

## Let's Talk Fleet Risk - Episode 2

### David Malone, Newcastle-Upon-Tyne Hospitals NHS Foundation Trust

**Simon:** Welcome to Let's Talk Fleet Risk - a podcast for those who manage drivers and their vehicles, and who want to reduce road risk in their organisation. I'm Simon Turner, and I'm the campaign manager for Driving for Better Business. And my guest for this episode is David Malone, who's the transport and travel advisor for the Newcastle-Upon-Tyne Hospitals NHS Foundation Trust. His responsibilities include setting and implementing the strategic direction for all hospital-managed transport, as well as all delivery transport movements to and from site. This includes not just fleet vehicles - vans, pool cars and grey fleet - but also car parking, park and ride, passenger transport services, taxis and couriers. David also chairs two Best Practice groups for the NHS National Performance Advisory Group; one on transport and logistics, and the second for car parking, sustainable transport and active travel policy. In this podcast, I'm going to be talking to David about how he manages such a wide range of transport activities - including a grey fleet of almost 5000 - and the challenges of communication with such a large workforce. We discuss the challenges around ensuring outsourced transport providers meet their legal obligations to manage road risk, and we look at how the Trust's transport activities will need to develop in the future to meet their zero carbon ambitions.

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**Simon:** Hi David. Welcome to the podcast.

**David:** Thank you very much. Thanks for having me on.

**Simon:** David - hospital trusts have a huge range of transport activities as part of their routine business operations. I was hoping you could start by just telling us a little bit more about your role - how many vehicles you're responsible for, and the different types of staff mobility and transport movements that a trust like yours needs to manage.

**David:** Okay, so in terms of the size of our organisation - we're one of the largest trusts in the United Kingdom, and we provide a huge range of specialties across the whole of the Northern region, and in some cases beyond. In terms of our fleet size, we don't have a huge in-house fleet. Mostly estate vehicles, catering vehicles and the like. The fleet itself is quite small - but we do run lease schemes. So we've got about 200 business cars out and about - so that's for community nursing provided across the region. But we also, as a result of that, have quite a significant amount of grey fleet - not so much to go out and visit the community but more for staff moving between the two major hospital sites we have. So in terms of fleet, we've got to be conscious of all that movement.

Then there's obviously the pressures of car parking. We've got 120,000 outpatients coming through the doors. We've got 16,000 staff. And I don't have 16,000 spaces. So we've got to try and accommodate all of those vehicles and all of those movements within approximately 3000 spaces between the two hospital sites. We have a large courier contract for moving all goods and specimens. So there's a lot goods and specimens moving, and in response to Covid-19 we've actually been delivering drugs to patients, to prevent longer queues within

the hospital, or a need to travel in just for drugs. We also have a taxi contract, which we manage. And that's used a lot by staff patients as well. And then, in addition to all of that, we have our active travel, making sure that we're providing adequate cycle parking, bike-to-work schemes and the like. So we have to do all of that as well.

**Simon:** Yeah - it sounds like a huge role David. And I know when we've been talking previously, you told me that maybe a lot of the other trusts split these responsibilities across multiple people and departments. So, is there a benefit to you having it all controlled by one area of the organisation?

**David:** I think so and I've picked this up in my role as the chair of the NPAG groups that I attend - when transport's fragmented, if you've got different departments running courier and taxi and the likes, you don't have your eye on everything. And it ends up being a huge financial cost to the Trust, because there's replication of services. You've got individual departments or areas using different types of transport - and not always necessarily the right choice. So, to have it all brought under one roof, the benefit is we're very aware of the vast majority of transport movements and requirements for logistics and movement of staff etcetera within our organisation. And that helps us to make sure that we're choosing the right kind of transport, or managing costs. We're trying to keep everything joined together, and that has a huge advantage.

**Simon:** So with such a large remit then, what do you focus on most?

**David:** If I'm honest, car parking probably is about 10% of the role, but takes about 90% of my time - because it is so sensitive and contentious within the NHS. So car parking takes a great deal of my time. But most recently as well, we've introduced the new 'Driving at Work' handbook, so we've got to be aware of changes to the law and changes to the way things are going, to make sure the organisation is safe, and that our staff who are using these vehicles are safe, and correctly insured and mobile. So, the bulk of my time tends to be taken up on car parking, but I do focus quite a bit on how we're going to go forward with additional EV infrastructure. And we were the first trust in the world to declare a climate emergency - so there's a real drive at the moment to get our carbon emissions down, there's a lot of focus on the business miles that are being done; the trips that are being done to and from the hospital by staff, patients and visitors; and the use of our own vehicles as well.

