



HILLINGDON
LONDON



Virtual External Services Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Devi Radia (Vice-Chairman)
Councillor Simon Arnold
Councillor Raymond Graham
Councillor Vanessa Hurhangee
Councillor Stuart Mathers (Opposition Lead)
Councillor Ali Milani
Councillor June Nelson

Date: WEDNESDAY, 28 APRIL
2021

Time: 6.30 PM

Venue: VIRTUAL - LIVE ON THE
COUNCIL'S YOUTUBE
CHANNEL: HILLINGDON
LONDON

**Meeting
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Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

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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 - 23 March 2021	1 - 6
5	Mount Vernon Cancer Centre Review	7 - 10
6	Hillingdon Hospital Redevelopment Update	11 - 36
7	Hillingdon Hospital Performance Update	37 - 40
8	Work Programme	41 - 50

PART II - PRIVATE, MEMBERS ONLY

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

9 Any Business transferred from Part I

Agenda Item 4

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

23 March 2021

VIRTUAL



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Raymond Graham, Stuart Mathers (Opposition Lead), Ali Milani and June Nelson</p> <p>Also Present: Superintendent Jill Horsfall, Neighbourhoods Policing - West Area BCU - Metropolitan Police Service</p> <p>LBH Officers Present: Jacqui Robertson (Service Manager for Community Safety) and Nikki O'Halloran (Democratic Services Manager)</p>
36.	<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 Councillor Vanessa Hurhangee.</p>
37.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest made.</p>
38.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
39.	<p>MINUTES OF THE PREVIOUS MEETING - 9 FEBRUARY 2021 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 9 February 2021 be agreed as a correct record.</p>
40.	<p>SAFER HILLINGDON PARTNERSHIP PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. Superintendent Jill Horsfall, Neighbourhood Policing West Area BCU, advised that the last twelve months had been an unusual time with regard to crime and anti-social behaviour (ASB) with reductions in most categories of crime. There had been an 11% decrease in the number of notifiable offences and a considerable reduction in the number of robberies and burglaries. Although there had been a reduction in violent offences overall, there had been increases in some areas. ASB cases had included a large number of COVID-related instances.</p> <p>Concern was expressed in relation to the timescales and the way in which complaints about ASB were being dealt with. Ms Jacqui Robertson, the Council's Service Manager for Community Safety, suggested that, although ASB did not fall within her remit, she would be happy to talk to Councillors about any specific issues that they might have outside of the meeting and follow up on them. She understood that</p>

communication was key and that a lack of communication could leave residents feeling frustrated.

Although it was thought that Heathrow Villages had an active community group that worked with the police, it did not currently appear to be functioning properly. Although it was suggested that more dialogue was needed, Supt Horsfall advised that communication to the SNT should be sent to the team email address rather than to a specific officer to ensure that it was picked up and acted upon promptly. If the issue was in need of more urgent action but did not warrant a 999 call, it was suggested that the resident call 101 or use the online reporting facility. The a response was still not being provided, Supt Horsfall suggested that the matter be escalated to her or Ms Robertson as appropriate.

Ms Robertson advised that, as a result of the pandemic, figures in some areas had been favourable whilst in others there may have been an impact. The figures appeared to be reflective of restrictions being tightened and then relaxed. With regard to the target to *Reduce violence without injury by 5% per annum for the next three years (2020/21 to 2022/23)* there had been a 14.9% increase between Q1 and Q2 (from 1,279 to 1,470). Insofar as the target to *Reduce community and neighbourhood nuisance reports by 5% against the 2018/19 figure* was concerned, there had been a reduction between Q1 and Q2 (from 436 to 429) but the outturn for these quarters had been higher than the target which was 269.

There had been a small increase in the number of repeat victims of domestic abuse between Q1 and Q2 (from 51 to 53 against a target of 283). Given the disparity between the outturn and the target, this target would be subject to review to ensure that the data and target were robust. Reports of domestic abuse had increased slightly on the previous year which was thought to be as a result of COVID. Whilst some domestic abuse support services were being carried remotely and services to support victims were being delivered in a different way, it was recognised that the increase in prevalence of working from home meant that home was not necessarily a safe space. As such, the Council had introduced the Employers' Initiative. Hillingdon Women's Centre, GROW and the Sharon Project had been working with the Council to implement the Workplace Safe Space initiative (similar to the Employers' Initiative). This work had included the provision of training for 48 organisations and almost 200 employees to enable them to recognise signs of domestic abuse and know how to report it.

Ms Robertson noted that the Council had been looking at how it could work even better with partners. Communities had been engaged and action was being taken to improve the flow of communication from Neighbourhood Watch Schemes to Ward Panels to the bi-monthly meetings of the Safer Neighbourhood Board. Ward Panels would be reviewed to see how they were working. In Hillingdon currently, some Ward Panels had good Ward Councillor attendance but others were not so good. Consideration would need to be given to the priorities and effectiveness of the Ward Panels to ensure that resources were being used appropriately to respond to concerns.

Supt Horsfall advised that there had been good levels of public subscription to the OWL service. Hillingdon had good CCTV quality and coverage in the Borough and further work would be needed to use this more effectively. Suggestions on how this could be improved would be welcomed from Members.

Members were aware that there had been a lot of publicity when the OWL service had started and queried whether there had been an increase in subscriptions since the start

of the pandemic. The Council worked with Neighbourhood Watch who ran OWL along with the police. OWL subscription figures were not available at the meeting but it was thought that there were about 1,800 across the Borough. Supt Horsfall advised that there had been some concern in the previous year about the availability to support the service but MOPAC had now agreed to fund the initiative going forward. It was suggested that the OWL service was used to disseminate crime prevention messages and could be used to circulate environmental health and other relevant messages.

Ms Robertson recognised that communication was key particularly when residents had raised concerns that could be resolved by the Council. In these circumstances, it would be important for the Council to take action where possible and use the victim's voice in decision making. The Council had good working relationships with the police across several different departments and the pandemic had highlighted the need to work smarter together and the difference that this approach could make.

With regard to hate crime, it was queried why the targets had not included race and sexual hate crime and the action taken to deal with online hate crimes. Supt Horsfall advised that the pandemic had impacted on these crimes. Because communities had largely spent Eid and Ramadan in isolation, racial hate crimes had reduced accordingly at that time. As there had been no Pride events staged, the LGBTQ+ community had been less visible and hate crimes against them had decreased.

The importance of reporting hate crimes (indeed any crimes) was stressed and Members were asked for suggestions of how to improve public confidence to ensure that victims of hate crime reported incidences. Ms Robertson advised that Ms Fiona Gibbs, the Council's Community Cohesion Manager, continued to monitor community tensions. Work had been undertaken to look at how to engage with 'fail to reach' groups. Bi-monthly multi-agency training sessions had been held prior to the pandemic which had looked at the barriers to reporting for these groups. It was important to push boundaries, listen to the community and address these issues in the training sessions.

Supt Horsfall advised that at the start of the pandemic there had been a COVID-related increase in the levels of sickness absence amongst police officers in the Metropolitan Police Service (MPS). This had coincided with a decrease in the level of crime in the Borough. The MPS had subsequently been tasked with enforcing lockdown restrictions (the MPS had been responsible for public spaces and the Council had been responsible for businesses). The repeated changes in legislation and the announcement of these changes before the legislation had actually been written had caused some challenges. That said, most residents had been compliant with the restrictions. Issues with non-compliance had been no greater in Hillingdon than anywhere else which had not been reflected in the higher than average infection rate in the Borough. There had been an issue with unlicensed music events (UMEs) over the summer which might have contributed towards this. Where people had been caught for non-compliance, the police approach had tended to be to engage and explain rather than enforce. That said, a number of fines had been issued.

