

KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

NOVEMBER 2018

KENT AND MEDWAY NON-EMERGENCY PATIENT TRANSPORT SERVICE PERFORMANCE

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Executive Summary

The non-emergency patient transport service (PTS) has been provided by G4S across Kent and Medway CCGs from July 2016.

This report aims to give an overview of the previous contract performance challenges and the remedial actions to date by both the Commissioners and the provider. The current performance reports are encouraging and demonstrate G4S's commitment to their service development and improvements in the overall patient experience.

Where were we?

The G4S provision experienced significant pressure from commencement of the contract, throughout 2017 and into early 2018, with increasing demand on services. The journey profile, which was used to predict the number and variation of resource, proved no longer an accurate reflection of the demand and was the primary reason for substandard performance across the contract. Analysis of activity showed:

- Increase in ambulance journeys by 3.5 per cent
- Increase in Patient escorts by 9 per cent
- Increase in journey length.

In addition, urgent care and hospital bed pressures resulted in a rising demand for on-the-day bookings and discharges, despite the service being commissioned predominantly as a pre-planned service. This was particularly evident in Medway and areas of east Kent, which saw activity significantly above the commissioned levels.

What did we do?

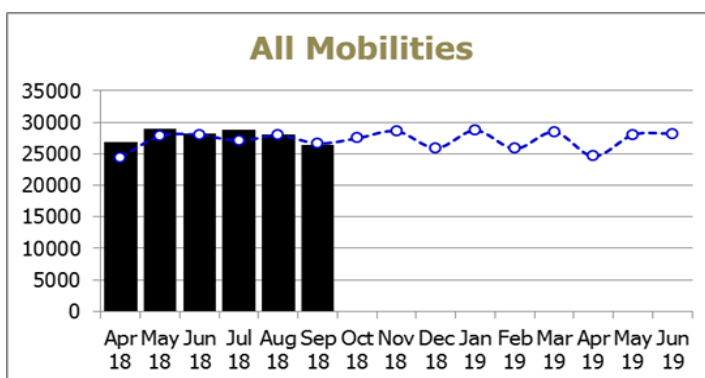
Commissioners had built in a provision for revisiting the contract if activity levels varied significantly from those commissioned. This process was known as the “true up”. Through this process, activity levels and other system pressures were reviewed and detailed modelling was undertaken for G4S, by an independent body, to ascertain the number of vehicles and staff needed to deliver full compliance against the contracted **key performance indicators** (KPIs), based on detailed journey data. Within the NHS and Social care focus on service improvements and new ways to ensure care is delivered right time and right settings is therefore essential that patient transport services are also able to deliver what is needed within the overall systems of increased NHS efficiencies and health outcomes for people.

Throughout the process of the true up, and following the alert of significant variance of activity, the CCGs agreed to fund G4S for the utilisation of third party vehicles to support the service in circumstances where the challenges related to additional pressures from the originally commissioned service volume and resource mix.

The CCGs and G4S jointly developed remedial action plans to address some of the weaknesses that were identified within the service. These included the complaint management processes, local management presence and local stakeholder engagement. To support this, G4S employed a dedicated relationship manager to work with providers on challenges and issues.

The “true up” was finalised in March 2018 and additional funding of £1.6m was agreed. The CCG agreed an approach of consolidation of all contract lots, instead of previously individual services. This was supported with a revised set of KPIs that was felt to hold a better focus on key indicators of patient experience and safety. These changes allow greater flexibility and efficiency, which in turn will result in an improved service and performance, once fully implemented.

The chart below covers the Kent and Medway total activity following the true up process covering the merger of all three lots. The blue dotted line is the Year 3 trajectory taking into account seasonal phasing adjustments.



As a result of the additional funding into the contract, there has been direct investment into additional vehicle and people resources to support the increased service demand. A mobilisation period of three months for outpatient activity and six months for discharge/ transfer activity was agreed and 16 new ambulance vehicles will be deployed in Kent as part of this agreement. These vehicles are a mixture of

Stretcher and Wheelchair Accessible Vehicles (WAVs) with the first 10 delivered before the end of August. These vehicles were chosen as a result of both patient feedback and consultation with staff, with specific attention given to patient comfort and patient journey time.

