

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

18 October 2016

Report Produced by

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Wiltshire CCG

## **1 INTRODUCTION**

This report is the first to the Committee since April 2016 and the 7<sup>th</sup> overall since February 2014.

This report provides an update on:

- Contract activity and performance
- Contract term
- Service developments
- Patient Feedback
- External inspections (CQC)
- The way ahead

## **2 CONTRACT ACTIVITY AND PERFORMANCE**

Detailed contract activity and performance data is shown at Appendix 1. This shows:

- 5,000-6,000 journeys conducted per month
- a relatively stable performance against KPIs 1,2,3 (time on vehicle) – above KPI level
- a relatively stable performance against KPIs 4,5,6 (on time inbound/outbound) - consistently below KPI level by c.5-10%
- sustained improvement to above KPI level for renal patients attending dialysis at RUH Bath, after a period of poor performance
- a significant improvement in performance against KPI 9 (telephone call centre responsiveness) after a sustained period of poor performance

## **3 CONTRACT TERM**

The current contract has an end date of 30 Nov 2018, with up to two years of extension option. The SW CCGs are in the process of agreeing a short extension to ensure a go-live for the follow-on service takes place outside of the traditional winter pressure period to reduce risk. See section 8.

## **4 SERVICE DEVELOPMENTS**

A number of behind the scenes improvements have taken place since the last report, including,

- 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 at RUH
- Creation of a dialysis focussed manager post

In addition, the following actions directly related to operational processes with acute trusts, have been / are being carried out, as further attempts to improve overall effectiveness:

- Bath dialysis unit revised process (further details on the improved effectiveness and patient experience are contained at Appendix 1)
- RUH pilot of Out Patient throughput times – for wider roll-out to other acute trusts
- RUH pilot of pre-fixed discharge journey time slots – for wider roll-out to other acute trusts
- Conversation with patients making phone bookings to request any late in the day Out Patient appointments are rearranged to earlier in the day
- Review of all RUH on-day activity to collate a collective view of all PTS and other transport provision, to inform subsequent decision-making

## **5 PATIENT FEEDBACK**

### **SATISFACTION SURVEY**

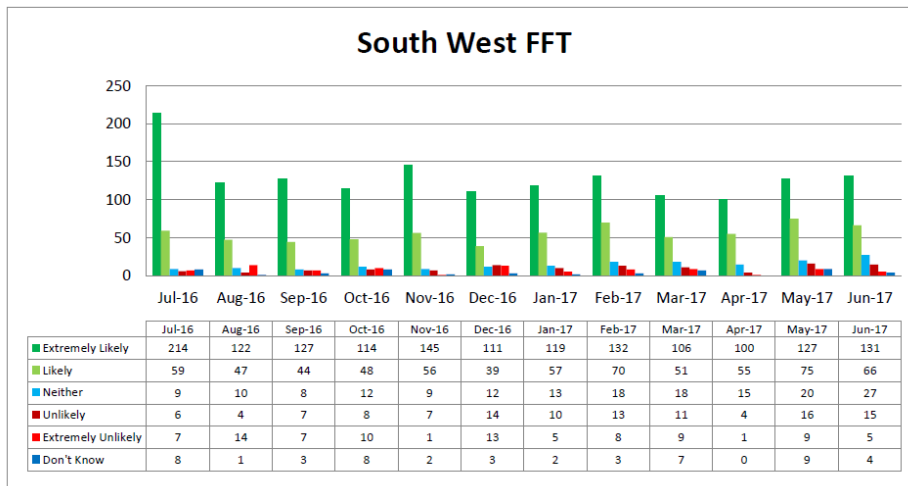
The latest patient survey was conducted between March and July 2017. 6000 questionnaires were sent across the South West and Homerton, 750 were returned; this demonstrates a response rate of 13%. The Wiltshire response rate was 11%.

The survey asked patients about their booking process, journey and the quality of service they received. The main theme of positive feedback was in relation to staff and crews. Themes for improvement in Wiltshire related to the telephone service (booking), cancellations, delays and communication. Arriva's actions in relation to these themes include:

- Appointment of a recruitment coordinator to improve vacancy rate.
- Development of a crib sheet for call centre staff
- Recruitment of a renal co-ordinator to work with and support renal unit staff and patients receiving dialysis.

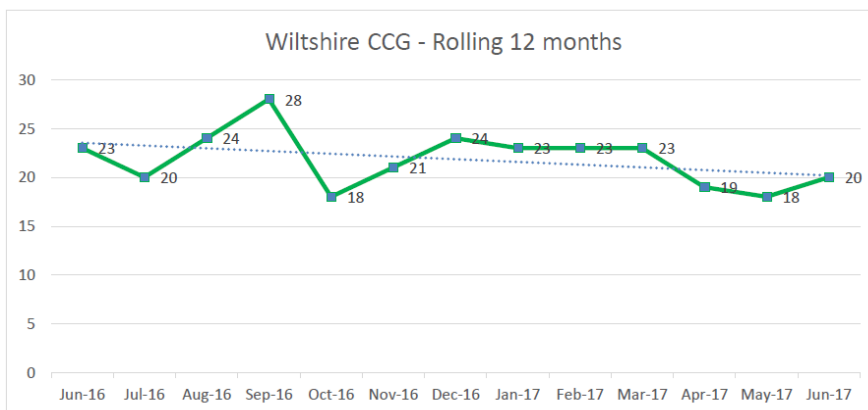
### **FRIENDS & FAMILY TEST (FFT)**

Updates on FFT are received on a quarterly basis. The last report stated that 82% of patients who responded to FFT would recommend the transport services. The response rate was 1.41% in June 2017. FFT responses are shown in the graph below:



## COMPLAINTS AND INCIDENTS

The graph below shows the complaints made directly to Arriva by Wiltshire patients over the last 12 months. Complaint themes are largely about timeliness and missed appointments relating to inbound and outbound journeys.



