall as 'Inadequate' but maternity services had been rated as 'Good'.

The CQC and Health and Safety Executive had undertaken inspections in August/September 2020 following a Covid outbreak in July which had affected staff and found failings in relation to adequate infection prevention and control measures. NHS England / Improvement (NHSE/I) had subsequently asked Lesley Watts to provide specialist advice to the Board and identify support for the organisation as a whole. This work had resulted in the implementation of a comprehensive improvement plan.

Work that was being undertaken in response to the enforcement notices included: a new changing area in A&E; new signage; work around staff protection; and risk assessments around the hospital and in relation to vulnerable staff. Tighter controls around managing infections had been introduced at Hillingdon Hospital which had resulted the previous week in the Trust being clear of all nosocomial infections for 28 days.

Ms Wright noted that the improvement plan needed to respond to the issues raised by the CQC but that it also needed to be aspirational. At a service level, the Trust had been systematically looking at the key lines of enquiry identified by the CQC and picking off quick wins whilst also undertaking more focussed actions. Staff currently had low morale and would not recommend THH as a place to work. As such, work needed to be undertaken with staff to get them to identify ways in which their morale could be improved. Ms Wright advised that THH had not yet requested that the CQC take off the improvement notices as it was recognised that there was still more to do to embed the improvements that had been made. It was hoped that a lot of the issues raised in the CQC inspection report would have been addressed by September 2021.

When the Trust had achieved Foundation Trust status in 2011, it had been aspirational. However, there had been some long standing performance issues and issues around emergency access. A comprehensive action plan had been put in place, action had

been taken in 2018/19 and 2019/20 and big changes had been made to the leadership of the Trust.

One of the criticisms of the 2018 CQC report had been in relation to the leadership and culture at THH. In terms of the type of leadership that she would like to embed at the Trust, Ms Wright advised that she had trained as a pharmacist where precision was important. Her approach would be to create a governance framework for staff to work within and then let staff take the lead to ensure that they took ownership of the process.

Ms Wright recognised that the churn in the leadership team had not been helpful and that staff had not been clear about the vision for the organisation. Although the pandemic had impacted on the improvement progress made by the Trust, the outbreak at Hillingdon Hospital in July had resulted in improvements and the Trust was now being used as an exemplar for infection prevention and control checks and processes.

Between March 2020 and July 2020, the Trust had still been fragile so had been hit hard by the pandemic. For example, although there would usually be 9 ITU beds funded at Hillingdon Hospital, this had increased to 15 in the first and second wave of the pandemic. There had been high levels of staff sickness and Government guidance had been changed on a regular basis. The ability to segregate at the hospital had been impacted by the lack of space and crowding at the entrance.

Although A&E performance had improved when patients stayed away from the hospital, this performance had again declined when patients had started to return. Emergency performance continued to be below standard which had been impacted by space constraints and the need to keep patients who were infected away from those who were not infected. The current number of presentations at A&E had been similar to those during a busy winter's day and this would need to be managed very carefully going forward.

Ms Wright stated that the staff were the Trust's biggest asset. She paid tribute to the dedication and hard work of all staff throughout the pandemic, especially those in A&E and ITU, who had had to work incredibly hard to manage the demand on services. She noted that staff had also been affected by Covid in their personal lives as well as at work and that some of them had been anxious about taking Covid home to their families. Around 83% of THH staff had received their Covid vaccination, although it was hoped that this would reach 90%.

There had been fewer vacancies during the pandemic than had been seen prior to Covid and the high level staff sickness absence rates had started to reduce. Although the vacancy rate had continued to drop, work had been undertaken to recruit around 65 overseas nurses who would arrive over the next twelve months as well as 70 new HCAs who were already in post. Staffing in A&E continued to vary and vacancies continued to be difficult to fill. A new Clinical Manager would be starting in May 2021 and would need to set themselves a realistic improvement trajectory which would be supported by the senior management team. Ms Wright advised that there was still more to do.

The 52 week patient waiting list numbers had increased from very low numbers up to around 1,000. However, work was underway with partners locally, as well as with other Trusts in North West London, to reduce these numbers. A recovery plan was now in place so that elective work could be restarted. In the second phase of the pandemic, Mount Vernon Hospital had been retained as a 'green' site so staff who were shielding could work in a protected environment and had been able to keep on top of day case



work. Ms Wright advised that, with regard to cancer, THH had been meeting the majority of its targets. This was particularly true of those targets where the Trust had more control.

During the second wave of the pandemic (from December 2020), there had been an increase in the number of patients presenting with Covid, putting additional pressure on capacity. At the peak of the first wave in April 2020, there had been around 100 patients diagnosed with Covid in inpatient beds at any one time. In December 2020/January 2021, the peak was around 160-180 but staff and the sector had been more prepared and able to provide mutual aid to each other.

Although the Covid had affected the quality of care provided by the Trust, quality around pressure ulcers and falls had been maintained. Communication had also been more challenging as carers were not permitted to go into the hospital during the pandemic. Ms Wright acknowledged that the Trust's communication had not been as good as it could have been and consideration would need to be given to how this could be improved for the future. Response times in relation to complaints had also been poor during the pandemic but had been brought back to 100% compliance in March 2021.

Ms Wright advised that, as some facilities at Hillingdon Hospital were not fit for purpose, and in preparation for the new hospital development, two modular units were being established on the site. ITU and respiratory facilities were due to move into Modular North during April 2021. Following an enforcement notice from the London Fire Brigade, a planned refurbishment of the tower wards would also be undertaken.

Although a lot of the issues faced by the Trust resulted from the poor state of the estate, there had been issues with a lack of emphasis on tight governance processes. Covid had exacerbated the impact of the poor estate, for example the narrow corridors, but had also prompted different ways of managing infection control which would be used in the future. It was hoped that the Trust would be back to a CQC rating of 'Requires improvement', if not 'Good', by 2022.

Financially, the Trust had ended the year in a balanced position. That said, there was still a significant underlying deficit that would need to be addressed as part of the Outline Business Case for the development of the new hospital. Going forward, the Trust's focus would need to be on quality whilst also keeping an eye on the money.

The Chairman thanked Ms Wright for attending the meeting and providing an honest and open update. The Committee recognised that improvement would take time and looked forward to receiving another update on performance improvements in twelve months.

**RESOLVED: That:**

- 1. THH be invited to provide a further update on performance improvements in twelve months; and**
- 2. the presentation and discussion be noted.**

49. **WORK PROGRAMME** (*Agenda Item 8*)

It was noted that the meeting on 29 April 2021 would be the last External Services Select Committee meeting of the 2020/2021 municipal year and would receive updates from health partners. Work was underway to invite witnesses to the meeting on 16 June 2021 where Members would be reviewing the provision of children's dental

	services in Borough.
--	----------------------

	<b>RESOLVED: That the Work Programme be noted.</b>
--	--

	The meeting, which commenced at 6.30 pm, closed at 8.58 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.

--	--