G4S continue to utilise the rest of their PTS fleet, which adds greater flexibility and resilience, whilst improving performance levels. The fleet size for Kent and Medway will increase from 190 to 206, with access to the wider business fleet of a further 170 vehicles to support unplanned demand. It is anticipated there will be at times up to 230 vehicles used to support the Kent and Medway contract. This is all with further support from approved third party suppliers, where appropriate.

In line with the increased number of vehicles, there has also been an investment in more Ambulance Care Assistants (ACA's), who are required to operate the additional vehicles. As the contract demands greater flexibility, a mixture of both full and part-time roles has been offered. G4S has set their establishment at 395 FTE's, which does not include their access to up to 40 bank staff to support demand.

Where are we now?

Call Centre Operations

One of the complaint trends prior to the "true up" was the length of time taken to answer calls. This was recognised as being the result of a high volume of enquiry calls during peak hours, which resulted in difficulty for patients trying to make their bookings. To resolve this, action was taken in May to redirect the appointment booking calls to its call centre operation in Wath on Dearne. This is a fully dedicated call handling facility, owned by G4S and led by vastly experienced call handling management teams. Since implementation, there has been a significant improvement in call waiting times across the service. The table below shows the key improvements.

Details of Service Levels and KPIs [Inbound calls]	KPI	Apr-18	May-18	Jun-18	July-18	Aug-18	Sep-18
No of calls offered		31898	12145	10916	12384	11925	11740
No. of calls answered		19125	10053	10463	11870	10979	11189
Average Handling time [seconds]		350	409	372	304	312	285
Average speed to answer [overall]		00:05:21	00:03:20	00:00:42	00:01:17	00:47:00	00:01:02
Average speed to answer [K&M future bookings]	<20 secs	00:05:15	00:04:05	00:00:41	00:00:55	00:00:34	00:00:55

The April call volume of 31,898 includes booking calls, enquiry calls and miscellaneous calls. Booking calls represent approximately 11,000 – 12,000. The average call handling time shows a reduction. The main complaint theme was average speed to answer which is the amount of time patients wait for calls to be answered. This shows a dramatic improvement from five minutes in April, to just over four in May, to less than a minute more recently. The September performance of 55 seconds includes some individual days involving specific external line issues with Vodafone which were well communicated at the time and are subject to full root cause analysis. Without these exceptions the underlying performance trend continues to improve.

Performance

The table below shows the trend of improvement with patients arriving on time for appointments:

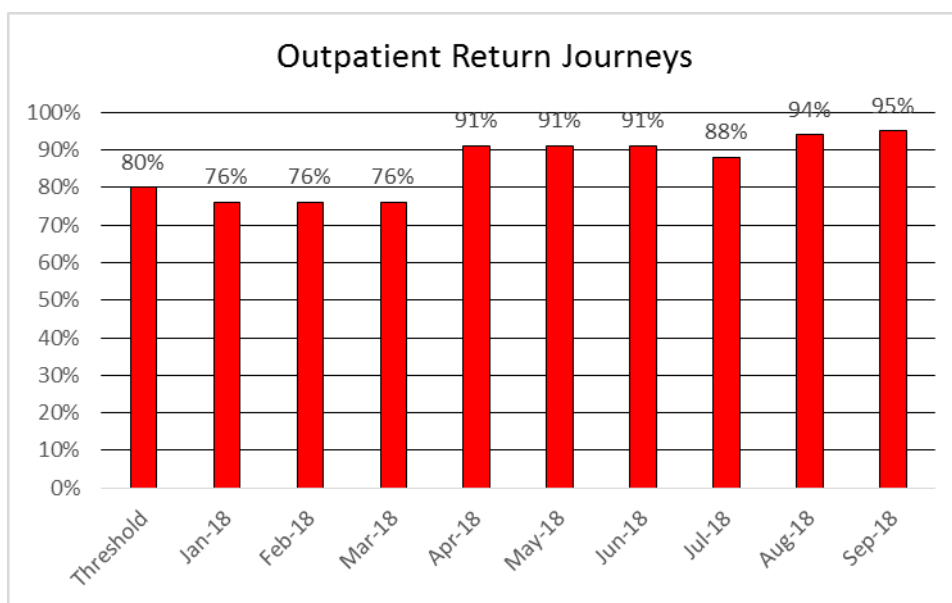
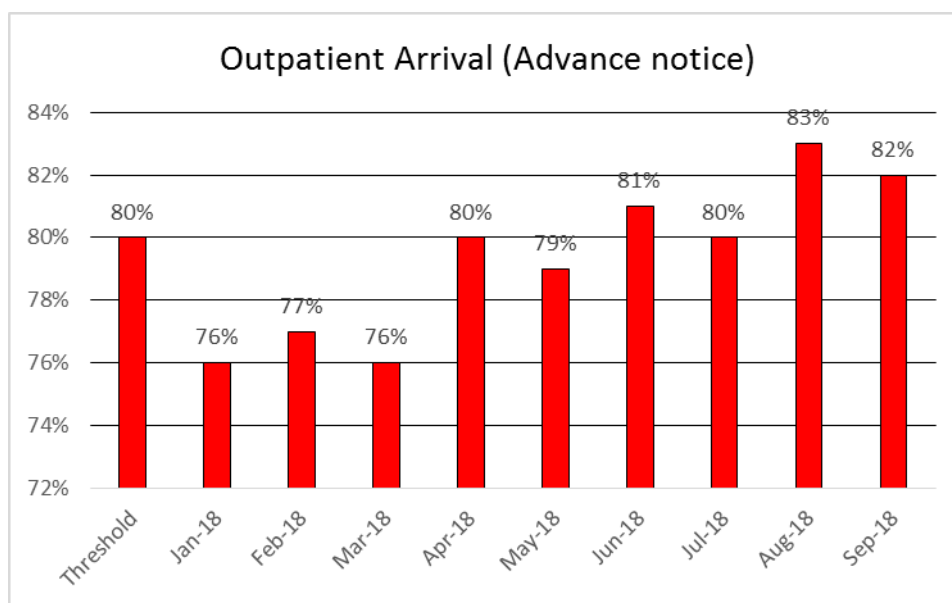
KPI	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Outpatient Arrival [advance notice]	80%	76%	77%	76%	80%	79%	81%	80%	83%	82%
Outpatient Return	80%	76%	78%	76%	91%	91%	90%	88%	94%	95%
Discharge [advance notice]	80%	45%	41%	42%	72%	69%	66%	61%	86%	98%
Discharge [on the day]	80%	70%	69%	66%	82%	78%	72%	69%	74%	76%
Transfer of care [advance notice]	80%	57%	54%	65%	79%	93%	71%	81%	100%	83%
Travel time (exc renal)[less than 10 miles, not to exceed 90 minutes]	80%	83%	89%	88%	97%	97%	98%	98%	98%	97%
Travel time (exc renal) [11-35 miles, not to exceed 180 minutes]	80%	76%	83%	83%	99%	99%	98%	99%	99%	99%
Travel time (renal patients) not to exceed 60 minutes *	80%	NA	NA	NA	81%	81%	81%	81%	82%	80%

*The time on vehicle for renal patients is impacted currently due to a number of patients travelling longer journeys as a result of renal units in some regions not having capacity to treat locally. This has been further impacted by the ongoing M20 smart motorway works and more recently the lane closures on the M2.

In addition to the standard performance reporting, the commissioners have recognized that whilst a KPI is a general measure of performance, it is not indicative of the full service provided. As an example, for September 82 per cent of patients arrived for their appointments within the contractual KPI, and a further 12.8 per cent of patients arrived within 30 minutes of their allocated appointment time. Where patients may be running late processes are in place to liaise with the clinics to ensure there is no effect on the appointment and the patient is re-assured. This is a further indication of the on-going improvements made over the last period and the positive impact this has had on the patient experience.

The immediate focus was around outpatient inward journeys and outpatient outward journeys. G4S has been liaising with key stake holders within the hospital to ensure all discharges and transfers are moved as soon as possible. G4S has also introduced new control methods that allow G4S to be more proactive and flexible with resources across Kent. A new process has been introduced for the Patient Transport Liaison Officers (PTLOs) where they proactively encourage morning discharges. G4S also attend bed meetings and chase medicines for patients to take home to try to ensure discharges are spread throughout the day, this trial was very successful within William Harvey Hospital and is being rolled out across Kent.

Performance continued



Staffing and Fleet

G4S has recruitment and fleet plans in place to deliver the revised service in the new funding envelope.

