![NHS Wiltshire Clinical Commissioning Group]

Wiltshire Clinical Commissioning Group Update for
Wiltshire Council Health Select Committee:

Provision of NHS-funded
Non-Emergency Patient Transport Service
by Arriva Transport Services Ltd

24 March 2016

Report Produced by

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1   INTRODUCTION

This report builds on those provided to the Committee in February, September and November 2014, and February and September 2015.

The CCG has been asked to provide an update focussing on:

- Potential impact of the cessation of the Hopper bus service and any plans relating to this

- Progress with achieving KPI 4 (for completeness, KPIs 5, 6 and 9 performance is also covered)

- Call waiting times

- The reasons for complaints. (For completeness, the report also contains details of service to service issues, incident reporting, and Friends and Family responses)

- Outcomes from the analysis of transport waiting times and root causes (this is covered throughout the report, in the assessment of KPI performance; the Remedial Action Plan actions; and external challenges)

- The Committee requested to know the original value of the Wiltshire CCG & Arriva contract, versus the new value of the rebased contract. (This information was provided on 23 September to the Democratic Services team for forwarding to the Chair).

- Information on how many patients were not meeting eligibility requirements. At the time of submitting this report, this information is not available. It will be provided verbally at the Committee meeting

2   HOPPER CESSATION – POTENTIAL IMPACT

As the Committee will be aware, it is not possible to form an accurate view on the proportion of current Hopper users who might, following its cessation, seek to request NHS-funded non-emergency Patient Transport Service transport. Nor is it possible to form an accurate view of how many of those who may request to use the NHS-funded non-emergency Patient Transport Service, would meet the nationally-defined eligibility criteria.

Our understanding from information shared by the WCC is that most of the people using the Hopper service are able to walk, with no or limited assistance. Also that a small proportion of people using the Hopper service, are wheelchair users.

As a result, and as an initial measure, the CCG has requested that Arriva pay particular attention to the number of booking requests, and the volume of bookings made for, predominantly, patients who can walk (with or without assistance); to identify any increase in volume, from now onwards.

The CCG has assumed that at least some ex-Hopper users will, in future, both request NHS-funded non-emergency Patient Transport Service, and will meet the eligibility criteria. As a result, initial provision has been made for an additional volume of journeys for walking patients within the Arriva activity baseline from July onwards. The intention is to enable Arriva to provide additional resource to meet this capacity, in time for the cessation of the Hopper service. This is to avoid waiting for the demand to hit, and then add resource to meet it; which would damage the performance of the service and lead to a very (operationally and financially) inefficient interim period while Arriva resourcing was increased.

Close oversight of the pattern and volume of booking requests from now on, is hoped to provide a better indication of the extent to which this additional provision is likely to be sufficient. The CCG will review provision accordingly, depending on what the pattern and volume of demand indicates.

3   KPI PERFORMANCE

In late 2015, CCGs served Contract Performance Notices on Arriva for consistent failure to achieve a number of the required KPI standards (KPIs 4, 5, 6, 9: covering on-time inbound drop-off / on-time outbound pick-up, and telephone answering).

Contractually, this obliged Arriva to develop and agree with Commissioners a Remedial Action Plan and trajectory for these failing KPIs. Progress with the actions, and delivery of performance, is monitored at monthly contract review meetings.

Key actions being carried out by Arriva to address and improve KPI performance include:

- Eight week iterated planning horizon to pre-match resource to known demand

- Assisted planning

- Assisted dispatch

- Intensive journey management to minimise long delays

- Pre-pick-up courtesy calls to patients

- Management information visibility for staff

- Daily staff debriefs of daily performance

- Demand escalation identification

- Call centres linked

- Advisory text messages to patients

- Revised staff start-of-day processes

- Roster review

- Discharge data reviews shared with acute trusts

- Specific actions for dialysis activity

An explanation of what most of these measures are, was also contained in the previous report, hence the details are not repeated again here.

(Further details can be provided verbally at the Committee meeting, or subsequently in writing, if required.)

Total Activity – Wilts

Total activity by week since April 2015 is shown below. Although the size of chart makes it challenging to interpret, it does show that 5 of the last 6 weeks have seen the highest levels of weekly activity of any weeks since April 2015. These levels also exceed the volumes seen for the same 6 week period a year ago; although this cannot be seen on the chart.   It is not clear whether this represents a temporary "blip" or a new "normal".
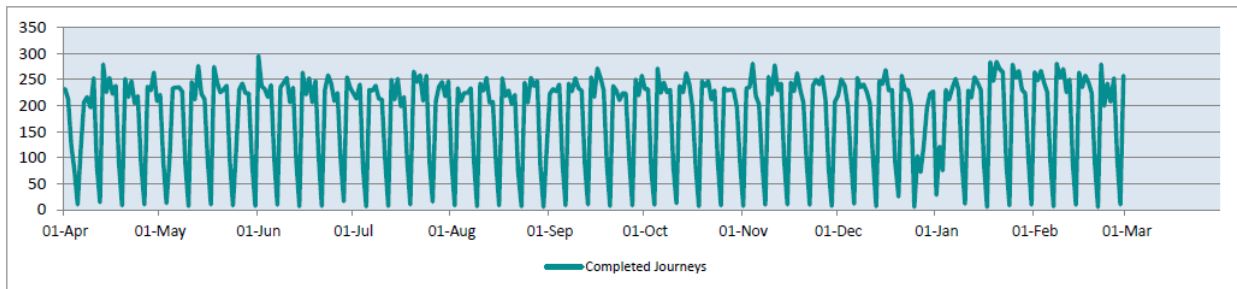
KPI 4 – On-time Inbound

Measure: inbound patients dropped off between 45 minutes earlier than booked arrival time and 15 minutes later than booked arrival time
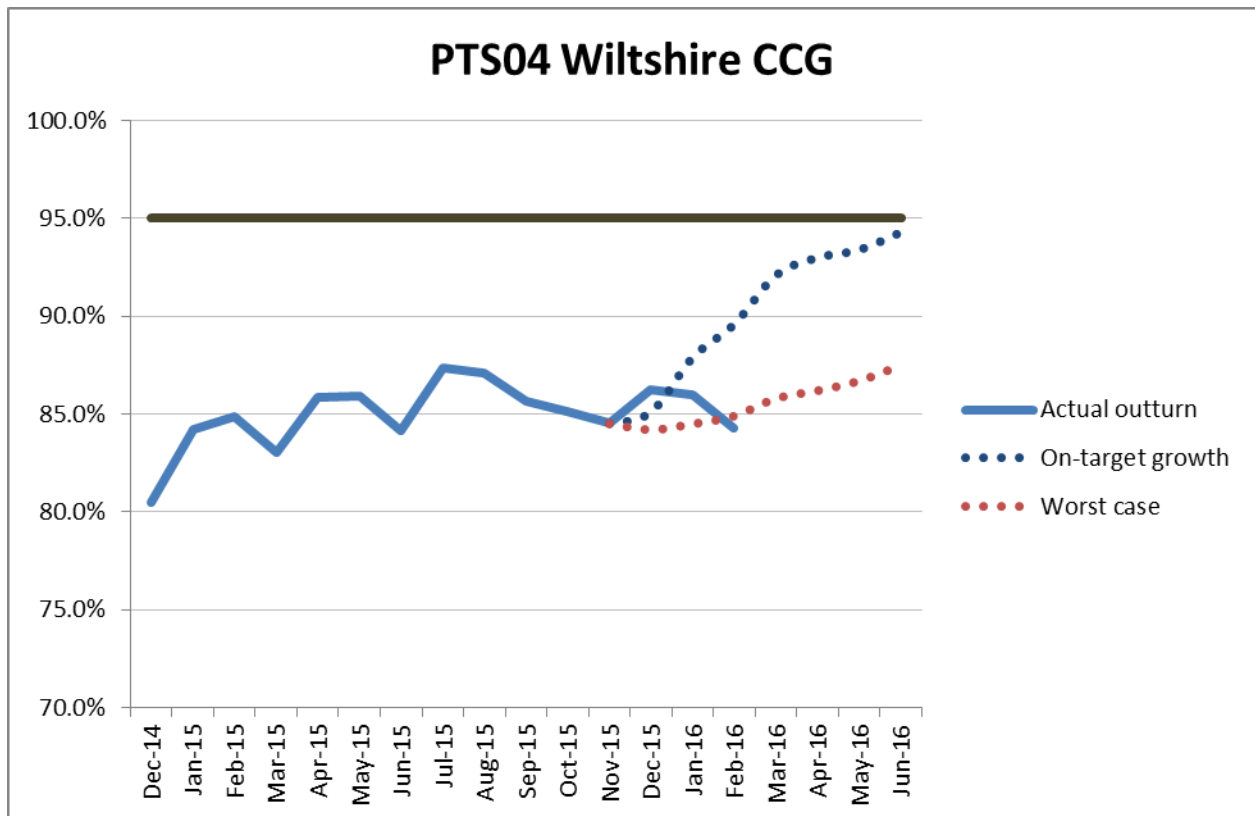
The lack of improvement in KPI 4 performance in the last 2 months is partially offset by 7% of patients in January and 6% of patients in February being dropped off up to 30 minutes earlier than the KPI window (i.e. 45-75 minutes earlier than their appointment time). Thus

