

<b>Bath &amp; North East Somerset Council</b>			
<b>MEETING:</b>	<b>Wellbeing Policy Development and Scrutiny Panel</b>		
<b>MEETING DATE:</b>	13 <sup>th</sup> March 2015	<b>AGENDA ITEM NUMBER</b>	
<b>TITLE:</b>	Update on – Non Emergency Patient Transport Service		
<b>WARD:</b>	ALL		
<b>AN OPEN PUBLIC ITEM</b>			
<b>attachments to this report:</b>			
Appendix 1: Briefing Paper			
Appendix 2: Tables showing Summaries of call volumes and performance for December 2014 and January 2015.			

## **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, July 2014 and September 2014. The first set of reports set out the challenges being experienced during the mobilisation of the new single provider of this service within the first year of the contract. This briefing explains the progress being made with the service delivery of this contract and explains the actions being introduced within the contract 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 first year of operation or if activity reaches a specific level in line with this process the contract value is being uplifted by agreement between the CCGs and ATSL.

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

## **Appendix 1**

### **Report on Arriva Transport Solutions Ltd Non-Emergency Patient Services For The Wellbeing Policy Development & Scrutiny Panel, Friday 13<sup>th</sup> March 2015.**

#### **1. Introduction**

This report builds on those provided to the panel in March 2014, July 2014 and September 2014. The panel asked for a further update as we approach the end of the winter period.

#### **2. Non-Emergency Patient Transport Service Current position in B&NES**

Arriva Transport Solutions Ltd (ATSL) was awarded contracts by Bath and North East Somerset (BaNES), Gloucestershire, Swindon and Wiltshire CCGs for non-emergency patient transport in summer 2013; the service went live on 1 December 2013. The NHS-funded Non-Emergency Patient Transport Service (NEPTS) is for those who, due to their mobility or medical needs, cannot travel safely by any other means.

During the first 14 months of the ATSL contract there have been a number of challenges involved in the provision of a NEPTS service to patients across four CCG areas; patients attending four acute trusts within the CCG boundaries and a number of significant patient flows to acute trusts outside the CCG boundaries. The contract replaced a multitude of bespoke service arrangements that had developed over time within the different acute trusts. A significant challenge has been the misalignment of predicted versus actual activity and mobility profiles.

#### **3. Monitoring**

Governance, arrangements are now well established.

Contract Performance Boards continue monthly with key risks and issues escalated as appropriate. Performance and activity data is provided by ATSL monthly, by CCG. Additional ad hoc reports are provided on request by the CCG analytics team and ATSL.

CCG Quality leads meet bi-monthly, with commissioning leads and ATSL to review relevant issues. The ATSL Quality Report provides a summary of quality information relating to the delivery of the non-emergency patient transport service across the four CCG areas. A separate Patient Experience Report is produced to sit alongside the Quality Report.

The following are reported as standard bi-monthly:

- Workforce/staffing including sickness and turnover and agency and third party usage
- Training schedules and mandatory training compliance

- Incidents including monthly trend analysis, patient safety and any harm identified, identified actions and learning
- Actions and learning from Serious Incidents
- Infection control including vehicle deep cleaning
- Any Care Quality Commission visits and recommendations
- Safeguarding referrals

The report has been developed along with ATSL and is kept under review. For clarity, any serious incidents are reviewed in real time and the learning from them is shared at these meetings.

ATSL locality managers are based at, and work closely with each hospital trust to address issues and an Arriva escalation process enables healthcare staff to escalate issues as required.

ATSL managers regularly join the daily Strategic Teleconference calls in BaNES to provide information regarding ATSL activity.

Transport Working Groups (led jointly by ATSL and the RUH) meet regularly to address local issues. Specific acute-trust/community hospital level monthly dashboards are in place, which allow the hospital trusts to review their own performance in relation to the booking of transport e.g. the number of bookings made in advance vs. number made on the day, number of aborted journeys by ward/dept. etc. Lead commissioners engage directly with respective hospital trusts to help to address issues.

#### **4. Contractual Developments**

Currently the four CCGs who contract with ATSL are in the process of contract rebasing negotiations. This will result in a re-based contract, which will enable the core service to better match known demand; and the cessation of non-recurrent monthly top-up funding, currently used to purchase additional third party resource.

Included within the rebasing are amended contract penalties and incentives for the Key Performance Indicators (KPIs). This will reinforce the focus on the main KPIs which relate to the timeliness of service delivery for both inbound and outbound journeys and a particular focus on the longest-wait journeys. Incentives will also apply to other patient experience measures.

#### **5. Other Developments**

ATSL has continued to work with commissioners and acute and community healthcare providers to put in place a number of improvements, including:

- A further roster review to continue to better match resource to demand.
- A mapping of renal dialysis journeys to identify opportunities to reduce travelling distance for some patients and consolidation of journeys for others. There are patients who are transported past one or more dialysis units in order to attend a more distant unit. It is believed this is likely to be at least in

part a consequence of dialysis unit capacity at the time the patient initiates dialysis. There are other cases where dialysis patients travel to/from similar destinations at different times, where possible synchronisation would enable more efficient use of transport resources. The findings are to be shared with renal dialysis service providers to seek opportunities to reduce patient travelling time consistent with patient needs, patient choice, and the operational delivery of the dialysis service.

- Embedding the new in-house complaints team; enabling a better focus on complaint investigation resolution and timeliness.
- A proposed revision to details of how the eligibility question assessment is conducted, which is currently being considered by commissioners.
- A revised internal escalation process to minimise longest wait journeys.
- The provision of a more comprehensive data suite for acute trust transport working groups, enabling trends to be identified and corrective actions to be better targeted.
- Flexible resourcing to enable known variations in demand to be accommodated e.g. over bank holiday weekends or periods of surge.
- Additional communications materials including myth-busting for acute trust staff; a tri-fold information card for patients; a revised script for call handlers to signpost to other services for patients not eligible for the NHS-funded service.
- Weekly escalation of trends, themes and issues to ATSL Locality managers for addressing locally at acute trust level.

## **6. Next Steps**

The RUH has formally notified BaNES and Wiltshire CCG that the current service specification – although developed with their input – may no longer fully reflect the needs of the acute care setting, particularly with regard to the time delay for the on-day element of service (even though in the pre-ATSL scenario, the CCG did not fund any same-day service). After completion of the contract rebasing a further piece of work will be carried out to identify how better to meet acute trusts' needs while remaining within the limits of affordability.

Further work will continue jointly involving ATSL, CCGs, and the RUH to ensure continuous service improvement, particularly in response to lessons learned from complaints and incidents; actions identified at contract review meetings; actions identified at transport working groups; feedback from Healthwatch and other stakeholders. CCG Quality Team staff are now fully embedded within the routine contract management process, ensuring a continuing focus on service quality and patient safety and experience.

## **7. Conclusion**

The introduction of the ATSL NEPTS service has been and remains challenging, but much work has been done to place this service on the right footing and to ensure the right level of resourcing. Operational oversight continues to ensure the service reaches a level where it consistently achieves the required standards. We are assured that ATSL in collaboration between the four CCGs and transport users within the health community are committed to make the necessary improvements.

## Appendix 2

Journey volumes and performance against the main contract Key Performance Indicators (KPIs) for December 2014 & January 2015 (Source: Central Southern Commissioning Support Unit – PTS Monthly Reports) and complaints.

### Journey Volumes

#### Contract Year 1

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	Aug-14	Sep-14	Oct-14	Nov-14	YTD
Inward	1468	1559	1254	1264	1258	1316	1195	1292	1279	1351	1370	1200	15806
Outward	1723	1872	1510	1554	1529	1615	1520	1604	1553	1680	1697	1503	19360
<b>Total</b>	<b>3191</b>	<b>3431</b>	<b>2764</b>	<b>2818</b>	<b>2787</b>	<b>2931</b>	<b>2715</b>	<b>2896</b>	<b>2832</b>	<b>3031</b>	<b>3067</b>	<b>2703</b>	<b>35166</b>

#### Contract Year 2

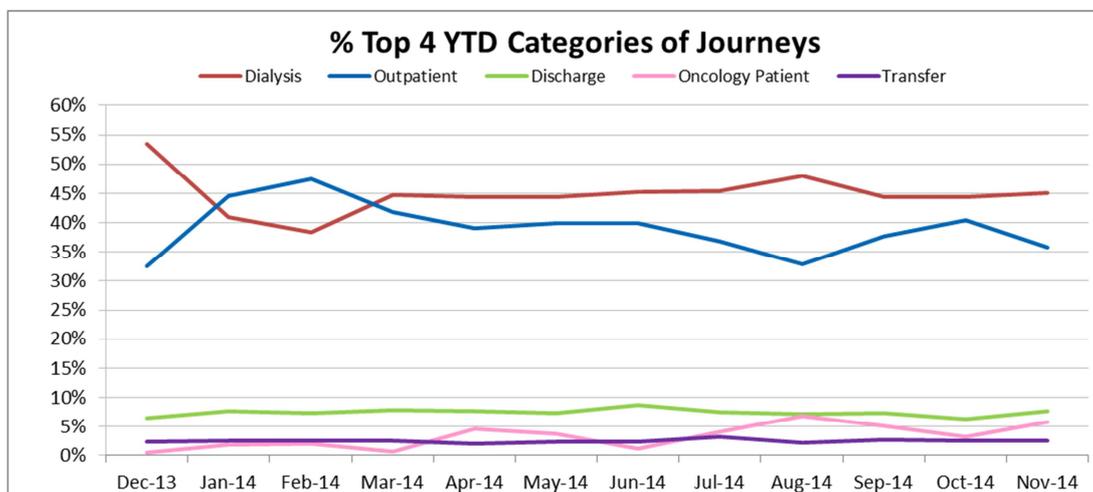
Number of booked Journeys by direction of travel

Direction	Dec-14	Jan-15	YTD
Inward	1388	1241	18435
Outward	1731	1599	22690
<b>Total</b>	<b>3119</b>	<b>2840</b>	<b>41125</b>

### Category of Journeys

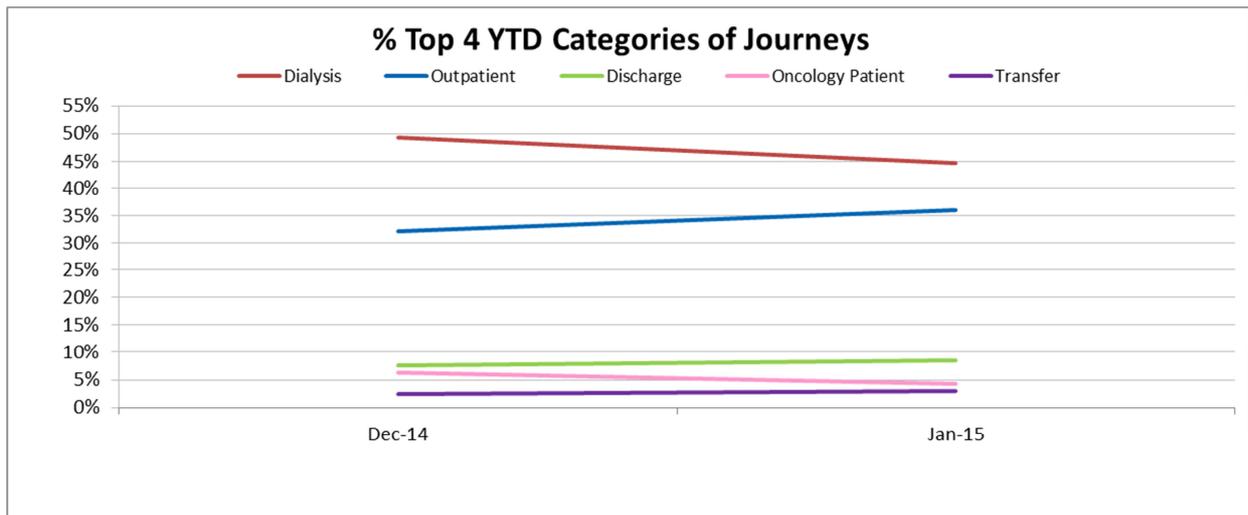
Category of Journey - Percentage of Total Journeys

Category	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	YTD
Dialysis	53.46%	40.86%	38.39%	44.68%	44.42%	44.39%	45.30%	45.44%	47.99%	44.34%	44.44%	45.02%	44.92%
Outpatient	32.62%	44.54%	47.50%	41.84%	39.15%	39.95%	40.00%	36.88%	32.91%	37.71%	40.37%	35.81%	39.12%
Discharge	6.58%	7.75%	7.34%	7.81%	7.71%	7.44%	8.77%	7.56%	7.20%	7.42%	6.39%	7.66%	7.45%
Oncology Patient	0.50%	1.89%	2.03%	0.75%	4.63%	3.75%	1.10%	4.18%	6.81%	5.15%	3.33%	5.81%	3.29%
Transfer	2.41%	2.48%	2.53%	2.59%	2.01%	2.46%	2.32%	3.18%	2.22%	2.74%	2.64%	2.55%	2.51%



**Category of Journey - Percentage of Total Journeys**

Category	Dec-14	Jan-15	YTD
Dialysis	49.44%	44.68%	45.24%
Outpatient	32.13%	36.09%	38.38%
Discharge	7.66%	8.49%	7.54%
Oncology Patient	6.22%	4.23%	3.57%
Transfer	2.44%	3.03%	2.54%



**Key Performance Indicators**

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).

## Current KPI Performance

BaNES Yearly KPI Performance (13 months Dec 13 to Jan 15)

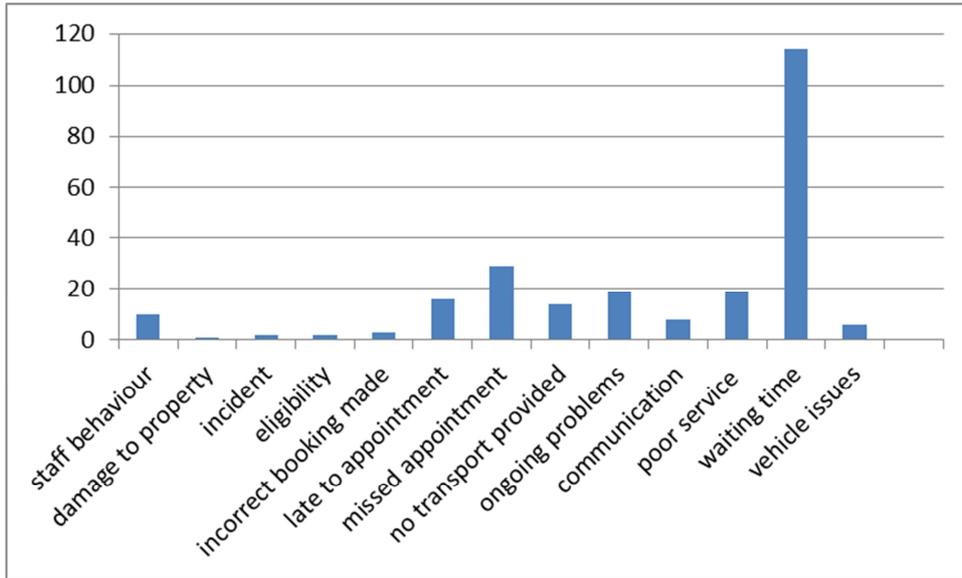
KPI Description	KPI No.	Target	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
<10 miles < 60 minutes on vehicle	PTS01	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
BaNES CCG			94.34%	92.64%	93.12%	94.87%	95.07%	95.66%	94.28%	95.01%	94.73%	94.56%	94.81%	94.69%	95.09%	94.35%
10 - 35 miles < 90 mins on vehicle	PTS02	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
BaNES CCG			93.81%	89.02%	89.12%	93.93%	94.61%	92.15%	90.21%	93.67%	93.25%	94.42%	93.28%	93.82%	93.91%	92.75%
35 - 50 miles < 120 mins on vehicle	PTS03	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
BaNES CCG			100.00%	80.00%	--	80.00%	--	50.00%	100.00%	100.00%	100.00%	66.67%	--	80.00%	--	100.00%
On time arrival -45 > +15 mins	PTS04	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
BaNES CCG			62.92%	57.28%	68.79%	82.32%	83.62%	78.57%	76.83%	80.11%	82.32%	77.30%	80.14%	77.80%	77.56%	78.55%
60 minute pick up (planned)	PTS05	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
BaNES CCG			64.23%	51.66%	65.24%	75.65%	77.43%	76.76%	71.88%	75.69%	76.75%	70.44%	72.92%	70.92%	74.28%	73.81%
4 hour pick up (on the day)	PTS06	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
BaNES CCG			79.75%	93.75%	90.83%	87.41%	89.19%	87.58%	84.71%	91.86%	90.73%	79.17%	75.63%	77.78%	79.47%	86.72%

## Complaints

The numbers of complaints have been reducing across the first year of the service and ATSL are continuing to demonstrate the importance they place upon resolving issues and complaints. ATSL has implemented their new complaints process and continue to show their commitment to resolve issues as swiftly as possible and have invested in their customer care team to improve experiences.

Despite these efforts we continue to see the main complaints centred on poor waiting times, followed by late or missed appointments.

Complaint Reason	No
staff behaviour	10
damage to property	1
incident	2
eligibility	2
incorrect booking made	3
late to appointment	16
missed appointment	29
no transport provided	14
ongoing problems	19
communication	8
poor service	19
waiting time	114
vehicle issues	6



Complaints by Month	No
Jan-14	26
Feb-14	18
Mar-14	23
Apr-14	6
May-14	24
Jun-14	30
Jul-14	34
Aug-14	11
Sep-14	12
Oct-14	23
Nov-14	12
Dec-14	12
Jan-15	10

