



Leicester City Clinical Commissioning Group  
 West Leicestershire Clinical Commissioning Group  
 Leicestershire and Rutland Clinical Commissioning Group



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE:**  
**28 FEBRUARY 2018**

**REPORT OF LEICESTER CITY CLINICAL COMMISSIONING GROUP**  
**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**  
**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING**  
**GROUP & THAMES AMBULANCES SERVICES LIMITED**

**LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) CONTRACT**

**Purpose of report**

1. The purpose of this report is to provide Members of the Committee with an update on the post mobilisation of the Non-Emergency Patient Transport Services (NEPTS) contract with Thames Ambulance Services Limited (TASL) in Leicester, Leicestershire and Rutland (LLR).

**Background**

2. TASL also provide NEPTS to a number of bordering locations; these cover Northamptonshire working to the Nene and Corby CCG's, and Lincolnshire working to the Lincolnshire West, Lincolnshire East, South West Lincolnshire and South Lincolnshire CCG's.
3. These three locations involve approximately 420,000 journeys per annum. The Company also provides services to other areas of the country.
4. In LLR, TASL has a planned workforce of 121 staff and uses a mixture of vehicles to deliver the service. It operates from two bases, Leicester and Loughborough and is planning a third base in Nuneaton.
5. The report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups to the Committee on 7 November 2017 provided an update on the mobilisation of the new NEPTS contract (with Thames Ambulance Services) in LLR, that went live on 1 October 2017 and highlighted key issues and mitigating actions.
6. TASL have been under-performing against the LLR contract since mobilisation on the 1 October 2017. The initial issues with data sharing, staff sickness and shortages and IT systems have largely been resolved. The four remaining areas of concern for the CCGs have been in relation to operational performance, quality, financial stability, and executive leadership.

## **Details**

7. Since the start of the contract in October TASL have recognised that performance has not been to the contract standards. It has implemented a number of improvements designed to bring performance levels to those within the contract and has set a realistic target for achievement of key performance indicators by June.

## **Financial Stability**

8. At the invitation of TASL, Tamsin Hooton, Spencer Gay and NHSE met with the parent company (HTG) and the equity loan firm (InvestIndustrial). The purpose of the meeting was to provide assurance regarding the robustness and financial stability to meet the contractual requirements. In summary they provided the following assurances:
  - Prioritise making operational improvements across contracts, including improving the delivery of contractual performance standards and improving patient experience. To include reviewing the management and leadership resources within TASL;
  - Acknowledgment of 'loss-making' in first year of the contract, expected due to mobilisation and contract expansion, confirmed their ability to finance this phase of development;
  - Agreement to capitalise the 'quasi equity loan' into shareholdings and keep greater cash balances in the UK group;
  - Confirmed long-term presence in the UK and commitment to not expand further until contract has stabilised.
9. A further meeting has been arranged for the 26 February 2018.

## **Executive Leadership**

10. In the autumn the Company's Chief Executive and Chief Operating Officer left the company. Recruitment to both positions was quickly implemented and TASL agreed for the CCG to be involved in the process for the appointment of the Company's Chief Executive. The recruitment of the Chief Executive has concluded and Derek Laird has been appointed as the Company's Chief Executive Officer. The appointment of the Chief Operating Officer is planned for March.
11. Additional resource was brought in by the Company during this period to free the current executives to focus on their roles. The additional capacity included:
  - Interim Director of Performance (focus on RAPs and service improvement);
  - Control centre Improvement Manager (releasing the Improvement Director to concentrate upon improvement across the LLR contract);
  - Operations Improvement Manager (NHS Ambulance background);
  - Two training Officers (accelerate recruitment process for operational staff resulting in quicker deployment of staff. There will be a continuous recruitment and training programme);
  - Two clinical and quality support managers;

- Management account resource – providing relief to the Finance Director/Interim Chief Executive to allow them to dedicate more time to the CEO role.

