

Bath & North East Somerset Council		
MEETING:	Well-being Policy Development and Scrutiny Panel	
MEETING DATE:	19 th September 2014	AGENDA ITEM NUMBER
TITLE:	Update on – Non Emergency Patient Transport Service	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
attachments to this report: Appendix 1: Briefing Paper Appendix 2: Tables showing Summaries of call volumes and performance for December 2013 to July 2014. Appendix 3: Service User Survey Results		

1. THE ISSUE

- 1.1. To update Well-being Policy Development and Scrutiny Panel members on the performance of the Non-Emergency Patient Transport Service in the Bath & North East Somerset area.
- 1.2. Panel members received briefings in March 2014 and July 2014. The first report in March set out the challenges being experienced during the mobilisation of the new single provider of this service. The subsequent briefing set out the progress made within the service delivery of this contract. This report further explains the progress made and the actions being taken to ensure this service meets the needs of the patients of BaNES.

2. RECOMMENDATION

- 2.1. Panel members are asked to note the agreed actions and the latest performance of the Non-Emergency Patient Transport Service.

3. FINANCIAL IMPLICATIONS

- 3.1 The Non-Emergency Patient Transport Service contract allows for a review of activity and costs at the end of the end of the first year of operation or if activity reaches a specific level.

4. THE REPORT

4.1. The attached report summarises the ongoing issues, the actions taken and the performance to date.

5. RISK MANAGEMENT

5.1. Strong collective risk management processes are in place and monitored by the combined commissioners to support and improve the effectiveness of the service. The key risk to this service is delays in responding to and moving patients within the agreed timeframes.

5.2. Incidents, complaints and feedback from healthcare professionals are collated monthly and formally reviewed by the BaNES, Gloucester, Swindon and Wiltshire (BGSW) Clinical Quality Review Group meeting on a monthly basis.

6. EQUALITIES

6.1. Quality impact assessments have been completed within the collaborative commissioning approach to developing the new Non-Emergency Patient Transport Service Contract specification. The service continues to be monitored to review its impact on all groups of patients.

7. CONSULTATION

7.1. As stated within the report.

8. ISSUES TO CONSIDER IN REACHING THE DECISION

8.1. Not applicable to this report.

9. ADVICE SOUGHT

9.1. Not applicable to this report.

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Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	

Appendix 1

Report on Arriva Transport Solutions Ltd Non-Emergency Patient Services For The Wellbeing Policy Development & Scrutiny Panel, Friday 19th September 2014.

1.0 Introduction

The Panel will recall that in February 2012 the former Primary Care Trusts (PCTs) for Bath and North East Somerset (BaNES) and Wiltshire approved a review of existing Non-Emergency Patient Transport Services. This review found that the provision of services across BaNES and the CCG areas of Wiltshire, Swindon and Gloucester was split over at least 32 different providers and that contractual arrangements were complex and did not always provide the information needed to best manage the resources available to meet patients' needs. The four PCTs also faced increasing charges from the Non-Emergency Patient Transport Service providers and were incurring significant expenditure outside the scope of the contracts.

Due to the differences in approach within each provider there was no central booking facility at a PCT level, nor was there any mechanism for capturing and recording all patient journey activity. This made it extremely difficult, almost impossible, to measure Non-Emergency Patient Transport Service performance, understand the volume of patient journeys, monitor standards, patient quality, safety and experience and understand costs of the service.

Following the review, the four PCT's approved a single joint procurement process in May 2013 across BaNES, Gloucestershire, Swindon and Wiltshire (BGSW) and a procurement process was undertaken which culminated in the appointment of a single provider of services in December 2013.

2.0 Non-Emergency Patient Transport Service Current position in B&NES

In December 2013, the delivery of Non-Emergency Patient Transport for BaNES patients and those served by the Royal United Hospital (RUH) within BaNES and other CCG areas, became the responsibility of Arriva Transport Solutions Ltd (ATSL). During December 2013, a significant number of problems were encountered during the initial mobilisation of the Non-Emergency Patient Transport Service and extensive work has been undertaken by the commissioners, the RUH and Arriva in an attempt to embed and improve the service since this time.

Building on the long list of improvements described in the previous reports, Arriva, commissioners, and acute trusts, have continued to work on service improvements. Typically these involve the interface between the acute trusts and Arriva. As a result, Transport Working Groups have been established and are operated at the acute trusts. These are attended by acute trust and Arriva staff, and they review activity and performance data; and identify and resolve operational issues, problems and trends. Progress is reviewed at monthly contract review meetings.