Concern had previously been expressed that the creation of the West Area BCU (covering Ealing, Hounslow and Hillingdon) would result in fewer police officers in Hillingdon. Given the nature of the shared arrangements, it was not possible to specify numbers for each borough. There was a response team in Hillingdon that was currently parading out of Uxbridge Police Station but resources were flexed three ways across the boroughs to meet need and ensure that no area was left short of resources. There were a number of specialist teams which proactively and reactively covered the whole of the West Area as required.

Insofar as digital presence was concerned, it was noted that local policing teams used Twitter but that Facebook was not necessarily used, therefore missing large community audiences. Many community groups used Facebook and trends could often be seen in the reports that were made by the groups, for example, an increase in the theft of catalytic converters. However, there was no interaction between these groups and the police. Supt Horsfall advised that digital presence was something that was discussed by the MPS centrally in terms of what it should look like and the level of resources needed to support the various platforms. She would raise the issue of a Facebook presence with the central team for inclusion and engagement, which covered digital platforms.

With regard to the issue of catalytic converter thefts, Supt Horsfall advised that this was a real issue both London-wide and nationwide. As such, conversations had been held with vehicle manufacturers on a national scale to look at making the removal of catalytic converters more difficult for thieves. Advice about how vehicle owners could protect their property had also been disseminated. Enforcement activity had yielded good results but this was a long term issue.

Concern was expressed about the illegal use of electric scooters on the roads in Hillingdon. Supt Horsfall advised that sellers were required to point out the legalities of using the electric scooters on the public highway. Whilst many of the larger chains would do this, but this would not necessarily happen with some of the smaller retailers or with private sellers. It was noted that a pilot scheme had been taking place in some cities with regard to the hire of electric scooters which had been speed capped and risk assessed. London had not yet been taking part in this pilot.

The safety of electric scooters had been a key issue. There had been some electric scooter owners who had had their scooters stolen. In addition, there had been some people who had been robbed by thieves using electric scooters. It was difficult for police officers to stop individuals on electric scooters if they were on foot but there were also safety issues for police cars trying to stop them. When the police stopped someone on an electric scooter, they would often start with engagement and advice but there might be aggravating factors that might mean going straight to enforcement.

The Chairman had received an email from a resident about a cannabis factory and numerous other offences being committed in the Harmondsworth area and queried whether the police and Council were aware of these issues. Supt Horsfall advised that cannabis factories were organised crime and were a driver of serious violence. She queried whether these crimes had been reported to the police as it would be quite easy for the police to get warrants for things like cannabis factories. Ms Robertson advised that, if the issues were raised as Members' Enquiries by a Councillor, she would contact the local SNT and then make enquiries with other Council teams to gather as much information about the households involved so that this could be passed on to the police. It was also useful for the resident reporting a matter to be specific about times dates and locations so that CCTV could be reviewed to support any investigation.

RESOLVED: That the discussion be noted.

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

Consideration was given to the Committee's Work Programme. The Chairman was keen that the Committee chose issues that would make a difference for scrutiny in future meetings. Suggestions for scrutiny in the new municipal year had been included in the report and additional suggestions were made during the meeting. The composite

list of suggested topics were as follows:

1. Preventative health – this could be obesity, childhood immunisations, cancer screening, etc;
2. OWL / Neighbourhood Watch – there appeared to be some gaps in this across the Borough;
3. 5G and connectivity – it was suggested that Hillingdon was probably not currently where it should be with regard to coverage but consideration could also be given to the impact on the environment/aesthetics and community buy in;
4. Children’s dentistry – it was agreed that this issue, which had previously been the subject of an unfinished Select Panel review be concluded in a single Committee meeting (if possible);
5. Journalism and local democracy;
6. Apprenticeships and adult learning;
7. Environment Agency – work undertaken in Hillingdon with regard to river maintenance and upkeep (not canals or water treatment) to possibly include input from organisations such as Colne Valley Landscape Partnership Landscape Partnerships. The Democratic Services Manager would investigate this issue and report back to the Committee; and
8. Children’s mental health – children were having to wait a long time for a mental health referral. It was agreed that this would be raised with Central and North West London NHS Foundation Trust at the meeting on 29 April 2021.

At the meeting on 28 April 2021, consideration would need to be given to which topics would be scheduled into the 2021/2022 Work Programme.

With regard to the Hillingdon Hospital redevelopment, the Chairman advised that he was having regular meetings with Mr Jason Seez. In addition, at the Committee meeting on 28 April 2021, Members would be meeting with representatives from The Hillingdon Hospital NHS Foundation Trust to look at the hospital redevelopment project as well as performance and the Mount Vernon Cancer Centre review. Updates from the Hospital about the redevelopment could then either be included alongside those of the other Trusts during normal Committee meetings or scheduled as a single item agenda.

Members were asked to provide the Chairman and the Democratic Services Manager with any additional topic suggestions in the next couple of weeks so that investigations could be undertaken before the next Committee meeting.

RESOLVED: That the Work Programme be noted.

The meeting, which commenced at 6.30 pm, closed at 7.51 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 - MOUNT VERNON CANCER CENTRE REVIEW

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Resources and Services
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to keep up to date on the progress of the review of services at the Mount Vernon Cancer Centre.

RECOMMENDATION:

That the External Services Select Committee notes the update on the Mount Vernon Cancer Centre review.

SUPPORTING INFORMATION

The NHS in the East of England and in North London is working together to review the services at Mount Vernon Cancer Centre (MVCC). MVCC is run by East and North Hertfordshire NHS Trust and delivered from Mount Vernon Hospital which is managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre and primarily serves a population of over 2 million people in Hertfordshire, South Bedfordshire, North West London and Berkshire. The patient pathways involve a large number of other hospitals and arrangements with several other NHS trusts.

MVCC is the largest single site non-surgical cancer facility in the South East of England and treats around 6,000 new patients per year. More than 4,500 patients a year have radiotherapy treatment and around 1,500 patients receive chemotherapy. MVCC prides itself on being at the forefront of the latest technology and research, with many patients being offered clinical trials. Patients from across the country may be referred to the centre for specialist treatment which may not be available to them locally.

The population using MVCC comes from a large geographical area:

Geographical Area	2017-18	2018-19	%
Herts Valleys CCG	3,509	3,359	27%
East and North Herts CCG	1,611	2,186	17%
Hillingdon CCG	1,805	1,750	13%
Harrow CCG	1,099	1,076	8%
Bedfordshire CCG	660	711	6%
Buckinghamshire CCG	733	624	6%
Luton CCG	550	539	5%
Brent CCG	508	491	4%

Geographical Area	2017-18	2018-19	%
East Berkshire CCG	394	375	3%
Ealing CCG	388	397	3%
Barnet CCG	246	215	2%
All other CCGs	526	704	5%

The services at MVCC are commissioned by NHS England's Specialised Commissioning team and local Clinical Commissioning Groups. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards.

NHS England / Improvement has been working with the staff at Mount Vernon, with other local hospitals and commissioners, and with the local Cancer Alliances to look at how we can best meet the needs of local people, and develop options that will build on the services, research and patient experience the Centre already delivers.

Why do things need to change?

Services need to be organised in ways that provide the best modern care for patients (including access to research trials and new technology and treatments) from good quality buildings and facilities. Many of the buildings on the Mount Vernon site are not in a good state of repair, and concerns have been raised in relation to the long-term clinical sustainability of the Cancer Centre.

As well as ageing buildings, there are limited support facilities on site. For example, there are no high dependency or intensive care beds, so patients who become very poorly are sent in an emergency ambulance to nearby hospitals. The limited support at the site creates challenges for the patients and staff, resulting in many patients receiving treatment in a number of different places because of this. As cancer treatment becomes more advanced, and as demand for cancer treatment grows, this is becoming less sustainable for patients at Mount Vernon.

Some newer treatments and research trials have high levels of toxicity and, whilst the benefits in treating cancer might be greater, there is more risk of side effects that require the right care. Without the support of services such as high dependency or intensive care, patients will not have access to the latest cancer treatments. As people live longer, more people with cancer are also living with other illnesses or conditions which require treatment alongside their cancer treatment. This cannot be done at MVCC.