these patients were still on time for their appointment although had a longer than ideal wait once at the hospital. This would, if included in the KPI calculation, reflect on-target performance.

KPI 5 On-time Outbound (Pre-booked) & KPI 6 On-time Outbound (Booked On-day)

Measures:

KPI 5: Patients picked up within 1 hour of being "booked ready" for collection

KPI 6: Patients picked up within 4 hours of being "booked ready" for collection
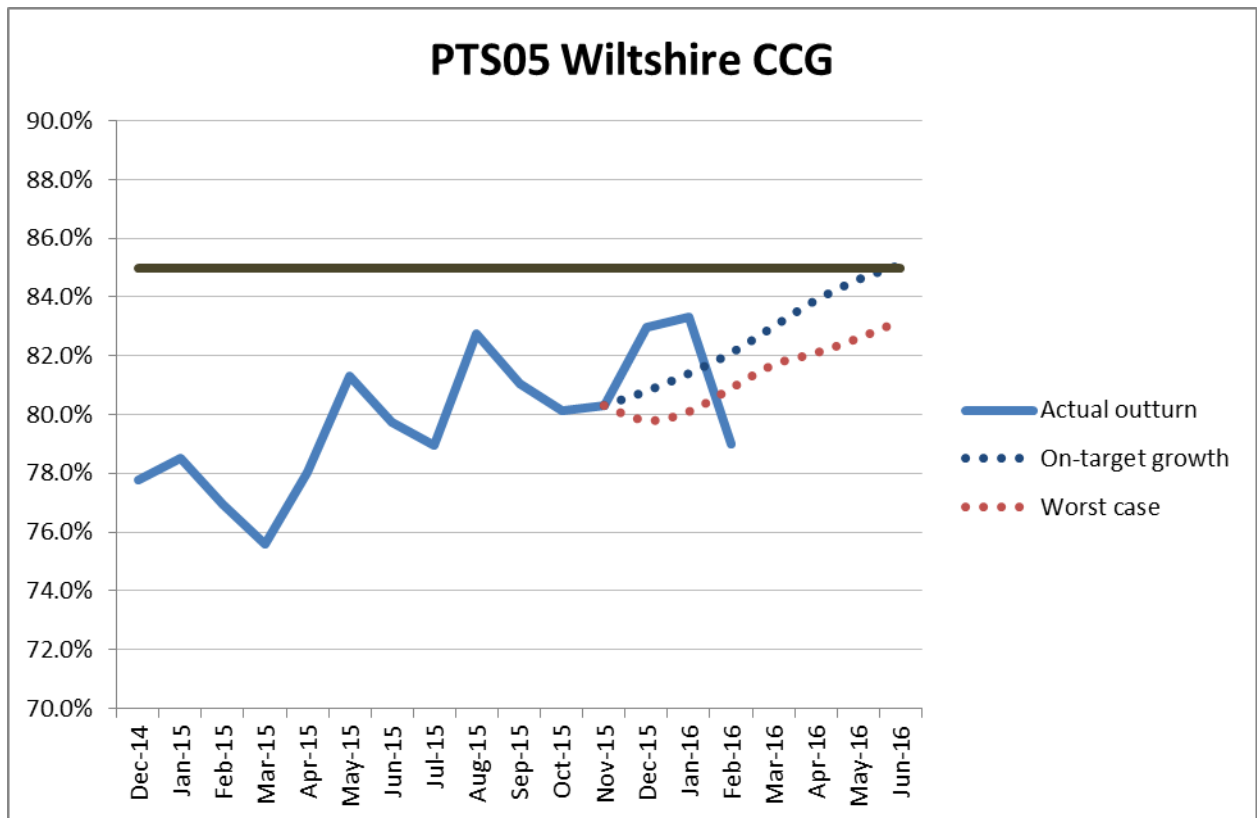
Performance for KPIs 5 and 6 was poorer than expected in February. This is not due to the failure to implement the required remedial actions, but a combination of the following factors:

For Wilts (and all SW CCGs using Arriva) total journey numbers were high; and greater than data from previous years predicted.

Long distance journeys were considerably higher than previous months. Bariatric journeys were also exceptionally high in number than in previous months. Both these types of activity consume significant resource so (albeit for different reasons) have a disproportionate effect on overall resource availability for all other journeys.

All acute trust were under significant pressure in January and more so in February. Causes include: high volumes of ED and non-elective attendances; impact of junior doctors strikes; norovirus and resulting ward closures. This typically translates into an increase in total PTS activity (as already noted) and also in a far higher use of on-day booked PTS activity. On-day booked PTS activity is typically prioritised over pre-booked activity where necessary, as on-day activity is typically discharge journeys, which are essential to allow the trusts to maintain patient flow, and in turn help them to manage their ED 4 hour performance.

However, high levels of on-day activity are, by definition, not predictable, and reduce the efficiency with which the work required can be carried out by the available PTS resources. It is also of note that many of the resource-intensive bariatric and long distance journeys were booked on-day.

High numbers of aborted journeys across the area, some of which are avoidable, and all of which represent wasted PTS resource. Every aborted journey deprives the system of available PTS resource.

Arriva and CCGs continue to work with acute trust colleagues to reinforce the need to plan ahead for the PTS element of discharge planning in particular, in order to improve patient experience, maximise PTS resource efficiency, and enable PTS to better help support hospital flow. All trusts do have programmes of work in place to improve discharge processes; at RUH and GWH this is part of Remedial Action Plans. This message has been reiterated to trust Chief Operating Officers and through Transport Working Groups, along with continuing investigation into the causes, and actions to reduce, avoidable aborted journeys.

