

**Mike Kelly FCIOB MCIM**  
**Chief Executive**

*Our Ref* JLG  
*Your Ref* HSC/JLG  
*Date* 17 July 2015  
*Please ask for* Julie Gallagher  
*Direct Line* 0161 2536640  
*Direct Fax*  
*E-mail*

Legal & Democratic Services  
Division

Jayne Hammond LLB (Hons)  
Solicitor  
Assistant Director of Legal &  
Democratic Services

**TO: All Members of Health Scrutiny Committee**

**Councillors :** P Adams, E Fitzgerald, L Fitzwalter, S Haroon, K Hussain, S. Kerrison (Chair), T Pickstone, R Skillen, S Smith and R Walker

Dear Member/Colleague

**Health Scrutiny Committee**

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

<b>Date:</b>	Monday, 27 July 2015
<b>Place:</b>	Meeting Rooms A&B, Knowsley Street, Bury Town Hall
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	<b>Please note there will be a pre-meeting discussion at 6.30pm in the Irwell Room.</b>

**AGENDA**

The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.



**Electronic service of legal documents accepted only at:**

**E-mail:**

legal.services@bury.gov.uk

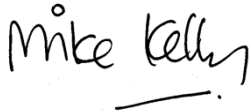
**Fax:** 0161 253 5119

**Town Hall  
Knowsley Street  
Bury BL9 0SW  
www.bury.gov.uk**

The Agenda and Reports are available on the Council's Intranet for Councillors and Officers and also on the Council's Website at [www.bury.gov.uk](http://www.bury.gov.uk) – click on **Agendas, Minutes and Forward Plan**.

Copies of printed reports can also be obtained on request by contacting the Democratic Services Officer named above.

**Yours sincerely**

A handwritten signature in black ink that reads "Mike Kelly". The signature is written in a cursive style with a horizontal line underneath the name.

**Chief Executive**

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

### **3 MINUTES (Pages 1 - 6)**

Minutes from the last meeting held on the 17<sup>th</sup> June 2015 are attached.

### **4 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

### **5 ANNUAL COMPLAINTS REPORT - ADULT SOCIAL CARE SERVICES (Pages 7 - 22)**

A verbal presentation will be given by Sharon Wells, Customer Engagement Manager Department for Communities and Wellbeing. Reports attached.

### **6 NON EMERGENCY PATIENT TRANSPORT SERVICE (Pages 23 - 36)**

Representatives from Blackpool CCG, Hadrian Collier and Sue Sutton will be in attendance. Report attached.

### **7 PROPOSED CHANGES TO WHITEFIELD AMBULANCE SERVICE (Pages 37 - 38)**

Representatives from the North-west Ambulance Service Marie Gamlin, Acting Sector Manager, Sarah-Jane Jones Roberts, Operational Manager will be in attendance. Letter attached.

### **8 WORK PROGRAMME UPDATE \*FOR INFORMATION\* (Pages 39 - 40)**

Work programme update report attached.

### **9 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

This page is intentionally left blank

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 17<sup>th</sup> June 2015

**Present:** Councillor S Kerrison (in the Chair)  
Councillors P Adams, E FitzGerald, J Grimshaw, S Haroon, K Hussain, J Mallon, S. Smith and R Walker

**Also in attendance:** Councillor Andrea Simpson, Cabinet Member Health and Wellbeing  
Stuart North, Chief Officer at Bury CCG  
Linda Jackson, Assistant Director, Operations, Bury MBC  
Joanne Moore, Divisional Director for Medicine, Pennine Acute NHS Trust  
Dr Anton Sinniah, Acting Medical Director, Pennine Acute NHS Trust  
Nadine Armitage, Head of Partnerships, Pennine Acute NHS Trust  
Julie Gallagher, Democratic Services Officer

**Public Attendance:** 2 members of the public were present at the meeting.

**Apologies for Absence:** L Fitzwalter, R Skillen and T Pickstone

#### **HSC.94 DECLARATIONS OF INTEREST**

Councillor Joan Grimshaw declared a personal interest in all matters under consideration as a Member of the Patient's Cabinet.

#### **HSC.95 PUBLIC QUESTION TIME**

There were no questions from Members of the public present at the meeting.

#### **HSC.96 MINUTES OF THE LAST MEETING**

**It was agreed:**

That the Minutes of the last meeting held on 19<sup>th</sup> March 2015 be approved as a correct record and signed by the Chair.

#### **HSC.97 MATTERS ARISING**

In response to a question from Councillor Mallon, the Assistant Director of Operations for Adult Care reported that the re-tendered Drug and Alcohol services provided in Bury provides a recovery model of care.

**It was agreed:**

Performance data in relation to the recently re-tendered Drug and Alcohol Service will be considered at a future meeting of the Health Overview and Scrutiny Committee.

### **HSC.98 PENNINE ACUTE NHS TRUST MATERNITY SERVICES UPDATE**

Members of the Committee considered a verbal presentation from Dr Anton Sinniah, Pennine Acute NHS Trust, in relation to the recently conducted external review of maternity services within the Trust. The presentation contained the following information:

Following the appointment of the new Chief Executive a system was introduced whereby all serious untoward incidents were notified to the Chief Executive and Executive Directors within 24 hours and discussed at senior management team on a weekly basis.

The report highlighted several incidents within maternity services. The incidents were reviewed through the Trusts own root cause analysis. The Trust commissioned an external review of nine incidents which had occurred in maternity services six neonatal and 3 maternal deaths.

In summary, the findings of the external review were:

- The population of women cared for at Pennine Acute Trust is diverse and challenging and includes a significant number of high risk and vulnerable women.
- There are clearly areas of good practice which are appropriately noted and acknowledged and which should be widely shared.
- The three maternal deaths did not appear to be the result of deficiencies in care.
- The serious incidents were thoroughly and comprehensively reviewed by the Trust and there was a clear, honest and open approach to identifying failings.

There were twelve recommendations made as a result of the review and a comprehensive improvement plan has been drawn up to address the issues raised.

Dr Sinniah explained the sequence of events around the media coverage of the maternity review. A member of staff had approached the MEN prior to the review being shared with the families. Whilst families had previously been involved with some of the root cause analyses (not all had wished to be), a learning point for the trust was that it should have informed the families of the review at an earlier stage.

Those present were given the opportunity to ask questions and make comments and the following points were raised:

Dr Sinniah reported that there have been a number of changes to senior management at the Trust since the commencement of the external review; the appointment of a new Chief Nurse as well as a new Deputy Chief Nurse, the appointment of a new Director of Governance and an Acting Medical Director.

In response to a Member's question Dr Sinniah acknowledged that when the external review commenced, the Trust should have informed those families directly affected.

The external review highlighted 4 key areas for improvement: risk management, escalation, clinical leadership & management of obesity. There were neonatal cases where the outcomes could have been different, but the maternal deaths were not felt to be preventable. The trust was never the less keen to point out that there was still learning & improvement for the teams in the maternal cases.

Dr Sinniah confirmed that any death that occurs up to 365 days after giving birth is recorded as a Maternal death.

Following the decision to conduct an external review, the Trust informed the local CCGs as well as the Trust Development Authority. An incident management group has been established which is co-chaired by Gill Harris, Pennine Acute's Chief Nurse and Stuart North, Bury's CCG Chief Operating Officer.

In response to a Member's question, Dr Sinniah reported that there has been some ongoing media interest in the Trust's maternity services. As part of a communication and media plan, Gill Harris (Chief Nurse) & Dr Sinniah met with a MEN journalist to give more clinical background to the reporter and to show him around the maternity unit at the Royal Oldham Hospital.

In response to a Member's question, Dr Sinniah reported that in response to the concerns raised about clinical leadership the Trust must ensure that there is clarity in relation to individuals' roles and responsibilities and that information is disseminated.

Dr Sinniah reported that both sites provided 134 hours of consultant cover which is significantly higher than some other comparable units in the region.

In response to concerns raised by Members, Dr Sinniah reported that in individual cases, a failure of staff to escalate concerns did lead to poor outcomes. The Trust has subsequently twinned with Newcastle Hospital NHS Foundation Trust to share best practice.

In response to a Member's question, Dr Sinniah reported that the external review did not highlight concerns in relation to a shortage of midwives but rather a shortage of health care assistants.

Stuart North, Chief Operating Officer Bury CCG reported that the CCG have been involved in overseeing the process and there will be issues for the CCG as well as the Trust to take forward.

**It was agreed:**

That the Health Overview and Scrutiny Committee would receive an update in relation to the Pennine Acute Maternity Services improvement plan at a future committee meeting.

**HSC.99 DELAYED DISCHARGE**

Joanne Moore, Divisional Director for Medicine Pennine Acute NHS Trust attended the meeting to provide members of the Committee with an update in relation to concerns raised with regards to delayed discharge. An accompanying report had been circulated to Members which provided information in relation to; the current

process to manage delayed discharges the reasons for delays and the current actions that are being taken to address the issues.

The Divisional Director for Medicine reported that there are two measurable types of delayed discharge. The first group are the Delayed Transfers of Care (these are externally monitored) DTC and the second group are those that are defined as Medically Fit for Discharge (MFFD).

Members considered the types of delays; the proportion of patients delayed across all hospital sites, the number of MFFD by site and the distribution of medical MFFD and DTC by local authority area and hospital site.

The Divisional Director reported that the reason for the delays are multi-factorial and community and Local Authority partner organisations are working with the Trust to develop and implement solutions.

In response to a Member's question the Divisional Director reported that at North Manchester General Hospital all staff are involved in the discharge process for acute, community and local authority as they work as an integrated team based on the same site and are line-managed on a daily basis by one Trust Manager.

The Divisional Director reported that it is the Trust's and partner organisations aspiration to have single discharge process on the sites, a northeast sector discharge group meets regularly to discuss these issues and monitor progress.

In response to a Member's question the Divisional Director reported that the Trust's performs very well in respect of readmission rates and within the Northwest are in the top quartile.

In response to a question from the Chair the Divisional Director reported that the Trust are currently conducting a 'Perfect Week' exercise which is a focussed piece of work which involves senior staff spending time at each hospital site observing and logging issues.

## **It was agreed:**

That a follow up report from the Trust wide discharge planning group will be considered at a future meeting of the Health Overview and Scrutiny Committee.

## **HSC.100 CHANGES TO BARDOC (BURY AND ROCHDALE DOCTORS ON CALL)**

Stuart North, Chief Operating Officer Bury CCG provided members with a verbal briefing in respect of the proposal to transfer the BARDOC treatment rooms to Fairfield General Hospital.

BARDOC will be situated at the outpatients department, Foulds Suite. The BARDOC clinical team have audited referrals received to their GPs from the Bury Urgent Treatment Centre and BARDOC believes there is no clinical risk in moving the Out of Hours GPs from the Moorgate site.

In response to concerns raised by Members, the Chief Operating Officer reported that there will be no difference in the service provided to patients.



**It was agreed:**

The proposed changes to Bury and Rochdale Doctors on Call be noted.

**HSC.101 HEALTHIER TOGETHER**

Stuart North, Chief Operating Officer Bury CCG reported that a meeting of the Healthier Together Committees in Common took place earlier today (17.07.2015). The Committee confirmed that there would be four specialist sites the details of which will be confirmed on 15<sup>th</sup> July 2015.

**It was agreed:**

Stuart North, Chief Operating Officer Bury CCG would provide the Health Overview and Scrutiny Committee with a further briefing in relation to Healthier Together at the next meeting of the Health Overview and Scrutiny Committee.

**HSC.102 WORK PROGRAMME DISCUSSION**

Julie Gallagher, Democratic Services Officer, submitted a report setting out the terms of reference for the Committee along with a Work Programme discussion report to assist members in the development of a Work Programme for 2015/2016.

The report also highlighted a number of issues/topics carried over from last years programme.

**It was agreed:**

1. In addition to the items highlighted within the work programme report that the following items be included part of this Committee's Work Programme for 2015/16:
  - Healthier Radcliffe update report
  - Access to Primary Care – do members of the public know where to go? How is this information communicated?
  - I Will If You Will update
  - How is Social Care delivered in Bury and levels of satisfaction with the services provided.
  - Devolution Greater Manchester
2. Julie Gallagher, Democratic Services Officer will meet with Linda Jackson, Assistant Director, Operations, Adult care to discuss the development of the work programme prior to the next Health Overview and Scrutiny meeting.

**HSC.103 URGENT BUSINESS**

There was no urgent business reported.

**COUNCILLOR SARAH KERRISON**  
**Chair**

**(Note: The meeting started at 7pm and ended at 8.55pm)**

This page is intentionally left blank

<b>REPORT TO HEALTH SCRUTINY COMMITTEE</b>
--



<b>Title:</b>	<b>ANNUAL COMPLAINTS REPORT – ADULT SOCIAL CARE SERVICES – FOR INFORMATION ONLY</b>
<b>Date of Meeting:</b>	<b>Strategic Management Team 15 June 2015 Health Scrutiny 27 July 2015</b>
<b>Report from :</b>	<b>Pat Jones-Greenhalgh, Executive Director of Department of Communities &amp; Wellbeing</b>
<b>Contact Officer :</b>	<b>Sharon Wells, Customer Engagement Manager</b>

## 1.0 PURPOSE/SUMMARY

There is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints. This report is to update Members and provide current information in respect of complaints related to Adult Social Care Services. The report looks at the period 1 April 2014 to 31 March 2015 and the purpose in presenting the report is for Members to oversee the extent and complexity of Adult Care Services' span of activity and to receive information relating to the quality of services delivered.

Members are asked to note the content of the report.

## 2.0 INTRODUCTION

- 2.1 In line with guidance from the Department of Health, Local Authorities are required to publish an Annual Complaints Report covering the council year.
- 2.2 This report is to update Members and provide information in respect of complaints related to Adult Social Care Services during 2014/15. More frequent monitoring is undertaken by the Department of Communities and Wellbeing's Strategic Management Team to review performance and agree, as appropriate, any remedial action in response to concerns.
- 2.3 Members' comments regarding the report are invited.

## 3.0 BACKGROUND

- 3.1 A complaint is generally defined as 'an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care provision which requires a response.'

- 3.2 Complaints principally concern service issues, including the perceived standard of services and their delivery by service providers. Recorded figures however only represent a percentage of instances where people are dissatisfied as many complaints/concerns are managed and resolved at the time, avoiding the need for people to resort to the more formal statutory complaints process.
- 3.3 Within the regulations which govern the process, the Council adopts a flexible approach which prioritises local resolution of complaints although people still have the option to take their case to the Local Government Ombudsman should they remain dissatisfied.
- 3.4 Some customers find it emotionally difficult to make an initial complaint. The process is therefore designed to ensure that all complaints are treated seriously, in confidence, investigated and given due attention. Integral to this is the role of the Customer Engagement Manager who provides a degree of independence and support to the complainant whilst ensuring the complaint follows the statutory procedure. Customers may also make complaints through advocates (including Councillors and MPs) – providing any necessary and appropriate consent has been received which enables personal information to be shared.
- 3.5 The Complaints Procedure is not designed to deal with allegations of serious misconduct by staff. These situations are covered under separate disciplinary procedures of the Council.
- 3.6 In order to ensure any safeguarding issues which are contained within social care complaints are captured and processed through the Safeguarding Procedures, the Customer Engagement Manager and the Safeguarding Co-ordinator have an agreed protocol regarding joint working which is accessible on the Council's website.

### **4.0 ANALYSIS OF COMPLAINTS**

- 4.1 The attached appendix 1 provides statistical data in graph format for the period 1 April 2014 to 31 March 2015 and includes:-
  - A comparative study of the number of complaints received for the period 2012/13, 2013/14 and 2014/15 (Fig. 1)
  - A comparative study of the nature of complaints received for the period 2013/14 and 2014/15 (Fig. 2)
  - The number of complaints received by Teams for the period 2013/14 and 2014/15 (Fig. 3)
  - A comparative study of the time taken to resolve complaints for the period 2013/14 and 2014/15 (Fig. 4 )
  - A comparative study of the number of concerns raised by Local Councillors, Members of Parliament and the Local Government Ombudsman for the period 2013/14 and 2014/15 (Fig. 5)
  - The number of compliments received and the service area they relate to 2014/15 (Fig. 6)
  - The attached appendix 2 shows the number of complaints received relating to categories of Equality and Diversity

- The attached appendix 3 shows Evidence of Learning and improvements made to services as a result of complaints

4.2 From 7 July 2014 there was a major reconfiguration of the Assessment and Care Management Community Teams. These were split into locality teams as it is considered a localities model is most efficient, beneficial and connects to the wider Social Care and Health Agenda. It is believed that service access, appropriate resources and delivery can be further developed by working in localities which is also closer to the customer and the community in which they live. It was felt this change would support the wider reconfiguration and models of service delivery from other agencies and partners and thus provide a more efficient, effective and multi-disciplinary approach to our work.

By reconfiguring teams into localities, the customer journey is consistent and clear, removing the risk or need to move from team to team depending on changing circumstances.

Thus, the Assessment and Reintegration Team, the Vulnerable Adults team and the Learning Disability Team became three community teams with each team covering two townships:

Locality Team 1 covering Prestwich and Whitefield  
Locality Team 2 covering Bury East and Ramsbottom  
Locality Team 3 covering Tottington and Radcliffe

- 4.3 Although the total number of complaints received over the last year has increased slightly (by 5), this should be viewed in the context that this figure is still a decrease when compared to 2012/13.
- 4.4 With respect to timescales, over 68% of complaints were responded to within 30 working days of the complaint being received.
- 4.5 The number of concerns raised by Members of Parliament and local Councillors almost doubled - from 10 in 2013/14 to 19 last year.
- 4.6 The number of Local Government Ombudsman (LGO) enquiries the Department received and dealt with during 2014/15 was 2 – a decrease of 1 or 33% on the previous year. Following information provided by the Department to the LGO, the outcomes to these two cases were:

1. The complainant disagreed with the council's decision that he did not meet the eligibility criteria for the issue of a Disabled Blue Badge.

Following investigation from the LGO and a request for information around the process used by the Council to determine eligibility, the LGO found no evidence of fault in the way the decision was made by the Council.

2. The outcome of the LGO's investigation to the second enquiry is still awaited but indications are this should be within the next month.

- 4.7 To put the total number of complaints in context, the Department provides services to approximately 4,886 individuals. 79 complaints therefore equates to 1.5% of customers.
- 4.8 The Department received 410 compliments about the work carried out by individuals/teams. These are also recorded and celebrated in recognition of the good work that is taking place.
- 4.9 Complaints (and compliments) can give valuable feedback and alert managers to issues with regard to service quality or delivery. The Department seeks to learn from such occurrences and recommendations made as a result of complaints made during 2014/15 have resulted in improvements or changes to services. These are listed in Appendix 3.

## **5.0 CONCLUSIONS**

- 5.1 The number of complaints has increased slightly (by 5) despite re-configuration of services and the organisation structure of the wider Council, merging from 4 Directorates to 3.
- 5.2 The process has been designed to reduce barriers for complainants.
- 5.3 The Department monitors feedback and uses these experiences to learn and improve operations. This approach will continue and steps will be taken to minimise dissatisfaction although this will be a challenge in an environment of rising demand and diminishing resources.

## **6.0 THE FUTURE**

- 6.1 Work has already started to explore the possibility of storing complaints information on the Department's electronic recording system which currently stores customers' social care records.

Initial indications are that this is possible and draft forms are currently being trialled.

It is proposed to expand this to include compliments, concerns raised by MP's and Elected Members and enquiries from the Local Government Ombudsman.

Hard copies of information and correspondence relating to complaints currently needs to be stored for a period of 6 years, in line with the Information Commissioner's guidance. The new system, if fully adopted, will, in due course, eliminate the need for hard copy storage as well as providing a more secure storage facility.

- 6.2 Additionally, in the coming months, the Customer Engagement Manager will be emphasising to Managers the advantages of resolving complaints informally

and quickly, within 48 hours, without the need to engage the complaints process. This option is acceptable under the Complaint Regulations and reduces the amount of time required in recording complaints and writing responses

The attached flowchart demonstrates this process

Key to informal resolution is the 48 hour timeframe – if resolution is not achievable then the complaint will follow the formal Complaints Procedure. Similarly, if a customer requests that their complaint is dealt with through the Complaints Procedure, then this would be adhered to.

### **Appendices 1, 2 and 3 attached**

This page is intentionally left blank

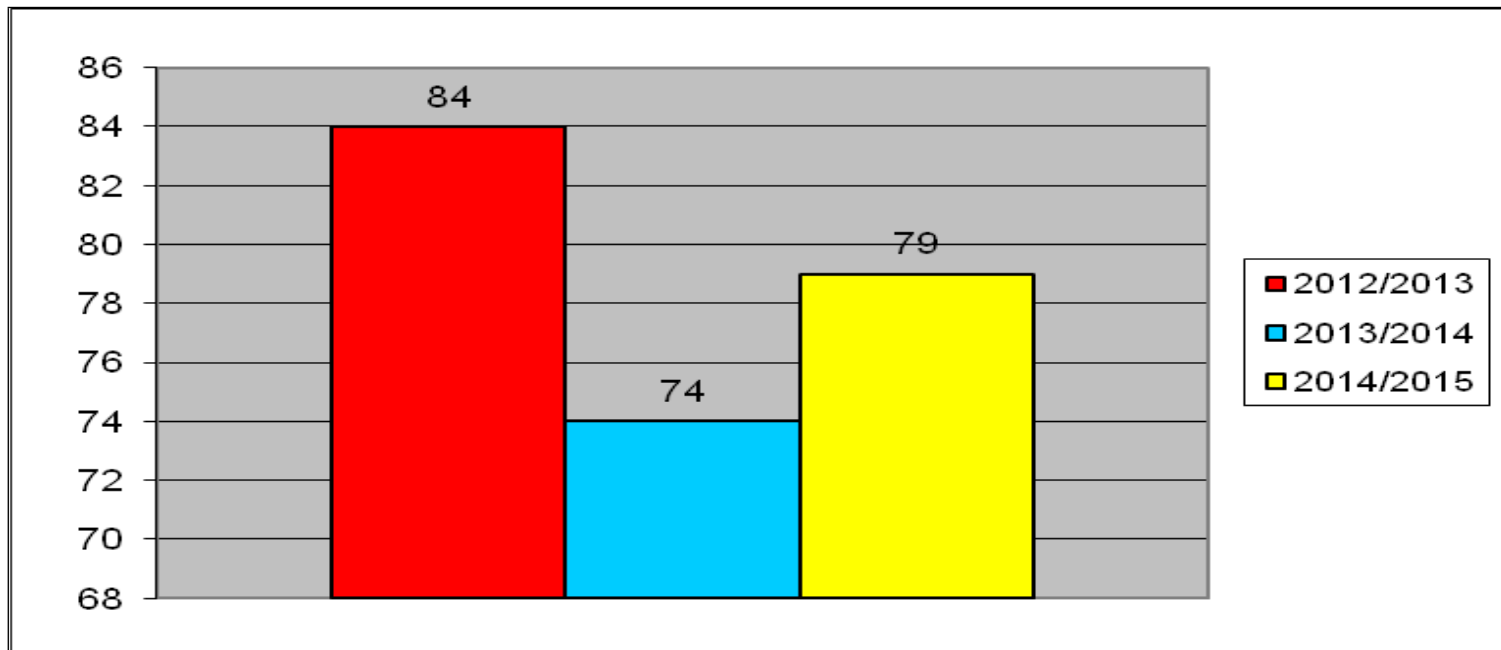


**Appendix 1**

**Adult Care Services Annual Complaint Report**  
**1st April 2014 – 31st March 2015**

**Figure 1**

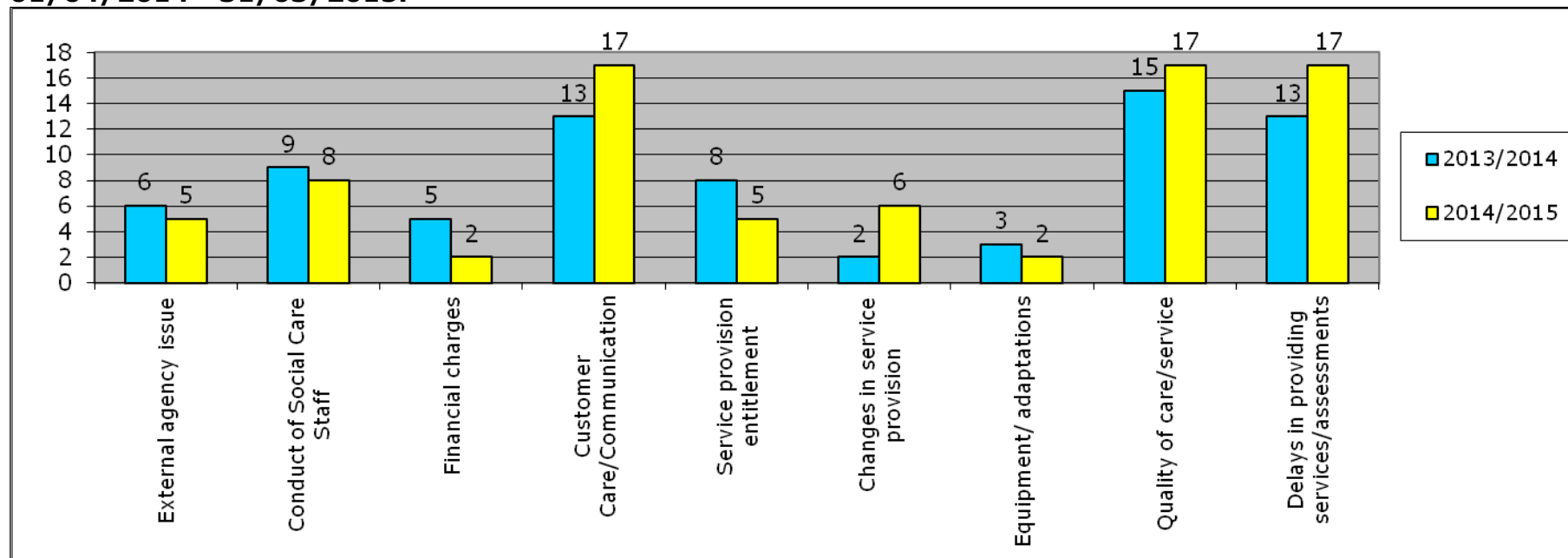
**A comparative study of the number of complaints received for the period 01/04/2012 – 31/03/2013, 01/04/2013 – 31/03/2014 and 01/04/2014 – 31/03/2015.**



- The total number of complaints in 2014/2015 has increased slightly by 6% (5) when compared to the previous year 2013/14
- The Department provided a service to approximately 4,886 individuals in 2014/15 and 79 complaints equates to approximately 1.5% of customers

**Figure 2**

**A comparative study of the nature of complaints received for the period 01/04/2013 - 31/03/2014 and 01/04/2014 - 31/03/2015.**



#### Key Findings

- 22% (17) of complaints received related to Customer Care/Communications
- 22% (17) of complaints received related to Quality of Care/Service
- 22% (17) of complaints received related to Delays in Providing Services/Assessment

#### Increased Number of Complaints

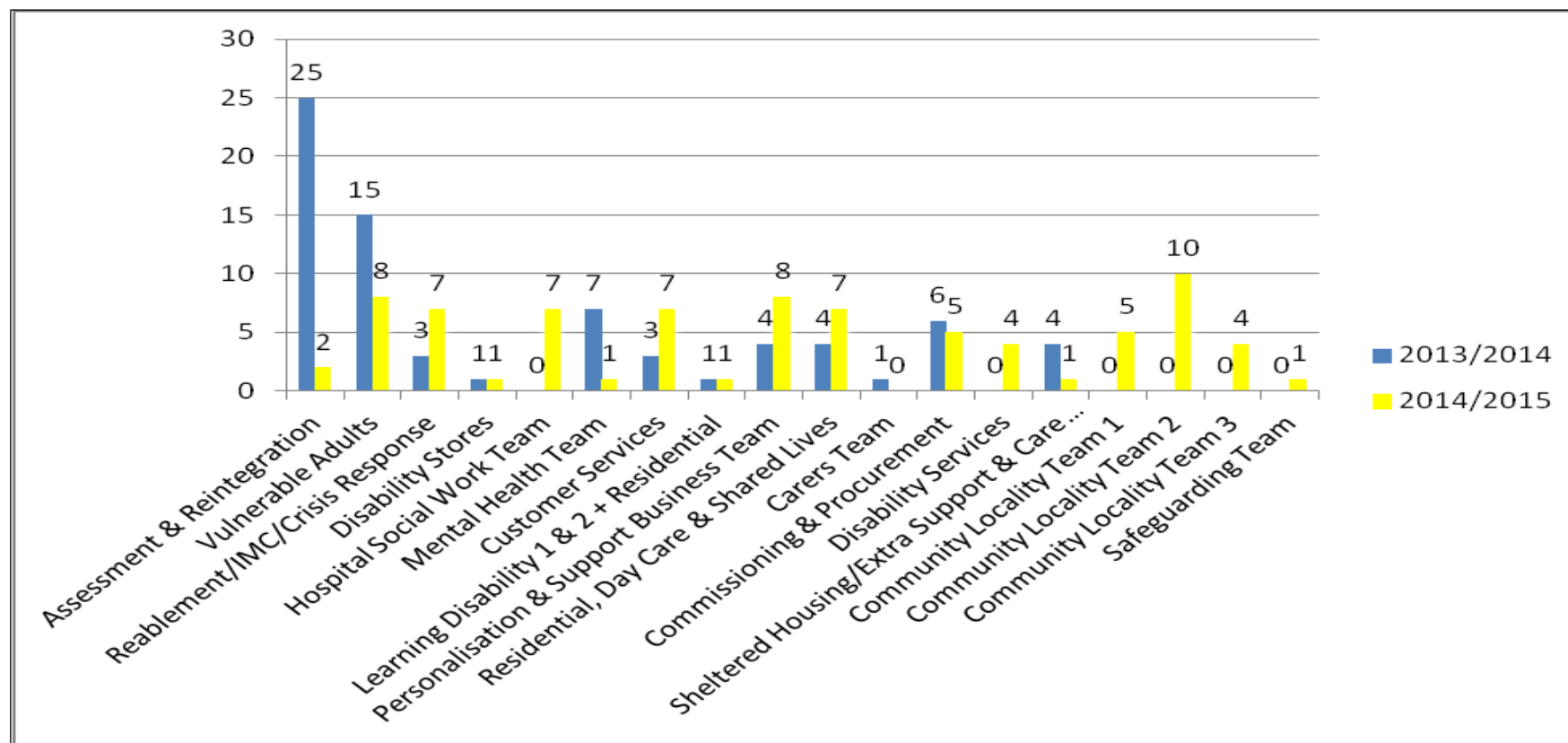
- 24% (4) increase in complaints related to Customer Care/Communications
- 66% (4) increase in complaints related to Changes in Service Provision
- 12% (2) increase in complaints related to Quality of Care/Service
- 24% (4) increase in complaints related to Delays in Providing Services/Assessments

#### Decreased Number of Complaints

- 17% (1) decrease in complaints related to External Agency Issues
- 11% (1) decrease in complaints related to Conduct of Social Care Staff
- 60% (3) decrease in complaints related to Financial Charges
- 37% (3) decrease in complaints related to Service Provision Entitlement
- 33% (1) decrease in complaints related to Equipment/Adaptations

**Figure 3**

**Complaints received in respect of Adult Care Services by teams for the period 01/04/2013 – 31/03/2014 and 01/04/2014 – 31/03/2015.**

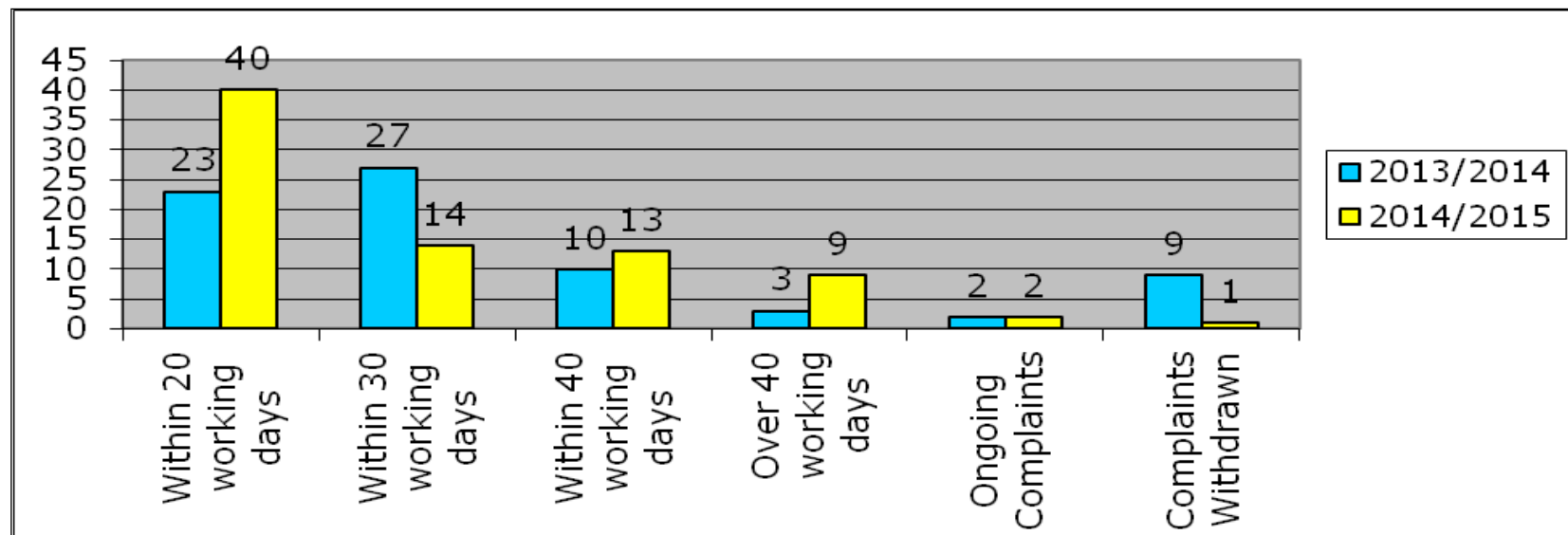


### Key Findings

Due to the re-configuration of the Social Work Teams which took place in July 2014 it is not possible to draw objective comparative findings until next year.

**Figure 4**

**Timescales for complaints for the period 01/04/2013 – 31/03/2014 and 01/04/2014 – 31/03/2015.**

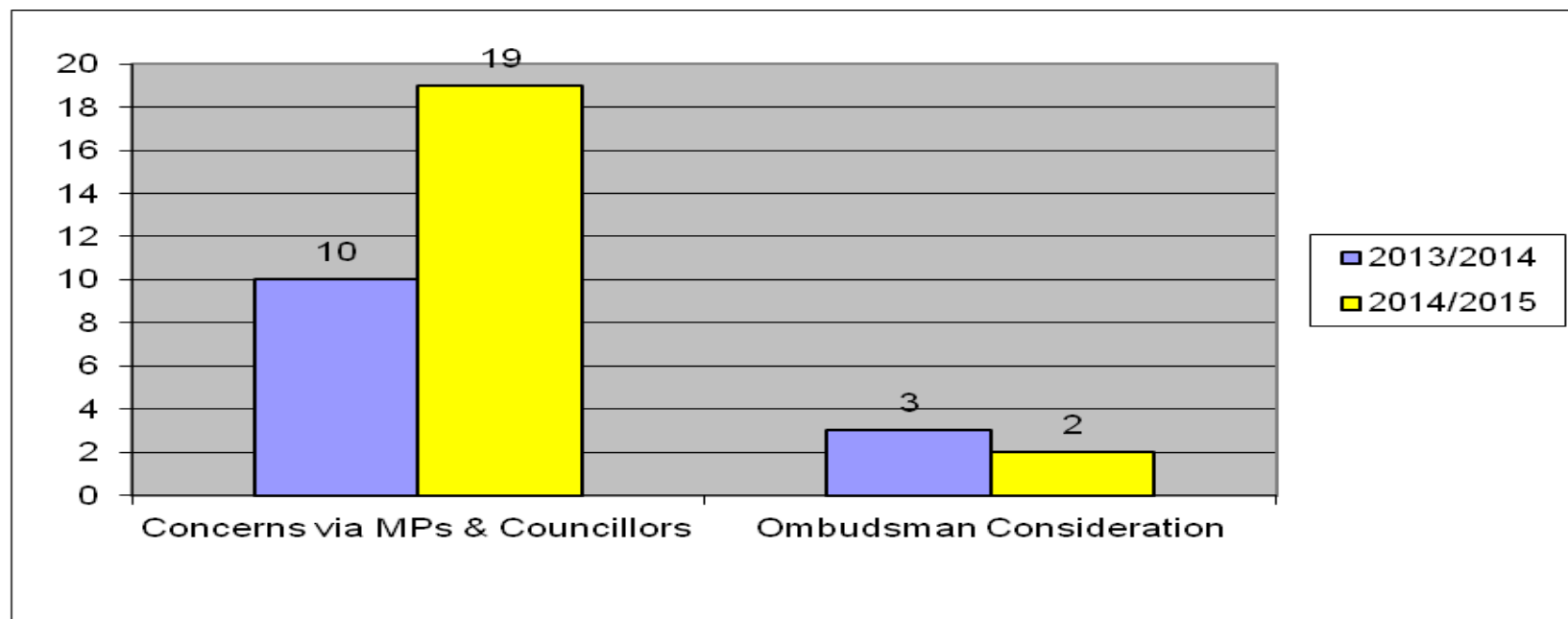


#### Key Findings

- Total number of complaints dealt with within 20 working days has increased by 42% (17)
- Total number of complaints dealt with within 30 working days has decreased by 48% (13)
- Total number of complaints dealt with within 40 working days increased by 23% (3)
- Total number of complaints dealt with over 40 working days has increased by 66% (6)
- Total number of ongoing complaints has remained the same
- Total number of complaints withdrawn has decreased by 89% (8)

**Figure 5**

**Number of MP and Councillors concerns and Ombudsman considerations/enquiries for the period 01/04/2013 – 31/03/2014 and 01/04/2014 – 31/03/2015.**

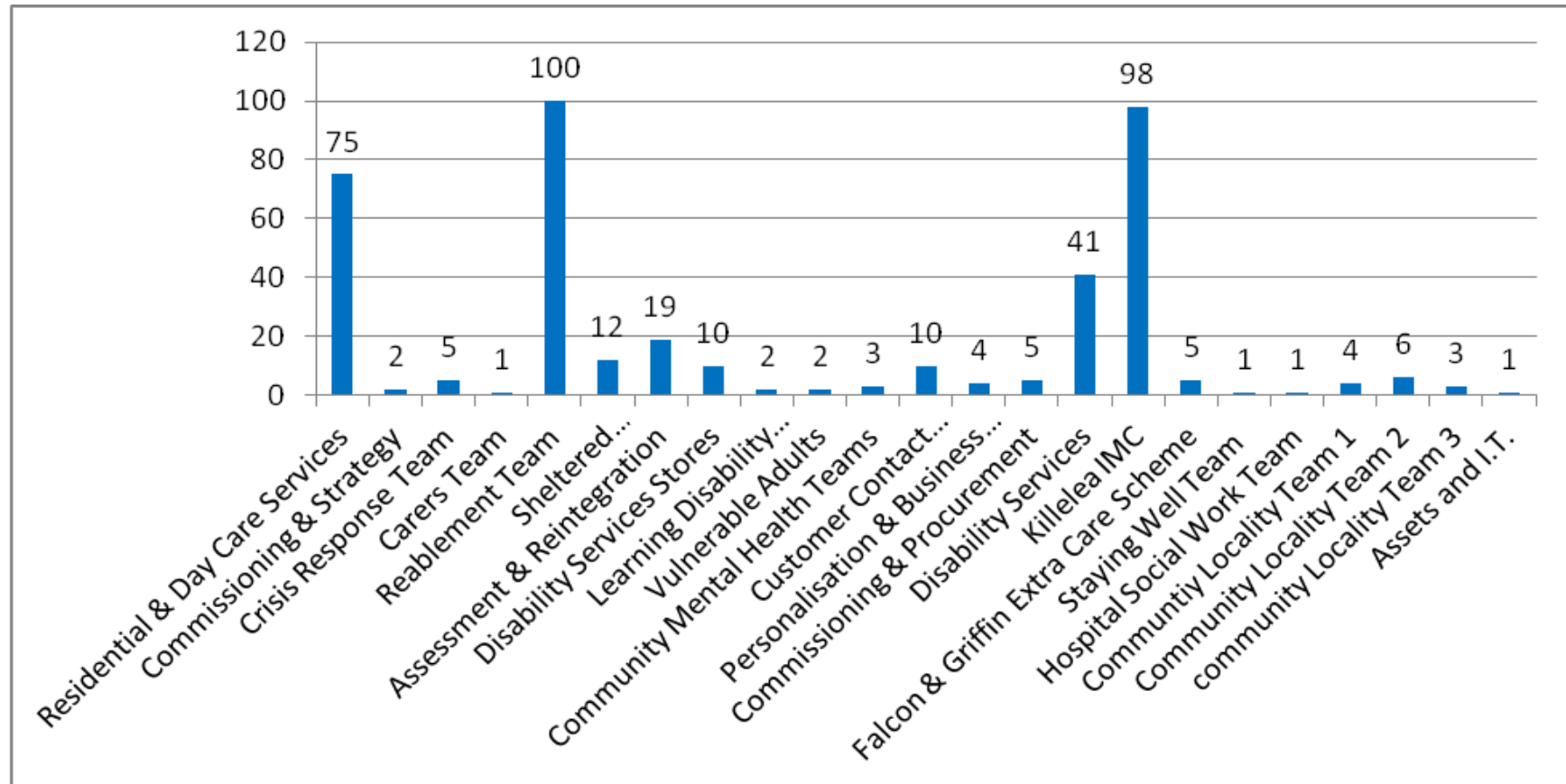


#### Key Findings

- Total number of concerns via MP's & Councillors has increased by 47% (9)
- Total number of Ombudsman Consideration/Enquiries has decreased by 33% (1)

**Figure 6**

**410no. of compliments received and the service area they relate to for the period 01/04/2014 – 31/03/2015.**

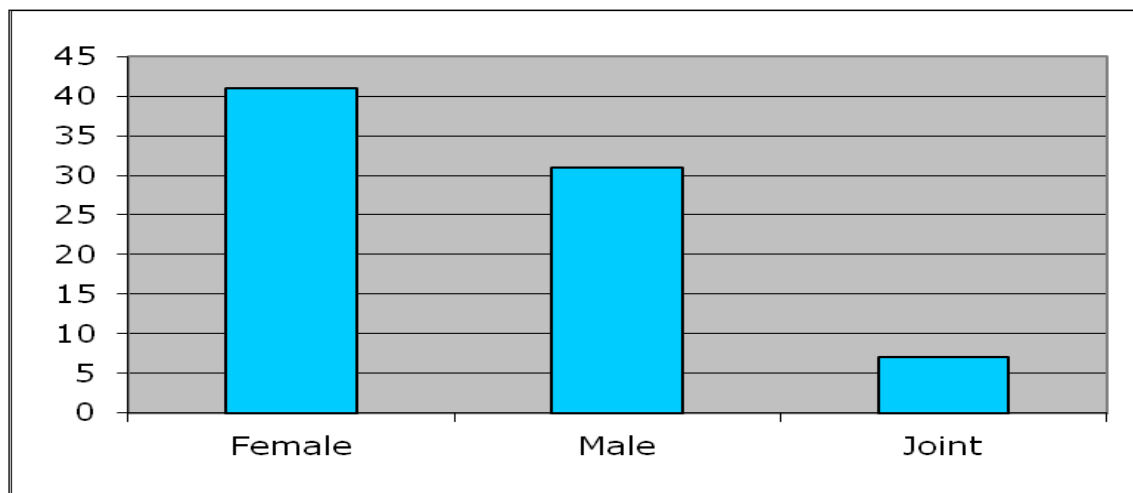


#### Key Findings

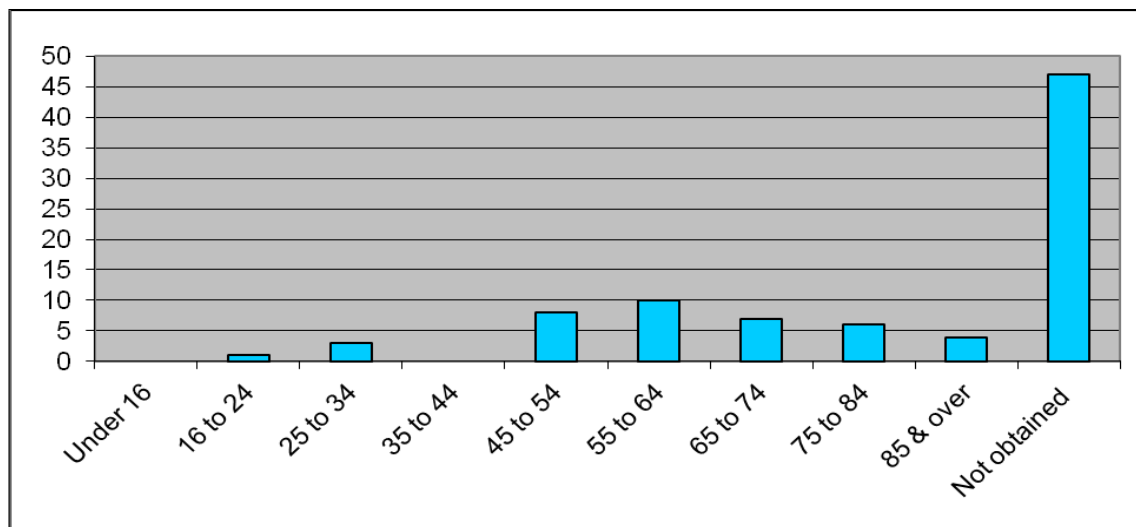
- The highest number of compliments received was by the Re-ablement Team closely followed by Killelea IMC facility
- 331 more compliments than complaints were received in 2014/15
- In 2013/14, 424 compliments were received, a slight decrease in the number received in 2014/15 (10)

**E & D COMPLAINTS MONITORING**  
**1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015**

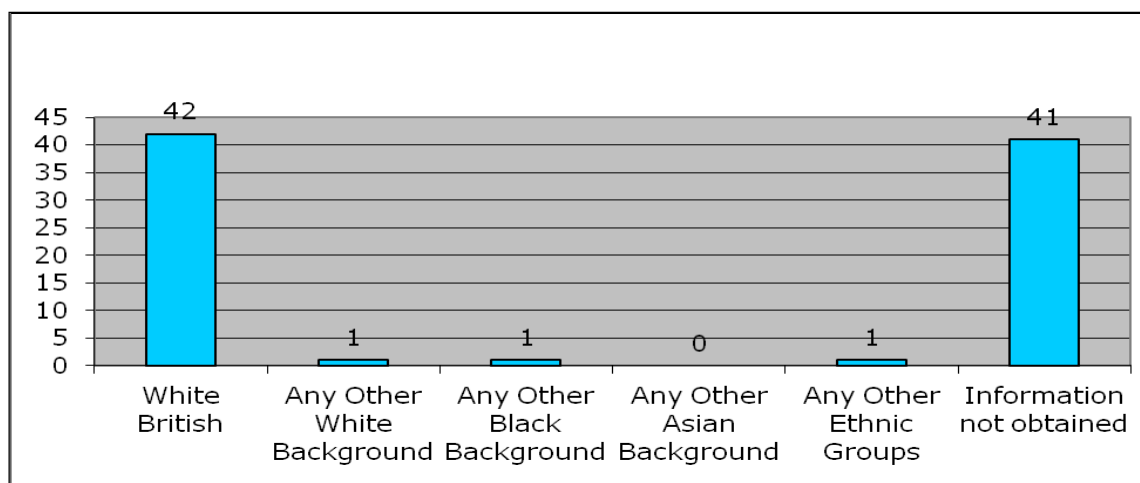
**GENDER**



**AGE**



**ETHNIC ORIGIN**



This page is intentionally left blank



**Appendix 3**

**Evidence of Learning from Complaints 1 April 2014 to 31 March 2015**

1. Following a complaint in respect of not being informed of financial charges for respite care, the Operations Manager of the Hospital Social Work Team produced a 'Business Rules' folder. This contains information about the various types of internal financial pathways for the different categories of assessment beds. The folder is team specific and targeted at existing and new staff on the team.
2. At Killelea IMC customer's are now asked on admission if they would prefer a member of staff to speak to family members on their behalf. This follows an allegation that developments concerning a customer's care were not discussed with family members.
3. The IMC service at Killelea has purchased a supply of pressure cushions for customer's to use on a temporary basis until cushions ordered on an individual customer basis have been delivered. This follows a complaint that a Memaflex cushion which had been requested by the district nursing service for a customer was not available in the home at the time.
4. A re-design of the laundry service at Killelea which has developed a housekeeping facility to take ownership and responsibility for all laundry, including personal laundry. This resulted from a complaint relating to a customer's mislaid items of laundry.
5. Following a Deprivation of Liberty (DoL) investigation, measures have been put in place to ensure all interested parties are informed if the process is terminated and no further action is to be taken
6. The Guide to Charges for Care in Residential and Nursing Homes has been revised to make clear the criteria for convalescence care. The revised information has been re-printed and is now in circulation and has been updated on the Council's web site.
7. Following a complaint in August 2014 in respect of delays in arranging a care provider to support a customer in their own home, the Head of Procurement increased the number of care providers who the Department commission services from

8. The Crisis Response Team (a jointly managed service with Pennine Care NHS Foundation Trust) to undergo training to: ensure clarity across the integrated team of who should provide financial assessment forms and when and, a review of the current policy for explaining financial charges to be undertaken by a designated member of the Crisis Response Team to ensure the process is clearly written.
9. The temporary employment of a second financial visiting officer in November 2014 to alleviate delays in financial assessments being undertaken
10. From February 2015 improved links were made in terms of the social work duty function by increasing social work staff able to respond to customers at our 'front door' (Connect and Direct)
11. New clear guidance for staff has been written for warden staff from Sheltered Housing scheme on when they should and should not call a Doctor or Ambulance for a resident.

# Patient Transport Service Update Report

**Bury Health Overview & Scrutiny  
Committee**

**July 2015**

## Document control

<b>Title</b>	Greater Manchester Patient Transport Service Update Report
<b>Version</b>	1.0
<b>Date of approval</b>	July 2015
<b>Author</b>	Asiya Jelani
<b>Supporting documents</b>	N/A
<b>Appendices</b>	N/A

## Contents

Document control	2
Contents	3
Introduction	4
Background	4
Performance Improvement Plan	5
Results	6
Bury Performance to Date	6
Communications, Engagement & Patient Experience	9
Complaints	12
Conclusion	13

## Introduction

This report provides an update on the non-emergency patient transport service being delivered across Bury. The service is operated by Arriva Transport Solutions (ATSL). It is commissioned as part of a collaborative commissioning arrangement that exists cross the Greater Manchester and the North West. NHS Blackpool CCG is the Lead Commissioner and manages the contract across the region.

## Background

For the non-emergency PTS contract across the North West, there are 27 rigorous quality KPI targets including eight enhanced standards for cancer and renal dialysis patients that the transport provider must achieve. All quality targets for transport providers are monitored on a monthly basis. The NHS contract does not provide for penalties for Patient Transport Service (PTS) work but provision exists to issue Improvement Notices should performance not be at the required level.

Following some initial challenges faced by ATSL in the first 6-8 months of the contract, in January 2014, NHS Blackpool issued the transport provider with a Performance Improvement Notice as the standards of performance measured by the Key Performance Indicators (KPIs) were not being met in full.

Of the 27 standards, there were seven KPIs that ATSL was not achieving. They were:

KPI 1	% Of calls to provider answered within 20 seconds
KPI 2	Average length of time to answer inbound calls
KPI 3	Patients to arrive no more than 45 minutes before appointment time
KPI 4	Patients to arrive within -45/+15 minutes of scheduled appointment time
KPI 5	Patients to arrive no more than 15 minutes after scheduled appointment time
KPI 6	Patients to be collected within 60 minutes of scheduled collection time of PRN (Patient Ready Notification)
KPI 7	Patients to be collected within 90 minutes of scheduled collection time of PRN

## ATSL Performance Improvement Plan

ATSL submitted a Performance Improvement Plan within five days of the commissioner issuing the Performance Improvement Notice that identified each area and how improvements would be delivered. The timescales for these improvements were two months with on-going monitoring.

The PIP included the following actions:

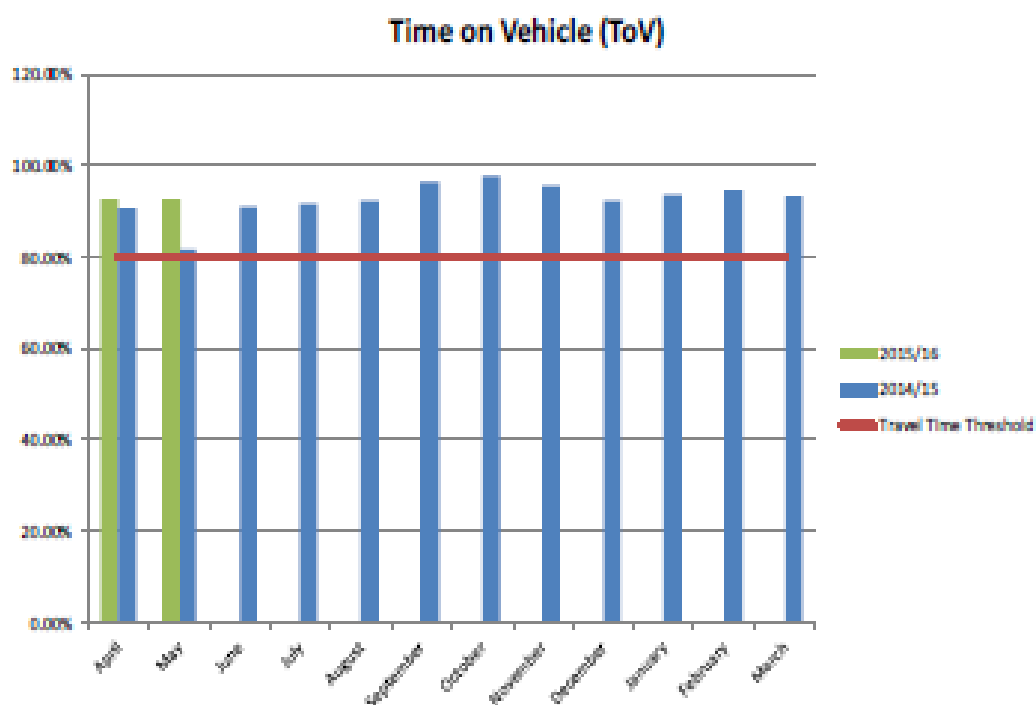
- A review of existing vehicle base locations and an alignment of activity to explore if additional satellite bases would reduce travel time and improve performance.
- A review of Cleric (computer operating system for booking and tracking of transport) throughput times with each acute trust to ensure these remained appropriate.
- A review of operational roles to ensure more efficient matching of resources to activity.
- A review of call taking, planning and dispatch performance across all functions to establish baseline performance and introduce individual Performance Indicators.
- Introduction of measurable standards for start of shift vehicle checks to increase vehicle productivity.
- Development of an information toolkit for NHS staff on mobility classifications to ensure bookings are classified with correct mobility codes to improve resource allocation.
- A review of crew communication devices to ensure effectiveness of communication systems and reduce downtime and improve crew efficiency.
- Rollout of additional training sessions for all on-line users to improve efficiency of the 'make-ready' service. This is for outward journeys from hospital. The hospital books a patient 'ready' on the system for patient transport when a patient is ready to go home and the quality measure (KPI) starts.
- Development of a patient notification system to reduce crew-waiting times during pick-up.
- Improve liaison with all acute trusts to improve facilities and systems of work that reduce operational productivity.
- Development of an engagement plan with users to provide greater understanding of the contract and KPI information to encourage stronger partnerships with local partners.
- Operations Managers encouraged through a formal process to increase focus on local performance with operational teams.
- Develop weekly management team performance reviews to ensure accountability.

## Results

Following implementation of the improvement plans, Arriva Transport Solutions made steady progress against each of its KPIs and started to achieve the required standards from April 2014. This maintenance of performance continues to date. NHS Blackpool lifted the Performance Improvement Notice in September 2014.

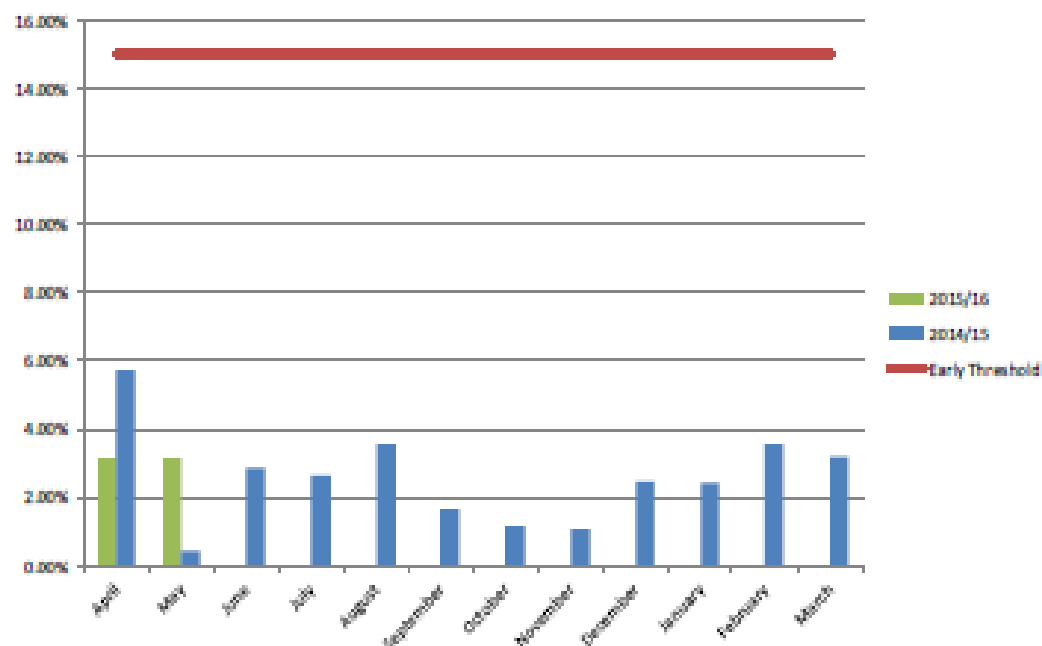
New satellite sites are now in place in across Greater Manchester in Cheetham Hill, Stockport, Marple Dale, Ramsbottom, Shire Hill and Bolton. Rotas have been realigned to better meet the peaks and troughs of patient demand.

## Bury Performance to date

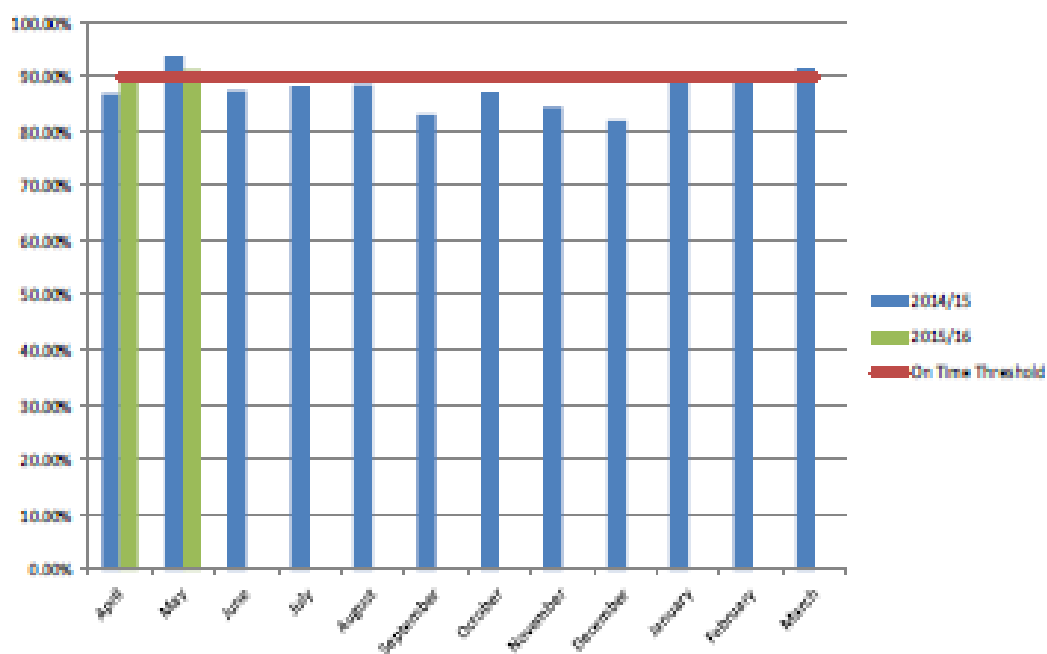


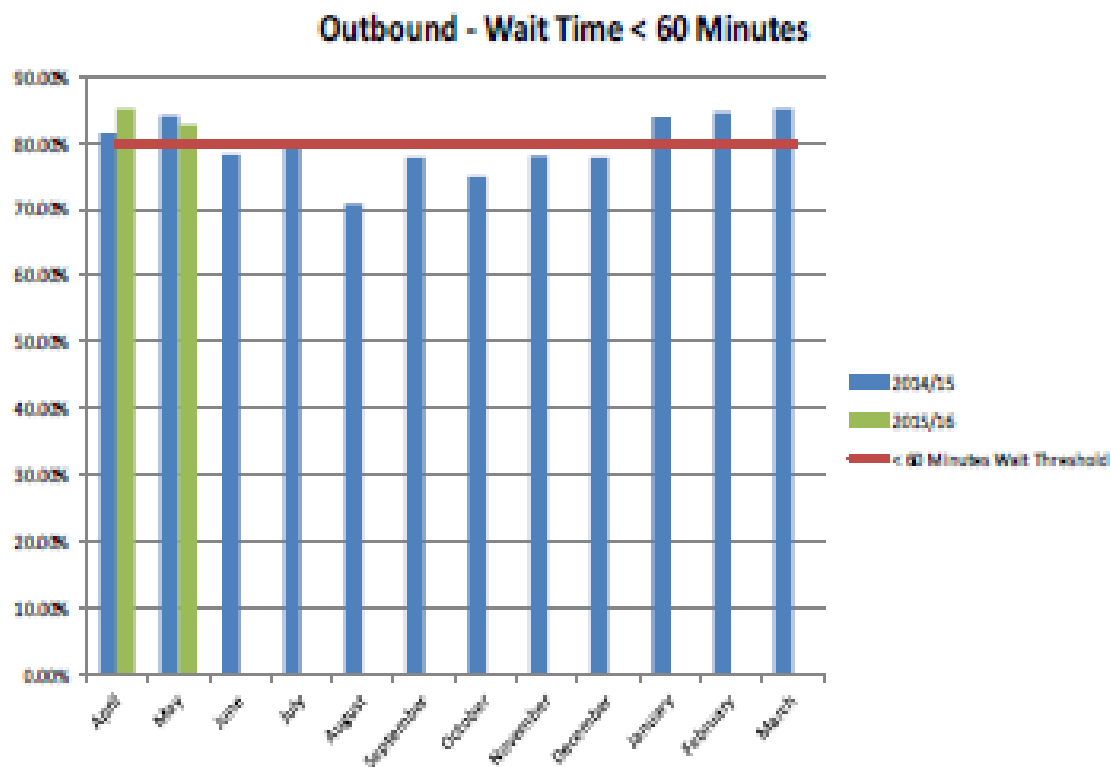
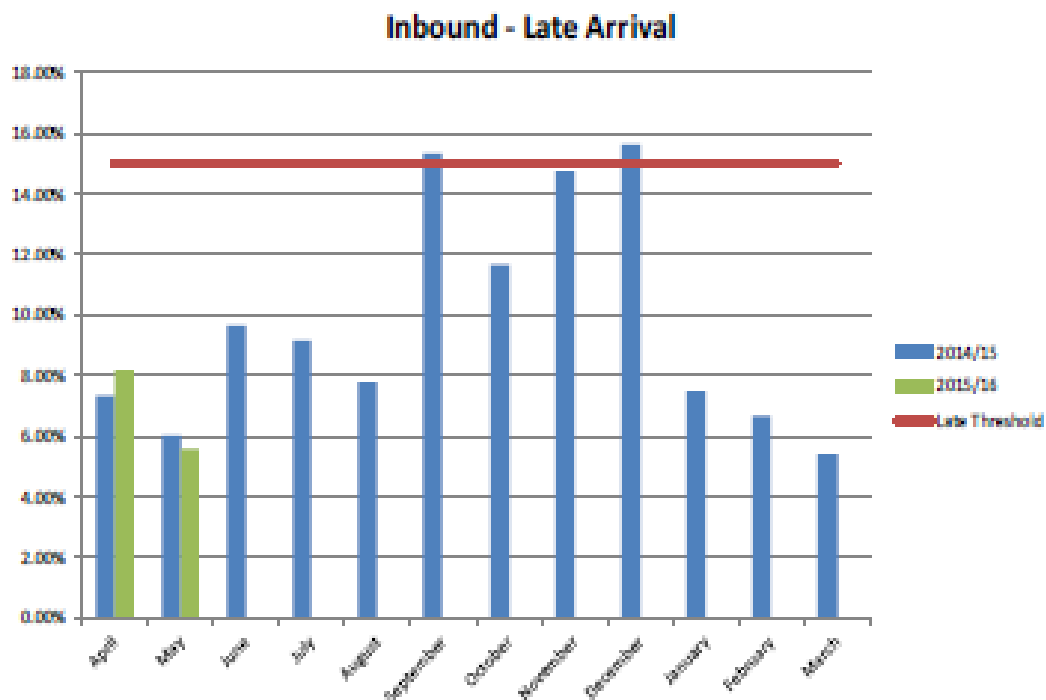


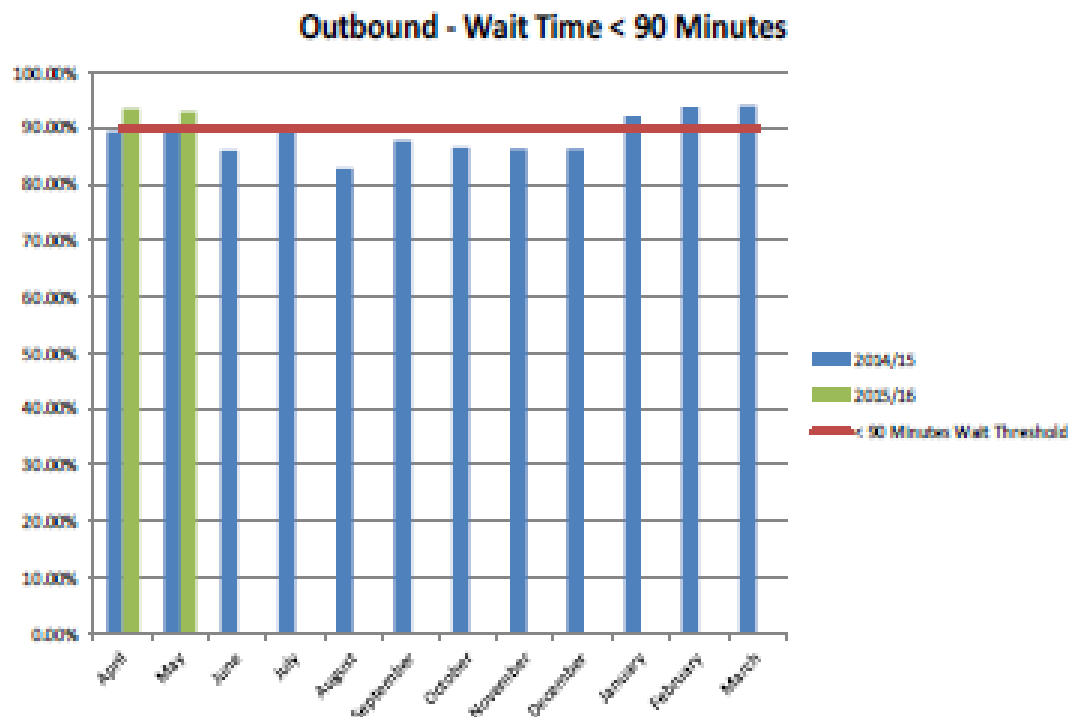
### In Bound - Early Arrival



### Inbound - On Time







## Communications, Engagement and Patient Experience

Alongside performance improvement plans, Arriva Transport Solutions has grown its communication and engagement and patient experience programmes of work over the last year.

Regular engagement takes place and the lead commissioners hold monthly contract meetings and quality meetings with ATSL to review its performance and quality of service delivery across the whole of Greater Manchester.

ATSL meets on a weekly and monthly basis with each of the renal units and acute hospitals to understand and resolve any local issues and identify areas of training etc. In the North East Sector of Manchester daily tactical meetings involving all partners in the sector to identify patient flows/bottlenecks, allowing immediate response and review of resources and planning. There are also tripartite meetings across Greater Manchester in each of the CCG areas that involve wide stakeholder representatives from the acute hospital, CCG commissioner, NHS Blackpool, booking centres and in some meetings patient representatives/Healthwatch.

These meetings discuss issues such as:

- Fluctuations in activity

- Aborted or wasted journeys
- Additional satellite vehicles and home based drivers to improve arrival appointment.
- Additional on line training arranged at Acutes.

ATSL is engaging with Healthwatch across Manchester to try to ensure constant dialogue/feedback and meets with them all regularly now. It has taken feedback on board from the survey undertaken and is working with Healthwatch to improve communication and information for patients.

ATSL has launched a call ahead initiative to check if the patients' appointments are going ahead and transport is still needed. This has already saved hundreds of ambulances from being sent unnecessarily.

## Information materials

Patient information leaflets - Stock has been supplied to each GP practice in the Greater Manchester area and local managers are distributing stock to other points of care. ATSL has also included the details for each NHS booking centre and our control and complaints contact details.

NHS staff information flyer - This aims to address some of the misunderstandings regarding mobility, eligibility and the timings of the service. This flyer has been produced as a helpful guide for staff who book transport for patients and to help those who request transport for patients to understand the level of information required and the specifications of the service.

Patient reminder card - These cards are provided to patients who have a journey booked, giving them important information on what to expect and what to remember. These cards also direct patients to contact us if they have an enquiry about their transport on the day of travel and how to provide feedback on the service. Patients have directly influenced the content of these materials through reading groups and forums and our partnership with the NHS and wider stakeholders e.g. Healthwatch. We shall continue to develop our action plans with patient feedback at the forefront of our decision making. We will maintain our current patient engagement methods and look into new methods of interaction.

## Engagement – stakeholders

In September 2015, four stakeholder workshops will be held at the following locations:

Four stakeholder workshops to be held across Greater Manchester in September to talk about how we can work together with the health economy to drive further improvements in PTS across the region. These will be half day events as follows:

- 9 September, 13.00 – 17.00 - Pennine/North Manchester stakeholder event - The Manchester Golf Club, M24 6QP
- 10 September, 09.00 – 13.00 – Tameside/Stockport stakeholder event - Edgeley Park Football Club, SK3 9DD
- 23 September, 13.00 – 17.00 – Wigan/Bolton stakeholder event - DW Stadium, WN5 0UH
- 24 September, 09.00 – 13.00 – Central and south Manchester stakeholder event - The Nowgen Centre, Meeting and Event Facility at Central Manchester University Hospital NHS Foundation Trust M13 9WU

## Engagement - patients

ATSL is running a series of events in July/August where ATSL staff (communications and operations) will have a stand at varying locations in the acute trust hospitals across Greater Manchester inviting patients to come along and provide feedback on the PTS, so that we can drive further improvements in the service we are delivering through gathering more direct feedback from patients. Flyers and posters have been put up across the hospital to promote the events.

The series of events, which have been themed 'Let's Talk Patient Transport', will be full day events in various hospitals. Feedback on the days will be gathered through written feedback forms and audio recorders, with patients consent. All the feedback will be collated following the events and presented at the stakeholder events in September.

## Patient Feedback

ATSL undertakes patient feedback surveys twice a year. The latest patient feedback survey results are based on 608 total responses representing a 20% response rate. This is significantly higher than the previous survey undertaken earlier in the year which had a response rate of 8.1%. Feedback is sought around three areas; comfort, safety and communication. The latest results are:

- Comfort of journey – 71 percent satisfied
- Feeling safe and cared for – 96 percent satisfied
- Well communicated with – 96 percent satisfied.

Work has been undertaken to look at comfort which seemed to greatly affect orthopaedic and frail/elderly patients. Additional guidance has been given to crews to adjust seats in vehicles to allow most room and also to try to ensure those patients are not seated over the wheel in the vehicle.

The patient survey has been extensively revised this year and shared widely for feedback and input from Healthwatch and patient forums. The Stockport Readers Group made significant changes. The first of the new surveys will go out in July 2015 and results will be available in September 2015. ATSL

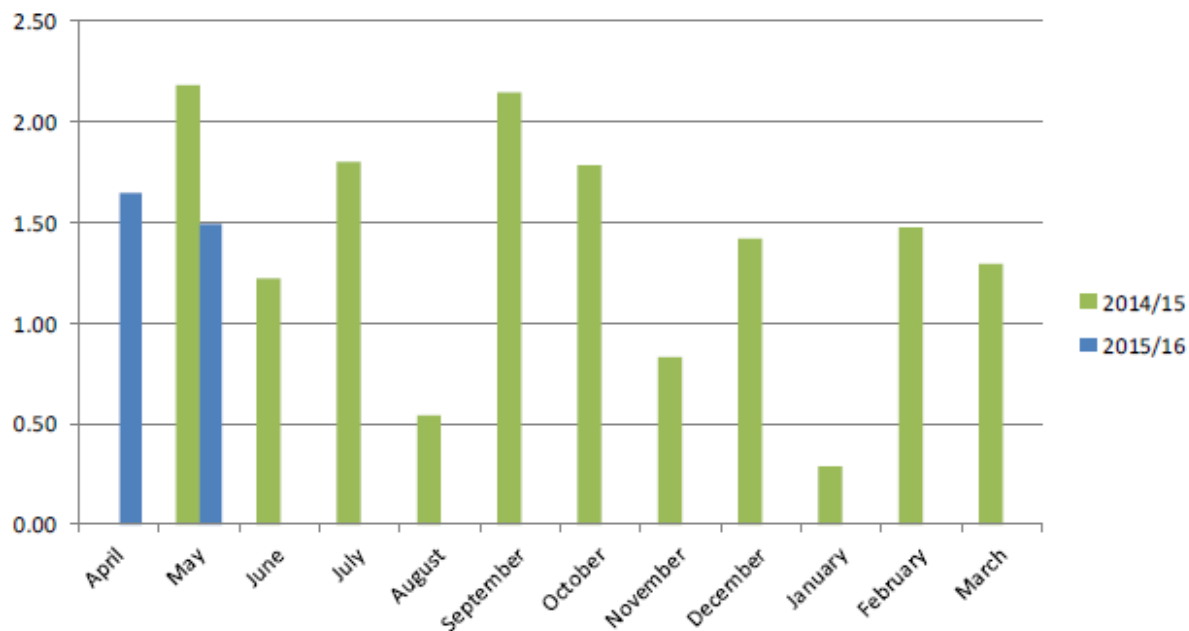
has also implemented the NHS friends and family test as an early adopter to ensure that it gives all patients the opportunity to rate the service from 1 April 2015. This data is reported every month. Last month's results are as follows:

84 percent of patients across Greater Manchester would recommend our service to their friends and family.

## Complaints and concerns

Complaints upheld per 1000 journeys

		April	May	June	July	August	September	October	November	December	January	February	March
2014/15	Patients	3,908	3,675	4,089	4,445	3,683	3,725	3,926	3,622	3,521	3,531	3,402	3,873
	Total	0	8	5	8	2	8	7	3	5	1	5	5
	Per 1000 Patients Transported	0.00	2.18	1.22	1.80	0.54	2.15	1.78	0.83	1.42	0.28	1.47	1.29
2015/16	Patients	3,652	3,349	0	0	0	0	0	0	0	0	0	0
	Total	6	5	0	0	0	0	0	0	0	0	0	0
	Per 1000 Patients Transported	1.64	1.49										



## Conclusions

The committee is requested to note the update and raise any additional areas of information it requires.

This page is intentionally left blank





OUR REF:

YOUR REF:

DIRECT TEL:

**Headquarters**

Ladybridge Hall  
399 Chorley New Road  
Heaton, Bolton  
BL1 5DD

Tel: 01204 498400

Fax: 01204 498423

[www.nwas.nhs.uk](http://www.nwas.nhs.uk)

Cllr Sarah Kerrison  
Chair Health Scrutiny Committee  
Chief Executive's Department  
Town Hall  
Knowsley Street  
Bury  
BL9 0SW

3 July 2015

Dear Cllr Kerrison,

### WHITEFIELD AMBULANCE STATION

As you may be aware from previous communications, the North West Ambulance Service NHS Trust is currently undergoing an extensive review of its estates portfolio throughout the region.

This review has been undertaken with three main objectives;

- to maintain and where possible, improve service delivery for the communities we serve
- to improve the working environment and facilities for Nwas staff
- to establish in this challenging financial climate whether the Trust is using its resources as effectively as possible.

We have committed to communicating developments to local stakeholders such as yourself and I would like to take this opportunity to update you with our plans for Whitefield ambulance station on Bury Old Road.

Whitefield station is a 1950's building, occupying a site shared with the Nwas Greater Manchester office and the structure is showing extensive signs of age and needs significant investment to bring it up to a modern and acceptable standard. We currently have one 24 hour and one 12 hour emergency ambulance operating from the station.

Discussions with Manchester Fire and Rescue Service (MFRS) has led to the development of an option to relocate the 24 hour vehicle to the fire station which has capacity both within its garage and staff facility areas. The site is approximately 0.8 miles from the ambulance station and provides access to the A56.

As part of this proposal, the 12 hour vehicle would relocate to Bury ambulance station and a rapid response vehicle (RRV) would operate from Whitefield fire station.

It is important to understand that ambulances are on the road for the majority of their shifts which means for most of the time, stations are vacant. Once a patient has been taken to hospital, the vehicle will usually be despatched straight to the next patient and will rarely return to station except for a rest break, restocking or cleaning.

**Headquarters:** Ladybridge Hall, 399 Chorley New Road, Bolton. BL1 5DD

**Chair:** Ms W Dignan

**Chief Executive:** Mr B Williams



INVESTORS  
IN PEOPLE | Champion



Delivering the right care, at the right time, in the right place

Should these proposals go ahead, we do not believe that the community will see any change to the way in which they are served and responded to.

Both NWAS and MFRS agree that these proposals are a positive demonstration of partnership and responsible financial management by two publicly funded organisations.

With regard to the support services based on the same site as Whitefield ambulance station, it is anticipated that the remaining staff who occupy the offices will vacate the site in late 2015, at which time, a proposal will be made for disposal.

By opting for the relocation and eventual disposal of the whole site, the Trust believes it can save approximately £107k per annum, and any monies from the sale of current site would be reinvested in frontline services.

As well as yourself, I am also writing to Bury Healthwatch and Ivan Lewis MP to let them know of our plans. These proposals will be discussed by our Board of Directors and if agreed, we also plan to inform residents in the area through traditional and social media channels.

If you would like to discuss these proposals with any of our Project team, please do not hesitate to contact me so we can arrange a meeting.

Yours sincerely

Bob Williams  
**CHIEF EXECUTIVE**

Meeting date	Item Description	In attendance
27 <sup>th</sup> July	Non-emergency Patient Transport Service	Hadrian Collier (Blackpool CCG) Sue Sutton (Blackpool CCG)
	Social Care Annual Complaints Report	Sharon Wells (Bury MBC)
	Proposed Changes to Whitefield Ambulance Station	Marie Gamlin - Acting Sector Manager Sarah-Jane Jones Roberts - Operational Manager
22 <sup>nd</sup> September	Annual Safeguarding report 14/15	Julie Gonda
	IWIYW- Evaluation report	Fiona Heyward
	Director of Public Health's Annual Report	Lesley Jones (Bury MBC)
	HWB Annual Report & HWB Strategy Refresh	Councillor Andrea Simpson (Cabinet Member for Health and Wellbeing)
20 <sup>th</sup> October	Infection Control	Lorraine Chamberlain (Bury MBC)
	Fuel Poverty Presentation	Michelle Stott (Bury MBC)
	Healthier Radcliffe/ P M challenge fund	Fiona Heyward
8 <sup>th</sup> December	Devolution update	Julie Gonda
	Drug and Alcohol Service Update	Tracy Minshull
26 <sup>th</sup> January	Pennine Acute Update from the Discharge Planning Group	Linda Jackson & Joanne Moore
	CAMHS	Pennine Care NHS Trust
17 <sup>th</sup> March	Access to primary care-communication plan	Stuart North
	Dementia Update	Linda Jackson
	Update on devolution	Julie Gonda

