

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 8th November 2017

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

NON-EMERGENCY PATIENT TRANSPORT SERVICE UPDATE

Purpose of report

1. The purpose of this report is:
 - To provide an update on the mobilisation of the new Non-Emergency Transport contract (with Thames Ambulance Services) in Leicester, Leicestershire and Rutland (LLR), that went live on the 1st of October 2017.
 - To highlight key issues within the first month of mobilisation and the actions being taken to resolve these.

Background

2. In June 2017 the LLR Clinical Commissioning Groups (CCGs) awarded Thames Ambulance Services Limited (TASL) the LLR Non-Emergency Patient Transfer Service (NEPTS) contract, to mobilise on the 1st October 2017. Mobilisation has been led by the LLR Urgent and Emergency Care (UEC) Team.
3. TASL provide non-emergency patient transportation to and from medical facilities, including out of area transportation, where patients are registered with an LLR GP. Where non-LLR patients require repatriation or inter-facility transfers, TASL will provide this, and the cost is recouped from the corresponding CCG. Where an LLR patient is receiving treatment outside of LLR and requires a return journey back to LLR following an inpatient stay, then TASL would be requested to provide this.
4. Since contract award, the UEC team have held monthly mobilisation meetings with TASL's executive board, chaired primarily by Tamsin Hooton, Director of Urgent and Emergency Care (Joanna Clinton, Head of Contract and Provider Performance deputising), with membership from the Contract and Quality team, and the Communication and Engagement team. During September 2017 in the run up to mobilisation, meetings were held weekly.
5. TASL were monitored against their mobilisation plan which would be updated prior to the mobilisation meetings and included detailed plans in the following areas: people (HR), vehicles, bases, systems and control and a project risk register. Each area was discussed and progress noted, identifying weaknesses and solutions to address.
6. In addition to the mobilisation meetings the UEC contracts team facilitated monthly interface meetings with University Hospitals Leicester (UHL), Leicestershire Partnership NHS Trust (LPT) and TASL. The purpose of which was to discuss and agree solutions to the hospital flow issues impacted by transport. The meetings were also used to identify staff that would require training on TASL's online booking system and generally as a means of mobilisation update and any issues that required stakeholder input. These meetings will continue to be monthly following go live for the

first 6 months and then move to quarterly meetings facilitated by the UEC contract team.

7. In preparation for mobilisation commissioners arranged interface meetings with Arriva and TASL to ensure that handover progressed efficiently. The interface between Arriva and TASL was not easy, and there were long delays in sharing information with TASL to support their mobilisation of the service, in particular in relation to staff Transfer Under Protected Employment (TUPE) and patient booking data transfers. Data did transfer following commissioner intervention.
8. Mobilisation issues prior to go live are summarised below:

Area	Issue	Impact	Solution
1. People	Reluctance in Arriva to transfer staff data to TASL until full contract signature completed.	Delay in communication and engagement with staff. Impacted upon staff morale, concern about their future. Arriva reported that a number of staff were leaving due to the lack of engagement with TASL	Redacted staff information was shared until full details provided in July. Commissioners requested that information was shared with staff to contact TASL directly if they had concerns. TASL actively recruited throughout the summer months in order to address the gap. Confirmation prior to go live that the gap had been closed.
2. People	Arriva wouldn't allow TASL direct access to staff in their working time.	Accessing staff to measure for uniforms, pictures for badges, general information sharing was difficult. Arriva reported unrest across the staff group at TASL's lack of engagement but still wouldn't allow access in working time due to impact upon service delivery.	TASL arranged consultations in a number of venues across LLR in order to engage with staff outside of their normal working hours. They also offered 1-2-1's with staff. Arranged vehicle orientation days over weekends for staff to familiarise themselves with new vehicles.
3. Systems and Control	Arriva position on data transfer and information governance created delay in transfer of patient data	Delay to data transfer which didn't allow sufficient time for TASL to cleanse and check. Ideally TASL would've preferred more time for this process. TASL not assured that all relevant data was transferred (see renal issue in go live risks).	Commissioners intervened highlighting patient safety as a risk. Arriva assured that all block booking would be transferred with no impact upon patient safety.

9. There was a detailed communication and engagement plan supporting the mobilisation including work with stakeholders, providers, patients and carers as well as the media. The plan is available on request.
10. Prior to mobilisation an escalation process with management cover and escalation contact details was shared with LLR commissioners, UHL, LPT and out of area hospitals to facilitate any escalations required.

Implementation issues

11. The first weeks of the contract have been challenging. In some cases patients have experienced long delay or cancellations of their transport, which has had a detrimental impact on patient experience.
12. The West Leicestershire CCG Urgent and Emergency Care team have led the management of post-mobilisation escalation and recovery. Commissioners have arranged a series of scheduled contacts with TASL to ensure that the day to day operational problems are overseen and that necessary improvements are delivered, including:
 - Production of a Recovery Plan, which is monitored weekly;
 - Daily conference calls between CCG/TASL/UHL/LPT since start of the contract;
 - Weekly mobilisation meetings between CCG and TASL;
 - Bi weekly CCG facilitated interface meetings with TASL/ UHL/ LPT;
 - Fortnightly reports to the A&E Delivery Board summarising the recovery plan;
 - WLCCG is co-ordinating a meeting of neighbouring commissioners of TASL in Lincolnshire and Northants, to share intelligence and co-ordinate our response in relation to operational performance and resilience.
13. We will continue these arrangements through the mobilisation period for as long as required, and thereafter there will be monthly contract and quality monitoring meetings and monthly interface meetings with UHL/LPT.

14. The following table summarises the issues that have been identified since 1st October:

Area	Issue	Impact	Solution
1. People	Issue with staff rotas – transferred staff concern that shift patterns changed. TASL had profiled new rotas to meet known demand.	Disgruntled staff. Long-term implications will require organisational review to change shift patterns.	TASL consulted with Unions and with individual staff and have made changes to accommodate Arriva staff preferences. New recruits and 3 rd party have been used to fill gaps.
2. People	TASL have experienced high levels of sickness in the first week (generally at 2% but over the week 9/10% - 20 in total). There was also issue with annual leave – staff had booked with Arriva but this information hadn't been transferred to TASL. Some staff did not report for work and hadn't communicated resignation to TASL	UHL experienced a high number of re-beds which was a combination of higher activity levels but impacted by delayed transportations. 2/10/17: 11 re-beds 3/10/17: 20 re-beds 4/10/17: 1 re-bed Out of area sites also reported re-beds but there has been an improvement since week 1. TASL advised some journeys have been late/missed in the first week due to staff capacity	TASL have been using 3 rd party crews, taxis, and out of area taxis to fill the gaps (executed on 3/10/17). Cohort of new staff commenced 9/10/17. Third party crews being utilised where necessary.
3. People	On the 2 nd of October Royal Derby hospital reported 5 Renal patients who experienced delays between 1 and 3 hours to attend their appointment. Not isolated to Derby hospital the UEC team have received other intelligence relating to late/missed renal appointments	Renal patients didn't make their appointment. While there are no reported patient harm incidents patient experience extremely poor.	TASL obtained renal booking data directly from renal units and ensured reconciliation with data transferred into Health Cab.

