MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE

Thursday, 9 June 2016
(7:00 - 8:40 pm)

Present: Cllr Peter Chand (Chair), Cllr Linda Zanitchkhah (Deputy Chair), Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Jane Jones and Cllr Faraaz Shaukat

Also Present: Cllr Maureen Worby

Apologies: Cllr Sanchia Alasia, Cllr Eileen Keller and Cllr Hardial Singh Rai

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes - To confirm as correct the minutes of the meeting held on 13 April 2016

The minutes of the meeting held on 13 April 2016 were confirmed as correct.

3. Referral to treatment issues in Barking, Havering And Redbridge University Hospitals NHS trust

The Health and Adult Services Select Committee (HASSC) noted that on 26 April 2016 the Health and Wellbeing Board (HWB) received a report on concerns regarding Barking, Havering and Redbridge University Hospitals Trust's (BHRUT) waiting times for planned surgery and outpatient treatment (referral to treatment times) for patients across the three boroughs. At the meeting the HWB expressed grave concerns at the scale of the issue, having noted that BHRUT revealed in its March 2016 Board papers that it had a large number of patients waiting more than 52 weeks on the elective referral to treatment pathway. The Chair of the HWB, Councillor Maureen Worby, suggested that the HASSC consider the issue of the referral to treatment times (RTT) for further investigation as a matter of priority, which is why this HASSC meeting had been arranged.

Matthew Hopkins, the Trust's Chief Executive, delivered a presentation on the Trust's RTT performance which covered:

- The Trust's approach
- Frame – strategic context
- Diagnosis – key issues
- Options review – review of actions
- Summary of the additional activity required
- Prioritisation – chosen approach
- Demand management measures
- Delivery – leadership and resource
- Delivery – risk management
- Governance – management and assurance
- RTT Update.
Councillor Chand expressed disappointment that the borough’s residents were suffering again as a result of the Trust’s poor performance and asked who within the Trust was responsible for the lack of oversight of RTT performance. Mr Hopkins stated that he started in his position of Chief Executive of the Trust in April 2014 when the Trust was about to stop reporting its RTT data due to a lack of confidence in it. Some members of staff felt that the problems in the robustness of the data were down to the Trust starting to operate a new computer system in December 2013 but others were saying that there were problems even before this. An investigation was launched which found that the cause of the problems with the data was a lack of proper oversight from Board to ward level which meant that his predecessor did not receive the correct RTT data. Patients and GPs were complaining about RTT but as an organisation, the Trust had lost its grip on RTT and did not act fast enough which lead to a substantial number of people waiting longer than 18 weeks to start treatment, the standard set by the NHS Constitution.

Councillor Chand referred to Mr Hopkins’ presentation which cited ‘demand management’ measures to reduce RTT by putting in place pathways to refer certain patients to physiotherapy, for example, rather than more intensive treatment. He stated that he had had a knee operation a few months ago which he felt had been very successful in alleviating his symptoms. He asked whether, if he was to see his GP about the same problem now, he would simply be referred to physiotherapy, rather than surgery. Mr Hopkins stated demand management meant that each case would be looked at individually and it would be down to the clinical judgement of professionals whether someone was referred to physiotherapy or surgery. Cases would be triaged and furthermore, physiotherapists would know relatively quickly if someone would not benefit from it.

Councillor Worby referred to Mr Hopkins’ statement during his presentation that one of the ways referrals could be dealt with more quickly in future, was that, where appropriate, referrals could be made to GPs with special interests, avoiding the need for the patient to come into hospital. Councillor Worby asked how this would be achievable given that currently there was a significant shortage of GPs in the borough and therefore GPs did not have the time to develop special interests. Sharon Morrow, Chief Operating Officer for the Barking and Dagenham Clinical Commissioning Group (BDCCG) stated that the BDCCG was looking to bring GPs with a special interest into the borough to offer consultation in community clinics; for example, dermatology clinics in Barking Hospital. Mr Hopkins agreed that work could not be pushed out to other services that were facing capacity issues themselves. The Trust was aware of this which is why it was working extremely hard to clear backlogs.

