

## **HEALTH AND PUBLIC SERVICES SCRUTINY SUB-COMMITTEE**

### **Minutes of the Meeting held on Monday, 10<sup>th</sup> March 2014 at Worksop Town Hall**

Present: Councillor D R Pressley (Chair)  
Councillors B Barker, H M Brand, S Fielding, M Gregory, D G Pidwell, J Potts,  
J C Shephard and T Taylor.

Officers: G Blenkinsop, V Cookson, C Crossland and R Theakstone.

Also present: Tony Athersmith – Head of East Midlands Arriva Transport Solutions Ltd  
Simon Clark – Financial Manager, NHS Bassetlaw Clinical Commissioning Group  
Jonathan May – Managing Director, Arriva Transport Solutions Ltd  
Mike Rhodes – Commercial General Manager, Doncaster & Bassetlaw Hospitals  
NHS Foundation Trust  
Sue Sims – Collaborative Contracting Lead, Greater East Midlands Commissioning  
Support Unit

(Meeting opened at 6.30pm.)

(The Chairman welcomed everyone to the meeting and read out the Fire Alarm/Evacuation Procedure. Members of the public were asked if anyone wanted to film the meeting (or part thereof) in accordance with the Department for Communities and Local Government's guidance; however, there were no members of the public present, although two people joined the meeting later.)

#### **45. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors A Simpson and K Sutton.

#### **46. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

##### **(a) Members**

Councillor H M Brand declared a non-pecuniary interest in Agenda Item No. 6(a), Update on Non-Emergency Transport Services, as a Governor on the Doncaster and Bassetlaw Hospitals NHS Foundation Trust. She remained in the meeting.

##### **(b) Officers**

There were no declarations of interest by officers.

#### **47. MINUTES OF THE MEETING HELD ON 13TH JANUARY 2014**

**RESOLVED** that the Minutes of the meeting held on 13th January 2014 be approved.

#### **48. MINUTES FOR ACTION AND IMPLEMENTATION**

**RESOLVED** that the Minutes for Action be received.

#### 49. OUTSTANDING MINUTES

**RESOLVED** that the Outstanding Minutes be received.

#### Key Decisions

None.

#### Other Decisions

#### 50. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES

##### (a) Update on Non-Emergency Transport Services in Bassetlaw

T Athersmith gave a slide show presentation updating Members on progress made in the last three months:

- Three main actions arose from the previous meeting – phones, complaints and delays.
- A new telephony system went live on 23rd February. The system allows calls to be managed in 'real time' and demands/ peaks to be pro-actively managed.
- The complaints procedure is currently being reviewed and improvements to response times have been made.
- There are still issues in relation to delays. The rota is currently under review in consultation with employees and the Trade Unions to adjust resources to demand to minimise delays.
- KPI figures were provided. Improvements have been made for most of the KPI's over the last three months, Arriva recognise that they are still not where they need to be but are moving forward.
- The current fleet is based at Carlton Forest – Three stretcher vehicles, three sitter vehicles and four cars.
- 16.6 employees are based at Carlton Forest and a controller and planner/call taker at Bassetlaw Hospital.
- Information is now being shared in relation to aborted journeys and on the day bookings/ discharges. Daily exception information is being produced detailing delays over 10 minutes to understand trends and ongoing issues.
- A new structure was implemented on 1st February 2014, with a local Operations Manager in place. Discharge meetings at Bassetlaw Hospital are attended by Arriva staff and information about transport required by patients being discharged is shared.
- For every 20 road employees there is now a Team Leader who co-ordinates weekly meetings and information.
- There is more communication with patients. Previously patients were asked to be ready two hours prior to their appointment; they are now contacted the day before to inform them of their pick up time. This communication also allows the patient to make any changes.

M Rhodes advised that some improvements have been made to the service and fewer complaints have been received. One in five patients however are still not arriving before their appointment time and one in five patients are not collected within 120 minutes of the request. The Hospital is working with Arriva and meets with its new Management Team once a month.

S Clark commented that performance has improved, however standards are still not being met. There are plans in place and improvements are being made but it has not been fast enough.

J May acknowledged that improvements have not been made as quick as they would like. There has been a big organisational change with management and supervision being put back into the system. A Patient Experience Manager has been recruited by Arriva as a point of contact for the 18 contracts. Arriva are trying to identify patterns and demand and the changes made are beginning to have an impact.

Members were given the opportunity to ask questions:

**Contract standards have not been met in relation to KPI2 and KPI3. When will these targets be met and how will improvements be maintained?**

J May explained that they are improving targets and over the next few months hope to see a continued improvement and to meet targets on a consistent basis. Arriva look at providing the best patient experience possible, there needs to be a balance between achieving targets and providing a good patient experience. Pressures in the Hospital can also cause delays.

S Clark agreed with the comments made in relation to the patient experience. He commented that the contract is approaching its two year anniversary and there needs to be a change, standards need to be achieved consistently now.

**What is the Hospitals response to patients who are delayed through no fault of their own?**

M Rhodes advised that if it is possible to change the order of the clinic they will do, however it is not always possible and some appointments cannot take place.

**The KPI in relation to outpatient return patients collected within 60 minutes of their request has declined steadily, why is this?**

T Athersmith advised that after the Christmas period activity can increase and there is a catch up effect. They are aware however that improvements do need to be made.

J May commented that KPI's are analysed. The daily exception report will look at waiting times of more than ten minutes beyond the contractual requirement. Arriva are working with the hospital to see how improvements can be made.

**Has the Hospital made any suggestions for improvement to Arriva that have not been followed up?**

M Rhodes advised that all suggestions have been responded to. The solution to the improvements needed may come from the changes made to the rota and vehicles. The Hospital has also been looking at how it can operate more efficiently. Early on in the day issues are identified and the effects on the day are known. There is a greater understanding of problems.

**How do aborted journeys impact on overall performance and resources?**

M Rhodes explained that operational meetings are held every month aiming to reduce the number of aborted journeys, they are aware that the current rate is too high. Arriva are now providing more detailed information about aborted journeys so issues can be understood and addressed.

**Arriva have invested extra resources in the contract, are you still profiting from the contract?**

J May explained that they are investing more in the contract and the long term plan as there is a potential to extend the contract after five years. Arriva want to provide the service in the long term and need to improve the service now. Arriva understand that if they let Bassetlaw down they will slow the growth of the business.

**Arriva manage 18 different contracts, is the performance similar in other areas?**

J May explained that the contracts across the UK are very different with different requirements. In all areas performance is consistently improving. The service provided by Arriva is different to the previous provider and is therefore difficult to compare.

**How many people are currently trained to use the online booking system?**

J May advised that GP's and some hospital staff have been trained; the figures can be circulated to Members. Some employees also learn the system without formal training.

**There are a lot of Polish residents in Bassetlaw, are there any language issues?**

J May advised that currently information is produced in English; however they have access to translators if required but this has been infrequent.

**A letter from Phil Mettam, circulated to Members prior to the meeting, stated that the use of an online booking and screening system and a Tablets to Take Out initiative where tablets could potentially be delivered by a courier service could be used to improve service?**

M Rhodes commented that he would like to see the booking and screening system introduced. A similar service has been set up in Doncaster, every patient is contacted to confirm their appointment and ensure the type of vehicle is correct. There is an idea in Bassetlaw to give all hospital staff and GP's one point of contact to book transport. Health Care Professionals should not be using their time to book patient transport.

S Clark advised that work will need to be carried out in terms of costs before a decision is made.

J May explained that systems are used on other contracts where pharmacy items are barcoded to enable the patient to be collected and the pharmacy items to be delivered later.

**There are instances where patients are discharged but are waiting for pharmacy items?**

M Rhodes advised that a patient should not be booked to collect until they are ready. The Hospital now has a robot dispensing pharmacy with a 90 minute turnaround.

**Who is responsible for contacting patients the day before their appointment? There are concerns about some patients capacity to manage appointments, are there any issues in relation to this?**

J May clarified that it is Arriva's responsibility to contact patients before their appointment. During the booking stage as much information as possible is captured, for instance best person to contact. Notes can also be added onto the system for regular travellers.

**What is the scheme that has recently been on the news where patients are given a resource pack when they are discharged?**

Chesterfield Hospital has been piloting a scheme giving patients food bags containing basic provisions to help them cope after they have been discharged. The scheme is being trialled at the moment with a hope to roll out the project.

The Chairman thanked all the speakers for attending the meeting.

(Councillor D Pidwell joined the meeting during the discussion of the item)

**RESOLVED** that:

1. The update be received.
2. A breakdown of the time and number of patients delayed be provided for Members.
3. The number of complaints received about the service be circulated to Members.
4. Details of how many people are trained to use the online booking system be circulated to Members.

5. Written progress reports containing the Key Performance Indicator information be submitted on a monthly basis to Members for the next three months

(b) Review Reports – December 2013 and January 2014

Members were presented with the final reports from the reviews completed at the December (Non-Emergency Patient Transport in Bassetlaw) and January (Renal Patient Transport Service) meetings of the Sub-Committee. Members were reminded of the key findings and proposed recommendations.

**RESOLVED** that:

1. That Members approve the recommendations of the Reviews subject to the inclusion of the additional recommendation in the Non-Emergency Patient Transport in Bassetlaw Review as follows:
  - Written progress reports containing the Key Performance Information be submitted on a monthly basis to Members for the next three months.
2. The report be referred to the Overview and Scrutiny Committee.
3. Following the referral to the Overview and Scrutiny Committee, Members consider the recommendations within the Review Reports.

(c) Health and Public Services Sub-Committee Programme 2013/14 – Scope for Update on Progress of Implementation of Being the Best

Members were provided with an overview of the Committee's meeting programme for 2013/14 and agreement was sought on the scope for the Review of EMAS.

Members were reminded that the previous review raised concerns about the quality of the service and a number of recommendations were put forward to improve the service. There have been several changes in the organisation since the review and a new Chief Executive is now in place. There are still performance issues and suggestions that have not been progressed. The new Chief Executive will be asked to provide a full update on the current plans to improve the service.

**RESOLVED** that:

1. The Committee Work Programme for 2013/14 be noted.
2. The Scope be noted and the topic for review in April 2014 be approved.

**SECTION B – ITEMS FOR DISCUSSION IN PRIVATE**

**Key Decisions**

None.

**Other Decisions**

None.

**51. ANY OTHER BUSINESS WHICH THE CHAIRMAN CONSIDERS TO BE URGENT**

As there was no other urgent business to consider the Chairman closed the meeting.

(Meeting closed at 7.45pm.)