

05 February 2020 at 12.00 pm

Conference Room, Argyle Road, Sevenoaks

Despatched: 04.02.20



Health Liaison Board

Supplementary Agenda

	Pages	Contact
4. Update on Patient Transport Services Tom Maidman, Manager of G4S Patient Transport Services in attendance to update Members	(Pages 1 - 8)	Hayley Brooks Tel: 01732 227272
7. Update on NHS Urgent Care Services in Dartford, Gravesham & Swanley	(Pages 9 - 12)	Hayley Brooks Tel: 01732 227272

If you wish to obtain further factual information on any of the agenda items listed above, please contact the named officer prior to the day of the meeting.

Should you need this agenda or any of the reports in a different format, or have any other queries concerning this agenda or the meeting please contact Democratic Services on 01732 227000 or democratic.services@sevenoaks.gov.uk.

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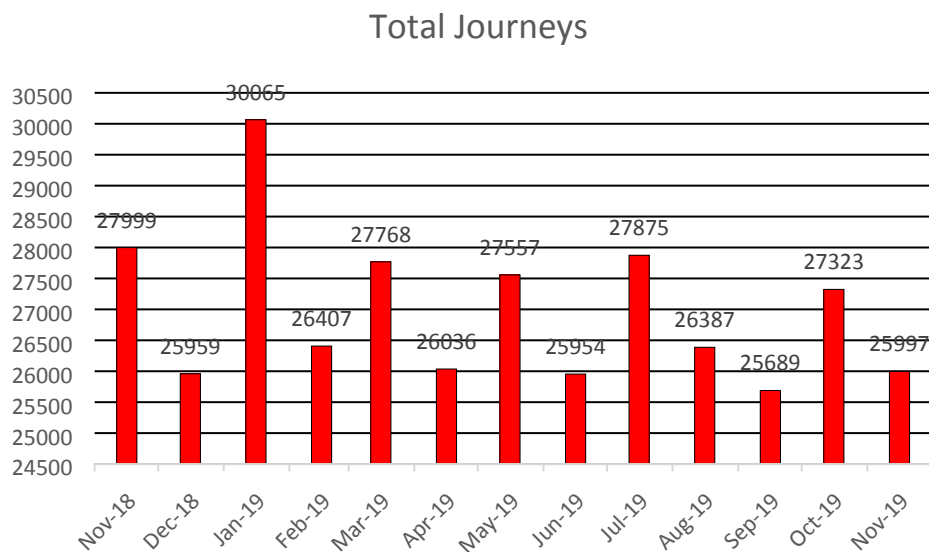
Executive Summary

The non-emergency patient transport service (PTS) has been provided by G4S across Kent and Medway CCGs since July 2016. A rebasing exercise was finalised in March 2018 with the deployment of additional staff and vehicles. This was supported by the CCG agreeing to the consolidation of all contract lots, instead of previously individual services and with a revised set of key performance indicators (KPIs) that was felt to hold a better focus on key indicators of patient experience and safety. These changes allowed for greater flexibility and efficiency, which in turn have resulted in improved service levels and performance stabilization.

This report aims to give an overview of current performance and ongoing improvement initiatives up to November 2019.

Patient journeys

The chart below shows the Kent and Medway journey activity by month.