Councillor Zanitchkhah asked how the Trust’s RTT performance would affect its next Care Quality Commission (CQC) inspection outcome and, why the CQC had not picked up that there were problems with the Trust’s RTT performance when it last inspected the Trust. Mr Hopkins stated that as mentioned, due to a lack of oversight, the data being compiled was inaccurate which meant that the CQC would not have been given the correct data at the time and therefore, would not have picked up that there was a RTT issue. The Trust was now providing the CQC with regular updates on waiting times. The CQC would not, at its next inspection of the Trust, expect it to start meeting the 18 week standard straight away but it would be looking to see that the Trust was being open and transparent and had a thorough plan in place to make the required improvements as fast as possible.
Councillor Zanitchkhah asked whether the Trust had deliberately provided inaccurate data to the CQC. Mr Hopkins stated that this had been investigated and whilst there was no evidence to suggest that any member of staff had intentionally fabricated data, the data was full of errors because of the way the numbers were recorded and added up.

Councillor Zanitchkhah asked what assurances Mr Hopkins could give that the Trust would not have RTT problems in future, after the current crisis was resolved. Mr Hopkins stated that the Trust was working with a company with expertise in managing these types of problems, which had identified that the Trust should improve in four specific areas, and the Trust was currently implementing these which would lead to a strong foundation for ensuring good RTT oversight in future. The company would retest the Trust's data after these areas were fully implemented and once it was verified, only then would the Trust start reporting its data again. He would expect this Committee to hold the Trust accountable for the robustness of its RTT data going forward.

Councillor Jones asked how the public could have confidence in the data the Trust held for other performance areas. Mr Hopkins stated that the Trust had sought independent assurance on many of its performance measures, such as the four hour A&E waiting data, infection control data and cancer waiting times. The Trust’s commissioner, Barking and Dagenham, Havering and Redbridge (BHR) CCGs would also keep oversight of the Trust's data across a range of performance areas.

Councillor Jones stated that Mr Hopkins had stated during his presentation that many patients were reluctant to take up the option of having their treatment carried out by another provider. She asked whether the Trust was being absolutely clear with patients about their options, and whether the Trust had a conflict of interest when it came to informing patients that they could go elsewhere. Mr Hopkins stated that some patients had taken the offer up and some had not. The organisations that were supporting the Trust had helped it script the conversation that the Trust was having with patients. However, he felt he needed to re-emphasise with staff the need to be absolutely clear. Some patients who were referred to alternative providers were ‘returned’ without treatment because of other illnesses they had. He did not feel that there was a conflict of interest as alternative providers would be paid at the same rate as the Trust and the Trust was not able to provide treatment to people immediately.

Councillor Jones referred to an issue brief the Trust had published in March 2016 provided at Appendix 1 of the report and highlighted that it made no mention of the options available to patients in terms of treatment by alternative providers. Mr Hopkins stated that he acknowledged this and would ask for this to be rectified.

Councillor Chand stated that he worked with people with learning disabilities, a vulnerable group, who often did not present themselves to health services until it was too late. He asked how the Trust was targeting people with learning disabilities who were on the waiting list. Mr Hopkins stated that clinical assessment and priority of treatment processes would help to ensure people with highest need took priority. The Trust employed learning disability nurses which would assist this process. He added that he would be taking this point away to ensure that the Trust was doing all it could for vulnerable groups like this as well as those with mental health problems.
In response to a question, Mr Hopkins stated that one of the causes of RTT problems was the lack of staff. The Trust was addressing this at the moment and was investing considerably in recruiting extra staff, including 19 consultant posts. Last year the vacancy rate had been reduced from 13 percent to 10 percent, which suggested that the tide was turning, although the Trust could do more to recruit more local people, as opposed to people from overseas.

Councillor Zanitchkhah asked, given that the population of the borough was set to increase, what would the Trust do around its estates to ensure it would have the right capacity moving forward. Mr Hopkins stated that the statement during the presentation that the Trust would need to undertake approximately 5000 operations and 90000 Outpatient appointments over the next 18 months, took into account the expected population growth rate. The Trust had plans to build theatres at King George Hospital. Furthermore, as well as having the right estates, as the Trust worked through its RTT issues, it would embed a system that would encourage consultants and other staff to take ownership of their waiting lists so that early warnings and steps could be put in place to ensure RTT were manageable.

Councillor Shaukat asked how long it would take for the Trust to resolve its RTT issues. Mr Hopkins stated that the Trust had already seen a massive reduction in number of patients waiting for a year and was set to achieve the standard for 90 percent of those waiting by April 2017. The Trust aimed to start reporting RTT data in autumn 2016.

Councillor Worby asked currently, how many people in total were waiting more than 18 weeks, to which Mr Hopkins replied 12 000, and stated that he would ensure the Committee was provided the specific figure for Barking and Dagenham.

Councillor Shaukat asked how the Trust had come to the view that no one waiting had been harmed. Mr Hopkins stated that a harm review had been done and a small number of people were identified to have suffered serious harm and cataract implications. The Trust did not have an accurate way to determine what level of psychological harm, or harm from taking painkillers for a long time, may have occurred. Patients attending appointments now would be reviewed by their Consultant who would assess the level of harm.

Councillor Zanitchkhah stated that whilst Mr Hopkins had discussed the recruitment of more consultants, no mention had been made of recruiting nurses and she felt that they would be crucial to ensuring the right level of care was being provided. Mr Hopkins stated that the greatest recruitment need was for doctors in Outpatients; however, the Trust would be spending £32 million in investing staff and a significant proportion of this would be spent on recruiting more nurses. Furthermore, these members of staff would be in post permanently as opposed to just until the RTT issues were resolved.

Councillor Jones asked what proportion of those waiting had life threatening conditions. Mr Hopkins stated that patients would have been triaged and urgent or A&E referrals would have been made for those with life threatening conditions. For example, people with suspected cancer were not included in RTT. If whilst waiting for their appointment, a person’s condition becomes life threatening, their GP would need to make an urgent referral.
In response to a question, Mr Hopkins stated that the number of people coming in via the two week cancer referral pathway had increased substantially recently. GPs were referring more patients, and the Trust was seeing most of these within two weeks. The Trust had to do more to achieve the target for the percentage of cancer patients waiting a maximum of two months from urgent GP referral to treatment.

Cllr Jones referred to one of her constituents who had been waiting for weeks for a CT scan report and Mr Hopkins asked that he send her the details of the case so that he could raise queries internally.

In response to comments, Mr Hopkins agreed that staff attitude and culture within the Trust would also have a part to play in ensuring waiting times were reasonable in future. The group of staff who scheduled Outpatient appointments, now had the voice to notify seniors when appointments could not be booked quick enough.

Councillor Worby asked why it took the intervention of NHS Improvement for the Trust to tackle its RTT issues in a transparent way. Ms Morrow stated that last summer the BHR and Waltham Forest CCGs decided to award a contract to run the North East London Treatment Centre to BHRUT. However, the current provider put in a complaint about the tender process which led to a lengthy investigation process by NHS Improvement. The CCGs had recently given undertakings to NHS Improvement as part of the conclusion of the investigation to abandon the procurement and extend the contract to operate the Centre with the current provider, Care UK. Members noted that a key question in the investigation was whether selecting the Trust to operate the treatment centre was consistent with the local CCGs’ obligations to act in the interests of patients in line with regulations and, that the CCGs rescinded their decision because they arrived at a better understanding of the challenges that BHRUT faced as part of the investigation.

Returning back to the issue of the Trust’s RTT performance, Councillor Worby stated that she found it shocking that NHS England simply accepted in 2014 that the Trust would stop reporting its RTT data. She stated that she felt the Trust ‘got away’ with this scandal because the local population did not complain. She believed that the Trust only took real action after a number of private providers had raised questions around their ability to provide treatment to people who were on BHRUT’s waiting list with the Prime Minister. Mr Hopkins stated that the Trust did act as soon as it became aware of the actual number of people waiting for treatment; last year it offered 30 000 more outpatient appointments than the previous year to help reduce the number of people waiting. He acknowledged that the Trust had not done enough to share its action plan with all key local partners but emphasised that this was not because it wished to hide its problems.

Councillor Shaukat asked for more detail as to why the Trust stopped reporting the Trust RTT data in the first place. Mr Hopkins stated that the Trust was meant to measure RTT from the point of GP referral to the point of the start of the treatment, but what the Trust was measuring in reality was, for example, the time from referral to diagnostic appointments, with months passing before treatment was started, and several entries being made for one person, which lead to inaccuracy in the data and ultimately, a lack of confidence in the data held by the Trust. The Trust had now reviewed each referral and knew what its actual RTT performance
Councillor Chand thanked Mr Hopkins for attending and stated that members would consider the information received today and Mr Hopkins would be notified of the recommendations the HASSC wished to make to the Trust in relation to RTT.

4. Joint Health Overview & Scrutiny Committee

The HASSC noted a report providing information on the arrangements for joint health scrutiny across Barking and Dagenham, Havering, Redbridge and Waltham Forest and agreed to appoint Councillors Chand, Zanitchkhah and Jones to the Joint Overview and Health Scrutiny Committee for 2016/17.