Contract Performance Review Report

Nottinghamshire Non-Emergency Patient Transport Services

August 2014

Introduction

Arriva Transport Solutions Ltd (ATSL) is the provider of NHS Non-Emergency Patient Transport Services (NEPTS) in Nottinghamshire having been awarded a contract which commenced in July 2012. The contract is now two years into its five year term.

Current performance continues at a level short of expectations but Arriva is a patient focussed company and is committed to making improvements to the efficiency of its service delivery. Continuing pressure from contract managers, commissioners and councillors has focussed Arriva's attention on making the required improvements.

Performance Improvement

There has been some improvement to the achievement of Key Performance Indicators (KPIs) since January but the required standards are not being achieved and improvement has been modest. A service improvement programme has been revised and commissioners and contract managers meet monthly with representatives from Arriva to review progress against the plan.

Progress has been made in the following areas in the past 6 months:-

- There have been a number of changes to staffing within Arriva and the introduction of new posts, the purpose of which has been to improve the efficiency of the organisation and its operation. An Operations Director has been in post since 1 May 2014, an Area Control Manager took up post in February and the Head of Service for the East Midlands is now overseeing both the Nottinghamshire and Leicestershire contracts.

- Voluntary Car Service (VCS) drivers have been introduced to reduce the use of taxis and third party providers and to provide greater consistency to patients who travel regularly. Voluntary drivers are also used for journeys covering greater distances to avoid losing the capacity of a fleet vehicle for most, or part, of a working day. Commissioners have insisted that VCS drivers are recruited and trained to the same standards as a PTS crew.

- The review of rotas is continuing to match capacity to demand. The NHS continually changes, however, so this is an ongoing process. Hospitals are being encouraged to discharge patients before lunch instead of later in the afternoon. As this initiative is incrementally introduced rotas will need to be adapted to match the fact that the peak of demand for discharges will move to earlier in the day.

- Arriva's new telephone system was implemented successfully in February 2014. Since then upgrading has also taken place to the Cleric system which Arriva uses to book, plan and track patient journeys. This will assist with the provision of more accurate information.

- Arriva has been investigating the causes and reasons for delays. Once one patient has been delayed it tends to have a knock on effect for every journey undertaken by

that crew/vehicle thereafter. Delays for the first inward journey of the day are within the ability of Arriva to correct. Some delays thereafter are the result of patients not being ready when the PTS crew arrives to collect them. Arriva has started to collect data about delays of over 10 minutes while waiting for patients. While there is no hard and fast rule that a journey will be abandoned after ten minutes there has to be a limit when crews can wait no longer for a patient to be ready or for prescriptions to be delivered to the ward to take home with the patient. This information is collated and shared with NHS providers at Stakeholders' meetings. The efficiency of processes within the Trusts has a profound effect on the efficiency of the PTS service.

- Arriva has been keen to exclude journeys which are delayed for reasons beyond its control from the measurement of KPIs. This has not been agreed. The counting methodology for KPIs has been consistently applied since the contract commenced and to change the methodology now would mean that performance might improve but not necessarily the experience of patients in receipt of the PTS service. Some minor changes have been agreed in accordance with the contract which have had a marginal effect on the performance reported. For the renal KPI1 it has been agreed that journeys over 21 miles in length cannot be safely undertaken in 30 minutes or less. A caveat to KPI1 for time on vehicle will be shown in future to demonstrate the impact upon KPI achievement if these journeys were excluded.

It is expected that in addition to this report Arriva will be represented at the Joint Healthcare Committee meeting to respond to questions.

Quality

A monthly quality report is presented to commissioners and contract managers. This has been developed with the advice of an experienced NHS clinical quality manager and encompasses an analysis of complaints, concerns and incidents, staff sickness, turnover and vacancy rates, the proportion of staff who have received an appraisal, staff training and inductions courses, infection prevention and control reports and the outcome of audits.

The outcome from a staff survey and stakeholder engagement will be shared with commissioners in due course.

Commissioners were keen to learn the outcome of a Care Quality Commission (CQC) visit to Arriva's PTS service in Leicestershire during April. Unlike the CQC visit to Nottinghamshire in January 2014 which was a planned visit, the visit to Leicestershire was in response to a concern raised with the CQC and was unannounced. The visits took different formats and concentrated on different themes and while the outcome of the visit to Nottinghamshire was more positive there were some consistent themes across both reports particularly in relation to lateness and waiting times. As with the learning from the CQC visit to Nottinghamshire, there will be learning to share from the visit to Leicestershire.

On the 9th and 10th June 2014, the pressure on beds at the Nottingham University Hospitals was significantly higher than normal. Arriva was called upon to transport a higher than usual number of discharges in order to release beds for patients admitted via the Accident and Emergency Department. Arriva rose to the occasion and worked closely with the Hospital's

staff to move patients but required extra capacity to do so as many of the people requiring transport needed to be moved on a stretcher.

