London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Minutes

Tuesday 17 April 2012

PRESENT

Committee members: Councillors Lucy Ivimy (Chairman), Michael Adam, Stephen Cowan, Oliver Craig, Charlie Dewhirst, Steve Hamilton and Rory Vaughan

Co-opted members: Maria Brenton (HAFAD)

Other Councillors: Councillor Joe Carlebach (Cabinet Member for Community Care) and Councillor Andrew Johnson (Cabinet Member for Housing).

Officers: Mel Barrett (Executive Director Housing and Regeneration), Stephen Kirrage (Director of Asset Management and Property Services) and Michael Carr, (Scrutiny Development Officer).

NHS Representatives: Sarah Whiting (Chief Executive Inner North West London PCTs), Dr Tim Spicer (Chairman, Hammersmith and Fulham Clinical Commissioning Group) and Daniel Elkeles (Director of Strategy NHS North West London).
Imperial College NHS Trust: Professor Davis Taube (Medical Director, Clinical Services), Bill Shields (Chief Financial Officer) and Eric Gatling (Acting Director of Performance and Contracting).

58. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 22 February 2012 be approved as a correct record subject to the following amendments:

- minute number 53, to include “Councillor Cowan raised concerns at the effectiveness of benchmarking as being used as the only tool in raising standards,
- minute number 54, paragraph 16, replace “paid tribute to the” with “noted the more” effective work done.

59. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Iain Coleman and Peter Tobias.

60. DECLARATIONS OF INTEREST

There were no declarations of interest.

61. SHAPING A HEALTHIER FUTURE FOR NORTH WEST LONDON

Sarah Whiting, Dr Tim Spicer and Daniel Elkeles provided an oral update on the 'Shaping a Healthier Future' hospital reorganisation programme, focusing on the range of services to be offered at each type of hospital and options for development. They outlined the different options and service models proposed and the analysis behind these proposals.

A Joint Health Overview and Scrutiny Committee (JHOSC) was being established by the North Wets London health scrutiny committees was currently meeting in shadow format.

They outlined the process for deciding upon the location of the major hospitals. Of nine existing major hospital sites, there would be three/five designated as major hospitals in North West London and it was asked how it would be decided where the major hospitals. It was responded that the proposed process was to choose between 3-5 of the current locations.

They were asked which hospitals they intended to put forward as the major hospitals. There was no answer available to that at that time, as there was a need to factor in the financial analysis to determine the 5 most suitable sites. The next meeting of the Shadow Joint Overview and Scrutiny Committee (JHOSC) would be provided with the final proposals to be put out to consultation.

The future vision was; localising routine medical services to provide better access closer to home and an improved patient experience, centralising most specialist services to provide better clinical outcomes and safer services for patients, and integrated primary and secondary care, with involvement from social care, to ensure seamless patient care.

Councillor Cowan suggested that the central premise of the proposals was that specialisation is the way forward because it saves lives. It was responded that they were saying that patients get the best care if they get to see the right person and that there were not currently the right amount of skilled people and clinicians at certain sites, because they were spread across different hospital centres. It was suggested that it would be useful to consider the number of patients verses the number of specialist staff and clinicians in different models of services proposed compared with the current situation. The report outlined the number of service clinicians available to different numbers of catchment populations under different scenarios.

It was asked why the focus of the proposals was on hospitals and not NHS Trusts. It was responded that this was because the proposals were focused on service delivery models and not organisational forms. They highlighted the inter-dependencies between services and the range of services hospitals can have. Councillor Cowan asked if there were not other options that could be considered, besides the proposals which only provided options for reducing the number of accident and emergency sites. It was responded that these particular proposals had been drawn up because there was a need to make sure that the service models put forward were efficient and productive with service staff treating the maximum number of patients.

Councillor Cowan queried how long they had been working on the proposed service changes. They said that it had started November 2011 but the strategy had been worked up for two years previously.

The context and case for the proposed service reorganisation and development changes were outlined. This included a growing population, an extra 113,000 people in North West London over the next ten years, an ageing population, with 31% of the population with long term chronic conditions such as heart disease, diabetes and dementia conditions, which required longer term care and management. It was explained that the NHS in North West London was facing big challenges, including the rising cost of health care and drugs and technology and workforce shortages in some hospital specialities. They said that the way hospitals and primary care were organised would not meet the needs of the future.

There was more hospital space in North West London than in other parts of the country and a greater proportion of the NHS budget was on hospital care than the national average; but this did not represent the best use of resources. Three quarters of hospitals required upgrading to meet modern standards, at an estimated cost of £150m. Hospitals in North West London faced significant financial challenges even if they maximised efficiency.