## Operational Performance

- The recent data submission for December shows a gradual improvement in some KPI's most noticeably upon arrival and UHL discharge departures which correspond with the positive feedback from both UHL and LPT upon service developments. Please note that whilst there has been improvement TASL still are not yet meeting the majority of KPI targets.
- Call centre activity is still significantly below KPI but improvements are noted; December saw an 11% increase in the number of calls answered within 60 seconds, and a 9% reduction in the number of abandoned calls. Commissioners are now receiving daily calls data from TASL to monitor performance.
- The table below shows the data for the period for the first twelve days of February

### Queue Group Performance by Day of Month

508 - GP & HCP - Leicestershire

2/1/2018 - 2/12/2018 - 00:00 - 24:00

Activity period	ACD calls offered	ACD calls handled	Calls abandoned (long)	Average speed of answer (hh:mm:ss)	Average delay to abandon (hh:mm:ss)	Service level %	Answer %
1	454	370	75	00:03:54	00:04:17	37.9%	81.5%
2	323	310	13	00:00:31	00:01:24	91.0%	96.0%
3	78	76	2	00:00:34	00:01:46	87.2%	97.4%
4	36	36	0	00:00:29	00:00:00	91.7%	100.0%
5	426	392	29	00:01:57	00:02:37	62.0%	92.0%
6	376	350	26	00:01:42	00:03:50	75.8%	93.1%
7	345	335	10	00:00:48	00:02:08	86.4%	97.1%
8	374	360	13	00:00:50	00:02:55	88.2%	96.3%
9	318	315	3	00:00:11	00:00:44	98.1%	99.1%
10	93	87	6	00:01:09	00:02:20	75.3%	93.5%
11	42	42	0	00:00:14	00:00:00	100.0%	100.0%
12	369	351	17	00:00:40	00:03:48	87.5%	95.1%
<b>Totals</b>	<b>3234</b>	<b>3024</b>	<b>194</b>	<b>00:01:19</b>	<b>00:03:24</b>	<b>77.0%</b>	<b>93.5%</b>

- TASL continue to submit daily sitreps with the latest position attached at **appendix 1**. Although TASL are not meeting KPI thresholds there has been a month by month improvement in performance.

## Quality

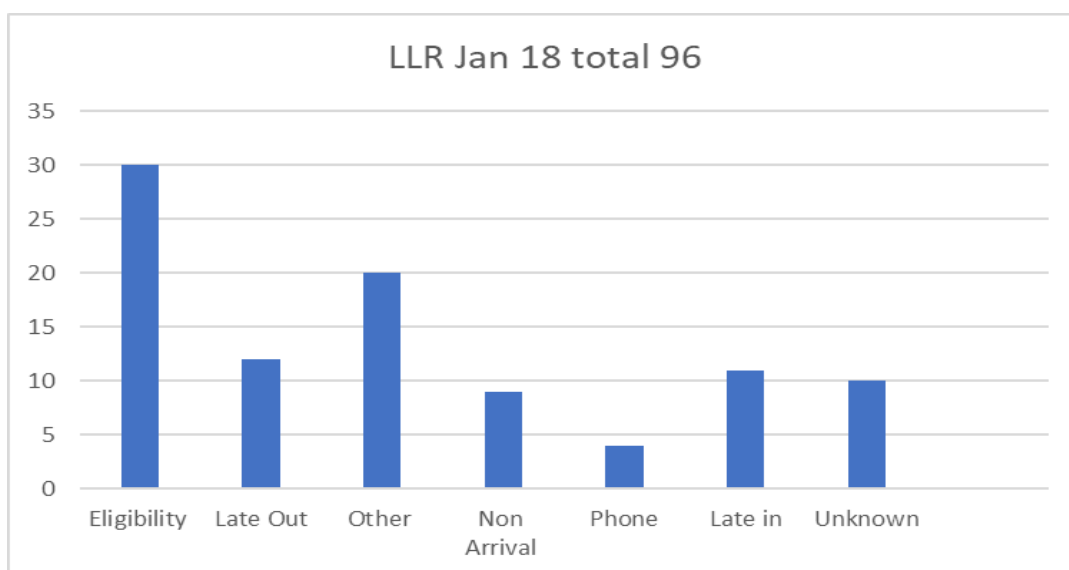
- The list below is a short summary of the actions taken to date:
  - Monthly renal meetings to drive improvement, attended by Renal Matrons and Ward clerks plus the CCG;