Although the service experienced a challenging start in December 2013, all parties have made good progress towards embedding the new service. The service is moving a high number of patients daily and some very good feedback has been received both individually from patients and through the Service Users Survey undertaken in May/June 2014 (Appendix 3).

The service does still experience some challenges with the level of overall activity and the individual activity in some mobility categories, which has continued to be higher assessments of predicted activity levels prior to tendering these services and is reflected within the key Performance Indicators (Detailed activity volumes and Key Performance Indicators - Appendix 2).

Feedback from patients' and provider organisations continues to highlight some adverse impact within the Non-Emergency Patient Transport Service and these can be divided into the following five areas:

1. Availability of resources within Arriva.

Both the commissioners and Arriva have acknowledged that resources available have not always met patients' requirements for non-emergency transport in its early months of operation. Commissioners have agreed a temporary arrangement to support the mobilisation of additional resources by Arriva. Both parties have agreed to use the first 12 months of activity data to support a contractual rebasing process as specified within the contract. In the early months Arriva has also experienced some challenges in relation to the call centre and this has led to some experiences of poor performance and patient experience.

2. Delay in transport for specific vulnerable patients.

There remain ongoing concerns about delays in transporting certain patients identified by the RUH as vulnerable, such as those patients who need transport within two hours (fast-track patients). Delays for these patients and their carers can cause anxiety due to the complexity of discharge planning and the need for coordination with other support services.

Patients with a series of appointments such as oncology/radiotherapy outpatients have also experienced delays to both inward and outbound journeys, patients find this particularly upsetting due to the frequency and the nature of their appointments.

There has been, and continue to be, some examples of poor performance as a result of the impact of the delays described (typically excessively long waits, sometimes resulting in overnight re-admissions or potentially detrimental impact on patients). All of these incidents are investigated and the learning action agreed with Arriva.

3. Patient experience of Arriva.

A small number of patients continued to report a poor customer experience when booking transport for their journey to the RUH. These experiences are centred on late collections by the crews. This poor initial experience often results in patients feeling frustrated on arrival at the hospital and with the service.

4. Working relationships between the providers, in particular the RUH and Arriva.

The initial working relationships between some provider operational staff and Arriva have been strained at times. For example, hospital staff have found it very difficult to manage the care of patient's when call handlers are unable to provide information on the expected arrival time of crews to discharge or transfer patients. Arriva have focused on improving the overall call handler's numbers and additional training within the call centre. Also the RUH has worked on improving communications and work has been carried out by RUH and Arriva to improve staff relationships and the way they work together.

5. Provider knowledge and use of the Arriva system.

The RUH acknowledges that there is a need for further training for Trust staff to improve booking processes and understand the booking system.

The RUH currently makes use of the main entrance Atrium for outpatients awaiting transport pick-ups. This causes issues when some patients are not suitable to be left unattended if their transport is delayed beyond the expected pick-up time.

Arriva are producing new staff information leaflets and the Trust intranet patient transport page has been re-written and will be launched shortly. The escalation procedure for reporting problems has been clarified and circulated throughout the hospital.

2.1 Monitoring

Routine contract governance takes the form of a series of meetings and supporting data reports.

- Monthly contract performance meeting (Arriva and CCGs)
- Bi-monthly clinical quality review meetings (Arriva and CCGs)
- Monthly transport working groups (Arriva and acute trusts)
- Monthly activity and performance reporting (at CCG contract level; and local trust-specific data analysis)

The RUH has also established internally an Arriva Operational Group (AOG) to replace previous internal strategic meetings. The AOG has worked with Arriva to improve dashboard reports to monitor performance. AOG meetings are supported by fortnightly meetings between the Trust Transport Officer and Arriva which focus

on operational issues, ongoing work, and issues to be escalated to the AOG. The Arriva Locality Manager for the RUH continues to attend the Trust twice weekly and visits areas of concern to help in training and building relations.

2.2 Clinical Governance

The BGSW Clinical Quality Review Meeting comprising Quality leads from CCGs plus Arriva meets once every 2 months and addresses a wide range of issues. The CCG quality team feel assured about the quality of the service provided. Arriva provide monthly information on a range of quality measures that inform formal quality reports that are considered by this group which focuses on clinical effectiveness, patient safety and patient experience. These reports include a review of complaints and patient feedback as well as measures such as the timeliness of transport and outcome of audits of call-handling.

The Clinical Quality Review group have reported that Arriva have been receptive to constructive comments and willing to change and/or adapt their processes for quality monitoring and reporting accordingly. The BGSW Clinical Quality Review group have started an end- to-end walk through process to enable the sharing of learning across the group and with the provider.

At the August Clinical Quality Review meeting, the following topics were covered:

- Workforce and staffing
- Training
- Reportable incidents
- Quality management: safeguarding
- Patient experience: concerns, comments, complaints and compliments
- Infection prevention & control: annual programme
- Sustainable development management plan
- Sub-contractors: monitoring; action plan update
- Operational audit plan
- Agency staff induction checklist
- Quality schedule

A total of 64 complaints were received in June and July, there were 4627 patient journeys during that period. An increase in the number of complaints has been noted and this is reflective of the improved complaints management process that has been developed by Arriva. It is planned that a detailed analysis of a specific complaint and the process followed will take place at each Quality Monitoring Group from October 2014 for additional assurance.

To date there are no Serious Untoward Incidents for BaNES. 8 internal incidents have been logged from Sirona regarding Arriva from June –August 2014. These are discussed between Sirona and Arriva to learn from these incidents and improve operational procedures.

3.3 Operational Resilience & Capacity Planning (ORCP)

B&NES commissioners are supporting an additional proposal from Arriva to create an Integrated Community Discharge process to provide greater coordination between discharge and onward community transfer to beds across the high demand period during the winter months of this year. This will allow patients to be transported to a bed becoming free with the same crew then transporting the patient in the community bed on to their next destination. This will be evaluated to test the benefit for the patient transport service going forward.

3.5 Conclusion

It is clear that the introduction of a new Non-Emergency Patient Transport Service with a single provider supporting the needs of 4 CCGs has not been without its problems. Many of these are the result of the contract being based on inaccurate and incomplete data. Now that we have a single and comprehensive view of the data, we are much better placed to ensure the service is appropriate and is performing to required standards consistently across the CCG area.

Appendix 2

Journey volumes and performance against Key Performance Indicators (KPIs) for December 2103 to July 2014April (Source: Central Southern Commissioning Support Unit – PTS Monthly Reports).

Journey Volumes

Number of booked Journeys by direction of travel

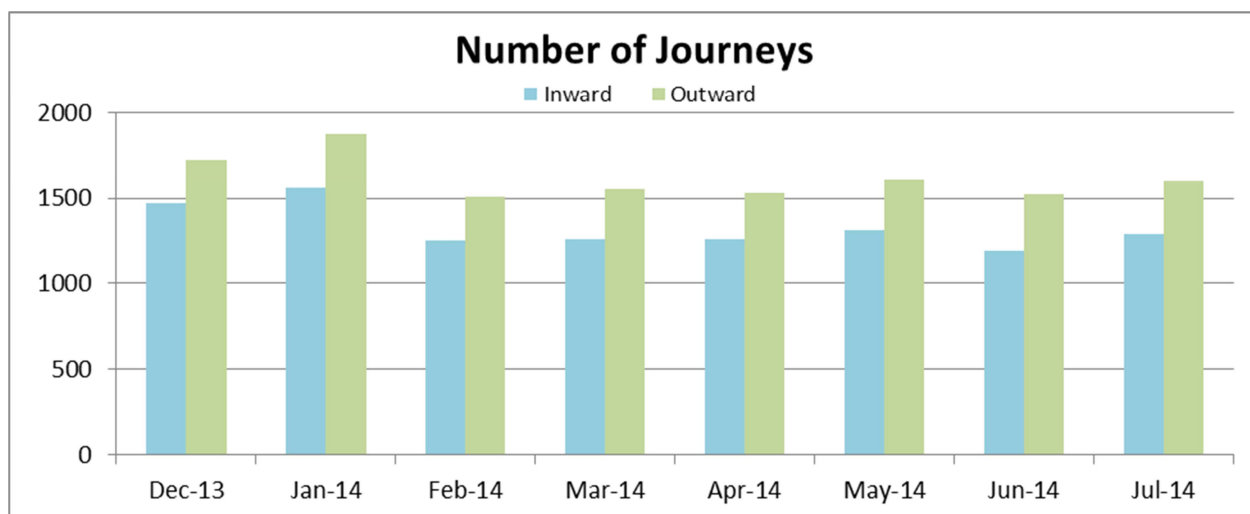
Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Inward	1468	1559	1254	1264	1258	1316	1195	1292	10606
Outward	1723	1872	1510	1554	1529	1615	1520	1604	12927
Total	3191	3431	2764	2818	2787	2931	2715	2896	23533

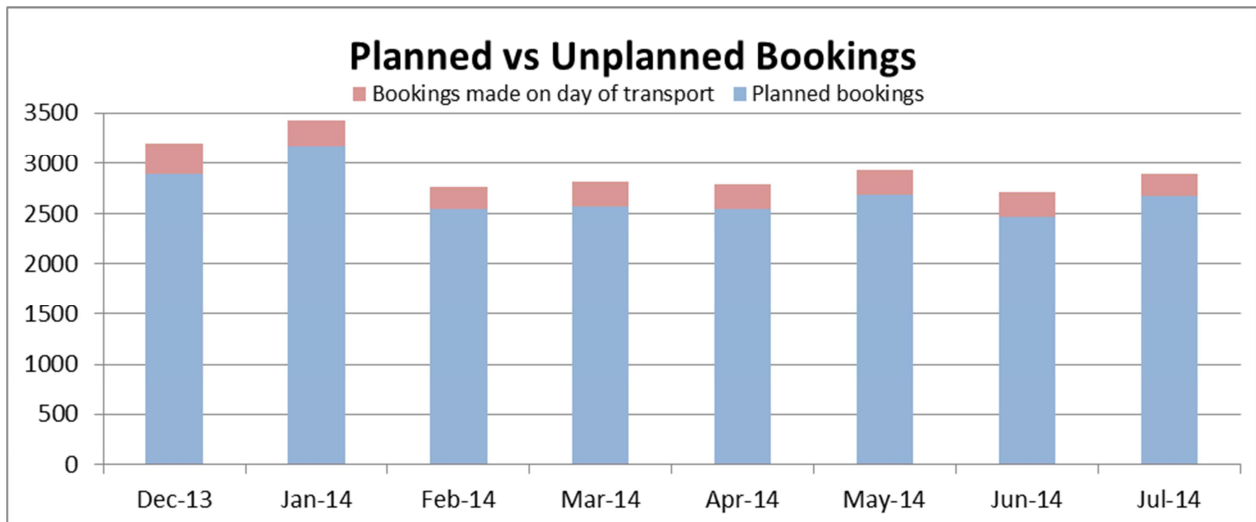
Planned bookings

Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Inward	1411	1528	1228	1233	1228	1297	1171	1281	10377
Outward	1474	1639	1324	1339	1322	1390	1300	1387	11175
Total	2885	3167	2552	2572	2550	2687	2471	2668	21552

Bookings made on day of transport

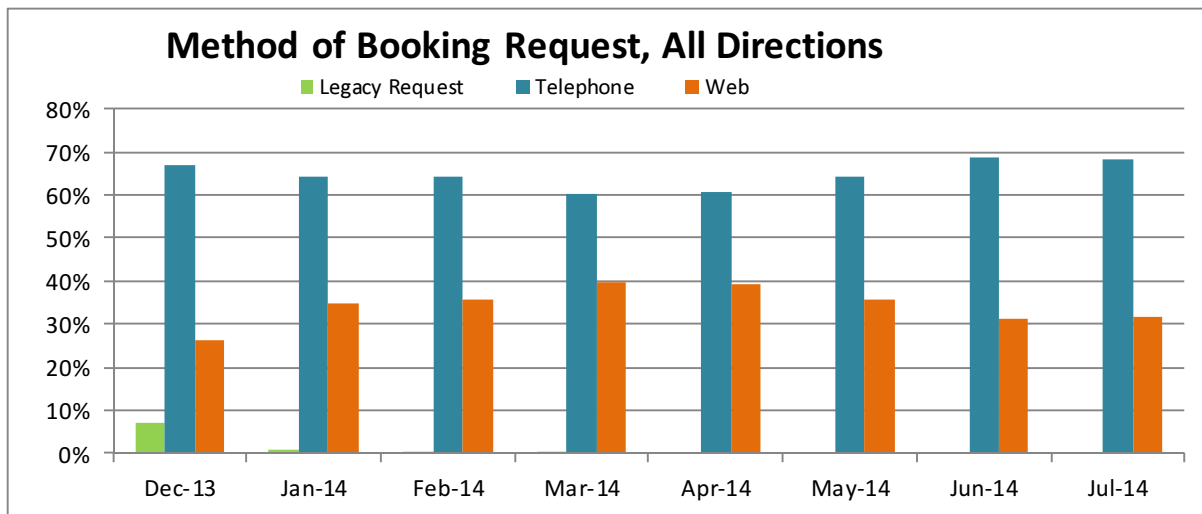
Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Inward	57	31	26	31	30	19	24	11	229
Outward	249	233	186	215	207	225	220	217	1752
Total	306	264	212	246	237	244	244	228	1981





Method of Booking Request - Proportion of All Bookings

All Directions	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Legacy Request	6.9%	1.0%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%
Telephone	66.9%	64.2%	64.0%	60.2%	60.9%	64.2%	68.7%	68.2%
Web	26.1%	34.8%	35.5%	39.7%	39.1%	35.8%	31.3%	31.8%



Proportions of Inward and Outward Journeys: Monthly variance

Inward	Jun-14	Jul-14	Variance
Legacy Request	--	--	--
Telephone	68.9%	69.1%	0.2%
Web	31.1%	30.9%	-0.2%

Outward	Jun-14	Jul-14	Variance
Legacy Request	--	--	--
Telephone	68.6%	67.4%	-1.2%
Web	31.4%	32.6%	1.2%

Category of Journey - Percentage of Total Journeys

Category	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Dialysis	53.46%	40.86%	38.39%	44.68%	44.42%	44.39%	45.30%	45.44%	44.67%
Outpatient	32.62%	44.54%	47.50%	41.84%	39.15%	39.95%	40.00%	36.88%	40.27%
Discharge	6.58%	7.75%	7.34%	7.81%	7.71%	7.44%	8.77%	7.56%	7.60%
Transfer	2.41%	2.48%	2.53%	2.59%	2.01%	2.46%	2.32%	3.18%	2.50%
Oncology Patient	0.50%	1.89%	2.03%	0.75%	4.63%	3.75%	1.10%	4.18%	2.33%
H/H	0.50%	0.85%	0.62%	1.03%	0.72%	0.85%	0.52%	0.38%	0.68%
Out Patient	2.76%	0.70%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%
Admission	0.47%	0.52%	0.40%	0.35%	0.47%	0.27%	0.26%	0.35%	0.39%
Social Care Package	0.00%	0.00%	0.00%	0.14%	0.32%	0.38%	0.66%	0.79%	0.28%
Outpatient Day Case	0.13%	0.17%	0.22%	0.28%	0.00%	0.27%	0.07%	0.35%	0.19%
Intermediate Discharge	0.00%	0.09%	0.18%	0.32%	0.25%	0.07%	0.18%	0.10%	0.14%
Intermediate Admission	0.00%	0.09%	0.18%	0.18%	0.25%	0.03%	0.15%	0.31%	0.14%
End of Life	0.00%	0.00%	0.00%	0.04%	0.00%	0.14%	0.44%	0.24%	0.10%
Day Patient	0.13%	0.06%	0.07%	0.00%	0.07%	0.00%	0.22%	0.17%	0.09%
Day Hospital	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.07%	0.02%
After Treatment	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Social Care Transfers	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Home Visit	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Social Service Admission	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Home Assessment	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Private Transfer	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Key Performance Indicators

Detailed Key Performance Indicator (KPI) charts are shown below for:

- All B&NES CCG patients transported by Arriva
- All B&NES CCG dialysis patients transported by Arriva
- All B&NES patients attending the three acute trusts to which majority of our patients attend, transported by Arriva.

The main Key Performance Indicator (KPI) measures shown, look at three aspects of patient experience:

- Time spent on vehicle
- On-time inbound journeys
- On-time collection for outbound journeys

Time on vehicle - Overall, performance is being achieved in line with KPIs for time on vehicle. The dips in performance for the longer distance journeys generally reflect a small or very small number of journeys in these categories.

Inbound on time - Inbound on-time is an area where performance has improved but requires continuing improvement to get to, and be sustained at, KPI level.

Outbound on time - Outbound on time (for on-day bookings) is generally being achieved or exceeded. The response timeframe for these journeys is four hours from the time the patient is "made ready". The area requiring greatest improvement is on-time collection for pre-booked outbound journeys. The response timeframe for these is one hour from the time the patient is "made ready".

Performance for dialysis patients is significantly higher than for the full patient cohort, reflecting the routine nature of these journeys.

Despite the complexity of managing a different profile and volume of activity, through reliance upon third party providers, overall KPI performance has improved since contract start. Further improvement is required in order to achieve all KPI target levels. One year after contract start, December 2014, is the first contractual opportunity to revise the baseline activity and mobility requirements. This will ensure Arriva thereafter has the right resource in the right places to deliver the type, mix and volume of activity based on a full year's data gathered since contract launch. This will reduce Arriva's reliance on third party resources and consequently enable better overall performance.

Key performance indicators (KPIs) are as follows:

PTS01 – Patients travelling less than 10 miles should not spend more than 60 minutes on any one journey.

PTS02 – Patients travelling between 10 and 35 miles should not spend more than 90 minutes on any one journey.

PTS03 – Patients travelling between 35 and 50 miles should not spend more than 120 minutes on any one journey.

PTS04 – Arrival within 45 minutes before or within 15 minutes after scheduled appointment time.

PTS05 – Patients should not wait more than 60 minutes for their outbound journey (Where booked at least a day in advance) from the point of booked ready by the HCP.

PTS06 – Patients will be collected within four hours where booked on the day (within two hours for end of life).

PTS07 – Percentage of journeys cancelled by Arriva to be below an agreed %.

PTS08 – Percentage of journey collections missed (aborted journeys) to be below an agreed %.

PTS09 – Percentage of in-bound calls to Arriva call centre answered within 30 seconds to be above an agreed %.

PTS10 – Application of eligibility criteria.

PTS11 – Percentage of complaints acknowledged within one working day.

PTS12 – Compliance with agreed complaints procedure (full response within 25 days).

PTS16 – Availability of on-line booking system.

PTS17 – Availability of telephone booking system.

KPI's - by Month

"--" indicates no relevant data for that KPI in that month

		Target	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
<10 miles < 60 minutes on vehicle	PTS01	95%	94.34%	92.64%	93.12%	94.87%	95.07%	95.66%	94.28%	95.01%
10 - 35 miles < 90 mins on vehicle	PTS02	90%	93.81%	89.02%	89.12%	93.93%	94.61%	92.15%	90.21%	93.67%
35 - 50 miles < 120 mins on vehicle	PTS03	85%	100.00%	80.00%	--	80.00%	--	50.00%	100.00%	100.00%
On time arrival -45 > + 15 mins	PTS04	95%	62.92%	57.28%	68.79%	82.32%	83.62%	78.57%	76.83%	80.11%
60 minute pick up (planned)	PTS05	85%	54.38%	40.61%	47.96%	50.30%	56.69%	57.70%	51.33%	55.94%
60 minute pick up (Arriva methodology)			64.23%	51.66%	65.24%	75.65%	77.43%	76.76%	71.88%	75.69%
Variation			9.85%	11.05%	17.28%	25.35%	20.74%	19.07%	20.55%	19.74%
60 minute pickup (incl. Early 60 mins allowance)			63.14%	50.55%	61.36%	74.45%	76.20%	75.37%	69.63%	73.67%
4 hour pick up (on the day)	PTS06	85%	73.24%	90.54%	88.07%	82.11%	85.37%	82.88%	81.88%	89.17%
4 hour pick up (Arriva Methodology)			79.75%	93.75%	90.83%	87.41%	89.19%	87.58%	84.71%	91.86%
Variation			6.51%	3.21%	2.76%	5.30%	3.82%	4.70%	2.83%	2.69%
4 hr pick up (incl. Early 60 minute allowance)			76.06%	91.89%	88.99%	84.55%	86.18%	84.93%	82.55%	91.08%

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Appendix 3

Service User Survey

In May/June 2014 Arriva conducted a service user survey. 4,000 freepost survey cards were available to service users/their carers from across the 4 CCGs, in hospital waiting areas. It was also available online. 282 responses (7%) were received.

Patients were asked their views on three aspects of service quality and experience: was the journey comfortable; did the patient feel safe and cared for by Arriva staff; and was communication with/from Arriva satisfactory/did the patient feel listened to.

There was no specific question about timeliness, since CCGs were already fully aware of issues concerning timeliness that have occurred as described elsewhere in this report. Results were:

Question	Satisfied	Neither satisfied nor dissatisfied	Not satisfied
Vehicle comfortable	93%	3.5%	3.5%
Felt safe & cared for	96.5%	0%	3.5%
Communicated with & listened to	91.2%	3.5%	5.3%

Overall the results were positive. Many positive comments were received:

- Best transport ever received
- Transported safely and with utmost care from the driver
- Cheerful and reassuring staff
- Staff are fantastic, always courteous, efficient, caring and double checking father and I are secure
- Professional and good humoured
- They were very professional and efficient, thus giving me confidence
- The journey and care by staff, right to department, was exemplary

The main cause of dissatisfaction was related to timeliness. An action plan based on the raw feedback is being implemented by Arriva. A key component of this is how to improve the response rate.