31 additional FTE's will be added to the base line of 364 in line with the 3 and 6 month agreed mobilization trajectory. 10 new vehicles were deployed by the end of August with the latest design features, responding to feedback from patients and experienced staff.

In addition to this, a full detailed review of journeys, including base locations, mobility types, and to/from addresses, has produced an improved set up for G4S's operating system. This means that areas of coverage and vehicle type distribution have changed to more accurately reflect the current pattern and patient need. The outcome is intended to improve vehicle availability and reduce travelling times.

A further six High Dependency Unit vehicles (with Stretcher capability) are currently in the design phase and expected for delivery in the New Year.

Patient Engagement

In line with G4S's commitment to improving the patient experience, it has developed a 2018/19 Patient Engagement Strategy. G4S accept that to confidently understand the needs and challenges that patients' face, they need to engage in a more meaningful way; encouraging and supporting patients to share their views.

Whilst the patient experience survey demonstrates a consistently positive trend, it is recognized that this mechanism is limited and as a result, the strategy expands their face-to-face engagement pathways.

The initial response to this approach has been hugely positive and the dedicated G4S Relationship Manager has spent time at each Renal Dialysis Unit, capturing views from patients about their experiences and their suggestions. This is a quarterly commitment and outcomes from the sessions will be formally shared with all patients to demonstrate continuous improvement.

In addition to the renal dialysis engagement, G4S have met with Healthwatch Kent and have agreed regular planned meetings to establish a relationships and utilize their expertise for objective feedback.

The Patient Engagement Strategy was formed using outcomes from existing patient feedback. The strategy is a 'live' plan, which will continue to evolve in line with themes and trends from the patient survey, complaints data and patient forums.

[Please see Appendix A for detailed patient experience outcomes]

Engagement initiatives

- Engagement continues to grow between G4S, the hospitals and community trusts with regular meetings now set so we can constantly review progress and collaborative working opportunities.
- Specific meetings have been held with each individual renal unit within Kent which have been well received and identified some areas for improvement including specifically vehicle design and movements on a Saturday which have both been addressed (the latter being a change in shift patterns to better meet demand). Regular follow up meetings are now being conducted with specific information by unit being provided.

- Drop in clinics have been conducted with Maidstone and Tunbridge Wells NHS Trust with the relationship manager and representatives from the G4S team from Chelmsford. This gave hospital staff the opportunity to ask questions they may have about bookings, process and the contract in general.
- A specific mental health pathway workshop has been conducted with all stakeholders invited and a revised and defined process has been agreed for both risk assessment and bookings. This has resulted in the setting up of local arrangements in north and west Kent, all of which provide further information about developments and requirements for amendments to resource deployment.
- Bi-monthly meetings are held now with Strode Park Foundation to improve the patient experience and to work together to support each other's service. One of the outcomes of these meetings was to improve the rapport between Strode Park and the Margate base, to achieve this the Strode Park team have direct contact with their local controllers or service delivery manager. This allows for improved communications regarding transport of patients as well if either service has issues they can be addressed sooner to ensure the patients do not suffer any anxieties regarding therapies or packages of care. To further improve the service and on the back of these meetings we also meet with Wheelchair Services bi-monthly. This is as a result of patients travelling between the sites and further learning opportunities.
- All the senior management team has undertaken appropriate training and are completing a programme of 'Back to Greens' to spend full shifts working in direct contact with front line operational employees and direct contact with patients. This is to understand better the first impressions patients have of the quality of service and care they receive. This is designed to think more carefully about quality of care from a patient's point of view. This programme is currently in progress.

Patient Engagement and Complaints Management

G4S acknowledge that they had a number of challenges with their complaints and feedback process throughout 2017, which resulted in a Contract Performance Notice. Working with the CCG, the following positive changes were made:

- Investment in additional resource for the Patient Experience Team; expansion from 1 Full time equivalent (FTE) to 3.5 FTE
- Creation of accountable investigators and investigation pathways
- Implementation of a dedicated Free phone feedback line, outside of the main call structure so there are no delays in call waiting times
- Implementation of a risk matrix, with associated quality assurance processes to prevent patient harm.
- Further development of 'cause codes' to support more meaningful investigation and analysis to ensure learning and continuous improvement
- Creation of communication material for 'how to complain' displayed in each vehicle
- Weekly G4S Senior Management call to review complaint volumes, response times and themes

- Dedicated detailed Complaint Management report, provided monthly to the CCG.