The staff at MVCC have done a good job (despite the conditions) in providing high quality treatment and ensuring patient safety. Patient survey feedback regularly shows that most patients are happy with the services they receive. However, everyone agrees that a more permanent solution needs to be found to ensure the sustainability of the services in the long term.

How will the review work?

The review of Mount Vernon Cancer Centre services started in May 2019. It is being led by a Programme Board chaired by the Regional Director of Specialised Commissioning and Health and Justice for the East of England. It has representatives from Healthwatch Hillingdon and Healthwatch Hertfordshire, London and East of England Cancer Alliances, local ICSs, CCGs, and a number of acute hospitals, including East and North Herts and Hillingdon Hospitals NHS trusts.

The first stage of the review was about gathering information:

- Reviewing data – for example, looking at where patients come from to Mount Vernon and which parts of their treatment they have elsewhere, what patient outcomes are like, travelling times for services such as radiotherapy.
- Interviewing clinical staff and stakeholders – asking the staff who work at Mount Vernon and key stakeholders for their opinions on what the options should be.
- Independent Clinical Review Panel – leading clinicians from other parts of the country accompanied by representatives of Healthwatch Hillingdon and Healthwatch Hertfordshire reviewing the suggestions of clinical staff, speaking to clinical staff and to patients, and visiting the site, before producing a report in July 2019 making recommendations on the long term options and any short term actions that need to be taken. These recommendations included appointing a specialist cancer hospital to run the Mount Vernon Cancer Centre services. This report was published on 25 July 2019¹.
- Patient and public engagement – analysis of existing patient feedback, and hearing patient views and ideas through public events, focus groups and a bespoke survey. Through July, August and early September 2019, patient and public workshops took place in Stevenage, Luton, Uxbridge, North London, Watford and at Mount Vernon. Structured interviews were held with representatives of some patient groups and a patient survey was available for all patients to complete. The patient feedback was analysed independently and a final engagement report was published².

At the end of the first stage, a decision was made to appoint University College London Hospitals (UCLH) as the preferred provider to run the Mount Vernon Cancer Centre. This is subject to a period of diligence which will ensure the clinical and business implications are properly understood before a final commitment is made, and that East and North Hertfordshire NHS Trust and University College Hospitals can have important discussions with staff whose contracts would transfer to University College London. This would mean that future Mount Vernon Cancer services will be provided by UCLH from the Mount Vernon site at least until a decision is made on the long term future of Mount Vernon Cancer Centre services.

If changes are proposed in future, they will only take place after public consultation. There are no plans to move any patients to Central London unless they would need to go there anyway. In fact, UCLH would like to explore the possibility of some patients currently being treated in central London, being treated at Mount Vernon instead, if it was closer to where they live and if the right clinical facilities were available.

BACKGROUND PAPERS

None.

¹ <https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2019/08/Independent-Clinical-Panel-Report.pdf>

² <https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2020/01/MVCC-Stage-One-Patient-Engagement-Report.pdf>

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EXTERNAL SERVICES SELECT COMMITTEE - HILLINGDON HOSPITAL REDEVELOPMENT UPDATE

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Resources and Services
Papers with report	Appendix
Ward	n/a

HEADLINES

To enable the Committee to keep up to date on the progress of the plans to build a new Hillingdon Hospital.

RECOMMENDATION:

That the External Services Select Committee notes the update on the development of a new Hillingdon Hospital.

SUPPORTING INFORMATION

The current Hillingdon Hospital is an old building with parts of the estate built in the 1930s as emergency wartime accommodation. Some of the older wards have become unsafe and have been closed to protect patients and staff. 81% of the hospital building will require major repair or replacement soon. Works have been undertaken and more are planned to enable the Trust to continue providing services safely in the short term. However, if all the necessary repairs required were undertaken, it would cost over £211m (the second most expensive maintenance bill for a hospital trust in England) and many of the repairs would not be long term solutions.

For Hillingdon Hospital patients, the maze-like layout of the current site makes it difficult to get around and the condition of buildings can make the experience of being in hospital more difficult. The Trust's Care Quality Commission report in 2018 highlighted issues of patient safety, dignity and patient experience which have directly resulted from the outdated estate. The site layout and state of disrepair can also make it difficult for staff to do their jobs as efficiently and effectively as they would like.

These issues contribute to the Trust's financial deficit and hinder its mission to provide high quality, safe and compassionate care to improve the health and wellbeing of the people we serve. It is clear that there is an urgent need for significant investment to redevelop Hillingdon Hospital. Without this, the estate will continue to deteriorate until the delivery of modern healthcare on the site is no longer possible.

On 2 October 2020, the Department of Health and Social Care renewed its commitment to supporting the building of 40 new hospitals, of which, Hillingdon is one. The first stage of the business case (the Strategic Outline Case (SOC)) was approved in principle at the Department of Health and Social Care and NHS England/Improvement Joint Investment Committee at the start of October. Based on the assessment of options to date, this identifies a new hospital build on the Hillingdon Hospital site as the preferred way forward. The approval from the Department

of Health and Social Care and NHS England/Improvement is subject to further work at the next stage (the Outline Business Case (OBC)), particularly in relation to making sure the hospital is the right size for future needs, that it is affordable, that the procurement strategy delivers value for money and that the plan makes full use of modern methods of constructions and reduces the Trust's carbon footprint.

BACKGROUND PAPERS

None.

Hillingdon Hospital Redevelopment

Outline Business Case Development

Update to the Hillingdon External Services Select Committee (HESSC)

28 April 2021



The Hillingdon Hospitals 
NHS Foundation Trust

1. Introduction and context – Jason Seez, Deputy CEO / Director of Strategy / SRO for the redevelopment programme

2. Progress update – Rachel Benton, Programme Director

3. Clinical model – Professor Abbas Khakoo, Clinical Strategy Lead & Caroline Morison, Managing Director, Hillingdon Health and Care Partners

4. Design development and planning application – Tahir Ahmed, Director of Estates and Facilities

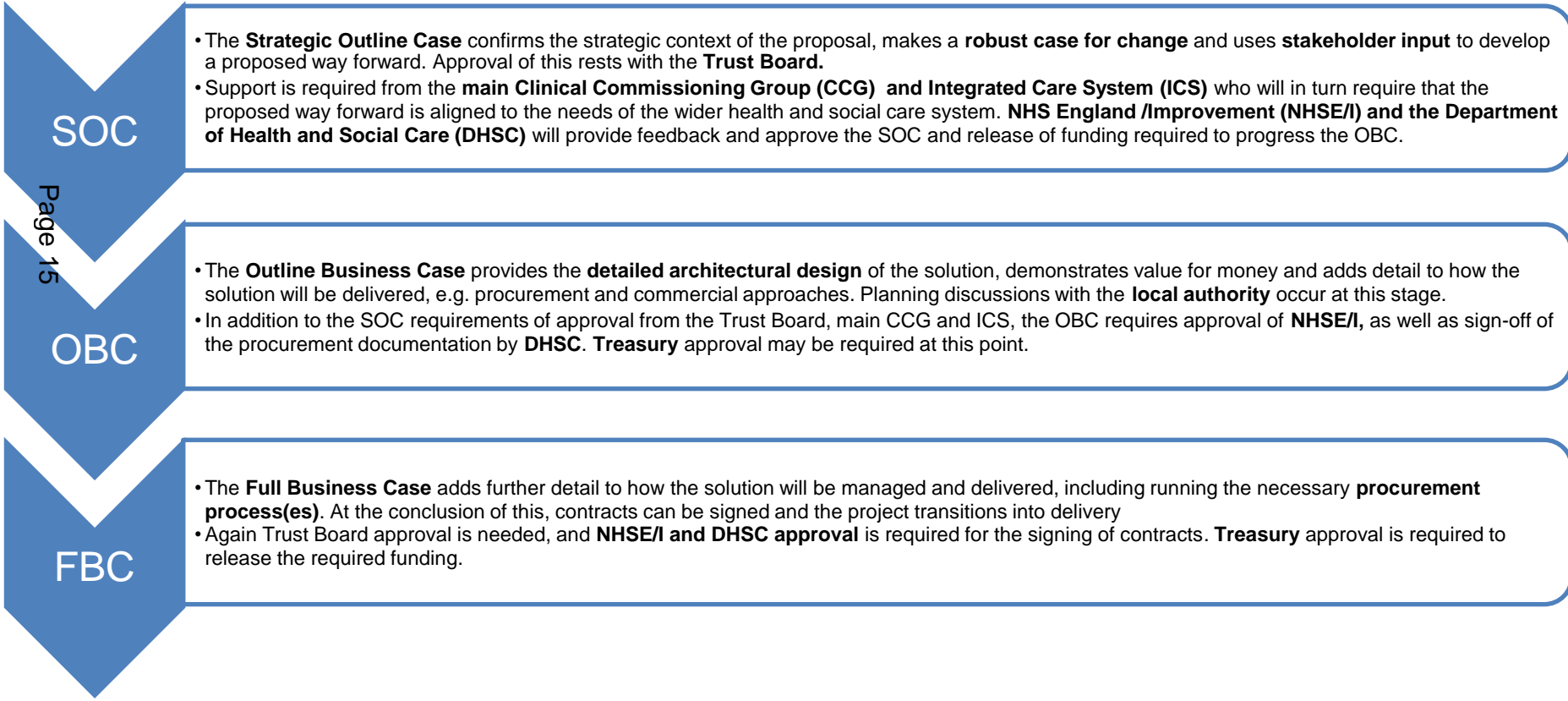
5. The financial case – David Meikle, Redevelopment Finance Lead

