

## NOTTINGHAM CITY COUNCIL

### JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 11 February 2014 from 10.15 - 12.10**

The minutes of this meeting were taken by Nottinghamshire County Council

- ✓ Councillor Ginny Klein (Chair)
- ✓ Councillor Mohammad Aslam
- Councillor Eunice Campbell
- ✓ Councillor Azad Choudhry
- ✓ Councillor Carole-Ann Jones
- ✓ Councillor Thulani Molife
- ✓ Councillor Eileen Morley
- Councillor Brian Parbutt
  
- ✓ Councillor Parry Tsimbirdis  
    (Vice Chair)
- Councillor Pauline Allan
- ✓ Councillor Richard Butler
- ✓ Councillor John Clarke
- Councillor John Doddy
- ✓ Councillor Kate Foale
- ✓ Councillor John Handley
- Councillor Jacky Williams

✓ indicates present at meeting

#### **Colleagues, partners and others in attendance:**

- |                 |  |
|-----------------|--|
| Tony Attersmith | - Head of East Midlands, Arriva Transport Solutions  |
| Dara Coppel     | - Unplanned Care Programme from Nottingham City Clinical Commissioning Group                       |
| David Ebbage    | - Nottinghamshire County Council   |
| Martin Gately   | - Nottinghamshire County Council   |
| Peter Goode     | - Nottinghamshire County Council   |
| Jane Kingswood  | - Healthwatch Nottinghamshire  |
| Jonathan May    | - UK Managing Director, Arriva Transport Solutions   |
| Neil Moore      | - Director of Procurement & Market Development Mansfield & Ashfield CCG and Newark & Sherwood CCG. |
| David Patterson | - Finance Analyst, Arriva Transport Solutions  |
| Ruth Rigby      | - Healthwatch Nottinghamshire  |
| Sue Sims        | - Head of Collaborative Contracting, Greater East Midlands Commissioning Support Unit.             |

**59 APOLOGIES FOR ABSENCE**

Councillor Pauline Allan  
Councillor Eunice Campbell  
Councillor John Doddy  
Councillor Brian Parbutt  
Councillor Jacky Williams

**60 DECLARATIONS OF INTERESTS**

None.

**61 MINUTES**

The minutes of the meeting held on 14 January 2014 were confirmed and signed by the Chairman.

**62 GREATER NOTTINGHAM URGENT CARE BOARD**

Dara Coppel, Unplanned Care Programme Manager from Nottingham City Clinical Commissioning Group provided an update to Members on the work of the board, including how urgent and emergency services in Nottingham have dealt with winter pressures.

There have been a number of sub-groups which have been set up since the last update in September:-

- Local System Resilience Planning Group – To develop plans that help support health and social care services to meet fluctuating service pressures whilst maintaining service quality.
- Primary Care Access Planning Group – To better understand variation in primary care access across South Nottinghamshire and to identify how to best optimise access and reduce demand on A&E.
- Frail Older People Planning Group – To oversee development of services for older people; to improve provision, quality of care, and outcomes for patients across the local population whilst ensuring best value for commissioners.
- Provider Planning Group – To develop and maintain relationships and collaborative working across providers to ensure the safe and timely transfer of patients from NUH into community services.

Underneath all of these sub-groups is the Performance Oversight Planning Group which determines indicators and interface standards to fully understand and monitor changes in performance.

Despite ongoing investments and actions, performance in recent weeks against the 4 hour target standard (patients being seen and discharged within 4 hours) has been poor, but attendance in A & E has mainly remained the same apart from a recent

decrease. The number in admissions is also very similar to last year's figures. The number of admissions of people over the age of 80 is still going up.

To address the recent poor performance, the CCG's (Clinical Commissioning Groups) are working closely with NUH to implement a recovery plan for both the hospital and community providers who support the urgent care pathway.

To help try and improve the situation a number of developments have been put in place to improve emergency care:-

- Transfer to access – If a patient is medically fit, try to get them transferred to a community care home within 24 hours of being discharged.
- Choice Policy – This is drafted by NUH, this will help the unblocking of beds, and waiting for a care home can take up to several weeks. It explains that medically fit patients have to be placed in an interim care home.
- GP Aspirations – To set standards for all GP practices across South Nottinghamshire
- Recruitment of key staff
- Redirection of patients from ED with primary care needs.
- Enhance and develop ambulatory care pathways.
- Winter Planning (recovery plan) – The two key groups who are responsible for overseeing the implementation of the Recovery Plan and Improvement Plan are the Collaborative Commissioning Congress and the Urgent Care Working Group.
- Walking the walk (the frail elderly persons pathway – getting visits organised (Joint Health Members received and took up this offer in the summer of 2013).

In summary the Care Board is taking good strides but is still struggling to hit 95% target. Transformation agenda will have great impact along with the Bruce Keogh report.

Following questions from the Committee, the following additional information was provided:

- a) The longest possible stay at an interim placement for a patient would be up to 3 weeks when they are medically fit.
- b) The data regarding the number of admissions comes from NUH. The findings this year are different to previous years.
- c) NUH have advertised for the past 12 months for acute positions, there is a pressure on resources regarding GP's especially with regards to 7 days a week working.

- d) There was some funding which was received in early December. The Care Board did not qualify for winter pressure money this year, but there is pressure on where to spend the money they did get. Still struggle to hit the 95% target even when not in winter. Looking at why that is and work streams have been set up for this.
- e) Both the County Council and City Council are involved in plans to help with the problems regarding the lack of beds. Much harder decisions will have to be made in the future regarding this issue.
- f) The introduction of the 111 service could be a factor to the recent decrease in attendance, more patients ringing up to book appointments rather than coming into hospital. Also recent campaigns could have been a factor.

