Minute 91:

Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust, introduced the report and led the presentation, supported by Clare Burns, BHRUHT Programme Director for Demand Management. Matthew explained that the NHS Constitution gave patients the right to access services within 18 weeks following a GP Referral. It became apparent in 2014 that in BHRUT this was not being achieved and due to the lack of confidence in the reliability of the data BHRUT had suspended formal reporting of its Referral to Treatment (RTT) performance in February 2014.

The Patient Administration System (PAS) computer system had been updated in December 2013. There appeared to have been both a misunderstanding and mismanagement of the data within the Trust over a number of years, for which the Trust was now apologising.

NHS England had subsequently tasked BHRUT and Barking Havering and Redbridge CCGs to develop a recovery plan and to report regularly to the NHSE / TDA to provide the necessary assurance that changes were happening. Despite the data not being assured in March 2016, BHRUT Board Papers stated that it had 1,015 patients waiting more than 52 weeks on the elective RTT pathway, which had led to significant national publicity. Independent auditors had now been appointed to verify the data and patient numbers but the exact numbers were still being verified. The only positive resulting from this problem was that the data deficiencies had allowed an opportunity to investigate where there were gaps between patient demand and capacity of services.

Since March the number of people waiting 52 weeks had reduced to around 800. NHS London had also written to BHR CCGs outlining their concern.

Matthew explained that 95% of patients should have had their procedures / diagnoses within 18 weeks of GP referral. For an organisation the size of BHRUT it would be expected that there would be around 30,000 people on the process / waiting list at any one time. The Trust had 58,000 people on the waiting list. In the past year the Trust had delivered an additional 1,200 operations and 30,000 extra outpatient appointments but there was still a large number of people waiting over 18 weeks. Matthew added that the Junior Doctors strike action had resulted in 4,000 appointments being cancelled on 26 April alone.

The aim now was to achieve compliance with the NHS Constitution standards by March 2017. To achieve that BHRUT were now looking towards other providers across the region, however, some people have indicated that they would prefer to wait longer to stay local. BHRUT had a programme of improvement for the data accuracy and to deal with the backlog of patients waiting for appointments or treatment.

Clare Burns explained that work now needed to be undertaken to provide services locally to resolve demand at the hospitals. As patients do not seem to want to travel for treatment, this would include alternative routes to treatment, such as a community dermatologist service in LBBD. Clare added that LBBD referrals were often to orthopaedic and surgery when that was not always the answer and alternatives such as physiotherapy and living with the pain for a short while may be the answer. GPs should not stop referring patients, but should have other options in place, which may have more rapid results for patients.
Consultant auditors were checking for clinical harm, that correct governance and robust process were in place, demand and capacity issues and were also undertaking a modelling review.

The Chair said that she felt that it was not a credible statement to say that people would want to wait longer to be seen within the Trust than to travel to another provider and asked where the evidence was supporting this, for example how had people been approached and how many had been contacted, how long had they been told they might have to wait, had they been told they could go elsewhere? Matthew agreed to provide the evidence to the Board in due course.

The Board asked Matthew what was going to happen to reduce the number of people still waiting. Matthew advised that extra work had already been undertaken which had resulted in the delivery of 1,200 extra operations and they had also provided funding to resolve the computer / data issues.

The Board was concerned that the Trust had suspended reporting but had not advised the Board of the difficulties for 18 months. The Board felt that selected reporting of poor performance was unacceptable. Matthew responded that as an organisation it was felt that it was wrong to continue reporting faulty and erroneous data and that before they started reporting again the data must be correct, robust and credible. The Department of Health had provided a support team in September 2015 to review the BHRUT data and consultants, Ernest and Young, had now been engaged to undertake a full review and checks.

The Board was disbelieving of the claim that there had been no clinical harm to the individuals that had been waiting up to 52 weeks or more for treatment and that there could also be psychological harm caused by the stress of waiting and the delay in treatments. Matthew advised that a clinical harm review had been undertaken and there were only two patients with moderate to severe clinical harm from the wait. Clare Burns advised that one of those was a patient with increased problems with a shoulder.