6. Engagement – Sarah Bellman, Redevelopment Communications Lead

7. Questions – Jason Seez, Deputy CEO/ Director of Strategy / SRO for the redevelopment programme

To deliver a new hospital, we must follow the HM Treasury Green Book business case process

- The Trust is working towards delivering an **estates solution** to operational and clinical issues with the current **Hillingdon Hospital** estate, and enabling the Trust to make the most of modern design and technology.
- We must follow the **HM Treasury’s Green Book business case process** to justify the significant public investment in the estate and to show that all options have been considered and the best option selected.
- The Green Book has three stages:



- The Trust met with the HESSC on 8th September 2020 to provide an update on progress with the development of proposed plans for the redevelopment of Hillingdon Hospital. Feedback was provided to the HESSC on the proposed redevelopment plans and the approach to involving the public in the development of these.
- It was confirmed that the new hospital will provide the same range of services that are currently available at the hospital, but in a high quality, 21st century state of the art hospital and that in designing this, the Trust will continue to work with system partners to improve the integration of care across Hillingdon.
- At this meeting, the HESSC expressed full support for the redevelopment as well as for the Trust's engagement strategy.
- Following the meeting, the Trust received a letter of support from the Leader of the Council confirming that the requirement for public consultation had not been triggered. This was submitted with the Strategic Outline Case for the redevelopment of the Hillingdon Hospital estate to NHS England / Improvement.

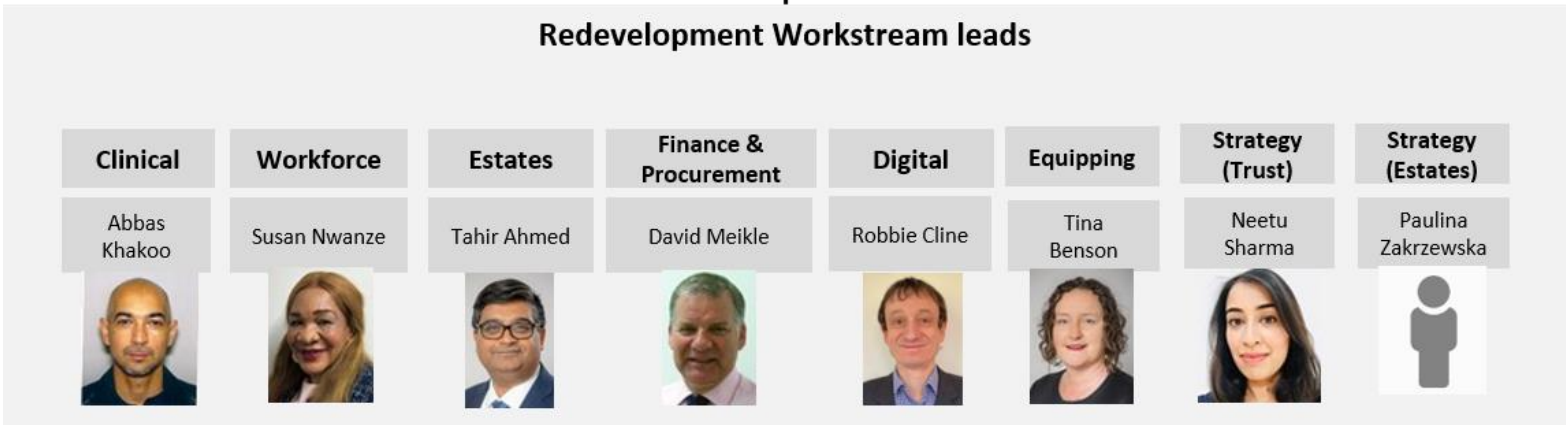
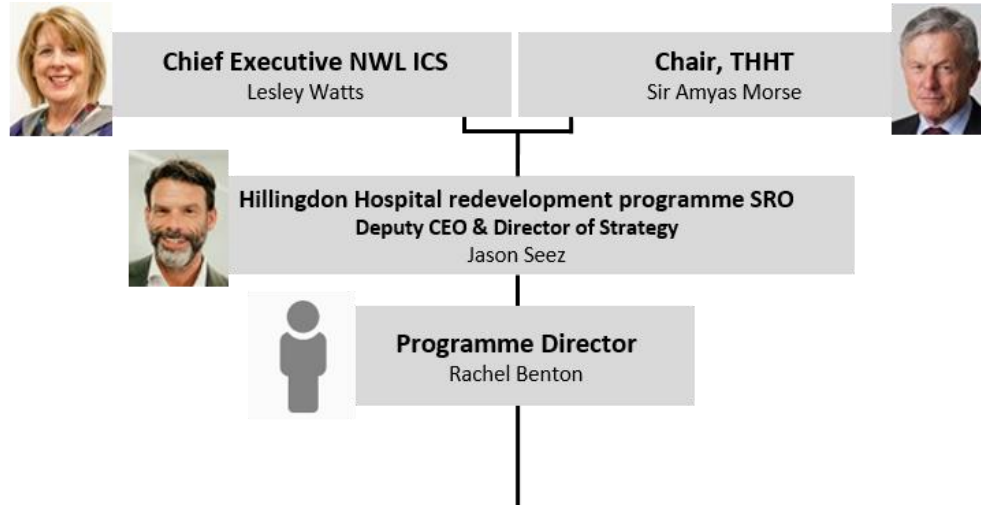
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A summary of the draft Strategic Outline Case was also considered at the Redevelopment Partnership Board on 22 July 2020, which involved a broad range of local stakeholders including the main commissioners, North West London STP, local acute Trusts, London Ambulance Service, Healthwatch, and key local partner organisations such as Brunel University London and Heathrow Airport. The proposed approach to the redevelopment was endorsed by the Partnership Board.

- Since last meeting with the HESSC, we have made strides in progressing plans for the redevelopment of the Hillingdon Hospital estate by working together as a health and care system.

1. Introduction and context – Jason Seez, Deputy CEO / Director of Strategy/ SRO for the Redevelopment Programme
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After many years of trying to get a new hospital for the people of Hillingdon, huge strides have been made over recent months by working together as a health and care system.

