

Contract Performance Review Report

Nottinghamshire Non-Emergency Patient
Transport Services

December 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 half way through the fourth year of its five year term.

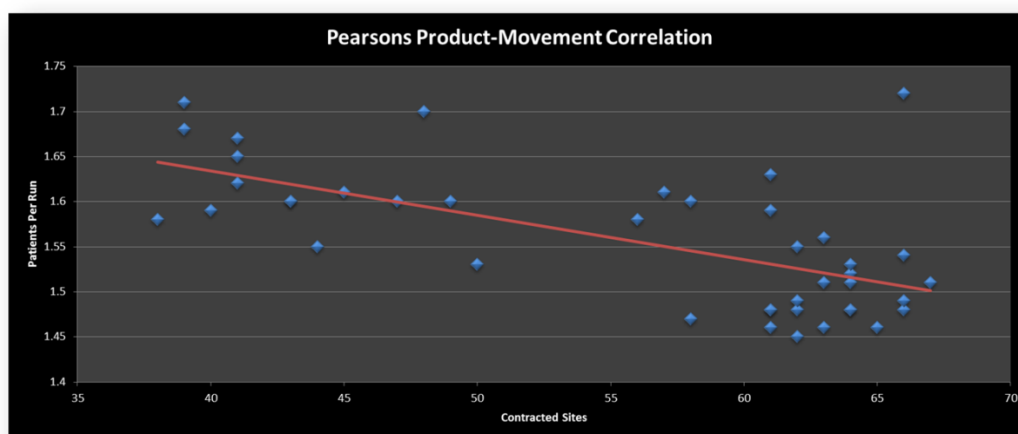
There has been a slight improvement in performance however, current performance continues at a level short of expectations. ATSL is a patient focussed company and is committed to making improvements to the efficiency of its service delivery. Continuing pressure from Contract Managers, Commissioners and Councillors has focussed ATSL's attention on making the required improvements and these initiatives are further supported by the issuing of a formal Performance Notice from Commissioners in 2015.

Performance Improvement

There has been a slight improvement in the achievement of Key Performance Indicators (KPIs) since June 2015 but the required standards are not being achieved and improvement has been modest. This report covers the first half of the winter pressures and it is important to note that ATSL have been able to maintain their performance (albeit not at the Contractual KPI level) despite ever growing demands at the main acute hospitals in Nottinghamshire.

The acuity of patients requiring transport has continued to change with further increases in requests for stretcher, bariatric and two-man ambulance crews. These types of journeys are more complex and therefore require specialist vehicles and more time for crews to provide the level of care needed.

There has also been an increase in the number of points of care ATSL is transporting patients to and from. As illustrated in the graph below, additional points of care place additional demands on ATSL resources.



Using Pearson's Product Moment correlation, results indicate that there is a medium to large negative correlation with $r=-0.6$. This means that as points of care increases, patients per run decreases.

Arriva have put a number of service improvement initiatives in place to meet the demands of changes in patient acuity, increases in points of care and the winter pressures felt across the health service.

- **New organisational structure and appointment of senior management roles.**

This new structure is now embedded in the organisation and is creating capacity for the delivery of key projects such as “Checkpoint” – an initiative which allows managers to support ambulance crews through daily, one-to-one meetings and performance analysis. Managers have also been able to offer additional support within Control and the call centre which has seen a 46.63% increase in calls answered within service level agreement (10 seconds) and a 24.15% reduction in calls abandoned between August and December 2015. As well as creating capacity for managers to invest more time in staff engagement, the new organisational structure has introduced clearer accountability for ATSL’s key strategic objectives.

- **Investment in new technologies to create capacity in Control rooms, support for crews while on the road and gathering of information for trend analysis.**

Assisted-dispatch and assisted-plan software have been introduced within Control to support staff in maximising the efficiency of ambulance crews. The software operates with consideration to KPIs to group and assign patient journeys to the most appropriate crew.