Patient safety incidents are reported to the CCGs on a monthly basis. Low harm caused by slips/trips/ falls is a key theme from reported incidents during 17/18.

Seven serious incidents, which related to Wiltshire patients, have been reported since July 2017. Two of these were subsequently downgraded. Four were categorised as a 'Treatment Delay' and the last was categorised as 'Sub-optimal care of the deteriorating patient'. These incidents relate to Arriva being unable to convey patients for their inbound or outbound journey where the harm caused has been serious or process has not been followed correctly. As part of the investigation process for serious incidents, reports are to be submitted to the CCG within 60 working days of the incident being identified. These reports are to include robust action plans which detail how the learning found is to be implemented to reduce reoccurrence.

## Commissioning for Quality and Innovation (CQUIN) 1718

In the South West, Arriva have 2 CQUIN schemes for 17/18, these relate KPI performance and improving patient communication via the implementation of a text ahead service for patients. CQUIN progress is reported on a quarterly basis. The patient communication

CQUIN was achieved in quarter 1. Milestones for the KPI CQUIN were not met in Wiltshire in quarter 1.

## 6 EXTERNAL INSPECTIONS

The CQC carried out an unannounced focussed inspection on 19, 20 and 21 July 2016 to review the Arriva SW service's arrangements for the safe transport of patients. They did this following concerns raised by a number of patient organisations and hospital trusts after an increase in delays to travel times affecting both transport to appointments and return home.

The CQC inspected the five key questions, of whether the service was safe, effective, responsive, caring and well-led. They inspected the ambulance stations at Gloucester, Keynsham and Swindon. They inspected these locations in order to speak to patients and staff about the ambulance service.

Concerns were regarding patient experience and safety following an increase in complaints from service users to Healthwatch Gloucestershire about delays to travel times, affecting both pick up for transport to appointments and return home. There were common themes emerging from patient and public feedback following a report from Healthwatch Gloucestershire who received 197 pieces of feedback about Arriva Transport Solutions between December 2013 and May 2016. Delays in homebound journeys accounted for 28% of the feedback, 22% identified inconsistencies in eligibility criteria for patients, 21% accounted for delays on outbound journeys, 11% related to the condition of the vehicles and 3% identified difficulties in getting through to the booking centre. Also, 14% of the feedback collected accounted for the misunderstanding of Healthwatch Gloucestershire's role by Arriva staff and some patients.

The CQC did not rate Arriva Transport Solutions - South West as they have not yet had an announced comprehensive inspection. However their report identified both some areas of outstanding practice and some areas for improvement, which ATSL has actioned. The full report can be read at: [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG1090.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG1090.pdf)

An announced inspection of ATSL SW is scheduled to take place in December, and Wilts CCG has been asked to provide information in advance.

## 7 THE WAY AHEAD

- **Winter plans:** PTS has a crucial role to play in winter in supporting patient flow for those patients who are eligible for the service (thus only a proportion of the normal outflow of patients being discharged from acute trusts). In recognition of the demands of winter, Wiltshire CCG has again made available to acute trusts, funding to support specific plans that will support performance through winter, called ORCP funding. SFT is using part of this funding to procure additional transport support; GWH has been advised to do likewise; sight of RUH plans is awaited at the time of writing.
- **Eligibility review:** Wiltshire is one of a number of CCGs across the South West currently conducting a questionnaire review seeking the opinions of patients, public, PTS provider staff, healthcare professions, as to what factors should be involved in determining equity of eligibility for NHS-funded patient transport. The findings will then be used to inform the development of common criteria across those CCGs participating. The CCG

Communication Team has been liaising with WCC, Healthwatch, local MPs, parish councils, voluntary groups, primary care, community providers, acute trusts, citizens advice bureaus, etc in order to promote this to patients and the public. The questionnaire is open from 16 October to 10 November for both electronic and hard copy responses to be submitted. The findings will then be used to inform discussions between the CCGs regarding equity of access to PTS services.

- **Management of eligibility:** Wiltshire is one of a number of CCGs considering options for the provision of eligibility assessments (and signposting for those found not to be eligible) to be transferred from the PTS provider to an independent entity. This will be linked to the outcomes of the eligibility review.
- **On-day activity:** Wiltshire and B&NES CCGs are funding a review and analysis of all on-day transport activity generated in support of the RUH, including PTS, Home First, other formal and informal arrangements; in order to identify if there is potentially a better model that can be employed in order to ensure effective support for those patients.
- **Contract duration:** At the time of writing, the four CCGs using Arriva SW are in the process of putting in place a short (6 month) extension to their Arriva contracts, in order to deconflict with other procurement activity, enable sufficient time for resolution of a number of the other issues detailed below, and to avoid a winter go-live of the follow-on service. This will mean that the Arriva contract(s) will end 30 May 2019 rather than 30 Nov 2018.
- **Future commissioning arrangements:** With a start date informed by the outcome of the contract extension discussion, Wiltshire and other CCGs currently commissioning the Arriva service need to decide:
  - whether they will again jointly commission PTS;
  - whether they will do so under equal partner or lead commissioner arrangements;
  - then jointly develop a service specification that seeks to address as many of the outstanding issues with the current provision as possible and affordable (including but not limited to – paramedic journeys; transport for mental health patients; signposting to alternative non-PTS provision; ;
  - undertake the normal procurement process and award a contract(s);
  - manage a transition period

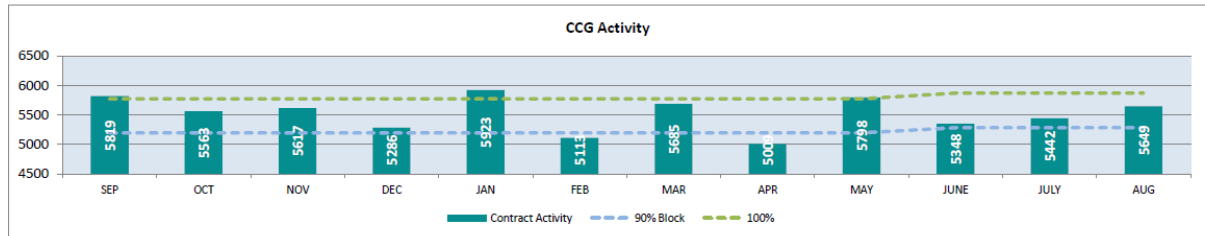
in order to go live with a new service from (on current plans and assumptions) 1 June 2019.

