

Contract Performance Review Report

Nottinghamshire Non-Emergency Patient
Transport Services

June 2015

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 entering the fourth year of 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 and these initiatives are further supported by the issuing of a formal Performance Notice from Commissioners in recent weeks.

Performance Improvement

There has been some improvement to the achievement of Key Performance Indicators (KPIs) since December 2014 but the required standards are not being achieved and improvement has been modest. There has been a marked change over the last year in the acuity of patients requiring transport. There have been increases of more than 10% in requests for stretcher, bariatric and two man ambulance transport, all of which are more complicated, time consuming and require specialist vehicle resources. Arriva have recognised where service improvement is required and developed a number of new initiatives. These include:-

- **Investing in a new organisational structure & appointing new key roles to create more management capacity to invest time in staff engagement and performance improvements.** This includes focussed positions within key functions such as operations, relationships and control/planning. The investment sees 2 new senior management positions appointed to ensure better support and direction for each functional area which will create better autonomy and accountability throughout the structure to monitor and influence improvements to patient care.
- **Investing in new technologies and improvements in existing technologies, linking them where possible to create more capacity in control rooms and better utilisation of PTS crews.** This will help streamline their processes and administration to produce more opportunities to influence improvements. As well as new technologies, they are also linking their key systems to provide an effective support solution for their controllers and planners, assisting efficient planning within strict parameters set to maximise effectiveness with patient safety and experience in mind.
- **Development of 'Transport Working Groups' to enable cross provider monitoring and analysis of behaviours that impact patient experience and agree actions to improve.** By establishing Transport Working Groups particularly at the main acute sites, it is possible to identify the need for change where the practices and performance of NEPTS impact Acute & Community Hospital service delivery and vice versa. The Group, in partnership are encouraged to develop a transport monitoring dataset to help baseline areas of improvement, agree shared actions and track their impact. Often the analysis of the problems highlights the need for improved operating processes and communication pathways. The aim is to ensure optimum use of all resources and best service delivery to patients.
- **Focus on renal transport.** Including the introduction of a dedicated Renal Co-ordinator based at the renal unit at Nottingham City Hospital. The purpose of the role

is to be the main point of contact for patients and the unit staff in respect of patient transport. They would work in partnership with the unit to identify opportunities to optimise transport and dialysis resources while delivering a quality service to the patient. They would support patient flow through the unit, manage bookings; update the transport system with any unexpected changes to patient times on the day of travel. They would support the development of transport plans in partnership with all parties; manage them closely on the day ensuring a seamless service is delivered for patients. This would serve to minimise clinical staff involvement in transport and ensure the impact of changes generated from transport, the unit or the patient are considered holistically.

- **Focus on patient experience.** Continue to work closely with Healthwatch on the recommendations made in their insight report. An observation day and additional engagement has taken place with the City Dialysis unit. A patient engagement day is planned for September. Implementation of Friends & Family Test and a revised qualitative survey is out with patients currently.
- **Partner provider 'roadshows' to raise awareness.** Informal visit to wards and departments at sites across Nottinghamshire to give NHS staff the opportunity to offer feedback on Arriva's service. It also gave the opportunity for Arriva to communicate key messages and raise the level of understanding of their service with the people who use it.
- **Further diversification of third party support to create better resilience during peak demands.** As well as enabling access to a flexible resource during periods where demand exceeds the capacity of Arriva's PTS crews, this also provides a benefit to the local community and economy.
- **Further/ongoing demand profile mapping to ensure resources are dynamically available where they are needed.** As demonstrated above with the example of changed acuities, the activity is dynamic and continually evolving. Arriva have designed processes to monitor this closely and where possible revise their working practices including rotas and vehicle configuration to better meet the changing demand. The processes are designed to anticipate such changes and where necessary communicate sustained pressures for further consideration in advance with our stakeholders.

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 courses, infection prevention and control reports and the outcome of audits.

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 - as reported by ARRIVA			Std.	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%	95%	95%	96%	95%	95%	94%
		Patients within a 10 – 35 mile radius of the point of care will spend no longer than 90 minutes on the vehicle.	90%	94%	94%	95%	94%	95%	94%
		Patients within a 35 – 80 mile radius of the point of care will spend no longer than 120 minutes on the vehicle.	90%	90%	96%	93%	93%	88%	92%

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 - as reported by ARRIVA			Std.	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%	76%	76%	77%	79%	79%	79%

There has been a slight improvement to this KPI since February but the performance of Arriva falls well short of the KPI target. The previous experience of heavy winter pressures followed by an easing in demand is no longer noticeable and Acute Hospital A&E units are now constantly stretched with subsequent pressures on discharges to clear beds.

3. KPI3 – Departure Times

KPI Target: 90%

KPI Summary - as reported by ARRIVA			Std.	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%	74%	75%	74%	73%	75%
		Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.	90%	76%	78%	75%	71%	67%	68%

Again, improvement against KPI3 has been marginal at most. As noted above the pressures on A&E departments in Nottinghamshire has had a major impact on performance. Arriva constantly work with the hospitals to coordinate patient discharges and release beds for the incoming patients. Arriva have worked hard to try and minimise the longest delays for patients. As the same vehicles are used for inward and outward journeys, high demand on discharges can delay the next group of inward journeys with a consequent impact on the KPI.

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.	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%	64%	64%	62%	63%	63%	60%
		The patient's journey both inwards and outwards should take no longer than 30 minutes. (Excluding Patient over 21 miles away)	90%	67%	67%	66%	65%	65%	62%

Performance has remained static with only occasional improvements. It is still considerably below the target of 90%. Timeliness and renal transportation is a topic that has generated a number of complaints and prompted a report published by Healthwatch Nottinghamshire in March 2015 and referred to earlier in this report. 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 in previous reports, that a patient cannot be safely transported a distance of over 21 miles in 30 minutes. The table above displays from January 2015 to June 2015 the impact upon KPI performance of excluding the journeys of over 21 miles. The differences between 60% to 64% achievement and the restated KPI excluding journeys over 21 miles of 62% to 67% are 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.	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%	75%	72%	81%	82%	82%	82%
		Patients will arrive at the unit before their appointment time	100%	87%	89%	92%	92%	92%	91%

Performance against KPI2 – arrival no more than 30 minutes before appointment time - has seen some improvement in the Spring and early Summer after suffering due to winter pressures. In line with recommendations from Healthwatch and pressure from Commissioners, Arriva have focused on trying to ensure that more patients arrive at the renal units before their appointments. They have ensured that over 90% of patients meet their appointment but some arrive more than 30 minutes early and thus fail the first part of the KPI. 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, many patients fail to use their pre booked transport without notifying Arriva and the rate of change of patients over the course of a year can be significant.

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.	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%	75%	76%	80%	83%	82%	82%

Performance against this KPI showed some improvement in in the spring and early summer but suffered in January and February due to the increase in winter pressures (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.
- 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, i.e. 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.
- 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.

Conclusion

The relationship between Arriva, Commissioners, Contract Management staff, Provider units and Patients continues to be positive and dynamic. Under the Contract Performance Notice Arriva must present a plan to Commissioners within 30 days that will demonstrate how they plan to improve their KPI performance. Arriva is keen to actively improve its reputation for reliability, collaboration and responsiveness. Over the life of the contract 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 fourth year which commenced in July 2015.

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