NHS
Wiltshire
Clinical Commissioning Group

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

Arriva Non-Emergency Patient Transport Service

September 2014

1 INTRODUCTION

This report builds on the report provided to the Committee in February 2014. As a result, the context and historical background is not repeated. The service has now been running for 9 months, since 1 Dec 2013.

This report focuses on:

- Governance
- Activity
- KPI performance
- Quality
- Complaints
- Service user survey
- Service improvements

2. GOVERNANCE

Routine contract governance takes the form of a series of meetings and supporting data reports.

- Monthly contract performance meeting (Arriva and CCGs)
- Bi-monthly clinical quality review meetings (Arriva and CCGs)
- Monthly transport working groups (Arriva and acute trusts)
- Monthly activity and performance reporting (at CCG contract level; and local trust-specific data analysis)

3. ACTIVITY

Updated activity charts are shown at Appendix 1. These are Non-Emergency Patient Transport Service (NEPTS / PTS) journeys, conducted by Arriva, for patients registered to a GP practice within Wiltshire CCG. The journeys are a combination of actual journeys completed, plus aborted journeys[1], but excluding cancelled journeys[2].

As previously reported, the CCG now for the first time has a single comprehensive data set as a result of the single PTS contract. This shows that the actual activity conducted, varies from the activity detailed in the tender process, and against which the provider put resource in place. This variance has three main elements: average journey distance; total activity; activity per mobility type. The peak daily requirement profile is also different to the tender data. This in turn places considerable pressure on the service and specifically impacts on the timeliness of service delivery – itself one of the key quality measures and one of the most important elements of patient safety and experience.

[1] Aborted journeys are billable, since they are journeys where NEPTS resource has been committed to the task, but the task was not completed. This can be for one of a multitude of reasons (e.g. patient not ready / patient too ill to travel / patient no longer requires transport / appointment cancelled but transport was not / patient too ill to travel / patient used own transport / patient had been admitted but transport not cancelled / etc.)

[2] Cancelled journeys are those for which a booking was made but, are cancelled prior to the start of the journey, by the person/organisation that made the booking. Cancellations are not billable.

The variances being managed are as follows (see charts at Appendix 1):

- Average mileage per journey: +15% above tender expectation
- Total activity: 6% above tender expectation
- Variances in number of journeys per patient mobility category are shown at Appendix 1. These impact on the requirement per vehicle type required

Variances in the volume, mileage and mobility mix of other CCGs' activity, also have a bearing, since Arriva provides a PTS service to 4 local CCGs, and excessive pressure in one area will have an impact in other areas.

In order to ensure - despite these variances, and the resulting resource gap compared to actual demand - that all eligible Wiltshire patients are able to be transported by the PTS service, the CCG has supported the use of additional non-recurrent funding in-year. This is specifically for the provision of additional third party PTS capacity to fill this resource gap. At the end of the first contract year, the contract enables a revision of activity to enable these variances to be taken into account on a recurrent basis. This will then mean that this activity will be delivered by the PTS provider core fleet (less contractually-mandated 10% subcontracted).

4. KPI PERFORMANCE

Detailed Key Performance Indicator (KPI) charts are shown at Appendix 2 showing performance for:

- all Wiltshire CCG patients transported by Arriva
- all Wiltshire CCG dialysis patients transported by Arriva
- all Wiltshire patients attending the three acute trusts to which majority of our patients attend, transported by Arriva.

The main Key Performance Indicator (KPI) measures shown, look at three aspects of patient experience:

- time spent on vehicle
- on-time inbound journeys
- on-time collection for outbound journeys

- Time on vehicle. Overall, performance is being achieved in line with KPIs for time on vehicle.

- Inbound on time. Inbound on-time is an area where performance has improved but requires continuing improvement to get to, and be sustained at, KPI level.

- Outbound on time (on-day bookings). This is generally being achieved or exceeded. The response timeframe for these journeys is four hours from the time the patient is "made ready". Further analysis is included which shows for June and July that 55% of on-day booked journeys are achieved within 2 hrs, 70% within 3 hours and 80% within 4 hours.

- Outbound on time (pre-booked bookings). The area requiring greatest improvement is on-time collection for pre-booked outbound journeys. The response timeframe for these is one hour from the time the patient is "made ready". Further analysis is included which shows for June and July that although only 76% were achieved within the one hour compared to the KPI target of 85%, a further 11% were achieved within the next 30 minutes, a further 6% within the 30 minutes after that.

Performance for dialysis patients is significantly higher than for the full patient cohort, reflecting the routine nature of these journeys.

Despite the complexity of managing a different profile and volume of activity, currently being addressed through reliance upon additional capacity from third party providers, overall performance has improved since contract start. Further improvement is required in order to achieve all KPI target levels in a sustained manner. One year after contract start, December 2014, is the first contractual opportunity to revise the baseline activity and mobility requirements. This will ensure Arriva thereafter has the right resource in the right places to deliver the type, mix and volume of activity, based on a full year's data gathered since contract launch. This will reduce Arriva's reliance on third party resources and consequently enable better overall performance.

5. QUALITY

A Clinical Quality Review Meeting comprising Quality leads from CCGs plus Arriva meets every 2 months. This has resulted in a focus on a wide range of quality-related issues. The CCG quality team feel assured about the quality of the service provided. Arriva provide monthly information on a range of quality measures that inform formal quality reports that are considered by this group which focuses on clinical effectiveness, patient safety and patient experience.

The Clinical Quality Review group have reported that Arriva have been receptive to constructive comments and willing to change and/or adapt their processes for quality monitoring and reporting accordingly. The Clinical Quality Review group have started an end- to-end walk through process to enable the sharing of learning across the group and with the provider.

At the August clinical quality review meeting, the following topics were covered:

- Workforce and staffing
- Training
- Reportable incidents
- Quality management: safeguarding
- Patient experience: concerns, comments, complaints and compliments
- Infection prevention & control: annual programme
- Sustainable development management plan
- Sub-contractors: monitoring; action plan update
- Operational audit plan
- Agency staff induction checklist
- Quality schedule

6. COMPLAINTS

Figure 1: Number of contacts received by Arriva including comments and commendations

Month	Number of contacts
January	159
February	77
March	78
April	60
May	85
June	75
July	83

(across all 4 CCGs served by Arriva)

A full report detailing complaints received, trends, themes and actions, was presented to the CQRM. Detailed analysis of a specific complaint and the process followed will take place at each Quality Monitoring Group from October 2014 for additional assurance.

Figure 2. Contacts June/July 2014 broken down by area

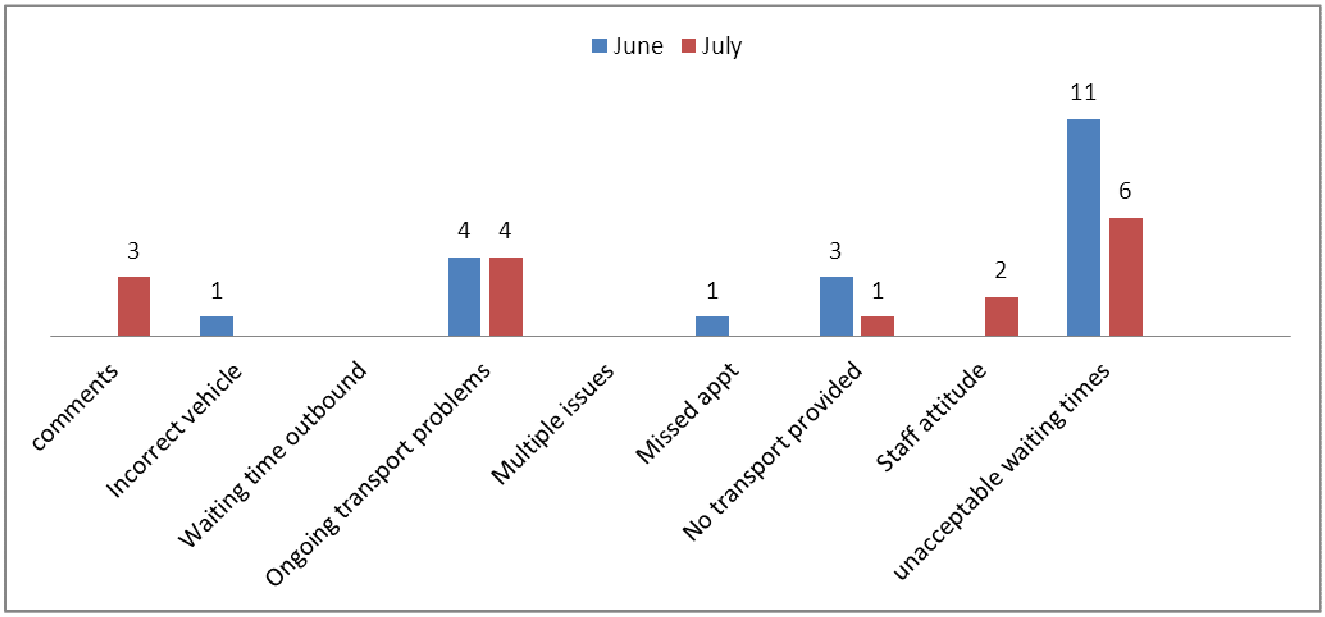
CCG Area	June	July
Wiltshire	20	16

The number of complaints from Wiltshire patients was commensurate with the numbers received by the other CCGs using Arriva, and in similar proportion to the number of total journeys completed.

Figure 3. Patient Journeys

Activity	Wiltshire
Jan	5315
Feb	4804
March	4988
April	5698
May	5850
June	4977
July	5585

Figure 4. Complaint type, Wiltshire, June and July 2014



Issues specifically identified by acute trust providers, and on which action is also being taken, can be divided into a number of areas, most of which relate to the impact of timeliness:

- Overall timeliness of collection/drop-off, as shown in the KPI scores, where improvement to a sustained level at or above KPI target is still required. Both the commissioners and Arriva have acknowledged that resources available have not always met the full requirement for non-emergency transport. Commissioners have agreed a temporary arrangement to support the mobilisation of additional resources by Arriva. Both parties have agreed to use the first 12

months of activity data to support a contractual rebasing process as specified within the contract.