Following a successful trial period, Samsung devices have been issued to all road staff. The new devices are faster and easier to use for crews and also gather greater amounts of data which is being used for trend analysis, performance management and to identify examples of best practice.

- **Transport Working Groups and hospital engagement.**

Where established, transport working groups and regular attendance at bed meetings has resulted in greater communication between ATSL and acute hospitals. This structure allows for key messages, such as the benefits of the online booking system, to be communicated as well as providing an early warning system for surges in demand.

- **Winter pressure planning.**

Arriva prepared for the anticipated increase in demand during winter by allowing resources to be shared across the region, ensuring 4x4 vehicles are available at short notice and putting key assets in place to meet surges in demand. Early warning systems also allowed ATSL to react quickly to escalations in demand for discharges at acute hospitals.

- **Renal transport improvements.**

A renal co-ordinator has now been appointed and is based at Nottingham City Hospital. The co-ordinator is the main point of contact for patients on the unit and works dynamically to manage patient flow and minimise the need for clinical staff to become involved in transport.

ATSL has also worked with renal units to review patient journeys and group patients who live in the same area and have similar treatment times. Regular planning of

renal patient journeys also means that, where possible, patients are taken to hospital by the same crew each time.

- **Renal unit roadshows.**

An extensive patient engagement initiative has been carried out at every renal unit in Nottinghamshire to gain feedback from patients on the transport service. The visits also allowed ATSL staff to talk to patients about the improvements they are making, where they need to do better and distribute information leaflets on the patient transport service. Where specific issues were identified with individual patients ATSL were able to return to the unit the following week with more in-depth information.

The visits also allowed renal unit staff to provide feedback and make suggestions for further improvements.

- **Patient experience.**

A new patient feedback survey has been developed to provide greater insight into the transport service from the patients' perspective. The survey gains feedback on aspects of the transport service including the booking process, care and consideration shown by ambulance crews, the extent to which patients felt safe and reassured and timeliness. In the most recent survey 8 out of 10 patients in Nottinghamshire stated they were satisfied with the overall quality of the transport service.

ATSL also carry out the Government-mandated Friends and Family Test (FFT). The results of this survey also show that 8 out of 10 patients in Nottinghamshire would recommend the service to their friends and family.

- **Review of third-party providers.**

A full review of third-party providers has taken place to identify new providers in areas of Nottinghamshire where there was historically less resilience in the service. The third-party providers are monitored through a range of measures including patient feedback.

- **Ongoing demand profile mapping.**

A full review of ATSL's fleet and shift patterns has taken place to match resources to the increases in demand resulting from changes to patient mobility requirements. Shifts have been re-profiled to mirror anticipated peaks in demand.

- **Overview and Scrutiny Committee visit.**

Councillors visited ATSL's base in Ashville Close, Nottingham, to learn more about the patient transport service. They were given a presentation by Louise Bettany, Head of Control and Planning, Jethro Pickard, Head of Operations, and Philip Hennessey, Communications and Engagement Officer. The group was given a demonstration of the versatility of an ATSL ambulance and a tour of the Control room to witness the coordination of the transport service in real time.

It is expected that in addition to this report ATSL 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 ATSL 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. KPI 1 - Time on Vehicle

KPI Target: 95% and 90% for the KPIs

KPI Summary - as reported by ARRIVA			Std.	July	Aug	Sep	Oct	Nov	Dec
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.	95%	94%	94%	94%	94%	94%	96%
		Patients within a 10 – 35 mile radius of the point of care will spend no longer than 90 minutes on the vehicle.	90%	95%	96%	94%	95%	94%	95%
		Patients within a 35 – 80 mile radius of the point of care will spend no longer than 120 minutes on the vehicle.	90%	97%	97%	94%	93%	99%	92%