It was asked how large the Charing Cross hospital was. Approximately 536 beds. It was asked how much of a challenge it would be for Chelsea and Westminster hospital to upgrade to a larger site. It was replied that this would involve transferring a 100 bed capacity, however, if the proposed strategy was implemented it would produce efficiencies and that would require less beds capacity overall.

Hospitals varied in the quality of care and the time it took for them to see and treat patients. A study had shown that patients treated at weekends and evenings in London Hospitals, when fewer senior staff were available, stood a higher chance of dying than if they were admitted during the week. This indicated that there was a need to ensure that senior doctors and teams were available more often at all times. Changes over the previous few years to London's heart attack, stroke and major trauma services had demonstrated how more lives could be saved.

They said that the vast majority of people used local hospital services and that 20% to 30% of patients who were admitted to hospitals in North West

London as emergencies could be more effectively cared for in their own community.

Members queried the impact of the need to find financial savings on the proposals. It was responded that the primary reason for the proposed programme was to improve the quality of care and that improving access to accident and emergency services was the key driver for reorganisation. They said that patients that required basic urgent care should be able to access their own GP, or if this was not feasible, through a neighbouring GP practice or an Urgent Care Centre. If patients needed to go to hospital, they should have quick access to high quality urgent care through an Accident and Emergency clinic, backed up by appropriate services.

There was some discussion on whether the report had dealt adequately with the levels of financial savings expected, although the Committee had been informed that financial modelling had not yet been completed or factored into the analysis. They said that they had however modelled what would happen financially if no action were taken; a £1.8 billion deficit.

Councillor Cowan asked if they were saying, in effect, that they were proposing to make financial cuts but that services would be improved. It was responded that there was a need to concentrate services by reducing the number of accident and emergency sites.

Councillor Cowan suggested that there was no mention of downsides to the proposals and that he would suggest that potential risks are fully highlighted in the analysis of the different service models. He said that he was concerned that this optimism was being driven by the need to make £1.8 million of financial savings. He said that he would prefer to receive a more holistic report, which included any negative implications.

They said that under the proposals, 65-70% of patients in Urgent Care Centres could be treated in an Urgent Care Centre. It was asked if there was a group of people that would face delays under the new proposals. It was responded that a small amount of people; between 5-15% might need to transfer between an Urgent Care Centre and an Accident & Emergency department, but that the quality of care and outcomes would be improved even if there were delays.

It was asked what was meant by being “seen”, it was replied that it meant being seen by somebody who can assess what care you need and then make sure that you receive it. It was responded that what was envisaged was that instead of being seen by a junior doctor who does not know about a patients details or case history, something similar to the 111 telephone number, where it would be possible for the consultant to bring up the patients records and refer and book the patient with the appropriate care.

It was commented that it could take generations to get the message across to people that they can dial the 111 number and that the NHS IT systems can sometimes hide poor performance. The Chairman enquired if anyone can call up and access patient records via the 111 number. They agreed that IT

did not have a great tack record in the NHS, but that they now had a technology available that can provide patients information readily and only with the patients' consent.

It was asked what happens if something goes wrong at a local hospital. It was responded that it would always be possible to refer patients to a major hospital.

They outlined the evaluation criteria used. These included quality of care, access to care, affordability, deliverability and research and education. It was asked if, under the "affordability" criterion, Public Finance Initiative (PFI) schemes had been taken into account, since ongoing PFI costs would still have to be met even if the site was not used or sold.

They outlined the analysis of the comparative impact on maximum journey times when a major accident and emergency destination was changed. It was asked if they had consulted with the council highways departments, as they would have knowledge about traffic conditions and variable journey times. They said that they had not, but had used data provided by Transport for London and hospital data. It was asked if the relative patient travel flows between hospitals had been taken into account. They had and this was outlined within the report.

It was asked if the impact of exceptional circumstances, such as traffic jams and road works, on journey times had been taken into account. It was responded that the analysis provided traffic times under different scenarios at peak times. They said that the reason for doing this analysis was to attempt to understand and minimise the risk to patients and to improve services and that whichever way service provision was modelled, it was impossible to take into account every single permutation of what could possibly go wrong.

It was asked if there had been any risk analysis of people dying in a traffic jam. It was responded that this particular analysis had not been carried out but that they believed that the number of lives saved would outweigh negative risks.

It was asked if there were any plans to sell real estate from existing hospital sites in the future. It was responded that it would not be possible to sell any of the sites as there was a commitment within the proposals to maintain a hospital at each of the sites, but that it would be possible to sell of part of some sites and re-invest revenue into other services.

The arrangements for wider consultation were discussed and the impact on particular groups, the costs of car parking and the impact of disabled people. The Chairman concluded that the Committee would need to consider a list of key lines of inquiry that should be considered during the NHS Shaping a Healthier Future consultation and the Joint Health Overview and Scrutiny Committee scrutiny inquiry.

The Committee considered the nomination of members of the Joint Health Overview and Scrutiny Committee being established between the 8 north west London boroughs affected.

RESOLVED that:

1. Hammersmith and Fulham Council agree to participate in the Joint Health Overview and Scrutiny Committee,
2. Councillor Lucy Ivimy be nominated as the voting member and Councillor Rory Vaughan as the non-voting member of the Joint Health Overview and Scrutiny Committee,
3. A full impact assessment on proposed budget savings be provided to the Committee and included in evidence to the Joint Health Overview and Scrutiny Committee,
4. Further analysis of road traffic flow implications and journey times to hospital be provided on the different proposals and models for service re-organisation, including consultation on this with the Council's Transport and Highways department,
5. Analysis on the impact of disabled service users be provided and included in evidence to the Joint Health Overview and Scrutiny Committee
6. The NHS North West London consultation and the associated Joint Health Overview and Scrutiny Committee be a regular agenda item throughout the consultation.

62. IMPERIAL COLLEGE HEALTHCARE NHS TRUST : WAITING LISTS

The Chairman had agreed to the addition of this item as a matter of urgency because of the serious concerns about the accuracy of waiting list performance data, which had given rise to a suspension and review of the recording and performance management of the hospital's waiting lists. Imperial College Healthcare NHS Trust (ICHT) representatives had been asked to explain the issue, how the issue had occurred, the current number of patients waiting a long time, the current veracity of the data, the data validation process and what action was being taken to resolve the problems.

Mr Shields stated that the Trust had been attempting to get back into a situation where the veracity of the hospital waiting list data was sound. In order to achieve this, NHS London had approved a reporting break to allow for corrections in the data and a review of the data systems, processes and training systems for all the staff involved in booking management and data entry. In the interim the Trust management was continuing to treat patients and were keeping a close watch to provide assurance about the quality of care. The Trust had a completely "open book" approach with the PCT to allow for external view of its systems review.

A clinical review was being undertaken. A governance review was also to be undertaken by an external expert. The Cabinet Member for Community Care suggested that the Trust consider bringing in a senior judicial figure to review governance. The Board had previously been under the misapprehension that all was well with the performance data and systems, which became clear was

not the case. Some patients had been waiting for more than 18 weeks. Mr Gatling commented that there were problems with the data reporting systems, so that entries were not starting and ending when they were supposed to, giving false results. This problem had developed over a period of time.

The review of the performance data systems was a big project and involved carrying out a lot of administrative validation to track through the system to make sure that there were no patients that were not being recorded. It involved approximately 100,0000 patients a year, of which approximately one quarter were from Hammersmith and Fulham. Professor Taube commented that the validation of the administrative system and data was on a consultant by consultant level.

The Chairman queried whether there was a problem with the whole historic data set and data system. It was responded that it would be difficult to determine categorically all of the problems with the data system, but it was likely that the training of staff who used the data entry system had not been as good as it should have been and there was a need to improve training and to replace the old computer software system, which was 10 to 15 years old. Another problem was that there had not been a universal software system across all hospital sites.

Councillor Dewhurst asked if the Trust intended to publish the findings of the review. It was intended that the clinical review would be published, but it was not decided whether the governance review would be published immediately as it would need to be determined if there was any action to be taken against any individuals, which may be hindered or prejudiced by publication.

It was asked what the timetable was for the various aspects of the reviews. It was responded that the governance review would be finalised by the end of May and the clinical review by the end of June. Systems review would be ongoing.

Councillor Cowan asked how confident they were that they had identified the underlying causes of the problem. They responded that the key issue was the information system. There were two to three different systems that brought data together. Training was also an important issue. Not all staff had understood how significant and important data entry was. They said that it was also fair to say that there had been a lack of clinical responsibility. Councillor Cowan suggested that this indicated a problem with performance management; they agreed and said that they were very clear about putting in place robust systems on performance management.

Councillor Cowan asked what additional financial burden these problems were imposing on an already financially challenged organisation. They said that the Trust's financial position had improved; the deficit had been reduced and the Trust had agreed to a medium term financial strategy.

Councillor Adam enquired to what extent patients were aware that they were not being seen on time and if patients were make aware of the standard

waiting times. They said that there had not been a significant increase in complaints from patients because they were not being seen on time.