Area	Issue	Impact	Solution
4. Systems and Control	UHL staff reporting difficulties in accessing the online booking system. Logging in to the system has been problematic. UHL reported issue with compatibility to their IT systems, advised that it will be resolved by 5/10/17	Delays to staff booking online. Lengthy waits (reporting over one hour wait without queue details) on HCP phone line as staff using this method instead to book transport	TASL deployed a mini control room in the discharge lounge to work with UHL in getting access to staff. They have also given direct escalation numbers to UHL staff to bypass the HCP line. TASL have put in extra capacity at call centre to deal with volume of calls. Longer term re-configuration solution for 6/11
5. Systems and Control	UHL staff unable to access all booking information for UHL patients	Discharge lounge can't see journey information that has been booked by wards which is impacting upon flow. Unable to make patients ready.	Mini- control room supporting the discharge lounge with short-term solution – commissioner access to full range of information. Information governance risk but acceptable short-term due to patient safety. TASL have made changes to Health Cab configuration and access rights 23/10 and 31/10
6. Systems and control	TASL control centre applying the eligibility criteria without flexibility which impacted upon discharge delays at UHL. CCG have received patient complaints regarding eligibility	Delay in discharges on 2/10/17. Negative experience for patients. Attracted media interest.	Commissioners reviewing criteria to ensure that exceptional circumstances are considered and reflected in the wording. Guidance provided to control room staff and further 'coaching' of TASL on the wording.
7. Systems and Control	UHL have been commissioning additional crews to support discharges of mobilisation	TASL planning data didn't reflect full levels of demand	UHL to provide activity levels to TASL to re-profile discharge demand from. TASL to submit plans to CCG on how they will meet this demand.

15. The UEC team consider the root cause analysis to the initial mobilisation issues to include: poor data transfer from Arriva to TASL (data missing and with errors), disgruntled Arriva staff, staff sickness (unplanned from TASL perspective), poor communication and lack of readiness from hospitals and TASL (testing of systems).
16. In the 2nd week of mobilisation staffing issues were reported as greatly improved.
17. The three main issues affecting performance remain; the inflexibility of the online booking system, the high demand on telephone lines as a result (call volume and call waiting), and planning and despatch processes, with a particular focus on discharge planning at LRI.
18. TASL have responded rapidly to the initial problems, to reduce the impact on patients and develop solutions to emerging issues. As a result TASL have offered a solution to the identified issues which include.
 - Creating a 'priority' patient contact centre for renal, chemotherapy, radiotherapy & oncology patients – dedicated staff/crews/vehicles;
 - Devolve discharge planning and discharge day control to hospital units – supported by discharge co-ordinators and patient transit co-ordinators;
 - Create 2 geographical contact centres managing NEPTS only, covering Midlands/South and North;
19. TASL are actively working to put the above changes in place, and aim to be operating within this new format by 6 November 2017.
20. TASL also has contracts in Lincolnshire and Northamptonshire for non-emergency patient transport and they too have reported experiencing the same issues as LLR. Commissioners across the 3 areas are working together to ensure a collective, consistent approach to TASL in order to support a quick resolution.
21. During the first two weeks of October (1st – 15th October 2017), TASL has completed only 62% of booked journeys with 13% journeys aborted and 24% journeys cancelled. Although TASL has performed poorly during this time and has not met Key Performance Indicators, there has been a steady day-to-day improvement in terms of patients arriving for and collected from appointments. Failed discharges (re-beds) have dropped significantly since the improvement to discharge transport capacity in week two of the contract, although this remains an area of focus for commissioners and providers.

Resource Implications

22. No specific implications, other than that the mobilisation has required significant input of staff time in the UEC team as well as provider organisations. This will inevitably continue until such time as the service is operating effectively at an acceptable level of performance.

Conclusions

23. TASL have submitted a recovery action plan in response to the issues highlighted within the report. The plan is being monitored via the daily escalation calls and contract meetings.
24. Commissioners are also providing fortnightly updates to the Accident and Emergency Delivery Board which includes updates upon TASL's recovery plan as well as performance.
25. NHSE have also requested regular updates upon progress including a business contingency plan of which regional commissioners will be working collectively upon.

Background papers

Not Applicable

Circulation under the Local Issues Alert Procedure

None. It is a LLR wide service

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List of Appendices

Not applicable

Relevant Impact Assessments**Equality and Human Rights Implications**

Not Completed

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