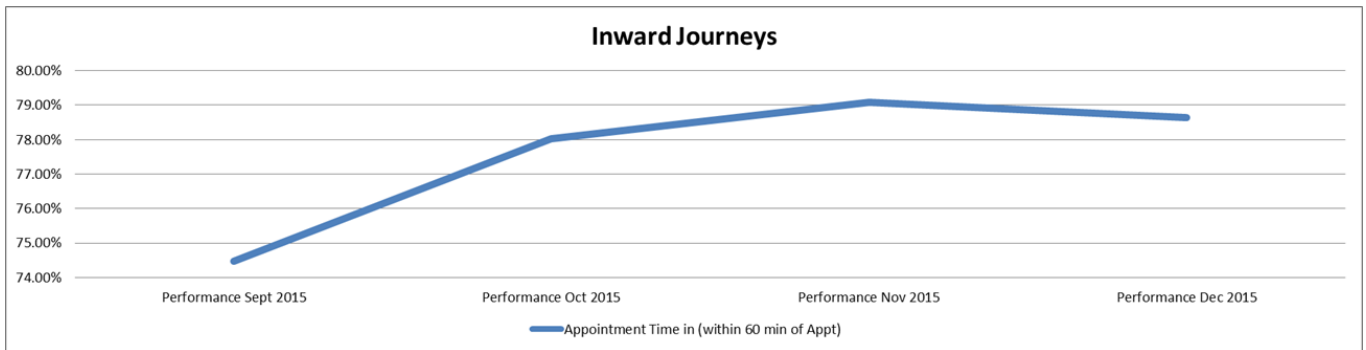
KPI1 standards have been met or failed by 1% since the outset of the contract for all journeys.

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

KPI Target: 95%

KPI Summary - as reported by ARRIVA			Std.	July	Aug	Sep	Oct	Nov	Dec
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%	79%	78%	74%	78%	79%	79%

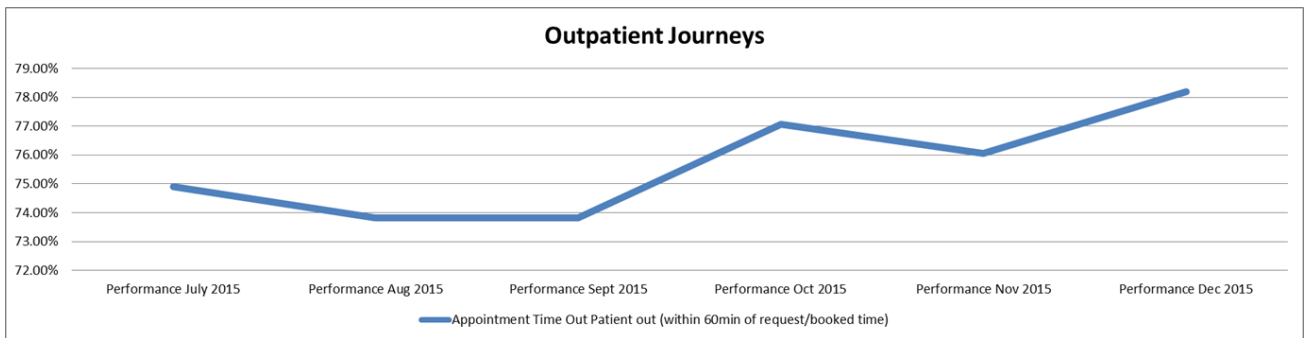
Performance has flat lined at around 79% since June 2015. Whilst this indicates a stable performance it still falls short of the Contractual KPI target.



3. KPI 3 – Departure Times

KPI Target: 90%

KPI Summary - as reported by ARRIVA				Std.	July	Aug	Sep	Oct	Nov	Dec
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%	75%	74%	77%	77%	76%	78%	
		Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.	90%	71%	68%	69%	69%	64%	72%	



Again, performance has again been stable but has not yet reached the Contractual KPI levels. As noted above the pressures on A&E departments in Nottinghamshire has had a major impact on performance. ATSL constantly works with the hospitals to coordinate patient discharges and release beds for the incoming patients. ATSL has 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, ATSL 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

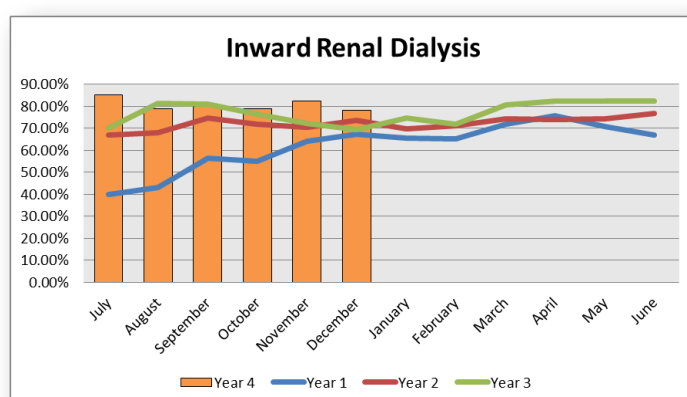
KPI Summary - GEM, Renal only			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 1	Time on Vehicle	The patient's journey both inwards and outwards should take no longer than 30 minutes.	95%	63%	64%	66%	68%	63%	64%
		The patient's journey both inwards and outwards should take no longer than 30 minutes. (Excluding Patient over 21 miles away)	95%	66%	67%	69%	70%	65%	67%

Performance has remained static with only occasional improvements. It is still considerably below the target of 95%. 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. 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 July 2015 to December 2015 the impact upon KPI performance of excluding the journeys of over 21 miles. The differences between 63% to 68% achievement and the restated KPI excluding journeys over 21 miles of 65% to 70% are well within the 5% KPI 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.	July	Aug	Sep	Oct	Nov	Dec
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%	86%	79%	80%	79%	83%	78%
		Patients will arrive at the unit before their appointment time	100%	92%	89%	89%	89%	90%	88%



Performance against KPI2 – arrival no more than 30 minutes before appointment time - has stabilised at around 82% in the last 6 months despite the onset of winter pressures. In line with recommendations from Healthwatch and pressure from Commissioners, ATSL has

focused on trying to ensure that more patients arrive at the renal units before their appointments. They have ensured that around 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 ATSL in planning transport for this cohort of patients.

ATSL 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.	July	Aug	Sep	Oct	Nov	Dec
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%	85%	82%	83%	80%	84%	81%

Once again performance against this KPI has stabilised at around 82% but is still short of the Contractual KPI target.

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:-

- ATSL intends to conduct a comprehensive campaign across all points of care in Nottinghamshire to promote and encourage the use of the online booking system. The online system is faster and more efficient for healthcare professionals booking transport for patients and reduces pressure on ATSL call centres. The campaign will involve roadshows where ATSL staff will raise awareness of the online booking system and training is available for all NHS staff.
- The codes used to categorise a patient’s mobility are being reviewed to create a clearer and more efficient booking process while ensuring patients are allocated to the appropriate vehicle and crew to meet their needs. Acuity of patients is increasing and the revised codes will make the booking process much easier for NHS staff by grouping mobility codes into clearly defined categories.

- A live monitoring process is being implemented to assess performance at each ATSL site to identify potential issues more quickly and measure quality and productivity. The process will involve six key measurements to identify best practice and also reward top performers.
- ATSL is investigating the possibility of introducing a third-party liaison desk within the Control centre. The desk would provide a single point of contact to coordinate third-party transport, help to provide consistency in the standards of providers and increase ATSL's ability to react to surges in demand.

Conclusion

The relationship between ATSL, Commissioners, Contract Management staff, Provider units and Patients continues to be positive and dynamic. ATSL has addressed the Contract Performance Notice issued by Commissioners and have indicated in the actions noted above how they plan to achieve the Contractual KPI's. 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 ATSL.

SD/NM 10.02.16