However this remains a challenging environment in which to deliver change and improved behaviours. As an example, at one of the acute trusts supporting Wiltshire, the proportion of on-day bookings made by the trust remains stubbornly high: for Wilts patient journeys, 35% of bookings made by the trust in February were booked on the day. For the other CCG whose patients attend the same acute, the figure was 42% of bookings made by the trust in February were booked on the day. This compares unfavourably to the planning figure used during the PTS procurement of 10%.
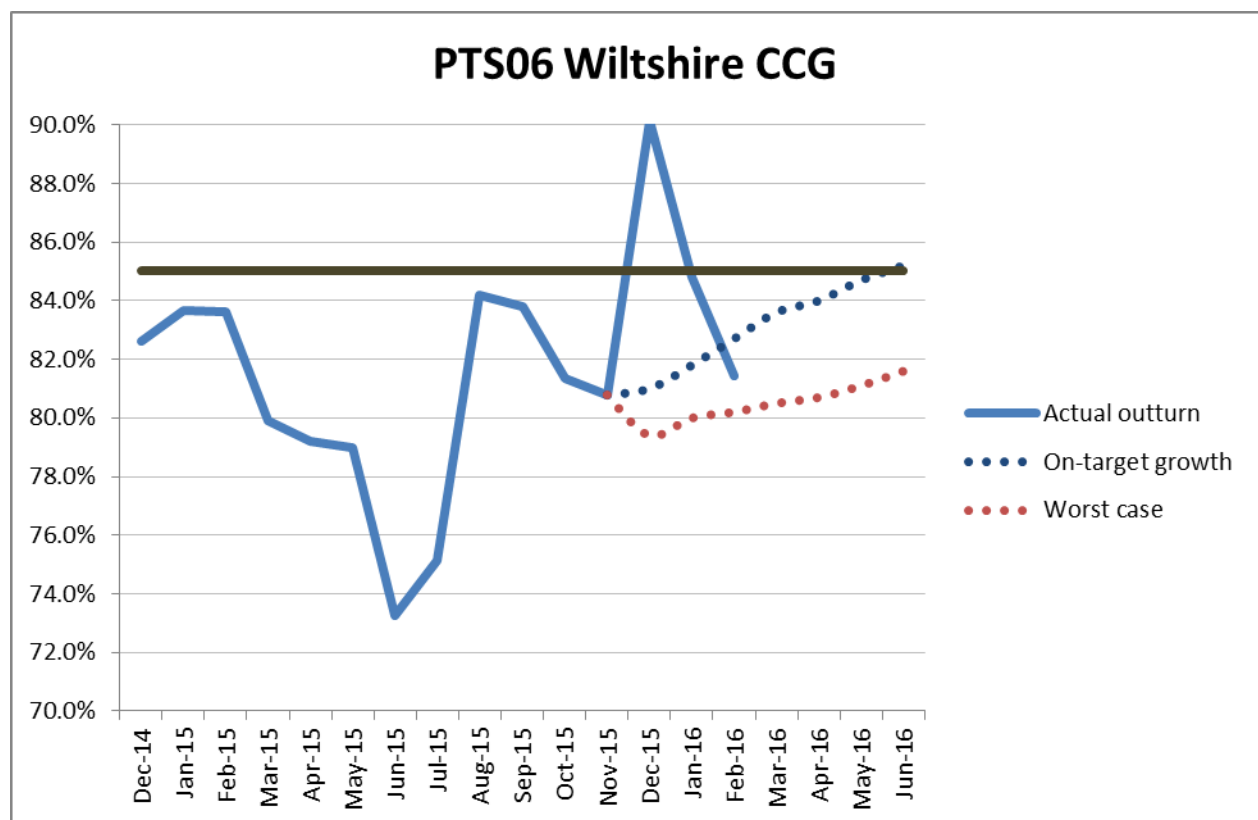
KPI 9 – Telephone Bookings

Measure: % of calls that are answered within 30 seconds of the end of the introductory message
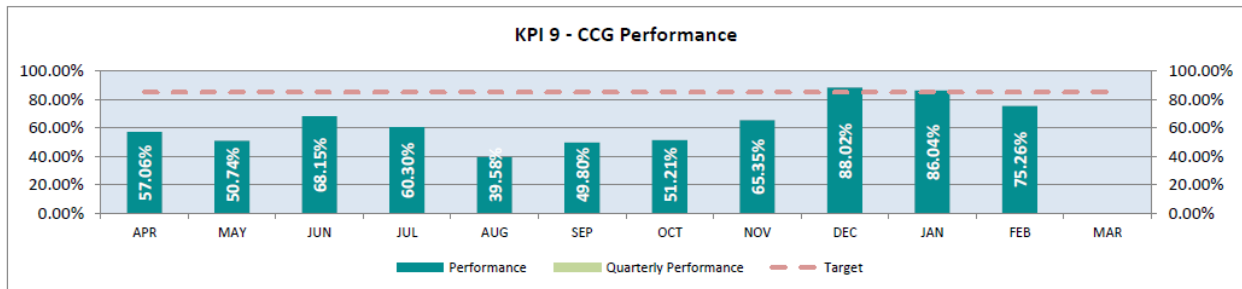

The actions from the Arriva Remedial Action Plan that relate to KPI 9 performance have enabled continuing improvement and achievement of the KPI 9 target for December and January. In February, the high volume of journeys was matched by a significant increase in the volume of and proportion of bookings being made by phone. This also typically aligns to the increase in number and proportion of on-day bookings.

Thus in one of the acute trusts supporting Wiltshire, the proportion of bookings made by the trust in February that were made by phone was 70%. This compares unfavourably to a planning figure during contract initiation of less than 20%. In turn this means there is reduced opportunity for the PTS call centre to answer calls within the KPI target timeframe, or call back to Wards and departments e.g. regarding estimated times of arrivals or delays.
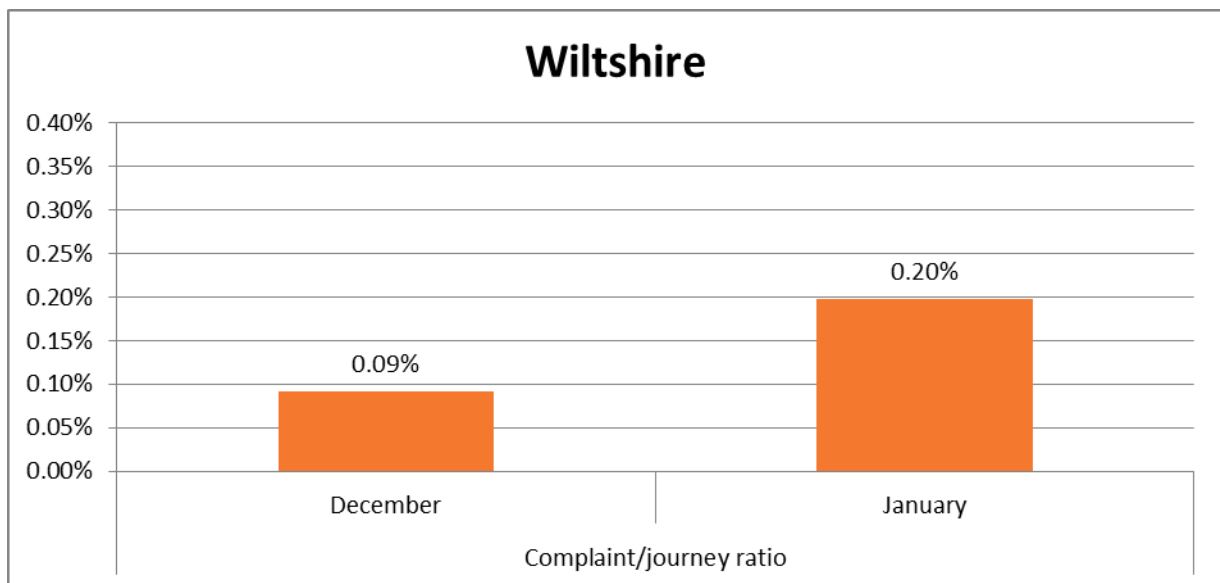
4   COMPLAINTS

At the time of submitting this report, summary data on complaints, service to service issues, and incident reporting for Feb and March are not available.
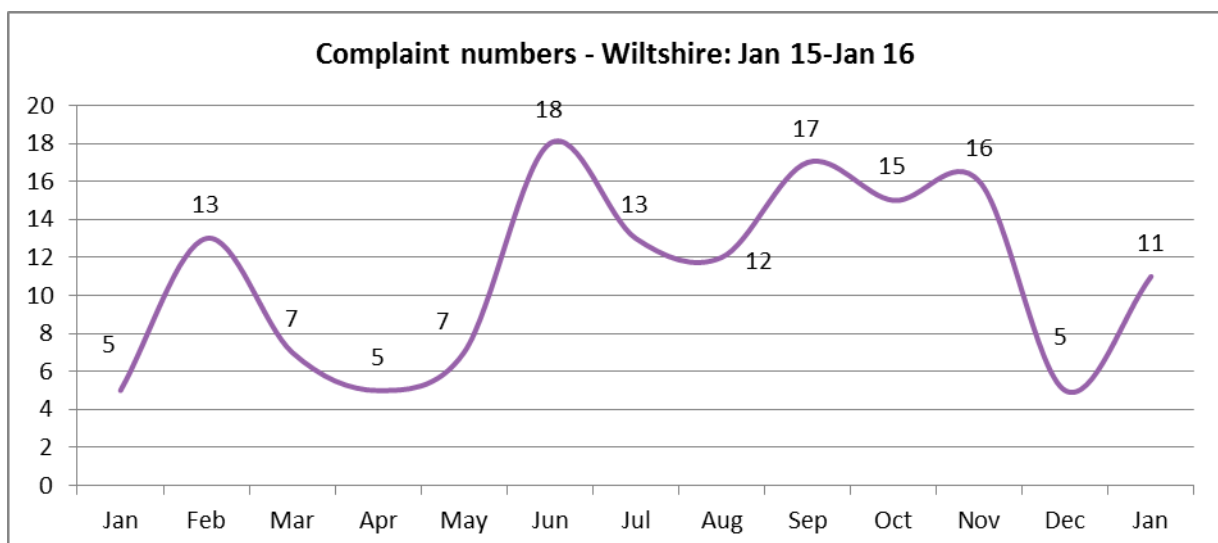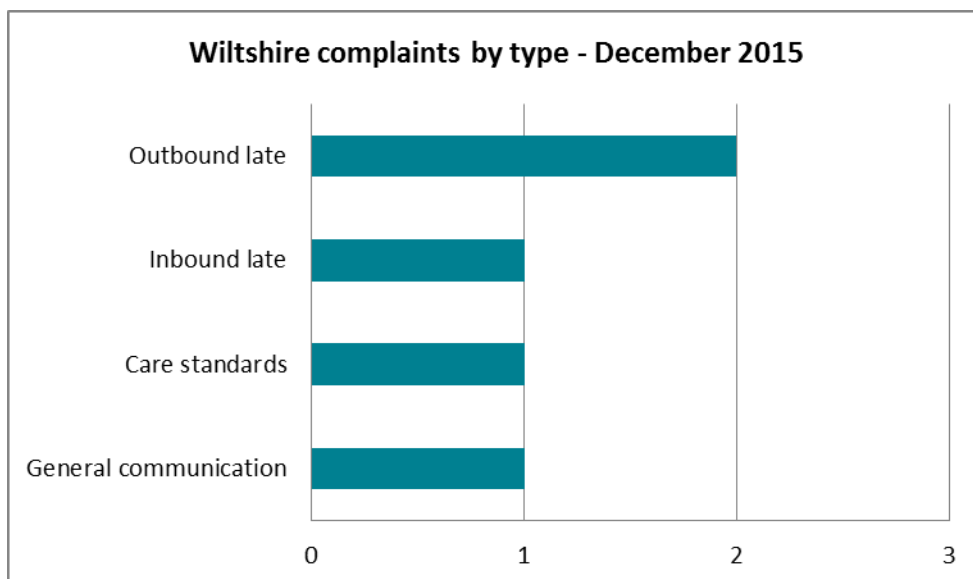
The chart shows all complaints received by Arriva, from whatever source (direct / via CCG / via Healthwatch / etc) and does not distinguish between complaints that following investigation were found to be valid, versus those found not to be valid.

Journey numbers were higher in January compared to December, however KPI performance for planned inbound and outbound was relatively static for the two months, hence the increase in complaints in Jan is not directly attributable to a dip in performance and therefore patient experience.
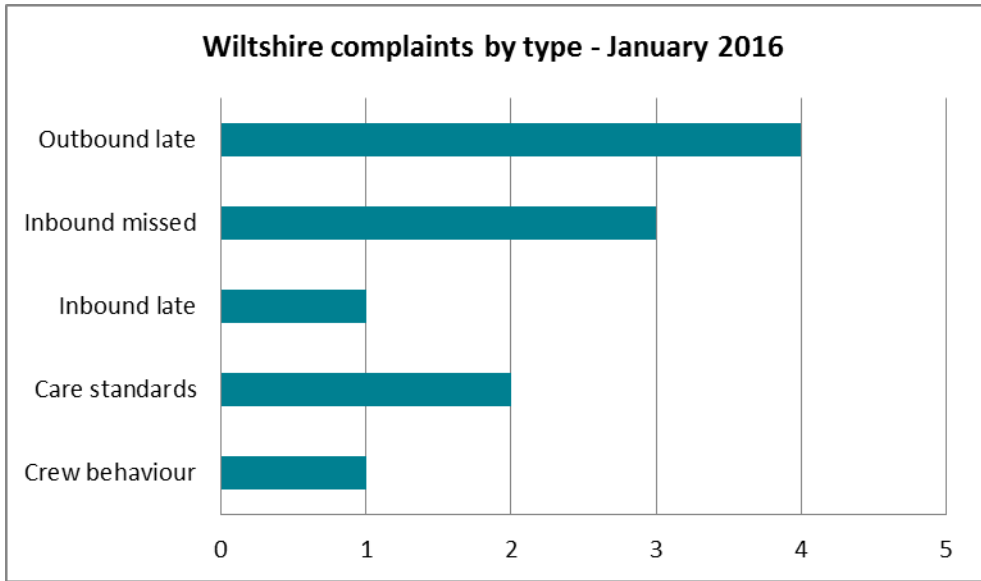
The number of complaints per journey is shown for the last two months for which reporting is available


The complaints predominantly, but not exclusively, continue to relate to timeliness:

Wiltshire complaints by type - January 2016

Type	Count
Outbound late	4
Inbound missed	3
Inbound late	1
Care standards	2
Crew behaviour	1

Wilts complaint/journey ratio is not dissimilar to the complaints/journey ratio for the 4 SW CCGs served by Arriva:

All CCGs

	Complaint/journey ratio
December	0.14%
January	0.17%
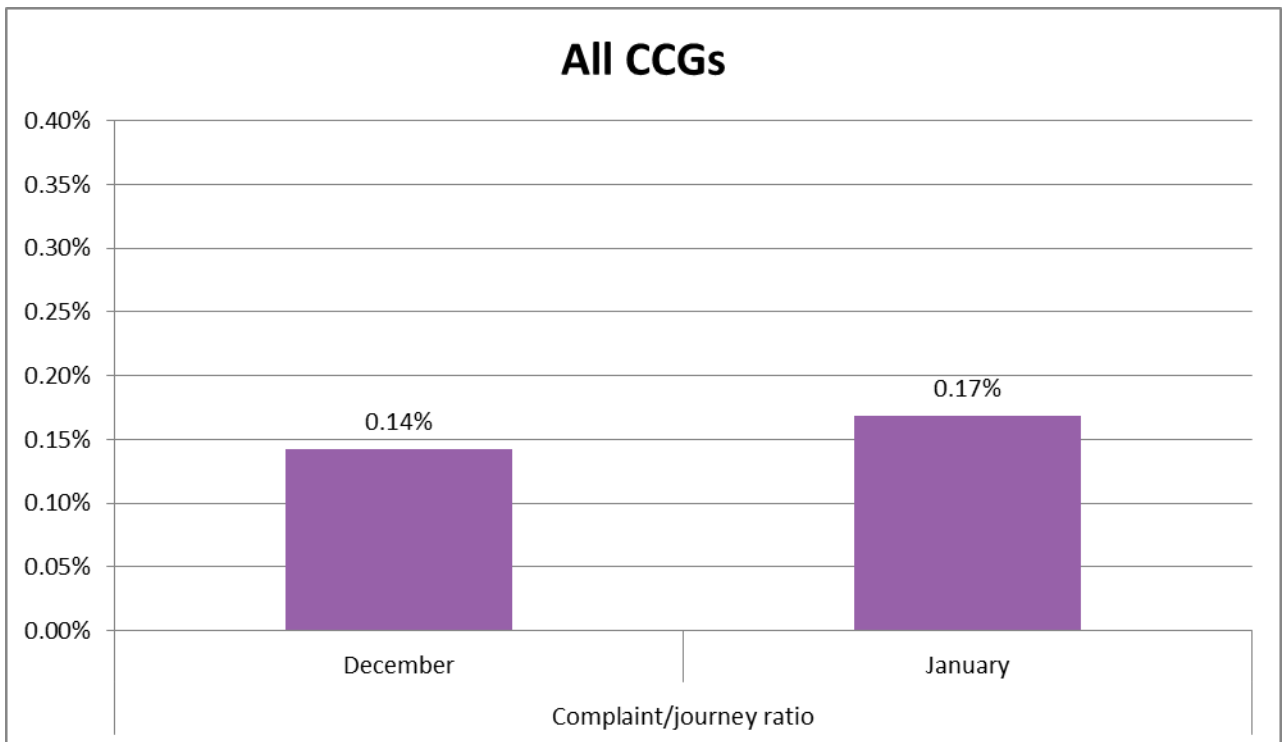
5   SERVICE TO SERVICE ISSUES
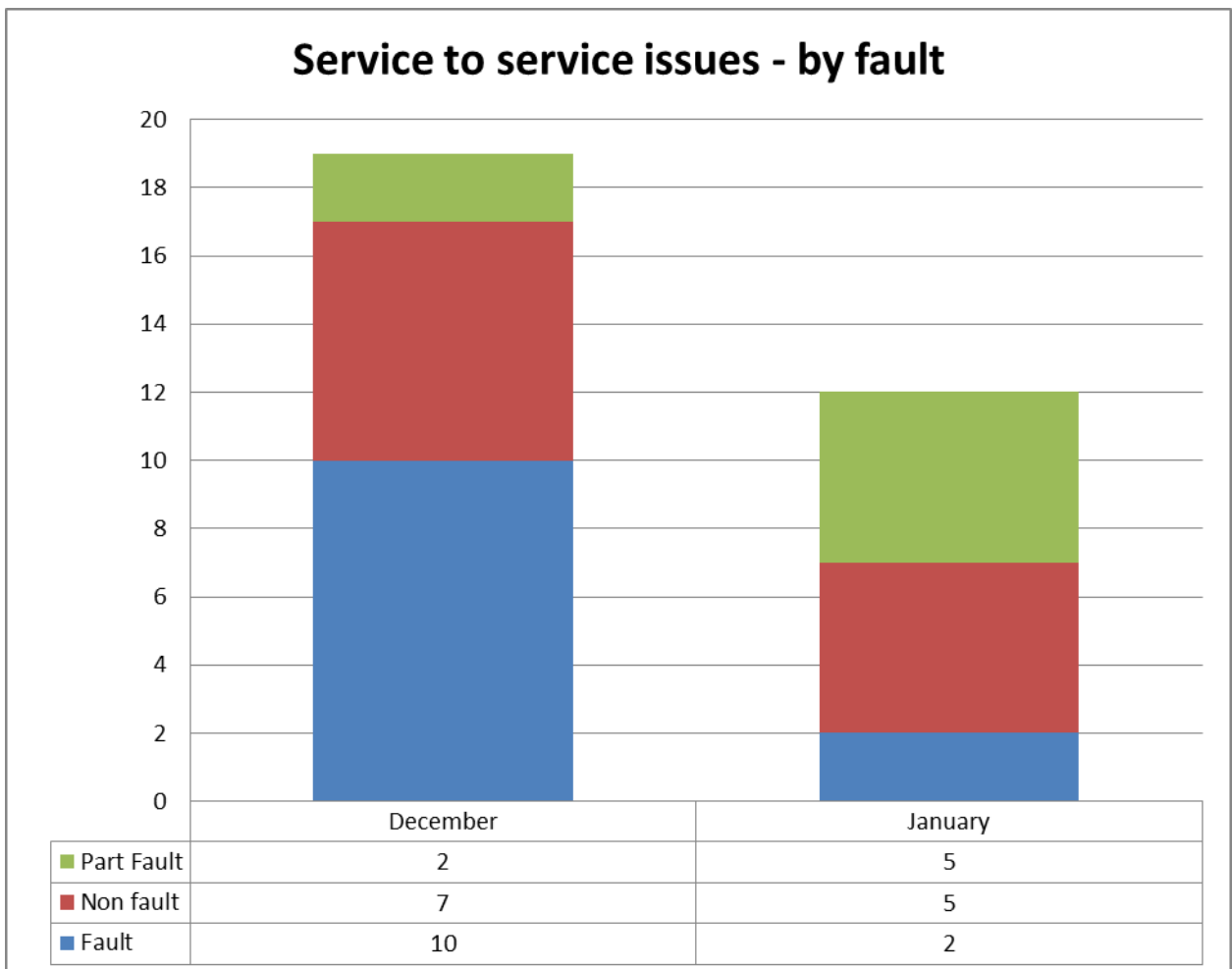