As a result of these changes, G4S now report a consistent achievement of their acknowledgment and response KPI. The Contract Performance Notice was removed in April 2018.

G4S acknowledge that there has been an increase in the number of complaints received over the last 6 months. Analysis has suggested this is a result of increased awareness/accessibility of the complaint pathway, and increased media attention in a small number of specific cases.

The main themes of patient complaints are identified as timeliness (such as late for appointment or long wait for collection), and communication linked to those experiences; such as difficulty getting in contact with the enquiries team.

All trends and outcomes including analysis of specific complaints are reviewed at the Senior Management Team meeting. In addition all Service Delivery Managers in Kent have had review days involving the Chief Operating Officer (COO) and patient experience team to ensure full understanding, root cause analysis and outcomes.

As a result all operational managers now spend time within the planning and patient experience function to not only be fully immersed but to identify areas for improvement. This has seen a reduction in complaints during September.

Type	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Complaint	54	57	63	64	73	91	103	134	98
Journeys by month	28242	25349	28117	26871	28693	28311	28693	28956	26477
% Against Journey	0.19%	0.22%	0.22%	0.24%	0.25%	0.32%	0.36%	0.46%	0.37%

Feedback and complaints are known to be the best evidence for bringing about sustainable change and forms the basis for any quality improvement within the service. Patient complaints offer us grassroots level raw data that can be used to change and improve patient experience and outcomes.

Examples of learning outcomes from complaints

- Policing of communications to patients to reduce anxiety levels – dedicated resource monitoring any delays and liaising with clinics and patients
- Potential longer waits highlighted by exception and escalated to a senior manager for action and monitored on a daily, weekly and monthly basis
- Resource levels and timings at week-ends adjusted to fit with current demand.

- Service Delivery Managers attending education days with the complaints/patient engagement team
- More face to face resolution with more challenging complainants
- Improvements to the controlling process where a cause within complaints.

Where do we want to be/ how do we get there?

Whilst the accurate profile plus ensuring achievement of contractual KPI's is essential for the overall service to succeed, G4S continue to strive for success across a much wider remit. Innovation and improving the patient experience remains a key focus for the service.

G4S has continued to increase and enhance its management expertise with expansion specifically in the following:

- a) Resilience within its Governance team
- b) Business Intelligence
- c) Call Centre capabilities

G4S has an open and transparent relationship with both the CCG and the CQC in reporting of incidents to support a culture of learning. There are engagement conversations taking place with the Independent Safeguarding Service to support G4S with independent specialist services to enhance their Safeguarding agenda. Similarly, Health Assure has been approached to see how it can support G4S PTS using technology, assurance and audit tools across the business.

Conclusion

This report provides an updated position statement on the performance of the contracts with G4S for non-urgent patient transport. The report has been based on data available up to September 2018.