**Simon:** You mentioned you got a new 'Driving for Work' policy - so presumably ensuring everything's done properly and your legal responsibilities are met is pretty important. What are the main challenges you face with the policy and that kind of thing?

**David:** If I'm honest with you, the main challenge we face with the policy is probably raising awareness. We have an organisation with 16,000 staff, there's a lot of cross-site movement, and it's making sure that where we do have staff who are using their cars for work - and that can be simple things from driving from one site to another, or going to a meeting in their car - understanding that is business use. And we've found ways of integrating them into parking policy, so no one will get a dual-site permit unless we've got confirmation that all of those checks have been done. And at the moment with our appraisal process - policies are being updated, and I'm integrating these changes into the appraisal process as well.

**Simon:** That's really good that you include it in the appraisal. So presumably driver communication is a key part of the role then. Hospital trusts, traditionally, are really big employers, aren't they? So, give us an idea of scale for the Newcastle Trust, and how big a challenge driver communication is, so that you can ensure standards are met across the whole workforce.

**David:** Well, the size of the organisation - we are one of the largest trusts in the UK. And we have 16,000 staff - a large number of staff who are using their vehicles for work - so, we have decided that the most appropriate way to make sure that we raise awareness of this policy, and raise awareness of staff responsibilities and organisation responsibilities to ensure the staff are safe, is to build into the annual appraisal process. Every member of staff is asked, as part of their appraisal, 'are you ever using your car for work, and if you are, you need to do X, Y and Z... and you must be aware of this policy', and the manager knows that those licence checks, those insurance checks, those vehicle checks have to be done on a daily basis. And then they're accountable for it as well, to prove that those checks are done.

**Simon:** So, how big is your grey fleet?

**David:** Well, I would estimate that my grey fleet's probably in the region of about 4500 - 5000 vehicles.

**Simon:** Wow.

**David:** There's a risk that those staff, because they have their cars at work, will use it to go to a meeting, or use it to go and quickly run something somewhere else, or use it to go and run to the hospital.

**Simon:** Yes. And I wanted to talk a little bit about fatigue, because that's often identified as a common problem for staff with long shifts and night work. How much of a problem is fatigue for your trust? And how do you try to manage that from a road risk perspective?

**David:** There's obviously other policies within the organisation around health and wellbeing, and supporting staff. There's a European Working Time Directive, which is applied to medical staff, and obviously their hours. And often there are managers, and I can only speak for my own staff as well, where you don't necessarily know what someone's home life is like, and what their quality of sleep is like, and how they're living their life. But you would hope as managers that you are picking up signs of fatigue from staff.

**Simon:** I've heard of a couple of cases, for instance, where people... surgeons or consultants have actually been involved in fatal accidents on the way home because they're too tired. And I think this is common in any walk of life, not just the NHS. But, the shift pattern probably makes it quite a common challenge in the NHS, where people are working long shifts and they are really tired, and maybe they should stay overnight somewhere or have a rest. But there's that instinct - "I've got to get home, I want to see my family, I want to sleep in my own bed" - but they're too tired really to drive home. And actually, even if they do drive home, the journey might be such that they don't get enough sleep before they're back on for another shift the next day. Do you have policies to try and mitigate that?

**David:** Yes. As I say, our working time directives and the likes - policies are there, we've got policies around the health and wellbeing of staff, even coming down to our taxi policy... Our taxi policy is also geared then to say "we will provide taxis to staff if there's fatigue... if they've worked long shifts and they're not up for driving". All of those support mechanisms are there. The challenge remains, I suppose, of letting everyone know what is available, and what they should be looking at, and what they should be doing.

**Simon:** Everyone's working environment has been turned on its head in the last year, obviously because of Covid. How has that impacted on your operations, with the various restrictions to do business as normal?

**David:** I think the past 14-15 months has been an incredibly challenging time for everyone, and the NHS as well. But the changes operationally, I suppose... we've had less vehicles

coming into the organisation. We've had big challenges on car parking, obviously, as public transport was restricted and staff were naturally very nervous about coming into work on public transport and then potentially spreading infection into the hospital. And obviously a lot of the community work slowed right down as well, because there was no face-to-face contact. We're slowly moving back into a period of recovery, and this is actually proving more challenging than the changes we had to make for Covid in the first place.