This future commissioning arrangements process will also need to play in any bespoke arrangements for any individual CCG eg development of joint agreements with Local Authority for sharing of existing commissioned transport resources during what might otherwise be down-time. Although this has been discussed by many CCGs with their Local Authority colleagues, rarely has this borne fruit, for a number of complex and detailed operational reasons.

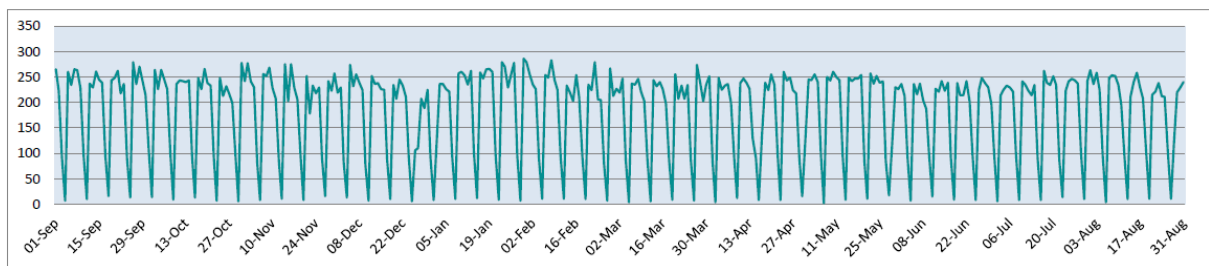
# APPENDIX 1 – WILTS CCG CONTRACT ACTIVITY AND PERFORMANCE

## Total Activity – Wilts

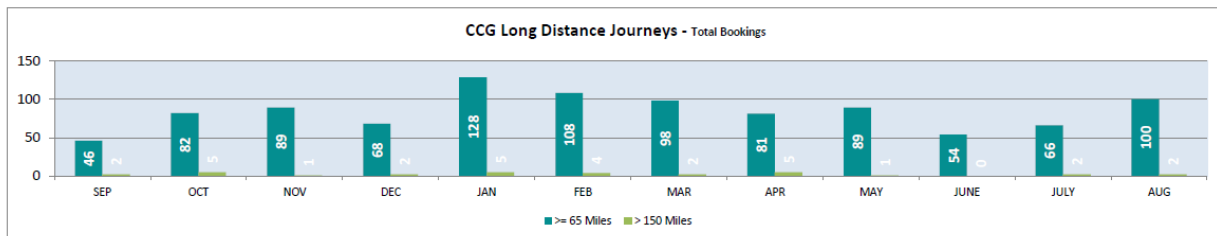
By month:



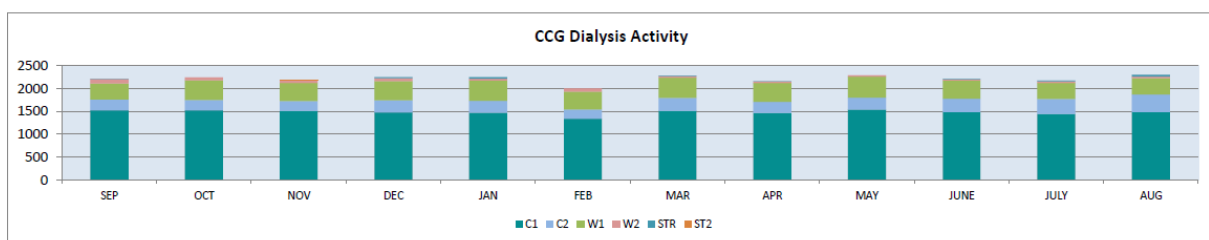
By day:



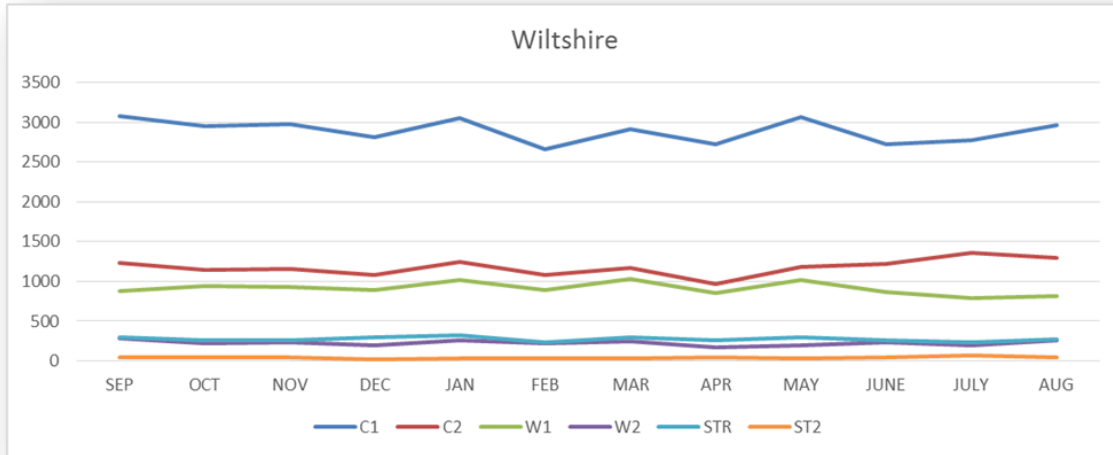
Long distance journeys 65-150 miles / over 150 miles:



Dialysis journeys:

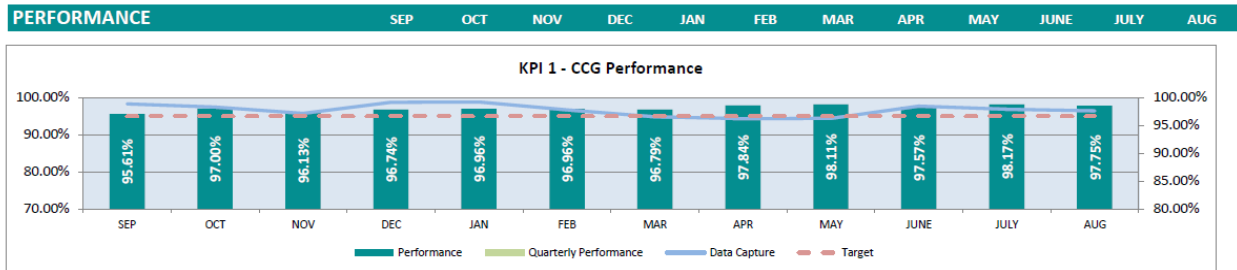


Journeys by mobility:



- C1 – walking patient, 1 person crew
- C2 – walking patient, 2 crew
- W1 – wheelchair patient, 1 crew
- W2 – wheelchair patient, 2 crew
- STR – stretcher patient
- STR2 – bariatric patient

KPI 1,2,3 – Time on Vehicle ,10 miles / 11-35 miles / >35 miles



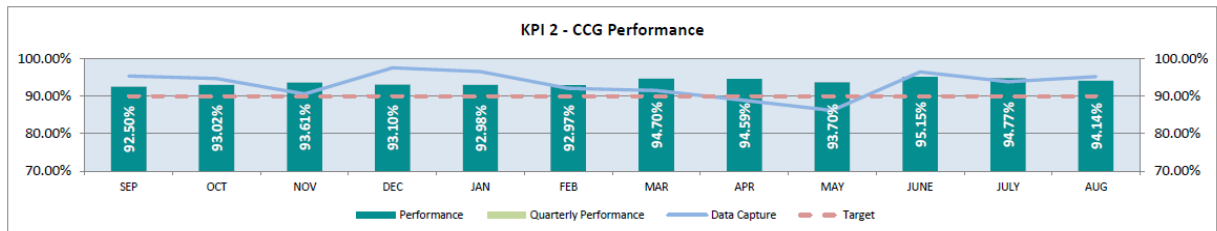
KPI 1 Time On Vehicle < 10 Miles

# total eligible journeys  
# data not captured  
% data captured

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# total eligible journeys	1690	1508	1565	1555	1633	1429	1577	1372	1570	1477	1465	1519
# data not captured	29	39	67	20	20	47	82	78	88	34	46	54
% data captured	98.28%	97.41%	95.72%	98.71%	98.78%	96.71%	94.80%	94.31%	94.39%	97.70%	96.86%	96.45%

# within KPI  
% achieving

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# within KPI	1588	1425	1440	1485	1564	1340	1447	1266	1454	1408	1393	1432
% achieving	95.61%	97.00%	96.13%	96.74%	96.96%	96.96%	96.79%	97.84%	98.11%	97.57%	98.17%	97.75%



KPI 2 Time On Vehicle 11 < 35 Miles

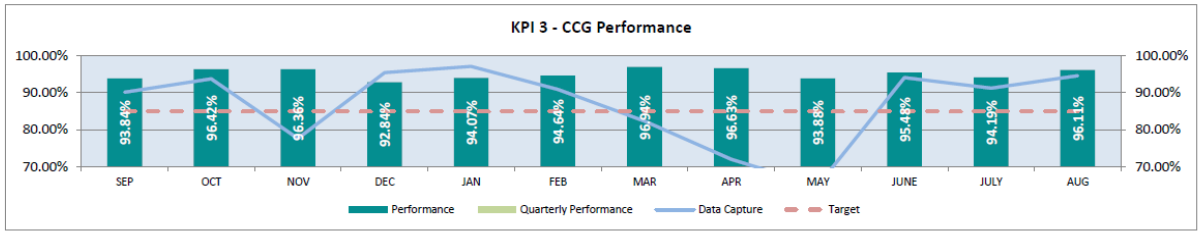
# total eligible journeys  
# data not captured  
% data captured

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# total eligible journeys	3131	3191	3109	2821	3260	2888	3071	2744	3055	3057	3176	3262
# data not captured	146	170	292	69	113	228	261	305	421	108	195	157
% data captured	95.34%	94.67%	90.61%	97.55%	96.53%	92.11%	91.50%	88.88%	86.22%	96.47%	93.86%	95.19%

# within KPI  
% achieving

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# within KPI	2761	2810	2637	2562	2926	2473	2661	2307	2468	2806	2825	2923
% achieving	92.50%	93.02%	93.61%	93.10%	92.98%	92.97%	94.70%	94.59%	93.70%	95.15%	94.77%	94.14%





**KPI 3 \_ Time On Vehicle 36 < 50 Miles**

# total eligible journeys  
# data not captured  
% data captured

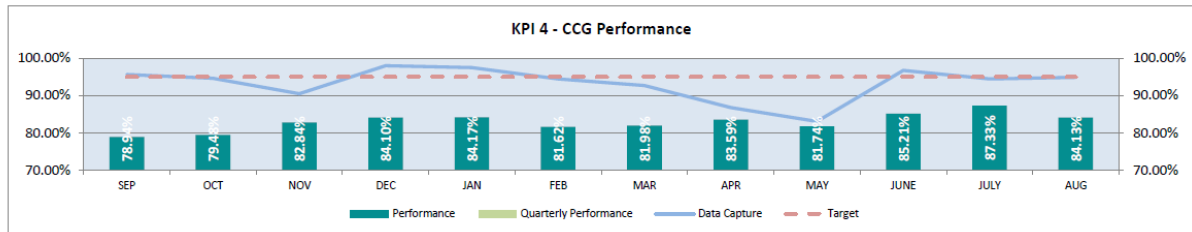
486	387	389	351	382	287	357	371	580	376	377	353
48	24	87	16	11	26	63	104	204	22	33	19
90.12%	93.80%	77.63%	95.44%	97.12%	90.94%	82.35%	71.97%	64.83%	94.15%	91.25%	94.62%

