


# Agenda Item 6

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire West Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Non-Emergency Patient Transport Service for NHS Lincolnshire CCG's – Thames Ambulance Service Limited (TASL)</b>

## Summary:

Thames Ambulance Service Limited (TASL) took over as provider for the non-emergency patient transport service on 1 July 2017 following a competitive tender process. Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioning for non-emergency patient transport services on behalf of the four CCGs. The provider is a national company with a number of contracts, and had been already been delivering services in Hull, and in North and North East Lincolnshire. Northamptonshire went live at the same time as LWCCG and Leicestershire and Rutland went live in October 2017.

A number of concerns have been raised in all systems about delivery of the agreed contract by the provider. Lincolnshire has the same or similar issues to neighbouring health systems.

This report has been written to provide the Health Scrutiny Committee with an oversight of CCG response to the challenges faced by the mobilisation of the new provider of the non-emergency patient transport service.

## Actions Required:

The Health Scrutiny Committee is asked

- (1) To consider this report and the actions Lincolnshire West CCG is taking to ensure that Thames Ambulance Service Limited make the essential improvements in the quality of the services provided to patients.
- (2) To consider what future reports the Committee would like to receive in order to maintain oversight of performance of non-emergency transport services.

## 1. Background

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioning for non-emergency patient transport services on behalf of the four CCGs. Thames Ambulance Service Limited (TASL) took over as provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process. The provider is a national company with a number of contracts, and had been already been delivering services in Hull, and in North and North East Lincolnshire. TASL began a contract in Northamptonshire at the same time as in Lincolnshire. TASL began a contract in Leicestershire and Rutland in October 2017.

A number of concerns have been raised in all systems about delivery of the agreed contract by the provider. Lincolnshire has the same or similar issues to neighbouring health systems. Attached as appendix A is the summary report of performance against the agreed contract performance indicators.

The main concerns are as follows:

- Call handling. The call centre is currently receiving approximately 70 calls every 15 minutes but has capacity to answer approximately 50% of that number. This has led to a number of complaints from patients and other providers concerning the difficulty in getting through. October data shows that call waits and abandonment rates have improved at the end of October. It is not yet known whether this trend has continued in to November
- Journey planning. There is evidence that planning of jobs is not effective and can lead to unnecessary mileage. In turn this leads to reduced capacity and missed or delayed arrival at appointments, delayed or failed discharges and some refusals to accept bookings.
- Not collecting patient at booked time, leading to long waits which has meant missing appointment times, or delays in being collected for the home journey. There have also been a number of journeys that have not been fulfilled at all due to the ambulance not turning up.
- Delays in discharge from ULHT and community hospitals due to journeys not being fulfilled. This has led to ULHT booking private ambulance support to facilitate improved management of emergency flow.
- Increased complaints received by the CCG, other CCGs and direct to provider.

LWCCG has worked very closely with the management team at TASL throughout the mobilisation period and thereafter. However concerns in Lincolnshire and the failure of TASL to achieve each of the contract key performance indicators at the end of September led to the issue of a Contract Performance Notice on 7 November 2017.

Zero incidents of harm have been reported within Lincolnshire at this stage and Datix is used to monitor incidents being reported.

A meeting with TASL to discuss the Contract Performance Notice was held on 17 November 2017 and a Remedial Action Plan (RAP) has been required by LWCCG as Lead Commissioner for Lincolnshire. In accordance with the Contract, the Remedial Action Plan was received on 24 November 2017. This was reviewed by the LWCCG and suggestions were made on how it could be more robust and targeted. A resubmission was received on 1 December 2017; LWCCG are due to review this in the week commencing 4 December to ensure that it is more robust and delivery against the plan can robustly monitored. TASL have also agreed to share their internal improvement plan.

Improvement measures include streaming out the calls received by number selection which has led to more timely call handling, streamlining crews' contact with the call centre by providing them with a dedicated number and SMS text messaging, putting in a priority call handling service for patients that are vulnerable, needing chemotherapy, radiotherapy or dialysis.

LWCCG has implemented weekly monitoring calls with the provider.

Across the East Midlands, it has been agreed that the lead commissioners will work more closely together to secure improvements from the provider with Leicestershire and Rutland CCG taking a lead role.