- The Integrated Care System Lead is the Accountable Officer for the programme and the redevelopment of Hillingdon Hospital is a top priority for the North West London Integrated Care System.
- We are taking forward the development of the business case for the redevelopment of Hillingdon Hospital in partnership with the local system.





- This follows approval from the Department of Health and Social Care and NHS England / Improvement Joint Investment Committee of the Strategic Outline Case on 5th October 2020, which was subject to a number of conditions being met at Outline Business Case stage with key examples including:
 - The development of a balanced revenue plan
 - Demonstrating how the scheme supports NHS sustainability and carbon reduction goals
 - Ensuring consideration of Modern Methods of Construction to support carbon reductions
 - Demonstrating that the clinical model underpinning the redevelopment plan aligns with the North West London STP clinical and estates strategies
 - Development of a Trust estates strategy
 - Demonstrating how activity to calculate the required bed numbers has been modelled and therefore how the hospital has been right sized.
- The approval received from Ministers reiterates these approval conditions.
- We are now working through implementing these conditions as part of the development of the Outline Business Case.
- The preferred way forward remains to re-build Hillingdon Hospital on the current hospital site.

We have entered into a Collaboration Agreement with the Department of Health and Social Care and NHS England / Improvement New Hospital Programme



- Investment in new hospitals is now being run as a 'New Hospital Programme' managed centrally by the Department of Health and Social Care and NHS England / Improvement jointly through the **New Hospital Programme** team.
- In December 2020, we received a copy of a **Collaboration Agreement** from the New Hospital Programme team, which set out the principles and ways of working that will exist between the New Hospital Programme function and NHS Trusts. The Trust signed the Collaboration Agreement in January 2021.
- As part of this new collaborative approach to hospital redevelopment, we are **fully committed to working with the New Hospital Programme team** to ensure the successful delivery of the programme and **to share information and learning** that could help to support other schemes that are less advanced in the process.
- Accordingly, we are **continuing to engage extensively with the New Hospital Programme team** as plans for the new hospital progress.
- A New Hospital Programme **design and cost review** of the scheme to date recently concluded.
- Feedback on the outcome of the review was received on 9 April 2021 and **good progress is being made with implementing the recommendations of the review.**

Since last meeting with the HESSC, significant progress has been made on the development of the Outline Business Case, working closely with our local partners

- **The Board has agreed the Schedule of Accommodation for the new hospital**
 - This maps out the space requirements for all clinical and non-clinical areas to be incorporated in the new Hillingdon Hospital
 - This reflects the Needs Case for the new hospital which builds on work undertaken at Strategic Outline Case stage and reflects extensive engagement with clinical teams and partners including the North West London Integrated Care System, Hillingdon Health and Care Partners, the London Borough of Hillingdon, and the Greater London Authority
- **The Trust Board has also agreed the 1:500 design layout of the new hospital, for discussion with Hillingdon Town Planners**
 - These were informed by the Schedule of Accommodation, extensive engagement with clinical and operational teams and national guidance including, for example, new standards for single room provision
 - The plans were reviewed by the New Hospital Programme team and feedback received in April 2021 will inform the more detailed design stage
- **A decant and enabling works plan has been developed and was approved by the Hospitals Redevelopment Programme Board on 24th March 2021**
- **Mobilisation for the more detailed 1:200 scale design stage is now underway**
 - We have developed a detailed programme plan for the 1:200 design stage, which builds on the learnings from the 1:500 design process
- Work is continuing to **further progress the development of revenue and wider economic benefits of the scheme**, to support the **development of an updated affordability position**
- The initial focus of our internal and external communications campaign was **raising awareness of the project** and we are now preparing to **share designs with stakeholders**

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During 2019 the Trust developed a Clinical Services Strategy, which has informed the development of the clinical/functional brief

The Clinical Services Strategy

- The Trust's Clinical Services Strategy was signed off by all partners including Social Care in April 2020.
- As discussed with the HESSC in September 2020, the new hospital will provide the same range of services that are currently available at the hospital, but in a high quality, 21st century state of the art hospital. In designing this, the Trust will continue to work with system partners to improve the integration of care across Hillingdon.
- The key elements of the Clinical Services Strategy are:
 - a) The implementation of a fully integrated health and care system, Hillingdon Health and Care Partners, with a focus on prevention and strengthening primary, community and social care.
 - b) Closer collaboration with North West London Trusts to better network secondary and tertiary services.
 - c) Combining the power of education and research, therapies, and digital technology to transform health and social care.
- The successful delivery of the Clinical Services Strategy will rely on building on existing health and care workstreams linking into the hospital and increasingly within the framework of Hillingdon Health and Care Partners (for example, but not limited to, frailty assessments, same day emergency care, earlier safe discharge of inpatients not requiring ongoing hospital care, children's safeguarding, adult and child mental health) and better develop others such as end of life care and elective care.
- This will lead to a more joined up health and social care system within the Borough so that more high quality and safe care will be provided outside of a hospital setting, whilst improving the quality of emergency and elective hospital care for those who need it.

- Proactive, preventative care will be delivered by our Hillingdon neighbourhood teams: embedding population health information to support proactive management of physical and mental health and wellbeing, reducing variation in outcomes and access.
- The design of the new hospital, supported by digital and workforce transformation and a significant expansion in emergency and elective diagnostic imaging, will allow the correct sizing and co-location of services to facilitate patient and staff flow and to help delivery of new models of care, the key of which are as follows:

Urgent and emergency care:

- Greater use of same day emergency care and ambulatory care, as well as a dedicated frailty unit in the Urgent and Emergency Care floor, supported by community health and social care, will significantly reduce hospital admissions.

Inpatient care:

- Early discharge planning, provision of community support with integrated social care, and provision of appropriate step-down services including intermediate care will all together reduce length of stay for admitted patients.
- A bed base based on 85% occupancy will allow more efficient bed use, and minimum 70% single rooms will allow better patient experience and better infection prevention and control.

Critical care:

- Expansion and co-location with medical high dependency to allow flexing of critical care numbers.

Elective care:

- More one stop shop including same day diagnostics, and access to digital, including virtual consultations, along with more community based clinics with access to specialist advice and key diagnostics, all taken together will allow less hospital based new and follow up consultations.

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The design for the new hospital has been developed through extensive engagement with Trust stakeholders

- 1:500 scale design layouts have been developed based on the approved schedule of accommodation and through extensive engagement with Trust stakeholders to ensure that they fully align with the clinical brief. They were agreed by the Trust Board on 6 April 202 for discussion with Hillingdon Town Planners.
- The designs have been further informed by national guidance, including new standards around single room provision.
- The designs have responded to comments from the London Borough of Hillingdon planners that were raised as part of pre-application discussions and a formal planning performance agreement.
- Collaborative meetings have also taken place between the Trust, the London Borough of Hillingdon and the Greater London Authority in relation to the designs for the new hospital with designs refreshed to reflect feedback received.

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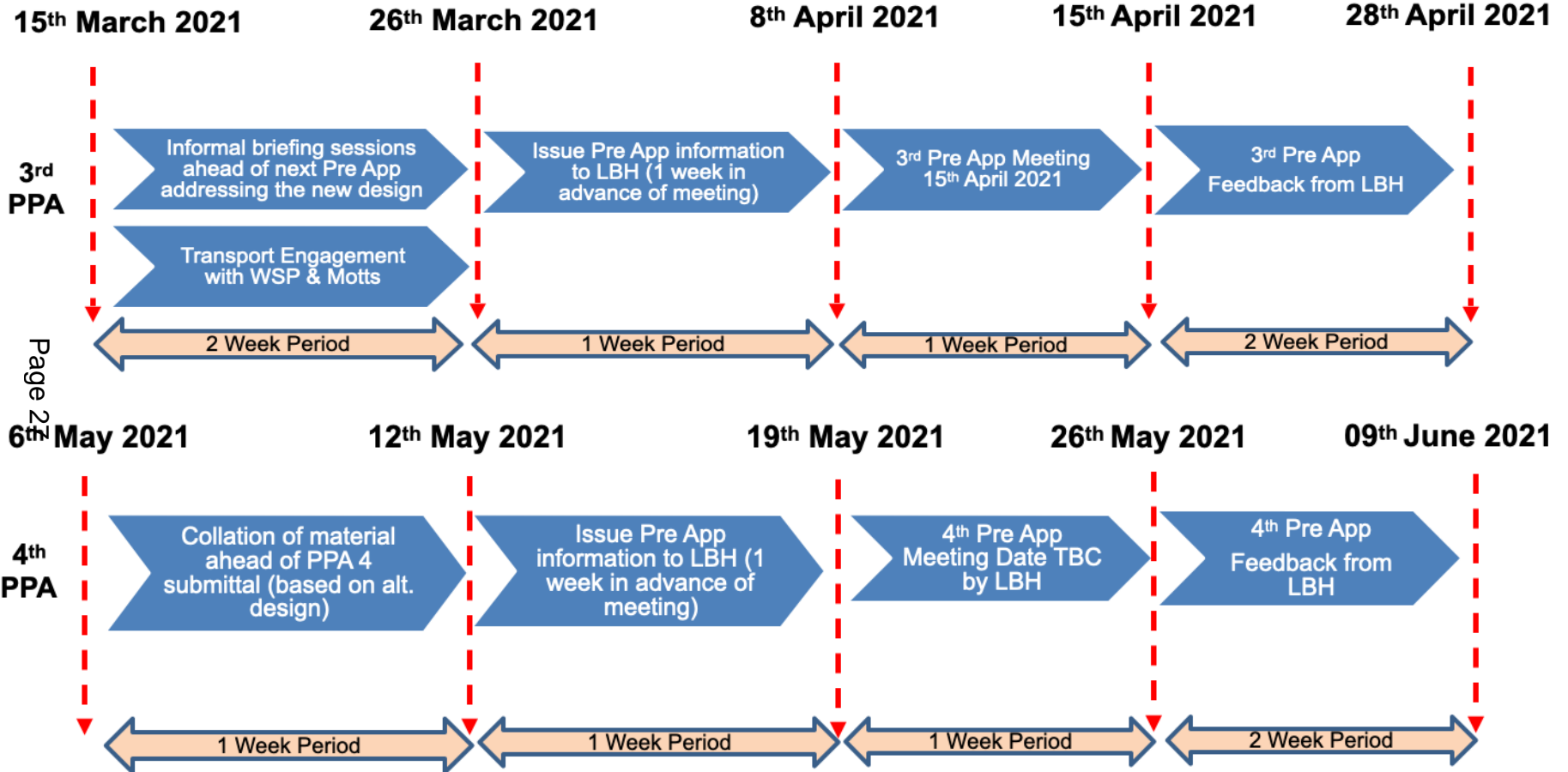
The Greater London Authority has advised that the replacement hospital is strongly supported in line with London Plan Policies S1 and S2 and Good Growth Objective GG1.

- The latest iterations of the 1:500 scale designs were provided to the Department of Health and Social Care and NHS England / Improvement New Hospital Programme team as part of their design and cost review. The Trust is working to address feedback from the review.
- The design stage is now moving from RIBA stage 1 in to RIBA stage 2 for the more detailed 1:200 scale design phase in collaboration with our clinical and operation working groups.

Engagement with the London Borough of Hillingdon Planning Department is continuing ahead of submitting the planning application in September 2021



- Set out below is a summary of the planning engagement process:



Following this:

- Trust approvals:** September 2021; **Planning submittal:** September 2021; **16 week planning determination period:** 31st December 2021

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We are refining the financial model to ensure that the new hospital is affordable

- Key revenue components of the business case include:
 - **Cost of capital** (Public Dividend Capital (PDC) and depreciation)
 - **Financial opportunities (benefits)** from redevelopment
 - Avoided and reduced **depreciation charges**
- PDC represents the Department of Health's equity interest in assets in the NHS, which NHS Trusts have to generate a **return on of 3.5%**
- The required capital of the redevelopment can create a **cost pressure** that has to be matched by financial opportunities and benefits of new ways of working and by reduced capital charges on assets no longer in use.
- In addition, the affordable evaluation will be supplemented by an assessment of **system-wide economic impacts**

Mitigations to improve affordability

- **Capital costs** – continually assessed through the business case process to assure the Trust Board and regulators that the capital required is optimised.
- **Benefits** – these will also be tested with regulators and need to be set in the context of the Trust's baseline Cost Improvement Programme (CIP) and financial position
- **Land receipts** – confirmed land sales will be included and reduce the overall capital required
- **Additional mitigations** – additional potential mitigations to support financial affordability need to be explored e.g. impairment / revaluation of asset on day 1, PDC sensitivities, stretch benefits and other potential structural factors

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- Phase one refers to the communications and engagement activity undertaken since the Trust Board approved the submission of the draft Strategic Outline Case
- This activity covers the five months from late July 2020 until December 2020
- The core objectives of this phase were:
 - To development clear and robust communication and engagement plans
 - To build relationships externally and internally
 - To create core channels of communication specific to the redevelopment programme
 - To begin raising awareness of the Trust plans
 - To begin involvement of the public and staff in shaping the plans



6 webinars



50 people recruited
to the new Public
Participation Forum



6 newsletters/updates
with 650 subscribers



Community engagement
activity with resident
associations, community
groups, schools, place of
worship and patient
groups

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Staff engagement
through existing Trust
channels



Over 620 survey
responses



Over 7000 visits to
our microsite



35 tweets
52 retweets



26 posts
108 shares
Reached 48,000 people



11 posts
237 likes



15 posts
234 likes

- Phase two communication and engagement activity will begin in May 2021 and continue through the remainder of the Outline Business Case development.
- There will be three core objectives:
 - To build enthusiasm about the rebuild of Hillingdon Hospital
 - To update on clinical and planning progress made to date
 - To encourage feedback and involvement in the next stage of planning
- As with early work this will reach all our audiences:
 - Internal (staff, governors, NEDs, membership)
 - Public & patients
 - Stakeholders

April: Preparation

May: Set expectations

June - July: Exhibition live

All

- Website and social media
- Newsletter
- Public exhibition
- Advertising
- Regular feedback reports
- Online exhibition
- Video of exhibition
- Media activity

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Public & patient

- Public Participation Forums
- Letters to local residents
- Public webinars
- Community engagement – places of worships, RAs, Healthwatch, schools, community groups etc.
- Public workshops
- Translations
- Possible design competitions

Stakeholders

- Scrutiny meetings
- Partner updates
- Briefings to political stakeholders
- HHCP Board
- HWBB
- NW London Primary care bulletin
- ICS exec

Internal

- Staff webinars
- E-news
- Team brief
- In-hospital display (tbc)
- Governor's involvement session
- Members news
- Screensavers

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EXTERNAL SERVICES SELECT COMMITTEE - HILLINGDON HOSPITAL PERFORMANCE UPDATE

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Resources and Services
Papers with report	None
Ward	Brunel

HEADLINES

To enable the Committee to keep up to date on the performance of Hillingdon Hospital and any associated action plan.

RECOMMENDATION:

That the External Services Select Committee notes the update on the performance of Hillingdon Hospital.

SUPPORTING INFORMATION

Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. It makes sure that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve. The CQC undertakes inspections to find evidence to help its inspectors answer five key questions: is the service safe, effective, caring, responsive and well-led? Within these domains, CQC inspectors are looking at a range of practices:

- Is it safe?
 - Safeguarding and protection from abuse
 - Managing risks
 - Safe care and treatment
 - Medicines management
 - Track record
 - Learning when things go wrong
- Is it effective?
 - Assessing needs and delivering evidence-based treatment
 - Monitoring outcomes and comparing with similar services
 - Staff skills and knowledge
 - How staff, teams and services work together
 - Supporting people to live healthier lives
 - Consent to care and treatment
- Is it caring?
 - Kindness, respect and compassion
 - Involving people in decisions about their care
 - Privacy and dignity
- Is it responsive?