# within KPI  
% achieving

411	350	291	311	349	247	285	258	353	338	324	321
93.84%	96.42%	96.36%	92.84%	94.07%	94.64%	96.94%	96.63%	93.88%	95.48%	94.19%	96.11%

**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



**KPI 4 \_ Inward Arrival Time**

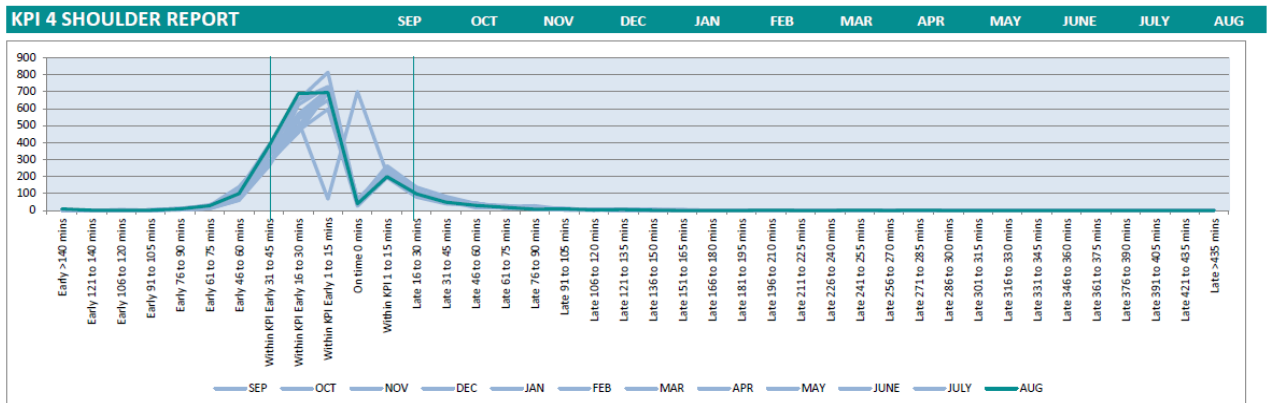
# total eligible journeys  
# data not captured  
% data captured

2537	2416	2447	2273	2547	2224	2430	2155	2538	2278	2374	2505
111	130	233	46	64	124	177	284	430	74	132	129
95.62%	94.62%	90.48%	97.98%	97.49%	94.42%	92.72%	86.82%	83.06%	96.75%	94.44%	94.85%

# within KPI  
% achieving

1915	1817	1834	1873	2090	1714	1847	1564	1723	1878	1958	1999
78.94%	79.48%	82.84%	84.10%	84.17%	81.62%	81.98%	83.59%	81.74%	85.21%	87.33%	84.13%

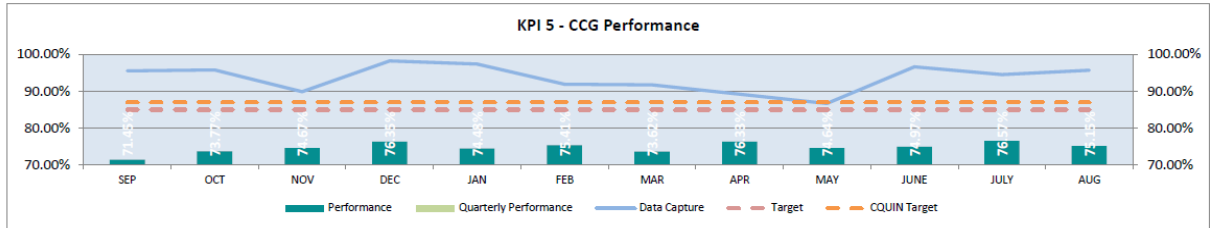
Wiltshire:	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
KPI 4 _ Inward Arrival Time	95.00%	85.21%	87.33%	84.13%	↓



## KPI 5 On-time Outbound (Pre-booked)

Measure:

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



### KPI 5 \_ Pre Planned Waiting Time

# total eligible journeys

# data not captured

% data captured

# within KPI

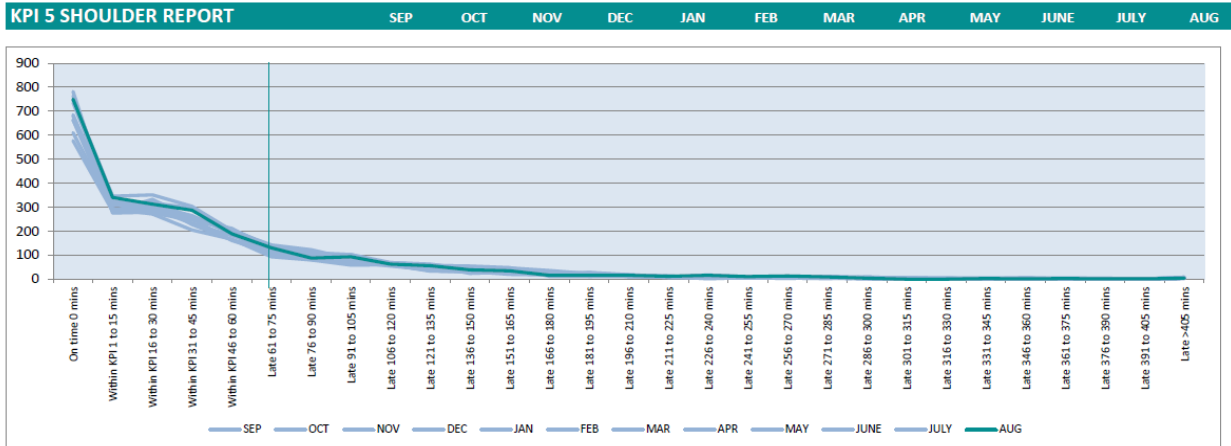
% achieving

# extreme waits >180mins

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# total eligible journeys	2648	2544	2586	2363	2692	2313	2492	2269	2638	2460	2538	2610
# data not captured	119	108	261	42	71	186	206	245	351	83	139	111
% data captured	95.51%	95.75%	89.91%	98.22%	97.36%	91.96%	91.73%	89.20%	86.69%	96.63%	94.52%	95.75%
# within KPI	1807	1797	1736	1772	1952	1604	1683	1545	1707	1782	1837	1878
% achieving	71.45%	73.77%	74.67%	76.35%	74.48%	75.41%	73.62%	76.33%	74.64%	74.97%	76.57%	75.15%
# extreme waits >180mins	24	26	67	69	111	74	128	84	92	80	104	105

Wiltshire:	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
KPI 5 _ Pre Planned Waiting Time	85.00%	74.97%	76.57%	75.15%	↓

### KPI 5 SHOULDER REPORT

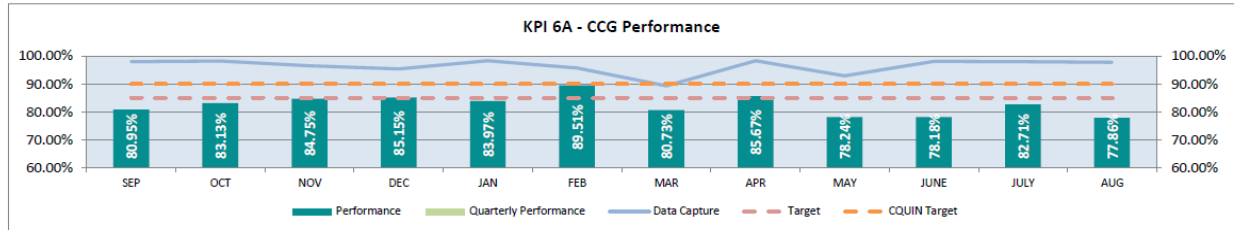


## KPI 6 On-time Outbound (Booked On-day)

Measure:

KPI 6A: Patients picked up within 4 hours of being “booked ready” for collection

KPI 6B: end of life patients picked up within 2 hours of being “booked ready” for collection



### KPI 6A \_ On The Day Waiting Times

# total eligible journeys

# data not captured

% data captured

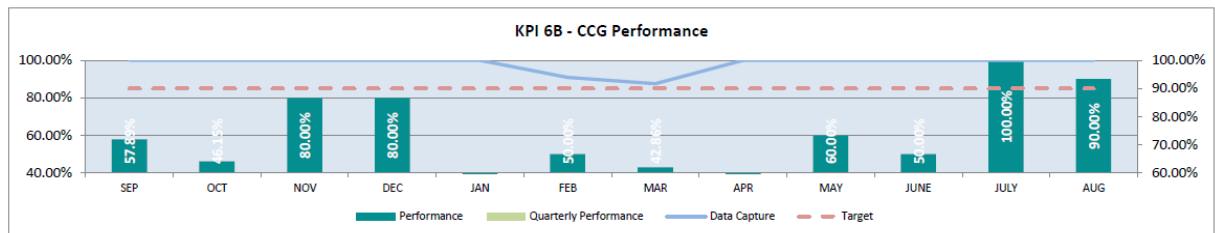
# within contract KPI

% achieving

% rolling 3m performance

# extreme waits >360mins

343	326	292	346	349	279	337	305	282	313	301	268
7	6	10	16	6	12	36	5	20	6	6	6
97.96%	98.16%	96.58%	95.38%	98.28%	95.70%	89.32%	98.36%	92.91%	98.08%	98.01%	97.76%
272	266	239	281	288	239	243	257	205	240	244	204
80.95%	83.13%	84.75%	85.15%	83.97%	89.51%	80.73%	85.67%	78.24%	78.18%	82.71%	77.86%
9	15	28	17	31	22	26	12	24	23	23	17



### KPI 6B \_ End of Life Waiting Times

# total eligible journeys

# data not captured

% data captured

# within contract KPI

% achieving

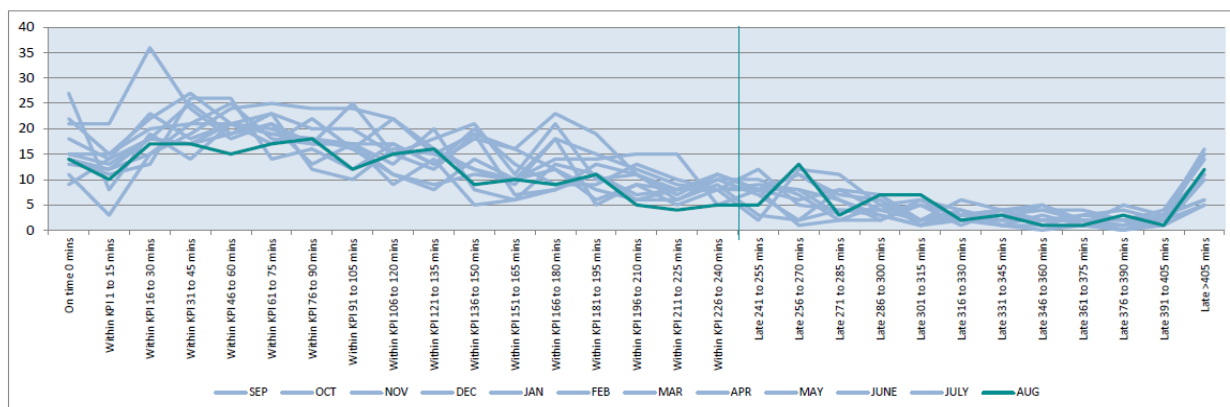
% rolling 3m performance

19	13	15	10	9	11	8	9	10	10	6	10
0	0	0	0	0	1	1	0	0	0	0	0
100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%
11	6	12	8	2	5	3	3	6	5	6	9
57.89%	46.15%	80.00%	80.00%	22.22%	50.00%	42.86%	33.33%	60.00%	50.00%	100.00%	90.00%