The TASL management team has had some significant changes in personnel and at present the Chief Executive is on long-term sick leave with the role being covered by the Director of Finance with support from TASL's financial backers who are based in Spain. A new Improvement Director has recently been appointed and this role is prioritising improvement to the call centre and journey planning processes.

As well as contract meetings with the provider, the CCG will carry out a number of quality assurance visits to TASL premises and hospital sites and will meet with crews and patients. This is planned to take place in early December.

Following reporting to the Quality Surveillance Group, NHS England called a Risk Review Meeting on the 20 November 2017. This meeting was attended by the three lead CCGs Executive Nurses (or deputy), NHSE, CQC, NHSI, Healthwatch and provider representatives. After agreeing a number of actions predominantly for the provider, a follow up meeting is being planned in another 4 weeks to determine position. If improvement is not satisfactory, NHSE have the option of calling a full Risk Summit. The Risk Summit process and contract management process in Lincolnshire are complimentary and are designed to work together to seek to secure improvement.

There is some evidence to suggest that mobilisation of a number of new contracts in a short space of time has placed considerable pressure on TASL and TASL recognise this as being an issue. The recent additional resource put into the senior team has the potential to deliver the changes required and TASL have committed not to bid for any other contracts during until improvements have been made.

In Lincolnshire the concerns over the performance of TASL have been escalated to the System Executive Team, A and E Delivery Board and Winter Task Force.

Contingency arrangements are being worked up in the event that TASL are unable to deliver improvements. These arrangements will be targeted at supporting discharge from hospital, renal patients and cancer patients attending for radiotherapy and chemotherapy,

In summary LWCCG are working closely with the provider, other providers, other CCGs and NHSE to support the service towards improvement and recognise the difficulties the provider are having in mobilising the additional contracts they have taken on.

## **2. Conclusion**

LWCCG, as the lead commissioner for non-emergency patient transport, through contract management arrangements, is actively addressing the concerns with regards the quality of services being provided to Lincolnshire residents. Details of the current performance are provided at Appendix A.

TASL provides non-emergency transport service in surrounding areas including Hull, North and North East Lincolnshire, Leicester and Rutland. LWCCG is working closely with the lead commissioners in these areas to secure improvements from the provider.

A contract performance notice has been issued and a remedial action plan received to support rapid improvement. The CCG management team have weekly monitoring calls with the provider.

Contingency plans are being developed in partnership with key stakeholders and partner organisations including Lincolnshire County Council.

LW CCG would be pleased to provide regular progress reports to members of the Health Scrutiny Committee.

## **3. Consultation**

This is not a consultation item

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	TASL Operational KPI Summary

## **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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TASL - Operational Summary – KPI Summary  
Appendix A

Key Performance Indicators		Target		Jul-17	Aug-17	Sept-17	Oct-17
KP12	Journeys cancelled by Provider	0.5%	Total %	16642 2.17%	14439 0.67%	14024 0.66%	14557 1.68%
KP13a	Same day journey collections within 150 mins	95%	Total %	870 75%	907 84%	900 91%	1111 78%
KP13b	Same day journey collections within 180 minS	100%	Total %	870 78%	907 85%	900 93%	1111 82%
KP14a	Renal patients collected within 30 mins	95%	Total %	910 53%	1148 65%	1171 65%	1162 52%
KP14b	Non-Renal patients collected within 60 mins	95%	Total %	3377 53%	3829 64%	3702 82%	3627 66%
KP14c	All patients collected within 80 mins	100%	Total %	4287 59%	4947 67%	4852 85%	4753 71%
KP15	Fast Track journeys collected within 60 mins	100%	Total %	20 85%	20 95%	39 79%	41 71%
KP16a	Renal patients to arrive no more than 30mins early	95%	Total %	1031 41%	1201 50%	1182 53%	1201 42%
KP16b	Patients to arrive no more than 60 mins early	95%	Total %	3417 47%	3795 74%	3675 74%	3633 59%
KP17	Journeys on arrive on time	85%	Total %	4448 52%	5023 77%	4887 80%	4878 68%
KP18	Patients time on vehicle should be less than 60 mins	85%	Total %	9877 60%	11181 70%	10867 73%	11004 66%

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