Covid is still here, but we've got waiting lists and we need to start driving up our activity again, to concentrate on helping patients with other medical conditions that still exist. But what's interesting in the way that we've changed... what we're doing now we're having Zoom calls and podcasts, and it's much more commonplace to have meetings remotely. We have staff working at home as well. There has always been this challenge of "we must have this meeting" and you all go sit around the table and meet. Now people are used to using Teams. So you'll certainly see those changes in business travel coming forwards. We will see reduced business travel, of that I have no doubt.

**Simon:** What about patient services, then, if people are less likely to come in, because they can't get in maybe, or they don't want to use public transport? How are you supporting patients?

**David:** So we now have a much higher level of remote consultations as well. We now have patients who are being seen remotely, using various multimedia platforms, or telephone calls and the like. And even our outpatient medicines deliveries - we're delivering up to 3000 prescriptions per month to patients. And a lot of them are hospital-only drugs, so they can't be collected at the local pharmacy. We're avoiding that queuing at pharmacies, and additionally we're actually saving the trip into the hospital - because in some cases, patients were coming into the hospital solely to pick up the hospital drugs so all of those trips can be reduced as well.

**Simon:** And are you using your own vehicles and drivers for that drugs delivery service?

**David:** Yeah, we have a Trust courier contract, and we're using them. But we've also started using volunteers. So we now have volunteers also delivering that service for us.

**Simon:** Wow. So, with that service you've got, presumably, normal courier services with cars and vans, and we've mentioned taxis before so you plainly use quite a lot of external transport providers, and I guess you use some for patient services as well as for the drug delivery service we've just been talking about. And it looks like that's grown quite a bit over recent months. There's something I refer to as procured transport, where you're subcontracting out the delivery of the actual transport service itself, but you're not necessarily outsourcing the risk - you've still got overall responsibilities to ensure that service is delivered. And you've kind of referred to that with making sure your volunteers understand the rules. Do you vet these providers - couriers and taxi firms - to ensure they're managing their own risks properly?

**David:** Oh, absolutely. It's key. It's a key part of the tender specification. But it's also a key part of their key performance indicators that they give us at their review meetings, where we're asking for evidence that this work is being done and maintained. It's very easy for anyone to tick a box to say "yes, we'll do X, Y and Z", but there's very much a responsibility on us as an organisation to make sure that they're doing exactly what we've asked them to, in terms of driver checks, vehicle tracking, vehicle checks. Our courier company are doing significant miles, and it's vital that we set that objective to our transport providers to make sure that they're fully aware of the risks, and then to evidence them when we meet them.

**Simon:** Yeah, I think it's really important - and especially when you're, effectively, paying these people with public money, and so it's only right that it's expected that they manage that work-related road risk to a legally compliant and appropriate level, isn't it?

**David:** Yeah, and very important as well is they still represent our organisation. They are still a representative of Newcastle-Upon-Tyne Hospitals, because by right they are delivering Trust services. And therefore, what we expect of these transport providers and what we expect of the service is very much an awareness that our name is still on the door. They are representatives of this organisation, and we expect the same levels of quality, professional and compassionate care and service delivery for our patients.

**Simon:** Just looking to the future for a moment, what do you think your biggest challenges are going to be in the years ahead?

**David:** Well we've already implemented a diesel ban - so none of our new fleet vehicles coming through can be diesel. And at the moment, we're actually quite far down the line to progressing that to a total combustion fuel engine ban.

We've started to try and move away from combustion fuels altogether. I think that's a challenge at the moment on larger vehicles, such as vans, because the market doesn't yet have the EV range needed for everything - particularly vans. But that will certainly change, the market will lead itself on that, and that will change and we'll be able to implement that much more readily in the next couple of years. Even on our salary sacrifice scheme - where staff can lease cars to the organisation, in essence - we're looking for that to be only ULEV or ZEV vehicles; zero-emission or ultra-low emission vehicles only available to lease.

**Simon:** This links in with something you said earlier, about your targets for reducing your environmental footprint and working towards net carbon zero. You're the first healthcare authority to set these really quite stringent targets, aren't you?