RESOLVED THAT:

i The oral update be noted.

ii ICHT be requested to provide an update on the Trust waiting lists at the first meeting of the Committee in the next municipal year.

iii The committee recommended that:
a) the Trust carry out a review of its governance arrangements and procedures
b)the Trust appoints a senior judicial figure to review its governance arrangements.
c) the Trust provides a comprehensive review report of what went wrong in the waiting list performance data collection, monitoring and review processes
d)the Trust provides greater clarity on performance reports and procedures into the future.

63. HOUSING PERFORMANCE INDICATORS

Mr Barrett highlighted the key issues. There had been some improvements over performance last year but that performance was generally below targets. Sickness absence in particular was still below target. There was deemed to be a significant amount of non-reported sickness absence in the past, which might make improvements in performance data more challenging. The Chairman enquired as to whether the overall performance was distorted by a small number of long term sickness cases. Yes; one particular individual had accrued several hundred days sickness absence. The department were also working through a serious backlog of cases.

Councillor Cowan enquired about performance management issues. They said that they had gained a good understanding of the main issues, some of which were cultural, understanding management roles for example. Some cases of poor performance had not been picked up and acted upon early enough. Councillor Cowan asked how they were assessing management skill sets. These were being assessed through performance appraisals, staff volunteering to attend training courses, making sure management staff are clear on key management roles, specifically; budget management, managing outcomes and managing attendance. It was noted that there was a need for objective assessment, with advice from the Council's Human Resources department, of the management skills available within the department.

In accordance with paragraph 27 of the Overview and Scrutiny Procedure Rules, the Committee extended the meeting by 30 minutes.

64. RE-PROCUREMENT OF HRA REPAIRS AND MAINTENANCE SERVICES

Mel Barrett and Stephen Kirrage presented a report to consider the re-procurement of the Housing and Regeneration department's repairs and maintenance contracts.

They said that performance for repairs and maintenance was a major driver of how the service contract is managed, but that current perceptions by residents were often that these are poor services and very expensive. They said that the department was engaging with a residents' panel to hear their views.

There was a combined expenditure of £49 million per annum for these services. They said that if they went to the market for a new contractual partner they would be seeking particularly high value for money and to inject new skills and innovation into the process. Submissions for tenders were anticipated for October 2012. In October 2013 the service would proceed with the new contract and partner.

The report outlined residents reported experiences of the services. These included "missed appointments", "failure to get repairs done right first time", "contractors getting paid before residents have signed off repairs as complete". The report also outlined future expectations under the new contract.

Councillor Cowan asked about corruption checks. They said that one area of concern was where the pricing mechanism did not allow for any penalties if a job was not carried out correctly or not done, so that contractors get paid even if they do not do the job; they can merely excuse this by claiming that they could not get access to the property. Councillor Cowan asked how it would be evaluated if a job had been carried out correctly. The new contractual regime would include spot checks and new external market testing mechanisms. The department was also considering other elements that could be included as part of the contract, for example, that contractors pick up on other works that need to be carried out whilst they are on site.

The Committee considered the establishment of a scrutiny Task Group which could input into the re-procurement process. It was suggested that the terms of reference for a scrutiny Task Group inquiry might include examination of the procurement contracts, examination of "free market" models and methodology for procurement, detailed policies and procedures for performance monitoring procedures and rewards and penalties. It was suggested that evidence considered might include a system graph to show the procedure followed when a problem was reported until it was signed off and sight of detailed contractual specifications, especially the performance monitoring, the rewards and penalties systems.

RESOLVED that:
proposals for a scrutiny Task Group on re-procurement of the HRA repairs and maintenance services be considered at the next meeting of the Committee.

65. WORK PROGRAMME AND FORWARD PLAN

The indicative items for July meeting of the Committee were noted to include: Shaping a Healthier Future NHS Consultation and scrutiny inquiry, Imperial College Healthcare NHS Trust Waiting Lists, and the Re-procurement of the

HRA Repairs and Maintenance Services Scrutiny Task Group Proposal. A report on the transition of young people from Children's Services to Adult Social Care was also requested for the next meeting of the Committee.

The Committee also considered other items for its 2011-2012 Work Programme. Proposals were: the Meals on Wheels contract and the housing allocation and revised tenancy strategy.

RESOLVED that:
the draft work programme for 2012-2113 and the additional items suggested by the Committee be noted.

66. DATE OF NEXT MEETING

This was the last meeting of the municipal year.

Meeting started: 7.00 pm
Meeting ended: 10.30 am

Chairman ....

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