Wiltshire:	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
KPI 6A _ On The Day Waiting Times	85.00%	78.18%	82.71%	77.86%	↓
KPI 6B _ End of Life Waiting Times	85.00%	50.00%	100.00%	90.00%	↓

**KPI 6A SHOULDER REPORT**

SEP OCT NOV DEC JAN FEB MAR APR MAY JUNE JULY AUG



**KPI 4,5,6 – Renal Patients**

KPI 4 _ Inward Arrival Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	95.00%	93.65%	93.98%	92.86%	↓

KPI 5 _ Pre Planned Waiting Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	91.59%	93.18%	92.04%	↓

KPI 6A _ On The Day Waiting Times	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	100.00%	100.00%	100.00%	↔

**KPI 4,5,6 – Oncology Patients**

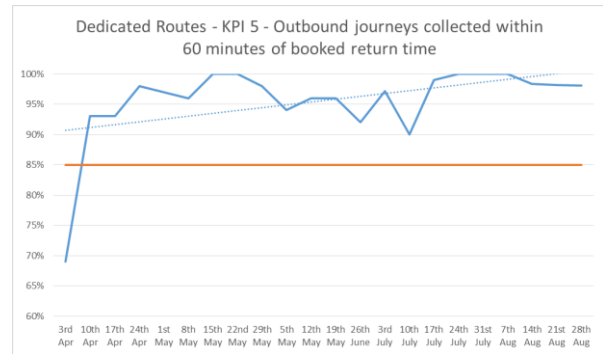
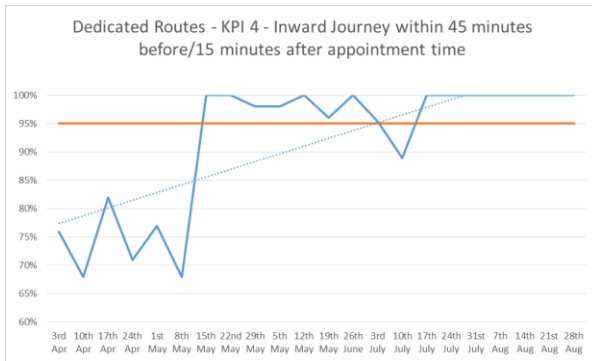
KPI 4 _ Inward Arrival Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	95.00%	93.65%	93.98%	92.86%	↓

KPI 5 _ Pre Planned Waiting Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	91.59%	93.18%	92.04%	↓

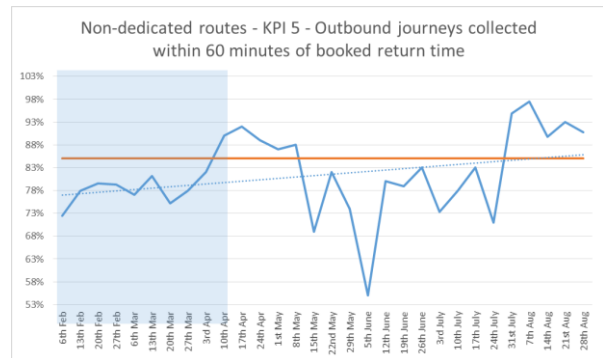
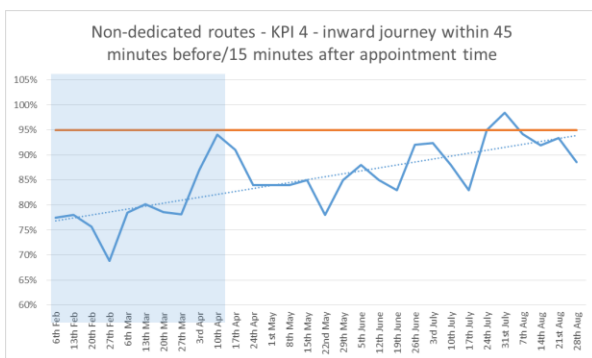
KPI 6A _ On The Day Waiting Times	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	100.00%	100.00%	100.00%	↔

# RUH Renal Pilot – Performance Results

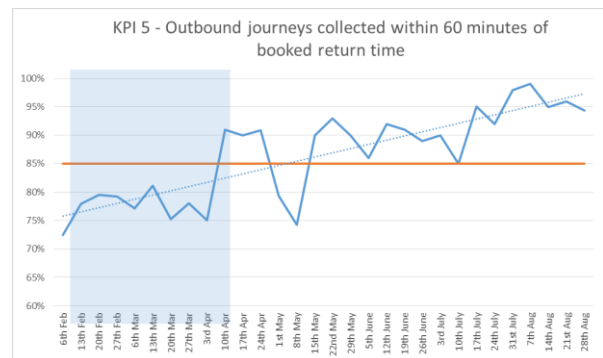
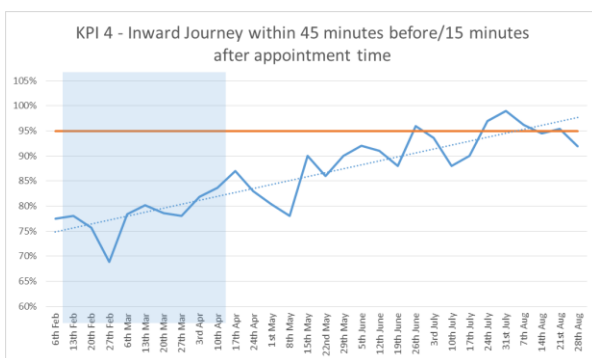
## Dedicated Routes:



## Non-Dedicated Routes:



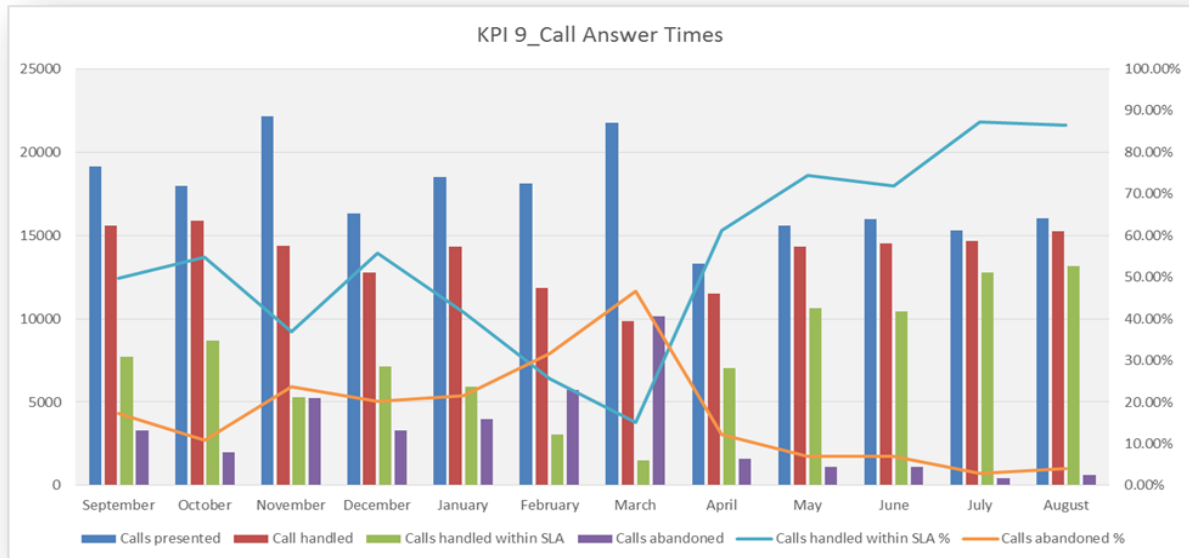
## Combined:



Same methodology is now being rolled out to other renal units

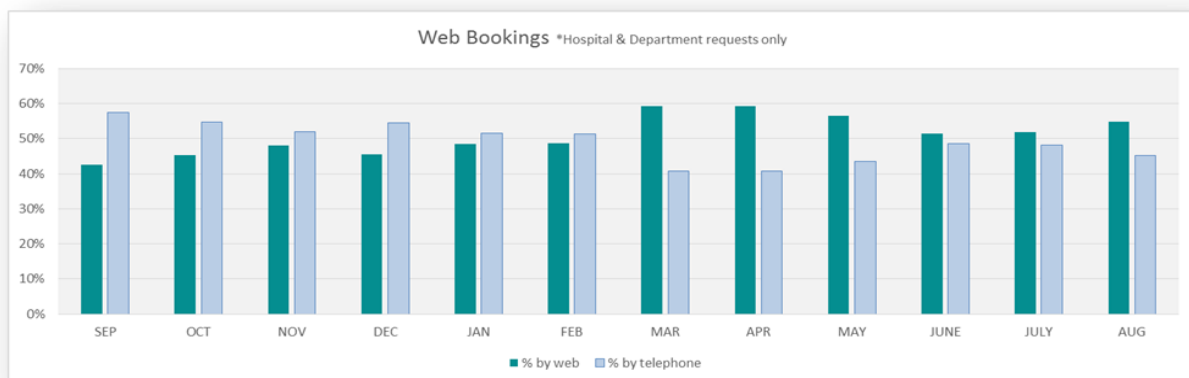
## KPI 9 – Telephone Bookings

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



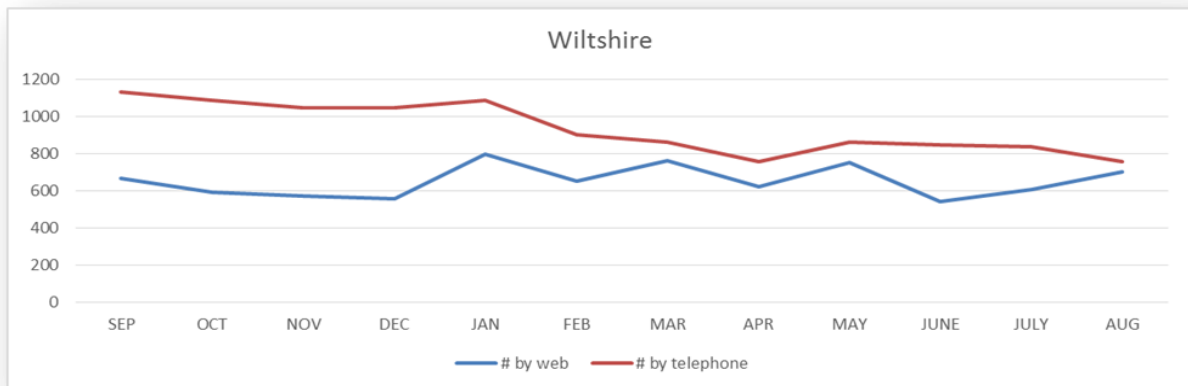
Significant and sustained improvement in calls % answered within SLA following an enduring period of very poor performance.

Steady and sustained increase in web use by acute trust staff:



Number of journeys booked by web - stable;

number booked by phone - sustained reduction despite significantly improved phone responding:



Significant improvement in call abandonment:

