

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 10 SEPTEMBER  
2014**

**REPORT OF EAST LEICESTERSHIRE AND RUTLAND CCG**

**ARRIVA TRANSPORT SOLUTIONS LTD (ARRIVA) NON EMERGENCY  
PATIENT TRANSPORT SERVICE – PERFORMANCE UPDATE**

**Purpose of report**

1. The purpose of this report is to inform the Committee as to Arriva's progress in meeting its contractual obligations in providing its Non-Emergency Patient Transport Service (NEPTS) to Leicester, Leicestershire and Rutland (LLR) patients.

**Background**

2. As a result of considerable recent media exposure concerning a number of negative patient experiences in relation to the services provided by Arriva the performance of the provider against its contracted targets has been highlighted as a major concern to the health and wellbeing of the patients which rely upon the service.
3. Considerable efforts over the last 12 months have been made by the East Leicestershire and Rutland Clinical Commissioning Group (CCG), who performance manage the contract on behalf of the 3 LLR CCGs and consequently the health care requirements of patient users of the service, to understand the main drivers within the healthcare system which impact on patient transport and promote effective changes where required and to also address those elements of performance which are in the control of Arriva by utilising appropriate provisions and levers in the contract.
4. Arriva is on track to achieve compliance against the main contract targets by the end of October 2014 for those elements of the service where it has control. The CCGs are working with other providers in the health care system which utilise the services which Arriva operate and have a direct impact on its performance so as to make the patient transport service more efficient and provide a more positive patient experience.
5. Further details are provided in the Appendix to this report which is a report setting out performance issues and resolution plans.

**Conclusions**

6. The initial performance of Arriva against its key performance indicators as detailed in the contract of July 2012 was unsatisfactory which caused considerable patient disquiet and complaint as well as contractual and financial consequences having to be imposed by the CCG commissioners where Arriva were in control of that performance.

7. Performance has improved since the beginning of 2014 following a number of measures put in place by Arriva, both managerial and operational, and the Company is on track to meet its main key performance indicators by the end of October 2014.
8. As a result of various 'deep dive' consultation/workshop initiatives with other provider/ stakeholders and meetings all instigated by the CCG Contract team it has become patently apparent that a large measure of the issues which involve Arriva with the greatest delays has been caused by ineffective discharge processes by the acute hospitals operated by University Hospitals Leicester. This ties up a large proportion of the fleet and support staff which should be more available during each working day.

#### Recommendations

9. The Committee is requested to:
  - (a) Note the contents of the report;
  - (b) Note the steps taken to address performance at Arriva and the further actions being undertaken by the CCG Contract and Quality team.

#### **Officer to Contact**

Dr David Briggs, Managing Director East Leicestershire and Rutland CCG

Telephone: 0116 295 5105

Email: [dave.briggs@eastleicestershireandrutlandccg.nhs.uk](mailto:dave.briggs@eastleicestershireandrutlandccg.nhs.uk)

#### **List of Appendices**

Appendix – Report Providing Information as to Performance Issues and Resolution Plans

**ARRIVA – Non-Emergency Patient Transport Service for Leicester, Leicestershire and Rutland****Report providing information as to Performance Issues and Resolution Plans****Background:**

1. In 2012 Leicester City Primary Care Trust (PCT), as lead commissioner on behalf of Leicester City and Leicestershire County and Rutland PCT's, re-procured the Non-Emergency Patient Transport Service; this service was previously provided by the East Midlands Ambulance Service (EMAS). The contract was awarded to Arriva Transport Solutions Limited.
2. The contract period is for five years (July – June) with an option to extend by two years and the financial value for the five years is £26m.
3. The contract has a baseline level of activity based on previous known historic demand and usage to reflect expected journeys linked to a Points of Care (POC) list as well as an element that allows for journeys not part of the baseline to be undertaken and charged at a different rate over and above the baseline classed as Extra Contractual Journeys (ECJs).
4. Upon the contract being awarded to Arriva via the procurement process (commencing 1st July 2012) the contract was being managed by Leicester City CCG for the benefit of all 3 LLR CCG's.
5. With effect from 1st April 2013 the responsibility for the contract and performance management of this contract transferred to East Leicestershire and Rutland CCG (ELRCCG). The contract was handed over to ELRCCG by LCCCG with a number of known and unresolved on-going issues

**Hospital Discharge Issues:**

6. During 2014 the CCGs in considering the impact of external factors on the performance of Arriva established a number of factors which not only impacted on Arriva's ability to achieve their targets but which have also impacted on the wider Urgent Care Service as follows:
  - Increase in activity at the Front Door of A&E.
  - The low level of discharges from the UHL discharge lounge and an increase in discharges from wards requiring extra time to collect patients from wards, approximately two thirds of patients are being discharged from the wards and not the discharge lounge.
  - The low level of discharges that are planned - currently only 20% which equates to approximately 250 journeys out of an average monthly discharge total of 1,250.
  - The increase in discharges booked on the day - currently 80% which equates to approximately 1,000 journeys out of an average monthly discharge total of 1,250. Table 2 demonstrates by hour when discharges are being undertaken and clearly shows that very little activity takes place early in the day with a peak between the hours of 11am and 6pm.

- The increase in levels of mobility, specifically a marked increase in requests for stretchers. The planned level of stretchers and actual requests are detailed at table 1.
- Inappropriate booking of stretchers and two man support wheelchairs when a lower level of mobility support (both vehicular and staffing) would have been sufficient.
- The cut off times for entry into Nursing/Care Homes, between 5pm and 7pm which is dictated by the nursing staff working hours and if not met (especially on a Friday evening means a re-bed over the whole weekend).
- The cut off times for entry into Community Hospitals approximately 9pm with the same effect as for the nursing homes.
- The level of cancelled and aborted journeys which range from between 10% – 20% aborted journeys and 15% - 30% cancelled journeys on an average month.
- Patients that are booked ready but are still awaiting the medication. (TTO's) which means they are waiting many hours after notified release times before being able to be transported with vehicles and staff waiting outside. Arriva have advised that approximately 25% of discharges are delayed by over 10 minutes and that of those 80 – 85% are due to patients waiting for their medication.

#### **Discharge Effects on Social and Adult Care Partners:**

7. The hospital discharge issues detailed above has an obvious negative impact on the services which are provided by the Local Authorities in having to provide extra unplanned support and services when patient transfers do not happen when planned and expected and rebidding of patients is required. This is a waste of time and resources, which also causes unwelcome amounts of anxiety to patients, their families and other care providers.
8. The contract with Arriva has a range of Key Performance Indicators built in to enable effective monitoring of expected standards for this service. In addition there are penalty clauses for non-achievement of KPI's at 1.5% of the annual contract value and an incentive payment linked to a year on year reduction of the aborted journeys. The KPI's that were not achieved in years one and two have had penalties applied. In addition, two Contract Queries have been issued which reflect the Quality Concerns below:
  - Patients within a 10 mile radius of the point of care will spend no longer than 60 minutes on the vehicle.
  - Patients within a 10 – 35 mile radius of the point of care will spend no longer than 90 minutes on the vehicle.
  - Patients within a 35 – 80 mile radius of the point of care will spend no longer than 120 minutes on the vehicle.
  - Patients shall arrive within 60 minutes prior to their appointment/zone time at the appropriate point of care.
  - Outpatient Return patients shall be collected within 60 minutes of request or agreed transport/or zone time.

- Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.
  - Arrival 30 minutes before appointment.
  - Arrival before appointment.
  - 30 minute travel time inwards/outbound.
  - Departure after treatment (booked ready 30 minutes).
9. As a result a comprehensive Remedial Action Plan was put in place by Arriva and approved by the CCGs which was monitored and managed until all required actions had been satisfactorily undertaken.

**Contract Performance Management Key issues:**

10. Two Contract Queries for Performance and Quality targets not being met were issued.
11. Reporting issues were also identified, both contractual performance data reporting and the indicators for quality compliance. Arriva have undertaken a number of data cleansing exercises and the commissioners now have improved confidence in their data and validation processes. In addition there were concerns with regards to the level of expertise of the Arriva performance management team, highlighted by the level of support that was required by them from the CCG Contract and Quality teams on a monthly basis including ensuring that an appropriate Remedial Action Plan was provided; in order to address this Arriva have restructured and appointed a new team of managers.
12. Following scrutiny and by working with both the Provider, partner CCG's and other stakeholders it has been established that the original procurement documents did not fully quantify the requirements of this service. This had a major negative effect on Arriva establishing the correct vehicle fleet and support staff required to meet patient needs.

**2014 Situation:**

13. An unannounced Quality Visit was undertaken on the 24 March 2014 at which further evidence of on-going concerns in relation to complaints and incident reporting were found resulting in the CCG Quality leads agreeing a half day workshop with the provider which focused on supporting Arriva to deliver the Remedial Action Plan, to improve their reporting and to ensure they are able to provide appropriate evidence.
14. Concerns were raised with CCG Performance and Collaborative Commissioning Boards with regards to Arriva's ability to meet the requirements of the contract as well as the Remedial Action Plan, however further detailed work with Arriva has been undertaken and a better understanding of the complexities of the actual demands on this service is now known, which has resulted in an adjustment to the defined complexity requirements that accurately reflect the mix of patient needs and

which has enabled Arriva to restructure its vehicle fleet and support staff to meet those needs more effectively.

15. The Contract Team is working with Arriva to redefine a number of timescales and KPIs in the original contract to make them more effective from a patient experience perspective notably in relation to opening and closing times for a number of clinics which patients are transported to and from.

**Forward looking:**

16. Arriva are committed to working with both the commissioners as well as other stakeholders to address the issues outlined above and to improve their performance against the KPI's so as to achieve compliance by the end of October 2014, in doing so Arriva have undertaken and implemented the following:
  - A revised Eligibility Criteria has been finalised jointly with commissioners which will ensure that the vehicle and support staff resources are utilised appropriately;
  - Recruitment of additional crews;
  - Purchase of additional specialist vehicles;
  - Agreement with commissioners to build in additional 111 Points of Care into baseline activity including some Out of County Hospitals to which the commissioners have established that there are regular patient flows;
  - Attending the UHL daily Bed meetings to understand the daily demand
  - Regular daily meetings with UHL discharge team;
  - Roll out of the on-line booking system and training;
  - Matching capacity and resources to known demand peaks where possible and reviewing daily;
  - The provision and funding of additional crews and vehicles to support the increased demand in discharges;
  - The use of a discharge co-ordinator in Leicester Royal Infirmary to facilitate better use of the discharge lounge in supporting UHL staff to plan and book discharges
  - The discharge co-ordinator will also where needed negotiate arrival times with Care/Nursing Homes;
  - To liaise with UHL managers to highlight where the inappropriate bookings are being made so that UHL managers and Arriva discharge co-ordinator can focus where there is a training need and support accordingly;
  - To work with UHL so that discharges can be grouped where possible by location for better use of resources and to improve patient experience.

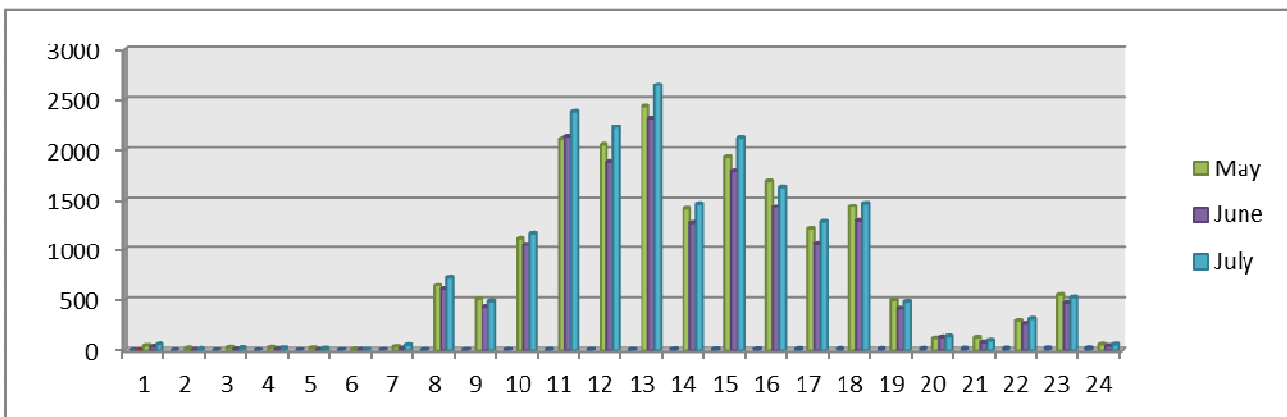
**Table 1: -**

17. This shows for the months May 2014 – July 2014 the current demand and requests for stretcher vehicles and crews, the total for these 3 months is 4,106 which if extrapolated for the full year would equate to over 16,000 requests for this mobility which far exceeds the planned annual levels in the contract detailed below.

Actual Stretcher totals (requested)	May	June	July	Total
Stretcher	1469	1263	1374	4106

Planned Stretcher totals (requested)	Year 1	Year 2	Year 3
Stretcher	8233	7533	7270

**Table 2 – Discharge activity by hour**



## Summary

18. Whilst it is clear that Arriva are not yet achieving all their KPI targets it should be noted that despite the factors detailed above Arriva are delivering significantly more complex and a greater level of activity through the contract than that which was originally specified.
19. A large measure of the delays which patients are experiencing is caused by the acute hospital providers failing to plan transport effectively and deliver patients who are required to travel to the vehicles and staff awaiting their discharge. This has a major effect of tying up resources ineffectively to the detriment of other patients which could be utilising those assets.
20. Arriva in working with the East Leicestershire and Rutland CCG Contracts and Quality teams have achieved and now closed the main Remedial Action Plan and have developed a further Performance Improvement Plan which with the changes in their management and operational structure and teams will ensure that the appropriate level of expertise is applied in addressing the actions to achieve targets.

21. The Committee is requested to note:

- The continued failures across the contract defined KPI's, Performance and Quality;
- The provision and subsequent sign off of the Remedial Action Plan dealing formally with required actions to address performance issues;
- The provision of the Performance Improvement Plan;
- The other factors affecting this service that are outside of Arriva's control and their impact on delivery;
- The provision of additional resources by Arriva;
- The restructure of the Arriva Management and Operational team;
- The recent improvements in delivery;
- The issues across Urgent Care that are impacting on this service including the increase in demand and the inefficiencies of other providers processes;
- The issues with discharges that are outside the control of Arriva;
- The provision of a discharge co-ordinator into Leicester Royal Infirmary and the restructuring and increases in the vehicle fleet and support staff to deal with changes in complexity of patient need;
- The further actions being undertaken by the CCG Contract and Quality team.