The Chair commented that this situation had not been considered or reported to the Council’s health scrutiny committee, known as the Health and Adult Services Select Committee (HASSC), and suggested to Councillor Keller, Chair of HASSC, that the issue of the Referral to Treatment was added to its Scrutiny Work Programme for further investigation as a matter of priority.

Councillor Butt, LBBD Cabinet Member for Crime and Enforcement, was concerned that both the document and presentation referred to ‘waiters’ and asked that BHRUT not use the term ‘waiters’ in their future reports and suggested that ‘patients’ or 'people' was more appropriate.

Councillor Turner, LBBD Cabinet Member for Children’s Social Care, reminded the Board of the legal duty of candour and asked Matthew to whom they had reported the suspension of reporting data. Matthew advised that the Department of Health had been advised as soon as it became apparent that there was a significant issue.

Cllr Turner asked if anybody within BHRUT had been held accountable for the failures. Matthew responded that there had been a systemic lack of capacity in dealing with the
problem over many years, as well as incompetency, rather than a wilful misreporting of data. As a result appropriate disciplinary action had been taken but he was not prepared to share what that was with the Board as it was personal information.

Councillor Turner asked who would be the named individual responsible for ensuring the data issues were sorted and the time people were waiting was resolved. Matthew explained that BHRUT and BHR CCG had developed a refreshed Referral to Treatment recovery plan to more effectively tackle the issue of long patient waits and provide the necessary assurance to all stakeholders. The refreshed recovery plan was being reviewed by NHS England and NHS Improvement (formerly TDA) and consultants were also verifying the data. However, as Chief Executive and Accountable Officer he accepted that he was responsible for ensuring the data issue was resolved and patients waiting times were reduced.

Conor Burke, Accountable Officer, Barking and Dagenham CCG, advised that he had just received details on the patients waiting and this would be shared with GPs so that they could look at the individual cases and make the appropriate contact.

The Board:

(i) Noted that the Barking, Havering and Redbridge Clinical Commissioning Groups and Barking, Havering and Redbridge University Hospitals NHS Trust had developed a refreshed Referral to Treatment recovery plan to more effectively tackle the issue of long patient waits that sought to offer necessary assurance to all stakeholders, including patients and the public;

(ii) Noted the recovery plan was being reviewed by NHS England and NHS Improvement (formerly NTDA) and external consultants had been engaged by BHRUT to independently verify the data accuracy and assist BHRUT in the resolution of the problem;

(iii) The Board also wished to place on record its serious concern in regard to:

(a) The decision of BHRUT to ‘not report’ nor advise the Board of the problem over the last 18 months;
(b) The apparent lack of urgency at BHRUT in regard to resolving the problem at an earlier point in time;
(c) The significant number of patients who were waiting more than the 18 weeks referral to treatment target, set out in the NHS Constitution, with some patients still waiting for over 52 weeks;
(d) The potential deterioration in patients’ conditions and the physiological and social harm that may be caused to patients by the delays;

(iv) Requested that the Board be provided with regular performance updates on this issue, including:

- Details of the action being taken by BHRUT to reduce patient wait times;
- The performance achieved in the previous quarter;
- The projected trajectory rates to achieving the 18 week referral to treatment target across all specialties;
· The numbers of patients in each specialist area and how many of those patients were Barking and Dagenham residents;
· Evidence to substantiate the anecdotal claim by BHRUT that patients were prepared to wait longer to be seen within BHRUT rather than being treated by other providers;

(v) Requested that BHRUT do not use the term ‘waiters’ in their future reports and suggested that ‘patients’ or ‘people’ was more appropriate; and

(vi) Recommended that the LBBD Health and Adult Services Select Committee include the issue of the Referral to Treatment in its Scrutiny Work Programme for further investigation as a matter of priority.