- Delay in transport for some vulnerable patients. There are cases of delays in transporting certain patients identified as vulnerable, for example those patients who need transport within two hours. Delays for these patients and their carers can cause anxiety due to the complexity of discharge planning and the need for co-ordination with other support services. A faster on-day response than currently contractually commissioned, continues to be an area for resolution between commissioners and Arriva.

- Some of those who have experienced delays to some of their (either inward and/or outbound) journeys are patients with a series of appointments such as oncology/radiotherapy outpatients. As frequent users, the impact of delays is heightened compared to other users of the service. Performance for dialysis patients is much improved, indicating what can be achieved and what we aspire to see achieved for the other groups of frequent users.

- There continue to be some examples where the impact of an excessive delay can, at its worst, result in an overnight re-admission or potentially detrimental impact on patients. All of these incidents are investigated by Arriva and the trust, and the learning actions identified and agreed with Arriva, and the trust as appropriate.

- Working relationships between acute providers and Arriva, have developed and improved, and mutual understanding of issues, concerns and constraints is much improved in both directions. Much of this is a result of the establishing of joint acute trust/Arriva transport working groups at each acute trust, and other routine and now well established on-site co-ordination between respective staff.

- Provider knowledge and use of the Arriva system, which was initially patchy, has improved and continues to be an area receiving regular attention within trusts, through a variety of means.

Lessons Learnt

CCGs are keen that the provider implements learning and improves performance as a result of issues identified through patient complaints and other feedback e.g. from acute trusts. Work currently being taken forward by Arriva, directly as a result, includes:

Communication, ongoing transport issues

- Private taxis and other third party providers have been communicated with further, to ensure that regular contact is made with the control room to give information of any delays and issues experienced. This will ensure that patients do not encounter problems and if so, they are notified that something is being done. The Arriva compliance manager is also making visits to taxi basis discussing such patient experience.

- The South West control room is establishing a process to provide information proactively to wards and clinics in the event that return transport is delayed for any reason, thus reducing stress upon patients and providing a reliable flow of information.

- Call handlers to ensure that contact numbers are included within the booking details. This will ensure that any information on possible delays can be communicated and ultimately reduce the patient's anxiety.

Delayed transport issues:

- Reviewing the provision of transport for regular patients, including dialysis and oncology patients, to ensure that comments about suitability or reliability of transport are reflected and where appropriate, transport arrangements are revised. In other cases, the ATSL position has been clarified.

- Undertaking a significant roster review to more closely match ATSL capacity with actual journey demand; thus ensuring that appropriate resources are available at the times of highest demand, and in turn reducing the likelihood of delays for patients.
-
- Priority lists have been developed for those patients who seem to have endured repeated transport issues. This will ensure that their journeys are managed much better and are in line to meet their expectations.

Extra vehicles and staff to assist with demand:

- New recruits have joined Arriva. This includes voluntary care drivers as well as salaried staff. Additional vehicles have also been sourced. This will enable higher levels of resource during busier periods, ensuring improved on time resources.

Patients experiencing repeated problems:

- Where appropriate local managers direct telephone numbers have been given to patients who have raised serious complaints to ensure that any future issues can be escalated quickly and the issue can be resolved without delay.

- Home visits have been made, giving the patient the time and platform to raise how they felt the complaint was handled and the resolution provided.

SERVICE USER SURVEY

In May/June 2014 Arriva conducted a service user survey. 4,000 freepost survey cards were available to service users/their carers from across the 4 CCGs, in hospital waiting areas. The survey was also available online. 282 responses (7%) were received. 58 of these were from Wiltshire patients/their carers.

Patients were asked their views on three aspects of service quality and experience: was the journey comfortable; did the patient feel safe and cared for by Arriva staff; and was communication with/from Arriva satisfactory/did the patient feel listened to.

Results for Wiltshire were:

Question	Satisfied	Neither satisfied nor dissatisfied	Not satisfied
Vehicle comfortable	93%	3.5%	3.5%
Felt safe & cared for	96.5%	0%	3.5%
Communicated with & listened to	91.2%	3.5%	5.3%

Overall the results were positive. The patient survey also included a range of positive comments;

"Best transport ever received"
"Transported safely and with utmost care from the driver"
"Cheerful and reassuring staff"
"Staff are fantastic, always courteous, efficient, caring and double checking father and I are secure
"Professional and good humoured"

Separately, one commendation has been received:

"I have just come out of Great Western Hospital, Swindon, and took advantage of your excellent service to return home to Yatesbury, Wiltshire".

The main cause of dissatisfaction was related to timeliness. An action plan based on the raw feedback is being implemented by Arriva. A component of this is how to improve the response rate for future service user surveys.

7. SERVICE IMPROVEMENTS

Building on the list of improvement actions described in the previous report, Arriva, commissioners, and acute trusts, have continued to work on service improvements. Typically these involve measures to improve the reliability and timeliness of meeting planned journey times, since this is the area where improvement is most necessary. There are roles for all three organisations (CCG, Acute trusts, PTS provider) in achieving this: CCGs: to hold the provider to account for performance, at the same time as ensuring the service is adequately resourced. Acute trusts: where possible planning ahead to reduce the impact of an excessive volume of on-day activity; and ensuring their staff have a good understanding of the Arriva system for bookings. Arriva: to make the most efficient and effective use of their resource, and ensure close engagement and co-ordination with acute trust staff and patients; and identify further opportunities to improve patient experience and service effectiveness.

Transport Working Groups have been established and are operated at the acute trusts and are an example of the work being done to improve the interface between the acute trusts and Arriva. These are attended by acute trust and Arriva staff, and they review activity and performance data; and identify and resolve operational issues, problems and trends. Progress is further reviewed at monthly contract review meetings.

Feedback from patients and provider organisations continues to highlight some adverse issues, and these are being used by Arriva (and the acute providers) as areas for improvement.

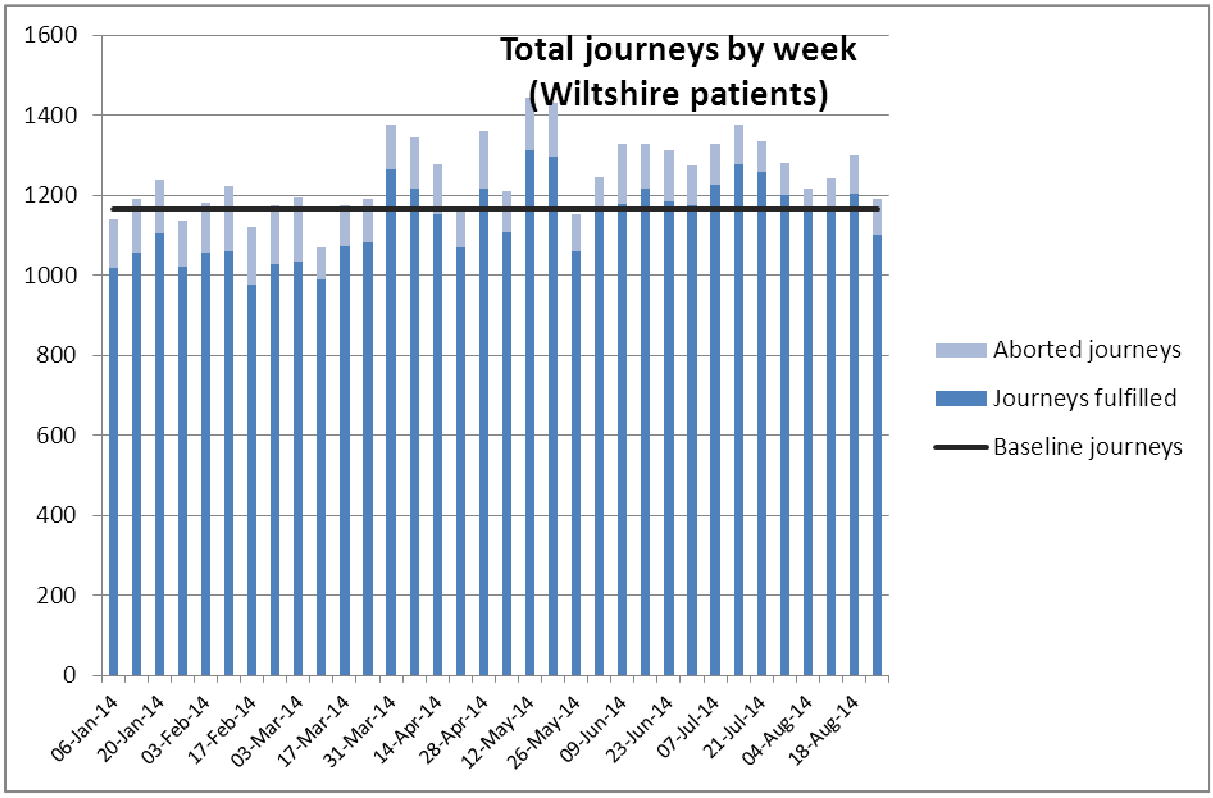
The acute trusts and Arriva have worked to improve staff relationships and the way they work together. Arriva are producing new staff information leaflets and the Trust intranet patient transport page has been re-written and will be launched shortly. The escalation procedure for reporting problems has been clarified and circulated.

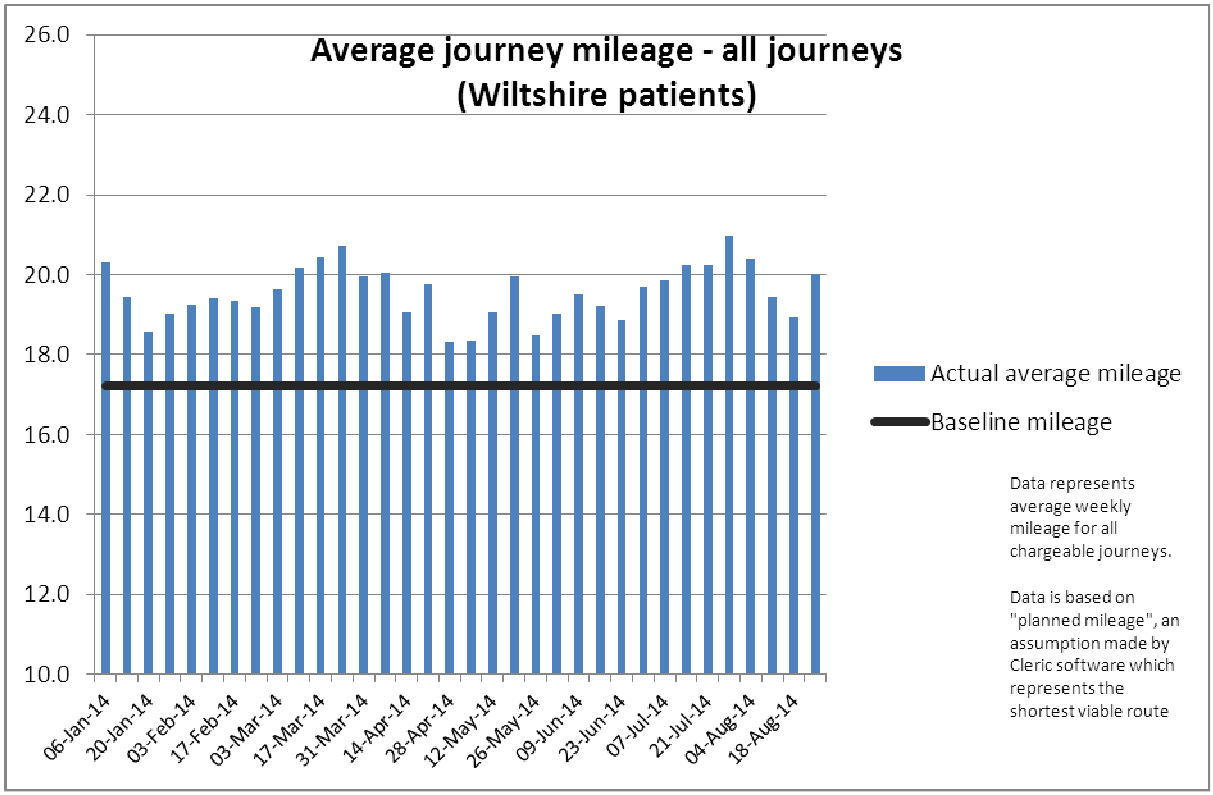
Most recently the PTS service has been refined to help provide faster on-day responsiveness for patients using the new 15-bed step-up model that is being piloted at Warminster community hospital, as part of Wiltshire's 100 Day Challenge.

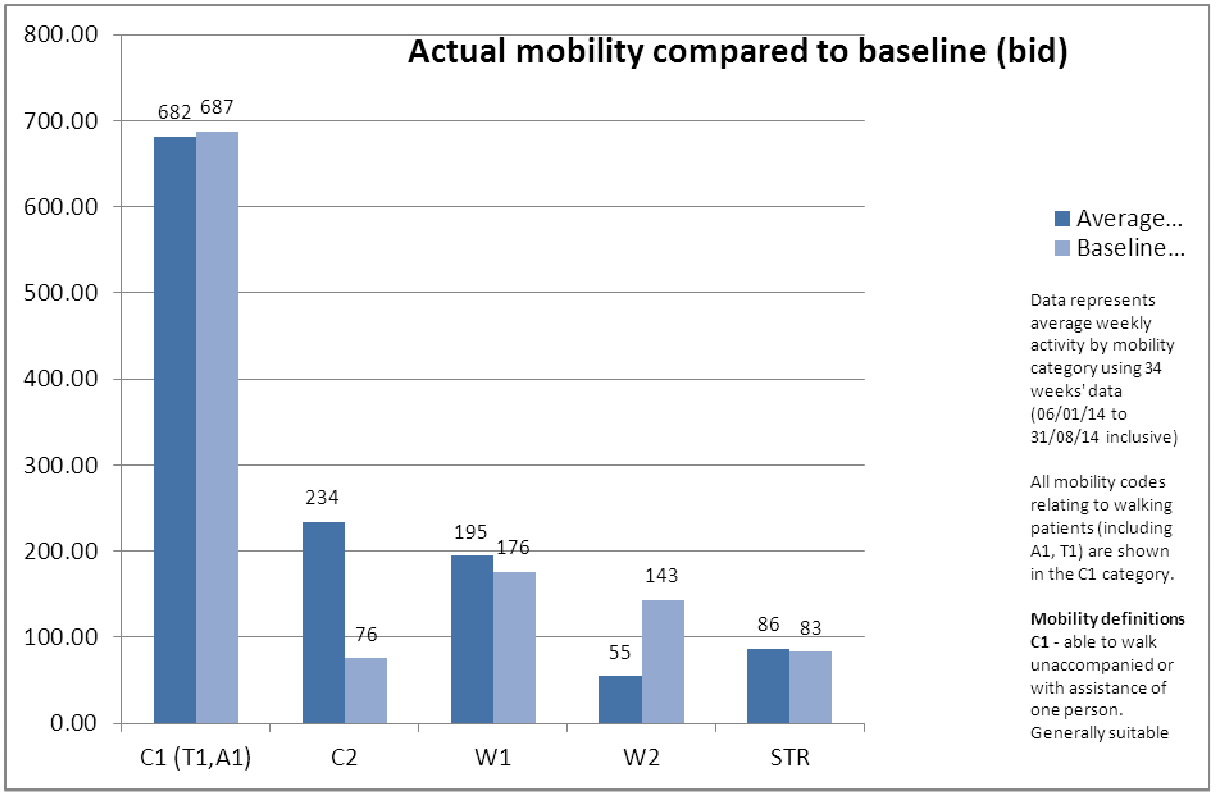
8. CONCLUSION

It is clear that the introduction of a new NEPTS service with a single provider supporting the needs of 4 CCGs, replacing a diverse, ad hoc, often poorly understood and poorly controlled set of patient transport arrangements, has not been without its issues. Many of these issues are the inevitable result of the contract being based on inaccurate and incomplete data, as a result of the preceding fragmented arrangements. Now that we have a single and comprehensive view of the data, we are much better placed to ensure the service is appropriate and is performing to required standards consistently across the CCG area.

APPENDIX 1 – ACTIVITY







Mobility definitions

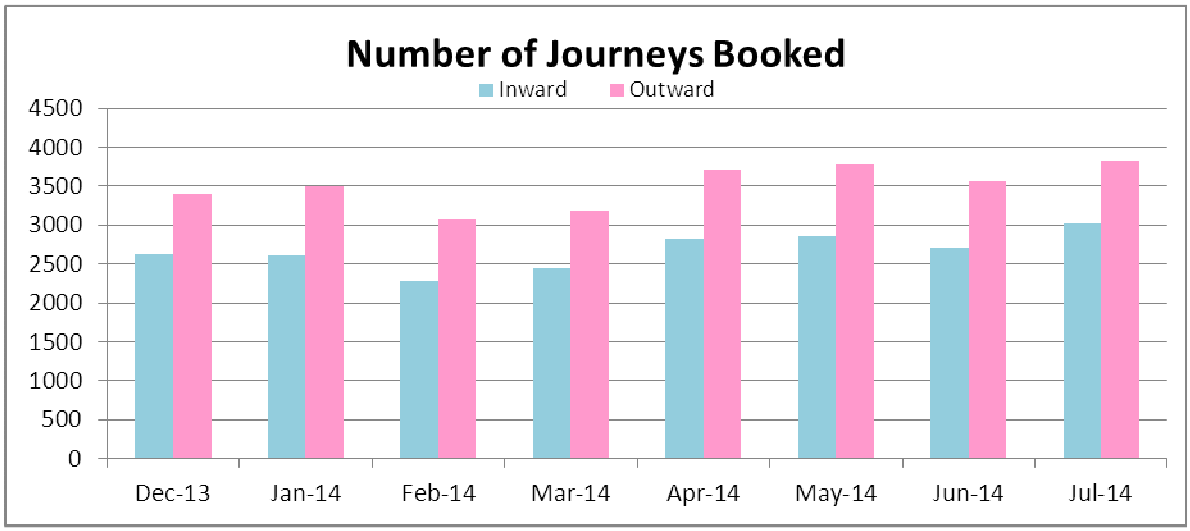
C1 - able to walk unaccompanied or with assistance of one person. Generally suitable for travel by taxi or car.

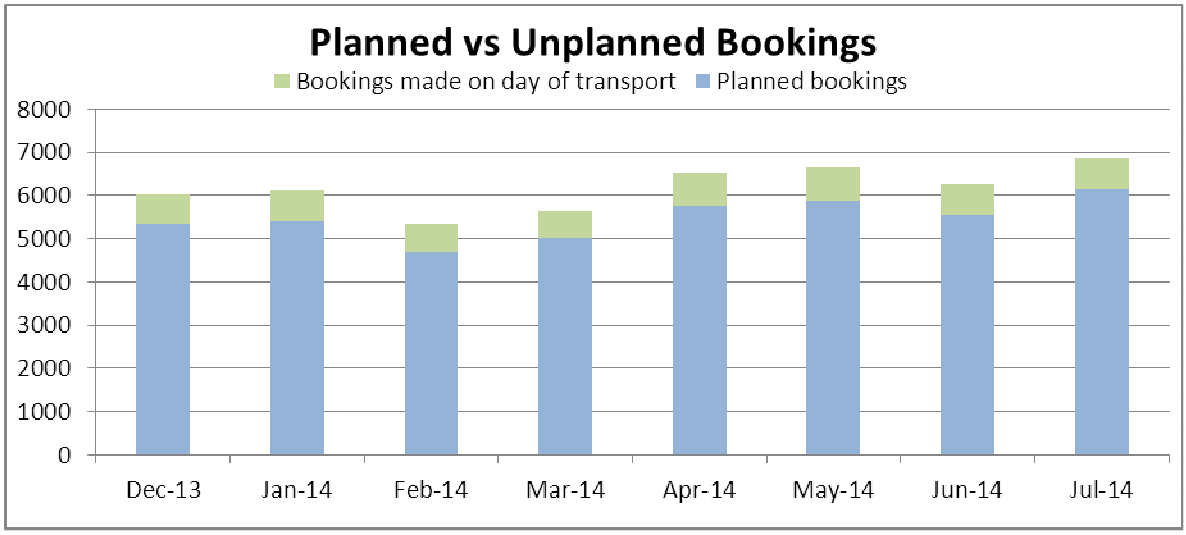
C2 - able to walk but with assistance of two people; or requires a wheelchair to be provided for transport purposes. Generally will travel by ambulance.

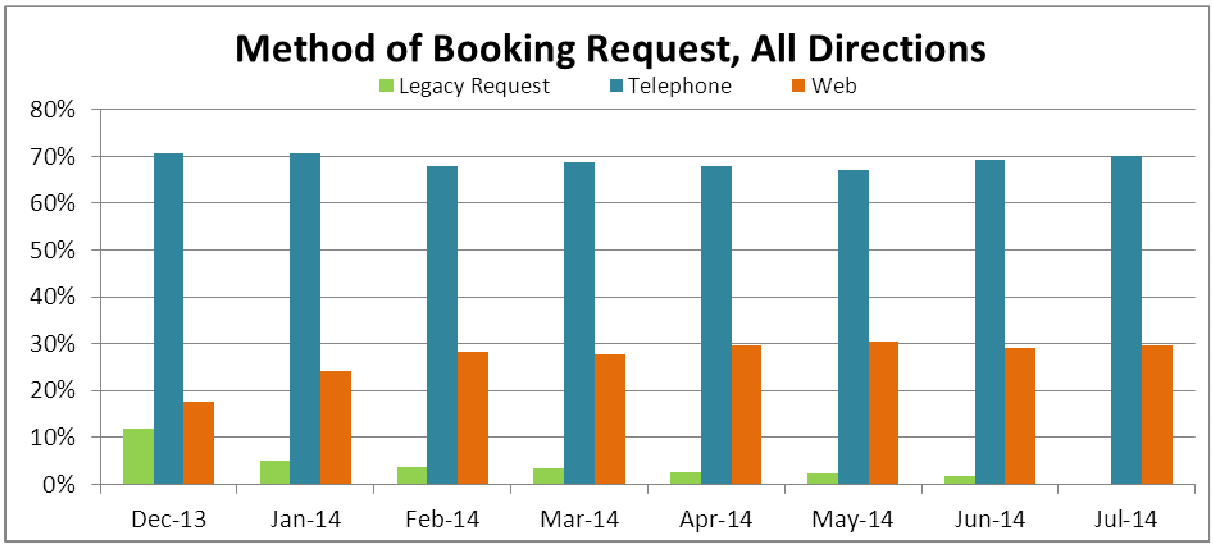
W1 - wheelchair user who is generally suitable for travel in a wheelchair-adapted car.

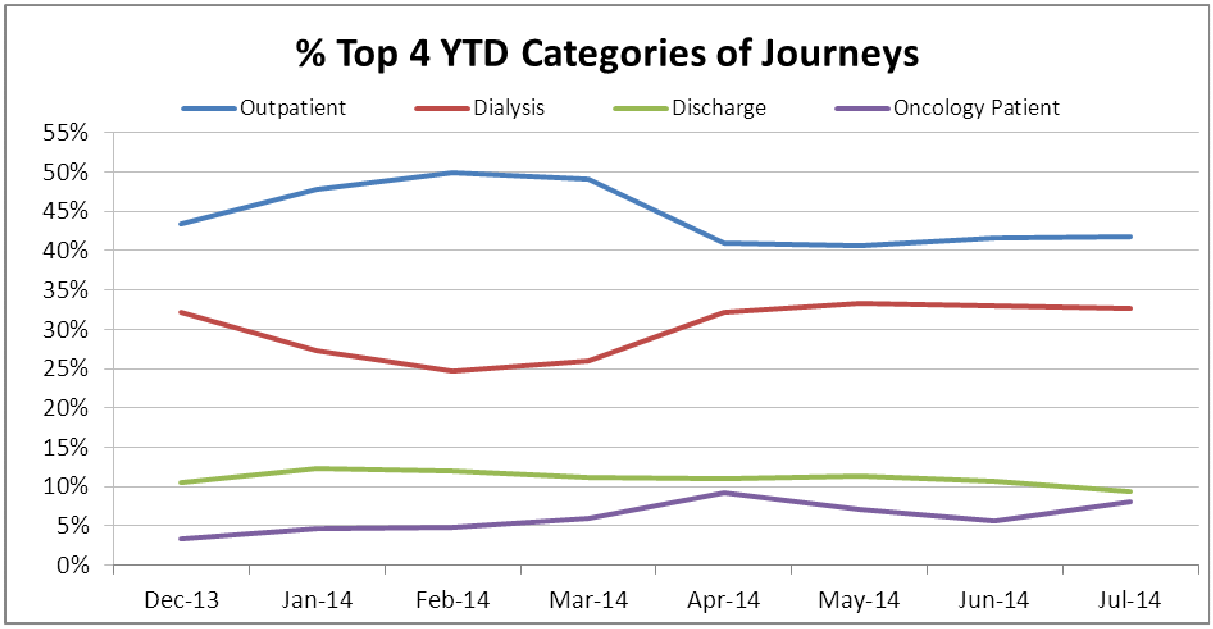
W2 - wheelchair user who is generally suitable for travel by ambulance; requires assistance of two people.

STR - only able to travel on a stretcher. Ambulance patient.




Planned vs Unplanned Bookings
Bookings made on day of transport
Planned bookings
8000
7000
6000
5000
4000
3000
2000
1000
0
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14


Method of Booking Request, All Directions
Legacy Request
Telephone
Web
80%
70%
60%
50%
40%
30%
20%
10%
0%
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14


% Top 4 YTD Categories of Journeys
Outpatient
Dialysis
Discharge
Oncology Patient
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14

APPENDIX 2 - KEY PERFORMANCE INDICATORS

- Patients travelling less than 10 miles should not spend more than 60 minutes on any one journey

- Patients travelling between 10 and 35 miles should not spend more than 90 minutes on any one journey

- Patients travelling between 35 and 50 miles should not spend more than 120 minutes on any one journey

- Arrival within 45 minutes before, to 15 minutes after, booked arrival time

- Where booked prior to the day of travel, patients not to wait more than 60 minutes for their (outbound) journey

- Where booked on the day of travel, patients not to wait more than 4 hours for their (outbound) journey (within two hours for end of life patients)

- Percentage of journeys cancelled by ATSL

- Percentage of journey collections missed (aborted journeys)

- Percentage of in-bound calls to ATSL call centre answered within 30 seconds

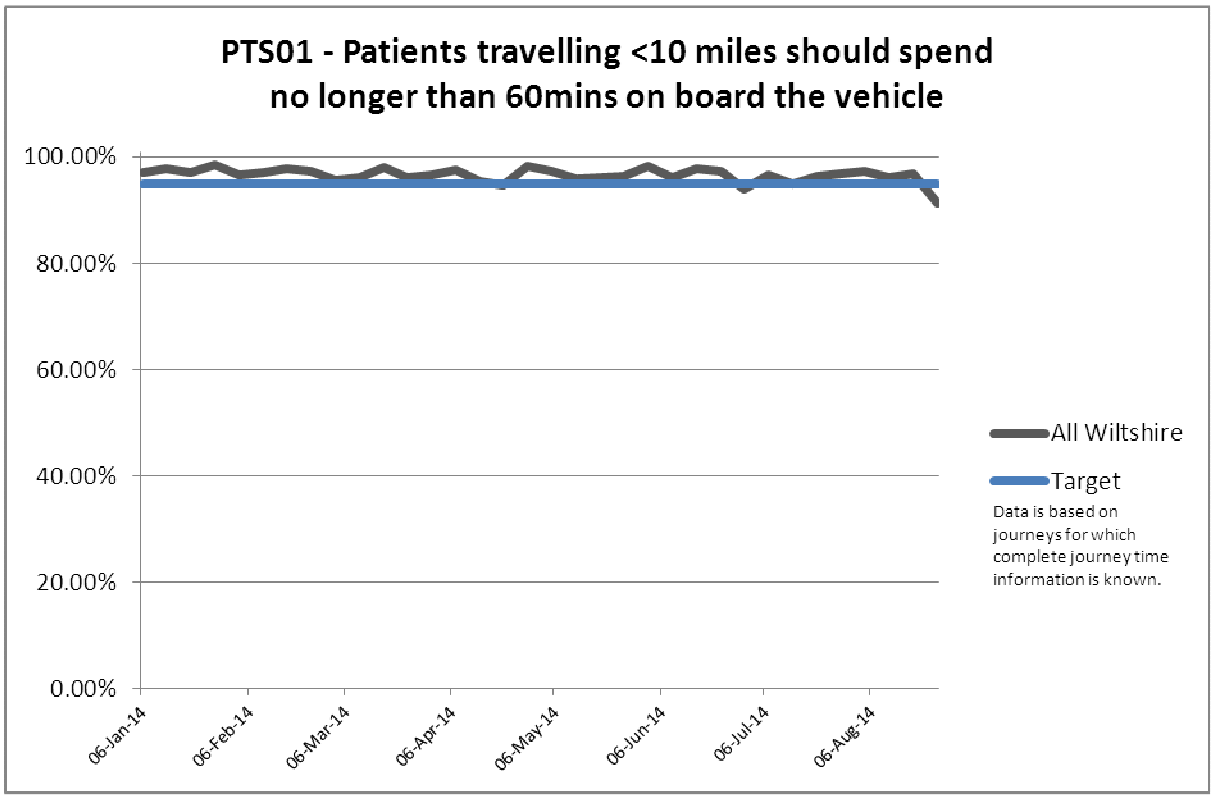
- Percentage of complaints acknowledged within one working day