Key Performance Indicators

The Key Performance Indicators are set out within the contract and Arriva is expected to adhere to these standards which are subject to service deductions for failure to do so. These include time measured standards for the arrival and collection of patients, journey times, and patient satisfaction and information provisions.

KPI Performance (Excluding Renal)

The following tables provide details of current and historic performance against the KPIs which have the greatest impact upon patient experience.

1. **KPI1 - Time on Vehicle**

KPI Target: 90% for all three KPIs

KPI Summary - GEM, exc Renal			Std.	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
KPI 1	Time on Vehicle	Patients within a 10 mile radius of the point of care will spend no longer than 60 minutes on the vehicle.	90%	97%	97%	95%	96%	96%	96%	96%	96%	96%	96%	96%	95%
		Patients within a 10 – 35 mile radius of the point of care will spend no longer than 90 minutes on the vehicle.	90%	96%	95%	94%	95%	91%	94%	94%	95%	94%	94%	94%	94%
		Patients within a 35 – 80 mile radius of the point of care will spend no longer than 120 minutes on the vehicle.	90%	89%	97%	94%	93%	91%	91%	85%	96%	85%	97%	94%	93%

Despite concerns about traffic congestion in Nottingham and the impact of major road improvements and tram works, KPI1 standards have been consistently met since the outset of the contract for journeys up to 35 miles in length and achieved in most months for the longer journeys.

2. **KPI2 - Appointment arrival time - within 60 minutes prior to appointment time**

KPI Target: 95%

KPI Summary - GEM, exc Renal			Std.	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
KPI 2	Arrival Times at Point of Care	Patients shall arrive within 60 minutes prior to their appointment/zone time at the appropriate point of care.	95%	67%	71%	64%	67%	63%	66%	63%	67%	63%	75%	73%	76%

There has been some improvement to this KPI with achievements in April, May and June 2014 higher than those seen in the previous nine months. While this is a positive move in the right direction the improvement needs to continue and be sustained. Arriva has identified that if patients arrived 15 minutes earlier than they do currently then there would be a step change in performance. Commissioners have requested that Arriva shares its plan as to how this step change will be achieved.

KPI3 – Departure Times

KPI Target: 90%

KPI Summary - GEM, exc Renal			Std.	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
KPI 3	Departure times from Point of Care	Outpatient Return patients shall be collected within 60 minutes of request or agreed transport/or zone time.	90%	73%	69%	71%	69%	71%	71%	66%	68%	69%	73%	75%	74%
		Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.	90%	65%	62%	58%	64%	62%	65%	67%	64%	67%	66%	69%	71%

Again, improvement against KPI3 has been marginal at most. The collection of patients for discharge within 120 minutes is challenging and is influenced by the working practices of Trusts, for example, the number of discharges for which transport is booked on the day of discharge, a peak of discharges being booked late in the day and the time constraints for admission of patients to care homes (usually before 8pm). These factors can contribute to Arriva's ability to plan and resource in advance, making the service very reactive during times where resources are committed elsewhere.

As part of the performance improvement plan, Arriva has committed to working with provider Trusts to review, understand and plan for these peaks in demand, whilst all providers are also working to improve their own respective processes to improve the discharge pathway.

Renal KPI's

1. KPI1 - Renal Dialysis Journey Time

KPI Summary - GEM, Renal only			Std.	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
KPI 1	Time on Vehicle	The patient's journey both inwards and outwards should take no longer than 30 minutes.	90%	67%	64%	62%	61%	56%	59%	59%	59%	59%	62%	60%	61%
		The patient's journey both inwards and outwards should take no longer than 30 minutes. (Excluding Patient over 21 miles away)	90%											64%	64%

Performance has remained static and is below that achieved in July of 2013. It is still considerably below the target of 90%. Timeliness and renal transportation is a topic that has generated a number of complaints. The 10% tolerance above the target of 90% allows for a number of patients who live a further distance from their Dialysis Unit than the Renal standard "provision of Dialysis unit within 30 minutes of the patient's home address". It has been determined with PTS providers, as indicated previously, that a patient cannot be safely transported a distance of over 21 miles in 30 minutes. The table above displays for May and June 2014 the impact upon KPI performance of excluding the journeys of over 21 miles. The 3% and 4% differences (between 60%/61% achievement and 64% achievement) is well within the 10% tolerance. The impact of the distance travelled will be more significant in a more rural county, for example, Lincolnshire.

2. KPI2 - Renal Dialysis inward journeys (by appointment time)

KPI2 targets 95% and 100% respectively

KPI Summary - GEM, Renal only			Std.	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
KPI 2	Arrival Times at Point of Care	Patients should arrive at the site of their appointment no more than 30 minutes before their appointment time.	95%	66%	68%	75%	72%	71%	74%	70%	71%	70%	74%	74%	77%
		Patients will arrive at the unit before their appointment time	100%	85%	84%	88%	86%	85%	86%	83%	87%	83%	90%	87%	89%

Performance against KPI2 – arrival no more than 30 minutes before appointment time - has seen some marginal improvement between April and June 2014. While renal transport would appear to be the easiest to plan and provide, since individuals travel 3 times per week throughout the duration of their time on dialysis, appointment times are changed by staff in the renal units and the rate of change of patients over the course of a year can be significant. More detailed analysis of performance for each of the 4 renal units and satellite units at Kings Mill Hospital, Lings Bar, Nottingham City Hospital and Ilkeston Community Hospital has shown that more people arrive more than 30 minutes in advance of their appointment time (but still fail to meet the KPI) than arrive late.

Arriva's performance improvement plan contains a 'Renal Specific' element in order to focus on this group of patients in recognition of the importance of this service to these regular users and therefore the potential to impact on their quality of life. The plan has delivered a more collaborative and transparent approach between Renal Units and Arriva in planning transport for this cohort of patients.

Arriva has also relocated some of its resources to reduce initial travelling time and reduce the risk of becoming caught in traffic congestion in order to minimise lost time in collecting patients.

3. KPI3 - Renal Dialysis outward time (Collection)

KPI Summary - GEM, Renal only			Std.	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
KPI 3	Departure times from Point of Care	Patients should leave the dialysis unit no later than 30 minutes after their booked ready time.	95%	68%	67%	70%	68%	71%	70%	63%	65%	63%	71%	71%	75%

Performance against this KPI is showing a marginal improvement (see comments above).

Further improvements anticipated in the near future

Arriva was requested to review and update its Service Improvement Plan. Shown below are some elements of the plan which are expected to impact on its performance against KPI standards in coming months:-

- Ensure that a replacement vehicle is available within 1 hour of a breakdown. Most of Arriva's vehicles are leased and the wear and tear on even new vehicles is significant in a PTS service because of the mileage undertaken. While vehicles are regularly serviced out of normal working hours, there will still be unforeseen breakdowns. Ensuring quick replacement of out of use vehicles maintains capacity.

- The contract encourages Arriva to call patients ahead of their date of travel to ensure that they still require transport and in order to reduce aborted journeys. Arriva intends to develop a process for its staff to call patients to ensure that they are reminded that transport has been arranged for them but also to check that the correct mobility and mode of transportation has been ordered for them. Patients' mobility requirements do change, not everyone who uses a wheelchair needs to transported in their chairs but may be able to transfer into the seat of a car if the wheelchair can be folded up, put in the boot and transported with them. This reduces the demand for wheelchair adapted vehicles and enables vehicles to be used more efficiently.

- Arriva has been working with Commissioners in Leicestershire to introduce additional questions to the script used to determine patients' eligibility for PTS for the purpose of gaining a better understanding of the patients' needs. If this proves helpful in Leicestershire, its use will be extended to Nottinghamshire with commissioners' approval.

- A discharge co-ordinator is to be introduced to work with hospital staff to encourage discharges taking place earlier in the day or being more evenly spread through the day, to ensure the correct mobility has been booked for the patient, to help to prioritise journeys when demand is at its peak and to deal with daily issues. There is still a myth in hospitals that by booking a higher mobility for the patient, ie a stretcher, that the patient will be given a higher priority for transportation.

- Introduce changes to Cleric, the system used by Arriva, to better identify patients who need to be given a higher priority for transportation because they fit into certain categories (end of life being the major one) or who need to be at home at a certain time because of a care package and staff from other agencies being there to meet them.

- Appoint dedicated planners.

- Encourage the use of on-line booking by staff to reduce the pressure of calls and to increase efficiency. Organise roadshows to train staff on the on-line booking system and to increase their understanding of the commissioned PTS service.

While these measures will increase efficiency, Arriva has given no indication in their draft updated plan of the likely impact upon performance as requested by commissioners.

Conclusion

The relationship between Arriva, commissioners, contract management staff, provider units and users continues to be positive and dynamic. Arriva has continually provided assurances of making further improvements to its quality standards, something Commissioners are closely monitoring in line with the contract parameters. Furthermore, Arriva is keen to actively improve its reputation for reliability, collaboration and responsiveness. As the contract term progresses Arriva has increased its understanding of the variable demands within the NHS and has demonstrated a flexible approach to addressing patient and commissioner needs.

The Contract Management Board continues to meet monthly with Arriva. No changes to the terms of the contract are expected for the third year which commences in July 2014.

SPS/SD/NM/20.06.14/updated 08.08.14