The Chair thanked Ms Coppel for her update and the committee agreed to bring the Urgent Care Board back on the agenda in 6 months' time

### **63 PATIENT TRANSPORT SERVICE**

Neil Moore introduced the report along with colleagues from Arriva and told the Committee that Arriva Transport Solutions Ltd has been the provider for the NHS Non-Emergency Patient Transport Services in Nottinghamshire for the past 18 months; the contract was awarded in July 2012. The committee were concerned with level of performance which is still short of expectations, but Mr Moore reassured Members that Arriva is a patient focussed company and are committed to making improvements to the efficiency of its service delivery.

Neil Moore with Arriva colleagues made the following points in respect of what is happening at Arriva to help improve the service:-

- We have prepared a service improvement plan and also provided a strategic update which provided details of the steps they wish to take to improve performance.
- A stakeholder group has been formed and has recently met. The intention is that these meetings will provide a forum for feedback and discussion and will hopefully promote performance improvement
- A creation of a post which has recently been filled at the end of 2013 by Tony Attersmith, Head of Service for the East Midlands. A new management system is now in place. Since he has been appointed a number of changes have been made. A new telephony system will be in place from February. A review of rotas has taken place. Promoting the online service so patients can book their appointments via the internet. A review of cancelled and aborted journeys is taking place on a monthly basis.
- 2 operation managers have been recruited, one for the north of the county and one for the south of the county. This allows these posts to enter hospitals on a regular basis and match resources with demand.

- The introduction of more team leaders will provide a good support stream for the staff who work at Arriva.
- Looking at the pre planning escalation process, get information about patients the day before their travel. Pre plan today for tomorrow. Also a phone call in advance on the day of the booking is starting to take place in the north of the county, to make sure the patient is aware of their booking and are ready for our arrival. That would cause re-planning for the whole day if patients are not ready.

Key Performance Indicators (KPI) was laid out within the contract and ATSL was expected to adhere to the standards which are subject to final penalties. In respect of KPI 1, performance has been achieved and maintained throughout the past seventeen months. This contract regarding the KPI's does not translate into patient experience. Arriva is very dynamic; they can be waiting for a patient for up to half an hour upon arrival, which automatically means we have not reached the KPI performance targets but our priority is to transport patients safely to hospital so that patient does have a good experience with us.

Moving forward for Arriva, continue to engage with units. The relationship between ATSL, commissioners, contract management staff, provider units and users continue to be positive and progressive. In summary they are looking to do better in 2014 in regards to the KPI performance. It has been agreed that Arriva are expecting change in performance by the end of March.

The Chair expressed her concern on behalf of the Committee regarding Arriva's poor performance.

Two representatives from the highways departments, one from the City and the other from the County attended the meeting to inform members and Arriva about the use of bus lanes in Nottingham City and Nottinghamshire County.

Within the County, there are very few exemptions from bus lane regulations - notably emergency services; whereas, Nottingham City in 2009/10 gave exemption to wheelchair accessible taxis so that they could utilise bus lanes. Private hire vehicles such as Arriva are subject to bus lane regulations.

Many providers have particular needs. They would need to understand why Arriva would need special treatment. The City get pressure from private hire companies who also carry large number of patients to and from hospital. They explained that Nottingham has a well-supported transport system. The City Council would have to change the legal order if exemptions were made. If we were to allow Arriva, bus lane signs would have to be looked at and changed this would cost up to £120,000.

Both City and County have a number plate recognition system where it has a white list of all taxi's number plates and which have wheelchair access.

Following questions from the Committee, the following additional information was provided:

- That Arriva is effectively in special measures. They have strong relationship with the commissioner. On an average week, we could be waiting for up to 600 minutes for patients. Better communications need to be made to get that patient ready. Action plan work is taking place with partners at NHS to address this matter.
- They understand the pattern of activity better now and have 18 months of correct data available to them. The previous data was from EMAS 2010-11. Commissioners can be assured, and are confident that Arriva can make the required changes. The staff and rotas have been changed.
- Information from EMAS was not accurate. Hospitals were using third party providers. Arriva control over 30,000 individual journeys across the U.K There is an element of that which can be better planned. If they do have a delayed patient, it is not just that patient's journey which has impacted, the rest of the day is impacted and rescheduled.
- Members thought using the bus lanes would have a positive outcome, Arriva want to work collaboratively with both Councils to try and achieve a good outcome.
- Also Members were concerned when reading the report from the CQC report regarding Arriva and explained that relationships are critical and a key part of delivery. Arriva did acknowledge that it has taken too long to restructure them. But now a new revamped management team is in place, better engagements with the acute, increased members of staff and patients group are now available which will improve the service. The contract has the ability to be flexed and changed at any point; a lot is needed to get right.
- The vehicles used are all 19 months old, Arriva have 26 contracts across the country.

The Chair on behalf of the Committee told Arriva that we are far from happy at the moment and a lot of improvements are needed. The committee would be writing to the City CCG. The Chair also asked Arriva to return in 6 months' time with an update.

## **64 WORK PROGRAMME**

Members discussed the work programme and agreed that a report on CQC at the NUH for Bereavement and Maternity Unit be added to the work programme for the next meeting. EMAS Volunteer Strategy can also be on the agenda for the next meeting.