- Introduced a renal email address for amendments and suspensions of appointments;
- SMS messaging service for our outpatients is being trialled;
- Healthcab training provided for UHL/LPT staff, with online bookings increased to 55%;
- Improvement to access rights on Healthcab;
- Additional support into the discharge lounge to ensure attendance at bed meetings;
- Attendance in renal wards to listen to concerns and adjust service quickly;
- Renal specific control centre which has been educated by the Renal ward;
- Additional call centre staff with a talent bank to ensure consistency;
- Robust training programme for TASL staff commissioned with the local college;
- Introducing patient app for renal patients so they can track their transport;
- Friends and family test cards specifically for renal ward;
- Dedicated team of drivers for Renal patients.

17. We had improved our ability to gather patient feedback with Friends and Family questionnaires having been distributed to all localities and also placed on-board every vehicle.
18. We have reviewed our processes to make sure they are simple, fit for purpose and that staff fully understand them

## Complaints

19. The number of complaints at the start of the contract was extremely high as we struggled to cope with the volume of complaints. This has now stabilised into a steadier state and the number of complaints by type is shown below:



20. A large proportion of complaints in January concerned the eligibility criteria. Entitlement to transport for a patient depends on whether the eligibility criteria set out

by NHS West Leicestershire CCG, NHS East Leicestershire and Rutland CCG and NHS Leicester City CCG is met. The process for determining if a patient is eligible to receive transport is set out in the following link:

<http://www.westleicestershireccg.nhs.uk/sites/default/files/NEPTS%20Eligibility%20criteria.pdf>

21. To improve Executive oversight for the Company the Complaints function is being centralised and the complaints management system will migrate to Healthcab. Healthcab is a computer-aided dispatch and booking system used by TASL to support the efficient flow of patients to, from and between locations.
22. The LLR Quality Team have been invited to 'stress test' the new system and provide input to ensure that it meets the requirements of the CCG in terms of data recording and reporting outputs.

### **Staffing**

23. The planned establishment to deliver the contract is 121 operational staff. At the start of this year there were 23 vacancies. Recruitment has been undertaken during January and February filling 15 of the vacant posts. Further recruitment of 8 staff is planned for March and we are working with Grimsby College to run a recruitment programme for Leicestershire and Northamptonshire. Inevitably there is a level of churn within the workforce but it is hoped that it will now stabilise as the contract settles down.
24. We have a 3 tier approach to staff engagement from the Executive Board and Regional Directors to Area Managers to Ground level. This method has been demonstrated through the dissemination of various new policy documents and staff handbooks.
25. A TASL Staff Intranet has been set up which houses all core materials for staff to access as required.
26. Regular meetings are in place for Regional updates, Training and Communication through to base meetings with ground level staff. These have been diarised for the year.
27. An E-Newsletter "Battenberg" for bulletin news and updates commenced in October 2017. This is issued monthly to staff.
28. The Quality Team Road commenced scheduled quality visits to audit test effectiveness of 3 tier engagement plan and gather staff feedback with a target completion date of 31 March 2018 to have concluded all quality visits across all sites operated by the Company.

### **Next Steps**

29. The UEC Contracts Team will continue to support TASL via the weekly interface meeting where the Recovery Action Plan (RAP) is being progressed. Significant progress has been made within the RAP with the majority of renal actions being completed. The outstanding areas that require further work include the interface with

hospital staff and support to use Healthcab and the process for booking and planning transport both of which have dedicated staff in place to progress.

30. TASL have advised that their strategy is to make significant improvements by March and by June 2018 to be business as usual with RAPs closed. Improvement trajectories has been developed and agreed to achieve KPI targets by June 2018.
31. On the 21 December the CCG agreed to continue to work with TASL to improve service performance, with checkpoint reviews at 3 and 6 months (i.e. end of March and end of June 2018) unless performance declines and/or doesn't improve in line with the performance trajectory.

### **Officer to Contact**

Name and Job Title: Jo Clinton, Head of Contracts and Provider Performance,  
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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

32. This report is for information only and as such does not impact on equality and human rights issues

### **Appendices**

Appendix 1 - TASL Performance – Analysis of Daily Sitrep Reports

**Appendix 1**

**TASL Performance – Analysis of Daily Sitrep Reports**

**Call Centre Activity**

for 1<sup>st</sup> January – 13<sup>th</sup> February 2018

February has seen an upsurge in the number of calls to the TASL call centres – there were 5,029 calls in the whole of January 2018 (average of 162 calls per day), and so far in February, there have been 3,624 calls (average of 279 calls per day).

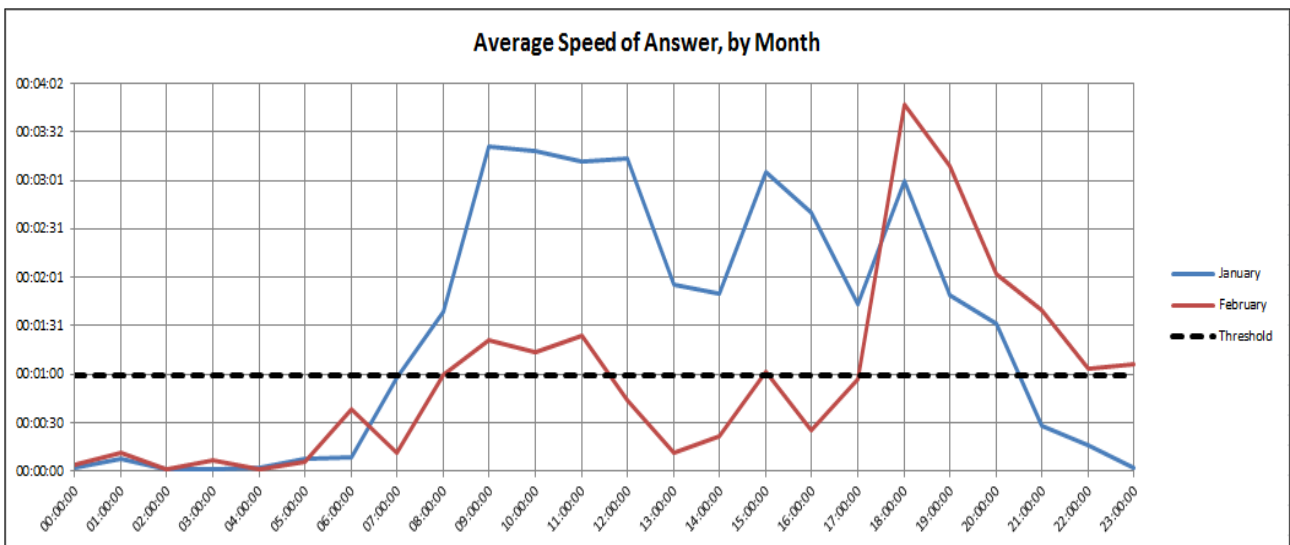
However, despite the increase in calls, there has been a significant improvement in the Call Centre activity since the start of February:

- The percentage of abandoned calls has reduced substantially, and is now within KPI.
- The percentage of All-Calls Answered has increased.
- The percentage of Calls Answered Within KPI (60 secs) has improved, although not yet within KPI.
- The average speed of answer has reduced.

	% Answered	% Answered within KPI	% Abandoned (> 8 Secs)	Average Speed of Answer
<b>October</b>	55.7%	30.4%	44.3%	
<b>November</b>	73.7%	43.0%	26.2%	
<b>December</b>	79.6%	54.3%	17.2%	
<b>January</b>	85.4%	64.0%	13.4%	00:01:27
<b>February (up to 13<sup>th</sup> Feb)</b>	95.1%	81.8%	4.6%	00:00:57