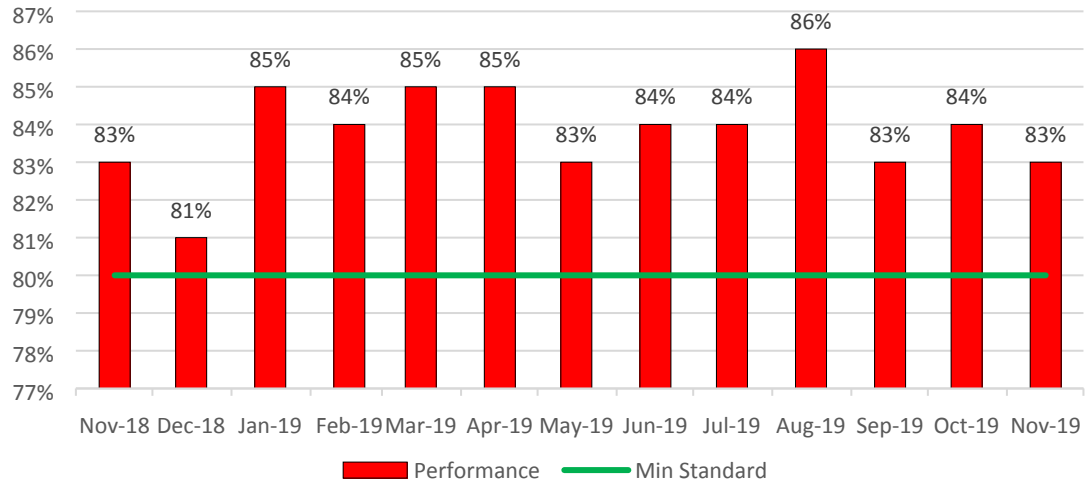


Service Delivery

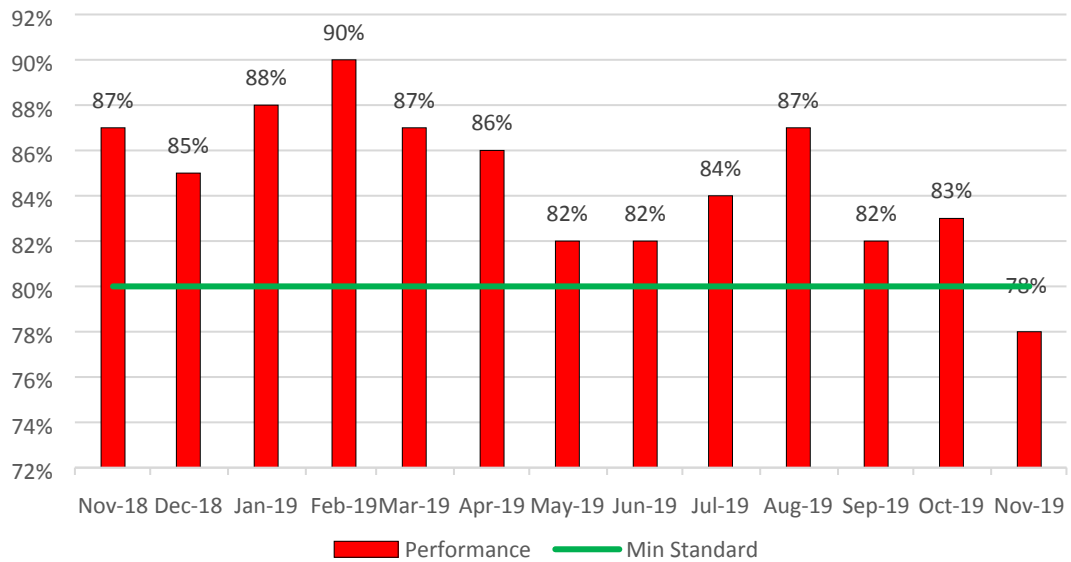
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The tables below show the percentage of patient arrivals and outpatient return journeys against Service Level KPI. In most months, performance has exceeded the KPI.

Outpatient Arrivals



Outpatient Return Journeys





Kent & Medway Journeys Performance Report

Version

Nov 2019

Total Journeys	26388
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Journey Type	Definition	Required Standard	Minimum Standard	Percentage Performance	Total No. of Journeys
Outpatient	All outpatient arrivals.	Patients to arrive on time and no more than 75 minutes prior to their appointment time.	80%	82.70%	5822
Outpatient	All outpatient pre-booked return journeys.	All patients to be collected within 75 minutes of the booked or made ready time whichever is greater.	80%	78.00%	3909
Outpatient	All outpatient on the day booked return journeys.	All patients to be collected within 75 minutes of the made ready time providing a minimum of 2 hours' notice of the booking.	80%	94.81%	1851
Outpatient	All outpatient on the day booked return journeys.	No more than 1% of patients waiting over 4 hours.	1%	0.05%	7
Outpatient	All outpatient booked in advance return journeys.	No more than 1% of patients waiting over 4 hours.	1%	0.26%	39
Outpatient Renal	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment.	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment.	80%	84.04%	3953
Outpatient Renal	Return Journey patients to be collected within 30 minutes of the identified booked ready time.	Return Journey patients to be collected within 30 minutes of the identified booked ready time.	80%	86.34%	3726
Discharge	Discharge journey booked in advance.	All patients to be collected within 75 minutes of booked time.	80%	66.20%	284
Discharge	Discharge journey booked on the day.	All patients to be collected within 120 minutes of booked ready time.	80%	69.84%	3471
Discharge	Discharge journey booked in advance.	No more than 1% of patients waiting over 4 hours.	1%	0.09%	14
Discharge	Discharge journey booked on the day.	No more than 1% of patients waiting over 4 hours.	1%	1.49%	222
Transfer	Journey booked in advance - transfer of care.	All patients to be collected within 75 minutes of booked ready time.	80%	80.95%	21
Transfer	Kent and Medway bound journey booked on the day - Transfer of care.	Patient to be transported within 120 minutes of the identified booked ready time.	80%	N/A	N/A

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Call Centre

Call centre operations continue to perform at required levels.

Details of Service Levels and KPIs [Inbound calls]	KPI	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Aug-19	Sept-1-	Oct-19	Nov-19
No. of calls answered		11767	9010	12770	10979	11597	11178	11680	11057	12277	11074	11521	12547	11650
Average Handling time [seconds]		337	322	362	362	333	333	344	326	347	334	341	331	342
Average speed to answer [K&M future bookings]	<20 secs	00:01:31	00:00:54	00:00:31	00:00:32	00:00:23	00:00:26	00:00:52	00:00:40	00:00:45	00:00:48	00:00:33	00:00:36	00:00:28

Patient Engagement

In line with our commitment to improving patient experience, we have developed a 2019/20 Patient Engagement Strategy. G4S accept that to confidently understand the needs and challenges that patients' face, active engagement needs to be encouraged, supporting patients to share their views.

The initial response to this approach was hugely positive and the dedicated G4S Relationship Manager has continued to spend time at each renal dialysis unit, capturing views from patients about their experiences and their suggestions. This is a quarterly commitment and outcomes from the sessions are formally shared with all patients to demonstrate continuous improvement.

In addition to the renal dialysis engagement, G4S have met with Healthwatch Kent and have agreed regular planned meetings quarterly to establish relationships and utilize their expertise for objective feedback.

The Patient Engagement Strategy has been formed using outcomes from existing patient feedback. The strategy is a 'live' plan, which continues to evolve in line with themes and trends from the patient survey, complaints data and patient forums.

Engagement Initiatives

Engagement continues to grow between G4S, hospitals and community trusts with regular meetings now set to consistently review progress and collaborative working opportunities.

Where patient journeys may be running late, processes are in place to liaise with the clinics to ensure there is no effect on the appointment and the patient is re-assured.

An evolving process in partnership with the Acute Hospital Site Coordinators has been introduced where Patient Transport Liaison Officers (PTLOs) proactively encourage morning discharges. Part of their role is to liaise with key stake holders within the hospital to ensure all discharges and transfers are mobilized as soon as possible. The PTLOs also attend bed meetings and work in conjunction with pharmacists to plan and chase medication prescriptions, ensure all booking details are correct and work with key stakeholders in ensuring patient packages of care are in place and met. This is to assist in reducing backlogs of discharges at the end of the day; this trial was very successful within William Harvey Hospital and has been rolled out across Kent.

New control methods have been introduced that allow G4S to be more proactive and flexible with resources across Kent. This is part of our business wide intrinsic initiative where we have Logistics Experts whom support our local control with an overview of our entire service. These individuals can then identify support and opportunities to improve the patient experience.

Regular meetings take place with Care Quality Commission (CQC) leads. This is Matthew Carmody for Kent and Catherine Haynes for London. These meetings range from face to face to conference calls.

Specific relationship meetings are in place with Renal Unit Managers and patients to understand current trends and perspectives from both parties and staff.

Participation in Listening into Action (LIA) group initiatives.

Drop in clinics have continued to take place with the Relationship Manager and representatives from the G4S Chelmsford Team, providing hospital staff the opportunity to ask any questions they may have about bookings, the process and the contract in general.

Our Relationship Manager has been invited by NHS providers to offer her expertise and experience in participation and support of a special project for the Mental Health units in Kent.

A specific mental health pathway workshop has been conducted with stakeholders of all levels. A revised and defined process has been agreed for both risk assessment and bookings which has resulted in local arrangements being set up in west and north Kent, providing further information about service developments and required adjustments to resource deployment.

The Senior Management Team has undertaken appropriate training and are completing a rolling programme of 'Back to Greens' working a full shift alongside front line operational employees and patients. The initiative has been designed for senior management staff to gain a first-hand experience of the quality of service provided to patients as well as to provide an opportunity to talk to patients directly about level of care received from their perspective. This initiative is designed to focus thinking from a patient's point of view.

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Patient Surveys

Question	Question No.	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total	% of Positive Feedback
We would like you to think about your recent experiences of our service. How likely are you to recommend our service to friends and family if they needed to use a similar service?	Q1	523	362	65	21	28	11	1010	87.62%

Question	Question No.	Yes	No	N/A	Total (Excluding N/A)	% of Positive Feedback
When you booked your transport, were you given a clear explanation of the eligibility process?	Q2	725	38	224	763	95.02%
Were you contacted prior to your appointment to confirm your transport? (Outpatient only)	Q3	802	42	157	844	95.02%
Did you arrive at your appointment on time?	Q4	786	69	132	855	91.93%
If your transport was late, did someone inform you of the delay?	Q5	211	61	727	272	77.57%
If you had any enquiries about your transport and contacted our helpdesk, was your call answered quickly?	Q6	423	52	517	475	89.05%
Did you feel safe and comfortable during your journey?	Q7	965	24	11	989	97.57%
Were the staff that you interacted with friendly and helpful and did they offer assistance when appropriate?	Q8	988	10	3	998	99.00%
If you weren't happy with the service, would you know how to make a formal complaint?	Q9	832	166	8	998	83.37%
Total		5732	462	1779	6194	92.54%

Complaints and Compliments Management

All trends and outcomes including analysis of specific complaints are reviewed at a weekly senior management team meeting. In addition, all service delivery managers in Kent have participated in review days led by the Chief Operating Officer and patient experience team to ensure full understanding, root cause analysis and outcomes.

As a result all operational managers now spend time within the planning and patient experience function to not only be fully immersed but to identify areas for improvement.

Feedback and complaints are known to be the best evidence for bringing about sustainable change and forms the basis for any quality improvement within the service. Patient complaints offer us grassroots level raw data that can be used to change and improve patient experience and outcomes.

Type	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Aug-19	Sept-19	Oct-19	Nov-19
Complaint	51	52	29	25	27	44	50	43	35	60	56	63
% against No of Journeys	0.20%	0.17%	0.11%	0.09%	0.10%	0.15%	0.19%	0.15%	0.13%	0.23%	0.20%	0.24%

Outstanding Effort and Compliments

PTS crews hailed for their handling of challenging incidents



Six patient transport officers have been praised for their compassion, care and professionalism for the way they handled challenging incidents recently.

The first incident saw Kelly Macdonald and colleague Scott Culley stop at the scene of a serious road traffic accident to give cardiopulmonary resuscitation (CPR) to two members of the public and administer first aid to the driver of one of

the cars involved.

Unfortunately two of the people later died from their injuries, and Kelly and Scott was hailed for “remaining calm and acting with both integrity and professionalism despite the difficult circumstances”.

A few days later, Deborah Augustine and Graham Gibbs were asked to use their vehicle to block an exit barrier at Lewisham Hospital to stop traffic due to a member of the public being on the ground.

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When they found an expectant mother who'd been unable to make her way to the hospital's birthing unit in time, the pair assisted by providing blankets and getting a stretcher to carry her inside – where she later gave birth to a healthy baby girl.

The third incident saw Sharon Wiles and Michelle Mears praised for giving assistance to a lady and her son following a road traffic accident.

After stopping to help they gave the pair blankets and let them wait inside their ambulance for the emergency services, while calming down the young boy after his traumatic experience.

Russell Hobbs, Managing Director, Patient Transport Services, was full of praise for the PTS crews.

“Over the last two years, whilst I have been responsible for our patient transport contracts, I have consistently received reports, commendations and feedback about the care displayed by our employees,” he commented.

“Recently I had the pleasure of recognising these employees for their exemplary performance. These situations are outstanding examples of how our employees look after patients in our care, assist with accidents and deal with incidents concerning members of the public while going about their normal business.

“Given we are a non-emergency provider this makes this feedback and our employees even more important and shows the levels of care we provide on a daily basis to our patients.

Brexit

G4S continue to monitor and participate in any on-going Brexit readiness groups. Contingency plans are still in place and are monitored and reviewed against Government or Local updates. The M20 London bound Project Brock is having an impact on the service. This is resulting in some patients arriving too early for their appointments if they are traveling to north/west Kent or to the London hospital locations.

Third Party

Within the Kent contract we utilise a small proportion of third party support to enable the service to react to the peaks in activity. On average we will use 30 third party vehicles per week which will transport an average of 133 patients within the week. Our third party providers are all subject to the G4S due diligence assessment to ensure their service meets our standards to ensure patient safety.

Summary

This report provides an updated position statement on the performance of the contracts with G4S for non-urgent patient transport. The report has been based on data available up to November 2019. G4S are pleased to report that current good performance levels continue in line with expectations. Engagement with patients, service providers and stakeholders remains positive and has led to continuous improvement and development of the service.

Dartford, Gravesham & Swanley CCG extraordinary meeting 16th January 2020

As a result of a consultation between the above Clinical Commissioning Group (CCG) and interested professional and public bodies and the general public, an extra-ordinary meeting was convened. The purpose of the meeting was to consider the results of the comprehensive consultation exercise and to determine the way forward for the development of an Urgent Treatment Centre (UTC) in the DGS CCG area. This was partially promulgated by the inclusion of a mitigated model recommending a third option - that being two UTC sites rather than one.

The meeting was held in the Committee Room at The Civic Centre, Dartford, with approximately 17 individuals not connected to either the Committee or the CCG in attendance. There were 4 apologies for absence and representatives from Gravesham and Sevenoaks District Authorities as well as Kent County Council and the Gravesham MP, Adam Holloway, were in evidence.

It was noted that the population served by the DGS CCG is approximately 270k persons and that the consultation process attracted some 16500 survey responses and 25000 free text responses.

Four consistent themes emerged from the responses, these being:

- Proximity to site
- Traffic
- Public transport
- Cost of parking

Furthermore, Bexley Health Overview & Scrutiny Committee (HOSC) raised concerns over the potential impact to their CCG should DGS conclude that the Gravesend Community Hospital site be chosen as the location for the new Urgent Treatment Centre. In light of these late concerns being raised, a further consultation process took place concentrating on London Borough of Bexley residents and interested parties only.

A number of points were raised and discussed by the committee, including an observation that clinical services required or offered by the new UTC barely featured within the public responses and whether or not confusion may arise should both sites bear the UTC name.

Being satisfied that with time the public will soon recognise the services offered and able to identify which level of care they required (primary, UTC or A&E) the committee took questions from the floor. These questions concerned the likely opening hours of the UTC, whether the services would be available to all and whether the CCG had the capability to resource two UTC's especially from a staffing perspective.

It was recognised that resourcing both UTC's may create challenges and that a certain amount of 'buy-in' and good-will from existing staff would be essential to ensure a smooth transition, although the CCG are operating three sites currently. Ian Ayers, the chair of DGS CCG recognised potential problems and that a one-site UTC may be better but that with a two-centre UTC model, benefits may include the attraction and retention of staff due to the opportunities afforded by the specialisms offered by both sites; in direct contrast to the current effects of the 'London pull'.

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Ian Ayers explained that this was an excellent example of consultative work and that the proposed mitigated model being proposed was a result of evidence-based evaluation as well as listening to the overwhelming depth of public feeling.

The Government envisage a single, centralised UTC model with CCG's usually locating their UTC alongside current A&E departments. DGS recognise that for numerous reasons, this model will not work for our particular circumstances and that a 'networked' UTC model, not generally adopted within the UK should be implemented. To this extent, DGS are almost unique in taking this stance. Care will be taken to ensure that clinical best practice is incorporated and maintained within both sites ensuring that each UTC achieve the 27 national standards required under NHS guidelines.

It is estimated that daily footfall into each UTC will be as follows:

70 patients at Darent Valley Hospital UTC

140 patients at Gravesend Community Hospital UTC

Further discussion was held concerning 'buy-in' from 3rd party partners eg SECAM (South East Coast Ambulance) and whether one or two service providers should be appointed. Future discussions to be held with 3rd party partners especially SECAM concerning prioritising allocation of ambulance assets as casualties at home receive priority attention and a fear that calls from an UTC may be downgraded. Assurances were given that conversations had been taking place over several years with SECAM and Darent Valley Hospital (DVH) and that there is no reason to believe that future discussions would not result in acceptable working practices.

The proposed timeline for the implementation of a UTC is as follows:

Current contract for healthcare expires June 2020. Network UTC's to seamlessly continue from thereafter.

From July 2020, an on-going process of evaluation, re-evaluation and refining will take place; an exercise that is likely to take 12 months but with continual overseeing to ensure the 27 national standards are being met. Historically, contingency budgetary figures amounting to around 0.5% have been attributed to large-scale plan implementation but this project has factored in a 2% contingency sum.

DGS CCG retain draft details for a single-site UTC model should the net-worked model fail to provide the benefits desired.

Outside of the scope and power of the committee, it was recognised that the CCG should engage with and encourage those authorities responsible to improve transport links to and within the vicinity of the UTC's.

At the end of the discussions, the CCG committee unanimously agreed to adopt the mitigated model proposing a net-worked dual UTC facility.

Perry Cole

Sevenoaks District Member for Hartley & Hodsoll Street

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