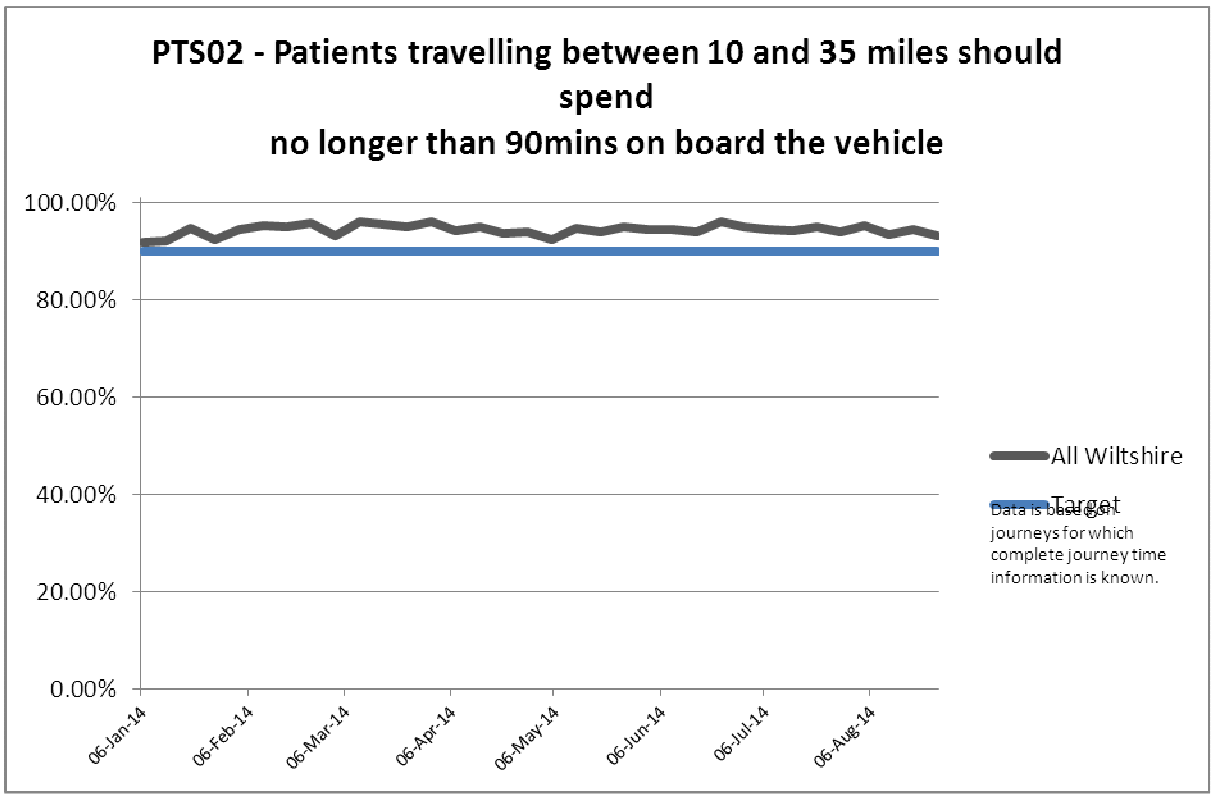
- Compliance with agreed complaints procedure (full response within 25 days)

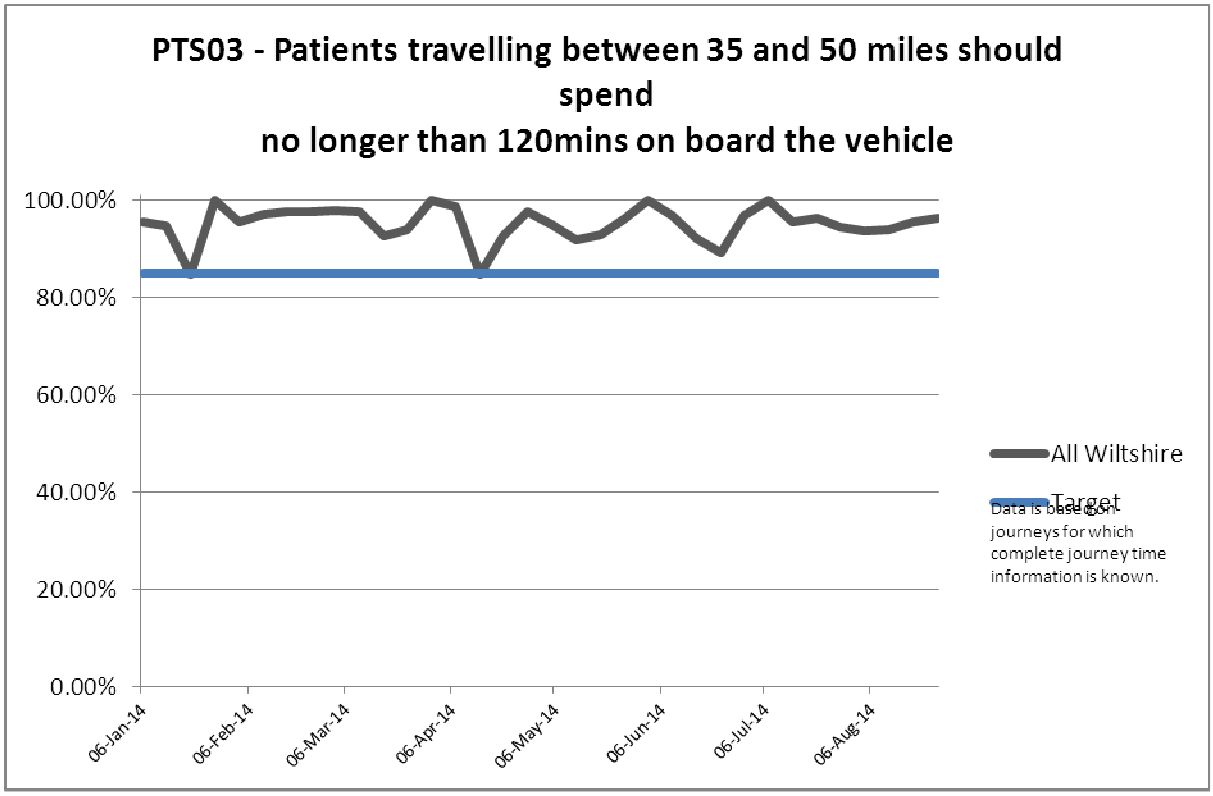
- Availability of on-line booking system

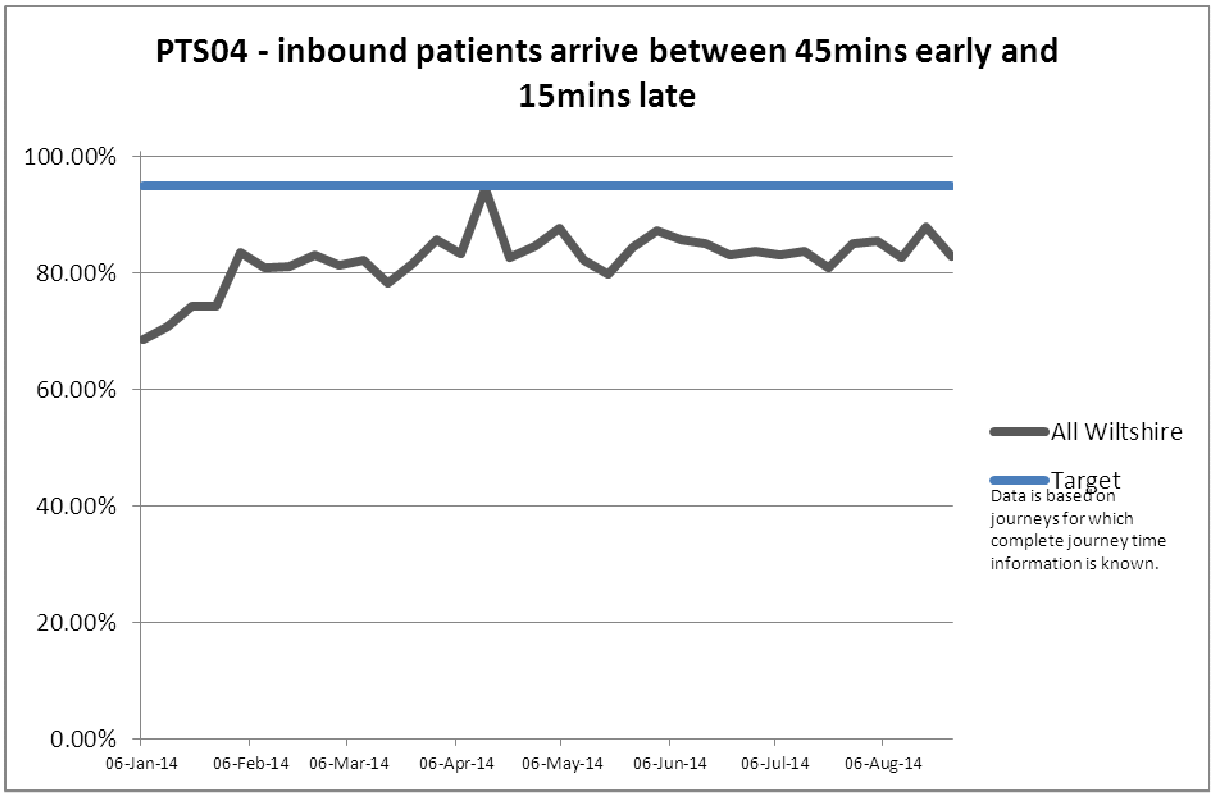
- Availability of telephone booking system

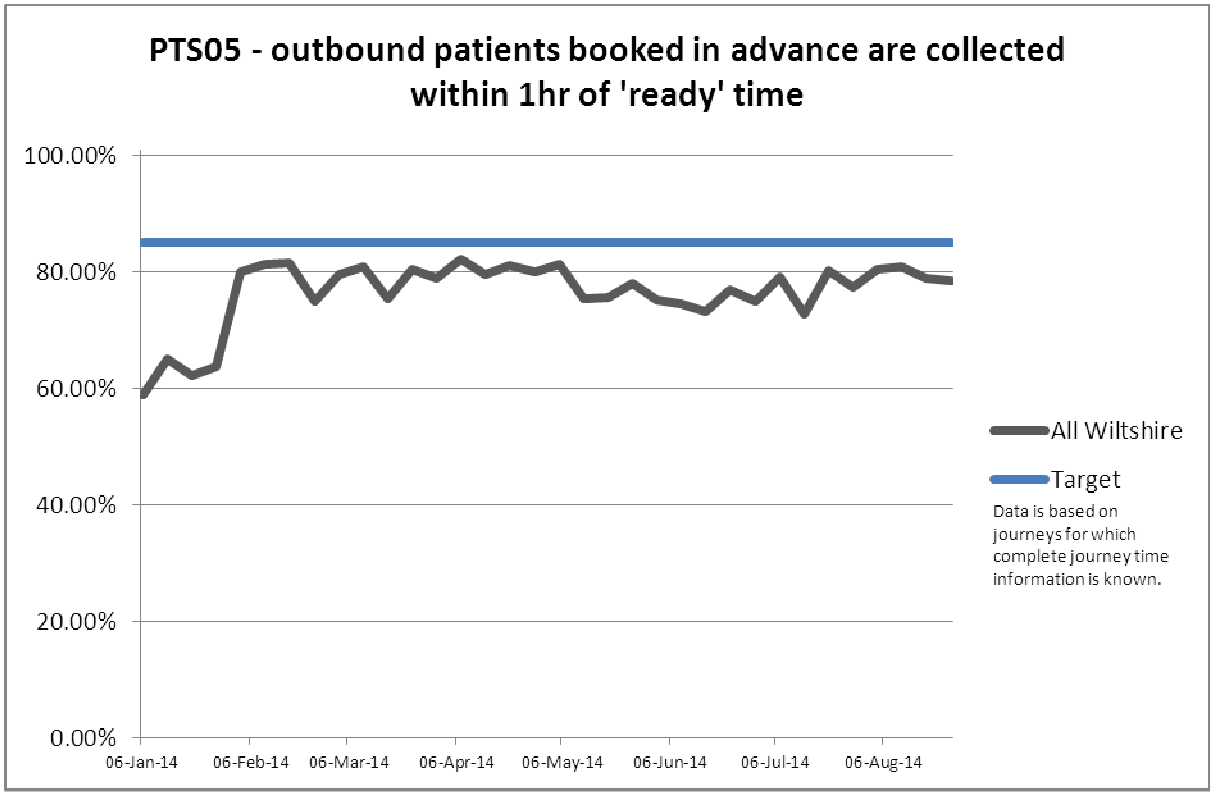
Performance charts for KPI's 1-6, which relate to patient experience and specifically timeliness, are included for the period Jan-Sep 2014. December is excluded: it was the initial month of the contract, and there was an understandable degree of turbulence that meant it was not truly a representative month of activity.

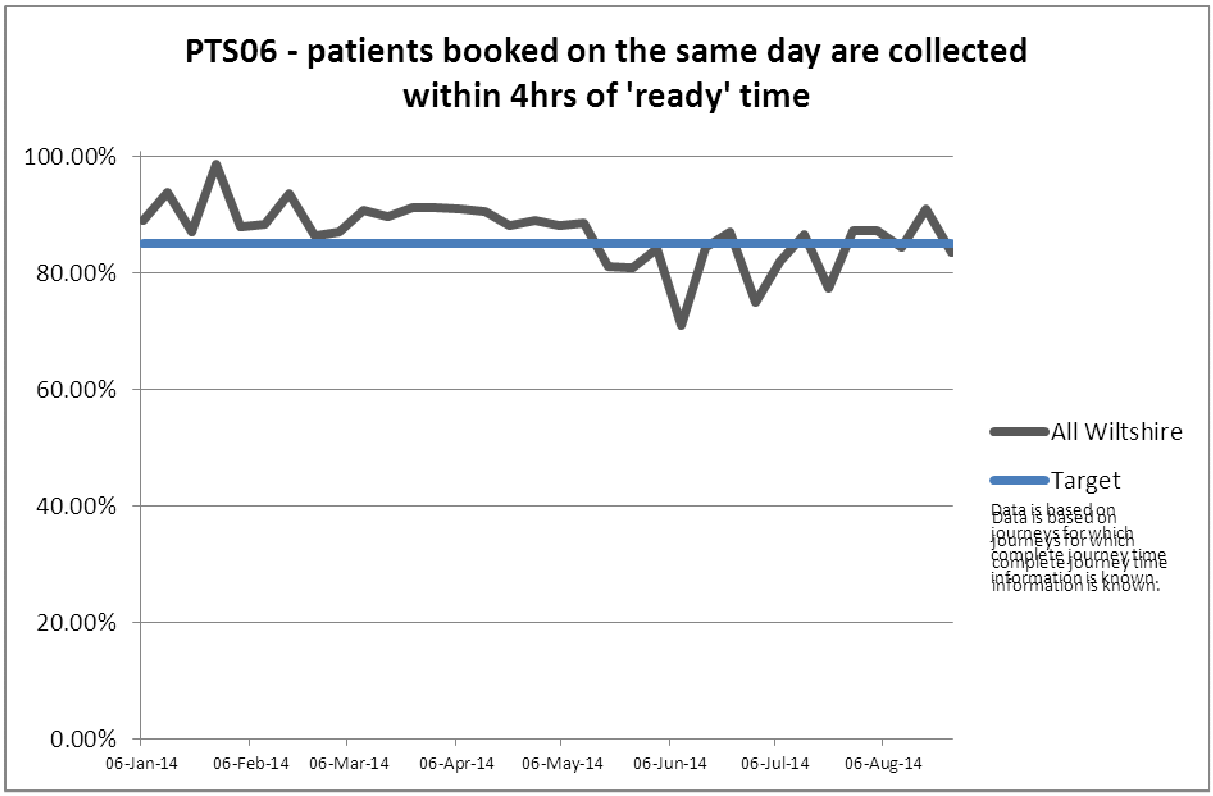

PTS01 - Patients travelling <10 miles should spend no longer than 60mins on board the vehicle
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
All Wiltshire
Target
Data is based on journeys for which complete journey time information is known.

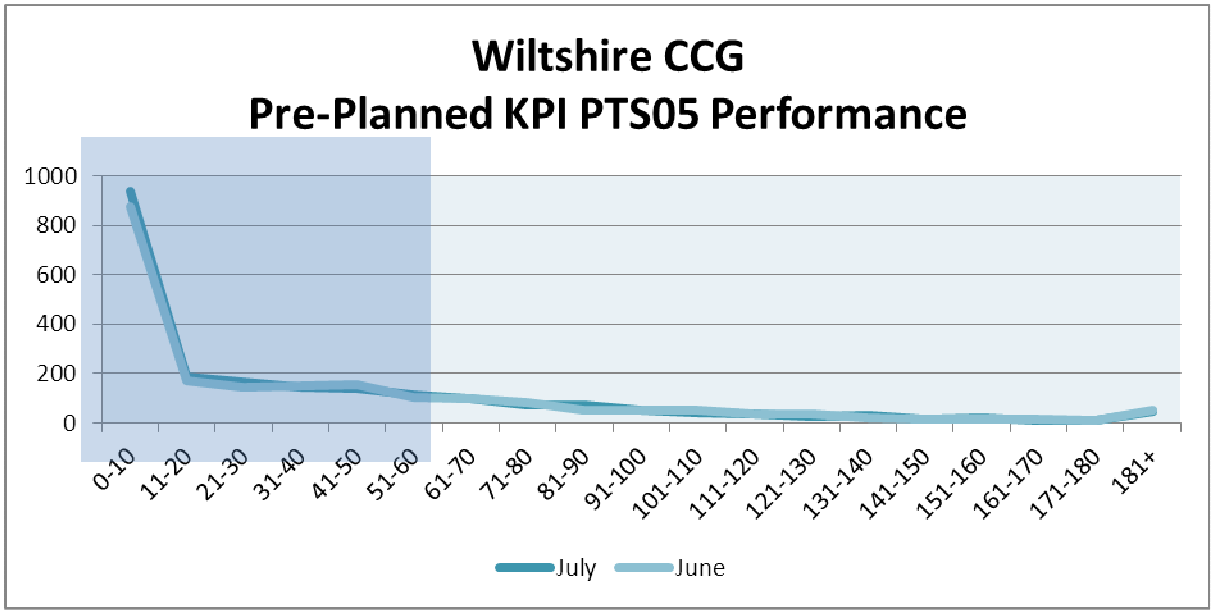

PTS02 - Patients travelling between 10 and 35 miles should spend no longer than 90mins on board the vehicle
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
All Wiltshire
Target
Data is based on journeys for which complete journey time information is known.


PTS03 - Patients travelling between 35 and 50 miles should spend
no longer than 120mins on board the vehicle
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
All Wiltshire
Target
Data is based on journeys for which complete journey time information is known.

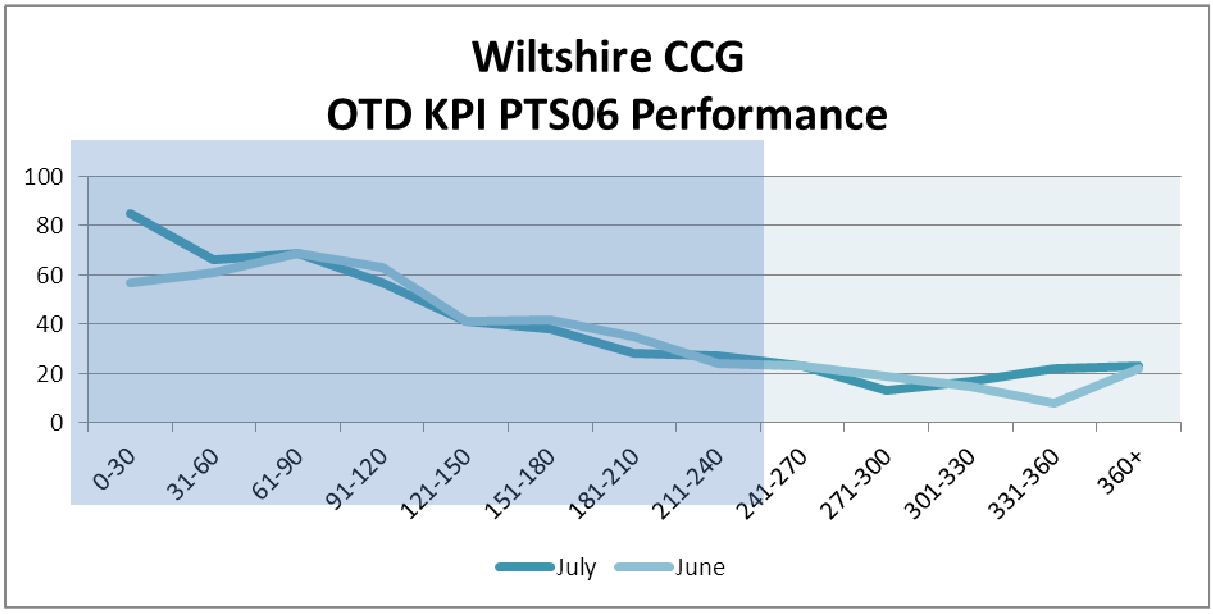

PTS04 - inbound patients arrive between 45mins early and 15mins late
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
All Wiltshire
Target
Data is based on journeys for which complete journey time information is known.


PTS05 - outbound patients booked in advance are collected within 1hr of 'ready' time
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
All Wiltshire
Target
Data is based on journeys for which complete journey time information is known.

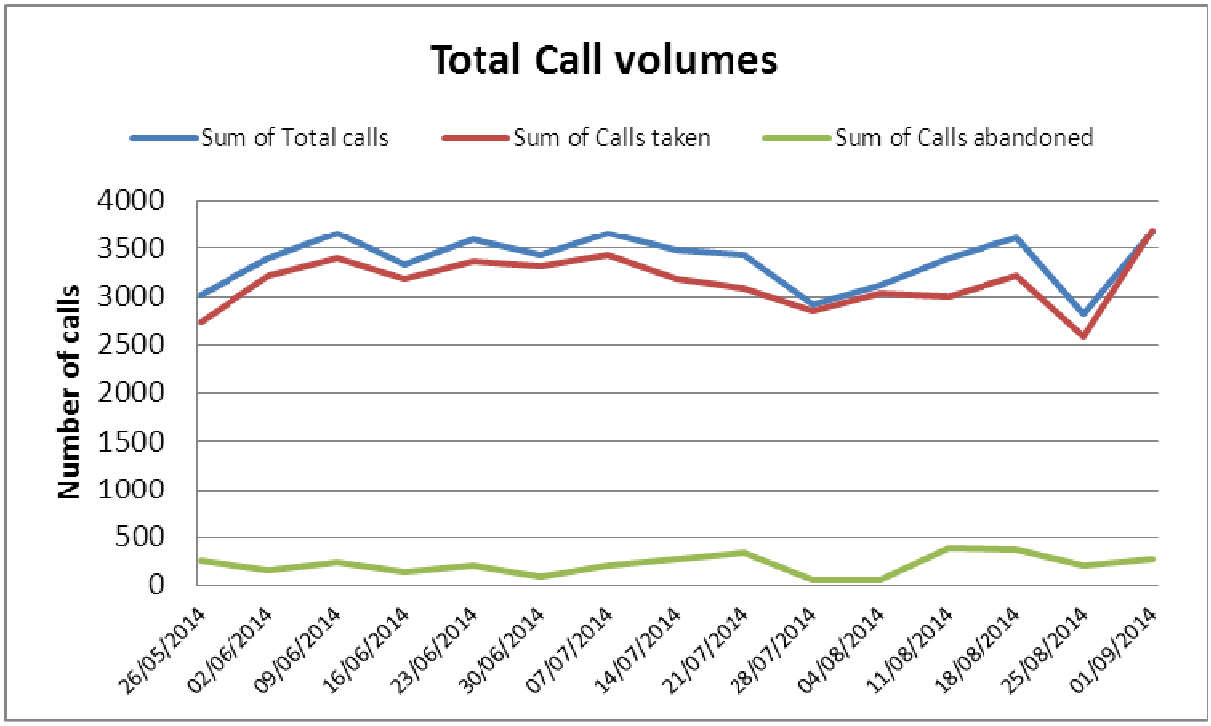

PTS06 - patients booked on the same day are collected within 4hrs of 'ready' time
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
All Wiltshire
Target
Data is based on journeys for which complete journey time information is known.

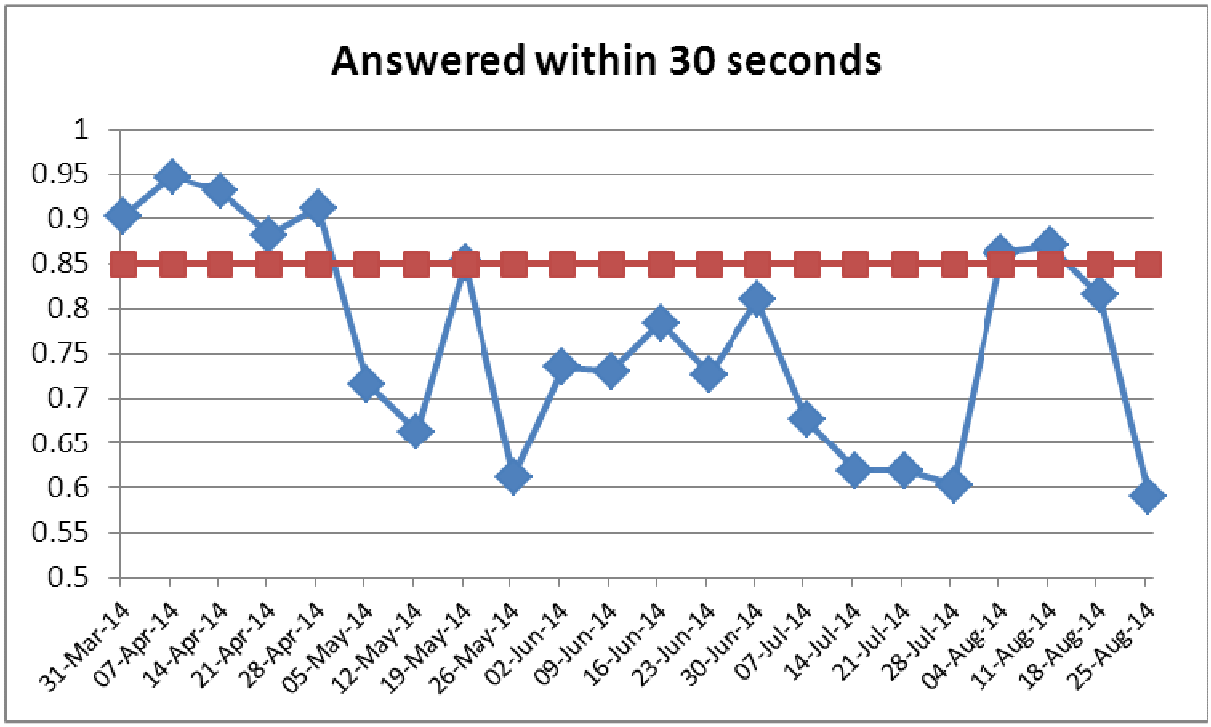


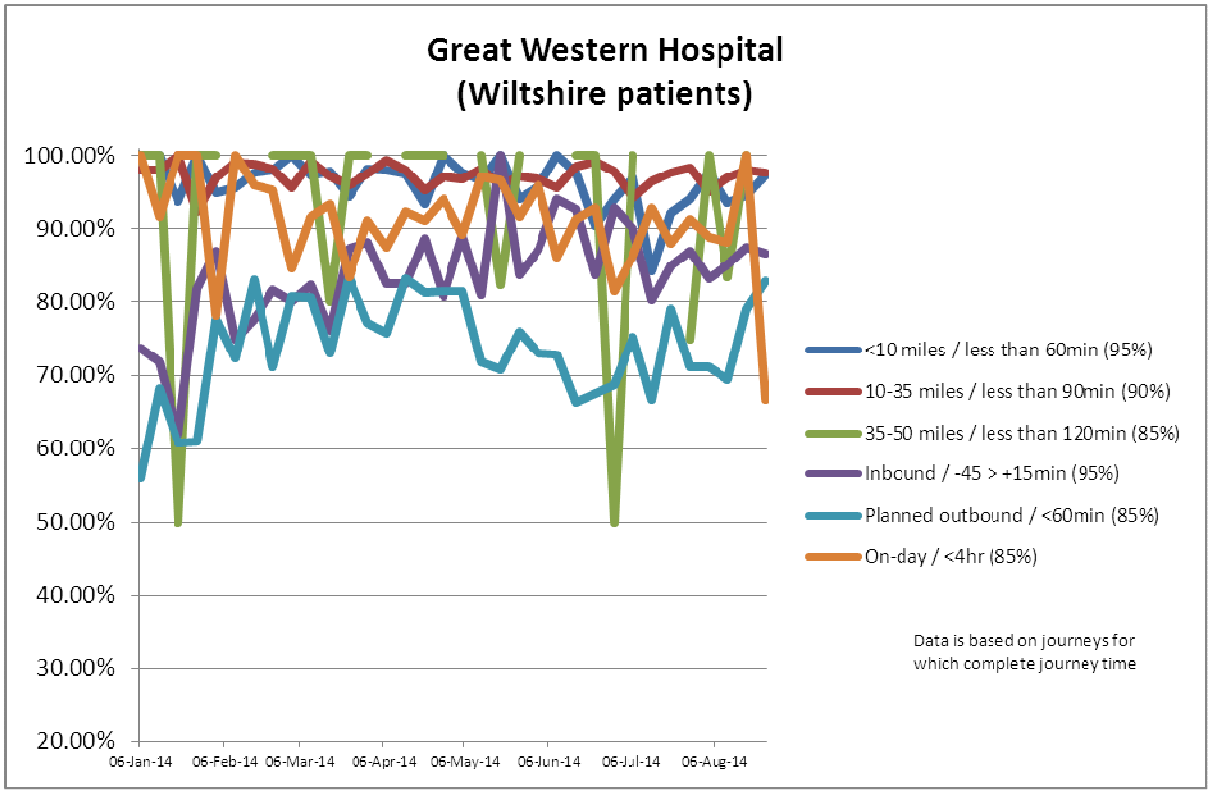
0-60 minutes	61-90	91-120	121-150	151-180	181+
76.25%	10.79%	5.85%	3.31%	1.59%	2.22%

