

HEALTH AND PUBLIC SERVICES SCRUTINY SUB-COMMITTEE

Minutes of the Meeting held on Monday, 2nd December 2013 at Worksop Town Hall

Present: Councillor S Fielding (Vice-Chairman in Chair)
Councillors B Barker, H M Brand, M Gray, M Gregory, A Mumby, D G Pidwell,
J Potts, D Pressley, J C Shephard, A Simpson and T Taylor.

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

Also present: T Athersmith – Head of East Midlands Arriva Transport Solutions Ltd
S Clark – Finance Manager, NHS Bassetlaw Clinical Commissioning Group
P Mettam – Chief Officer, NHS Bassetlaw Clinical Commissioning Group
M Rhodes – Commercial General Manager, Doncaster & Bassetlaw Hospitals
NHS Foundation Trust
S Sims – Collaborative Contracting Lead, Greater East Midlands Commissioning
Support Unit
S Watt – Performance and Quality Director, Arriva Transport Solutions Ltd
P Willetts – Managing Director, Ambuline

(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, no-one responded.)

29. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor K Sutton.

It was noted that S Sims was attending the meeting in the place of J Missin, Regional Contracts Manager, Greater East Midlands Commissioning Support Unit.

30. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

(a) Members

Councillors H M Brand and A Mumby declared non-pecuniary interests in Agenda Item No. 6 (b), as Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust. They remained in the meeting.

(b) Officers

There were no declarations of interest by officers.

31. CHANGE OF AGENDA ORDER

The Chairman advised Members that the Agenda Items would be taken out of order to accommodate the speakers.

Key Decisions

None.

Other Decisions

32. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES

(a) Health and Public Services Sub-Committee Review of Non-Emergency Patient Transport in Bassetlaw

In July 2013 Arriva Transport Solutions Ltd (ATSL) took over the delivery of the non-emergency transport service in Nottinghamshire. The service is only available to those who meet the medical criteria and need transport to NHS healthcare and between NHS Healthcare providers. Members were advised that the aim of the review is to assess the level of service that patients in Bassetlaw are receiving from ATSL.

P Mettam explained that from his perspective the relationship with ATSL is quite distant. The service provided by ATSL got off to a slow start but gradually improved, however performance has now plateaued and the service provided is not meeting standards. The Clinical Commissioning Group (CCG) need to help improve the arrangements for monitoring the contract and the service for patients.

S Clark gave a slide show presentation providing background information on non-emergency patient transport services in Bassetlaw:

- The service was commissioned by the Primary Care Trusts/ CCG's within East Midlands
- Following a procurement process the contracts were awarded at a County level
- ATSL was awarded the contract for Nottinghamshire and Leicestershire
- The service commenced on 1st July 2012 and runs for five years
- 600 employees were TUPE transferred from East Midlands Ambulance Service

Improvements were made at the start of the contract, however performance has slipped. ATSL recognises that work needs to be done and organisational changes are being put into place to address the underperformance of the contract. ATSL were fined for failing to meet targets during year one.

The relationship with ATSL is positive and progressive. Management, operational and quality meetings are held to resolve issues. He recognised that ATSL know improvements need to be made and they have a 'can do' attitude.

M Rhodes advised that the Trust was looking forward to the implementation of improvements to the ATSL service. The contract awarded set standards for 90% of patients to arrive within 60 minutes of their appointment time; 90% of patients to be collected within 60 minutes of their pick up request; and 90% of patients who required discharging from hospital between 5.00 am and 2.00 am would be picked up within 2 hours. The standards in the contract were set at 90% but have not been achieved in eighteen months. Performance is not consistent or reliable and have sometimes led to patients staying an additional night in hospital after they have been discharged.

The ATSL system relies on hospital staff to book patients transport by phone or internet. This places additional pressure on hospital staff, although staff are now more used to using the system.

Members were given the opportunity to ask questions:

Are you satisfied with the current non-emergency transport service?

T Athersmith acknowledged the position ATSL are in and assured Members they will be moving quickly to hit and even exceed some contractual standards.

S Watt advised that they are determined to improve the service. A full branch review has been undertaken and ways to improve the patient experience are being looked at. Significant investments are being made; Senior Management and specialists are being brought in to support the local team.

We understand from hospital staff that one of the biggest issues is getting through to the Arriva call centre to book transport. Would you agree and if so what are you doing to address the issue?

T Athersmith advised that a number of things are being worked on. Hospital staff are being engaged and training opportunities will be provided to use the online booking system. They are looking to support staff and alleviate the pressure on the phone system through use of the computer booking system.

P Willetts explained that they are looking to promote the online booking system to encourage use. ATSL have call centres throughout the country, calls in Bassetlaw can be diverted to other call centres during busy periods.

M Rhodes advised that the telephone system has been a big problem and hospital staff can waste a huge amount of time trying to get through to the call centre. The Trust are working with ATSL to increase the amount of employees who can use the online booking system.

We are interested in how you are working to improve discharge targets? We have noted that you now have a Discharge Co-ordinator in post and a new staff roster system. What else do you plan to do, because targets are still not being met?

T Athersmith explained that he is looking at where the failings are and how to move forward and hopes to identify new measures in the New Year.

How were ATSL awarded the contract? How were EMAS performing before their contract ended?

S Clark advised that ATSL went through a competitive procurement process based on quality, expectations and price. It is difficult to compare ATSL with the previous EMAS service as they are very different, ATSL offers a wider service.

How is the failure to meet the contractual standards being addressed?

S Watt advised that they are putting in significant investment to achieve the standards.

P Mettam commented that it is urgent that performance improves. Hospitals become under more pressure in winter. Accident and emergency is performing well and there has been joint working with the CCG and the hospital to achieve this. Also the new Assessment and Treatment Centre (ATC) is speeding the diagnosis and onward referral of patients in the hospital. The ATC had also won a national award recently. Bassetlaw has improved the flow of patients through the hospital, if patients are waiting for transport this creates a blockage.

(Councillor A Simpson left the meeting and did not return)

Most patient journeys are planned and booked in advance. From a laypersons perspective you would assume that it is possible to deploy the right resources to meet the variety of patient needs? Can we assume that failure to meet targets means that you do not have enough vehicles to meet the demand?

T Athersmith advised that journeys are pre-planned the day before to identify any potential issues. There are enough vehicles however changes happen on the day account for approximately 15-30 % of journeys.

What impact on patients and other service providers has there been by extending the operating hours for patient transport to a seven day week 5.00 am- 2.00 am operation? Is this cost effective? What percentage of journeys take place in the middle of the night? Can care homes and other establishments accept people in the night?

T Athersmith provided the following statistics:

- 10.00 pm – 0.44 %
- 11.00 pm – 0.25 %
- 12.00 am – 0.24 %
- 1.00 am – 5.00 am - 3 %

If these patients were not moved they would require a bed for the night. Traditionally care homes will not accept people after 7.00 pm apart from discharges from accident and emergency.

There is a need to free up beds and keep a constant flow. There is a worry that vulnerable people will leave hospital earlier than they should.

P Mettam explained that hospital is not always the best place for vulnerable people. They need to make sure that the best care is in place and other arrangements are developed.

We understand that the previous contract holder had a pool of vehicles that were solely deployed in Bassetlaw. How do you manage the service given that you draw on a pool of vehicles that serve the whole of Nottinghamshire? What impact does that have on your ability to meet your targets?

T Athersmith advised that resources are moved around to where they are needed. Intelligence data is utilised to understand trends that need to be addressed.

M Rhodes said that vehicles do get delayed because they come from some distance from the District e.g. Newark.

Although you state that complaints about the service are limited, the human cost of service delays is high. Do you have a threshold that you think is acceptable for complaints? Can you explain how accessible your complaints process is?

P Willetts advised that they would like a service that does not get any complaints. Complaints are taken seriously and the process is transparent. Complaints can be made in four different ways. Information from complaints are collated and trends are analysed, this will be fed into the training process.

M Rhodes explained that he feels there are problems with the complaints process. After a complaint has been submitted there is a poor response time from ATSL.

S Watt advised that there are improvements being put in place to ensure that there is the capacity to respond to complaints.

P Mettam suggested that it is important to improve patient experiences of the service – not just to do adhoc surveys. He suggested that ATSL proactively target Bassetlaw patients to improve patient experience and use what has been learnt in other areas.

How many drivers live locally?

S Watt advised that ATSL try to employ local people and make sure the nearest resource goes to a patient.

What qualifications do drivers have?

In Bassetlaw employees predominantly have ambulance care assistance which is basic ambulance care.

Have you considered using volunteer drivers for non-ambulance journeys? Other providers seem to have this approach.

S Watt explained that as part of the contract they agreed that volunteer drivers would not be used. ATSL do use volunteer drivers on some contracts and they are in discussions with the Commissioners about using them in Bassetlaw.

Would you consider centralising the assessment of patients against the eligibility criteria?

Discussions have been had with the Trust and the costings and benefits need to be looked at.

The Chairman thanked all the speakers for attending the meeting.

RESOLVED that:

1. A breakdown of ATSL performance data statistics be circulated to Members.
2. ATSL be invited to attend a future meeting to update Members.

24. MINUTES OF THE MEETING HELD ON 21ST OCTOBER 2013

RESOLVED that the Minutes of the meeting held on 21st October 2013 be approved.

25. MINUTES FOR ACTION AND IMPLEMENTATION

RESOLVED that the Minutes for Action be received.

26. OUTSTANDING MINUTES

RESOLVED that the Outstanding Minutes be received.

27. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES

(a) Health and Public Services Sub-Committee Programme 2013/14

Members were presented with an overview of the Committee's meeting programme for 2013/14. Members were provided with the proposed scope for renal transport for review at the January meeting. Members were advised that it is proposed to defer the review of Bassetlaw Academies/North Notts College.

RESOLVED that:

1. The 2013/14 Work Programme be noted.
2. Members note that the Work programme could be subject to change throughout the year.
3. The review of Bassetlaw Academies/North Notts College be deferred.

(b) Review Reports – July and September 2013

Members were provided with final reports from the reviews completed at the July and September meetings of the Sub-Committee. Members were presented with the key findings and proposed recommendations as a result of the evidence gathered.

Members commented on the reports and suggested some changes to the recommendations.

RESOLVED that:

1. The recommendations of the reviews be approved subject to the changes as follows:
 - An additional recommendation be added to 'The Future of Services at Bassetlaw Hospital Review' – Elected Members be advised at the earliest opportunity of any significant changes to health service delivery.
 - Recommendation 2.4 of the 'Patient Advocacy in Nottinghamshire' review to be made clearer.
2. The report be referred to Overview and Scrutiny Committee for a response.

SECTION B – ITEMS FOR DISCUSSION IN PRIVATE

Key Decisions

None.

Other Decisions

None.

28. 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 8.25pm.)