- Person-centred care
- Taking account of the needs of different people
- Timely access to care and treatment
- Concerns and complaints
- Is it well-led?
 - Leadership capacity and capability
 - Vision and strategy
 - Culture of the organisation
 - Governance and management
 - Management of risk and performance
 - Management of information
 - Engagement and involvement
 - Learning, improvement and innovation

CQC Inspection of Hillingdon Hospital

1. Following its inspection in August 2020, the CQC rated Hillingdon Hospital overall as 'Inadequate':

Overall rating for this hospital	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are services well-led?	Inadequate	

2. The CQC carried out an inspection of Hillingdon Hospital in March and April 2018 as part of its comprehensive inspection programme of all NHS acute providers. The following table illustrates the CQC ratings provided for Hillingdon Hospital in the 2018 inspection report and the direction of travel in each domain since the previous inspection in 2015:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Jul 2018	Inadequate Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Medical care (including older people's care)	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Surgery	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Critical Care	Requires improvement ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018

Maternity	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Outstanding Jul 2018	Good Jul 2018
Service for children and young people	Good Jul 2018 ↑	Good Jul 2018 ↔	Good Jul 2018 ↔	Good Jul 2018 ↑	Good Jul 2018 ↑	Good Jul 2018 ↑
End of life care	Good Jul 2018 ↑	Good Jul 2018 ↑	Good Jul 2018 ↔	Good Jul 2018 ↑	Good Jul 2018 ↑	Good Jul 2018 ↑
Outpatients	Requires improvement Jul 2018 ↔		Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Overall	Inadequate Jul 2018 ↓	Requires improvement Jul 2018 ↔	Good Jul 2018 ↔	Requires improvement Jul 2018 ↔	Inadequate Jul 2018 ↓	Inadequate Jul 2018 ↓

3. The CQC inspected Hillingdon Hospital in August 2020 (and returned in September 2020) in response to concerns around infection, prevention and control at the hospital. As such, the CQC only looked at those areas related to infection, prevention and control and identified a number of areas for improvement.
4. In Urgent and Emergency Services, the Trust must:
 - Improve infection prevention and control training rates for medical staff and other clinical staff.
 - Reduce the risk of cross contamination in staff changing areas and ensure it is COVID-19 secure.
 - Improve management processes in place for respiratory protective equipment to ensure they are appropriately maintained as per manufactures guidance to remain effective.
 - Ensure all risks identified for the emergency department are documented on the risk register with mitigations in place.
5. In Urgent and Emergency Services, the Trust should:
 - Continue to monitor and ensure that all staff wear PPE correctly at all times.
 - Improve the management arrangements of masks to ensure filters are changed as per national guidance.
6. In Medical care (including older people's care), the Trust must:
 - Improve the support and training provided by the infection, prevention and control team to medical wards.
 - Improve infection, prevention and control training compliance rates for medical staff.
 - Monitor the changing of filters on hoods and respirator masks to ensure the required changes are being completed.
7. In Medical care (including older people's care), the Trust should:
 - Place posters for staff around the donning and doffing of PPE in areas of the wards where staff can easily refer to.

- Ensure PPE dispensers are installed outside of patient bays and rooms.
 - Provide COVID-19 information leaflets for patients to explain what a COVID-19 swab test is and how it would be taken.
 - Make sure all risks identified within the medical care division are documented on the risk register with mitigations in place.
 - Ensure all staff including the bed management team are fully aware of the patient pathways in place.
8. The Committee should note that, following an inspection, THH is required to respond to areas of concern that have been identified, develop an action plan to address them and make improvements. The CQC will then follow up on any action it tells the Trust to take which may be by contacting the Trust or visiting the service to carry out a focused inspection.

BACKGROUND PAPERS

None.

EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Resources and Services
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 considers the Work Programme at Appendix A and agrees any amendments.

SUPPORTING INFORMATION

1. At its meeting on 8 September 2020, the Committee agreed that all future meetings be scheduled to start at 6.30pm for the remainder of the municipal year, to provide those attending straight from work with a little extra time to arrive. Should the need arise, the Committee will be able to vary the start time on an ad hoc basis. Given the current changing situation with regard to COVID-19, whether the meeting will be held in person or virtually will also be determined on an ad hoc basis.
2. The meeting dates for the 2020/2021 municipal year were agreed by Council on 16 January 2020 and are as follows:

Meetings	Room
Thursday 11 June 2020 CANCELLED	GR6
Thursday 2 July 2020, 6.30pm (Private / Informal)	VIRTUAL
Tuesday 8 September 2020, 6.30pm	VIRTUAL
Thursday 8 October 2020, 6.30pm	VIRTUAL
Tuesday 10 November 2020, 6.30pm	VIRTUAL
Tuesday 12 January 2021, 6.30pm	VIRTUAL
Tuesday 9 February 2021, 6.30pm	VIRTUAL
Tuesday 23 March 2021, 6.30pm	VIRTUAL
Wednesday 28 April 2021, 6.30pm	VIRTUAL
Thursday 29 April 2021, 6.30pm	VIRTUAL

3. The meeting dates for the 2021/2022 municipal year were agreed by Council on 25 February 2021 and are as follows:

Meetings	Room
Wednesday 16 June 2021, 6.30pm	CR6
Tuesday 20 July 2021, 6.30pm	CR6
Wednesday 15 September 2021, 6.30pm	CR6
Thursday 7 October 2021, 6.30pm	CR6
Tuesday 23 November 2021, 6.30pm	CR6
Thursday 27 January 2022, 6.30pm	CR6
Tuesday 22 February 2022, 6.30pm	CR5
Tuesday 22 March 2022, 6.30pm	CR5
Wednesday 27 April 2022, 6.30pm	CR6

4. Currently, meetings can only be held virtually up until 7 May 2021. Although meeting rooms have been booked for the meetings in the new municipal year, the format of the meeting (whether in person or virtual) will be guided by the Government.

Live Broadcasting of Meetings

5. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future policy overview and select committee meetings would be broadcast live on YouTube. As such, all formal External Services Select Committee meetings will be broadcast live. If a Committee meeting is to be held virtually, it will also be streamed and broadcast live.

Topics to be Scheduled into the Work Programme

6. 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).
7. It was agreed that representatives from The Hillingdon Hospitals NHS Foundation Trust (THH) would be invited to attend the meeting on 28 April 2021 to talk to Members about the measures that have been taken with regard to infection prevention and control. THH will also be asked to provide Members with an update on the progress of the new hospital development. At this meeting, the Committee will also receive an update from NHS England (NHSE) / NHS Improvement (NHSI) in relation to the review of the Mount Vernon Cancer Centre.
8. All Trusts, except for THH, have been invited to the meeting on 29 April 2021 to provide the Committee with an update on the work that they have been undertaking.