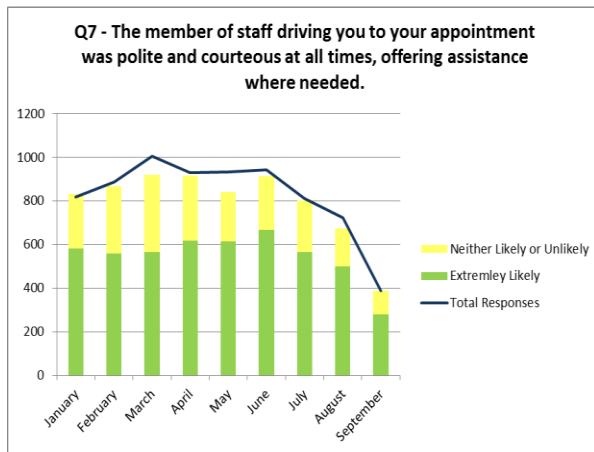
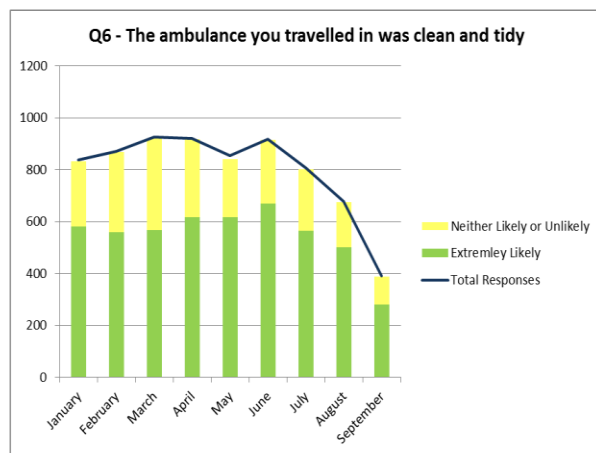
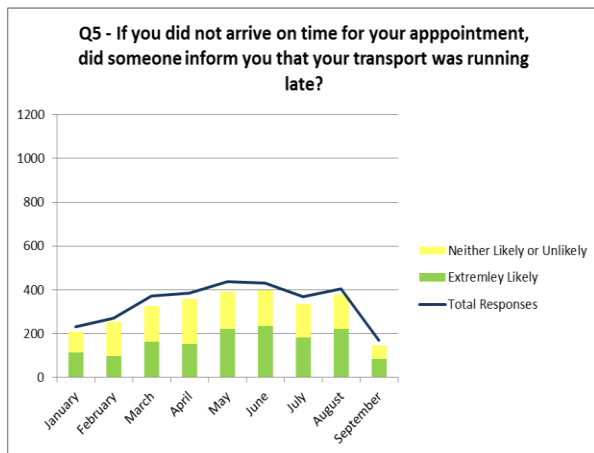
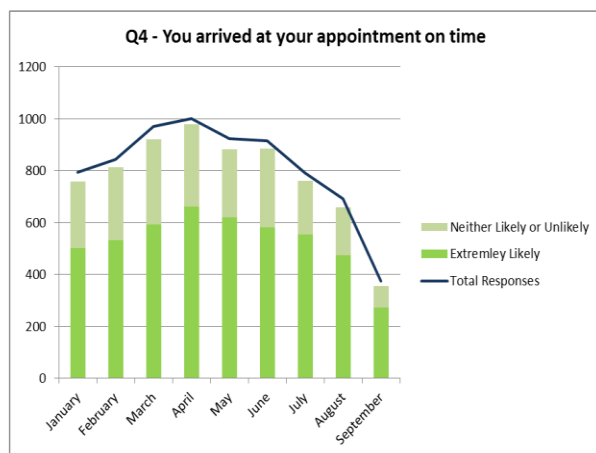
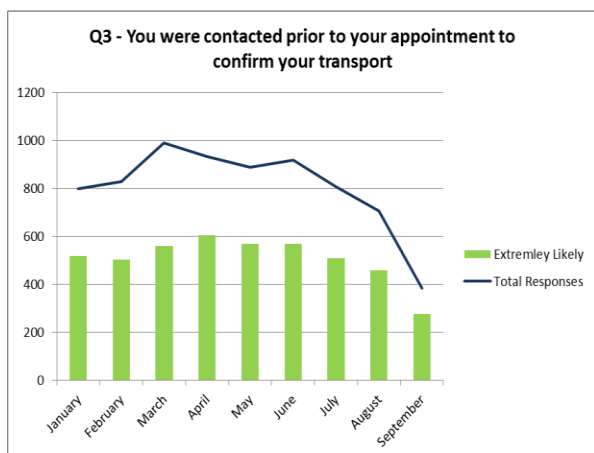
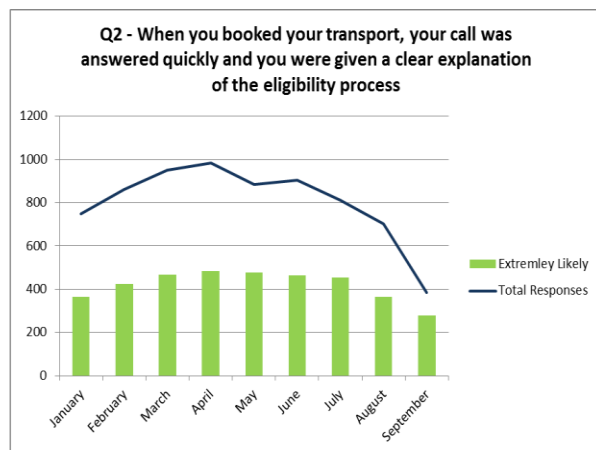
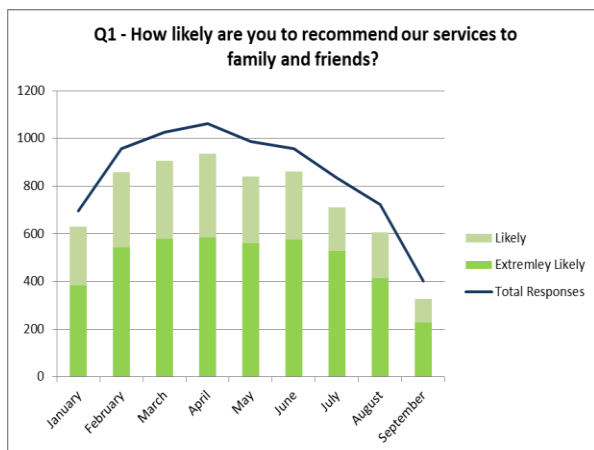
Commissioners are actively working with G4S to ensure that the contract accurately reflects the level and type of activity required and that the operational structure of the service is robust. The trajectories for the revised KPIs are actively monitored through monthly contract meetings and following the agreed dates of achievement (July and September); the commissioners may exercise their right to apply financial penalties for non-compliance. Both the CCG and G4S are pleased to report that the current performance has improved in line with expectations.

G4S has further stated their on-going commitment to partnership with providers and stakeholders and are demonstrating increased engagement across the region. We hope to work congruently with them to ensure the service supports the hospitals in optimal patient flow and enhances patient experience and safety.

Appendix A – Patient Experience Data

Question	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total
We would like you to think about your recent experiences of our service. How likely you are to be to recommend our service to friends and family if they needed to use a similar service?	226	100	52	7	16	0	401
When you booked the transport, your call was answered quickly and you were given a clear explanation of the eligibility process?	196	0	156	0	28	10	390
You were contacted prior to your appointment to confirm the transport?	277	0	96	0	4	6	383
You arrived at your appointment on time?	273	0	82	0	10	8	373
If not, someone informed you that your transport was running late?	83	0	62	0	14	10	169
The ambulance you travelled in was clean and tidy?	281	0	107	0	3	0	391
The member of staff driving you to your appointment was polite and courteous at all times, offering assistance where needed?	347	0	42	0	0	0	389
You felt safe and comfortable throughout your journey?	332	0	50	0	0	1	383
Total	2015	100	647	7	75	35	2879

* 0 is a reflection of questions where the scale of answer is not applicable as these are reported on a yes/no basis. This has been updated for the newer version of the Patient Experience Survey.



Appendix B – Kent & Medway CCG KPI performance – September 2018

Journey Type	KPI Area	Required Standard	Minimum Standard	Actual performance
Outpatient	All outpatient arrivals	Patients to arrive on time and no more than 75 minutes prior to their appointment time	80%	82%
Outpatient	Outpatient arrivals - pre-booked journeys	Patients to arrive on time and no more than 75 minutes prior to their appointment time	80%	82%
Outpatient	All outpatient pre-booked return journeys	All patients to be collected within 75 minutes of the booked or made ready time whichever is greater	80%	95%
Outpatient	All outpatient on the day booked return journeys	All patients to be collected within 75 minutes of the made ready time providing a minimum of 2 hours' notice of the booking	80%	98%
Outpatient renal	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment	80%	87%
Outpatient renal	Return Journey patients to be collected within 30 minutes of the identified booked ready time.	Return Journey patients to be collected within 30 minutes of the identified booked ready time.	80%	92%
Discharge	Discharge journey booked in advance	All patients to be collected within 75 minutes of booked time	80%	98%
Discharge	Discharge journey booked on the day	All patients to be collected within 120 minutes of booked ready time	80%	76%*
Transfer	Journey booked in advance - Transfer of care.	All patients to be collected within 75 minutes of booked ready time	80%	83%
Transfer	Kent and Medway bound journey booked on the day - Transfer of care.	Patient to be transported within 120 minutes of the identified booked ready time	80%	77%*

* Further work is being undertaken with acute hospitals by liaison officers to support and manage the number of patients being discharged or transferred later in the day causing bottlenecks. This involves proactive following up for patient medications, assessments of mobility and situation regarding packages of care and cut off times. Long waits for patients in this category have reduced from 6 per cent to 1.2 per cent.