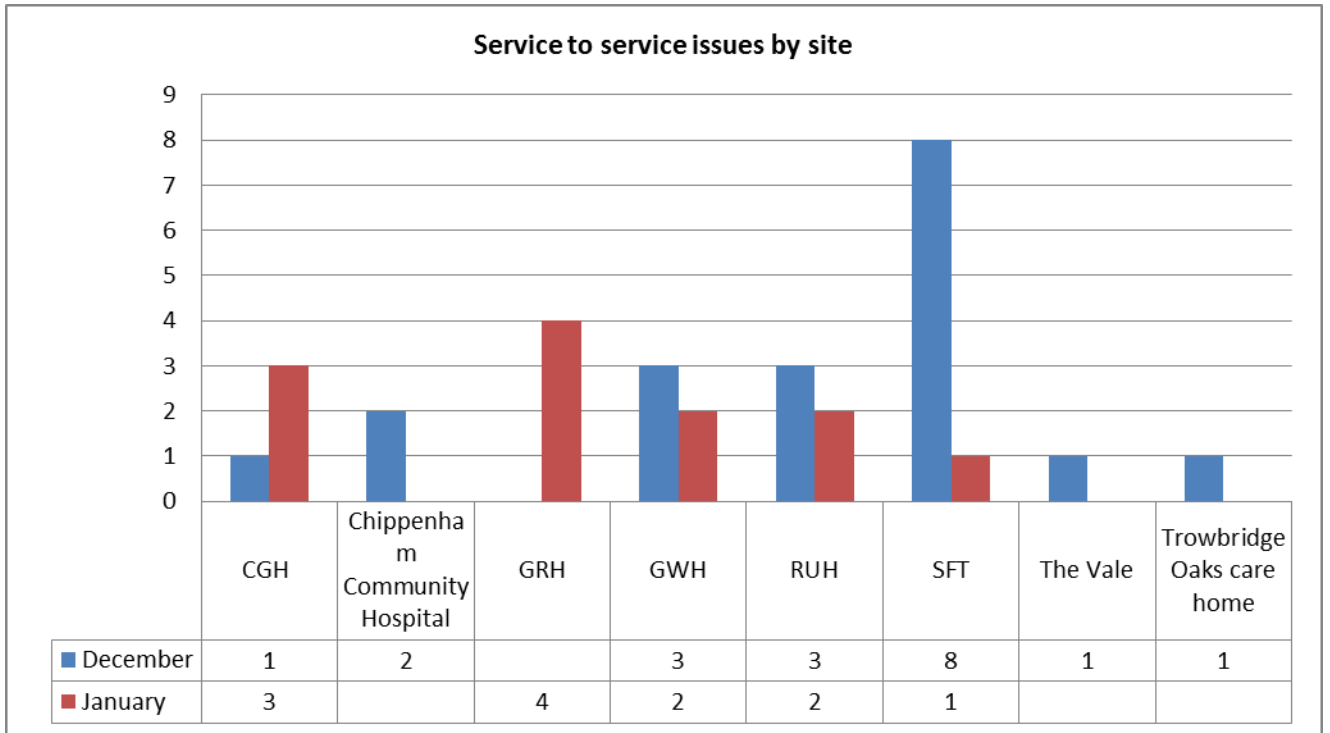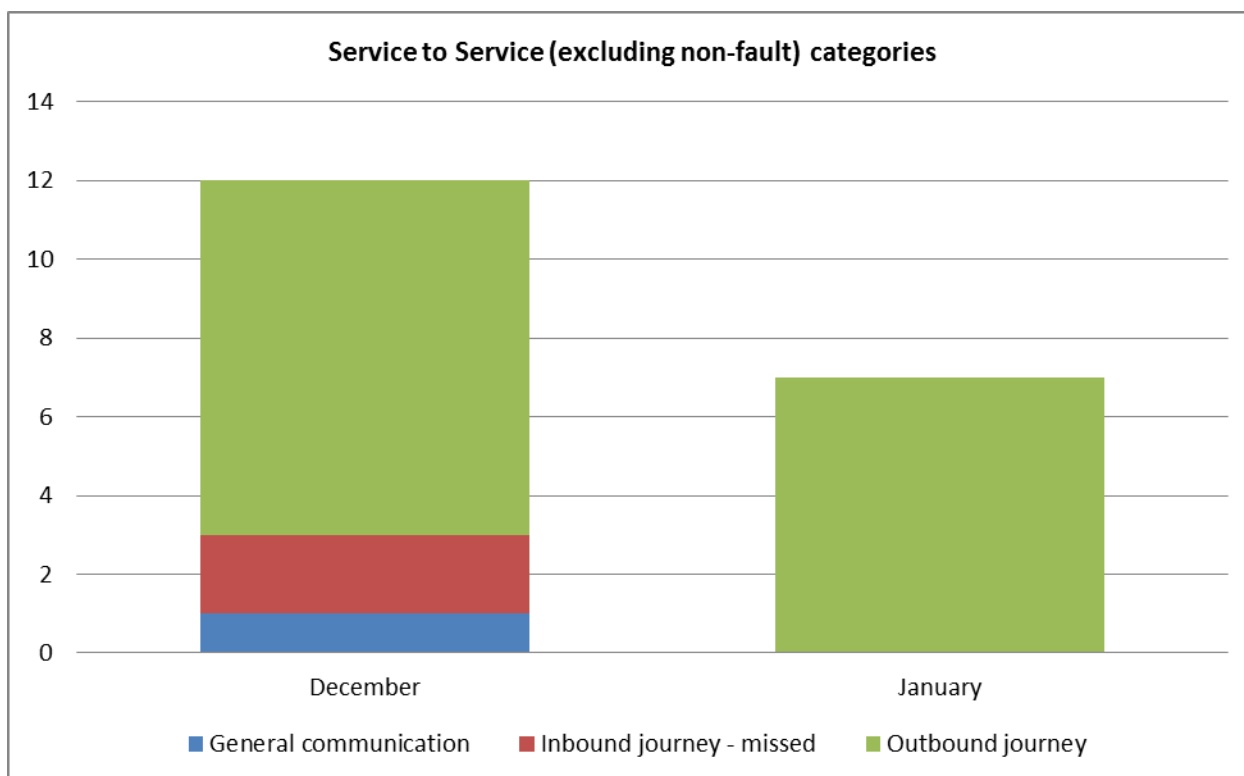
'Service to service' are issues / concerns raised to Arriva by healthcare providers. Each relates to an individual patient/journey.

The charts show the service to service issues across the four SW CCGs using Arriva, raised in Dec and Jan, by site and by fault / no fault / partial fault.

Those identified as Arriva at fault are almost all related to delayed outbound journeys.

Service to service issues by site

	CGH	Chippenham Community Hospital	GRH	GWH	RUH	SFT	The Vale	Trowbridge Oaks care home
December	1	2		3	3	8	1	1
January	3		4	2	2	1		

Service to service issues - by fault

	December	January
Part Fault	2	5
Non fault	7	5
Fault	10	2

Service to Service (excluding non-fault) categories

Legend: ■ General communication ■ Inbound journey - missed ■ Outbound journey

Pressure within the acutes to free beds, in order to maintain flow, in the face of high levels of emergency attendances, elective and non-elective demand, were high. This in turn has resulted in a high volume and proportion of on-day bookings, and impact on resource availability, leading to dissatisfaction with the four hour on-day potential wait. Many of the issues received for investigation were directly attributed to this.

The pressure to move patients through the system rapidly, also led to a number of incidents of poor booking behaviour, which directly leads to longer waits and further dissatisfaction in the perceived quality of service provided.

Communication is an issue that Arriva continues to focus on, to help address many of these service to service issues at source, e.g. through provision of ETAs for delayed journeys; advanced notice to hospital staff of emerging delays; etc. This gives healthcare staff access to more up to date, correct information in a much faster way than previously seen.
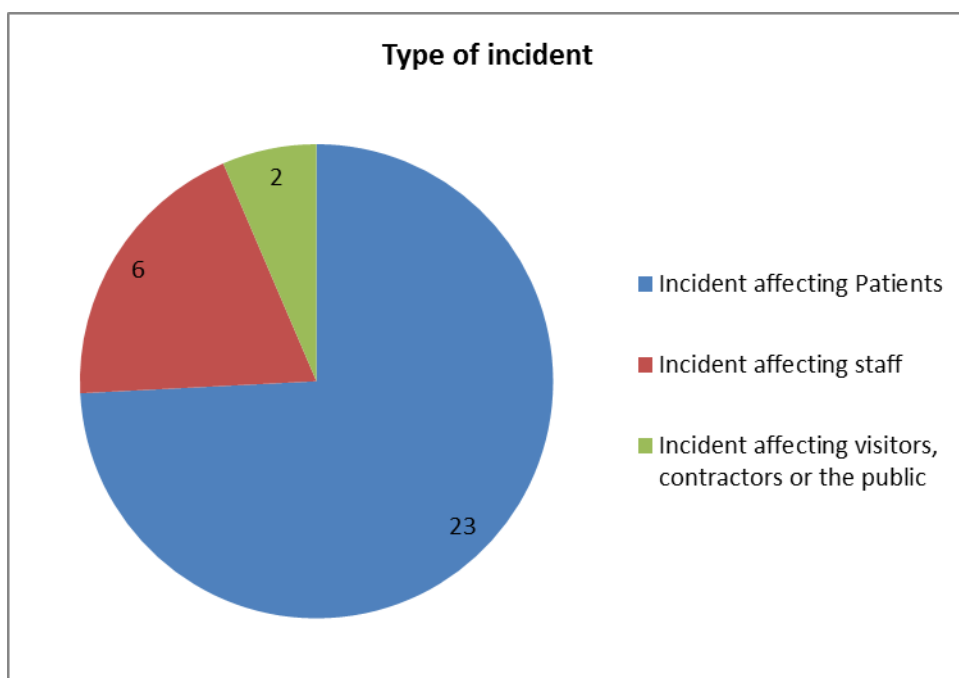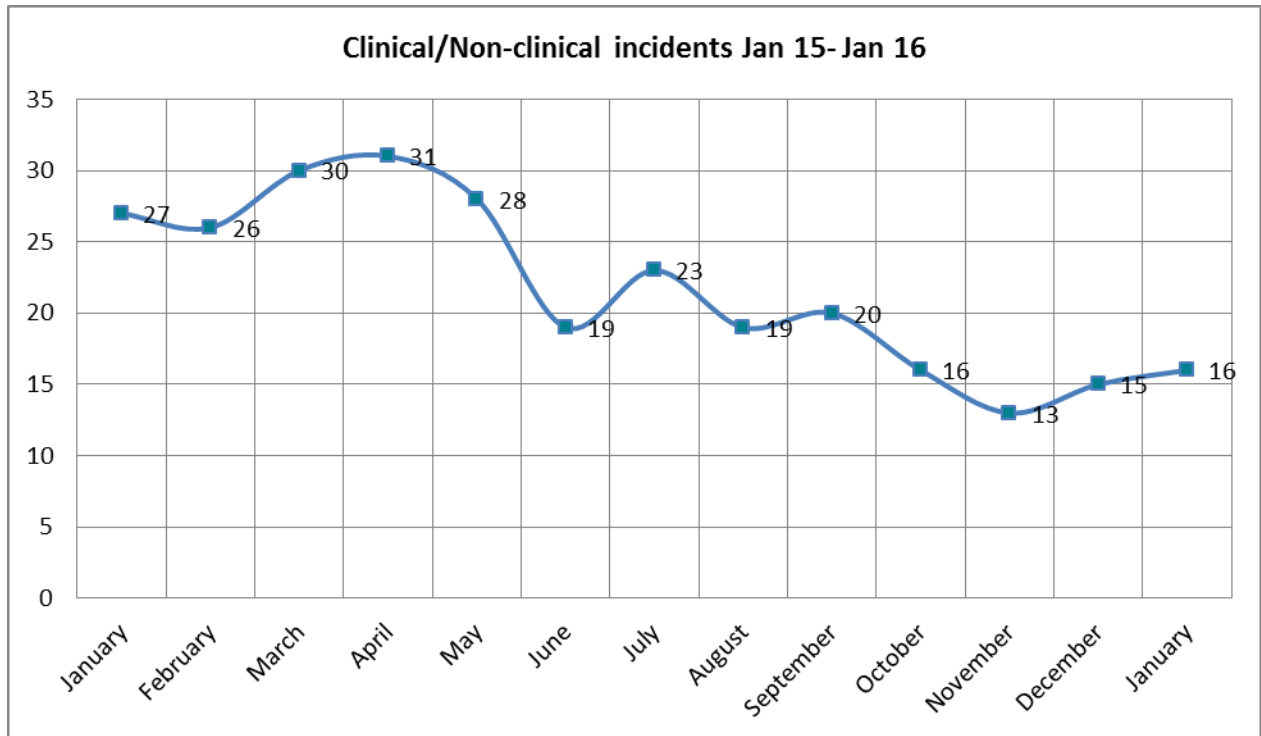
6 INCIDENT REPORTS

Incidents are events which are reported by ATSL staff in line with their internal incident management process. Incidents raised can range from staff injuries, to incidents involving patients, to issues related to the organisation, and that impact on service delivery.

Since October 2015, ATSL has used Datix to log all incidents. This is an IT-based incident recording and reporting tool used by many healthcare providers, both NHS and private.

Incident figures have shown a slight decrease since October. This is primarily due to vehicle incidents which have no impact on patients, now being reported on a separate vehicle insurance system (e.g. if an ambulance hits the garage door when leaving the vehicle base).

The majority of incidents involve patients, with the most common theme being 'injury or illness'. There have also been a number of safeguarding concerns raised by crews which account for the second highest trend of incident.

The following shows the number of incidents reported monthly by Arriva staff from across the entire area served by Arriva in the SW (BaNES, Wiltshire, Swindon and Gloucestershire CCGs).