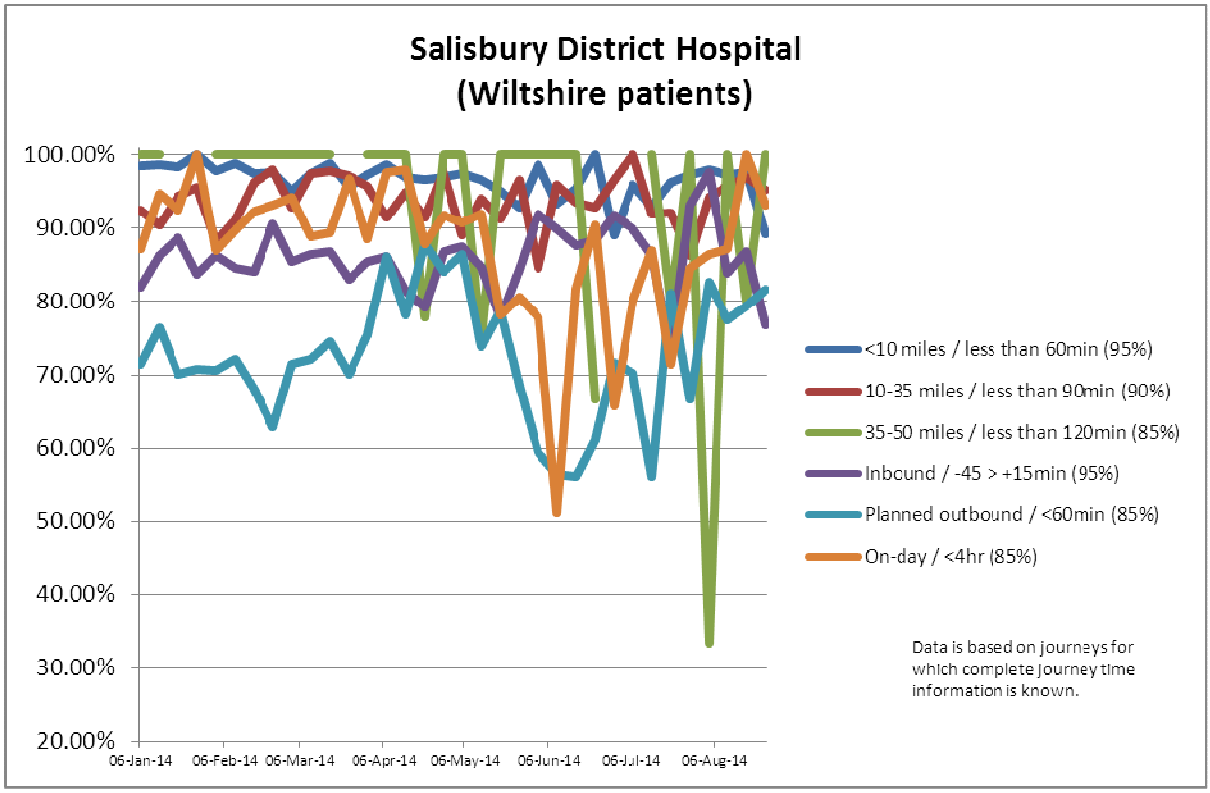


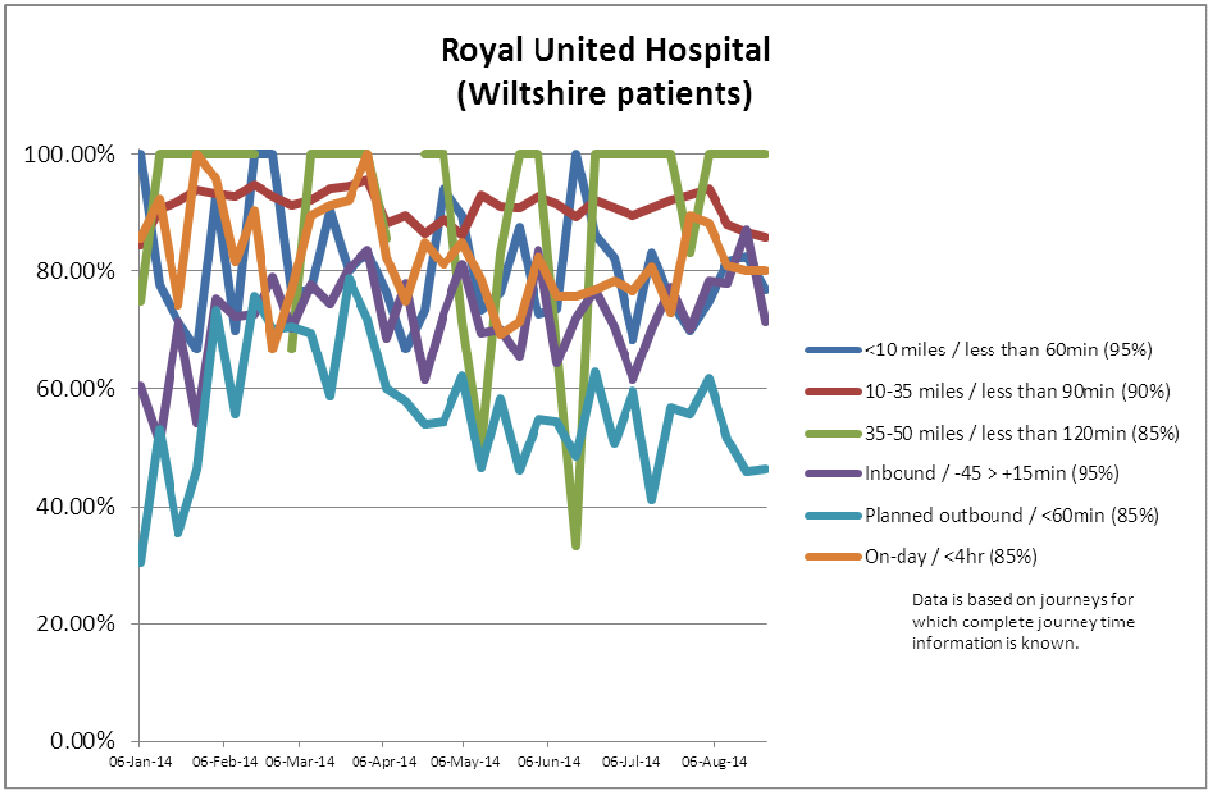
0-60 minutes	61-120	121-180	181-240	241-300	301-360	361+
29.67%	24.75%	15.52%	10.81%	7.07%	7.66%	4.52%


Total Call volumes
Sum of Total calls
Sum of Calls taken
Sum of Calls abandoned
Number of calls
4000
3500
3000
2500
2000
1500
1000
500
0
25/05/2014
02/06/2014
09/06/2014
16/06/2014
23/06/2014
30/06/2014
07/07/2014
14/07/2014
21/07/2014
28/07/2014
04/08/2014
11/08/2014
18/08/2014
25/08/2014
01/09/2014


Answered within 30 seconds
1
0.95
0.9
0.85
0.8
0.75
0.7
0.65
0.6
0.55
0.5
31-Mar-14
07-Apr-14
14-Apr-14
21-Apr-14
28-Apr-14
05-May-14
12-May-14
19-May-14
26-May-14
02-Jun-14
09-Jun-14
16-Jun-14
23-Jun-14
30-Jun-14
07-Jul-14
14-Jul-14
21-Jul-14
28-Jul-14
04-Aug-14
11-Aug-14
18-Aug-14
25-Aug-14


Great Western Hospital
(Wiltshire patients)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
<10 miles / less than 60min (95%)
10-35 miles / less than 90min (90%)
35-50 miles / less than 120min (85%)
Inbound / -45 > +15min (95%)
Planned outbound / <60min (85%)
On-day / <4hr (85%)
Data is based on journeys for which complete journey time


Salisbury District Hospital
(Wiltshire patients)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
<10 miles / less than 60min (95%)
10-35 miles / less than 90min (90%)
35-50 miles / less than 120min (85%)
Inbound / -45 > +15min (95%)
Planned outbound / <60min (85%)
On-day / <4hr (85%)
Data is based on journeys for which complete journey time information is known.


Royal United Hospital
(Wiltshire patients)
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
06-Jan-14
06-Feb-14
06-Mar-14
06-Apr-14
06-May-14
06-Jun-14
06-Jul-14
06-Aug-14
<10 miles / less than 60min (95%)
10-35 miles / less than 90min (90%)
35-50 miles / less than 120min (85%)
Inbound / -45 > +15min (95%)
Planned outbound / <60min (85%)
On-day / <4hr (85%)
Data is based on journeys for which complete journey time information is known.