

# Agenda Item 10

		<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 NHS Lincolnshire West Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>12 June 2019</b>
Subject:	<b>Non-Emergency Patient Transport Service – Update</b>

## Summary:

This report provides an update from Lincolnshire West Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service. This report follows previous reports to the Committee from the CCG and separate reports to the Committee from Thames Ambulance Service Limited (TASL), who are the contracted provider for this service.

Since the date of the previous update provided to the Committee by the CCG in March 2019, and following representations by TASL to the Care Quality Commission (CQC) following publication of their report in relation to their inspection of the TASL service in October 2018, the CQC has started a programme of further inspection visits to TASL and are expected to publish a further report in the late summer of 2019.

Whilst there has been some month on month improvement in achievement of Key Performance Indicators (KPIs), performance remains below acceptable levels and too many journeys have been subject to unacceptably late or no arrival. Very recent changes in processes at TASL point to the potential for improvement but we have been here before and it remains to be seen whether these changes will have the required impact.

## Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

## **1. Background**

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioner for non-emergency patient transport services (NEPTS) on behalf of the four Lincolnshire CCGs. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the contract. The Committee passed a vote of 'no confidence' in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible. The CCG has discussed with the Committee its view that there would be an unacceptable level of risk of giving notice to exit the contract and moving to a new provider and this remains the view of the CCG.

The CQC report published following CQC inspection of the service in October 2018 rated TASL as 'inadequate' for Safe, Effective, Responsive and Well Led; and rated TASL as 'good' for Caring. This is in line with the CCG's own assessments. Following publication of the CQC report TASL requested the CQC to re-inspect their service and CQC have started to visit TASL sites with recent visits to the Lincoln call and control centre and Grantham site. It is understood that the CQC will publish a further report in the late summer of 2019. The CCG issued to TASL a Contract Performance Notice in relation to the CQC report on the grounds that TASL has failed to deliver the Fundamental Standards of Care.

## **2. Lincolnshire West CCG Commentary**

A summary of the activity and KPI performance position for the contract for the period to April 2019 is included as Appendix A to this report. For April 2019, TASL achieved the contracted level of performance for 1 out of 12 KPIs (call handling) and delivered month on month improvement for 7 KPIs. Performance for fast track journeys was much improved in April at 81.8% following unacceptable performance in March of 50.0% against the target of 100%. Month on month changes (+/-) were relatively small for 7 out of the remaining 11 KPIs.

Despite some month on month improvement in KPI performance, there are still far too many instances reported of patients having to wait too long after their booked time for transport to arrive and too many instances of transport not arriving at all. Lincolnshire Hospitals have reported recent improvement in contact with TASL managers to resolve operational issues when these arise but the continued problems with crew availability and poor planning and control has often led to TASL have to play 'catch up' for discharges late into the evening. TASL has recently made a number of changes to planning and control and although some crews have reported some slight improvement to the CCG, at the date of writing this report it is too early to say whether these changes will result in sustained improvement.

In addition to their directly employed crews, TASL use a number of third party providers who are sub-contracted by TASL to supplement employed crew capacity for journeys including renal and out of county journeys. In response to a request from the Committee an additional table has been included in Appendix A which summarises comparative performance for April 2019 in total and for in-house directly employed crews for 10 of the

12 KPIs. This shows that 7 KPIs have slightly higher performance recorded for the in house only resource, 1 has no difference and 2 have slightly lower performance i.e. TASL in-house crews in general have slightly stronger performance than third party providers. The reasons for this are multi-factorial and are likely to be the nature of the locations and type of journeys undertaken by the 3<sup>rd</sup> parties. The Committee should note that third party information has not previously been routinely collected by the CCG and is subject to further validation. The Committee should also note that third party resources are expected to continue to be engaged by TASL as this capacity provides flexibility to respond to fluctuations in demand and in in-house capacity.

In addition to the third party capacity engaged by TASL, the CCG continues to commission third party capacity outside of the TASL contract to support discharges at the hospitals in Lincoln and Boston. This service is a same day service and fully meets the same day KPIs (KPI 3a and 3b) for all journeys.

Work continues with other CCGs that commission TASL and NHS England to co-ordinate oversight of TASL's action plan to the findings of the CQC report. TASL's mitigation of actions required by the CQC in relation to journeys for children and bariatric patients remain in place pending confirmation by CQC that TASL have demonstrated they can directly provide these journeys.

### **3. Conclusion**

The CCG continues to closely monitor delivery of this contract. Despite some month on month improvement in KPI performance there still are too many delays and failures caused by poor planning and gaps in resourcing.

Assessment of risk of termination of the contract remains as previously reported and it is not intended to give notice to exit the contract at this time. The Committee is asked to note that exit of the contract remains under consideration and the CCG may give notice at a future date.

### **4. Consultation**

This is not a consultation item.

### **5. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Activity and KPI summary

### **6. Background Papers**

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

This report was written by Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG, who can be contacted on: Tel 01522 513355 xtn 5534 or by email [Tim.Fowler@lincolnshirewestccg.nhs.uk](mailto:Tim.Fowler@lincolnshirewestccg.nhs.uk)

## Activity and Performance against Key Performance Indicators – July 2017 to January 2019

Table 1: Activity Summary

	<b>Jul 17 to Sep 17</b>	<b>Oct 17 to Dec 17</b>	<b>Jan 18 to Mar 18</b>	<b>Apr 18 to Jun 18</b>	<b>Jul 18 to Sep 18</b>	<b>Oct 18 to Dec 18</b>	<b>Jan 19 to Mar 19</b>	<b>Apr 19 to Jun 19</b>
Patients	34,105	32,949	31,339	34,144	33,136	32,843	31,223	9,725
Escorts Medical	2,274	2,425	2,221	2,552	2,296	2,755	2,228	647
Escorts Relative	4,163	3,694	2,783	3,167	3,503	2,833	3,049	986
<b>Total</b>	<b>40,542</b>	<b>39,068</b>	<b>36,343</b>	<b>39,863</b>	<b>38,935</b>	<b>38,431</b>	<b>36,500</b>	<b>11,358</b>
<b>Plan</b>	<b>48,792</b>	<b>48,029</b>	<b>48,030</b>	<b>47,268</b>	<b>39,730</b>	<b>39,109</b>	<b>39,109</b>	<b>12,416</b>
Variance	8,250	8,961	11,687	7,405	795	678	2,609	1,058
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	2,725	805
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	8,447	2,644
ECJs	1,145	1,181	1,116	1,459	1,546	898	197	404

Table 2: KPI Performance Summary

KPI	Description	Contract Target	Latest Performance (Apr 2019)	Change on previous month	Better / Worse than previous Month	Number of Occasions KPI has been achieved since start of Contract (22 months)	Best Achievement Since Contract Start	Average Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	87.7%	7.6%	Better	5	88.3%	63.9%
KPI 2	Journeys cancelled by provider	0.50%	1.29%	0.4%	Worse	5	0.2%	1.0%
KPI 3a	Same day journeys collected within 150 mins	95%	81.3%	6.9%	Better	0	93.3%	81.6%
KPI 3b	Same day journeys collected within 180mins	100%	85.7%	4.5%	Better	0	95.5%	85.4%
KPI 4a	Renal patients collected within 30 mins	95%	83.8%	2.3%	Better	0	83.8%	71.5%
KPI 4b	Non-Renal patients collected within 60 mins	95%	68.8%	-2.7%	Worse	0	82.0%	73.9%
KPI 4c	All patients collected within 80 mins	100%	81.3%	-2.0%	Worse	0	88.9%	81.7%
KPI 5	Fast track journeys collected within 60 mins	100%	81.8%	31.8%	Better	1	100.0%	76.5%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	61.1%	-1.3%	Worse	0	70.9%	56.7%
KPI 6b	Patients to arrive no more than 60 mins early	95%	68.9%	-0.1%	Worse	0	75.3%	69.1%
KPI 7	Journeys to arrive on time	85%	80.0%	0.5%	Better	0	83.8%	77.4%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	80.1%	2.5%	Better	0	80.1%	73.3%

Whilst all KPIs were originally developed to measure delivery of the contract in line with the specification, experience of comments received by the CCG from patients indicate that some KPIs will have more impact on patients than others. For ease of reference the KPIs that from comments received have greater impact on patients have been highlighted in the table.

Table 3: Comparative performance for April 2019 in total and for in-house directly employed crews

KPI		TASL Performance including 3rd Party providers	TASL Performance from directly employed crews	Comment
KPI 1	Calls answered within 60 seconds	N/A		
KPI 2	Journeys cancelled by provider	1.29%	Not recorded	
KPI 3a	Same day journeys collected within 150mins	81.3%	81.6%	Performance from directly employed crews is higher
KPI 3b	Same day journeys collected within 180mins	85.7%	85.7%	Same
KPI 4a	Renal patients collected within 30 mins	83.8%	82.9%	Performance from directly employed crews is lower
KPI 4b	Non-Renal patients collected within 60 mins	68.8%	69.7%	Performance from directly employed crews is higher
KPI 4c	All patients collected within 80 mins	81.3%	81.5%	Performance from directly employed crews is higher
KPI 5	Fast track journeys collected within 60 mins	81.8%	92.9%	Performance from directly employed crews is higher
KPI 6a	Renal patients to arrive no more than 30 mins early	61.1%	61.8%	Performance from directly employed crews is higher
KPI 6b	Patients to arrive no more than 60 mins early	68.9%	70.0%	Performance from directly employed crews is higher
KPI 7	Journeys to arrive on time	80.0%	80.4%	Performance from directly employed crews is higher
KPI 8	Patients time on vehicle to be less than 60 mins	80.1%	79.2%	Performance from directly employed crews is lower