Incidents affecting patients - category by month
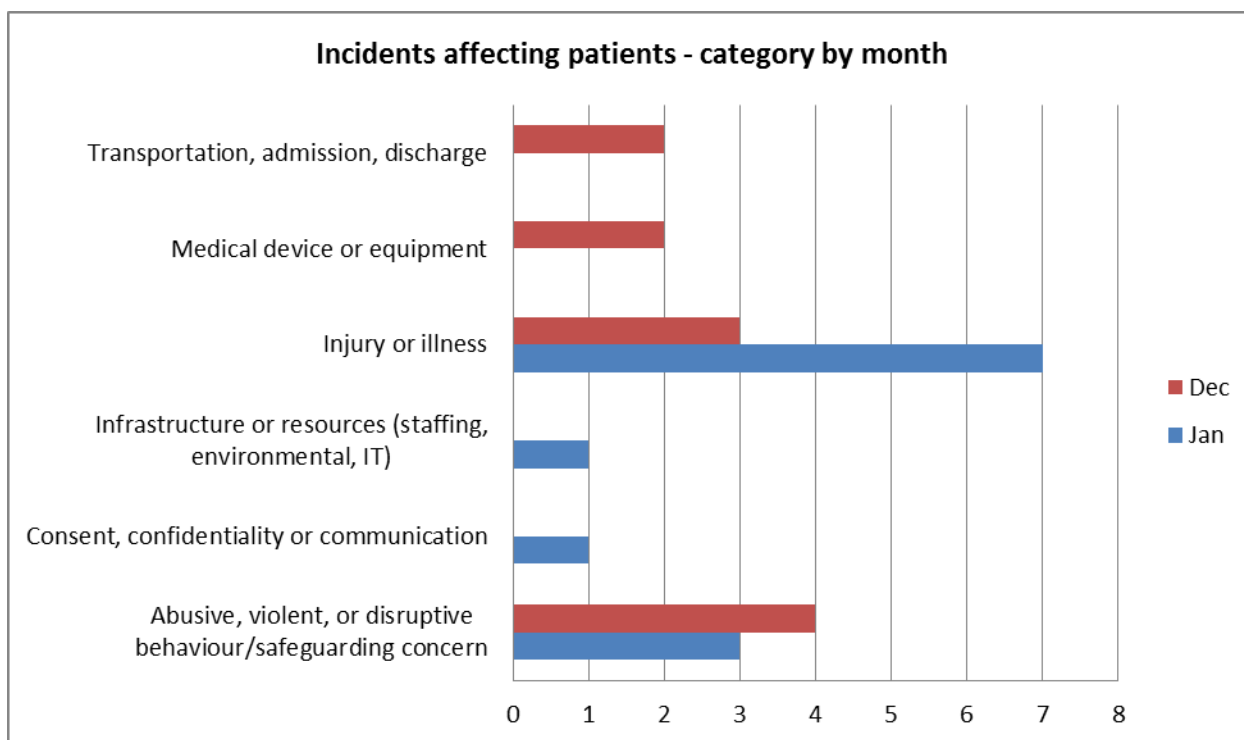
Where an incident investigation identifies a need to change procedures, a Governance and Quality notice is issued to all staff. There were no notices issued as a result of the incidents reported in December or January. Details of incidents are also incorporated by the Arriva training department as case studies in mandatory/induction training.
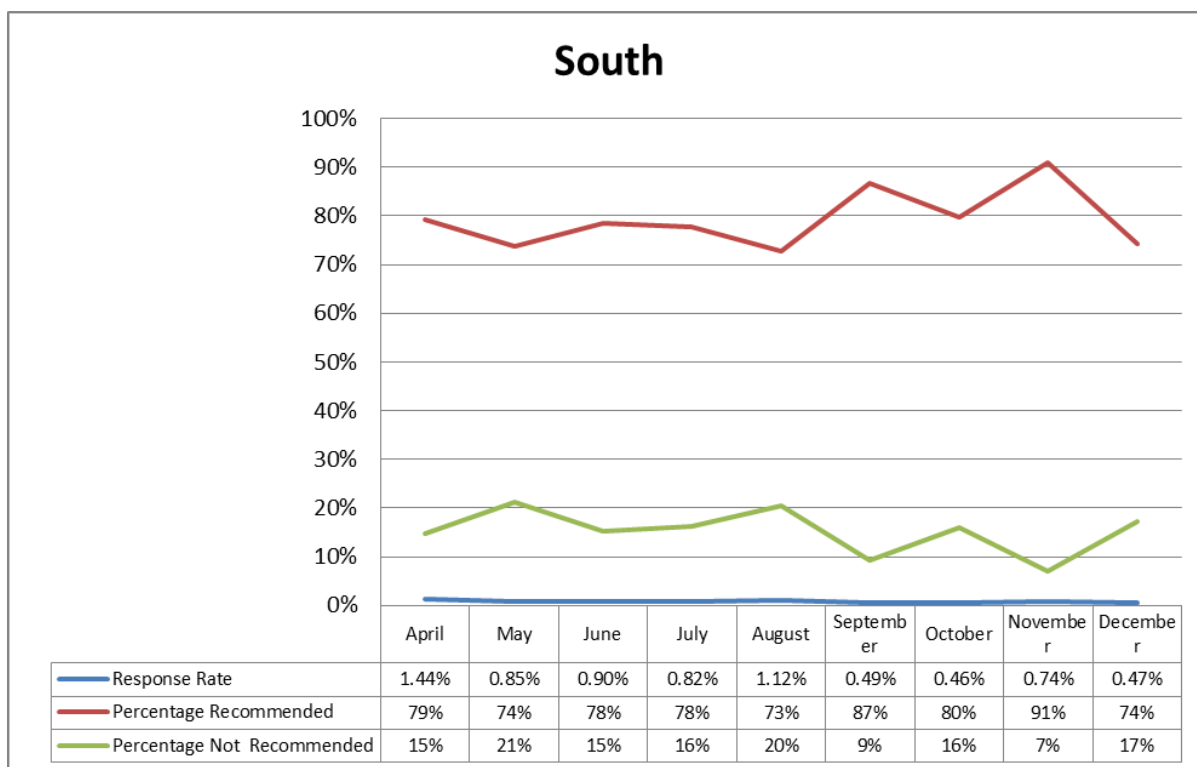
Partly due to incident reporting, a major change of mobility codes has been put in place following an intensive communication and testing regime during the last six months. The changes are intended to directly reduce the number of incidents reported, which are raised due to issues with patient's actual mobility versus booked mobility.

Arriva is also putting particular focus on fulfilling their Engagement Plan, including:

- distributing the revised healthcare staff leaflets
- distributing the revised patient information leaflets and reminder cards
- ensuring staff have access to the escalation process
- monitoring use of PTS Online, generating log-ins where required, assessing training requirements, delivering further training to acute trust staff
- promoting the benefits of pre-planning discharges (where relevant)

7 PATIENT SATISFACTION SURVEY – MONTHLY FRIENDS & FAMILY TEST (FFT)

Figures to December 2015 represent the latest figures available. FFT collection continues to remain challenging with a less than 0.5% response rate despite FFT cards being available on every vehicle.

South

	April	May	June	July	August	September	October	November	December
Response Rate	1.44%	0.85%	0.90%	0.82%	1.12%	0.49%	0.46%	0.74%	0.47%
Percentage Recommended	79%	74%	78%	78%	73%	87%	80%	91%	74%
Percentage Not Recommended	15%	21%	15%	16%	20%	9%	16%	7%	17%

Arriva is working to:

- Improve staff involvement in ensuring FFT responses are completed and submitted by patients
- Set target response rates and satisfaction scores (based on ATSL benchmark or provider benchmark)
- Produce a tactical action plan by base to address the patient experience themes identified

8   PATIENT SATISFACTION SURVEY – BI-ANNUAL

The ATSL bi-annual patient satisfaction survey (full questionnaire) ran from 22 February 2016 to 20 March. During this time all patients were offered the opportunity to complete the survey and return to an independent survey company for analysis. The results will be available in May 2016. An action plan is in place to increase response rate based on the last survey.

9   EXTERNAL CHALLENGES

The effectiveness of the service delivered by Arriva is only partly under Arriva's direct control. There are a number of key external actions and influences which impact on the effective delivery of a high quality and timely service to all patients.

Some of these have already been described, such as: proportion of on-day bookings; avoidable aborted journeys; use of telephone booking. Others, and steps being taken to ensure they are appropriately managed, are summarised below.

Accurate booking information

ATSL depends on accurate information at the point of booking. Inaccurate mobility information can result in an aborted journey, delay for the patient, inconvenience for the acute trust staff and a waste of PTS resource. The use of new mobility codes is intended to address this. Also, a review of mobility re-grading trends across all treatment locations, highlighting those locations and sub-locations where there are disproportionate cases of mobility codes undergoing either an upgrade or downgrade, has been carried out. This shows those occasions where the original mobility disposition was incorrect.

This analysis is being introduced into the routine Transport Working Group (TWG) meeting reports shared and discussed with acute trust staff, so that appropriate action can be taken, i.e. to improve the extent to which the right mobility is booked, first time.

Moving location within hospital

Part of the Arriva monthly TWG reports will highlight any areas within the hospital where there are high numbers of aborted journeys resulting from the patient having moved to a different location from the one from which pick-up is booked. In real time ATSL Locality Managers will identify individual case studies, challenging where appropriate, and sharing findings and themes at TWG meetings.

Ready on time

All (outbound) patients need to be "booked ready" for collection, before Arriva will initiate the journey. However, patients not being ready when PTS staff then arrive, is a daily challenge. The reasons vary, however the underlying principle that patients must be completely ready to leave the hospital is still not fully embedded. Staff sometimes book patients ready, before they are in fact fully ready, to try to reduce the wait time. This is particularly the case for journeys booked on the day of travel which are subject to an "up to 4 hours" pick-up (and is a further reason for better discharge planning - including booking transport - so that a 1 hour KPI window applies). However often PTS resource can, and does, arrive to collect the patient well within the KPI timeframe, resulting in this situation, as more than half of all outbound patients are picked up in less than half of the outbound KPI timeframes. ATSL continue to identify via the TWG those areas where journeys are aborted for this reason.

10   NATIONAL PTS STUDY DAY

Wiltshire and Gloucestershire CCG commissioning leads led a national PTS study day for CCG commissioners, in November. Among many insights gained, this clearly illustrated that – regardless of the definitions of KPIs being used – most CCGs across the country (of the 40+ who attended and/or responded to the pre-event questionnaire) were experiencing a failure of providers to achieve their contract KPIs. This was across NHS-provided and private-provided services. As a result we have been urgently seeking to discuss this, and related issues, with NHS England, as it suggests that the problems faced are systemic rather than local or specific to any particular provider.