**David:** We are, yes. We were the first healthcare authority in the world, I believe, to declare a climate emergency. And we have a sustainability manager in this organisation who is incredibly driven to make us succeed, and really lead the way in our drive to reduce our emissions - and to achieve net carbon zero. It's something we're all very passionate about, it's embedded in the organisation - this ethos that everything is very much around that. And our own chief executive, Dame Jackie Daniel, is very much driving forward the need to be carbon zero. Newcastle University, who are across the road from our main site in the city, they've declared a climate emergency, and our local authority have declared a climate emergency. So we've got a real collaboration of effort on making sure that we can drive down those emissions.

**Simon:** Yeah - I think it's really important, and it's obviously front-of-mind for most fleets now, that transition to EVs and striving towards net zero for everyone.

**David:** It is, and there are challenges around making sure that ambulances spend the vast majority of their time at a hospital. And making sure that we put the infrastructure in to enable the ambulance service to transition their fleet, by saying "don't worry when you bring patients to this hospital - you can put some miles into your vehicle to carry on and stay on the road for longer". You know, making sure that we have infrastructure in to keep our courier vehicles charged up via rapid charges and the like, so they can keep delivering our services. Looking towards more [????? 20:22]. But even as far as our taxi contract - we put out the taxi contract and we say "we want to see reduced emissions in all taxi fleet over the next few years, to the point where we say by X year, you will not have any engine combustion taxis allowed to come on this site - we will expect EV".

**Simon:** When we've talked previously, you've talked as well about trying to reduce the number of transport movements on and off the main hospital site. And, one of the things that you would try to do in the future is to maybe have deliveries in and out of a central hub off-site, and then that would reduce the traffic in and out of the hospital site. Can you tell us a little bit about that?

**David:** It's something that we're starting to work on. And it's an idea that, I think, many Trusts should be looking at now. All Trusts have huge volumes of goods coming into the hospitals on a daily basis. And invariably, the main process is that those drugs are delivered by HGVs, couriers, LGV vehicles and the likes. And it will take a long time for those vehicles to go EV. But then there's the capacity within the hospital itself, to accept those deliveries, which are then held and then moved internally to the various destinations, via a team of porters on the ground. And I feel that there's a lot of scope in having an off-site consolidation centre - for want of a better word - which means that all deliveries are taken to a central warehouse out of city or whatever, and then we do direct delivery to ward from that consolidation centre, using EV vehicles doing smaller shuttles. What it means is that rather than the goods vehicles coming onto site, and a necessary - potentially clinical - space being taken up... hospitals will grow, the population's growing, and hospitals need to expand so do we use valuable hospital space to move things round, or can that space potentially be used for clinical expansion, with off-site storage at a warehouse for goods and then bringing goods in directly to source and then bringing things back out?

**Simon:** That sounds like really exciting developments for the future. I've got one final question for you, David. You've been managing transport for many years, and you've got a complex role. So what's the most important thing you've learned about the role in that time? Could you give our listeners one last pearl of wisdom?

**David:** Yeah. I love what I do, I love the challenge of it - and that comes from me as an individual. I think what I've probably learned most is just how much transport impacts on every aspect of hospital operations. And whether that's the patients coming in; the staff getting to work and getting home; all of the logistics that are involved in bringing everything in and out; and moving patients and services around... without transport - and effective transport - it grinds to a halt. Transport is absolutely a key component of healthcare. It has so many impacts on operations, finances, health and wellbeing. Emissions can affect health, so if we generate more emissions we're actually creating poorer health for the long term. So there's a huge impact. I've learned just how much transport impacts on everything but quite surprisingly, how it's not really a major consideration within a lot of organisations.

**Simon:** It's so important. David, I really appreciate you sharing your insights with us - thank you so much for being on the show.

**David:** Thank you for having me.

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**Simon:** If you manage drivers and their vehicles, and you face similar issues to those discussed in this podcast, there are links in the show notes to some useful resources on the Driving for Better Business website. And these are all free to access. If you enjoyed the conversation, please don't forget to hit subscribe - so you know when the next episode is released. And please also give us a 5 star review, as this helps us to get up the podcast rankings, and makes it more visible to others who might also find it useful. You can follow us - that's Driving for Better Business on Twitter, Facebook and LinkedIn. And most importantly, please help us to spread the word. All our resources are free for those who manage fleets and their employees who drive for work. Thank you for listening to Let's Talk Fleet Risk, and I look forward to welcoming you to the next episode.

