

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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 Thames Ambulance Service Limited (TASL)

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 February 2018
Subject:	Non-Emergency Patient Transport Service for NHS Lincolnshire CCGs – Thames Ambulance Service Limited (TASL)

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 commissioner for non-emergency patient transport services on behalf of the four Lincolnshire CCGs. TASL 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 with the TASL (Risk Summit) led by NHS England on behalf of Lincolnshire, Leicestershire and Northamptonshire CCGs, as well as a vote of no confidence in the service by Health Scrutiny Committee for Lincolnshire (Dec 2017), this report has been written to provide an update on service provision and an overview of the actions being taken by the CCG.

Actions Required:

The Health Scrutiny Committee is asked

- (1) To consider this report and hold to account Thames Ambulance Service Limited through its influence ensuring essential improvements in the quality of the services provided to patients are continued to be delivered.
- (2) To consider what future reports the Committee would like to receive in order to maintain oversight of performance of non-emergency transport services from TASL.

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. TASL 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 with the provider (Risk Summit) led by NHS England on behalf of Lincolnshire, Leicestershire and Northamptonshire, as well as a vote of no confidence in the service by Health Scrutiny Committee for Lincolnshire, this report has been written to provide an update on service provision and an overview of the actions being taken by the CCG.

The main concerns from the previous committee meeting and NHS England:

- 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.
- 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 continues to work very closely with the management team at TASL. Concerns in Lincolnshire CCGs 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, and an Exception Notice for failure to achieve the agreed trajectory in the Recovery Action Plan (RAP) in January 2018, all in line with the NHS Contract.

Due to the failure of TASL to achieve the outputs in the RAP, there are now weekly conference calls measuring performance and actions detailed in the RAP.

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 with NHS England.

Management Sustainability

TASL has recognised the significant pressures within its management structure, since the departure of the Chief Executive in November 2017. In February 2018 a new Chief Executive was appointed, LWCCG and Leicestershire and Rutland CCG kindly provided valuable insight in assisting the organisation to choose the right person.

There has been significant involvement from the Parent Company of TASL, HTG. This includes a stronger internal governance structure and direct support for the leadership of the organisation.

Other appointments include a new Chief Operating Officer for Quality with significant ambulance background (Appointed October 2017). A new Performance Director with significant NHS Chief Executive experience (LLR) (Appointed January 2018), a new Interim Manager for Lincolnshire with significant ambulance background (Appointed January 2018).

Existing staff who managed the Lincolnshire contact have been maintained within the organisation preserving the organisational memory of service delivery.

NHS England

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 was held in December 2017 and January 2018.

In January 2018 NHS England agreed progress had been made and agreed to move from monthly reporting to two monthly reporting, indicating improvements had been made, but further work was required.

This supportive framework works in conjunction with contracting process securing improvement from TASL.

TASL is aware and positively working with Commissioners in the event 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.

Performance

										Prelim									
										Week 5	Week 6								
										Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Total YTD		
Contracted Journeys																			
Year 1 Baseline		16010	16010	16010	16010	16010	16010	16010	16010	112070	3685	3685							
Actual Activity		13074	14496	13898	14419	13495	11154	12800	80536		2800	3337							
Monthly Variance		-2936	-1514	-2112	-1591	-2515	-4856	-3210	-15524		-885	-348							
% Variance		-18.34%	-9.46%	-13.19%	-9.94%	-15.71%	-30.33%	-20.05%	-13.85%		-24%	-9%							
Contract Activity Mobility Breakdown																			
Walker	C/C1	5762	6651	6235	6125	5644	4804	5420	40641	54.50%	1179	1197							
Ambulance crew 1 person	A1	1321	1417	1203	1385	1425	1342	1419	9512	12.50%	307	305							
Ambulance crew 2 person	A2	465	548	532	552	525	527	602	3751	4.60%	150	123							
Ambulance crew 4 person	A4	2	0	0	2	0	0	0	4	0.00%	0	0							
Bariatric Vehicle	BV	28	56	47	44	57	42	45	319	0.40%	6	11							
Stretcher	STR	823	865	802	827	807	752	758	5634	7.70%	197	157							
Wheelchair 1 Person	WC1	1511	1638	1671	1728	1751	1398	1718	11415	14.40%	382	365							
Wheelchair 2 Person	WC2	345	424	363	329	317	253	310	2341	3.50%	64	70							
Child	CH	0	0	0	2	0	7	0	9	0.00%	0	2							
Non Patient	NPT	13	8	10	10	11	5	0	57	0.10%	0	0							
Other Activity		0	0	4	0	0	0	15	19	0.00%	4	1							
Total Patient Journeys		10270	11607	10867	11004	10537	9130	10287	63415		2289	2231							
Aborts		1076	796	649	1119	773	602	694	5709	4.98%	125	158							
Escorts – Medical		977	608	781	930	819	571	792	5478	4.21%	174	142							
Escorts – Relative		751	1485	1601	1366	1366	851	1027	8447	5.94%	212	200							
Total Activity		13074	14496	13898	14419	13495	11154	12800	80536		2800	3337							
Cancelled Journeys																			
Cancellations		6795	3255	2508	2650	2367	2424	2741	22740		566	568							
Total Activity (inc. cancellations)		19869	17751	16406	17069	15862	13578	15541	100535		3366	3905							
Key Performance Indicators																			
		Target								Total YTD									
KPI1	Calls answered within 60 sec.	85%	%	77%	66%	56%	42%	44%	38%		40%	72%							
KPI2	Journeys cancelled by provider	99.50%	Total	16642	17751	16406	14557	13677	12156	14305	105494	3107	3092						
			Within KPI	361	97	92	245	62	172	148	1177	26	43						
			%	2.17%	0.55%	0.56%	1.68%	0.45%	1.41%	1.03%	1.08%	0.84%	1.39%						
KPI3a	Same day journey collections within 150 mins	95%	Total	870	907	900	1111	816	808	1107	6519	273	220						
			Within KPI	653	744	820	872	606	546	862	5103	221	197						
			%	75%	82%	91%	78%	74%	68%	78%	83%	81%	90%						
KPI3b	Same day journey collections within 180 mins	100%	Total	870	907	900	1111	816	808	1107	6519	273	220						
			Within KPI	681	761	840	913	650	585	912	5342	233	202						
			%	78%	84%	93%	82%	80%	72%	82%	85%	85%	92%						
KPI4a	Renal patients collected within 30 mins	95%	Total	910	1148	1171	1162	1146	1147	1168	7852	256	263						
			Within KPI	478	607	764	608	704	728	882	4771	182	188						
			%	53%	53%	65%	52%	61%	63%	76%	57%	71%	71%						
KPI4b	Non-Renal patients collected within 60 mins	95%	Total	3377	3829	3702	3627	3642	2906	3424	24507	759	749						
			Within KPI	1785	2308	3031	2388	2642	1966	2597	16717	533	545						
			%	53%	60%	82%	66%	73%	68%	76%	65%	70%	73%						
KPI4c	All patients collected within 80 mins	100%	Total	4287	4947	4852	4753	4762	4028	4592	32221	1015	1012						
			Within KPI	2535	3157	4113	3365	3741	3152	3860	23923	806	817						
			%	59%	64%	85%	71%	79%	78%	84%	70%	79%	81%						
KPI5	Fast Track journeys collected within 60 mins	100%	Total	20	20	39	41	27	36		183	346							
			Within KPI	17	19	31	29	14	21		131	245							
			%	85%	95%	79%	71%	52%	58%		85%								
KPI6a	Renal patients to arrive no more than 30 mins early	95%	Total	1031	1201	1182	1201	1184	1253	1214	8266	15501	266	271					
			Within KPI	427	468	657	505	519	678	818	4072	7717	177	168					
			%	41%	39%	56%	42%	44%	54%	67%	45%	67%	62%						
KPI6b	Patients to arrive no more than 60 mins early	95%	Total	3417	3795	3675	3633	3495	2711	3310	24036	44655	722	715					
			Within KPI	1607	1964	2785	2126	2288	1767	2923	15460	29313	609	581					
			%	47%	52%	76%	59%	65%	65%	88%	58%	84%	81%						
KPI7	Journeys to arrive on time	85%	Total	4448	5023	4887	4878	4713	3989	4588	32526	1001	999						
			Within KPI	2317	2921	3934	3326	3410	3104	3630	22642	779	765						
			%	52%	58%	80%	68%	72%	78%	79%	64%	78%	77%						
KPI8	Patients time on vehicle should be less than 60 mins	85%	Total	9877	11181	10867	11004	10537	9130	10287	72883	2289	2231						
			Within KPI	5935	6782	6740	7271	7260	6552	6515	47055	1419	1383						
			%	60%	61%	62%	66%	69%	72%	63%	61%	62%	62%						

During February 2018 there has been performance improvement. There are still significant performance improvements to make, and TASL are clearly sighted on the work ahead. Call answering has been improved significantly, this is a direct result of more staff being deployed within the control room and a new call routing process. Other performance gains have been achieved by a successful recruitment campaign managing vacancies more proactively. Other improvements include a rota review and consultation with front line staff.

An active more positive approach to voluntary car drivers (VCS), and the active use of third party crews, including the introduction of the High Dependency Crews and Discharge Crews, alleviating discharge delays.

Quality improvements include a review of the eligibility criteria, which will have a real and positive impact on activity levels. The complaints process has been centralised and significant work to deal with issues raised and lessons learnt have now started to become embedded within the organisation.

Daily planning reviews will ensure the utilisation of the vehicles and crews is monitored and improved. This will ensure that patients are collected on time from appointments and returned home within contract KPIs.

A full and open data review will ensure that the model of delivery is fit for purpose, governance measures such as dedicated staff to complete journeys times has been introduced. This will ensure that all data is capture and accurate reporting is provided to commissioners and to detail the model of delivery going forward.

TASL are very clear, whilst there has been significant work done to improve the current position, there is still much more to do. Our Patients and Staff are the key focus for driving change and service improvement.

2. Conclusion

TASL completely recognise the current organisational pressure they are under in regards to service delivery and contractual commitments. The appointment of the new management structure, including a new CEO, the current recovery action plan, and the support from the parent company, HTG, TASL are expecting the current improvements to service delivery seen in the first few week of 2018, to continue and becoming sustainable and delivering contract KPIs from April 2018.

3. 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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