

**Minutes of the PTS Programme Board
12.30 to 2pm Friday 16 September 2016
25a Friars Walk, Lewes BN7 2PB**

In attendance:	Alan Beasley (AB) (Chair) Derek Laird (DL) Katie Merrien (KM) Redacted (AT)	Chief Finance Officer, HWLH CCG PTS Advisor, HWLH CCG Programme Manager, HWLH CCG PA to Chief Finance Officer, HWLH CCG (minutes) Trish Kennard (TK) Clinical Quality Manager, HWLH CCG (for Quality update)
	Jessica Britton (JB) Dominic Ellett (DE) Glynn Dodd (GD) David King (DK)	Chief Operating Officer, Hastings & Rother CCG Deputy Chief Operating Officer, CWS CCG Chief of Development & Transformation, CWS CCG Interim Chief Operating Officer, Crawley CCG & HMS CCG
	John Child (JC) Ian Thompson (IT)	Chief Operating Officer, Brighton & Hove CCG Business Unit Manager (Sussex), Coperforma
Apologies:	Sally Smith (SS) Michael Clayton (MC) Gemma Clayton (GC)	Director of Delivery & Primary Care, HWLH CCG Managing Director, Coperforma Programme Manager, HWLH CCG

No.	Items	Action
1	Welcome and apologies for absence	
	Apologies were noted as above. Part 2 of the meeting will be a confidential CCG update only and IT will leave the meeting at this point.	
2	Declarations of Interest <i>[if appropriate]</i>	
	None were raised.	
3	Minutes of the last meeting	
	The minutes from the previous meeting held on 16 September 2016 were reviewed and approved.	
4	Action Log	
	The action log was reviewed and updated and will be circulated with the minutes. Edits are highlighted in blue text.	All to review
5	Remedial Action Plan (RAP) Progress	
	Amber progress updates were reviewed as follows: <u>ID no 1 - 3) Review call volumes/waiting times/call drops by time slot and apply staff resources to match demand</u> Recruitment is still ongoing and plan is in place. <u>ID no 3 – 1) All patients (excluding opt-outs) are called 24 hours ahead of transport being delivered to validate their bookings and journey requirements (e.g. mobility). Extra question requested 27.05 on patient survey so can</u>	

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	<p><u>monitor.</u> Action: IT to submit data demonstrating failed call volumes, and assurance of proportion of patients being called 24 hours and 30-60 minutes in advance (including trajectory of how this will get to 100%).</p> <p><u>ID no 7 – Coperforma to confirm processes and timeframes for monitoring, responding to, and conducting RCA for complaints; incidents; appeals; Information Governance compliance (including activation of NHS Mail accounts) and Patient Experience (including via a dedicated telephone line); Coperforma to ensure that complaints and incidents (service exceptions) phone line and email accounts are manned Monday – Friday.</u> Action: IT to submit responses from patient experience report for one month spanning 15 July to 15 August to AB for review, and another report covering the two week period following Docklands being removed from Coperforma's sub-contractor framework.</p> <p>Action: DL to agree dates with Coperforma for completion of outstanding actions from the RAP and review previously closed actions to ensure they are still closed in light of recent service issues and update at next meeting.</p>	<p>IT</p> <p>IT</p> <p>DL/IT</p>
6	<p>TIAA Report Update – on recommendations</p>	
	<p>It was confirmed that the CCGs are taking the TIAA report to their Quality or Audit Committees.</p> <p>Action: AB agreed to share HWLH CCG's response to the report's recommendations (a letter sent to Andrew Townsend at TIAA).</p> <p>Agreed had met recommendation 1 by appointing DL to provide expert advice until PTS achieved Business As Usual. Had also contacted all Trusts to provide details of costs incurred to date that would be billed to Coperforma (related to dedicated vehicles); all Trusts have responded except for BSUH.</p> <p>Action: AB to share copies of the letters he sent to CSUs and Procurement Teams supporting CCGs in the South in order to share learning and recommendations from the report.</p> <p>AB confirmed the contract-related actions were in progress or completed, and he would share an update with the CCGs' representatives to go to their Quality and Audit Committees.</p> <p>AB noted there had been an additional procurement audit (for which the report had been submitted to him today) and a data audit.</p> <p>Action: AB to share TIAA's Procurement Audit with CCG reps (not for onward circulation).</p> <p>Action: AB to chase report relating to the recent data audit.</p>	<p>AB</p> <p>AB</p> <p>AB</p> <p>AB</p>
7	<p>Quality Update</p> <ul style="list-style-type: none"> • Complaints • Incidents 	
	<p>Trish Kennard (TK) updated on the work that had been underway by the Quality Team under Dr Sarah Richards (SR), who were meeting with Benita Playfoot (BP) (Quality Lead put in place at Coperforma) on a monthly basis and</p>	

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	<p>having teleconferences on a weekly basis to discuss progress and agree action points.</p> <p>Clinical Quality Governance, Patient Safety and Risk Strategy has been written by BP for approval by Coperforma and the CCGs. This will be supported by monthly Quality meetings – first one scheduled for 21 September.</p> <p>TK highlighted that patients had seen a very negative press and reporting on Coperforma and she suspected that there would be a significant volume of complaints submitted to the Ombudsmen about the service.</p> <p>Compiling a record of incidents and issues experienced by patients.</p> <p>BP is reviewing all Serious Incidents (SIs) occurring during mobilisation by end of September; this will include Corporate Action Plan, summary of media statements during that time, and BP will be attending the Scrutiny Group to present her report.</p> <p>TK and SR have visited RSCH SKU and Crawley Renal Unit, and will be going to Oncology Units, Bluebell Unit in Haywards Heath, and specialist podiatry services and dental services.</p> <p>Has just received Adult and Child Safeguarding Policies for SR's review following her holiday – TK has reviewed and commented and, once feedback has also been gathered from SR, this will be fed back to Coperforma.</p> <p>Quality Spot Checks Audit process for vehicles received. TK will share with DL for review.</p> <p>Advance Incident Reporting Policy has been approved by Coperforma's Board and received by the CCG.</p> <p>TK confirmed perceptions from renal units and patients had improved, and they were much happier with recent performance and additional actions put in place e.g. the dedicated telephone line for renal staff.</p>	
6	<p>Service Update</p> <ul style="list-style-type: none"> • Overview of current provision • Risks and Issues • Transport Providers 	
	<p>IT confirmed latest call stats were 92% answered within KPIs. Inbound and outbound timeliness achievements are 94-95% for both renal and non-renal patients.</p> <p>IT confirmed he had been meeting with representatives from individual Trusts to understand and address themes of issues affecting their patients. Meetings were in place with SCFT, SASH and BSUH, but still to be set up with WSHT (although Coperforma was working closely with Tim Chittleborough).</p> <p>Action: IT to send Coperforma's formal SDIPs agreed and signed with individual local Trusts to provide additional assurance to DL prior to the next meeting. DL to collate and circulate to CCGs for information.</p> <p>IT reported that Coperforma had been in the press due to no longer working with Docklands Medical Services – but the service had not been detrimentally</p>	IT

No.	Items	Action
	<p>impacted by this (beyond an increase in the amount of manual planning having to be done by the Hub) and he gave assurance that the service would not be reducing in performance during September as a result of this. DL stressed the need to manage the communications about this in terms of how PTS was perceived not just operationally, but in its treatment of incumbent providers' staff who had transferred to the new service under TUPE. The Board agreed that assurance was required about the longer-term solutions for covering the activity that was previously being delivered by Docklands; including the potential for reemploying some Docklands staff within some of Coperforma's other sub-contractors.</p> <p>IT confirmed Coperforma had established a patient helpline to answer concerns and queries, and its SDSs would be sharing positive communications about the continuation of the service.</p> <p>The Board queried about the future of the c70 staff transferred to Docklands Medical Services from SECAMB (via VM Langfords). JC confirmed he had met with the HOSC and representatives from local councils about the political noise and reputational issues associated with this. IT confirmed Docklands was still functioning as a company, but was no longer trading with Coperforma. AB highlighted that the CCGs had a role in ensuring those staff were treated fairly (and in line with previous negotiations about retaining their NHS Agenda for Change Terms and Conditions), despite this being a provider-to-provider conversation. AB reported he had written to SECAMB to request a copy of the information shared with VM Langfords, including their length of service and salary, to gain an understanding of the volume of staff potentially affected.</p> <p>DK highlighted that the Trusts were finding it difficult to capture instances of patient delays or failed collections resulting in an overnight stay. IT gave assurance that he had met with SASH to discuss these concerns and provide assurance that the back office of Coperforma's system captured additional information.</p>	
9	<p>Any Other Business</p> <p>Discussed whether we are doing enough to promote existence of the service.</p> <p>Action: KM to find out the methods through which patients are informed of the existence of the Patient Transport Service. This includes referral and appointment letters sent to patients, posters in GP surgeries and being informed by receptionists – check Trust websites and make sure Eligibility Criteria are being shared.</p> <p>At 1.40pm IT left the meeting.</p>	KM
10	<p>Date of next meeting: 26 October 2016, 9.30 – 11am, in 25a, Friars Walk, Lewes, BN7 2PB</p>	
	<p>PART 2 – CONFIDENTIAL CCG UPDATE</p> <p>Action: AB will liaise with Martin Large to ensure there are regular communications with all stakeholders.</p>	AB

Freedom of Information Act: Those present at the meeting should be aware that their names and designation will be listed in the minutes of this Meeting which may be released to members of the public on request.