Possible Topics for Consideration in a Single Meeting

9. Once the Work Programme for 2021/2022 has been populated with the Committee's statutory scrutiny responsibilities, there are opportunities to scrutinise other issues in the remaining meetings. Members have been asked to suggest possible topics that fall within the Committee's Terms of Reference for consideration in these meetings:
- Preventative Health*: Prevention is a concept that refers to upstream interventions which seek to help people maintain or improve health before it is compromised and could include cancer screening, childhood immunisations or the work undertaken by Hillingdon Health and Care Partners (HHCP). As this is such a wide area,

- consideration will need to be given to making this more specific. Possible witnesses could include: health partners, service users and Healthwatch Hillingdon;
- b. OWL/Neighbourhood Watch*: OWL (Online Watch Link) keeps communities safe, helps reduce crime and keeps people informed of what's going on locally. It's a secure platform for the public and shared with the police and local authority to maximise the potential of Neighbourhood Watch, Rural Watch, Business Watch and dozens of other schemes. OWL sends subscribers the latest local crime alerts and provides management tools for maintaining and expanding watches. Possible witnesses could include: the police, Neighbourhood Watch organisers and local residents associations;
 - c. 5G and Greater Connectivity*: In telecommunications, 5G is the fifth-generation technology standard for broadband cellular networks, which mobile phone companies began deploying worldwide in 2019, and is the planned successor to the 4G networks which provide connectivity to most current mobile phones. 5G will be much faster than 4G making it (and even high-speed fibre broadband) seem sluggish. A minimum expectation is for download speeds of 10Gbps, more than 1000x faster than 4G and enabling an entire HD film to be downloaded in under 10 seconds. What coverage is available in Hillingdon? How does this compare to the rest of London / England? Possible witnesses could include: providers and users.
 - d. Children's Dental Services*: Members to consider whether the Dentistry Select Panel review could be undertaken in a single meeting review. The Select Panel held a single witness session on 12 February 2020. Since then, the Chairman of the Select Panel and one of the remaining four Members on the Panel have gained Cabinet positions so will be withdrawn from the Select Panel. It is suggested that the Select Committee consider looking at this issue as a single meeting review during its usual meeting schedule and that a report with any findings and recommendations subsequently be submitted to Cabinet;
 - e. Journalism and Local Democracy: To establish the role of journalism in the Borough with regard to local democracy and look at how journalism has changed. How can journalism help residents to become more engaged in the local democratic process? How can democracy be promoted amongst young people? The Local Democracy Reporting Service (LDRS) is a public service news agency funded by the BBC, provided by the local news sector and used by qualifying partners (it's like a franchise where different companies with different approaches use common editorial standards and all publish into the same system). Possible witnesses could include: Brunel journalism students, the Council's Communications Team, LDRS journalist, and representatives from local radio and Nextdoor;
 - f. Apprenticeships and Adult Learning: The apprenticeship levy is paid by large employers with a pay bill of over £3 million (they pay 0.5% of their total annual pay bill). Currently, only 2% of employers pay the apprenticeship levy. The levy is there to fund apprenticeship training for all employers. Smaller employers (those with a total annual pay bill of less than £3million) pay just 5% of the cost of their apprenticeship training and the Government pays the rest. What progress and benefits has the apprenticeship scheme provided to the private sector? Has the levy enabled private sector businesses to develop the skills needed and fill any gaps? What adult learning opportunities are provided in the private sector? Possible witnesses could include: local private sector businesses and HCUC (A merger between Uxbridge College and Harrow College);
 - g. River Maintenance and Upkeep: To focus on the work being undertaken by the Environment Agency (EA) in relation to river maintenance and upkeep (specifically

not about canals or water treatment). Possible witnesses could include: EA and Colne Valley Partnership.

10. At its meeting on 23 March 2021, Members indicated that they would like to prioritise the first four items in the above list*. To enable the review of children's dental services to be concluded, this has been provisionally scheduled for the meeting on 16 June 2021.

BACKGROUND PAPERS

None.

**EXTERNAL SERVICES SELECT COMMITTEE
WORK PROGRAMME**

NB – all meetings start at 6.30pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
11 June 2020 <i>Report Deadline: 3pm Monday 1 June 2020</i>	CANCELLED
2 July 2020 <i>Report Deadline: 3pm Monday 22 June 2020</i>	VIRTUAL INFORMAL MEETING
8 September 2020 <i>Report Deadline: 3pm Thursday 27 August 2020</i> <i>Previously scheduled for 2 September 2020</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) Hillingdon Hospital Development Update To receive an update on the progress of proposals for a new Hillingdon Hospital.
8 October 2020 <i>Report Deadline: 3pm Monday 28 September 2020</i>	Mount Vernon Cancer Centre Update To receive an update on the progress of the review of the services provided at Mount Vernon Cancer Centre.
10 November 2020 <i>Report Deadline: 3pm Thursday 29 October 2020</i>	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection and Hospital Development 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

Meeting Date	Agenda Item
<p>12 January 2021</p> <p>Report Deadline: 3pm Wednesday 30 December 2020</p>	<p>Great Western Rail Line Issues relating to British Transport Police, Network Rail and Crossrail.</p>
<p>9 February 2021</p> <p>Report Deadline: 3pm Thursday 28 January 2021</p>	<p>Post Offices An update on the provision post office services in the Borough.</p> <p>COVID-19 Vaccination Update Members to receive an update on the roll out of the COVID-19 vaccination programme as well as information on BAME COVID-related deaths and hospital admissions.</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • GP Pressures <p>SEPARATE BRIEFING NOTE REQUESTED FOR (to be circulated outside of meeting):</p> <ul style="list-style-type: none"> • Hillingdon Clinical Commissioning Group (HCCG) – Update on the effectiveness of the flu vaccination programme • Hillingdon Hospital redevelopment update
<p>23 March 2021</p> <p>Report Deadline: 3pm Thursday 11 March 2021</p>	<p>Crime & Disorder 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)
<p>28 April 2021</p> <p>Report Deadline: 3pm Thursday 15 April 2021</p>	<p>Mount Vernon Cancer Centre Review Update on the review of services provided by the Mount Vernon Cancer Centre.</p> <p>The Hillingdon Hospitals NHS Foundation Trust (THH) Update on performance and the infection prevention and control measures put in place at Hillingdon Hospital.</p> <p>Update on the development of the new hospital.</p>

Meeting Date	Agenda Item
<p>29 April 2021</p> <p>Report Deadline: 3pm Friday 16 April 2021</p>	<p>Health</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. The London Ambulance Service NHS Trust 4. Hillingdon Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Healthwatch Hillingdon 7. Local Medical Committee
<p>16 June 2021</p> <p>Report Deadline: 3pm Friday 4 June 2021</p>	<p>Children's Dental Health</p> <p>Single meeting review of children's dental health services in the Borough.</p>
<p>20 July 2021</p> <p>Report Deadline: 3pm Thursday 8 July 2021</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. Hillingdon Clinical Commissioning Group 6. Hillingdon Health and Care Partners 7. Healthwatch Hillingdon
<p>15 September 2021</p> <p>Report Deadline: 3pm Friday 3 September 2021</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>7 October 2021</p> <p>Report Deadline: 3pm Monday 27 September 2021</p>	

Meeting Date	Agenda Item
<p>23 November 2021</p> <p>Report Deadline: 3pm Thursday 11 November 2021</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. Hillingdon Clinical Commissioning Group 6. Hillingdon Health and Care Partners 7. Healthwatch Hillingdon
<p>27 January 2022</p> <p>Report Deadline: 3pm Monday 17 January 2022</p>	
<p>22 February 2022</p> <p>Report Deadline: 3pm Thursday 10 February 2022</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>22 March 2022</p> <p>Report Deadline: 3pm Thursday 10 March 2022</p>	
<p>27 April 2022</p> <p>Report Deadline: 3pm Wednesday 13 April 2022</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. Hillingdon Clinical Commissioning Group 6. Hillingdon Health and Care Partners 7. Healthwatch Hillingdon

Possible future single meeting or major review topics and update reports

1. Preventative health – this could be obesity, childhood immunisations, cancer screening, etc;
2. OWL / Neighbourhood Watch – there appear to be some gaps in coverage and effectiveness across the Borough;
3. 5G and connectivity – Hillingdon is probably not currently where it should be with regard to coverage. Consideration could also be given to the impact on the environment/aesthetics and community buy in;
4. Children’s dental health – it was agreed on 23 March 2021 that this issue be concluded in a single Committee meeting (if possible);
5. Journalism and local democracy;
6. Apprenticeships and adult learning; and
7. Environment Agency – work undertaken in Hillingdon with regard to river maintenance and upkeep (not canals or water treatment) to possibly include input from organisations such as Colne Valley Landscape Partnerships.

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