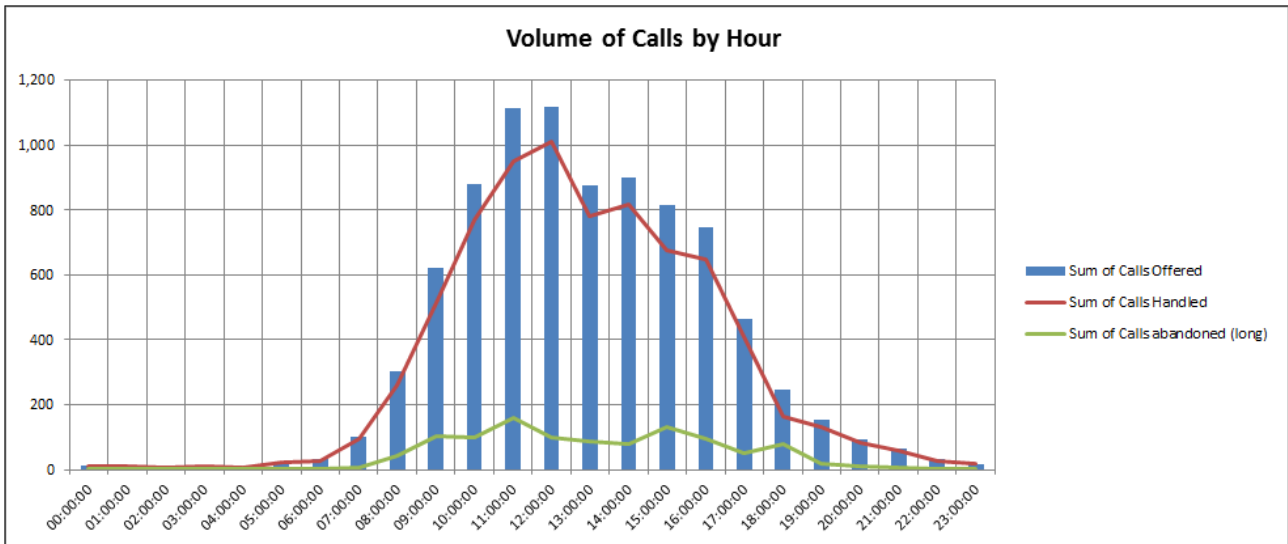
Chart 1 below shows that although the average speed of answer has fallen from 00:01:27 to 00:00:57, there are still periods in the day when the answer time exceeds the 60 seconds threshold, particularly 18:00-22:00 when calls are re-routed to the Pelham call centre.

Chart 1:



The below chart shows that the vast majority of calls (90%) are received between the hours of 9:00-18:00. The majority of abandoned calls (after 8 seconds) (90%) are also during this same period.

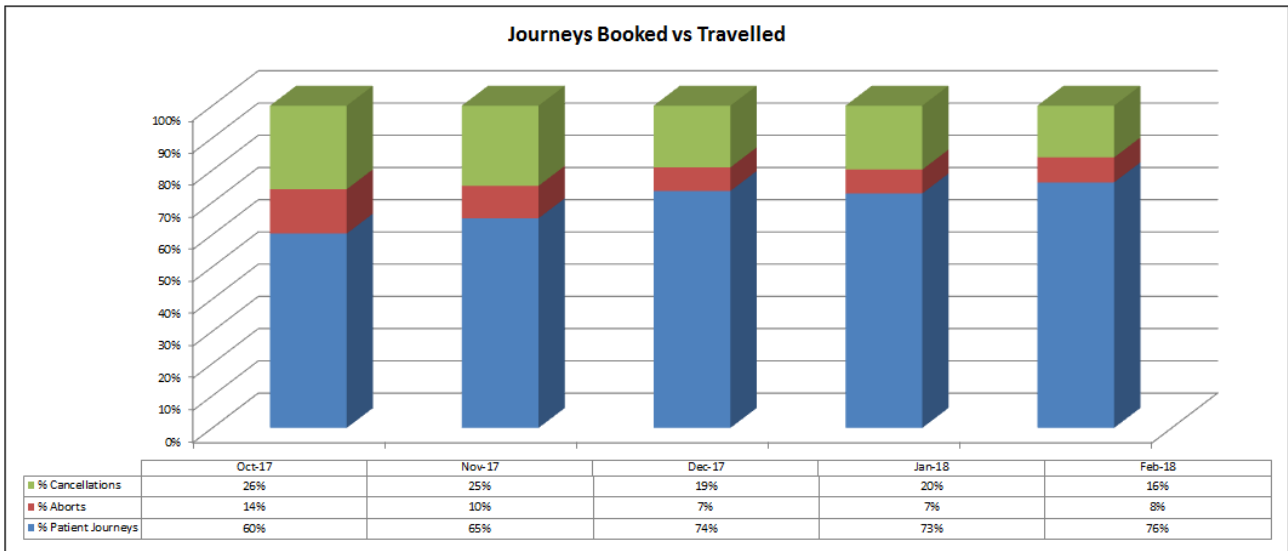
Chart 2:



**Journey Activity for 1<sup>st</sup> October 2017 – 4<sup>th</sup> February 2018**

Chart 3 below shows the TASL activity since the contract commenced (1<sup>st</sup> October 2017) broken down by month. The daily Sitreps show that there has been consistent improvement month on month, in terms of increasing patient journeys completed and reductions in abortions and cancellations.

Chart 3:



Charts 4-7 below show that performance against KPI thresholds has improved each month since the contract started. Please note, the timestamp data only relates to journeys completed by TASL, as the Daily Sitreps do not capture journeys carried out by third-party providers.

For Inward journeys, the percentage of patients arriving on time for the appointment has increased by 21% – from 58% in October 2017 to 79% in February 2018.

It is also positive to report that the number and percentage of patients arriving more than an hour late for the appointment has significantly reduced from 12.5% in October 2017 to 0.9% in February 2018.



Chart 4:

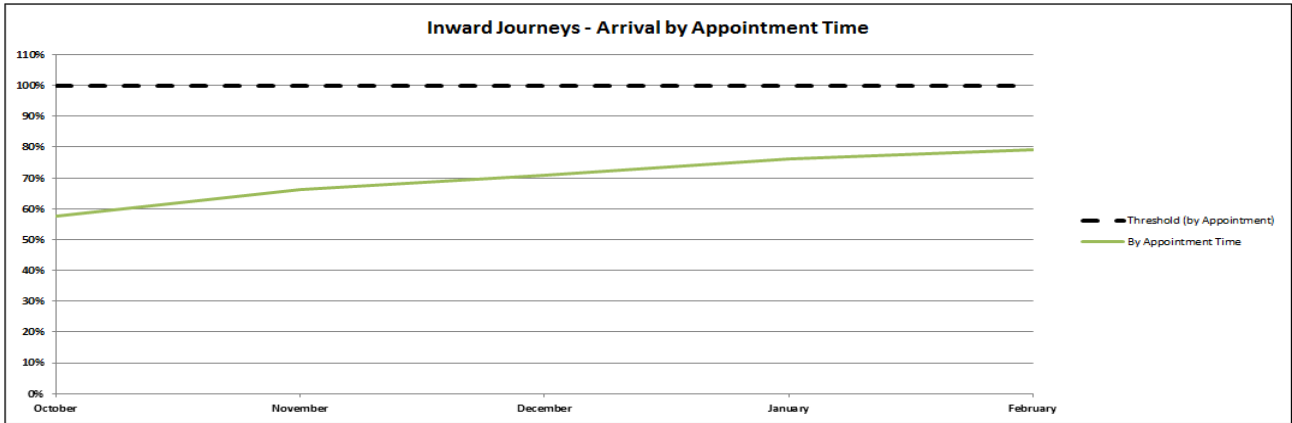
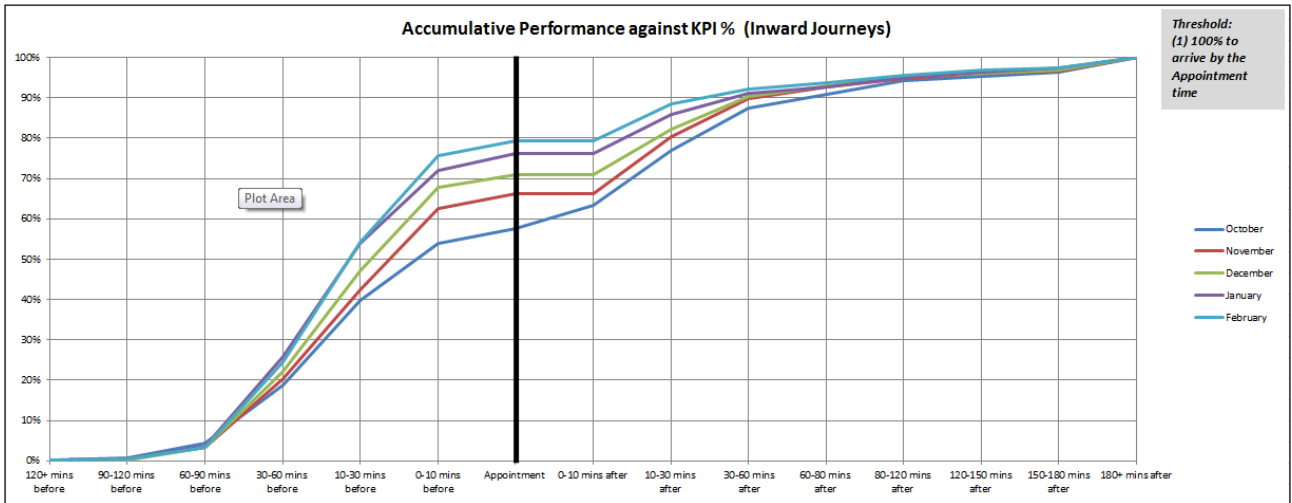


Chart 5:



Similarly for Outbound journeys, the percentage of patients collected within 60mins after the appointment has increased from 63% in October 2017 to 75% in February 2018, and the percentage of patients collected within 120mins after the appointment has increased from 82% in October 2017 to 90% in February 2018.

The number and percentage of patients collected more than 2 hours after the appointment has reduced from 18.1% in October 2017 to 1.3% in February 2018.

Chart 6:

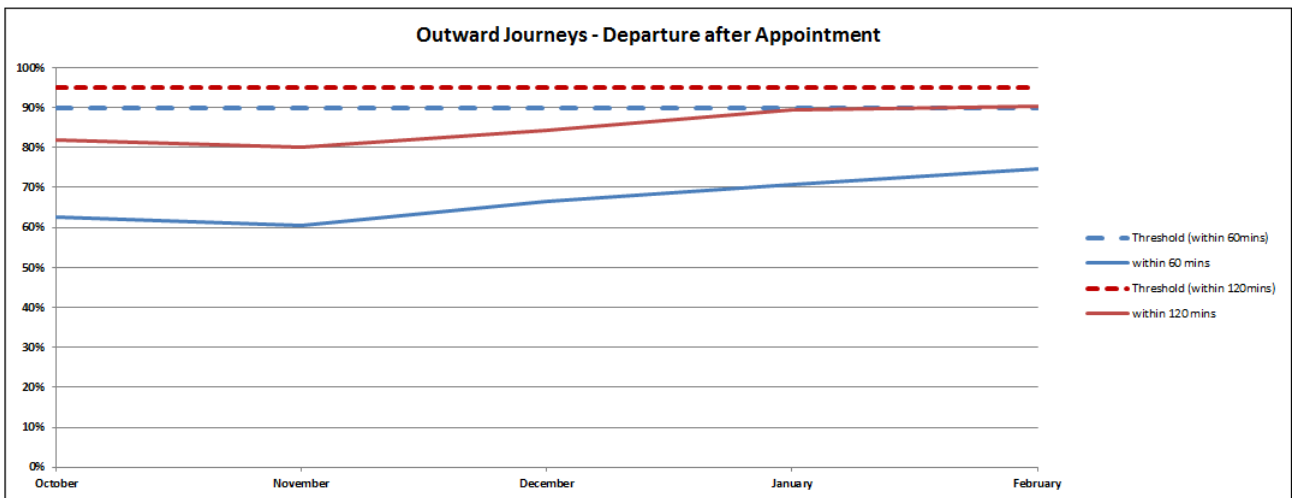


Chart 7:

