

**PTS Programme Board Minutes  
Thursday 2 February 2017  
Friars Walk, Lewes, BN7 2PB**

**In attendance:**

Alan Beasley (AB)	HWLH CCG, Chief Finance Officer (Chair)
Dr Sarah Richards (SR)	HWLH CCG, Chief of Clinical Quality and Performance
Martine Large (ML)	HWLH CCG, Comms Manager
Keith Hoare (KH)	HWLH CCG, Programme Manager
Derek Laird (DL)	HWLH CCG, PTS Advisor
Maninder Dulku (MD)	HWLH CCG, PTS Programme Director
Matthew Carney (MC)	Attain, Finance Advisor
John Child (JC)	B&H CCG, Chief Operating Officer
Glynn Dodd (GD)	Coastal West Sussex CCG, Chief of Development and Transformation
Ian Thompson (IT)	Coperforma, Business Unit Manager (Sussex)
David King (DK)	Crawley CCG & Mid-Sussex, Chief Operating Officer
Liz Fellows (LF)	ESHT, Assistant Director, Operations
Graham Griffiths (GG)	H&R CCG/EHS CCG, Director of Performance & Delivery
Penny Blackburn (PB)	Patient Representative
Stacey Warren (SW)	SCAS, Business Manager PTS Hampshire
Paul Stevens (PS)	SCAS, Director of Commercial Services
Penny Bolton (PB2)	SCFT, Head of Service (Adult Therapies/AHP's & Rehabilitation)
Clarence Mpofu (CM)	TIAA
REDACTED (KB)	HLWH CCG, Project Support Officer

No.	Items	Action
1	<b>Welcome and apologies</b>	
	Apologies received from: Nick MacBeath, TIAA	
2	<b>Minutes of the last meeting</b>	
	Minutes were reviewed and accepted as accurate	
3	<b>Action Log</b>	
	Action log was reviewed, discussed and closed	
4	<b>Current Service Delivery</b>	
	<ul style="list-style-type: none"> <li>- Performance severely dropped in December and over New Years, particularly in relation to the call handling service. This had an effect on other areas of delivery. Performance in early December was good.</li> <li>- Staff sickness levels have now stabilised following engagement with SCAS</li> <li>- 72% calls answered within KPI</li> <li>- 75% outpatients arriving on time</li> <li>- 95% renal patients are arriving in and out on time</li> <li>- 95% picked up on time for unplanned bookings</li> <li>- 95% picked up for unplanned bookings</li> <li>- Rise in complaints for missed out patients appointments. This is being monitored by Coperforma and SR. Up to 80 complaints was recorded in January- the</li> </ul>	

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	<p>breakdown appears to be delays getting to outpatients and return journeys.</p> <ul style="list-style-type: none"> <li>- SR reported high level of inappropriate vehicles being sent out. IT noted that this was due to hospitals requesting one man crews.</li> <li>- AB updated that there was a meeting with Thames and HWLH CCG on 19 January 2017. No pertinent issues were raised.</li> <li>- DL updated that an exit strategy (initial draft) has been developed by Coperforma</li> </ul> <p><b>Action-</b> Action plan to be distributed with PTS Programme Board.</p>	
5	<p><b>Transition Plan Update</b></p>	
	<p>PS provided an update of SCAS's transition plan:</p> <ul style="list-style-type: none"> <li>- Completed group consultation meetings with Coperforma staff and ex-Docklands Medical Services (DMS) staff. Consultations went well with positive feedback. 1:1s are beginning on 3 February</li> <li>- 11 measures through TUPE process</li> <li>- Met with all current private providers to discuss commercial arrangements. . SCAS will utilise existing sub-contracting arrangements for at least for the first 3 months of the contract.</li> <li>- Mobilisation- SCAS have confirmed number of DMS staff transferring over. Training plan is in place from early February, staff will be offered a bespoke training course. Mandatory training must be enacted prior to 1 March. Staff have suggested they are keen to attend training. The number of staff listed for training is 71, only 7 have listed they are unable to attend for various reasons.</li> </ul> <p><b>Action-</b> For pay roll assurance, SCAS to share register of staff who have made themselves available for training.</p> <ul style="list-style-type: none"> <li>- The CCG will not be funding any annual leave in excess of annual leave paid by SCAS</li> <li>- In process of hiring in vehicles. Risks are reduced due to using a hybrid model in the short term. Once data is gathered over first 3 months SCAS will begin the planned transfer of activity to SCAS.</li> <li>- Estates due diligence is on-going.</li> <li>- Due diligence of sub-contractors: SR updated that the CCG has been in contact with Debbie Mars at SCAS. Debbie Mars has conducted assurance visits on 7 ambulance services and 3 taxi services to date. Operational validation process (including financial validation and CQC checks) is in place. SR assured that she has confidence in SCAS's due diligence processes, and is awaiting for the final assurance visit reports</li> </ul> <p><b>Action-</b> SR to share assurance visits reports once available</p> <ul style="list-style-type: none"> <li>- Comms: comms has been prepared and ready to go live. Comms have been delayed due to delay agreement of service specification and KPIs. Initial focus will be on patients who will be receiving a service from 1 March.</li> <li>- Data: SCAS informed they have received the data they have asked for. Data transfer process has begun. SR updated that there is a lot of work going on RE: informing patients about the transfer of their data. Coperforma are updating the scripts and will be texting patients. CCG is writing a letter for renal and oncology patients to be shared through departments.</li> </ul> <p><b>Action-</b> AB to share Florance contact details to support with HR</p>	
6	<p><b>Comms Plan &amp; Protocol</b></p>	
	<p>ML provided summary of the comms plan.</p> <ul style="list-style-type: none"> <li>- Pro-active comms with the press- following this meeting ML will be working on confirming dates for engagement with key stakeholders including the media</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Key messages- clarified weekly key messages (more detailed than core messages). This should become clearer from SCASs specific comms next week. Members of the board requested if a weekly update can be provided each week. It was <b>agreed</b> that in line with the weekly highlight reported a summary paragraph will be provided which is geared towards key stakeholders.</li> <li>- SCAS proposed creating stakeholder messages based on Q&amp;As that are based on lessons learnt.</li> <li>- Patient Safety Group Report: Regional Investigation Assurance Group will be ratifying 28 February.</li> </ul> <p><b>Action- SR/AB to share core messages from Patient Safety Group report with SCAS. ML to provide granular detail around core messages and timings.</b></p>	
7	<b>AOB</b>	
	B&H Healthwatch report: "Users' perspectives on the Patient Transport Service, April – September 2016, was presented at 1 February B&H Health Overview & Scrutiny Committee (HOSC). The report was circulated to members of the Programme Board.	

**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.